



**Homeland
Security**

Privacy Office, Mail Stop 0655

November 29, 2021

**SENT VIA EMAIL TO: Katherine.Anthony@americanoversight.org;
Megan.Field@americanoversight.org**

Katherine M. Anthony
Staff Attorney
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005

**Re: AMERICAN IMMIGRATION COUNCIL
20-cv-02195 (2021-HQLI-00010)**

Dear Ms. Anthony:

This is an interim response to your Freedom of Information Act (FOIA) request to the Department of Homeland Security (DHS) (2020-HQFO-01031).

For this production, DHS reviewed 1,083 pages. In which some of these records are being withheld in full or in part pursuant to FOIA exemption (b)(5), (b)(6), (b)(7)(C), (b)(7)(E) and (b)(7)(F). DHS is consulting with the Department of Transportation, Federal Emergency Management Agency and the Federal Aviation Administration on 29 pages of records.

If you have any questions regarding this release, please contact Assistant U.S. Attorney, Kathleene Molen, United States Attorney's Office, U.S. District Court for the District of Columbia, by email at Kathleene.Molen@usdoj.gov.

Sincerely,

A handwritten signature in dark ink, reading "Eric A. Neuschaefter".

Eric A. Neuschaefter
Senior Director, FOIA Litigation, Appeals, Policy, and
Training (Acting)

Enclosure: 1,083 pages

(b)(5)

Page 0002

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 0003

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For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>

Current Situation: FEMA, HHS, and our federal partners are working with state, local, tribal and territorial (SLTT) governments to execute a Whole-of-America response to the COVID-19 pandemic. While states with stricter COVID-19 countermeasures continue seeing protests, states that have begun easing restrictions are experiencing crowds in parks and other outdoor areas, leading some to worry about additional outbreaks. The HHS Secretary issued a renewal of the January 31 COVID-19 Public Health Emergency Declaration; the renewal becomes effective April 26 and extends the Declaration for 90 days. **CDC Update:** CDC confirmed, probable, and presumptive U.S. cases of COVID-19: 1,167,994 (across 50 states and D.C., Guam, PR, CNMI, and USVI); Deaths: 68,175; Combined CDC and WHO reported global cases: 3,435,894; global deaths: 239,604; Countries and areas with cases: 215 (HHS Update, May 5, 2020, 7:11 a.m. ET)

Testing: 7,323,977 (+231,821) cumulative as of May 5 (includes samples tested by State/Local Public Health Laboratories, Commercial Laboratories, Hospital Laboratories, CDC, VA, and Abbott ID NOW instruments).

Health and Medical Lifeline

Federal/State Assistance

- NV: State has zero Remdesivir treatments; submitted request for 19,800 vials to treat 1,800 patients; Lack of Remdesivir treatment may worsen outcomes for COVID-19 patients (ESF-8 Update, May 5, 2020, 1:13 p.m. ET)

Testing

- MD: Hagerstown Vehicle Emissions Inspection Program site opened for drive-through testing on May 5 (FEMA Region III Update, May 5, 2020, 2:39 p.m. ET)
- VA: Moving toward 5K tests per day; VA governor's goal is 10K per day (FEMA Region III Update, May 5, 2020, 2:39 p.m. ET)

Personal Protective Equipment

- GA: PPE pushes will start going out today to identified nursing homes; each nursing home will receive four shipments that will equal 14 days of PPE for staff (FEMA Region IV Update, May 5, 2020, 2:17 p.m. ET)

Fatality Management

- Region I: Nursing homes account for nearly 60% of COVID-19 deaths in MA and 71% of COVID-19 deaths in RI, these are the two highest recorded rates in the country (FEMA Region I Update, May 5, 2020, 1:35 p.m. ET)

Mental Health

- LA: Awarded a Crisis Counseling Program Immediate Services Program on May 5; period of performance runs through May 23 (ESF-6 Update, May 5, 2020, 2:06 p.m. ET)

Hospital Capacity

- NYC: 735 (-2) DoD medical personnel supporting 10 local NYC hospitals; FEMA approved USN/AF Reserves extension request until June 6 (DoD Update, May 5, 2020, 12:29 p.m. ET)
- CA: USNS Mercy: 2/250 total beds filled; 0/142 beds w/vents filled; 1/40 ICU beds filled; 77 total patients seen; 0 COVID+ patients being treated; 3 deceased; 771 available medical personnel onboard; 9 in COVID+ isolation; 221 medical staff in restriction of movement status; stopped accepting patients on May 1 (DoD Update, May 5, 2020, 12:29 p.m. ET)
- CA: Emergency Medical Services Authority training USNS Mercy crew beginning May 5 to form joint California Medical Assistance Teams and U.S. Navy Medical Strike Teams to support nursing homes in Los Angeles area (FEMA Region IX Update, May 5, 2020, 1:41 p.m. ET)
- LA: Baton Rouge General Medical Center Mid-City Hospital augmented with 103 EMF personnel; support extension request until May 31 pending approval: 57 (-1)/60 beds filled; 125 (+5) total patients seen; 57 (-1) COVID+ patients being treated; 1 deceased (DoD Update, May 5, 2020, 12:29 p.m. ET)
- NJ: Edison Expo Center: Extension request until June 30 pending approval; 8 (-6)/125 beds filled; 125 total patients seen; 8 (-6) COVID+ patients (DoD Update, May 5, 2020, 12:29 p.m. ET)
- CT: Bennett Medical Center: Anticipated mission complete on May 19; 29/83 beds filled; 179 total patients seen; 29 COVID+ patients being treated; 11 deceased (DoD Update, May 5, 2020, 12:29 p.m. ET)



Cases

1,167,994

New Cases

21,995
Percent Change in Cases

1.8%

Deaths

68,175

New Deaths

1,147
Percent Change in Deaths

1.1%

Key Updates/Actions

FEMA HQ: National Watch Center Steady State; NRCC Level I; Level 1: Region I, IX; Level 2: Regions II, III, IV, V, VI, VII, VIII, X; COVID-19 Major Declarations: 56 (FEMA Update, April 25, 2020, 2:51 a.m. ET)

Department of Homeland Security: 3,175 (+8) FEMA employees deployed to support COVID-19 Response; IMAT-A teams deployed to 27 states, territories, and DC; LNOs deployed to 37 states and territories (FEMA Update, May 5, 2020, 1:56 p.m. ET)

Department of Health and Human Services: 447 (+31) HHS personnel deployed to support COVID-19 response; Health and Medical Task Force (HMTF): 100 (+24) personnel deployed to 6 sites; Rapid Deployment Force (RDF): 104 (-3) deployed to 3 sites; Disaster Mortuary Operational Response Team (DMORT): 65 (+7) personnel deployed to 10 sites; IMT/Logistics: 45 (+3) personnel deployed to 7 (+3) sites; RECs/LNOs: 133 personnel deployed (HHS Update, May 5, 2020, 1:21 p.m. ET)

Other Domestic Lifelines

Safety & Security

- CA: Terminal Island Federal Correctional Institution leads U.S. Bureau of Prisons in positive cases; 623 confirmed cases of 1,051 inmates (59%); 5 casualties (FEMA Region IX Update, May 4, 2020, 9:00 p.m. PT)
- AZ Department of Health Services will not release names of long-term and assisted care facilities with COVID-19 cases unless ordered by judge, which impacts understanding of cases among residents/staff and ability to determine safety of loved ones (FEMA Region IX Update, May 4, 2020, 9:00 p.m. PT)
- AZ Department of Corrections submitting request to AZ Department of Emergency and Military Affairs to acquire PPE; continue to test, social distance, and isolate/quarantine inmates (FEMA Region IX Update, May 4, 2020, 9:00 p.m. PT)
- AR: Department of Corrections reports 869 COVID-19+ out of 1,900 inmates (46%) at Cummins State Prison in Lincoln County (FEMA Region VI Update, May 5, 2020, 1:58 p.m. ET)
- As states begin phased re-openings, there will likely be an increase in first responder and civilian contacts; this could lead to increased PPE burn rates and exposure for first responders (FEMA Region X Update, May 5, 2020, 2:55 p.m. ET)

Food, Water, & Shelter

- RI: State staging received two FEMA shipments of shelf-stable meals (12 pallets) on May 3, and distributed 46 FEMA total pallets to RI Food Bank (FEMA Region I Update, May 4, 2020, 3:30 p.m. ET)
- NM: Governor directed the NM National Guard to provide water supply outside city of Gallup for the Navajo Nation (NN) due to concerns of NN inability to access to water while Gallup, NM is under lockdown; one 5,000-gallon (potable) water tanker is located in Red Rock, AZ (350 miles from Gallup, NM) and one 5,000-gallon (non-potable) water tanker in Church Rock, NM (FEMA Region VII Update, May 5, 2020, 2:01 p.m. ET)
- NE: State contracted with five hotel chains to house healthy animal processing plant workers; eight meat processing plants reduced or stopped work due to lack of employees (FEMA Region VII Update, May 5, 2020, 2:01 p.m. ET)
- an action plan for feeding best practices (ESF-6 Update, May 5, 2020, 2:06 p.m. ET)
- USDA: Meals to You initiative will now serve nearly 5 million meals per week to rural children impacted by COVID-19-related school closures; boxes contain 20 nutritious meals to cover the meals normally received at school over two weeks (ESF-6 Update, May 5, 2020, 1:57 p.m. ET)
- IL: The food supply chain appears to be strengthening with 85% of agricultural food packing plants now operating at 100% capacity (FEMA Region V Update, May 5, 2020, 1:57 p.m. ET)

Transportation

- AZ Public Transportation: Began public messaging campaign that public transit should be used for essential trips; riders required to wear masks, maintain social distancing, and practice safe hygiene (FEMA Region IX Update, May 4, 2020, 9:00 p.m. PT)
- NYC to contract buses to transport homeless from fast stop at subway stations to shelters beginning May 6 (FEMA Region II Update, May 5, 2020, 10:39 a.m. ET)

DHS-FEMA-20-1107-A-000012

Operational Task Forces	
Medical Counter-Measure (MCM) Development	2,702 market research submissions and 263 CoronaWatch meetings held (<i>MCM TF Update, May 5, 2020, 7:57 a.m. ET</i>) - Biomedical Advanced Research and Development Authority entered into a partnership with Mayo Clinic to support an expanded access program to provide access to convalescent plasma for patients hospitalized with COVID-19 (<i>MCM TF Update, May 5, 2020, 7:57 a.m. ET</i>)
Health Care Resilience (HCR)	- Readiness Metrics: continuing to refine metrics and thresholds to track the preparedness of healthcare systems to respond to additional COVID-19 surges, focusing on two indicators: COVID-19 surge indicators and Healthcare capacity indicators (<i>HCR TF Update, May 5, 2020, 10:31 a.m. ET</i>) - Rapid Response CONOPS development: in coordination with DATF, HCR TF creating strategy for HHS and FEMA to support regions and states for future COVID-19 outbreaks (<i>HCR TF Update, May 5, 2020, 10:31 a.m. ET</i>) - Project Extension for Community Healthcare Outcomes (ECHO®) peer to peer sessions: EMS held on May 4 (941 attendees from 49 states and 6 other countries); critical Care scheduled for May 5 (<i>HCR TF Update, May 5, 2020, 10:31 a.m. ET</i>) - Interagency VTC Presentations for this week: Reusable Elastomeric Half-Mask Respirators (May 5), ECHO® Overview (May 6), All TF Theme Presentation (HCR TF: Application of Readiness Metrics) (May 8) (<i>HCR TF Update, May 5, 2020, 10:31 a.m. ET</i>)
Lab Diagnostics (LD)	- Contract in process for serology testing pilots for NYC and Detroit (<i>LDTF Update, May 5, 2020 9:21 a.m. ET</i>) - Met with DOE National Labs on progress to validate alternative extraction reagents; targeting to have results by May 12 (<i>LDTF Update, May 5, 2020 9:21 a.m. ET</i>) - Finalizing White House information package to states; package provides information on technical assistance, specimen collection supplies, and responses to frequently asked questions (<i>LDTF Update, May 5, 2020 9:21 a.m. ET</i>) - Working with manufacturers to refine inventory projections for May (<i>LDTF Update, May 5, 2020 9:21 a.m. ET</i>) - Meeting on May 5 with CDC International Reagent Resources to continue refinement of Public Health Lab Supply/Demand Dashboard (<i>LDTF Update, May 5, 2020 9:21 a.m. ET</i>)
Community Based Testing Sites (CBTS)	155,447 samples collected at CBTS locations since March 20 (<i>CBTS TF Update, May 5, 2020, 9:48 a.m. ET</i>) 149,013 tests processed and received by call center since March 20; 24,160 positive, 1,587 indeterminate, and 123,266 negative (<i>CBTS TF Update, May 5, 2020, 9:48 a.m. ET</i>) 132,603 tests processed from Private-Partnership Testing Sites since April 5; 13,910 positive, 437 indeterminate, and 111,675 negative (<i>CBTS TF Update, May 5, 2020, 9:48 a.m. ET</i>)
Supply Chain Stabilization (SC)	- Airbridge flight #118 arrived in Chicago, May 4; cargo is being assessed (<i>SC TF Update, May 5, 2020, 10:13 a.m. ET</i>) - Airbridge flights #119 and #120 are scheduled to arrive in Chicago, May 5; cargo will be assessed upon arrival (<i>SC TF Update, May 5, 2020, 10:13 a.m. ET</i>) - The SCTF Data Analytics Cell distributed an updated "52 State Report" for FEMA leadership and White House staff; this report highlights the distribution of private sector PPE nationwide and includes the District of Columbia and Puerto Rico (<i>SC TF Update, May 5, 2020, 10:13 a.m. ET</i>) - The seventh HHS airlift flight consisting of 245K Tyvek suits will land at Dallas, TX on May 5; suits will be distributed to the following locations: NJ (100K), IN (60K), GA (25K), MA (20K), KS (10K), D.C. (7K), IL (5K), RI (5K), VA (5K), AZ (2K), LA (2K), PA (2K), MS (1K), and TN (1K) (<i>SC TF Update, May 5, 2020, 10:13 a.m. ET</i>)
Community Mitigation Measures (CMM)	- Created decision memo regarding <i>Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19</i> and updated existing web content to reflect new recommendation (<i>CMM TF Update, May 5, 2020, 10:06 a.m. ET</i>) - Provided update to Council of State and Territorial Epidemiologists (100+ attendees) on Pediatric Multisystem Inflammatory Syndrome Temporally associated with COVID-19 (<i>CMM TF Update, May 5, 2020, 10:06 a.m. ET</i>) - Coordinating with Housing and Urban Development on Los Angeles County technical assistance to support contact tracing among people experiencing homelessness (<i>CMM TF Update, May 5, 2020, 10:06 a.m. ET</i>)
Continuity of Operations (COOP)	- Over the past 24 hours 8 Wireless Emergency Alert (WEA) messages related to COVID-19 sent by local authorities; 3 stay-at-home/curfew reminder; 1 mandated wear of masks in public and social distancing; 1 announced grocery distribution; 2 solicited blood donations from COVID-19 recovered patients; 1 county on lock-down (<i>COOP TF Update, May 5, 2020, 8:30 a.m. ET</i>) - Developing webinar products supporting reconstitution in both Federal and "whole community" versions; additional briefing materials and exercise starter kits expected to move to EA for clearance May 5 (<i>COOP TF Update, May 5, 2020, 8:30 a.m. ET</i>) - Federal Reconstitution webinar planned for May 7; invitations sent to department and agency reconstitution managers (<i>COOP TF Update, May 5, 2020, 8:30 a.m. ET</i>)
Data and Analysis (DA)	- Incorporated new map visualizing days of decrease and state stay-at-home order status into the Early Indicators Daily Report, May 3 (<i>DA TF Update, May 5, 2020, 10:44 a.m. ET</i>) - Completed a guide to illustrate how different pandemic models estimate outcomes; models under consideration are the Institute for Health Metrics and Evaluation (IHME), Infectious Disease Dynamics (IDD), and Imperial Models, as well as models from Columbia University, Northeastern University, and Massachusetts Institute of Technology (<i>DA TF Update, May 5, 2020, 10:44 a.m. ET</i>) - Integrating additional National Healthcare Safety Network nursing home data into the HHS Protect platform (<i>DA TF Update, May 5, 2020, 10:44 a.m. ET</i>)

Title 32 Status by State and Territories											
41,196 (+351) Activated				State Active Duty (SAD): 848 (-63)				T32 Approved: 48			
				T-32 502(f): 40,348 (+414)				T32 Requested: 4			
NGB Update, May 5, 2020, 9:54 a.m. ET											
State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status
AK	19	82	WH AUTHORIZED & APPROVED**	KY	0	685	WH AUTHORIZED & APPROVED**	OH	31	928	WH AUTHORIZED & APPROVED**
AL	0	679	WH AUTHORIZED & APPROVED**	LA	0	1044	WH AUTHORIZED & APPROVED**	OK	0	360	WH AUTHORIZED & APPROVED**
AR	38	0	REQUESTED	MA	121	1631	WH AUTHORIZED & APPROVED**	OR	0	178	WH AUTHORIZED & APPROVED**
AZ	0	908	WH AUTHORIZED & APPROVED**	MD	6	999	WH AUTHORIZED & APPROVED**	PA	66	844	WH AUTHORIZED & APPROVED**
CA	170	1524	WH AUTHORIZED & APPROVED**	ME	0	100	WH AUTHORIZED & APPROVED**	PR	38	748	WH AUTHORIZED & APPROVED**
CO	0	364	WH AUTHORIZED & APPROVED**	MI	0	830	WH AUTHORIZED & APPROVED**	RI	11	824	WH AUTHORIZED & APPROVED**
CT	1	812	WH AUTHORIZED & APPROVED**	MN	11	0	REQUESTED	SC	11	534	WH AUTHORIZED & APPROVED**
DC	0	300	WH AUTHORIZED & APPROVED**	MO	0	859	WH AUTHORIZED & APPROVED**	SD	112	0	REQUESTED
DE	0	72	WH AUTHORIZED & APPROVED**	MS	1	435	WH AUTHORIZED & APPROVED**	TN	14	720	WH AUTHORIZED & APPROVED**
FL	7	2347	WH AUTHORIZED & APPROVED**	MT	0	200	WH AUTHORIZED & APPROVED**	TX	0	2866	WH AUTHORIZED & APPROVED**
GA	0	2598	WH AUTHORIZED & APPROVED**	NC	0	877	WH AUTHORIZED & APPROVED**	UT	25	0	N/A
GU	1	165	WH AUTHORIZED & APPROVED**	ND	5	221	WH AUTHORIZED & APPROVED**	VA	0	482	WH AUTHORIZED & APPROVED**
HI	0	1227	WH AUTHORIZED & APPROVED**	NE	2	358	WH AUTHORIZED & APPROVED**	USVI	0	146	WH AUTHORIZED & APPROVED**
IA	2	828	WH AUTHORIZED & APPROVED**	NH	3	520	WH AUTHORIZED & APPROVED**	VT	1	217	WH AUTHORIZED & APPROVED**
ID	1	0	REQUESTED	NJ	0	758	WH AUTHORIZED & APPROVED**	WA	0	832	WH AUTHORIZED & APPROVED**
IL	96	1016	WH AUTHORIZED & APPROVED**	NM	9	566	WH AUTHORIZED & APPROVED**	WI	3	1224	WH AUTHORIZED & APPROVED**
IN	0	1332	WH AUTHORIZED & APPROVED**	NV	0	956	WH AUTHORIZED & APPROVED**	WV	32	458	WH AUTHORIZED & APPROVED**
KS	0	621	WH AUTHORIZED & APPROVED**	NY	11	3073	WH AUTHORIZED & APPROVED**	WY	0	0	N/A
**Title 32 has been authorized and approved by the Secretary of Defense.											

**Title 32 has been authorized and approved by the Secretary of Defense.

PPE and Ventilator Quantities by Resource Subcategory and Status

Resource	Resource Subcategory	Obligated ¹	In Transit ²	Delivered ³	Total
Personal Protective Equipment (PPE)	Coveralls	1,420	122,700	566,863	690,983
	Face Shields	85,263	39,800	6,650,876	6,775,939
	Gloves	13,431,000	7,371,800	50,950,014	71,752,814
	Goggles	800		5,030	5,830
	K90 Masks	72,500	715,950	1,862,000	2,650,450
	N95 Respirators	9,440,692	4,221,200	52,376,023	66,037,915
	PAPR	150	1,237		1,387
	Surgical Gowns	289,542	116,500	4,950,010	5,356,052
	Surgical Masks	3,323,766	1,510,000	31,454,691	36,288,457
	Tychem Suits	825		79,444	80,269
	Tyvek Suits	1,750		6,575	8,325

As of 5/4/2020 6:00 p.m.

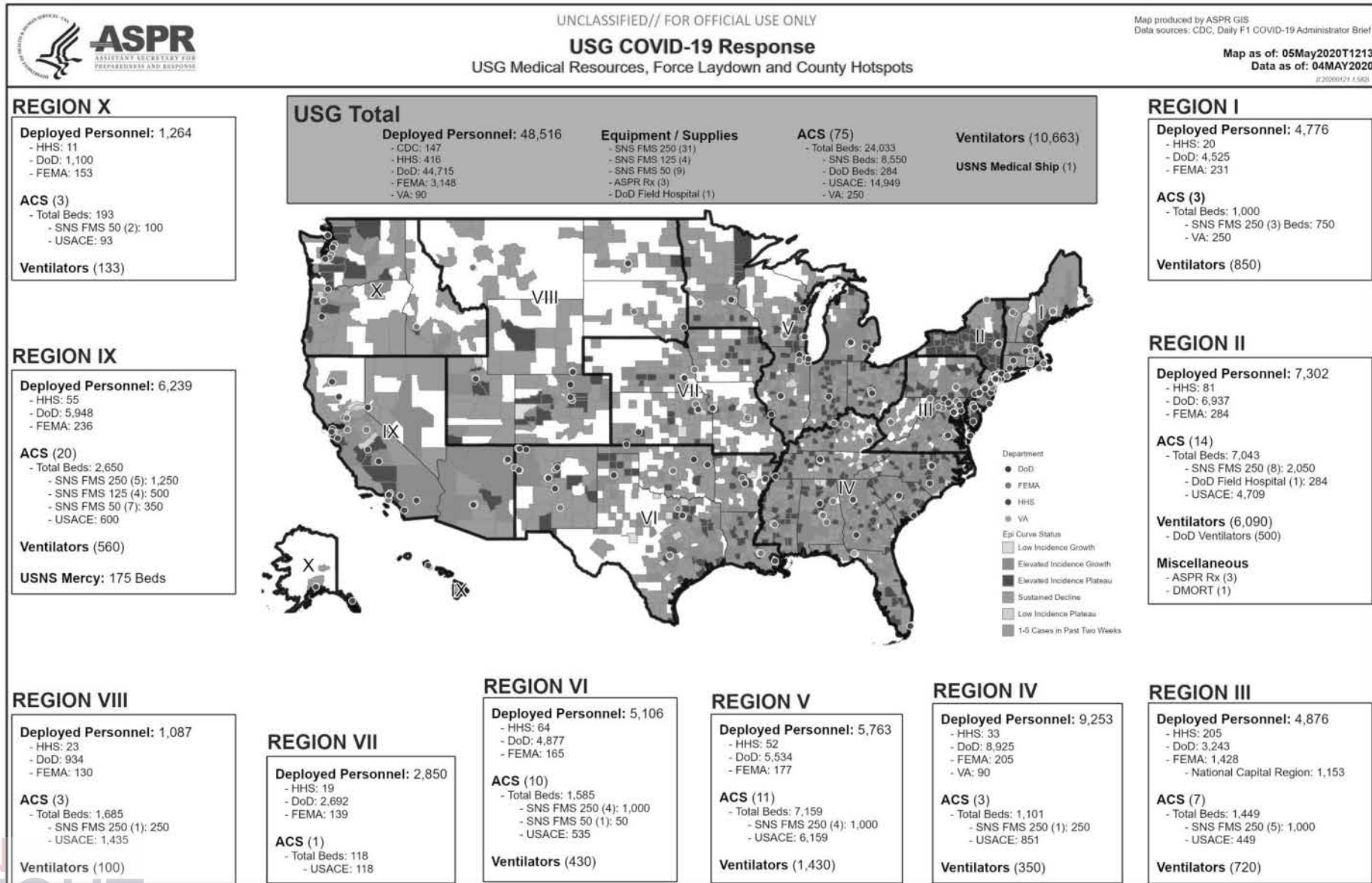
Region	State/Location	EMAC	Federally Supported		Total Federal Vents (SNS + DoD)	SNS Status
			SNS	DoD		
1	CT		350		350	Delivered
1	MA		400		400	Delivered
1	RI		100		100	Delivered
2	NY	100	2,140		2,140	Delivered
2	NYC		2,400		2,400	Delivered
2	NJ	100	1,050	500	1,550	Delivered
3	MD	50	470		470	Delivered
3	DE	50	50		50	Delivered
3	DC	50	200		200	Delivered
4	FL		200		200	Delivered
4	GA		150		150	Delivered
5	IL	100	310		310	Delivered
5	Chicago		310		310	Delivered
5	MI		700		700	Delivered
5	IN		110		110	Delivered
6	LA		350		350	Delivered
6	BOP		20		20	Delivered
6	Navajo Nation		50		50	Delivered
6	Cherokee Nation (OK)		10		10	Delivered
8	CO		100		100	Delivered
9	CA		0		0	N/A
9	LA County		170		170	Delivered
9	GU		55		55	Delivered
9	NV	50	150		150	Delivered
9	AZ		100		100	Delivered
9	CNMI		25		25	Delivered
9	Federated States of Micronesia		30		30	Delivered
9	Palau		10		10	Delivered
9	Republic of the Marshall Islands		10		10	Delivered
9	American Samoa		10		10	En Route
10	AK		60		60	Delivered
10	OR		0		0	Transferred 140 to NY
10	WA		73		73	WA returned 427 vents to the SNS
Total		500	10,163	500	10,663	

As of 5/4/2020 4:10 p.m.

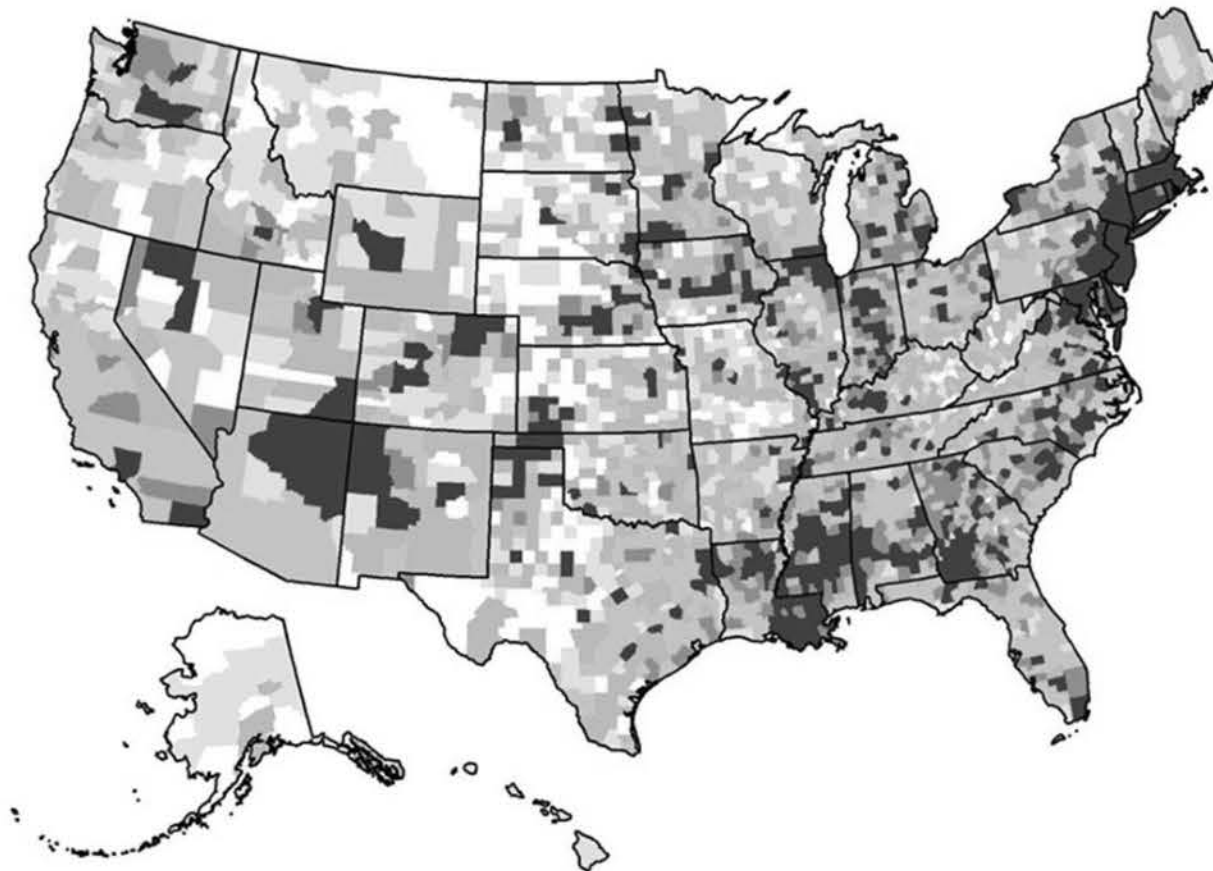
DHS-FEMA-20-1107-A-000016

Stay at Home Order Expiration by State/Territory, as of May 4, 2020, 4:30 p.m. EDT								
State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes
AL	Exp.		KS	Exp.	Phased reopening with local restrictions	OH	5/29	SAH extended
AK	Exp.	Phased reopening underway	KY	Indefinite	SAH Order Issued	OK	5/6	Phased reopening with local restrictions underway
AS	6/1	SAH extended	LA	5/15		OR		Until terminated
AZ	5/15	Phased reopening underway beginning 5/4	ME	5/31	Phased reopening underway	PA	5/8	
AR		No SAH order issued; phased reopening underway	MD		Until the emergency concludes	PR	5/25	
CA		Until further notice	MA	5/18		RI	5/8	
CO	Exp.	Phased reopening underway, excluding certain counties	MI	5/15		SC	5/12	
CNMI		SAH until the emergency concludes	MN	5/18	SAH extended	SD		No SAH order issued
CT	5/20	Or until terminated; phased reopening following expiration of SAH order	MS	Exp.	Phased reopening underway	TN	Exp.	Phased reopening underway
DE	5/15	Or until health threat eliminated	MO	Exp.	Phased reopening underway	TX	Exp.	Phase 1 of phased reopening underway
DC	5/15	Or until date of any emergency date extension	MT	Exp.	Phased reopening underway	USVI	6/1	Phased reopening following SAH expiration
FL	Exp.	Phased reopening underway	NE		No SAH order issued; implementing partial reopening by county	UT		No statewide SAH order; phased reopening underway
GA	Exp.	Phased reopening underway	NV	5/15	Phased reopening underway beginning 5/1	VT	5/15	Phased reopening underway
GU	5/30	SAH extended	NH	5/31	SAH extended	VA	5/14	
HI	5/31	SAH extended	NJ		Until terminated	WA	5/4	Phased reopening following SAH expiration
ID	Exp.	Phased reopening underway	NM	5/15	SAH extended	WV		Until terminated
IL	5/29	SAH extended	NY	5/15		WI	5/26	New changes to SAH lift some restrictions
IN	Exp.		NC	5/8		WY		No statewide SAH order; phased reopening underway
IA		No statewide SAH order issued; phased reopening beginning 5/1	ND		No SAH order issued; phased reopening underway			

* Source: Based on State-at-Home Orders from State websites



Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 19 April 2020 - 03 May 2020



NYC

PR

VI

GU

AS

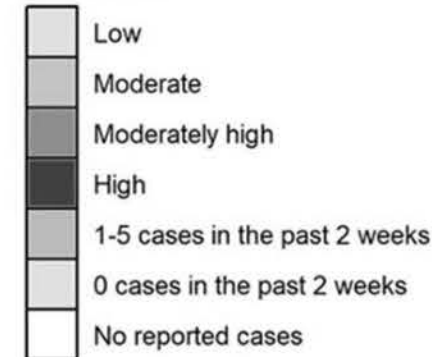
RMI

MP

PW

FSM

Incidence



Purpose of this map

Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare

Main Findings

- COVID-19 infection remains prevalent throughout the country
- Elevated incidence of disease during the past 2 weeks is widespread, including in the New York City region, Massachusetts, central Indiana, areas around Chicago, eastern Iowa, northeast Arizona, and the southeastern US

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

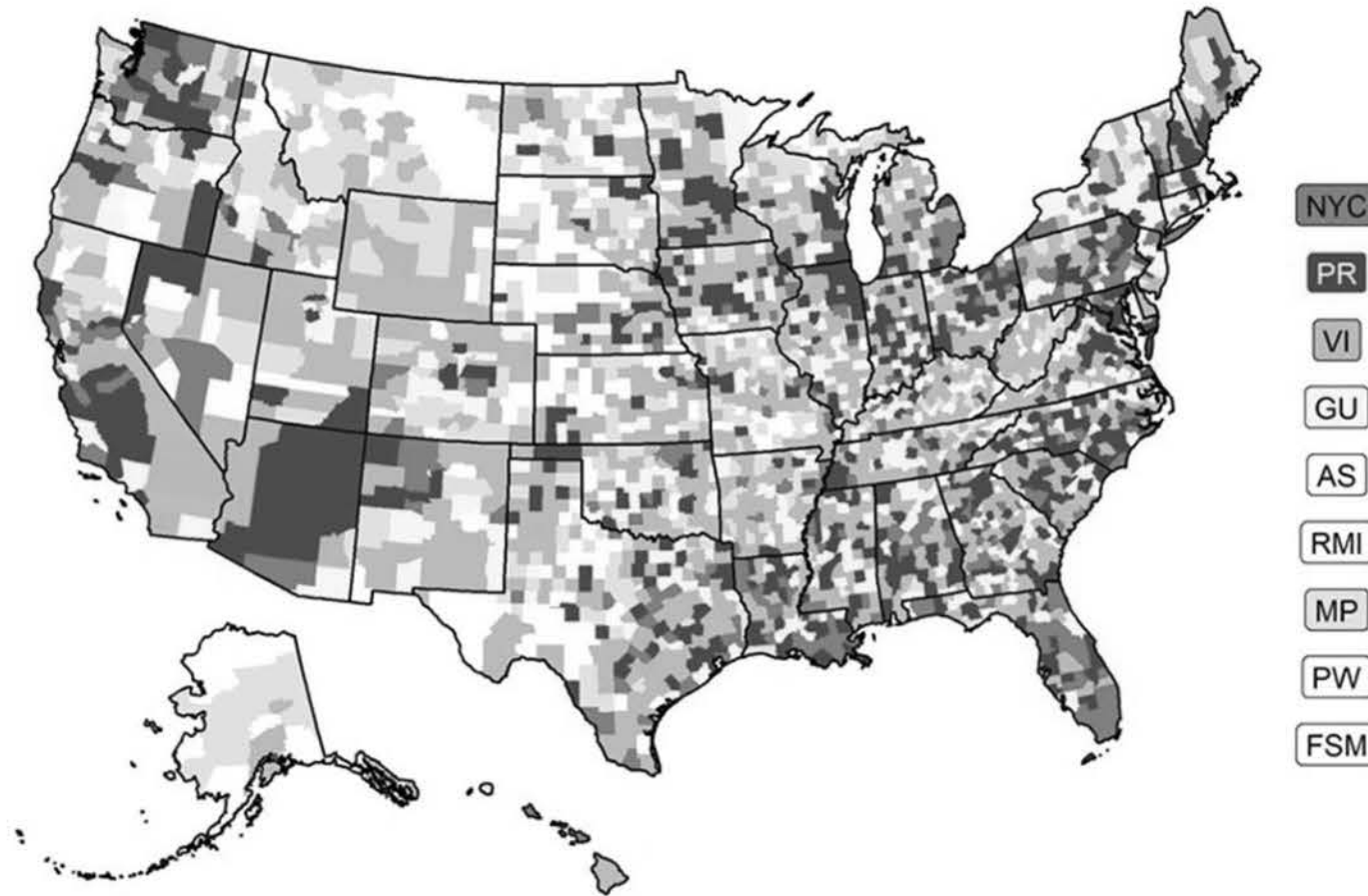
Sources: USAFacts, US Census



DHS-FEMA-20-1107-A-000019

Coronavirus Disease 2019 (COVID-19)

Current consecutive days of downward trajectory, by U.S. County, 03 May 2020



Days in downward trajectory*



Purpose of this map

Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period

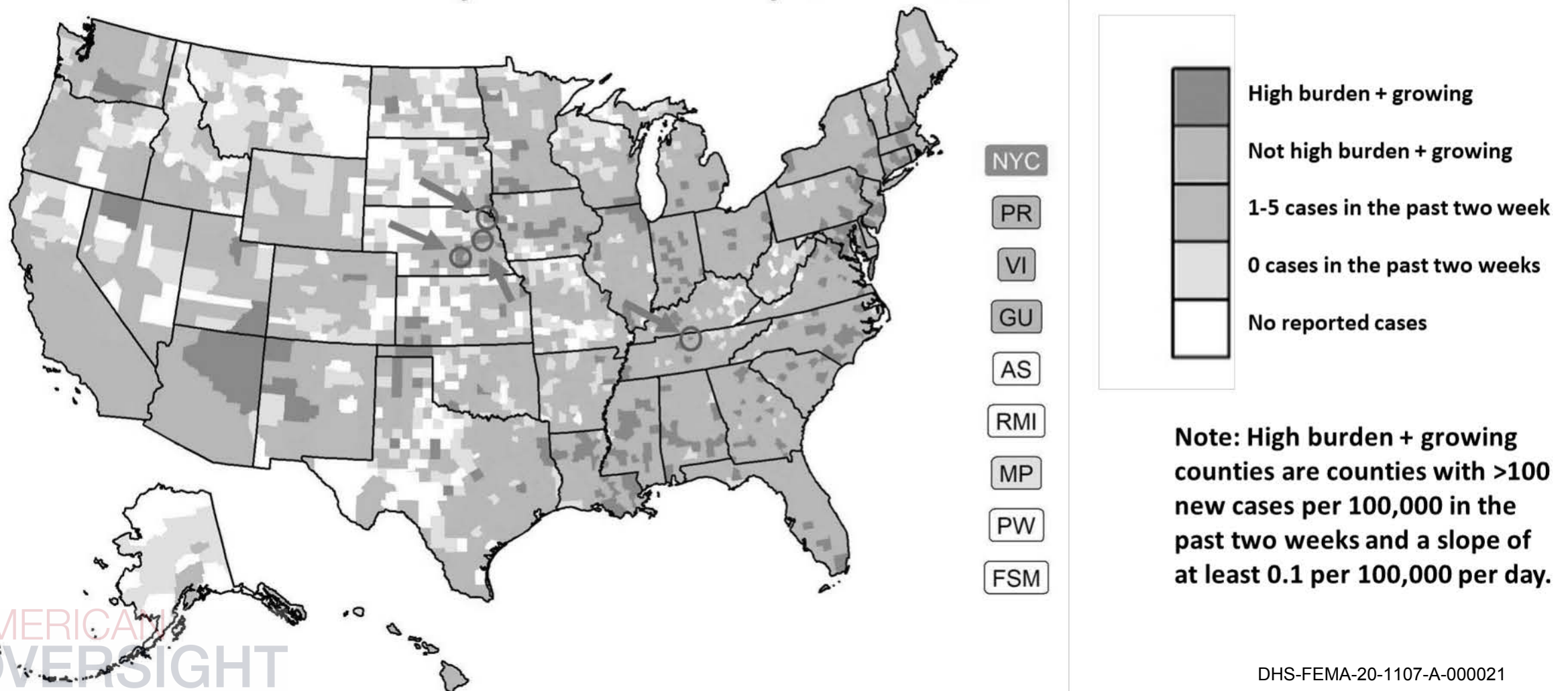
Main Findings

- 435 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 61,893 (range: 3,079 to 8,398,748)
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use

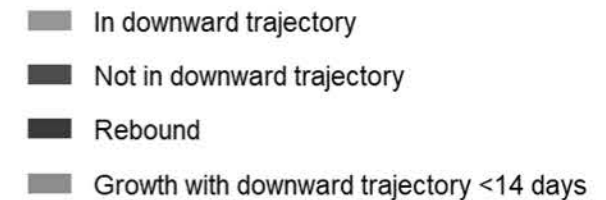
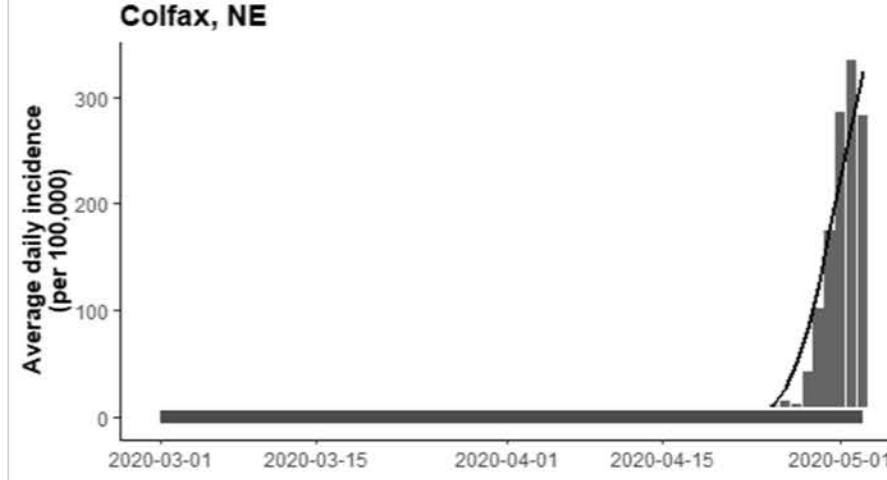
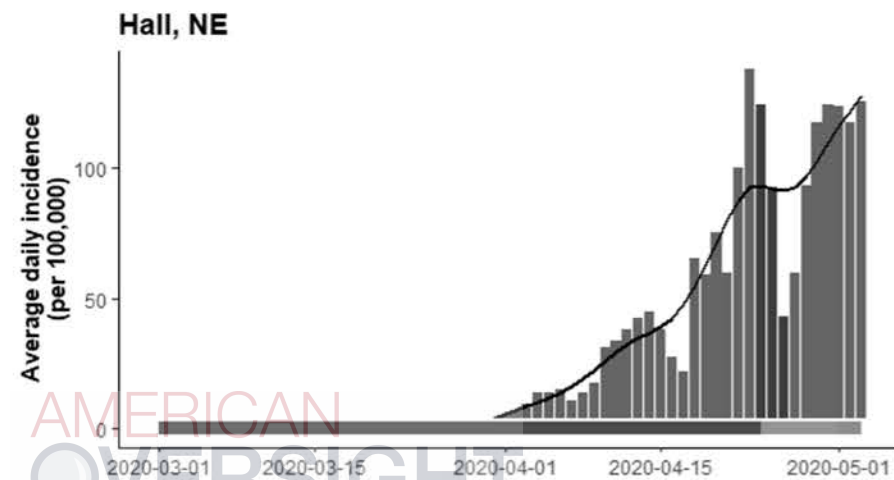
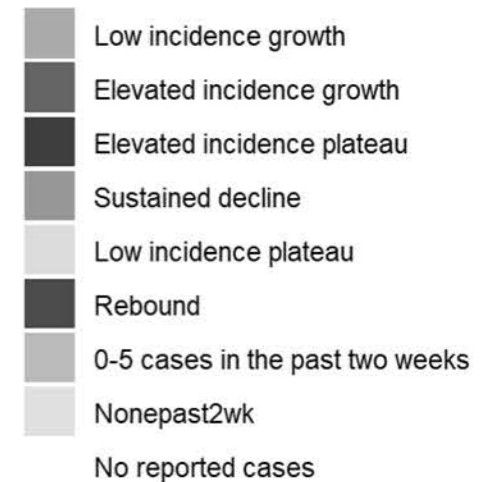
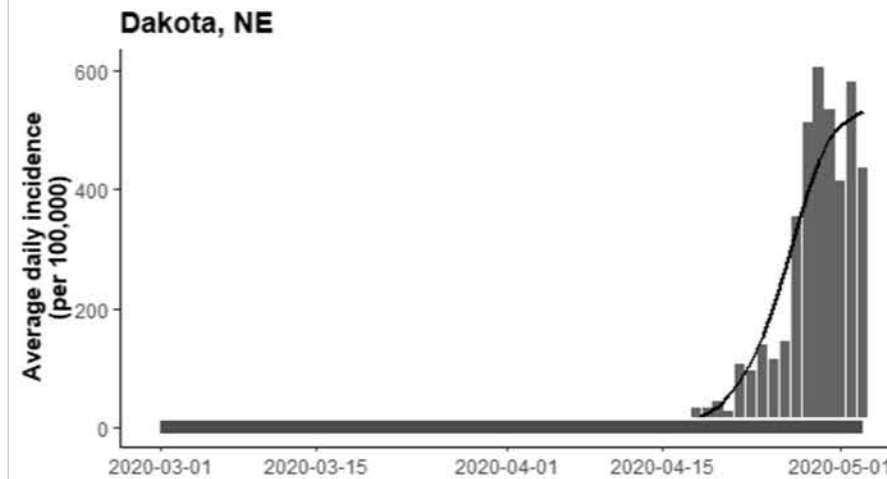
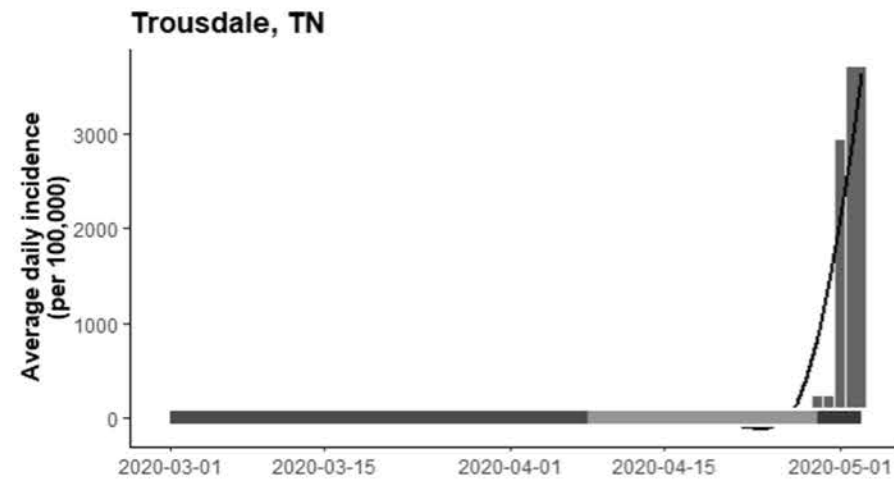
*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤ 10 cases per 100,000 and slope > -0.1 and ≤ 0.1). Jurisdictions are allowed a 5 day grace period of departure from downward trajectory before the downward trajectory is considered over.

Sources: USAFacts, US Census

High burden, growing numbers of new cases per 100,000 by U.S. county (as of May 3; preliminary)



Epidemic curves for the top four growing counties with the highest 2-week incidence (May 3, preliminary)



Sweden

The figure displays five bar charts, each representing the average daily incidence of COVID-19 per 100,000 people for a different country: Sweden, Denmark, Finland, Iceland, and Norway. The x-axis for all charts represents time, from February to May. The y-axis represents the average daily incidence per 100,000 people. A legend titled 'Epidemic curve status' defines the shading of the bars: Low incidence growth (lightest gray), Elevated incidence growth (medium-light gray), Elevated incidence plateau (medium gray), Sustained decline (medium-dark gray), Low incidence plateau (light gray), 0-5 cases in the past two weeks (very light gray), and No reported cases (white). Sweden's chart shows a significant increase in incidence starting in March, peaking in late April/early May. Denmark, Finland, Iceland, and Norway show similar patterns of increase, peaking in April and then declining or plateauing in May.

Sweden

Avg Daily Incidence (per 100,000)

Feb Mar Apr May

Epidemic curve status

- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- 0-5 cases in the past two weeks
- No reported cases

Denmark

Avg Daily Incidence (per 100,000)

Feb Mar Apr May

Finland

Avg Daily Incidence (per 100,000)

Feb Mar Apr May

Iceland

Avg Daily Incidence (per 100,000)

Feb Mar Apr May

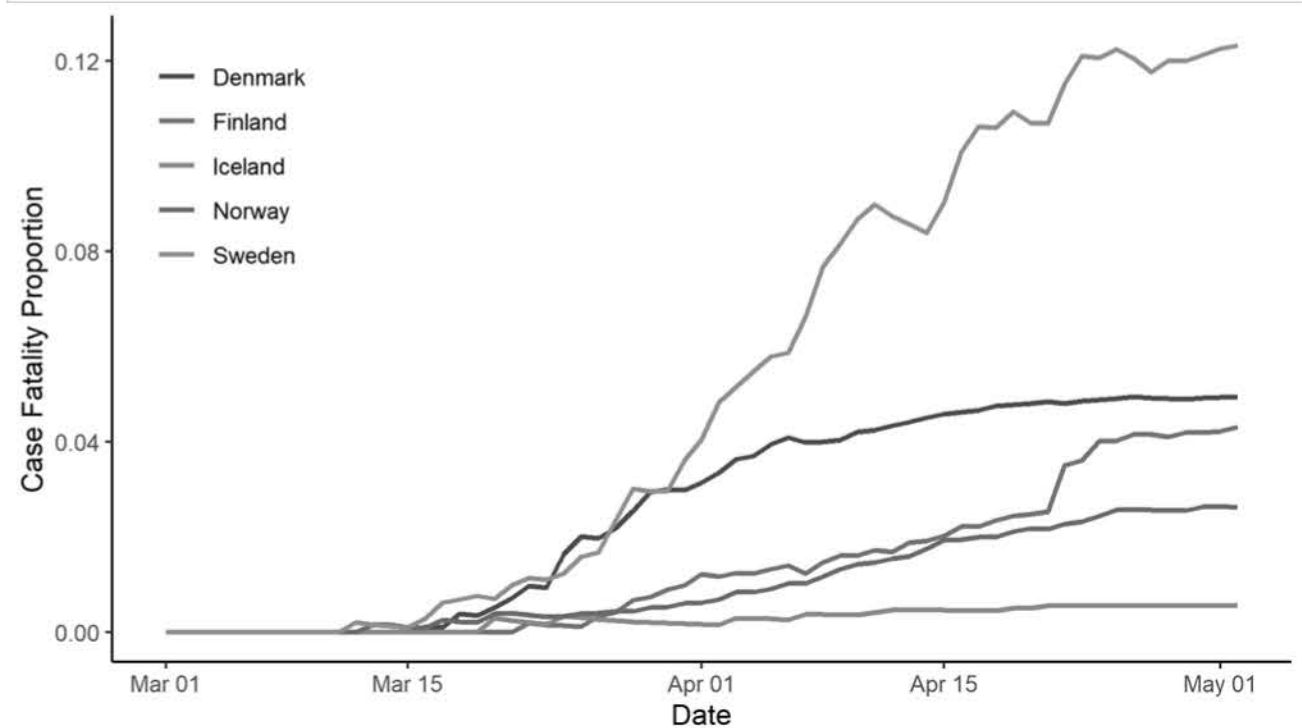
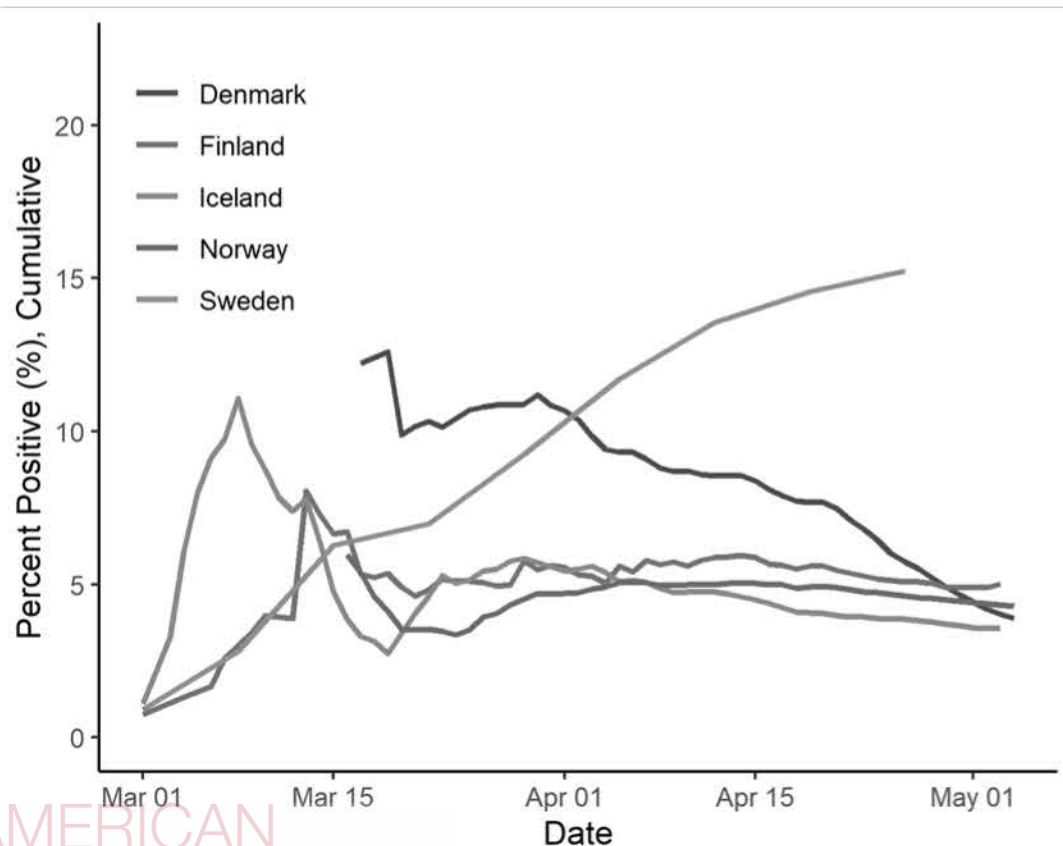
Norway

Avg Daily Incidence (per 100,000)

Feb Mar Apr May

Sweden has less restrictive measures – “*natural experiment*” in Scandinavian Countries

May reflect outcome of removing restrictions in U.S. in May



**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Case No. 20-21553-Civ-COOKE/GOODMAN

PATRICK GAYLE, *et al.*,

Petitioners,

vs.

MICHAEL W. MEADE, *et. al.*,

Respondents.

**ORDER ADOPTING IN PART MAGISTRATE JUDGE'S
REPORT AND RECOMMENDATION**

THIS MATTER is before me upon the Report and Recommendation (“R&R”) of the Honorable Jonathan Goodman, U.S. Magistrate Judge (ECF No. 63), regarding Petitioners’ Petition for Writ of Habeas Corpus (ECF No. 1), and Emergency Motion for Temporary Restraining Order and Motion for Preliminary Injunction for Proposed Class (ECF No. 4). On April 24, 2020, both Petitioners and Respondents filed Objections to the R&R (ECF Nos. 70; 71).

The Court may “accept, reject, modify, in whole or in part, the findings or recommendations made by the magistrate judge.” 28 U.S.C. § 636(b). If no specific objections to findings of facts are filed, the district court is not required to conduct a *de novo* review of those findings. *See Garvey v. Vaughn*, 993 F.2d 776, 779 n.9 (11th Cir. 1993); *see also* 28 U.S.C. § 636(b)(1). However, the Court must review legal conclusions *de novo*. *See Cooper-Houston v. Southern Ry. Co.*, 37 F.3d 603, 604 (11th Cir. 1994); *United States v. Rice*, No. 2:07-mc-8-FtM-29SPC, 2007 WL 1428615 at *1 (M.D. Fla. May 14, 2007). I have reviewed the matter *de novo*. Having done so, I find the Magistrate Judge’s R&R should be adopted in part for reasons explained herein.

BACKGROUND

In a matter of a mere three months, Coronavirus (“COVID-19”) has thrust humankind into an unprecedented global public health crisis. COVID-19 is a highly communicable respiratory disease that spreads among people who are in close contact—less

than six feet apart. The virus can be fatal for all age groups and works by attacking the human lungs and other vital organs. COVID-19 has spread rapidly throughout the world—there are at least 2 million globally confirmed cases and 250,000 deaths. In the United States, there are over 1 million confirmed cases and over 57,000 have died. These numbers are the highest in the world. The virus affects individuals very differently, and while it is impossible to predict exactly who will fall victim to the illness, health experts indicate that older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness and possibly die.¹ The Centers for Disease Control and Prevention (“CDC”) estimates approximately 16 days between the onset of symptoms and death with an incubation period between 2 and 14 days.² There is no approved treatment, vaccine, or cure for COVID-19.

COVID-19 is a novel virus, and experts are learning more about it every day. Nevertheless, health and medical experts have gathered enough information about the virus to inform the public about how to mitigate the contagion. To that end, the CDC has promulgated a set of guidelines on the best practices and methods to prevent and to mitigate the contagion. One of the main tenets of the CDC’s recommendations and guidelines is that everyone practice social distancing, maintaining a distance of no less than six feet between people so as to limit the spread of the virus. The CDC also recommends that people wash their hands frequently and wear masks when in public or in close proximity with others.

COVID-19 has ravaged every corner of American society, including jails, prisons, and immigration detention facilities. Currently, there are at least 9,000 confirmed COVID-19 cases within the United States prison system.³ In an attempt to slow down the spread of the virus inside the prison system, Attorney General William P. Barr initially issued a directive to the Bureau of Prisons urging the bureau to identify and release all inmates who, *inter alia*, were eligible for home confinement, no longer posed a threat to the public, and

¹ https://www.who.int/health-topics/coronavirus#tab=tab_1 (Accessed April 26, 2020).

² Stephen A. Lauer, MS, PhD, The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application, Mar. 10, 2020, <https://annals.org/aim/fullarticle/2762808/incubation-period-coronavirus-disease-2019-covid-19-from-publicly-reported>.

³ themarshallproject.org/2020/04/24/tracking-the-spread-of-coronavirus-in-prisons (Accessed April 26, 2020).

were particularly vulnerable to the Coronavirus.⁴ Mr. Barr issued a second directive expanding the group of federal inmates eligible for early release.⁵ Mr. Barr directed the bureau to immediately maximize the number of appropriate transfers to home confinement.⁶

The U.S. Immigration and Customs Enforcement (“ICE”) has also issued a set of pandemic response guidelines titled ICE’s COVID-19 April 10, 2020 Pandemic Response Requirements (“PRR”). ICE reportedly developed the guidelines in consultation with the CDC and calls for compliance with the CDC’s guidelines in correctional and detention facilities.⁷ ICE’s guidelines also require the identification of any detainee who meets the CDC’s guidelines for populations at higher-risk for serious illness from COVID-19.⁸

DISCUSSION

The Petitioners in this case are 34 immigrant detainees. Petitioners claim that they are housed at one of three immigration detention centers in Florida: the Krome Detention Center in Miami (“Krome”), the Broward Transitional Center in Pompano Beach (“BTC”), and the Glades County Detention Center in Moore Haven (“Glades”).⁹ Petitioners maintain that they are particularly vulnerable to COVID-19 for different underlying chronic ailments and are at imminent risk of contracting the virus because the overflow of detainees within

⁴ Office of the Attorney General, Washington, DC, Memorandum for Director of Bureau Prisons, Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic (Mar. 26, 2020), <https://www.politico.com/f/?id=00000171-1826-d4a1-ad77-fda671420000>.

⁵ April 3, 2020 Memorandum of Hon. W. Barr to the Director of Bureau of Prisons, at 1. “[W]e are experiencing significant levels of infection at several of our facilities. . . . We have to move with dispatch in using home confinement, where appropriate, to move vulnerable inmates out of these institutions.” *Id.*

⁶ Although Mr. Barr’s Memorandums are directed to the Federal Bureau of Prisons, ICE’s guidelines contain specific standards that mirror Mr. Barr’s directives with respect to which detainees should be immediately released.

⁷ ICE’s Enforcement and Removal Operations, April 10, 2020, at 3, <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>.

⁸ *Id.* at 5-6.

⁹ Although Glades is located in the Middle District, this Court finds that it has jurisdiction to review claims related to conditions of confinement there. *See Masingene v. Martin*, 424 F. Supp. 3d 1298, 1303 (S.D. Fla. 2020) (“[A] district court acts within its respective jurisdiction. . . as long as the custodian can be reached by service of process.”) (internal citations omitted).

the constricted detention centers makes it impossible to comply with the CDC's guidelines. Petitioners, *inter alia*, seek immediate release from the detention centers.

Both the Petitioners and ICE have filed objections to the Magistrate Judge's R&R. ICE maintains that injunctive relief is not warranted because the Magistrate Judge did not find any legal violations that warrant injunctive relief. ICE also maintains that even if the R&R identified a legal violation, any violation is based on a narrow, incomplete and inconsistent record. Petitioners, on the other hand, argue that the Magistrate Judge incorrectly concluded that release of the Petitioners was an inappropriate remedy. The Court considers each argument in turn.

To obtain either a temporary injunction or a preliminary injunction, a party must demonstrate that: "(1) it has a substantial likelihood of success on the merits; (2) irreparable injury will be suffered unless the injunction issues; (3) the threatened injury to the movant outweighs whatever damage the proposed injunction may cause the opposing party; and (4) if issued, the injunction would not be adverse to the public interest." *Wreal, LLC v. Amazon.com, Inc.*, 840 F.3d 1244, 1247 (11th Cir. 2016). Based on the Court's review of the record, and relevant case law, Petitioners have met that standard.

A. Fifth and Eighth Amendment Violations¹⁰

It is important to note that the Petitioners in the instant case are merely civil detainees, not convicted criminal prisoners.¹¹ *Troville v. Venz*, 303 F.3d 1256, 1260 (11th Cir. 2002) ("[O]nly individuals who, at the time they seek to file their civil actions are detained as a result of being accused of, convicted of, or sentenced for criminal offenses are prisoners within the definition of . . . 28 U.S.C. § 1915.") (internal citations omitted). Immigration detainees are subject to the same rights as civil detainees. *Mehmood v. Guerra*, 783 F. App'x 938, 941 (11th Cir. 2019) (holding that the district court improperly classified immigration

¹⁰ The Court recognizes that the limitations imposed by the Eighth Amendment and the Due Process Clause arise in different contexts. However, with respect to the provision of medical care and supervision to individuals in the state's custody, the two provisions necessarily yield the same result. *Hamm.*, 774 F.2d at 1574 (holding that the standard to measure the state's duty under the Due Process Clause for pretrial detainees for medical care can equally and fairly be measured by the same standard as the Eighth Amendment's prohibition against cruel and unusual punishment).

¹¹ This distinction is important because convicted prisoners may seek early release through "compassionate release," but civil detainees cannot.

detainee as a prisoner rather than as a civil detainee). And civil detainees are afforded “more constitutional protection, more considerate treatment, and conditions of confinement than criminals whose conditions of confinement are designed to punish.” *Youngberg v. Romeo*, 457 U.S. 307, 321-22 (1982). The Government may not impose on civil detainees conditions that would violate a convicted prisoner’s Eighth Amendment rights. *See Hamm v. DeKalb Cty.*, 774 F.2d 1567, 1573-74 (11th Cir. 1985) (citing *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983) (“[T]he due process rights of a [pretrial detainee] are at least as great as the Eighth Amendment protections available to a convicted prisoner.”)).

The Eighth Amendment prohibits the infliction of cruel and unusual punishment. *Robinson v. California*, 370 U.S. 660 (1962). Under that provision, the Government may not impose punishments that shock the conscience, involve unnecessary and wanton infliction of pain, offend evolving notions of decency, or are grossly disproportionate to the offense for which they are imposed. *See Estelle v. Gamble*, 429 U.S. 97, 102-03 (1976); *Gregg v. Georgia*, 428 U.S. 153, 173 (1976); *Trop v. Dulles*, 356 U.S. 86, 101 (1958). Various conditions, “alone or in combination, may deprive inmates of the minimal civilized measure of life’s necessities. Such conditions could be cruel and unusual under the contemporary standard of decency.” *Rhodes v. Chapman*, 452 U.S. 337, 347 (1981). On that basis, courts have held that states violate the Eighth Amendment when they are deliberately indifferent to a prisoner’s serious medical needs. *See, e.g. Estelle*, 429 U.S. at 106.

The minimum standard of care to be provided to civil detainees under the Due Process Clause is the same as that allowed by the Eighth Amendment for convicted persons. *Hamm*, 774 F.2d at 1574; *see also Bell v. Wolfish*, 441 U.S. 520, 535 n. 16 (1979) (holding that the Due Process Clause rights of a civil detainee are at least as great as the Eighth Amendment protections available to a convicted prisoner).

When the Government takes people into custody and detains them against their will, the Constitution confers upon the Government a duty to assume responsibility for those detainees’ safety and general well-being. *See Helling v. McKinney*, 509 U.S. 25, 32 (1993).

The Due Process Clause similarly “imposes a duty on state actors to protect or care for citizens when the state affirmatively places a particular individual in a position of danger the individual would not otherwise have faced.” *Gregory v. City of Rogers, Ark.*, 974 F.2d 1006, 1010 (8th Cir. 1992) (en banc). The Government violates an individual’s right to due process

when it (1) “affirmatively place[s] [the] individual in danger,” or (2) by “acting with ‘deliberate indifference to [a] known or obvious danger.’” *Jones v. Phyfer*, 761 F.2d 642 (11th Cir. 1985) (a constitutional right to protection by the state exists when there is a showing that the victim faces a special danger distinguishable from that of the public at large).

There is record evidence demonstrating that ICE has failed in its duty to protect the safety and general well-being of the Petitioners. For example, the Magistrate Judge found that social distancing at Krome is not only practically impossible, the conditions are becoming worse every day. (ECF No. 63 at 63) (“[T]here is little doubt that social distancing is currently impossible at Krome because the sleeping arrangements and some of the toilet and shower arrangements are too tight to permit it.”). At Glades the bunk beds are a paltry 12 inches apart, the distance between the upper bunk and the lower bunk is 34 inches, and the chairs and benches where detainees eat at Glades are only three feet apart, contrary to CDC guidelines. (*Id.* at 40.) Further, ICE has failed to provide detainees in some detention centers with masks, soap and other cleaning supplies, and failed to ensure that all detainees housed at the three detention centers can practice social distancing. (*Id.* at 34-42.)

These failures have placed Petitioners at a heightened risk of not only contracting COVID-19, but also succumbing to the fatal effects of the virus as some of the Petitioners have serious underlying medical illness. *See, e.g. Pauluk v. Savage*, 836 F.3d 1117, 1119 (9th Cir. 2016) (recognizing that environmental conditions can be the basis for the state-created danger doctrine.) Such failures amount to cruel and unusual punishment because they are exemplary of deliberate indifference. *Estelle*, 429 U.S. at 104 (“[D]eliberate indifference to serious medical needs of prisoners [is] proscribed by the Eighth Amendment.”); *Helling*, 509 U.S. at 32. (noting that the Government acts with deliberate indifference when it “ignore[s] a condition of confinement that is sure or very likely to cause serious illness.”).

ICE can make a conscious effort to address detention conditions in light of COVID-19. For example, at BTC, all detainees over the age of 60 have been released and the overall detention population has decreased by 35%. (ECF No. 63 at 34). So, it is clear that ICE fully understands the benefit of reducing the detainee population. Thus, to the extent that ICE fails to commit to addressing the conditions complained of, ICE has demonstrated deliberate indifference.

Accordingly, there is sufficient evidence in this record to determine that the present

conditions at the three detention centers constitute a violation of the Petitioners Fifth and Eighth Amendment rights.

B. Application of the *Accardi* Doctrine

Petitioners assert that Government agencies are required to follow their own rules and regulations and that an agency which violates its own rules and regulations violates the Administrative Procedures Act and the Fifth Amendment's Due Process Clause. Petitioners further allege that ICE has failed to follow the National Detention Center Guidelines, which Petitioners argue require ICE to also follow CDC Guidelines. In the R&R, the Magistrate Judge found that Petitioners had not established a substantial likelihood of prevailing on the merits because "the applicable CDC Guidelines contain a substantial amount of flexibility and courts confronted with emergency motions to release state and federal prisoners and detainees because of COVID-19 have relied on this adaptability when denying applications for release of inmates or detainees." (ECF No. 63 at 61.) The Court respectfully disagrees.

When the Government has promulgated "[r]egulations with the force and effect of law," those regulations "supplement the bare bones" of federal statutes. *United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260, 266, 268 (1954). Agencies must follow their own "existing valid regulations," even where Government officers have broad discretion, such as in the area of immigration. *Id.* at 268; *see also Gonzalez v. Reno*, 212 F.3d 1338, 1349 (11th Cir. 2000) ("Agencies must respect their own procedural rules and regulations."); *Morton v. Ruiz*, 415 U.S. 199, 235 (1974) ("[I]t is incumbent upon agencies to follow their own procedures . . . even where [they] are possibly more rigorous than otherwise would be required.").

A violation of the *Accardi* doctrine may constitute a violation of the Fifth Amendment's Due Process Clause. *United States v. Teers*, 591 F. App'x 824, 840 (11th Cir. 2014) (recognizing that an *Accardi* violation may be a due process violation,); *Jean v. Nelson*, 727 F.2d 957, 976 (11th Cir. 1984) ("Agency deviation from its own regulations and procedures may justify judicial relief in a case otherwise properly before the court.").

ICE is an agency that operates its detention system under a set of National Detention Standards ("NDS"), which set forth the medical care that must be provided to individuals in immigration detention. Both Krome and BTC are subject to ICE's 2011 Performance-Based National Detention Standards ("PBNDS"). (*See Compl.*, Appx. I, Ex. K, at 152, 156.) Glades is subject to ICE's NDS. (*Id.*, Appx. I, Ex. K, at 152, 156.) Section

4.3(II)(10) of the PBNDS requires that “Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed.” (*Id.* at Appx I, Ex. N, at 248-97, 253.) The PBNDS also provides that “[f]acilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements.” (*Id.*, Appx, Ex. N, at 256-57.) Similarly, section 1.1(I) of the NDS states, “facilit[ies] will operate in accordance with all applicable regulations and codes, such as those of . . . the Centers for Disease Control and Prevention (CDC).” (*Id.* Appx I, Ex. O, at 304.)

It is abundantly clear that ICE is required to comply with CDC’s guidelines pursuant to its own regulations and policy statements. Yet, ICE has flouted its own guidelines by, *inter alia*, failing to ensure that each detainee practices social distancing. Indeed, ICE admits that its actions fall short, stating that “declarations [submitted] establish that defendants are in *substantial compliance* with the National Detention Standards.” (ECF 40 at 9.) (emphasis added). ICE’s purported “substantial compliance” does not pass muster under the *Accardi* doctrine. At BTC, beds in male rooms are only two feet apart, when they should be six feet apart under the CDC’s guidelines. (ECF No. 63 at 36.) At Krome, there are at least five laboratory-confirmed cases of COVID-19 (two of which are detainees). (*Id.* at 36). Yet, ICE has distributed personal protective equipment only to Krome staff members but none to detainees.

Further, ICE’s argument that the *Accardi* doctrine is inapplicable fails because although the CDC’s guidelines contain some flexibility, there are certain aspects of the guidelines that are mandatory. For example, pursuant to the CDC’s guidelines, ICE is required to restrict transfers, quarantine new detained individuals, allow appropriate social distancing, perform pre-intake screening, supply detainees with sufficient hygiene and cleaning supplies.¹² Thus, while the CDC guidelines allow flexibility, that does not absolve ICE of its responsibility with respect to the mandatory provisions of the guidelines designed to protect the health of detainees. ICE is still expected to follow its own regulations. *See Rowe v. U.S. Atty. Gen.*, 545 F. App’x 888, 890 (11th Cir. 2013) (recognizing that the Board of

¹² <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (Accessed April 28, 2020).

Immigration Appeals is required to follow its own regulations even when exercising discretion). Moreover, the Due Process Clause is implicated here because Petitioners are relying on ICE and the CDC's regulations promulgated for their guidance or benefit during this pandemic. It is easily conceivable that in failing to comply with its own guidelines, ICE caused Petitioners to suffer substantially because of their violations.

Accordingly, the Court finds that ICE has violated Petitioners' Due Process Clause protections pursuant to the *Accardi* doctrine.

C. Habeas Corpus Release Under *Gomez*

In their Objection, Petitioners assert that the Magistrate Judge misunderstood their request and erred in his interpretation of *Gomez v. United States*, 899 F.2d 1124 (11th Cir. 1990). Petitioners argue that *Gomez* allows this Court to provide the Petitioners relief because it recognizes court's inherent authority to grant release on a writ of habeas corpus under the "extraordinary circumstances" standard. Petitioners cite to no Eleventh Circuit cases; however, they urge the Court to consider whether this habeas petition raises substantial claims and makes release necessary.

In *Gomez v. United States*, 899 F.2d 1124 (11th Cir. 1990), petitioner, who was serving a 10-year sentence of imprisonment for a controlled substance violation, was suffering from Acquired Immune Deficiency Syndrome. *Id.* at 1125. Petitioner filed a habeas corpus petition, alleging that the medical treatment he was receiving in prison was inadequate, and therefore unconstitutional. *Id.* The district court granted bail, but the Eleventh Circuit reversed the bail and release order stating, "the district court apparently overlooked the fact that even if Gomez prevailed on his habeas corpus petition, he would not be entitled to be released from prison." *Id.* Noting a split in the circuits, the Eleventh Circuit held that a prisoner is not entitled to release even if he proves an allegation of mistreatment in prison that amounts to cruel and unusual punishment. *Id.* at 1126.

Petitioners' interpretation of *Gomez* is misplaced. First, the facts in *Gomez* are not analogous to the instant matter as *Gomez* dealt with a convicted criminal, not civil detainees. Next, the Court interprets *Gomez* to stand for the proposition that the appropriate relief from prison conditions that violate the Eighth Amendment is to require the discontinuance of any improper practices, or to require correction of any condition causing cruel and unusual punishment. *Id.* Requirement of a discontinued practice does not amount to releasing

detainees who complain of prison conditions. Accordingly, *Gomez* does not support the kind of relief requested here.

CONCLUSION

In sum, there is sufficient evidence in the record to determine that the present conditions at the three detention centers constitute a violation of the detainees Fifth and Eighth Amendment rights. Accordingly, the Court finds that injunctive relief is appropriate. However, the record is not clear as to whether each individual Petitioner is eligible for release under ICE's PPR. For example, it is unclear who among the Petitioners would be considered "mandatory detainees."

It is hereby **ORDERED and ADJUDGED** that Judge Goodman's R&R (ECF No. 63) is **ADOPTED *in part*** as follows:

1. Petitioners' Emergency Motion For Temporary Restraining Order And Motion For Preliminary Injunction For Proposed Class And Incorporated Memorandum Of Law (ECF No. 4) is **GRANTED *in part* and DENIED *in part***.

2. Within **seven (7) days** of this Order, ICE shall evaluate each of the 34 detainees named in the instant action consistent with ICE's PRR¹³ and inform the Court who among them can be released promptly in light of COVID-19. ICE must take into consideration the detainees' current health status, eligibility for bond, immigration status, immigration court history and orders, and prior criminal history.

3. Within **three (3) days** of this Order, ICE shall submit a report the Court informing the Court as to how it intends to accelerate its review of its "Alternatives to Detention" program (or other protocols resulting in detainee release) with the goal of reducing the population to 75% of capacity at each of the three detention centers within two weeks of this Order.

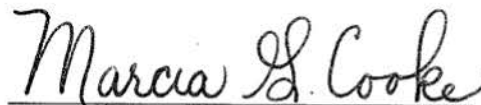
4. ICE shall perform an internal review pursuant to ICE's PRR and file with the Court weekly reports (every **Friday by 4:00 P.M.**) on the following:

a. The number of detainees who have been released;

¹³ The medically higher-risk detainees are listed on pages 5 and 6 of the PRR, and they include people 65 years old and older and those with underlying medical conditions. Although ICE's PRR list of higher-risk detainees does not include pregnant detainees, this Order adds that category to the list for the three detention centers at issue.

- b. Which facility they were released from; and
 - c. The nature of the detainee released (e.g., in a high-risk category because of age or a specific, documented medical condition, etc.).
5. Within **ten (10) days** of this Order, ICE shall submit twice-weekly (every **Monday and Thursday by 4:00 P.M.**) reports on the following:
 - a. How many detainees it is housing on the date of reporting;
 - b. At which of the three centers the detainees are being housed;
 - c. Which of the detainees are considered “mandatory detainees”; and
 - d. Which of the detainees have no prior criminal convictions and no pending criminal charges.
6. ICE shall immediately comply with the CDC and ICE guidelines on providing adequate amounts of soap and water and cleaning materials to detainees at each of the three detention centers at issue. Further, within **two (2) days** of this Order, ICE shall provide masks to all detainees and shall replace those masks at least once per week.
7. ICE shall provide education and training about measures to reduce the health risks associated with COVID-19 to all staff members and detainees and to any new detainees or employees. ICE shall provide such education and training without any costs to the detainees.
8. This Temporary Order is valid for a limited period of **14** days or until further order of this Court, or until ICE demonstrates that it has substantially complied with this Order. The Court’s ruling is subject to change based on a more fully developed record.
9. The Court recognizes that complying with this Order poses several procedural and logistical hurdles for ICE, however, at the time of this writing there are at least 30,000 confirmed COVID-19 cases and over 1,000 related deaths in Florida alone. Time is of the essence. Accordingly, the Court fully expects ICE to work with a sense of urgency to meet the deadlines set forth and refrain from requests for extensions of time absent extenuating circumstances.

DONE and ORDERED in chambers, at Miami, Florida, this 30th day of April 2020.

A handwritten signature in black ink, reading "Marcia G. Cooke", written over a horizontal line.

MARCIA G. COOKE

United States District Judge

Copies furnished to:

Jonathan Goodman, U.S. Magistrate Judge

Counsel of record

FOR OFFICIAL USE ONLY

Government of Mexico COVID-19 Topline Asks

DHS requests that the Ambassador and/or US Embassy make the following requests of the Government of Mexico. To the extent that the Ambassador and/or US Embassy has questions about any of the below items, they should be addressed through the DHS Attaché and with the DHS/Office of Policy which will also serve as the primary coordinating counterpart for follow up on specific items.

1. **Discourage non-essential cross-border travel**

- Work with the Government of Mexico (GOM) to encourage closure of non-essential businesses and enforce non-essential travel into Mexico.
- Request GOM further reduce port operational hours and enact closures as necessary.
- Request GOM engage Centers for Disease Control and Prevention (CDC) and local/state leaders to educate the public on why it is important to eliminate non-essential travel and request they enforce stay at home orders.
- Request GOM coordinate with the Mexican Consulate to educate the public on what the current exposure rates are in Mexico and why it is important to eliminate non-essential travel.

Background

- On March 20, 2020 at 11:59pm EDT, travel restrictions were implemented at land ports of entry along the U.S.-Mexico border limiting travel from Mexico into the U.S. to essential travel only. U.S. Citizens (USC) and Legal Permanent Residents (LPR) were excluded from this requirement, along with a number of exclusions for those travelling for medical, educational, and work purposes. To date, since the implementation, overall traffic volumes on the southwest border (SWB) have decreased by over 50% for personally owned vehicles (POV) and over 40% for pedestrians (PED). Over 80% of travel daily into the U.S. is by USCs and LPRs.
- Mexican residents predominately travel into the U.S. for the following reasons:
 - Essential functions (employment, medical appointments, school)
 - Visit and care for family
 - Shopping (food, medicine, other items not available in Mexico)
 - Blood donations
- Mexico has not implemented similar restrictions for non-essential businesses as in the U.S. driving U.S. residents into Mexico for non-essential needs and entertainment.
- Mexico is not currently enforcing non-essential travel into their country making it challenging to limit return travel by U.S. residents.
- A large number of daily crossers consists of USCs and LPRs who reside in Mexico but work in the U.S.
- Legally, CBP cannot restrict entry to the U.S. from Mexico by USCs or LPRs regardless of where they reside.

2. Reinforce Mexico's healthcare infrastructure

- Encourage GOM to establish hospital extensions, triage and treatment centers in major cities of all Mexican States to dissuade Mexican residents from leaving their home state to pursue medical care.
- Develop surge capacity in migrant population centers (where there is a fluid population).

Background

- Significant populations of USCs and LPRs reside in Mexico and in the event that medically motivated migration occurs, CBP wants to ensure adequate preparedness for a worst-case scenario. Gaining situational awareness from GOM on any potential surge of USC's and LPRs would help inform U.S Government strategic planning.
- Evidence based coordinated messaging with GOM could increase the strategic deterrence value of bilateral messaging efforts. CBP requests bilateral coordination, formulation and implementation of public relations messaging campaign outlining the dangers associated with COVID-19 when traveling through Mexico in route to the U.S. SWB.
- CBP continues to monitor the medical posture, denial of services and the GOM health response to COVID-19 to determine possible indicators of migration surges towards the United States. The following states top Mexico's list of COVID-19 cases and deaths: Mexico City, State of Mexico, and Baja California Norte. On April 27, Mexico's Health Service reported the nationwide regular hospital bed occupancy rate was 23%. Mexico City (56%), Baja California (55%), and the State of Mexico (42%) reported the highest rates.
- CBP assesses the COVID-19 outbreak in Mexico may act as a migration accelerant, causing a public health crisis along the US SWB.
- To date, CBP has only one report that points to a denial of service in Tijuana that would prompt "medical refugees."

3. Better Management of Migrant Populations in Mexico

- Gather information on the number of individuals on the Mexican side of the US-Mexican border, including demographic information.
- Share information with operational counterparts regarding how it processes, screens, and transports individuals within Mexico.
- Increase reintegration and transportation efforts among these populations in order to decrease the overall border recidivism rate to mitigate the potential of COVID-19 exposure to border communities.
- Reinforce the ability of local officials to coordinate on specific migrant flow challenges, such as through mirrored patrols.

Background

- It is estimated the number of migrants (Mexican and otherwise) currently staged in Mexico's northern border states ranges from 15,000-30,000.
- For the situational awareness necessary to respond the potential for a mass migration event CBP needs fidelity on migrant populations along Mexico's Northern Border as well as throughout Mexico. As Mexican nationals consistently comprise roughly

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71% of enforcement encounters CBP has on a daily basis, it is necessary that CBP ascertain the size and locations of Mexican National intending migrant populations.

- Through March 20 – April 29, 2020, CBP's Title 42 and Title 8 recidivism rate along the entirety of the U.S. SWB was 22% with El Paso, San Diego, and El Centro sectors having the highest rates.
- CBP is currently assessing the four busiest sectors and continues to seek means to collect originating state data from Mexican National encounters in these sectors to be shared with GOM.
- Additionally, CBP is undertaking a sector-by-sector assessment of mirrored patrols to gauge whether the current posture and cadence is adequate to deal with migrant flows and where increase mirrored patrol operations are warranted.

4. **Promote best practices on implementing essential/non-essential interstate travel restrictions**

- Consider promoting practices, such as those taken by individual states like New York or Florida, that discourage cross-state travel for non-essential purposes.

Background

- Daily enforcement encounters are down 58% from the daily averages prior to Title 42 implementation. Currently, 72% of CBP enforcement encounters are Mexican nationals (with a high watermark of 80% on April 24, 2020), half of whom we assess originate from Southern Mexico based on historical trends.
- Several Mexican Governors have implemented state-level non-essential interstate travel restrictions. Employing these restrictions at the state level will reduce the flow of intended migrants from southern Mexico to the US/Mexico border.

Synchronization Call on Mexico COVID-19 Component Actions
Summary of Conclusions
May 5, 2020

During the call the group reviewed recent intelligence and operational updates regarding the Government of Mexico's (GoM) response to COVID-19, before discussing the updated *Consolidated Data List* that will be provided to Post.

Key discussion points or decisions included:

- That further discussions will occur to ensure that operational information and traditional intelligence are integrated into potential assessments on the level of traffic and activity expected along the border, and that assessments may need to be refined to address trends related to key demographic difference – like citizenship – of those who may seek to enter the United States. (**Action: I&A and CBP**)
- That a consolidated focus to operationalize key decisions and asks for the GoM should occur concurrent to efforts to obtain the consolidated information from DOS.
 - DHS will participate in binational technical expert working groups, at GoM's suggestion, to look at synchronizing key efforts. Information from these sessions will feed into the Senior Action Officer Group's efforts. (**Action: PLCY**)
 - The Senior Action Officer Group will start working through these topics to tee up issues for the next call. It will examine the top issues DHS plans to bring to Mexico, and actions DHS can take internally and with other USG organizations. The group will identify lead and supporting efforts to generate the desired response or outcomes as well as identify next steps. Updates, proposed next steps, and issues requiring senior leader involvement or decisions will be presented at each meeting. (**Action: All**)

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FEMA ADVISORY – APRIL 17, 2020

Coronavirus (COVID-19) Pandemic:

Supply Chain Task Force Commercial PPE Distribution Update

In support of the Whole-of-America response to the coronavirus (COVID-19) pandemic, the Supply Chain Task Force continues to execute a strategy maximizing the availability of critical protective and lifesaving resources through the National Response Coordination Center. Efforts underway reduce the medical supply chain capacity gap to both satisfy and relieve demand pressure on medical supply capacity.

To support this effort, the Supply Chain Task Force works with the major commercial distributors to facilitate the rapid distribution of critical resources in short supply to locations where they are needed most. The task force is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future. The distributors have agreed to focus portions of their distributions on these areas in order to alleviate the suffering of the American people.

A key example of this partnership in action is Project Air Bridge, which FEMA implemented to reduce the time it takes for U.S. medical supply distributors to receive personal protective equipment and other critical supplies into the country for their respective customers. FEMA covers the cost to fly supplies into the U.S. from overseas factories, reducing shipment time from weeks to days. All supplies will continue being distributed to CDC-designated hot spots as well as through the vendors' regular supply chain to locations across the country.

As of today, Project Airbridge completed 55 flights.

Commercial PPE Distribution Update

We have received a lot of questions as to where specifically these private sector medical supplies are going to better inform prioritization decisions being made at the state, local, tribal and territorial level. FEMA provides these documents to you so you can understand the overall flow of commercial supplies within your state. This information informs partners on the flow of private sector-distributed PPE which includes, but is not limited to, shipments facilitated by Project Airbridge. While the Airbridge helps accelerate much of the PPE coming into the United States, distributors continue to receive medical supplies through other means. Your respective Governor has received county-level data, so should you seek that; we ask you to connect with them.

IMPORTANT DISCLOSURE: The information shared with you today is For Official Use Only and is not for distribution. The data in the table (page 2) contains confidential commercial information and is for official government use only. You may not distribute any information contained in this document to non-governmental entities without the express authorization of FEMA.

This data is directional in nature. It neither reflects all supplies provided to a specific state, nor does it reflect the end-user of the product. Data contained here was provided to FEMA by major U.S. medical supply distributors (Cardinal, Concordance, Owens Minor, McKesson and Medline) we have partnered with through Project Airbridge.



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Congress of the United States
Washington, DC 20515

The Honorable Peter T. Gaynor
Administrator
Federal Emergency Management Agency
500 C Street SW
Washington, DC 20472

March 27, 2020

Dear Administrator Gaynor,

As members of New Jersey's Congressional Delegation, we write in strong support of Governor Phil Murphy's request to the Federal Emergency Management Agency (FEMA) for a third 2019 novel coronavirus (COVID-19) federally backed testing site in New Jersey.

As you know, federally resourced testing sites are provided critical and highly demanded resources by FEMA and the Department of Health and Human Services like testing kits and personal protective equipment. Only two federally backed testing sites are currently operational in New Jersey and both are located in the northern region of the state--one in Paramus, NJ at Bergen County Community College and the other in Holmdel, NJ at PNC Bank Arts Center.¹ It is our understanding that only individuals residing within 50 miles of each site are eligible to be tested. This leaves over one million New Jerseyans out of range from receiving a test at any federally resourced facility. This is particularly concerning given that as of March 26, New Jersey had the second highest number of cases of any state with over 6,000 positive cases.²

As you know, seniors are among the most vulnerable groups of people to COVID-19; approximately 8 out of 10 deaths reported in the U.S. occurred in adults aged 65 years and older.³ The southern region of New Jersey has numerous townships which are among the localities with the highest percentage of seniors in the entire state.⁴ Many of these townships are currently out of the 50-mile range of both testing facilities in the state.

For these reasons, we ask you for swift and fair consideration of Governor Murphy's request for

¹ <https://www.app.com/story/news/health/2020/03/16/coronavirus-nj-fema-testing-site-planned-pnc-bank-arts-center/5062551002/>

² <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications/older-adults.html>

⁴ https://www.nj.gov/labor/lpa/pub/lmv/lmv_17.pdf

a third federally backed testing site in New Jersey. Thank you for your attention to this matter.

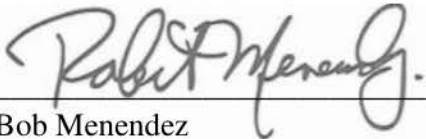
Sincerely,



Andy Kim
Member of Congress



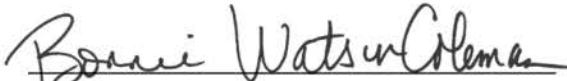
Donald Norcross
Member of Congress



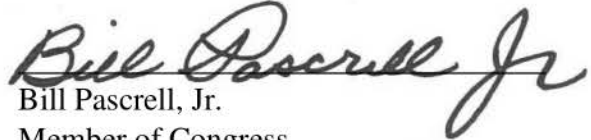
Bob Menendez
United States Senator

/s/

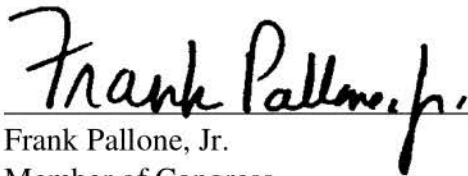
Cory A. Booker
United States Senator



Bonnie Watson Coleman
Member of Congress



Bill Pascrell, Jr.
Member of Congress



Frank Pallone, Jr.
Member of Congress



Albio Sires
Member of Congress

/s/

Donald Payne, Jr.
Member of Congress



Christopher H. Smith
Member of Congress

/s/

Tom Malinowski
Member of Congress



Josh Gottheimer
Member of Congress



Mikie Sherrill
Member of Congress

/s/

Jefferson Van Drew
Member of Congress

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Pre Emergency Industrial Actions / For Official Use Only									
Status	DPA Request (Item)	Request Type	Quantity	Vendor	Source of Request	Request Date	Responsible FEMA Official	Approved Date	Notes
Complete	Program determination for GSA's Telework Program	Program Determination	N/A	N/A	GSA	3/14/20	Associate Administrator for OPPA	3/14/20	GSA request for priority rating authority to ensure it can obtain a wide variety of cleaning, disinfecting and sanitizing supplies to keep critical federal buildings open and habitable to the public during response and recovery. It is also seeking rating authority to acquire critical IT equipment (such as laptops, accessories and services but not communication equipment) to support other federal agencies needing to telework as a result of COVID.
Complete	Program determination for GSA's Emergency Response IT Program to Support Healthcare	Program Determination	N/A	N/A	GSA	3/22/20	Associate Administrator for OPPA	3/22/20	As a follow up to the 3/14 request, this program determination will support support GSA in maintaining continuity of operations for agencies with a need to acquire IT equipment and services used in providing health care.

#	Status	Task Date	Topic	Action Item	Lead for Action	Due Date	Notes
1	Open	4/25/2020	Dialysis Machine Adjudication	The Healthcare Resilience Task Force will further develop a plan for augmenting the supply of machines, addressing forecasting, and identifying EMAC options. The task force will also continue developing a plan for ramping up dialysis fluid/supplies production. HRTF continues to coordinate with SNS and RSS on dialysis supply shortages and developing a national dialysis CONOPs to deploy HHS-procured dialysis technology and supplies to support state-requested capacity during future COVID-19 waves.	Healthcare Resilience Taskforce	ASAP	Update 05/09: Expediting acquisition strategies and requirements with DPA Title III Office to develop multiple RFPs for potential manufacturing capacity expansion and machine/supply procurement (~6/15). Finalizing HHS Dialysis CONOP for SNS deployment of dialysis technology and supplies (5/30).
2	Open	5/2/2020	Battelle Critical Care Decontamination Systems	Determine availability of storage space for the unassigned Battelle CCDSs and bring a recommendation to the UCG for a decision prior to the end of May. Coordinate discussions with International Affairs and the VA on potential interest in Battelle CCDSs (FEMA). Coordinate with the DATF to conduct analysis on the projected future demand for masks relative to the COVID-19 risk and available supplies. Explore options for repackaging masks to encourage Battelle CCDSs use.	Supply Chain Task Force and FEMA	ASAP	Update 05/09: First item: RSS is in the process of extending the lease for Sharpe Army Depot for COVID-19 support. This action should be completed within 10 days The second: RSS, NRCSC and International Affairs are having ongoing discussions regarding potential interest in the Battelle systems as charged. The third and fourth: The third subject is ongoing; recommend closure for now. Supply Chain has completed providing their support to HCRTF. HCRTF will bring to UCG when they are ready.
3	Open	5/1/2020	Priority Rating Request for Bio Medical Devices Intl (DPA Request #19)	The UCG requested that an SME from HHS attend a future UCG meeting to provide more information regarding the priority rating request and the expected impacts to other orders.	Mr. Doolin, SCTF	Week of 5/4	Update 05/09: Mr. Doolin will brief at 5/9 UCG Meeting.

Decision date	Topic	Decision	Lead for action
5/8/2020	DPA Title I Request for HHS/ASPR Contracts for Needles and Syringes	The UCG approved the DPA Title I priority ratings request for HHS/ASPR contracts for needles and syringes.	Supply Chain Task Force
5/7/2020	Air Bridge Transition	The UCG approved discontinuing the scheduling of Air Bridge flights after May 8, with the exception of flights for gowns. SCTF will monitor and reevaluate gown transport by June 1. The 31 currently scheduled Air Bridge flights will continue until complete.	Supply Chain Task Force
5/2/2020	Battelle Critical Care Decontamination	The UCG approved the recommendation to reduce the workforce for operating the Battelle CCDSSs.	Supply Chain Task Force
4/30/2020	DPA Title III	The UCG approved a DPA Title III request for Hollingsworth & Vose to expand domestic industrial capacity.	Mr. Doolin
4/30/2020	Voluntary Agreements (DPA Request #18)	The UCG approved the request to send the DPA Title VII memo to the White House Task Force for concurrence (five-year voluntary agreement).	Mr. Doolin
4/25/2020	Dialysis Machine Adjudication	The UCG approved the deployment of the 50 machines to New York and exercising the contract option for leasing an additional 50 machines.	Healthcare Resilience Task Force
4/25/2020	Priority Ratings for Hollingsworth & Vose	The UCG approved the DPA Title I priority ratings request for Hollingsworth & Vose.	Mr. Doolin and Mr. Baum
4/19/2020	Testing Strategy and Supply Distribution Plan	The UCG concurred on moving forward with a modified course of action to expand the IRR capability in a phased manner to support a broader spectrum of public health laboratory requirements for testing and medical diagnostics supplies by May 15. The priority sourcing for non-governmental customers will be through normal private market vendors. The SNS will resume the contract and distribution of urgent supplemental requirements outside the IRR process as they arise but may utilize FEMA's existing temporary contracts for the CBTS effort until the end of their period of performance.	Mr. Dozor
4/19/2020	Proposed Strategy for Title III DPA Investments	The UCG concurred on the revised strategy with Dr. Kadlec's changes and decided that RADM Polowczyk would be the main briefer.	COL Work, SCSTF, Mr. Doolin
4/17/2020	General Motors (GM) Ventilator Allocation and Distribution	The FEMA Administrator retroactively approved the transfer of ventilators, and the UCG directed HHS to execute the necessary EUA processes. The UCG concurred that all future ventilator allocations will follow the processes approved by the UCG.	Supply Chain Task Force
4/16/2020	Re-Opening Framework	The UCG saw no issue with this approach and recommended that Dr. Redfield present this brief to the WH TF.	Dr. Jernigan

Decision date	Topic	Decision	Lead for action
4/15/2020	Ventilator Reallocation Strategies	The UCG decided that, until the SNS starts accumulating ventilators that have been ordered to build up the stockpile, HHS/FEMA should pursue recovery of allocated ventilators. The compelling reason for this course of action is not just that we want them back, but should states need them again, we want them ready to go. The UCG directed HHS/FEMA move forward with a modified COA #2, to add the "5 Question" guidance from COA #3 to provide decision support, and to include timelines for regular re-engagement and re-evaluation with states. Additionally, the UCG advised HHS/FEMA to prioritize recovery of ventilators from recipients of large quantities that remain unused before moving on to smaller quantities that remain unused.	
4/14/2020	Medical Operations Coordination Cell	The UCG approved a proposal to optimize patient distribution by augmenting EOCs with clinical experts that coordinate healthcare capacity	Healthcare Resilience Task Force
4/14/2020	Use of a Common Approach for Presentation of Hospital Facility Data and Long-Term Care Facility Data	The UCG approved a more streamlined approach to facilitating information sharing among Federal, state, and healthcare entities regarding hospital bed, ICU, ventilator, and other resource capacity and requirements.	Data and Analysis Task Force
4/14/2020	Cloth Mask Distribution	The UCG approved the concept of targeting cloth masks to 1) priority infrastructure sectors; 2) Federal workforce with public facing missions; 3) fulfill requests from states; and 4) public distribution in hotspots. Nursing homes will not be targeted.	
4/13/2020	Virtual Strategic Reserve Coordination	Primary reserve will be through hospitals. SNS will be backup reserve of 1-5%. 4,000 ventilators are being considered as an asset for those health care systems that are interested in being in this program. HHS is recommended to own this system moving forward.	WH TF
4/11/2020	Update on Ventilator Distribution	The UCG approved 100 vents to specified counties outside Chicago in Indiana.	NRCS Chiefs
4/11/2020	Virtual Strategic Reserve Coordination	The UCG determined that additional work was needed on the proposal, but that the concept to create leverage is promising if risks can be managed appropriately. The UCG also noted that, at this time, it is not believed that such a policy is necessary for meeting the ventilator needs in the short term. However, based on what we have learned in the last 30 days, the UCG believes such a policy has strategic value as a national preparedness effort.	WH TF
4/11/2020	Ventilator demobilization	To get ready for the second wave in the fall, the UCG concurred with Mr. Greene's recommendation that the SNS aggregate ventilators as they are de-mobilized to inspect and refresh them.	Supply Chain Task Force

Decision date	Topic	Decision	Lead for action
4/11/2020	Abbot machine distribution and DOD support	MG McGee will facilitate connections between DOD, ASH, and CDC to provide technical support and to ensure DOD requirements for testing are known to ASH.	
4/9/2020	DPA Request 12 USACE Alternate Care Facilities	The UCG approved the SC TF move forward with the WH coordination process for DPA Request 12.	Supply Chain Task Force
4/9/2020	DPA Request 13 CombatMed Ventilator Contract	The UCG approved the SC TF move forward with the WH coordination process for DPA Request 13.	Supply Chain Task Force
4/9/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 208 Vents to New Jersey.	NRCS Chiefs
4/9/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 250 vents to Maryland.	NRCS Chiefs
4/9/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 150 vents to Nevada.	NRCS Chiefs
4/9/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 200 vents to Massachusetts.	NRCS Chiefs
4/9/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 100 Vents to Connecticut.	NRCS Chiefs
4/5/2020	Ventilator Allocation Recommendation	The UCG approved 150 ventilators to Illinois.	NRCS Chiefs
4/5/2020	Use of DPA Titles 1 and 3 for General Motors and Zoll	UCG approves that General Motors and Zoll are approved with DPA Title 1 priority rates to mirror the previously approved six ventilator producers.	Supply Chain Task Force
4/4/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 200 ventilators to New Jersey.	NRCS Chiefs
4/4/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 30 ventilators to Guam.	NRCS Chiefs
4/3/2020	Request Use of DPA Authorities	The UCG approved that DPA Request 06A and DPA Request 07 go to the White House (NSC) to start approval process.	Mr. Doolin
4/3/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 300 Vents to Michigan.	NRCS Chiefs
4/3/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 100 vents to Massachusetts.	NRCS Chiefs
4/3/2020	Ventilator Allocation Recommendation	UCG approved NRCS Chiefs' recommendation of 200 vents to Louisiana.	NRCS Chiefs
4/3/2020	Addition of DOD Ventilators to SNS Total	DOD to send ventilators to a few SNS sites so they can be aggregated, subjected to testing to ensure they are operational, and only then added to the SNS vent total.	NRCS Chiefs
3/30/2020	Laboratory Diagnostics Prioritization	Prioritize low throughput point of care (POC) tests and reagents for most commonly used moderate throughput platforms.	Laboratory Diagnostics Task Force
3/30/2020	Laboratory Diagnostics Prioritization	Prioritize high throughput reagents for commercial labs.	Laboratory Diagnostics Task Force
3/30/2020	Laboratory Diagnostics Prioritization	Prioritize the International Reagent Resource (IRR) to receive reagents so they can support State and Public Health Laboratories.	Laboratory Diagnostics Task Force
3/30/2020	Laboratory Diagnostics Prioritization	Purchase rapid point of care (POC) devices and reagents from startup companies like MesaBiotech who have the capacity to ramp up production.	Laboratory Diagnostics Task Force; Medical Countermeasures Task Force

Decision date	Topic	Decision	Lead for action
3/30/2020	DPA Case #5 ICO Philips	The UCG concurred this recommendation go to the WHTF for approval	Supply Chain Task Force
3/29/2020	Ventilator Allocation Recommendation	The UCG concurred with the recommendation provided by the NRCC Co-chief	NRCC Co-chief
3/28/2020	National Resource Prioritization Cell	The UCG directed the NRCC to implement the concept within the existing structure	NRCC Chief
3/28/2020	Transition Plan for the Community Based Testing Sites	The UCG concurred that the target date for transition to state-control of CBTSS be April 10th. For states who are ready to take control now, the transition can be expedited.	
3/28/2020	Transition Plan for the Community Based Testing Sites	The UCG concurred that for states that are not in compliance with the CBTS guidance, the federal government will stop supporting their CBTSS.	
3/28/2020	On the spot approval of ventilators based on critical shortfall	The UCG concurred on using this process at this time to review state requests for ventilators. This process will be managed by the NRCC and elevated to an ad-hoc UCG if one the following thresholds are met: If the NRCC recommends, for any particular state, to allocate over 1% of the ~10,000 ventilators remaining in the SNS (i.e. 100); if the NRCC recommends allocating a number of ventilators in total amounting to greater than 5% of the remaining SNS (i.e., 500) at any point prior to Tuesday 3/31/20; or if the number recommended exceeds 250 ventilators in any one day.	
3/26/2020	Ventilator Update	UCG agreed to proceed with a short-form contract for ventilator acquisition with select companies vetted by the supply chain task force.	
3/25/2020	DPA authority for N-95 Masks	UCG members approved the DPA clause for the N-95 Mask contract to go to the White House Task Force for review. Decisions about whether to add a priority rating to individual task orders can be decided on a case-by-case basis.	
3/24/2020	Ventilators	UCG agreed that modeling would not use "per capita" in modeling that will be used for identifying requirements for respirators.	
3/24/2020	DPA authority for N-95 Masks	UCG approved Admiral Giroir moving forward with purchase of facemasks.	
3/24/2020	Other Supplies and Data Requirements	Majority of remaining SNS supplies will be sent to NY based on data but still being strategic and planning for procuring more supplies for other hot spots.	
3/22/2020	PPE	keep fulfilling orders as we can without depleting and protecting the PPE for first responders (Federal responders, test sites - 75 % pro rata)	
3/21/2020	Allocation of medical supplies and equipment	support the Admiral's allocation model (purchase what we need for CBTS, purchase some for SNS, let the rest go to the market - point supply towards demand)	
3/21/2020	Allocation of medical supplies and equipment	work with Department of Commerce to look at prioritization of orders and prevent shipments from going outside of the U.S.	
3/21/2020	USNS Mercy	sending the USNS Mercy to California	

Decision date	Topic	Decision	Lead for action
3/21/2020	Ventilators	Letter of intent will be signed by ASPR TODAY to increase manufacturing capacity (letter will go to the producer)	

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Operational Task Forces	
Medical Counter-Measure (MCM) Development	2830 (+43) market research submissions and 270 (+1) CoronaWatch meetings held <i>(MCM TF Update, May 12, 2020, 9:09 a.m. ET)</i> - Continuing to enroll patients in clinical trials to evaluate vaccines and therapeutics for COVID-19 <i>(MCM TF Update, May 12, 2020, 9:09 a.m. ET)</i> - Continuing to identify lead antibody treatment candidates for further development and manufacturing <i>(MCM TF Update, May 12, 2020, 9:09 a.m. ET)</i> - Emergency Use Authorizations granted by FDA: 54 molecular diagnostic tests, 25 (+1) laboratory-developed tests, 12 antibody tests, 1 antigen test, and 3 repurposed treatments (chloroquine, hydroxychloroquine, Remdesivir) <i>(MCM TF Update, May 11, 2020, 9:00 a.m. ET)</i> - Clinical trial to evaluate therapeutics started last week: Adaptive COVID-19 Treatment Trial (ACTT) 2 to evaluate the efficacy of remdesivir with or without baricitinib, a rheumatoid arthritis drug, for treatment of COVID-19 <i>(MCM TF Update, May 11, 2020, 9:00 a.m. ET)</i> - Clinical trial to evaluate therapeutics started last week: ACTG trial to evaluate the efficacy of combination therapy with azithromycin and hydroxychloroquine for treatment of COVID-19 <i>(MCM TF Update, May 11, 2020, 9:00 a.m. ET)</i>
Health Care Resilience (HCR)	- Nursing Home (NH) Support: focusing on lessons learned from CDC pilot program in ND, NE, NM, TN (reviewing results from initial round of 2,000 tests); working with CMS on a COVID-19 testing guidance focused on increasing access and use of testing in nursing homes; facilities have been reporting data on new NHSN nursing home module since last week; presenting data and findings during TF-regional engagement on May 14 (10-1 session) <i>(HCR TF Update, May 12, 2020, 11:01 a.m. ET)</i> - Focused on high risk area: based on National Association of Emergency Medical Technicians survey, 71% of EMS agencies report significant financial strain and 36% may cease operations within the next 2 months; the HRTF prehospital team is working with EMS stakeholders and interagency partners to propose courses of action that will address the funding needs of EMS agencies <i>(HCR TF Update, May 12, 2020, 11:01 a.m. ET)</i> - Telemedicine: HRTF continues to collaborate with the FCC on a \$200M grant program to support telemedicine expansion <i>(HCR TF Update, May 12, 2020, 11:01 a.m. ET)</i> - Readiness Metrics: continuing to refine metrics and thresholds to track the preparedness of healthcare systems to respond to additional COVID-19 surges, focusing on two indicators: COVID-19 surge indicators and Healthcare capacity indicators; developing rapid response strategy for HHS and FEMA to support regions and states for future COVID-19, in coordination with DATF and Planning Support Section <i>(HCR TF Update, May 12, 2020, 11:01 a.m. ET)</i>
Lab Diagnostics (LD)	- First weekly shipment of swabs, media, and Abbott ID NOW tests in process of being received by states <i>(LDTF Update, May 12, 2020 10:26 a.m. ET)</i> - Worked with contractor to correct a data feed for the Public Health Lab Supply/Demand Dashboard; refinements to the dashboard will continue this week, with a 1.0 version targeted to be ready sometime later in the week <i>(LDTF Update, May 12, 2020 10:26 a.m. ET)</i>
Community Based Testing Sites (CBTS)	176,137(+3,590) samples collected at CBTS locations since March 20 <i>(CBTS TF Update, May 12, 2020, 9:51 a.m. ET)</i> 169,855 (+2,332) tests processed and received by call center since March 20; 25,902 (+191) positive, 1,914 (+53) indeterminate, and 142,039 (+2,088) negative <i>(CBTS TF Update, May 12, 2020, 9:51 a.m. ET)</i> 189,394 (+7,377) tests processed from Private-Partnership Testing Sites since April 5; 18,650 (+507) positive, 552 (+13) indeterminate, and 170,192 (+6,857) negative <i>(CBTS TF Update, May 12, 2020, 9:51 a.m. ET)</i> 334,300 swabs and 225,500 units of media shipped in last 24 hours <i>(CBTS TF Update, May 12, 2020, 10:07 a.m. ET)</i>
Supply Chain Stabilization (SC)	- Airbridge flight #133 is scheduled to arrive in Chicago, May 12; cargo will be determined upon arrival <i>(SC TF Update, May 12, 2020, 10:46 a.m. ET)</i> - Airbridge flights #131 and #132 arrived in Chicago, May 11; cargo is being determined <i>(SC TF Update, May 12, 2020, 10:46 a.m. ET)</i> - In support of a White House initiative, over the last 72 hours, the SCTF PPE Cell assisted in providing administrative coordination for the delivery of 163 shipments of medical PPE packages to nursing homes in NY, VA, MD, PA, and D.C; over the next 72 hours, 317 PPE packages will ship to nursing homes in NY and NJ; care packages consist of gloves, gowns, and masks <i>(SC TF Update, May 12, 2020, 10:46 a.m. ET)</i> 245K Tyvek suits from the eighth HHS airlift remain in transit to the following locations: NJ (140K), KS (40K), CT (30K), RI (30K), AZ (2K), and the Navajo Nation (3K); the next suit airlift flight of Tyvek suits is expected to arrive in Dallas, TX on May 15 <i>(SC TF Update, May 12, 2020, 10:46 a.m. ET)</i>
Community Mitigation Measures (CMM)	- Conducted partners call to provide an update on Community Mitigation efforts, including newly released Cleaning and Sanitation guidance, and the Aquatics Centers Considerations <i>(CMM TF Update, May 12, 2020, 10:04 a.m. ET)</i> - Presented trends in mental health and suicide attempt-related emergency department visits using syndromic surveillance data on the CDC COVID-19 All State Update call <i>(CMM TF Update, May 12, 2020, 10:04 a.m. ET)</i> - Participated in a TA call with IL, IN, MO, IA, WI health departments to discuss inter-border issues about food processing and best management practices <i>(CMM TF Update, May 12, 2020, 10:04 a.m. ET)</i>
Continuity of Operations (COOP)	Over the past 24 hours 2 Wireless Emergency Alert (WEA) messages related to COVID-19 sent by local authorities; 1 stay-at-home/curfew reminder; 1 advertised mobile testing <i>(COOP TF Update, May 12, 2020, 10:59 a.m. ET)</i>
Data and Analysis (DA)	- Actively facilitating access to HHS Protect for state partners and FEMA and ASPR regional staff; additional FEMA and ASPR Region 1 staff were trained and onboarded on May 11 <i>(DA TF Update, May 12, 2020, 10:50 a.m. ET)</i> - Completed weekly DATF Regional Analyst call and presentation for FEMA and ASPR regions; briefed regional analysts on DATF projects and work streams and provided a demonstration of the HHS Protect platform; call completed May 11 <i>(DA TF Update, May 12, 2020, 10:50 a.m. ET)</i> - Refined definitions used to determine locations projected as increasing, stable, and locations to watch for the Early Indicators Daily report; approach will include adjustments to the indicators used to reflect areas of concern; completed May 11; change in code is expected to be applied by Friday, May 15th <i>(COOP TF Update, May 12, 2020, 10:59 a.m. ET)</i>

Title 32 Status by State and Territories											
41,634 (+568) Activated				State Active Duty (SAD): 1,108 (+260)				T32 Approved: 49			
				T-32 502(f): 40,526 (+308)				T32 Requested: 4			
NGB Update, May 12, 2020, 7:31 a.m. ET											
State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status
AK	5	93	WH AUTHORIZED & APPROVED**	KY	0	683	WH AUTHORIZED & APPROVED**	OH	3	894	WH AUTHORIZED & APPROVED**
AL	0	670	WH AUTHORIZED & APPROVED**	LA	0	1031	WH AUTHORIZED & APPROVED**	OK	0	358	WH AUTHORIZED & APPROVED**
AR	38	0	REQUESTED	MA	119	1609	WH AUTHORIZED & APPROVED**	OR	0	167	WH AUTHORIZED & APPROVED**
AZ	0	900	WH AUTHORIZED & APPROVED**	MD	5	951	WH AUTHORIZED & APPROVED**	PA	53	858	WH AUTHORIZED & APPROVED**
CA	101	1652	WH AUTHORIZED & APPROVED**	ME	0	100	WH AUTHORIZED & APPROVED**	PR	40	744	WH AUTHORIZED & APPROVED**
CO	0	364	WH AUTHORIZED & APPROVED**	MI	0	806	WH AUTHORIZED & APPROVED**	RI	10	831	WH AUTHORIZED & APPROVED**
CT	2	804	WH AUTHORIZED & APPROVED**	MN	13	0	REQUESTED	SC	11	533	WH AUTHORIZED & APPROVED**
DC	0	315	WH AUTHORIZED & APPROVED**	MO	0	823	WH AUTHORIZED & APPROVED**	SD	74	0	WH AUTHORIZED & APPROVED**
DE	0	122	WH AUTHORIZED & APPROVED**	MS	1	437	WH AUTHORIZED & APPROVED**	TN	13	777	WH AUTHORIZED & APPROVED**
FL	8	2080	WH AUTHORIZED & APPROVED**	MT	0	198	WH AUTHORIZED & APPROVED**	TX	0	2997	WH AUTHORIZED & APPROVED**
GA	4	2593	WH AUTHORIZED & APPROVED**	NC	0	876	WH AUTHORIZED & APPROVED**	UT	151	0	REQUESTED
GU	1	165	WH AUTHORIZED & APPROVED**	ND	0	224	WH AUTHORIZED & APPROVED**	VA	0	503	WH AUTHORIZED & APPROVED**
HI	0	1221	WH AUTHORIZED & APPROVED**	NE	137	362	WH AUTHORIZED & APPROVED**	USVI	0	146	WH AUTHORIZED & APPROVED**
IA	2	836	WH AUTHORIZED & APPROVED**	NH	3	594	WH AUTHORIZED & APPROVED**	VT	1	214	WH AUTHORIZED & APPROVED**
ID	0	0	REQUESTED	NJ	0	924	WH AUTHORIZED & APPROVED**	WA	0	935	WH AUTHORIZED & APPROVED**
IL	95	999	WH AUTHORIZED & APPROVED**	NM	12	535	WH AUTHORIZED & APPROVED**	WI	167	1217	WH AUTHORIZED & APPROVED**
IN	0	1350	WH AUTHORIZED & APPROVED**	NV	0	941	WH AUTHORIZED & APPROVED**	WV	26	472	WH AUTHORIZED & APPROVED**
KS	2	628	WH AUTHORIZED & APPROVED**	NY	11	2994	WH AUTHORIZED & APPROVED**	WY	0	0	N/A
**Title 32 has been authorized and approved by the Secretary of Defense.											

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PPE and Ventilator Quantities by Resource Subcategory and Status					
Resource	Resource Subcategory	Obligated :	In Transit :	Delivered :	Total
Personal Protective Equipment (PPE)	Coveralls	1,420		675,063	676,483
	Face Shields	252,263	216,200	7,783,404	8,251,867
	Gloves	13,467,000	3,682,850	55,231,895	72,381,745
	Goggles	800		5,149	5,949
	KN90 Masks	12,000	488,950	3,261,950	3,762,900
	N95 Respirators	18,346,612	6,148,140	64,890,343	89,385,095
	PAPR	1,100	578	2,831	4,509
	PAPR Batteries			4	4
	PAPR Chargers			4	4
	Surgical Gowns	76,860	73,488	5,191,082	5,341,430
	Surgical Masks	2,322,516	629,750	32,736,767	35,689,033
	Tychem Suits			130,329	130,329
	Tyvek Suits	800	200,900	2,352,774	2,554,474

As of 5/11/2020 4:00 p.m.

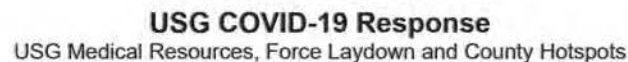
Region	State/Location	EMAC	Federally Supported		Total Federal Vents (SNS + DoD)	SNS Status
			SNS	DoD		
1	CT		350		350	Delivered
1	MA		400		400	Delivered
1	RI		100		100	Delivered
2	NY	100	2,140		2,140	Delivered
2	NYC		2,400		2,400	Delivered
2	NJ	100	1,050	500	1,550	Delivered
2	USVI		30		30	En Route
3	MD	50	470		470	Delivered
3	DE	50	50		50	Delivered
3	DC	50	200		200	Delivered
4	FL		200		200	Delivered
4	GA		150		150	Delivered
5	IL	100	310		310	Delivered
5	Chicago		310		310	Delivered
5	MI		700		700	Delivered
5	IN		110		110	Delivered
6	LA		350		350	Delivered
6	BOP		20		20	Delivered
6	Navajo Nation		50		50	Delivered
6	Cherokee Nation (OK)		10		10	Delivered
8	CO		100		100	Delivered
9	CA		0		0	N/A
9	LA County		170		170	Delivered
9	GU		55		55	Delivered
9	NV	50	150		150	Delivered
9	AZ		100		100	Delivered
9	CNMI		25		25	Delivered
9	Federated States of Micronesia		30		30	Delivered
9	Palau		10		10	Delivered
9	Republic of the Marshall Islands		10		10	Delivered
9	American Samoa		10		10	Delivered
10	AK		60		60	Delivered
10	OR		0		0	Transferred 140 to NY
10	WA		73		73	WA returned 427 vents to the SNS
Total		500	10,193	500	10,693	

As of 5/12/2020 4:17 p.m.

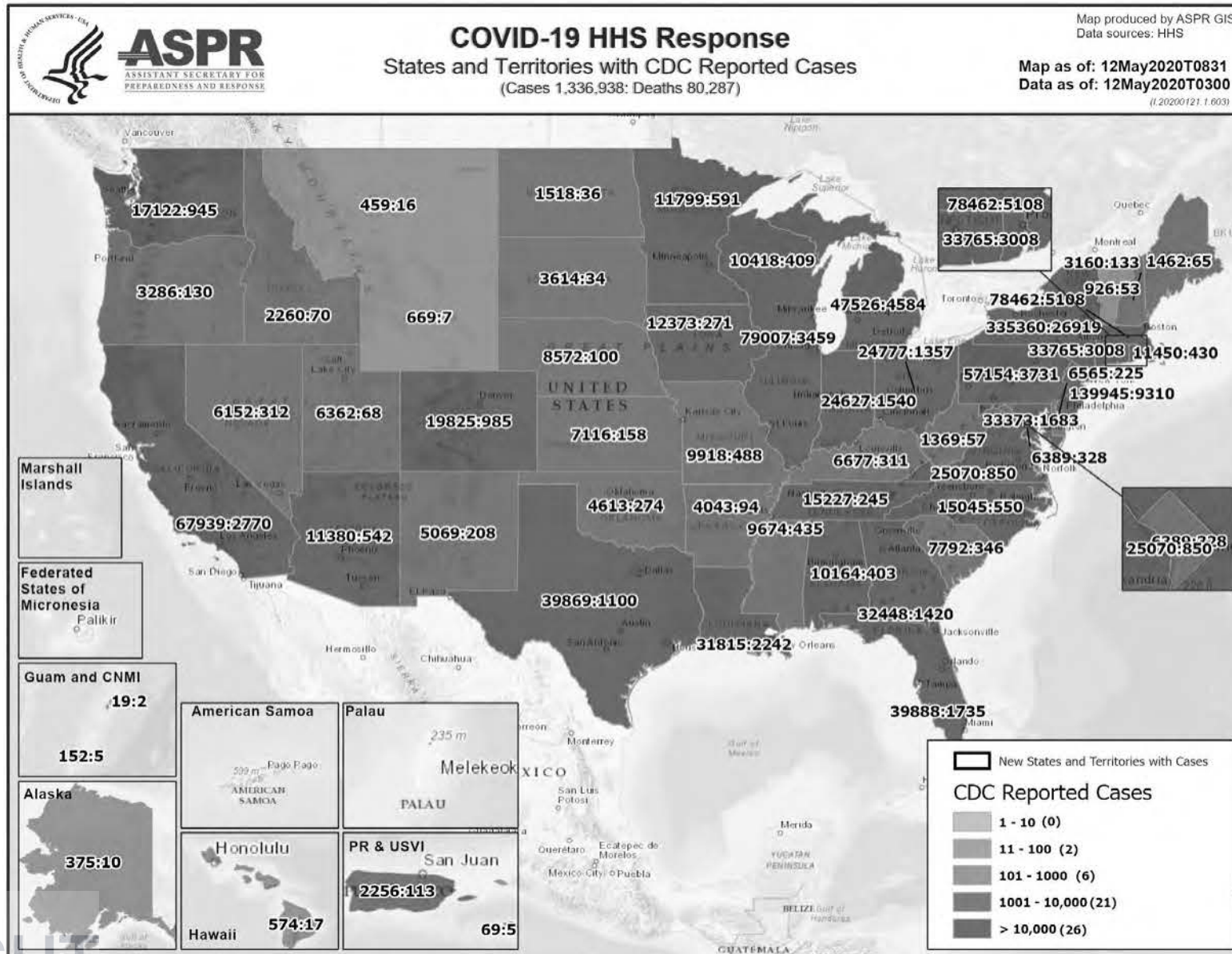
DHS-FEMA-20-1107-A-000078

Stay at Home Order Expiration by State/Territory, as of May 11, 2020 3:00 p.m. EDT								
State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes
AL	Exp.	Phased reopening underway	KS	Exp.	Phased reopening with local restrictions	OH	5/29	SAH extended
AK	Exp.	Phased reopening underway	KY	Exp.	Phased reopening underway	OK	Exp.	Phased reopening with local restrictions underway
AS	5/31	SAH extended	LA	5/15		OR		No official expiration date; phased reopening will begin 5/15
AZ	5/15	Phased reopening underway	ME	5/31	Phased reopening underway	PA	Exp.	Phased reopening underway
AR		No statewide SAH order issued; phased reopening underway at local level	MD		Until the emergency concludes, but some restrictions being lifted	PR	5/24	
CA		No official expiration date; phased reopening underway	MA	5/18		RI	Exp.	Phased reopening underway
CO	Exp.	Phased reopening underway, excluding certain counties	MI	5/28	SAH extended	SC	Exp.	Phased reopening underway
CNMI		SAH until the emergency concludes	MN	5/18	SAH extended	SD		No statewide SAH order issued; phased reopening underway at local level
CT	5/20	Or until terminated; phased reopening following expiration of SAH order	MS	Exp.	Phased reopening underway	TN	Exp.	Phased reopening underway
DE	5/15	Or until health threat eliminated	MO	Exp.	Phased reopening underway	TX	Exp.	Phase 1 of phased reopening underway
DC	5/15	Or until date of any emergency date extension	MT	Exp.	Phased reopening underway at local level	USVI	6/1	Phased reopening following SAH expiration
FL	Exp.	Phased reopening underway	NE		No statewide SAH order issued; phased reopening underway at local level	UT		No statewide SAH order issued; phased reopening underway at local level
GA	Exp.	Phased reopening underway	NV	5/15	Phased reopening underway	VT	5/15	Phased reopening underway
GU	5/30	Phased reopening underway with local restrictions	NH	5/31	SAH extended	VA	6/10	
HI	5/31	Phased reopening with local restrictions	NJ		Until terminated	WA	Exp.	Phased reopening underway
ID	Exp.	Phased reopening underway	NM	5/15	SAH extended	WV		Phased reopening underway
IL	5/29	SAH extended	NY	5/15		WI	5/26	New changes to SAH lift some restrictions
IN	Exp.	Phased reopening underway	NC	Exp.		WY		No statewide SAH order issued; phased reopening underway at local level
IA		No statewide SAH order issued; phased reopening underway at local level	ND		No statewide SAH order issued; phased reopening underway at local level			

* Source: Based on State-at-Home Orders from State websites



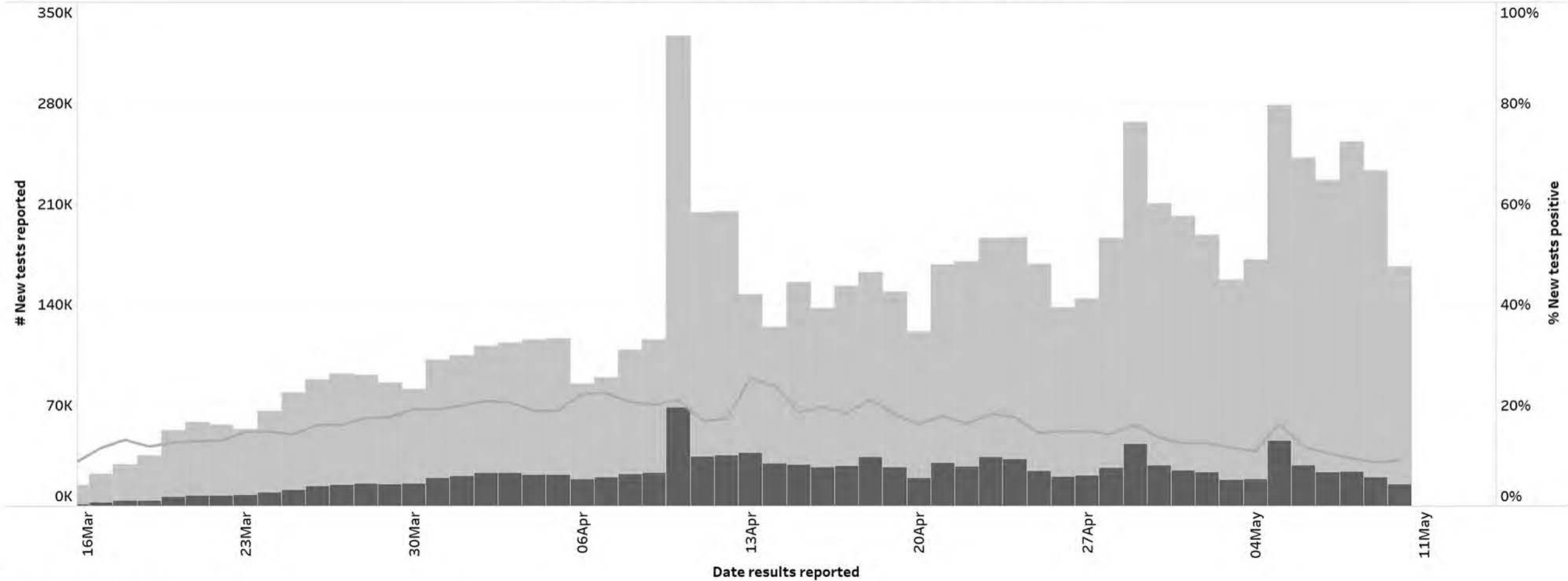
DHS-FEMA-20-1107-A-000080



New COVID-19 tests with a reported result as either positive (bar) or negative (bar) and percent of tests positive (line)

Total tests through 10May2020 = 7,867,373 (16.0% positive)

SOURCE: Hospital, commercial, and public health labs, through 10May2020



Analyst note: Tests include those that had a positive or negative tests and do not include tests with an inconclusive result.

Produced by the ASPR Operational Data and Analytics Branch

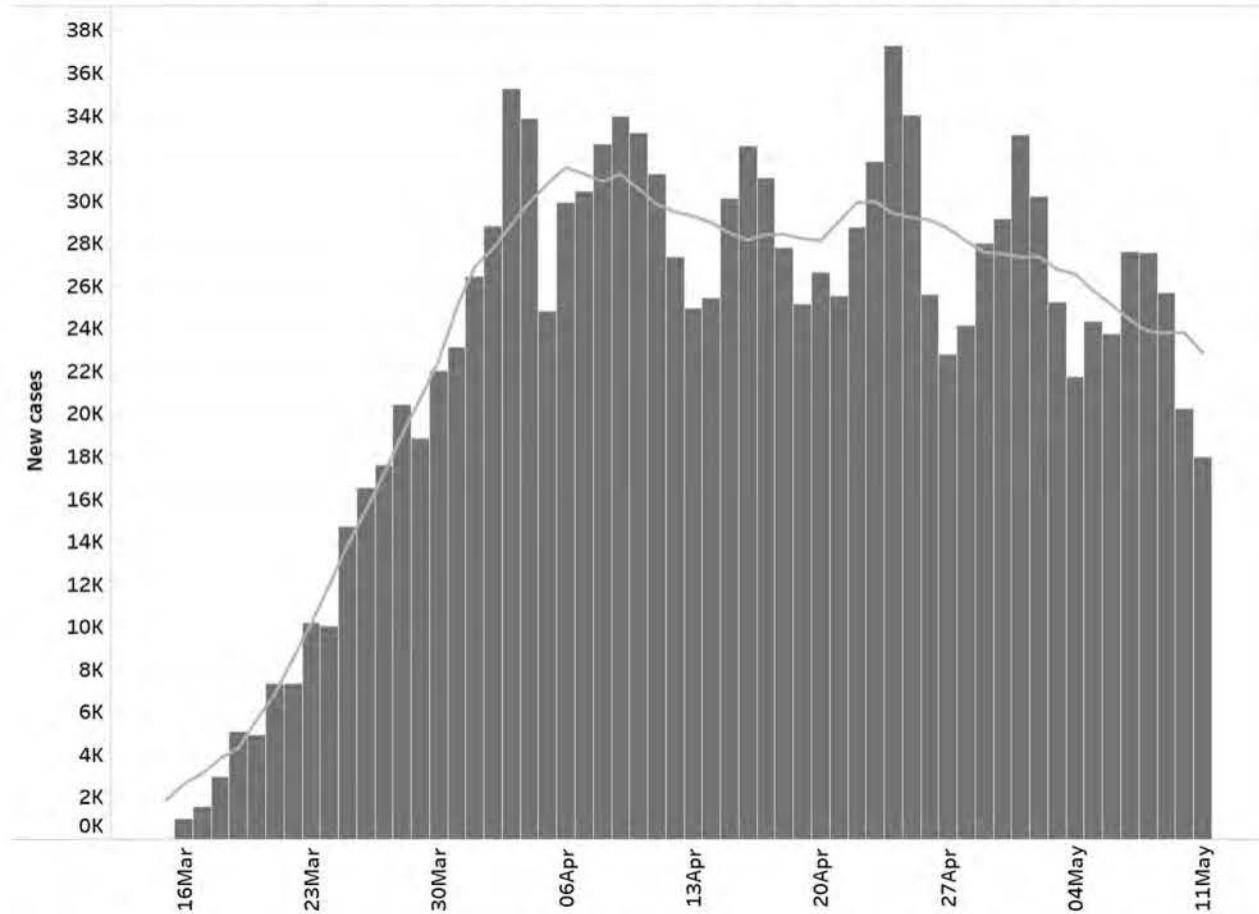
DHS-FEMA-20-1107-A-000082

New COVID-19 cases for the United States

Total cases through 11May2020 = 1,342,136

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020)

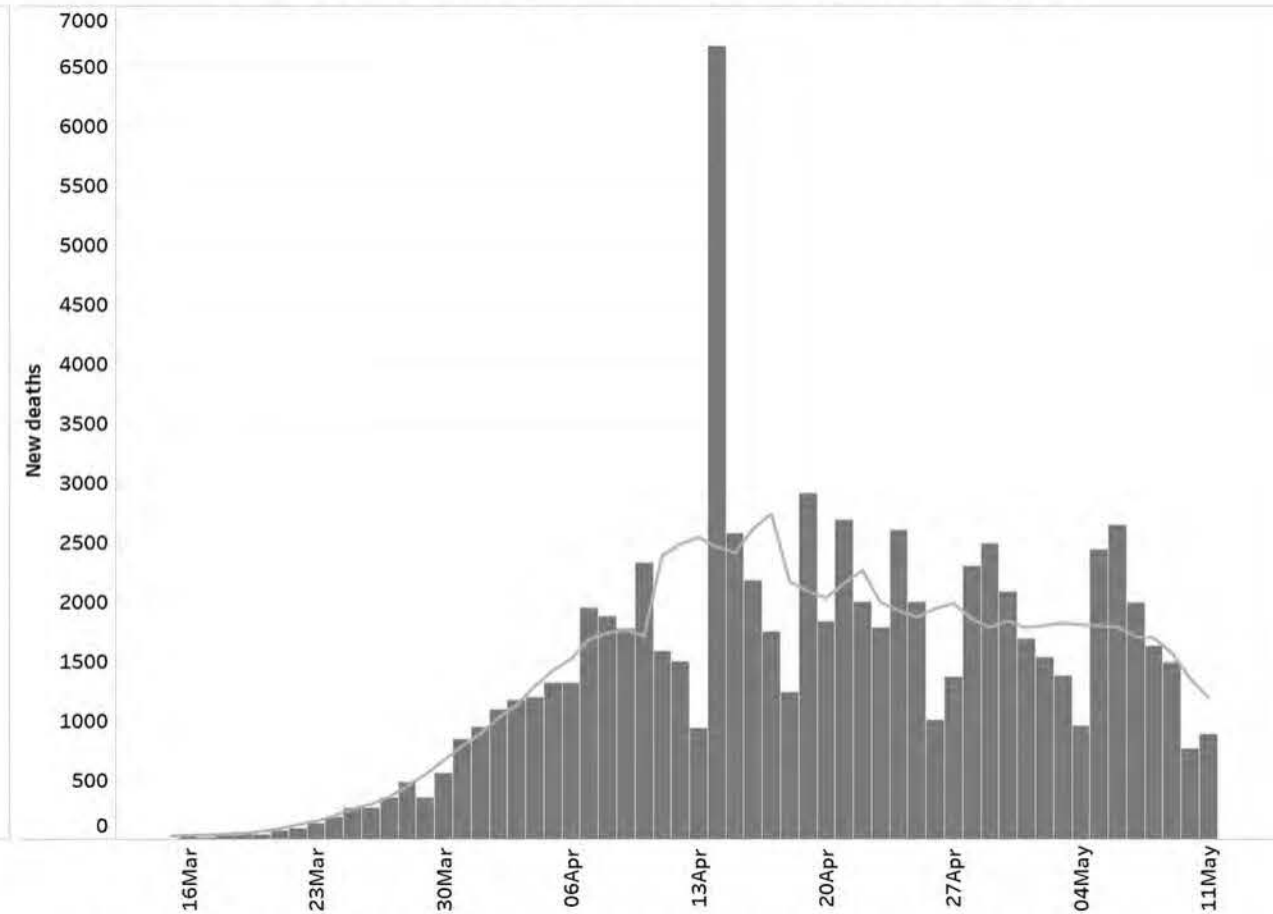


New COVID-19 deaths for the United States

Total deaths through 11May2020 = 79,881

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020)



Analyst notes: The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

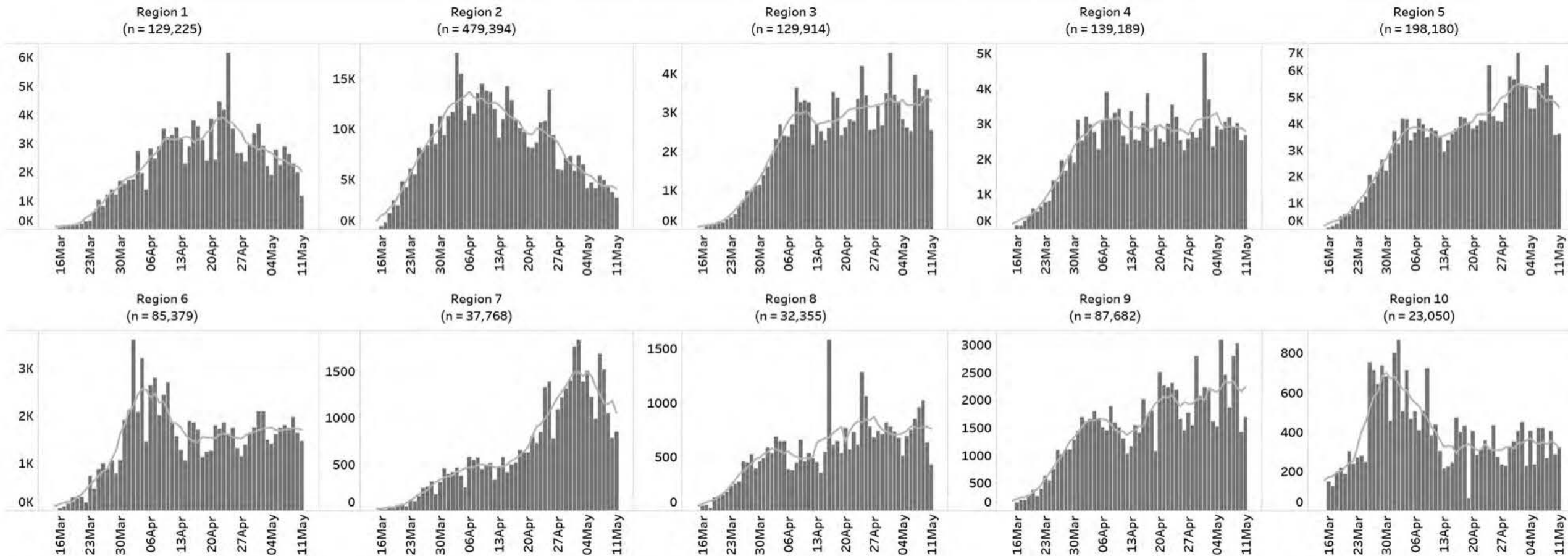
Produced by the ASPR Operational Data and Analytics Branch

New COVID-19 cases for the United States (cumulative cases in parentheses)

Total cases through 11May2020 in the United States = 1,342,136

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020)



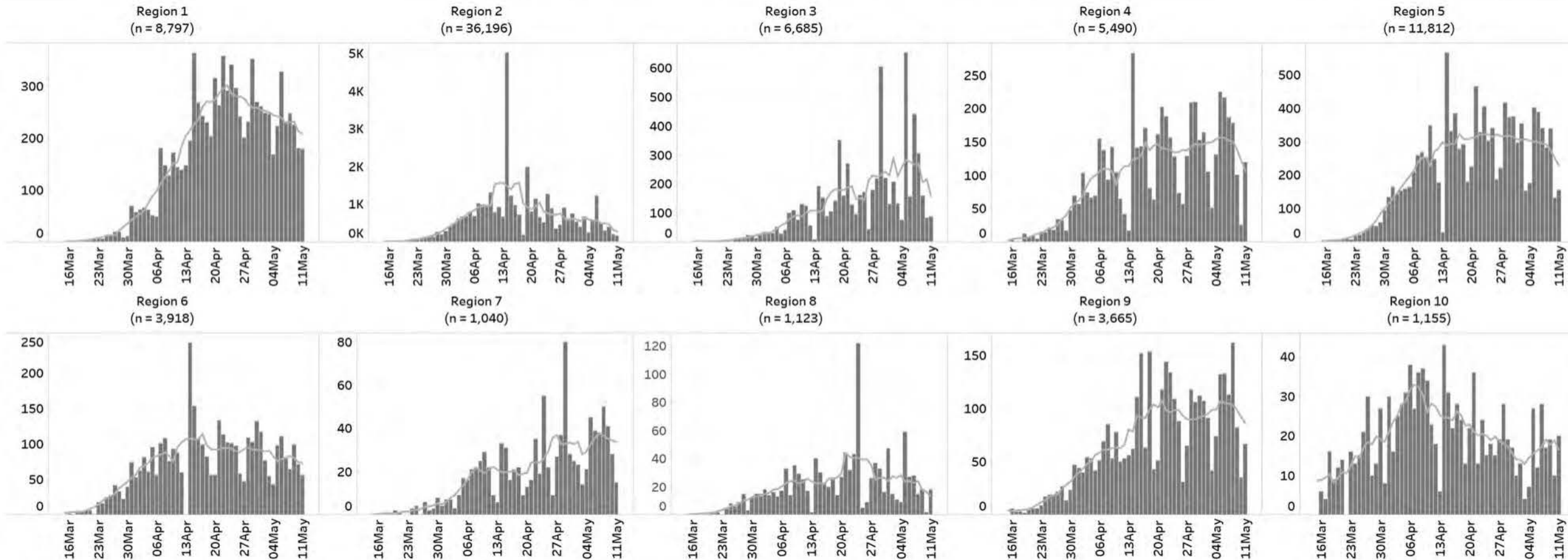
Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

New COVID-19 deaths for the United States (cumulative deaths in parentheses)

Total deaths through 11May2020 in the United States = 79,881

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020)



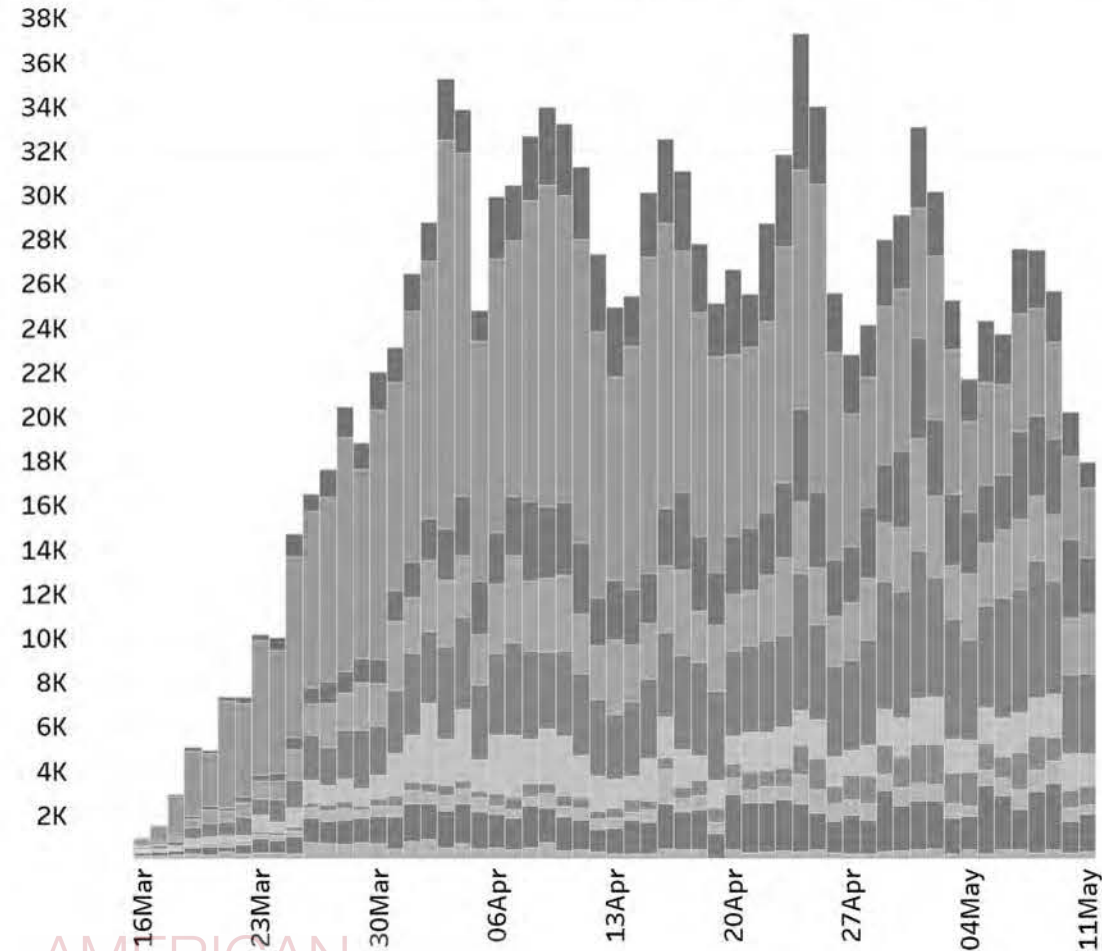
Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

New COVID-19 cases for the United States, by FEMA region

Total cases through 11May2020 = 1,342,136

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020)

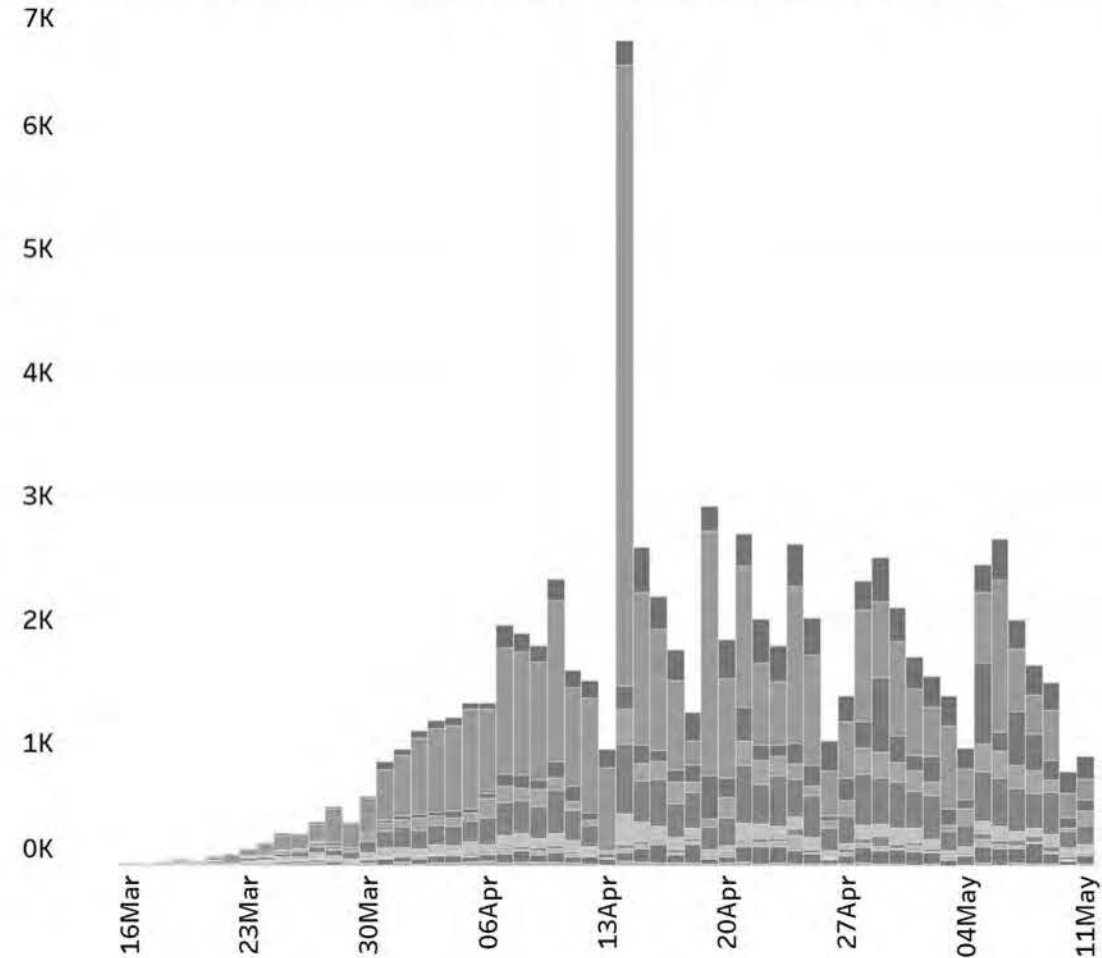


New COVID-19 deaths for the United States, by FEMA region

Total deaths through 11May2020 = 79,881

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020)



FEMA region

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10

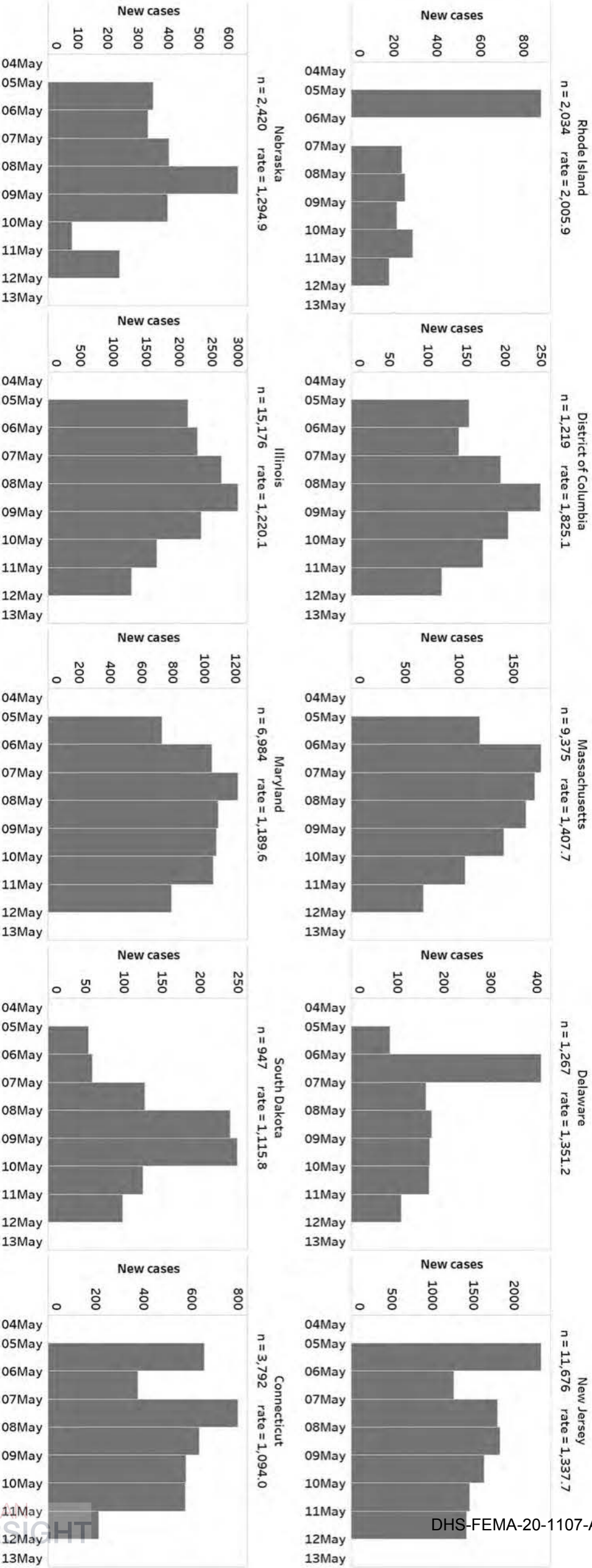


FEMA

Senior Leadership Brief COVID-19
May 12, 2020 5:00 p.m. ET
For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>



Number and rate (per 1M person) of COVID-19 cases in the past 7 days
among the top 10 U.S. locations with the highest 7-day case rates
SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020) and U.S. Census (2018)



Analyst note: The y-axis of the graphs varies.

Produced by the ASPR Operational Data and Analytics Branch



FEMA

Senior Leadership Brief COVID-19

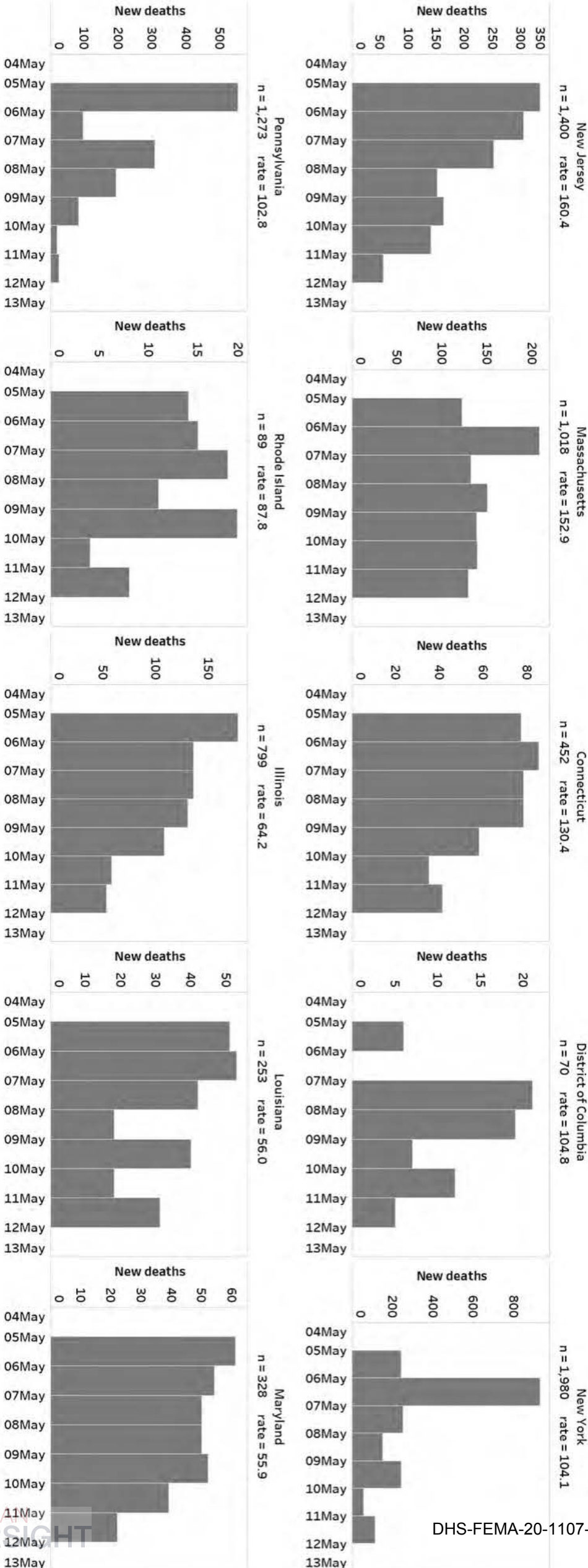
May 12, 2020 5:00 p.m. ET

For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>



Number and rate (per 1M person) of COVID-19 deaths in the past 7 days among the top 10 U.S. locations with the highest 7-day death rates

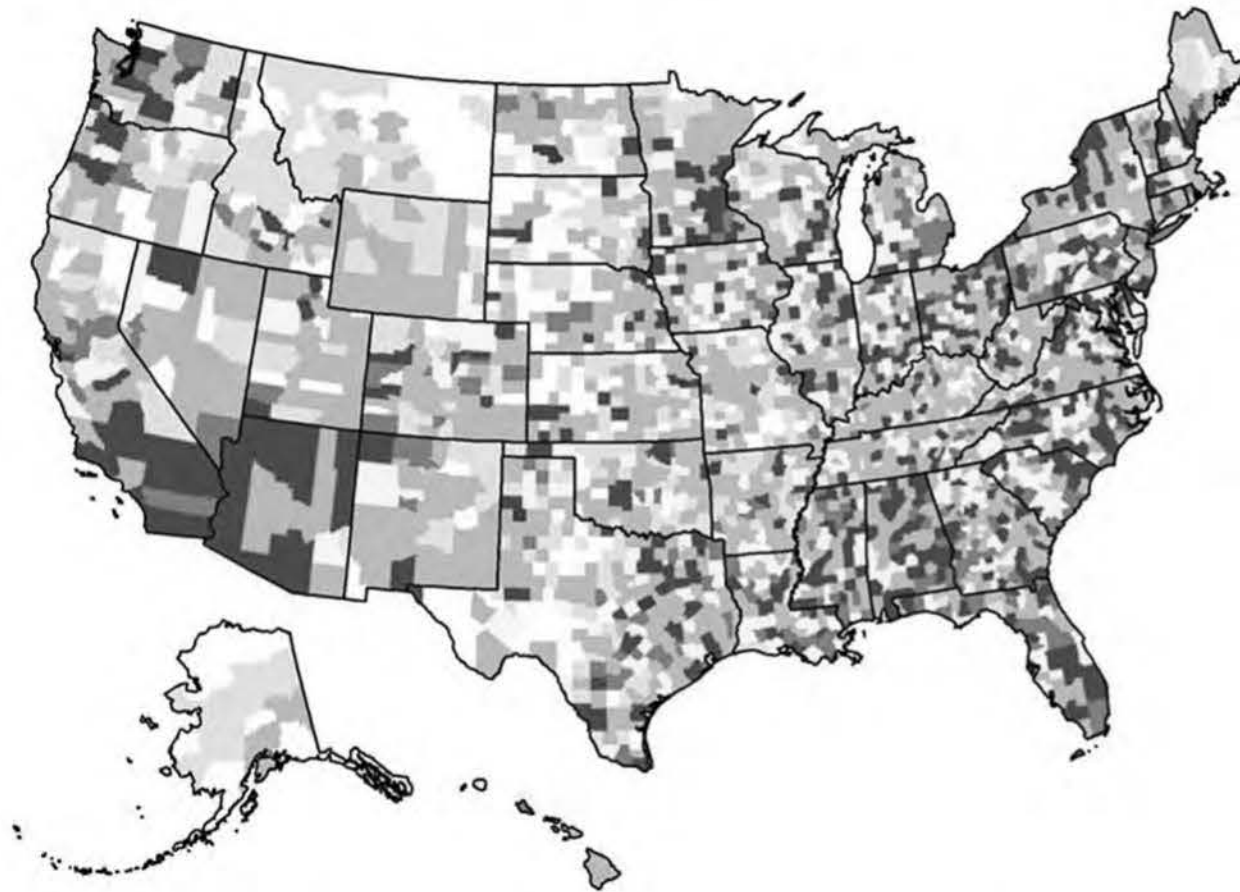
SOURCE: USAFacts (through 11May2020) and JHU (through 11May2020) and U.S. Census (2018)



Analyst note: The y-axis of the graphs varies.

Produced by the ASPR Operational Data and Analytics Branch

Coronavirus Disease 2019 (COVID-19) Current consecutive days of downward trajectory, by U.S. County, 10 May 2020



NYC
PR
VI
GU
AS
RMI
MP
PW
FSM

Days in downward trajectory*



Purpose of this map

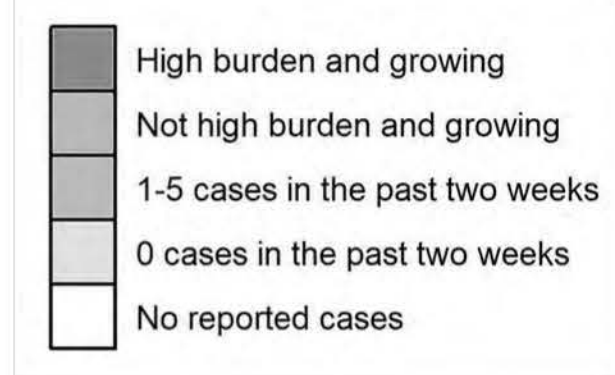
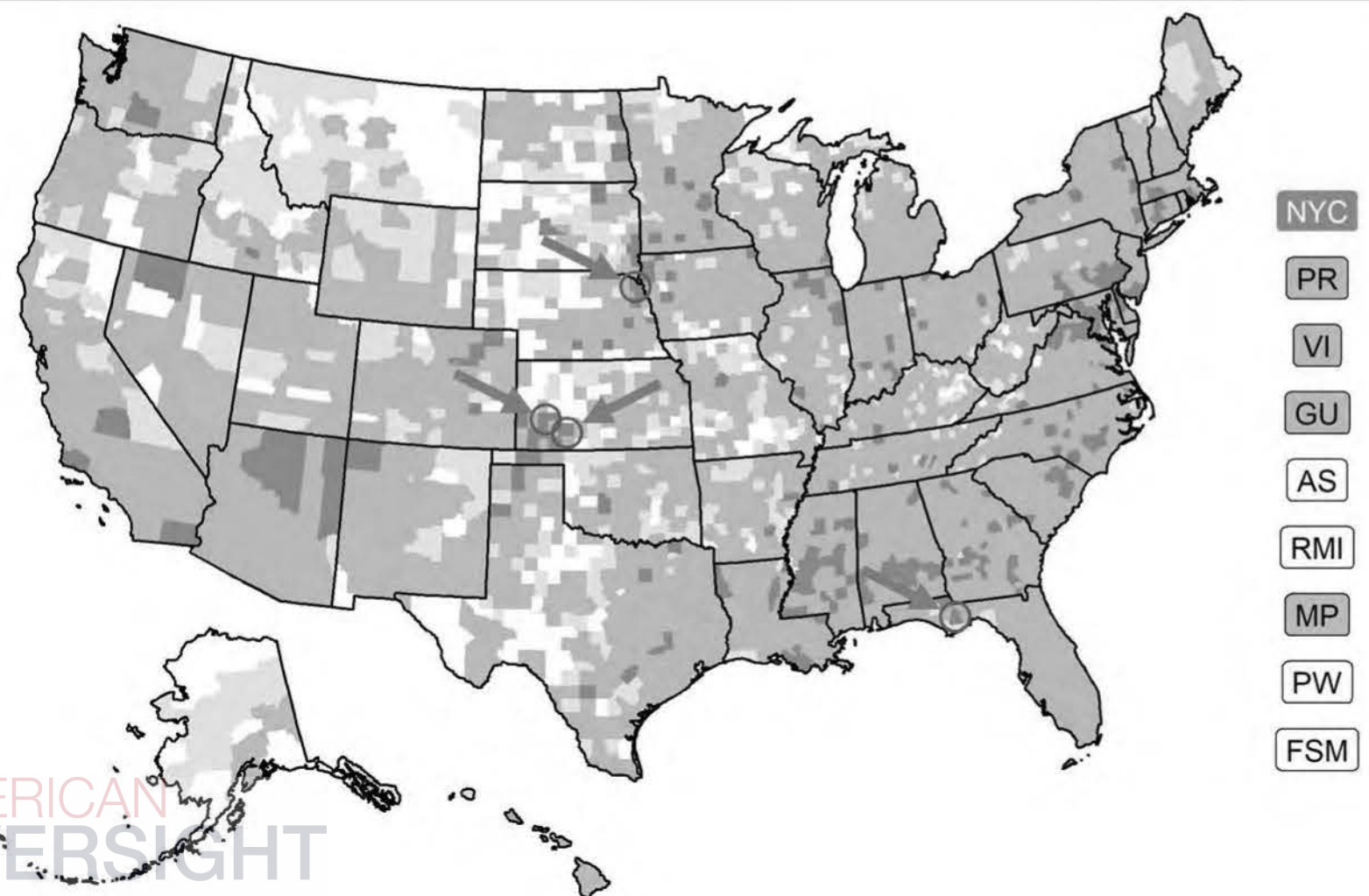
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period

Main Findings

- 500 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 59,749 (range: 2,887 to 8,398,748)
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use

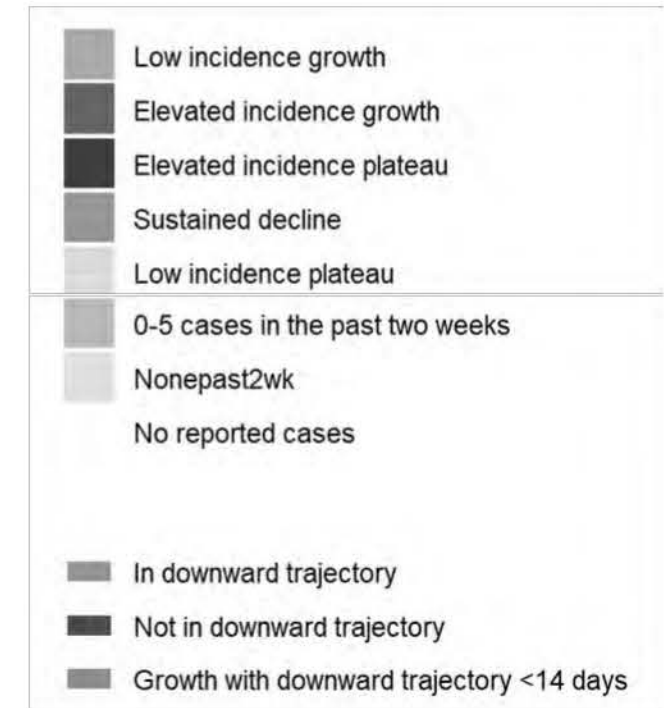
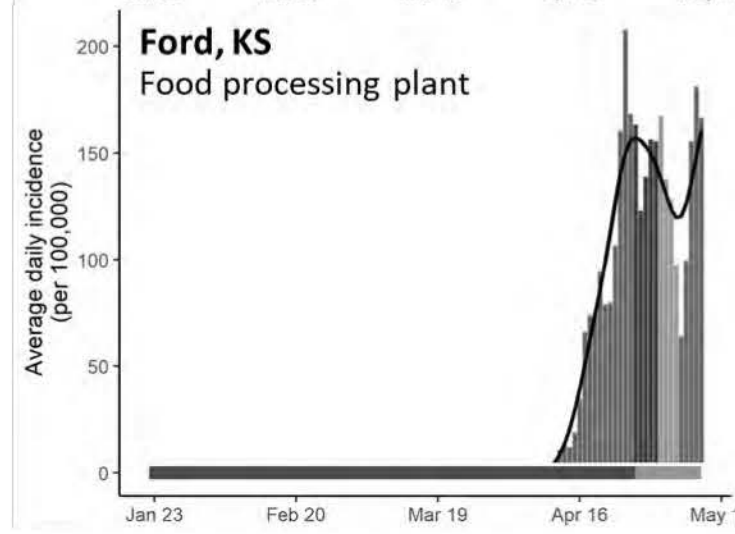
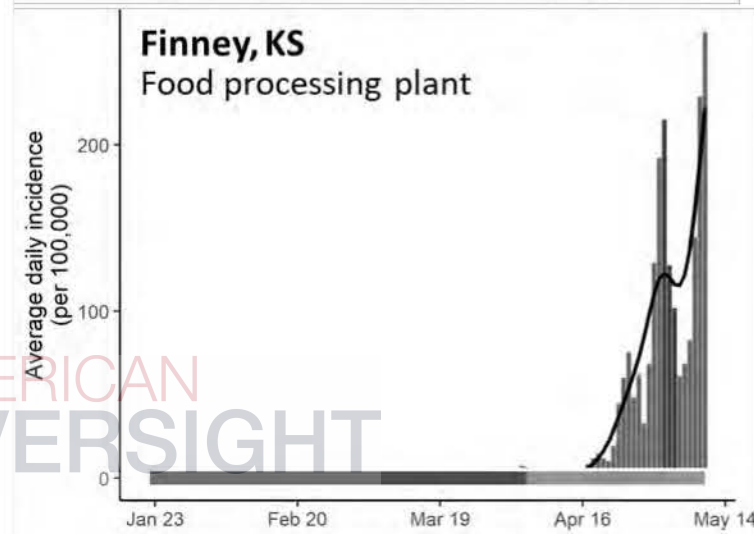
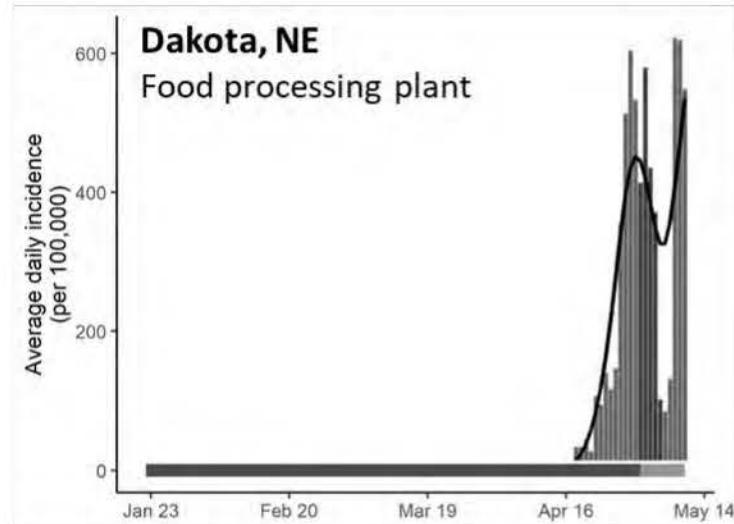
*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤ 10 cases per 100,000 and slope > -0.1 and ≤ 0.1). Jurisdictions are allowed a 5 day grace period of departure from downward trajectory before the downward trajectory is considered over.
Sources: USAFacts, US Census

U.S. counties with high and growing burden of new cases/100,000 (as of May 10; preliminary)

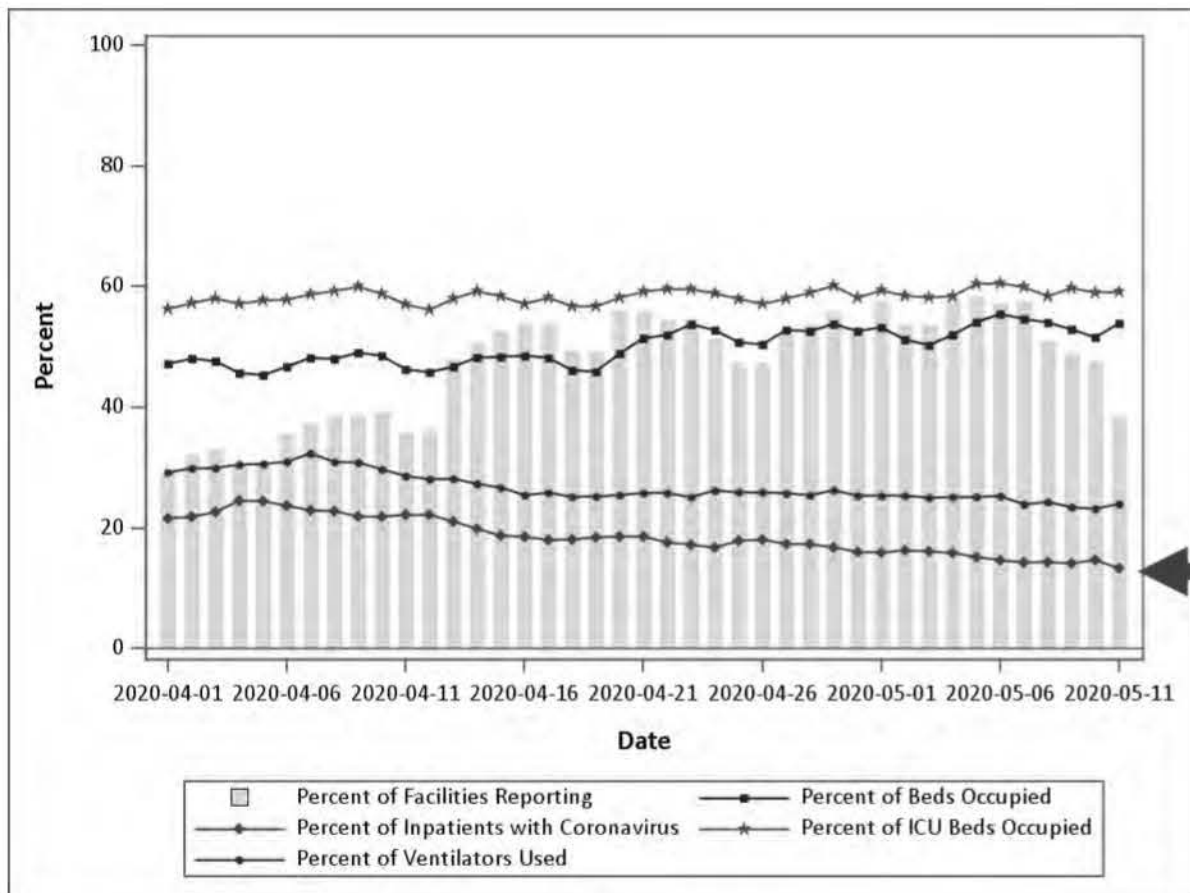


Note: High burden + growing counties are counties with >100 new cases per 100,000 in the past two weeks and a slope of at least 0.1 per 100,000 per day.

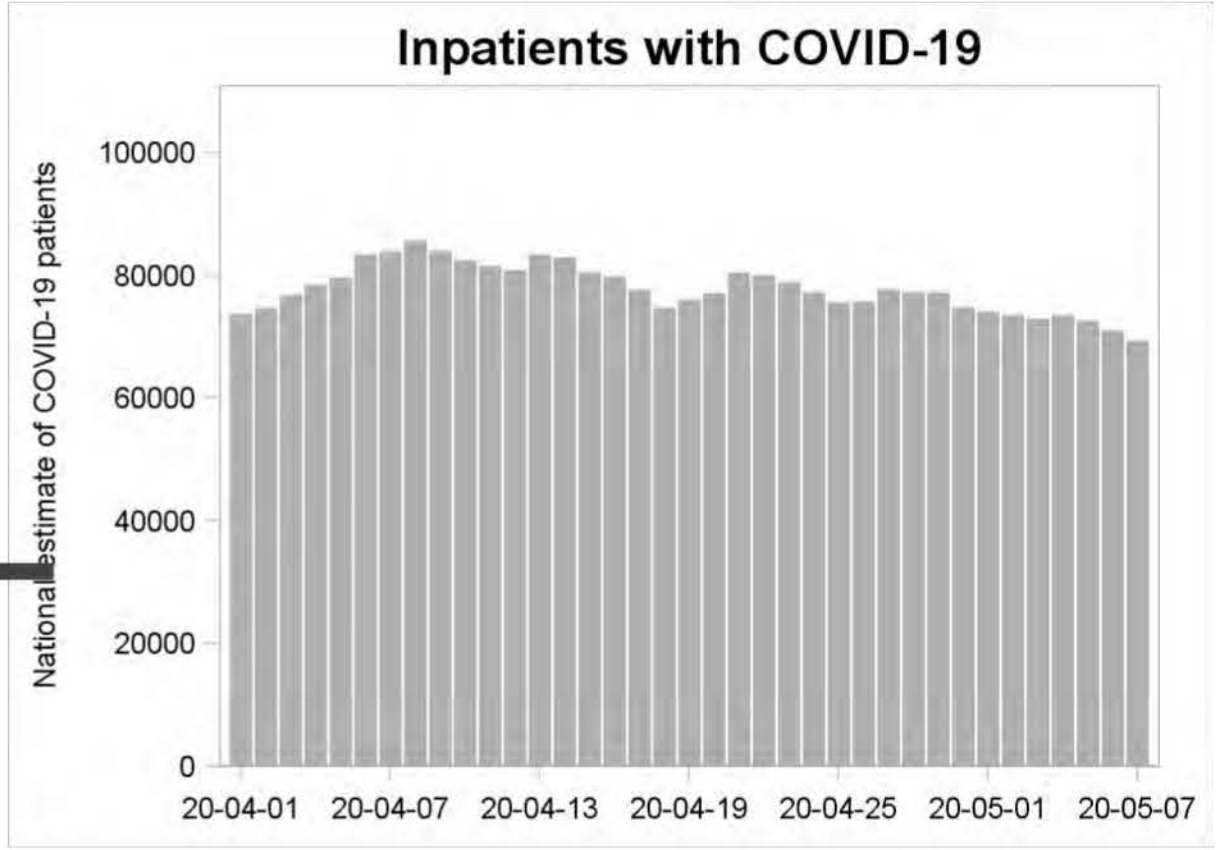
Epidemic curves for the top four growing counties with the highest 2-week incidence (May 10, preliminary)



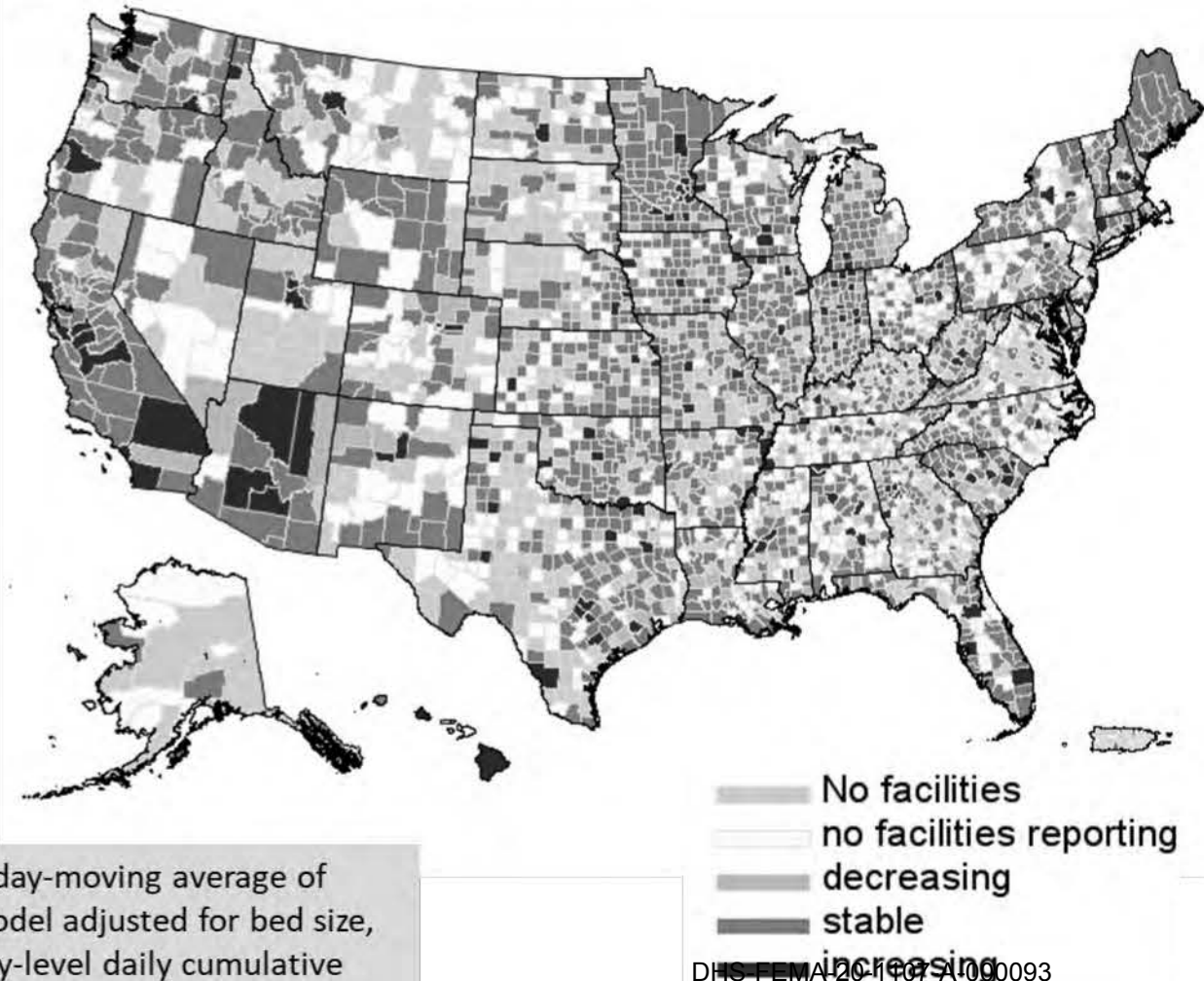
NHSN Daily Crude Percent Occupancy, United States



Overall Percent of COVID Inpatients is Dropping



Total Number of Estimated COVID Inpatients is Dropping



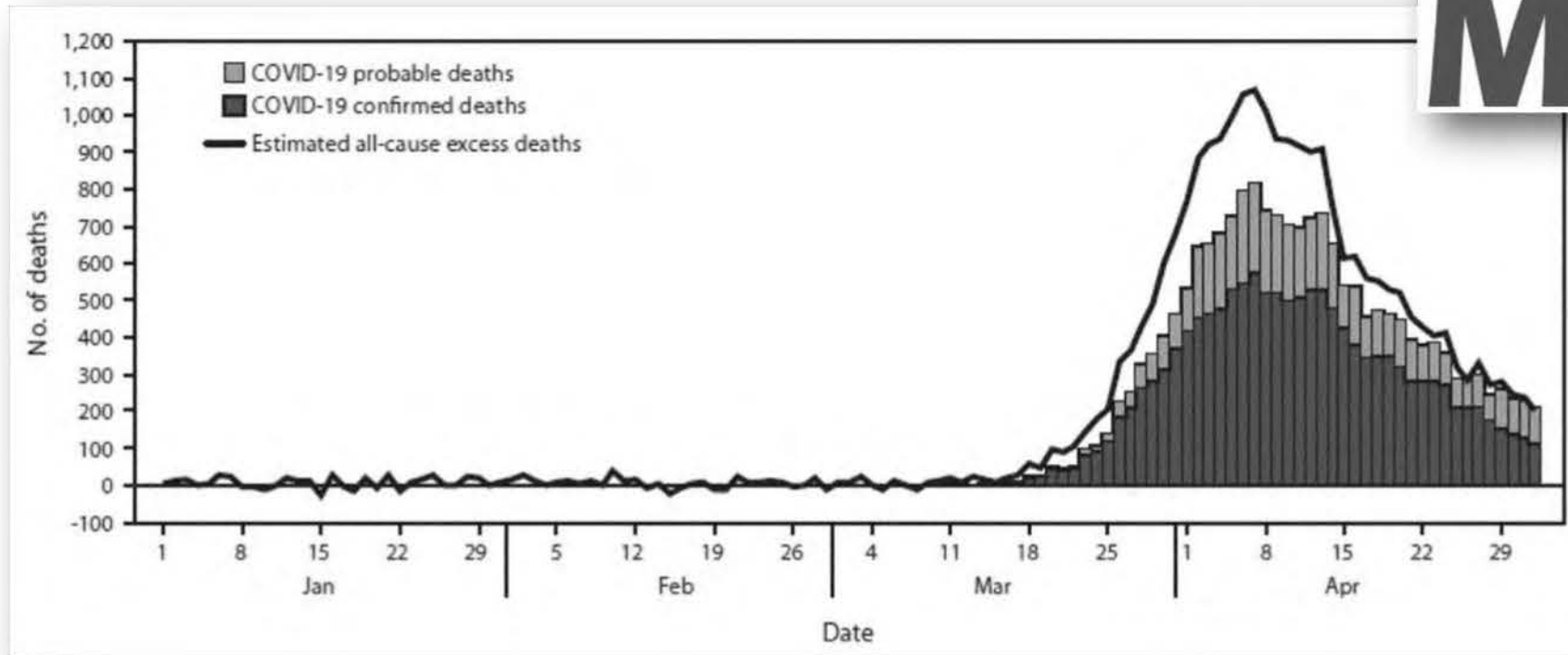


FEMA

Senior Leadership Brief COVID-19

May 12, 2020 5:00 p.m. ET

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- New York City Significant excess deaths, not all accounted for by COVID-19 confirmed or probable cases
- Non-COVID excess deaths uncertain how related to pandemic
- Social distancing practices, the demand on hospitals and health care providers, and public fear related to COVID-19 might lead to delays in seeking or obtaining lifesaving care.

AMERICAN
OVERSIGHT

DHS-FEMA-20-1107-A-000094



Multisystem Inflammatory Syndrome (MIS) in children

- **NY state update**

- CDC staff deployed team to NY state
- As of May 10th, 93 suspected cases
- Included in the number of possible/reported MIS:
 - Any submissions given a diagnosis of MIS
 - with or without lab evidence for SARS CoV-2
 - Kawasaki Disease with lab evidence for SARS CoV-2
 - Toxic shock syndrome with lab evidence of SARS CoV-2



- **CDC response updates**

- CSTE All State Epi call 5/11: shared draft case definition
- HAN proposed for release Wednesday May 13



Homeland Security

May 7, 2020

MEMORANDUM FOR: Distribution

FROM: R. D. Alles *R D Alles*
Deputy Under Secretary for Management

SUBJECT: Novel Coronavirus Workforce Guidance – DHS Strategy to Implement the *Opening Up America Again* Guidelines

This memorandum sets forth the DHS strategy to implement the April 20, 2020 Office of Management and Budget (OMB) and Office of Personnel Management (OPM) memo (attached) regarding the Federal Government's return to normal operations, in alignment with the phased approach of the President's *Opening Up America Again* (OUAA) guidelines. Due to the vast array of DHS missions, duties, and locations—as well as their impact on the safe re-opening of the Nation's trade, travel, and movement—each Component has the authority to make decisions regarding opening and closing facilities and general operating decisions in the wake of COVID-19.

With a workforce of over 240,000 employees, we recognize that as difficult as it was to make the initial decisions to close or adjust operations, it is even harder to plan for the safe reconstitution of operations. I want to assure you this strategy utilizes the full range of flexibilities outlined in the OMB/OPM memo, to enable Components to determine operating statuses at the local level and does not prescribe a one-size-fits-all approach for how functions must be returned to full operational capability. The following steps provide a useful framework to make such decisions.

Step 1. Delegate Operating Decisions to the Lowest Level Practicable. Component Heads should delegate operating decisions (e.g. whether to open or close a facility) down to the lowest level practicable, to effectively take into consideration Component missions and preparedness to ensure the safety of the impacted workforce. Components must develop internal capability, such as an Accountable Leadership Team (ALT), responsible for ensuring consistent internal Component decision making and communication channels regarding COVID-19; and who will coordinate with other Components and agencies for consistency of regional operating decisions. The ALT should also assist with tracking their state and county status moving through the OUAA gates and phases (attached), indicating local containment of the current COVID-19 outbreak. The Department is developing a tool to track state and local progress through the gates and phases, however until it is available, tracking must be done at the local level and provided to the Component ALT until the tool is available.

Step 2. Prioritize Opening up Public-Facing Facilities. The OUAA guidelines require agencies to begin prioritizing opening public-facing facilities, secure facilities, and then all other

functions that were closed due to COVID-19, in a manner that continues to implement appropriate precautions to keep both our employees and the public we serve safe. Components must continue efforts to implement appropriate measures to ensure the safety of its workforce. This includes, where practicable, using workplace and administrative controls that enhance the current use of PPE. Components are strongly encouraged to work with their respective OSH professionals on these additional safety measures.

Step 3. Implement Plans Consistent with Department Guidance. Prior to opening a facility, Components must ensure plans are consistent with all applicable Department guidance. This includes developing a plan that continues to utilize measures to protect the workforce such as cohorting, appropriate facility cleaning protocols, social distancing, and continued use of flexibilities such as telework. The Department is developing and issuing additional guidance over the course of the next two weeks to support Component decision making. In particular, Components will be provided with guidance on:

1. Understanding and Applying the National Gates and Phases Criteria – May 7, 2020
2. Human Capital Policies and Flexibilities During COVID-19 – May 12, 2020
3. Health and Safety Guidance – May 14, 2020
 - o Updated Workforce Guidance Toolkit (with latest CDC guidance)
 - o Beyond PPE (Using Engineering/Administrative Controls)
4. Operationalizing Facilities – May 19, 2020

The above dates are an approximation; the Office of the Chief Human Capital Office will provide definitive dates.

Step 4. Template for Reporting Component Facility Openings and Closings. Attached is a template for reporting Component facility openings and closings. Components should not include offices and locations that have remained substantially open during each reporting period. The report must be compiled by your Component ALT and submitted to the Office of Operations Coordination weekly on Wednesday. Each Component ALT should designate a representative for the Post COVID-19 Reconstitution working group led by the DHS Management Directorate which will review Component operating statuses and help promote consistency across regions where it makes sense. This group will review the aggregated Component operating statuses report that must be submitted to OMB weekly.

Step 5. Effective Communications and Information Dissemination Plan. Components must ensure they have instituted an effective communications and information dissemination plan that includes a feedback loop to Component leadership of the effectiveness of its policies and decisions. The recent COVID-19 pulse survey's preliminary results identified employee concerns with the inconsistency of Component local level workplace health and safety policies and procedures. Communication of what steps and considerations are taken, at both the headquarters and local level to support the workforce, is essential at this time as mission critical functions are returned to an enhanced or more normal operational tempo.

This memo supersedes Departmental instructions previously provided on March 18, 2020 regarding OMB guidance that the Federal Government must immediately adjust operations and services to minimize face-to-face interactions in order to slow the transmission of COVID-19.

If you have questions about this memorandum, please contact: Roland Edwards, Deputy Chief Human Capital Officer, 202-309-9301 or roland.edwards@hq.dhs.gov.

Attachments

Distribution List

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79 FR 64462

Vol. 79, No. 209, Wednesday, October 29, 2014

Notices

Reporter

79 FR 64462 *

Federal Register > 2014 > October > Wednesday, October 29, 2014 > Notices > DEPARTMENT OF TRANSPORTATION (DOT) -- Maritime Administration (MA)

Title: Voluntary Intermodal Sealift Agreement

Action: Notice of Voluntary Intermodal Sealift Agreement (VISA).

Agency

DEPARTMENT OF TRANSPORTATION (DOT) > Maritime Administration (MA)

Synopsis

SUMMARY: The Maritime Administration (MARAD) announces the extension of the Voluntary Intermodal Sealift Agreement (VISA) until October 1, 2019, pursuant to the Defense Production Act of 1950, as amended. The purpose of the VISA is to make intermodal shipping services/systems, including ships, ships' space, intermodal equipment and related management services, available to the Department of Defense as required to support the emergency deployment and sustainment of U.S. Armed Forces. This is to be accomplished through cooperation among the maritime industry, the Department of Transportation and the Department of Defense.

Text

SUPPLEMENTARY INFORMATION: Section 708 of the Defense Production Act of 1950, as amended, (50 U.S.C. App. 2158), "Voluntary agreements for preparedness programs and expansion of production capacity and supply", authorizes the President, upon a finding that conditions exist which may pose a direct threat to the national defense or its preparedness programs, "to consult with representatives of industry, business, financing, agriculture, labor and other interests" in order to provide the making of such voluntary agreements. It further authorizes the President to delegate that authority to individuals who are appointed by and with the advice and consent of the Senate, upon the condition that such individuals obtain the prior approval of the Attorney General after the Attorney General's consultation with the Federal Trade Commission. Section 401 of Executive Order 13603 delegated this authority of the President to the Secretary of Transportation (SecTrans), among others. By 49 CFR 1.93(l), the SecTrans delegated to the Maritime Administrator the authority under which the VISA is sponsored. Through advance arrangements in joint planning, it is intended that participants in VISA [***64463**] will provide capacity to support a significant portion of surge and sustainment requirements in the deployment of U.S. military forces during war or other national emergency.

The text of the VISA was first published in the **Federal Register** on February 13, 1997, to be effective for a two-year term until February 13, 1999. The VISA document previously had been extended and subsequently published in the **Federal Register** every two years. The last extension was published on March 24, 2010. Effective September 30, 2009, the DPA was amended to note that each voluntary agreement expires five (5) years after the

date it becomes effective. Therefore, approval of the VISA as published in the **Federal Register** on March 24, 2010 (75 FR 14245) was extended until October 1, 2014. The text published herein will now be implemented thereby extending VISA until October 1, 2019. Copies will be made available to the public upon request. Text of the Voluntary Intermodal Sealift Agreement:

Voluntary Intermodal Sealift Agreement (VISA)

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Figure 1--VISA Activation Process Diagram

Abbreviations "AMC"--Air Mobility Command

"CCA"--Carrier Coordination Agreements

"CFR"--Code of Federal Regulations

"CONOPS"--Concept of Operations

"DoD"--Department of Defense

"DOJ"--Department of Justice

"DOT"--Department of Transportation

"DPA"--Defense Production Act

"EUSC"--Effective United States Control

"FAR"--Federal Acquisition Regulations

"FEMA"--Federal Emergency Management Agency. FEMA is an element of the Emergency Preparedness and Response Directorate, Department of Homeland Security.

"FTC"--Federal Trade Commission

"JCS"--Joint Chiefs of Staff

"JPAG"--Joint Planning Advisory Group

"MARAD"--Maritime Administration, DOT

"MSP"--Maritime Security Program

"MSC"--Military Sealift Command

"NCA"--National Command Authorities

"NDRF"--National Defense Reserve Fleet maintained by MARAD

"RRF"--Ready Reserve Force component of the NDRF

"SRP"--Sealift Readiness Program

"SecDef"--Secretary of Defense

"SecTrans"--Secretary of Transportation

"SDDC"--Military Surface Deployment and Distribution Command

"Commander"--Commander, United States Transportation Command

"USTRANSCOM"--United States Transportation Command (including its components, Air Mobility Command, Military Sealift Command and Military Surface Deployment and Distribution Command)

"VISA"--Voluntary Intermodal Sealift Agreement

"VSA"--Vessel Sharing Agreement

Definitions For purposes of this agreement, the following definitions apply:

Administrator--Maritime Administrator.

Agreement--Agreement (proper noun) refers to the Voluntary Intermodal Sealift Agreement (VISA).

Attorney General--Attorney General of the United States.

Broker--A person who arranges for transportation of cargo for a fee.

Carrier Coordination Agreement (CCA)--An agreement between two or more Participants or between Participant and non-Participant carriers to coordinate their services in a Contingency, including agreements to: (i) Charter vessels or portions of the cargo-carrying capacity of vessels; (ii) share cargo handling equipment, chassis, containers and ancillary transportation equipment; (iii) share wharves, warehouse, marshaling yards and other marine terminal facilities; and (iv) coordinate the movement of vessels.

Chairman--FTC--Chairman of the Federal Trade Commission (FTC).

Charter--Any agreement or commitment by which the possession or services of a vessel are secured for a period of time, or for one or more voyages, whether or not a demise of the vessel.

Commercial--Transportation service provided for profit by privately owned (not government owned) vessels to a private or government shipper. The type of service may be either common carrier or contract carriage.

Contingency--Includes, but is not limited to a "contingency operation" as defined at 10 U.S.C. 101(a)(13), and a JCS-directed, NCA-approved action undertaken with military forces in response to: (i) Natural disasters; (ii) terrorists or subversive activities; or (iii) required military operations, whether or not there is a declaration of war or national emergency.

Contingency contracts--DoD contracts in which Participants implement advance commitments of capacity and services to be provided in the event of a Contingency.

Contract carrier--A for-hire carrier who does not hold out regular service to the general public, but instead contracts, for agreed compensation, with a particular shipper for the carriage of cargo in all or a particular part of a ship for a specified period of time or on a specified voyage or voyages.

Controlling interest--More than a 50-percent interest by stock ownership.

Director--FEMA--Director of Federal Emergency Management Agency (FEMA). The Director--FEMA is also Under Secretary for Emergency Preparedness and Response, Department of Homeland Security.

Effective U.S. Control (EUSC)--U.S. citizen-owned ships which are registered in certain open registry countries and which the United States can rely upon for defense in national security emergencies. The term has no legal or other formal significance. U.S. citizen-owned ships registered in Liberia, Panama, Honduras, the Bahamas and the Republic of the Marshall Islands are considered under effective U.S. control because these do not have any laws that prohibit U.S. requisition. EUSC registries are recognized by the Maritime Administration after consultation with DoD. (MARAD OPLAN 001A, 17 July 1990)

Enrollment Contract--The document, executed and signed by MSC, and the individual carrier enrolling that carrier into VISA Stage III.

Foreign flag vessel--A vessel registered or documented under the law of a country other than the United States of America.

Intermodal equipment--Containers (including specialized equipment), chassis, trailers, tractors, cranes and other materiel handling equipment, as well as other ancillary items.

Liner--Type of service offered on a definite, advertised schedule and giving relatively frequent sailings at regular intervals between specific ports or ranges.

Liner throughput capacity--The system/intermodal capacity available and committed, used or unused, depending on the system cycle time necessary to move the designated capacity through to destination. Liner throughput capacity [*64464] shall be calculated as: static capacity (outbound from CONUS) X voyage frequency X.5.

Management services--Management expertise and experience, intermodal terminal management, information resources, and control and tracking systems.

Ocean common carrier--An entity holding itself out to the general public to provide transportation by water of passengers or cargo for compensation; which assumes responsibility for transportation from port or point of receipt to port or point of destination; and which operates and utilizes a vessel operating on the high seas for all or part of that transportation. (As defined in 46 U.S.C. 40102).

Operator--An ocean common carrier or contract carrier that owns or controls or manages vessels by which ocean transportation is provided.

Organic sealift--For the purposes of this agreement ships considered to be under government control or long-term charter--Fast Sealift Ships, Ready Reserve Force and commercial ships under long-term charter to DoD.

Participant--A signatory party to VISA, and otherwise as defined within Section VI of this document.

Person--Includes individuals and corporations, partnerships, and associations existing under or authorized by the laws of the United States or any state, territory, district, or possession thereof, or of a foreign country.

Sealift Readiness Program (SRP)--Prior to implementation of the VISA program, U.S. flag carriers committed ships to be used by DoD to meet sealift requirements under SRP which is no longer active.

Service contract--A contract between a shipper (or a shipper's association) and an ocean common carrier (or conference) in which the shipper makes a commitment to provide a certain minimum quantity of cargo or freight revenue over a fixed time period, and the ocean common carrier or conference commits to a certain rate or rate schedule, as well as a defined service level (such as assured space, transit time, port rotation, or similar service features), as defined in the Shipping Act of 1984. The contract may also specify provisions in the event of nonperformance on the part of either party.

Standby period--The interval between the effective date of a Participant's acceptance into the Agreement and the activation of any stage, and the periods between deactivation of all stages and any later activation of any stage.

U.S.-flag Vessel--A vessel registered or documented under the laws of the United States of America.

Vessel Sharing Agreement (VSA) Capacity--Space chartered to a Participant for carriage of cargo, under its commercial contracts, service contracts or in common carriage, aboard vessels shared with another carrier or carriers pursuant to a commercial vessel sharing agreement under which the carriers may compete with each other for the carriage of cargo. In U.S. foreign trades the agreement is filed with the Federal Maritime Commission (FMC) in conformity with the Shipping Act of 1984 and implementing regulations.

Volunteers--Any vessel owner/operator who is an ocean carrier and who offers to make capacity, resources or systems available to support contingency requirements.

Preface The Administrator, pursuant to the authority contained in Section 708 of the Defense Production Act of 1950, as amended (50 App. U.S.C. 2158)(Section 708)(DPA), in cooperation with DoD, has developed this Agreement [hereafter called the Voluntary Intermodal Sealift Agreement (VISA)] to provide DoD the commercial sealift and intermodal shipping services/systems necessary to meet national defense Contingency requirements.

USTRANSCOM procures commercial shipping capacity to meet requirements for ships and intermodal shipping services/systems through arrangements with common carriers, with contract carriers and by charter. DoD (through USTRANSCOM) and DOT (through MARAD) maintain and operate a fleet of ships owned by or under charter to the Federal Government to meet the logistic needs of the military services which cannot be met by existing commercial service. Government controlled ships are selectively activated for peacetime military tests and exercises, and to satisfy military operational requirements which cannot be

met by commercial shipping in time of war, national emergency, or military contingency. Foreign-flag shipping is used in accordance with applicable laws, regulations and policies.

The objective of VISA is to provide DoD a coordinated, seamless transition from peacetime to wartime for the acquisition of commercial sealift and intermodal capability to augment DoD's organic sealift capabilities. This Agreement establishes the terms, conditions and general procedures by which persons or parties may become VISA Participants. Through advance joint planning among USTRANSCOM, MARAD and the Participants, Participants may provide predetermined capacity in designated stages to support DoD Contingency requirements.

VISA is designed to create close working relationships among MARAD, USTRANSCOM and Participants through which Contingency needs and the needs of the civil economy can be met by cooperative action. During Contingencies, Participants are afforded maximum flexibility to adjust commercial operations by Carrier Coordination Agreements (CCA), in accordance with applicable law.

Participants will be afforded the first opportunity to meet DoD peacetime and Contingency sealift requirements within applicable law and regulations, to the extent that operational requirements are met. In the event VISA Participants are unable to fully meet Contingency requirements, the shipping capacity made available under VISA may be supplemented by ships/capacity from non-Participants in accordance with applicable law and by ships requisitioned under 46 U.S.C. 56301. In addition, containers and chassis made available under VISA may be supplemented by services and equipment acquired by USTRANSCOM or accessed by the Administrator through the provisions of 46 CFR Part 340.

The SecDef has approved VISA as a sealift readiness program for the purpose of 46 U.S.C. 53107.

Voluntary Intermodal Sealift Agreement

I. Purpose

- A.** The Administrator has made a determination, in accordance with Section 708(c)(1) of the Defense Production Act (DPA) of 1950, that conditions exist which may pose a direct threat to the national defense of the United States or its preparedness programs and, under the provisions of Section 708, has certified to the Attorney General that a standby agreement for utilization of intermodal shipping services/systems is necessary for the national defense. The Attorney General, in consultation with the Chairman of the Federal Trade Commission, has issued a finding that dry cargo shipping capacity to meet national defense requirements cannot be provided by the industry through a voluntary agreement having less anticompetitive effects or without a voluntary agreement.
- B.** The purpose of VISA is to provide a responsive transition from peace to Contingency operations through pre-coordinated agreements for sealift capacity to support DoD Contingency requirements. VISA establishes procedures for the commitment of intermodal shipping services/systems to satisfy such requirements. VISA will change from standby to active status upon activation by appropriate authority of any of the Stages, as described in Section V.
- C.** It is intended that VISA promote and facilitate DoD's use of existing commercial transportation resources and integrated intermodal transportation systems, in a manner which minimizes disruption to **[*64465]** commercial operations, whenever possible.
- D.** Participants' capacity which may be committed pursuant to this Agreement may include all intermodal shipping services/systems and all ship types, including container, partial container, container/bulk, container/roll-on/roll-off, roll-on/roll-off (of all varieties), breakbulk ships, tug and barge combinations, and barge carrier (LASH, SeaBee).

II. Authorities

A. MARAD

- 1. Sections 101 and 708 of the DPA, as amended (50 U.S.C. App 2158); Executive Order 13603, 77 FR 16651, March 16, 2012; 49 CFR 1.93(l); 46 CFR Part 340.

2. Section 401 of Executive Order 13603 delegated the authority of the President under Section 708 to SecTrans, among others. By 49 CFR 1.93(l), SecTrans delegated to the Administrator the authority under which VISA is sponsored.

B. USTRANSCOM

1. Section 113 and Chapter 6 of Title 10 of the United States Code.
2. DoD Directive 5158.4 designating the Commander to provide common user air, land, and sea transportation for DoD.

III. General

A. Concept

1. VISA provides for the staged, time-phased availability of Participants' shipping services/systems to meet NCA-directed DoD Contingency requirements in the most demanding defense oriented sealift emergencies and for less demanding defense oriented situations through prenegotiated Contingency contracts between the government and Participants (see Figure 1). Such arrangements will be jointly planned with MARAD, USTRANSCOM, and Participants in peacetime to allow effective, and efficient and best valued use of commercial sealift capacity, provide DoD assured Contingency access, and minimize commercial disruption, whenever possible.
 - a. Stages I and II provide for prenegotiated contracts between DoD and Participants to provide sealift capacity against all projected DoD Contingency requirements. These agreements will be executed in accordance with approved DoD contracting methodologies.
 - b. Stage III will provide for additional capacity to DoD when Stages I and II commitments or volunteered capacity are insufficient to meet Contingency requirements, and adequate shipping services from non-Participants are not available through established DoD contracting practices or U.S. Government treaty agreements.
2. Activation will be in accordance with procedures outlined in Section V of this Agreement.
3. Following is the prioritized order for utilization of commercial sealift capacity to meet DoD peacetime and Contingency requirements:
 - a. **U.S.-** flag vessel capacity operated by a Participant and U.S.-flag Vessel Sharing Agreement (VSA) capacity of a Participant.
 - b. **U.S.-** flag vessel capacity operated by a non-Participant.
 - c. Combination U.S./foreign flag vessel capacity operated by a Participant and combination U.S./foreign flag VSA capacity of a Participant.
 - d. Combination U.S./foreign flag vessel capacity operated by a non-Participant.
 - e. **U.S.-** owned or operated foreign flag vessel capacity and VSA capacity of a Participant.
 - f. **U.S.-** owned or operated foreign flag vessel capacity and VSA capacity of a non-Participant.
 - g. Foreign-owned or operated foreign flag vessel capacity of a non-Participant.
4. Under Section VI.F. of this Agreement, Participants may implement CCAs to fulfill their contractual commitments to meet VISA requirements.

B. Responsibilities

1. The SecDef, through USTRANSCOM, shall:
 - a. Define time-phased requirements for Contingency sealift capacity and resources required in Stages I, II and III to augment DoD sealift resources.

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- b. Keep MARAD and Participants apprised of Contingency sealift capacity required and resources committed to Stages I and II.
 - c. Obtain Contingency sealift capacity through the implementation of specific prenegotiated DoD Contingency contracts with Participants.
 - d. Notify the Administrator upon activation of any stage of VISA.
 - e. Co-chair (with MARAD) the Joint Planning Advisory Group (JPAG).
 - f. **Establish procedures, in accordance with applicable law and regulation, providing Participants with necessary determinations for use of foreign flag vessels to replace an equivalent U.S.-flag capacity to transport a Participant's normal peacetime DoD cargo, when Participant's U.S.-flag assets are removed from regular service to meet VISA Contingency requirements.**
 - g. Provide a reasonable time to permit an orderly return of a Participant's vessel(s) to its regular schedule and termination of its foreign flag capacity arrangements as determined through coordination between DoD and the Participants.
 - h. **Review and endorse Participants' requests to MARAD for use of foreign flag replacement capacity for non-DoD government cargo, when U.S.-flag capacity is required to meet Contingency requirements.**
2. The SecTrans, through MARAD, shall:
- a. Review the amount of sealift resources committed in DoD contracts to Stages I and II and notify USTRANSCOM if a particular level of VISA commitment will have serious adverse impact on the commercial sealift industry's ability to provide essential services. MARAD's analysis shall be based on the consideration that all VISA Stage I and II capacity committed will be activated. This notification will occur on an as required basis upon the Commander's acceptance of VISA commitments from the Participants. If so advised by MARAD, USTRANSCOM will adjust the size of the stages or provide MARAD with justification for maintaining the size of those stages. USTRANSCOM and MARAD will coordinate to ensure that the amount of sealift assets committed to Stages I and II will not have an adverse, national economic impact.
 - b. Coordinate with DOJ for the expedited approval of CCAs.
 - c. Upon request by the Commander and approval by SecDef to activate Stage III, allocate sealift capacity and intermodal assets to meet DoD Contingency requirements. DoD shall have priority consideration in any allocation situation.
 - d. Establish procedures, pursuant to 46 U.S.C. 53107(f), for determinations regarding the equivalency and duration of the use of foreign flag vessels to replace U.S.-flag vessel capacity to transport the cargo of a Participant which has entered into an operating agreement under 46 U.S.C. 53103 whose U.S.-flag vessel capacity has been removed from regular service to meet VISA contingency requirements. Such foreign flag vessels shall be eligible to transport cargo that is subject to the Cargo Preference Act of 1904 (10 U.S.C. 2631), P.R. 17 (46 U.S.C. 55304) the Cargo Preference Act of 1954 (46 U.S.C. 55305) and 46 U.S.C. 55302(a). However, any procedures regarding the use of such foreign flag vessels to transport cargo subject to the Cargo Preference Act of 1904 must have the concurrence of USTRANSCOM before it becomes effective. [***64466**]
 - e. Co-chair (with USTRANSCOM) the JPAG.
 - f. Seek necessary Jones Act waivers as required. To the extent feasible, participants with Jones Act vessels or vessel capacity will use CCAs or other arrangements to protect their ability to maintain services for their commercial customers and to fulfill their commercial peacetime commitments with U.S.-flag vessels. In situations where the activation of this

Agreement deprives a Participant of all or a portion of its Jones Act vessels or vessel capacity and, at the same time, creates a general shortage of Jones Act vessel(s) or vessel capacity on the market, the Administrator may request that the Secretary of Homeland Security grant a temporary waiver of the provisions of the Jones Act to permit a Participant to charter or otherwise utilize non-Jones Act vessel(s) or vessel capacity, with priority consideration recommended for U.S. crewed vessel(s) or vessel capacity. The vessel(s) or vessel capacity for which such waivers are requested will be approximately equal to the Jones Act vessel(s) or vessel capacity chartered or under contract to DoD, and any waiver that may be granted will be effective for the period that the Jones Act vessel(s) or vessel capacity is on charter or under contract to DoD plus a reasonable time for termination of the replacement charters as determined by the Administrator.

C. Termination of Charters, Leases and Other Contractual Arrangements

1. USTRANSCOM will notify the Administrator as soon as possible of the prospective termination of charters, leases, management service contracts or other contractual arrangements made by DoD under this Agreement.
2. In the event of general requisitioning of ships under 46 U.S.C. 56301, the Administrator shall consider commitments made with DoD under this Agreement.

D. Modification/Amendment of This Agreement

1. The Attorney General may modify this Agreement, in writing, after consultation with the Chairman-FTC, SecTrans, through his representative MARAD, and SecDef, through his representative the Commander. Although Participants may withdraw from this Agreement pursuant to Section VI.D, they remain subject to VISA as amended or modified until such withdrawal.
2. The Administrator, Commander and Participants may modify this Agreement at any time by mutual agreement, but only in writing with the approval of the Attorney General and the Chairman-FTC.
3. Participants may propose amendments to this Agreement at any time.

E. Administrative Expenses Administrative and Out-of-pocket Expenses Incurred by a Participant Shall Be Borne Solely by the Participant

F. Recordkeeping

1. MARAD has primary responsibility for maintaining carrier VISA application records in connection with this Agreement. Records will be maintained in accordance with MARAD Regulations. Once a carrier is selected as a VISA Participant, a copy of the VISA application form will be forwarded to USTRANSCOM.
2. In accordance with 44 CFR 332.2(c), MARAD is responsible for the making and record maintenance of a full and verbatim transcript of each JPAG meeting. MARAD shall send this transcript, and any voluntary agreement resulting from the meeting, to the Attorney General, the Chairman-FTC, the Director-FEMA, any other party or repository required by law and to Participants upon their request.
3. USTRANSCOM shall be the official custodian of records related to the contracts to be used under this Agreement, to include specific information on enrollment of a Participant's capacity in VISA.
4. In accordance with 44 CFR 332.3(d), a Participant shall maintain for five (5) years all minutes of meetings, transcripts, records, documents and other data, including any communications with other Participants or with any other member of the industry or their representatives, related to the administration, including planning related to and implementation of Stage activations of this Agreement. Each Participant agrees to make such records available to the Administrator, the

Commander, the Attorney General, and the Chairman-FTC for inspection and copying at reasonable times and upon reasonable notice. Any record maintained by MARAD or USTRANSCOM pursuant to paragraphs 1, 2, or 3 of this subsection shall be available for public inspection and copying unless exempted on the grounds specified in 5 U.S.C 552(b) or identified as privileged and confidential information in accordance with Section 708(e).

G. MARAD Reporting Requirements MARAD Shall Report to the Director-FEMA, as Required, on the Status and Use of This Agreement.

IV. Joint Planning Advisory Group

- A. The JPAG provides USTRANSCOM, MARAD and VISA Participants a planning forum to:
 - 1. Analyze DoD Contingency sealift/intermodal service and resource requirements.
 - 2. Identify commercial sealift capacity that may be used to meet DoD requirements, related to Contingencies and, as requested by USTRANSCOM, exercises and special movements.
 - 3. Develop and recommend CONOPS to meet DoD-approved Contingency requirements and, as requested by USTRANSCOM, exercises and special movements.
- B. The JPAG will be co-chaired by MARAD and USTRANSCOM, and will convene as jointly determined by the co-chairs.
- C. The JPAG will consist of designated representatives from MARAD, USTRANSCOM, each Participant, and maritime labor. Other attendees may be invited at the discretion of the co-chairs as necessary to meet JPAG requirements. Representatives will provide technical advice and support to ensure maximum coordination, efficiency and effectiveness in the use of Participants' resources. All Participants will be invited to all open JPAG meetings. For selected JPAG meetings, attendance may be limited to designated Participants to meet specific operational requirements.
 - 1. The co-chairs may establish working groups within JPAG. Participants may be assigned to working groups as necessary to develop specific CONOPS.
 - 2. Each working group will be co-chaired by representatives designated by MARAD and USTRANSCOM.
- D. The JPAG will not be used for contract negotiations and/or contract discussions between carriers and DoD; such negotiations and/or discussions will be in accordance with applicable DoD contracting policies and procedures.
- E. The JPAG co-chairs shall:
 - 1. Notify the Attorney General, the Chairman-FTC, Participants and the maritime labor representative of the time, place and nature of each JPAG meeting.
 - 2. Provide for publication in the **Federal Register** of a notice of the time, place and nature of each JPAG meeting. If the meeting is open, a **Federal Register** notice will be published reasonably in advance of the meeting. If a meeting is closed, a **Federal Register** notice will be published within ten (10) days after the meeting and will include the reasons for closing the meeting. [*64467]
 - 3. Establish the agenda for each JPAG meeting and be responsible for adherence to the agenda.
 - 4. Provide for a full and complete transcript or other record of each meeting and provide one copy each of transcript or other record to the Attorney General, the Chairman-FTC, and to Participants, upon request.
- F. Security Measures--The co-chairs will develop and coordinate appropriate security measures so that Contingency planning information can be shared with Participants to enable them to plan their commitments.

V. Activation of VISA Contingency Provisions

A. General VISA may be activated at the request of the Commander, with approval of SecDef, as needed to support Contingency operations. Activating voluntary commitments of capacity to support such operations will be in accordance with prenegotiated Contingency contracts between DoD and Participants.

B. Notification of Activation

1. The Commander will notify the Administrator of the activation of Stages I, II, and III.
2. The Administrator shall notify the Attorney General and the Chairman-FTC when it has been determined by DoD that activation of any Stage of VISA is necessary to meet DoD Contingency requirements.

C. Voluntary Capacity

1. Throughout the activation of any Stages of this Agreement, DoD may utilize voluntary commitment of sealift capacity or systems.
2. Requests for volunteer capacity will be extended simultaneously to both Participants and other carriers. First priority for utilization will be given to Participants who have signed Stage I and/or II contracts and are capable of meeting the operational requirements. Participants providing voluntary capacity may request USTRANSCOM to activate their prenegotiated Contingency contracts; to the maximum extent possible, USTRANSCOM, where appropriate, shall support such requests. Volunteered capacity will be credited against Participants' staged commitments, in the event such stages are subsequently activated.
3. In the event Participants are unable to fully meet Contingency requirements, or do not voluntarily offer to provide the required capacity, the shipping capacity made available under VISA may be supplemented by ships/capacity from non-Participants.
4. When voluntary capacity does not meet DoD Contingency requirements, DoD will activate the VISA stages as necessary.

D. Stage I

1. Stage I will be activated in whole or in part by the Commander, with approval of SecDef, when voluntary capacity commitments are insufficient to meet DoD Contingency requirements. The Commander will notify the Administrator upon activation.
2. USTRANSCOM will implement Stage I Contingency contracts as needed to meet operational requirements.

E. Stage II

1. Stage II will be activated, in whole or in part, when Contingency requirements exceed the capability of Stage I and/or voluntarily committed resources.
2. Stage II will be activated by the Commander, with approval of SecDef, following the same procedures discussed in paragraph D above.

F. Stage III

1. Stage III will be activated, in whole or in part, when Contingency requirements exceed the capability of Stages I and II, and other shipping services are not available. This stage involves DoD use of capacity and vessels operated by Participants which will be furnished to DoD when required in accordance with this Agreement. The capacity and vessels are allocated by MARAD on behalf of SecTrans to the Commander.
2. Stage III will be activated by the Commander upon approval by SecDef. Upon activation, SecDef will request SecTrans to allocate sealift capacity based on DoD requirements, in accordance with Title 1 of DPA, to meet the Contingency requirement. All Participants' capacity committed to VISA is subject to use during Stage III.

3. Upon allocation of sealift assets by SecTrans, through its designated representative MARAD, the Commander will negotiate and execute Contingency contracts with Participants, using pre-approved rate methodologies as established jointly by SecTrans and SecDef in fulfillment of section 46 U.S.C. 53107. Until execution of such contract, the Participant agrees that the assets remain subject to the provisions 46 U.S.C. 56301.
4. Simultaneously with activation of Stage III, the DoD Sealift Readiness Program (SRP) will be activated for those carriers still under obligation to that program.

G. Partial Activation As used in this Section V, activation "in part" of any Stage under this Agreement shall mean one of the following:

1. Activation of only a portion of the committed capacity of some, but not all, of the Participants in any Stage that is activated; or
2. Activation of the entire committed capacity of some, but not all, of the Participants in any Stage that is activated; or
3. Activation of only a portion of the entire committed capacity of all of the Participants in any Stage that is activated.

VI. Terms and Conditions

A. Participation

1. Any U.S.- flag vessel operator organized under the laws of a State of the United States, or the District of Columbia, may become a "Participant" in this Agreement by submitting an executed copy of the form referenced in Section VII, and by entering into a VISA Enrollment Contract with DoD which establishes a legal obligation to perform and which specifies payment or payment methodology for all services rendered.
2. The term "Participant" includes the entity described in VI.A.1 above, and all United States subsidiaries and affiliates of the entity which own, operate, charter or lease ships and intermodal equipment in the regular course of their business and in which the entity holds a controlling interest.
3. Upon request of the entity executing the form referenced in Section VII, the term "Participant" may include the controlled non-domestic subsidiaries and affiliates of such entity signing this Agreement, provided that the Administrator, in coordination with the Commander, grants specific approval for their inclusion.
4. Any entity receiving payments under the Maritime Security Program (MSP), pursuant to the National Defense Authorization Act for Fiscal Year 2013 (H.R. 4310) (*P.L. 112-239*), shall become a "Participant" with respect to all vessels enrolled in MSP at all times until the date the MSP operating agreement would have terminated according to its original terms. The MSP operator shall be enrolled in VISA as a Stage III Participant, at a minimum. Such participation will satisfy the requirement for an MSP participant to be enrolled in an emergency preparedness program approved by SecDef as provided in 46 U.S.C. 53107. [***64468**]
5. A Participant shall be subject only to the provisions of this Agreement and not to the provisions of the SRP.
6. MARAD shall publish periodically in the **Federal Register** a list of Participants.

B. Agreement of Participant

1. Each Participant agrees to provide commercial sealift and/or intermodal shipping services/systems in accordance with DoD Contingency contracts. USTRANSCOM will review and approve each Participant's commitment to ensure it meets DoD Contingency requirements. A Participant's capacity commitment to Stages I and II will be one of the

considerations in determining the level of DoD peacetime contracts awarded with the exception of Jones Act capacity (as discussed in paragraph 4 below).

2. DoD may also enter into Contingency contracts, not linked to peacetime contract commitments, with Participants, as required to meet Stage I and II requirements.
3. Commitment of Participants' resources to VISA is as follows:
 - a. Stage III: A carrier desiring to participate in DoD peacetime contracts/traffic must commit no less than 50% of its total U.S.-flag capacity into Stage III. Carriers receiving DOT payments under the MSP, or carriers subject to Section 909 of Merchant Marine Act of 1936, as amended, that are not enrolled in the SRP will have vessels receiving such assistance enrolled in Stage III. Participants' capacity under charter to DoD will be considered "organic" to DoD, and does not count towards the Participant's Contingency commitment during the period of the charter. Participants utilized under Stage III activation will be compensated based upon a DoD pre-approved rate methodology.
 - b. Stages I and II: DoD will annually develop and publish minimum commitment requirements for Stages I and II. Normally, the awarding of a long-term (i.e., one year or longer) DoD contract, exclusive of charters, will include the annual predesignated minimum commitment to Stages I and/or II. Participants desiring to bid on DoD peacetime contracts will be required to provide commitment levels to meet DoD-established Stage I and/or II minimums on an annual basis. Participants may gain additional consideration for peacetime contract cargo allocation awards by committing capacity to Stages I and II beyond the specified minimums. If the Participant is awarded a contract reflecting such a commitment, that commitment shall become the actual amount of a Participant's U.S.-flag capacity commitment to Stages I and II. A Participant's Stage III U.S.-flag capacity commitment shall represent its total minimum VISA commitment. That Participant's Stage I and II capacity commitments as well as any volunteer capacity contribution by Participant are portions of Participant's total VISA commitment. Participants activated during Stages I and II will be compensated in accordance with prenegotiated Contingency contracts.
4. Participants exclusively operating vessels engaged in domestic trades will be required to commit 50% of that capacity to Stage III. Such Participants will not be required to commit capacity to Stages I and II as a consideration of domestic peacetime traffic and/or contract award. However, such Participants may voluntarily agree to commit capacity to Stages I and/or II.
5. The Participant owning, operating, or controlling an activated ship or ship capacity will provide intermodal equipment and management services needed to utilize the ship and equipment at not less than the Participant's normal efficiency, in accordance with the prenegotiated Contingency contracts implementing this Agreement.

C. Effective Date and Duration of Participation

1. Participation in this Agreement is effective upon execution by MARAD of the submitted form referenced in Section VII, and approval by USTRANSCOM by execution of an Enrollment Contract, for Stage III, at a minimum.
2. VISA participation remains in effect until the Participant terminates the Agreement in accordance with paragraph D below, or termination of the Agreement in accordance with 44 CFR Sec. 332.4. Notwithstanding termination of VISA or participation in VISA, obligations pursuant to executed DoD peacetime contracts shall remain in effect for the term of such contracts and are subject to all terms and conditions thereof.

D. Participant Termination of VISA

1. Except as provided in paragraph 2 below, a Participant may terminate its participation in VISA upon written notice to the Administrator. Such termination shall become effective 30 days after written notice is received, unless obligations incurred under VISA by virtue of activation of any

Contingency contract cannot be fulfilled prior to the termination date, in which case the Participant shall be required to complete the performance of such obligations. Voluntary termination by a carrier of its VISA participation shall not act to terminate or otherwise mitigate any separate contractual commitment entered into with DoD.

2. A Participant having an MSP operating agreement with SecTrans shall not withdraw from this Agreement at any time during the original term of the MSP operating agreement.
3. A Participant's withdrawal, or termination of this Agreement, will not deprive a Participant of an antitrust defense otherwise available to it in accordance with DPA Section 708 for the fulfillment of obligations incurred prior to withdrawal or termination.
4. A Participant otherwise subject to the DoD SRP that voluntarily withdraws from this Agreement will become subject again to the DoD SRP.

E. Rules and Regulations Each Participant acknowledges and agrees to abide by all provisions of DPA Section 708, and regulations related thereto which are promulgated by the SecTrans, the Attorney General, and the Chairman-FTC. 46 CFR Part 340 establishes procedures for assigning the priority for use and the allocation of shipping services, containers and chassis. The JPAG will inform Participants of new and amended rules and regulations as they are issued in accordance with law and administrative due process. Although Participants may withdraw from VISA, they remain subject to all authorized rules and regulations while in Participant status.

F. Carrier Coordination Agreements (CCA)

1. When any Stage of VISA is activated or when DoD has requested volunteer capacity pursuant to Section V.B. of VISA, Participants may implement approved CCAs to meet the needs of DoD and to minimize the disruption of their services to the civil economy.
2. A CCA for which the parties seek the benefit of Section 708(j) of the DPA shall be identified as such and shall be submitted to the Administrator for approval and certification in accordance with Section 708(f)(1)(A) of the DPA. Upon approval and certification, the Administrator shall transmit the Agreement to the Attorney General for a finding in accordance with Section 708(f)(1)(B) of the DPA. Parties to approved CCAs may avail themselves of the antitrust defenses set forth in Section 708(j) of the DPA. Nothing in VISA precludes Participants from engaging in lawful conduct (including carrier coordination activities) that lies outside the scope of an approved Carrier [*64469] Coordination Agreement; but antitrust defenses will not be available pursuant to Section 708(j) of the DPA for such conduct.
3. Participants may seek approval for CCAs at any time.

G. Enrollment of Capacity (Ships and Equipment)

1. A list identifying the ships/capacity and intermodal equipment committed by a Participant to each Stage of VISA will be prepared by the Participant and submitted to USTRANSCOM within seven days after a carrier has become a Participant. USTRANSCOM will maintain a record of all such commitments. Participants will notify USTRANSCOM of any changes not later than seven days prior to the change.
2. USTRANSCOM will provide a copy of each Participant's VISA commitment data and all changes to MARAD.
3. Information which a Participant identifies as privileged or business confidential/proprietary data shall be withheld from public disclosure in accordance with Section 708(h)(3) and Section 705(e) of the DPA, 5 U.S.C. 552(b), and 44 CFR Part 332.
4. Enrolled ships are required to comply with 46 CFR Part 307, Establishment of Mandatory Position Reporting System for Vessels.

H. War Risk Insurance

1. Where commercial war risk insurance is not available on reasonable terms and conditions, DOT shall provide non-premium government war risk insurance, subject to the provisions of 46 U.S.C. 53905.
2. Pursuant to 46 CFR 308.1(c), the Administrator (or DOT) will find each ship enrolled or utilized under this agreement eligible for U.S. Government war risk insurance.

I. Antitrust Defense

1. Under the provisions of DPA Section 708, each carrier shall have available as a defense to any civil or criminal action brought under the antitrust laws (or any similar law of any State) with respect to any action taken to develop or carry out this Agreement, that such act was taken in the course of developing or carrying out this Agreement and that the Participant complied with the provisions of DPA Section 708 and any regulation thereunder, and acted in accordance with the terms of this Agreement.
2. This defense shall not be available to the Participant for any action occurring after termination of this Agreement. This defense shall not be available upon the modification of this Agreement with respect to any subsequent action that is beyond the scope of the modified text of this Agreement, except that no such modification shall be accomplished in a way that will deprive the Participant of antitrust defense for the fulfillment of obligations incurred.
3. This defense shall be available only if and to the extent that the Participant asserting it demonstrates that the action, which includes a discussion or agreement, was within the scope of this Agreement.
4. The person asserting the defense bears the burden of proof.
5. The defense shall not be available if the person against whom it is asserted shows that the action was taken for the purpose of violating the antitrust laws.
6. As appropriate, the Administrator, on behalf of SecTrans, and DoD will support agreements filed by Participants with the Federal Maritime Commission that are related to the standby or Contingency implementation of VISA.

J. Breach of Contract Defense Under the provisions of DPA Section 708, in any action in any Federal or State court for breach of contract, there shall be available as a defense that the alleged breach of contract was caused predominantly by action taken by a Participant during an emergency (including action taken in imminent anticipation of an emergency) to carry out this Agreement. Such defense shall not release the party asserting it from any obligation under applicable law to mitigate damages to the greatest extent possible.

K. Vessel Sharing Agreements (VSA)

1. **VISA allows Participants the use of a VSA to utilize non-Participant U.S.-flag** or foreign-owned and operated foreign flag vessel capacity as a substitute for VISA Contingency capability provided:
 - a. The foreign flag capacity is utilized in accordance with cargo preference laws and regulations.
 - b. The use of a VSA, either currently in use or a new proposal, as a substitution to meet DoD Contingency requirements is agreed upon by USTRANSCOM and MARAD.
 - c. The Participant carrier demonstrates adequate control over the offered VSA capacity during the period of utilization.
 - d. Service requirements are satisfied.
 - e. Participant is responsible to DoD for the carriage or services contracted for. Though VSA capacity may be utilized to fulfill a Contingency commitment, a Participant's U.S.-flag VSA

capacity in another Participant's vessel shall not act in a manner to increase a Participant's capacity commitment to VISA.

2. Participants will apprise MARAD and USTRANSCOM in advance of any change in a VSA of which it is a member, if such changes reduce the availability of Participant capacity provided for in any approved and accepted Contingency Concept of Operations.
3. Participants will not act as a broker for DoD cargo unless requested by USTRANSCOM.

VII. Application and Agreement The Administrator, in coordination with the Commander has adopted the following form ("Application to Participate in the Voluntary Intermodal Sealift Agreement") on which intermodal ship operators may apply to become a Participant in this Agreement. The form incorporates, by reference, the terms of this Agreement.

United States of America, Department of Transportation, Maritime Administration

Application To Participate in the Voluntary Intermodal Sealift Agreement

The applicant identified below hereby applies to participate in the Maritime Administration's agreement entitled "Voluntary Intermodal Sealift Agreement." The text of said Agreement is published in _____ **Federal Register** _____, _____, 20____. This Agreement is authorized under Section 708 of the Defense Production Act of 1950, as amended (50 App. U.S.C. 2158). Regulations governing this Agreement appear at 44 CFR Part 332 and are reflected at 49 CFR Subtitle A.

The applicant, if selected, hereby acknowledges and agrees to the incorporation by reference into this Application and Agreement of the entire text of the Voluntary Intermodal Sealift Agreement published in _____ **Federal Register** _____, _____, 20____, as though said text were physically recited herein.

The Applicant, as a Participant, agrees to comply with the provisions of Section 708 of the Defense Production Act of 1950, as amended, the regulations of 44 CFR Part 332 and as reflected at 49 CFR Subtitle A, and the terms of the Voluntary Intermodal Sealift Agreement. Further, the applicant, if selected as a Participant, hereby agrees to contractually commit to make specifically enrolled vessels or capacity, intermodal equipment and management of intermodal transportation systems available for use by the Department of Defense and to other Participants as discussed in this Agreement and the [***64470**] subsequent Department of Defense Voluntary Intermodal Sealift Agreement Enrollment Contract for the purpose of meeting national defense requirement.

Attest:

(Corporate Secretary)

(CORPORATE SEAL)

Effective Date:

(Secretary)

(SEAL)

(Applicant-Corporate Name)

(Signature)

(Position Title)

United States of America, Department of Transportation, Maritime Administration

By:

Maritime Administrator

(Authority: 49 CFR 1.93(l), Pub.L. 111-67)

* * * * *

Dated: October 24, 2014.

By Order of the Maritime Administrator.

Thomas M. Hudson,

79 FR 64462, *64470

Secretary, Maritime Administration.

[FR Doc. 2014-25755 Filed 10-28-14; 8:45 am]

BILLING CODE 4910-81-P

Contacts

FOR FURTHER INFORMATION CONTACT: Jerome D. Davis, Director, Office of Sealift Support, Room W25-310, Maritime Administration, 1200 New Jersey Avenue SE., Washington, DC 20590, (202) 366-2323, Fax (202) 366-5904.

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FEMA

Senior Leadership Brief COVID-19 May 15, 2020 5:00 p.m. ET



Operational Task Forces	
Medical Counter-Measure (MCM) Development	2,877 (+19) market research submissions and 279 (+3) CoronaWatch meetings held <i>(MCM TF Update, May 15, 2020, 9:12 a.m. ET)</i> - Emergency Use Authorizations granted by FDA: 57 (+1) molecular diagnostic tests, 28 (+3) laboratory-developed tests, 12 antibody tests, 1 antigen test, and 3 repurposed treatments (chloroquine, hydroxychloroquine, remdesivir) <i>(MCM TF Update, May 15, 2020, 9:12 a.m. ET)</i> - Mayo Clinic Expanded Access Protocol for use of convalescent plasma to treat hospitalized patients with severe or life-threatening manifestations of COVID-19: 10,422 enrollees infused at 2,254 sites <i>(MCM TF Update, May 15, 2020, 9:12 a.m. ET)</i> - Supporting development, preclinical studies, clinical trials, and manufacturing efforts for vaccines and therapeutics as part of Operation Warp Speed <i>(MCM TF Update, May 15, 2020, 9:12 a.m. ET)</i>
Health Care Resilience (HCR)	- SCTF, FEMA, and HHS Leadership meeting May 15 to discuss the long-term strategy for decontamination systems <i>(HCR TF Update, May 15, 2020, 10:20 a.m. ET)</i> - Participating in Physical Security for Alternate Care Site webinar hosted by HHS, InfraGardNCR, and DHS on May 15 <i>(HCR TF Update, May 15, 2020, 10:20 a.m. ET)</i> - Coordinating with CDC and Centers for Medicare and Medicaid Services to develop additional considerations and guidance for testing in long-term care centers <i>(HCR TF Update, May 15, 2020, 10:20 a.m. ET)</i> - Continuing to assess National Healthcare Safety Network (NHSN) nursing home data and findings from the four-state pilot (ND, NE, NM, TN) <i>(HCR TF Update, May 15, 2020, 10:20 a.m. ET)</i> - Established Rural Surge Planning Team on May 14 to focus on identifying barriers and potential solutions for rural surge planning <i>(HCR TF Update, May 15, 2020, 10:20 a.m. ET)</i>
Lab Diagnostics (LD)	- Met with American Medical Association (AMA) to discuss use of their lab capacity to support COVID testing and Clinical Laboratory Improvement Amendments (CLIA) requirements <i>(LDTF Update, May 15, 2020 09:39 a.m. ET)</i> - Serology testing pilot for NYC and Detroit beginning to enroll healthcare workers May 15 and first blood draws will begin next week <i>(LDTF Update, May 15, 2020 09:39 a.m. ET)</i> - Continuing to support the White House Testing at Scale effort and working with major diagnostics manufacturers to increase and distribute lab testing supplies to states and the International Reagent Resource <i>(LDTF Update, May 15, 2020 09:39 a.m. ET)</i> - Shared FDA guidance on the specificity of COVID-19 tests to NRCC and Regions <i>(LDTF Update, May 15, 2020 09:39 a.m. ET)</i>
Community Based Testing Sites (CBTS)	187,912 (+3,987) samples collected at CBTS locations since March 20 <i>(CBTS TF Update, May 15, 2020, 9:56 a.m. ET)</i> 179,628 (+4,522) tests processed and received by call center since March 20; 26,701 (+326) positive, 2,034 (+63) indeterminate, and 150,893 (+4,133) negative <i>(CBTS TF Update, May 15, 2020, 9:56 a.m. ET)</i> 233,144 (+13,074) tests processed from Private-Partnership Testing Sites since April 5; 21,792 (+849) positive, 790 (+187) indeterminate, and 210,562 (+12,038) negative <i>(CBTS TF Update, May 15, 2020, 9:56 a.m. ET)</i>
Supply Chain Stabilization (SC)	- Airbridge flights #140 and #142 (New York City), and #141 (Louisville), arrived May 14; cargo is being assessed <i>(SC TF Update, May 15, 2020, 10:01 a.m. ET)</i> - Airbridge flights #143 (Los Angeles) and #144 (Chicago) scheduled to arrive May 15; cargo for both flights will be determined upon arrival <i>(SC TF Update, May 15, 2020, 10:01 a.m. ET)</i> - On May 13 HHS approved the ordering agreement for Defense Logistics Agency (DLA) to procure \$450M in PPE; DLA has the order to deliver this first shipment of masks, gowns, face shields, and gloves <i>(SC TF Update, May 15, 2020, 10:01 a.m. ET)</i>
Community Mitigation Measures (CMM)	- Published decision tools to assist with operational decisions during the COVID-19 pandemic for the following sectors: Childcare; Youth Program and Camps; Schools; Workplaces; Restaurants and Bars; Mass Transit <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i> - Provided Oregon Department of Public Health with technical assistance regarding outbreaks in fish processing plants and working with Hispanic/Latino and transient populations <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i> - Held calls with Puerto Rico and Mississippi Departments of Health discussing COVID-19 homelessness and nursing home testing, respectively <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i> - Working with Texas Deployment team to assess risk of community spread and community mitigation strategies <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i> - Provided COVID-19 updates to Association of Maternal and Child Health Programs (AMCHP) and discussed a Morbidity and Mortality Weekly Report (MMWR) on vaccines <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i> - EPA call with North Carolina, South Carolina, and the National Black Chamber of Commerce to discuss CDC's cleaning and sanitation guidance <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i> - Met with the Non-partisan and Objective Research Organization (NORC) at the University of Chicago to discuss listening sessions, focus groups, and a survey to understand emotional health, information-seeking behaviors, and coping and stress as a result of COVID-19 <i>(CMM TF Update, May 15, 2020, 10:01 a.m. ET)</i>
Continuity of Operations (COOP)	Over the past 24 hours 9 Wireless Emergency Alert (WEA) messages related to COVID-19 sent by local authorities; 6 sent as a series by the same jurisdiction described coronavirus protective measures; 1 stay home/curfew reminder; 1 advertised free testing; 1 explained re-opening expectations for citizens <i>(COOP TF Update, May 15, 2020, 10:47 a.m. ET)</i>
Data and Analysis (DA)	- Integrating task force models into the HHS Protect platform; integration will ensure broader availability and allow models to run as data is updated reducing time to generate outputs to support decision making <i>(DA TF Update, May 15, 2020, 11:05 a.m. ET)</i> - Actively facilitating access to HHS Protect for state partners and FEMA and ASPR regional staff; additional FEMA and ASPR regional staff from Region 6 are scheduled to be trained on May 15 <i>(DA TF Update, May 15, 2020, 11:05 a.m. ET)</i>

DHS-FEMA-20-1107-A-000135

AMERICAN
OVERSIGHT

Title 32 Status by State and Territories											
40,987 (-727) Activated				State Active Duty (SAD): 840 (-322)				T32 Approved: 49			
				T-32 502(f): 40,147 (-405)				T32 Requested: 4			
NGB Update, May 15, 2020, 3:30 p.m. ET											
State / Territor y	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territor y	SAD	T-32 502(f)	Title 32 Request Status
AK	5	98	WH AUTHORIZED & APPROVED**	KY	0	362	WH AUTHORIZED & APPROVED**	OH	1	905	WH AUTHORIZED & APPROVED**
AL	0	668	WH AUTHORIZED & APPROVED**	LA	0	1035	WH AUTHORIZED & APPROVED**	OK	0	358	WH AUTHORIZED & APPROVED**
AR	38	0	REQUESTED	MA	119	1614	WH AUTHORIZED & APPROVED**	OR	0	165	WH AUTHORIZED & APPROVED**
AZ	0	867	WH AUTHORIZED & APPROVED**	MD	5	962	WH AUTHORIZED & APPROVED**	PA	42	859	WH AUTHORIZED & APPROVED**
CA	146	1737	WH AUTHORIZED & APPROVED**	ME	0	101	WH AUTHORIZED & APPROVED**	PR	40	790	WH AUTHORIZED & APPROVED**
CO	0	358	WH AUTHORIZED & APPROVED**	MI	0	798	WH AUTHORIZED & APPROVED**	RI	10	833	WH AUTHORIZED & APPROVED**
CT	4	799	WH AUTHORIZED & APPROVED**	MN	32	0	REQUESTED	SC	12	536	WH AUTHORIZED & APPROVED**
DC	0	324	WH AUTHORIZED & APPROVED**	MO	0	817	WH AUTHORIZED & APPROVED**	SD	60	0	WH AUTHORIZED & APPROVED**
DE	0	122	WH AUTHORIZED & APPROVED**	MS	1	434	WH AUTHORIZED & APPROVED**	TN	11	772	WH AUTHORIZED & APPROVED**
FL	7	2064	WH AUTHORIZED & APPROVED**	MT	0	194	WH AUTHORIZED & APPROVED**	TX	0	2811	WH AUTHORIZED & APPROVED**
GA	0	2580	WH AUTHORIZED & APPROVED**	NC	0	875	WH AUTHORIZED & APPROVED**	UT	151	0	REQUESTED
GU	1	165	WH AUTHORIZED & APPROVED**	ND	0	224	WH AUTHORIZED & APPROVED**	VA	0	504	WH AUTHORIZED & APPROVED**
HI	0	1211	WH AUTHORIZED & APPROVED**	NE	3	356	WH AUTHORIZED & APPROVED**	USVI	0	145	WH AUTHORIZED & APPROVED**
IA	2	834	WH AUTHORIZED & APPROVED**	NH	2	594	WH AUTHORIZED & APPROVED**	VT	1	214	WH AUTHORIZED & APPROVED**
ID	0	0	REQUESTED	NJ	0	962	WH AUTHORIZED & APPROVED**	WA	0	935	WH AUTHORIZED & APPROVED**
IL	93	1047	WH AUTHORIZED & APPROVED**	NM	12	531	WH AUTHORIZED & APPROVED**	WI	1	1218	WH AUTHORIZED & APPROVED**
IN	0	1340	WH AUTHORIZED & APPROVED**	NV	0	946	WH AUTHORIZED & APPROVED**	WV	29	457	WH AUTHORIZED & APPROVED**
KS	1	627	WH AUTHORIZED & APPROVED**	NY	11	2999	WH AUTHORIZED & APPROVED**	WY	0	0	N/A
**Title 32 has been authorized and approved by the Secretary of Defense.											

**Title 32 has been authorized and approved by the Secretary of Defense.



FEMA



PPE and Ventilator Quantities by Resource Subcategory and Status

Resource	Resource Subcategory	Obligated ¹	In Transit ²	Delivered ³	Total
Personal Protective Equipment (PPE)	Coveralls: Tyvek/Tychem	73,800	4,800	3,343,166	3,421,766
	Face Shields	900,263	541,330	7,847,404	9,288,997
	Gloves	7,608,650	5,116,950	55,297,895	68,023,495
	Goggles	848	2,600	5,149	8,597
	KN90 Masks	9,000	1,906,450	3,605,450	5,520,900
	N95 Respirators	14,877,312	7,497,540	68,957,643	91,332,495
	PAPR	1,100	2,322	2,831	6,253
	PAPR Batteries			4	4
	PAPR Chargers			4	4
	Surgical Gowns	76,860	43,488	5,274,082	5,394,430
	Surgical Masks	2,322,516	69,750	33,921,767	36,314,033

As of 5/14/2020 6:00 p.m.

Region	State/Location	EMAC	Federally Supported		Total Federal Vents (SNS + DoD)	SNS Status
			SNS	DoD		
1	CT		350		350	Delivered
1	MA		400		400	Delivered
1	RI		100		100	Delivered
2	NY	100	2,140		2,140	Delivered
2	NYC		2,400		2,400	Delivered
2	NJ	100	1,050	500	1,550	Delivered
2	USVI		30		30	En Route
3	MD	50	470		470	Delivered
3	DE	50	50		50	Delivered
3	DC	50	200		200	Delivered
4	FL		200		200	Delivered
4	GA		150		150	Delivered
5	IL	100	310		310	Delivered
5	Chicago		310		310	Delivered
5	MI		700		700	Delivered
5	IN		110		110	Delivered
6	LA		350		350	Delivered
6	BOP		20		20	Delivered
6	Navajo Nation		50		50	Delivered
6	Cherokee Nation (OK)		10		10	Delivered
7	Nebraska		5 (+5)		5 (+5)	Delivered
8	CO		100		100	Delivered
9	CA		0		0	N/A
9	LA County		170		170	Delivered
9	GU		55		55	Delivered
9	NV	50	150		150	Delivered
9	AZ		100		100	Delivered
9	CNMI		25		25	Delivered
9	Federated States of Micronesia		30		30	Delivered
9	Palau		10		10	Delivered
9	Republic of the Marshall Islands		10		10	Delivered
9	American Samoa		10		10	Delivered
10	AK		60		60	Delivered
10	OR		10 (+10)		10 (+10)	10 – En Route Transferred 140 to NY
10	WA		73		73	WA returned 427 vents to the SNS
Total		500	10,208 (+15)	500	10,708 (+15)	

As of 5/15/2020 4:04 p.m.

DHS-FEMA-20-1107-A-000138

Stay at Home Order Expiration by State/Territory, as of May 15, 2020 2:00 p.m. EDT								
State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes
AL	Exp.	Phased reopening underway	KS	Exp.	Phased reopening with local restrictions	OH	5/29	SAH extended
AK	Exp.	Phased reopening underway	KY	Exp.	Phased reopening underway	OK	Exp.	Phased reopening with local restrictions underway
AS	5/31	SAH extended	LA	5/15	Phased reopening following SAH expiration	OR		No official expiration date; phased reopening underway with local restrictions
AZ	5/15	Phased reopening underway	ME	5/31	Phased reopening underway	PA	Exp.	Phased reopening underway
AR		No statewide SAH order issued; phased reopening underway at local level	MD	5/15	Phased reopening following SAH expiration	PR	5/24	
CA		No official expiration date; phased reopening underway with local restrictions	MA	5/18		RI	Exp.	Phased reopening underway
CO	Exp.	Phased reopening underway	MI	5/28	SAH extended	SC	Exp.	Phased reopening underway
CNMI		SAH until the emergency concludes	MN	5/18	SAH extended	SD		No statewide SAH order issued; phased reopening underway at local level
CT	5/20	Or until terminated; phased reopening following expiration of SAH order	MS	Exp.	Phased reopening underway	TN	Exp.	Phased reopening underway
DE	5/31	Or until health threat eliminated	MO	Exp.	Phased reopening underway	TX	Exp.	Phased reopening underway
DC	6/8	Or until date of any emergency date extension	MT	Exp.	Phased reopening underway at local level	USVI	6/1	Phased reopening following SAH expiration
FL	Exp.	Phased reopening underway	NE		Phased reopening underway	UT		No statewide SAH order issued; phased reopening underway at local level
GA	Exp.	Phased reopening underway	NV	5/15	Phased reopening underway	VT	6/15	SAH extended
GU	5/30	Phased reopening underway with local restrictions	NH	5/31	SAH extended	VA	6/10	
HI	5/31	Phased reopening with local restrictions	NJ		Until terminated	WA	Exp.	Phased reopening underway
ID	Exp.	Phased reopening underway	NM	5/31	SAH extended	WV		Phased reopening underway
IL	5/29	SAH extended	NY	5/28	SAH extended for areas except upstate areas that reached benchmarks for reopening	WI	5/26	New changes to SAH lift some restrictions
IN	Exp.	Phased reopening underway	NC	Exp.	Phased reopening underway	WY		No statewide SAH order issued; phased reopening underway at local level
IA		No statewide SAH order issued; phased reopening underway at local level	ND		No statewide SAH order issued; phased reopening underway at local level			

* Source: Based on State-at-Home Orders from State websites

DHS-FEMA-20-1107-A-000139



Map as of: 15May2020T0955
Data as of: 14MAY2020

072022012110128

- DMORT (1)

- DMORT (1)

Self

Department

- DoD
- FEMA
- HHS
- VA

Epi Curve Status

- Low Incidence Growth
- Elevated Incidence Growth
- Elevated Incidence Plateau
- Sustained Decline
- Low Incidence Plateau
- 1-5 Cases in Past Two Weeks

- DMORT (1)

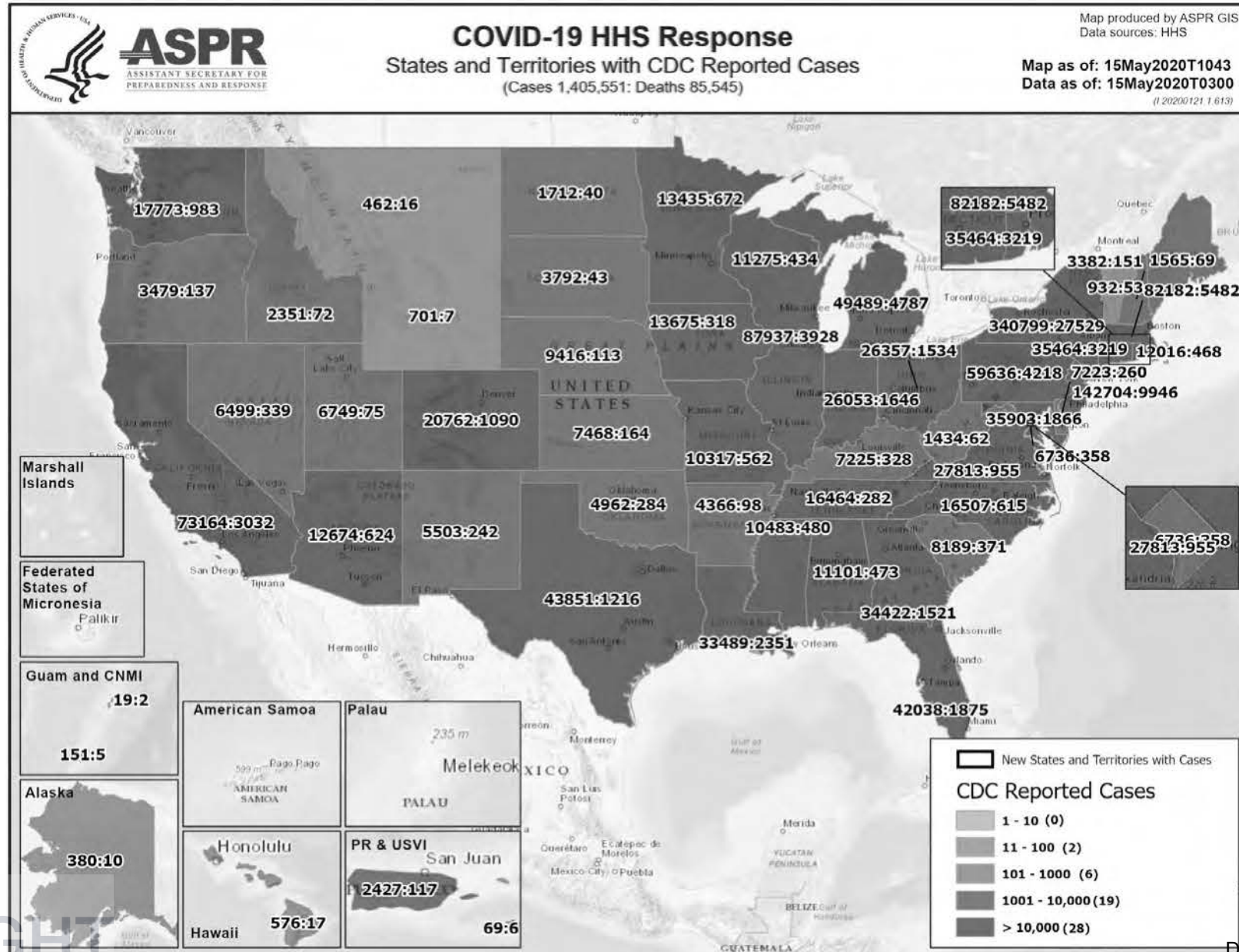
- ASPR Rx (3)
- DMORT (4)

- DMORT (1)

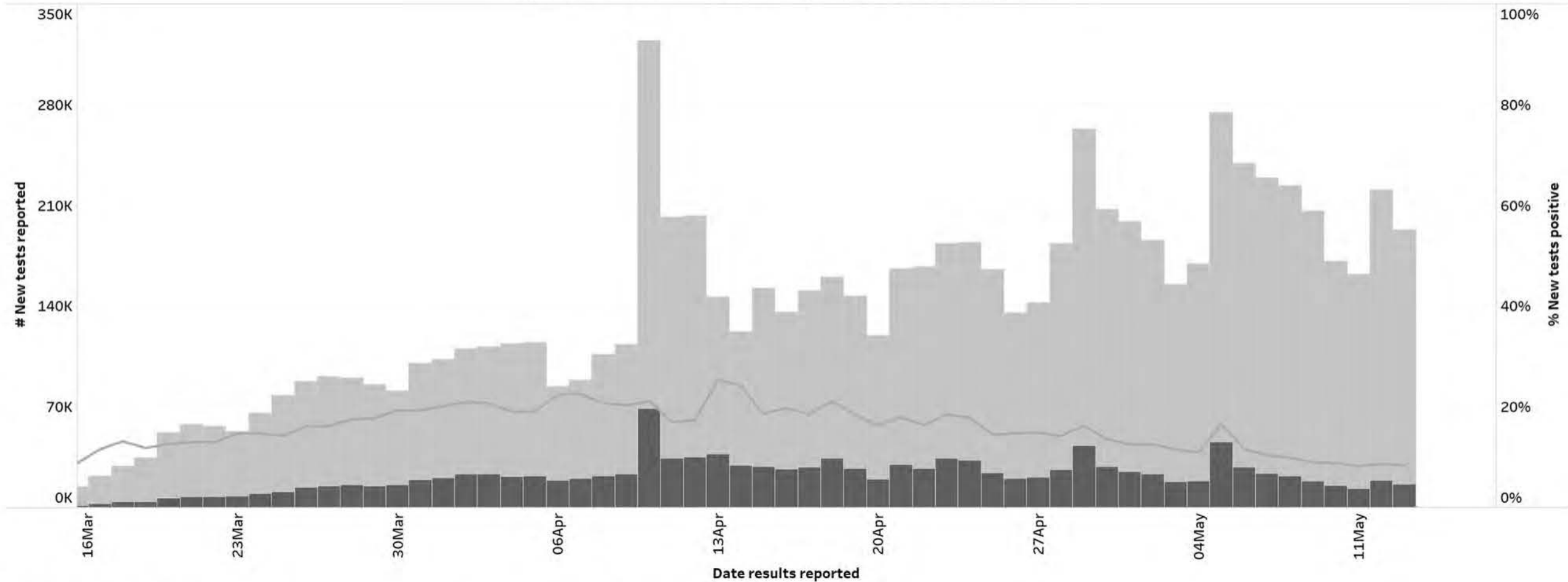
- DMORT (1)

- DMORT (1)

- DMORT (2)



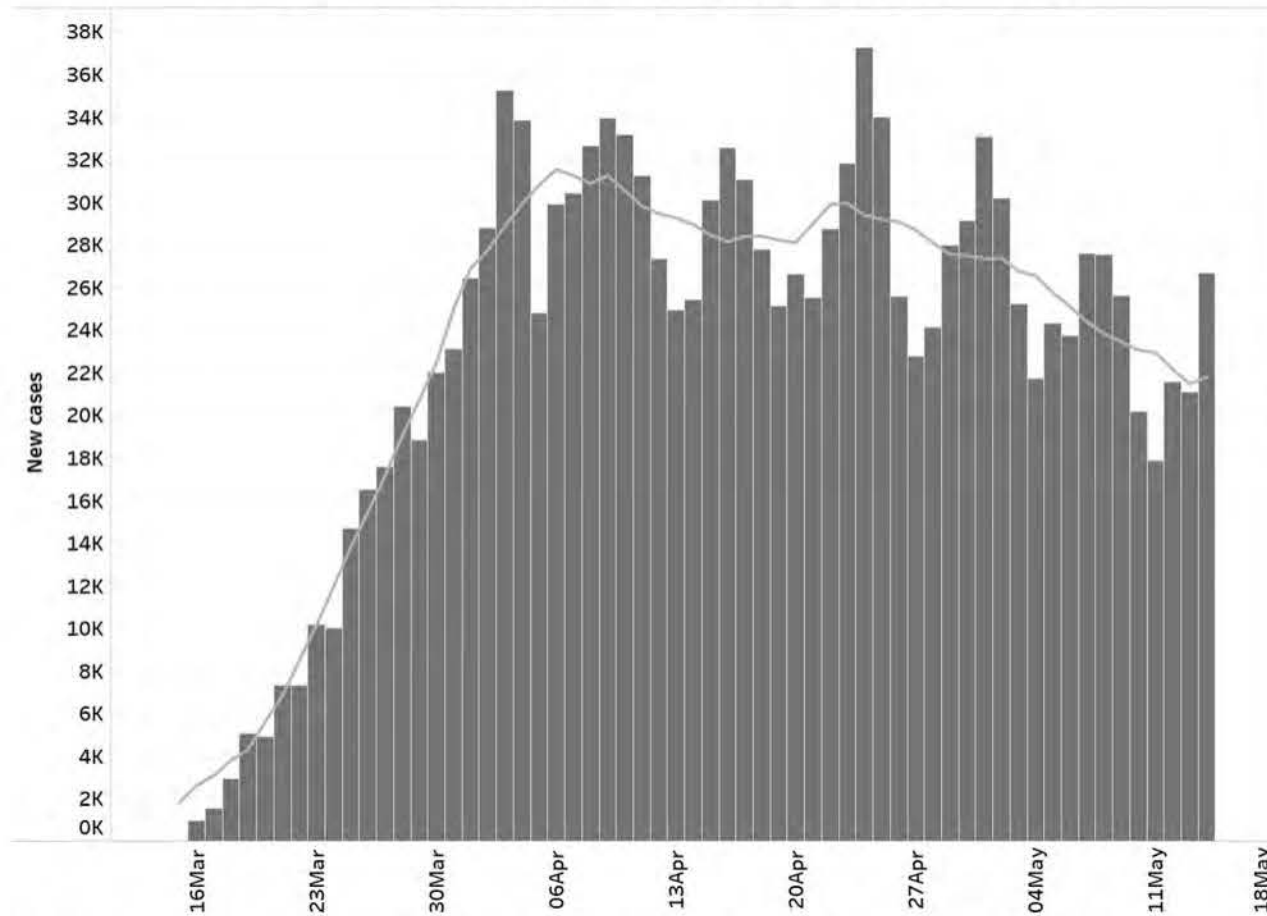
New COVID-19 tests with a reported result as either positive (bar) or negative (bar)
and percent of tests positive (line)
Total tests through 13May2020 = 8,309,682 (15.6% positive)
SOURCE: Hospital, commercial, and public health labs, through 13May2020



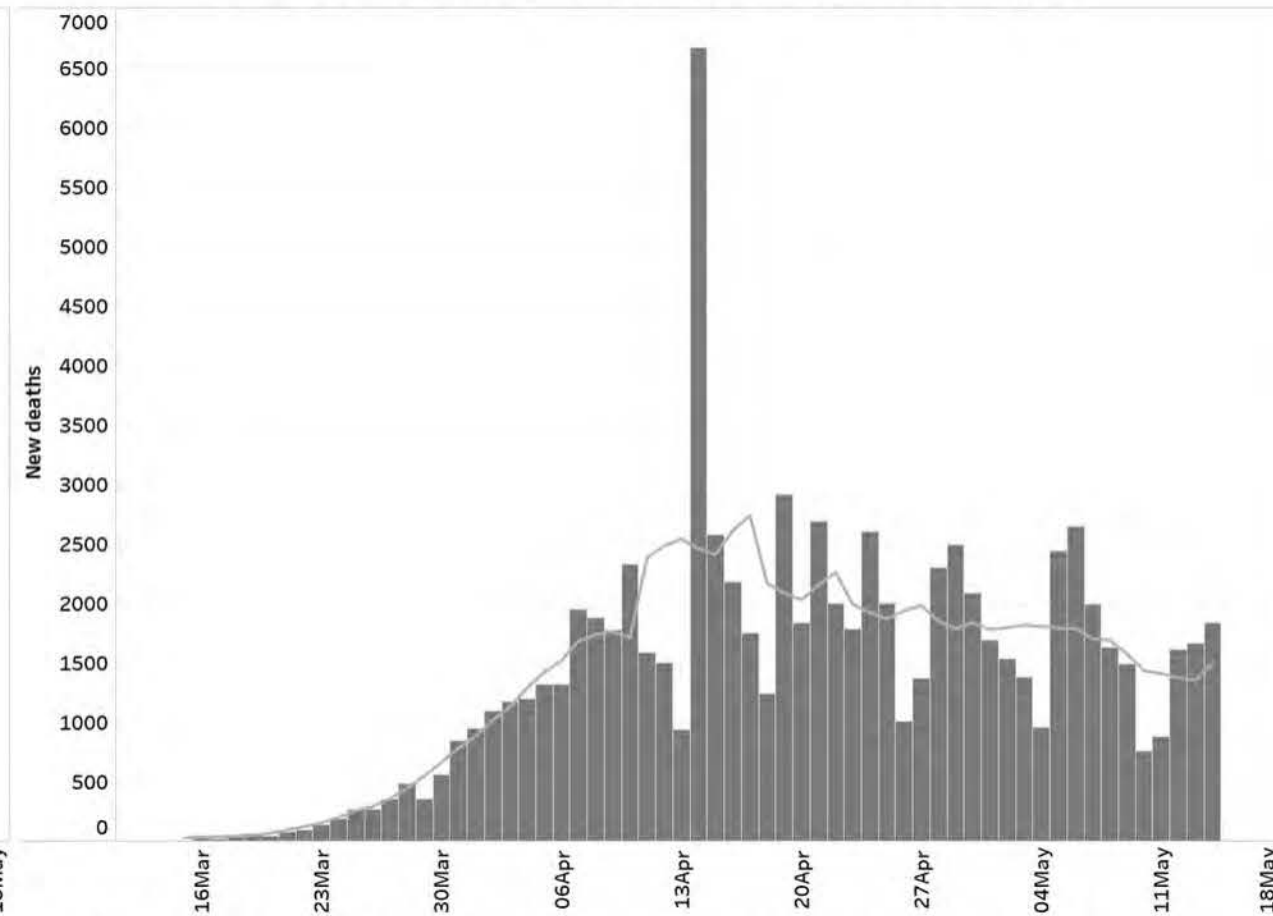
Analyst note: Tests include those that had a positive or negative tests and do not include tests with an inconclusive result.

Produced by the ASPR Operational Data and Analytics Branch

New COVID-19 cases for the United States
Total cases through 14May2020 = 1,411,243
Cases before 16Mar2020 are not shown (n = 3,784)
SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020)



New COVID-19 deaths for the United States
Total deaths through 14May2020 = 84,964
Deaths before 16Mar2020 are not shown (n = 71)
SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020)



Analyst notes: The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

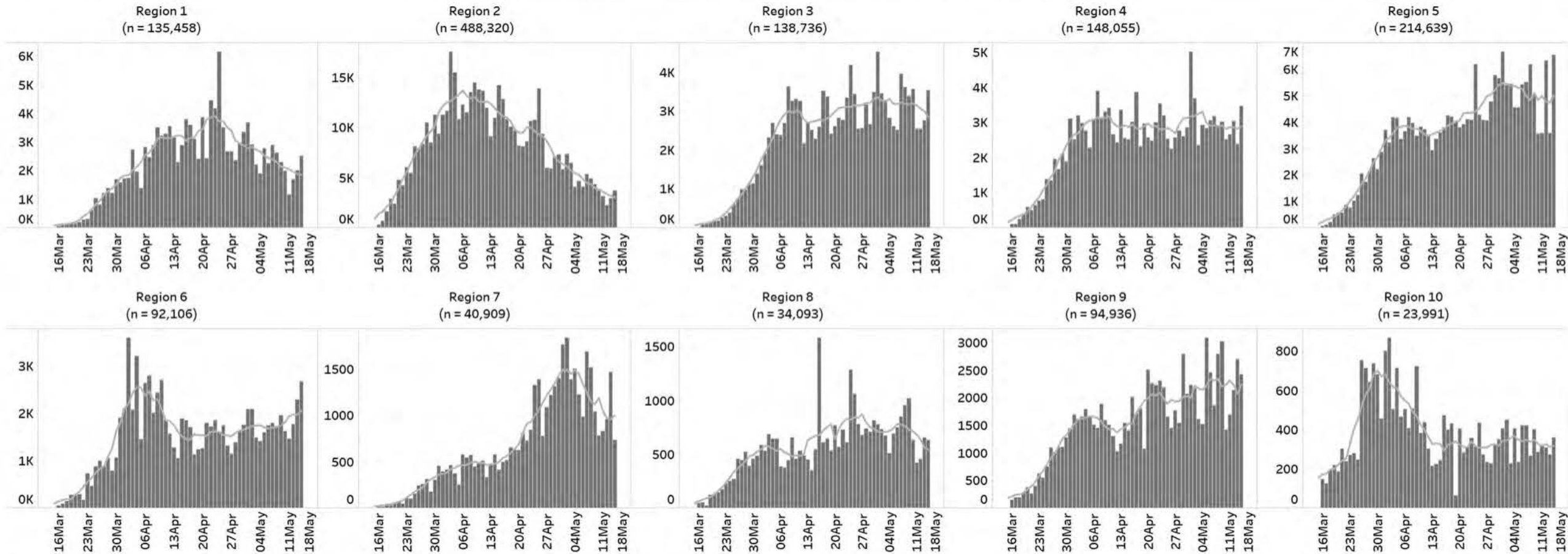
Produced by the ASPR Operational Data and Analytics Branch

New COVID-19 cases for the United States (cumulative cases in parentheses)

Total cases through 14May2020 in the United States = 1,411,243

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020)



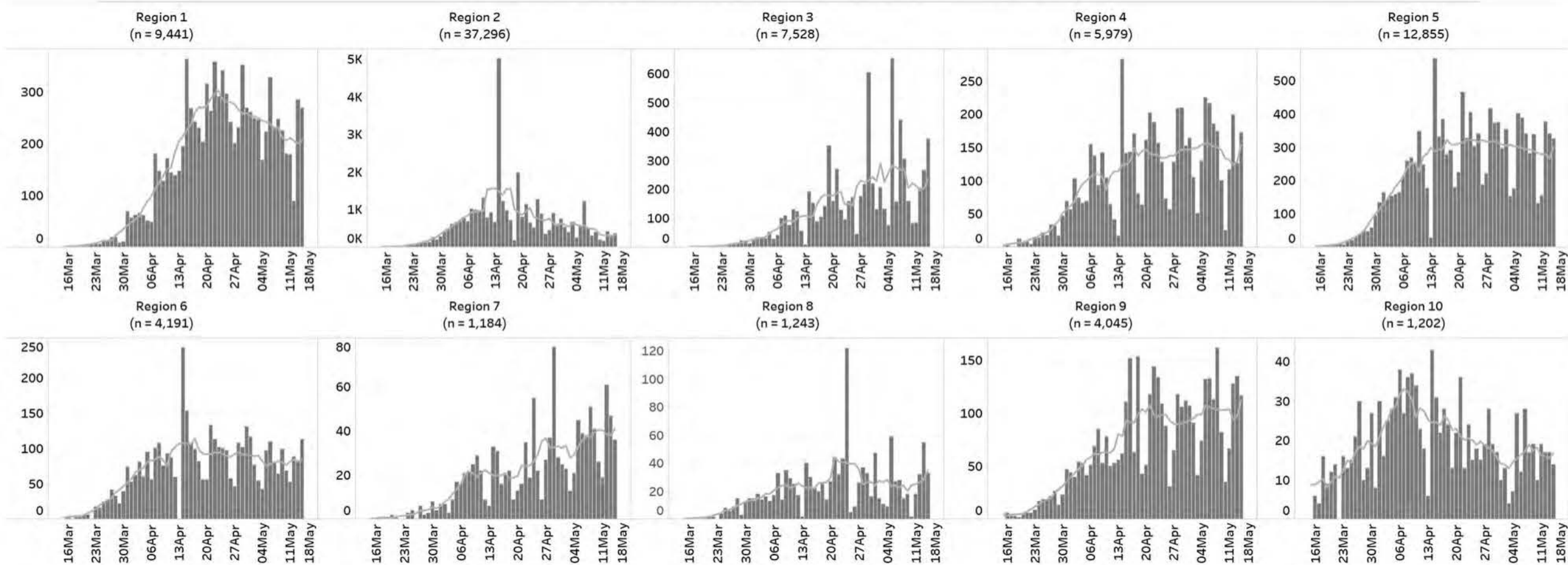
Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

New COVID-19 deaths for the United States (cumulative deaths in parentheses)

Total deaths through 14May2020 in the United States = 84,964

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020)



Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

Produced by the ASPR Operational Data and Analytics Branch

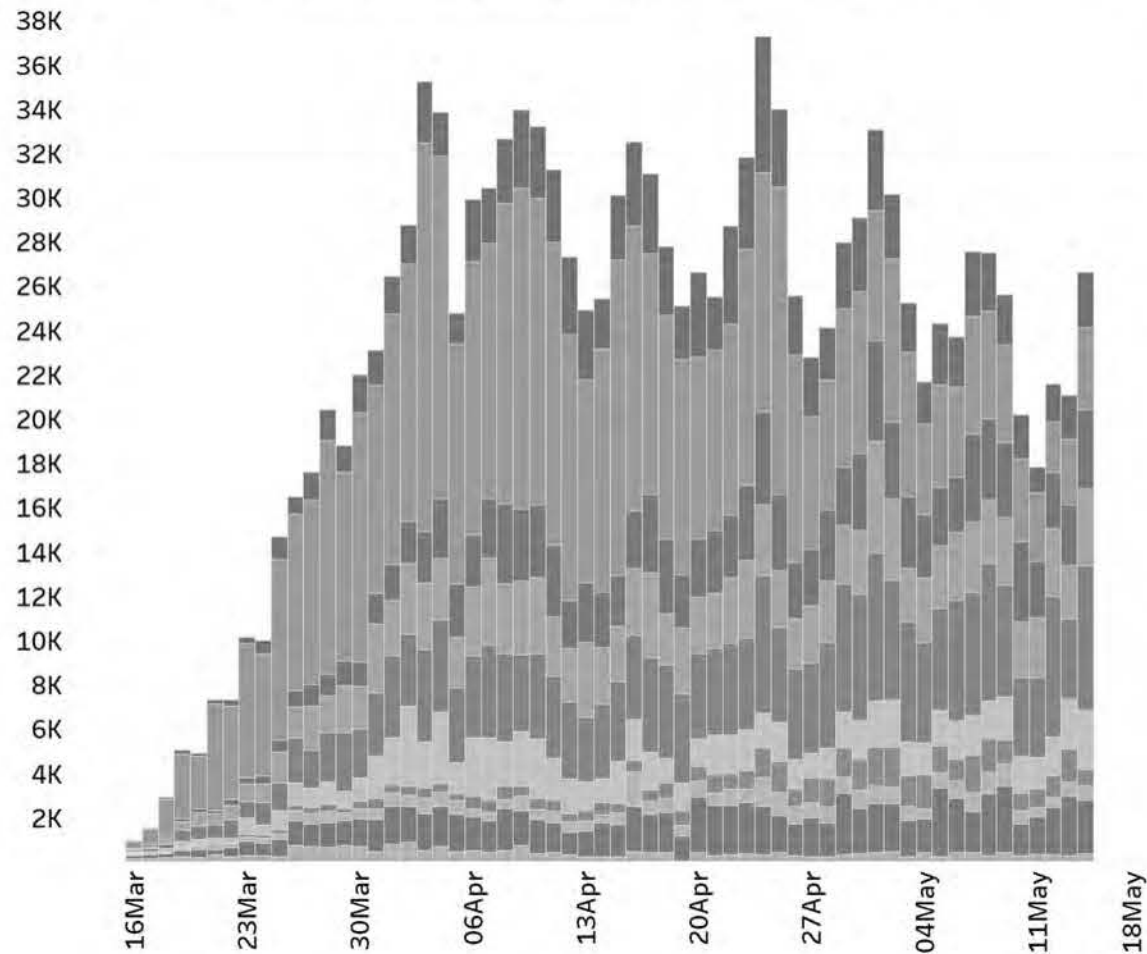
DHS-FEMA-20-1107-A-000145

New COVID-19 cases for the United States, by FEMA region

Total cases through 14May2020 = 1,411,243

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020)

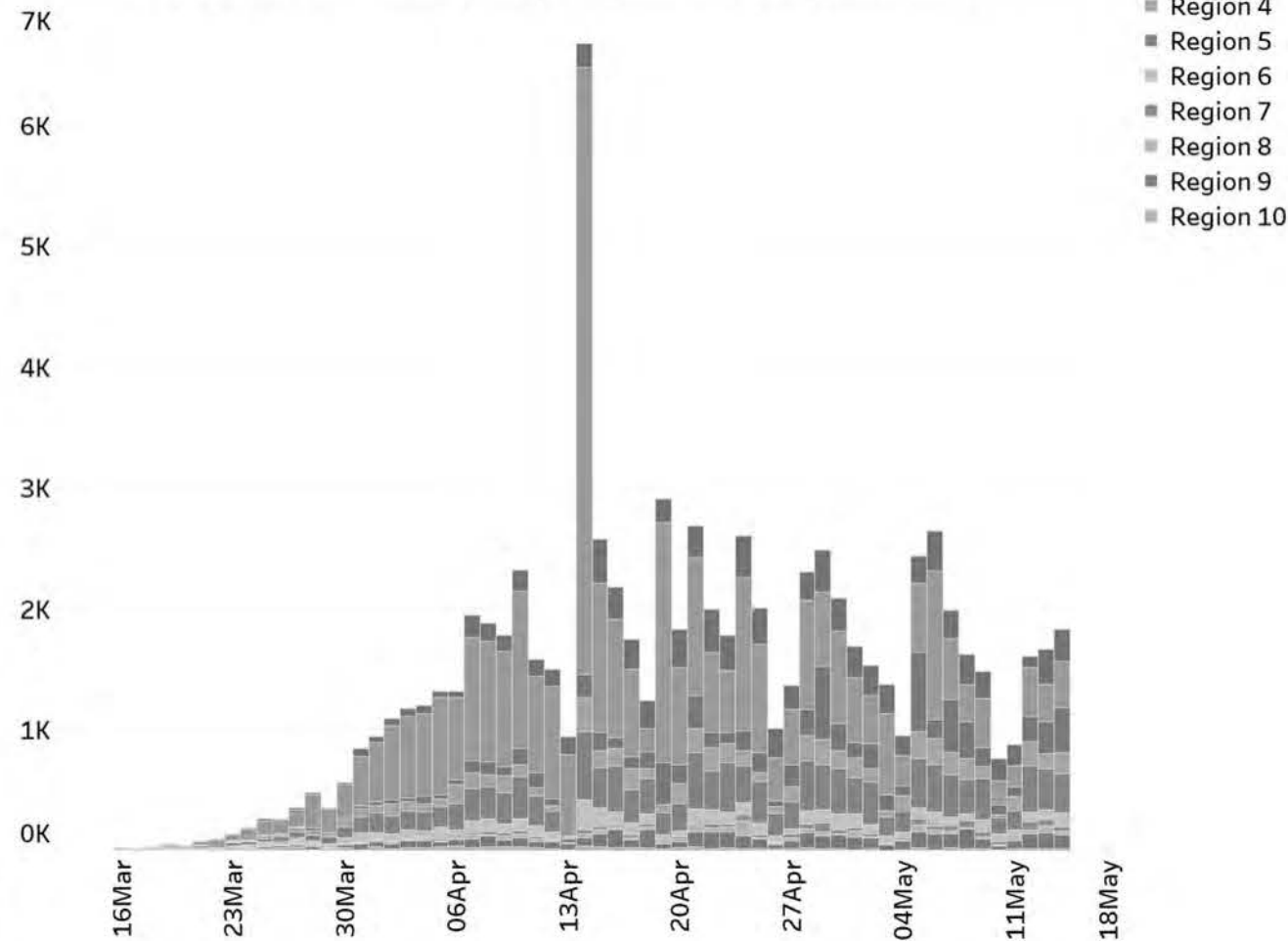


New COVID-19 deaths for the United States, by FEMA region

Total deaths through 14May2020 = 84,964

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020)



FEMA region

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10



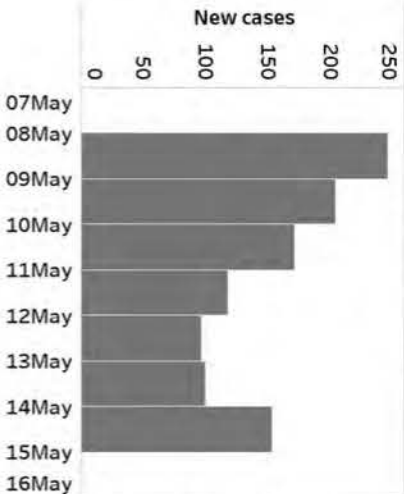
FEMA

Senior Leadership Brief COVID-19
May 15, 2020 5:00 p.m. ET

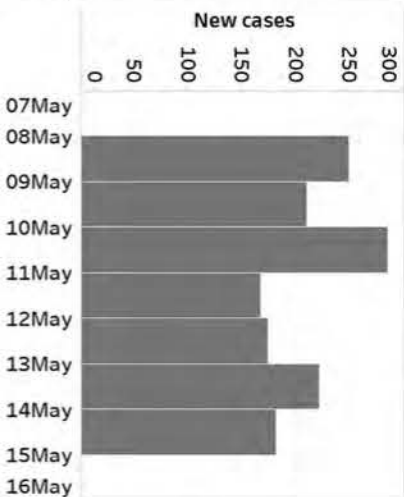


Number and rate (per 1M person) of COVID-19 cases in the past 7 days
among the top 10 U.S. locations with the highest 7-day case rates
SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020) and U.S. Census (2018)

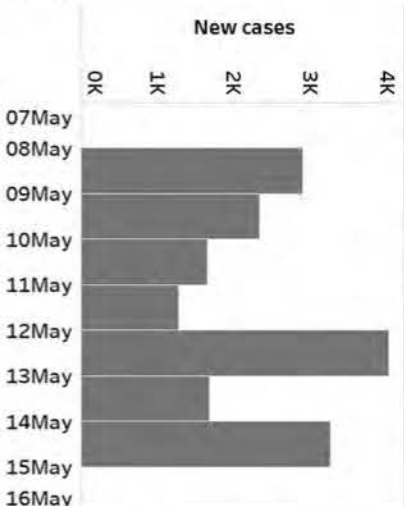
District of Columbia
n = 1,082 rate = 1,620.0



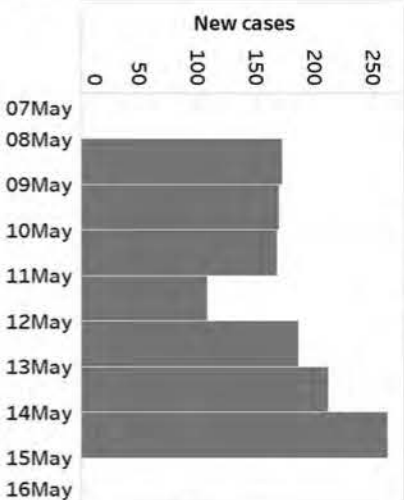
Rhode Island
n = 1,486 rate = 1,465.5



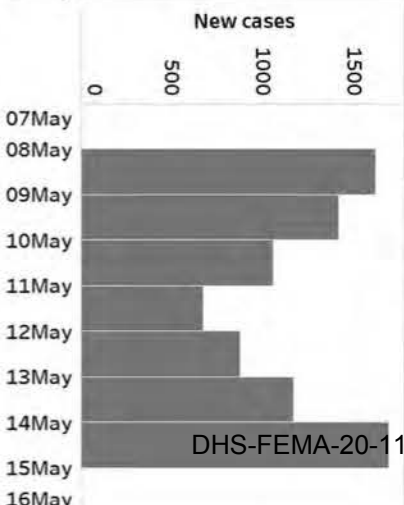
Illinois
n = 17,069 rate = 1,372.3



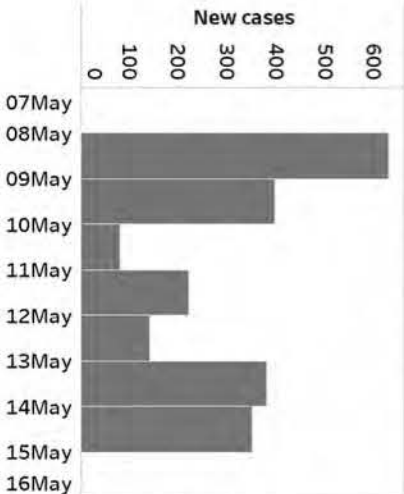
Delaware
n = 1,275 rate = 1,359.7



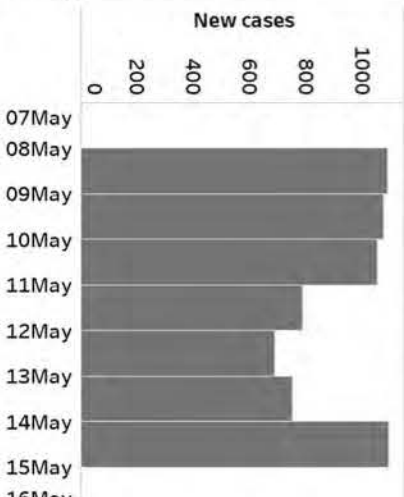
Massachusetts
n = 8,461 rate = 1,270.4



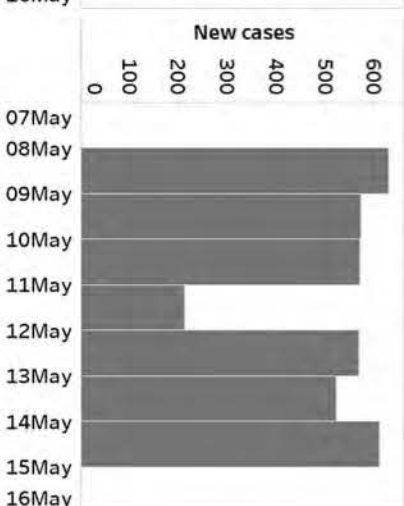
Nebraska
n = 2,194 rate = 1,174.0



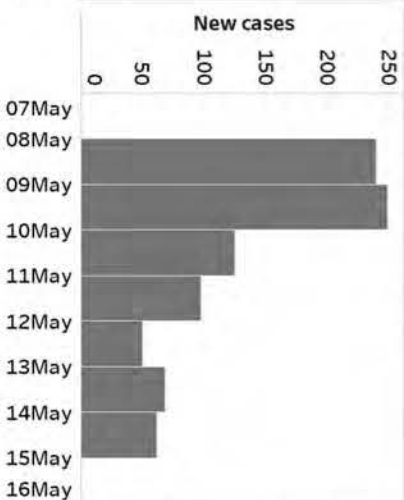
Maryland
n = 6,530 rate = 1,112.3



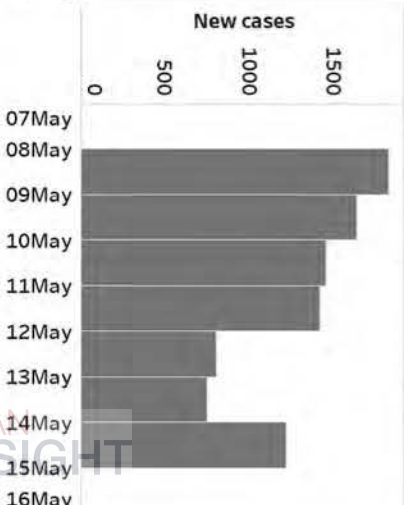
Connecticut
n = 3,681 rate = 1,061.9



South Dakota
n = 887 rate = 1,045.1



New Jersey
n = 9,069 rate = 1,039.0



Analyst note: The y-axis of the graphs varies.

Produced by the ASPR Operational Data and Analytics Branch



FEMA

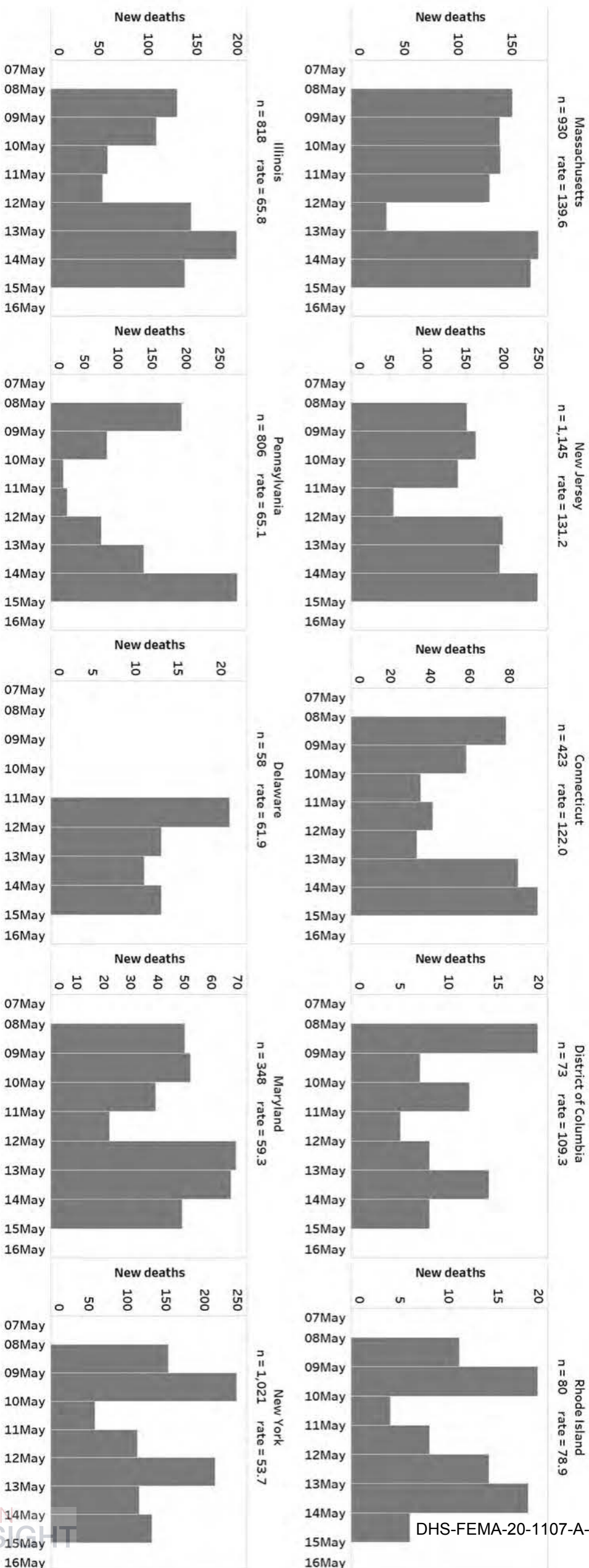
Senior Leadership Brief COVID-19
May 15, 2020 5:00 p.m. ET



Number and rate (per 1M person) of COVID-19 deaths in the past 7 days among the top 10 U.S. locations with the highest 7-day death rates

SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020) and U.S. Census Bureau (through 14May2020)

SOURCE: USAFacts (through 14May2020) and JHU (through 14May2020) and U.S. Census (2018)

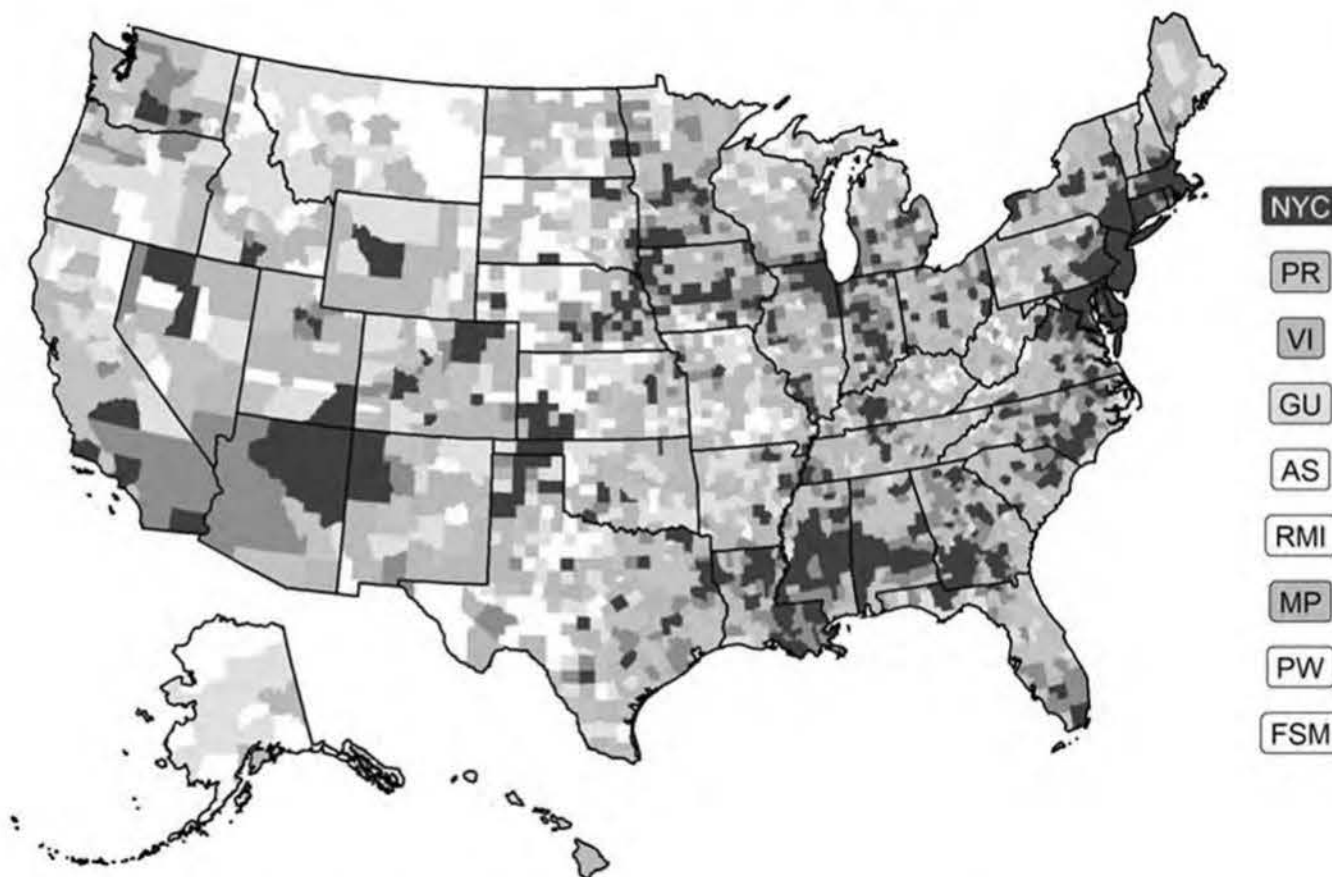


Analyst note: The y-axis of the graphs varies.

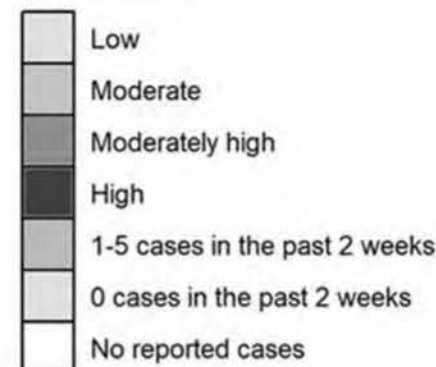
Produced by the ASPR Operational Data and Analytics Branch

DHS-FEMA-20-1107-A-000148

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 29 April 2020 - 13 May 2020



Incidence



Purpose of this map

Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare

Main Findings

- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks is widespread, including in the New York metropolitan area, Maryland, Massachusetts, central Indiana, areas around Chicago, parts of Iowa, northeast Arizona, and the southeastern US.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: USAFacts, US Census

CDC Response Statistics



COVID-19 RESPONSE BY THE NUMBERS

As of May 14, 2020

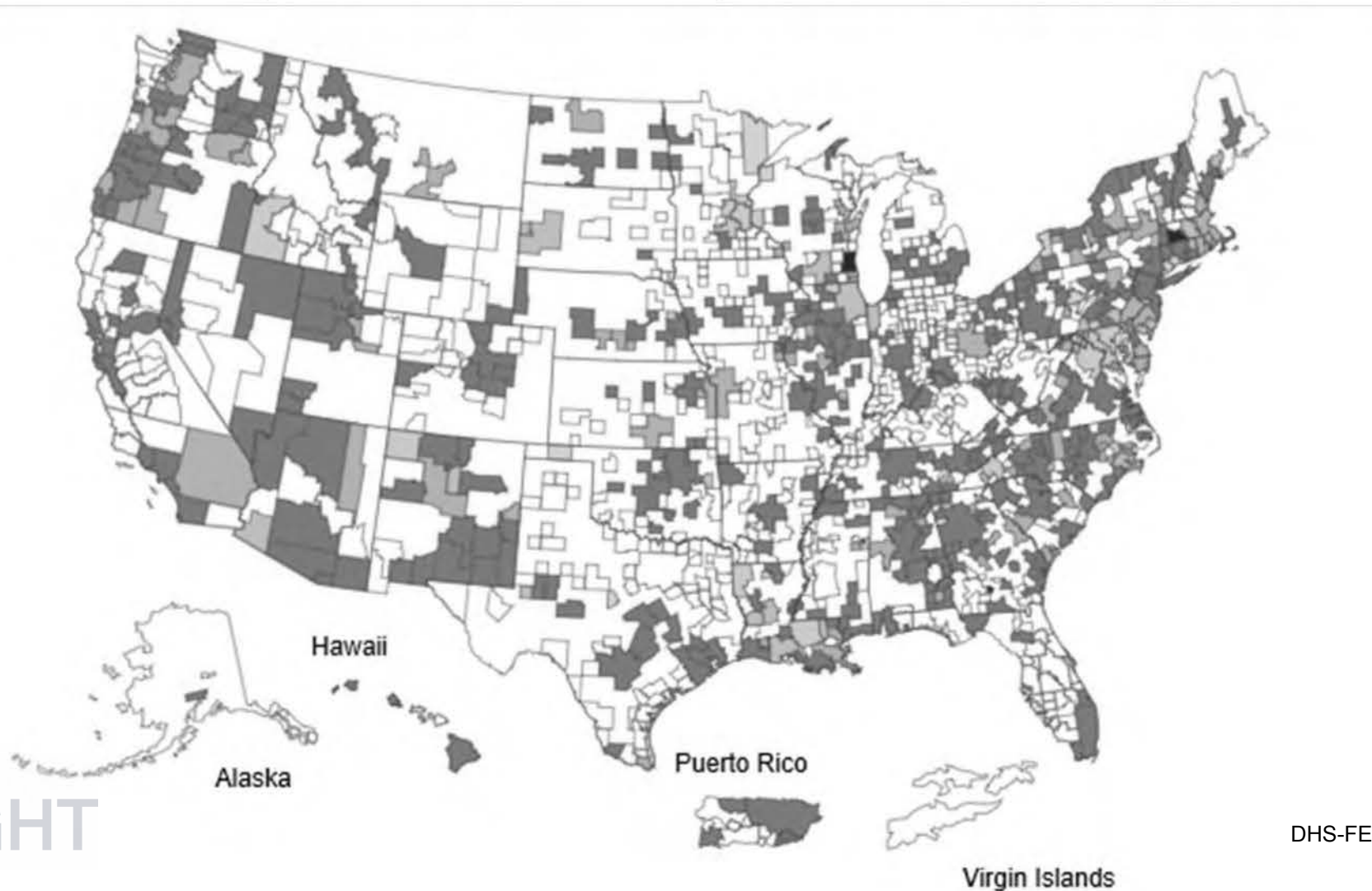
Accessible: cdc.gov/coronavirus/2019-ncov/cdcresponse/by-the-numbers.html

	4,761	CDC personnel supporting the outbreak response		97	State and local public health laboratories performing testing for COVID-19
	1,067	CDC deployers who have conducted 1,332 deployments to 105 cities across the United States and abroad		22.8+ million	Times people have used CDC's online self-checking tool, Clara
	261,000+	Arriving international passengers screened at US airports		226,000+	Calls and emails to CDC-INFO
	1,349	Documents providing information and guidance for government agencies, businesses, and the public		1.2+ billion	Times people viewed information on CDC websites
	9.1+ million	COVID-19 tests conducted by public and private laboratories in the United States		20,000+	Inquiries to CDC from health departments and doctors, nurses or other clinical staff
	10	Clinician Outreach and Communication Activity (COCA) calls offering guidance to healthcare providers			



ILI Activity Level by State, ILINet, Week 19 (Ending May 9, 2020) Response Statistics

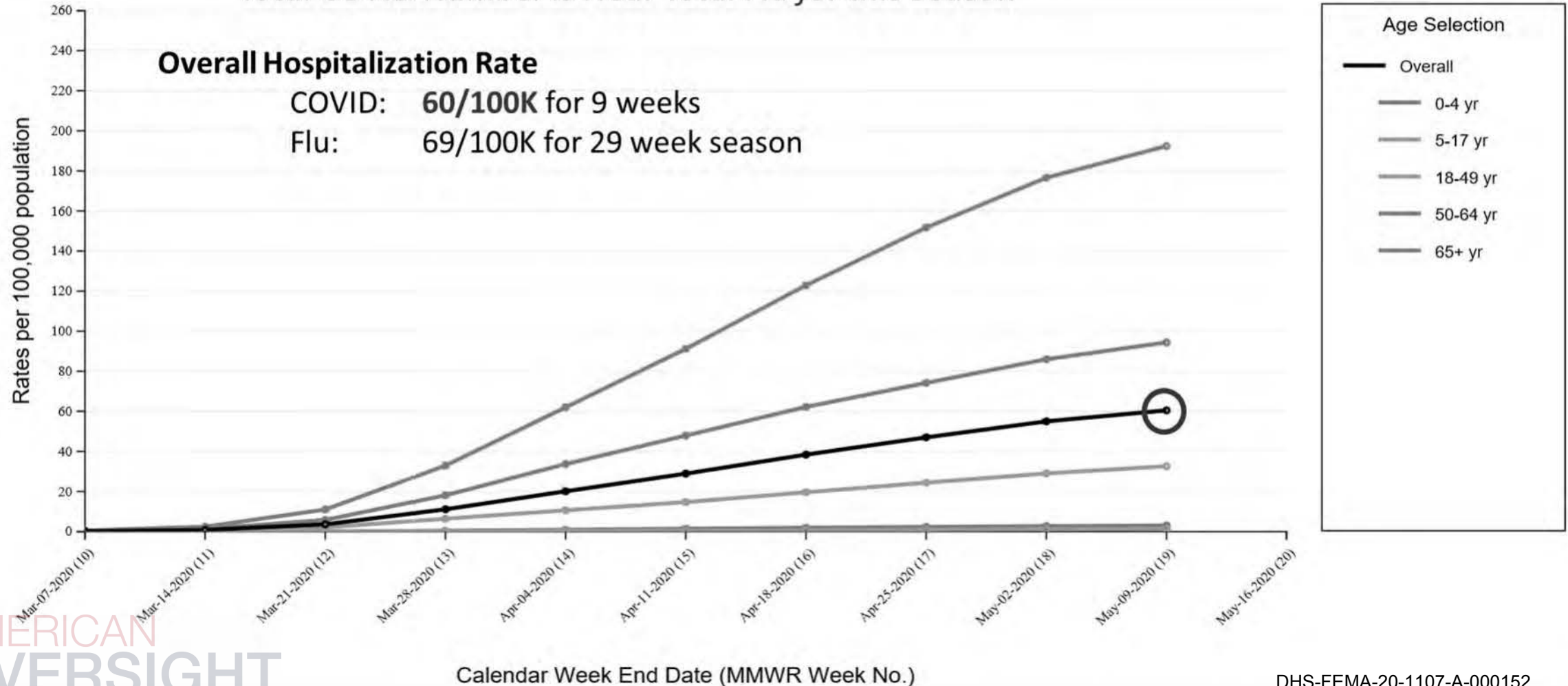
Minimal Change from Last Week – Minneapolis and W. Mass Persisting Elevated ILI





Weekly COVID-19 Hospitalization Rates — COVID-NET, March 1–May 9, 2020 (n=19,637)

Total COVID Number is Near Total Flu for this Season

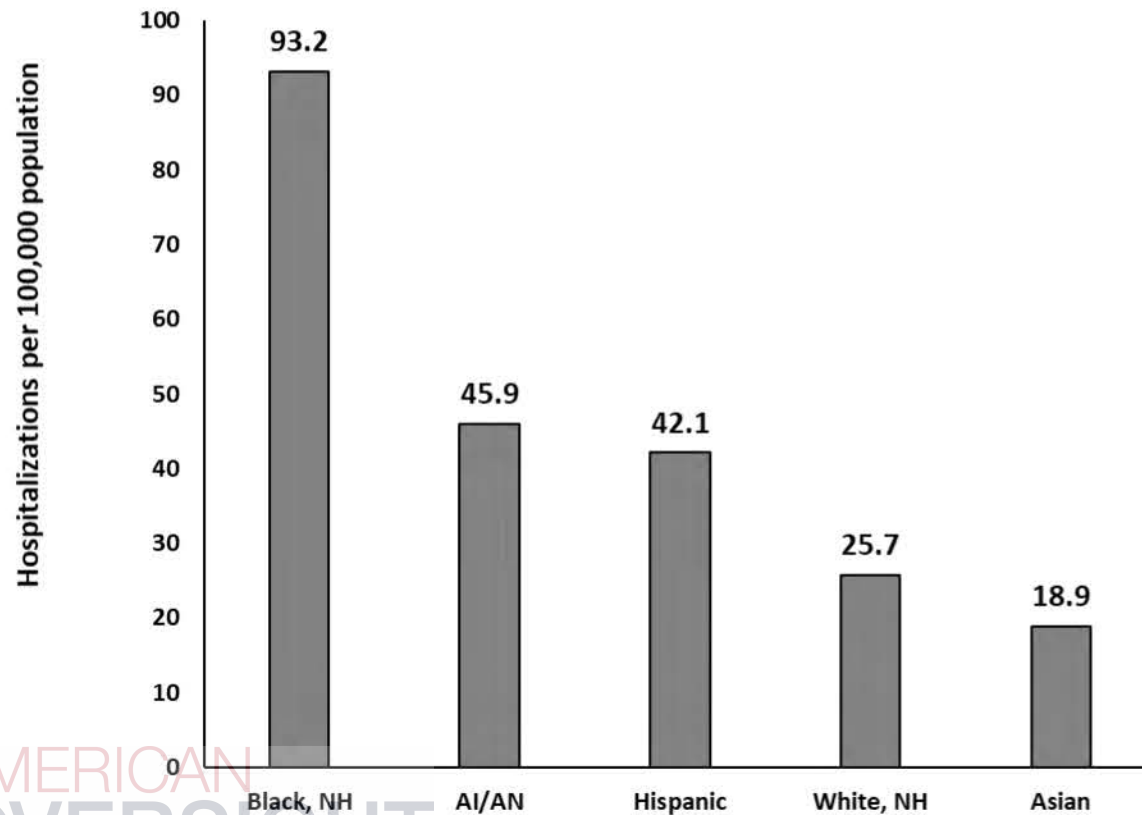


*Data are preliminary and case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior case counts and rates are updated accordingly.

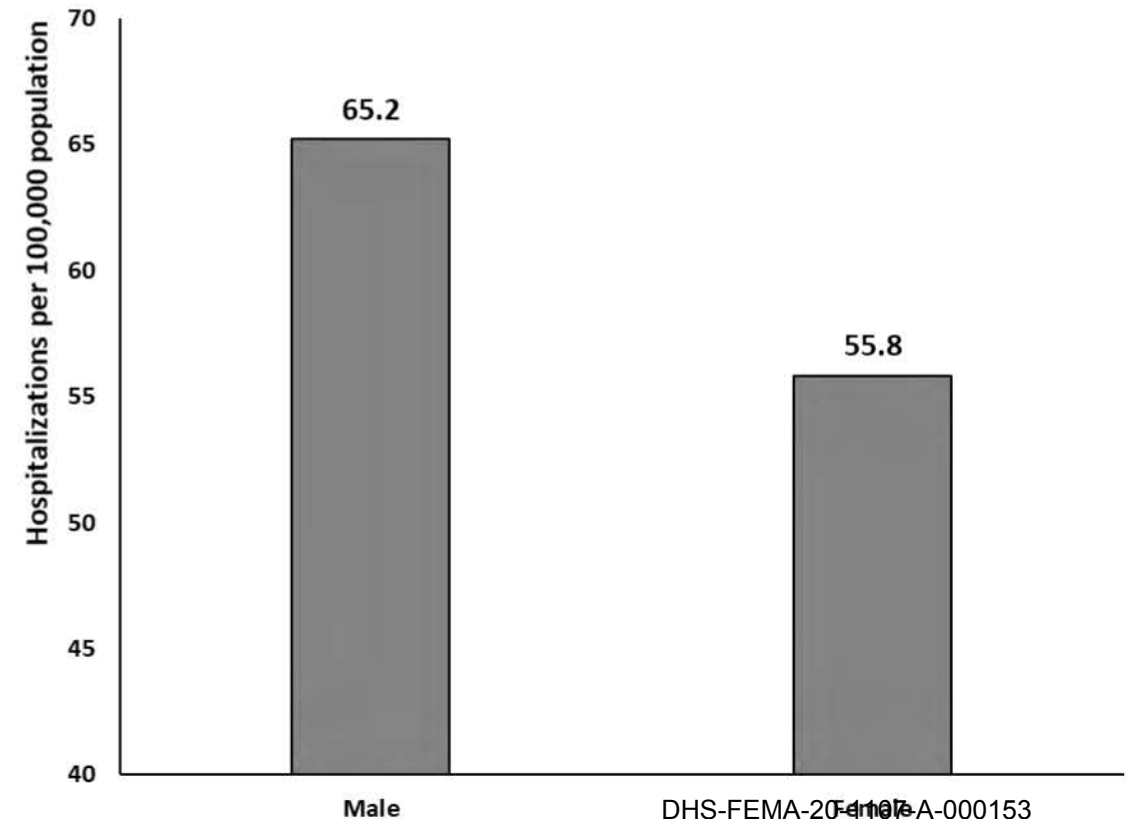


COVID-19 Hospitalization Rates by Race and Sex — COVID-NET, March 1–May 9, 2020

Rates by Race/Ethnicity* (n=12,826)



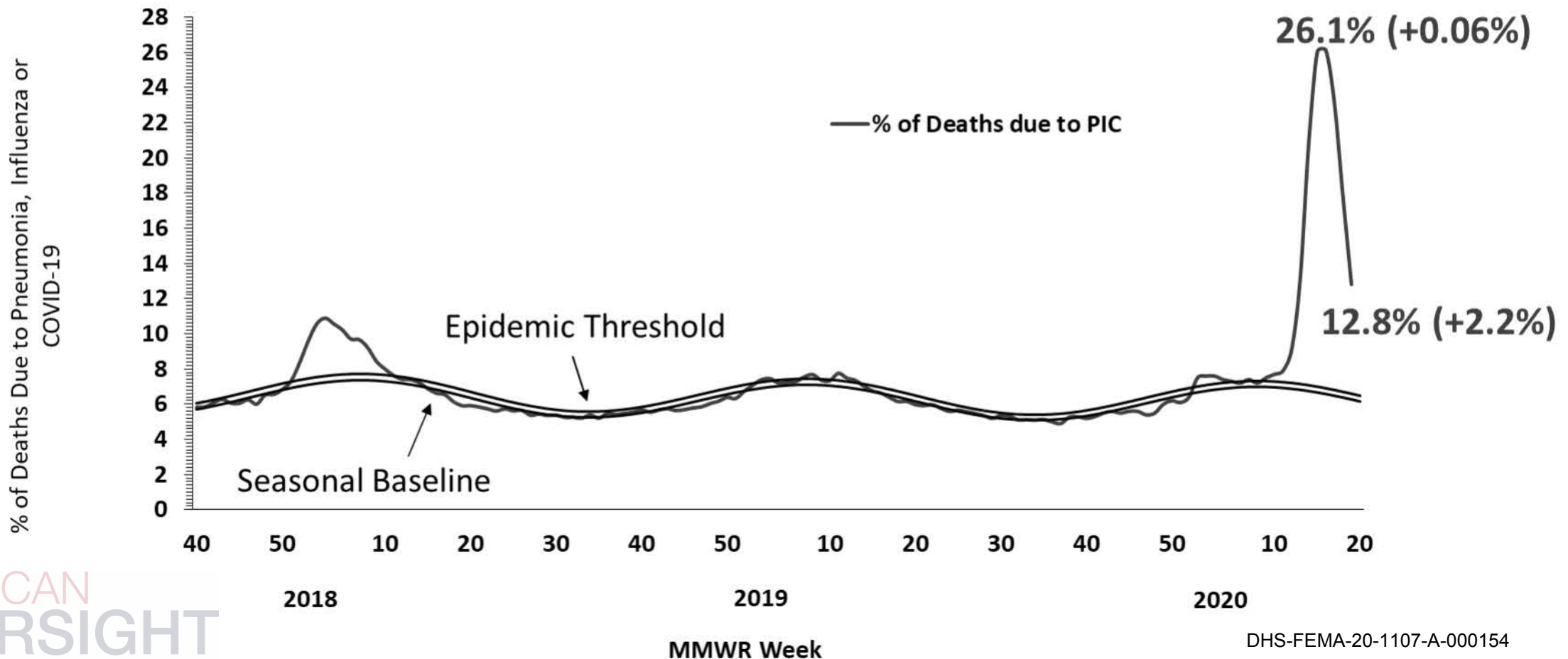
Rates by Sex
(n=19,637)



*Race data is missing for 32% of cases. This data will be back-filled as additional medical chart abstractions are conducted

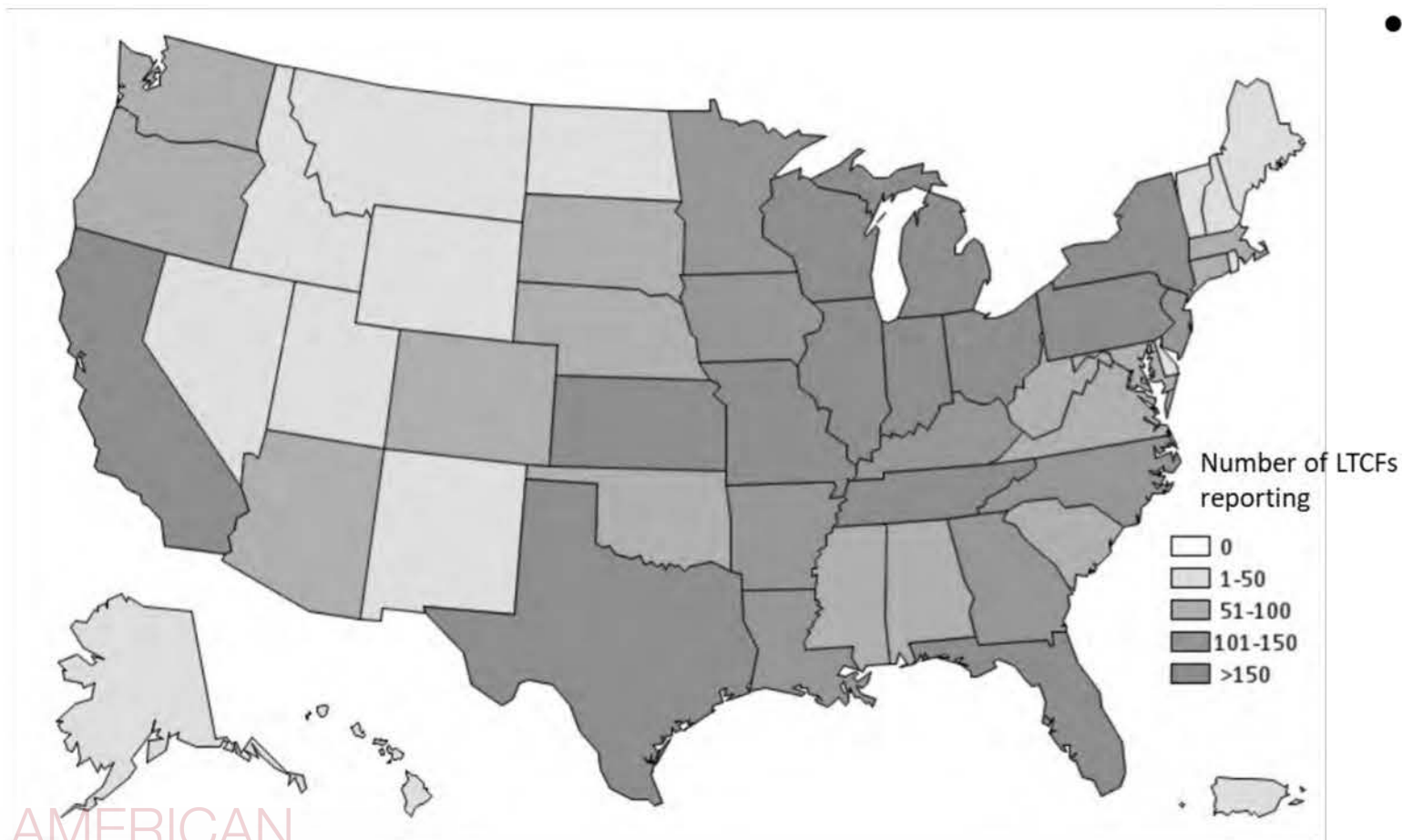


Pneumonia, Influenza, or COVID-19 Mortality, NCHS, through the week ending May 9, 2020





NHSN* Long-term Care Facilities Data Reported, 4/25–5/13, n = 5,564



- Still in the process of onboarding facilities:
 - 577,145 total resident-beds being reported on
 - facility: median: 99.0, IQR: 61.0
 - 37% of reporting facilities have reported ≥ 1 case
 - 31,050 cumulative cases among reporting facilities since January
 - facility: median: 0.0, IQR: 1.0



Does LTCF Have Access to COVID-19 Testing while Resident is in Facility? 5/7–5/13

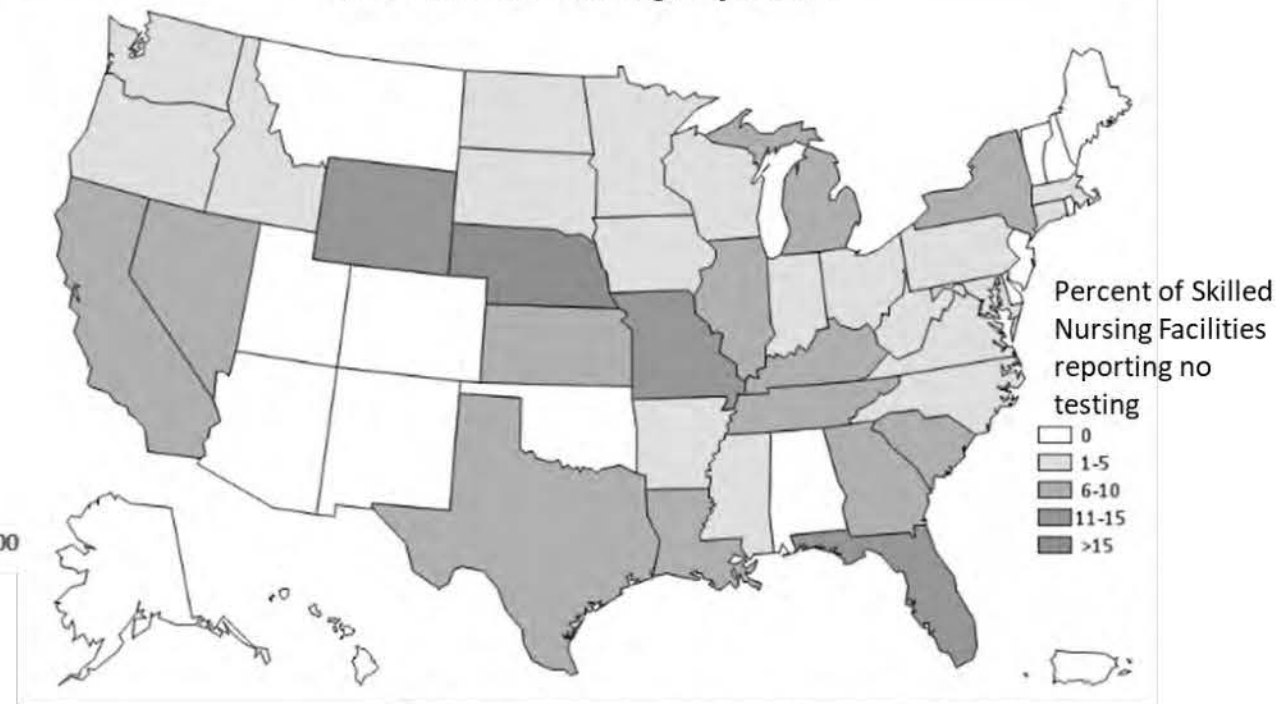
No. of skilled nursing long-term care facilities reporting: **5,421**

No. of skilled nursing facilities without access to COVID-19 testing: **295 (5.4%)**

If Testing Available, What Laboratory Type?
Select all that Apply



Percent Of Skilled Nursing Reporting No Access To COVID-19 Testing, By State*



Send questions to: eocmcc@hhs.gov DHS-FEMA-20-1107-A-000156



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Page 0158

Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act

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Page 0160

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of the Freedom of Information and Privacy Act

Page 0166

Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act

For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>

Current Situation: On May 18, HHS announced \$11 billion in funding to states, territories, and tribes to support testing for COVID-19. This ensure that states, territories, and tribes have the resources necessary to meet testing goals as they begin to reopen.

CDC Update: CDC confirmed, probable, and presumptive U.S. cases of COVID-19: 1,496,718 (+21,688) (50 U.S. states, D.C., Guam, PR, CNMI, and USVI); Deaths: 90,150 (+901); Combined CDC and WHO reported global cases: 4,618,821 (+93,324); global deaths: 311,847 (+4,452); Countries and areas with cases: 216 (HHS Update, May 19, 2020, 7:44 a.m. ET) **Testing:** 11,282,781 (+435,003) cumulative as of May 19 (includes test samples by State/Local Public Health, Commercial, and Hospital Laboratories, CDC, VA, and Abbott ID NOW instruments).

Health and Medical Lifeline

Federal/State Assistance

- USACE has awarded 37 contracts for ACS with a projected bed capacity of 15,066; 751 USACE staff supporting efforts (ESF-3 Update, May 19, 2020, 10:43 a.m. ET)

Testing

- In support of the White House Task Force testing initiative, FEMA continues to procure and deliver testing swabs and media to supplement the supplies states and healthcare providers are procuring from the private market; To date in May, FEMA has delivered 5.2 million swabs and 3.1 million media across all states and territories; FEMA has also delivered 130,000 swabs and media to other federal partners (FEMA Update, May 19, 2020, 12:24 a.m. ET)
- WV: National Guard is partnering with the state Department of Human Resources and Berkeley County Health Department to provide COVID-19 testing; vulnerable populations in the Martinsburg area is able to get testing (NGB Update, May 18, 2020, 5:52 a.m. ET)

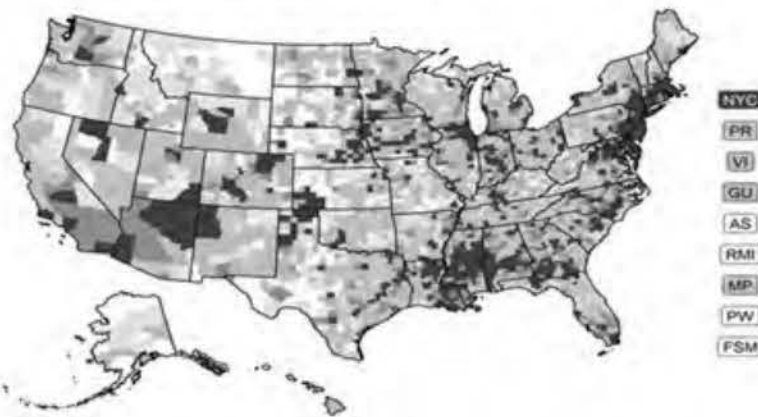
Mitigation

- NIH coordinated with more than 15 biopharmaceutical companies from the public-private sector to form the Accelerating COVID-19 Therapeutic Interventions and Vaccines public-private partnership; the initiative is developing a collaborative, streamlined strategy for an integrated research response to COVID-19 (HHS Update, May 19, 2020, 12:21 p.m. ET)

Hospital Capacity

- CA: USNS Mercy on-shore mission: providing medical personnel support for Fairview Development Center; anticipate 30-day extension; 7/100 beds filled; total patients seen: 17; COVID+ patients: 7 (DoD Update, May 19, 2020, 7:36 a.m. ET)
- NYC: 708 (-14) DoD medical personnel in 7 NYC hospitals; FEMA approved USN/AF Reserves extension through June 6 for 4 hospitals (DoD Update, May 19, 2020, 7:36 a.m. ET)
- NYC: Mortuary Affairs: DoD providing 24-hour operations in 3/5 boroughs; ceased night operations in Manhattan; anticipate mission will cease on May 24; remains processed: 9,094 (+112) (DoD Update, May 19, 2020, 7:36 a.m. ET)
- LA: Baton Rouge General Medical Center Mid-City Hospital: 104 DoD medical augmentees; mission extended to May 31; anticipating further mission extension to June 15: 21 (-2)/60 beds filled; 143 (+2) total patients seen; 21 (-2) COVID+ patients being treated; 4 (+1) deceased (DoD Update, May 19, 2020, 7:36 a.m. ET)
- CT: Bennett Medical Center: anticipated mission complete on or about May 19; 0/51 (-19) beds filled; 257 (+5) total patients seen; 0 (-16) COVID+ patients being treated; 16 deceased (DoD Update, May 19, 2020, 7:36 a.m. ET)
- NJ: Atlantic City Convention Center ACF with 52 DoD medical personnel: 13 (+1)/14 beds filled; total patients seen: 24 (+1); 13 (+1) COVID+ patients being treated; 32 DoD medical personnel at nearby Salem Medical Center; support through May 20 (DoD Update, May 19, 2020, 7:36 a.m. ET)
- CA: Deployed over 350 state medical assistance teams to support 11 treatment sites throughout the state (FEMA Region IX Update, May 17, 2020, 9:00 p.m. ET)

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 03 May 2020 - 17 May 2020



Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is 0 to 10, moderate is 10 to 50, moderately high is 50 to 100, and high is 100 or more. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Source: USAFacts, US Census

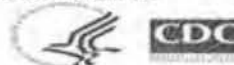


Purpose of this map

Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare

Main Findings

- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks is widespread, including in the New York metropolitan area, Maryland, Massachusetts, central Indiana, areas around Chicago, the Four Corners region, and parts of Iowa, Nebraska, and the southeastern US.



Key Updates/Actions

FEMA: National Watch Center Steady State; NRCC Level I; Level 1: Region I, IX; Level 2: Regions II, III, IV, V, VI, VII, VIII, X; COVID-19 Major Declarations: 57 (FEMA Update, May 8, 2020, 4:24 p.m. ET)

Department of Homeland Security: 3,102 (-21) FEMA employees deployed to support COVID-19 Response; IMAT-A teams deployed to 27 states, territories, and DC; LNOs deployed to 37 states and territories (FEMA Update, May 19, 2020, 9:23 a.m. ET)

Department of Health and Human Services: 374 (-37) HHS personnel deployed to support COVID-19 response; Health and Medical Task Force (HMTF): 79 (+4) personnel deployed to 4 sites; Rapid Deployment Force (RDF): 64 (-35) deployed to 3 (-1) sites; Disaster Mortuary Operational Response Team (DMORT): 41 (-9) personnel deployed to 4 sites; IMT/Logistics: 56 (+6) personnel deployed to 8 sites; RECs/LNOs: 124 (-3) personnel deployed; Strike Team: 10 personnel deployed to 1 site (HHS Update, May 19, 2020, 1:44 p.m. ET)

Other Domestic Lifelines

Safety & Security

- AZ: 400 fire responders challenged by high temperature (90F+), winds, and maintaining COVID-19 safe practices; homes are being evacuated across Maricopa County; Fire in north Phoenix is 20% (1,500 total acres burned) contained as of midnight, May 18 (FEMA Region IX Update, May 19, 2020, 12:00 a.m. ET)
- CT: Social distancing measures established during the COVID-19 pandemic have driven down childhood vaccination rates within the state (FEMA Region I Update, May 19, 2020, 1:04 p.m. ET)

Food, Water, & Shelter

- Hog overstock grows daily with depopulation and disposal being the projected outcome; hog slaughter volume was at 95% capacity (500,000 hogs per day) prior to COVID; capacity dropped by over 40% in mid-April and is currently operating at about 75% capacity (NBOEC Update, May 18, 2020, 11:49 p.m. ET)
- CT: A research group has reported that more than one in five households nationally were food insecure by the end of April; the CT Food Bank, which services 270,000 people, projects that the pandemic will result in as many as 187,000 additional state residents becoming food insecure (FEMA Region I Update, May 19, 2020, 1:04 p.m. ET)
- USDA announced the latest operational SNAP online programs in the states of MO and TX as well as DC; these states and DC join 12 other operational state-administered programs (ESF-11 Update, May 19, 2020, 2:06 p.m. ET)
- USDA announced that RI, VT, WV, WI, MN, CO, NM, and NV are approved to expedite implementation of the SNAP online pilot program; Food and Nutrition Service has put together a simplified template for states interested in joining the program (ESF-11 Update, May 19, 2020, 2:06 p.m. ET)
- USDA approved requests from MO, CO, and WY to operate the P-EBT program; currently, there are 29 (+3) states operating the P-EBT program (ESF-11 Update, May 19, 2020, 2:06 p.m. ET)
- NH: The number of homeless encampments around Manchester (Hillsborough County) has multiplied in recent weeks as people fearful of contracting COVID-19 avoid frequenting shelters (FEMA Region I Update, May 19, 2020, 1:04 p.m. ET)

Energy

- The national average price of gasoline is up for the third straight week but is still 99¢/gal lower than this time last year; this trajectory is predicted to continue as most states open and demand rebounds (NBOEC Update, May 18, 2020, 11:49 p.m. ET)

Transportation

- U.S. Coast Guard (USCG) is currently monitoring 80 cargo vessels in transit that have embarked from a coronavirus port of interest within 14 days and have a scheduled arrival in a U.S. port within the next 96 hours, 27 of which will arrive in the next 24 hours (DHS NOC Update, May 19, 2020, 8:50 a.m. ET)
- USCG is tracking 84 cruise ships moored, at anchor, or underway in vicinity of a U.S. port, or with potential arrival; this includes 50,000 crew members of which an estimated 360 American crewmembers were dispersed among 51 vessels (DHS NOC Update, May 19, 2020, 8:50 a.m. ET)

DHS-FEMA-20-1107-A-000167



FEMA

Senior Leadership Brief COVID-19 May 19, 2020 5:00 p.m. ET



Operational Task Forces	
Medical Counter-Measure (MCM) Development	2923 (+28) market research submissions and 286 (+4) CoronaWatch meetings held <i>(MCM TF Update, May 19, 2020, 9:36 a.m. ET)</i> - Emergency Use Authorizations granted by FDA: 62 (+1) molecular diagnostic tests, 28 laboratory-developed tests, 12 antibody tests, 1 antigen test, 1 home collection kit, and 3 repurposed treatments (chloroquine, hydroxychloroquine, remdesivir) <i>(MCM TF Update, May 19, 2020, 9:36 a.m. ET)</i> - Interim Phase 1 data for mRNA-1273 vaccine demonstrated the vaccine was well-tolerated and elicited antibodies that could neutralize SARS-CoV-2 <i>(MCM TF Update, May 19, 2020, 9:36 a.m. ET)</i> - A team of industry partners was awarded a contract to expand domestic manufacturing of pharmaceutical ingredients needed to produce critical medicines <i>(MCM TF Update, May 19, 2020, 9:36 a.m. ET)</i>
Health Care Resilience (HCR)	- Workforce Team met with RSS, PA, and ASPR colleagues to discuss Resource Request Forms and plan to brief at upcoming regional RSS call on options for workforce staffing at the SLTT level; Workforce Virtual Toolkit Phase III posted to ASPR TRACIE on May 18 <i>(HCR TF Update, May 19, 2020, 10:07 a.m. ET)</i> - Rural Surge Planning Team meeting with FEMA and ASPR RSFLG colleagues to discuss rural healthcare planning on May 19 <i>(HCR TF Update, May 19, 2020, 10:07 a.m. ET)</i> - ASPR continuing the final contract approval process to execute a SNS contract option to lease an additional 50 Hemodialysis machines to support any future state requests (anticipated award by May 22) <i>(HCR TF Update, May 19, 2020, 10:07 a.m. ET)</i> - Project Extension for Community Healthcare Outcomes (ECHO®) peer to peer sessions: COVID-19 Clinical Rounds: EMS on May 18; Clinical Care on May 19; Emergency Medicine on May 21; Pediatrics on May 22 <i>(HCR TF Update, May 19, 2020, 10:07 a.m. ET)</i> - Working with EMS stakeholders and interagency partners to propose courses of action and mitigation options to address funding and PPE needs of EMS agencies <i>(HCR TF Update, May 19, 2020, 10:07 a.m. ET)</i>
Lab Diagnostics (LD)	- Working on Tribal Testing Strategy and coordinating follow up call with IHS for this week <i>(LDTF Update, May 19, 2020, 10:36 a.m. ET)</i> - Continuing to work on International Reagent Resource (IRR) supply and demand dashboard; version 1.0 targeted for release on GeoHEALTH by next week <i>(LDTF Update, May 19, 2020, 10:36 a.m. ET)</i> - Serology testing pilot for NYC and Detroit began May 15 and blood draws began May 18 <i>(LDTF Update, May 19, 2020, 10:36 a.m. ET)</i>
Community Based Testing Sites (CBTS)	198,392 (+3,863) samples collected at CBTS locations since March 20 <i>(CBTS TF Update, May 19, 2020, 9:57 a.m. ET)</i> 189,766 (+2,646) tests processed and received by call center since March 20; 27,582 (+254) positive, 2,162 (+1,246) indeterminate, and 160,022 (+2,357) negative <i>(CBTS TF Update, May 19, 2020, 9:57 a.m. ET)</i> 285,627 (+11,590) tests processed from Private-Partnership Testing Sites since April 5; 24,744 (+560) positive, 936 (+20) indeterminate, and 259,947 (+11,010) negative <i>(CBTS TF Update, May 19, 2020, 9:57 a.m. ET)</i> - Coordinating operations and logistics requirements for expansion and extension of CBTS 1.0 sites <i>(CBTS TF Update, May 19, 2020, 9:57 a.m. ET)</i>
Supply Chain Stabilization (SC)	- On May 18, Airbridge flight #151, #152, and #154 arrived in Chicago; Airbridge flight #153 arrived in Los Angeles; cargo is being assessed <i>(SC TF Update, May 19, 2020, 10:58 a.m. ET)</i> - On May 19, Airbridge flight #155 and #156 scheduled to arrive in Chicago; Airbridge flight #157 scheduled to arrive in Columbus, OH; Airbridge flight #158 scheduled to arrive in Los Angeles; cargo to be determined May 20 <i>(SC TF Update, May 19, 2020, 10:58 a.m. ET)</i> - Two non-Airbridge flights of FEMA-procured N95 masks landed in Baltimore, MD and Columbus, OH on May 18 <i>(SC TF Update, May 19, 2020, 10:58 a.m. ET)</i> - Two flights departing from Santo Domingo and San Pedro Sula respectively, transporting FEMA-procured gowns, are scheduled to arrive in Dallas/Fort Worth on May 19; one flight of FEMA-procured N95 masks is scheduled to arrive in Columbus, OH on May 19 <i>(SC TF Update, May 19, 2020, 10:58 a.m. ET)</i>
Community Mitigation Measures (CMM)	- One-pager on considerations for untreated water and naxalone pending publication <i>(CMM TF Update, May 19, 2020, 10:09 a.m. ET)</i> - Published <i>Checklist for Homeless Service Providers During Community Re-Opening, Interim Guidance for Syringe Services Programs</i>, and a mobility dashboard with stay-at-home orders data in collaboration with the Georgia Tech Research Institute <i>(CMM TF Update, May 19, 2020, 10:09 a.m. ET)</i> - Held calls with HHS Regions IV and VIII for state updates and discussed CDC's community mitigation work <i>(CMM TF Update, May 19, 2020, 10:09 a.m. ET)</i> - Working with new Chief Health Equity Officer on strategies to highlight race/ethnicity and rurality across the response <i>(CMM TF Update, May 19, 2020, 10:09 a.m. ET)</i>
Continuity of Operations (COOP)	Over the past 24 hours, 1 Wireless Emergency Alert (WEA) message related to COVID-19 sent by local authorities; 1 stay home/curfew reminder <i>(COOP TF Update, May 19, 2020, 7:34 a.m. ET)</i>
Data and Analysis (DA)	- Developing briefing for 10-on-1 presentation to FEMA Regional Administrators on May 19; briefing will focus on data collected, identified data gaps, and the planned approach to unify hospital-level reporting <i>(DA TF Update, May 19, 2020, 10:09 a.m. ET)</i> - Continuing development of a guide to illustrate how pandemic models estimate outcomes; models under consideration include: Institute for Health Metrics and Evaluation (IHME), Infectious Disease Dynamics (IDD), Imperial Models, and models from academic partners; evaluations complete and under internal review; estimated completion May 18 <i>(DA TF Update, May 19, 2020, 10:09 a.m. ET)</i>

Title 32 Status by State and Territories											
40,987 (+205) Activated				State Active Duty (SAD): 891				T32 Approved: 49			
				T-32 502(f): 40,096 (+205)				T32 Requested: 4			
NGB Update, May 19, 2020, 7:56 a.m. ET											
State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status
AK	5	98	WH AUTHORIZED & APPROVED**	KY	0	268	WH AUTHORIZED & APPROVED**	OH	1	989	WH AUTHORIZED & APPROVED**
AL	0	655	WH AUTHORIZED & APPROVED**	LA	0	1032	WH AUTHORIZED & APPROVED**	OK	0	358	WH AUTHORIZED & APPROVED**
AR	38	0	REQUESTED	MA	130	1573	WH AUTHORIZED & APPROVED**	OR	0	161	WH AUTHORIZED & APPROVED**
AZ	0	846	WH AUTHORIZED & APPROVED**	MD	5	962	WH AUTHORIZED & APPROVED**	PA	43	845	WH AUTHORIZED & APPROVED**
CA	135	1743	WH AUTHORIZED & APPROVED**	ME	0	99	WH AUTHORIZED & APPROVED**	PR	40	785	WH AUTHORIZED & APPROVED**
CO	0	330	WH AUTHORIZED & APPROVED**	MI	0	784	WH AUTHORIZED & APPROVED**	RI	12	756	WH AUTHORIZED & APPROVED**
CT	8	794	WH AUTHORIZED & APPROVED**	MN	75	0	REQUESTED	SC	12	520	WH AUTHORIZED & APPROVED**
DC	0	339	WH AUTHORIZED & APPROVED**	MO	0	804	WH AUTHORIZED & APPROVED**	SD	53	7	WH AUTHORIZED & APPROVED**
DE	0	157	WH AUTHORIZED & APPROVED**	MS	1	431	WH AUTHORIZED & APPROVED**	TN	11	770	WH AUTHORIZED & APPROVED**
FL	7	1853	WH AUTHORIZED & APPROVED**	MT	0	192	WH AUTHORIZED & APPROVED**	TX	0	3111	WH AUTHORIZED & APPROVED**
GA	0	2573	WH AUTHORIZED & APPROVED**	NC	0	870	WH AUTHORIZED & APPROVED**	UT	154	0	REQUESTED
GU	1	165	WH AUTHORIZED & APPROVED**	ND	0	227	WH AUTHORIZED & APPROVED**	VA	0	461	WH AUTHORIZED & APPROVED**
HI	0	1187	WH AUTHORIZED & APPROVED**	NE	5	370	WH AUTHORIZED & APPROVED**	USVI	0	144	WH AUTHORIZED & APPROVED**
IA	2	830	WH AUTHORIZED & APPROVED**	NH	3	603	WH AUTHORIZED & APPROVED**	VT	1	212	WH AUTHORIZED & APPROVED**
ID	0	0	REQUESTED	NJ	0	988	WH AUTHORIZED & APPROVED**	WA	0	1095	WH AUTHORIZED & APPROVED**
IL	96	1068	WH AUTHORIZED & APPROVED**	NM	12	528	WH AUTHORIZED & APPROVED**	WI	1	1217	WH AUTHORIZED & APPROVED**
IN	0	1287	WH AUTHORIZED & APPROVED**	NV	0	944	WH AUTHORIZED & APPROVED**	WV	29	453	WH AUTHORIZED & APPROVED**
KS	0	626	WH AUTHORIZED & APPROVED**	NY	11	2986	WH AUTHORIZED & APPROVED**	WY	0	0	N/A
**Title 32 has been authorized and approved by the Secretary of Defense.											

**Title 32 has been authorized and approved by the Secretary of Defense.



FEMA



PPE and Ventilator Quantities by Resource Subcategory and Status

Resource	Resource Subcategory	Obligated ¹	In Transit ²	Delivered ³	Total
Personal Protective Equipment (PPE)	Coveralls: Tyvek/Tychem	73,800	124,650	3,374,483	3,572,933
	Face Shields	1,006,783	472,670	8,695,938	10,175,391
	Gloves	7,956,168	4,167,950	56,290,597	68,414,715
	Goggles	848	2,600	5,149	8,597
	KN90 Masks	9,000	284,950	5,226,950	5,520,900
	KN95 Respirators		279,400	730,100	1,009,500
	N95 Respirators	4,343,912	5,877,040	71,131,743	81,352,695
	PAPR		3,771	3,382	7,153
	PAPR Batteries			4	4
	PAPR Chargers			4	4
	Surgical Gowns	50,260	3,488	5,320,982	5,374,730
	Surgical Masks	2,319,534	71,750	33,924,749	36,316,033
Durable Medical Equipment	Hospital Bed Components			750	750
	Hospital Beds			150	150

As of 5/18/2020 4:00 p.m.

Region	State/Location	EMAC	Federally Supported		Total Federal Vents (SNS + DoD)	SNS Status
			SNS	DoD		
1	CT		350		350	Delivered
1	MA		400		400	Delivered
1	RI		100		100	Delivered
2	NY	100	2,140		2,140	Delivered
2	NYC		2,400		2,400	Delivered
2	NJ	100	1,050	500	1,550	Delivered
2	USVI		30		30	En Route
3	MD	50	470		470	Delivered
3	DE	50	50		50	Delivered
3	DC	50	200		200	Delivered
4	FL		200		200	Delivered
4	GA		150		150	Delivered
5	IL	100	310		310	Delivered
5	Chicago		310		310	Delivered
5	MI		700		700	Delivered
5	IN		110		110	Delivered
6	LA		350		350	Delivered
6	BOP		20		20	Delivered
6	Navajo Nation		50		50	Delivered
6	Cherokee Nation (OK)		10		10	Delivered
7	Nebraska		5		5	Delivered
8	CO		100		100	Delivered
9	CA		0		0	N/A
9	LA County		170		170	Delivered
9	GU		55		55	Delivered
9	NV	50	150		150	Delivered
9	AZ		100		100	Delivered
9	CNMI		25		25	Delivered
9	Federated States of Micronesia		30		30	Delivered
9	Palau		10		10	Delivered
9	Republic of the Marshall Islands		10		10	Delivered
9	American Samoa		10		10	Delivered
10	AK		60		60	Delivered
10	OR		10		10	10 – Delivered Transferred 140 to NY
10	WA		73		73	WA returned 427 vents to the SNS
Total		500	10,208	500	10,708	

As of 5/19/2020 4:50 p.m.

DHS-FEMA-20-1107-A-000171

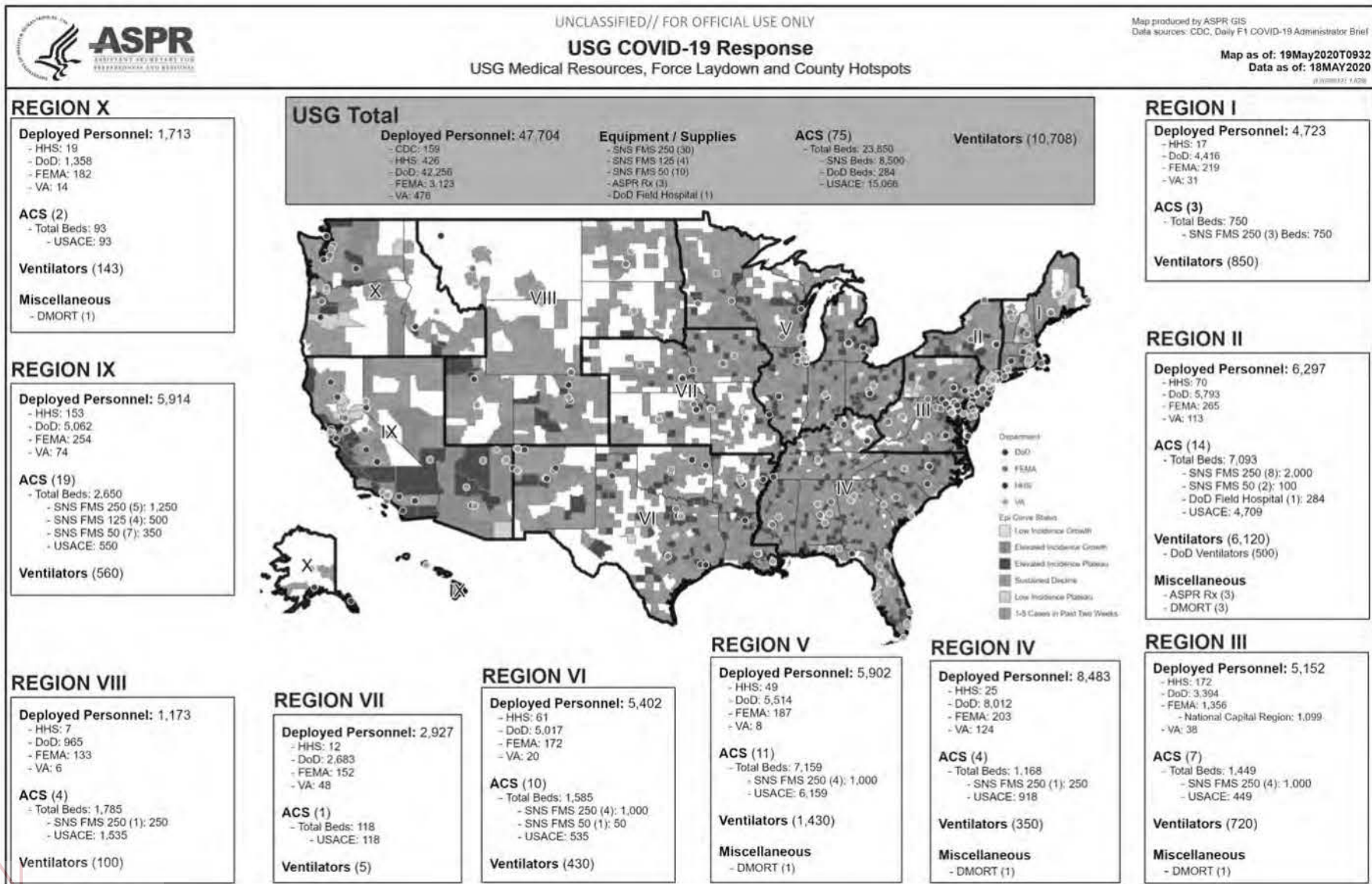
Senior Leadership Brief COVID-19 May 19, 2020 5:00 p.m. ET

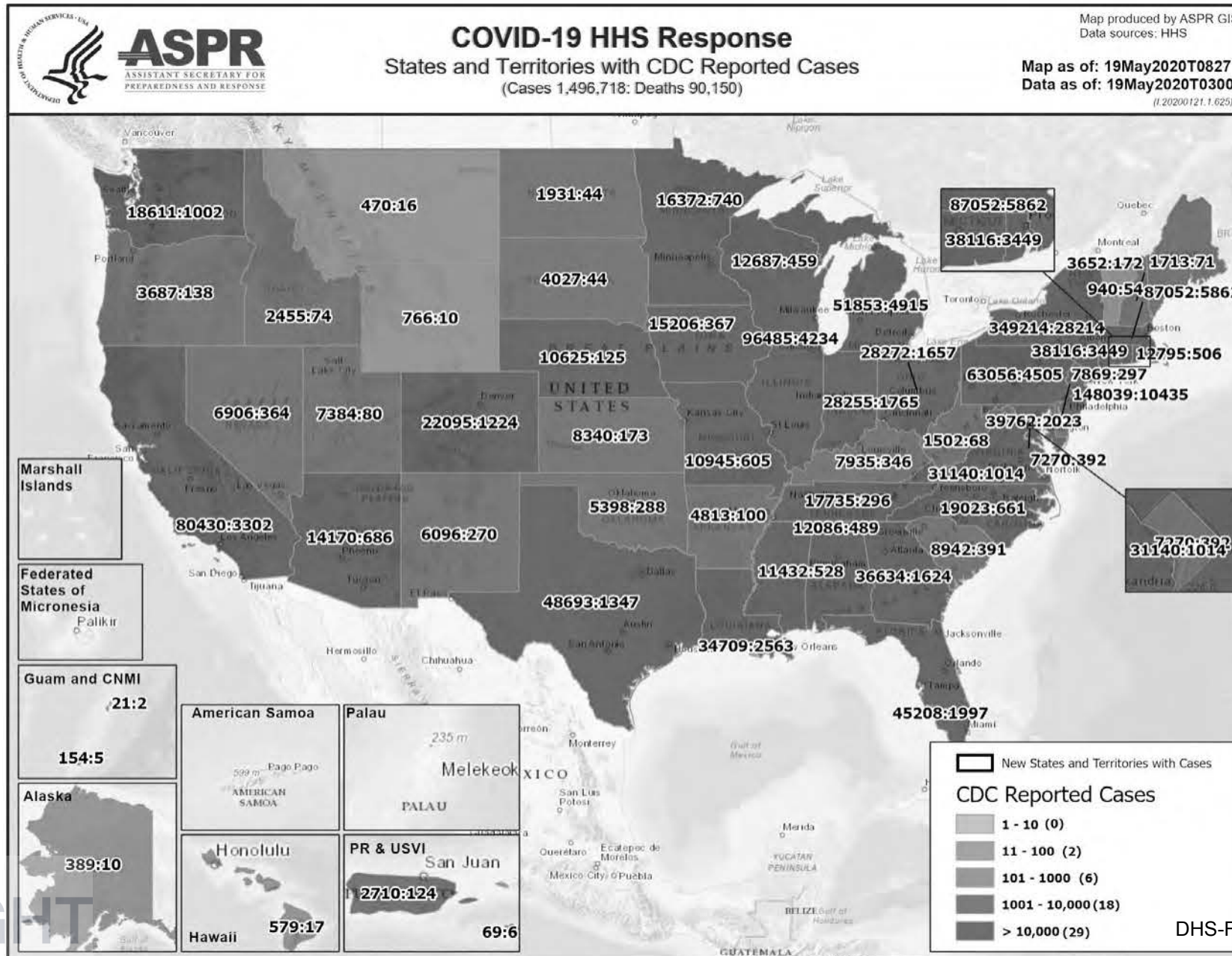


Stay at Home Order Expiration by State/Territory, as of May 19, 2020 3:00 p.m. EDT								
State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes
AL	Exp.	Phased reopening underway	KS	Exp.	Phased reopening with local restrictions	OH	5/29	SAH extended
AK	Exp.	Phased reopening underway	KY	Exp.	Phased reopening underway	OK	Exp.	Phased reopening underway
AS	5/31	SAH extended	LA	Exp.	Phased reopening underway	OR		No official expiration date; phased reopening underway with local restrictions
AZ	Exp.	Phased reopening underway	ME	5/31	Phased reopening underway	PA	Exp.	Phased reopening underway
AR		No statewide SAH order issued; phased reopening underway at local level	MD	Exp.	Phased reopening underway with SAH restrictions for Montgomery and Prince Georges' Counties	PR	5/24	
CA		No official expiration date; phased reopening underway with local restrictions	MA	Exp.	Phased reopening underway	RI	Exp.	Phased reopening underway
CO	Exp.	Phased reopening underway	MI	5/28	SAH extended	SC	Exp.	Phased reopening underway
CNMI		SAH until the emergency concludes	MN	Exp.	Phased reopening underway	SD		No statewide SAH order issued; phased reopening underway at local level
CT	5/20	Or until terminated; phased reopening following expiration of SAH order	MS	Exp.	Phased reopening underway	TN	Exp.	Phased reopening underway
DE	5/31	Or until health threat eliminated	MO	Exp.	Phased reopening underway	TX	Exp.	Phased reopening underway
DC	6/8	Or until date of any emergency date extension	MT	Exp.	Phased reopening underway	USVI	6/1	Phased reopening following SAH expiration
FL	Exp.	Phased reopening underway	NE		Phased reopening underway	UT		No statewide SAH order issued; phased reopening underway at local level
GA	Exp.	Phased reopening underway	NV	Exp.	Phased reopening underway	VT	6/15	SAH extended
GU	5/30	Phased reopening underway with local restrictions	NH	5/31	SAH extended	VA	6/10	Phased reopening underway throughout most of the state, with SAH restrictions remaining in place for Northern Virginia
HI	5/31	Phased reopening with local restrictions	NJ		Until terminated	WA	Exp.	Phased reopening underway
ID	Exp.	Phased reopening underway	NM	5/31	SAH extended	WV		Phased reopening underway
IL	5/29	SAH extended	NY	Exp.	Phased reopening underway in some upstate areas with SAH restrictions remaining in other locations	WI	5/26	New changes to SAH lift some restrictions
IN	Exp.	Phased reopening underway	NC	5/22	Phased reopening underway	WY		No statewide SAH order issued; phased reopening underway at local level
IA		No statewide SAH order issued; phased reopening underway at local level	ND		No statewide SAH order issued; phased reopening underway at local level			

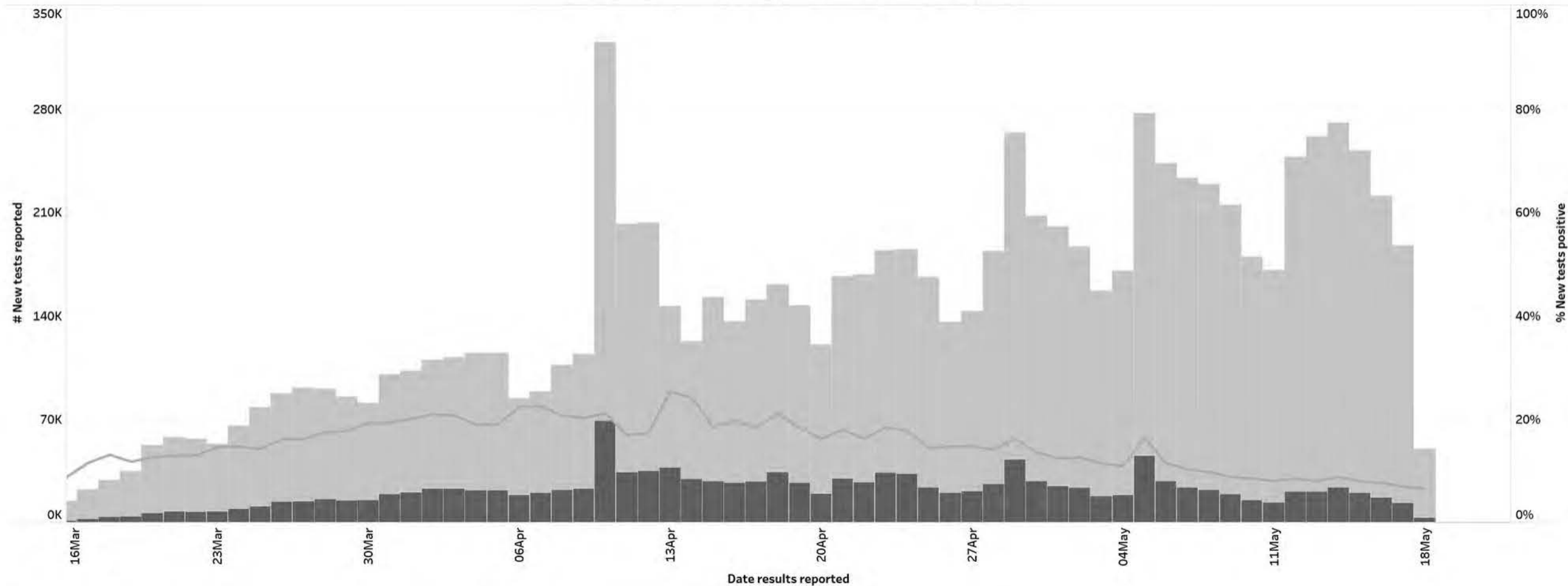
* Source: Based on State-at-Home Orders from State websites

DHS-FEMA-20-1107-A-000172





New COVID-19 tests with a reported result as either positive (bar) or negative (bar)
and percent of tests positive (line)
Total tests through 18May2020 = 9,437,560 (14.7% positive)
(percent positive in last 7 days: 8.0%)
SOURCE: Hospital, commercial, and public health labs, through 18May2020

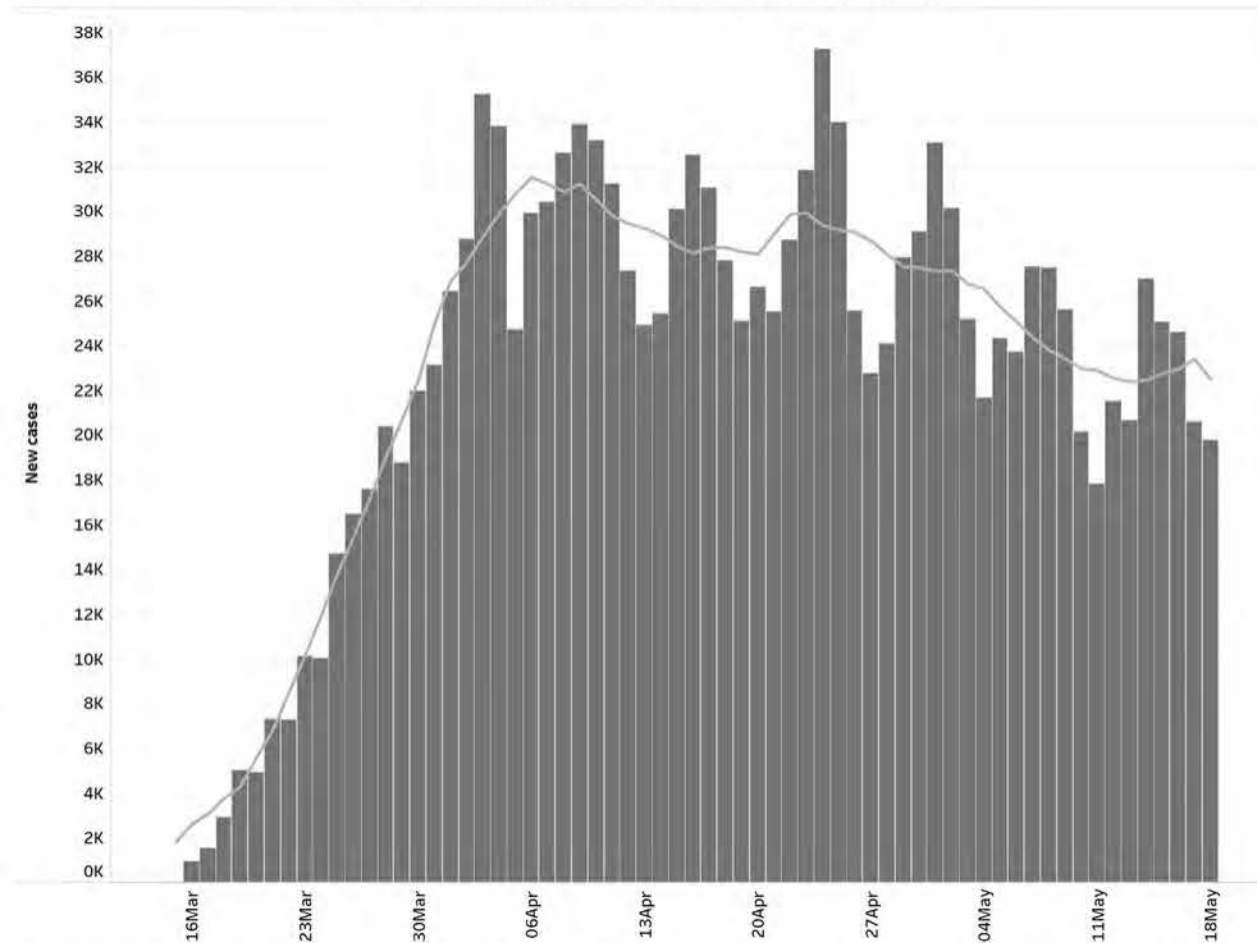


Analyst note: Tests include those that had a positive or negative tests and do not include tests with an inconclusive result.

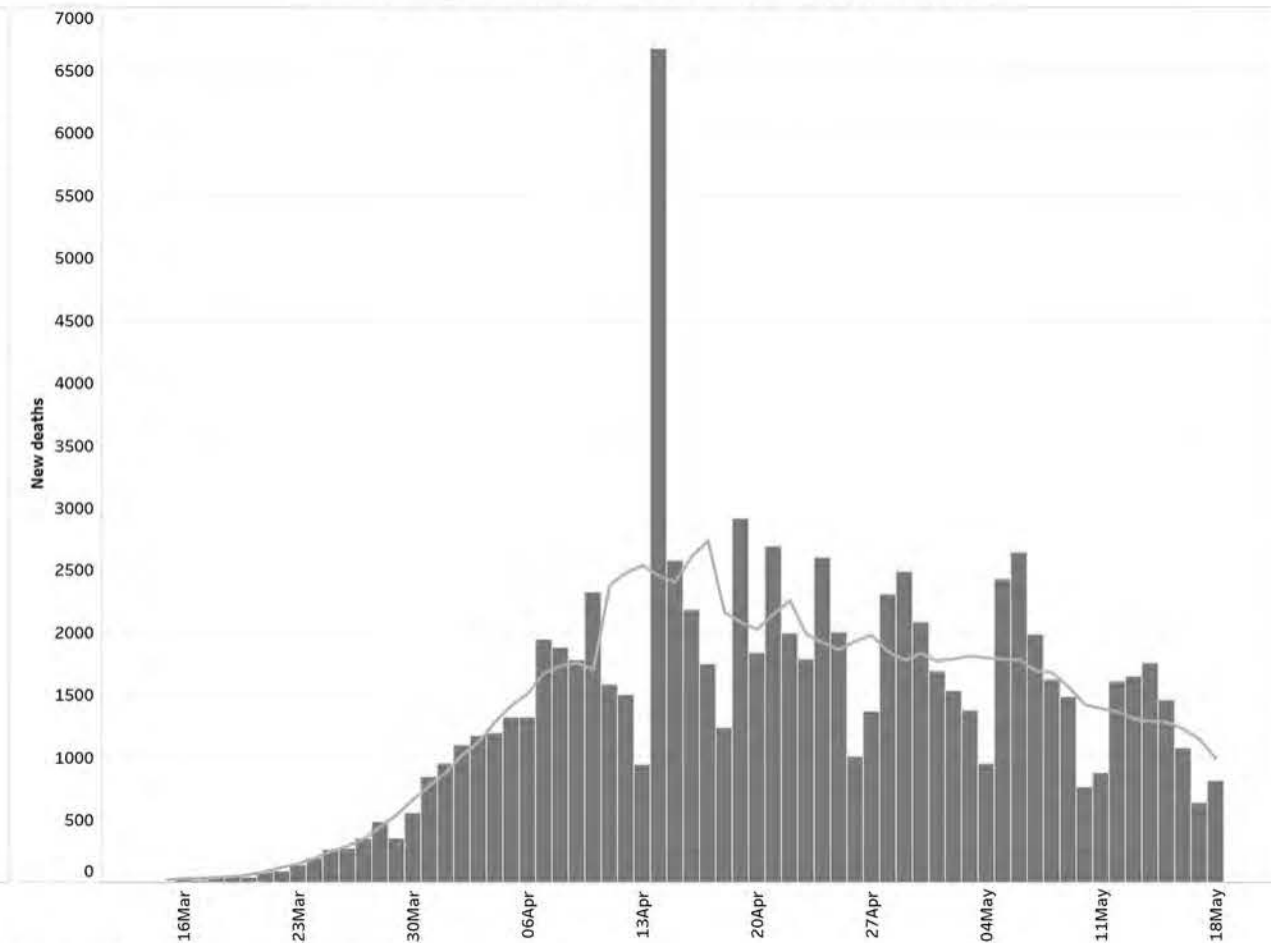
Produced by the ASPR Operational Data and Analytics Branch

DHS-FEMA-20-1107-A-000175

New COVID-19 cases for the United States
Total cases through 18May2020 = 1,501,151
Cases before 16Mar2020 are not shown (n = 3,784)
SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020)



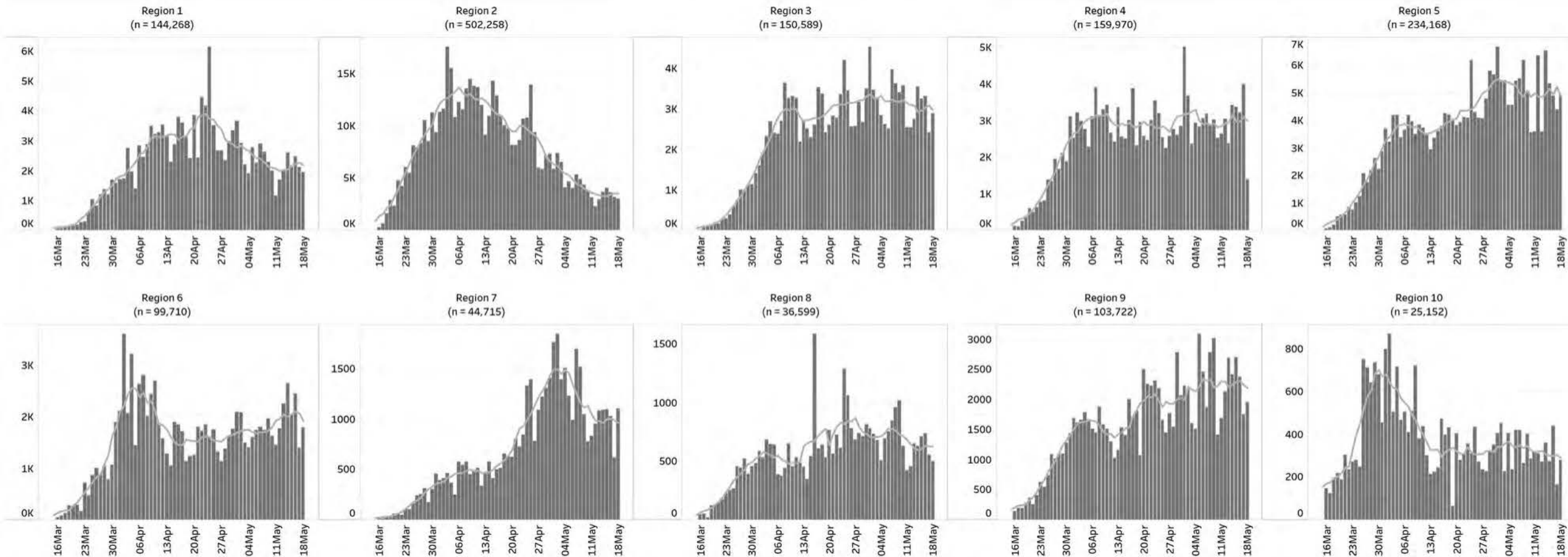
New COVID-19 deaths for the United States
Total deaths through 18May2020 = 88,837
Deaths before 16Mar2020 are not shown (n = 71)
SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020)



Analyst notes: The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

Produced by the ASPR Operational Data and Analytics Branch

New COVID-19 cases for the United States (cumulative cases in parentheses)
 Total cases through 18May2020 in the United States = 1,501,151
 Cases before 16Mar2020 are not shown (n = 3,784)
 SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020)

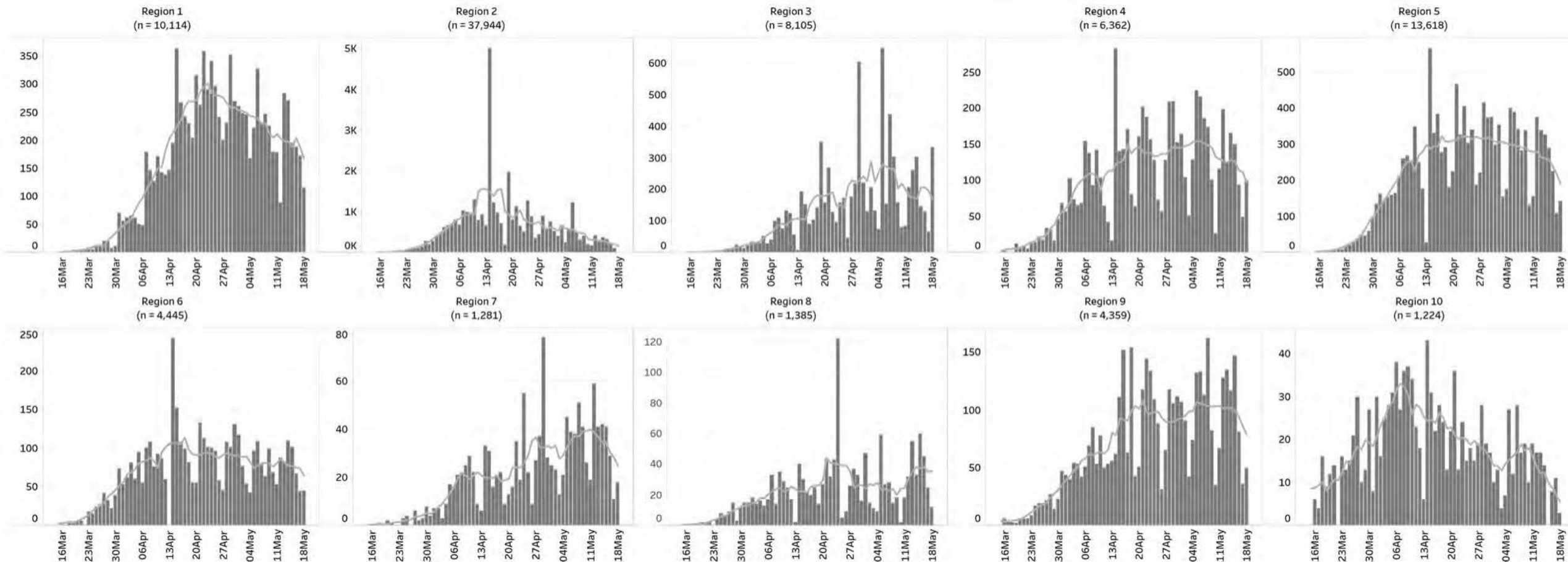


Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

Produced by the ASPR Operational Data and Analytics Branch

DHS-FEMA-20-1107-A-000177

New COVID-19 deaths for the United States (cumulative deaths in parentheses)
 Total deaths through 18May2020 in the United States = 88,837
 Deaths before 16Mar2020 are not shown (n = 71)
 SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020)



Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

Produced by the ASPR Operational Data and Analytics Branch

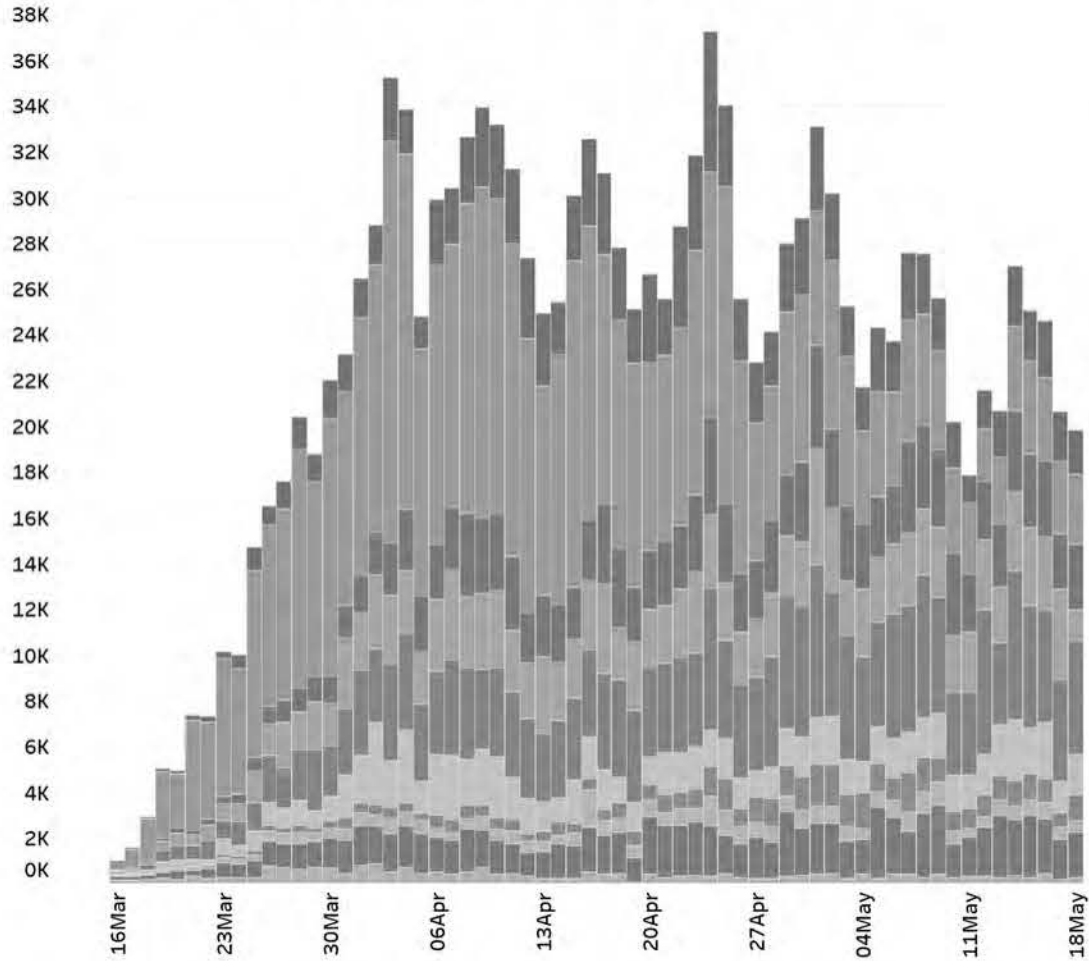
DHS-FEMA-20-1107-A-000178

New COVID-19 cases for the United States, by FEMA region

Total cases through 18May2020 = 1,501,151

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020)

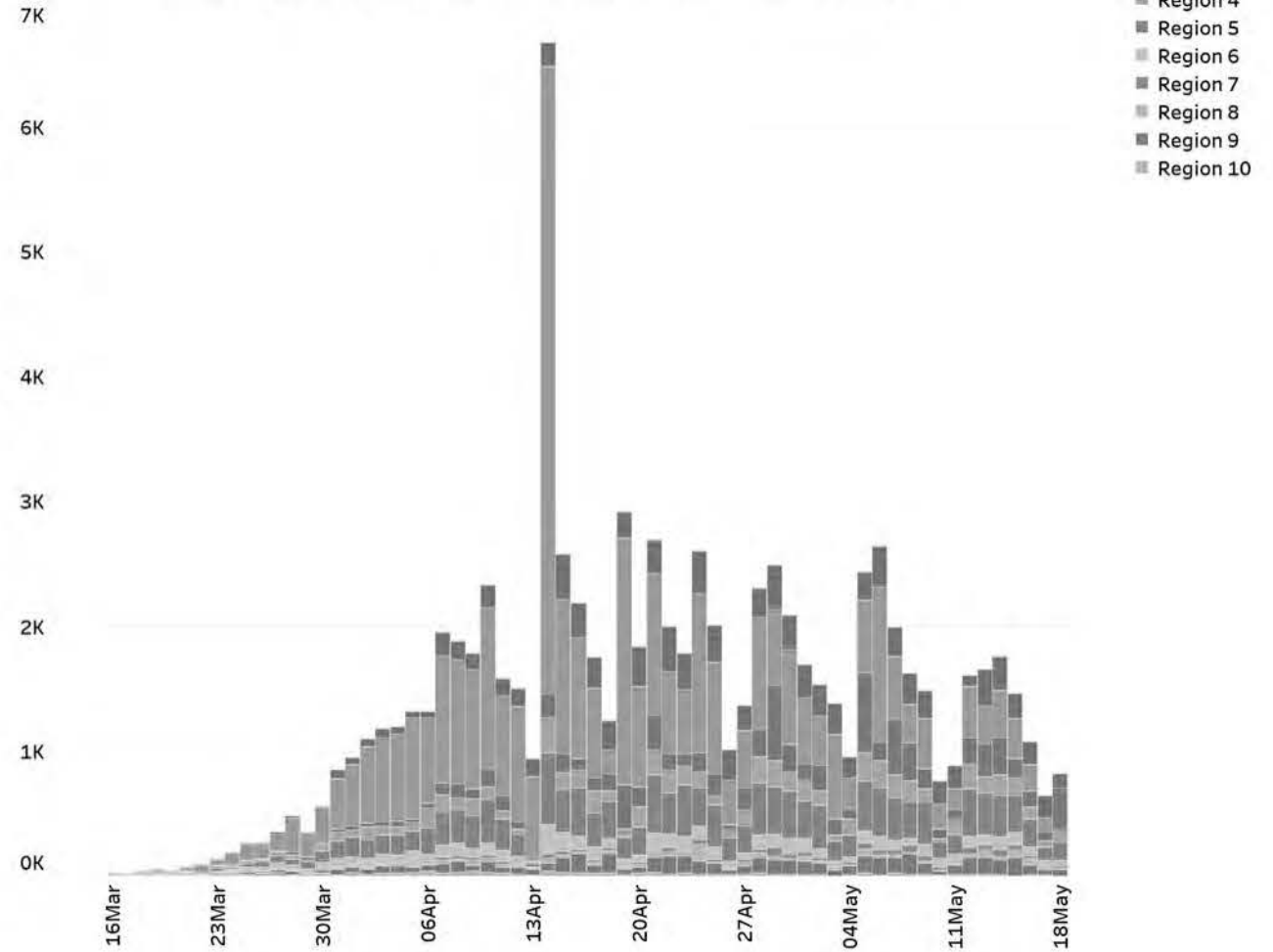


New COVID-19 deaths for the United States, by FEMA region

Total deaths through 18May2020 = 88,837

Deaths before 16Mar2020 are not shown (n = 71)

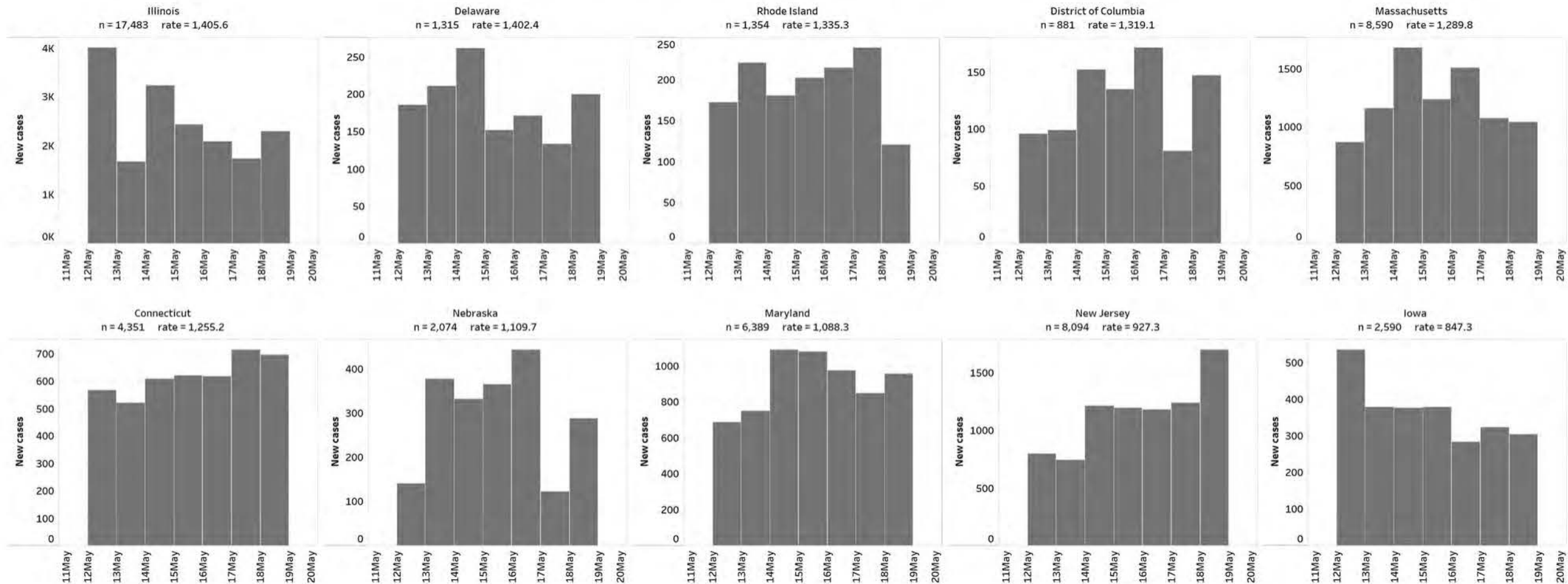
SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020)



FEMA region

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10

Number and rate (per 1M person) of COVID-19 cases in the past 7 days
among the top 10 U.S. locations with the highest 7-day case rates
SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020) and U.S. Census (2018)



Analyst note: The y-axis of the graphs varies.

Produced by the ASPR Operational Data and Analytics Branch

DHS-FEMA-20-1107-A-000180



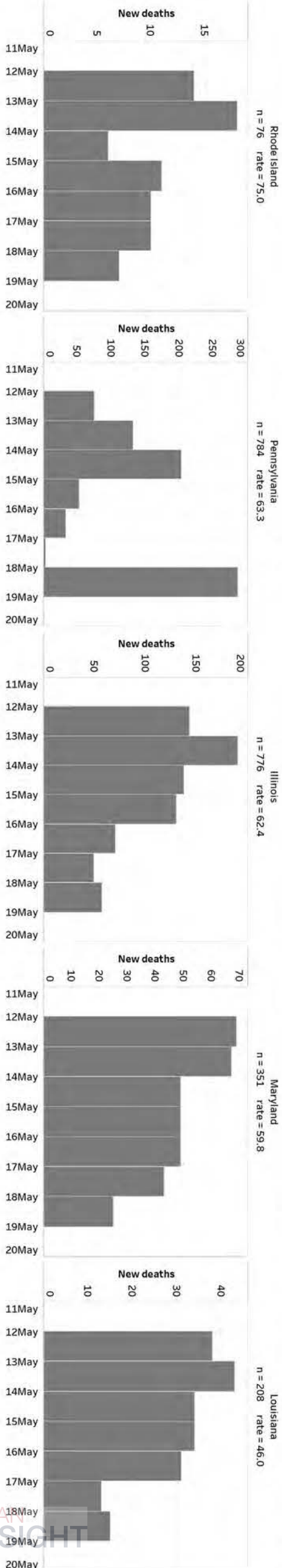
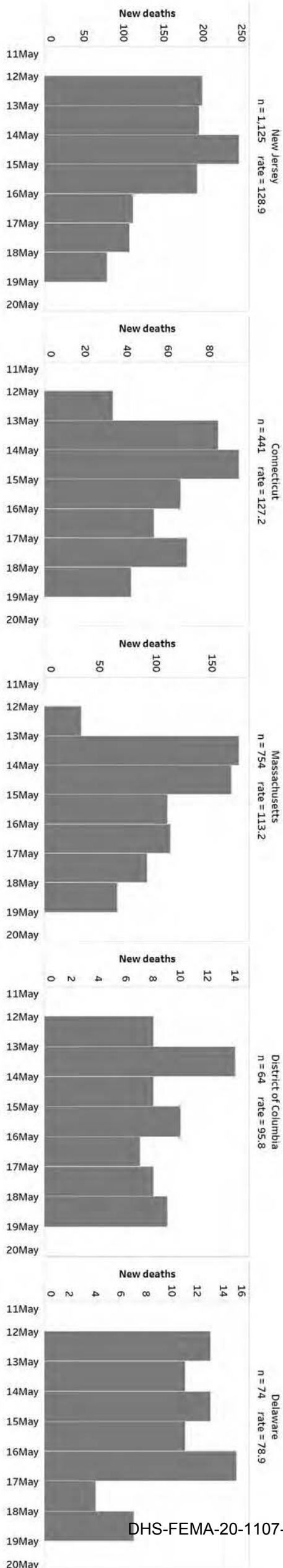
FEMMA

Senior Leadership Brief COVID-19
May 19, 2020 5:00 p.m. ET



Number and rate (per 1M person) of COVID-19 deaths in the past 7 days among the top 10 U.S. locations with the highest 7-day death rates

SOURCE: USAFacts (through 18May2020) and JHU (through 18May2020) and U.S. Census (2018)

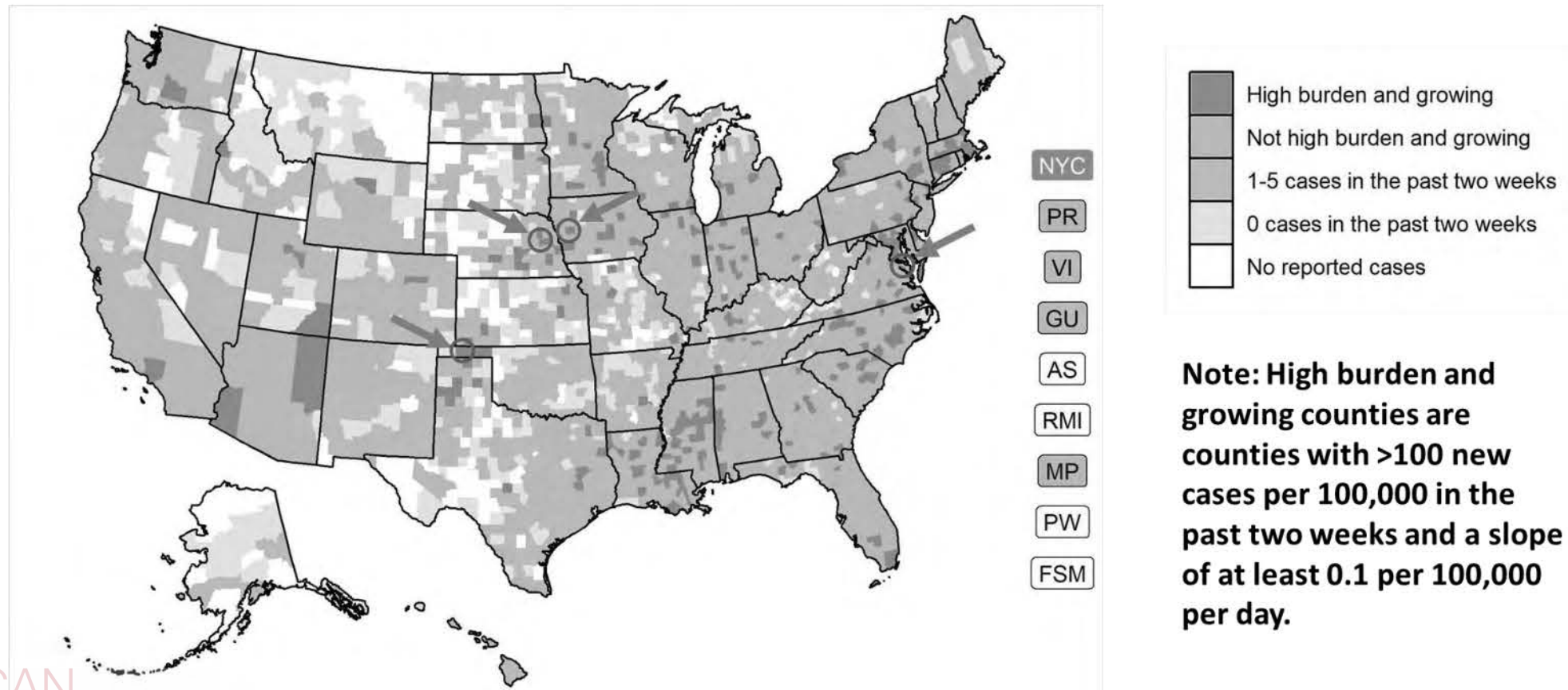


Analyst note: The y-axis of the graphs varies.

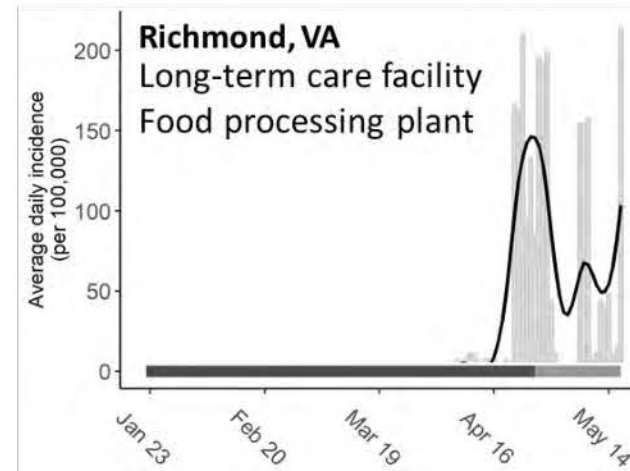
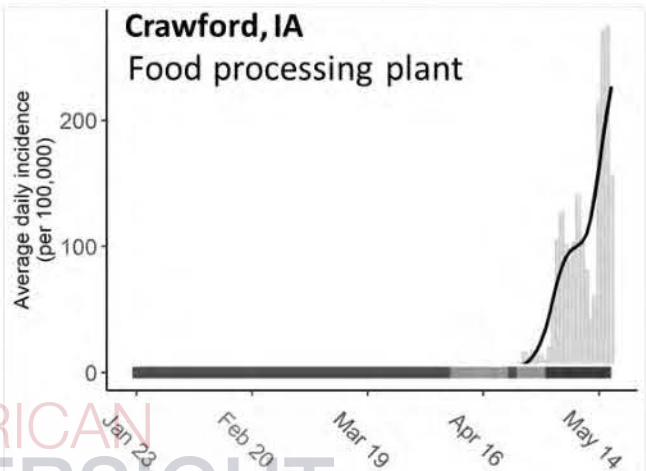
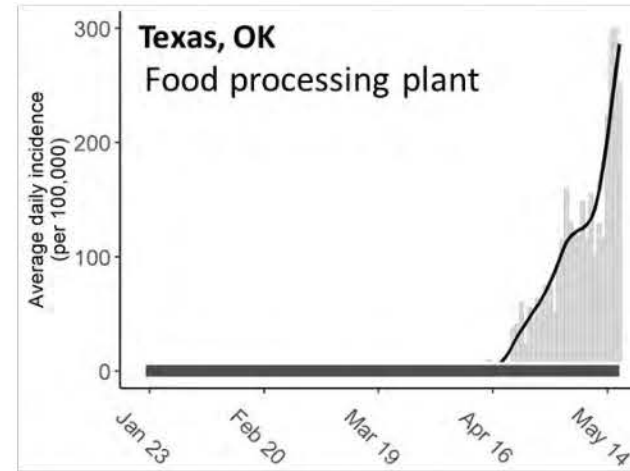
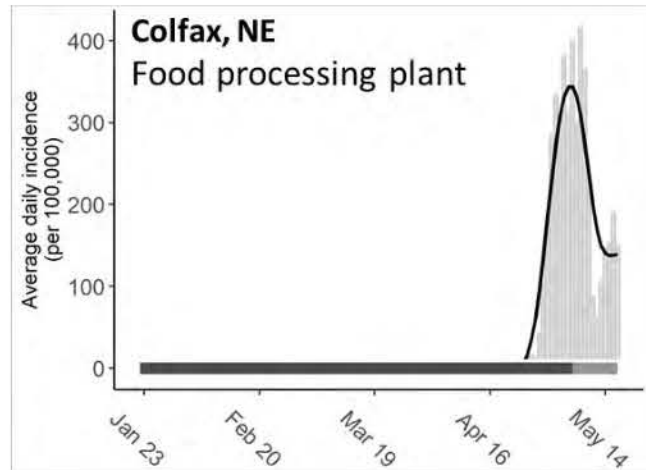
Produced by the ASPR Operational Data and Analytics Branch

U.S. counties with high and growing burden of new cases/100,000

Top Four Counties: Colfax NE, Texas OK, Crawford IA, Richmond VA



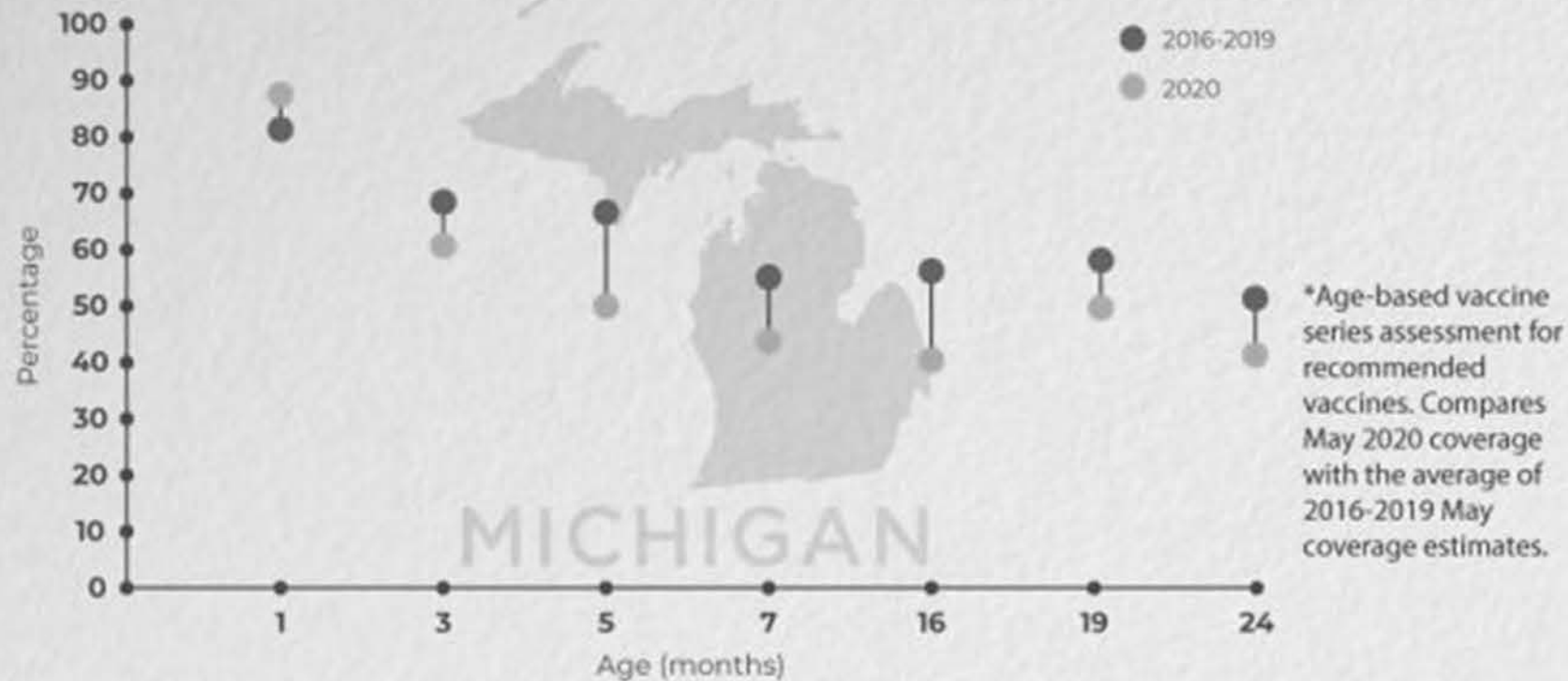
Epidemic curves for the top four growing counties with the highest 2-week incidence (May 17, preliminary)



- In downward trajectory
- Not in downward trajectory
- Rebound
- Growth in downward trajectory <14 days

Note: Date of case report lags behind onset date by 8-10 days nationally.

UP-TO-DATE* VACCINATIONS HAVE DECLINED TO <50% AMONG MOST CHILDREN ≤2 YEARS



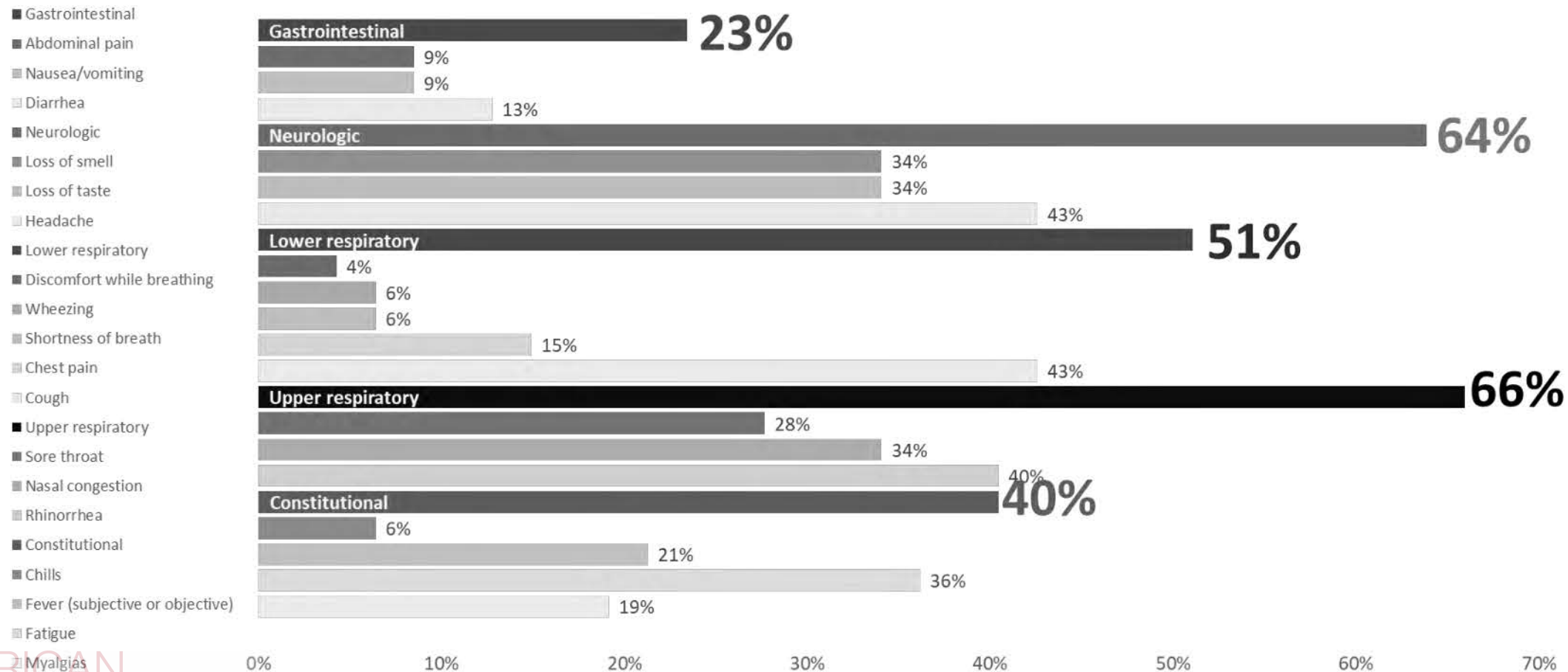
CDC.GOV

bit.ly/MMWR51820

MMWR

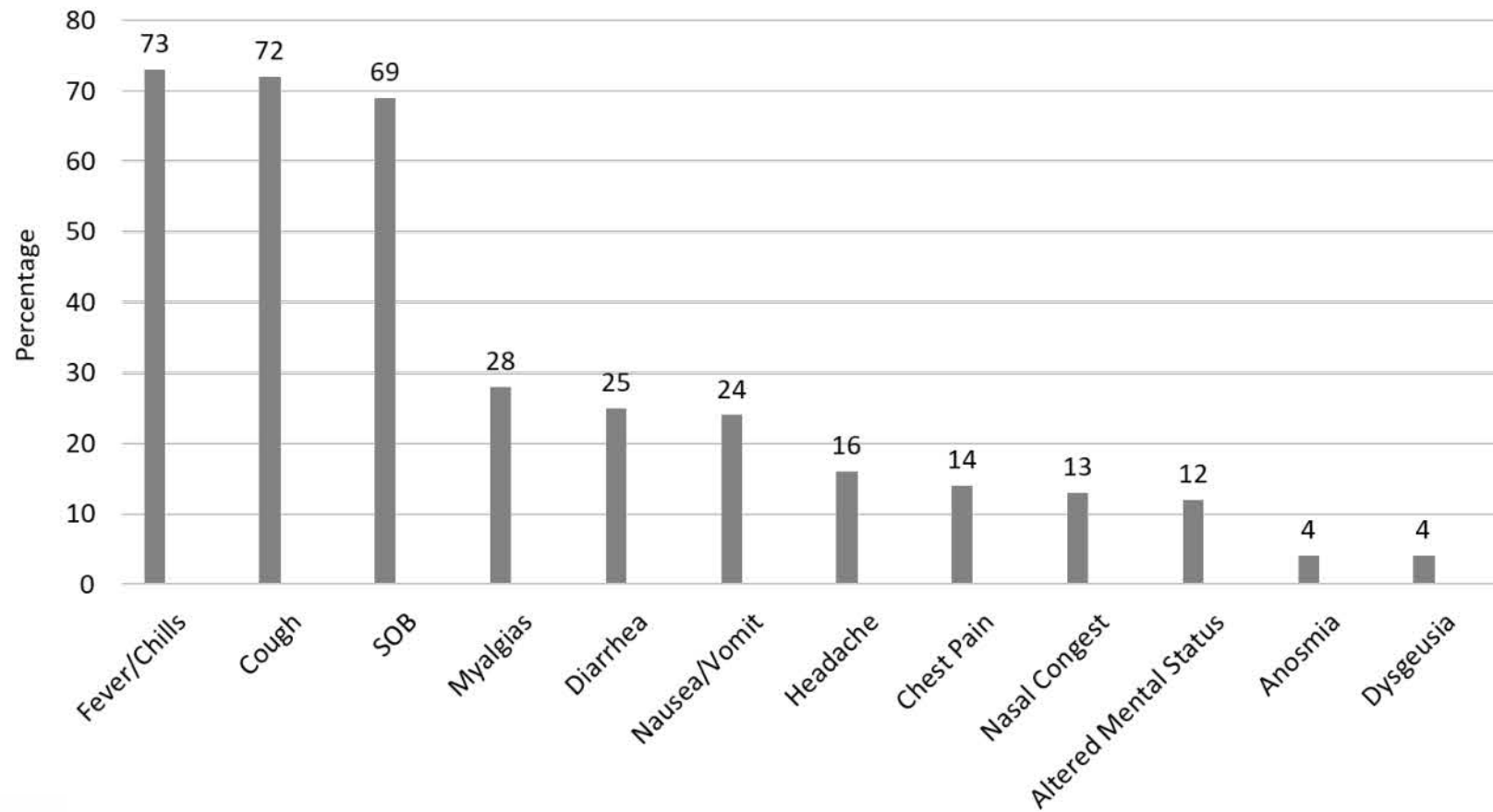


PCR-Positive Household Contacts from UT/WI Investigation – Symptoms Present on Day of Diagnosis (n=47)



Most Common Symptoms at Admission among All Ages, COVID-NET, March 1-May 23, 2020

Symptoms on Admission Differ from Initial Outpatient Symptoms



Page 0187

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(b)(5)

of the Freedom of Information and Privacy Act

Page 0188

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 0189

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(b)(5)

of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

Page 0214

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Referred to Another Agency/Component
of the Freedom of Information and Privacy Act

From:	Ingol, Lester </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=07D52965D03F4585AA71475B515C640E-INGOL, LEST>
To:	Sevier, Adrian </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3d59787db8e84f8cb6e5ad2a4745196d-Sevier, Adr>
CC:	McCane, Bobby </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1caa18c294d946eabbff799777c08e84-McCane, Bob>; Ingol, Lester </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=07d52965d03f4585aa71475b515c640e-Ingol, Lest>
Subject:	RE: HPGTF Question
Date:	2020/05/15 19:36:13
Priority:	Normal
Type:	Note

Mr. Sevier,

(b)(5)

Let me know if you have any questions. I apologize for not remembering the gentlemen initially.

Lester L. Ingol

Deputy Chief Component Procurement Officer | OCPO | Mission Support

Office: 202-212-1767 | Mobile: (b)(6)

lester.ingol@fema.dhs.gov

Federal Emergency Management Agency

[Fema.gov](https://www.fema.gov)



From: Sevier, Adrian <Adrian.Sevier@fema.dhs.gov>

Sent: Friday, May 15, 2020 5:33 PM

To: Ingol, Lester <Lester.Ingol@fema.dhs.gov>

Cc: McCane, Bobby <bobby.mccane@fema.dhs.gov>

Subject: FW: HPGTF Question

Mr. Ingol, please see below. Other than telling them they need to remove the “acting” from your title, does the name (b)(6) mean anything to you or OCPO?

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Sender:	Ingol, Lester </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=07D52965D03F4585AA71475B515C640E-INGOL, LEST>
Recipient:	Sevier, Adrian </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3d59787db8e84f8cb6e5ad2a4745196d-Sevier, Adr>; McCane, Bobby </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1caa18c294d946eabbff799777c08e84-McCane, Bob>; Ingol, Lester </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=07d52965d03f4585aa71475b515c640e-Ingol, Lest>
Sent Date:	2020/05/15 19:36:11
Delivered Date:	2020/05/15 19:36:13
From:	Ingol, Lester </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=07D52965D03F4585AA71475B515C640E-INGOL, LEST>
To:	DUFFEY, MIKE </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2235ac5f08824fce81394e048a72b920-Duffey, Mic>
CC:	(b)(6) McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fcdb9f24aaa-VILLAMIZAR,>
Subject:	RE: Gowns
Date:	2020/04/15 10:25:08

Priority:	Normal
Type:	Note

Thank you, Mike.

(b)(6)

Please provide a phone number so that we can communicate briefly.

Lester L. Ingol

Deputy Chief Component Procurement Officer (A) | OCPO | Mission Support

Office: 202-212-1767 | Mobile

lester.ingol@fema.dhs.gov

Federal Emergency Management Agency

fema.gov



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	McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fdb9f24aaa-VILLAMIZAR,>
Sent Date:	2020/04/15 10:25:07
Delivered Date:	2020/04/15 10:25:08
From:	(b)(6) @me.com>
To:	Ingol, Lester </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=07d52965d03f4585aa71475b515c640e-Ingol, Lest>
CC:	DUFFEY, MIKE </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2235ac5f08824fce81394e048a72b920-Duffey, Mic>; McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fdb9f24aaa-VILLAMIZAR,>
Subject:	Re: Gowns
Date:	2020/04/15 10:35:25
Priority:	Normal
Type:	Note

Good morning Lester.

I look forward to speaking with you and being of service. Contact me a (b)(6) any time after 2:00est today.

Thank You

(b)(6)

Sent from RD3

On Apr 15, 2020, at 10:25 AM, Ingol, Lester <Lester.Ingol@fema.dhs.gov> wrote:

□

Thank you, Mike.

(b)(6)

Please provide a phone number so that we can communicate briefly.

Lester L. Ingol

Deputy Chief Component Procurement Officer (A) | OCPO | Mission Support

Office: 202-212-1767 | Mobile (b)(6)

lester.ingol@fema.dhs.gov

Federal Emergency Management Agency

fema.gov

<image001.png>

Referred to Another Agency/Component

Sender:	(b)(6)@me.com>
Recipient:	DUFFEY, MIKE </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2235ac5f08824fce81394e048a72b920-Duffey, Mic>; McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fcd9f24aaa-VILLAMIZAR,>; Ingol, Lester </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=07d52965d03f4585aa71475b515c640e-Ingol, Lest>
Sent Date:	2020/04/15 10:31:37
Delivered Date:	2020/04/15 10:35:25
From:	Ingol, Lester </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=07D52965D03F4585AA71475B515C640E-INGOL, LEST>
To:	Russell Darrow <rusddarrow3@me.com>
CC:	DUFFEY, MIKE </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2235ac5f08824fce81394e048a72b920-Duffey, Mic>; McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fcd9f24aaa-VILLAMIZAR,>
Subject:	RE: Gowns
Date:	2020/04/15 10:38:52
Priority:	Normal
Type:	Note

Thank you, Sir.

Lester L. Ingol

Deputy Chief Component Procurement Officer (A) | OCPO | Mission Support
Office: 202-212-1767 | Mobile: (b)(6)
lester.ingol@fema.dhs.gov

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)



From: (b)(6)@me.com>
Sent: Wednesday, April 15, 2020 10:32 AM
To: Ingol, Lester <Lester.Ingol@fema.dhs.gov>
Cc: DUFFEY, MIKE <michael.p.duffey@omb.eop.gov>; McCreary, Bryan <Bryan.McCreary@fema.dhs.gov>; Villamizar, Frank <frank.villamizar@fema.dhs.gov>
Subject: Re: Gowns

Good morning Lester.

I look forward to speaking with you and being of service. Contact me at (b)(6) any time after 2:00est today.

Thank You,

(b)(6)

Sent from RD3

On Apr 15, 2020, at 10:25 AM, Ingol, Lester <Lester.Ingol@fema.dhs.gov> wrote:

Thank you, Mike.

(b)(6)

Please provide a phone number so that we can communicate briefly.

Lester L. Ingol
Deputy Chief Component Procurement Officer (A) | OCPO | Mission Support
Office: 202-212-1767 | Mobile: (b)(6)
lester.ingol@fema.dhs.gov

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)

<image001.png>

Referred to Another Agency/Component

Sender:	Ingol, Lester </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=07D52965D03F4585AA71475B515C640E-INGOL, LEST> (b)(6)@me.com>;
Recipient:	DUFFEY, MIKE </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2235ac5f08824fce81394e048a72b920-Duffey, Mic>; McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fcd9f24aaa-VILLAMIZAR,>
Sent Date:	2020/04/15 10:38:51
Delivered Date:	2020/04/15 10:38:52
From:	Murray, RyanD </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AE223D26A62E42C9B211BCBD6022B3C6-MURRAY, RYA>
To:	McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Morales, Denise </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7bfa04b611e24ba4b022f62baeda9947-Morales, De>
CC:	Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fcd9f24aaa-VILLAMIZAR,>
Subject:	RE: 3M masks
Date:	2020/04/16 14:29:48
Priority:	Normal
Type:	Note

Sure.

I'll have Beverly reach out.

Ryan D. Murray

From: McCreary, Bryan <Bryan.McCreary@fema.dhs.gov>
Sent: Thursday, April 16, 2020 2:29 PM
To: Murray, RyanD <RyanD.Murray@fema.dhs.gov>; Morales, Denise <denise.morales@fema.dhs.gov>
Cc: Villamizar, Frank <frank.villamizar@fema.dhs.gov>
Subject: RE: 3M masks

Can I get someone to go ahead and send request for proposal information, survey and spreadsheet, to (b)(6)@aol.com and cc me please?

Bryan S. McCreary
Deputy Director | Acquisition Operations Division | OCPO
Office: (301) 447-1058 | Mobile: (b)(6)

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)

From: McCreary, Bryan
Sent: Thursday, April 16, 2020 11:37 AM
To: Murray, RyanD <RyanD.Murray@fema.dhs.gov>; Morales, Denise <denise.morales@fema.dhs.gov>
Cc: Villamizar, Frank <frank.villamizar@fema.dhs.gov>
Subject: RE: 3M masks

Me and Lester are currently on a call with these guys.

Bryan S. McCreary
Deputy Director | Acquisition Operations Division | OCPO
Office: (301) 447-1058 | Mobile: (b)(6)

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)

From: Murray, RyanD <RyanD.Murray@fema.dhs.gov>
Sent: Thursday, April 16, 2020 11:27 AM
To: McCreary, Bryan <Bryan.McCreary@fema.dhs.gov>; Morales, Denise <denise.morales@fema.dhs.gov>
Cc: Villamizar, Frank <frank.villamizar@fema.dhs.gov>
Subject: RE: 3M masks

Got it, Bryan. Beverly is going handle these.
Hopefully she'll get into a rhythm. Denise mentioned she might put together a cheat sheet.

Ryan D. Murray

From: McCreary, Bryan <Bryan.McCreary@fema.dhs.gov>
Sent: Thursday, April 16, 2020 8:41 AM
To: Morales, Denise <denise.morales@fema.dhs.gov>; Murray, RyanD <RyanD.Murray@fema.dhs.gov>
Cc: Villamizar, Frank <frank.villamizar@fema.dhs.gov>
Subject: FW: 3M masks

Another one, can you please reach out to this vendor?

Bryan S. McCreary
Deputy Director | Acquisition Operations Division | OCPO
Office: (301) 447-1058 | Mobile (b)(6)

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)

From: Ingol, Lester <Lester.Ingol@fema.dhs.gov>
Sent: Wednesday, April 15, 2020 6:53 PM
To: McCreary, Bryan <Bryan.McCreary@fema.dhs.gov>; Villamizar, Frank <frank.villamizar@fema.dhs.gov>
Subject: FW: 3M masks

Can we have someone reach out to these guys?

Lester L. Ingol
Deputy Chief Component Procurement Officer (A) | OCPO | Mission Support
Office: 202-212-1767 | Mobile (b)(6)
lester.ingol@fema.dhs.gov

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)



From: (b)(6) <(b)(6)@paol.com>
Sent: Wednesday, April 15, 2020 6:37 PM
To: (b)(6) <(b)(6)@gmail.com>; Ingol, Lester <Lester.Ingol@fema.dhs.gov>
Cc: (b)(6) <(b)(6)@me.com>
Subject: Re: 3M masks

Hey (b)(6)

I just tried Lester on his cell phone and office and left messages at both places. I also texted and let him know we are available anytime tonight.
He does not have my cell so I cc'd him on this email.

We will send him an email as well and try to make contact first thing in the morning. We know time is of the essence and will do whatever we need to do to make this happen.

Thanks,

(b)(6)

Cell: (b)(6)

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

From: (b)(6)@gmail.com>
To: (b)(6)@aol.com>
Cc: (b)(6)@me.com>
Sent: Mon, Apr 13, 2020 10:28 pm
Subject: Re: 3M masks

(b)(6) - connect tomorrow morning?

(b)(6)

On Mon, Apr 13, 2020 at 4:44 PM (b)(6)@aol.com> wrote:

Hey (b)(6)

Sitting here with (b)(6) working on supplies. Just got off a call with a supplier and have some good news. Can you do a call in about an hour?

Thanks,

(b)(6)

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

From: (b)(6)@me.com>
To: (b)(6)@gmail.com>
Sent: Sun, Apr 12, 2020 8:51 am
Subject: 3M masks

(b)(6)

Sorry for the delay. Lots going on as you are experiencing too!

I'm on the hunt for gowns. I've spoken to a couple of manufacturers. There are several levels of gowns. A little direction on type and price range that's acceptable will help me meet your needs and expectations.

I have big access to sanitizer.
8oz bottles in large volumes.

Re masks; I have a 90 day allocation run on 3M 8210 model N95 masks.
85 million a week for 90 days.

(12 weeks)

1 billion 360 million. I can also get you 400 million that are produced and awaiting shipping right now. Those are CIF so they can be delivered where directed in the US.

Price on the ground stock is \$4.95

Quite a bit better than other FEMA deals and a lot better than the \$5.80 that California, Florida and New York are paying. We sold the other 400

million at \$5.15 yesterday to a great customer who provides PPE to hospitals. I'd take the ground stock.

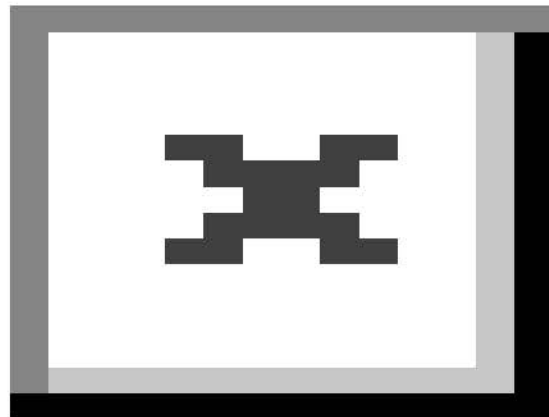
It's a good value! Working with other prospects, so let me know right away if you want it. The pricing on the allocation order is \$4.75 per mask.

Let me know if you have an interest in anything above. This would allow you to have some inventory to hustle to the "hot spots" as this virus rolls into smaller markets that are not equipped to protect their emergency and hospital workers.

Thanks,
Russ

3M Sues Mask-Seller for Alleged Gouging, Trademark Infringement

Company says Performance Supply tried to sell 3M-branded masks to New York officials for up to six times list prices



A 3M model 8210 N95 particulate respirator mask

PHOTO: DAVID BECKER/ZUMA PRESS

By

Austen Hufford

Updated April 10, 2020 7:13 pm ET

o [PRINT](#)

o [TEXT](#)

Mask-maker [3M Co.](#) [MMM -0.81%](#) filed a lawsuit against a New Jersey business for alleged price gouging and trademark infringement, a strike against the chaotic world-wide market for medical gear that has formed during the [coronavirus pandemic](#).

3M said in the suit filed Friday in the Southern District of New York that Performance Supply LLC tried to sell 3M-branded masks to New York City officials for up to six times list prices. It is not clear whether Performance actually had access to such masks or if they were genuine, 3M said. Performance told officials that it was an authorized 3M reseller, the federal lawsuit alleges.

ALSO IN BUSINESS

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“The price they were being charged was simply not acceptable,” said Denise Rutherford, 3M’s vice president for corporate affairs. “They are representing themselves as us—and they are not us.”

Performance didn't respond to requests for comment by phone and email. A New York City spokeswoman said 3M had told officials that Performance wasn't a certified reseller.

"We did not move forward with any purchase," the spokeswoman said.

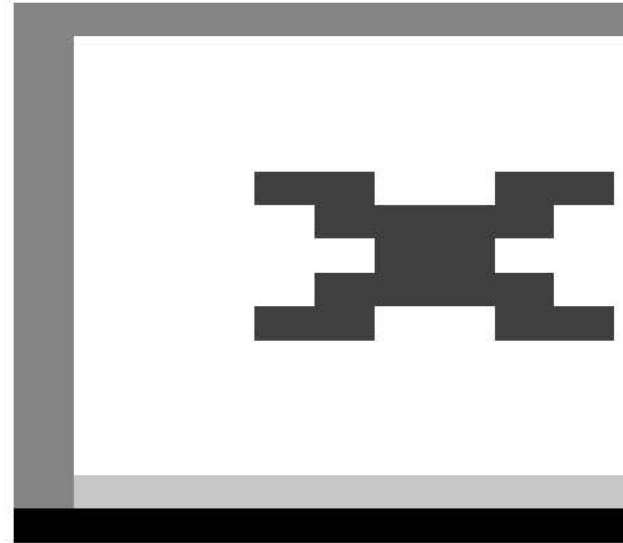
Performance sent an email to a New York procurement official in late March, while coronavirus cases in the city were climbing fast, offering to sell seven million N95 masks for more than \$6 each, according to the lawsuit.

Such masks, which are in high demand globally because they block 95% of very small particles including droplets containing the coronavirus, typically sell for less than \$1.50 each. Average prices for N95 masks have climbed to \$3.59 to \$6.89 each in recent weeks, according to contracting-data provider GovSpend.

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With medical workers facing shortages and the CDC recommending the voluntary use of face coverings, many are wondering when they can get access to N95 masks. WSJ's Gerald F. Seib explains. Photo: SARA ESHLEMAN/GETTY IMAGES

Hospital officials and health-care suppliers across the country say they are getting dozens of emails each day from unknown resellers, offering face masks of unknown quality for high prices. Some have ended up with N95 masks that fail quality-control tests—and put them into use anyway, because supplies are so tight.

3M, the best-known and largest domestic maker of N95 masks, has drawn criticism from President Trump as hospitals reported severe shortages of masks and rising prices. The company has doubled N95 output globally to about 100 million masks a month, including 35 million in the U.S. The company said it hasn't raised mask prices. After President Trump invoked the Defense Production Act against the company last week, 3M agreed to import nearly 167 million masks to the U.S. from its facility in China and distribute them with assistance from the Federal Emergency Management Agency.

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In New York City, officials have said they have struck deals with unfamiliar suppliers because their normal distributors don't have enough gear to meet the massive need for workers in hospitals, emergency services and other city jobs. City officials have asked 3M to sell directly to the city, offering to send tractor-trailers to 3M plants to pick up pallets of masks, a senior city official said. 3M declined, the official said. 3M said its distribution network is the best way to get products to health-care workers.

3M normally sells masks through industrial distributors and retail chains, some of which could end up in the hands of resellers. The company says the most of its masks are now being distributed to hospitals through about six large health-care distributors and FEMA.

3M said it filed the lawsuit on Friday to protect public health and because price gouging was hurting its reputation. Ms. Rutherford said 3M was working with technology companies to flag and remove websites and social-media posts that implied 3M endorsements. Researchers this week said they had identified more than 10,000 Instagram accounts selling face masks, many of which displayed photos of 3M products.

“If we don’t step up, it only allows the perpetrators to continue this bad behavior,” said Ms. Rutherford.

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Recipient:	McCreary, Bryan </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=647fb231854b4116bfae1e60b900bb33-McCreary, B>; Morales, Denise </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7bfa04b611e24ba4b022f62baeda9947-Morales, De>; Villamizar, Frank </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=898f765fa8e74ffd913d0fcd9f24aaa-VILLAMIZAR,>
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ATTORNEY WORK PRODUCT//DELIBERATIVE PROCESS//PRIVILEGED COMMUNICATION

ATTORNEY-CLIENT COMMUNICATION

ATTORNEY WORK PRODUCT

PRE-DECISIONAL

PRIVILEGED AND CONFIDENTIAL

To: Dan Hall, Deputy Chief Counsel, General Law
Carol Ann Adamcik, Deputy Chief Counsel, Operations Law
Robert Parker, Deputy Associate Chief Counsel, RRLD
Crisis A

FROM: Shabnaum Amjad, Deputy Associate Chief Counsel, RAD
Jordan Fried, Associate Chief Counsel, FIMLD

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Date: May 15, 2020

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Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [RD]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System - Ventilators	- CT Governor Lamont announces largest shipment of PPE received to date in fight against COVID-19 - Tribes need of more PPE to assist with their fight against coronavirus. - CT hospitalizations down for the 18th straight day; however, cases and fatalities continue to climb as testing maximizes. - At least three children at Yale New Haven Hospital, CT (New Haven County) and at least four children at Boston's Children's Hospital, MA (Suffolk County) are hospitalized with an inflammatory illness linked to COVID-19. - NH Governor Sununu issued Emergency Order #42 on 5/11 authorizing temporary health partners to assist in responding to COVID-19 in long-term care facilities. A dozen hospitals in NH receiving small supplies of Remdesivir to study if/how well it can alleviate symptoms of COVID-19. - RI Reports show low usage of Battelle Decontamination System.	- PPE shortages continue. - States trying to decompress patient stays. - Personnel: States/Territories are working to expand medical staffing to provide additional care. - Ongoing PPE deliveries to all states	Hospitals continue to monitor modeling of projected peak capacity: including available, required, and shortages of beds, ICU beds, and ventilators.
 Patient Movement [GR]	Emergency Medical Services	Nothing significant to report.	States continue to monitor their EMS capabilities.	Need better data to determine if services will be over capacity.
 Public Health [YW]	- Testing & Surveillance - Mitigation - Assessment Interventions / Treatments - Crisis Counseling	- MA: Brookline (Norfolk County) officials will begin testing 200 first responders and essential workers on 05/11 and participating residents will be tested on 05/15 as part of an antibody testing project in partnership with MA General Hospital - HHS awards almost \$4M to expand COVID-19 testing in VT - Communication roadblock between non-Tribal testing facilities and Tribal Nation remains a critical concern. The lack of information prevents Tribes from protecting their communities, planning for reopening and recovery.	- State governors continue to lay out plans for businesses to reopen and guidelines on social interactions/distancing in a phased approach. - States monitoring early indicators for a second wave.	Planning necessary for staffing and supply needs for possible second wave.
 Fatality Management [GR]	Mortuary and post mortuary services	Nothing significant to report.	Services could be over capacity.	- Requests: body bags/human remains pouches and refrigeration trucks. - Future Actions to be based on HQ's work on alternative methods of delivery of funeral assistance.

Safety and Security [YW]	Food Water & Shelter [GR]
- VT Governor Scott announces a plan to reopen the State's retail businesses beginning 5/18 with restrictions such as all employees are required to wear a facial covering and customers are encouraged to do so as well, everyone maintain a six feet of distance, and occupancy no more than 25%. - RI Governor Raimondo announced limited outdoor dining will start on 05/18. - MA Representative introduces Pandemic Production Act to strengthen American manufacturing and ensure readiness during public health emergencies. - VT researchers at University of Vermont are introducing the PanicMechanic smartphone app for those who suffer from panic disorders, giving users help with COVID-19 related anxiety.	- VT Emergency Management announced a meal distribution for 5/15 which will include the distribution of FEMA food boxes; farmers are struggling and continue to dump milk. - RI Department of Environmental Management is developing the Coronavirus Food Assistance Program (CFAP) as a resource for farmers and residents suffering from food insecurity. Applications for the Supplemental Nutrition Assistance Program, better known as food stamps, jumped 35% last month; food pantries across the Region are also seeing demand up by about 30%.

Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [YW]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	NY: Statewide: 7,083 current hospitalizations (net ▼143; 2,375 net ICU) NYC Hospitals: ICU beds at 72% capacity; all hospital beds at 76% capacity 5/11 NJ Hospitals: All hospitals accepting patients; Total Hospitalizations: 4,226 (▼105) patients including 928 (▼48) in ICU PR Hospitals: 3,071 (45%) adult beds in use; 400 (60%) adult ICU beds in use, dialysis clinics (47/47) (18APR) USVI Hospitals: JFL beds in use: 63%; JFL ventilators in use: 3/10 (▼) (30%); SRMC hospital beds in use: 48%; SRMC Ventilators in use: (21%)	NY: DoD Medical Staff at 9 NYC Hospitals through 5/6 (Woodhull support ends 5/11) Alternative Care Sites: Billie Jean King: Stopped accepting new patients 5/08; to cease clinical operations 5/11. NJ: Long Term Care Facilities: Facilities with outbreaks: 518 (▲3); Total cases: 26,476 (▲79); Lab Confirmed Deaths: 4,953 (▲63) ACS System: 2 Field Medical Sites, 1 Alternate Care Site: Bed Capacity: 1,000; Current Census: 34 (0) PR: Federal Health has allocated \$35 million for childcare and health services. PRDoH will obtain \$6M for Epidemiology Program. Mobile field hospitals: 22, Decon Shelters: 4, ISO shelters: 5, Mass casualty shelter: 3 USVI: USACE continues construction of RTI, reporting 100% completion of the Acute Care 24 bed facility. The RTI ACF, STT FMS, and STX FMS cache inventories have been completed; pending finalization of documentation	NY: VA Hospital (Manhattan) no new patients after 5/15, Samaritans Purse Field Hospital, South Beach Psychiatric ACFs plan to demobilize within next two weeks. Billie Jean King discharge all patients by 5/11 and DDC to restore site by 6/12 NJ: Alternate Care Facilities East Orange General Hospital (Construction complete 5/3) New Bridge Medical Center (complete 4/22) St. Francis Medical Center (construction complete 27APR) New Bridge Medical Center Parking Lot Site (complete 4/30). NJDOH reports critical shortage of surgical gowns and fluid resistant body bags as of 5/5 PR: Elder Justice Task Force will be conducting COVID-19 tests in nursing homes throughout the island on both residents and employees. 1,251 Elderly Care Facilities are being contacted. Identified lat/longs for 735 of 1,251 USVI: Approximately 10-12 volunteer clinicians from IMANA will be heading to the territory. Team 1: 5/22-31, Team 2: 5/29- 6/07, Team 3: 6/05-14. Shortfalls: SMRC - bouffant caps, and shoe covers (SRMC has ordered bonnets but no eta has been provided) JFL- bouffant caps, shoe and boot covers
 Patient Movement [YW]	Emergency Medical Services	NY: NYS transferring patients from downstate area medical facilities to Upstate. NJ: Transportation for COVID+ addressed at county and local level PR: PAS Hotline calls: 26,504 (▲447); Chat Interventions: 16,448 (▲318); First Responders attended: 4,929 (▲11)	NY: National Ambulance activated (task order issued to extend 250 ambulances for 30-day extension to 5/28); 60 BLS began partial demobilization 03MAY NJ: Two demobilizations complete (4/24 and 5/01). 10 ALS and 10 BLS ambulances remain in operation PR: PR Metropolitan Bus Authority operating (7) buses in response to the Medical Appointment Call Program for dialysis patients and other healthcare related meets, USVI: Patients requiring quarantine but not hospitalization are at risk of taking up limited hospital bedding, or of infecting others, need to be placed somewhere safe.	NY: NYNG, NYS ESF 1, and NYS DMNA supporting patient transfers. Shortfalls: PPE and sanitizing supplies. NJ: Secaucus Marriott housing primarily medical staff and low acuity medical patients. Critical incident stress is having impact on crews. NJDHS providing Disaster Response. PR: Limited amount of PPE USVI: VIDOH & VITEMA are scoping the feasibility of using hotels for the isolation/sheltering of ambulatory COVID-19 patients.
 Public Health [RD]	- Testing & Surveillance - Mitigation - Assessment/ Interventions/ Treatments	NY: Cases: 337,055 (NC); 4/27 antibody test results show 14.9% exposure. NJ: Cases: 141,560 (▲817); PR: Cases: 2,329 (▲30); Individuals in isolation: 3,993 (NC); USVI: Cases: 69 (NC)	NY: 30 State Sponsored Testing Sites; 15 Walk-up Sites; 502F status extended for National Guard Members through 31MAY. NYSDOH conducting antibody tests across NYS. Nursing home testing ongoing. HHS sent 22,600 donated vials of Remdesivir to NYS DOH as potential treatment for COVID-19 intubated patients or on oxygen NJ: Bergen County CBTS was open on 5/12; tests completed: 500 - County/Local supported testing sites PR: Villalba hosting video conferences to discuss contact tracing model for replication and educational purposes USVI: VIDOH is working on their non-congregate sheltering strategy should it be needed	NY: Partnering with Northwell Health to establish an initial 24 temporary testing sites at churches in predominately minority communities in downstate New York to build on the network of downstate testing sites. Limiting Factor: NYSDOH looking for volunteers to from State agencies to support antibody testing, NJ: Effective Sunday, 5/3 exhibiting symptoms is no longer a prerequisite for testing. PR: PR Science, Technology and Research Trust and its PR Public Health Trust program will implement a Contact Tracing System starting in the municipalities Villalba, Orocovis, Guayanilla and Yauco USVI: VIDOH revised the COVID-19 expected peak for the Virgin Islands to be 5/26. PPE, sampling materials for COVID-19 testing, high throughput testing still constrained by lack of laboratory supplies.
 Fatality Management [YW]	Mortuary and post-mortuary services	NY: Fatalities: 21,640 (NC); Unified Victim Identification System activated 18APR NJ: Fatalities: 9,702 (▲194); Mortuary services are being overwhelmed. PR: Fatalities: 115 (+1); Morgue availability: 258 (▼10) of 299 (86%) (5/11) USVI: Fatalities: 6 (+1); SRMC morgue capacity exceeded 16/11 (136%); JFL: 12/12 (100%) capacity.	NY: Arrived: 85 refrigerated trailers (discussions ongoing about requirement); at least 17,425 (+ 1,458) human remains pouches (current inventory 23,128 at NYS sites, 27,670 at NYC Edison Warehouse); NJ: Temporary Morgue Site in Newark is currently holding 181 out of 385 (47%) capacity. Millstone Morgue currently holding 71 of 1,536 (5%) capacity. PR: Mass Fatality Working Group final analysis includes 347 hospitals and FSB morgue spaces; 7 containers with 280 additional morgue spaces; 1,289 funeral homes and crematories cold storage; 68,000 burial spaces for new clients; 26,500 niche spaces for new clients; and 570 authorized vehicles to transport deceased USVI: SRMC is doubling up on the storage of remains; no ETA to resolution. - OPS coordinated with VI DoJ to prepare for the arrival of DMORT planners on 5/10	NY: Coordinating with NYC on retrograde/replacement of refrigerated trailers in support of new FEMA refrigerated trailer contract (Currently 85 trailers in NYC). Limiting Factor: Proper shelving installations in refrigerated trailers and containers. Shortfalls: Staff for Mortuary Assistance. 87,331 human remains pouches for NYS NJ: Managed by New Jersey State Temporary Morgue Program PR: DOH is coordinating for the establishment of a Virtual Family Assistance Center: Five (5) areas are being contemplated: Emotional and Spiritual regarding the grieving period; Documentation (death certificate); Burial and Cremation permits, families states want to conduct the burial or cremation process; Final disposition coordination; Financial Assistance
Safety & Security [GR]			Food Water & Shelter [GR]	
			- Food banks demand up 40-60% Upstate; up 40% on Long Island; up 100% in NYC; up 200% in Westchester "Nourish NY Initiative" to connect Upstate farms with food banks and partner with Dairy producers	

Health and Medical Lifeline

Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [GR]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - Veterans Affairs Health System	Hospitals: DE: Only Beebe Hospital is above 90% capacity; however, only 15% of ICU beds are available, as of 5/12. ACS: DC: Convention Center ACS ready to receive patients. PA: Dept of Health reporting there positive cases at 540 long-term care and personal care homes, 38 jails/prisons and 139 food industry facilities as of 5/12. Medical Augmentation for medical support to Alternate Care Site in East PA; MA end date 5/17. VA: The three large ACFs in VA will no longer be displayed on the R3 ACS Map until/unless VA re-initiates the large ACF process. Other: WV: Federal Bureau of Prisons suspended visitation at FCI Gilmer until further notice after confirming four additional positive COVID-19 cases associated with the prison, bringing the total to five. All five were inmates, not staff.	Hospitals: Areas seeing higher number of hospitalizations due to COVID-19 may need decompression or addition of personnel to manage the situation. Seeing an increase in non-COVID19 related ailments not being treated could be a sign of a hospital reaching its capacity. ACS: Play critical role in effectively combatting COVID-19. Some ACS are being placed in “warm” status to keep prepared in case of influx of cases. Sites moving to a “warm” or status indicating a slowdown could be a good sign as this could be an indicator that hospitals are effectively managing surge or are ahead of the curve.	Non Responsive Record
	 Patient Movement [GR]	Emergency Medical Services	NSTR	
 Public Health [GR]	- Testing & Surveillance - Mitigation - Assessment/Interventions/Treatments	Testing & Surveillance: DE: 100 DNG personnel will undergo training to perform contact tracing (35 of them at a time). Once trained, they will go to various areas to conduct contact tracing activities. PA: Mohegan Sun CBTS reports a decline in demand for testing and will reduce staffing by 50% on 5/11. VA: NG has increased testing to 1,000/day. WV: DHHR at Pilgrim's Pride Meat processing facility testing resumed 5/12, first 454 of 860 test collections were completed 5/11. 400 were delivered to WVU lab and 54 to the State Lab.	Testing & Surveillance: Testing plays an important role in assessing the current and future state of COVID-19's progression, especially as it relates to vulnerable facilities and populations. Mobile testing sites could help reach areas with the inability to drive to get a test. Limited test supplies could result in underreported case numbers. Doing training for anticipated future influx of cases is effective in managing how COVID-19 spreads and helps manage our future capacity needs. Mitigation: Effective coordination/communication between States could result in best practices to help in mitigation efforts in the future.	Future Actions: DE: Beebe Healthcare will be conducting testing of Mountaire Farms in Millsboro week of 5/14
 Fatality Management [GR]	Mortuary and post-mortuary services			
Safety & Security [GR]			Food, Water & Shelter [GR]	
- The Governors of VA, WV, MD, DE, PA and the DC Mayor, unveiled plans to reopen. DE: Governor announced that the State of Delaware entered into an agreement with the research institution “NORC” at the University of Chicago to build Delaware’s statewide COVID-19 contact tracing program. VA: Governor issued Executive Order 62, delaying Phase One of the “Forward Virginia” plan in specific localities in Northern Virginia. Governor announced a pilot program with the City of Richmond to increase access to personal protective equipment (PPE) in underserved communities. Public Safety: Individual Assistance limited to the Crisis Counseling Program for all States, Commonwealths and Districts.			Food: DE: Beebe Healthcare will conduct testing of Mountaire Farms of Delaware in Millsboro this week (5/14-5/15). MD: Eastern Shore Poultry Task Force reports Amick Facility Hurlock Testing occurred 5/12, and another will occur 5/13 in the evening to accommodate both shifts. VA: Tyson plant and Perdue plant conducted 3,100 tests over the weekend 5/9 - 5/10. WV: DHHR at Pilgrim's Pride Meat processing facility testing resumed 5/12, first 454 of 860 test collections were completed 5/11. 400 were delivered to WVU lab and 54 to the State Lab.	

Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [YW]	- Hospitals - Nursing Facilities - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System - PPE - Ventilators - Pharmaceuticals - State Sites / Critical Needs - Federal Sites / Critical Needs - Staffing Concerns / Critical Needs	<u>Healthcare Facilities / System Status:</u> - All states: Monitoring status of all key elements, each state has some type of PPE need for maintaining a 10-day safety net. - KY: Hospitals are beginning to open previously closed services with guidance from KDPH. - MS: 18 hospitals reporting low to critically low staff; PPE shortage across the spectrum. State is monitoring staffing shortages. No request for Federal support <u>Long Term Care / Nursing Homes</u> - All states: All states tracking NH cases and assessing for needs - AL: As of 5/13 - 48 nursing homes as of 5/12 have cancelled cleaning by the National Guard. 84 missions completed, 83 in progress. 6 on hold. - FL: As of 1730 5-12, there are 519 LTC Facilities with a COVID-19 outbreak. - KY: currently 85 LTC facilities with at least one COVID-19 confirmed cases. - NC: 5/13: State is monitoring and responding to confirmed outbreaks in LTCFs in Duplin and Robeson counties. No Federal assistance anticipated. - SC: 90 assisted-living / long-term care facilities with positive COVID-19 cases (residents and/or staff). 43 facilities with 3 or more cases. 1,267 total cases. 121 deaths. - TN: 5/13: 42 (+0) LTC facilities have reported clusters of 2 or more COVID-19 positive cases. The state is expanding testing for 700 LTC facilities. TN is addressing issues for patients and staff at the state and local level. <u>VA Health Systems:</u> - TN: 5/13: TN State Veteran's Homes to begin testing; Knoxville 111 residents, 163 employees' results pending; Murfreesboro to begin testing today. <u>Availability Issues of Medical supplies/PPE</u> - NC: 5/13: PPE Push Pack being implemented to increase access to PPE for long-term care facilities. Push Pack will include face shields, procedure masks, gloves and shoe covers for 10-14 days, along with a guidance document on proper use.	<u>Healthcare Facilities / System Status:</u> - ALL states: Nursing home outbreaks, staffing shortages, and PPE shortages. All issues are being addressed by states; no requests for federal staff/assistance. - VA: Must maintain the VA healthcare system to avoid further stress on other healthcare entities. <u>Availability Issues of Medical supplies/PPE</u> - Monitoring Remdesivir distribution strategies and capacities within states. <u>Alternate Care Sites:</u> State/Federal/USACE Activity - ACSs vital to decrease overcrowding of hospitals - Medical surge plans requested for USACE ACS buildout requests to justify need of the site. <u>Availability of Personnel</u> - ACS management will be adversely affected if there are shortages of healthcare providers. - NH staffing shortages in all states can increase morbidity/mortality rates among residents. Monitor for requests for assistance.	<u>Healthcare Facilities / System Status:</u> - AL FL, GA, KY, MS, NC, SC, TN: monitoring requests for assistance for long term care <u>Availability Issues of Medical supplies/PPE</u> - Critical Care Decontamination Systems (CCDS): AL: Battelle system being relocated due to problem with insurance that was being demanded by building owner as of 5/13; AL currently evaluating 3 places (1 state owned and 2 private properties). Best case, it could be moved starting tomorrow and operational by 5/20; FL: 5/4 - unit operational; GA: 5/5 - unit operational; KY: 5/4 - unit received; MS: 5/11 Battelle system has completed testing and is prepared to receive masks.; SC: 5/13 - operational; TN: 5/12: Unit operational and processing material <u>Alternate Care Sites:</u> State/Federal/USACE Activity - FL: MBCC is operational. Current census = zero patients. All other ACS locations have been placed in a "Dark" status until needed. - GA: As of 5/12 GWCC has 9 inpatients, no further patients to be admitted and beds are reduced from 200 to 25. Rome 20-bed facility turned over to hospital. Phoebe Putney 24-bed facility in Albany, GA is operational. Macon 24-bed facility turned over to hospital. Gainesville 20-bed facility in Gainesville, GA has containers expected to arrive on 5/12. Expect to turnover to hospital on 5/18. - TN: 5/13: ACS buildout of Nashville General Hospital 37% completion. Completion estimated 5/29. Continue to monitor build-out progress of Commercial Appeals ACS from USACE. 5/13: 95.1% completion 5/13: Delay in Commercial Appeals opening to 5/18. - KY (KFEC) 250 beds set up with zero census <u>Availability of Personnel</u> - KY: RRF to request extension of Title 32 assets in system
 Patient Movement [GR]	Emergency Medical Services	NSTR		
 Public Health [YW]	- Testing & Surveillance - Mitigation - Assessment/Interventions/ Treatments	<u>Testing and Surveillance:</u> All: seeing a greater need for testing support. With States planning to reopen, the expansion of testing is critical. - SC: As of 5/13, awaiting further updates regarding arrival of collection materials. As of 8 a.m., there are 3,425 vials of transport media. <u>Mitigation:</u> All: States are reopening or have reopened sections of their state based on phased approach dictated by their leadership and current modeling forecasts. - MS: EO 1483, EO 1480; Safer at home order extended until 5/25 with certain businesses allowed to open - NC: 5/13: EO #139 - Provides regulatory flexibility for the Health Care System	<u>Testing and Surveillance:</u> Widespread testing challenges in all States. Manufacturers are ramping up production and should see increases throughout May. Pro rata shipments. <u>Mitigation:</u> TN DOH is anticipating increases in COVID cases and deaths following the lift in social distancing regulations	<u>Testing and Surveillance:</u> All states: Monitoring testing supply levels and reconciling with logistics. <u>Mitigation:</u> All states: Monitoring the effect on cases with reopening of local businesses / tourist attractions
 Fatality Management [GR]	Mortuary and post-mortuary services	- All States: Assessing need for support - TN: 5/12: TEMA submitted a new RRF for a refrigerated storage trailer, human remains pouches and PPE for fatality management (amendment to previous RRF).	All states: Ensure the state has capacity to handle deceased in culturally sensitive manner	All States: Monitor requests for federal support
Safety & Security [GR]			Food Water & Shelter [GR]	
No reported shortages of staffing needs for law enforcement personnel			Non-Congregate Shelters (NCSs): 48 requests received with 46 approved and 2 in process; 31 requests for extension have been received and 23 have been approved.	

Health and Medical Lifeline

Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [YW]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	<u>Alternate Care Sites:</u> - IL: McCormick currently at 0 patients, no longer receiving patients; will remain in a warm status (ACS WG, 5/11) - MI: Detroit – TCF, no longer receiving patients, will remain in a warm status; 7-day process to reopen is planned not to require federal assistance. ACS site in Novi remains open. (LNO, 5/12) <u>Long Term/Alternative Care Services:</u> - Regionwide: Trend of COVID cases/deaths and PPE shortages within LTC facilities (LNOs 4/23) - MN: 80% of COVID deaths associated with LTC/assisted living facilities (LNO, 5/13) <u>Medical Supplies/PPE:</u> - Regionwide: Shortage of PPE (gowns) IL, WI, MN urgent need (LNOs, 5/4); States requesting an update to RRFs for general PPE more than 30 days old (LNOs, 5/1) - OH: Planning to distribute PPE to all counties today (LNO, 5/13)	<u>Alternate Care Sites:</u> - NSTR <u>Long Term/Alternative Care Services:</u> - LTC are potential hotspot/priority issue. Being handled by states currently. - LTC/assisted living remain vulnerable; LTC fatality rate is much higher in MN. <u>Medical Supplies/PPE:</u> - Gown shortages nationwide; no immediate resolution unless states able to procure by other means (locally or donations) - PPE supply chain improving	<u>Alternate Care Sites:</u> - NSTR <u>Long Term/Alternative Care Services:</u> - NSTR <u>Medical Supplies/PPE:</u> - States have been asked to reconsider long-outstanding RRFs for PPE (5/12)
 Patient Movement [GR]	Emergency Medical Services	States have submitted RRFs for non-medical PPE; States requesting an update to RRFs for non-medical PPE more than 30 days old (LNOs, 5/1)		
 Public Health [GR]	- Testing & Surveillance - Mitigation - Assessment/Interventions/Treatments	<u>Testing & Surveillance:</u> - MI: testing has reached approximately 15,000 tests/day with a goal of 30,000 by the end of the month. (LNO 5/13) - MN: As testing expands, total cases are likely to grow (LNO 5/13) <u>Mitigation:</u> - States in various phases of reopening and reduction of mitigation measures.	<u>Testing & Surveillance:</u> - Testing capacity is one of the triggers for reopening; widespread public testing and contact tracing is required to effectively conduct surveillance. States are currently unable to meet demand. <u>Mitigation:</u> - Several states working to increase capacity to track spread and determine appropriate containment measures.	<u>Testing & Surveillance:</u> - Widespread testing and surveillance is resource and labor intensive <u>Mitigation:</u> - NSTR
 Fatality Management [GR]	Mortuary and post-mortuary services	MI: 18 remains at the temporary morgue location. 2 were released, 5 received on 5/12; continue to look for additional sites. (CGS, 5/13)	Regionwide: States continue to experience ups and downs in new cases and deaths (HHS, 5/13)	

Safety & Security [GR]	Food Water & Shelter [GR]
OH: NG is drawing down the prison support missions. (LNO 5/13)	- States continuing to monitor for hotspots and potential for extraordinary needs. - IL: Meat processing at 73% capacity, 300k (-200k) pigs should have been slaughtered, depopulation will need to begin by 5/18 (LNO 5/13) - Indiana Packers (Pork processing) almost at 100% operating capacity (LNO 5/13)



FEMA

COVID-19 Region VI Snapshot

Wednesday, May 13, 2020

Health and Medical Lifeline



Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [YW]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	- Medical: AR: 64 (+12) COVID-19+ and 77 PUI hospitalized; 37 (-39) in ICU, 13 (+1) COVID-19+ on ventilators. LA: 1,320 COVID-19+ hospitalized, 146 on vents; 192 PUI hospitalized, 4 on vents; NM: 199 (+5) COVID-19+ hospitalized; OK: 86 (+6) COVID-19+ hospitalized, 50(+2) in ICU; 132 (+22) PUI hospitalized, 43 (+8) in ICU, TX: 2,066 (+86) COVID-19+ hospitalized; 412 (+17) on ventilators. - Identified Areas of Concern (not all encompassing): AR: Gov concerned about community outbreak potential in St. Francis County. [Location of Forrest City Federal Correctional Institution Forrest City]. LA: Allen, LA: Federal Correctional Institution Oakdale I and II; OK: Top 4 counties include: Oklahoma, Tulsa, Cleveland, and Texas (HHS LNO); D&A TF and ASPR identifies Texas County including Guymon CBSA with increasing cases; Hinton Prison, Caddo County (40 x COVID+). TX: Report of outbreak at ICE Processing Center (Pearsall TX) - 31 detainees, and 7 employees COVID+; TX LNO reported increased testing, nursing homes, and long-term care facilities are contributing to case number increases. TX Gov issued directive for all nursing home residents and employees to be tested. - Medical/PPE: NM and TX PPE in transit, arrive 5/13 or 5/14. - ACS: Operational: LA (2) – assessing contract w/Morial Convention Center; NM (3), TX: (1 warm); in OK, construction completed OK City (5/8) and Tulsa (5/10). - Battelle System: Operational: AR (1), LA (1), NM (1), OK (0) – deciding on location; TX: (6). - Non-Congregate Sheltering. FEMA recognizes non-congregate sheltering is necessary to protect public health.	- Medical: As states open, increased in bed/ICU bed occupancy and ventilator usage may occur. - Prisons: Medical/ public health challenges associated with incarcerated populations. - Tribal: COVID rates in Tribal communities (NM) an area of concern; current models may underestimate the impacts which could negatively affect response efforts to support our Tribal communities. - ACS: Relieve stretched hospital capacities. - Receipt of Battelle Systems are enhancing capabilities of medical facilities to reuse PPE. - Non-Congregate Sheltering. TX: 19 approved/11 pending; AR: 3 sites, LA: 4 sites pending; OK: 1 approved; NM: 1 approved.	- Medical: As states open, increased in bed/ICU bed occupancy and ventilator usage is closely monitored to stay ahead of critical shortages. - Prisons: Prison Administrators working with state, county to manage any outbreaks and testing. - Tribal: Assessing hospital capacity and needs to better predict needs/support requirements - Non-Congregate sheltering: Capabilities are used for severe weather event(s) and to relieve congregate sheltering in COVID 19+ environments.
 Patient Movement [GR]	Emergency Medical Services	No issues reported to change lifeline status.	N/A	N/A
 Public Health [YW]	- Testing & Surveillance - Mitigation - Assessment/ Interventions/Treatments	- Testing: OK: Partnership with Blue Cross Blue Shield to implement mobile testing in underserved areas (LNO); Launched “Caring Vans (mobile COVID 19 testing) to underserved areas in OK City area; TX: total of 79,000 tested; Governor’s goal is 25,000 tests/day. (ASPR), EMTF completed 2-day testing mission to Tamina, TX (LNO); NM: NMDOH announced COVID-19 testing for all workers in the state. - CDC Field Teams Deployed: Forrest City, AR; IHS NM; Texas County, OK, Multiple locations, OK, and Amarillo, TX. - CBTS: Texas tested 2,397 on 5/13. - Contact Tracing: AR: Intending to expand the capacity of contact tracing; LA: Testing will go live 5/15, TX: DSHS is expanding the public health workforce to conduct contact tracing (HHS). - Navy EMF: Extended at Baton Rouge GH through 5/31.	- CDC Field Teams: Conducting contact tracking, assessments, testing, technical assistance, site recommendations for water, and worker/public safety. Expecting CDC field reports with testing results. - Contact Tracing: Contact tracing is part of the process of supporting patients with suspected or confirmed infection. - Navy EMF: Overall EMF mission assignments expected to change based on national needs. - National Guard: Extension of T32 National Guard will allow for increased support of states and tribes.	- Testing: Swabs are a primary concern to meet output; PPE usage is monitored as states open testing to asymptomatic residents. - CDC Field Teams: Field teams are deployed to areas monitored, or suspected, of becoming a hotspot, and will continue to monitor if required. - Contact Tracing: Limiting factors may be number of trained contact tracing personnel, wrap-around services, and IT services. - Navy EMF: Continue to request allocation of Navy EMS personnel to satisfy current and projected demand. - National Guard: Refer to DCO briefs for limiting factors. None to report from FEMA Region 6.
 Fatality Management [GR]	Mortuary and post-mortuary services	No recent issues reported.		
Safety & Security [GR]		Food Water & Shelter [GR]		
Unemployment: LA: ~\$1.5B in unemployment claims (UCG), ~ 22% unemployment Rate. NM: \$427M+ paid in unemployment benefits as of 5/6 (NM JIC). OK: 430,000 have applied for unemployment benefits; 63,000 claims pending (LNO), TX: ~146,000 claims for unemployment recorded week ending 3/21.		AR: Depopulation of broilers (~1M) last week; decreasing poultry supply chain backlog (ESF 11); LA: ~80,000 poultry depopulated; no issues with beef/dairy cattle or pigs (ESF 11); New Orleans shared draft food distribution plan; projects over 1M meals over 30-days (LNO); foodbank issues with limited food purchases within supply chain; GOHSEP working to identify issues and needs; USDA Household Distribution extended through May (LNO). NM: Continuing food/water distribution to tribes; ~1,040,266 lbs. delivered or planned (SITREP); OK: Fed more Oklahomans in a single 2-week period than ever in any 6-month period (Gower); additional Disaster Household Distribution through 5/18 in the OK metro area; identifying depopulation requirements in Guymon for an estimated 250,000 hogs; TX: Hotspots ongoing due to meat/poultry processing facilities: Amarillo area and TX along LA border including Tyson Meat Packing Plant; TXNG assisting in testing 4,000 Tyson workers (DCE) [Lifeline implication are captured in Health and Medical].		

Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [RD]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	<u>Long-term care facilities</u> - Long-term care facilities with COVID outbreaks: IA 32 (+0), KS 24 (+5), MO 150, NE 73 (+3) (IA, MO, & NE Branch SITREPs 5/12, KS SEOC SITREP 5/11, NE DHHS daily data ASPR 5/12). <u>Medical</u> - Hospitalized: IA: 385 (-9), KS: 660 (+0), MO: 749 (-75) NE: 192; (IA, KS, & MO Branch SITREPs 5/12, NE Branch Ops Briefing 5/12). - Admitted last 24 Hours: 28 (+3) (IA Branch SITREP 5/12). 1 ACS in St. Louis, MO; has 100 beds with 0 patients as of 5/13 (Med Surge TF EXSUM input 5/13). <u>Supply</u> - All 4 states and tribes have unfilled RRFs for testing supplies and PPE. - KS received 100,000 KN95 masks from Taiwan to be distributed to hospitals and healthcare facilities on Monday.	<u>Long-term care facilities</u> - Long-term care facility mortality: NE 62 (+9) deaths NE (Branch SITREP 5/9/2020) <u>ACS</u> - ACS is operational. MO and Treat TF is monitoring patient census. <u>Supply</u> - MO received 1,108,000 cloth masks 5/11/2020, purchased by SEMA. - NE received 200k+ N-95 Masks, 97k+ Gowns, 5k Face Shields, and 5,400 Goggles May 8-10, federally-procured. - Kansas' KN95s did not meet N95 criteria in fit-testing.	<u>Long-term care facilities</u> - FEMA HQ pushing PPE to long-term care facilities; no visibility at regional level. - Monitoring requests for assistance from the states. <u>ACS</u> - MO is planning to close ACS <u>Supply</u> - R7 Logistics is working both national capabilities and local contracting efforts to fill all RRFs for PPE and testing supplies in RVII. - Battelle PPE decon systems operational in MO & KS. - FEMA and OFAs support distribution of cloth facial coverings for critical infrastructure workers who do not need PPE for work. - KS KN95s will be issued for non-medical usage.
 Patient Movement [GR]	Emergency Medical Services	NSTR	NSTR	NSTR
 Public Health [RD]	- Testing & Surveillance - Mitigation - Assessment/Interventions/ Treatments	Testing - Test Iowa sites open in Des Moines, Waterloo, Sioux City, Cedar Rapids, Denison and Davenport. More temporary sites planned in Ottumwa and Storm Lake. (IA Branch Ops Briefing) - Today's new cases include 319 Sioux City-area Iowans who tested positive at a Tyson beef plant in Nebraska last month (IA Branch SITREP 5/12). - Test Nebraska sites open in Grand Island, Omaha, Lincoln, and one in Schuyler for an outbreak connected to a meat packing plant. (NE Branch SITREP 5/12)	Testing - Assessing outbreak progression in congregate facilities and vulnerable populations. - NE requested swabs & media to support immediate testing in and around meat packing plants with outbreaks. - NE needs PPE and disinfectant wipes 4 May 2020. 33% of those tested in Louisa Co and 30% of those tested in Tama Co have tested positive.	Testing Title 32 forces are assisting with testing support and logistics and other missions across RVII.
 Fatality Management [GR]	Mortuary and post-mortuary services	NSTR	NSTR	NSTR

Safety & Security [GR]	Food Water & Shelter [YW]
- Corrections cases: IA: 21 (+0) inmates, 13 (+1) staff across 4 (+1) facilities; KS: 694 (+15) inmates (+27) (3 deaths), 97 staff (1 death) across 3 facilities; MO: 42 inmates (1 death), and 24 staff (ESF13 SITREPs 5/8/2020 5/12/2020, KS Branch Ops briefing, IA Branch SITREP 5/12/2020). - MO: 34 inmates & 5 staff tested positive at Lincoln Co jail.	5 CDC staff in NE to assess and make recommendations to protect worker safety at meatpacking facilities and support related community mitigation (NRCC 5/13) - Meat packing facilities closed or reduced production: IA: 7; KS: 7; MO 8; NE: 17. (RVII Data Analytics, KS SEOC SITREP 5/11)

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 Medical Care [YW]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	<u>PPE</u>: Shortage in most Region 8 States - CO: Most hospitals reusing and/or have conservation in place and operating within Crisis Standards of Care for supplies and PPE; 1 (-1) hospitals anticipating PPE shortage within 1 week; 143 facilities registered with Battelle for system use; second Battelle system arrived in Montrose. (CO IMAT-A) - MT: Received Battelle decontamination system (MT FIT) - Active Battelle Systems in R8: Adams County Fairgrounds (near Denver); Montrose, CO; Bismark, ND; Billings, MT; Helena, MT <u>Ventilators</u>: Potential ventilator shortages - CO: Not a shortage of ventilators in the State at this time. 64% (+3%) of critical care ventilators available statewide and 94% non-critical care ventilators available statewide. (CO IMAT-A) <u>Hospitals</u>: Potential bed shortages <u>LTC & Nursing Homes</u>: - CO: 199 (+21) outbreaks at long term care, skilled nursing, residential and non-hospital healthcare facilities; this includes 431 deaths (+88 from 5/5 report), 1,925 positives (+410 from 4/29 report), 1,671 staff positives (+260 from 4/29 report) (CO IMAT-A)	- Healthcare workers have increased exposure to virus; able to decontaminate and reuse PPE and N95 masks - Impact to patient care and possible life saving life sustaining issue (CO IMAT-A) - Continued threat to health and safety to residents and staff.	- Numerous PPE RRFs across Region - States identified potential Alternate Care Facilities (ACF): SD: SDNG selected 2 locations for ACFs in Sioux Falls & Rapid City (SD FIT); MT: MTNG started construction on Alternate Care Site in Billings; Construction begun on Kalispel ACS (MT FIT); UT: UDOH coordinating with University of Utah Health to “extend” their facility license to the ACF at the Mountain America Expo Center if it needs to go into operation (UT FIT) - Colorado Alternate Care Facilities: USACE construction complete at: Denver Convention Center (250 beds, 6/4 projected operational date); Ft. Collins Ranch Complex (200 beds, 6/11 projected operational date). State of Colorado ACS: Westminster, St. Anthony’s North (88 beds, 5/12 construction finish date, 5/25 projected operational); Pueblo, St. Mary Corwin (120 beds, 5/24 construction finish date, 6/18 projected operational); Grand Junction, Western Slope Medical Care suspended - CO: Colorado Department of Health working to develop mitigation measures in response to the healthcare facility outbreaks (long term care, skilled nursing) (CO IMAT-A)
 Patient Movement [GR]	Emergency Medical Services			
 Public Health [YW]	- Testing & Surveillance - Mitigation - Assessment/Interventions/Treatments	- Increased testing goals Regionwide - MT: Reports four consecutive days with 0 new cases (MT FIT) - CO: Colorado National Guard conducting mobile testing in area hot spots; Statewide “Safer-at-Home” executive order (CO IMAT-A) - Numerous states working on phased easing of restrictions and opening of economies - Randomized population testing (University of Utah) continues (UT FIT) - All R8 States received Remdesivir (R8 LOG)		- Testing supplies needed Regionwide - Numerous RRFs for Testing Supplies across Region - CO: Mobile testing occurring in LTC facility hot spots. (CO IMAT-A)
 Fatality Management [GR]	Mortuary and post-mortuary services			

Safety & Security [GR]	Food Water & Shelter [GR]
- CO: Correctional Facilities: - Sterling Correctional Facility, Logan County: (262) positives; (+21 from 4/30); (1) death (+1 from 4/30); (12) staff positive, (+1 from 4/30) - Van Cise-Simonet Detention Center, Denver County: (84) positives; (0) deaths; (1) staff positive	- UT: JBS Beef in Hyrum has had reports of cases. Testing continued over the weekend and continues 5/11 (UT FIT) - CO: Facility report is published weekly on Wednesdays. (CO IMAT-A) - JBS Plant, Weld County: (280) staff positives; (+35 from 4/30); (7) deaths, (+2 from 4/30) - Leprino Foods, Ft. Morgan: (82) positives; (+2 from 4/30); (0) deaths - SD: Demkota Beef Plant in Aberdeen, SD (Brown County) has reported 41 cases tied to the plant; Demkota Plant in Aberdeen, SD (Brown County) has 76 cases; of those, unknown recovered; Smithfield Plant in Sioux Falls, SD (Minnehaha County) has 853 cases; of those, 803 have recovered and 245 close contacts positives have been identified; of those, 236 have recovered. (SD FIT)

Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)																
 Medical Care [YW]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	RIX Priorities: Tracking/supporting PPE supply chain, medical and testing supplies, healthcare facilities, and reopening strategies. Hospitals: Projected peak dates (Kinsey Model): AZ, CA in July; GU in September; NV, HI, CNMI in October. No indication of exceeded hospital capacity in the next 30 days for: AZ, NV, CA, HI, GU, CNMI Personnel: RIX States/Territories/Tribes (STT) recruiting volunteer health professionals. Medical Supplies: RIX STT continue to coordinate logistics of medical supplies/PPE supply chain. - Battelle CCDS: CA: two (2) operational; NV: one (1) operational (available to tribes in NV, AZ, CA, UT; working to expand list of organizations utilizing unit); AZ: operational date of 5/9. - CA: EMSA assisting onboarding process for medical personnel being hired via CA Health Corps through 5/7. ACS: Continue to track ACSs in RIX. CA (16), AS (1), CNMI (1), and NN (2) have operational ACSs. Navajo Nation (NN); Chinle construction completed on 5/1, with final walk-thru and handover ceremony on 5/4. Pharmacy cache for ACS Shiprock scheduled delivery 5/5 and Chinle delivered 5/2. Wrap around services on-going at both sites, projected completion by 5/10. Coordinating with S/T/T to assess requirements for maintaining ACSs in a warm status. <table><tr><th colspan="4">RIX Medical Surge Capacity - ACS/FMS Status (ACS Tracking, May 12, 2020, 1700 PDT)</th></tr><tr><td>TOTAL ACS/FMS</td><td colspan="3">72 (+3)</td></tr><tr><td>Total Potential Capacity (+346)</td><td colspan="3">19,524</td></tr><tr><td>Total Current Capacity (-330)</td><td>2,926</td><td>/ 3,201 (-100)</td><td>91%</td></tr></table> USNS Mercy: No patients on the USNS Mercy. USNS Mercy crew deployed three SNF strike teams supporting: (1) Virgil Rehabilitation and Skilled Nursing Center (LA); (2) Astoria SNF (LA) - fully operational strike team; and (3) Golden Cross Health Care (Pasadena). - Navajo Nation: Upward trend inpatients (5/10; 82 new cases – total of 3,204 positive and 102 fatalities). Percent positive consistently above 14% of all tests run, and above 27% for tests run in IHS health facilities.	RIX Medical Surge Capacity - ACS/FMS Status (ACS Tracking, May 12, 2020, 1700 PDT)				TOTAL ACS/FMS	72 (+3)			Total Potential Capacity (+346)	19,524			Total Current Capacity (-330)	2,926	/ 3,201 (-100)	91%	Personnel: Expanding medical staff will provide additional COVID-19 care, testing, contact tracing, and prepare for increases in cases. Medical Supplies: Low availability of PPE impacts health and safety of health care workers. Battelle Decontamination Units being used to recycle PPE ACS: HHS SMEs completing future ACS planning while available. Resource limits impact the number of sites that can be kept warm.	Shortfalls: PPE availability and supply chain tracking; testing capacity, test kit, and testing collection supply; health and medical surge; and staffing needs (i.e., to perform tests and contact tracing). Personnel: RIX STT continue to recruit volunteer health professionals to address personnel shortfalls. Medical Supplies: SNS pushes complete; Tracking HQ PPE pushes for skilled nursing facilities. Veterans Affairs: Deployed four six-member Nursing support teams to provide medical support and infectious disease mitigation education at four SNFs in Los Angeles area. NN priorities: fill PPE shortfalls at HIS and tribal (638) hospitals. NN in coordination with Federal Partners are working to open new ACS and Congregate Care Shelters - ACS: Navajo Nation, Indian Health Services (IHS), and ASPR Commander have completed determining criteria for patient assessment at ACS and disseminated the information on 5/11 to all hospitals, ACS, and Isolation Sites on the NN. - ACS (Chinle): First 213 request submitted for patient admission to Chinle Hospital Isolation Site; request at IHS for approval on 5/8, pending approval 5/11.
RIX Medical Surge Capacity - ACS/FMS Status (ACS Tracking, May 12, 2020, 1700 PDT)																				
TOTAL ACS/FMS	72 (+3)																			
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 Patient Movement [GR]	Emergency Medical Services	The contract between the Navajo Nation and American Medical Response (AMR) for the transportation of COVID patients to and from all medical facilities cleared the Navajo Nation Department of Justice as of 5/9 and is with the President of the Navajo Nation for signature.	NN: Expanded transport capability reduce the strain on current providers.																	
 Public Health [YW]	- Testing & Surveillance - Mitigation - Assessment/Interventions/Treatments	Priority: • Priority: RIX STT expanding testing capabilities, setting testing goals, and opening drive-thru testing sites to be able to relax stay-at-home (SAH) restrictions. NV, CA, NN, Tribal, CNMI focused on contact tracing. CA's six indicators to modify SAH order. RIX Total Testing: 1,293,213. Breakdown: AZ: 122,842. NV: 76,914. CA: 1,033,370 (5/11). NN: 14,727 (5/10). Tribal: 5,974 (5/10). HI: 38,467. AS: 103. GU: 4,124, CNMI: 3,146 (5/12). Testing Capacity: AZ est. weekly: 20,000 tests/day. NV current: 4,000 tests/day. CA long-term goal: 80,000 tests/day. HI est. weekly: 19,000 tests/day. AZ Testing Blitz Campaign started 5/2; goal to collect 10-20,000 samples per Saturday, for next 3 Saturdays. Awaiting results of 5/2 Testing Blitz. Surveillance: STT expanding infection control and contact tracing capabilities. NN Epidemiology conducting contact tracing training; to be completed by 5/15. HI: DOCD is monitoring a family cluster of five confirmed cases in Oahu. RIX Running Totals (5/12): Cases: 92,179 (+2,016) (+2%). Fatalities: 3,856 (+106) (+3%). Mitigation/Stay-at-Home Orders (SAH): AZ and NV extend SAH until 5/15. CA: Gov. Newsom announced some retail can reopen 5/8; operational changes in effect that support physical distancing. HI DOH developing “safe conduct” guidelines as HI reopens. GU extends public health emergency until 5/30 Recovery: AZ elective surgeries, retail stores, and salons can reopen maintaining social distancing and proper sanitation/safety measures; dine-in restaurants open 5/11 with same restrictions. CA Dept. of Public Health issued guidance for higher education institutions on recommended steps to reopen (5/7).	Testing: Limited testing affects ability to capture COVID-19 incidence and prevalence to inform planning. State labs reduced testing capacity compared to private sector due to supply chain limitations. Total testing capacity limited by high burn rate of collection and testing supplies, not testing platform capacity. RIX Cases/Casualties: SAH/social distancing helping to flatten COVID-19 curve in RIX.	Testing: RIX STT continue to request swab tests and test kits. Shortages of testing/collection supplies, swab, transport media, and reagent supplies limit testing capacity of RIX. - CNMI: 7-person CDC contact investigation team arrived 5/4 to support contact tracing, surveillance, and epidemiological data management through 5/24. Governor's Task Force directed pause 5/8-5/10 in Community Testing to reassess implementation plan; will resume 5/12; Community Testing resumed 5/12; Rota testing set to begin (tentatively 5/14 RIX Cases/Casualties: Tribal casualties is unknown. - NV: seeking confirmation on first installment of swabs and transport media is expected to arrive 5/11; State supporting tribal nation testing programs to prevent outbreaks-hotspots; NV National Guard Title 32 is extended until 6/24.																
 Fatality Management [GR]	Mortuary and post-mortuary services	RIX STT assessing mortuary capacity (MC) availability: AS 100%; GU 52%.	Potential casualty surge may overwhelm/exceed MC. Social distancing orders impact post-mortuary services.	RIX STT continue to strengthen fatality management to better respond to potential casualty surge.																
Safety & Security [GR]			Food Water & Shelter [GR]																	
AZ/CA: Growing concern of potential surge of COVID-19 infected legal/illegal crossings as COVID-19 cases in Mexico rise (36,327 (+1,305) confirmed cases and 3,573 (+108) fatalities, as of 5/12); lack of medical checks at border entry points and mandated quarantine may result in surge of COVID-19 cases in southern CA, presenting impediment to reopening CA. Mexico's stay-at-home order ends 5/30.			RIX States received waivers to ease USDA program operations to continue food assistance. AZ, CA, and HI to shelter at-risk persons in hotel. RIX STT addressing food supply/distribution issues. NN has finalized one non-congregate shelter agreement (Chinle); two are pending as of 5/12. Lease has been signed for 80-person capacity at Crownpoint, NM and 50-person capacity at Many Farms. AZ for dormitory locations by Bureau of Indian Education (BIE) and IHS coordinating with HHS.																	

Health and Medical Lifeline

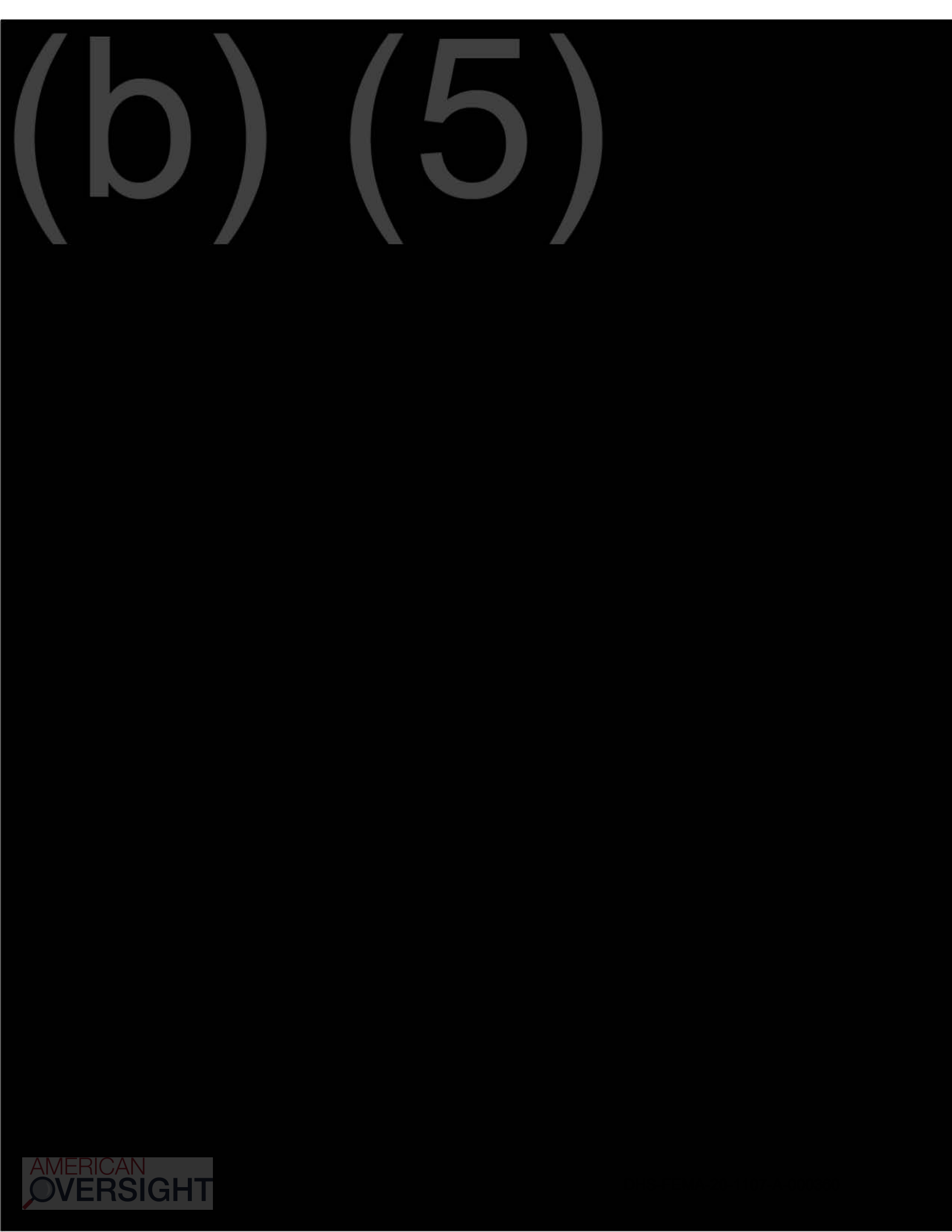
Component	Key Element	Status (What?)	Impact (So What?)	Future Action, Risks, & Limiting Factors (Now What?)
 Medical Care [YW]	- Hospitals - Nursing Facilities - Availability of Medical supplies/PPE - Availability of Personnel - Pharmacies - Dialysis - Long Term/Alternative Care Services - Home Care - VA Health System	<u>Availability of Medical Supplies/PPE:</u> - All states and Tulalip Tribes have PPE shortage concerns - OR: new Battelle system now operational. - WA: reported arrival of Remdesivir <u>ACS:</u> - AK: State/local assessing ACS sites to prepare for potential surge <u>Long Term Care:</u> - WA (278 facilities), OR, ID seeing community spread in several LTC and assisted living facilities; OR currently working on contingency facilities for COVID-19 patients <u>Home Care:</u> - ID: In-Home Medical Care Service are operating at an extremely reduced workforce capacity (25% staff available).	- Future PPE shortages for states and Tulalip Tribes risk healthcare worker infection. - OR: Battelle system will help ease PPE needs. - WA: has potential to treat 100 patients with Remdesivir. - High level of concern about LTC fatalities, population vulnerability, exacerbated by shortage of PPE and tests. Continued LTC inspections and training on PPE needed. Potential staffing, PPE, testing shortage. Contingency facilities for COVID-19 patients will help decrease risk. - Ability to deliver safe in-home care services challenged.	- All states and Tulalip Tribes working on PPE burn rate calculations. - WA: working on Remdesivir distribution plan. - Strike teams in each state continue to assist these at-risk facilities. OR developing watch list for high risk facilities, developing strategic planning. - The Idaho Vulnerable Population Working Group continue to discuss possible solutions to the workforce need.
 Patient Movement [GR]	Emergency Medical Services	- Concern about lack of PPE for EMS first responders. - AK: anticipating increased use of aircraft for wildfire season. - WA: Concern about potential wildfires constraining resources; All entities in Tiers 2-4 are not receiving PPE from the state. - No reported shortfall of EMS personnel across the region.	- See PPE issues above - AK: aircraft resources for COVID-19 use could be strained. - WA: Tier 2-4 personnel are operating with improvised PPE.	- See PPE issues above - AK: RRFs submitted for Title 10, Title 32, and USCG air operations support for COVID-19 patient transport. - Increased risk to first responders and potential shortage if personnel exposed.
 Public Health [YW]	- Testing & Surveillance - Mitigation - Assessment/Intervention s/ Treatments	- All states reporting critical shortage of testing collection materials, and laboratory test materials. - OR and AK: Identifying staff and training needs for surveillance and contact tracing. OR working on phase 2 planning and playbook for outbreaks in food processing and correctional facilities. - ID: Walmart testing site in Caldwell ID open. - OR: No longer has a shortage of Abbott ID Now testing supplies. - AK: Working on drive-through testing and mobile offsite testing in several areas. Also working to test wildland firefighters, bulk fuel personnel, other industry workers in advance of travel to rural communities, as well as increase testing in fishing communities. - Phased easing of restrictions across R10 states (plans differ): AK started 4/24; OR started 5/01; WA Gov "Stay at Home" order extended to 5/31 but with some easing of restrictions started 5/05 and by county. ID stage two begins 5/16.	- Unable to determine actual quantity, rate of spread and distribution of cases. - OR and AK: More resources, training, plans needed for COVID-19 case investigation/contact tracing. - RX: Additional test sites and worker testing will increase testing rates.	- Attempting to source additional testing materials. - OR: Requesting staff to build out active surveillance, and planning training for case investigation and contact tracing in multiple at-risk populations. AK DHSS working with AK Dept of Education & Early Development to integrate school nurses into contact investigations. - RX: Increased testing rates can inform recovery decisions and boost confidence for reopening economy.
 Fatality Management [GR]	Mortuary and post-mortuary services	No capacity issues reported.		- AK has identified additional mortuary storage capacity. - ID engaged in deliberate mortuary planning for increased future needs.

Safety & Security [YW]	Food Water & Shelter [YW]
- Law Enforcement/Security: No reported significant staffing shortages due to exposure of personnel. - Fire Service: No reported significant staffing shortages due to exposure of personnel. States coordinating adaptive planning for the COVID response to concurrent incidents (i.e. wildfires). The National Interagency Fire Center (NIFC) is predicting above average significant wildland fire potential throughout most of the region over the next several months. - Government Service: Public schools remain suspended. Social distancing and enforced closure of public spaces in effect	No known major food shortages. Scattered food supply chain and distribution disruptions reported to include animal protein processing plants; Increased demand and disruptions are being monitored and solutions being worked by state level feeding task forces. Concern that these issues may lead to shortages or disrupted services in the future.

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**FEMA National Watch Center
Threat Monitoring Team (TMT)
Biweekly Report
February 28, 2020**

National Terrorism Advisory System Bulletin – January 18, 2020

Expires: March 18, 2020 at 1:00 p.m. EDT

(U//FOUO) Priority Information Requirements:

PIR 1: Threats to FEMA Personnel/Systems/Assets	PIR 2: Terrorist Operations	PIR 3: Development & Proliferation of WMD
PIR 4: Cyber Attacks Espionage and Exploitation	PIR 5: Threats/Compromises to Supply Chain	PIR 6: Domestic Critical Infrastructure/Key Resources
PIR 7: Public Health & Environmental Hazards	PIR 8: Emerging & Breakthrough Technologies	Upcoming Events:

Red = Area of concern/significance **Yellow** = Area of interest **Green** = Routine/Monitoring

PIR 1: (U//FOUO) Threats to FEMA Personnel, Systems and Assets:

(U) **[Reuters]** Coronavirus risk at very high global level - The risk of spread and impact of the coronavirus is now very high at a "global level", World Health Organization chief Tedros Adhanom Ghebreyesus told reporters in Geneva on Friday.

(U) **[CDC]** Coronavirus Disease 2019 (COVID-19) Prevention & Treatment - There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus.

PIR 2: (U//FOUO) Terrorist Operations:

(U//FOUO) **[NCTC]** Counterterrorism Weekly - A compilation of open source publicly available press and relevant commentary on issues related to terrorism and counterterrorism over the past seven days.

(U) **[Homeland Security News Wire]** New Jersey: Homegrown violent extremists greater threat than foreign terrorists - New Jersey's Office of Homeland Security and Preparedness (NJOHSP) now regards white supremacist extremists as posing a threat which is equal or greater than that posed by terrorists inspired by Islamist fundamentalism (in both cases, homegrown violent extremists [HVEs] pose a far greater threat than foreign terrorists).

PIR 3: (U//FOUO) Development and Proliferation of Weapons of Mass Destruction:

(U) **[DHS]** Federal Protective Weekly Intelligence Brief - Violent extremists continue to make bioterrorism a popular topic among themselves. White Racially Motivated Violent Extremists (WRMVEs) have recently commented on the coronavirus stating that it is an "OBLIGATION" to spread it should any of them contract the virus.

PIR 4: (U//FOUO) Cyber Attacks, Espionage and Exploitation:

(U) **[FAA]** Spearphishing using Coronavirus Disease (COVID-19) theme poses potential risk to aviation personnel - Malicious cyber actors are using the Coronavirus Disease (COVID-19) as a theme to disguise phishing emails and entice users to click on malicious links or attachments.

(TLP: GREEN) [CISA] Threat Actor TA2101 (ProofPoint) using Maze Ransomware to target government and commercial entities - TA2101 has been observed using Maze ransomware to encrypt and exfiltrate the files of U.S. and international governments and commercial organizations in an attempt to extort money from their targets.

(U) [Fifth Domain] North Korea is relying on the internet more, creating an opening for the US - A new report by Recorded Future, a private cybersecurity company, found that the North Korean regime is growing more reliant on cyber operations as a “critical tool for revenue generation, gaining access to prohibited technologies and knowledge, and operational coordination.”

(U) [NBC] Likely military data breach may have compromised service members' personal information - The agency of the U.S. military that oversees information technology and communications has suffered a potential breach of service members' personal information, it said in letters sent to victims this month.

(U) [HS Today] Healthcare data breaches rose 33 percent in 2019, impacting 27M people - The vast majority of healthcare organizations utilize, and store protected health information (PHI), which is composed of patients' sensitive information. HIPAA, the privacy rule that classifies PHI, describes protected health information as medical history, Social Security numbers, personal financial data, and more.

PIR 5: (U//FOUO) Threats or Compromises to the Supply Chain:

(U) [Supply Chain Dive] Revenue concerns spread outside China with coronavirus cases - Seventy-two percent of international businesses operating in Singapore expect the COVID-19 outbreak to impact 2020 revenue, according to a survey released Wednesday by the American Chamber of Commerce in Singapore.

(U) [Supply Chain Dive] Toyota restarts manufacturing at 4 Chinese facilities shuttered by coronavirus - Toyota has restarted production at its four Chinese manufacturing facilities, a company spokesperson confirmed to Supply Chain Dive.

PIR 6: (U//FOUO) Domestic Critical Infrastructure and Key Resources:

(U) [Washington Times] Chinese tech in U.S. funnels data to Beijing's intelligence services - Leading Chinese technology companies have sold equipment to state governments in the U.S. that can be used by Beijing to obtain sensitive information, according to a security analysis made public Monday.

(U) [HS Today] GAO says work needed on adoption of critical infrastructure cybersecurity framework - Cyber threats to the nation's critical infrastructure, including financial services, transportation and energy sectors, continue to increase and represent a significant national security challenge.

(U) [HS Today] Fake social media and political interference: How (mainly) Russia does it - Foreign interference in political issues using misinformation campaigns on social media has become a much-discussed feature of political debate. What is actually going on, and who is behind it?

PIR 7: (U//FOUO) Public Health and Environmental Hazards:

(U) [CIDRAP] COVID-19 expands reach, fueled by trio of global hot spots - As the main COVID-19 epicenter shifts from China to the rest of the world, South Korea's daily cases topped China's daily total, alongside a brisk, broad rise in cases linked to the hot spot nations of Italy and Iran.

(U) [NBC] Americans should prepare for coronavirus crisis in U.S. - Top U.S. public health officials said Tuesday that Americans should prepare for the spread of the coronavirus in communities across the country.

(U) [Newsweek] Opioid-related deaths in the U.S. could be far higher than previously thought, study suggests - The number of deaths linked to opioids in the U.S. over the past two decades could be almost 30 percent higher than previously thought, a study has revealed.

PIR 8: (U//FOUO) Emerging Disruptive & Breakthrough Technologies:

(U) [Government Technology] Drones may assist with North Dakota flooding response - The North Dakota Department of Transportation has partnered with the Northern Plains UAS Test Site to use drones to relay information in a potential spring flood battle.

(U//FOUO) Upcoming Events:

All upcoming events designated NSSE, SEAR 1, 2, and, SEAR 3 events with an expected daily attendance at or above 500,000 are listed below.

NSSE / SEAR 1 / SEAR 2			
Boston Marathon	Boston, MA	April 20, 2020	SEAR 2
San Francisco Pride Festival & Parade	San Francisco, CA	June 27 & 28, 2020	SEAR 2
Boston Pops Fireworks Spectacular	Boston, MA	July 1-5, 2020	SEAR 2
Macy's 4 th of July Fireworks	New York, NY	July 4, 2020	SEAR 2
SEAR 3			

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U.S. Department of Homeland Security
FPS Weekly Intelligence Brief
 17-21 Feb 2020

~~(U//FOUO)~~ Scope Note: This product contains a compilation of notable products and reporting. It focuses on current and emerging events and threats occurring during the week prior to dissemination. Topics featured include items with a nexus to tenants of facilities protected by FPS.

~~(U//FOUO)~~ **White Racially Motivated Violent Extremists Suggest Spreading the Coronavirus¹**

~~(U//FOUO)~~ Violent extremists continue to make bioterrorism a popular topic among themselves. White Racially Motivated Violent Extremists (WRMVEs) have recently commented on the coronavirus stating that it is an "OBLIGATION" to spread it should any of them contract the virus. Suggested targeting has focused primarily on law enforcement and minority communities, with some mention of public places in general. When WRMVEs have discussed the virus, they have been using terms such as corona-chan, bowlronavirus (referencing Dylann Roof ^{USPER}, and boogaflu (modification of the term boogaloo which is used to reference a future civil war).

~~(U//FOUO)~~ WRMVEs having been using the Telegram channel, which consists of WRMVE channels that support (b) (6), (b) (7)(C) ^{USPER} Siege Culture and accelerationism.



FPS-WIB-023-19

~~(U//FOUO)~~ Tracked by: (b) (7)(E)

~~(U)~~ Warning: This document is For Official Use Only (FOUO). It contains information that is/ may be exempt from public release under the Freedom of Information Act (5 U.S.C. §552). It is to be controlled, stored, handled, transmitted, distributed and disposed of in accordance with DHS policy published as Management Directive Number 11042.1, January 6, 2005, relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "Need to Know" without prior approval of the Federal Protective Service, Protective Intelligence and Investigations Division, Threat Analysis Branch. (b) (6), (b) (7)(C) For any questions regarding the above bulletin, please contact FPS via email at (b) (6), (b) (7)(C).

~~(U)~~ Tactics, Techniques and Procedures (TTPs)

~~(U//FOUO)~~ Listed below are recommended methods shared by WRMVEs for spreading the coronavirus:

- Spend as much time as possible in public places with their "enemies"
- Visit local FBI offices and leave saliva on door handles
- Spray saliva from spray bottle on the faces of law enforcement
- Commit crimes such as arson of a shooting and leave coronavirus laced items at the scene for detectives to find
- Spit on elevator buttons
- Spread coronavirus germs in non-white neighborhoods

~~(U//FOUO)~~ Analyst Comment: This possible threat can likely happen due to the fact that WRMVEs have been known to travel abroad to adapt foreign terrorists' tactics (FTOs). It is likely that they would be willing to travel to China to bring the coronavirus back to the U.S.

~~(U//FOUO)~~ **Robocalls Likely Capable of Overwhelming 911 Emergency Call Centers²**

~~(U//FOUO)~~ A recent surge in robocalls to the El Paso 911 District indicates unknown actors likely discovered a capability to overwhelm a 911 center with robocalls, preventing it from accepting legitimate emergency calls. The intent behind these robocalls is financial gain, which suggests that any

disruption of the 911 center's operations would likely be inadvertent.

- ~~(U//FOUO)~~ On 4 November 2019, 713 Mandarin-language scam robocalls reached the El Paso 911 lines between 7:00 am to 9:40 am local time, according to the 911 District's public safety systems manager. The calls were made to the 911 system's 10-digit back-up number that routes to 911.1
- ~~(U//FOUO)~~ The calls made to the El Paso 911 District are identical to widespread calls made in Mandarin throughout the United States, according to the DHS National Operations Center.⁴ Between December 2017 and February 2019, the calls, which falsely claim victims owe

money, generated over \$40 million, averaging \$164,000 per victim, according to an FBI public service announcement. No, El Paso 911 District employees fell victim to the scam.

~~(U//FOUO)~~ ~~(U//FOUO)~~ The unidentified actors behind the scam robocalls employ tradecraft to ensure their calls reach their targets. These actors use different phone numbers and spoof³ official Chinese diplomatic phone numbers to make the calls, according to the DHS National Operations Center.

Analyst Comment ~~(b) (7)(E)~~

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~~(U)~~ Source Summary Statement

~~(U//FOUO)~~ This product is based on open source media, journals and/or official government documents and press releases. FPS has ~~(b) (7)(E)~~ in the veracity of open source information presented in this product, which includes media reports and commercial websites, due to concerns about biases or inaccuracies, and as information about actors and incidents continues to develop.

¹~~(U//FOUO)~~ Central Florida Intelligence Exchange (CFIZ); ILO SPOTLIGHT: White Racially Motivated Violent Extremists Suggest Spreading the Coronavirus; Dated 12 February 2020; Extracted information is ~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~; Overall Classification is ~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

²~~(U//FOUO)~~ Homeland Security Intelligence Note; Robocalls Likely Capable of Overwhelming 911 Emergency Call Centers; Dated 14 February 2020; Extracted information is ~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~; Overall Classification is ~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

³~~(U)~~ Spoofing is when a caller deliberately falsifies information transmitted to a recipient's caller ID to disguise the caller's identity, according to the Federal Communications Commission.

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