

LAUREN UNDERWOOD
14TH DISTRICT, ILLINOIS

WASHINGTON OFFICE
1118 LONGWORTH HOB
WASHINGTON, D.C. 20515
(202) 225-2976

DISTRICT OFFICE
490 E. ROOSEVELT ROAD, SUITE 202
WEST CHICAGO, IL 60185
(630) 549-2190



COMMITTEE ON EDUCATION AND LABOR

COMMITTEE ON HOMELAND SECURITY

COMMITTEE ON VETERANS AFFAIRS

Congress of the United States
House of Representatives
Washington, DC 20515

February 27, 2020

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Dear Secretary Wilkie:

Following our conversation at today's House Committee on Veterans' Affairs hearing, I am writing to urge you to conduct proactive risk communication to veterans in response to the coronavirus (COVID-19) outbreak.

The U.S. Department of Veterans Affairs (VA) has a critical role in ensuring the veterans it serves have the best information available to protect themselves and their families from contracting COVID-19. I was concerned by your response in today's hearing that VA has not yet conducted any direct outreach regarding COVID-19 to the patients who rely on VA healthcare. I urge you to work in coordination with public health agencies to proactively provide veterans with information on this emerging public health threat. As part of this response, VA must ensure its healthcare providers are trained to help patients understand how to reduce their risk of exposure to COVID-19 and what to do if they believe they have become infected, consistent with guidance developed by the Centers for Disease Control and Prevention.

The Veterans Health Administration is the primary care provider for many of our nation's veterans, making VA the trusted health care provider on which many veterans rely. We must leverage every resource available to ensure veterans receive the information they need to avoid exposure to COVID-19 and to prevent the disease from spreading to people in their home and community.

I ask that you please keep the Committee updated on these efforts as well as on any additional needs that may arise related to COVID-19 response, including additional personal protective equipment (PPE), drug supply, and provider training.

Sincerely

A handwritten signature in black ink that reads "Lauren Underwood". The signature is written in a cursive, flowing style.

Lauren Underwood

The Honorable Lauren Underwood
U.S. House of Representatives
Washington, DC 20515

Dear Congresswoman Underwood:

Thank you for your February 27, 2020, letter to the Department of Veterans Affairs (VA) regarding how we are communicating with Veterans about the coronavirus (now called COVID-19) and the readiness of VA facilities to respond to the outbreak. I appreciate the opportunity to respond.

VA initiated its response to COVID-19 following a January 4, 2020, Veterans Health Administration's (VHA) Office of Emergency Management (OEM) notification to VHA Senior Leadership of a "pneumonia of unknown origin with 40 cases showing up in China." At that time there had been no reports of human to human transmission and the illness had been reported in individuals who have/had a relationship with a fish wet market.

Since this initial announcement, VHA activated the Emergency Management Coordination Center, stood up leadership from OEM and Population Health, and initiated a high consequence infection workgroup staffed with subject matter experts to address the VA response. VA's existing plans for pandemic influenza, Ebola, and Zika viruses serve as foundations for the new COVID-19 Plan.

VHA has daily and continuous engagement with the Department of Health and Human Services. VHA's OEM actively participates on all Assistant Secretary for Preparedness and Response coordination calls and through an embedded OEM Liaison Officer. VHA's daily coordination with the Centers for Disease Control and Prevention (CDC) is ongoing through a VHA physician in Atlanta, Georgia, who is embedded with CDC.

Currently, for COVID-19, CDC requires standard contact and airborne precautions for health care providers. VHA has provided VA health care providers with CDC guidance on appropriate personal protective equipment (PPE). VA staff received training on the correct use of this equipment by local facility safety and infection control staff including fit testing for N95 face masks. All information on this topic and others related to COVID-19 are available on the High Consequence Infection (HCI) SharePoint Site which is accessible to all VHA employees. National calls, leadership communications, and information exchange within various VA communities (i.e., providers, nursing, infectious disease, occupational health) are conducted daily and include reminders and reinforcement of the correct use of PPE.

Page 2.

The Honorable Lauren Underwood

VA continues to provide all staff current information on personal protection when interacting with suspected and confirmed cases of COVID-19 infection. The HCI workgroup is providing daily updates to the HCI SharePoint site through a daily national call covering COVID-19 and calls to targeted audiences. For example, the most recent call was for staff interested in influenza and hand hygiene that focused on the epidemiology of COVID-19 and an overview of VHA's ongoing efforts (including the use of home isolation, quarantine), and non-pharmaceutical interventions; the call had more than 500 users with 90 percent rating the information useful to their job.

To reach our Veteran audience, VA has built a public facing Web site for the novel coronavirus disease (<https://www.publichealth.va.gov/n-coronavirus/index.asp>). Currently, this Web site provides the reader with information about VA's commitment to protect and care for Veterans; what precautions to take to prevent COVID-19; a review of the symptoms experienced by individuals with the disease; and guidance to call VA first before visiting a VA facility. Many Veterans rely on caregivers and, when in the hospital, are visited by family and friends. VA is working on communications to these audiences, to ensure the continuation of care for the Veteran, and to ensure that those who are ill do not expose the Veteran.

Finally, VA has the proper equipment and supplies necessary to treat Veterans before the volume of suspected cases passes capacity. VA will use home isolation and quarantine, the approach used by the CDC for symptomatic or high-risk individuals. VA will receive the rapid testing kit as they become available from CDC. Until that occurs, each VA facility will work with local public health departments to secure testing for suspected cases.

Should you have any questions, please have a member of your staff contact (CRO) at (202) 461-xxxx or by email at (insert email).

Thank you for your continued support of our mission.

Sincerely,

Robert L. Wilkie

JACK REED
RHODE ISLAND

COMMITTEES

APPROPRIATIONS

ARMED SERVICES

BANKING, HOUSING, AND URBAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-3903

March 15, 2020

The Honorable Robert Wilkie
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie:

As you know, the Novel Coronavirus (COVID-19) pandemic is impacting all sectors of society. I write to express my concern for the health of our nation's veterans, the dedicated staff who care for them, and seek more information regarding the Department of Veterans Affairs (VA) preparation to counter this global health crisis. I also write to express my willingness to work with you to help ensure that the best quality of care is offered to our veterans and to support those who care for them.

As such, please provide a prompt response to the following questions regarding the status of VA's preparedness, coordination efforts, and what additional resources the VA may require to combat COVID-19.

1. Who is coordinating the VA's response to COVID-19?
2. Has the VA implemented a coordinated plan that designates someone in each Veterans Integrated Service Network (VISN) to be responsible for Covid-19 response and oversight within each VISN?
 - a. If so, who has been designated in VISN 1?
 - b. If not, is such an action planned?
3. What is the status of the VA's coordination with state and local governments?
 - a. Who (if anyone) has been designated to oversee this effort in VISN 1?
4. Does the VA have adequate medical supplies – in particular ventilators and protective masks – to counter a significant uptick in VA patients in need of care related to COVID-19?
5. What training has VA staff undergone with regard to pre-screening veterans who believe they may have COVID-19?

Washington, DC:

728 Hart Senate Office Building
Washington, DC 20510-3903
(202) 224-4642

Rhode Island:

1000 Chapel View Boulevard, Suite 290
Cranston, RI 02920-3074
(401) 943-3100

One Exchange Terrace, Room 408
Providence, RI 02903-1773
(401) 528-5200

1 (800) 284-4200

TDD Relay Rhode Island
1 (800) 745-5555

<http://reed.senate.gov>

6. As has been widely reported that COVID-19 is particularly deadly to the elderly and those with co-morbidities, what steps have been taken to enhance the safety of the most vulnerable veterans?
7. What has been done to communicate best practices and pass timely information to State Veterans Homes?
 - a. How frequently is the VA in contact with the Rhode Island Veterans Home in Bristol, Rhode Island, related to COVID-19?
8. What engagement has the VA had with Veterans Service Organizations (VSOs) to pass relevant health information and reduce the risk of spread of misinformation?
9. Has the VA engaged with other executive branch agencies such as the Department of Defense and Department of Health and Human Services to better coordinate care and ensure consistent and accurate messaging related to COVID-19?
10. Please explain what impact the President's declaration of a national emergency will have on the VA's operations?
 - a. What discussions have occurred and what planning has VA undertaken to determine if it is capable of deploying health care providers given current staff vacancies?
11. What additional resources does the VA require to combat COVID-19?

Thank you for your attention to this important matter. Again, I stand ready to work with you to help protect our veterans and those who provide care for them.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Reed". The signature is fluid and cursive, with the first name "Jack" being more prominent than the last name "Reed".

Jack Reed
United States Senator

United States Senate

March 16, 2020

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie,

We must ensure that we are taking every step possible to ensure that the Department of Veterans Affairs (VA) is treating and preventing the spread of novel coronavirus (COVID-19). On March 11, 2020, the World Health Organization declared the COVID-19 a pandemic and across our country and the world our brave health care providers and public health officials, including VA providers, are on the frontline both with regard to prevention and treatment.

The Centers for Disease Control and Prevention (CDC) has put forth guidance that instructs older Americans and those with underlying medical conditions to stay home as much as possible and take precautionary measures. Colorado has more than 400,000 veterans, and many who qualify for an additional level of caution per the CDC's recommendation. This is particularly important as there are already three presumptive cases at the Rocky Mountain Regional VA Medical Center in Aurora, Colorado.

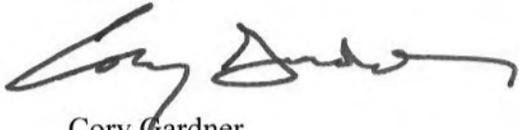
We owe our former service members and their families an immeasurable debt, and there is no more important time to remember the solemn responsibility of ensuring they get quality medical care than during a time of national crisis such as this one. With that in mind, I request answers to the following questions:

- What steps is the VA taking to ensure the health and safety of veterans, their families, and your staff during this outbreak?
- How is the VA leveraging telehealth networks to ensure that veterans are able to follow social distancing guidelines and remain in their homes while also receiving the medical care they need?
- What coordination has the VA had with the third-party administrators to ensure care continuity and public health best-practices as veterans receive care in the community?
- Veterans Service Organizations (VSOs) play a critical role in veteran outreach and communication. How is the VA coordinating with the Centers for Disease Control and Prevention, County Veterans Service Officers, and VSOs to ensure veterans their families have the most up-to-date public health best practices?

- How is the VA collaborating with state and federal partners to ensure veterans have access to COVID-19 testing?
- What is the VA containment and contact tracing strategy for when a veteran tests positive in a VA facility?
- Does the VA have a sufficient number of supplies on hand to both treat the immediate and potential projected future need?
- Has the VA run a funding need projection to ensure sufficient levels both now and in the future?

These are critical matters and I appreciate your immediate attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Cory Gardner", with a stylized flourish at the end.

Cory Gardner
United States Senator

March 18, 2020

The Honorable Robert Wilkie
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20240

Dear Secretary Wilkie,

West Virginia is one of the most patriotic states in the country with a long history of answering the call to defend our nation. That unique service, however, also makes West Virginia Veterans uniquely vulnerable to the global pandemic we are now battling. Our more than 140,000 Veterans are older and have higher levels of pre-existing conditions such as heart disease, diabetes, and lung disease that make them especially susceptible to developing a severe illness if they become infected with the virus. I am also concerned about the dedicated Department of Veterans Affairs (VA) staff on the front lines of the the 2019 Novel Coronavirus (COVID-19) pandemic response. I fear that the VA is not fully prepared, equipped, or staffed to respond to the coming crisis in West Virginia.

As you know, West Virginia has one of the oldest Veteran populations in the country with 60% of our Veterans older than the age of 60. Only 15% of West Virginia Veterans have served post-9/11, the rest have served in WWII, Korea, Vietnam, and Gulf War eras. Additionally, the most recent VA Annual Benefits Report (ABR) shows that 36,265 West Virginia Veterans of all ages, including Post-9/11 Veterans, are receiving disability compensation, a signal that at least a quarter of our younger Veteran population has underlying health conditions. The Center for Disease Control (CDC) classifies older adults and people with serious chronic medical conditions as higher risk for getting very sick from COVID-19, putting a majority of West Virginia Veterans at higher risk. In fact, a recent Kaiser Family Foundation report identified West Virginia as the most at risk population for developing a serious illness associated with COVID-19.

For many of these Veterans, the VA is their sole source of healthcare. If COVID-19 spreads in West Virginia, our VA facilities will see an unprecedented, and potentially overwhelming, rise in demand for treatment. It is my understanding that as of today there are 65 current vacancies for staff at VA facilities in West Virginia on USA Jobs, for key positions such as Emergency Medicine Physician, Chief Geriatrics Physician, Emergency Management Specialist, and Registered Nurses. This pandemic requires all hands-on deck. I stand by ready to help you and the VA in any way to fill these positions and maintain appropriate staffing levels to support Veterans across West Virginia throughout the COVID-19 crisis.

In order to better understand the level of preparedness of the VA facilities in West Virginia for COVID-19, please provide responses to the following questions:

1. What actions is the VA taking to quickly equip and train staff at VA facilities in West Virginia to prevent the spread of the virus?
2. Do West Virginia VA facilities have a sufficient supply of Personal Protective Equipment (PPE) such as gloves, gowns, face shields, and masks for the COVID-19 response?
3. How many Veterans can West Virginia VA facilities currently test for COVID-19? What actions is the VA taking to ramp up testing capacity for every VAMC and CBOC in West Virginia?
4. How many respirators and ventilators do West Virginia VA facilities have to treat Veterans severely affected by COVID-19? What are you doing to supply such equipment to West Virginia VA facilities for a surge of COVID-19 patients?

The safety and well-being of every West Virginian must remain our top priority. Veterans across West Virginia have raised their hand to defend and protect our nation and are no strangers to thriving during difficult times. However, the fact is that West Virginia Veterans' age and the physical nature of military service make them uniquely vulnerable to this threat. We must do everything we can to protect and care for these Veterans, who have already given so much, during this unprecedented COVID-19 pandemic.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Manchin III". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

U.S. Senator Joe Manchin III

**Department of Veterans Affairs (VA)
Information Paper for Senator Joe Manchin
Regarding Novel Coronavirus (COVID-19)**

Question 1: What actions is the VA taking to quickly equip and train staff at VA facilities in West Virginia to prevent the spread of the virus?

VA Response: VA has implemented an aggressive public health response to protect and care for Veterans in the face of this emerging health risk. We are working directly with the Centers for Disease Control and Prevention (CDC) and other Federal partners to monitor and respond to the virus.

On March 27, VA shared its COVID-19 response plan. This best-practice guide is a valuable tool, which may be useful nationwide for the medical community. The Veterans Health Administration's (VHA) COVID-19 Response Plan can be found here: <https://www.publichealth.va.gov/n-coronavirus/index.asp>.

VHA continues to provide guidance and training in alignment with CDC, on a nearly daily basis, as the medical community learns more about how to treat COVID-19. VA has shared this training with community providers at <https://www.va.gov/covidtraining/>.

Question 2: Do West Virginia VA facilities have a sufficient supply of Personal Protective Equipment (PPE) such as gloves, gowns, face shields, and masks for the COVID-19 response?

VA Response: VA is equipped with essential PPE and supplies and continues to monitor the status of those items daily. The status of these items changes hourly. VHA constantly rebalances PPE supplies throughout our national health care system based on need.

Question 3: How many Veterans can West Virginia VA facilities currently test for COVID-19?

Question 3a: What actions is the VA taking to ramp up testing capacity for every VAMC and CBOC in West Virginia?

VA Response: Each week day, VA updates the number of Veterans that have tested positive for COVID-19 by health care system at <https://www.publichealth.va.gov/n-coronavirus/>.

There are two parts of testing: a) collecting specimens, and b) testing specimens. All VA facilities are collecting specimens. Some VA facilities are testing specimens in VA labs and other facilities are sending specimens to non-VA labs. VA is sourcing testing machines, reagents, and software from a variety of sources. Veterans Integrated

Service Network 5, of which West Virginia is part of, has begun introducing a rapid result test.

Question 4: How many respirators and ventilators do West Virginia VA facilities have to treat Veterans severely affected COVID-19?

VA Response: VA is equipped with the essential equipment, including ventilators, that we need to provide care to Veterans and to civilians in locations where we have accepted a mission assignment. VHA's health care system has 2,917 ventilators that are being rebalanced across the national system based on need. Due to the dynamic nature of the current crisis, data on VA's medical supply and bed occupancy changes hour to hour, particularly at the local level. We are providing the best available data at a high level to ensure accuracy of reporting to Congress and our federal response partners.

Question 4a: What are you doing to supply such equipment to West Virginia VA facilities for a surge of COVID-19 patients?

VA Response: VHA leadership carefully monitors several data points and models daily that could indicate a potential surge of COVID-19 patients. At this point in time, given West Virginia's relatively low number of positive tests, VHA leadership is continuing to focus on expanding capacity and preventative measures. Mitigation strategies include the following actions: postponing non-urgent and routine health care appointments; screening all visitors to VA facilities for symptoms; restricting admissions and visitation; and converting acute care beds to intensive care unit beds if possible.

April 2020
Department of Veterans Affairs

JACK REED
RHODE ISLAND

COMMITTEES

APPROPRIATIONS

ARMED SERVICES

BANKING, HOUSING, AND URBAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-3903

March 17, 2020

The Honorable Robert Wilkie
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie:

I write to express my deep concern over reports that the Department of Veterans Affairs (VA) has removed references from its website of its vital “fourth mission” – to provide support to our nation’s health care system in times of national emergency. As reported by the *Washington Post* on March 16, the Department of Veterans Affairs inexplicably removed this vital “fourth mission,” mandated by Congress, without explanation and in the midst of a national emergency as declared by President Trump.

The VA, in theory, has significant capabilities that could be utilized to alleviate the near certain strain our health care system will soon be confronting as a result of the global pandemic of novel coronavirus (COVID-19). These capabilities include, but are not limited to, thousands of acute care beds, trained medical professionals, and other staffers who could be vital to our nation’s response. Which makes the apparent removal of reference to the VA’s role in national emergencies all the more disconcerting.

Even if the VA remains capable of providing assistance, at this time of national crisis, the Administration should provide maximum transparency - not remove references to critical public health missions that harness capabilities of executive branch agencies.

As such, please provide a prompt explanation as to why the reference to the VA’s role in national emergencies was removed from its website. As my previous correspondence on March 15 stated, I stand ready to work with you to help protect our veterans and those who provide care for them.

Sincerely,



Jack Reed
United States Senator

Washington, DC:

728 Hart Senate Office Building
Washington, DC 20510-3903
(202) 224-4642

Rhode Island:

1000 Chapel View Boulevard, Suite 290
Cranston, RI 02920-3074
(401) 943-3100

One Exchange Terrace, Room 408
Providence, RI 02903-1773
(401) 528-5200

1 (800) 284-4200

TDD Relay Rhode Island
1 (800) 745-5555

<http://reed.senate.gov>



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 23, 2020

The Honorable Jack Reed
United States Senate
Washington, DC 20510

Dear Senator Reed:

We have received many Congressional inquiries regarding the Department of Veterans Affairs (VA) fourth mission and the process for requesting VA support attendant with that mission. I write to clarify these matters.

VA is prepared to take on our fourth mission of assisting certain non-VA health care systems and communities if they reach their full capacity to care for patients. However, there is a formal process for requesting VA fourth mission and other Federal support.

America's response to the coronavirus (COVID-19) outbreak is one that is federally supported, state managed, and locally executed. As such, requests for all Federal support should come from the states when they have determined that the maximum capacity of intrastate or interstate resources have been exhausted.

In that event, states may request assistance from the Federal Government through their local Department of Health and Human Services (HHS) Regional Emergency Coordinator (REC), as part of the Federal Emergency Management Agency (FEMA) National Response Coordination Center. Counties, cities, and other municipalities should route all requests for Federal support through their respective states.

FEMA is now leading Federal operations on behalf of the White House Coronavirus Task Force, which oversees the whole-of-Government response to the COVID-19 pandemic, and HHS is now integrated into FEMA's National Response Coordination Center.

VA cannot receive direct requests for assistance from state and local governments. The established central coordination function of FEMA and HHS will ensure that an integrated and effective response is provided to those communities that need assistance the most; but that assistance is dependent upon the availability of resources and funding, and consistency with VA's mission to provide priority services to Veterans.

Page 2.

The Honorable Jack Reed

VA has defined roles in both the National Disaster Medical System and the National Response Framework in the event of national emergencies. Our COVID-19 emergency preparedness exercises began weeks before the first case was confirmed in the United States, and VA has plans in place to protect everyone who gets care, visits, or works at one of our facilities.

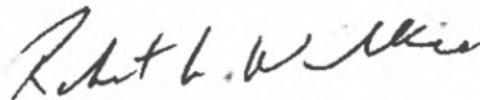
VA has taken a number of significant steps over the past few weeks to maximize capacity and resources so that the Department will be ready if called upon by FEMA and HHS to provide assistance to select non-VA health care systems and communities. These steps include the following:

- Maximizing the use of telehealth and virtual care for routine appointments;
- Canceling elective surgeries; and
- Pre-screening all patients and visitors for COVID-19 symptoms before they enter VA facilities.

We ask for your assistance in encouraging non-VA medical facilities in your states and districts to take similar steps in order to ensure local health care systems are best equipped to help stop the spread of COVID-19, and to handle as many COVID-19 patients as possible.

To request Federal Government assistance, please contact your State's HHS REC at <https://www.phe.gov/Preparedness/responders/rec/Pages/default.aspx>. More information on VA's COVID-19 response activities, updates can be found at <https://www.publichealth.va.gov/n-coronavirus>.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wilkie". The signature is written in a cursive style with a large initial "R".

Robert L. Wilkie

United States Senate

WASHINGTON, DC 20510

March 20, 2020

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave, NW
Washington, DC 20420

Dear Secretary Wilkie:

We are writing out of concern for Illinois Veterans in light of the novel Coronavirus (COVID-19) outbreak, which the World Health Organization has now designated a global pandemic. Currently, nearly 450 cases have been diagnosed in Illinois alone, prompting the Governor to declare a state of emergency. Further troubling are reports of inconsistent screening or testing practices and shortages of critical medical equipment at Chicago-area Department of Veterans Affairs (VA) medical facilities, as well as indications that the VA may be discounting its “fourth mission” to support the civilian health care system in times of crisis. As such, we urge you to ensure that all VA medical facilities in Illinois are well equipped to promptly respond to this epidemic and provide for the wellbeing of our Veterans as well as VA employees.

There are nearly 600,000 Veterans throughout the state of Illinois, with half of them over the age of 65. This population also has underlying health conditions and tends to be more susceptible to severe illnesses such as COVID-19. Indeed, the Centers for Disease Control and Prevention (CDC) has stressed that such populations are at higher risk of serious illness, and even death, from COVID-19. As of March 20, the VA has also confirmed at least 130 positive cases of Veterans with COVID-19 across the country, including one in Chicago.

As many Veterans depend on VA medical facilities as their primary healthcare provider and source of medication, it is critical that the VA continues to provide routine medical care, while also appropriately responding to this serious public health emergency and be prepared in the event of a worsening situation. Accordingly, maintaining appropriate protocols for the screening of all patients, visitors, and staff, having consistent testing practices and contingency plans in place for any potential or confirmed diagnoses, and considering alternative options for care such as expanding telehealth is key. We also urge that VA medical facilities in Illinois continue to work closely with the Illinois Department of Public Health as well as consider working with private laboratories in the event of a worsening crisis.

As noted, we are also extremely dismayed by reports of potential medical supply shortages in Chicago-area VA medical facilities. The CDC has issued guidance on precautions for healthcare facilities and personnel that is critical to maintaining safety, hygiene, and ultimately, helping mitigate the COVID-19 outbreak. This includes recommendations on protective equipment and other resources for patients, visitors, and healthcare staff—including items such as N95 respirators, face masks, gloves, eye protection, gowns, disinfectant, and hand

sanitizer. Shortages of such key resources at Chicago-area VA medical facilities puts both patients and staff at risk, and the VA must act immediately to address any possible shortages of resources.

Further concerning is that what is known as the VA's "fourth mission," to provide hospital and medical services during certain disasters and emergencies under 38 U.S.C. 1785, was recently removed from the VA's list of objectives on its website, as reported by *The Washington Post*. As you know, the VA has historically deployed medical resources and staff to help Veterans and civilians in the wake of both natural and manmade disasters. Under current law, the VA may furnish hospital care and medical services to civilians in times of a major disaster or emergency declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act or when the Secretary of Health and Human Services activates the National Disaster Medical System of the Public Health Service Act. On March 13, President Trump announced such national emergency utilizing the Stafford Act in response to the COVID-19 outbreak.

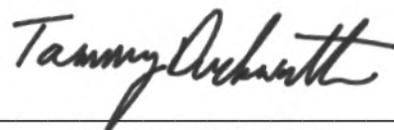
As such, we request that the VA provide our offices with information about whether the VA is prepared to fulfill its "fourth mission" to support civilian health care systems if needed. We are also requesting information about the number of acute-care and ICU beds currently available within VA medical facilities in the State of Illinois. In addition, we request information about guidance provided to Illinois VA medical facilities, and an assessment about efforts to address any potential cases of COVID-19 at the State's VA medical facilities. This assessment must also include information about screening and testing protocol as well as provide an inventory of critical protective equipment and COVID-19 test kit supplies at Illinois VA medical facilities (along with the VA's plan to quickly address any shortages in such equipment). We expect all information to be relayed to our offices by March 27, 2020, given the urgency of the need to respond to this public health crisis.

It is important that the VA continues to preserve and protect the safety of all Veterans and staff in Illinois VA medical facilities across the country, and provide support to the civilian health care system if called upon. Thank you for your prompt attention to this critical matter.

Sincerely,



Richard J. Durbin
United States Senator



Tammy Duckworth
United States Senator

Congress of the United States
Washington, DC 20515

March 20, 2020

The Honorable Robert L. Wilkie
Secretary of Veterans Affairs
810 Vermont Ave NW
Washington D.C. 20420

Dear Secretary Wilkie,

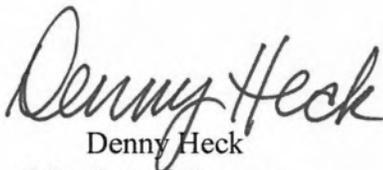
We are writing today to inquire as to the state of readiness at American Lake VA Medical Center, Seattle VA Medical Center and Mann-Grandstaff VA Medical Center in relation to the ongoing COVID-19 outbreak. As the only three full-service Department of Veterans Affairs (VA) hospitals in Washington State, all three facilities will be called upon to assist civilian capacity to react to this crisis as it has stretched thin the resources of civilian medical authorities in Washington State. We understand that the COVID-19 outbreak has severely effected operations at the Department of Veterans Affairs. This is a trying time for our entire nation, and we want you and your staffs to know that our offices stand with you and are ready to offer whatever assistance you may need to accomplish your mission. At your earliest convenience please provide answers to the following questions:

1. What is the current stock of personal protective equipment including gloves, gowns and masks?
2. What is the current stock of necessary, life-saving equipment such as ventilators?
3. What is the current capacity at these three installations for COVID-19 diagnostic testing for their patient populations?
4. For each of the needs articulated above, do the installations have an adequate supply and the capacity to maintain this supply during a prolonged crisis? What capacity do you have to assist civilian authorities in each area?
5. How are these installations communicating information regarding testing eligibility and testing procedures to their patient populations?

6. What communications strategy are these installations pursuing to keep their patient populations updated on the status of the outbreak in their community?
7. What is the current capacity for medical quarantine of patients?
8. Can these three installations ease strain on the civilian health system by allowing civilian patients to be treated at these VA hospitals for services such as emergencies and trauma care?
9. What protocols are in place to ensure staff and medical personnel at these three installations are working in safe conditions, such as heightened anti-infection protocols, protocols for self-isolation or telework when possible and staff illness?
10. What efforts are being made to reach out to homeless or housing-insecure veterans?
11. COVID-19 disproportionately affects the elderly and/or those with underlying health conditions. Since a vast portion of the VA patient population fits that description, what proactive measures are these three installations taking to mitigate risk amongst their patient populations?

We appreciate your response to our questions. We understand the strain the Department of Veterans Affairs is under as it responds to the COVID-19 outbreak and we appreciate all the efforts undertaken by the men and women who serve with you.

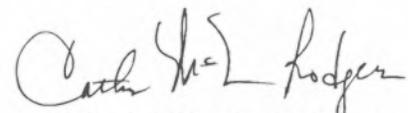
Sincerely,



Denny Heck
Member of Congress



Adam Smith
Member of Congress



Cathy McMorris-Rodgers
Member of Congress



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 27, 2020

The Honorable Lauren Underwood
U.S. House of Representatives
Washington, DC 20515

Dear Congresswoman Underwood:

Thank you for your February 27, 2020, letter to the Department of Veterans Affairs (VA) regarding how we are communicating with Veterans about the coronavirus (now called COVID-19) and the readiness of VA facilities to respond to the outbreak. I appreciate the opportunity to respond.

VA initiated its response to COVID-19 following a January 4, 2020, Veterans Health Administration's (VHA) Office of Emergency Management (OEM) notification to VHA Senior Leadership of a "pneumonia of unknown origin with 40 cases showing up in China." At that time, there had been no reports of human to human transmission and the illness had been reported in individuals who have had a relationship with a fish wet market.

Since this initial announcement, VA activated the Emergency Management Coordination Center, stood up leadership from OEM and Population Health, and initiated a high consequence infection (HCI) workgroup staffed with subject matter experts to address the VA response. VA's existing plans for pandemic influenza, Ebola, and Zika viruses serve as foundations for the new COVID-19 Plan.

VA has daily and continuous engagement with the Department of Health and Human Services (HHS). VA's OEM actively participates on all HHS Assistant Secretary for Preparedness and Response coordination calls and through an embedded OEM Liaison Officer. VA's daily coordination with the Centers for Disease Control and Prevention (CDC) is ongoing through a VHA physician in Atlanta, Georgia, who is embedded with CDC.

VA has provided VHA health care providers with CDC guidance on appropriate personal protective equipment (PPE). Specific to COVID-19, VA follows the most current CDC guidance, "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings," as noted on their Web site:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

The Honorable Lauren Underwood

Additionally, CDC provided the following summary of changes, as noted on their Web site at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>, regarding updated PPE recommendations for the care of patients with known or suspected COVID-19:

“Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP (healthcare personnel).

- Facemasks protect the wearer from splashes and sprays.
- Respirators, which filter inspired air, offer respiratory protection.

When the supply chain is restored, facilities with a respiratory program should return to use of respirators for patients with known or suspected COVID-19.”

VA staff received training on the correct use of this equipment by local facility safety and infection control staff including fit testing for N95 face masks. All information on this topic and others related to COVID-19 are available on the HCI SharePoint Site, which is accessible to all VA employees. National calls, leadership communications, and information exchange within various VA communities (i.e., providers, nursing, infectious disease, occupational health, ethics) are conducted daily and include reminders and reinforcement of the correct use of PPE.

VA continues to provide all staff current information on personal protection when interacting with suspected and confirmed cases of COVID-19 infection. The HCI workgroup is providing daily updates to the HCI SharePoint site; conducting a daily national call covering COVID-19; and conducting calls to targeted audiences.

To reach our Veteran audience, VA has built a public facing Web site for the novel coronavirus disease (<https://www.publichealth.va.gov/n-coronavirus/index.asp>). Currently, this Web site provides the reader with information about VA’s commitment to protect and care for Veterans; what precautions to take to prevent COVID-19; a review of the symptoms experienced by individuals with the disease; and guidance to call VA first before visiting a VA facility. During the period of February 3, 2020, through March 1, 2020, there were a total of 29,195 visits made to the Web site. Many Veterans rely on caregivers and, when in the hospital, are visited by family and friends. VA is working on communications to these audiences, to ensure the continuation of care for the Veteran, and to ensure that those who are ill do not expose the Veteran.

Page 3.

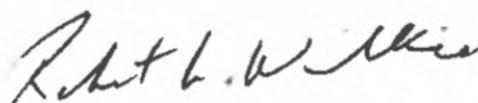
The Honorable Lauren Underwood

Finally, VA is working to ensure the proper equipment and supplies are available to treat Veterans. VA will use home isolation and quarantine, the approach used by CDC, for symptomatic or high-risk individuals. VA currently has CDC Emergency Use Authorization approved COVID-19 testing kits; a laboratory developed test; and is currently testing Veterans and VA employees as necessary. VA facilities are also working with state and local public health departments to augment COVID-19 testing of suspected cases.

Should you have any questions, please have a member of your staff contact Mr. (b)(6) Congressional Relations Officer, at (202) 225-(b)(6) or by email at (b)(6)@va.gov.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wilkie". The signature is written in a cursive style with a large initial "R".

Robert L. Wilkie

April 3, 2020

The Honorable Steven T. Mnuchin
Secretary of the Treasury
U.S. Department of the Treasury
1500 Pennsylvania Avenue NW
Washington, D.C. 20220

The Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, D.C. 20420

The Honorable Charles P. Rettig
Commissioner
Internal Revenue Service
1111 Constitution Avenue, NW
Washington, D.C. 20224

The Honorable Andrew Saul
Commissioner
Social Security Administration
6401 Security Blvd.
Baltimore, MD 21235

Dear Secretary Mnuchin, Secretary Wilkie, Commissioner Rettig, and Commissioner Saul:

We write to urge the Department of the Treasury, the Department of Veterans Affairs, the Internal Revenue Service (IRS), and the Social Security Administration to work together and with relevant federal partners to eliminate the barriers certain seniors, individuals with disabilities, and veterans still face in accessing the economic impact payments established in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. During this time of crisis, America's seniors, individuals with disabilities, and veterans should not be asked to navigate bureaucratic hurdles to receive a rebate they are entitled to.

We are encouraged by the April 1st IRS guidance indicating that seniors and individuals with disabilities who receive Social Security benefits will receive their economic payments automatically instead of having to file a tax return. Although this is certainly a step in the right direction, it leaves out our nation's veterans who receive pensions from Veterans Affairs and lower-income seniors and individuals with disabilities who receive Supplemental Security Income (SSI).

Requiring veterans and SSI recipients to file a tax return in order to receive their stimulus payment adds an additional burden on those most vulnerable to this pandemic and increases the risk they will not receive these much-needed payments. It also makes these individuals more vulnerable to scammers who will try to steal their personal information and hard-earned savings in exchange for helping them access their economic impact payments.

Our nation's veterans and SSI recipients deserve better. We urge you to continue to work together to allow these individuals to receive their economic impact payment automatically.

Thank you for your attention to this urgent matter. If you have any questions about this request, please do not hesitate to contact us or have your staff contact (b)(6) of Senator Collins's staff at 202-224-(b)(6) and (b)(6) of Senator Sinema's staff at 202-224-(b)(6)

Sincerely,



Susan M. Collins
United States Senator



Kyrsten Sinema
United States Senator

Congress of the United States
Washington, DC 20510

April 28, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, D.C. 20420

Dear Secretary Wilkie:

Thank you for your ongoing efforts to protect the health and welfare of Department of Veterans Affairs (VA) employees and the veterans they serve during the COVID-19 pandemic. We write to urge continuing prioritization of additional testing kits and personal protective equipment (PPE) at the VA Maine Healthcare System and across the entire Veterans Health Administration. The VA faces particular risks to its patient population, as veterans who use the VA health care system are often older and less healthy than veterans who do not, and VA operates over 100 Community Living Centers, which like other nursing homes are especially vulnerable. Similarly, Maine is the oldest state in the nation by median age.

The staff and leadership at Togus in Maine are committed to serving their patients during this crisis, fulfilling their mission to care for our veterans with skill, compassion, readiness, and perseverance. However, like many hospitals in Maine, there is an ongoing shortage of COVID-19 testing capabilities and adequate PPE.

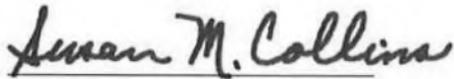
The VA has demonstrated ingenuity in addressing COVID-19 testing capacity, such as the development of in-house testing capabilities at some VA facilities which has been utilized by VA Maine to turn around some test results in 12 to 24 hours, yet testing capacity is still lacking. Rapid and widespread testing is essential because it allows VA to more quickly allocate resources towards the most urgent needs, as well as to develop an understanding of baseline levels of the virus. As you acquire and distribute more testing capability, we urge you to prioritize tests that provide extremely rapid results, in a matter of minutes or hours rather than days or weeks, and ensure that such tests are distributed to VA Maine and other VA facilities in need.

Like other VA facilities, Togus has also been forced to enact extended use policies on N95 masks, generally using one per day unless a particular staff member encounters high-risk exposures. Although PPE supplies are not at emergency levels, these policies are not ideal and additional PPE is needed to protect VA employees, veterans, and their families.

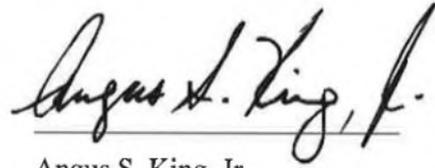
We respectfully request that you provide us with an update on actions taken by VA in regard to prioritization of additional testing kits and PPE. We stand ready in Congress to support VA in its efforts to expand the availability of COVID-19 rapid testing kits and PPE to its employees and veterans.

Again, thank you for your work supporting Maine veterans and veterans throughout our great nation.

Sincerely,



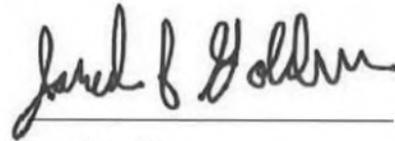
Susan M. Collins
United States Senator



Angus S. King, Jr.
United States Senator



Chellie Pingree
Member of Congress



Jared Golden
Member of Congress

United States Senate

March 16, 2020

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie,

We must ensure that we are taking every step possible to ensure that the Department of Veterans Affairs (VA) is treating and preventing the spread of novel coronavirus (COVID-19). On March 11, 2020, the World Health Organization declared the COVID-19 a pandemic and across our country and the world our brave health care providers and public health officials, including VA providers, are on the frontline both with regard to prevention and treatment.

The Centers for Disease Control and Prevention (CDC) has put forth guidance that instructs older Americans and those with underlying medical conditions to stay home as much as possible and take precautionary measures. Colorado has more than 400,000 veterans, and many who qualify for an additional level of caution per the CDC's recommendation. This is particularly important as there are already three presumptive cases at the Rocky Mountain Regional VA Medical Center in Aurora, Colorado.

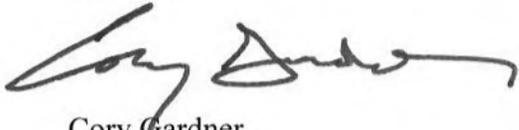
We owe our former service members and their families an immeasurable debt, and there is no more important time to remember the solemn responsibility of ensuring they get quality medical care than during a time of national crisis such as this one. With that in mind, I request answers to the following questions:

- What steps is the VA taking to ensure the health and safety of veterans, their families, and your staff during this outbreak?
- How is the VA leveraging telehealth networks to ensure that veterans are able to follow social distancing guidelines and remain in their homes while also receiving the medical care they need?
- What coordination has the VA had with the third-party administrators to ensure care continuity and public health best-practices as veterans receive care in the community?
- Veterans Service Organizations (VSOs) play a critical role in veteran outreach and communication. How is the VA coordinating with the Centers for Disease Control and Prevention, County Veterans Service Officers, and VSOs to ensure veterans their families have the most up-to-date public health best practices?

- How is the VA collaborating with state and federal partners to ensure veterans have access to COVID-19 testing?
- What is the VA containment and contact tracing strategy for when a veteran tests positive in a VA facility?
- Does the VA have a sufficient number of supplies on hand to both treat the immediate and potential projected future need?
- Has the VA run a funding need projection to ensure sufficient levels both now and in the future?

These are critical matters and I appreciate your immediate attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Cory Gardner", with a stylized flourish at the end.

Cory Gardner
United States Senator



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 6, 2020

The Honorable Cory Gardner
United States Senate
Washington, DC 20510

Dear Senator Gardner:

Thank you for your March 16, 2020, letter to the Department of Veterans Affairs' (VA) regarding our efforts to treat and prevent the spread of the Novel Coronavirus (COVID-19). We are dedicated to ensuring the best quality care is offered to Veterans and those who care for them. I appreciate the opportunity to respond.

VA promptly initiated its response to COVID-19 following a notification to the Veterans Health Administration's (VHA) senior leadership of a "pneumonia of unknown origin with 40 cases showing up in China." Since that initial announcement, VA activated the Emergency Management Coordination Center, stood up leadership from the Office of Emergency Management and Population Health, and initiated a high consequence infection workgroup staffed with subject matter experts to address VA's response.

Enclosed are responses to your questions regarding steps VA is taking to ensure we are providing the quality medical care needed during this time of national crisis. The entirety of VHA's COVID-19 Response Plan can be found at <https://www.publichealth.va.gov/n-coronavirus/index.asp>.

Should you have further questions, please have a member of your staff contact (b)(6) Congressional Relations Officer, at 202-226-(b)(6) or at (b)(6)@va.gov.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in black ink, reading "Robert L. Wilkie", is positioned above the printed name.

Robert L. Wilkie

Enclosure

**Department of Veterans Affairs (VA)
Information Paper for Senator Cory Gardner
Regarding Novel Coronavirus (COVID-19)**

Question 1: What steps is the VA taking to ensure the health and safety of veterans, their families, and your staff during this outbreak?

VA Response: VA has plans in place to protect everyone who gets care, visits, or works at one of our facilities. VA has released our entire response plan being executed within its medical facilities to protect Veterans, their families, and health care providers and staff from COVID-19 at <https://www.publichealth.va.gov/n-coronavirus/>.

VA has shifted most outpatient care to telehealth and has cancelled most elective and non-emergent procedures, minimizing the risk of infection while allowing Veterans to receive care through minimal contact, saving time, and reducing the consumption of Personal Protective Equipment (PPE). Furthermore, based on results of health screenings and Veteran requests, non-urgent appointments are being postponed, minimizing exposure to COVID-19 at health care sites. VA will continue to screen all Veterans and staff members for infection with COVID-19 as indicated by medical guidance.

Veterans are being told to call their VA medical center (VAMC) before going to a clinic, urgent care center, or emergency room if they have symptoms of fever, cough, and shortness of breath. To minimize risk for employees and Veterans, all visitors will be screened. This may lengthen entry times, so patients are advised to allow for that when arriving for their appointments.

In addition to these measures, VA has established two zones within all inpatient units: one for dedicated staff and space to care for COVID-19 patients, and a second zone for all other care. The implementation of the zones helps minimize patient and staff contact with those infected with COVID-19 and allows VA to continue delivering other needed care to Veterans.

Based on Centers for Disease Control and Prevention (CDC) guidance and VA protocols, individuals known to be at risk for COVID-19 infection are immediately isolated to prevent potential spread to others.

Veterans and staff are encouraged to take everyday preventive actions to avoid being exposed to the virus:

- Wash hands often with soap and water for at least 20 seconds.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Stay home if sick or becoming sick.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.

- If you have symptoms or have been exposed to someone with symptoms, call your VA facility before going.

For more information on VA's COVID-19 response activities, updates can be found here: <https://www.publichealth.va.gov/n-coronavirus>.

Question 2: How is the VA leveraging telehealth networks to ensure that veterans are able to follow social distancing guidelines and remain in their homes while also receiving the medical care they need?

VA Response: VA is changing to phone or video visits instead of in-person visits for most routine appointments. My HealtheVet for secure messaging and VA Telehealth for remote video visits are being used by Social Workers and Patient Aligned Care Teams to assist Veterans as needed. Messaging is being provided to Veterans through numerous channels to ensure patients know how to contact their care teams and are aware of VA Video Connect, Virtual Care Manager, My HealtheVet, Rx Refill, Annie App, and Home Telehealth.

Question 3: What coordination has the VA had with the third-party administrators to ensure care continuity and public health best-practices as veterans receive care in the community?

VA Response: VA has been coordinating through both contractors under Patient Centered Care Contract (PC3) and Community Care Network (CCN) contract. VA is in the beginning stages of reimbursing network providers for telehealth under both CCN and PC3 contracts. VA sent guidance at the end of March to both Optum (CCN Regions 1-3) and TriWest in response to the March 17, 2020 Executive Order broadening telehealth benefits for Medicare beneficiaries and relaxing Centers for Medicare and Medicaid Services (CMS) telehealth policies. Providers on PC3 or CCN who are utilizing telehealth services will be reimbursed under the contract by Optum or TriWest. Medicare will pay for telehealth services provided in the patient's place of residence as a temporary measure during the COVID-19 pandemic and has issued new coding guidance for telemedicine. VA follows CMS coding methodology for payment.

In addition, VA worked with TriWest to ensure the business continuity plan reflected changes to support care in a COVID-19 environment.

VA's Office of Community Care sent a letter to our community providers advising them to alert local VAMCs as they begin to make decisions about appointments, procedures, and care that affect Veterans referred to community health care systems and practices. The letter reminds community providers that effective communication between VA and the community ensures better care for Veterans. It also informs community providers of additional means for delivering care to Veterans such as telehealth.

Telehealth is one alternative if the provider has an existing referral and established episode of care and the Veteran consents to this method of delivery. CCN providers can provide telehealth services and bill using the appropriate telemedicine code(s). VA will reimburse the Contractors in accordance with the terms of the contract.

For providers working with Veterans in a home setting, VA asks community providers to communicate with their patients directly regarding any change in service and to alert VA to allow VA to potentially develop an interim care plan.

VA has provided a public facing website for questions about COVID-19 guidance to community providers which can be found at:
https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_20-40.pdf.

Question 4: Veterans Service Organizations (VSOs) play a critical role in veteran outreach and communication. How is the VA coordinating with the Centers for Disease Control and Prevention, County Veterans Service Officers, and VSOs to ensure veterans their families have the most up-to-date public health best practices?

VA Response: VA held VSO Communicator Briefings on March 19, 2020 and April 23, 2020 and continues to provide updates and information as requested. We value our VSO's partnership in sharing social media messaging related to VA COVID-19 resources and directing Veterans to our national response activities and FAQs at <https://www.publichealth.va.gov/n-coronavirus>.

The Department aggressively engages with VSOs daily throughout the different Administrations to share relevant health information and to reduce the risk of spreading misinformation. We use several platforms: all forms of media outreach; email broadcasts; teleconferences; and town hall forums to reach Veterans and their families. We also use a range of frequently updated public facing websites designed to specifically engage VSOs and the public.

Question 5: How is the VA collaborating with state and federal partners to ensure veterans have access to COVID-19 testing?

VA Response: There are two parts of testing: a) collecting specimens, and b) testing specimens. All VA facilities are collecting specimens. Drive-through testing has been implemented at 27 facilities. Some VA facilities are testing specimens in VA labs. Other facilities are sending specimens to non-VA labs. VA has an adequate supply of swabs and other supplies to collect specimens currently, although there is a nation-wide shortage of swabs. VA is sourcing machines, reagents, and software from a variety of sources.

Question 6: What is the VA containment and contact tracing strategy for when a veteran tests positive in a VA facility?

VA Response: Per CDC guidance and VA protocols, screened individuals found to be at risk for COVID-19 infection are immediately isolated to prevent potential spread to others. Critically ill persons are immediately transferred to the emergency department for further evaluation. Persons who are stable and ambulatory are sent home with printed instructions to isolate themselves and contact their primary care provider as soon as possible for further evaluation.

The Veterans Health Administration (VHA) follows CDC guidance to identify and evaluate Persons Under Investigation. Guidance can be found at:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/identify-assess-flowchart.html>.

Question 7: Does the VA have a sufficient number of supplies on hand to both treat the immediate and potential projected future need?

VA Response: Yes. VA is equipped with essential PPE and supplies and continues to monitor the status of those items daily. VA shipped approximately 500M N95 masks in mid-April to VAMCs across the Nation. The status of these items changes hourly. When facilities need additional PPE and supplies, VHA moves supplies to locations that need them the most.

Question 8: Has the VA run a funding need projection to ensure sufficient levels both now and in the future?

VA Response: VA's Office of Management is planning for all contingencies and is working closely with the Office of Management and Budget and our Federal partners to determine resource requirements.

May 2020
Department of Veterans Affairs

From: (b)(6) EOP/WHO
Sent: Wed, 19 Feb 2020 23:53:35 +0000
To: RLW; (b)(6)
Cc: (b)(6) EOP/NSC (b)(6) EOP/NSC
Subject: [EXTERNAL] White House Coronavirus
Attachments: (b)(5)

(b)(5)

Secretary Wilkie,

(b)(5)

Respectfully,

(b)(6)
202-456-(b)(6)

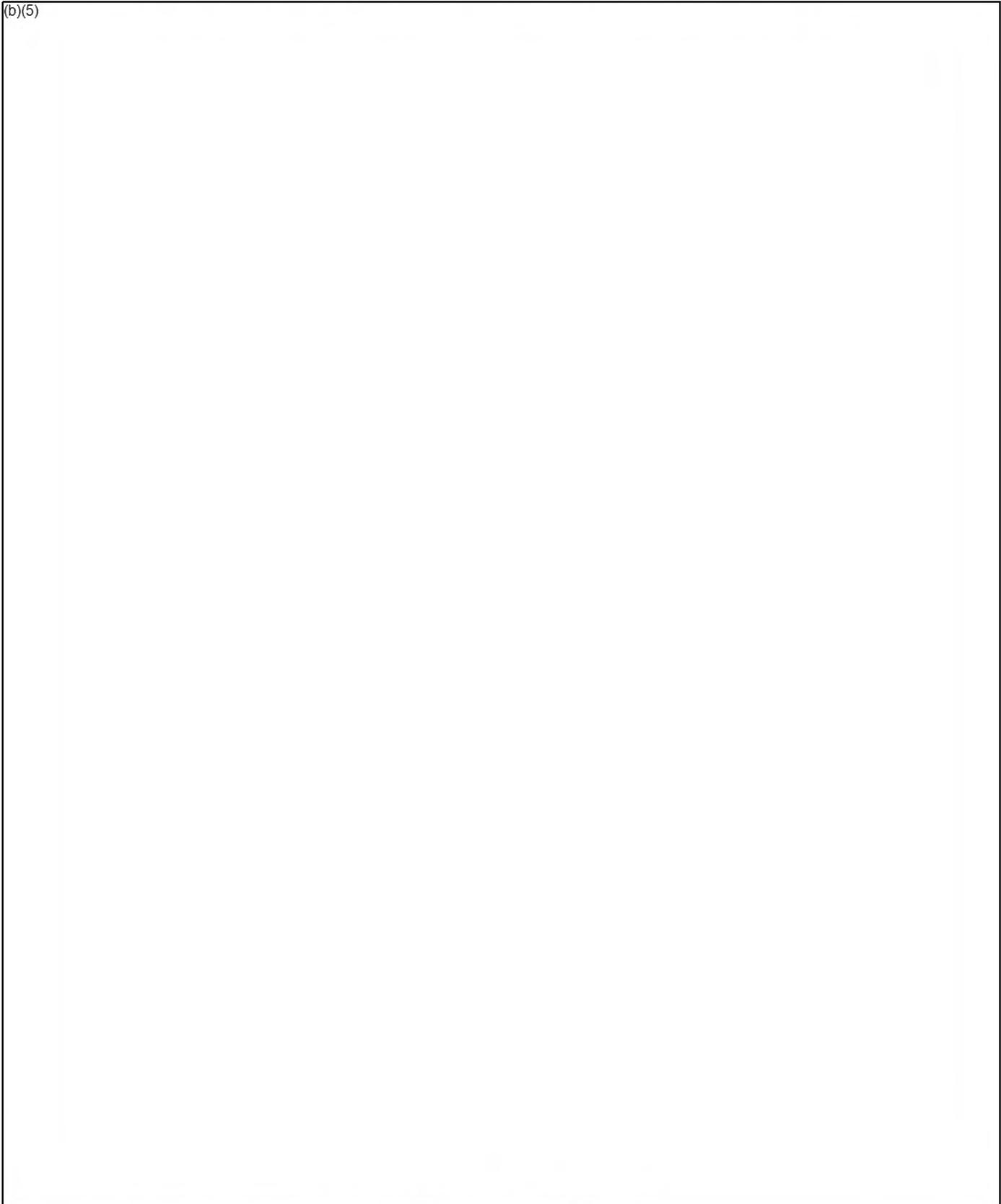
Assistant to the President &
Deputy National Security Advisor
The White House

U.S. Government Response to SARS-CoV2 Decision Tree

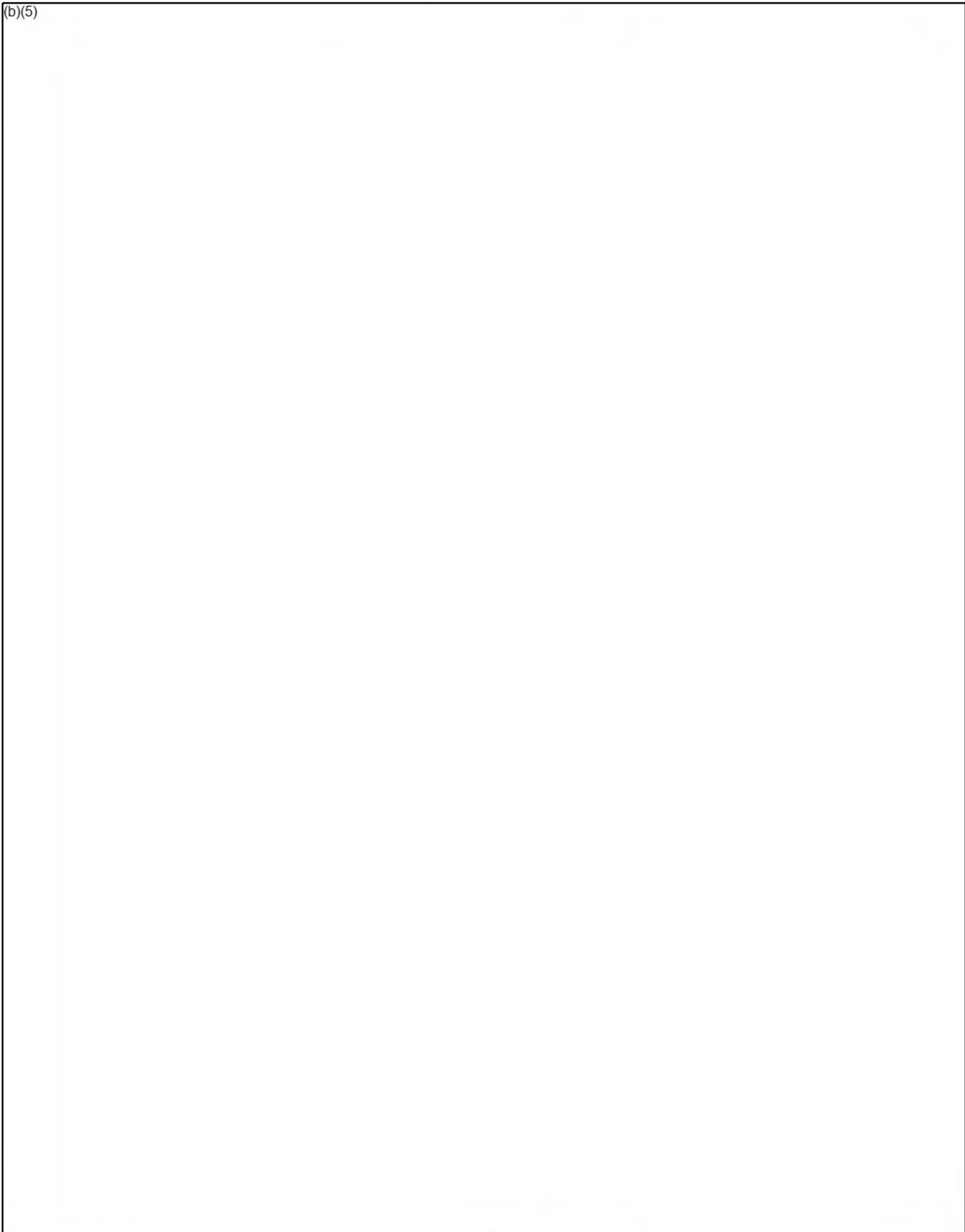
(b)(5)

U.S. Government Response to the 2019 Novel Coronavirus (SARS-CoV2)

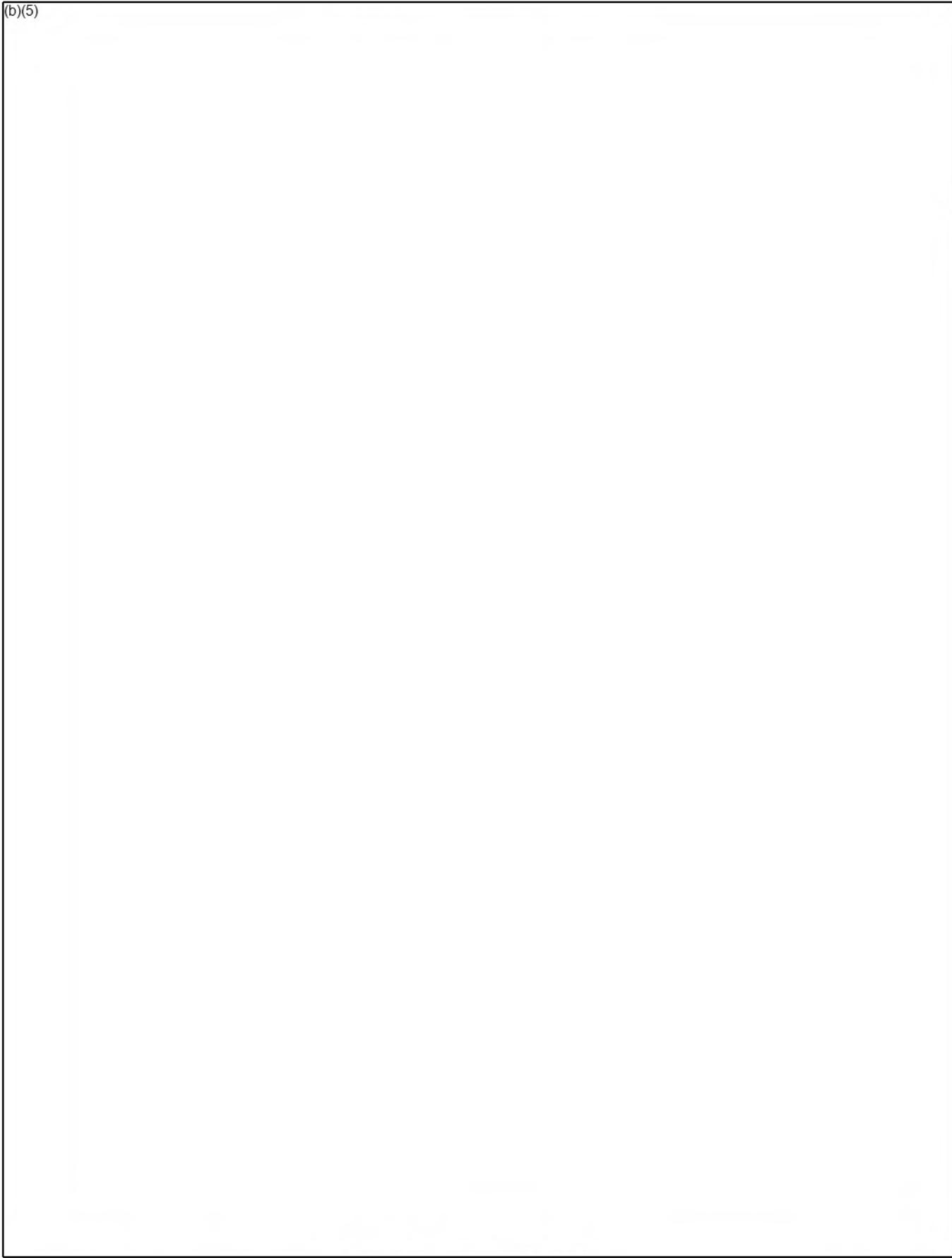
(b)(5)



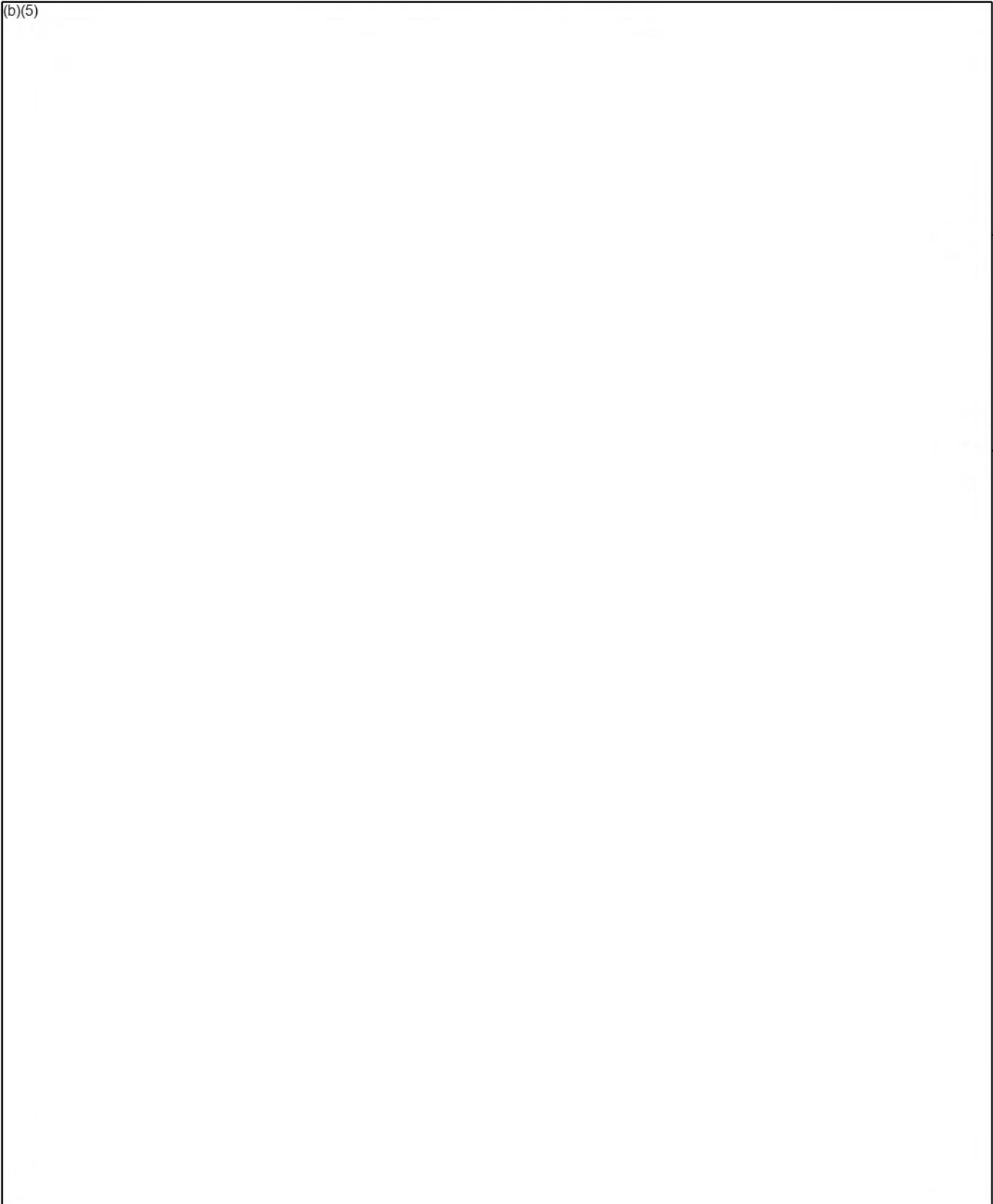
(b)(5)



(b)(5)



(b)(5)



(b)(5)

Public Health Infrastructure, Transparency, and Risk Criteria

(b)(5)

Public Health Infrastructure, Press Freedom, and Risk Criteria

(b)(5)

Public Health Infrastructure, Flu Reporting, and Risk Criteria

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

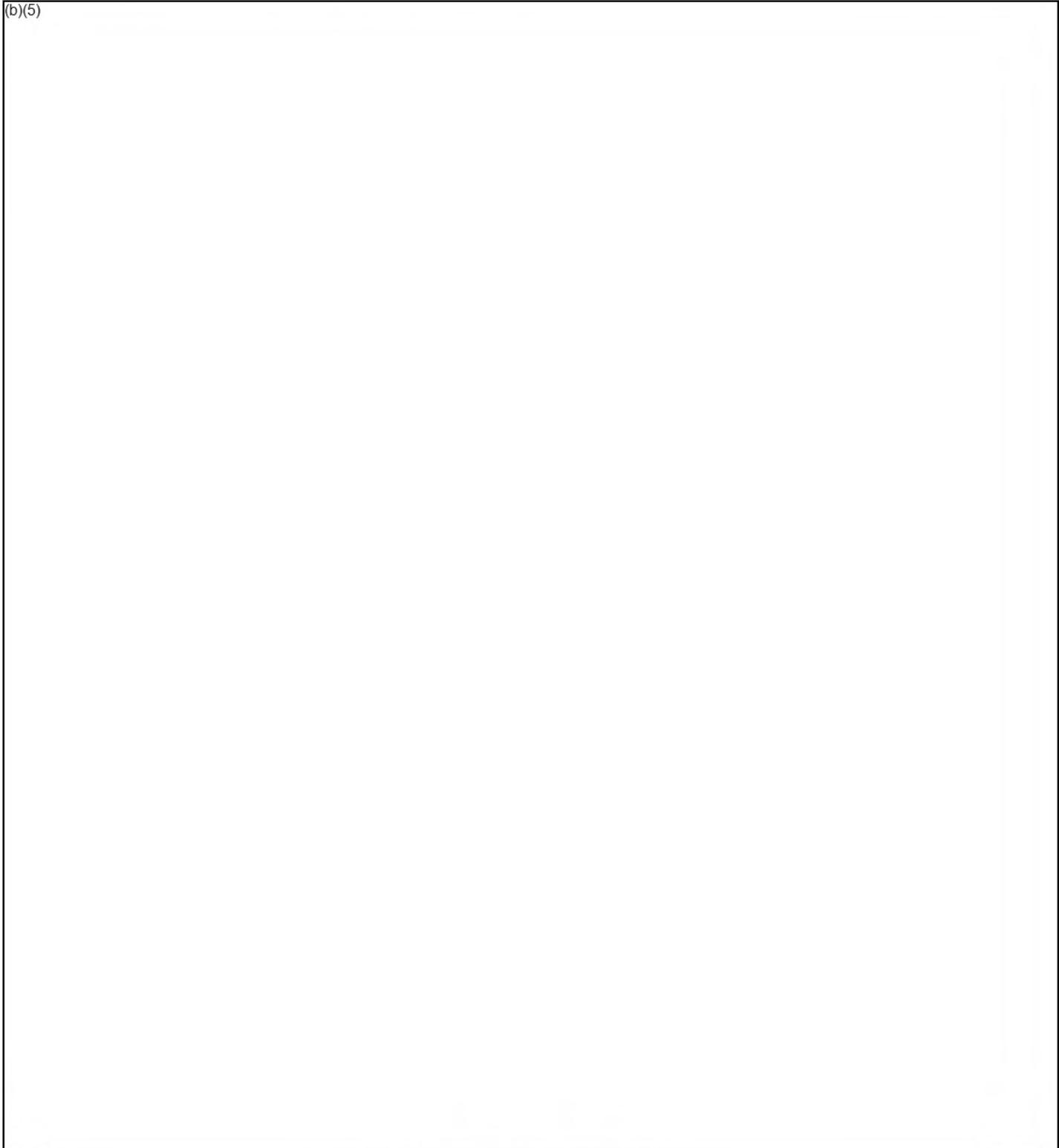
(b)(5)



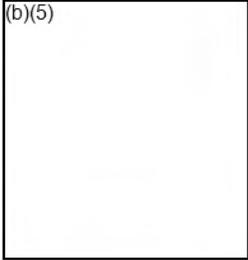
U.S. Government Response to the 2019 Novel Coronavirus (SARS-CoV2)

February 19 Task Force Decisions for Deliberation

(b)(5)



(b)(5)



From: RLW
Sent: Sun, 23 Feb 2020 23:08:18 +0000
To: (b)(6) EOP/WHO (b)(6) EOP/NSC
Cc: AMA2 (OS/IOS); AS2KTC; (b)(6) (b)(6) EOP/OMB (b)(6)
(b)(6) @hhs.gov; (b)(6) EOP/WHO; (b)(6)
EOP/WHO (b)(6) (CDC/DDID/NCEZID/DGMQ) (b)(6) @cdc.gov; (b)(6) EOP/NSC (b)(6)
(b)(6) EOP/OMB; (b)(6) CDR USN WHMO/WHMU; (b)(6) @niaid.nih.gov (b)(6)
EOP/WHO; (b)(6) EOP/WHO; DL Chief of Staff Office; (b)(6)
(b)(6) @dot.gov; (b)(6) EOP/OMB (b)(6) EOP/WHO; (b)(6)
EOP/NSC; Fauci, Anthony (NIH/NIAID) [E] (b)(6) @niaid.nih.gov; (b)(6) EOP/WHO (b)(6)
(b)(6) EOP/NSC; (b)(6) EOP/NSC; (b)(6) EOP/WHO; (b)(6)
(b)(6) EOP/OMB; (b)(6) @mail.mil (b)(6)
EOP/WHO (b)(6) EOP/OMB; Mulvaney, Mick M. EOP/WHO; O (b)(6)
EOP/WHO (b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6)
(b)(6) @cdc.gov; (b)(6) @hhs.gov (b)(6) EOP/NSC (b)(6)
EOP/OMB (b)(6) EOP/NSC; (b)(6) EOP/NSC (b)(6) (OST); (b)(6)
(HHS/IOS); (b)(6) EOP/NSC (b)(6) EOP/NSC (b)(6) EOP/WHO (b)(6)
(b)(6) EOP/NSC; (b)(6) EOP/OVP; Stone, Richard A., MD; Powers, Pamela
Subject: RE: [EXTERNAL] Re: ACTION: Please Review by 6:30 P.M.

(b)(5)
Robert Wilkie
Secretary

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov
Date: Sunday, Feb 23, 2020, 5:53 PM
To: (b)(6) EOP/NSC (b)(6) @nsc.eop.gov
Cc: AMA2 (OS/IOS) (b)(6) @hhs.gov, AS2KTC (b)(6) @hq.dhs.gov, (b)(6)
(b)(6) @state.gov, (b)(6) EOP/OMB (b)(6) @omb.eop.gov, (b)(6)
(b)(6) @hhs.gov (b)(6) @hhs.gov (b)(6) EOP/WHO
(b)(6) @who.eop.gov, (b)(6) EOP/WHO
(b)(6) @who.eop.gov (b)(6) (CDC/DDID/NCEZID/DGMQ) (b)(6) @cdc.gov
(b)(6) @cdc.gov (b)(6) EOP/NSC (b)(6) @nsc.eop.gov, (b)(6) EOP/OMB
(b)(6) @omb.eop.gov, (b)(6) CDR USN WHMO/WHMU (b)(6) @whmo.mil,
(b)(6) @niaid.nih.gov (b)(6) @niaid.nih.gov, (b)(6) EOP/WHO
(b)(6) @who.eop.gov, (b)(6) EOP/WHO (b)(6) @who.eop.gov, DL Chief of Staff
Office (b)(6) @WHO.eop.gov, (b)(6) @dot.gov
(b)(6) @dot.gov (b)(6) EOP/OMB (b)(6) @omb.eop.gov (b)(6)
(b)(6) EOP/WHO (b)(6) @who.eop.gov, (b)(6) EOP/NSC
(b)(6) @nsc.eop.gov, Fauci, Anthony (NIH/NIAID) [E] (b)(6) @niaid.nih.gov
(b)(6) @niaid.nih.gov (b)(6) EOP/WHO (b)(6) @who.eop.gov (b)(6)
EOP/NSC (b)(6) @nsc.eop.gov (b)(6) EOP/NSC
(b)(6) @nsc.eop.gov (b)(6) EOP/WHO

(b)(6) @who.eop.gov>, (b)(6) @va.gov>, (b)(6)
EOP/OMB (b)(6) @omb.eop.gov>, (b)(6) @mail.mil
<(b)(6) @mail.mil> (b)(6) EOP/WHO
<(b)(6) @who.eop.gov> (b)(6) . EOP/OMB <(b)(6) Mulvaney,
Mick M. EOP/WHO <(b)(6) @who.eop.gov>, OS (b)(6) @mail.mil>,
(b)(6) EOP/WHO <(b)(6) @who.eop.gov>, (b)(6) EOP/WHO
(b)(6) @who.eop.gov>, (b)(6) OP/WHO <(b)(6) @who.eop.gov>, RLW
<(b)(6) @va.gov>, (b)(6) @cdc.gov (b)(6) @cdc.gov (b)(6) @hhs.gov
(b)(6) @hhs.gov> (b)(6) EOP/NSC (b)(6) @nsc.eop.gov> (b)(6)
(b)(6) EOP/OMB (b)(6) @omb.eop.gov>, (b)(6) EOP/NSC
(b)(6) @nsc.eop.gov>, (b)(6) EOP/NSC <(b)(6) @nsc.eop.gov>, (b)(6)
(b)(6) OST (b)(6) @dot.gov (b)(6) HHS/IOS <(b)(6) @hhs.gov>, (b)(6)
EOP/NSC (b)(6) @nsc.eop.gov (b)(6) EOP/NSC <(b)(6) @nsc.eop.gov>,
(b)(6) EOP/WHO (b)(6) @who.eop.gov>, (b)(6) EOP/NSC
(b)(6) @nsc.eop.gov>, (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Subject: [EXTERNAL] Re: ACTION: Please Review by 6:30 P.M.

(b)(5)

Sent from my iPhone

On Feb 23, 2020, at 11:47 PM, (b)(6) EOP/NSC
(b)(6) @nsc.eop.gov> wrote:

Good Evening WHTF,

(b)(5)

Thank you,

(b)(6)

(b)(6) MS
Director for Countering Biological Threats
National Security Council
202.456.(b)(6) (O) 202.881.(b)(6) (cell)

(b)(6) @nsc.eop.gov

From: (b)(6) EOP/WHO
Sent: Thu, 19 Mar 2020 20:19:49 +0000
To: RLW
Subject: [EXTERNAL] RE: NOLA COVID

(b)(5)

From: RLW <(b)(6)@va.gov>
Sent: Thursday, March 19, 2020 4:18 PM
To: (b)(6) EOP/WHO (b)(6)@who.eop.gov>
Subject: FW: NOLA COVID

(b)(6) you see below NOLA (b)(5)

(b)(5)

Sent with BlackBerry Work
(>www.blackberry.com<)

From: Powers, Pamela <(b)(6)@va.gov>
Date: Thursday, Mar 19, 2020, 4:14 PM
To: RLW (b)(6)@va.gov>
Subject: NOLA COVID

Sir, for your LA call: They have the (b)(5)

(b)(5)

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov



Choose VA

From: RLW
Sent: Thu, 19 Mar 2020 20:39:34 +0000
To: (b)(6) EOP/WHO
Cc: Powers, Pamela
Subject: FW: Private Hospital Cancellations - NOLA

(b)(6)

Major hospital systems in New Orleans still doing elective surgeries. See below—they are all bigger than we are (except Tulane).

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) <(b)(6)@va.gov>
Date: Thursday, Mar 19, 2020, 4:26 PM
To: RLW (b)(6)@va.gov>
Subject: FW: Private Hospital Cancellations - NOLA

FYI

From: Rivera, Fernando O. (NOLA) <(b)(6)@va.gov>
Date: Thursday, Mar 19, 2020, 3:24 PM
To: (b)(6)@va.gov>
Subject: FW: Private Hospital Cancellations - NOLA

Update status:
Ochsner – case by case, determination on policy change is imminent
E Jeff – patient/doctor decision, no systemwide changes
Tulane – (still working on it)
Children’s – no elective surgery

Fernando O. Rivera
CEO/Medical Center Director
Southeast Louisiana Veterans HCS

From: Rivera, Fernando O. (NOLA)
Sent: Monday, March 16, 2020 12:03 PM
To: (b)(6)@va.gov>
Subject: Private Hospital Cancellations - NOLA

Following up on our conversation from earlier. Below is the latest on 5 large private hospitals in the New Orleans area.

Ochsner leadership is discussing postponing some surgical cases but has made no announcement yet.

Children's – right now at the discretion of surgeon; head of OR was asked to submit a list of cases that could be postponed. Decision on that will probably happen today.

UMC has cancelled elective procedures

Tulane – discussion is ongoing, working out the parameters of “elective.”

E Jeff – no changes yet to OR but have closed their wellness center.

Fernando O. Rivera
CEO/Medical Center Director
Southeast Louisiana Veterans HCS

From: Birx, Deborah L. EOP/NSC
Sent: Sat, 21 Mar 2020 10:56:22 +0000

To: (b)(6) EOP/OVP; (b)(6) EOP/NSC; (b)(6) @hhs.gov (b)(6)

(b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6) EOP/WHO;
(HHS/OASH) (b)(6) EOP/OVP; (b)(6) EOP/WHO (b)(6)

EOP/OVP; (b)(6) EOP/WHO; (b)(6) EOP/NSC; (b)(6) EOP/WHO; (b)(6)
(b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6) @treasury.gov; (b)(6)

EOP/OVP; (b)(6) EOP/WHO; Kushner, Jared C. EOP/WHO; (b)(6) EOP/WHO (b)(6)
(b)(6) EOP/OVP; (b)(6) @hhs.gov; (b)(6) @dot.gov; (b)(6) @mail.house.gov; (b)(6)

(b)(6) EOP/WHO (b)(6) @HHS.GOV; (b)(6) @treasury.gov; (b)(6)
EOP/WHO (b)(6) @cdc.gov; (b)(6) @niaid.nih.gov; (b)(6) @hhs.gov (b)(6) @state.gov; (b)(6) @fda

.hhs.gov (b)(6) @hq.dhs.gov; SV1@ (b)(6) hhs.gov; RLW; (b)(6) EOP/WHO; (b)(6)
(b)(6) OP/OM; (b)(6) EOP/OVP; (b)(6) EOP/WHO (b)(6)

EOP/WHO; (b)(6) EOP/WHO (b)(6)
EOP/WHO (b)(6) @fema.dhs.gov; (b)(6) @hhs.gov (b)(6) @mail.house.gov (b)(6)

EOP/WHO (b)(6)
EOP/WHO; (b)(6) @treasury.gov; (b)(6) @treasury.gov; (b)(6) @hud.gov (b)(6)

(b)(6) @hud.gov; (b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6)
EOP/WHO; (b)(6) @cdc.gov; (b)(6) @niaid.nih.gov; (b)(6) @nih.gov; (b)(6) @hhs.gov (b)(6)

(b)(6)
EOP/OVP; OVPSchedule (b)(6) @state.gov; (b)(6) @state.gov; (b)(6) @fda.hhs.gov; (b)(6)

(b)(6) @fda.hhs.gov (b)(6) @hq.dhs.gov; (b)(6) @hq.dhs.gov; (b)(6) @hq.dhs.gov (b)(6)
(b)(6) @CMS.HHS.GOV (b)(6) @cms.hhs.gov (b)(6) @cms.hhs.gov; Powers,

Pamela; (b)(6) EOP/NSC (b)(6)
EOP/OMB; (b)(6) @hhs.gov (b)(6) @hhs.gov (b)(6) EOP/WHO; (b)(6)

EOP/WHO; (b)(6) OP/WHO (b)(6) @sd.mil (b)(6) EOP/NSC (b)(6)
(b)(6) EOP/WHO (b)(6) EOP/WHO (b)(6) EOP/WHO (b)(6)

EOP/WHO (b)(6) 1. EOP/WHO; (b)(6) EOP/OVP; (b)(6)
EOP/WHO (b)(6) @sd.mil; (b)(6) @sd.mil; (b)(6) @sd.mil (b)(6)

EOP/WHO (b)(6) EOP/OVP; (b)(6) EOP/WHO; (b)(6) EOP/WHO; DL WHO
COMMS

Speechwriters; (b)(6) @hhs.gov; (b)(6) @hhs.gov (b)(6) @dot.gov (b)(6)
(b)(6) @dot.gov; (b)(6) @fema.dhs.gov; (b)(6) EOP/WHO; (b)(6)

(OS/OASH) (b)(6) @hhs.gov; (b)(6) EOP/WHO; (b)(6) EOP/WHO
Cc: (b)(6) EOP/OVP; (b)(6) EOP/WHO

Subject: [EXTERNAL] Re: White House Coronavirus Task Force Meeting
Attachments: TaskForce20200321 .pptx

Electronic version of today's data summary – not for forwarding or public

From: "(b)(6) EOP/OVP" <(b)(6)@ovp.eop.gov> on behalf of (b)(6)

EOP/OVP" <(b)(6)@ovp.eop.gov>

Date: Friday, March 20, 2020 at 9:58 PM

To: "(b)(6)@nsc.eop.gov"; (b)(6)@hhs.gov"

(b)(6)@hhs.gov; (b)(6) OP/WHO" (b)(6)@who.eop.gov;

(b)(6) EOP/WHO" (b)(6)@who.eop.gov; (b)(6) EOP/WHO"

(b)(6) @who.eop.gov>, "(b)(6) HHS/OASH)"
(b)(6) @hhs.gov>, "(b)(6) . EOP/OVP"
(b)(6) @ovp.eop.gov>, (b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, "(b)(6) EOP/OVP"
(b)(6) ovp.eop.gov>, "(b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, "(b)(6) . EOP/NSC" <(b)(6) nsc.eop.gov>,
(b)(6) EOP/WHO" <(b)(6) @who.eop.gov>, (b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, (b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, (b)(6) @treasury.gov"
(b)(6) @treasury.gov>, "(b)(6) EOP/OVP"
(b)(6) @ovp.eop.gov>, (b)(6) . EOP/WHO"
(b)(6) who.eop.gov>, "Kushner, Jared C. EOP/WHO" (b)(6) @who.eop.gov>, (b)(6)
(b)(6) EOP/WHO" (b)(6) @who.eop.gov>, (b)(6) EOP/OVP"
(b)(6) @ovp.eop.gov>, "(b)(6) @hhs.gov" <(b)(6) @hhs.gov>,
(b)(6) .dot.gov" <(b)(6) @dot.gov>, (b)(6) @mail.house.gov"
(b)(6) @mail.house.gov>, (b)(6) EOP/WHO" (b)(6) @who.eop.gov>,
(b)(6) @HHS.GOV" <(b)(6) @HHS.GOV>, (b)(6) @treasury.gov" (b)(6) @treasury.gov>,
(b)(6) . EOP/WHO" <(b)(6) @who.eop.gov>, (b)(6) @cdc.gov"
(b)(6) @cdc.gov>, (b)(6) @niaid.nih.gov" <(b)(6) @niaid.nih.gov>, (b)(6) @hhs.gov"
(b)(6) @hhs.gov>, (b)(6) @state.gov" (b)(6) @state.gov>, (b)(6) @fda.hhs.gov"
(b)(6) @fda.hhs.gov>, (b)(6) @hq.dhs.gov" (b)(6) @hq.dhs.gov>, "Birn, Deborah L. EOP/NSC"
(b)(6) @nsc.eop.gov>, "(b)(6) @cms.hhs.gov" (b)(6) @cms.hhs.gov>, (b)(6) @va.gov"
(b)(6) @va.gov>, (b)(6) EOP/WHO" (b)(6) @who.eop.gov>, (b)(6)
(b)(6) EOP/OMB" (b)(6) @omb.eop.gov>, (b)(6)
(b)(6) @ovp.eop.gov>, "(b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, "(b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, (b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, (b)(6) OP/WHO"
(b)(6) who.eop.gov>, (b)(6) @fema.dhs.gov" (b)(6) @fema.dhs.gov>,
(b)(6) @hhs.gov" <(b)(6) @hhs.gov>, (b)(6) @mail.house.gov"
(b)(6) @mail.house.gov>, (b)(6) EOP/WHO" (b)(6) @who.eop.gov>,
(b)(6) EOP/WHO" (b)(6) @who.eop.gov>,
(b)(6) @treasury.gov" (b)(6) @treasury.gov>,
(b)(6) @treasury.gov" (b)(6) @treasury.gov>, "(b)(6) @hud.gov"
(b)(6) @hud.gov>, (b)(6) @hud.gov" (b)(6) @hud.gov>,
(b)(6) EOP/WHO" <(b)(6) @who.eop.gov>, (b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, (b)(6) EOP/WHO"
(b)(6) @who.eop.gov>, (b)(6) @cdc.gov" <(b)(6) @cdc.gov>,
(b)(6) @niaid.nih.gov" (b)(6) @niaid.nih.gov" (b)(6) @nih.gov"
(b)(6) @nih.gov>, "(b)(6) @hhs.gov" (b)(6) @hhs.gov>, "(b)(6)
EOP/OVP" <(b)(6) @ovp.eop.gov>, OVPSchedule (b)(6) @OVP.eop.gov>,
(b)(6) @state.gov" <(b)(6) @state.gov>, (b)(6) @state.gov"
(b)(6) @state.gov>, (b)(6) @fda.hhs.gov" (b)(6) @fda.hhs.gov>,
(b)(6) @fda.hhs.gov" (b)(6) @fda.hhs.gov>, (b)(6) @hq.dhs.gov"

(b)(6)

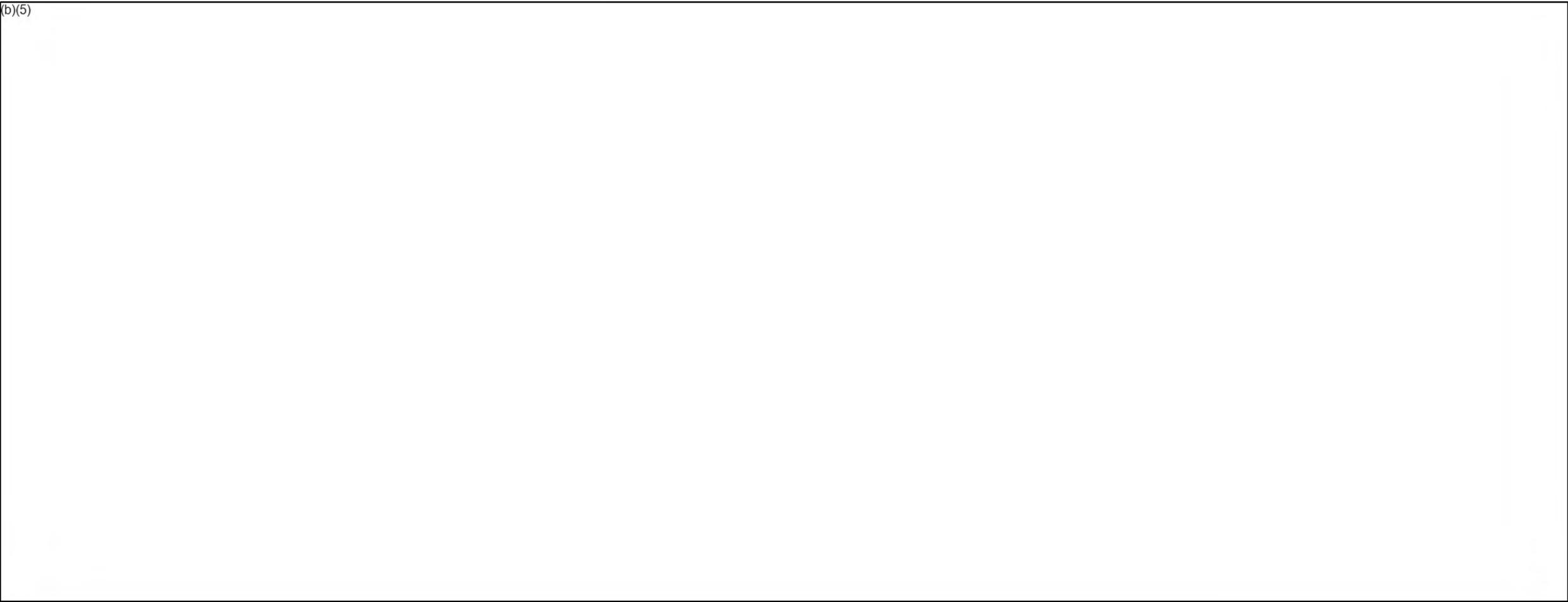
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)

March 20 Data

(b)(5)

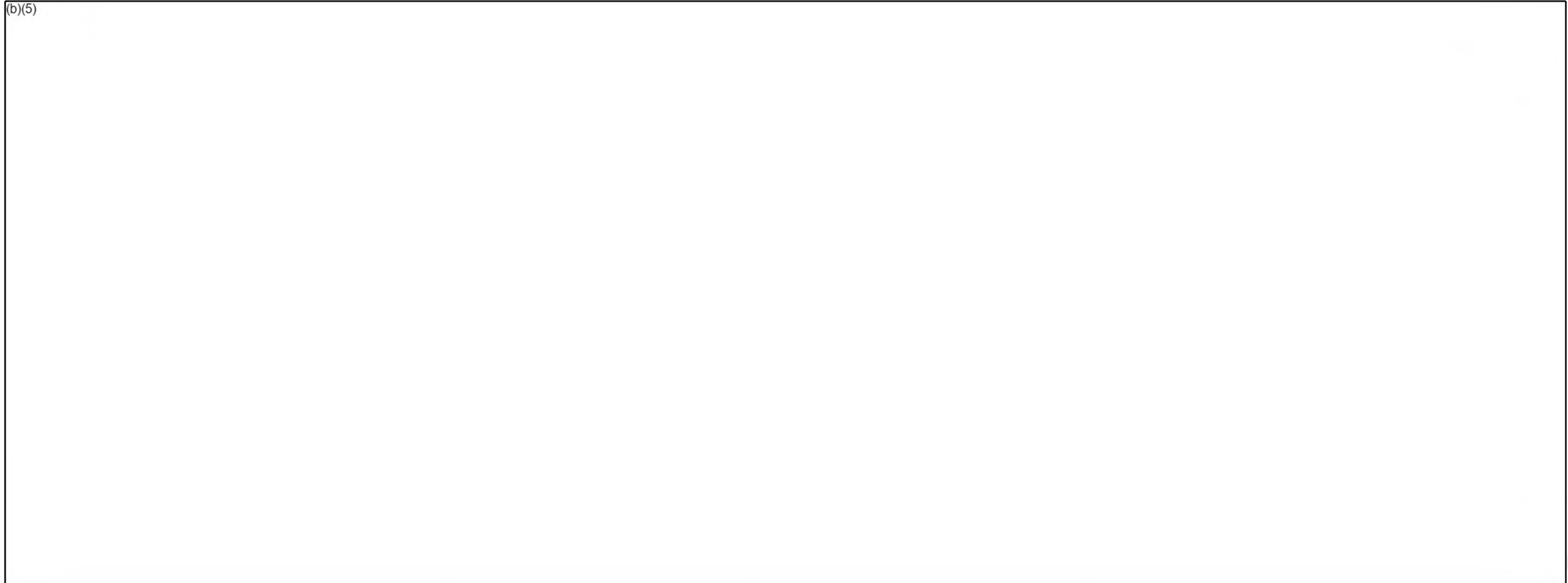
March 20 data for Italy

(b)(5)



March 20 data for Germany

(b)(5)

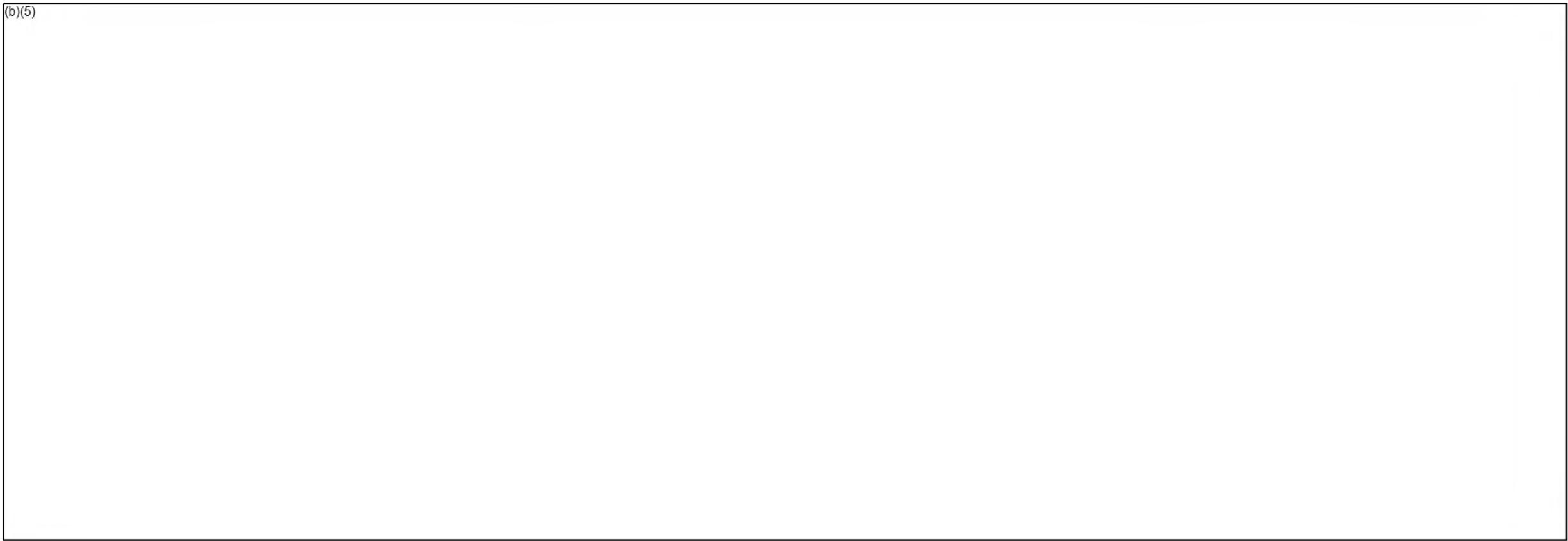


March 20 data for USA

(b)(5)

March 20 data for South Korea – note active cases not cumulative

(b)(5)



.....

States with the highest number of

case

(b)(5)

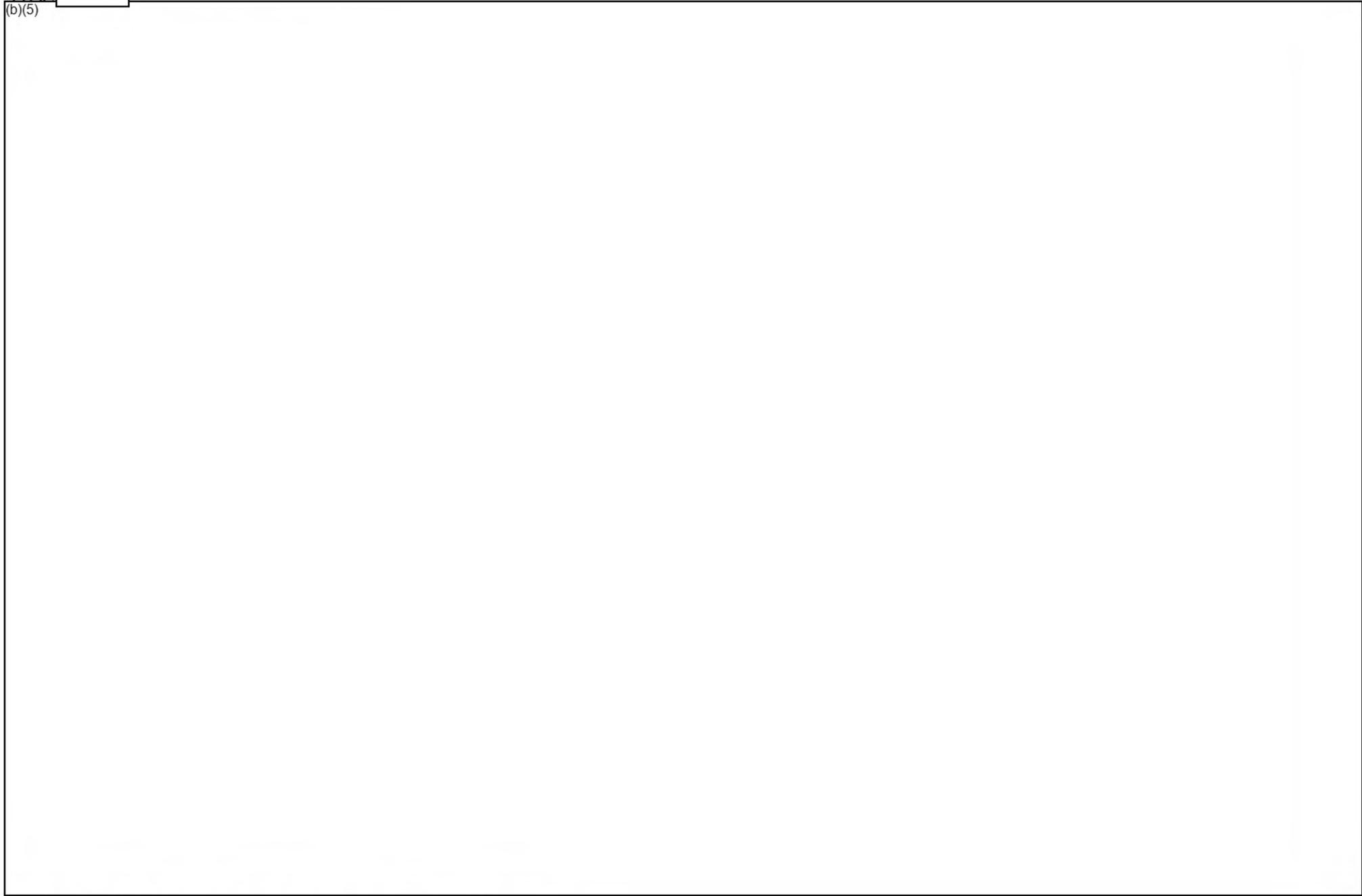
(b)(5)

(b)(5)

Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Counties with the highest number of

case (b)(5)



Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

New
York

(b)(5)

(b)(5)

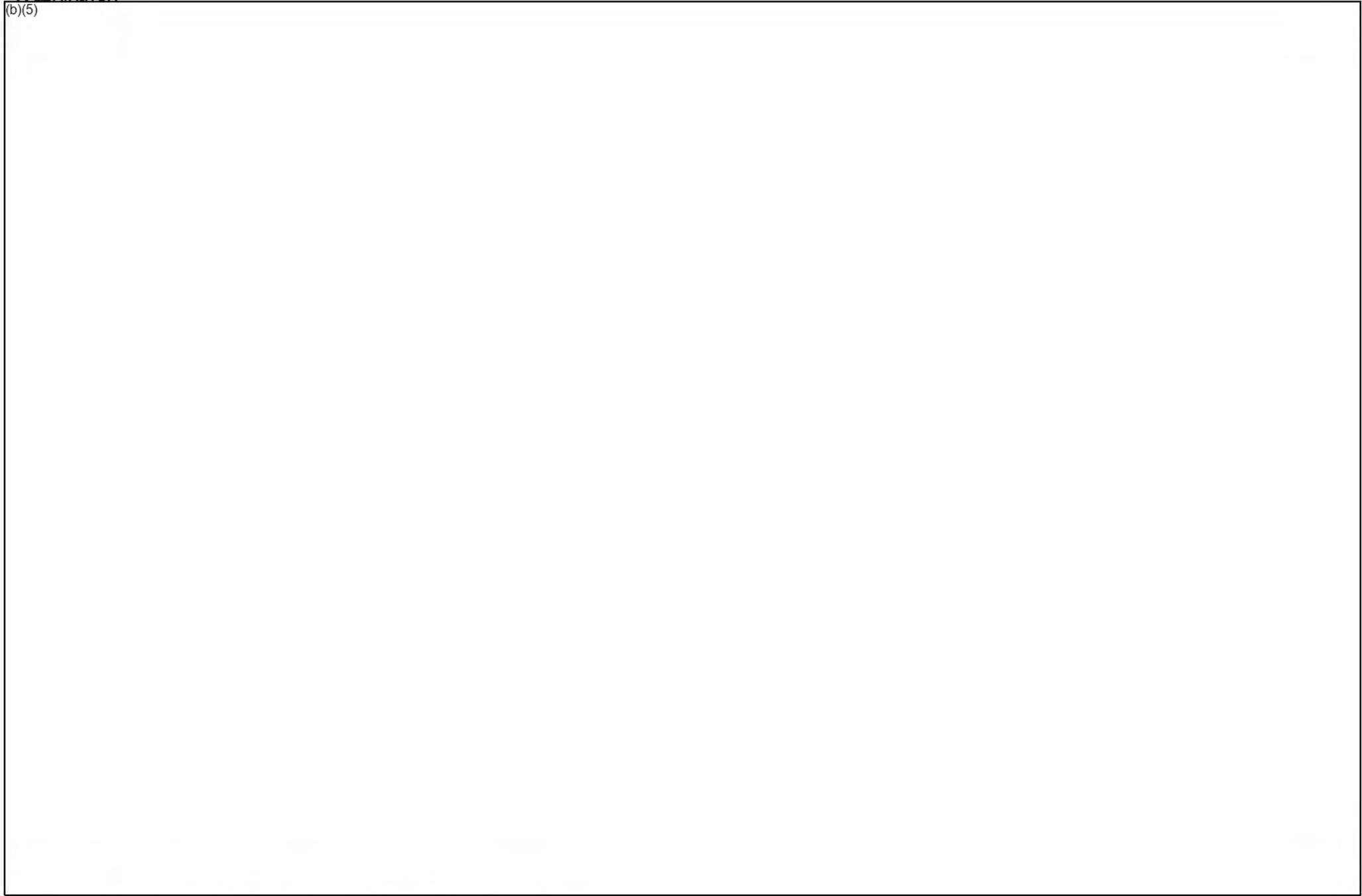
March-16 March-17 Source: Conference of State Bank
2020. Data sourced from state health department websites.

(b)(5)

reporting may be incomplete or
delayed

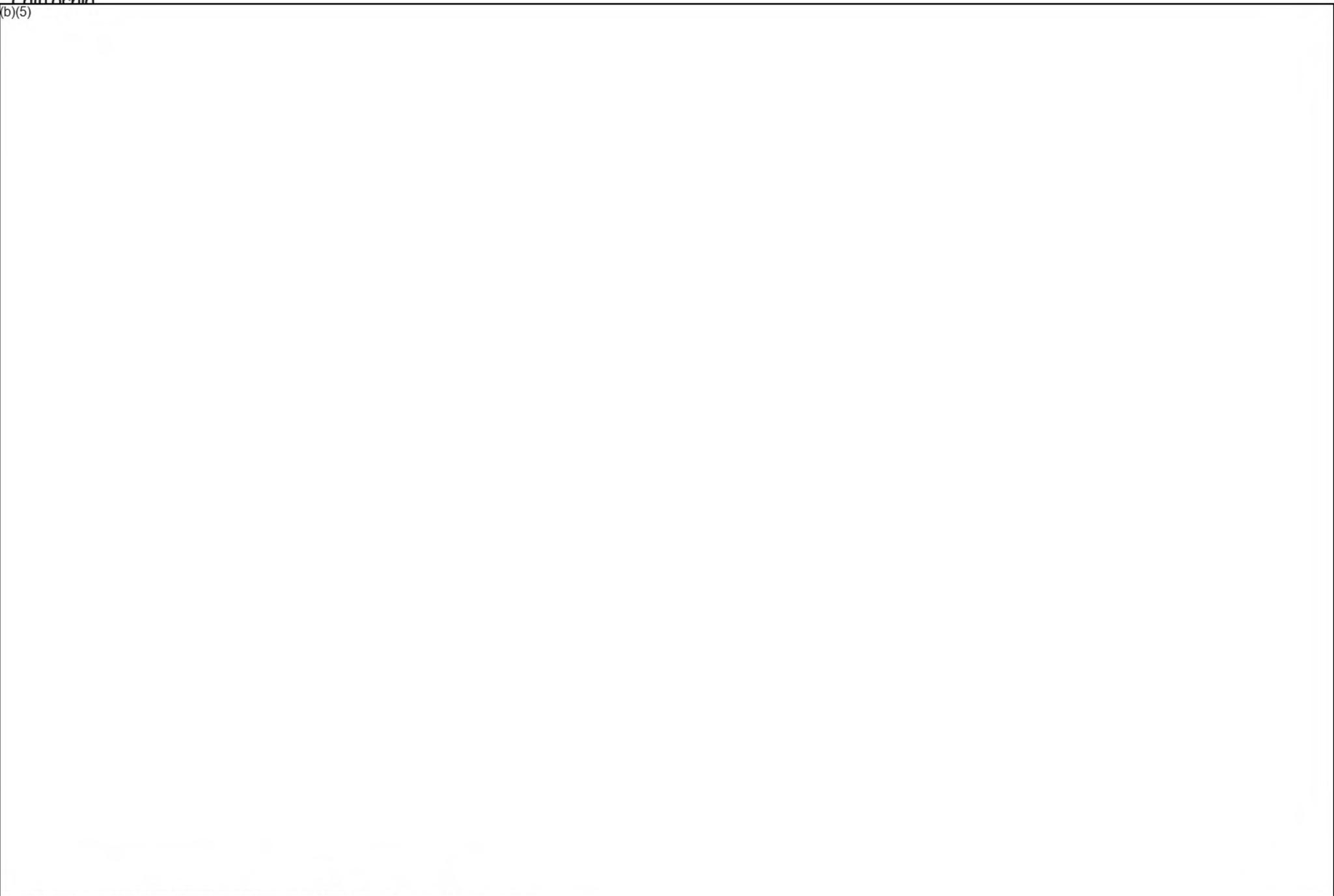
Washington

(b)(5)



Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

(b)(5)



Massachusetts (b)(5)

(b)(5)

Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

New

Jersey

(b)(5)

(b)(5)

Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Florida

(b)(5)



Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado

(b)(5)

Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Louisiana

(b)(5)

Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Georgia

(b)(5)

Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

(b)(5)

(b)(5)

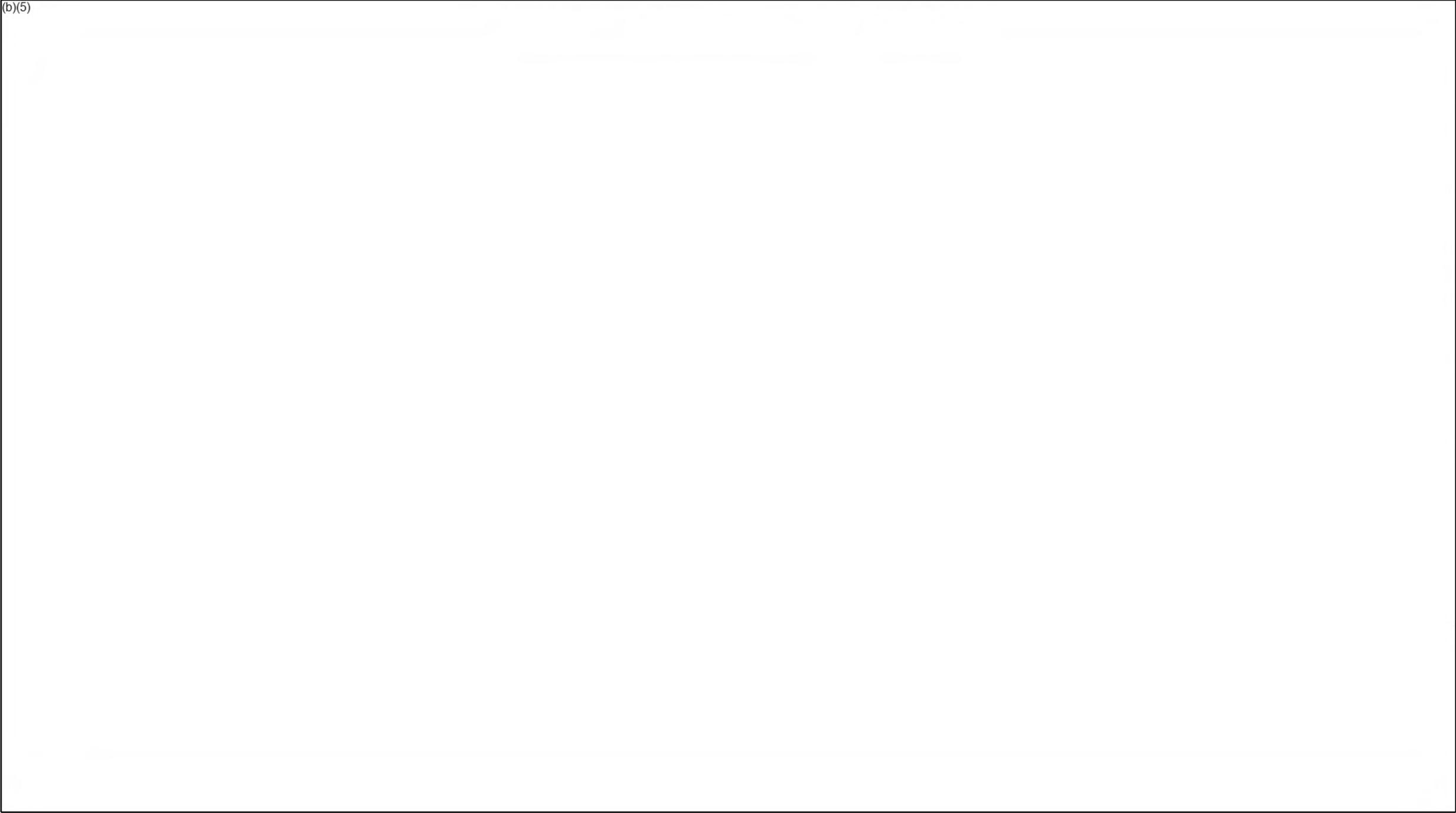
Source: Conference of State Bank Supervisors, as of 18:58 March 20, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Trends in Reported Cases in Counties with 20 or More Cases Since 1/22/2020

(b)(5)

Trends in Reported Cases Since 2/29/2020

(b)(5)



From: Birx, Deborah L. EOP/NSC
Sent: Sun, 22 Mar 2020 12:18:38 +0000

To: (b)(6) EOP/OVP;(b)(6) EOP/NSC;(b)(6) @hhs.gov;(b)(6)
(b)(6) EOP/WHO;(b)(6) EOP/WHO;(b)(6) EOP/WHO;(b)(6)
(HHS/OASH);(b)(6) EOP/OVP;(b)(6) EOP/WHO;(b)(6)
EOP/OVP;(b)(6) EOP/WHO;(b)(6) EOP/NSC;(b)(6) EOP/WHO;(b)(6)
(b) EOP/WHO;(b)(6) EOP/WHO;(b)(6) @treasury.gov;(b)(6)
EOP/OVP;(b)(6) EOP/WHO;Kushner, Jared C. EOP/WHO;(b)(6) EOP/WHO;(b)(6)
(b)(6) EOP/OVP;(b)(6) @hhs.gov;(b)(6) @dot.gov;(b)(6) @mail.house.gov;(b)(6)
EOP/WHO;(b)(6) @HHS.GOV;(b)(6) @treasury.gov;(b)(6)
EOP/WHO;(b)(6) @cdc.gov;AFAUCI@niaid.nih.gov;(b)(6) @hhs.gov;(b)(6) @state.gov;(b)(6) @fda
.hhs.gov;(b)(6) @hq.dhs.gov;(b)(6) @cms.hhs.gov;RLW;(b)(6) EOP/WHO;(b)(6)
(b)(6) EOP/OMB;(b)(6) EOP/OVP;(b)(6) EOP/WHO;(b)(6)
EOP/WHO;(b)(6) EOP/WHO;(b)(6)
EOP/WHO;(b)(6) @fema.dhs.gov;(b)(6) @hhs.gov;(b)(6) @mail.house.gov;(b)(6)
EOP/WHO;(b)(6)
EOP/WHO;(b)(6) @treasury.gov;(b)(6) @treasury.gov;(b)(6) @hud.gov;(b)(6)
(b)(6) @hud.gov;(b)(6) EOP/WHO;(b)(6) EOP/WHO;(b)(6)
EOP/WHO;(b)(6) @cdc.gov;(b)(6) @niaid.nih.gov;(b)(6) @nih.gov;(b)(6) @hhs.gov;(b)(6)
(b)(6)
EOP/OVP;OVPSchedule;(b)(6) @state.gov;(b)(6) @state.gov;(b)(6) @fda.hhs.gov;(b)(6)
(b)(6) @fda.hhs.gov;(b)(6) @hq.dhs.gov;(b)(6) @hq.dhs.gov;(b)(6) @hq.dhs.gov;(b)(6)
(b)(6) @CMS.HHS.GOV;(b)(6) @cms.hhs.gov;(b)(6) @cms.hhs.gov;Powers,
Pamela;(b)(6) EOP/NSC;(b)(6)
EOP/OMB;(b)(6) @hhs.gov;(b)(6) @hhs.gov;(b)(6) EOP/WHO;(b)(6)
EOP/WHO;(b)(6) EOP/WHO;(b)(6) @sd.mil;(b)(6) EOP/NSC;(b)(6)
(b)(6) EOP/WHO;(b)(6) EOP/WHO;(b)(6) EOP/WHO;(b)(6)
EOP/WHO;(b)(6) EOP/WHO;(b)(6) EOP/OVP;(b)(6)
EOP/WHO sd.mil;(b)(6) @sd.mil;(b)(6) @sd.mil;(b)(6)
EOP/WHO EOP/OVP;(b)(6) EOP/WHO;(b)(6) EOP/WHO;DL WHO
COMMS
Speechwriters;(b)(6) @hhs.gov;(b)(6) @hhs.gov;(b)(6) @dot.gov;(b)(6)
(b)(6) @dot.gov;(b)(6) @fema.dhs.gov;(b)(6) EOP/WHO;(b)(6)
(OS/OASH);(b)(6) @hhs.gov;(b)(6) EOP/WHO;(b)(6) EOP/WHO
Cc: Hoosier Calendar;(b)(6) EOP/OVP;(b)(6)
EOP/WHO;(b)(6) EOP/OMB EOP/NSC
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: TaskForce22March.pptx

Summary as a read ahead. New Highlights – comparator of the (b)(5)
(b)(5)
(b)(5) Deb

COVID-19 case data – Task Force

22 March

Data as of March 21, 2020

Germany

--	--	--	--	--	--	--	--	--	--	--

(b)(5)

Italy

--	--	--	--	--	--	--	--	--	--	--

(b)(5)

United States

--	--	--	--	--	--	--	--	--	--	--

(b)(5)

[Redacted content]

United States 21 March and 22 March 0.00 GMT

--	--	--	--	--	--	--	--	--	--	--

(b)(5)

Flu Surveillance

(b)(5)

(b)(5)



May 1, 20

Flu activity and COVID19 activity.

(b)(5)

(b)(5)

(b)(5)

Virgin Islands

COVID-19 confirmed cases

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Counties with the highest number of

cases (b)(5)



Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

States with the highest number of cases

(b)(5)

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

New
York

(b)(5)

(b)(5)

18Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed.

Washington

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed.

California

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

New

Jersey

(b)(5)

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Florida

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Louisiana

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Georgia

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

(b)(5)

(b)(5)

Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Trends in Reported Cases in Top 20 Counties Since 1/22/2020

(b)(5)

Trends in Reported Cases Since 3/1/2020

(b)(5)