

Herron, Robin

From: Jeffrey Dickerson [REDACTED]
Sent: Monday, April 13, 2020 5:49 PM
To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
Cc: Berry, Frank;Darryl Graham;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTG (USA);Jeffrey Dickerson;Hood, Joseph;Laird, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas B. Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Matthew Hicks;Noggle, Caylee;Tim Dignam
Subject: Updated Surge Capacity Analysis, 13APR20
Attachments: Hospital Surge Capacity Analysis_13APR20.pptx

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Sir – We updated the Hospital Surge Capacity Analysis based upon today's IHME model update. GA's peak day shifted to 01MAY. Median demand decreased by 2343 beds. Highest range demand decreased by 4828 beds. Based upon our estimate, we could have an excess of 8312 additional beds available at the median range demand, and an excess of 2468 beds available at highest range demand. Additionally, our own internal regional modeling indicates that Region K – the southwest GA area – could reach and exceed total bed space capacity this week by 200-250 patients. We received reports from Region K that some hospitals – notably in Bainbridge - are at or reaching capacity – primarily due to staffing shortages, not bed space availability. We are scheduling a conference call with Region K hospital leaders in order to assess their staffing shortages and will be prepared to augment them with additional staff if necessary. We will also implement a Regional Capability call each day to discuss each region's capacity and identify potential shortages in bed space or staffing in order to target staffing resources to those that need it and identify opportunities to relieve saturated hospitals via diversion to other regions or to the GWCC ACF-Atlanta.

More details on regarding all other lines of effort are forthcoming in the daily afternoon update.

Vr,
Jeff

Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

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From: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
<thomas.m.carden.mil@mail.mil>
Sent: Monday, April 13, 2020 5:56 PM
To: Jeffrey Dickerson
Cc: Berry, Frank;Darryl Graham;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTG (USA);Hood, Joseph;Laird, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas B. Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Matthew Hicks;Noggle, Caylee;Tim Dignam
Subject: Re: [Non-DoD Source] Updated Surge Capacity Analysis, 13APR20

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Thanks Team!

Sent from my iPhone

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From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Monday, April 13, 2020 6:01 PM
To: Caraway, Ian
Subject: Treasury Launches Web Portal and Begins Disbursement of CARES Act Funding to State, Local, and Tribal Governments

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State, Local, and Tribal Leaders –

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April 13, 2020

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- Data sources and the distribution methodology for units of local government (more [here](#)).
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From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Monday, April 13, 2020 6:01 PM
To: Fleming, Tim
Subject: Treasury Launches Web Portal and Begins Disbursement of CARES Act Funding to State, Local, and Tribal Governments

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Sent: Monday, April 13, 2020 6:01 PM
To: Whitaker, Skylar
Subject: Treasury Launches Web Portal and Begins Disbursement of CARES Act Funding to State, Local, and Tribal Governments

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Herron, Robin

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Sent: Monday, April 13, 2020 6:01 PM
To: Herron, Robin
Subject: Treasury Launches Web Portal and Begins Disbursement of CARES Act Funding to State, Local, and Tribal Governments

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Sent: Monday, April 13, 2020 6:01 PM
To: Loke, Ryan
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U.S. Department of the Treasury: The CARES Act Provides Assistance for State and Local Governments

April 13, 2020

Through the Coronavirus Relief Fund, the CARES Act provides for payments to State, Local, and Tribal governments navigating the impact of the COVID-19 outbreak.

The CARES Act established the \$150 billion Coronavirus Relief Fund.

Treasury will make payments from the Fund to States and eligible units of local government; the District of Columbia and U.S. Territories (the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments (collectively “governments”).

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that—

- (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
- (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Additional information on eligible uses of Fund disbursements by governments will be posted as it becomes available.

Amounts paid to States, the District of Columbia, U.S. Territories, and eligible units of local government are based on population as provided in the CARES Act. The CARES Act directs Treasury to use U.S. Census Bureau data for the most recent year for which data is available. The amount of payments made to each State

will be reduced by the aggregate amount of payments that will be disbursed to eligible local governments within such State that have provided the required certifications to Treasury. Additional information on these points can be accessed below.

A unit of local government eligible for receipt of direct payment includes a county, municipality, town, township, village, parish, borough, or other unit of general government below the State level with a population that exceeds 500,000. Eligible local governments must submit the certification required by the CARES Act to Treasury by the deadline set forth below in order to receive payment.

Payments to Tribal Governments are to be determined by the Secretary of the Treasury in consultation with the Secretary of the Interior and Indian Tribes. Although that consultation has not yet concluded, certain data is requested of Tribal governments at this time to assist in this determination. Additional information on payments to Tribal governments will be posted as it becomes available.

Governments eligible for payments must provide payment information and required supporting documentation through the electronic form accessible below. To ensure payments are made within the 30 day period specified by the CARES Act, governments must submit completed payment materials not later than 11:59 p.m. EDT on April 17, 2020. Eligible local and Tribal governments that do not provide required information—and in the case of a local government, the required certification—by 11:59 p.m. EDT on April 17, 2020, may not receive any payment from the Fund.

- Data sources and the distribution methodology for units of local government (more [here](#)).
- Listing of eligible units of local government (more [here](#)).
- Eligible Units: Submission Required for Receipt of Coronavirus Relief Fund Payments (more [here](#)).

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Herron, Robin

From: Jeffrey Dickerson [REDACTED]
Sent: Monday, April 13, 2020 6:18 PM
To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
Cc: Berry, Frank;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTC (USA);Hood, Joseph;Lairret, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Noggle, Caylee;Tim Dignam;Wilson, Richard D BG USARMY NG GAARNG (USA);Simmons, Randall V Jr BG USARMY NG GAARNG (USA);lrice@ldxsolutions.com;Darryl Graham;Jeffrey Dickerson;Matthew Hicks
Subject: Interagency COVID-19 Response Planning Team Update, 141800APR20
Attachments: GWCC Progress Update_131800APR20.pptx

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

Sir - We updated the Hospital Surge Capacity Analysis based upon today's IHME model update. GA's peak day shifted to 01MAY. Median demand decreased by 2343 beds. Highest range demand decreased by 4828 beds. Based upon our estimate, we could have an excess of 8312 additional beds available at the median range demand, and an excess of 2468 beds available at highest range demand. Additionally, our own internal regional modeling indicates that Region K – the southwest GA area – could reach and exceed total bed space capacity this week by 200-250 patients. We received reports from Region K that some hospitals – notably in Bainbridge - are at or reaching capacity – primarily due to staffing shortages, not bed space availability. We are scheduling a conference call with Region K hospital leaders in order to assess their staffing shortages and will be prepared to augment them with additional staff if necessary. We will also implement a Regional Capability call each day to discuss each region's capacity and identify potential shortages in bed space or staffing in order to target staffing resources to those that need it and identify opportunities to relieve saturated hospitals via diversion to other regions or to the GWCC ACF-Atlanta.

1. **GWCC ACF-Atlanta** is in progress with 8.7% of overall essential tasks completed. The estimated completion rates remain the same: 25% on 14APR, 60% on 16APR, 75% on 17APR, and 100% on 18APR. The medical team here conducted a facility walk thru this morning. Grady Hospital CEO, CMO, and CFO met with PAE and AMI Medical Staffing planners for initial face to face coordination and all feel that everything planned and discussed thus far is effective. We conducted a site visit at Piedmont.

2. **Additional Hospital Staffing:** We're reaching out to each Area to assess staffing shortages in order to determine where augmentation is needed and when. We're developing protocols to determine how best to prioritize additional augmentation of hospitals and nursing homes.

3. **DBHDD:** Additional staffing will be directed to Central State Hospital this week in order to fill staffing shortages.

4. **Additional Augmentation Efforts:**

Phoebe Putney Update: Concerns: Jackson Staffing augmentation for increased bed space – not POD bed space - wont arrive until 22APR; ventilator and critical medication shortages; all ICU and general bed build-out is estimated to be complete 15MAY.

Hospital Pods: Pillars were poured on Saturday 11APR for the Rome site, and that site is still expected to be FOC 21 APR. The first containers for the Albany site are expected to arrive on 17APR, and that site is expected to be FOC 28APR. On-site coordination is confirmed for all space utilization and utility tie in for the Macon site, and equipment production is underway with an expected FOC date of 5MAY.

An on-site coordination meeting is scheduled for Monday morning with N.E. GA Medical Center staff for the Gainesville site, and equipment production is underway, with an FOC date of 5MAY.

Critical Events Timeline: 14APR20

TBD: Region K Capability Conference Call

1000: Governor's Conference Call

1300: Metro Atlanta Hospital CEO Call

TBD: Regional Capability Call

1900: Governor's Conference Call

Jeff Dickerson

GA DOD Interagency Coordinator for COVID-19 Response

Email: [REDACTED]

Cell: [REDACTED]

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Herron, Robin

From: FEMA-IGA <FEMA-IGA@fema.dhs.gov>
Sent: Monday, April 13, 2020 7:24 PM
Subject: FEMA Advisory: Coronavirus (COVID-19) Pandemic Whole-of-America Response
Attachments: FEMA_Advisory_COVID19__AirBridge_PPEPreservation_IRR_final_20200413.pdf; [1]
FEMA_Advisory_COVID19_ProjectAirBridgeVideo_20200413.pdf; [2]
FEMA_Advisory_COVID19_FactSheet_PPE Preservation Best Practices_20200413.pdf; [3]
FEMA_COVID19_FactSheet_Best PracticesPPEPreservation_20200413.pdf; [4]
FEMA_Advisory_COVID19_FactSheet_IRR_20200413.pdf; [5] FEMA_COVID19_FactSheet_IRR_20200413.pdf

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FEMA ADVISORY – APRIL 13, 2020

Coronavirus (COVID-19) Pandemic Whole-of-America Response

In support of the coronavirus (COVID-19) pandemic response, FEMA provides the following: FEMA Project Airbridge video Advisory; Personal Protective Equipment (PPE) Preservation Best Practices Advisory and Fact Sheet, and a Resource Requests from the International Reagent Resource (IRR) Advisory and Fact Sheet.

FEMA Project Airbridge

To efficiently maintain the country's existing medical supply chain infrastructure, FEMA augments the existing supply chain through a variety of strategies, to include FEMA Project Airbridge.

FEMA created Project Airbridge to reduce the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured Personal Protective Equipment and other critical supplies into the country for their respective customers. FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.

FEMA provides 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. As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. The HHS and FEMA determine hotspot areas based on CDC data.

A brief video on Project Airbridge is available on [FEMA Website](#) and on all FEMA social media accounts.

Personal Protective Equipment Preservation Best Practices

This Personal Protective Equipment Preservation Best Practices Fact Sheet (attached) summarizes best practices for national implementation to sustain personal protective equipment (PPE) while ensuring the protection of workers during the coronavirus (COVID-19) pandemic response.

The objective of the *COVID-19 National Strategy for Addressing PPE Shortage* is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: **reduce**, **reuse**, and **repurpose**. Due to the COVID-19 pandemic response and associated PPE shortages, implementation of contingency and crisis capacity plans may be necessary to ensure continued availability of protective gear.

This fact sheet amplifies the Centers for Disease Control and Prevention (CDC) strategies on conventional, contingency and crisis capacity strategies for optimizing PPE. All U.S. healthcare facilities should begin using PPE contingency strategies now and may need to consider crisis capacity strategies if experiencing PPE shortages.

Preserving Personal Protective Equipment Best Practices Advisory: Attachment [2]

Preserving Personal Protective Equipment Best Practices Fact Sheet: Attachment [3]

Resource Requests from the International Reagent Resource

The International Reagent Resource (IRR), established by the Centers for Disease Control and Prevention (CDC), acquires, authenticates, and produces reagents that scientists need to carry out basic research and develop improved diagnostic tests, vaccines, and detection methods.

The (IRR) Fact Sheet (attached) outlines a simplified process for states and territories to make resource requests from the IRR. Consolidating testing supplies under the IRR alleviates burden on public health labs, which increases efficiency and reduces need to work with separate, individual suppliers for swabs, reagents, and other diagnostic testing supplies.

International Reagent Resource Advisory: Attachment [4]

International Reagent Resource Fact Sheet: Attachment [5]

Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov.
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov.
- Tribal Affairs at (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov.

- Private Sector Engagement at (202) 646-3444 at nbeoc@max.gov.

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Also, follow Administrator Pete Gaynor on Twitter [@FEMA_Pete](#).

FEMA Mission

To help people before, during, and after disasters.



FEMA

Herron, Robin

From: Crozer, William F. EOP/WHO <William.F.Crozer@who.eop.gov>
Sent: Monday, April 13, 2020 7:31 PM
Subject: INVITATION: State, Local, Tribal National Briefing Call on COVID-19 (Wednesday, April 15, 3:00 PM Eastern Time)

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



State, Local, and Tribal Leaders –

On **Wednesday, April 15, at 3:00 PM Eastern Time (note time change)**, please join Senior Administration Officials for a briefing call on COVID-19 (coronavirus). The focus of this week's call will be to provide pertinent updates on COVID-19 response and coordination efforts from the Federal Emergency Management Agency (FEMA) and U.S. Department of Health and Human Services (HHS), *Coronavirus Aid, Relief, and Economic Security (CARES) Act* guidelines development and implementation from the U.S. Department of the Treasury, and how Federal-State-Local-Tribal social resources and programs are being fully leveraged to support our fellow citizens.

Briefing Call Registration

Date: Wednesday, April 15

Time: 3:00 PM Eastern Time (please note time zone)

Call-In Registration: [CLICK HERE](#)

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Recent Announcements

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- **CDC Provides Interim Guidance for Critical Infrastructure Workers Who May Have Had Exposure to COVID-19:** On Wednesday, April 8, the CDC released new guidelines regarding when

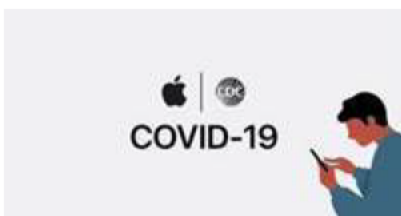
people in critical infrastructure roles can return to work after being exposed to a confirmed or suspected case of COVID-19. The guidelines advise that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. More [here](#). Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website [here](#).

- **The U.S. Department of the Treasury and Federal Reserve Board Announce New and Expanded Lending Programs to Provide Up To \$2.3 Trillion in Financing:** On Thursday, April 9, Treasury launched a Main Street Business Lending program and a Municipal Liquidity Facility to support the flow of credit to American workers, businesses, states, counties, and cities impacted by the coronavirus pandemic. The Municipal Liquidity Facility (MLF) will provide up to \$500 billion in direct financing to states, counties, and cities to help ensure they have the funds necessary to provide essential services to citizens and respond to the coronavirus pandemic. More [here](#). MLF term sheet and guidance can be found [here](#).
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- **President Trump Announces #AmericaWorksTogether:** On Tuesday, April 7, President Trump announced a new hashtag to highlight Americans helping one another during the coronavirus pandemic. The President and Administration officials will use the #AmericaWorksTogether hashtag to promote companies that are hiring employees in the middle of the economic turmoil caused by the virus and those who are donating food and other supplies to front line health care workers. The President will also encourage people to use the hashtag when posting examples of Americans helping others during the crisis. We hope that you will join the President and Administration in using #AmericaWorksTogether.

The White House Office of Intergovernmental Affairs (WH IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office if we can be of assistance. As a reminder, WH IGA is the primary liaison between the White House and the country's State and local elected officials and Tribal Governments.

The White House Office of Intergovernmental Affairs

William F. Crozer
Special Assistant to the President/Deputy Director
White House Office of Intergovernmental Affairs



Download the COVID-19 App

COVID-19: Important Resources for State, Local, and Tribal Officials



- **Coronavirus Guidelines for America:** On Tuesday, March 31, the White House announced updated [Coronavirus Guidelines for America \(Español\)](#), extending social distancing efforts through April 30. On April 3, the Centers for Disease Control and Prevention (CDC) issued [guidance](#) recommending individuals wear cloth face coverings *in public settings where other social distancing measures are difficult to maintain* (e.g. grocery stores and pharmacies, particularly in areas of significant community-based transmission). On April 8, CDC also provided [guidelines](#) regarding when people in critical infrastructure roles can return to work after being exposed to a confirmed or suspected case of COVID-19. Additional information on critical infrastructure below.
- **Up-To-Date Information:** The most up-to-date, verified information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website – www.coronavirus.gov. The Coronavirus Task Force holds frequent briefings, which can be viewed live [here](#).
- **COVID-19 Response and Recovery Primer:** Response and recovery efforts are locally executed, state managed, and federally supported. It is important that requests for assistance, including for critical supplies, get routed through the proper channels as soon as possible. Learn more about the response and recovery process via this important resource – [Coronavirus \(COVID-19\) Pandemic: Response and Recovery Through Federal-State-Local-Tribal Partnership](#). FEMA’s public assistance guidance for COVID-19 response efforts can be found [here](#). Guidance for Tribal Governments can be found [here](#).
- **Critical Infrastructure Workforce Guidelines:** On March 16th, the Department of Homeland Security (DHS) issued updated critical infrastructure guidance in response to the COVID-19 emergency. DHS issued revised guidance on March 28th (see [Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response](#)). The [guidance](#), and accompanying list, is intended to help State, local, tribal and territorial officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security. The list is advisory in nature and is not a federal directive or standard.
- **Coronavirus Fact vs. Myth:** Rumors can easily circulate within communities during a crisis. FEMA setup a [website](#) to help the public distinguish between rumors and facts regarding the response to the coronavirus pandemic.
- **Fraud & Scam Protection:** The Department of Justice is remaining vigilant in detecting, investigating, and prosecuting wrongdoing related to the crisis. Find out how you can protect yourself and helpful resources on DOJ’s Coronavirus Fraud Prevention [website](#). The Federal Trade Commission has also established a [website](#) with helpful information to help consumers avoid coronavirus-related scams.
- **Social Media Resources:** Download the [Apple COVID-19 Screening Tool](#). Follow the White House on [Twitter](#) and [Facebook](#). Also follow HHS ([Twitter/Facebook](#)) and CDC ([Twitter/Facebook](#)) You can also find informational videos from Coronavirus Task Force members on mitigation, social distancing, etc. on the White House’s [YouTube](#) page.
- **Mental Health Resources:** Natural disasters – including such pandemics as the coronavirus outbreak – can be overwhelming and also can seriously affect emotional health. The Substance Abuse and Mental Health Administration’s (SAMHSA) Disaster Distress Helpline – 1-800-985-5990 (or text TalkWithUs to 66746) – provides 24/7, 365-day-a-year crisis counseling and support to anyone who is seeking help in coping with the mental or emotional effects caused by developments related to the coronavirus pandemic. Learn more about the Disaster Distress Helpline [here](#).

- **Administration Actions and Federal Agency Resources:** USA.gov is cataloging all U.S. government activities related to coronavirus. From actions on health and safety to travel, immigration, and transportation to education, find pertinent actions [here](#). Each Federal Agency has also established a dedicated coronavirus website, where you can find important information and guidance. They include: Health and Human Services ([HHS](#)), Centers of Medicare and Medicaid ([CMS](#)), Food and Drug Administration ([FDA](#)), Department of Education ([DoED](#)), Department of Agriculture ([USDA](#)), Small Business Administration ([SBA](#)), Department of Labor ([DOL](#)), Department of Homeland Security ([DHS](#)), Department of State ([DOS](#)), Department of Veterans Affairs ([VA](#)), Environmental Protection Agency ([EPA](#)), Department of Energy ([DOE](#)), Department of Commerce ([DOC](#)), Department of Justice ([DOJ](#)), Department of Housing and Urban Development ([HUD](#)), Department of the Treasury ([USDT](#)), Internal Revenue Service ([IRS](#)), Office of the Director of National Intelligence ([ODNI](#)), and U.S. Election Assistance Commission ([EAC](#)).

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Follow Up Flag: Follow up
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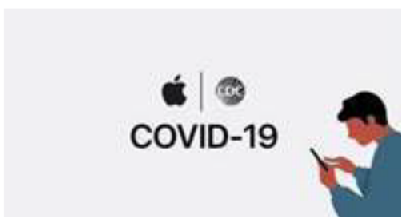
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COVID-19: Important Resources for State, Local, and Tribal Officials



- **Coronavirus Guidelines for America:** On Tuesday, March 31, the White House announced updated [Coronavirus Guidelines for America \(Español\)](#), extending social distancing efforts through April 30. On April 3, the Centers for Disease Control and Prevention (CDC) issued [guidance](#) recommending individuals wear cloth face coverings *in public settings where other social distancing measures are difficult to maintain* (e.g. grocery stores and pharmacies, particularly in areas of significant community-based transmission). On April 8, CDC also provided [guidelines](#) regarding when people in critical infrastructure roles can return to work after being exposed to a confirmed or suspected case of COVID-19. Additional information on critical infrastructure below.
- **Up-To-Date Information:** The most up-to-date, verified information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website – www.coronavirus.gov. The Coronavirus Task Force holds frequent briefings, which can be viewed live [here](#).
- **COVID-19 Response and Recovery Primer:** Response and recovery efforts are locally executed, state managed, and federally supported. It is important that requests for assistance, including for critical supplies, get routed through the proper channels as soon as possible. Learn more about the response and recovery process via this important resource – [Coronavirus \(COVID-19\) Pandemic: Response and Recovery Through Federal-State-Local-Tribal Partnership](#). FEMA's public assistance guidance for COVID-19 response efforts can be found [here](#). Guidance for Tribal Governments can be found [here](#).
- **Critical Infrastructure Workforce Guidelines:** On March 16th, the Department of Homeland Security (DHS) issued updated critical infrastructure guidance in response to the COVID-19 emergency. DHS issued revised guidance on March 28th (see [Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response](#)). The [guidance](#), and accompanying list, is intended to help State, local, tribal and territorial officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security. The list is advisory in nature and is not a federal directive or standard.
- **Coronavirus Fact vs. Myth:** Rumors can easily circulate within communities during a crisis. FEMA setup a [website](#) to help the public distinguish between rumors and facts regarding the response to the coronavirus pandemic.
- **Fraud & Scam Protection:** The Department of Justice is remaining vigilant in detecting, investigating, and prosecuting wrongdoing related to the crisis. Find out how you can protect yourself and helpful resources on DOJ's Coronavirus Fraud Prevention [website](#). The Federal Trade Commission has also established a [website](#) with helpful information to help consumers avoid coronavirus-related scams.
- **Social Media Resources:** Download the [Apple COVID-19 Screening Tool](#). Follow the White House on [Twitter](#) and [Facebook](#). Also follow HHS ([Twitter](#)/[Facebook](#)) and CDC ([Twitter](#)/[Facebook](#)) You can also find informational videos from Coronavirus Task Force members on mitigation, social distancing, etc. on the White House's [YouTube](#) page.
- **Mental Health Resources:** Natural disasters – including such pandemics as the coronavirus outbreak – can be overwhelming and also can seriously affect emotional health. The Substance Abuse and Mental

Health Administration's (SAMHSA) Disaster Distress Helpline – 1-800-985-5990 (or text TalkWithUs to 66746) – provides 24/7, 365-day-a-year crisis counseling and support to anyone who is seeking help in coping with the mental or emotional effects caused by developments related to the coronavirus pandemic. Learn more about the Disaster Distress Helpline [here](#).

- **Administration Actions and Federal Agency Resources:** USA.gov is cataloging all U.S. government activities related to coronavirus. From actions on health and safety to travel, immigration, and transportation to education, find pertinent actions [here](#). Each Federal Agency has also established a dedicated coronavirus website, where you can find important information and guidance. They include: Health and Human Services ([HHS](#)), Centers of Medicare and Medicaid ([CMS](#)), Food and Drug Administration ([FDA](#)), Department of Education ([DoED](#)), Department of Agriculture ([USDA](#)), Small Business Administration ([SBA](#)), Department of Labor ([DOL](#)), Department of Homeland Security ([DHS](#)), Department of State ([DOS](#)), Department of Veterans Affairs ([VA](#)), Environmental Protection Agency ([EPA](#)), Department of Energy ([DOE](#)), Department of Commerce ([DOC](#)), Department of Justice ([DOJ](#)), Department of Housing and Urban Development ([HUD](#)), Department of the Treasury ([USDT](#)), Internal Revenue Service ([IRS](#)), Office of the Director of National Intelligence ([ODNI](#)), and U.S. Election Assistance Commission ([EAC](#)).

Herron, Robin

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Sent: Monday, April 13, 2020 8:03 PM
To: Herron, Robin
Subject: FEMA Advisory: Coronavirus (COVID-19) Pandemic Whole-of-America Response
Attachments: [4]_FEMA_Advisory_COVID19_FactSheet_IRR_20200413.pdf;
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Subject: FEMA Advisory: Coronavirus (COVID-19) Pandemic Whole-of-America Response
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Herron, Robin

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To help people before, during, and after disasters.

#

- [\[4\] FEMA Advisory COVID19 FactSheet IRR 20200413.pdf](#)
- [\[1\] FEMA Advisory COVID19 ProjectAirBridgeVideo 20200413.pdf](#)
- [\[2\] FEMA Advisory COVID19 FactSheet PPE Preservation Best Practices 20200413.pdf](#)
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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Monday, April 13, 2020 8:04 PM
To: Broce, Candice
Subject: FEMA Advisory: Coronavirus (COVID-19) Pandemic Whole-of-America Response
Attachments: [4]_FEMA_Advisory_COVID19_FactSheet_IRR_20200413.pdf;
[1]_FEMA_Advisory_COVID19_ProjectAirBridgeVideo_20200413.pdf;
[2]_FEMA_Advisory_COVID19_FactSheet_PPE_Preservation_Best_Practices_20200413.pdf;
[5]_FEMA_COVID19_FactSheet_IRR_20200413.pdf; [3]_FEMA_COVID19_FactSheet_Best_PracticesPPEPreservation_20200413.pdf

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding information on Project Airbridge, PPE Preservation, and resource requests from the International Reagent Resource.

April 13, 2020

FEMA Advisory

Coronavirus (COVID-19) Pandemic Whole-of-America Response

In support of the coronavirus (COVID-19) pandemic response, FEMA provides the following: FEMA Project Airbridge video Advisory; Personal Protective Equipment (PPE) Preservation Best Practices Advisory and Fact Sheet, and a Resource Requests from the International Reagent Resource (IRR) Advisory and Fact Sheet.

FEMA Project Airbridge

To efficiently maintain the country's existing medical supply chain infrastructure, FEMA augments the existing supply chain through a variety of strategies, to include FEMA Project Airbridge.

FEMA created Project Airbridge to reduce the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured Personal Protective Equipment and other critical supplies into the country for their respective customers. FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.

FEMA provides 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. As part of the current agreement with

distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. The HHS and FEMA determine hotspot areas based on CDC data.

A brief video on Project Airbridge is available on [FEMA's Media Gallery Website](#) and on all FEMA social media accounts.

Project Airbridge Advisory: Attachment [1]

Personal Protective Equipment Preservation Best Practices

This Personal Protective Equipment Preservation Best Practices Fact Sheet (attached) summarizes best practices for national implementation to sustain personal protective equipment (PPE) while ensuring the protection of workers during the coronavirus (COVID-19) pandemic response.

The objective of the *COVID-19 National Strategy for Addressing PPE Shortage* is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: **reduce**, **reuse**, and **repurpose**. Due to the COVID-19 pandemic response and associated PPE shortages, implementation of contingency and crisis capacity plans may be necessary to ensure continued availability of protective gear.

This fact sheet amplifies the Centers for Disease Control and Prevention (CDC) strategies on conventional, contingency and crisis capacity strategies for optimizing PPE. All U.S. healthcare facilities should begin using PPE contingency strategies now and may need to consider crisis capacity strategies if experiencing PPE shortages.

Preserving Personal Protective Equipment Best Practices Advisory: Attachment [2]

Preserving Personal Protective Equipment Best Practices Fact Sheet: Attachment [3]

Resource Requests from the International Reagent Resource

The International Reagent Resource (IRR), established by the Centers for Disease Control and Prevention (CDC), acquires, authenticates, and produces reagents that scientists need to carry out basic research and develop improved diagnostic tests, vaccines, and detection methods.

The (IRR) Fact Sheet (attached) outlines a simplified process for states and territories to make resource requests from the IRR. Consolidating testing supplies under the IRR alleviates burden on public health labs, which increases efficiency and reduces need to work with separate, individual suppliers for swabs, reagents, and other diagnostic testing supplies.

International Reagent Resource Advisory: Attachment [4]

International Reagent Resource Fact Sheet: Attachment [5]

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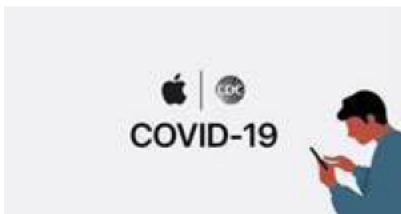
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The White House Office of Intergovernmental Affairs

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The White House
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Herron, Robin

From: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Sent: Monday, April 13, 2020 8:20 PM
To: Swint, Zachariah D. EOP/WHO
Cc: Pottebaum, Nic D. EOP/WHO; Campana, Ariella M. EOP/WHO
Subject: INVITATION: State, Local, Tribal National Briefing Call on COVID-19 (Wednesday, April 15, 3:00 PM Eastern Time)

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State, Local, and Tribal Leaders –

On **Wednesday, April 15, at 3:00 PM Eastern Time (note time change)**, please join Senior Administration Officials for a briefing call on COVID-19 (coronavirus). The focus of this week's call will be to provide pertinent updates on COVID-19 response and coordination efforts from the Federal Emergency Management Agency (FEMA) and U.S. Department of Health and Human Services (HHS), *Coronavirus Aid, Relief, and Economic Security (CARES) Act* guidelines development and implementation from the U.S. Department of the Treasury, and how Federal-State-Local-Tribal social resources and programs are being fully leveraged to support our fellow citizens.

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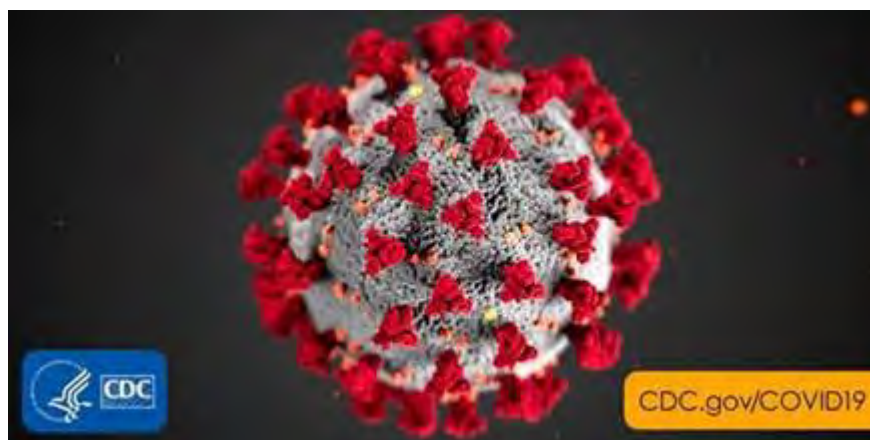
The White House Office of Intergovernmental Affairs

Zach Swint
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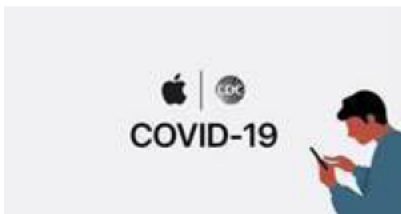
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Herron, Robin

From: FEMA-IGA <FEMA-IGA@fema.dhs.gov>
Sent: Monday, April 13, 2020 8:55 PM
To: FEMA-IGA
Subject: FEMA Advisory: FY2020 Emergency Management Performance Grant Program Supplemental Funding
Attachments: FEMA_Advisory_FY2020EMPG_Supplemental_GPD_NOFO_Allocations_Final_20200413.pdf; FY_2020_EMPG-S_Fact_Sheet_GPDApproved_508ML.pdf; FY_2020_EMPG-S_NOFO_Release_IB_GPDApproved_508ML.pdf; FY_2020_EMPG-S_FAQs_GPDApproved_508ML.pdf

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FEMA ADVISORY – APRIL 13, 2020

FEMA FY2020 Emergency Management Performance

Grant Program Supplemental Funding

The Department of Homeland Security (DHS) and FEMA are announcing the release of the Notice of Funding Opportunity and Final Allocations for the \$100 million in supplemental funding made available to the Emergency Management Performance Grant Program (EMPG) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Topline messaging includes:

- The EMPG Supplemental, (or EMPG-S), program is authorized by CARES Act, Div. B (Pub. L. No. 116-136) and the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288. Under the EMPG Program FEMA is authorized to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the federal government and the states and their political subdivisions. Under EMPG, grants are awarded to the 56 states and territories. The states and territories make subawards to local and tribal governments.
- The FY 2020 EMPG-S program assists states, local governments, tribes and territories with their public health and emergency management activities supporting the prevention of, preparation for and response to the ongoing Coronavirus Disease 2019 (COVID-19) public health emergency. Through this funding opportunity, FEMA will award funding to support planning and operational readiness for COVID-19 preparedness and response, as well as the development of tools and strategies for prevention,

preparedness, and response, and ensure ongoing communication and coordination among federal, state, local, tribal and territorial partners throughout the response.

- Funding awarded under the EMPG-S program is separate and distinct from any funding that will be awarded under the FY 2020 EMPG Program NOFO published on Feb. 14, 2020.
- The attached Information Bulletin and Fact Sheet provide further details as well as final allocations for the 56 states and territories.

Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov.
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov.
- Tribal Affairs at (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov.
- Private Sector Engagement at (202) 646-3444 at nbeoc@max.gov.

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Also, follow Administrator Pete Gaynor on Twitter [@FEMA_Pete](#).

FEMA Mission

To help people before, during and after disasters.



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Subject: 4/13 Follow-Up - Governors Briefing on COVID-19
Attachments: Vice President Letter to Our Nation's Governors - 04-10-2020.pdf; Read Ahead - COVID 19 Testing 101.pdf

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Governors and Senior Staff,

Thank you for your efforts in the whole-of-America approach to respond to and mitigate the effects of COVID-19. Below and attached are follow-up items from today's briefing.

Data & Reporting Ask from the Vice President

The Vice President has asked each governor to ensure their State is reporting key information to the Federal Government to get resources to the right place, at the right time. Friday, the Vice President wrote a letter to governors asking them to ensure their State is reporting broad healthcare capacity and personal protective equipment data to FEMA. Over 45 States are now reporting quality healthcare capacity data on a daily basis. ***Please continue to ensure your State is reporting answers to the questions below on a daily basis. Attached you will find the letter from the Vice President.***

- Separately, HHS Secretary Azar sent a [letter](#) on hospital utilization and lab data reporting to hospital administrators. States can waive hospitals from reporting directly to the Federal Government if the State takes over the Federal reporting responsibilities.

Testing 101 – Operationalizing COVID 19 Testing For Diagnosis & Surveillance

Ambassador Birx led a presentation on operationalizing COVID 19 testing for diagnosis and surveillance. The Vice President has asked each governor to develop an integrated public-private testing strategy. Medium- and high-throughput testing platforms are running at only 40% capacity. Please work with your public and private labs to utilize the full capacity of these systems. ***Attached you will find the 8-page slide deck from the presentation.*** We will provide more details on testing including CMS reimbursement for technical support and collection, along with additional guidance to guide your outreach to your laboratories shortly.

Key Recommendations for Long-Term Care Facilities

We thank our nation's governors for taking action to protect patients and healthcare workers in long-term care facilities. You can find more details about Gov. Hogan's (MD) Statewide strike team efforts ([here](#)) and Gov. Baker's (MA) nursing home mobilize testing program ([here](#)). We know there are countless other leading practices from governors and we welcome hearing about your efforts.

- Recent Centers for Medicare & Medicaid Services (CMS) Guidance on supplies, infection control procedures, screening, staffing, and managing facilities: [Here](#).

Readout from the April 13 Briefing with Governors

Today, Vice President Mike Pence led a discussion with the chief executives of approximately 50 States, territories, and Washington, DC, and their State emergency managers and health officials to provide an update on the all-of-America approach to respond to and mitigate the effects of COVID-19.

The Vice President, Ambassador Debi Birx, FEMA Administrator Pete Gaynor, CMS Administrator Seema Verma, and Rear Adm. John Polowczyk with the Joint Chiefs of Staff, and all 10 FEMA Regional Administrators urged State, local, and tribal leaders to continue to regularly highlight community mitigation efforts to “[Slow the Spread](#).” Participants also discussed the Federal government’s historic efforts to support State, local, and tribal leaders including, already approving 55 major disaster declaration requests and approximately 40 Title 32 requests to 100% federally fund State National Guard activities related to COVID-19 response efforts. The Vice President discussed his letter to America’s governors on data reporting for healthcare capacity, personal protective equipment, and hospital utilization and lab testing. The importance of the \$150 billion of CARES Act funding for States to effectively respond to COVID-19 was discussed.

Participants discussed CDC guidance on implementing safety practices for critical infrastructure workers, the significant increase in testing capacity and discussed strategies State and local leaders can take to further increase testing capacity through proactive partnerships with the private sector and various laboratories in their State. Multiple States shared examples of best practices they are taking to regarding caring for people in long-term care facilities nursing homes. Administrator Gaynor and Admiral Polowczyk discussed their supply chain support efforts to get critical supplies to the healthcare providers. Administrator Verma discussed expanding telehealth options through Medicaid and the importance of CARES Act funding for hospitals and Americans impacted by COVID-19.

The leadership of governors, mayors, county commissioners, and tribal officials is vital for effective emergency management. Emergency management in America is locally-executed, State-managed, and Federally supported, which allows for innovative solutions to be identified at the local and State level for the majority of issues. Since January 2020, the Trump Administration has held nearly 144 briefings – including 12 governors briefings – with over 66,000 State, local, and tribal leaders in every State and territory in the Nation. Leaders at every level of government and the private sector are working in partnership to bend the curve.

Treasury Eligibility Guidance on CARES Act Funding to State Governments

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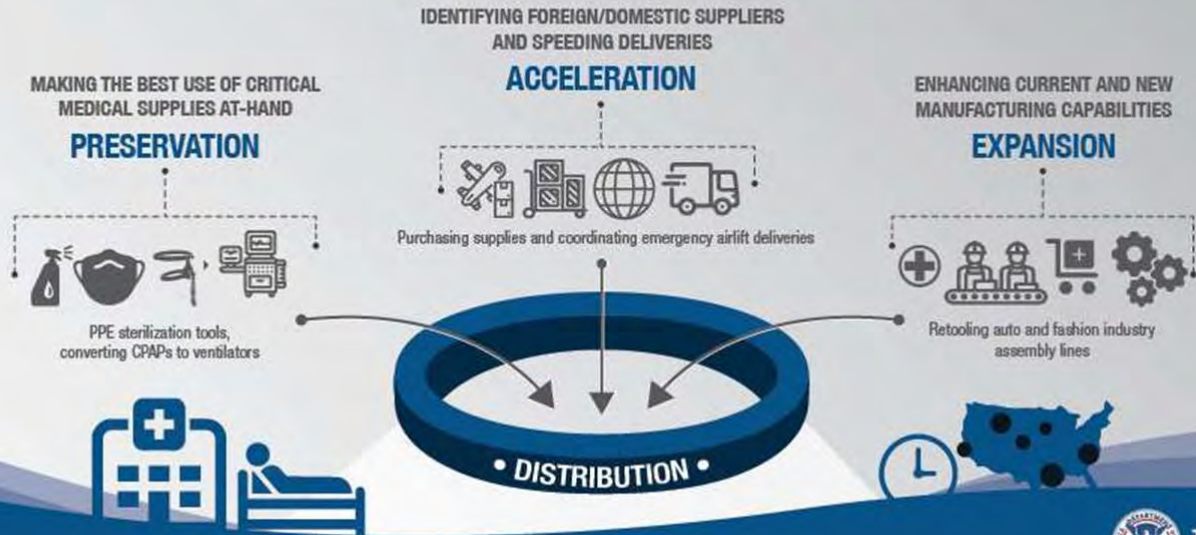
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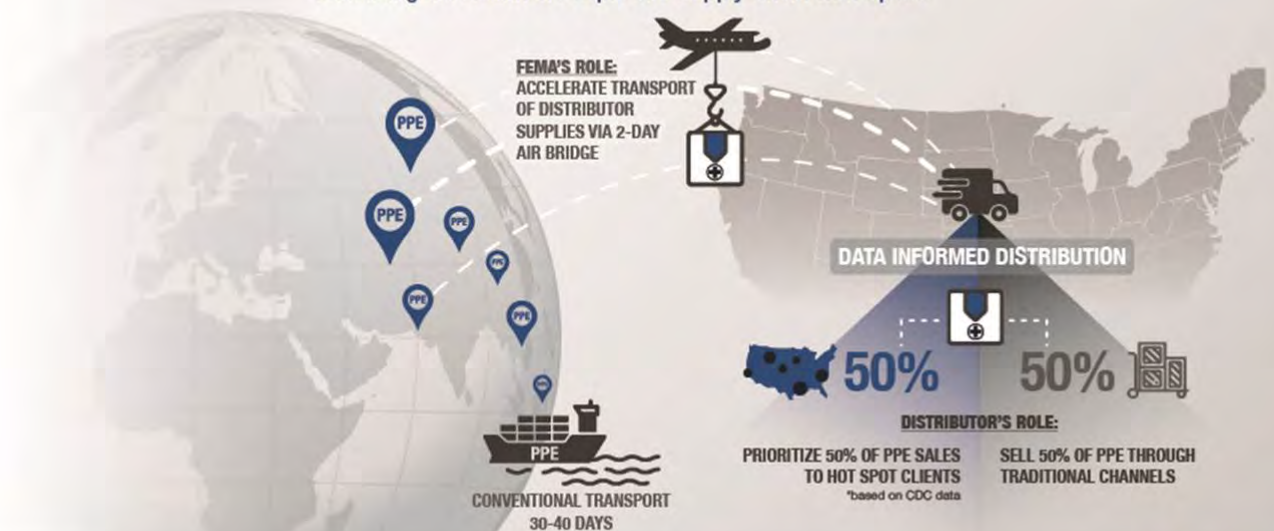


FEMA

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FEMA

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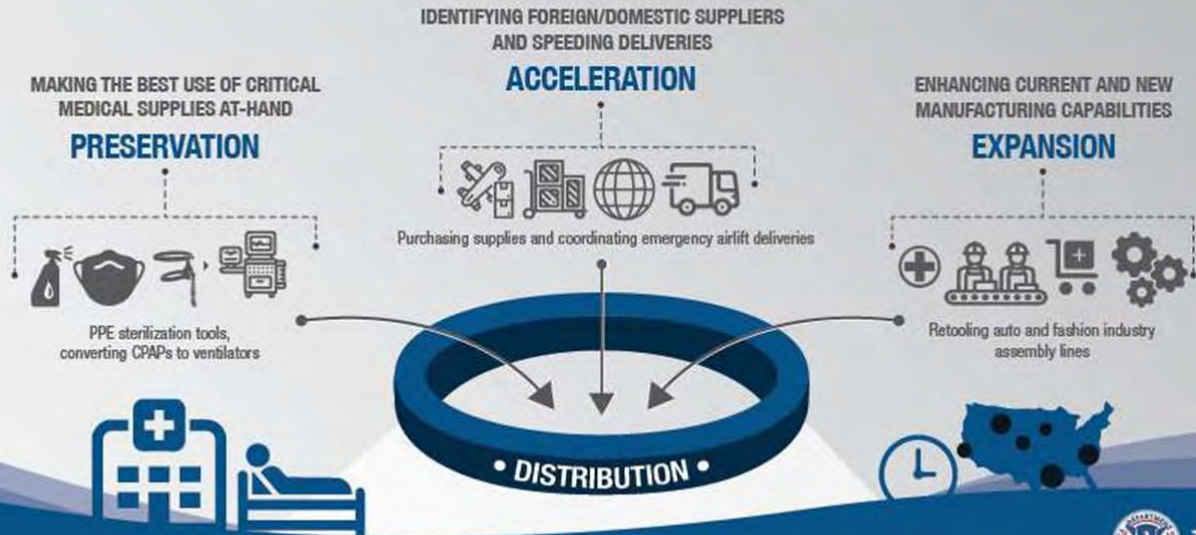
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- **Commercial Testing:** We would encourage all governors to focus on utilizing and expanding commercial testing options. If you have not yet connected with the representatives from Abbott, Roche, and ThermoFisher, Hologic, and Expert other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- **Additional Testing Resources:** FDA [Frequently Asked Questions \(FAQ\)](#) and 24/7 technical assistance for labs (1-888-463-6332).
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Assistance for Small Businesses & American Families

- [Paycheck Protection Program](#) prioritizes millions of Americans employed by small businesses by authorizing up to \$349 billion toward job retention and certain other expenses. Small businesses and eligible nonprofit organizations, Veterans organizations, and Tribal businesses described in the Small Business Act, as well as individuals who are self-employed or are independent contractors, are eligible if they also meet program size standards. (FAQ [here](#)). For more information and updates, visit [Treasury.gov/CARES](#) and [SBA.gov/PayCheckProtection](#).
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Industry Enabled Stabilization of the Supply Chain

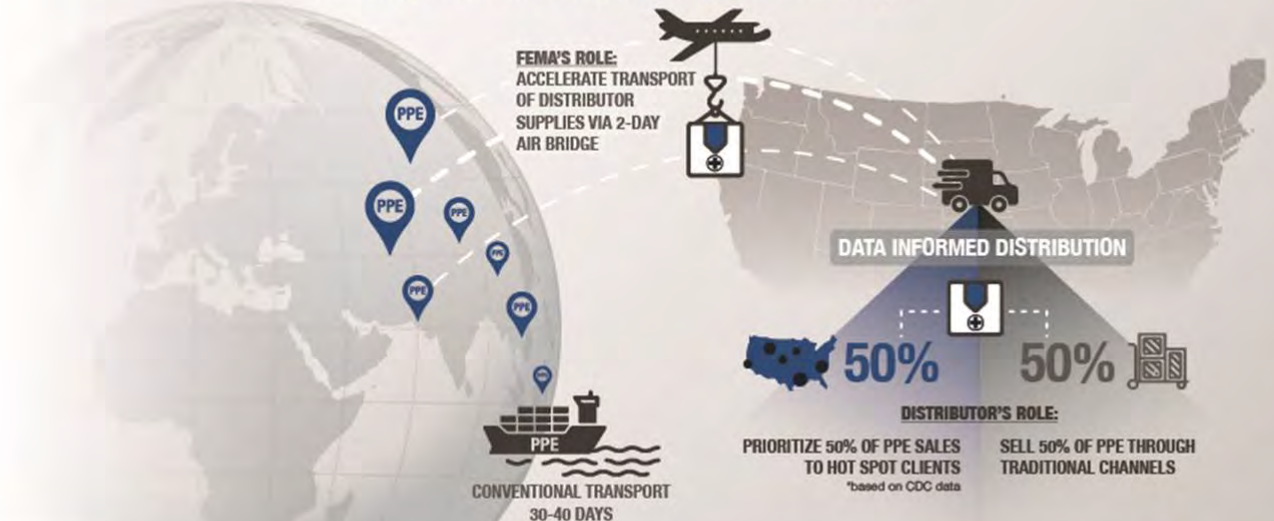
Distributing supplies and equipment to the right place at the right time



WHOLE-OF-AMERICA RESPONSE

Project Air Bridge

Stabilizing the Health of People and Supply Chain with Speed



Herron, Robin

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, April 13, 2020 9:00 PM
To: Pottebaum, Nic D. EOP/WHO
Cc: Hoelscher, Douglas L. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Campana, Ariella M. EOP/WHO
Subject: 4/13 Follow-Up - Governors Briefing on COVID-19
Attachments: Vice President Letter to Our Nation's Governors - 04-10-2020.pdf; Read Ahead - COVID 19 Testing 101.pdf

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Governors and Senior Staff,

Thank you for your efforts in the whole-of-America approach to respond to and mitigate the effects of COVID-19. Below and attached are follow-up items from today's briefing.

Data & Reporting Ask from the Vice President

The Vice President has asked each governor to ensure their State is reporting key information to the Federal Government to get resources to the right place, at the right time. Friday, the Vice President wrote a letter to governors asking them to ensure their State is reporting broad healthcare capacity and personal protective equipment data to FEMA. Over 45 States are now reporting quality healthcare capacity data on a daily basis. ***Please continue to ensure your State is reporting answers to the questions below on a daily basis. Attached you will find the letter from the Vice President.***

- Separately, HHS Secretary Azar sent a [letter](#) on hospital utilization and lab data reporting to hospital administrators. States can waive hospitals from reporting directly to the Federal Government if the State takes over the Federal reporting responsibilities.

Testing 101 – Operationalizing COVID 19 Testing For Diagnosis & Surveillance

Ambassador Birx led a presentation on operationalizing COVID 19 testing for diagnosis and surveillance. The Vice President has asked each governor to develop an integrated public-private testing strategy. Medium- and high-throughput testing platforms are running at only 40% capacity. Please work with your public and private labs to utilize the full capacity of these systems. ***Attached you will find the 8-page slide deck from the presentation.*** We will provide more details on testing including CMS reimbursement for technical support and collection, along with additional guidance to guide your outreach to your laboratories shortly.

Key Recommendations for Long-Term Care Facilities

We thank our nation's governors for taking action to protect patients and healthcare workers in long-term care facilities. You can find more details about Gov. Hogan's (MD) Statewide strike team efforts ([here](#)) and Gov. Baker's (MA) nursing home mobilize testing program ([here](#)). We know there countless other leading practices from governors and we welcome hearing about your efforts.

- Recent Centers for Medicare & Medicaid Services (CMS) Guidance on supplies, infection control procedures, screening, staffing, and managing facilities: [Here](#).

Readout from the April 13 Briefing with Governors

Today, Vice President Mike Pence led a discussion with the chief executives of approximately 50 States, territories, and Washington, DC, and their State emergency managers and health officials to provide an update on the all-of-America approach to respond to and mitigate the effects of COVID-19.

The Vice President, Ambassador Debi Birx, FEMA Administrator Pete Gaynor, CMS Administrator Seema Verma, and Rear Adm. John Polowczyk with the Joint Chiefs of Staff, and all 10 FEMA Regional Administrators urged State, local, and tribal leaders to continue to regularly highlight community mitigation efforts to “[Slow the Spread](#).” Participants also discussed the Federal government’s historic efforts to support State, local, and tribal leaders including, already approving 55 major disaster declaration requests and approximately 40 Title 32 requests to 100% federally fund State National Guard activities related to COVID-19 response efforts. The Vice President discussed his letter to America’s governors on data reporting for healthcare capacity, personal protective equipment, and hospital utilization and lab testing. The importance of the \$150 billion of CARES Act funding for States to effectively respond to COVID-19 was discussed.

Participants discussed CDC guidance on implementing safety practices for critical infrastructure workers, the significant increase in testing capacity and discussed strategies State and local leaders can take to further increase testing capacity through proactive partnerships with the private sector and various laboratories in their State. Multiple States shared examples of best practices they are taking to regarding caring for people in long-term care facilities nursing homes. Administrator Gaynor and Admiral Polowczyk discussed their supply chain support efforts to get critical supplies to the healthcare providers. Administrator Verma discussed expanding telehealth options through Medicaid and the importance of CARES Act funding for hospitals and Americans impacted by COVID-19.

The leadership of governors, mayors, county commissioners, and tribal officials is vital for effective emergency management. Emergency management in America is locally-executed, State-managed, and Federally supported, which allows for innovative solutions to be identified at the local and State level for the majority of issues. Since January 2020, the Trump Administration has held nearly 144 briefings – including 12 governors briefings – with over 66,000 State, local, and tribal leaders in every State and territory in the Nation. Leaders at every level of government and the private sector are working in partnership to bend the curve.

Treasury Eligibility Guidance on CARES Act Funding to State Governments

The U.S. Department of the Treasury released [eligibility guidance](#) for CARES Act funding to State, Local, and Tribal Governments. States, Tribes, and eligible local governments are encouraged to provide payment information and required supporting documentation on [Treasury’s portal](#) no later than April 17. Additional guidance on eligible uses of Fund disbursements by governments will be posted as it becomes available.

Below, you will find additional information and resources mentioned on today’s briefing call:

- Contacting Your FEMA Regional Administrator
- Implementing Safety Practices for Critical Infrastructure Workers
- Medical Supplies “Control Tower” Updates from FEMA & RADM Polowczyk
- Maximizing Testing Resources & Medical Supplies
- Guidance on Telehealth Reimbursement & Coverage Options
- Assistance for Small Businesses & American Families

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Intergovernmental Affairs Office

Name	Cell Phone	Email
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Office of the Vice President

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Thanks,
Nic

--

Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

[Slow the Spread](#)

ADDITIONAL INFORMATION

Contacting Your FEMA Regional Administrator

The Federal Emergency Management Agency (FEMA) has activated the National Response Coordination Center (NRCC) 24/7. All requests to the Federal government ***must be formally communicated*** by your **State emergency manager** to your **FEMA Regional Administrator**. This is the same process as natural disasters (e.g., hurricane recovery, flood recovery, tornado recovery, etc.).

Implementing Safety Practices for Critical Infrastructure Workers

CDC has released guidance on implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19. **This is for Federal, State, & local law enforcement; 911 call center employees; Fusion Center employees; hazardous material responders from government and the private sector; janitorial staff and other custodial staff; workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities.** To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. More guidance on pre-screening, regulator monitoring, wearing a mask, social distancing, and dissenting and cleaning work spaces [here](#).

Medical Supplies “Control Tower” Updates from FEMA & RADM Polowczyk (see graphics at end of the email)

Joint Chiefs of Staff Rear Adm. John Polowczyk’s provided an update to governors on rapidly increasing supply and expanding domestic production of medical supplies and equipment.

- **Project Air-Bridge:** FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S. As of April 13, 37 flights have landed containing critical PPE and then distributing in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization is given to hospitals, health care facilities, and nursing homes around the country. An additional 43 flights are scheduled over the next three weeks. As of April 12th, FEMA has coordinated the delivery of the following to areas in greatest need: 38 million N95 respirators, 32.6 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 30.3 million gloves, 212,000 coveralls, and 10,448 ventilators.
- **Obligations to States:** FEMA has obligated nearly \$5.2 billion in support of COVID-19 response efforts.
- **Ventilator Distribution:** FEMA is distributing ventilators to hard hit States. As of April 12, FEMA and HHS have provided or are currently shipping 10,888 ventilators from the Strategic National Stockpile (SNS) and the Defense Department. FEMA through the Regional Administrators are tracking data closely

provided by your State to understand data-based needs. For more information, please call your FEMA Regional Administrator.

Guidance on Telehealth Reimbursement & Coverage Options

The Trump Administration has taken historic steps to expand Americans' access to telehealth, so that patients, particularly our Medicare beneficiaries, can receive a wider range of services without having to travel to a healthcare facility. Keeping vulnerable patients at home whenever possible will help to limit community spread of the virus, and States should examine your own policies to determine if there are undue barriers to maximizing telehealth service delivery for your residents in this time of national emergency. In particular, States have broad authority to deliver and reimburse Medicaid covered services through telehealth modalities, and additional federal approval is often not required to do so. CMS is available assist you in utilizing all available flexibilities as we fight this pandemic together.

- CMS issued telehealth reimbursement guidance and coverage options in the Medicaid program [here](#).
- Op-Ed from Surgeon General Jerome Adams and CMS Administrator Seema Verma on Telehealth ([Telehealth Plays Big Role in Coronavirus Cure](#)).
- Federal Community Commissioner \$200 million COVID-19 Telehealth Program ([here](#)).

Maximizing Testing Resources & Medical Supplies

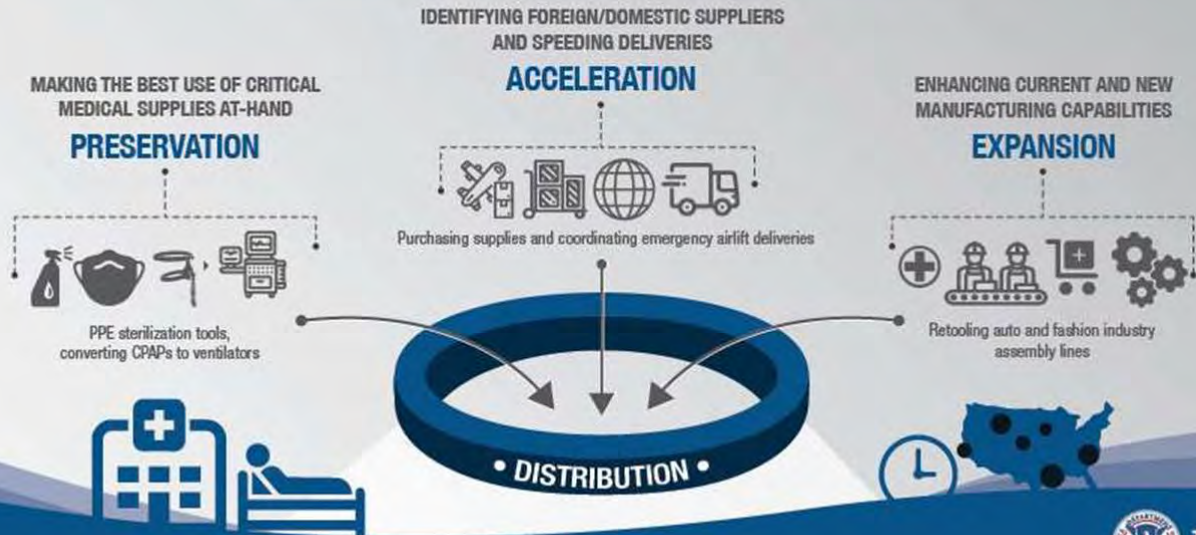
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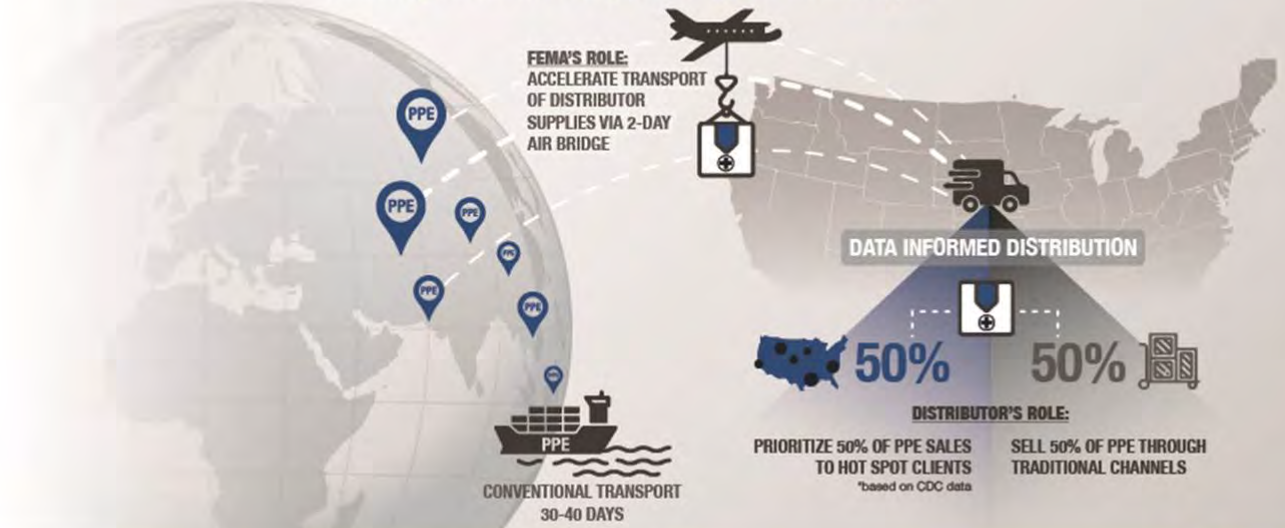
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WHOLE-OF-AMERICA RESPONSE

Project Air Bridge

Stabilizing the Health of People and Supply Chain with Speed



Herron, Robin

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Sent: Tuesday, April 14, 2020 7:16 AM
To: Noggle, Caylee;Berry, Frank;Loke, Ryan;mark.sexton;kris.j.marshall2.mil@mail.mil;Hood, Joseph;lucas.b.rice.mil@mail.mil;emmanuel.haldopoulos.mil@mail.mil;julio.r.lairet.mil@mail.mil;Tim Dignam;Matthew Hicks
Subject: Demographics

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GM Ryan, I am all ears re: enhanced data sources from DPH or any DPH contacts you may have. I'm teleworking this AM but can call you when you are free. Tim [REDACTED] cell

From: Loke, Ryan <ryan.loke@georgia.gov>
Sent: Tuesday, April 14, 2020 7:28 AM
To: Jeffrey Dickerson [REDACTED]; Noggle, Caylee <caylee.noggle@georgia.gov>; Berry, Frank <frank.berry@dch.ga.gov>; mark.sexton <mark.sexton@gema.ga.gov>; kris.j.marshall2.mil@mail.mil; Hood, Joseph <joseph.hood@dch.ga.gov>; lucas.b.rice.mil@mail.mil; emmanuel.haldopoulos.mil@mail.mil; julio.r.lairet.mil@mail.mil; Dignam, Timothy A. (CDC/DDNID/NCEH/OD) <ted9@cdc.gov>; Matthew Hicks <mhicks@gmh.edu>
Subject: Re: Demographics

I believe I've got this through some back ends into DPH data. Will explain this morning.

From: Jeffrey Dickerson [REDACTED]
Sent: Tuesday, April 14, 2020 7:15 AM
To: Noggle, Caylee <caylee.noggle@georgia.gov>; Berry, Frank <frank.berry@dch.ga.gov>; Loke, Ryan <ryan.loke@georgia.gov>; mark.sexton <mark.sexton@gema.ga.gov>; kris.j.marshall2.mil@mail.mil <kris.j.marshall2.mil@mail.mil>; Hood, Joseph <joseph.hood@dch.ga.gov>; lucas.b.rice.mil@mail.mil <lucas.b.rice.mil@mail.mil>; emmanuel.haldopoulos.mil@mail.mil <emmanuel.haldopoulos.mil@mail.mil>; julio.r.lairet.mil@mail.mil <julio.r.lairet.mil@mail.mil>; Tim Dignam <tdignam@cdc.gov>; Matthew Hicks <mhicks@gmh.edu>
Subject: Demographics

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All - we need to know more details about COVID-19 patients in order to help make future recommendations. We need to know precisely who among our population is being hospitalized as a result of COVID-19 and who has died as a result of COVID-19. When I say who I'm saying exactly how many by age, sex, race, location, at risk characteristics, etc. That information exists. This information will shed light on who precisely is at risk and should be safeguarded, and precisely who is at a much more decreased risk of infection, hospitalization, or death so that risk mitigation measures can be more precisely implemented and also scaled back. This is key to better informing our decision makers as we start looking forward to re-opening our state. At the end of the day, I believe we could provide a detailed analysis of the COVID-19 population demographics. I texted you this morning re: the potential need for a DPH planner. This need for information drove that recommendation. There may be another way to get the info... Standing by for recommendations,

Jeff

Jeff Dickerson

GA DOD Interagency Coordinator for COVID-19 Response



Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 9:16 AM
To: Loke, Ryan
Subject: Strategies for Addressing Personal Protective Equipment (PPE) Shortage
Attachments: FEMA_FactSheet_COVID19_Best_PracticesPPEPreservation_20200412_EA_cleared.pdf

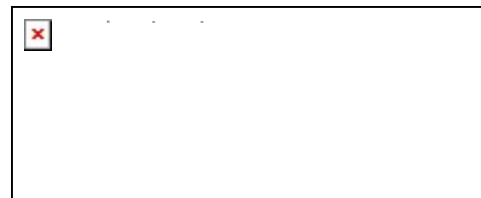
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April 14, 2020



CISA Advisory

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 9:16 AM
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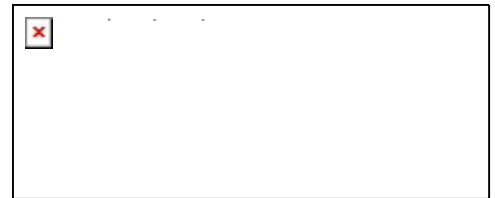
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Herron, Robin

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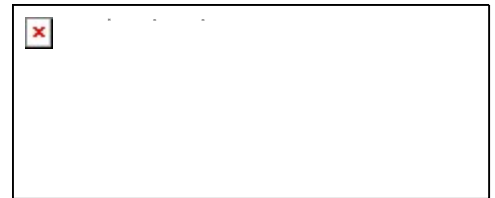
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Herron, Robin

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Sent: Tuesday, April 14, 2020 9:16 AM
To: Caraway, Ian
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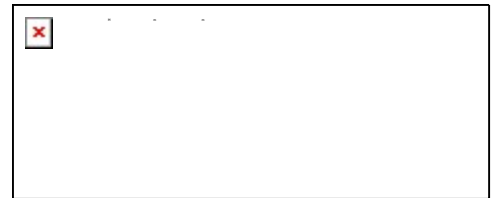
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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 9:16 AM
To: Herron, Robin
Subject: Strategies for Addressing Personal Protective Equipment (PPE) Shortage
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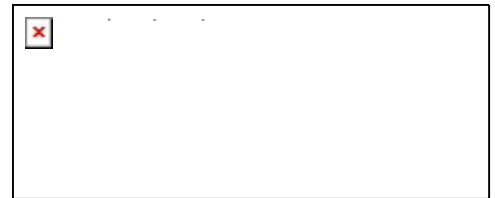
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Sent: Tuesday, April 14, 2020 9:16 AM
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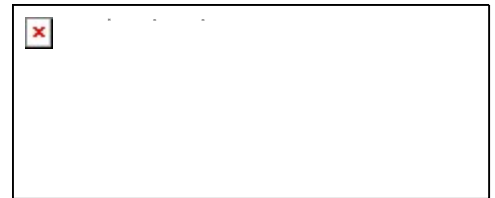
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Herron, Robin

From: Jeffrey Dickerson [REDACTED]
Sent: Tuesday, April 14, 2020 9:22 AM
To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
Cc: Berry, Frank;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTC (USA);Hood, Joseph;Laird, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Noggle, Caylee;Tim Dignam;Wilson, Richard D BG USARMY NG GAARNG (USA);Simmons, Randall V Jr BG USARMY NG GAARNG (USA);lrice@ldxsolutions.com;Darryl Graham;Matthew Hicks
Subject: Interagency COVID-19 Response Planning Team Update, 140900APR20

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Sir – No significant updates since last night’s report. We are assessing the ability to collect more detailed demographic information - exactly how many COVID-19 patients and patient deaths by age, sex, race, location, at risk characteristics, etc. - precisely who among our population is being hospitalized as a result of COVID-19 and who has died as a result of COVID-19. We believe this information exists and could shed light on who precisely is at risk and should be safeguarded, and precisely who is at a much more decreased risk of infection, hospitalization, or death so that risk mitigation measures can be more precisely implemented and also scaled back. This is key to better informing decision makers as we start looking forward to re-opening our state. Within the next 24 hours, we could provide a detailed analysis of the COVID-19 population demographics.

We updated the Hospital Surge Capacity Analysis based upon the 13APR20 IHME model update.

GA’s peak day shifted to 01MAY. Median demand decreased by 2343 beds. Highest range demand decreased by 4828 beds. Based upon our estimate, we could have an excess of 8312 additional beds available at the median range demand, and an excess of 2468 beds available at highest range demand.

Additionally, our own internal regional modeling indicates that Region K – the southwest GA area – could reach and exceed total bed space capacity this week by 200-250 patients.

We received reports from Region K that some hospitals – notably in Bainbridge - are at or reaching capacity – primarily due to staffing shortages, not bed space availability. We are scheduling a conference call with Region K hospital leaders in order to assess their staffing shortages and will be prepared to augment them with additional staff if necessary. We will also implement a Regional Capability call each day to discuss each region’s capacity and identify potential shortages in bed space or staffing in order to target staffing resources to those that need it and identify opportunities to relieve saturated hospitals via diversion to other regions or to the GWCC ACF-Atlanta.

1. **GWCC ACF-Atlanta** is in progress with 8.7% of overall essential tasks completed. The estimated completion rates remain the same: 25% on 14APR, 60% on 16APR, 75% on 17APR, and 100% on 18APR. The medical team here conducted a facility walk thru this morning. Grady Hospital CEO, CMO, and CFO met with PAE and AMI Medical Staffing planners for initial face to face coordination and all feel that everything planned and discussed thus far is effective. We conducted a site visit at Piedmont.

2. **Additional Hospital Staffing:** We’re reaching out to each Area to assess staffing shortages in order to determine where augmentation is needed and when. We’re developing protocols to determine how best to prioritize additional augmentation of hospitals and nursing homes.

3. **DBHDD:** Additional staffing will be directed to Central State Hospital this week in order to fill staffing shortages.

4. **Additional Augmentation Efforts:**

Phoebe Putney Update: Concerns: Jackson Staffing augmentation for increased bed space – not POD bed space - wont arrive until 22APR; ventilator and critical medication shortages; all ICU and general bed build-out is estimated to be complete 15MAY.

Hospital Pods: Pillars were poured on Saturday 11APR for the Rome site, and that site is still expected to be FOC 21 APR. The first containers for the Albany site are expected to arrive on 17APR, and that site is expected to be FOC 28APR. On-site coordination is confirmed for all space utilization and utility tie in for the Macon site, and equipment production is underway with an expected FOC date of 5MAY. An on-site coordination meeting is scheduled for Monday morning with N.E. GA Medical Center staff for the Gainesville site, and equipment production is underway, with an FOC date of 5MAY.

Critical Events Timeline: 14APR20

TBD: Region K Capability Conference Call
1000: Governor's Conference Call
1300: Metro Atlanta Hospital CEO Call
TBD: Regional Capability Call
1900: Governor's Conference Call

Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

Herron, Robin

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Sir – No significant updates since last night’s report. We are assessing the ability to collect more detailed demographic information - exactly how many COVID-19 patients and patient deaths by age, sex, race, location, at risk characteristics, etc. - precisely who among our population is being hospitalized as a result of COVID-19 and who has died as a result of COVID-19. We believe this information exists and could shed light on who precisely is at risk and should be safeguarded, and precisely who is at a much more decreased risk of infection, hospitalization, or death so that risk mitigation measures can be more precisely implemented and also scaled back. This is key to better informing decision makers as we start looking forward to re-opening our state. Within the next 24 hours, we could provide a detailed analysis of the COVID-19 population demographics.

We updated the Hospital Surge Capacity Analysis based upon the 13APR20 IHME model update.

GA’s peak day shifted to 01MAY. Median demand decreased by 2343 beds. Highest range demand decreased by 4828 beds. Based upon our estimate, we could have an excess of 8312 additional beds available at the median range demand, and an excess of 2468 beds available at highest range demand.

Additionally, our own internal regional modeling indicates that Region K – the southwest GA area – could reach and exceed total bed space capacity this week by 200-250 patients.

We received reports from Region K that some hospitals – notably in Bainbridge - are at or reaching capacity – primarily due to staffing shortages, not bed space availability. We are scheduling a conference call with Region K hospital leaders in order to assess their staffing shortages and will be prepared to augment them with additional staff if necessary. We will also implement a Regional Capability call each day to discuss each region’s capacity and identify potential shortages in bed space or staffing in order to target staffing resources to those that need it and identify opportunities to relieve saturated hospitals via diversion to other regions or to the GWCC ACF-Atlanta.

1. **GWCC ACF-Atlanta** is in progress with 8.7% of overall essential tasks completed. The estimated completion rates remain the same: 25% on 14APR, 60% on 16APR, 75% on 17APR, and 100% on 18APR. The medical team here conducted a facility walk thru this morning. Grady Hospital CEO, CMO, and CFO met with PAE and AMI Medical Staffing planners for initial face to face coordination and all feel that everything planned and discussed thus far is effective. We conducted a site visit at Piedmont.

2. **Additional Hospital Staffing:** We’re reaching out to each Area to assess staffing shortages in order to determine where augmentation is needed and when. We’re developing protocols to determine how best to prioritize additional augmentation of hospitals and nursing homes.

3. **DBHDD:** Additional staffing will be directed to Central State Hospital this week in order to fill staffing shortages.

4. **Additional Augmentation Efforts:**

Phoebe Putney Update: Concerns: Jackson Staffing augmentation for increased bed space – not POD bed space - wont arrive until 22APR; ventilator and critical medication shortages; all ICU and general bed build-out is estimated to be complete 15MAY.

Hospital Pods: Pillars were poured on Saturday 11APR for the Rome site, and that site is still expected to be FOC 21 APR. The first containers for the Albany site are expected to arrive on 17APR, and that site is expected to be FOC 28APR. On-site coordination is confirmed for all space utilization and utility tie in for the Macon site, and equipment production is underway with an expected FOC date of 5MAY. An on-site coordination meeting is scheduled for Monday morning with N.E. GA Medical Center staff for the Gainesville site, and equipment production is underway, with an FOC date of 5MAY.

Critical Events Timeline: 14APR20

TBD: Region K Capability Conference Call
1000: Governor's Conference Call
1300: Metro Atlanta Hospital CEO Call
TBD: Regional Capability Call
1900: Governor's Conference Call

Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

Herron, Robin

From: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>
Sent: Tuesday, April 14, 2020 9:51 AM
To: Stevens, Lee (OS/IEA); Johnston, Darcie (HHS/IEA)
Subject: HHS COVID-19 Update, 4-13-2020

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Dear Colleague:

On Saturday, Wyoming became the 50th, and final, US state to be under a disaster declaration following approval by President Trump. That means that for the first time in history every US state is under a disaster declaration. The US Virgin islands, the Northern Mariana Islands, the District of Columbia, Guam and Puerto Rico are also under disaster declarations, which allow federal funds to be used by state and local governments during the pandemic.

Additional updates:

Testing and Treatment

Tri-Department Information on No-Cost Testing for Individuals with Private Insurance: CMS, The Department of Labor, and the Department of Treasury released [information and FAQs](#) to ensure Americans with private health insurance have coverage of COVID-19 diagnostic testing and certain other related services, including antibody testing, at no cost. This announcement implements the requirement for group health plans and group and individual health insurance to cover both diagnostic testing and certain related items and services provided during a medical visit with no cost sharing that was enacted in the Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act. This includes urgent care visits, emergency room visits, and in-person or telehealth visits to the doctor's office that result in an order for or administration of a COVID-19 test. Covered COVID-19 tests include all FDA-authorized COVID-19 diagnostic tests, COVID-19 diagnostic tests that developers request authorization for on an emergency basis, and COVID-19 diagnostic tests developed in and authorized by states. It also ensures that COVID-19 antibody testing will also be covered. Once broadly available, a COVID-19 antibody test could become a key element in fighting the pandemic by providing a more accurate measure of how many people have been infected and potentially enabling Americans to get back to work more quickly.

Getting Key Data to Facilitate COVID-19 Planning, Monitoring, and Resource Allocation: Where are the needs most acute? Where is the next hotspot? Having the right answers to these questions is critical for the best "whole of government" responses. That's why HHS Secretary Azar sent a [letter to hospital administrators](#) Friday night reinforcing the need for data and daily reports on testing, capacity, supplies, utilization and patient flows. HHS's objective is to allow states and hospitals either to leverage existing data reporting capabilities or, where those capabilities are insufficient, to provide guidance in how to build on them. The letter included a set of frequently asked questions that details federal government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information. The letter also recognizes that many non-Federal entities may already be requesting this information from hospitals; therefore, the federal government has done its best to minimize the burden of sharing this data and to reduce further duplication of effort.

International Reagent Resource (IRR) Fact Sheet for State Public Health Labs: FEMA released a [fact sheet on the International Reagent Resource](#) that specifically applies to *public health labs* in states to help them access diagnostics supplies and reagents for COVID-19 testing free of charge. Established by Centers for Disease Control and Prevention (CDC), the International Reagent Resource provides resources for surveillance of and detection of influenza and other

respiratory pathogens to laboratories with documented training and competency. The organization acquires, authenticates, and produces reagents that scientists need to carry out basic research and develop improved diagnostic tests, vaccines, and detection methods. Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs, increasing efficiency by reducing the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.

Diagnostics Update to Date: During the COVID-19 pandemic, the FDA has worked with more than 300 test developers who have said they will be submitting emergency use authorizations (EUA) requests to FDA for tests that detect the virus. To date, 33 [emergency use authorizations](#) have been issued for diagnostic tests. The FDA has been notified that more than 170 laboratories have begun testing under the policies set forth in our COVID-19 Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency Guidance. The FDA also continues to keep its [COVID-19 Diagnostics FAQ](#) up to date.

NIH Study to Quantify Undetected Cases of COVID-19: A [new study](#) has begun recruiting at the National Institutes of Health to determine how many adults in the United States without a confirmed history of infection with SARS-CoV-2, the virus that causes COVID-19 have antibodies to the virus. The presence of antibodies in the blood indicates a prior infection. In this “serosurvey,” researchers will collect and analyze blood samples from as many as 10,000 volunteers to provide critical data for epidemiological models. The results will help illuminate the extent to which the novel coronavirus has spread undetected in the United States and provide insights into which communities and populations are most affected.

New COVID-19 Surveillance Website: CDC has launched a new [COVID-19 surveillance homepage](#). The new page features COVIDView and links to all of the COVID-19 surveillance systems and other data sources CDC is using to track COVID-19 activity.

The page includes important information about COVID-19-related cases, hospitalization rates, mortality, and laboratory testing, as well as data visualizations based on the latest CDC publications, such as Morbidity and Mortality Weekly Reports (MMWRs). The page provides an FAQ to answer common questions about CDC’s COVID-19 surveillance data, and a reference page that describes the methods and data sources used in the COVIDView report.

Geographic Differences in COVID-19: CDC published a [report that highlights geographic differences](#) in cases, deaths, incidence, and changing incidence in COVID-19. More than 395,000 COVID-19 cases and 12,800 deaths were reported in the United States as of April 7. The report projects the jurisdiction-level trajectory of this outbreak by estimating case doubling times on April 7 and changes in cumulative incidence during the 7-day period, March 31–April 7. Understanding jurisdiction-level incidence and changes in incidence might aid in selecting effective community mitigation strategies and assist with resource allocation. Real-time monitoring of jurisdiction-level changes in COVID-19 incidence is critical so that state and local health departments and their stakeholders can evaluate community risk locally, make informed decisions about community mitigation strategies, and allocate resources strategically.

Testing Patients Who Have Recovered From COVID-19: [BARDA](#) is collaborating again with DiaSorin, this time to develop a [clinical laboratory test to identify people who have been infected](#) with the SARS-COV-2 virus but have recovered. This diagnostic test has been designed to respond to the need to identify people in the population who had already been infected with the virus, but whose diagnosis has not been confirmed by performing a swab and a molecular diagnostic test, or who have recovered from recent infection.

Option to Transition Community Based Testing Sites to States: HHS and FEMA worked with state and local partners to establish Community-Based Testing Sites (CBTS) in CDC-prioritized locations across the country. The CBTS model was developed for states, local public health agencies, healthcare systems, and commercial partners as they work together to stop the spread of COVID-19 in their communities, focusing initially on healthcare facility workers and first responders. The federal CBTS Task Force is working with states to clarify whether [sites want to continue as they are now, or transition to full state control](#). Under state control, CBTS sites would still receive technical assistance from the federal government, and be able to request supplies through the normal FEMA systems. FEMA outlined a transition plan and responsibilities for states if they chose to transition.

FDA Expanding Potential Treatment by Authorizing a Blood Purification System: The U.S. Food and Drug Administration issued an [emergency use authorization](#) for a blood purification system to treat patients 18 years of age or older with confirmed Coronavirus Disease 2019 (COVID-19) admitted to the intensive care unit (ICU) with confirmed or imminent respiratory failure. This system will help to expedite the availability of a treatment option for patients in the ICU to help reduce the severity of the disease.

Safety Precautions for Fecal Microbiota for Transplantation: Due to the potential risk of transmission of SARS-CoV-2 through Fecal Microbiota for Transplantation (FMT), the FDA updated [information on its website](#) pertaining to safety protections regarding the use of FMT, informing healthcare providers about screening donors for COVID-19 and exposure to and testing for SARS-CoV-2. This update follows a [safety alert posted on March 23, 2020](#). The FDA has determined that additional protections are needed for any investigational use of FMT, whether under an investigational new drug application on file with FDA or under FDA's enforcement discretion policy.

Development of a Rapid Mobile Diagnostic Test: BARDA has partnered with Nanomix, Inc. on the [development of a COVID-19 rapid mobile test](#) to diagnose COVID-19 infections with results in as little as 15 minutes. The test detects the presence of SARS-CoV-2 antigen in nasal and throat swabs. As part of the contract, a serological test will also be developed that can detect antibodies of SARS-CoV-2 in the blood, for indication of current or past COVID-19 infection.

Getting Connected for Telehealth Services: Today, the FCC began accepting applications for the COVID-19 Telehealth Program for funding to help health care providers furnish connected care services to patients at their homes or mobile locations in response to the COVID-19 pandemic. \$200 million was included in the CARES Act to give healthcare providers means to purchase telecommunications, broadband connectivity, and devices necessary for providing connected care. Providers can apply for funding at www.fcc.gov/covid19telehealth.

PPE and Supplies

Updated Information on the Strategic National Stockpile: ASPR website was updated to include [additional information about the SNS](#), including new pages on SNS ventilators being deployed in response to COVID-19. The page addresses issues that continue to surface in media including the number of vents available, their maintenance, the equipment deployed with the vents, and challenges associated with the external battery packs on some of the models.

EUA's to Decontaminate Millions of N95 Respirators: The U.S. Food and Drug Administration issued an emergency use authorization (EUA) that has the potential to [decontaminate approximately 4 million N95 or N95-equivalent](#) respirators per day in the U.S. for reuse by health care workers in hospital settings. The FDA granted the EUA to Advanced Sterilization Products (ASP) for the STERRAD Sterilization Cycles, which uses vaporized hydrogen peroxide gas plasma sterilization. There are approximately 9,930 STERRAD Sterilization systems in approximately 6,300 hospitals across the U.S. STERRAD 100S Cycle, STERRAD NX Standard Cycle and STERRAD 100NX Express Cycle vary in reprocessing times from 55 minutes, to 28 minutes, and 24 minutes. Each can reprocess approximately 480 respirators per day. The U.S. Food and Drug Administration issued the [second emergency use authorization \(EUA\) to decontaminate compatible N95 or N95-equivalent respirators](#) for reuse by health care workers in hospital settings. This EUA will support decontamination of approximately 750,000 N95 respirators per day in the U.S and was authorized to the STERIS corporation.

Guidance on Reusing Respirators: CDC released new guidance on [Decontamination and Reuse of Filtering Facepiece Respirators](#). They note that disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination and reuse as standard of care. However, FFR decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability. Based on the limited research available, ultraviolet germicidal irradiation, vaporous hydrogen peroxide, and moist heat showed the most promise as potential methods to decontaminate FFRs. This document summarizes research about decontamination of FFRs before reuse.

Extending Facepiece Respirators in Non-Healthcare Settings: CDC released updated information that offers strategies to [conserve, extend, and respond to shortages in the supply of NIOSH-approved filtering facepiece respirators \(FFRs\) used in non-healthcare worksites](#) such as manufacturing and construction. The following strategies apply the principles

of the hierarchy of controls and are intended to assist employers in selecting strategies to control workplace exposures during times of known supply shortages caused by the COVID-19 pandemic. A secondary purpose is to reduce the demand for FFRs in general industry settings during the COVID-19 response so that (1) FFR manufacturers and distributors can maximize supplies to healthcare settings and (2) general industry worksites can evaluate if any excess inventories they may hold are suitable for redistributing (e.g., selling, donating) to healthcare settings. Employers should consider redistribution of excess inventories only if adequate exposure controls for their workers are implemented.

PPE Use During Human Drug Compounding: The FDA issued a [guidance](#) for immediate implementation for pharmacy compounders that experience shortages of the personal protective equipment (PPE) they typically use to compound human drugs that are intended or expected to be sterile. PPE shortages have the potential to significantly impact the quality, purity and availability of drugs that are compounded for patients, including those in critical need. The guidance discusses how pharmacies may be able to preserve PPE if supplies are limited. Further, as a temporary measure to address the public health emergency posed by COVID-19, the agency is providing limited regulatory flexibility for compounders that cannot obtain sufficient supplies of PPE for sterile compounding, provided they adopt risk mitigation strategies as described in the guidance. FDA adopted this policy to help assure patient access to needed medicines and to reduce the risks of compounding when standard PPE are not available.

CMS and Ventilators: Due to the novel COVID-19 pandemic, CMS is [removing the non-invasive ventilators \(NIV\) product category](#) from Round 2021 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program.

Funding and Flexibilities for Government Grantees

1. **Accelerated and Advance Payments – State-by-State Breakdown:** CMS released information with the [state-by-state breakdown of receipt of accelerated and advance payments](#) as of April 4, 2020. These payments are funded from the Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B) trust funds, which are the same fund used to pay out Medicare claims each day. The advance and accelerated payments are a loan that providers must pay back. It is important to note, this funding is [separate](#) from the \$100 billion provided in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act appropriation is a payment that does not need to be repaid. The information will be updated weekly on the website.

Information on Medicare Billing: CMS updated their [FAQs on Medicare fee-for-service billing](#). The FAQs in this document supplement the following previously released [FAQs: 1135 Waiver](#), and [FAQs Without 1135 Waiver FAQs](#). A few answers in this document explain provisions from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law No. 116-136 (March 27, 2020). CMS is thoroughly assessing this new legislation and new and revised FAQs will be released as implementation plans are announced. Topics include range from payment for specimen collection, diagnostic laboratory services, hospital services, ambulance services, rural health clinics and FQHCs, expansion of virtual communications for RHCs/FQHCs, Medicare telehealth, physician services, opioid treatment services, inpatient rehabilitation facility services, skilled nursing facility services and more.

Medicare Advantage Risk Adjustment from Telehealth Services: CMS [sent a letter](#) to inform that Medicare Advantage Organizations and other organizations that submit diagnoses for risk adjusted payment that they are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility. It is important for enrollees in Medicare Advantage to be able to receive clinically appropriate services via telehealth, and CMS appreciates all the necessary steps Medicare Advantage Organizations are taking to help providers and members cope with the pandemic.

Medicaid 1135 Waiver Update: CMS [approved its 50th COVID-19 Medicaid emergency waiver](#) to Utah delivering urgent regulatory relief to ensure the State can quickly and effectively care for their most vulnerable citizens. CMS also approved a COVID-19 related Medicaid Disaster Amendment that brings relief to Arizona. These approvals help to ensure that states have the tools they need to combat COVID-19 through a wide variety of state plan flexibilities. CMS

continues to authorize amendments to ensure emergency flexibilities in programs that care for the elderly and people with disabilities, including most recently in Georgia. These approved flexibilities support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported. All told, CMS has approved 50 emergency waivers, 27 state amendments, 8 COVID-related Medicaid Disaster Amendments and one CHIP COVID-related Disaster Amendment in record time. States are using a [toolkit](#) CMS developed to expedite the application and approval of Medicaid state waivers and State Plan Amendments.

Flexibilities for AHRQ Grantees: The Agency for Healthcare Research and Quality (AHRQ) recognizes the significant effects that the HHS-declared COVID-19 national emergency is having on AHRQ-funded research and human subject studies, and wants to assure their grantee recipient community that AHRQ will be doing our part to help you continue your research. Examples of the [flexibilities AHRQ is outlining](#) include flexibility with SAM registration, application deadlines, no-cost extensions for expiring awards, allowability of costs not normally charged to awards, abbreviated non-competitive continuation requests, extensions of close-outs and other flexibilities.

Guidance for Specific Populations

Guidance to Assist Facilities Providing Hemodialysis to Patients with COVID: CDC released [Considerations for Providing Hemodialysis to Patients with Suspected or Confirmed COVID-19 in Acute Care Settings](#). The guidance includes information on patient screening at dialysis facilities and dialysis in acute care settings.

Hand Hygiene for Healthcare Personnel: CDC released an updated document with frequently asked questions about [Hand Hygiene for Healthcare Personnel Responding to COVID-2019](#). The guidance explains the best method of hand hygiene recommended for healthcare personnel in response to COVID-2019. Even though CDC continues to recommend the use of alcohol-based hand rub (ABHR) as the primary method for hand hygiene in most clinical situations, this FAQ contains information on what can be used if there is a shortage of ABHR.

1.

Information for Tribes: IHS has released an FAQ document that outlines the [Federal response to COVID-19 in Indian Country](#). Frequently asked questions center around general information, testing, access to protective equipment, funding, emergency planning, and service delivery during a pandemic.

Guidance for Healthcare Facilities in Non-US Settings: CDC released guidance for [Healthcare Provider and Facility Operational Considerations for Non-US Settings](#), which outlines infection prevention and control, SOPs for triaging patients, and operational considerations for how to deal with suspected and confirmed patients and healthcare workers. CDC also released a guidance document on the [Management of Visitors to Healthcare Facilities](#) intended for non-US healthcare settings. This guidance is intended for use in international settings, not in U.S. facilities. This guidance includes information about preventing introduction of SARS-CoV2 into healthcare facilities by visitors during periods of community transmission. Facilities should establish policies and procedures for managing, screening, educating, and training all visitors.

Framework on State Reimbursement for Food Distribution: FEMA issued guidance on the framework, [policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food](#) to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.

Guidance for Bus Transit Operators: CDC released guidance for [Bus Transit Operators](#) that outlines information that is most relevant for transit maintenance workers and provides specific actions these individuals can take to keep themselves safe while on the job. The information includes how to protect yourself as a transit operator, steps the employer should take, and resources for more information.

Information for Programs of All-inclusive Care for the Elderly: CMS released an [FAQ document for the PACE Community](#). This FAQ answers a range of questions from PACE organizations (POs) on the topics of; clinical concerns, staffing eligibility, enrollment, and recertification, telehealth quality and reporting, billing and payment, CMS communications. This guidance supplements the March 17, 2020 CMS issued guidance to POs on infection control and prevention of Coronavirus Disease 2019 (COVID-19).

Letter to Consumers Not to Take Animal Drugs: The FDA issued a [Letter to Stakeholders](#) advising people not use ivermectin intended for animals as a treatment for COVID-19 in humans. People should never take animal drugs, as the FDA has only evaluated their safety and effectiveness in the particular animal species for which they are labeled. These animal drugs can cause serious harm in people. People should not take any form of ivermectin unless it has been prescribed to them by a licensed health care provider and is obtained through a legitimate source.

Resources for Parks and Recreational Facilities: CDC released information for [parks and recreational facilities](#). The information includes what to do at all times, what to do if there is an outbreak and guidance for park visitors as well as park administrators.

Updated Information Related to Children: CDC updated their resources and FAQ document related to [COVID-19 and Children](#). The document addresses topics such as the risk of the illness for children, appropriateness of wearing masks, school dismissals, and how to prepare home and family for an outbreak in a community. Alongside this document is information for [Childcare Programs that Remain Open](#).

Updated Information for Healthcare Professionals: CDC also updated their resources and [FAQ document for Healthcare Professionals](#) with an added section on obstetrical care.

Talking with Patients About Advance Directives: ASPR posted a technical resource on [How to Talking to Patients About Advance Directives](#). Advance directives include durable power of attorney, living wills, do not resuscitate orders, do not intubate orders, and other documents.

CMS Expanding Workforce Waivers: CMS released a [document](#) to expand and provide information on [1135 blanket waivers](#) – the emergency waivers that don't require an application. CMS provides blanket waivers to maximize flexibility for frontline workers as a result of COVID-19. These changes affect doctors, nurses, and other clinicians nationwide, and focus on reducing supervision and certification requirements so that practitioners can be hired quickly and perform work to the fullest extent of their licenses. The new waivers sharply expand the workforce flexibilities CMS announced on March 30.

Resources for Businesses and Employers: CDC released updated information to their webpage on [Resources for Businesses and Employers](#) on how to plan, prepare for and respond to COVID-19. The webpage includes guidance, fact sheets, videos and other resources to assist this population.

Information for Dentists: Dental settings have unique characteristics that warrant additional infection control considerations. Recommendations included in the [dental setting guidance](#) include postponing elective procedures, surgeries, and non-urgent dental visits, proactively communicating to both staff and patients the need for them to stay at home if sick, and knowing steps to take if a patient with COVID-19 symptoms enters your facility. Updates to the guidance include: Description of risk to dental health care personnel (DHCP) when providing emergency care during the COVID-19 pandemic, recommendations for contacting patients prior to emergency dental care, recommendations for providing emergency dental care to non-COVID-19 patients including engineering controls, work practices and infection control considerations, Potential exposure guidance and contingency and crisis planning.

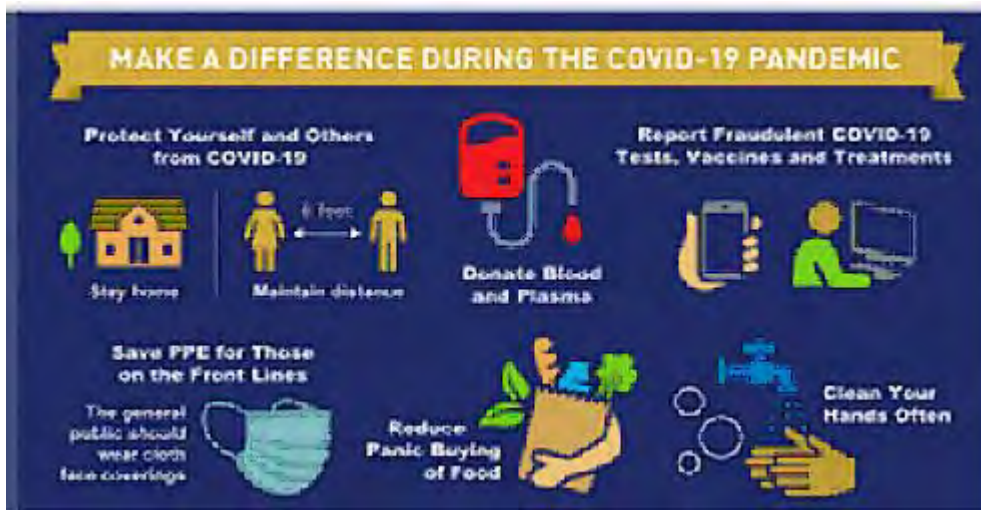
Cruise Ship “No Sail Order” Extended: CDC updated and extended their [No Sail Order](#) for cruise ships. This order ceases operations of cruise ships in waters in which the United States may exert jurisdiction and requires that they develop a comprehensive, detailed operational plan approved by CDC and the USCG to address the COVID-19 pandemic through maritime focused solutions, including a fully implementable response plan with limited reliance on state, local, and federal government support. These plans would help prevent, mitigate, and respond to the spread of COVID-19.

Best Practices for Retail Food Stores and Restaurants: The FDA issued [information and best practices for retail food stores, restaurants, and pick-up and delivery services](#) during the pandemic to protect both workers and customers. Information shared includes smart food safety practices that employers can consider at any time. It is being issued in two convenient formats.

Updated FAQs on Child Care: The Office of Child Care has updated their [FAQ document](#), which includes information on flexibilities available to child care centers.

Guidance on Human Subject Protections: This guidance represents the current thinking of the [Office for Human Research Protections \(OHRP\) on COVID-19](#). As a general matter, OHRP wants to reassure the research community that OHRP will take into account the specific circumstances that institutions and investigators are experiencing, and will use available flexibility in its decision making as institutions and investigators implement actions necessary to protect public health, while still appropriately protecting research subjects.

How to Make a Difference: FDA issued information for [how individuals can make a difference](#) in the COVID-19 response. Advice includes protecting yourself and others via social distancing, saving PPE for those on the frontlines, reducing panic buying of food, reporting fraudulent tests, vaccines and treatments, and cleaning your hands often.



As always, if you have questions, contact Darcie Johnston, our Director of Intergovernmental Affairs at Darcie.Johnston@hhs.gov.

Laura

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Herron, Robin

From: Latcham, Alexander S. EOP/WHO <Alexander.S.Latcham@who.eop.gov>
Sent: Tuesday, April 14, 2020 11:33 AM
To: Latcham, Alexander S. EOP/WHO
Subject: 04/14 COVID-19 Update

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

Good morning,

The Trump Administration is working around the clock to deliver CARES Act funding with unprecedented speed and accuracy to local governments, small businesses, and working Americans impacted by the coronavirus epidemic. Yesterday, the Department of the Treasury launched [a web portal](#) to facilitate the disbursement of CARES Act funding to State, Local, and Tribal governments.

Additionally, the Treasury Department released an updated [Paycheck Protection Program FAQ Sheet](#). President Trump continues to call on Congress to replenish the Paycheck Protection Program that is supporting hundreds of thousands of small businesses and millions of Americans.

Finally, this week alone over [80 million eligible Americans](#) are set to receive direct payments— providing immediate economic relief for families during the coronavirus outbreak.

Today, the President participates in a meeting with recovered COVID-19 patients and later leads a meeting with Healthcare Executives. Members of the Coronavirus Task Force hold a press briefing at 5:00pm ET.

Additional Guidance (as of 4.13, 5:00pm):

- **WH** - We Are Beating This Virus. Keep Up the Fight! ([Click here](#))
- **WH** - Memorandum on Visa Sanctions ([Click here](#))
- **WH** - Memorandum on Authorizing the Exercise of Authority under Public Law 85-804 ([Click here](#))
- **WH** - Memorandum on Providing COVID-19 Assistance to the Italian Republic ([Click here](#))
- **HHS** - Guidance for Application of the Human Subjects Protection Regulations to Actions Taken in Response to the COVID-19 Pandemic ([Click here](#))
- **CDC** - Resources for Parks and Recreational Facilities ([Click here](#))
- **CMS** - Trump Administration Announces Expanded Coverage for Essential Diagnostic Services Amid COVID-19 Public Health Emergency ([Click here](#))
- **CMS** - April 13 Daily Roundup ([Click here](#))
- **FDA** - A Perspective on the FDA's COVID-19 Response ([Click here](#))
- **FDA** - April 10 Daily Roundup ([Click here](#))
- **FDA** - FDA Issues Emergency Use Authorization to Decontaminate Millions of N95 Respirators ([Click here](#))
- **NIH** - NIH begins study to quantify undetected cases of coronavirus infection ([Click here](#))
- **DHS** - Weekly Update: DHS Response to COVID-19 ([Click here](#))
- **DHS-FEMA** - Local, State and Federal Partners Provide Food Assistance During COVID-19 Response ([Click here](#))
- **DHS-FEMA** - Purchase and Distribution of Food Eligible for Public Assistance ([Click here](#))
- **HUD** - HUD Gives Housing Authorities and Tribes Additional Flexibility to Focus on Tenants During Pandemic ([Click here](#))
- **HUD** - HUD Awards \$16 Million to Public Housing Authorities to Help Tenants Relocate ([Click here](#))
- **USDA** - Florida and Idaho Added to Innovative SNAP Online Pilot Program ([Click here](#))

- **USDA** - USDA Approves Program to Feed Kids in Rhode Island ([Click here](#))
- **USDA** - USDA Unveils Tool to Help Rural Communities Address the COVID-19 Pandemic ([Click here](#))
- **ED** - Secretary DeVos Awards \$65 Million to Create and Expand Public Charter Schools in Areas of Greatest Need ([Click here](#))
- **DOL** - U.S. Department of Labor Issues Enforcement Guidance For Recording Cases of COVID-19 ([Click here](#))
- **DOL** - U.S. Department of Labor Publishes Latest Guidance Regarding Pandemic Emergency Unemployment Compensation Program ([Click here](#))
- **DOL** - U.S. Department of Labor Issues Alert to Keep Package Delivery Workers Safe During COVID-19 Pandemic ([Click here](#))
- **DOC** - U.S. Department of Commerce Secretary Wilbur Ross and U.S. Census Bureau Director Steven Dillingham Statement on 2020 Census Operational Adjustments Due to COVID-19 ([Click here](#))
- **VA** - VA virtual mental health care use on the rise amid COVID-19 ([Click here](#))
- **Treasury** - Treasury Announces Payroll Support to Aid Employees of Small Passenger Air Carriers ([Click here](#))
- **Treasury** - Over 80 Million Americans Will Receive Economic Impact Payments in their Bank Accounts This Week ([Click here](#))
- **DOJ** - U.S. Trustee Program Acts Quickly to Protect Public Health and Ensure Effective Functioning of the Bankruptcy System During Covid-19 Emergency ([Click here](#))

Alex Latcham
 Special Assistant to the President
 White House Office of Political Affairs

Herron, Robin

From: Woody Radcliffe <Woody.Radcliffe@gema.ga.gov>
Sent: Tuesday, April 14, 2020 2:39 PM
To: Bryson, Homer
Cc: Noggle, Caylee;Joey Greene;mark.sexton;Thomas Moore;Chuck Ray;Will Lanxton;Wilson, Richard D BG USARMY NG GAARNG (USA);LTC Louis Perino;Hovis, Scott M COL USARMY NG GAARNG (USA);Laird, Julio R Col USAF 116 ACW (USA);Baffic, Stephen P Lt Col USAF 116 ACW (USA);Poole, Anthony B (Tony) COL USARMY NG GAARNG (USA);Will Lanxton;Lamar McEwen;Timothy Head;Manny Haldopoulos;Loke, Ryan;tdignam@cdc.gov;Jeff Dickerson;Parker McGee;jay.harvey@sloan.mit.edu
Subject: Medical Facility EEI Status Report for April 14, 2020
Attachments: Medical Facility EEI Status Report 04-14-2020.xlsx

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Director Bryson,

Spreadsheet is resent due to technical issue.

See attached Medical Facility Essential Elements of Information Status Tracker information for April 13, 2020.

The board is now showing only 135 hospitals. It appears that GA DPH has removed Walton Rehabilitation Hospital from the Medical Facility EEI Status Tracker on their WebEOC board.

Respectfully,

Woody

Woody Radcliffe
Planning Section Chief
Georgia Emergency Management and Homeland Security Agency (GEMA/HS)
935 United Avenue SE
Atlanta, GA 30316
Office: (404) 635-7512
Mobile: (404) 807-1621
woody.radcliffe@gema.ga.gov

Herron, Robin

From: Woody Radcliffe <Woody.Radcliffe@gema.ga.gov>
Sent: Tuesday, April 14, 2020 2:39 PM
To: Bryson, Homer
Cc: Noggle, Caylee;Joey Greene;mark.sexton;Thomas Moore;Chuck Ray;Will Lanxton;Wilson, Richard D BG USARMY NG GAARNG (USA);LTC Louis Perino;Hovis, Scott M COL USARMY NG GAARNG (USA);Laird, Julio R Col USAF 116 ACW (USA);Baffic, Stephen P Lt Col USAF 116 ACW (USA);Poole, Anthony B (Tony) COL USARMY NG GAARNG (USA);Will Lanxton;Lamar McEwen;Timothy Head;Manny Haldopoulos;Loke, Ryan;tdignam@cdc.gov;Jeff Dickerson;Parker McGee;jay.harvey@sloan.mit.edu
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Herron, Robin

From: FEMA-IGA <FEMA-IGA@fema.dhs.gov>
Sent: Tuesday, April 14, 2020 3:38 PM
Subject: FEMA Advisory: Coronavirus (COVID-19) Pandemic (April 14, 2020)
Attachments: FEMA_Advisory_COVID19DailyBriefingPoints_FINAL_20200414.pdf; ESF15_DailyBriefingPoints_20200414 FINAL.pdf

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FEMA ADVISORY – APRIL 14, 2020

Coronavirus (COVID-19) Pandemic: Whole-of-America Response

Attached you will find today's FEMA Daily Briefing Points and a Reference Document for the Whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as Supply Chain Task Force; By the Numbers; FEMA and Department of Health and Human Services Response; and Guidance from Federal Agencies.

Topline messaging includes:

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- FEMA continues to expedite movement of commercially pre-sourced and commercially procured critical supplies from the global market to medical distributors in various locations across the U.S. through [Project Airbridge](#).
- HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
 - In total, combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, HHS has finalized contracts to supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
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 - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.

- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
 - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
 - Emergency managers and public health officials submit requests for ventilators to FEMA/HHS, providing detailed data on total medical/ hospital beds; total acute care (ICU) beds; normal occupancy; predicted surge occupancy; and number of ventilators available in the state.
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- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
 - The money is available to all 56 states and territories as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.grants.gov) by April 28.
- HHS and FEMA have expanded the items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge.
 - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs of the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.
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 - Applicants may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the pandemic.

Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov.
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov.
- Tribal Affairs at (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov.

- Private Sector Engagement at (202) 646-3444 at nbeoc@max.gov.

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From: Yanick, Brittany M. EOP/WHO <Brittany.M.Yanick@who.eop.gov>
Sent: Tuesday, April 14, 2020 3:39 PM
To: Yanick, Brittany M. EOP/WHO
Cc: Pottebaum, Nic D. EOP/WHO
Subject: Media's False Narrative About the President's Early Actions Simply Doesn't Hold Up

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CORRECT THE RECORD | Media's False Narrative About the President's Early Actions Simply Doesn't Hold Up

President Trump took strong action early on to protect the safety of the American people from the coronavirus.

Many in the media continue to push the false narrative that the President didn't act early enough, which couldn't be further from the truth.

- The President took swift and decisive in January to stem the spread of the virus – restricting travel, strengthening screening at airports, declaring a public health emergency, and more.
- Asked about the issue during a briefing on March 31st, Dr. Fauci [made clear](#) that the U.S. “acted very, very early.”

Following decisive action in January, the President continued building on these efforts throughout February.

- **February 2:** CDC [expanded](#) enhanced entry screening to eight major airports across the nation.
- **February 4:** FDA [issued](#) an emergency use authorization for the CDC diagnostic to test for coronavirus.
- **February 4:** During the State of the Union, President Trump [stated](#) that his “[a]dministration will take all necessary steps to safeguard our citizens” from the coronavirus.
- **February 5:** Trump Administration and health officials [briefed](#) lawmakers on the Federal Government's coronavirus response efforts.
- **February 6:** President Trump and President Xi [discussed](#) coronavirus response efforts over the phone.
- **February 9:** The Coronavirus Task Force [briefed](#) governors from across the country at the National Governors' Association Meeting.
- **February 11:** HHS [expanded](#) coordination with Janssen Research & Development on the creation of coronavirus vaccine.
- **February 14:** CDC [announced](#) their ongoing work with five laboratories to perform community-based influenza surveillance and study the spread of coronavirus.
- **February 18:** HHS [announced](#) it has engaged Sanofi Pasteur in order to develop a coronavirus vaccine and treatments for coronavirus infections.

- **February 24:** The Administration [requested](#) at least \$2.5 billion from Congress to help combat the spread of the coronavirus.
- **February 25:** HHS Secretary Azar [testified](#) before the Senate HELP committee on the Administration's coronavirus response efforts.
- **February 26:** President Trump [announced](#) Vice President Pence would lead the White House coronavirus response.
- **February 29:** FDA [began](#) to allow laboratories to develop and utilize coronavirus testing kits during the application and review process.
- **February 29:** The Administration [issued](#) travel warnings for parts of South Korea and Italy.
- **February 29:** President Trump [issued](#) a proclamation expanding entry restrictions on individuals who had visited Iran in the last 14 days.

###

Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 4:25 PM
To: Fleming, Tim
Subject: Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 14
Attachments: ESF15_DailyBriefingPoints_20200414_FINAL.pdf

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U.S. DEPARTMENT OF HOMELAND SECURITY
Intergovernmental Affairs

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April 14, 2020

FEMA Advisory

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 4:25 PM
To: Loke, Ryan
Subject: Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 14
Attachments: ESF15_DailyBriefingPoints_20200414_FINAL.pdf

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Intergovernmental Affairs

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 4:25 PM
To: Broce, Candice
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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 4:25 PM
To: Caraway, Ian
Subject: Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 14
Attachments: ESF15_DailyBriefingPoints_20200414_FINAL.pdf

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Intergovernmental Affairs

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 4:25 PM
To: Whitaker, Skylar
Subject: Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 14
Attachments: ESF15_DailyBriefingPoints_20200414_FINAL.pdf

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U.S. DEPARTMENT OF HOMELAND SECURITY
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April 14, 2020

FEMA Advisory

Coronavirus (COVID-19) Pandemic Whole-of-America Response

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Topline messaging includes:

- FEMA, HHS, and our federal partners work with state, local, tribal and territorial governments to execute a whole-of-America response to COVID-19 pandemic and protect the health and safety of the American people.
- FEMA continues to expedite movement of commercially pre-sourced and commercially procured critical supplies from the global market to medical distributors in various locations across the U.S. through [Project Airbridge](#).
- HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.

- In total, combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, HHS has finalized contracts to supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
 - The seven new ventilator contracts announced by HHS this month will provide a total of 137,431 ventilators by the end of 2020.
 - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
 - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
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Herron, Robin

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April 14, 2020

FEMA Advisory

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Herron, Robin

From: FEMA-IGA <FEMA-IGA@fema.dhs.gov>
Sent: Tuesday, April 14, 2020 5:21 PM
Subject: FEMA Advisory: COVID19 Pandemic: Applying the Defense Production Act
Attachments: ESF15_FEMA_Advisory_COVID19_FactSheet_UseofDPA_FINAL_20200414.pdf; ESF15_FEMA_FactSheet_COVID19_UseofDPA_FINAL_20200414.pdf

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FEMA ADVISORY – APRIL 14, 2020

Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act

The scarcity of medical resources in the fight against COVID-19 is a global issue. The United States is competing for the same resources as many other countries. To maximize the availability of critical protective and lifesaving resources to front line health care workers, FEMA and the Department of Health and Human Services (HHS) are executing a four-pronged approach to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term. The approach includes **Preservation, Acceleration, Expansion and Allocation**.

The Defense Production Act (DPA) provides authorities that are being applied to support *Acceleration* and *Expansion* efforts. Priority rated DPA orders do not create a situation of “outbidding;” rather, it puts the federal government requirement to the “front of the line” for fulfillment ahead of other orders.

As we process orders through the supply chain, we are maintaining close coordination with governors to identify potential bidding conflicts. We look to the Nation’s governors and tribal leaders to make us aware of specific information regarding apparent bidding conflict. If a bidding conflict does arise, we work closely with the state or tribe to resolve it in a way that best serves their needs.

For more information on how the Defense Production Act authorities are helping during the COVID-19 response, please review the attached fact sheet.

Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov
- Tribal Affairs at (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov

- Private Sector Engagement at (202) 646-3444 at nbeoc@max.gov

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 6:02 PM
To: Whitaker, Skylar
Subject: Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act
Attachments: ESF15_FEMA_FactSheet_COVID19_UseofDPA_FINAL_20200414.pdf

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U.S. DEPARTMENT OF HOMELAND SECURITY
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Please see the advisory below, and attached fact sheet, from our partners in the Federal Emergency Management Agency (FEMA) regarding the Defense Production Act.

April 14, 2020

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 6:02 PM
To: Caraway, Ian
Subject: Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act
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Sent: Tuesday, April 14, 2020 6:02 PM
To: Fleming, Tim
Subject: Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act
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As we process orders through the supply chain, we are maintaining close coordination with governors to identify potential bidding conflicts. We look to the Nation’s governors and tribal leaders to make us aware of specific information regarding apparent bidding conflict. If a bidding conflict does arise, we work closely with the state or tribe to resolve it in a way that best serves their needs.

For more information on how the Defense Production Act authorities are helping during the COVID-19 response, please review the attached fact sheet.

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To help people before, during, and after disasters.

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- [ESF15 FEMA FactSheet COVID19 UseofDPA FINAL 20200414.pdf](#)

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Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 6:02 PM
To: Broce, Candice
Subject: Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act
Attachments: ESF15_FEMA_FactSheet_COVID19_UseofDPA_FINAL_20200414.pdf

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U.S. DEPARTMENT OF HOMELAND SECURITY
Intergovernmental Affairs

Please see the advisory below, and attached fact sheet, from our partners in the Federal Emergency Management Agency (FEMA) regarding the Defense Production Act.

April 14, 2020

FEMA Advisory

Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act

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Herron, Robin

From: FEMA-IGA <FEMA-IGA@fema.dhs.gov>
Sent: Tuesday, April 14, 2020 6:20 PM
Subject: FEMA Advisory: COVID-19 Pandemic: Mass Casualty Management Best Practices
Attachments: ESF15_FEMA_Advisory_COVID19_MassCasualtyManagementBestPractices_20200414.pdf;
ESF15_FEMA_FactSheet_COVID19_MassCasualtyManagementBestPractices_20200414.pdf

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FEMA ADVISORY – APRIL 14, 2020

Coronavirus (COVID-19) Pandemic: Mass Casualty Management Best Practices

As countries around the world battle the coronavirus disease (COVID-19) pandemic responders, medical professionals, public health professionals and others are managing thousands of fatalities per day. Due to the population of our country, the U.S. anticipates managing significant numbers of fatalities. Our country has experienced mass casualty events in Hurricanes Maria, Sandy, and Katrina, and after the September 11th attacks. Each of these were localized that resulted in up to 3,000 deaths.

The Fact Sheet identified key findings as they relate to ongoing COVID-19 operations across the country. These are potential best practices that are provided for consideration and do not constitute and should not be considered as guidance in any way.

Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov
- Tribal Affairs at (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov
- Private Sector Engagement at (202) 646-3444 at nbeoc@max.gov

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Herron, Robin

From: FEMA-IGA <FEMA-IGA@fema.dhs.gov>
Sent: Tuesday, April 14, 2020 6:28 PM
Subject: FEMA Advisory: COVID-19 Pandemic: Purchase and Distribution of Food Eligible for Public Assistance
Attachments: ESF15_FEMA_Advisory_COVID19_PurchaseandDistributionofFoodEligibleforPublicAssistance_FINAL_20200414.pdf

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FEMA ADVISORY – APRIL 14, 2020

Coronavirus (COVID-19) Pandemic:

Purchase and Distribution of Food Eligible for Public Assistance

Due to the impact of the COVID-19 pandemic, it may be necessary as an emergency protective measure to provide food to meet the immediate needs of those who do not have access to food and to protect the public from the spread of the virus. On April 11, 2020, FEMA [issued a new policy](#) that addresses the purchase and distribution of food eligible for Public Assistance funding under emergency and major disaster declarations for the COVID-19 pandemic.

State, local, tribal, and territorial (SLTT) governments with the legal responsibility for protecting life, public health and safety are eligible applicants for assistance related to the purchase and distribution of food.

SLTT applicants may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the COVID-19 pandemic. In these cases, Public Assistance funding is provided to the legally responsible government entity, which would then reimburse the private organization for services under the agreement or contract.

All costs must be reasonable and are subject to standard Public Assistance program eligibility and other federal requirements, as well as the prevailing cost-share requirement for the respective COVID-19 emergency or major disaster declaration.

This form of assistance is time-limited with additional information outlined in the policy.

FEMA will engage with interagency partners, including the U.S. Department of Agriculture, the U.S. Department of Health and Human Services, and U.S. Department of Housing and Urban Development, to ensure this assistance does not duplicate other available assistance.

Contact Us

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Herron, Robin

From: Jeffrey Dickerson [REDACTED]
Sent: Tuesday, April 14, 2020 6:29 PM
To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
Cc: Berry, Frank;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTC (USA);Hood, Joseph;Laird, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Noggle, Caylee;Tim Dignam;Wilson, Richard D BG USARMY NG GAARNG (USA);Simmons, Randall V Jr BG USARMY NG GAARNG (USA);lrice@ldxsolutions.com;Darryl Graham;Matthew Hicks
Subject: Interagency COVID-19 Response Planning Team Update, 141800APR20
Attachments: GWCC ACF-Atlanta Progress Update_141800APR20.pptx

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1. **GWCC ACF-Atlanta:** All indications are PAE is at or ahead of schedule. They are discussing potential early arrival for patients, but right now we anticipate an IOC time of afternoon on Saturday, 18APR. Medical personnel to support the ACF are arriving; however, weather delayed/cancelled many flights. Arrivals are expected to resume this evening and tomorrow. Construction of individual room units is approximately 75% complete with projected completion tomorrow morning. Installation of medical equipment begins tomorrow as well. Portable restrooms and ADA restrooms are now on site. PAE and AMI CEOs arrive for a site visit, Wednesday, 15APR20. No issues noted at this time.
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Vr,
Jeff

Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

Herron, Robin

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To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
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Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

Herron, Robin

From: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
<thomas.m.carden.mil@mail.mil>
Sent: Tuesday, April 14, 2020 6:46 PM
To: 'Jeffrey Dickerson'
Cc: Berry, Frank;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTC (USA);Hood, Joseph;Lairet, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Noggle, Caylee;Tim Dignam;Wilson, Richard D BG USARMY NG GAARNG (USA);Simmons, Randall V Jr BG USARMY NG GAARNG (USA);lrice@ldxsolutions.com;Darryl Graham;Matthew Hicks
Subject: RE: [Non-DoD Source] Interagency COVID-19 Response Planning Team Update, 141800APR20 (UNCLASSIFIED)

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Email: [REDACTED]

Cell: [REDACTED]

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Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response

Email:

Cell:

CLASSIFICATION: UNCLASSIFIED

Herron, Robin

From: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>
Sent: Tuesday, April 14, 2020 7:13 PM
To: Stevens, Lee (OS/IEA); Johnston, Darcie (HHS/IEA)
Subject: HHS COVID-19 Update, 4-14-2020

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Dear Colleague:

It's hard to believe that this is our fourth week of daily email updates on COVID-19 actions taken by HHS and our operating divisions – having started on March 23.

The volume of new information, guidance, and action is definitely not slowing down and reflects the fact that we are learning more everyday about the virus, which informs next steps for the Department, and the need for information and guidance is greater than ever, coming from a wide range of audiences, from churches to nursing homes to day care centers. Thank you for all that you are doing to share information with us and to share relevant information from the whole-of-government effort with your constituencies.

PPE Supplies

Expanding the Supply of Ventilators: HHS announced [five new contracts for ventilator production](#) rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll. In total, combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, HHS has finalized contracts to supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1. The seven new ventilator contracts announced by HHS this month will provide a total of 137,431 ventilators by the end of 2020. The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.

EUAs for Infusion Pumps: The FDA issued an [Emergency Use Authorization \(EUA\)](#) for the emergency use of the Perfusor Space Syringe Infusion Pump System, Infusomat Space Volumetric Infusion Pump System, and Outlook ES (“B. Braun Space and Outlook Pumps”) for use in the tracheal delivery of continuous nebulized medications into a nebulizer to treat patients of all ages with or suspected of having COVID-19 and decrease the exposure of healthcare providers to such patients during the COVID-19 pandemic. The EUA was also issued for ground medical transport use of the Infusomat Space Volumetric Infusion Pump System.

Testing and Treatment

Development of Immunotherapies for COVID-19 Patients: HHS will collaborate with [multiple non-government organizations on the development of convalescent plasma and hyperimmune globulin immunotherapies](#). These treatments would use antibodies against SARS-CoV-2 from COVID-19 survivors and are intended to stimulate the immune systems of people currently ill from the virus. To facilitate the development of these investigational treatments the Biomedical Advanced Research and Development Authority (BARDA), part of the HHS office of the Assistant Secretary for Preparedness and Response, is providing support to the American Red Cross; Emergent BioSolutions of Gaithersburg, Maryland; Grifols USA of Los Angeles, California, and SAB Biotherapeutics, Inc. of Sioux Falls, South Dakota. The products in development include convalescent plasma and hyperimmune globulin; both are based on the blood plasma of people who have recovered from a disease. Convalescent plasma contains antibodies produced by the immune system to fight bacteria or viruses.

Development of a Rapid Diagnostic Test: BARDA and Vela Diagnostics USA, Inc. are entering into a partnership to [develop a rapid diagnostic test](#) for use on two instrument platforms to aid in the detection of COVID-19 infections. Diagnostics on multiple platforms are needed to test as many people as possible and identify those who are infected in order to slow the pandemic. The company will develop two tests both of which would allow rapid analysis and early detection of SARS-CoV-2 in upper respiratory tract specimens from symptomatic individuals for effective patient management. Upon successful development, the company will seek Emergency Use Authorizations (EUAs) from the FDA for both the manual and automated tests.

Call for Plasma Donations among Recovered COVID Patients: FDA released information calling for [plasma donations among recovered COVID patients](#). If you have fully recovered from COVID-19, you may be able to help patients currently fighting the infection by donating your plasma. Because you fought the infection, your plasma now contains COVID-19 antibodies. These antibodies provided one way for your immune system to fight the virus when you were sick, so your plasma may be able to be used to help others fight off the disease. The information includes information about convalescent plasma, eligibility standards and how to donate.

Information about Hand Sanitizers: FDA updated their [FAQ on Hand Sanitizers](#), reminding everyone that the best way to prevent the spread of infections and decrease the risk of getting sick is by washing your hands with plain soap and water, but if soap and water are not available, CDC recommends consumers use an alcohol-based hand sanitizer that contains at least 60% alcohol. The FAQs also cover information about hand sanitizer, its effectiveness against COVID-19, what to do if a child ingests hand sanitizer and additional resources on the topic.

Product Specific Guidance for Chloroquine Phosphate and Hydroxychloroquine Sulfate: In anticipation of increased demand for chloroquine phosphate and hydroxychloroquine sulfate, the FDA is taking [steps to ensure that adequate supply of these drug products is available](#) by publishing product-specific guidances (PSGs) to support generic drug development for these drugs. The new PSG for chloroquine phosphate clarifies that the product is AA rated in the Approved Drug Products with Therapeutic Equivalence Evaluations publication (Orange Book), meaning that there are no known or suspected bioequivalence problems, and no in vivo studies are necessary. The revised PSG for hydroxychloroquine sulfate adds advice about a Biopharmaceutics Classification System-based biowaiver option. The FDA is currently prioritizing review of any newly submitted Abbreviated New Drug Applications (ANDAs) for chloroquine phosphate and hydroxychloroquine sulfate under [MAPP 5240.3: Prioritization of the Review of Original ANDAs, Amendments, and Supplements](#).

Information on Blood Glucose Meters While in the Hospital: The FDA posted [FAQs on home-use blood glucose meters](#) recognizing that home-use blood glucose meters may be used by patients with diabetes who are hospitalized due to COVID-19 to check their own blood glucose levels and provide the readings to the health care personnel caring for them. As part of efforts to help protect health care providers and patients from exposure to COVID-19 to the extent possible during this pandemic, this page provides answers to frequently asked questions that health care providers and other personnel at health care settings may have on patients' use of these devices.

Expanding Availability of Digital Health Therapeutic Devices: FDA issued guidance to provide a [policy to help expand the availability of digital health therapeutic devices for psychiatric disorders](#) to facilitate consumer and patient use while reducing user and healthcare provider contact and potential exposure to COVID-19 during this pandemic.

Information for Specific Populations

Updated Information on Infection Prevention and Control in Healthcare Settings: CDC published revised [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). The information includes: recommending screening everyone for fever/symptoms before entering a healthcare facility; aligning with community masking guidance to address source control and asymptomatic/pre-symptomatic transmission; emphasizing that cloth face coverings are not considered PPE; medical facemasks, if available, should be reserved for healthcare personnel (HCP); focusing on universal masking and symptom screening for HCP instead of retrospective risk assessment and contact tracing; and considering dedicating space to care for COVID-19 positive residents (cohort units) in nursing home.

Updated Clinical Guidance for Public Health Personnel Evaluating Patients: CDC updated their interim guidance for [Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at their Home](#). The updates reflect the latest information on PPE recommendations, updated language on collection of diagnostic respiratory specimens related to aerosol- vs. non-aerosol generating activities, and updated recommendations to include placing a facemask on symptomatic patients as source control.

Information on Transfers from Long-Term Care Facilities: CMS is providing [supplemental information for transferring or discharging residents between skilled nursing facilities and/or nursing facilities based on COVID-19](#) status (i.e., positive, negative, unknown/under observation). In general, if two or more certified long-term care facilities want to transfer or discharge residents between themselves for the purposes of cohorting, they do not need any additional approval to do so. However, if a certified long-term care facility would like to transfer or discharge residents to a non-certified location for the purposes of cohorting, they need approval from the State Survey Agency.

Postponement of Risk Adjustment Data Validation: To facilitate the nation's response to COVID-19, CMS is announcing the [postponement of the 2019 benefit year HHS Risk Adjustment Data Validation \(HHS-RADV\) process](#). This action will allow individual and small group health insurance issuers and providers to focus on the health and safety threats currently faced by enrollees, participants, and other impacted individuals due to the COVID-19 pandemic. CMS intends to provide future guidance in the summer of 2020 on the updated timeline for 2019 benefit year HHS-RADV activities that are planned to begin in 2021. CMS previously announced a similar suspension of the Medicare Advantage RADV program.

Updated Medicaid and CHIP Information on Enhanced Federal Funding: CMS released additional [Medicaid and CHIP guidance to states](#) on the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security (CARES). The Frequently Asked Questions (FAQs) address enhanced federal Medicaid funding and other topics during the COVID-19 national emergency. The guidance covers topics such as: The Emergency Period described in the Families First Coronavirus Response Act; The New Optional Medicaid Eligibility Group; Benefits and Cost sharing for COVID-related testing and diagnostic services; Implications for the Children's Health Insurance Program; Implications for the Basic Health Program; Additional Questions on the Increased FMAP under Section 6008 of the FFCRA; Availability of 100 percent FMAP and Other Financial Questions; and Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Precautions to Take if You are Sick: CDC updated their information on [What to Do If You are Sick](#). The information includes multiple steps to take as well as additional resources and translations in multiple language.

Recommendations on Cleaning and Disinfecting Facilities: CDC released information with recommendations on [Cleaning and Disinfecting Your Facility](#). The information includes everyday steps, steps to take when someone is sick, and considerations for employers.

Funding to Support Child Care and Development Block Grant: ACF released [\\$3.5 billion to support the Child Care and Development Block Grant](#). This funding will support states, territories, and tribes to provide assistance to child care providers in order to financially support them during the public health crisis. This additional funding can also help support healthcare workers, first responders, and other essential workers playing critical roles during this crisis. Funds will be released to state, territory, and tribal Child Care and Development Fund programs. Additional information about the Child Care and Development Block Grant specific to this public health crisis can be found on the Office of Child Care website: <https://www.acf.hhs.gov/occ/resource/occ-covid-19-resources>.

Research Updates

Effects of Community Mitigation: CDC published a MMWR weekly report on [Timing of Community Mitigation and Changes in Reported COVID-19 and Community Mobility – Four U.S. Metropolitan Areas, February 26–April 1, 2020](#). Implementing community mitigation strategies, including personal protective measures persons should adopt in community settings, social distancing, and environmental cleaning in community settings, during a pandemic can slow the spread of infections. During February 26–April 1, 2020, community mobility (a proxy measure for social distancing) in

the metropolitan areas of Seattle, San Francisco, New York City, and New Orleans declined, decreasing with each community mitigation policy issued and as case counts increased. Public policies to increase compliance with community mitigation strategies might be effective in decreasing community mobility; however, more information is needed to assess impact on disease transmission.

Characteristics of Healthcare Personnel with COVID-19: CDC published a new report in the MMWR on [Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020](#). Prior to this report, limited information was available about COVID-19 infections among U.S. health care personnel (HCP). The report found that: of 9,282 U.S. COVID-19 cases reported among HCP, median age was 42 years, and 73% were female, reflecting these distributions among the HCP workforce. HCP patients reported contact with COVID-19 patients in health care, household, and community settings. Most HCP patients were not hospitalized; however, severe outcomes, including death, were reported among all age groups. Going forward, it is critical to ensure the health and safety of HCP, both at work and in the community. Improving surveillance through routine reporting of occupation and industry not only benefits HCP, but all workers during the COVID-19 pandemic.

Findings on Transmission of COVID-19 to Health Care Personnel: CDC published a new report in the MMWR on [Transmission of COVID-19 to Healthcare Personnel during Exposures to a Hospitalized Patient — Solano County, California, February 2020](#). Health care personnel (HCP) are at heightened risk of acquiring COVID-19 infection, but limited information exists about transmission in health care settings. This report found that among 121 HCP exposed to a patient with unrecognized COVID-19, 43 became symptomatic and were tested for SARS-CoV-2, of whom three had positive test results; all three had unprotected patient contact. Exposures while performing physical examinations or during nebulizer treatments were more common among HCP with COVID-19. Unprotected, prolonged patient contact, as well as certain exposures, including some aerosol-generating procedures, were associated with SARS-CoV-2 infection in HCP. Going forward, early recognition and isolation of patients with possible infection and recommended PPE use can help minimize unprotected, high-risk HCP exposures and protect the health care workforce.

Questions? Check in with Darcie Johnston, Director of Intergovernmental Affairs, at Darcie.Johnston@hhs.gov.

Laura C. Trueman
Director, Office of Intergovernmental and External Affairs
U.S. Department of Health and Human Services
Washington D.C. 20201
Laura.Trueman@hhs.gov

Herron, Robin

From: Office of Intergovernmental Affairs (IGA) <IGA@messages.dhs.gov>
Sent: Tuesday, April 14, 2020 7:31 PM
To: Broce, Candice
Subject: Coronavirus (COVID-19) Pandemic: Purchase and Distribution of Food Eligible for Public Assistance

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Intergovernmental Affairs

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FEMA will engage with interagency partners, including the U.S. Department of Agriculture, the U.S. Department of Health and Human Services, and U.S. Department of Housing and Urban Development, to ensure this assistance does not duplicate other available assistance.

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Herron, Robin

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Sent: Tuesday, April 14, 2020 7:31 PM
To: Loke, Ryan
Subject: Coronavirus (COVID-19) Pandemic: Purchase and Distribution of Food Eligible for Public Assistance

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Herron, Robin

From: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Sent: Tuesday, April 14, 2020 8:52 PM
To: Swint, Zachariah D. EOP/WHO
Cc: Pottebaum, Nic D. EOP/WHO; Campana, Ariella M. EOP/WHO
Subject: INVITE: Governor-Only Briefing Call/VTC with the President on Thursday April 16 at 3:00 p.m. ET

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Governor's Senior Staff (Chief of Staff, State-Federal Director, and Scheduler),

Our Nation's Governors are invited to a **Governors-only Briefing Call (with a video teleconference option) with President Donald J. Trump** and Senior Administration Officials on **Thursday, April 16, 2020 at 3:00 p.m. Eastern Time** for an update on the Federal-State-Local efforts to respond to COVID-19 and coordinate on re-opening strategies and planning.

Briefing Call/VTC Details

- **Date:** Thursday, April 16, 2020
- **Time:** 3:00 p.m. Eastern Time
- **Expected Length:** 60 minutes
 - *Please communicate if your governor is expected to be late or depart early from the call.*
- **Federal Participants:** President Trump & Senior Administration Officials
- **Reminder Governors-Only (i.e., one call-in per state):** Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, state economic development directors, state workforce directors, other key state leaders in the state's response and re-opening efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.
- **Video Teleconference Option:** Any governor who wants to participate in this briefing via video teleconference (VTC), **indicate so in the RSVP.**

NOTE: We ask if your governor needs to leave early or arrive late to the call, that you communicate this no later than 11:00 a.m. on Thursday, April 16. If not, we will expect your governor is on the call the entire time to potentially provide an update.

RSVP & Call-In/VTC Information – Deadline to RSVP is Wednesday April 15 at 4:00 p.m. ET

To RSVP your governor, email please email me (Zachariah.D.Swint2@who.eop.gov) by **no later than Wednesday April 15 at 4:00 p.m. Eastern Time**. Once you RSVP your governor, you will receive a call-in information link and guidance. VTC guidance will be provided upon request.

If you have any additional questions, please reach out to the White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Thanks,
Zach

--

Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

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- **Date:** Thursday, April 16, 2020
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Name	Cell Phone	Email
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Thanks,
Zach

--

Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

Herron, Robin

From: Herron, Robin
Sent: Tuesday, April 14, 2020 8:56 PM
To: Swint, Zachariah D. EOP/WHO
Subject: Re: INVITE: Governor-Only Briefing Call/VTC with the President on Thursday April 16 at 3:00 p.m. ET

Please RSVP for Governor Kemp.

Get [Outlook for iOS](#)

From: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Sent: Tuesday, April 14, 2020 8:51:50 PM
To: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>; Campana, Ariella M. EOP/WHO <Ariella.M.Campana@who.eop.gov>
Subject: INVITE: Governor-Only Briefing Call/VTC with the President on Thursday April 16 at 3:00 p.m. ET

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Thanks,
Zach

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Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

Herron, Robin

From: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Sent: Tuesday, April 14, 2020 9:36 PM
To: Herron, Robin
Subject: RE: INVITE: Governor-Only Briefing Call/VTC with the President on Thursday April 16 at 3:00 p.m. ET

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

Thank you for your Governor's RSVP to the Governors-Only Call/VTC regarding COVID-19 preparedness and response efforts with President Donald J. Trump on for **Thursday, April 16 at 3:00 p.m. Eastern Time.**

Please fill out audio call-in information as a backup, please complete this [LINK](#).

Please join 30 minute prior to ensure no issues. If your Governor is unable to join by VTC, **please let me know before 11:00 AM Thursday (4/16).**

Dial-In information for the Video Teleconference (VTC)

Please read carefully and do NOT share or distribute the VTC/call-in information. Upon receiving this email, please connect with your State Emergency Manager and their Emergency Operations Center to stand-up the VTC. This VTC will be conducted through the FEMA Emergency Operations Center. Your State Emergency Manager and their staff should reach out to the FEMA Region contact (if they haven't already contacted you).

The VTC/call line has limited lines and we are permitting only one dial-in per state. All relevant cabinet members and key state officials must join their governor in the same room to ensure you are using the access code only once per state. ***If your state dials-in using the same access code as the governor, you may prevent your governor from participating in the VTC/call as lines are limited.*** Your governor will be receiving an unmuted line, so we ask when the governors dials-in to mute their line and ONLY unmute if a federal participant asks them to unmute. This will ensure maximum participation, but ensure a smooth conference call.

VTC Dial-In Options

- [REDACTED]

Do NOT connect via an audio line and a video line in the same room.

Testing (highly encouraged): The video bridge will be available for testing starting at 9:00 a.m. ET on (4/16) and remaining up to one hour prior to the conference start time. All VTC are asked to join 30 minutes prior to the VTC start time for a final audio/video check.

Testing & Troubleshooting Contact: The FEMA Operations Center (540-542-2171).

Zach Swint
Office of Intergovernmental Affairs
The White House

From: Herron, Robin <robin.herron@georgia.gov>

Sent: Tuesday, April 14, 2020 8:56 PM

To: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>

Subject: Re: INVITE: Governor-Only Briefing Call/VTC with the President on Thursday April 16 at 3:00 p.m. ET

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Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>; Campana, Ariella M. EOP/WHO <Ariella.M.Campana@who.eop.gov>

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Thanks,
Zach

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Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

Herron, Robin

From: Jeffrey Dickerson [REDACTED]
Sent: Wednesday, April 15, 2020 9:16 AM
To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
Cc: Berry, Frank;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTC (USA);Hood, Joseph;Laird, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Noggle, Caylee;Tim Dignam;Wilson, Richard D BG USARMY NG GAARNG (USA);Simmons, Randall V Jr BG USARMY NG GAARNG (USA);lrice@ldxsolutions.com;Darryl Graham;Matthew Hicks;Jeffrey Dickerson
Subject: Interagency COVID-19 Response Planning Team Update, 150900APR20
Follow Up Flag: Follow up
Flag Status: Completed

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

Sir -

1. **GWCC ACF-Atlanta:** Build-out is complete, and medical equipment installation should start today. Power distribution and water/sewage is ongoing as well. We expect an influx of medical personnel today, as well as additional supplies. N95 masks (last piece of PPE outstanding) are due in tomorrow. PAE and AMI CEOs arrive for a site visit today. No issues.
2. **Additional Hospital Staffing:** We're deploying additional staffing augmentation to Crisp Regional and Memorial Hospital in Bainbridge. We will continue with regional staffing capabilities calls tomorrow, focused on Region B. to assess their staffing shortfalls and identified hospitals that need additional assistance.
3. **DBHDD:** 16 additional staffing personnel should arrive at Central State Hospital on Thursday, 16APR20 in order to fill staffing shortages.

NO OTHER CHANGES FROM LAST NIGHT'S UPDATE

4. **Additional Augmentation Efforts:** We are monitoring the possibility of receiving T10 medical personnel to staff the temporary medical units and had an internal informational discussion regarding the designation, approval process, and reporting lines for a DSC if that occurs.

Temporary Medical Units:

Rome – This site is delayed. The updated timeline from MODS has announced a delay from 21APR back to 25APR as a result of material construction issues.

Albany – Containers should arrive on site tomorrow. No changes to timeline. Expected FOC date remains 28APR.

Macon – No changes to timeline. Expected FOC date remains 5 MAY.

Gainesville – No changes to timeline. No issues from the joint site survey. Expected FOC date remains 5MAY.

Vr,
Jeff

Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

Herron, Robin

From: Jeffrey Dickerson [REDACTED]
Sent: Wednesday, April 15, 2020 9:16 AM
To: Carden, Thomas M Jr MG USARMY NG GAARNG (USA)
Cc: Berry, Frank;Haldopoulos, Emmanuel I (Manny) Brig Gen USAF GA CRTC (USA);Hood, Joseph;Laird, Julio R Col USAF 116 ACW (USA);Loke, Ryan;Lucas Rice;mark.sexton;Marshall, Kris J COL USARMY NG GAARNG (USA);Noggle, Caylee;Tim Dignam;Wilson, Richard D BG USARMY NG GAARNG (USA);Simmons, Randall V Jr BG USARMY NG GAARNG (USA);lrice@ldxsolutions.com;Darryl Graham;Matthew Hicks;Jeffrey Dickerson
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Jeff

Jeff Dickerson
GA DOD Interagency Coordinator for COVID-19 Response
Email: [REDACTED]
Cell: [REDACTED]

Herron, Robin

From: Crozer, William F. EOP/WHO <William.F.Crozer@who.eop.gov>
Sent: Wednesday, April 15, 2020 12:27 PM
To: Loke, Ryan
Cc: ann@coreresponse.org;Jerome Lebleu;Matthew O'Connell;Piet deVries
Subject: RE: Connecting re COVID-19 Testing

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Correcting Ryan's email!

From: Crozer, William F. EOP/WHO
Sent: Wednesday, April 15, 2020 11:10 AM
To: 'ryan.lole@georgia.gov' <ryan.lole@georgia.gov>
Cc: 'ann@coreresponse.org' <ann@coreresponse.org>; Jerome Lebleu <jerome@coreresponse.org>; Matthew O'Connell <[REDACTED]>; Piet deVries <piet.devries@coreresponse.org>
Subject: RE: Connecting re COVID-19 Testing

Ann – adding in your team members to the below email. Thank you!

From: Crozer, William F. EOP/WHO
Sent: Tuesday, April 14, 2020 10:25 AM
To: 'ryan.lole@georgia.gov' <ryan.lole@georgia.gov>
Cc: ann@coreresponse.org
Subject: Connecting re COVID-19 Testing

Ann – I am connecting you with Ryan Loke, Governor Kemp's health policy advisor, regarding possibilities for increasing testing capacity in and around Atlanta. The Governor's office has been working through the Georgia Emergency Management Agency and in conjunction with the Federal Emergency Management Agency for COVID-19 response and recovery – this includes for the procurement of testing supplies, personal protective equipment, etc. The Governor's office and GEMA have also been leveraging resources from the private sector, including commercial labs.

Thank you!

William F. Crozer
Special Assistant to the President/Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-8491 | C: 202-881-8545 | E: William.F.Crozer@who.eop.gov

Herron, Robin

From: Crozer, William F. EOP/WHO <William.F.Crozer@who.eop.gov>
Sent: Wednesday, April 15, 2020 12:49 PM
Subject: Mental Health and COVID-19 - Resources and Guidance for State and Local Leaders
Attachments: ONDCP COVID Fact Sheet.pdf

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State and Local Leaders,

President Donald J. Trump is committed to providing Americans with the unprecedented mental health resources they need during this challenging time. On Thursday, April 9, President. Trump, Vice President Mike Pence, First Lady Melania Trump, and Second Lady Karen Pence spoke by telephone with hundreds of American mental health professionals, leaders, and advocates to discuss the effects COVID-19 is having on the American people. This COVID-19 call was the first to bring these four influential leaders together on one issue. The President recognized that a great number of Americans are enduring hardships – including loneliness from social distancing, despair from being out of work, anxiety from the danger of the virus, and grief from the loss of a loved one. President Trump thanked the doctors, counselors, and many other mental health professionals for providing vital mental health services during this time through tele-health.

U.S. Surgeon General Jerome Adams PSA – Mental Health



The White House and Administration are committed to providing Americans with vital mental health resources and services especially through expanding telehealth services, continuing the Administration's efforts to combat drug demand and the opioid crisis. Below, please find additional information and resources. Attached,

also find a helpful Fact Sheet from the White House Office of National Drug Control Policy (ONDCP) outlining efforts and resources to ensure that prevention, treatment, recovery support services, and safe and effective pain management remain available nationwide. We also want to share examples of State and Local leaders addressing mental health needs in their communities and welcome awareness and engagement around your efforts.

Sincerely,

The White House Office of Intergovernmental Affairs

William F. Crozer
Special Assistant to the President/Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-8491 | C: 202-881-8545 | E: William.F.Crozer@who.eop.gov

STATE AND LOCAL COVID-19 MENTAL HEALTH INITIATIVES

Below are examples of State and Local leaders promoting mental health awareness and resources aid the COVID-19 pandemic. We welcome awareness over your own respective initiatives.

Ohio Governor DeWine [urged support groups](#) to check in with people with serious mental illness or addiction and highlighted the need to get the suicide hotline sent out to more people.

Rhode Island Governor Gina Raimondo [offered resources](#) to those struggling with mental health during this time.

Tennessee Governor Bill Lee [addressed](#) the collateral impact on mental health that COVID-19 takes and highlighted the state's crisis hotline while working with the Tennessee Department of Mental Health and Substance Abuse Services to expand telehealth access.

Indiana Governor Eric Holcomb [said](#) that mental health crisis calls are increasing and will issue guidance for Hoosiers on the tools available to help them out with mental health issues and will increase staffing at these centers.

Minnesota Governor Tim Walz [signed](#) an Executive order expanding mental health counseling options for Minnesotans. Specifically, the Executive Order authorized out-of-state mental health providers to treat Minnesota patients via telehealth services

Illinois Governor J.B. Pritzker [announced](#) the launch of a new Remote Patient Monitoring Program and mental health support line. Call4Calm, operated by the Illinois Department of Human Services' Mental Health Division, is a free-of-charge emotional support text line for Illinois residents experiencing stress and mental health issues related to COVID-19.

The Michigan Department of Health and Human Services [launched](#) a warmline to help Michiganders with persistent mental health issues amid the COVID-19 pandemic. The peer-operated warmline is intended to act as a resource for people experiencing depression, anxiety, or other mental illnesses.

The Texas Health & Human Services Commission [established](#) a hotline and texting service on Mental Health.

San Diego, California Mayor Kevin Faulconer and **San Diego County Supervisors** [announced](#) a \$25 Million partnership for a Behavioral Health Fund dedicated to assessment, treatment, detoxification, crisis stabilization, residential treatment and supportive housing.

San Jose, California Mayor Sam Liccardo hosted a [Facebook Live](#) session on mental health during the coronavirus crisis.

The Los Angeles County Department of Mental Health (DMH), the largest county mental health department in the United States, has scaled resources and provided coronavirus-specific guidance for individuals during the pandemic. More [here](#).

In **Coconino County, Arizona**, the Emergency Operation Center (EOC) Liaisons [distributed](#) Mental Health resource listing (including crisis line) to numerous.

Pima County, Arizona worked with SoAZ NAMI ([National Alliance for Mental Illness](#)) to put their "Ending the Silence" online, and to market it to local schools, public (traditional and charter) and private. Ending the Silence is a National Program, usually taught in person to Middle and High School Students

In **Arapahoe County, Colorado**, Aurora Mental Health continues to [provide](#) all core services. Crisis, withdrawal management (detox), and residential services are face-to-face, and all other services have transitioned to phone (allowed in Colorado for indigent and Medicaid clients) and telehealth.

In **Tennessee, Shelby County** is [offering](#) free teletherapy services to all county employees.

In **Indiana, Noblesville Mayor Chris Jensen** held a [Facebook Live](#) with a licensed therapist in his city to discuss tips on how families and individuals can care for their mental health.

In **Georgia, Athens-Clarke County Mayor Kelly Girtz** gave a brief [video update](#) on the County's response to COVID-19 and highlighted mental health considerations & shelter-in-place orders.

In **Georgia, the DeKalb Community Service Board (CSB)** has gone to telehealth services for clients that wish to maintain social isolation while accessing mental health services. The CSB pharmacy services have arranged for same-day delivery of medication refill to their homes for all clients using telehealth access. More information [here](#).

In **Florida, Tallahassee Mayor John Dailey** [led a discussion](#) about anxiety and new routines citizens can take to keep up on their mental health.

DuPage County, Illinois [established](#) an on-site 12 bed crisis residential program that remains open and available to community members who are having a mental health crisis and not in need of an inpatient level of care as well as implementation of a health screening for anyone in need.

FEDERAL RESOURCES AND GUIDANCE



Resources and Initiatives

- **Telehealth:** Under the President’s leadership and at the direction of the White House Task Force, the Trump Administration has taken historic steps to expand Americans’ access to telehealth, so that patients, particularly our Medicare beneficiaries, can receive a wider range of services without having to travel to a healthcare facility (*read more from Surgeon General Jerome Adams and CMS Administrator Seema Verma – [Telehealth Plays Big Role in Coronavirus Cure](#)*). States are also examining their own policies to determine if there are undue barriers to maximizing telehealth service delivery for their residents in this time of national emergency. States have broad authority to deliver and reimburse Medicaid covered services through telehealth modalities, and additional federal approval is often not required to do so. The Centers for Medicare & Medicaid Services (CMS) has issued guidance on telehealth reimbursement and coverage options in the Medicaid program [here](#).
- **Supplemental Grant Funding:** On April 3, SAMHSA announced it will fund \$110 million in emergency grants to provide treatment for substance use disorders/serious mental illness during the coronavirus pandemic. The grants are available to State governments, the District of Columbia, Territories, and Federally recognized American Indian and Alaska Native Tribes. As the Trump administration responds to meet the needs of Americans affected by the coronavirus pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) is announcing emergency grants to help Americans dealing with substance use disorders and/or serious mental illness. The agency has announced it is accepting applications for fiscal year (FY) 2020 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 (Short Title: Emergency COVID-19). The grants total \$110 million and will provide up to \$2 million for successful state applicants and up to \$500,000 for successful territory and tribal applicants for 16 months. More details [here](#).
- **Move Your Way Campaign:** *Move Your Way* is a physical activity campaign from the U.S. Department of Health and Human Services to promote the recommendations from the Physical Activity Guidelines for Americans. The Move Your Way tools, videos, and fact sheets on this page have tips that make it easier to get a little more active. And small changes can add up to big health benefits! Learn more [here](#).
- **Office of National Drug Control Policy – COVID-19 Fact Sheet:** During the COVID-19 crisis, the White House Office of National Drug Control Policy (ONDCP) is leading efforts to ensure that prevention, treatment, recovery support services, and safe and effective pain management remain available nationwide. The Trump Administration is mobilizing the Federal Government to ensure the approximately 20 million Americans who struggle with the disease of addiction can access and continue to receive treatment and recovery support services, while keeping themselves and healthcare professionals safe from unnecessary exposure to COVID-19. *See attached.*
- **The President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS):** On Friday, April 3, Second Lady Karen Pence announced her new role as lead ambassador

for PREVENTS on behalf of the White House Coronavirus Task Force (see [Second Lady Karen Pence Taking Lead Role in Suicide Prevention Initiative During Coronavirus Outbreak](#)). PREVENTS focuses on a holistic public health approach to ending Veteran suicide. The Initiative seeks to change the culture surrounding mental health and suicide prevention through enhanced community integration, prioritized research activities, and implementation strategies that emphasize improved overall health and well-being. The goal of PREVENTS is to prevent suicide — among not just Veterans but all Americans. By adopting a holistic public health approach, PREVENTS is acting on the knowledge that suicide prevention is everyone's business, and that by working together, locally and nationally, we can prevent suicide. Learn more [here](#).

Guidance

- **Managing & Recognizing Stress:** The outbreak of COVID-19 may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger. [Sharing the facts](#) about COVID-19 and understanding the actual risk to yourself and people you care about can make an outbreak less stressful. When you share accurate information about COVID-19 you can help make people feel less stressed and allow you to connect with them. Learn more about [taking care of your emotional health](#). Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in. Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)
- **Guidance for Parents and Caregivers:** Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared. There are many things you can do to support your child: Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and [share facts](#) about COVID-19 in a way that your child or teen can understand. Learn more about [helping children cope](#).
- **Guidance for Responders and Providers:** Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions: Acknowledge that STS can impact anyone helping families after a traumatic event; and learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt) Learn more [tips for taking care of yourself](#) during emergency response.
- **Guidance for Persons Released from Quarantine:** Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick. Everyone feels differently after coming out of quarantine. Some feelings include: Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious; and guilt about not being able to perform normal work or parenting duties during quarantine. Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine. [You can help your child cope](#).
- **Digital Mental Health – Innovating in a Time of High Anxiety:** In this time of [increased anxiety and physical distancing](#) due to the [coronavirus \(COVID-19\) pandemic](#), many people are looking for digital technology solutions to help them manage their mental health. Mental health apps are one of the fastest-growing sectors of the digital marketplace, with more than 10,000 apps available. These apps claim to, among other things, boost your mood, increase your sleep, and even help you manage your addiction. The National Institute of Mental Health takes a look [here](#).
- **U.S. Department of Veterans Affairs Resource – How To Manage Stress and Anxiety During the COVID-19 Outbreak:** Taking care of your well-being, including your mental health, is essential during this time. Everyone reacts differently to stressful situations. Many people may experience stress, fear, anxiety, or feelings of depression. This is normal. There are things that you can do to manage your stress and anxiety. VA has provided resources [here](#).