From: Wilkie, Robert L., Jr.
Sent: Sun, 1 Dec 2019 13:15:41 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Free Challenge Coin - Visit Us at the CATO Conference

From: Hero Industries
Sent: Sunday, December 1, 2019 1:14:15 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Free Challenge Coin - Visit Us at the CATO Conference

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From: Wilkie, Robert L., Jr.
Sent: Thu, 5 Dec 2019 11:49:46 +0000
To: RLW
Subject: FW: [EXTERNAL] SoFi's founder has a new unicorn

From: PitchBook News
Sent: Thursday, December 5, 2019 11:49:23 AM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] SoFi's founder has a new unicorn

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The Daily Pitch: VC, PE and M&A

December 5, 2019
Like our newsletter? The data comes from
the PitchBook Platform — our data software for VC, PE and M&A

TODAY'S TOP STORIES

Analyzing the construction of LP allocations

The **latest edition** of the quarterly PitchBook Benchmarks series is now available, packed with fund performance metrics—from horizon IRRs to DPI multiples—for analysis across multiple vintages and asset classes.

The report also contains a spotlight from our ongoing Basics of Cash Flow Management series, with links to the series' previous installments. A few key findings from the spotlight:

- Spreading annual commitments across 10 funds rather than a single vehicle can reduce capital call standard deviations considerably
- LPs can prudently incorporate a ramp period that decreases time to full allocation and avoids overshooting
- Once a target allocation has been met, the unfunded portion of the allocation trends toward 30%

access the report now

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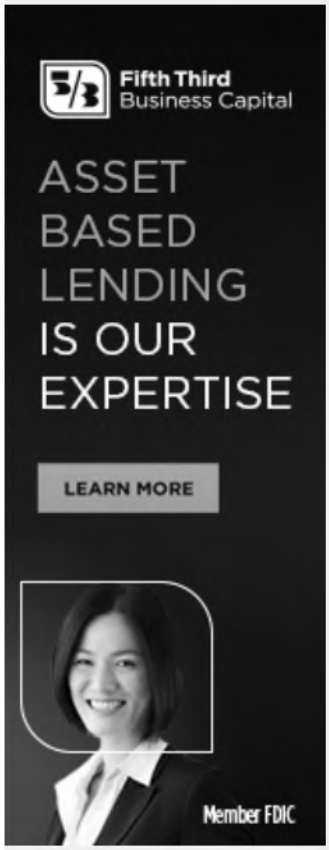

Figure scores $1.2B valuation for Mike Cagney

Figure, a blockchain-based consumer lending platform, has closed on a new round of venture capital at a $1.2 billion valuation, officially minting founder Mike Cagney's second unicorn startup.

With the deal, Figure's new price tag is more than triple the $380 million valuation it received in February. It becomes one of at least 10 fintech startups to join the unicorn ranks in 2019, according to PitchBook data.

Cagney previously founded SoFi, the digital-loan specialist that raised nearly $2 billion before he stepped down as CEO in 2017 amid sexual harassment litigation by existing and former employees.

He returned to the consumer-lending market with San Francisco-based Figure, which said on Thursday it has raised $103 million in Series C financing led by Morgan Creek Digital. Also participating in the deal were MUFG Innovation Partners Co. and other new and existing investors.

Related read: **Meet the unicorn class of 2019**

Share:

Lincoln International identifies three sectors best poised to endure a recession

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Who's in the newsletter today?

People

Brian Schwartz
Charles Ha
Dan Goldsmith
Doug Berman
Mike Cagney
Orlando Bravo
Rick Rosen
Robert Lewin
Wayne Hewett
William Janetschek
Wolfgang Biedermann

Investors

Agent Capital
Aleph
Alexandria Venture Investments
Alphabet
Ashton Kutcher
Battery Ventures
Boehringer Ingelheim Venture Fund
Bpifrance
Broadcom
CapitalG
Cerberus Capital Management
Coatue
General Catalyst
Gimv
Guidepost Growth Equity
HIG Capital
Idinvest Partners
JD Power

As 2019 draws to a close, there are concerns globally about lackluster economic growth and increased political uncertainties—but the jury is still out. Many dealmakers and businesses are assessing their possible exposure to the effects of a potential recession. Lincoln International industry experts discuss three sectors that are most likely to resist recessionary effects as well as the key traits that distinguish the best-placed companies in these areas.

Click here to read the Q&A and other Lincoln perspectives

Share:

Thoma Bravo strikes discount deal for $2B edtech company

Thoma Bravo has agreed to acquire education software provider Instructure for $47.60 per share, or roughly $2 billion. The deal marks an 18% premium to Instructure's average share price over the three months leading up to October 27, the day before the Salt Lake City business announced that it would undergo a strategic review. It also represents a notable 10.1% discount to the company's Tuesday closing price. Instructure now has a 35-day go-shop window to seek alternative proposals. In the meantime, its CEO Dan Goldsmith and the management team are expected to retain their roles.

The deal follows a string of massive acquisitions for Chicago-based Thoma Bravo this year. In January, it purchased application security provider Veracode from Broadcom for $950 million and separately bought Imperva, a cybersecurity business, for $2.1 billion. The following month, the firm—led by founder Orlando Bravo—agreed to take mortgage software

KKR
Kleiner Perkins
Kurma Partners
Lane Bess
Life Sciences Partners
Loyal Valley Capital
MUFG Innovation Partners Co.
MetLife
Morgan Creek Digital
NEA
Oak HC/FT
Permira
Pfizer Ventures
Sumeru Equity Partners
TA Associates
The Riverside Company
Thoma Bravo
Tiger Global
Transom Capital Group
Waud Capital Partners
Wellington Partners
XIO Group

Companies

Assicurazioni Generali
Away
Ballast Point Brewing
Cambrex
Cisco Systems
ConnectWise
Constellation Brands
Corona
DiversiTech

company Ellie Mae private to the tune of $3.7 billion and picked up ConnectWise, a developer of business management and IT software, for a reported $1.5 billion. In July, it agreed to buy consumer research firm JD Power from XIO Group, with reports indicating XIO was looking to exit the company for $1.9 billion. And in October, Thoma Bravo agreed to take European cybersecurity giant Sophos private in a deal worth over $3.9 billion.

Related read: **Thoma Bravo raises $12.6B as PE continues tech investing push**

Share:

Cannabis has the VC market buzzing as firms seek to capitalize on hype

(Illustration by Conor Hamill/PitchBook)

One state at a time, marijuana legalization continues to spread across the US. To investors, it smells like opportunity. In just six years, the amount of private capital committed to US cannabis companies has increased by 64x. And with many conventional exit routes unavailable, M&A activity in the space has also picked up, with deal count more than doubling from

Duolingo
Ellie Mae
Figure
Glossier
Health & Safety Institute
ImCheck Therapeutics
Imperva
Instructure
Kings & Convicts
Kustomer
Martech Media
Modelo
Palo Alto Networks
Panorays
Rent the Runway
Scantron
SoFi
Sophos
Veracode

Service Providers

Kirkland & Ellis
Latham & Watkins
Macquarie Group
Perkins Coie

2017 to 2018.

The assumption that full federal legalization is on the way is fueling a sense of promise for VC firms and corporate acquirers alike. But for the startups trying to establish footholds in the industry, such a sweeping change could present a serious threat:

here's why

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Recommended Reads

To see the ubiquity of Amazon's sprawling reach in the modern American city, take a visit to Baltimore. [The New York Times]

Struggling to buckle down and get work done? A new service called Focusmate thinks that video-chatting with a stranger might be the solution. [The New Yorker]

Internet activists are up in arms over a recent private equity deal that could make holding a .org domain a much pricier proposition for nonprofits. [Vice]

Meet Steven Schonfeld, a hoodie-clad hedge fund founder with a new $111 million mansion who's built a haven for quants. [Bloomberg]

Jim DeCicco was worried about the culture developing at his New York-based coffee startup. So he hired a philosopher. [The Wall Street Journal]

If McKinsey had a baseball team, it would probably operate a lot like the Houston Astros—the franchise that's now involved in one of the biggest cheating scandals in recent sports history. [The New Republic]

Since yesterday, the PitchBook Platform added:

308	1126	448	11
Deals	People	Companies	Funds

See what our data software can do

TODAY'S HEADLINES

The Daily Benchmark

2009 Vintage Non-US PE Funds

People

KKR makes CFO change

HIG makes numerous senior promotions

TA Associates brings on VP for tech investing

VC Deals

Kustomer picks up $60M Series E

ImCheck Therapeutics collects $53M to treat cancer

Duolingo books $1.5B valuation

Panorays locks in $15M

PE Deals

Permira wraps up $2.4B deal for Cambrex

Transom Capital scores Scantron

PE-backed HSI completes Martech Media add-on

Fundraising

LVC closes $465M fund

Sumeru pulls in $347M

Corporate M&A

Constellation to unload Ballast Point Brewing

Sale of MetLife's European assets hits roadblock

THE DAILY BENCHMARK

2009 Vintage Non-US PE Funds

Median IRR

Top Quartile IRR Hurdle Rate

1.41x

Median TVPI

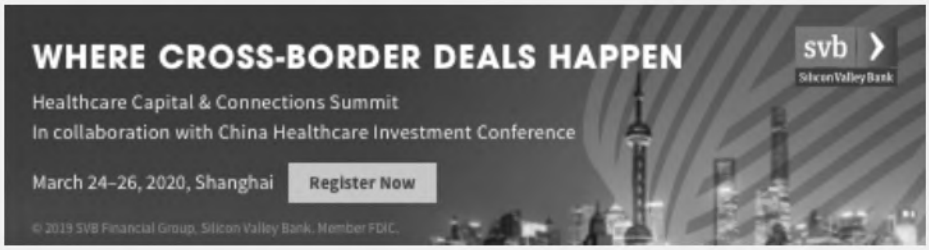
Select top performers
K3
Trident Private Equity III

MBK Partners Fund II

**IRR: net of fees*

17 Funds in Benchmark »

Check out the latest version of **PitchBook Benchmarks**



PEOPLE

KKR makes CFO change

KKR has appointed Robert Lewin as CFO, with William Janetschek stepping down, effective January 1. Lewin has been at the firm since 2004 and helped launch its Asia business. He also co-led the credit and capital markets divisions and worked as treasurer and head of corporate development.

View details

HIG makes numerous senior promotions

Miami-based HIG Capital has promoted a slew of employees to its senior leadership team. HIG veterans Rick Rosen and Brian Schwartz have each been named co-president, a newly created title. Additionally, Doug Berman has been elevated to head of US private equity and Wolfgang Biedermann has

been named executive managing director and head of Europe buyouts. With some $35 billion in AUM, HIG Capital targets small and medium-sized businesses.

View details

TA Associates brings on VP for tech investing

TA Associates has hired Charles Ha as a vice president located in the firm's Boston office; he will focus on investments in tech companies across North America. Ha was previously a vice president at General Catalyst, where he focused on making growth and majority stake tech deals in North America and Europe. He's also had stints at Cisco Systems and Guidepost Growth Equity (fka North Bridge Growth Equity).

View details

Latest trends in the mid-market.
Transaction Trends Q4 report now available.
Download report

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VC DEALS

Kustomer picks up $60M Series E

Kustomer, a developer of customer management

software, has raised $60 million in a round led by Coatue. Founded in 2015, New-York based Kustomer has raised $173.5 million in VC financing to date. Its clients include women-led companies such as Glossier, Rent the Runway and Away.

Additional Investors:
Battery Ventures, Tiger Global

View round

View 87 competitors »

ImCheck Therapeutics collects $53M to treat cancer

Biotech startup ImCheck Therapeutics has secured $53 million in a round led by Pfizer Ventures and Bpifrance, with participation from Agent Capital and Wellington Partners, among others. Based in Marseille, France, the business develops immunotherapies to treat cancer and autoimmune diseases; it will use the capital in part to fund a clinical trial for one of its drugs. ImCheck raised €20 million (about $22 million at today's conversion rate) for its Series A in 2017.

Additional Investors:
Alexandria Venture Investments, Boehringer Ingelheim Venture Fund, Gimv, Idinvest Partners, Kurma Partners, Life Sciences Partners

View round

View similar company »

Duolingo books $1.5B valuation

Duolingo, the operator of a platform that allows users

to learn foreign languages for free, has raised a $30 million Series F at a $1.5 billion valuation, per reports. CapitalG, Alphabet's growth equity fund, reportedly led the round. Founded in 2011 and based in Pittsburgh, Duolingo raised $25 million at a $700 million valuation in 2017; it's backed by other investors including Ashton Kutcher, NEA and Kleiner Perkins.

View round

View 36 competitors »

Panorays locks in $15M

Panorays, which offers software for third-party security management, has raised a $15 million Series A led by Oak HC/FT. The New York-based cybersecurity startup also helps companies comply with data privacy regulations. It added Lane Bess, a former CEO of Palo Alto Networks, as an advisor in June.

Additional Investors:
Aleph, Lane Bess

View round

View 22 competitors »

Deloitte.
Optimize the transaction life cycle with Deloitte's Total M&A Solution.

PE DEALS

Permira wraps up $2.4B deal for Cambrex

Permira has closed a previously announced deal to take Cambrex private for $60 per share in a transaction valued at roughly $2.4 billion, including debt. The New Jersey-based company provides products and analytical services to aid drug development and manufacturing. Cambrex has named Wayne Hewett, the current chairman at DiversiTech, as chairman of its board of directors.

View deal View 35 competitors »

Transom Capital scores Scantron

Transom Capital Group has acquired Scantron, a Minnesota-based provider of testing and survey services for the education, healthcare and financial services sectors. The lending arm of Cerberus Capital Management provided financing for the transaction.

Advisors:
Latham & Watkins (legal), Kirkland & Ellis (legal), Macquarie Group (financial), Perkins Coie (legal)

View deal View 43 competitors »

PE-backed HSI completes Martech Media add-on

Health & Safety Institute, a provider of environmental health & safety software, training and compliance services, has acquired Martech Media. Based in Texas, Martech is a provider of workforce training and development programs for companies in the electrical generation, oil & gas, public utilities, paper & pulp and

other related industries. Waud Capital Partners acquired HSI in September from The Riverside Company.

View deal

View similar company »

FUNDRAISING

LVC closes $465M fund

China's Loyal Valley Capital has closed its second advantage fund on $465 million, oversubscribing its hard cap of $440 million. It's the firm's second US dollar-denominated fund, following a $390 million predecessor that closed in 2018.

View fund

View 40 investments »

Sumeru pulls in $347M

Sumeru Equity Partners has raised $346.9 million toward a $600 million target for its third flagship fund, according to an SEC filing. Based in San Mateo, CA, Sumeru makes growth and control investments of between $25 million and $200 million in a range of middle-market tech companies.

View fund

View 15 investments »

Helping mid-market companies succeed is central to what we do.
More than investing. Invested. Learn more.
MADISON CAPITAL FUNDING
NEW YORK LIFE INVESTMENTS

CORPORATE M&A

Constellation to unload Ballast Point Brewing

Kings & Convicts, an Illinois-based brewery, has agreed to buy California's Ballast Point Brewing from Constellation Brands. The selling group, which owns the US rights to Modelo and Corona, paid about $1 billion for Ballast Point in 2015.

View details

View 15 competitors »

Sale of MetLife's European assets hits roadblock

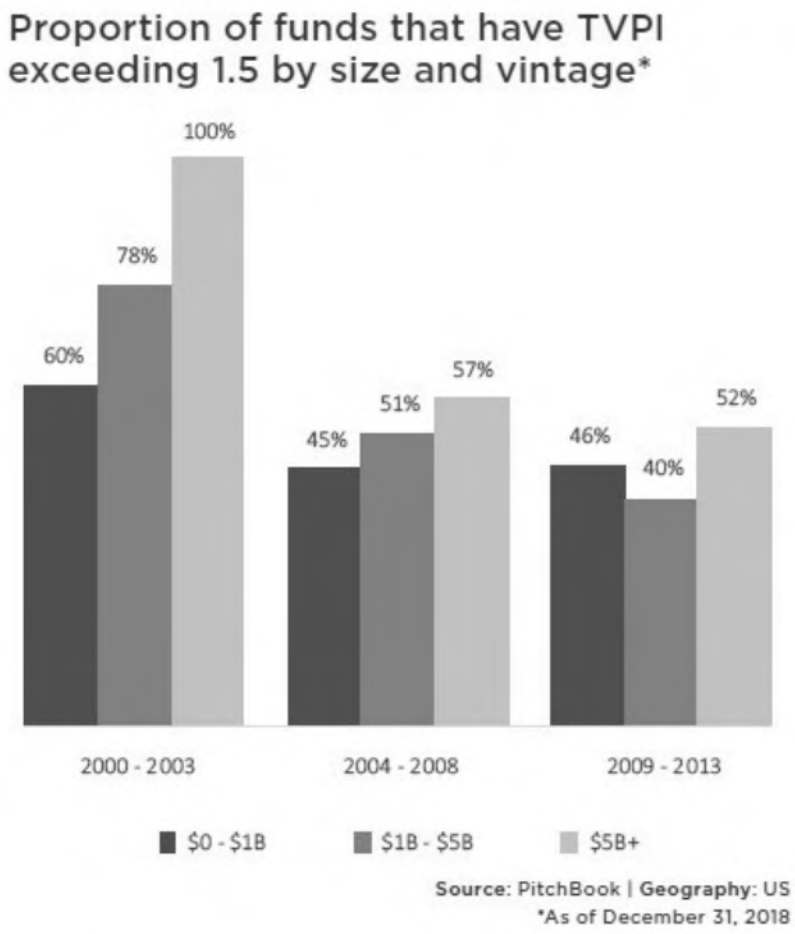
Talks over the potential sale of MetLife's European assets to Italian insurance company Assicurazioni Generali have stalled over price disagreements, per reports. The US insurance and benefits provider's assets could be worth more than €2 billion (about $2.2 billion) and are concentrated in Poland, the Czech Republic, Hungary and Romania, per

Bloomberg.

View details

View similar company »

CHART OF THE DAY



"As is the case with IRRs, cash multiples illustrate that mega-funds have higher floors and lower ceilings. While mega-funds have the highest chance of achieving a TVPI of at least 1.5x in each time frame, they are almost always the least likely to

exceed the 2.0x mark."

Source: **PitchBook's 3Q 2019 US PE Breakdown**

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Venture capital, private equity and M&A financial information technology provider.

From: RLW
Sent: Thu, 5 Dec 2019 18:14:43 +0000
To: RLW
Subject: RAH
Attachments: Dec 6 2019.docx

DAILY BRIEFING BOOK

Friday, December 6, 2019

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	**Daily Sync Mtg**	SECVA Suite	
8:35 – 8:45 am	**Office Call w/ (b)(6), VA's White House Leadership Development Fellow** ** Photo op included	SECVA Suite	**Tab 1**
8:45 – 9:15 am	**Speak to WH Leadership Development Program Fellows** ** Group photo op included	OBCR	**Tab 1**
9:30 – 10:00 am	(b)(6), **CEO OptumServe** Attendees: COS Dr. Stone, VHA Dr. Matthews, VHA (b)(6) VBA	SECVA Suite	**Tab 2**
11:00 – 11:30 am	(b)(6) **re: Upcoming Speeches**	SECVA Suite	
12:00 – 1:00 pm	**Lunch**	SECVA Suite	
1:30 – 2:00 pm	**Protecting VA Health Care Professionals Via Supremacy** Attendees: COS Dr. Glynn, OEI Dr. Lieberman (b)(6) VHA (b)(6), VHA (b)(6) VHA	SECVA Suite	**Tab 3**
3:33 – 3:47 pm	**Radio Interview w/ Larry O'Connor Show, WMAL, Washington, DC** ** WMAL's Annual Fisher House Radiothon ** 202-686-(b)(6)	SECVA Suite	**Tab 4**
4:00 – 4:30 pm	**ERT Residence**		
5:30 – 6:00 pm	**ERT VPOTUS Residence, One Observatory Circle, NW**		
6:00 – 7:30 pm	**Christmas Reception w/VPOTUS & Mrs. Pence w/ Mrs.** (b)(6)		**Tab 5**
7:30 pm	**ERT Residence**		

Congressional
Media
Phone Call
Speaking Engagement
White House

4/30/2020 2:33 PM

From: Wilkie, Robert L., Jr.
Sent: Sun, 15 Dec 2019 23:00:14 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Free Shipping! Buy Now Before Price Increase in 2020!

From: Hero Industries
Sent: Sunday, December 15, 2019 10:59:22 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Free Shipping! Buy Now Before Price Increase in 2020!

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From: Wilkie, Robert L., Jr.
Sent: Mon, 23 Dec 2019 12:40:36 +0000
To: RLW
Subject: FW: Trump signs 2020 NDAA & "Consolidated Appropriations Act". White House mandates 355-ship-fleet. Esper & Milley: Afghanistan was always a desperate-fight. "US Space Force". Boeing suspends 737 production. Boeing "Starliner" anomaly.

From: (b)(6)
Sent: Monday, December 23, 2019 12:39:26 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Trump signs 2020 NDAA & "Consolidated Appropriations Act". White House mandates 355-ship-fleet. Esper & Milley: Afghanistan was always a desperate-fight. "US Space Force". Boeing suspends 737 production. Boeing "Starliner" anomaly.

Secretary Wilkie:

[McAleese "Ahaaa! Surprises" from final 2020 Consolidated Appropriations Act, (signed by Trump Dec. 20th), will be on your desk by tomorrow AM. (414-page Conference Report)]

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1. Trump signs 2020 NDAA, ecstatic with ~$738B (+3%) total 2020 national security funding, plus creation of new "US Space Force". (Joint Base Andrews, with Ivanka & Melania Trump; Jared Kushner; Sen. Inhofe; Rep. Thornberry; Rep. Rogers; Rep. Turner; Rep. Wittman; VP Pence; Sec. Esper; DSD Norquist; Gen. Milley; Sec. Barrett; Sec. McCarthy; Acting Sec. Modly; Gen. Goldfein; new US Space Force "Chief-of-Space-Operations" Gen. Jay Raymond; etc., Dec. 20, 2019).

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2. Trump signs ~$1.4T "2020 Consolidated Appropriations Act", (HR 1865), just before the CR ran out. (White House, Dec. 20, 2019).

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3. White House/OMB clearly-&-unequivocally restate Trump's personal-expectation that Navy will achieve ~355-ship-fleet by ~2030. [White House is not pleased with apparent Navy plan to reduce 2021-2025 Shipbuilding/SCN funding by ~-$9B, (at least -5 ships; including at least -2 DDG-51 III orders), from previous 2020-2024 Navy Shipbuilding/SCN Plan; plus retirement of 1st four LCS hulls] [OMB is also opposed to ~$1B "CHAMP" common-hull-auxiliary ship; in favor of purchasing cheap excess low-hour sealift hulls commercially, to plow funding back into "distributed-lethality", to kill the growing Chinese fleet] (Bloomberg; Inside Defense; Breaking Defense, Dec. 20, 2019).

- **Acting Navy Sec. Tom Modly's "SECNAV Vector 1"**: (a) Fix CVN-78 USS Ford "AWEs" now!; **(2) achieve ~355-ship-fleet, (manned & unmanned), by ~2030**. (Modly, Dec. 6, 2019).

- **Acting Navy Sec. Tom Modly's "SECNAV Vector 3":** Navy, (led by PEO Carriers, RADM James Downey), will take all steps to ensure deployment of CVN-78 USS Ford by 2Q FY2022. (Modly, Dec. 20, 2019).

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4. Trump: "We are building a lot of ships...and...very powerful submarines..." (Trump Rally MI, Dec. 18, 2019).

5a. Sec. Mark Esper & CJCS Gen. Mark Milley press conference, (Dec. 20, 2019): Thank God that Congress finally-passed 2020 Consolidated Appropriations Act, (with Trump signature Friday night), to end the wretched CR, (crippling hypersonic-missiles; AI; directed energy; Space; hypersonic-defense; etc.).

a. Trump will sign 2020 NDAA: (i) creating "US Space Force"; (ii) 3.1% pay raise; and (iii) family quality-of-life improvements.

b. North Korea: US is aware, and prepared for, Kim Jong-un's "Christmas-gift". [Generally-expected to be a long-range nuclear ICBM test, intended to prompt US to proceed with negotiations for only partial-denuclearization; instead of the previous North Korean-commitment to complete & verifiable denuclearization] [~28.5K US Forces in South Korea & RoK Ally are ready to fight tonight, if absolutely-necessary]

c. Turkey: Has accepted Russian S-400, and will not receive F-35. [Turkey must return to the folds-of-NATO]

d. There was never any "coordinated 18-year lie on Afghanistan": That is an offensive-mischaracterization of desperate-efforts by DoD/State/CIA to attempt to win the Afghan War, after US was attacked on 9/11. Real-time military-assessments were just that, (and not ~50-60 volumes of pre-drafted/pre-decisional "Pentagon Papers"). Mission in Afghanistan is Al Qaeda & ISIS counter-terrorism mission, (not massive Taliban counter-insurgency campaign).

US has never "thrown-away-American-lives" in Afghanistan, which has always been intended to prevent another terrorist-attack on US homeland. There has been "strategic-stalemate" for years, and this will end with negotiated-peace between Taliban & Afghan Government. **No Americans have "died-in-vain".** Congress, Media, and SIGAR have been in Afghanistan from the very beginning; to now claim that a large-scale conspiracy exists, "is simply ridiculous".

- **5b. USAF PACAF Gen. C. Q. Brown warns that North Korean "Christmas gift", could be a long-range ICBM test launch,** (based upon past sequence of: (i) angry-rhetoric; (ii) pre-launch activity; and (iii) then actual launch). (Politico; Air Force Times; Aerospace Daily; Defense One; Bloomberg; Defense News; Military.com; The Drive; The Hill, Dec. 17-18, 2019).

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6. Air Force Sec. Barbara Barrett; new US Space Force "Chief-of-Space-Operations" Gen. Jay Raymond; and DASD(Space Policy) Stephen Kitay, (Pentagon, Dec. 20, 2019): "US Space Force" will be stood-up, when Trump signs 2020 NDAA Friday night. **US Space Command COCOM shall continue to exist for actual-warfighting. Air Force Space Command, (~16K FTE), will immediately-become the new "US Space Force",** (Title 10 "recruit/train/equip" mission), as the sixth Military Service, under the Department of the Air Force. Gen. Raymond will be "dual-hatted" as Commander of both for the first-

year. **Upcoming 2021 DoD Budget Request will reflect stand-alone US Space Force, as part of Department of Air Force.** USAF plans to move quickly in 30, 60, 90, 120, etc. day intervals.

Immediate $40M 2020 US Space Force O&M funding, (-$32M cut, from $72M request), **will be adequate, (because funding for ~16K FTE AFSPC is already-incorporated into 2020 USAF Milper; O&M; RDT&E; and Procurement).** [See SecDef Esper Dec. 20, 2019 Directive, establishing "US Space Force"] **[USAF is generally-expected to propose increase of ~+$9B Space over 2021-2025 PoM]**

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7. SASC Chairman James Inhofe & HASC Ranking Member Mac Thornberry, (RollCall Op-Ed, Dec. 6, 2019): "We're not going to win this [NDS] competition [against China] with a strong military alone – but we will lose it without one."

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8. Boeing to suspend production of 737 MAX, (extending holiday plant shutdown), **through at least January-February 2020, as FAA approval of 737 MAX "airworthiness directive"/return-to-service, stretches into ~February 2020.** Boeing has ~400 stockpiled 737 MAX aircraft, (~$12B in inventory), (assuming ~40% progress-payments to date from airline customers); and will also incur ~$1B-$1.5B/month of additional cost during production stand-down. [Boeing is not laying-off or furloughing any employees]

Expect additional 4Q 2019 Boeing Charges, (presumably-divided into: (a) immediate 4Q "customer consideration" charges, (~$6.1B to date); plus (b) separate "program costs", (~$3.6B to date), that are simply-added to the ~3,100 future 737 MAX aircraft over the next six-years). (Boeing, Dec. 16, 2019).

---

9. Boeing's NASA "CST-100" Starliner suffers "timer-anomaly", stranding Starliner capsule in lower-orbit, unable to reach ISS Space Station; but successfully-lands at White Sands Missile Range, (Sunday). **NASA Administrator James Bridenstine has not yet decided whether to require another Starliner qualification-flight, (before 1st NASA astronaut-crewed flight).** [Starliner capsule's avionics-timer mistakenly-believed that required 40-second fuel-burn had already-occurred, simply firing low-power thrusters instead for course-keeping] (Boeing; Aerospace Daily; Fox News; NPR; CNN; New York Times; etc. Dec. 20-22, 2019).

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10. Navy & MDA award ~$2B SM-6 & SM-3 Block IIA production contracts to Raytheon Missile Systems, (which is critical for Raytheon Missile Systems to drive from lackluster ~11.2% 2019 sector operating margins, back up to premium ~13.5% sector operating margins by ~2021-2022). [2021 is 1st full-year of UTC/Raytheon merger, with whopping ~$9.3B of projected 2021 UTC/Raytheon Free Cashflow, to fuel juicy dividend-increases & share repurchases]

- Navy awards $1B 2019-2023 fixed-price-incentive-firm SM-6 multi-year-contract to Raytheon Missile Systems, (obligating $269M of 2019 funding). (DoD Contract Awards, Dec. 20, 2019).
- MDA awards additional +$1B 2018-2020 cost-plus-incentive-fee SM-3 Block IIA production contract to Raytheon Missile Systems, (obligating ~$346M of 2018-2019 funding). [Planned procurement appears to be: (i) $650M 2018; (ii) $590M 2019; and (iii) $435M 2020] **[No visible "handshake-agreement" yet on ~$1B-$2B 2019-2023 SM-3 Block IB multi-year-contract]** (DoD Contract Awards, Dec. 20, 2019).

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11. Leidos appears to be paying whopping ~19X Dynetics' current 2019 EBITDA/profit, in its recently-announced $1.7B cash-purchase of Dynetics, (DoD C-HGB; Army LRHW; HEL; SOCOM "Glide Munition"; DARPA "Gremlins"; etc).

[Leidos' projection of ~$1B 2020 Dynetics sales, and ~$110M 2020 Dynetics profit, anticipates that Dynetics will grow another +20%, to achieve that $1B sales/$110M profit by the end of 2020. Dynetics appears to be ~$800M sales/~$90M profit currently in 2019]

Effectively, Leidos is paying for control of future potential production of: (a) DoD's Common-Hypersonic-Glide-Body; (b) Army Long-Range Hypersonic Weapon; (c) High-Energy Laser; (d) SOCOM "Glide Munition"; and (e) DARPA "Gremlins" swarming UAV.

Primary risks will be: (a) loss of employee-owned Dynetics employees to sudden-retirement, (after receipt of $1.7B cash); and (b) potential that JV-partner Lockheed will then subsume majority of C-HGB and LRHW production work.

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12. BAE Systems US names Tom Arseneault as new CEO, effective April 1, 2020, (with current CEO Jerry DeMuro retiring in December 2020). (BAE, Dec. 17, 2019).

From:	Wilkie, Robert L., Jr.
Sent:	Mon, 23 Dec 2019 19:21:09 +0000
To:	RLW
Subject:	FW: [MARKETING] [EXTERNAL] Happy Holidays from Hero Industries

From: Hero Industries
Sent: Monday, December 23, 2019 7:19:39 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Happy Holidays from Hero Industries

View this email in your browser

HERO
INDUSTRIES
Merry
Christmas
& HAPPY NEW YEAR

Wishing you a Merry Christmas and a Prosperous New Year from your friends at Hero Industries!

John, Kim, Lexy, Angie, Terri, Joelle, Ron, Bobbi, Michelle, Sherri and Christine

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From: Wilkie, Robert L., Jr.
Sent: Mon, 30 Dec 2019 21:11:29 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] *LAST CHANCE* Free Shipping! Buy Now Before Price Increase in 2020!

From: Hero Industries
Sent: Monday, December 30, 2019 9:10:02 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] *LAST CHANCE* Free Shipping! Buy Now Before Price Increase in 2020!

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LAST CHANCE FOR FREE SHIPPING!

Get your order in today!

Contact a Hero Team Member Today!

Email: Orders@Hero-Industries.com

Phone: 714-879-3900

Our Website: hero-industries.com

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From: Wilkie, Robert L., Jr.
Sent: Thu, 2 Jan 2020 20:24:35 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] *Coming Soon* A New Addition To Our K9 Hero Family!

From: Hero Industries
Sent: Thursday, January 2, 2020 8:23:19 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] *Coming Soon* A New Addition To Our K9 Hero Family!

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Contact a Hero Team Member Today!

Email: Orders@Hero-Industries.com

Phone: 714-879-3900

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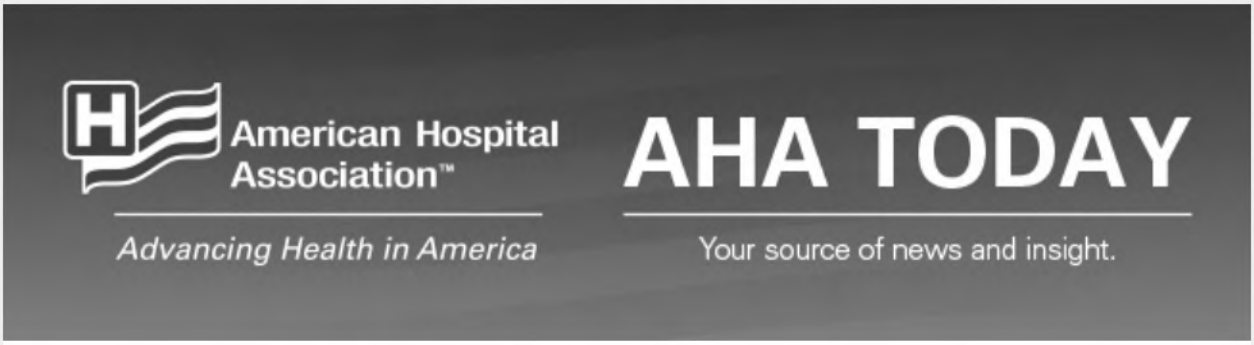
From: Wilkie, Robert L., Jr.
Sent: Thu, 9 Jan 2020 22:39:36 +0000
To: RLW
Subject: FW: [EXTERNAL] New AHA Report on Workforce Trends

From: AHA Today
Sent: Thursday, January 9, 2020 10:05:53 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] New AHA Report on Workforce Trends

Click here to access a web or mobile friendly version of the newsletter.



January 9, 2020 | www.aha.org/news

AHA Report Examines Workforce Trends for Hospitals and Health Systems

A new AHA TrendWatch report provides an overview of the current national health care workforce and examples of hospitals and health systems' responses to trend shifts. "There are a number of challenges facing hospitals as they build and nurture a talented and dedicated workforce, and hospitals and health systems are rising to meet these challenges," the report says. "Although there are challenges, there also are opportunities to improve care, motivate and re-skill staff, and modernize processes and business models that reflect the shift toward providing the right care, at the right time, in the right setting." AHA has developed a number of resources to support hospitals and health systems in their workforce planning. In addition, AHA recently launched The Changing Workforce Task Force to provide strategic thought leadership on future changes in the health care workforce.

AMERICAN HOSPITAL ASSOCIATION | JANUARY 2020

TRENDWATCH

HOSPITAL AND HEALTH SYSTEM
WORKFORCE STRATEGIC PLANNING

Today's Headlines

1. Appeals court upholds nationwide preliminary injunction on DHS rule
2. CDC issues guidance for U.S. providers on pneumonia outbreak in China
3. HHS grants waiver to aid health care response to Puerto Rico earthquakes
4. CMS updates 2020 HealthCare.gov enrollment data

See Full Stories Below

Insights & Analysis

The Value Initiative

Medical center uses telehealth to improve care in rural areas

Dartmouth-Hitchcock Medical Center, an academic medical center in Lebanon, N.H., partners with rural and community hospitals throughout New England to provide telehealth specialty care so patients can stay closer to home — improving outcomes, lowering costs and supplementing clinical staffing. Read more in this case study from AHA's The Value Initiative.

AHA Podcast: Working to eliminate maternal mortality

In this AHA Advancing Health podcast, Ginny Trainor, program director for the AHA's Better Health for Mothers and Babies initiative, and Robyn Begley, AHA senior vice president and chief nursing officer and AONL CEO, outline AHA's strategy to address maternal morbidity and mortality.

Today's Headlines Continued

1. Appeals court upholds nationwide preliminary injunction on DHS rule

A federal appeals court yesterday denied the administration's request to reverse a nationwide preliminary injunction blocking a Department of Homeland Security rule that would limit the ability of legal immigrants to adjust or extend their immigration status or gain full citizenship based on their prospective receipt of public benefits. The AHA and five other hospital groups in October filed a friend-of-the court brief supporting the preliminary injunction, saying the rule contradicts Congress's intent to reduce the number of uninsured residents, among other concerns.

2. CDC issues guidance for U.S. providers on pneumonia outbreak in China

Health care providers should notify their state and local health departments and infection control personnel immediately if patients with unexplained severe respiratory illness developed symptoms within two weeks of returning from Wuhan City, China, the Centers for Disease Control and Prevention advised yesterday. Chinese authorities have reported to the World Health Organization 59 patients with pneumonia of unknown cause, seven of

whom were critically ill, possibly linked to a fish and animal market there. The Wuhan Municipal Health Commission has not reported human-to-human transmission. Health authorities continue to investigate, and are monitoring more than 150 contacts of the patients for illness. CDC has established an incident management structure to coordinate additional public health actions if required. For more information, see the CDC advisory.

3. HHS grants waiver to aid health care response to Puerto Rico earthquakes

Health and Human Services Secretary Alex Azar yesterday declared a public health emergency for Puerto Rico, and waived or modified certain Medicare, Medicaid and Children's Health Insurance Program requirements, giving health care providers greater flexibility to meet emergency health needs following a series of earthquakes and aftershocks this week in the U.S. territory. HHS's Office for Civil Rights also has issued guidance to help ensure equal access to emergency services and appropriate sharing of medical information following the earthquakes. "Across HHS, we have worked closely with the territory's health and human services authorities on disaster recovery, and will continue to do everything we can to help ensure the health and well-being of people across the island," Azar said. The Food and Drug Administration is not currently aware of any potential shortages of critical medical products, the agency said. Puerto Rico is home to many drug and device manufacturing facilities. According to HHS's Office of the Assistant Secretary for Preparedness and Response, two of the three hospitals that initially evacuated are now receiving patients.

4. CMS updates 2020 HealthCare.gov enrollment data

Almost 8.3 million people selected a 2020 health plan through www.HealthCare.gov during open enrollment, the Centers for Medicare & Medicaid Services said in an update yesterday. That's about 17,000 fewer than last month's estimate, which did not include consumers who enrolled in the final hours or left their contact information at the call center due to high volume. The report shows plan selections in each of the 38 states using HealthCare.gov for 2020 open enrollment, which began Nov. 1 and ended at 3 a.m. ET on Dec. 18. CMS plans to release a final 2020 enrollment report in March, including data from state-based exchanges that do not use the www.HealthCare.gov platform.

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Upcoming Events

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800 10th Street, NW, Suite 400, Washington, DC 20001

From: RLW
Sent: Wed, 15 Jan 2020 14:32:12 +0000
To: RLW
Subject: HOLD - WH PREVENTS Event
Attachments: LaunchEventsChart12320.docx

March 9: Formal launch of the PREVENTS Roadmap

Location: White House Rose Garden
Participants: President Trump, Director Grogan, Secretary Wilkie and Barbara Van Dahlen
Purpose: Formal launch of the PREVENTS Roadmap; Announcement of a National PREVENTS Proclamation, including declaration of March 9-15 as PREVENTS week. A call to action to states, DC and territories to sign state proclamations
Secretary's Role : Speaker - Provide 5 minutes of remarks on the VA perspective on the PREVENTS effort and its importance
Attendees: Representative of Veterans Organizations, VSOs, MSOs, suicide Prevention advocates, PREVENTS Task Force members, Corporate partners, and Faith-based leaders
Status: Waiting for White House Confirmation

March 9: Corporate Roundtable on mental health, wellbeing and PREVENTS

Location: TBD
Participants: President Trump, Director Grogan, Secretary Wilkie, Secretary Scalia, Barbara Van Dahlen, (b)(6)
Purpose: Second public signing of the Chamber of Commerce Hiring Our Heroes corporate PREVENTS pledge to prioritize mental health and wellbeing in the workplace. The signing will be followed by a roundtable discussion with corporate signatories. Many of the participating corporate representatives are Veterans who are champions of the PREVENTS effort.
Secretary's Role : Participate in the roundtable discussion
Attendees: Corporate signers of the pledge
Status: Waiting for White House Confirmation on location and time

March 10: Release of the PREVENTS Public Health Campaign

Location: National Press Club (potential) 10:00 – 11:30
Participants: Secretary Wilkie, Barbara Van Dahlen, Senator Elizabeth Dole (representing caregivers)
Purpose: Launch of Public Health Campaign and release of campaign materials
Secretary's Role : Speaker - Provide 10 – 15 minutes of remarks on the VA perspective on the PREVENTS effort and its importance
Attendees: VSOs, MSOs, and suicide prevention advocates
Status: National Press Club has availability; will work around speaker schedules

March 10: Faith-based Roundtable on PREVENTS and suicide prevention

Location: VACO 2:00 – 3:30
Participants: Secretary Wilkie, Barbara Van Dahlen, and (b)(6), M.Div., Ph.D., BCC
Purpose: Faith-based Roundtable in advance of a weekend in which leaders discuss PREVENTS messages from their pulpits
Secretary's Role: Speaker - Provide 10 minutes of remarks on the VA perspective on the PREVENTS effort and its importance
Attendees: Interfaith organizations; national faith-based leaders
Status: National Press Club has availability; will work around speaker schedules

March 12: Ringing the NASDQ bell and Corporate Roundtable on mental health, wellbeing and PREVENTS

Location: NASDQ offices, New Yo/Roundtable location TBD
Participants: Ivanka Trump, Secretary Wilkie, Secretary Scalia, Barbara Van Dahlen, (b)(6) (b)(6)
Purpose: Ringing the bell at NASDQ and New York signing of the Chamber of Commerce Hiring Our Heroes corporate PREVENTS Pledge to prioritize mental health and wellbeing in the workplace. The signing will be followed by a roundtable discussion hosted by SoldierStrong and with Women Veterans on Wall Street
Secretary's Role: Participate in the bell ringing and provide 10 minutes of remarks on the VA perspective on the PREVENTS effort and its importance
Attendees: Corporate signers of the pledge
Status: Waiting for confirmation on whether the ringing will be at the opening or closing. Waiting for confirmation from S& P Global, Inc.on the time and location of the Roundtable

Date	Event	Location	Speakers	Attendees	Status
March 9	Launch of the Roadmap National PREVENTS proclamation, including declaration of March 9-15 as PREVENTS week Call to action to states, DC and territories to sign proclamations	White House Rose Garden	• President Trump, Director Grogan Secretary Wilkie • Barbara Van Dahlen • Representative of Veterans Organizations	• VSOs, MSOs, suicide Prevention advocates • PREVENTS Task Force members • Corporate partners • Faith-based leaders	Waiting for White House Confirmation
March 9	Corporate roundtable at the White House to discuss implementation of Roadmap 2nd Signing of the Chamber/Hiring our Heroes pledge	TBD	• President Trump, Director Grogan Secretary Wilkie • Secretary Scalia • Barbara Van Dahlen • (b)(6)	Corporate signers of the PREVENTS Pledge	Waiting for White House Confirmation
March 10	Launch of Public Health Campaign and release of campaign materials	National Press Club	• Secretary Wilkie • Barbara Van Dahlen • Senator Elizabeth Dole to speak about caregiving for Veterans	VSOs, MSOs, and suicide prevention advocates	National Press Club has availability. Need to determine size of room and cost
March 10	Faith-based Roundtable in advance of a weekend in which leaders discuss PREVENTS messages from their pulpits Provide campaign materials for faith-based groups	TBD	• Secretary Wilke • Barbara Van Dahlen • (b)(6)	Washington Interfaith Network (https://www.windc-iaf.org/)	Working with (b)(6) on plans for location. Could stay at National Press Club because it is centrally located

March 11	Launch of the PREVENTS Ambassadors Program Showcase of art as a powerful tool for healing emotional suffering.	Creative Forces at the Walter Reed Intrepid Center	• Second Lady Karen Pence • SG (b)(6) • Barbara Van Dalen • Graduates of Creative Forces • Chery Mason • Other Ambassadors	• VSOs and MSOs • Participants in Creative Forces	Waiting for date confirmation from Mrs. Pence's staff
March 12	Ring NASDQ bell (closing or opening) Media interview with business press and potentially Good Morning America	NASDQ	• Ivanka Trump • Secretary Wilkie • Barbara Van Dahlen • VOWs members	New York Corporate partners	Waiting for confirmation on the NASDQ date Invitation to Ivanka Trump sent 1/24/20 to (b)(6) (b)(6)
March 12	New York companies signing of the Chamber/Hiring Our Heroes pledge and roundtable	TBD	• Ivanka Trump • Secretary Wilkie • Barbara Van Dahlen • VOWs members	New York Corporate partners	SoldierStrong is likely to provide a venue. Waiting for confirmation from (b)(6)
March 13	Meeting with school officials and teachers around decreasing risk factors (bullying) and increasing protective factors School assembly/program for students on decreasing risk factors (bullying) and increasing protective factors Classroom activities	School in Hampton Roads School District (area has 200,000 veteran families)	• First Lady Melania Trump • Barbara Van Dahlen	School community	Crystal White is checking with VSOs in Hampton Roads to select a school Invitation to Mrs. Trump sent 1/24/20 to (b)(6) (b)(6)

March 15	Faith-based event with Vice President Pence	Church services at the Armed Forces Retirement Home	Vice President Pence Barbara Van Dahlen	Armed Forces Retirement Home	The AFRH is eager to participate and will work with us on logistics. They can combine all of their worship services into and use their larger chapel on that Sunday. Invitation to VP Pence sent to (b)(6) on 1/24/20

From: Wilkie, Robert L., Jr.
Sent: Fri, 17 Jan 2020 22:47:53 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] MedPAC Approves 2021 Payment Recommendations

From: AHA Today
Sent: Friday, January 17, 2020 10:23:33 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] MedPAC Approves 2021 Payment Recommendations

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AHA TODAY

Advancing Health in America

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January 17, 2020 | www.aha.org/news

Perspective: It's Time to End Human Trafficking

"Human trafficking exists all around us." That's a quote from Department of Health and Human Services Secretary Alex Azar during his visit to Atlanta this week to meet with human trafficking victims. The Secretary's remarks underscore that human trafficking is a scourge on society ... and a serious public health issue. No matter their age or gender, if someone is forced into labor or prostitution or exploited in another way, they need help. Because so many victims present at our hospitals and health systems, we have the power to help them.

Throughout January — in support of Human Trafficking Awareness month — we are highlighting the ways in which America's hospitals and health systems are responding to human trafficking ... and sharing resources to help you address this problem when you see it.

If you have protocol and programs in place to respond to human trafficking, then you've already taken the first and most important step. If you don't, there are great resources to help you develop a response plan. Dignity Health — now a part of Common Spirit Health

since merging with Catholic Health Initiatives in 2019 — produced a Human Trafficking Response Program Shared Learnings Manual, and HEAL Trafficking created a Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings. Additionally, if you identify a potential victim of human trafficking, you can always call the National Human Trafficking Hotline at 1-888-373-7888 or send a text to "BEFREE" (233733).

Worth noting: AHA members are eligible for free interactive team trainings in Nashville this March from HHS's National Human Trafficking Training and Technical Assistance Center. This training will help you create an action plan to identify and respond to patients experiencing trafficking. Applications are due Feb. 7 so click here to apply.

More resources are available: Check out this new video from the field and special podcast episode that highlight resources to help hospitals and health systems combat human trafficking and assist survivors. Use the new ICD-10 codes for human trafficking abuse — spearheaded by Catholic Health Initiatives, the Mass General Free Clinic and the AHA — so our field can quantify how serious the problem is in each city and town and secure resources and develop additional programs to respond. Visit AHA's Hospitals Against Violence page for more information.

Even if you don't see the evidence of human trafficking, it's likely happening in your community. America's hospitals and health systems are already making a difference for victims and have the ability to do even more.

On Monday, we'll recognize Dr. Martin Luther King Jr.'s birthday. As Dr. King once said: "We must accept finite disappointment but never lose infinite hope."

By committing ourselves to combating human trafficking — by never losing hope that we'll end it for good — we will take another important step toward advancing health in America.

Rick Pollack
President and CEO

AHA Today Publishing Notice

AHA Today will not publish on Monday, Jan. 20 in observance of Martin Luther King Jr. Day.

Today's Headlines

1. Cardinal Health testing surgical gowns, packs affected by impending recall
2. MedPAC approves 2021 payment recommendations
3. 3 U.S. airports begin screening for virus in response to outbreak in China
4. HHS issues draft health IT strategic plan

5. AHA is accepting applications for Equity of Care Award

See Full Stories Below

Today's Headlines Continued

1. Cardinal Health testing surgical gowns, packs affected by impending recall

Cardinal Health is still assessing how many surgical gowns and procedure packs are affected by a quality issue at a contract manufacturing facility, but has placed a hold on potentially impacted lots as far back at September 2018 as a precaution, the company said today during a Department of Health and Human Services call with stakeholders. Cardinal recently placed a hold on certain AAMI Level 3 surgical gowns and Presource procedure packs containing the gowns until it is able to assure their sterility. The company yesterday said it was conducting "bioburden" testing on samples from impacted gowns, which can take at least two weeks to complete. The Food and Drug Administration plans to widely distribute the lot numbers for the AAMI Level 3 gowns and Presource procedure packs once available. Meanwhile, Cardinal Health customers may contact their sales representative to learn whether they may have affected products, which the company plans to recall and customers should not use.

A Cardinal official today said the company is no longer using the facility that made the affected products and has increased manufacturing at other locations to meet demand, but anticipates some disruptions in supply while they ramp up. He said the company has deployed hundreds of personnel to help address the issue, and encourages impacted hospitals and health systems to reach out to their local representatives for help if needed. Jeffrey Shuren M.D., director of FDA's Center for Devices and Radiological Health, yesterday said there are numerous FDA-approved surgical gown alternatives on the market that provide Level 3 protection. Health care providers and others may notify FDA about potential or actual supply issues by emailing deviceshortages@fda.hhs.gov.

AHA continues to press the company for more information on the manufacturing problem and its impact on the products.

In a statement, AHA Executive Vice President Tom Nickels said, "The top priority for hospitals and health systems is the safety and well-being of their patients. The AHA urges the FDA and Cardinal Health to continue to provide more information and instructions for hospitals and health systems in order to address their concerns about the impact this issue could have on their ability to provide care to patients. We have also encouraged member hospitals to notify the FDA about potential or actual supply issues."

For the latest updates, visit www.aha.org.

2. MedPAC approves 2021 payment recommendations

The Medicare Payment Advisory Commission yesterday recommended that Congress provide a 2% market-basket update for the hospital inpatient and outpatient prospective payment systems in 2021. The commission also recommended using the difference between the update and amount specified in current law to increase hospital payments through its proposed Hospital Value Incentive Program, which would replace the four current hospital quality payment programs with a single alternative program. AHA this week said it supports the concept of appropriately linking quality performance to payment, but has significant concerns with the design of the HVIP.

In other action, MedPAC recommended that:

- the Health and Human Services Secretary increase the fiscal year 2020 Medicare base payment rates for long-term care hospitals by 2% in 2021;
- Congress reduce the FY 2020 Medicare base payment rate for inpatient rehabilitation facilities by 5% in 2021;
- Congress eliminate the FY 2021 update to the Medicare payment rates for skilled nursing facilities;
- Congress increase the calendar year 2021 Medicare payment rates for physician and other health professional services by the amount specified in current law;
- Congress reduce the CY 2020 Medicare base payment rate for home health agencies by 7% in 2021;
- Congress eliminate the CY 2021 update to the Medicare conversion factor for ambulatory surgical centers, and HHS require ASCs to report cost data;
- Congress eliminate the FY 2021 update to Medicare base payment rates for hospice providers; and
- Congress increase the calendar year 2021 Medicare end-stage renal disease prospective payment system base rate by the amount specified in current law.

Today, commissioners discussed a staff analysis of the relationship between the 340B drug savings program and oncology drug costs, requested by the House Energy and Commerce Committee in 2018. The findings were inconclusive overall, showing higher spending for some cancer drugs but not others, and not generalizable to other conditions. The study will be included along with MedPAC's previous work on hospital consolidation in a chapter of the commission's March report to Congress.

Commissioners also discussed potential changes to how beneficiaries are assigned to Medicare Accountable Care Organizations, including the identifier used to assign beneficiaries and retrospective versus prospective assignment, but concluded they need more detail on the different approaches before making a recommendation. In addition, the panel discussed potential approaches to restructuring the Part D program and redesigning the Medicare Advantage quality bonus program.

3. 3 U.S. airports begin screening for virus in response to outbreak in China

In response to an outbreak in China caused by a new coronavirus, screenings to detect ill travelers going through San Francisco, New York and Los Angeles airports began today, the Centers for Disease Control and Prevention and the Department of Homeland Security announced. Travelers on direct or connecting flights from Wuhan, China, will undergo entry screening for symptoms associated with 2019-nCoV. Among other measures, CDC deployed about 100 additional staff at CDC quarantine stations located at those airports to slow and reduce the spread of any disease into the U.S. Thailand and Japan each recently reported a case, but there are no known cases in the U.S. Based on current information, the risk from 2019-nCoV to the American public is currently deemed to be low, CDC said. For more information, see CDC's guidance for health care providers.

4. HHS issues draft health IT strategic plan

The Department of Health and Human Services this week released for public comment a draft federal strategic plan for health information technology over the next five years. The plan outlines federal goals and objectives to ensure that individuals have access to their electronic health information to manage their health and shop for care. "The draft federal strategic plan supports the provisions in the 21st Century Cures Act that will help to bring electronic health information into the hands of patients through smartphone applications," said National Coordinator for Health Information Technology Don Rucker, M.D. "We look forward to public comment to help guide the federal government's strategy to have a more connected health system that better serves patients." HHS will accept comments on the plan through March 18. It said federal agencies will use the final plan to prioritize resources, align and coordinate efforts, signal priorities to the private sector, and benchmark and assess change over time.

5. AHA is accepting applications for Equity of Care Award

The AHA's Institute for Diversity and Health Equity is accepting nominations through Feb. 25 for its 2020 Carolyn Boone Lewis Equity of Care Award, which recognizes hospitals and health systems that have achieved a high level of success in advancing diversity, inclusion and equity. The award honors AHA members for their efforts to advance equitable health care through data, leadership, cultural awareness and partnerships. AHA will honor up to five organizations with awards in 2020. See the webpage for more information and the application.

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: Wilkie, Robert L., Jr.
Sent: Mon, 20 Jan 2020 14:49:09 +0000
To: RLW
Subject: FW: [EXTERNAL] Impeachment takes center stage as the circus comes to town

From: Americans for Limited Government
Sent: Monday, January 20, 2020 2:48:25 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Impeachment takes center stage as the circus comes to town

Jan. 20, 2020

Permission to republish original opeds and cartoons granted.

Impeachment takes center stage as the circus comes to town

The circus is coming to Washington, D.C. and Senators are not getting any popcorn. Speaker Pelosi's imperial trooper like march with impeachment documents last week triggered the Senate impeachment trial. Impeachment is an extremely grave process, as no trial has ever successfully removed a President. Three out of four impeachment inquiries/votes have occurred in the past 45 years with President Nixon resigning prior to a House vote, Bill Clinton surviving a Senate trial, and now President Trump facing accusers. While it is the Senate's responsibility to vote, ultimately, the fight on the Senate floor is for the hearts and minds of the American public. So, in a very real sense, the House managers and the President's team will be seeking to convince you, your family, friends and neighbors. So stay informed so you can provide the facts to your circle of influence to avoid the public supporting conviction due to the biased Google search headlines which are designed to color public opinion.Impeachment is here. The fight for America is on.

Video: Trump pulls U.S. out of NAFTA with passage of USMCA, keeps key promise to put America first on trade

With Senate passage of the USMCA, President Donald Trump has kept a key campaign promise to end NAFTA and to reorder the rules of international trade with an America first emphasis.

Carson's housing fairness rule is a winner for America

Americans for Limited Government President Rick Manning: "Since 2015, Americans for Limited Government has led the charge to reform the Affirmatively Furthering Fair Housing regulation to remove any requirements for localities that take community development block grants to make changes to local zoning. We are pleased that HUD Secretary Ben Carson produced a final rule that protects local zoning prerogatives while encouraging evaluation as to whether regulations have an adverse impact on housing affordability. This rightly stops the nationalization of zoning while still encouraging fair housing, once again placing primacy on cities and counties to make the best decisions for their communities. The last thing Americans needed was Washington, D.C. bureaucrats dictating zoning requirements based on Census maps, and Secretary Carson successfully ended this overreach."

Victor Davis Hanson: Chaos in Europe – It's tricky being world's largest importer of gas, oil and critic, too

"The American-Iranian standoff in the Middle East, coupled with radical drop-offs in Iranian and Venezuelan oil production, has terrified Europe — and for understandable reasons. In a logical world, Europeans would retake control of their own destiny. That recalibration would entail beefing up their military power, and their navies in particular. The European Union has almost no ability to guarantee the delivery of critical oil and gas supplies from the Middle East should Iran close the Strait of Hormuz or harass ships in the Persian Gulf. Europe's only maritime security is the NATO fleet — a synonym for the U.S. Navy. Vladimir Putin's Russia supplies an estimated 30 percent of Europe's oil needs. In times of crisis, Putin could exercise de facto control over the European economy. In other words, Europe refuses to develop its own gas and oil reserves, and won't fund the necessary military power to ensure that it can safely import energy from problematic or even hostile sources."

Impeachment takes center stage as the circus comes to town

By Rick Manning

The circus is coming to Washington, D.C. and Senators are not getting any popcorn. Speaker Pelosi's imperial trooper like march with impeachment documents last week triggered the Senate impeachment trial and this is what you can expect.

Chief Justice John Roberts will be in the chair, and Senators will have to sit quietly in their seats without cell phones, computers or any other electronic devices as House impeachment managers and the President's defense team scuffle over the rules of conduct for the trial on Tuesday with the Chief Justice making rulings subject to the agreement of a majority of the Senate. These rules will set the stage for the conduct of the trial, because unlike a normal judicial proceeding, an impeachment trial is conducted under the closed rules agreed upon by a majority of Senators, so don't expect this to look much like "Law and Order", "Perry Mason" or any other court based crime show you have watched.

If all goes as planned, here is what you can expect to happen for the first five days of the trial.

Wednesday and Thursday will feature House managers, led by Representative Adam Schiff, who will present their case to the Senate. No witness will be called, so Schiff will just lay out the

case for the two Articles passed by the House. It is likely that he will attempt to bring into evidence witness statements and other things that were not presented or heard in the House, that he feels helps their case as part of this presentation. There will likely be clash between the President's team and the House over claims that go outside of the scope of the Articles and the Chief Justice and Senate will have to decide whether they will be allowed.

Friday and Saturday will feature the President's defense, which will be heard for the first time, as the House did not allow the President's team to enter facts into the record beyond cross-examining witnesses. It would be reasonable to expect that the Chief Justice and Senate will allow the President's team a tremendous amount of leeway in detailing their case, since he has not been allowed heretofore to take apart the House impeachment claims.

When the Senate returns on Monday, Senators will have submitted written questions to the House managers and the President's defense team to be read by the Chief Justice, with a high degree of potential for clash between the sides.

When the Senators' questions have been addressed, it is expected that the Senators will retire to their respective party conferences to answer the question of whether they want to hear witnesses or not. Upon returning to the floor, the Senate can either choose to allow witnesses to testify with a vote on each witness likely, or they can move to dispose of the case either through acquittal or conviction.

The discussion of the grounds for impeachment have been debated ad nauseum already, but it is my hope and expectation that the President's team will be allowed to show the video of Joe Biden bragging about extorting the firing of a Ukrainian prosecutor who was investigating the company which his son served on the Board of Directors. While this might astonish readers, the simple fact is that many Senators have not seen this clip, and it goes to the heart of why the President mentioned Joe Biden and Burisma when speaking to the Ukraine President about corruption.

Another piece of evidence that has not been widely reported is the telephone conversation between Senator Ron Johnson (R-Wis.) and the President on Aug. 31, immediately preceding a meeting involving Vice President Pence, Johnson and the Ukrainian President. The meeting occurred right after the news that Ukrainian aid was being held up broke, and Johnson asked the President what he wanted to ask for in exchange for the aid being released. The President told him nothing: "No way. I would never do that. Who told you that?" And, that he would likely be happy with the decision that was made: "We're reviewing it now, and you'll probably like my final decision," indicating he would support it, which he did on Sept. 11.

This directly contradicts the entirety of the House "quid pro quo" case since it was based upon the "presumption" of a U.S. ambassador about what the President wanted without that ambassador actually having talked to the President about it.

As an aside, there is nothing wrong with the President of the United States seeking to use foreign aid to influence that actions of foreign governments. One would expect that foreign aid would be tied to behaving in U.S. interests in some meaningful way, otherwise, the entirety of the foreign aid program would be nothing more than an international welfare system, and should be abandoned as not serving our nation's interest.

Americans for Limited Government will be following the trial in the Senator closely with analysis, articles, tweets and Facebook posts, to make certain that you have the facts as controversies erupt.

Impeachment is an extremely grave process, as no trial has ever successfully removed a President. Three out of four impeachment inquiries/votes have occurred in the past 45 years with President Nixon resigning prior to a House vote, Bill Clinton surviving a Senate trial, and now President Trump facing accusers.

While it is the Senate's responsibility to vote, ultimately, the fight on the Senate floor is for the hearts and minds of the American public. So, in a very real sense, the House managers and the President's team will be seeking to convince you, your family, friends and neighbors. So stay informed so you can provide the facts to your circle of influence to avoid the public supporting conviction due to the biased Google search headlines which are designed to color public opinion.

Impeachment is here. The fight for America is on.

Rick Manning is the President of Americans for Limited Government.

Video: Trump pulls U.S. out of NAFTA with passage of USMCA, keeps key promise to put America first on trade

To view online: https://www.youtube.com/watch?v=gOleG5CvHaw

ALG PRESS RELEASES

Carson's housing fairness rule is a winner for America

Jan. 17, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement praising the Department of Housing and Urban Development's new Affirmatively Furthering Fair Housing regulation that removes requirements to make changes to local zoning to qualify for federal funds:

"Since 2015, Americans for Limited Government has led the charge to reform the Affirmatively Furthering Fair Housing regulation to remove any requirements for localities that take community development block grants to make changes to local zoning. We are pleased that HUD Secretary Ben Carson produced a final rule that protects local zoning prerogatives while encouraging evaluation as to whether regulations have an adverse impact on housing affordability. This rightly stops the nationalization of zoning while still encouraging fair housing, once again placing primacy on cities and counties to make the best decisions for their

communities. The last thing Americans needed was Washington, D.C. bureaucrats dictating zoning requirements based on Census maps, and Secretary Carson successfully ended this overreach."

To view online: https://getliberty.org/2020/01/carsons-housing-fairness-rule-is-a-winner-for-america/

ALG Editor's Note: In the following featured column from Fox News, Victor Davis Hanson makes the case that if only Europe would access their own oil and natural gas:

Victor Davis Hanson: Chaos in Europe – It's tricky being world's largest importer of gas, oil and critic, too

By Victor Davis Hanson

Despite its cool Green parties and ambitious wind and solar agendas, Europe remains by far the world's largest importer of oil and natural gas.

Oil output in the North Sea and off the coast of Norway is declining, and the European Union is quietly looking for fossil fuel energy anywhere it can find it.

Europe itself is naturally rich in fossil fuels. It likely has more reserves of shale gas than the United States, currently the world's largest producer of both oil and natural gas. Yet in most European countries, horizontal drilling and fracking to extract gas and oil are either illegal or face so many court challenges and popular protests that they are neither culturally nor economically feasible.

The result is that Europe is almost entirely dependent on Russian, Middle Eastern and African sources of energy.

The American-Iranian standoff in the Middle East, coupled with radical drop-offs in Iranian and Venezuelan oil production, has terrified Europe — and for understandable reasons.

In a logical world, Europeans would retake control of their own destiny. That recalibration would entail beefing up their military power, and their navies in particular.

The European Union has almost no ability to guarantee the delivery of critical oil and gas supplies from the Middle East should Iran close the Strait of Hormuz or harass ships in the Persian Gulf.

Europe's only maritime security is the NATO fleet — a synonym for the U.S. Navy.

Vladimir Putin's Russia supplies an estimated 30 percent of Europe's oil needs. In times of crisis, Putin could exercise de facto control over the European economy.

In other words, Europe refuses to develop its own gas and oil reserves, and won't fund the necessary military power to ensure that it can safely import energy from problematic or even hostile sources.

It's no wonder that Europe's traditional foreign policy reflects these crazy paradoxes.

Energy neediness explains why the EU was so eager to maintain the so-called "Iran deal" with the theocracy in Tehran, and also why it was nervous about the anti-Russia hysteria that arose in the United States after the 2016 election.

Past European distancing from Israel reflected Europe's fear of alienating Arab oil producers in the Middle East and North Africa.

Europeans are also uneasy about the Trump administration. They see the current U.S. government as nationalist and unpredictable. Americans appear not so ready as in the past to enter the world's hotspots to ensure unimpeded commercial use of sea and air lanes for the benefit of others.

The result is a sort of European schizophrenia when it comes to America and foreign policy in general. On one hand, the European Union resents its military dependence on Washington, while on the other it prays for its continuance. The EU loudly promotes freedom and democracy abroad, but it is careful to keep ties with oil-exporting Middle Eastern autocracies that are antithetical to every value Europeans promote.

Germany agrees with its allies that Russian imperial agendas could threaten European autonomy. But privately, Berlin reassures Putin's Russia that it wants to buy all the gas and oil that Moscow has to sell. Germany increasingly seems far friendlier with a suspicious Russia than it is with an America that protects it.

In sum, what ensures that Europeans have enough daily gasoline and home heating fuel are not batteries, wind farms and solar panels — much less loud green proselytizing. They count instead on a mercurial Russia, an array of unstable Middle Eastern governments and an underappreciated U.S. military.

In a logical world, Europeans would retake control of their own destiny. That recalibration would entail beefing up their military power, and their navies in particular.

They also would begin to frack and horizontally drill. Europeans would push ahead with more nuclear power, hydroelectric projects and clean-coal technologies — at least until new sources of clean energies become viable.

Europe should applaud U.S. gas and oil development, which has upped world supplies, diversified suppliers and lowered global prices. Europeans should especially remember that the U.S. military keeps global commerce safe for all vulnerable importers such as themselves.

But these remedies are apparently seen in Europe as worse than the disease of oil and gas dependency.

The result is again chaos. Europe lectures about greenhouse gases while it desperately seeks supplies of fossil fuels. Germany usually sets the tone in Europe, and it is the most hypocritical in both denouncing and buying fossil fuels from unsavory sources.

The danger for Europe now is that the charade may soon be over.

Americans are self-sufficient in gas and oil. They have lost interest in Middle East quagmires and petro-regimes. And they don't like patrolling the world for countries that both count on and ankle-bite the U.S. military. Meanwhile, the more Europeans pander to oil-rich Russia, Iran and various Gulf states, the less respect they earn in return.

It is hard to be both the world's largest importer of gas and oil and the loudest critic of fossil fuels, but Europe has managed to do it.

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From: Wilkie, Robert L., Jr.
Sent: Tue, 21 Jan 2020 22:09:34 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] CDC Reports First U.S. Case of Coronavirus from China

From: AHA Today
Sent: Tuesday, January 21, 2020 9:44:32 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] CDC Reports First U.S. Case of Coronavirus from China

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Today's Headlines

1. Supreme Court will not expedite review of ACA case
2. CDC reports first U.S. case of coronavirus from China
3. CMS seeks info on Medicaid care coordination effort
4. Report: ACA narrowed racial/ethnic coverage gaps, but progress stalled
5. CMS denies Wyoming Medicaid waiver to cover air ambulance costs

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Insights & Analysis

Podcast: AHA cyber expert outlines potential threats

In this AHA Advancing Health podcast, John Riggi, AHA senior advisor for cybersecurity and risk, uses his 30 years of FBI counterterrorism experience to talk about the developing situation in the Middle East and any potential threat from Iran against the U.S., which could impact hospitals and health systems either directly or indirectly. Listen here.

Free resources available to help hospitals and health systems prevent human trafficking

In this final Q&A in conjunction with Human Trafficking Awareness month, Ashely Garrett, director of National Human Trafficking Training and Technical Assistance Center, shares why hospitals and health systems are key players in stopping human trafficking and what support exists to strengthen interventions. Read more.

AHA Market Scan: Takeaways from the J.P. Morgan Healthcare Conference

The latest edition of Market Scan — a newsletter from AHA's Center for Health Innovation — looks at key messages from the San Francisco conference, including strategies on cutting costs and slowing disease progression. Read more.

Today's Headlines Continued

1. Supreme Court will not expedite review of ACA case

The Supreme Court today said it will not expedite its decision whether to review a Texas appeals court decision that held the Affordable Care Act's individual mandate unconstitutional.

Twenty states and the District of Columbia had petitioned the Supreme Court to review the decision this term. The 5th Circuit Court of Appeals last month ruled the ACA's individual mandate unconstitutional and sent the case back to the district court in Texas for the judge to take a "careful, granular approach" to determining which of the law's provisions could survive without the mandate.

The AHA — joined by the Federation of American Hospitals, Catholic Health Association of the United States, Association of American Medical Colleges, and America's Essential Hospitals — earlier this month filed a friend-of-the-court brief urging the Supreme Court to review the case this term. Thirty-three state hospital associations also filed a friend-of-the-court brief urging the Supreme Court to review the case this term.

For more on the appeals court decision, see the AHA's recent statement.

2. CDC reports first U.S. case of coronavirus from China

The Centers for Disease Control and Prevention confirmed today that a Washington state man was diagnosed Monday with coronavirus after returning from the Wuhan, China, region. Officials said the man in his 30s remains in stable condition after medical staff safely transported him to Providence Regional Medical Center in Everett, Wash., and placed him in isolation as a precaution. The individual traveled through Seattle-Tacoma International Airport Jan. 15 and contacted health care providers with symptoms Jan. 19. In addition to San Francisco, New York and Los Angeles airports, health screenings will begin this week at Hartsfield-Jackson Atlanta International Airport and Chicago O'Hare International Airport. While CDC says that this isolated case poses little risk to health care workers and the public, it expects more cases to appear in the U.S. For more information,

see CDC's updated guidance and 2019-nCoV information page.

3. CMS seeks info on Medicaid care coordination effort

The Centers for Medicare & Medicaid Services today published in the Federal Register a request for information on the coordination of care from out-of-state providers for Medicaid-eligible children. The agency seeks to identify best practices for using out-of-state providers to provide care to children with medically complex conditions; determine how care is coordinated for such children when that care is provided by out-of-state providers, including when care is provided in emergency and non-emergency situations; reduce barriers that prevent such children from receiving care from out-of-state providers in a timely fashion; and identify processes for screening and enrolling out-of-state providers in Medicaid, including efforts to streamline such processes for out-of-state providers or to reduce the burden of such processes on them. CMS plans to use the comments on the RFI and issue guidance to state Medicaid directors. CMS will accept comments for 60 days.

4. Report: ACA narrowed racial/ethnic coverage gaps, but progress stalled

The Affordable Care Act's coverage expansions have led to historic reductions in racial disparities in access to health care since 2013, but progress has stalled since 2016, according to a study released last week by the Commonwealth Fund. The researchers focused on the years 2013 to 2018, and among other findings showed the uninsured rate for black adults dropped from 24.4% percent in 2013 to 14.4% in 2018, while the rate for Hispanic adults decreased from 40.2% percent to 24.9%. This reduced the disparity with white adults by 4.1 and 9.4 percentage points, respectively. However, since 2016, black adults have seen their uninsured rate tick up by 0.7 percentage points while white adults have seen a half-point increase. Another finding showed insurance coverage disparities between white adults and the black adults and Hispanics shrank more in states that expanded Medicaid than in states that did not.

5. CMS denies Wyoming Medicaid waiver to cover air ambulance costs

The Centers for Medicare & Medicaid Services recently rejected Wyoming's request for a Section 1115 waiver to expand Medicaid coverage for air ambulance transportation to all Wyoming residents. The agency said the proposal was a departure from the program's core historical mission to provide coverage to the Medicaid-eligible population and did not indicate that the demonstration would be budget neutral as required.

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From: Wilkie, Robert L., Jr.
Sent: Wed, 22 Jan 2020 22:14:03 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Latest on Coronavirus - New AHA Podcast

From: AHA Today
Sent: Wednesday, January 22, 2020 9:29:13 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Latest on Coronavirus - New AHA Podcast

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Today's Headlines

1. WHO meets on coronavirus, decision delayed on whether to declare emergency
2. CMS to cover acupuncture for Medicare beneficiaries
3. CDC maps show variance in adult physical activity levels by state, territory
4. AHA Committee on Clinical Leadership names 2020 chair, chair-elect

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Insights & Analysis

AHA responds to misleading drug cost study

Tom Nickels, AHA executive vice president, writes that a recent PhRMA-funded study attempts to deflect blame for a growing crisis of their own making – the skyrocketing cost of drugs. Read more.

Podcast: Health care leaders tout value of community collaboration

On this AHA Advancing Health podcast, Nancy Myers, AHA vice president of leadership and system innovation, leads a discussion with health care leaders from Washington and Ohio who have shepherded community collaboratives with public health departments, hospitals and health systems, and other organizations. Listen here.

Oklahoma hospital names new president

Also in this roundup of hospital and health system leadership changes: New London Hospital in N.H. names CEO; and Tampa General Hospital in Florida names new CFO. Read more.

Today's Headlines Continued

1. WHO meets on coronavirus, decision delayed on whether to declare emergency

World Health Organization officials today met in Geneva, Switzerland to discuss the coronavirus – originally found in Wuhan, China – which has killed 17 people. WHO leaders said they needed more information on whether to declare an emergency on the issue, and they are expected to meet again tomorrow. Coronavirus infections stand at more than 500, including the first U.S. case reported yesterday. U.S. officials said the Washington state man remains in isolation in stable condition. Wuhan today temporarily closed outbound transportation from the region in an attempt to slow the virus from spreading. The Centers for Disease Control and Prevention said all U.S. flights traveling from the Wuhan area will divert to five airports with active passenger screenings, San Francisco, New York, Los Angeles, Atlanta and Chicago, and all international airports will provide virus information to travelers. Thailand, Japan and South Korea have also confirmed human infections. For more information, see CDC's updated guidance and 2019-nCoV information page.

2. CMS to cover acupuncture for Medicare beneficiaries

The Centers for Medicare & Medicaid Services yesterday finalized a decision to cover acupuncture for Medicare patients with chronic low back pain. Acupuncture has not been covered nationally by Medicare, but recent evidence from published acupuncture studies indicated that patients with chronic low back pain showed improvements in function and pain. "Expanding options for pain treatment is a key piece of the Trump Administrations' strategy for defeating our country's opioid crisis," said Health and Human Services Secretary Alex Azar.

3. CDC maps show variance in adult physical activity levels by state, territory

More than 15% of adults in every U.S. state and territory are physically inactive, ranging from 17.3% in Colorado to 47.7% in Puerto Rico, according to state maps released last week by the Centers for Disease Control and Prevention. Based on combined 2015-2018 data from the Behavioral Risk Factor Surveillance System, the maps show the share of surveyed adults who said they participated in no leisure-time physical activity in the past month by race and ethnicity. "Too many adults are inactive, and they may not know how much it affects their health," said Ruth Petersen, M.D., director of CDC's Division of Nutrition, Physical Activity, and Obesity. "Being physically active helps you sleep better, feel better and reduce your risk of obesity, heart disease, type 2 diabetes, and some cancers."

4. AHA Committee on Clinical Leadership names 2020 chair, chair-elect

Patrice Weiss, M.D., executive vice president and chief medical officer for Carilion Clinic in Roanoke, Va., will chair the AHA's Committee on Clinical Leadership in 2020. Thomas Yackel, M.D., president of MCV Physicians at VCU Health System, Richmond, Va., will serve as chair-elect. Joining the committee in 2020 are: Christine Carr, M.D., senior clinical advisor, South Carolina Hospital Association; Tommy Ibrahim, executive vice president and chief physician executive, INTEGRIS Health, Oklahoma City; Sharmila Makhija, M.D., department chair, obstetrics and gynecology and women's health, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, N.Y.; Patrick Torcson, M.D., senior vice president and CMO, St. Tammany Parish Hospital, Covington, La.; and David Zaas, M.D., president of Duke Raleigh (N.C.) Hospital. The 27-member committee provides clinical input to the AHA advocacy and public policy process, serving as a clinical resource on policy issues and guiding the ongoing work of the AHA Physician Alliance. For more information, visit aha.org/physicians.

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AHA News

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From: Wilkie, Robert L., Jr.
Sent: Thu, 23 Jan 2020 19:05:39 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Time for a New Challenge Coin!

From: Hero Industries
Sent: Thursday, January 23, 2020 7:01:47 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Time for a New Challenge Coin!

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Time to create a new 2020 challenge coin! Contact a Hero team member today to assist you in your new design today!

y

Contact a Hero Team Member Today!

Email: Orders@Hero-Industries.com

Phone: 714-879-3900

Our Website: hero-industries.com

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From: Wilkie, Robert L., Jr.
Sent: Thu, 23 Jan 2020 21:43:46 +0000
To: RLW
Subject: FW: [EXTERNAL] Quality Advisory: Update and Resources on Novel Coronavirus (2019-nCoV)

From: American Hospital Association
Sent: Thursday, January 23, 2020 9:06:59 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Quality Advisory: Update and Resources on Novel Coronavirus (2019-nCoV)

Click here to access a web or mobile friendly version of the newsletter.

January 23, 2020

Update and Resources on Novel Coronavirus (2019-nCoV) for U.S. Hospitals

The Centers for Disease Control and Prevention is closely monitoring, and collaborating with the World Health Organization, on an outbreak caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus (2019-nCoV), which has resulted in hundreds of confirmed cases in China, including cases outside Wuhan and in a growing number of countries. Officials announced the first U.S. case on Jan. 21, 2020. Investigations are ongoing, but some degree of person-to-person spread of 2019-nCoV is occurring. More cases are likely to be identified in the coming days, including possibly more cases in the U.S.

Our Take: The AHA continues to closely track the progress of this outbreak and has been working with the CDC and Department of Health and Human Services' Office of the Assistant Secretary of Preparedness and Response to ensure that hospitals and health care systems are informed and prepared to respond. Based on current information, CDC considers the immediate health risk from 2019-nCoV to the general American public low at this time. Further, WHO has, for now, determined that it is too early to declare 2019-nCoV a public health emergency of international concern. Nevertheless, CDC is taking proactive preparedness precautions and has issued interim guidance to health care professionals, including recommendations on evaluating patients, reporting patients under investigation, testing specimens and infection control recommendations for managing patients with known or suspected 2019-nCoV. The AHA urges hospitals to be vigilant and follow CDC's interim guidance. We will continue to provide more

information as it becomes available.

What You Can Do: Download the AHA Quality Advisory for more information and key takeaways. In addition, please share this advisory with your chief medical/clinical officer, chief nursing officer, infection control leadership, emergency department director and emergency preparedness staff. The AHA has created a webpage with resources from the CDC and others, and we will provide more information as it becomes available.

Next Steps: The AHA is working with CDC to arrange a conference call next week so that members have an opportunity to hear from the experts working on this issue and ask questions. Additional information on this call will be made available through AHA Today. If you have questions, please reach out to Roslyne Schulman at rschulman@aha.org or Nancy Foster at nfoster@aha.org.

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From: Wilkie, Robert L., Jr.
Sent: Thu, 23 Jan 2020 22:34:05 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Updates on Coronavirus, Cardinal Health Gown Recall

From: AHA Today
Sent: Thursday, January 23, 2020 9:59:44 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Updates on Coronavirus, Cardinal Health Gown Recall

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Today's Headlines

1. WHO decides not to declare novel coronavirus a global emergency
2. FDA alerts providers to cyber vulnerabilities in certain GE medical devices
3. Cardinal Health launches webpage for gown recall updates
4. Hospital groups urge appeals court to affirm pause on public charge rule
5. Wyoming provider to receive AHA Rural Hospital Leadership Award
6. AHA Behavioral Health Council names 2020 chair, chair-elect

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Insights & Analysis

Achieving better health for mothers and babies: Taking action, saving lives

U.S. Surgeon General Vice Admiral Jerome Adams, M.D., and Jay Bhatt, D.O., AHA senior vice president and chief medical officer, write that American maternal health must improve and outline actions health care leaders should take to improve outcomes. Read more.

AHA leader shares how hospitals pave the way to the future

Maryjane Wurth, AHA executive vice president and chief operating officer, shares strategies and insights gleaned from last week's J.P. Morgan Healthcare Conference in San Francisco. Read more.

Today's Headlines Continued

1. WHO decides not to declare novel coronavirus a global emergency

The World Health Organization today said it will not declare a public health emergency of international concern at this time in regards to the new coronavirus (2019-nCoV), which has infected hundreds and killed at least 17 people. A WHO panel considered the virus' spread from Wuhan, China, to Japan, South Korea, Singapore, Thailand, the U.S. and Vietnam, and said it is likely more cases will appear. For more information and resources,

see today's AHA Quality Advisory, and visit AHA's coronavirus update page.

2. FDA alerts providers to cyber vulnerabilities in certain GE medical devices

The Food and Drug Administration today alerted health care providers to cybersecurity vulnerabilities in certain GE Healthcare clinical information central stations and telemetry servers that may allow an attacker to remotely take control of these medical devices and silence, generate and interfere with alarms for connected patient monitors. The devices are used mostly in health care facilities to display a patient's physiologic information (such as temperature, heartbeat and blood pressure) and monitor patient status from a central location, such as a nurse's workstation. FDA currently is not aware of any related adverse events. GE Healthcare plans to issue a software patch to address the vulnerabilities and notify affected customers when the patches are ready. For more information, see the FDA notice.

3. Cardinal Health launches webpage for gown recall updates

Cardinal Health has created a webpage, www.cardinalhealth.com/SurgicalGownProductRecall, to keep customers informed about its Jan. 21 recall of certain surgical gowns because it could not assure their sterility. The company recalled 9.1 million AAMI Level 3 gowns produced by a former contractor after learning that some of the gowns were made at unapproved locations that did not maintain proper environmental conditions. About 1.4 million of the gowns were not distributed. For more on the recall, see the Jan. 22 AHA Quality Advisory.

4. Hospital groups urge appeals court to affirm pause on public charge rule

The AHA and five other national hospital groups today filed a friend-of-the court brief urging the U.S. Court of Appeals for the 9th Circuit to affirm a district court decision blocking the Department of Homeland Security's public charge rule from taking effect while legal challenges to the rule proceed. The rule would limit the ability of legal immigrants to adjust or extend their immigration status or gain full citizenship based on their receipt of public benefits.

"In sum, the Public Charge Rule contradicts Congress's intent to reduce the number of uninsured residents and even undermines the very self-sufficiency goals it sets out to achieve," the brief states.

When immigrants perceive enrollment in public programs to place their status at risk, they are less likely to enroll their children in those programs, even if their children are U.S. citizens not subject to a public-charge determination, the brief notes. It adds that U.S. citizens, including 6.7 million citizen children, are projected to be "hardest hit" by the rule.

"These are not abstract numbers, but real people who will be forced to forego public benefits to which they are legally entitled. And they will endure worse health outcomes, loss of prescription medication, increased rates of poverty and housing instability, and impaired development of their children. Although the Public Charge Rule will have the greatest impact on immigrant communities, the hospitals that serve them will also be affected. Coverage losses will lead to sicker immigrant populations and increased emergency-room visits, resulting in more unnecessary uncompensated care for hospitals and limiting hospital resources for expanding access to health care and other community services. Congress could not have intended these results."

The rule is currently on hold based on a nationwide injunction issued by a district judge in New York that the 2nd Circuit Court of Appeals recently declined to stay. The administration is asking the Supreme Court to lift the hold while the cases proceed through the courts.

5. Wyoming provider to receive AHA Rural Hospital Leadership Award

During its Rural Health Care Leadership Conference Feb. 2-5 in Phoenix, the AHA will present its 2019 Rural Hospital Leadership Award to Cody (Wyo.) Regional Health. The award recognizes small or rural hospital leaders who guide their hospital and community through transformational change on the road to health care reform. CRH partnered with Billings Clinic to build a high-quality cardiology center to improve heart health in its community, where heart disease is the second highest cause of death. AHA also will honor award finalists Hill Country Memorial in Fredericksburg, Texas, and Coffey Health System in Burlington, Kan. For more on the achievements of this year's award recipient and finalists, see the AHA news release. For more on the conference, visit https://ruralconference.aha.org.

6. AHA Behavioral Health Council names 2020 chair, chair-elect

Raymond Waller, director/administrator at Ascension Brighton (Mich.) Center for Recovery, will chair the AHA's Behavioral Health Council in 2020, and Robert Trestman, M.D., chair of the Department of Psychiatry at Carilion Clinic in Roanoke, Va., will serve as chair-elect. Joining the council in 2020 are: Craig Aasved, CEO of Shodair Children's Hospital, Helena, Mont.; Victor Armstrong, vice president of behavioral health, Atrium Health, Charlotte, N.C.; Jill Howard, senior director of behavioral health, LifePoint Health, Nashville, Tenn.; Louis Josephson, president and CEO of Brattleboro (Vt.) Retreat; Jess Shatkin, M.D., professor of child and adolescent psychiatry and pediatrics in the Department of Child and Adolescent Psychiatry at Hassenfeld Children's Hospital, NYU Langone Health, New York; and Helen Strike, president of Allina Health's River Falls (Wis.) Area Hospital and Regina Hospital, Hastings, Minn. The council advises AHA on policy and advocacy activities and provides a forum for strategic discussion of issues important to behavioral health providers and the field as a whole. For more information on AHA's work on behavioral health, visit www.aha.org/behavioralhealth.

www.aha.org (800) 424-4301 news@aha.org Upcoming Events

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: (b)(6)
Sent: Fri, 24 Jan 2020 16:18:07 +0000
To: RLW
Subject: [EXTERNAL] FW: CDC confirms 2nd U.S. case of coronavirus, cautions against alarm

Travel precautions?

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Friday, January 24, 2020 11:11 AM
To: (b)(6) @riponsociety.org>
Subject: CDC confirms 2nd U.S. case of coronavirus, cautions against alarm

CDC confirms 2nd U.S. case of coronavirus, cautions against alarm

By Sarah Owermohle

01/24/2020 11:10 AM EST

The CDC this morning said a second U.S. case of the Wuhan coronavirus has been confirmed, while dozens of more patients are under observation as possible cases of the fast-spreading virus.

The second confirmed case is a woman in her 60s who had traveled to Chicago on Jan. 13 from Wuhan, China, the epicenter of the contagion that has sickened hundreds and killed at least 25 people in Asia over the past few weeks.

There are 63 possible cases in 22 states, and the CDC said it expects more as it races to understand the virus better. The immediate risk to the American public remains low, said Nancy Messonnier, director of the CDC's National Center for Immunization and Respiratory Diseases.

The Chicago woman did not have symptoms while traveling, Messonnier said. Health officials believe the chance of spreading the virus before symptoms appears to be low, but the woman's close contacts are being monitored.

Seven countries outside of China, including the U.S., have reported cases, and thousands of people are under observation by Chinese officials.

Messonnier applauded Chinese authorities for quickly sharing information with worldwide health officials, but said there are no definitive answers yet on the source of the virus or how it is spread. "Over the past few days, there has been a large amount of information coming out of China," she said, stressing the situation was "so rapidly evolving."

The CDC is working "as quickly as possible" to distribute a diagnostic test throughout the U.S. so health workers can identify the virus more rapidly, she said.

Top health officials, including CDC Director Robert Redfield and Robet Kadlec, the HHS

assistant secretary for preparedness and response, briefed senators this morning on the virus.

To view online:
https://subscriber.politicopro.com/health-care/whiteboard/2020/01/cdc-confirms-2nd-us-case-of-coronavirus-cautions-against-alarm-3975966

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From: Wilkie, Robert L., Jr.
Sent: Mon, 27 Jan 2020 17:55:18 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus death toll climbs; Iran claims its uranium stockpile exceeds allowable amount

From: AEI's Rundown
Sent: Monday, January 27, 2020 5:33:18 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus death toll climbs; Iran claims its uranium stockpile exceeds allowable amount

View as a web page

The Rundown

A weekly digest of news and analysis from AEI's Foreign and Defense Policy team

Today marks Holocaust Remembrance Day, which commemorates the genocide that resulted in the deaths of six million Jews and 11 million others during World War II. Last week, world leaders from almost 50 countries gathered in Jerusalem to mount a united stand against the global resurgence of anti-Semitism. Among the dignitaries, Vice President Mike Pence, in his remarks, joined the call to link historical atrocities with more recent offenses, saying, “We must confront and expose the rising tide of vile anti-Semitism fueling hate and violence across the broader world.” While Russia’s President Vladimir Putin called attention to combating anti-Semitism, England’s Prince Charles drew a connection between survivors of concentration camps and today’s victims of hatred, claiming, “The Holocaust must never be allowed to become simply a fact of history.” Lastly, German President Frank-Walter Steinmeier acknowledged Germany’s responsibility for the Holocaust, which he called “the worst crime in the history of humanity.” In a new blog, **Danielle Pletka** reflects on those who perished in the Holocaust and mentions that we owe it to those who lost their lives to keep their memories alive, to pursue justice always, and to promise to do our utmost to ensure that others don’t suffer their fate.

Follow us on Twitter @AEIfdp to keep up with our latest work.

Have a great week,

AEI's Foreign and Defense Policy team

TWEET OF THE WEEK

What the Hell Is Going On? @AEI_WTHIGO

On the 75th anniversary of Auschwitz's liberation, revisit our podcast with Piotr Cywnski, the director of the Auschwitz-Birkenau State Museum. Listen here: https://t.co/KR7TBU7cqx?amp=1

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UPCOMING EVENTS

Tuesday, February 4, 2020 | 10:00am - 11:00am

How to counter China's global malign influence: A conversation with Rep. Michael McCaul (R-TX)

CHINA

The mayor of Wuhan, at the center of the coronavirus outbreak, said there could be 1,000 more confirmed cases of the illness in the city. This increases the number of cases to 2,744 with a death toll of at least 80 people.

On Thursday, **Derek Scissors** testified before the US-China Economic and Security Review Commission to assess Sino-American financial ties. While Beijing seeks foreign capital to meet its still-ambitious development goals, the rule of law must prevail over financial interest. Simply put, Chinese entities involved in advanced technology that have broken the law should be cut off from US capital. Read the full testimony here.

China's Xi Jinping acknowledged that the spread of a new coronavirus from the Chinese city Wuhan is a "grave situation." But with the virus at risk of spreading, the cult of personality around Xi and the Communist regime's efforts to control information will deserve much of the blame, note **Paul Wolfowitz** and **Max Frost** in a Wall Street Journal op-ed. For precedent, just look back at attempts to cover up and censor the 1918 breakout of the Spanish flu, which killed millions worldwide. Continue here.

Under General Secretary Xi Jinping, the Chinese Communist Party seeks to cement totalitarian rule and regional hegemony. Beijing's ambitions challenge American interests in the Indo-Pacific, put pressure on Taiwan and allies, and threaten Hong Kongers, Uighurs, and millions more. So what are our leaders in Congress doing? What are the elements of a legislative response? Please join AEI's **Dan Blumenthal** for a conversation on these issues with House Foreign Affairs Committee Lead Republican Rep. Michael McCaul (R-TX) featuring introductory remarks by **Kori Schake**. RSVP here.

Last week, China's National Bureau of Statistics (NBS) released its 2019 economic summary, which concluded that Beijing's national economy hit its most important

goals and reported real GDP growth at a “permissible” 6.1 percent for 2019. But really, the NBS just produced another example of economic propaganda, argues **Derek Scissors** in a new AEIdeas blog. As China faces “mounting risks and challenges both at home and abroad,” the Communist Party is unlikely to be scrupulous about accuracy. Learn more here.

MIDDLE EAST

Iraqi security forces cracked down on protesters in Baghdad this weekend as demonstrations continued. Israeli Prime Minister Benjamin Netanyahu and his political opponent, Benny Gantz, will arrive in Washington tomorrow ahead of the release of President Donald Trump’s Middle East peace plan.

The Washington Post recently published the Afghanistan Papers, drawing parallels to the Vietnam War’s Pentagon Papers. Throughout the report, the Post alleges that the Bush, Obama, and Trump administrations all lied to the public about America’s progress in the war in Afghanistan. This week, Brooking’s **Michael O’Hanlon** joined AEI’s **Danielle Pletka** and **Marc Thiessen** to explain that, contrary to the Post’s report, American leaders did not lie to the public. Listen here.

It is an unpopular view in Washington now to say that the Middle East matters. In a new National Review op-ed, **Karen Young** explains that the US relationship with the Middle East is vital to US strategic interests. But perhaps more than economic realities in global consumption and energy supply, **Young** emphasizes that we need to be present in the Middle East not with guns and soldiers, but with our ideas and values. Read it here.

In a likely response to the killing of Iranian military commander Qassem Soleimani, the House of Representatives has passed a resolution prohibiting the president from taking action against Iran without explicit congressional authorization. In a new Bloomberg op-ed, **Hal Brands** argues that faced with growing discomfort with so-called forever wars and doubt in the judgment of the executive branch, the US may be reaching an inflection point in its post-9/11 approach to use of force. Learn more here.

IRAN

On Sunday, Iran's Foreign Minister Mohammad Javad Zarif mentioned in an interview that Iran is still open to negotiations with America if sanctions are lifted. Iran claims its enriched uranium stockpile has exceeded the levels allowed by its international nuclear deal.

Iranian Foreign Minister Mohammad Javad Zarif has declared that any European attempt to hold Iran accountable for stepping back from its nuclear commitments could drive Iran further from the Nuclear Non-Proliferation Treaty (NPT). In a new Washington Examiner op-ed, **Michael Rubin** argues that Tehran can withdraw from the NPT as Zarif now threatens, but that does not mean the international community cannot hold Iran accountable for the decades of cheating that occurred while it was a signatory. Read more here.

In the aftermath of the killing of Iranian military leader Qassem Soleimani, activists and presidential hopefuls alike denounced the strike and argued it violated international law. In a new AEIdeas blog, **Ivana Stradner** explains that President Trump did not violate international law and that the strike on Soleimani qualifies as an exercise of the inherent right of self-defense. Continue here.

READ MORE: The killing of Iranian Quds Force commander Qassem Soleimani and Iraqi militia chief Abu Mehdi al-Muhandis was an important tactical step, but the crucial question is whether the Trump administration can parlay it into a wider strategic victory. Visit the work of multiple AEI scholars on the topics of Qassem Soleimani and US-Iran relations on our spotlight page here.

LATIN AMERICA

Peruvians took to the polls on Sunday to elect a new congress after President Martín Vizcarra dissolved the previous one. Bolivia's interim President Jeanine Áñez asked her ministers to resign after she announced her candidacy for the upcoming presidential elections in May.

Transnational organized crime is dissolving borders and disrupting the institutions essential to peace and prosperity. In a RealClearWorld op-ed, **Roger Noriega** argues that Brazil and the United States should launch a regional alliance to confront global criminal networks and regimes that profit from disorder. The Brasilia-Washington initiative must face foes that are attacking democracy, the rule of law, honest commerce, and social harmony. Learn more here.

One year ago, Venezuela's National Assembly president, Juan Guaidó, assumed the constitutional role of interim president, replacing illegitimate dictator Nicolás Maduro. In a turn of events, US diplomats recently endorsed negotiations, as if last year's "maximum pressure" campaign never happened. In response, **Roger Noriega** and **Ryan Berg** took to the Washington Examiner to contend that Washington's newfound

confidence in negotiations with Maduro must be paired with red lines and the desire to press forward with tough measures to protect US security. Read it here.

ICYMI: In Mexico, there have been over 1,000 deaths in the first two weeks of 2020. In light of this statistic, revisit **Ryan Berg** and **Alejandro Poire**'s Foreign Policy op-ed, where they discuss that although Mexican President Andrés López Obrador's approval ratings remain high, the country's increasing body count could erode his popularity and incentivize the US and Mexico to cooperate on security. They claim both American and Mexican lives would be saved by developing and implementing a comprehensive security plan, rather than relying on operational decisions made in the heat of the moment. Finish it here.

That's a wrap for this week! For more, you can:

Follow **@AEIfdp** on Twitter for up-to-the-minute updates
Read more at **www.aei.org/policy/foreign-and-defense-policy**
Tips? Comments? Questions? Email Allison Schwartz at **allison.schwartz@aei.org**.

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From: Wilkie, Robert L., Jr.
Sent: Mon, 27 Jan 2020 18:11:42 +0000
To: RLW
Subject: FW: [EXTERNAL] The 47th March for Life was an historic, hopeful event

From: Americans for Limited Government
Sent: Monday, January 27, 2020 5:36:13 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] The 47th March for Life was an historic, hopeful event

The Capitol Guardian
★Capitol Hill Edition★

Jan. 27, 2020

Permission to republish original op-eds and cartoons granted.

The 47th March for Life was an historic, hopeful event

The 47th Annual March for Life last Friday was historic and hopeful. President Trump did something that none of his predecessors have done – he attended and addressed the crowd at the pro-life rally. Tens of thousands of marchers were in attendance, including Nicholas Sandmann, the Covington Catholic High School student who just reached a settlement with CNN after suing the network for defamation. The happy throng included both the young and the elderly and those of every race. While parts of the March for Life were somber, the March was largely a joyful event, unlike the typical angry Left-wing protest. Also unlike the typical liberal protest, the marchers were careful not to leave a mess for maintenance workers. As marchers approached the foot of Capitol Hill, they were greeted by the sound of a band of drummers and bagpipers who stood at the side of the road and played for them. At the end of the March, a Latino band stood along the sidewalk and played as they sang, "We are pro-life." Marchers were glad to join other pro-lifers in calling for an end to abortion, were thankful for the President's support for their cause, and were hopeful that the scourge of abortion will soon end.

Bolton book irrelevant to impeachment trial

The leak of parts of John Bolton's book out of the National Security Council is clearly designed to impact the impeachment trial. No matter what the book claims, the facts remain the same. The Ukrainian government had zero knowledge that the funds were being held until a story ran on August 28. Senator Ron Johnson, who was meeting with the Ukrainians on September 1 along

with Vice President Pence, called President Trump about what they should ask for in exchange for the aid being released, to which the President replied, 'No way. I would never do that. Who told you that?' And, that he would likely be happy with the decision that was made: 'We're reviewing it now, and you'll probably like my final decision.' No matter what any witnesses say about the President's internal thoughts or even complaints about the unfairness of a system that spent three years investigating him when he did nothing and closes its eyes to obvious abuses of power and corruption by the Clintons and Bidens, the bottom line fact is that the Ukrainians were never told by U.S. officials that aid was being withheld prior to the Politico story, and that the aid was released two weeks after the hold was reported, three weeks prior to the deadline. Facts matter. The actions taken were perfectly legal and the impeachment continues to be nothing more than a continuation of the three year coup against the duly elected President of the United States.

Mark Penn: Trump impeachment is an unproductive exercise in political rage – It's time to end trial

"Tying up the entire government for an impeachment to nowhere is an unproductive exercise in political rage, not a solemn constitutional duty. It's time to bring an end to this movie and let America hold an election."

The 47th March for Life was an historic, hopeful event

By Richard McCarty

The 47th Annual March for Life last Friday was historic and hopeful. President Trump did something that none of his predecessors have done – he attended and addressed the crowd at the pro-life rally. Tens of thousands of marchers were in attendance, including Nicholas Sandmann, the Covington Catholic High School student who just reached a settlement with CNN after suing the network for defamation. The happy throng included both the young and the elderly and those of every race.

Marchers carried a wide variety of signs. There were a number of signs with an image of President Trump that read, "Most pro-life President ever"; there were also a number of signs depicting a panda holding a sign reading, "Save the baby humans." One boy carried a handmade sign that read, "Real men protect life!!!" A marcher carried a handmade sign that

read, “True feminism recognizes the dignity women and the gift that is motherhood.” Some protesters’ signs quoted Dr. Seuss; others quoted Mother Teresa.

Some signs were deeply personal. For example, some women carried signs reading, “I regret my abortion.” One woman carried a handmade sign that read, “I had an abortion… Don’t make the same mistake!” Other women carried more uplifting signs, including the young woman who carried a sign that read, in part, “23 years ago doctors told my mom to abort me, today I march.” Another woman carried a sign with a photo of her son that read, “My son I had at 17, now in college, no excuses – choose life.” Still another woman carried a sign with photos of her son that read, “My unplanned pregnancy is now a freshman at Stanford.”

Asked why they attended the March, attendees gave a number of answers. A.T., a young woman, replied, “I attended the march out of a sense of duty… Up to the march I thought a lot about people who could barely protest for their own sake in Hong Kong and Venezuela, so for the unprotected class in my own country I ought to do what is now the very least, because it [is] so easy.” Willie stated, “We continue to march for the day when the horrible tragedy of abortion will no longer be legal, and society will care for the women facing unplanned pregnancies.”

Shelley, a mother who traveled several hours to attend the March, gave perhaps the most compelling answer. “I attended the March because I cannot just standby while babies are murdered. Years ago I thought a little different – I felt if a woman was raped then the baby would be born out of hate. With much research… I started to understand that the baby did nothing to deserve death. Also when Katelyn [her daughter] was in utero – they started noticing some abnormalities and asked me if I wanted to abort. I was appalled. That… solidified my attitude change for life. I marched for her and other babies with disabilities who deserve to live.”

Asked what stood out to them about the March, respondents also had a variety of answers. For A.T., “What stood out was all the groups whose presence disproved some characterizations about pro-lifers, such as: post-abortive women… literally any ethnic minority group… [and] all the children!” For Juan, “What stood out, is that a lot of people appreciated that the President spoke at the event.” He also noticed that there was “a lack of media coverage.” Willie noted that “the March is always a youth event, but it was fun being reminded how young it is with all the Baby Yoda, and even Epstein themed signs.”

Shelley stated, “What stood out to me was the large turnout of the younger generations marching and how enthusiastic they were…! I also was completely impressed on how absolutely everyone was friendly to everyone, polite, non-violent to even the pro-abortion protesters, and how [the] massive crowd even cleaned up after themselves. In such a solemn event, there was love and compassion.”

Mary Ann served as a chaperone for the Respect Life Club that carried the banner at the front of the March this year. She found the March to be "a beautiful and inspiring experience" and thought that "it was very appropriate that an all-girls school led the March with this theme: pro-life is pro-woman." She stated that "the spirit of community makes the day especially empowering. One of the students reflected that she would normally hate cameras on her, but she did not mind because this cause is so important. I think there was a strong unity in this feeling that we were marching for the right cause and appreciative of everyone else there defending life."

While parts of the March for Life were somber, the March was largely a joyful event, unlike the typical angry Left-wing protest. Also unlike the typical liberal protest, the marchers were careful not to leave a mess for maintenance workers. As marchers approached the foot of Capitol Hill, they were greeted by the sound of a band of drummers and bagpipers who stood at the side of the road and played for them. At the end of the March, a Latino band stood along the sidewalk and played as they sang, "We are pro-life." Marchers were glad to join other pro-lifers in calling for an end to abortion, were thankful for the President's support for their cause, and were hopeful that the scourge of abortion will soon end.

Richard McCarty is the Director of Research at Americans for Limited Government Foundation.

Bolton book irrelevant to impeachment trial

By Rick Manning

The leak of parts of John Bolton's book out of the National Security Council is clearly designed to impact the impeachment trial. No matter what the book claims, the facts remain the same.

The Ukrainian government had zero knowledge that the funds were being held until a story ran on August 28. Senator Ron Johnson, who was meeting with the Ukrainians on September 1 along with Vice President Pence, called President Trump about what they should ask for in exchange for the aid being released, to which the President replied, 'No way. I would never do that. Who told you that?' And, that he would likely be happy with the decision that was made: 'We're reviewing it now, and you'll probably like my final decision.'

No matter what any witnesses say about the President's internal thoughts or even complaints about the unfairness of a system that spent three years investigating him when he did nothing and closes its eyes to obvious abuses of power and corruption by the Clintons and Bidens, the bottom line fact is that the Ukrainians were never told by U.S. officials that aid was being

withheld prior to the Politico story, and that the aid was released two weeks after the hold was reported, three weeks prior to the deadline.

Facts matter. The actions taken were perfectly legal and the impeachment continues to be nothing more than a continuation of the three year coup against the duly elected President of the United States. And given the persistent leaks from the National Security Council staff, it is clear that the only people seeking to have an undue influence on the 2020 U.S. election are the Obama holdovers in the White House and their on-going efforts to knee-cap President Trump.

The Senate needs to take the evidence that is being laid before them and acquit the President, rather than being buffeted by the same kind of campaign of disinformation that the nation endured throughout the Mueller investigation.

Dragging out this trial for any longer does a grievous disservice to our nation, as fairness would dictate that if witnesses are allowed to be called, then any and every witness the President wishes to bring forward should be allowed including the so-called whistleblower, Adam Schiff, the Schiff staff that colluded with the 'whistleblower', Clinton operatives who worked the Ukraine for cash, the Ukrainian prosecutors who investigated Biden corruption and the New York Times reporters who received the selective leaks of the Bolton book.

Let's hear the Times reporters claim source protection privilege when the President is not afforded the basic Executive Privileges that every Chief Executive has had and defended since George Washington."

The Senate has a choice. Either end this fraudulent impeachment, or open it up into a free for all.

After three years of being 'prosecuted' in the press and three months of the House 'impeachment' hearings, mostly held in secret, the President deserves to be able to completely and fully make his case if additional House witnesses are allowed to be called. If the Senate doesn't have the stomach for opening the door to a full inquiry into the corruption of the Ukrainian involvement on behalf of Hillary Clinton in the 2016 election, the Bidens money grab and the shady Schiff House process, then they should not open the door to any additional witnesses.

Rick Manning is the President of Americans for Limited Government.

Editor's Note: In the following featured column from Foxnews.com, Mark Penn makes the case against impeachment:

Mark Penn: Trump impeachment is an unproductive exercise in political rage – It's time to end trial

By Mark Penn

"The Titanic" was the longest feature film ever produced. It has been surpassed with the debut of the 36-hour-opening argument for impeachment produced by Rep. Adam Schiff, D-Calif.

"The Titanic" played to a larger and more enthusiastic audience.

We all knew how it would turn out. The ship sunk. Even Schiff admitted he knows how this impeachment is coming out. Trump gets acquitted.

So how much is enough? Relentless attempts to go after Trump's finances have had no end. The Mueller report and Trump-Russia collusion theory lived on for years through a $32 million investigation. Now, after holding up the entire government for months with this impeachment, Schiff's team wants the Senate to consider new witnesses and documents.

Tying up the entire government for an impeachment to nowhere is an unproductive exercise in political rage, not a solemn constitutional duty. It's time to bring an end to this movie and let America hold an election.

Each side has made its key points. Schiff and his team have convincingly shown that President Trump and his personal lawyer wanted Ukraine to investigate the Bidens and maneuvered in various ways to get this done.

Democrats have put a huge flashlight on it, but at the end of the day, U.S. aid to Ukraine was delivered. No investigation was initiated, and Ukraine's administration said it was never pressured. Schiff has had weeks and months to pound away and make Democrats' case on their terms.

On the other side, Trump and his personal attorney, Rudy Giuliani, have raised questions about how and why Hunter Biden received millions of dollars for a job he was unqualified for and was hired after his father -- former Vice President Joe Biden -- took on the position of heading Ukraine policy for the Obama administration. Most voters think this raises serious questions worth further investigation. It is also clear that Joe Biden vehemently denies any connection between his actions and these payments, and that no connection has been established.

So here we sit at the precipice of extending this drama. For the record, I opposed the impeachment of President Clinton as nothing more than the politics of personal destruction.

My views are not about party or partisanship. They are based on a firm belief that impeachments need to be based on true bipartisanship. Otherwise, they have no place in our democracy.

We are all better off wrapping this impeachment up. The circumstances in question just don't rise to the level of an impeachable event, no matter how many times they are repeated.

Asking for an investigation of individuals who once held elected office on the basis of well-known facts may be poor judgment, but it is not criminal. Exerting executive privilege, as almost all prior administrations have done, does not equate to obstructing Congress.

Remarkably, it is the Trump administration providing military aid to Ukraine. The Obama administration did nothing to repel Russia, and it only provided non-lethal aid. Some of the impeachment managers even voted against providing aid. There is no current threat to national security, our democracy or any urgent matter reflected in these events.

And the impeachment prosecutors have undone themselves with overreach — they know they ran a completely rushed and partisan process in the House. They could have fought for more witnesses and gone through a proper court process, but they didn't. They called all of the senators who disagree with them (and who would be making the same judgments they did) participants in a "cover-up." Trump was repeatedly called a "dictator," and then in closing, Schiff fabricated supposed threats from the president.

It boggles the mind that the leader of the House prosecution has repeatedly been exposed as peddling falsehoods. It seems to be what qualified him for his job. While complaining about Trump wanting Biden investigated, Schiff was caught on tape soliciting naked pictures of the president from allegedly foreign pranksters.

It was Schiff who claimed there was more than circumstantial evidence of Trump-Russia collusion, and that he had seen it. It was Schiff who falsely claimed that the FBI's surveillance of Trump campaign associates was appropriate. And it was Schiff who acted out a fictional account of the July 25 phone call between Trump and Ukrainian President Volodymyr Zelensky.

It has always been about just one more witness. During the investigation by Special Counsel Robert Mueller, a world-famous journalist told me Mueller had a secret witness who was "telling all." There was no such witness.

The Foreign Intelligence Surveillance Court and the Justice Department have finally concluded the obvious — there was no valid basis for granting continued surveillance of former Trump presidential campaign adviser Carter Page.

It is time for the country to move forward. More witnesses would only tie up the Senate and the country further. This is all proper fodder for the election, not for three-day political ads at taxpayer expense.

It's time to let the focus shine on the Democratic challengers who want to run against Trump in the November election. They should be out on the stump, not sitting in the Senate. Let them take the stage and make their case. And let the people decide.

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From: Wilkie, Robert L., Jr.
Sent: Mon, 27 Jan 2020 18:49:13 +0000
To: RLW
Subject: FW: [EXTERNAL] If Bolton testifies, so should Schiff, the Bidens, the 'whistleblower,' and the fired Ukrainian prosecutor

From: Americans for Limited Government
Sent: Monday, January 27, 2020 6:15:19 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] If Bolton testifies, so should Schiff, the Bidens, the 'whistleblower,' and the fired Ukrainian prosecutor

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Contact: Robert Romano
Phone: 703-383-0880 ext. 1003

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If Bolton testifies, so should Schiff, the Bidens, the 'whistleblower,' and the fired Ukrainian prosecutor

Jan. 27, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement regarding the leak of portions of John Bolton's book:

"The leak of parts of John Bolton's book out of the National Security Council is clearly designed to impact the impeachment trial. No matter what the book claims, the facts remain the same. The Ukrainian government had zero knowledge that the funds were being held until a story ran on August 28. Senator Ron Johnson, who was meeting with the Ukrainians on September 1 along with Vice President Pence, called President Trump about what they should ask for in exchange for the aid being released, to which the President replied, 'No way. I would never do that. Who told you that?' And, that he would likely be happy with the decision that was made: 'We're reviewing it now, and you'll probably like my final decision.'

"No matter what any witnesses say about the President's internal thoughts or even complaints about the unfairness of a system that spent three years investigating him when he did nothing and closes its eyes to obvious abuses of power and corruption by the Clintons and Bidens, the bottom line fact is that the Ukrainians were never told by U.S. officials that aid was being withheld prior to the Politico story, and that the aid was released two weeks after the hold was reported, three weeks prior to the deadline.

"Facts matter. The actions taken were perfectly legal and the impeachment continues to be nothing more than a continuation of the three-year coup against the duly-elected President of the United States. And given the persistent leaks from the National Security Council staff, it is clear that the only people seeking to have an undue influence on the 2020 U.S. election are the Obama holdovers in the White House and their ongoing efforts to knee-cap President Trump. The Senate needs to take the evidence that is being laid before them and acquit the President, rather than being buffeted by the same kind of campaign of disinformation that the nation endured throughout the Mueller investigation. Dragging out this trial for any longer does a grievous disservice to our nation, as fairness would dictate that if witnesses are allowed to be called, then any and every witness the President wishes to bring forward should be allowed including the so-called whistleblower, Adam Schiff, the Schiff staff that colluded with the 'whistleblower', Clinton operatives who worked the Ukraine for cash, the Ukrainian prosecutors who investigated Biden corruption and the New York Times reporters who received the selective leaks of the Bolton book. Let's hear the NY Times reporters claim source protection privilege when the President is not afforded the basic Executive Privileges that every Chief Executive has had and defended since George Washington."

"The Senate has a choice. Either end this fraudulent impeachment, or open it up into a free for all. After three years of being 'prosecuted' in the press and three months of the House 'impeachment' hearings, mostly held in secret, the President deserves to be able to completely and fully make his case if additional House witnesses are allowed to be called. If the Senate doesn't have the stomach for opening the door to a full inquiry into the corruption of the Ukrainian involvement on behalf of Hillary Clinton in the 2016 election, the Bidens money grab and the shady Schiff House process, then they should not open the door to any additional witnesses."

https://getliberty.org/2020/01/if-bolton-testifies-so-should-schiff-the-bidens-the-whistleblower-and-the-fired-ukrainian-prosecutor/

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

###

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

This email is intended for (b)(6) @va.gov.
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From: Wilkie, Robert L., Jr.
Sent: Tue, 28 Jan 2020 20:30:44 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Time for a New Challenge Coin!

From: Hero Industries
Sent: Tuesday, January 28, 2020 8:29:22 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Time for a New Challenge Coin!

View this email in your browser

Time to create a new 2020 challenge coin! Contact a Hero team member today to assist you in your new design today!

y

Contact a Hero Team Member Today!

Email: Orders@Hero-Industries.com

Phone: 714-879-3900

Our Website: hero-industries.com

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From: Wilkie, Robert L., Jr.
Sent: Wed, 29 Jan 2020 13:44:39 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Morning Consult Brands: L Brands CEO Said to Be in Talks to Step Down, Explore Sale of Victoria's Secret

From: Morning Consult
Sent: Wednesday, January 29, 2020 1:43:01 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Morning Consult Brands: L Brands CEO Said to Be in Talks to Step Down, Explore Sale of Victoria's Secret

BRANDS

By Joanna Piacenza

Top Stories

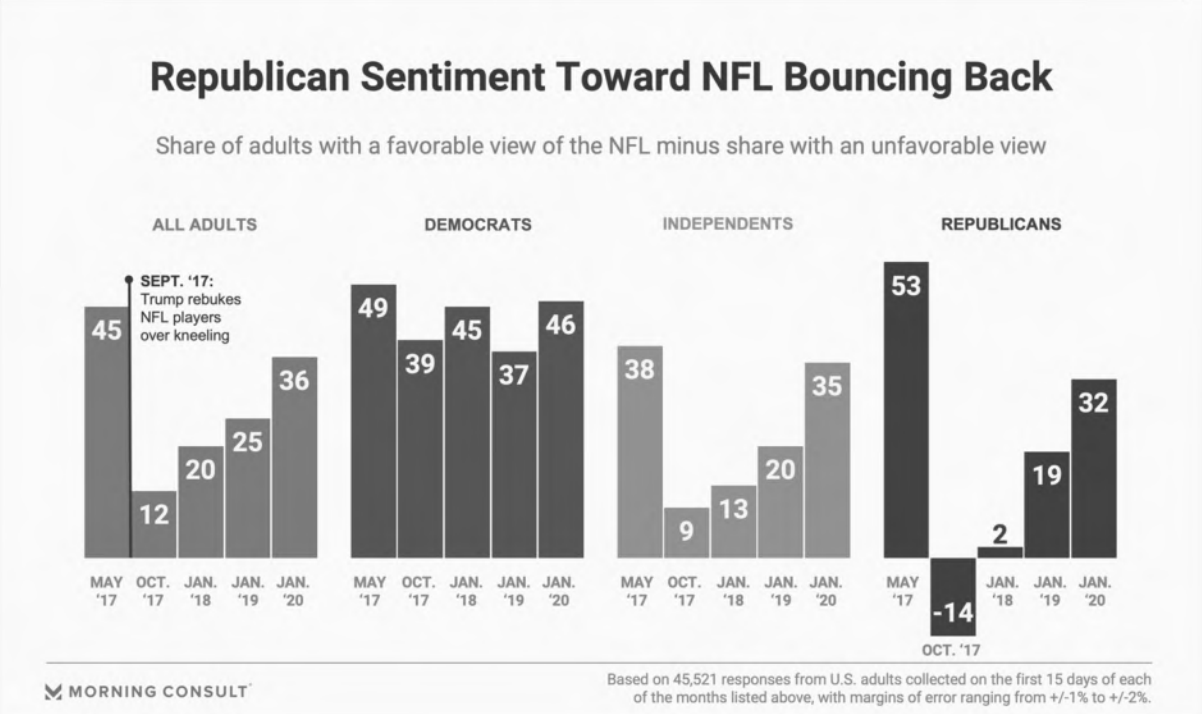
- Billionaire Leslie Wexner is in talks to step down as CEO of L Brands Inc., according to people familiar with the matter, as the retail giant looks to explore a possible sale of Victoria's Secret, which has been struggling with declining sales. Wexner, the longest-serving CEO of an S&P 500 company, would continue in his role as chairman, one of the people said. (The Wall Street Journal)
- Former Chartbeat CEO Tony Haile has introduced Scroll, a subscription service that blocks ads on websites for $5 per month, with a unique business model: Haile plans to send its over 300 partner-publishers part of that user revenue, which would generate more money per user than they would make through serving ads. Haile said Scroll makes $46 for every 1,000 impressions, much more than what many publishers charge for ads.

(Axios)

- More than a million people have signed a petition on Change.org calling for the NBA to use Kobe Bryant's image in a new official logo. The NBA's current logo features the silhouette of Jerry West, a Los Angeles Lakers player like Bryant, and was designed by Alan Siegel. (BBC News)

Chart Review

NFL's Reputation Rebounds as Republicans Let Go of Trump-Inspired Grudge
Morning Consult



Events Calendar (All Times Local)

01/29/2020

AdExchanger's Industry Preview

MediaPost's Forecast 2020 and Beyond: Media+Data+Privacy — 8:00 am

02/02/2020

Super Bowl

02/03/2020

Public Affairs Council's The Advocacy Conference

View full calendar

Special Report: The State of Consumer Trust

As the new decade begins, Morning Consult's **The State of Consumer Trust** report is the first look at how today's societal forces are shaping a new era of trust. Based on interviews with thousands of consumers, the report provides actionable intelligence into how companies can earn and deepen trust with customers.

Download the full report.

Advertising

Little Caesars Hails Its Delivery As 'Best Thing Since Sliced Bread' In Super Bowl Debut
Jessica Wohl, Ad Age

The chain plans a pizza giveaway if its first Super Bowl spot tops the USA Today Ad Meter.

The Agency Perspective on How Kobe Bryant Made His Mark on Advertising
Erik Oster and Minda Smiley, Adweek

The star had an impact on people at AKQA, Zambezi and more.

Beyond ad targeting, the demise of the third-party cookie will hit key digital media functions
Lucinda Southern, Digiday

After Google announced this month it will phase out the use of third-party cookies in Chrome, many focused first on the impact this would have on ad targeting.

Fox Tells Super Bowl Viewers to Take Off Work the Next Day for 'Super Monday'
Jason Lynch, Adweek

Network offers $10,000 prizes to those who observe its unofficial holiday.

Walmart's Super Bowl Debut Touts Out-of-This-World Convenience
Lisa Lacy, Adweek

Flash Gordon, Buzz Lightyear and more are fans of curbside pickup.

The Drum meets Ryan Reynolds: why the hell is a movie star running an ad agency?
Katie Deighton, The Drum

There's something vaguely comforting about the image of Ryan Reynolds as a startup agency founder.

Media and Entertainment

The NFL Is Red Hot Once Again and Ready to Score a Huge Payday
Eben Novy-Williams and Scott Soshnick, Bloomberg

Two years ago, the National Football League was a hot topic of conversation in America for all the wrong reasons.

Penn National Gaming to Buy Minority Stake in Barstool Sports
Katherine Sayre and Benjamin Mullin, The Wall Street Journal

The casino operator to take 36% stake for $163 million in cash and stock.

Tim Cook says Apple TV+ won't have ads anytime soon
Andrew Blustein, The Drum

"We feel strongly that what that customer wants is an ad-free product," Tim Cook, Apple's chief executive officer, said on an earnings call today (28

January) when asked if the company's streaming service will make room for ads.

The market for shorter, mobile-first programming is not materializing
Tim Peterson, Digiday

For much of the past decade, some media and entertainment companies had hoped a vibrant market for premium short-form videos would develop.

Streaming battle weighs on AT&T's revenues
Anna Nicolaou, The Financial Times

Media group is preparing to unveil a streaming service to rival Netflix.

Washington Post Says Reporter's Kobe Bryant Tweets Did Not Break Rules
Rachel Abrams and Marc Tracy, The New York Times

After more than 300 Post employees rallied to her defense, the paper relented and allowed Felicia Sonmez to go back to work.

Warren Buffett Is Giving Up on Newspapers
Allison Prang, The Wall Street Journal

Lee Enterprises is acquiring Berkshire Hathaway Media Group's publications for $140 million.

Social Media and Technology

Facebook will now show you exactly how it stalks you - even when you're not using Facebook
Geoffrey A. Fowler, The Washington Post

The new 'Off-Facebook Activity' tool reminds us we're living in a reality TV program where the cameras are always on. Here are the privacy settings to

change right now.

Study of YouTube comments finds evidence of radicalization effect
Natasha Lomas, TechCrunch

Research presented at the ACM FAT 2020 conference in Barcelona today supports the notion that YouTube's platform is playing a role in radicalizing users via exposure to far-right ideologies.

L'Oreal signs up for Pinterest's roll out of AR tech
Jennifer Faull, The Drum

Pinterest has launched a new tool that lets users virtually try on products from top beauty brands.

Google Chrome Killed The Cookie. What Now?
George P. Slefo, Ad Age

Move marks a watershed moment for the digital ad industry to reinvent itself.

PR and Marketing

J.Crew Hires Former Victoria's Secret Executive as CEO
Suzanne Kapner, The Wall Street Journal

Apparel veteran Jan Singer charged with turning around the ailing fashion brand.

Nike Says Kobe Gear Sold Out, Contradicting Report It Was Pulled
Eben Novy-Williams, Bloomberg

Nike Inc. says its online store sold out of Kobe Bryant shoes and apparel in the two days after the NBA icon's tragic death, contradicting a report that the company pulled the merchandise to thwart profiteers.

People seem to think Corona beer is related to the deadly Wuhan coronavirus outbreak, as searches for 'Corona beer virus' are

trending
Bill Bostock, Business Insider

People are searching the internet to find out whether Corona Extra beer is related to the deadly Wuhan coronavirus in China.

Chipotle Is Fined $1.4 Million in Vast Child Labor Case
David Yaffe-Bellany and Mihir Zaveri, The New York Times

Massachusetts said Chipotle let teenagers work too many hours per week and too late on school nights. The chain settled without admitting to the estimated 13,000 violations.

Match Group CEO Mandy Ginsberg steps down
Dan Primack, Axios

Mandy Ginsberg on Tuesday announced that she is stepping down as longtime CEO of Match Group, the owner of online dating sites including Match and Tinder.

Popeyes launches clothing collection inspired by Beyonce's Ivy Park brand
Hannah Miller, CNBC

Popeyes will sell a limited-edition clothing line after Twitter users compared Beyonce's Ivy Park collection to the fast-food restaurant's uniforms.

Apple Holiday Results Top Estimates on Rebounding iPhone Demand
Mark Gurman, Bloomberg

Apple Inc. reported holiday-quarter revenue that beat Wall Street expectations on rebounding iPhone demand and surging sales of wearable devices.

Zappos has quietly backed away from holacracy

Aimee Groth, Quartz

Six years ago, Amazon-owned Zappos began upending its traditional management structure.

Inside Adidas's ambitious plan to end plastic waste in a decade
Elizabeth Segran, Fast Company

It's a road map that the rest of the fashion industry should follow.

Opinions, Editorials, Perspectives and Research

Kobe Bryant's Death and the Pitfalls for Big Brands
Tiffany Hsu, The New York Times

Companies have gotten skilled at producing topical ads. But after bungling other recent celebrity deaths, they are showing some tact this time around.

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SUBSCRIBE

From: (b)(6)
Sent: Wed, 29 Jan 2020 16:00:04 +0000
To: RLW
Subject: [EXTERNAL] FW: Military prepares to house 200 U.S. evacuees from China amid coronavirus outbreak

FYI

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Wednesday, January 29, 2020 10:57 AM
To: (b)(6) @riponsociety.org>
Subject: Military prepares to house 200 U.S. evacuees from China amid coronavirus outbreak

Military prepares to house 200 U.S. evacuees from China amid coronavirus outbreak

By Connor O'Brien

01/29/2020 10:55 AM EST

The military is preparing to house nearly 200 U.S. citizens at an Air Force base in California following evacuations from Wuhan, China, amid a deadly outbreak of the coronavirus.

Pentagon press secretary Alyssa Farah said the department stands "ready to provide housing support to [the Department of] Health and Human Services" as they handle State Department employees, their families and other U.S. citizens at March Air Reserve Base near Riverside, Calif.

"DoD has assessed this support will not negatively impact readiness or critical operations, and we stand ready for their arrival," she said in a statement. "HHS is responsible for all care of the evacuees, and DoD personnel will not be directly in contact with the evacuees and evacuees will not have access to any base location other than their assigned housing."

The State Department announced Sunday it was evacuating diplomatic staff and other U.S. citizens from the consulate in Wuhan amid the outbreak.

Evacuees will receive routine monitoring, Farah said, adding that "HHS has procedures in place to transport them to a local civilian hospital" if anyone is identified as ill.

"DoD will work closely with our interagency partners and continue to monitor the situation," Farah said. "The Department's primary responsibility at this time is the safety of our force, our families, and our base communities."

To view online:
https://subscriber.politicopro.com/health-care/whiteboard/2020/01/military-prepares-to-house-200-us-evacuees-from-china-amid-coronavirus-outbreak-3976109

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USA

From: RLW
Sent: Wed, 29 Jan 2020 21:24:58 +0000
To: (b)(6)
Cc: (b)(6) ;Powers, Pamela
Subject: RE: Invitation from Second Lady Karen Pence

Feb 20

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Wednesday, Jan 29, 2020, 4:11 PM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: FW: Invitation from Second Lady Karen Pence

Sir,
Please see the request below. Feb 20 would work best as Feb 26 is the date for one of the hearings. Let me know how you'd like us to respond and if we can go ahead and work Feb 20.

(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>
Sent: Wednesday, January 29, 2020 4:07 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: Van Dahlen, Barbara L (b)(6) @va.gov>
Subject: [EXTERNAL] Invitation from Second Lady Karen Pence

Good afternoon (b)(6) a,

I am writing to see if Secretary Wilkie and Dr. VanDahlen would be available to meet with Second Lady Karen Pence on February 20 or February 26 for a 90 minute working lunch to take place at the Vice President's Residence around lunchtime. We are flexible on the exact start time of the meeting.

Mrs. Pence would like to invite them to participate in a working lunch to provide a high-level briefing and engage in a discussion regarding PREVENTS and ongoing suicide prevention efforts. We would also plan to extend the invitation to a few additional individuals working in this space (full list follows) so the

working lunch could serve as time for a small group of experts from within and outside the VA and DoD to engage in a substantive conversation about the work taking place.

It is important to our office to include, if at all possible, both the Secretary and Dr. VanDahlen, and if we can work to find a date and time that works for both of their schedules, we would then move forward to extend invitations to other attendees and to work with your staff members to solidify the agenda and focus for the lunch meeting.

Please let me know if we can provide any additional information or answer any questions.

Thank you,

(b)(6)
Policy Director to the Second Lady
Office of the Vice President
202.881.(b)(6)

Invitees for Working Lunch with Second Lady Karen Pence Regarding PREVENTS & Suicide Prevention

VA

1. Secretary Robert Wilkie
2. Dr. Barbara Van Dahlen, Executive Director of the Task Force to create the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS)
3. Dr. Richard Stone, Executive in Charge, Veterans Health Administration
4. Dr. David Carroll, Executive Director, VA Office of Mental Health and Suicide Prevention

DoD

5. Lt. Gen. Ronald Place, Director of the Defense Health Agency
6. Dr. Karin Orvis, Director, Defense Suicide Prevention Office
7. Dr. Elise Van Winkle, Performing the Duties of Assistant Secretary of Defense for Readiness
8. Lee Kelley, Director, Military Community Support Programs, DoD, Military Community and Family Policy

Outside VA/DoD

9. Dr. Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use (OAS), SAMHSA
10. Dr. Joshua Gordon, Director of the NIMH
11. Paula M. Stannard, Senior Advisor, Immediate Office of the Secretary, U.S. Department of Health & Human Services
12. Dr. (b)(6) Senior Vice President for Practice Leadership | Portfolio Lead, Suicide, Violence, and Injury Prevention, Education Development Center
13. Dr. (b)(6) Edgar Pierce Professor of Psychology, Harvard College Professor, Chair, Department of Psychology, Harvard University

From: RLW
Sent: Wed, 29 Jan 2020 21:41:02 +0000
To: RLW
Subject: Breakfast Reception for Governors of States and Territories
Attachments: Governor Agenda - 2020 White House Business Session with Our Nation's Governors - 02-05-2019.pdf, White House Business Session - Breakout Examples.docx, White House Business Session Breakout - Empowering Patients One-Pager.pdf

From: The White House Social Office RSVP <(b)(6) @who.eop.gov>
Sent: Wednesday, January 29, 2020 4:30 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] Breakfast Reception in honor of the Governors of the States and Territories - February 10, 2020

Dear Secretary Wilkie,

The President

requests the pleasure of your company
at a breakfast reception in honor of
The Governors of the States and Territories
to be held at
The White House
on Monday, February 10, 2020
at seven-thirty o'clock

Please respond via this link

Kindly direct any questions to
The Social Secretary
The White House

(202) 456- (b)(6)

(b)(6) *@who.eop.gov*

**Please note this invitation is individual to the recipient and non-transferable*

THE WHITE HOUSE

Business Session with Our Nation's Governors

Monday, February 10, 2020 from 7:30 a.m. – 11:45 a.m.

7:30 a.m. **Informal Breakfast Reception & Welcome**

Mick Mulvaney, *Acting Chief of Staff*

(b)(6) *Deputy Assistant to the President & Director, Intergovernmental Affairs*

8:25 a.m. **Breakout Session – Round I**

(b)(6); (b)(5)

9:25 a.m. **Breakout Session – Round II**

(b)(6); (b)(5)

10:30 a.m. **Dialogue with Vice President Mike Pence on the *Governors' Initiative on Regulatory Innovation***

11:00 a.m. **Dialogue with President Donald J. Trump**

11:45 a.m. **Business Session Concludes**

Times and Participants are Subject to Change

Not for External Distribution – 02-05-2019

Empowering Patients & Improving Health Outcomes by Combatting Substance Abuse & Improving Mental Health

1. **Governor John Bel Edwards (D, LA)**
   - (b)(5)

2. **Governor Kristi Noem (R, SD)**
   - (b)(5)

3. **Governor Larry Hogan (R, MD)**
   - (b)(5)
   -

4. **Governor Chris Sununu (R, NH)**
   - (b)(5)

5. **Governor Asa Hutchinson (R, AR)**
   - (b)(5)

Strengthening America's Workforce by Expanding STEM Education, Apprenticeships, & Career and Technical Training

6. **Governor Mike Parson (R, MO)**
   - (b)(5)
   -

7. **Governor Tate Reeves (R, MS)**
   - (b)(5)
   -

8. **Governor Mike DeWine (R, OH)**
   - (b)(5)

9. **Governor Bill Lee (R, TN)**
   - (b)(5)
   -

10. **Governor Ron DeSantis (D, FL)**
    - (b)(5)
    -

Transforming American Communities by Improving Broadband & Connectivity

11. **Governor Doug Ducey (R, AZ)**
    - (b)(5)

12. **Governor Jared Polis (D, CO)**
    - (b)(5)
    - collaboration and investment. Source

13. **Governor Brad Little (R, ID)**
    - (b)(5)

14. **Governor Pete Ricketts (R, NE)**
    - (b)(5)
    -

Empowering Patients & Improving Health Outcomes by Reducing Drug Pricing & Exploring Prescription Drug Importation

15. **Governor Jared Polis (D, CO)**
    - (b)(5)
    -

16. **Governor Ron DeSantis (R, FL)**
    - (b)(5)
    -

17. **Governor Greg Abbott (R, TX)**
    - (b)(5)

18. **Governor J.B. Pritzker (D, IL)**
    - (b)(5)

Reskilling America's Workers & Growing Industries of the Future

19. **Governor Doug Ducey (R, AZ)**
    - (b)(5)

20. **Governor Gretchen Whitmer (D, MI)**
    - (b)(5)
    -

21. **Governor Larry Hogan (R, MD)**
    - (b)(5)

22. **Governor Pete Ricketts (R, NE)**
    - (b)(5)

23. **Governor Charlie Baker (R, MA)**
    - (b)(5)

24. **Governor Janet Mills (D, ME)**
    - (b)(5)
    -

Transforming American Communities by Advancing Opportunity Zones

25. **Governor John Bel Edwards (R, LA)**
    - (b)(5)
    -

26. **Governor Kristi Noem (R, SD)**
    - (b)(5)

Advancing Criminal Justice & Prison Reform

27. **Governor Kay Ivey (R, AL)**
    - (b)(5)

28. **Governor Kim Reynolds (R, IA)**
    - (b)(5)

29. **Governor Asa Hutchinson (R, AR)**
    - (b)(5)
    -
    -

30. **Governor Brad Little (R, ID)**
    - (b)(5)
    -

31. **Governor Doug Burgum (R, ND)**
    - (b)(5)
    -

32. **Governor Phil Murphy (D, NJ)**
    - (b)(5)

33. **Governor Bill Lee (R, TN)**
    - (b)(5)

THE WHITE HOUSE

Red Room

Business Session with Our Nation's Governors

Empowering Patients and Improving Health Outcomes by Combatting Substance Abuse and Improving Mental Health – Round One

Date and Time: Monday, February 10 from 8:25 a.m. – 9:15 a.m.

Location: White House – Red Room

Federal Participants:

- Secretary Alex Azar, *U.S. Department of Health & Human Services*
- Secretary Robert Wilke, *U.S. Department of Veterans Affairs*
- Kellyanne Conway, *Assistant to the President & Senior Counselor (Facilitaor)*
- (b)(6) *Assistant to the President & Director, Domestic Policy Council*
- Director, *Office of National Drug Control Policy*

Potential Discussions Questions:

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

Governors Assigned:

- Governor Hutchinson (AR)
- Governor Kemp (GA)
- Governor Edwards (LA)
- Governor Baker (MA)
- Governor Hogan (MD)
- Governor Vazquez (PR)
- Governor Noem (SD)

"My administration is strongly committed to helping Americans suffering from mental illness."
President Donald J. Trump

From: RLW
Sent: Wed, 29 Jan 2020 21:29:10 +0000
To: RLW
Subject: Lunch Mtg w/Second Lady Karen Pence re: PREVENTS & Suicide Prevention
Attachments: [EXTERNAL] Invitation from Second Lady Karen Pence , [EXTERNAL] RSVP Confirmation, arrival information via (b)(6); pdf, Guest Agenda .pdf, Agenda for 02.19.20 Suicide Prevention Working Lunch.docx, Attendees List.docx

RSVP sent by (b)(6) n 2/5/20

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Friday, February 14, 2020 11:06 AM
Subject: [EXTERNAL] Details for Wednesday's Working Lunch @ the Vice President's Residence

Good morning,

Mrs. Pence looks forward to seeing you at noon on Wednesday, February 19, for a working lunch regarding suicide prevention efforts taking place within and outside of the VA and DoD.

In preparation for the lunch, we are sending some additional background information. Please let me know if you have any questions regarding the following information or the lunch.

(b)(6)
202-881-(b)(6)

Agenda

- Please find attached a copy of the agenda.
- The first portion of the lunch will include presentations from VA, DoD, HHS, and PREVENTS. The second portion of the lunch will serve as an opportunity for Mrs. Pence to ask questions and to engage in a discussion with the experts in the room. We ask all guests to consider the questions: what items would you most like Mrs. Pence to remember and highlight when she meets with Americans and discusses suicide prevention efforts, the ways Americans can help prevent suicide, including veteran suicide, and what barriers exist for individuals seeking help. We encourage all guests to share in their knowledge and expertise about the work taking place and the information you think the Second Lady should consider sharing when she speaks about preventing suicide, and we believe the second portion of the lunch should offer the chance for a robust conversation.

Supplemental Materials

- Each guest is invited to submit written materials that you would like to share with Mrs. Pence and other lunch invitees. A folder of written materials will be placed at each guest's seat. If you would like to submit any written materials, please email the items to (b)(6) @ovp.eop.gov no later than Tuesday, February 18.

Dress

- Business attire

Arriving to the Vice President's Residence

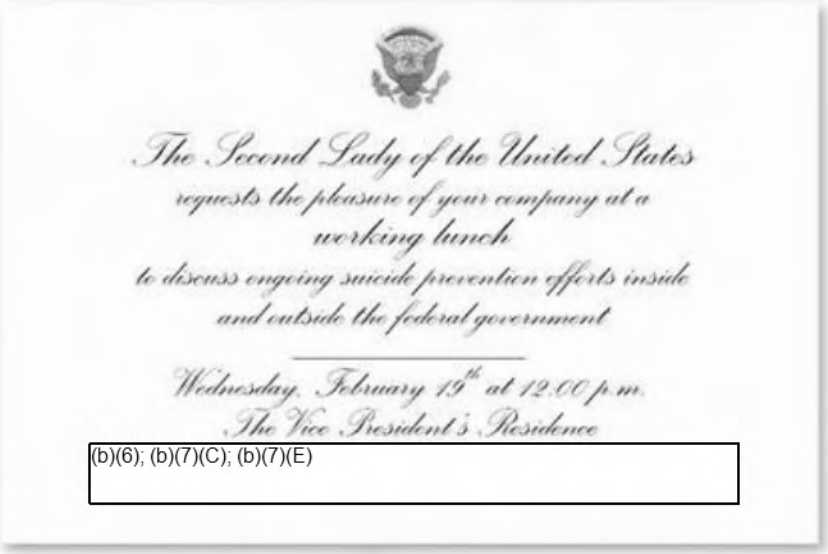
- Please find attached a **map** of the Vice President's Residence to reference when deciding your arrival method.
- **Driving your own car**: guests can enter via (b)(6); (b)(7)(C); (b)(7)(E)
  (b)(6)
- If arriving with a **driver**, please contact (b)(6) @ovp.eop.gov no later than Tuesday, February 18 as our office will need to request information about the driver (e.g. SSN) in order for the car and driver to access the property.
- **Car Service/Uber/Lyft/Taxi**: use (b)(6)
  (b)(6)
- All guests will need to have a current photo ID to access the Vice President's Residence.

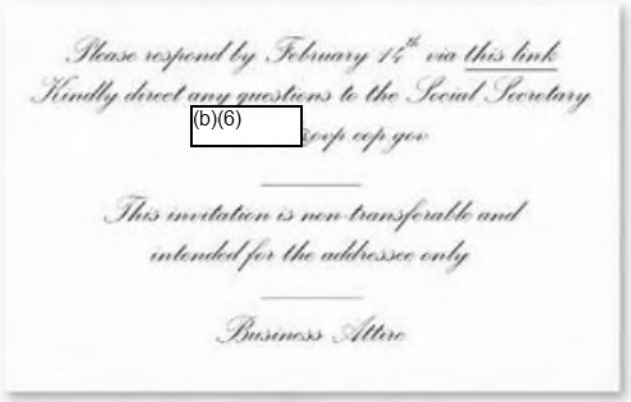
From: MBX OVP Event RSVP <(b)(6) @ovp.eop.gov>
Sent: Wednesday, February 5, 2020 10:44 AM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] Invitation: Working Lunch at the Vice President's Residence - February 19, 2020

Dear Secretary Wilkie,

The Second Lady of the United States requests the pleasure of your company at a working lunch to discuss ongoing suicide prevention efforts inside and outside the federal government. Lunch will be held on **Wednesday, February 19th at 12:00 p.m.** at the Vice President's Residence in Washington D.C. Kindly RSVP using the link in the image below.

Sincerely,
The Vice President's Residence





From: (b)(6) EOP/OVP
Sent: Wed, 29 Jan 2020 21:06:41 +0000
To: (b)(6) (b)(6)
Cc: Van Dahlen, Barbara L.
Subject: [EXTERNAL] Invitation from Second Lady Karen Pence

Good afternoon (b)(6) & (b)(6)

I am writing to see if Secretary Wilkie and Dr. VanDahlen would be available to meet with Second Lady Karen Pence on February 20 or February 26 for a 90 minute working lunch to take place at the Vice President's Residence around lunchtime. We are flexible on the exact start time of the meeting.

Mrs. Pence would like to invite them to participate in a working lunch to provide a high-level briefing and engage in a discussion regarding PREVENTS and ongoing suicide prevention efforts. We would also plan to extend the invitation to a few additional individuals working in this space (full list follows) so the working lunch could serve as time for a small group of experts from within and outside the VA and DoD to engage in a substantive conversation about the work taking place.

It is important to our office to include, if at all possible, both the Secretary and Dr. VanDahlen, and if we can work to find a date and time that works for both of their schedules, we would then move forward to extend invitations to other attendees and to work with your staff members to solidify the agenda and focus for the lunch meeting.

Please let me know if we can provide any additional information or answer any questions.

Thank you,

(b)(6)
Policy Director to the Second Lady
Office of the Vice President
202.881 (b)(6)

<u>Invitees for Working Lunch with Second Lady Karen Pence Regarding PREVENTS & Suicide Prevention</u>

VA

1) Secretary Robert Wilkie
2) Dr. Barbara Van Dahlen, Executive Director of the Task Force to create the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS)
3) Dr. Richard Stone, Executive in Charge, Veterans Health Administration
4) Dr. David Carroll, Executive Director, VA Office of Mental Health and Suicide Prevention

DoD

5) Lt. Gen. Ronald Place, Director of the Defense Health Agency
6) Dr. Karin Orvis, Director, Defense Suicide Prevention Office
7) Dr. Elise Van Winkle, Performing the Duties of Assistant Secretary of Defense for Readiness
8) (b)(6) Director, Military Community Support Programs, DoD, Military Community and Family Policy

Outside VA/DoD

9) Dr. Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use (OAS), SAMHSA
10) Dr. Joshua Gordon, Director of the NIMH
11) Paula M. Stannard, Senior Advisor, Immediate Office of the Secretary, U.S. Department of Health & Human Services
12) Dr. (b)(6) Senior Vice President for Practice Leadership | Portfolio Lead, Suicide, Violence, and Injury Prevention, Education Development Center
13) Dr (b)(6) Edgar Pierce Professor of Psychology, Harvard College Professor, Chair, Department of Psychology, Harvard University

From: The White House
Sent: Wed, 5 Feb 2020 15:56:33 +0000
To: (b)(6)
Subject: [EXTERNAL] RSVP Confirmation

THE WHITE HOUSE

WASHINGTON

Dear Robert,

Thank you for submitting your RSVP. We have received your information. Please reach out to your point of contact with any questions.

Sincerely,
The White House

The White House • 1600 Pennsylvania Avenue, N.W. • Washington, D.C. 20500 • 202-456-(b)(6)

eet

Main Gate

(b)(6); (b)(7)(C); (b)(7)(E)

Gate

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Embassy

(b)(6); (b)(7)(C); (b)(7)(E)

Gate

→ Vehicle Route

* Identification must be presented at all Gates.

AGENDA

Working Lunch on Suicide Prevention

Wednesday, February 19, 2020

The Vice President's Residence

I. Introductory Remarks from Second Lady Karen Pence

II. Remarks from Secretary Robert Wilkie

III. Remarks from Dr. Elizabeth Van Winkle and (b)(6) (b)(6)

IV. Remarks from Dr. Elinore McCance-Katz and Dr. (b)(6) (b)(6)

V. Remarks from Dr. Barbara Van Dahlen

VI. Open Discussion

VII. Closing Remarks from Second Lady Karen Pence

VIII. Group Photo

DRAFTED AGENDA for 2/19 WORKING LUNCH

- **11:30AM**
  Outer gates will be open as guests begin to arrive. Bread, butter, and beverages will be preset.

- **12:00 PM**
  Guests walk to front door of VPR; Mrs. Pence greets guests at door and invites them to take seats in dining room (*5 minutes*)

- **12:05PM**
  Mrs. Pence gives welcome and sets tone and agenda for meeting, sharing background information about her connection to military and veteran mental health care and PREVENTS. At the conclusion of her opening remarks, Mrs. Pence thanks special guest Secretary Robert Wilkie for joining the lunch and then invites everyone to go around to the table to give a brief introduction. At the conclusion of the introductions, Mrs. Pence invites Secretary Wilkie to speak. WH Photographer to take clicks at the top of the program (*15 minutes*)

- **12:15PM**
  Entrée is served

- **12:20PM**
  Secretary Wilkie speaks from the podium to give an overview about the VA's suicide prevention efforts. At the conclusion of the VA presentation, the Secretary invites DoD to the podium. (*8 minutes*)

- **12:28PM**
  Dr. Elise Van Winkle and (b)(6) give an overview about the DoD's suicide prevention efforts, including work with military families. At the conclusion of their remarks, DoD invites HHS to the podium. (*8 minutes*)

- **12:36PM**
  Dr. Elinore McCance-Katz and Dr. (b)(6) give an overview about key statistics related to suicide in the U.S. At the conclusion of their remarks, Dr. Barbara Van Dahlen is invited to the podium. (*8 minutes*)

- **12:44PM**
  Dr. Barbara Van Dahlen gives an overview about PREVENTS. (*8 minutes*)

- **12:52PM**
  Plates are cleared, and dessert and coffee are served.
  Mrs. Pence invites the participants to transition to a discussion about suicide prevention strategies and a public health approach that can educate and raise awareness by address things such as warning signs and common suicide misconceptions and facts. (*33 minutes*)

- **1:25PM**
  Mrs. Pence delivers closing remarks and invites group to porch for one group photo (*5 minutes*)

- **1:30PM**
  Event concludes

1) **Secretary Robert Wilkie**

2) **Dr. Barbara Van Dahlen**, Executive Director of the Task Force to create the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (*PREVENTS*)

3) **Dr. Steve Lieberman**, Acting Deputy Under Secretary for Veteran Health Administration

4) **Pam Powers,** Chief of Staff of Veterans Affairs

5) **Dr. David Carroll**, Executive Director, VA Office of Mental Health and Suicide Prevention

6) **Lt. Gen. Ronald Place**, Director of the Defense Health Agency

7) **Dr. Elizabeth "Elise" Van Winkle**, Performing the Duties of Assistant Secretary of Defense for Readiness

8) (b)(6) Deputy Director of DoD's Defense Suicide Prevention Office

9) (b)(6) Director, Military Community Support Programs, DoD, Military Community and Family Policy

10) **Dr. Elinore McCance-Katz**, Assistant Secretary for Mental Health and Substance Use (OAS), SAMHSA

11) **Dr.** (b)(6) Deputy Director for the National Institute of Mental Health (NIMH)

12) **Paula M. Stannard**, Senior Advisor, Immediate Office of the Secretary, U.S. Department of Health & Human Services

13) **Dr.** (b)(6) Senior Vice President for Practice Leadership | Portfolio Lead, Suicide, Violence, and Injury Prevention at Education Development Center (EDC)

14) (b)(6), Chief of Staff to the Second Lady

15) (b)(6) Policy Director to the Second Lady

From: RLW
Sent: Thu, 30 Jan 2020 14:57:50 +0000
To: RLW
Subject: HOLD: Prep for PREVENTS Lunch w/Second Lady Karen Pence

(b)(6)

From: (b)(6)
Sent: Fri, 31 Jan 2020 19:04:23 +0000
To: RLW
Subject: [EXTERNAL] FW: Trump plans more evacuations of Americans from China over virus

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From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Friday, January 31, 2020 1:49 PM
To: (b)(6) @riponsociety.org>
Subject: Trump plans more evacuations of Americans from China over virus

Trump plans more evacuations of Americans from China over virus

By Dan Diamond

01/31/2020 01:48 PM EST

The Trump administration is planning to evacuate additional Americans next week from the region of China at the center of the Wuhan coronavirus outbreak, and officials are considering a mandatory order for all U.S. citizens there to leave, two officials told POLITICO.

The process is being led by the State Department and supported by HHS, which is handling the medical and other needs of evacuees.

A U.S. government flight earlier this week evacuated 195 Americans from Wuhan, China — the epicenter of the outbreak — to a military base in California. Officials are preparing for the possibility that as many as 1,000 additional Americans will need to be flown out, said one official, beginning with flights as soon as Monday. The officials also cautioned that the situation is rapidly evolving and could change. The CDC today announced it is imposing a two-week quarantine on all U.S. evacuees from Wuhan — the first such move in more than 50 years.

CDC officials said even individuals who have been exposed to the virus and tested negative may be capable of transmitting it to others and develop symptoms later.

HHS referred questions to the State Department. A State Department spokesperson confirmed that additional evacuations were being planned.

"The Department of State is working with the U.S. Government interagency and [People's Republic of China] counterparts on staging additional flights for U.S. citizens to return to the United States from Wuhan," the spokesperson said.

The coronavirus has killed more than 200 in China. There are more than 8,000 confirmed cases globally, including six in the United States.

Brianna Ehley contributed to this report.

To view online:
https://subscriber.politicopro.com/health-care/whiteboard/2020/01/trump-plans-more-evacuations-of-americans-from-china-over-virus-3976220

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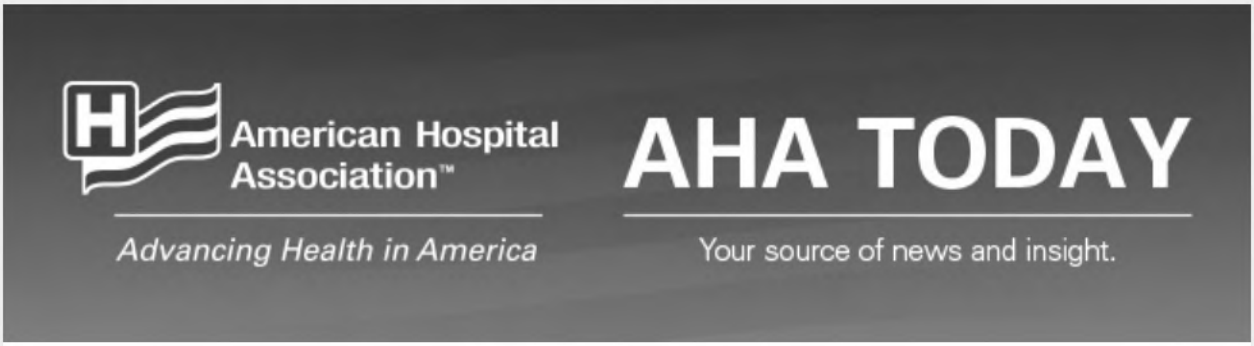
1000 Wilson Blvd.
Arlington, VA 22209
USA

From: Wilkie, Robert L., Jr.
Sent: Fri, 31 Jan 2020 23:25:10 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] U.S. Declares Coronavirus a Public Health Emergency

From: AHA Today
Sent: Friday, January 31, 2020 10:52:36 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] U.S. Declares Coronavirus a Public Health Emergency

Click here to access a web or mobile friendly version of the newsletter.



January 31, 2020 | www.aha.org/news

Perspective: Coronavirus — Hospitals and Health Systems Are Ready to Respond

Quarantines. Canceled flights. Travel advisories. And billions of people potentially at risk. The novel coronavirus (2019-nCoV) is spreading and America's hospitals and health systems need to be ready to respond.

As I write, the situation is rapidly changing. This afternoon, Health and Human Services Secretary Alex Azar declared the coronavirus a public health emergency. The AHA continues to closely track the progress of this outbreak and has been working with the Centers for Disease Control and Prevention and HHS's Office of the Assistant Secretary for Preparedness and Response to ensure that hospitals and health systems have the information they need.

Here's where things stand: The CDC has increased screenings for coronavirus to 20 airports in the U.S. and has advised all Americans not to travel to China. Thursday saw the first confirmed case of person-to-person transmission in the U.S. Meanwhile, a vaccine for

this virus is at least six months off.

The good news: Based on current information, the CDC still considers the immediate health risk from this coronavirus to the general American public to be low at this time.

So what does this mean for America's hospitals and health systems? We have to be ready. We've been in situations like this before — swine flu, Ebola and Zika, just in the last dozen years — and we have learned from both these real life challenges and our emergency preparedness drills.

As they do every day, our communities are counting on us. Here's what you can do to help keep them healthy:

First, implement screening steps as a routine part of triage. These criteria continue to change as more information is learned. Please continue to refer to CDC's latest guidance on identifying possible cases of 2019-nCoV.

Review CDC interim guidance on 2019-nCoV for health care professionals, including guidance on infection control for managing patients with known or suspected 2019-nCoV infection.

Review CDC's preparedness checklists for 2019-nCoV for health care providers and hospitals.

Stay on the lookout for flu infections. This season's flu has already infected 15 million Americans and killed more than 8,200. Visit AHA's United Against the Flu page for resources on preventing the flu.

Share AHA's advisory with your first-line medical professionals, chief medical or clinical officer, chief nursing officer, infection control leadership, emergency department director and emergency preparedness staff so they can recognize the symptoms and respond.

Keep an eye out for all AHA updates on the coronavirus outbreak, which will be posted here.

The bottom line is that America's hospitals and health systems are no stranger to public health crises. Our communities — and our country — are counting on us ... and we won't let them down.

Thank you for everything you do to keep America healthy.

Rick Pollack
President and CEO

AHA Releases 2020 Public Policy Advocacy Agenda

The AHA today released its 2020 Public Policy Advocacy Agenda, a forward-looking document designed to positively influence the public policy environment for patients,

communities and the health care field.

The policy positions outlined in the document seek to advance the AHA's vision of a society of healthy communities where all individuals reach their highest potential for health and build on the association's strategic commitments. The document lays out priorities in seven areas:

- Advance affordability in health care
- Sustain the gains in health coverage
- Protect patient access to care
- Advance health system transformation
- Enhance quality and patient safety
- Promote regulatory relief
- Strengthen the workforce

We hope you find this agenda helpful as you look to the year ahead and the challenges and opportunities on the horizon for hospitals and health systems. The AHA will continue to work hand in hand with our members; the state, regional and metropolitan hospital associations; national health care organizations; and other stakeholders to develop and implement an advocacy strategy to fulfill our vision and advance health in America.

Today's Headlines

1. U.S. declares coronavirus a public health emergency, CDC updates guidance
2. CMS issues proposed notice of benefit and payment parameters for 2021
3. President signs executive order to combat human trafficking
4. CDC to implement ICD-10-CM code for vaping-related disorder
5. SAMHSA announces grants to implement Zero Suicide model
6. Blog: Flawed article on hospital consolidation gets undeserved attention

See Full Stories Below

Today's Headlines Continued

1. U.S. declares coronavirus a public health emergency, CDC updates guidance

Health and Human Services Secretary Alex Azar today declared the novel coronavirus (2019-nCoV) a public health emergency and ordered all U.S. citizens returning from the Wuhan, China, region to be quarantined for two weeks. The U.S. State Department yesterday issued a "do not travel" advisory for China due to the virus.

The Centers for Disease Control and Prevention also today updated its interim guidance for health care professionals, expanding the criteria for identifying patients under investigation for novel coronavirus. In a CDC call with clinicians, the agency stressed that its guidance will continue to change over time as more is learned about the outbreak, and urged clinicians to continue to check CDC's resources for updates.

CDC also said it issued federal quarantine orders to the 195 U.S. citizens who repatriated to the U.S. from China on Jan. 29 because of the 2019-nCoV outbreak, the first mandatory quarantine in over 50 years. The individuals will be held at the March Air Reserve Base in California for the 14-day quarantine that started when the plane took off from China. CDC said the decision comes after deliberating over data and new information, and because the passengers came from the epicenter of the outbreak in Wuhan. "If we take strong measures now, we may be able to blunt the impact of the virus on the United States," said Nancy Messonnier, M.D., director of CDC's National Center for Immunization and Respiratory Diseases.

The World Health Organization reports nearly 10,000 cases worldwide and more than 200 deaths in China. The CDC said the virus does spread from person-to-person, and the New England Journal of Medicine reported a case that seemed to support possible asymptomatic transmission of the infection.

For the latest information and resources on the coronavirus, visit AHA's webpage.

2. CMS issues proposed notice of benefit and payment parameters for 2021

The Centers for Medicare & Medicaid Services today issued a proposed rule that would implement the standards governing health insurance issuers and the Health Insurance Marketplaces for 2021. In the rule, CMS proposes the benefit and payment parameters for qualified health plan issuers selling in the marketplaces, as well as additional policies intended to lower premiums, promote program integrity, stabilize the individual marketplaces, enhance the consumer experience and reduce regulatory burden. The rule also details value-based insurance designs that qualified health plans could choose to implement, and seeks comment on these options and how best to communicate them to consumers.

In addition, CMS proposes to interpret the definition of cost sharing to exclude drug manufacturer coupon expenditures, and revises a regulation finalized in the 2020 payment notice for qualified health plans to allow flexibility in determining whether drug manufacturer coupons count toward an enrollee's annual cost sharing limits, regardless of

the availability of a generic alternative. CMS also seeks comment on a proposal to require enrollees with no premium after a premium tax credit to actively re-enroll or face reduced subsidies, and proposes increasing the annual maximum out-of-pocket spending limit to $8,550 for an individual and $17,100 for a family.

Comments on the proposed rule are due March 2.

3. President signs executive order to combat human trafficking

President Trump today issued an executive order to combat human trafficking and online child exploitation in the U.S. Among other actions, the order calls for the creation of a new position within the Domestic Policy Council that will focus on combating human trafficking, and directs the Secretary of Health and Human Services working with other agencies to enhance capabilities to locate missing children and expand housing options for victims of human trafficking.

The AHA, through its Hospitals Against Violence initiative, has developed a number of resources to support hospital and health systems in their efforts to combat human trafficking. For more on AHA and member hospitals' efforts, see AHA President and CEO Rick Pollack's Jan. 17 Perspective.

4. CDC to implement ICD-10-CM code for vaping-related disorder

The Centers for Disease Control and Prevention will implement a new ICD-10-CM diagnosis code for reporting vaping-related disorders starting April 1. The Centers for Medicare & Medicaid Services has updated the software it uses to classify inpatient prospective payment system claims into Medicare-Severity Diagnosis-Related Groups for payment to accommodate the new ICD-10-CM code.

CDC and the Food and Drug Administration last year began investigating an outbreak of vaping-associated lung injuries. To date, more than 2,700 patients have been hospitalized for the condition in the states, Puerto Rico and U.S. Virgin Islands, including 60 deaths.

5. SAMHSA announces grants to implement Zero Suicide model

Hospital emergency departments, primary care and behavioral health care organizations, public health agencies and tribal organizations may apply through March 30 for fiscal year 2020 grants to implement the Zero Suicide in Health Systems model. The Zero Suicide model is a multi-setting approach to suicide prevention in health systems, designed to raise awareness, establish referral processes, and improve care and outcomes for adults aged 25 and older who are at risk for suicide. SAMHSA plans to award up to 17 grants of up to $700,000 per year for up to five years.

6. Blog: Flawed article on hospital consolidation gets undeserved

attention

In this AHA Stat Blog post, AHA General Counsel Melinda Hatton and others point out a number of flaws in a recent study on hospital consolidation and quality, and the way the news media covered it. Chief among the flaws is that the study's conclusions "were informed by preconceived notions of what the authors thought the data should show, which was then undermined further by the arbitrary choices made in comparing hospitals," they write. "Unfortunately, the media, once again, failed to closely examine the conclusions, in many instances exaggerating or misrepresenting the findings to manufacture attention-grabbing headlines."

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: (b)(6)
Sent: Mon, 3 Feb 2020 13:29:45 +0000
To: RLW
Subject: [EXTERNAL] FW: Coronavirus: China says U.S. action 'spreading fear' as mainland death toll hits 361

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, February 3, 2020 7:59 AM
To: (b)(6) @riponsociety.org>
Subject: Coronavirus: China says U.S. action 'spreading fear' as mainland death toll hits 361

Coronavirus: China says U.S. action 'spreading fear' as mainland death toll hits 361

By Cissy Zhou | South China Morning Post, Wendy Wu | South China Morning Post, Zhuang Pinghui | South China Morning Post, Lawrence Chung | South China Morning Post, Catherine Wong I South China Morning Post

02/03/2020 07:57 AM EST

This story is being published for Pros as part of a content partnership with the South China Morning Post. It originally appeared on scmp.com on Feb. 3, 2020.

China has blamed the United States for spreading fears about the coronavirus, while also accusing Washington of doing nothing to help contain the outbreak.

The Chinese foreign ministry made the accusation on Monday, as the number of deaths in mainland China attributed to the coronavirus overtook the Sars epidemic of 2003.

Mainland health officials also called on people to pay extra attention to personal hygiene after traces of the coronavirus were found on surfaces, including a door handle.

Chinese health authorities announced 361 fatalities and 17,205 cases attributable to the rapidly spreading illness, as of Sunday, with 2,829 new cases and 57 deaths. That compares with 2,590 new cases and 45 deaths, nationwide, on Saturday.

Chinese foreign ministry spokeswoman Hua Chunying said in a written statement that many countries appreciated China's efforts to contain the spread of the coronavirus, with the exception of the U.S.

"But in the meantime, some countries, the U.S. in particular, have inappropriately overreacted, which certainly runs counter to WHO advice," she said.

"The U.S. government has not provided any substantial assistance to us, but it was the first to evacuate personnel from its consulate in Wuhan, the first to suggest partial withdrawal of its embassy staff, and the first to impose a travel ban on Chinese travelers. All it has done could

only create and spread fear, which is a bad example."

Hua said flu had caused 19 million cases of infection and at least 10,000 deaths in the U.S. from 2019 to 2020, while numbers were far lower for the coronavirus.

"The contrast is thought provoking. I also noted that the Canadian Minister of Health said Canada would not follow the U.S. and impose travel restrictions on Chinese or foreign nationals who have been to China," Hua said.

"Canada believes the entry ban has no basis, which is a sharp contrast to the U.S. behavior," she said.

Military takes over deliveries in Wuhan

Chinese troops based in Wuhan have taken control of the delivery of basic essentials to people living in the city, as the number of deaths in mainland China attributed to the coronavirus has overtaken the Sars epidemic of 2003.

State broadcaster CCTV reported that a backup logistics team, made up of troops based in Hubei, was established on Monday and had delivered 200 tonnes of supplies to supermarkets in Wuhan, using 50 military trucks. In total, the team includes 260 military officers, from the PLA's land and air forces, and 130 trucks.

Residents across mainland China have rushed to stockpile daily necessities since the escalation of the outbreak. Medical staff in Wuhan have also complained that they lack everything from hospital beds to face masks.

The PLA has sent 1,400 military doctors and nurses to Wuhan, on the direct orders of Chinese President Xi Jinping, and has also taken over the operation of a temporary hospital which opened in the city on Monday. This is, however, the first time the PLA has taken over distribution of public supplies of general necessities.

Tian Yulong, a chief engineer from the Ministry of Industry and Information Technology, said on Monday steps had already been taken to ensure quick transport of supplies.

Virus found on door handle

On Monday mainland health officials urged people to make personal hygiene a priority after traces of the virus were found on a door handle.

Zhang Zhoubin, deputy head of the Guangzhou infectious disease prevention center, said the city had collected 660 samples for testing.

"In our recent investigation, we found novel coronavirus on the handle of a door [at the patient's home]. This reminds me that we have to do well in keeping hygiene at home, and it is important to frequently wash our hands," he said.

Zhang highlighted the risks of the coronavirus being present on items like mobile phones and

light switches.

Chinese scientists have also found traces of the new coronavirus in the feces of some infected patients, possibly indicating an additional mode of transmitting the deadly disease.

Stock market plunge

Chinese stock markets slumped almost 9 percent on reopening on Monday amid the virus outbreak. The benchmark Shanghai Composite Index opened the day down 8.73 percent.

Japan's Nikkei stumbled 1.5 percent and South Korea's KOSPI index was off 1.4 percent. Australia's benchmark index was down 0.7 percent, while New Zealand shares fell 1.8 percent.

Taiwanese stranded in Wuhan to be evacuated

Some 200 people from Taiwan who have been stranded in Wuhan will take a charter flight out of the coronavirus-struck city today, according to a Taiwanese business association based there.

Wuhan's Taiwan Affairs Office has notified the association that a mainland carrier will take the Taiwanese home via a nonstop charter flight, with potentially two further charter flights available to send the remaining stranded Taiwanese back to the self-ruled island, according to the Taipei-based *United Daily News* and *China Times.*

There are currently some 500 Taiwanese in Wuhan.

But Taiwan's Straits Exchange Foundation said on Monday that it was still confirming with the relevant agencies when exactly these people would be back. The foundation, which represents the island's government in dealings with the mainland, said all necessary quarantine measures were ready for their return.

Taiwan's Centers for Diseases Control has said it has arranged three quarantine centers in northern, central and southern Taiwan for the returnees, who will have to remain isolated for 14 days to determine if any of them have been infected.

Also, from Monday, residents of Wenzhou — a port city in the eastern province of Zhejiang – will be barred from entering Taiwan. Returning Taiwanese or other travelers from Wenzhou, which is also in lockdown due to the virus, will be required to remain quarantined at home for 14 days, according to the center.

U.S. confirms 11th case

An 11th case of coronavirus has been confirmed in the U.S., with health officials in California announcing on Monday that three people in the state had been diagnosed.

A man who recently traveled to Wuhan apparently transmitted the infection to his wife on his return to San Benito county, while a woman in Santa Clara county, who recently arrived from Wuhan, is also in isolation. None of the latest people cases have been hospitalized.

More than 170 cases have been reported in more than two dozen other countries and regions, including the United States, Japan, Thailand, Hong Kong and Britain.

A study by scientists from the University of Hong Kong published in *The Lancet* on Saturday said that as of Tuesday, as many as 75,815 people in Wuhan may have been infected with the new coronavirus. The research was based on the assumption that each infected person could have passed the virus on to 2.68 others.

Travel restrictions

Dozens of countries have restricted travel to China, and more than 20 airlines have suspended flights to and from the mainland, despite advice from the World Health Organization that such limits are not necessary to control the coronavirus.

Thailand said on Monday that all arriving Chinese tourists must provide medical certificates stating they were healthy and free of infection from the novel coronavirus.

Also on Monday, the Maldives banned travelers arriving from China as a precautionary measure to combat the spread of coronavirus, the tourism minister of the Indian Ocean islands said. More than 280,000 Chinese tourists visited the luxury holiday destination in 2019 — the largest number from any country — according to government data.

"Under the new measures being implemented, the government of Maldives will restrict entry … of any person who has left or transited through mainland China effective from February 3," Tourism Minister Ali Waheed told a news conference.

"Exceptions will be made in the case of Maldivian citizens."

Singapore, Australia, Indonesia and the US have all banned entry of non-citizens who have traveled to China within the past 14 days, while the Philippines — which reported the first death from the disease outside mainland China on Sunday — has widened its travel ban to all of China, including Hong Kong and Macau.

Malaysia has suspended all visa-on-arrivals for travellers from Hubei province. South Korea will temporarily ban foreigners who have visited Hubei within the past 14 days from Tuesday, and is suspending tourism to China. Japan has barred entry to people with symptoms of coronavirus and is urging its citizens not to travel to China.

Malaysia also sent an AirAsia plane to Wuhan on Monday to bring back 141 people and also deliver 500,000 pairs of gloves, the National Disaster Management Agency said.

In addition, a passenger train route from Hanoi to Guangxi and Beijing will soon cease operation to prevent the spread of the coronavirus, according to *Vietnam Express*.

Deputy Transport Minister Nguyen Ngoc Dong said Monday the Chinese government had approved Vietnam's request to stop the international train service between the countries amid the fast-spreading, fatal epidemic.

Trains will only transport those who have booked tickets in advance for the next couple days, before halting operations.

The Czech Republic plans to suspend all flights to and from China, from Sunday.

The lag gives 100 Czechs in China a chance to return home.

Additional reporting by Bloomberg and Reuters

To view online:
https://subscriber.politicopro.com/health-care/article/2020/02/coronavirus-china-says-us-action-spreading-fear-as-mainland-death-toll-hits-361-1874170

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From: Wilkie, Robert L., Jr.
Sent: Mon, 3 Feb 2020 15:21:01 +0000
To: RLW
Subject: FW: [EXTERNAL] Liberal know-it-all billionaires side with insurance companies on surprise medical billing

From: Americans for Limited Government
Sent: Monday, February 3, 2020 3:19:54 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Liberal know-it-all billionaires side with insurance companies on surprise medical billing

Feb. 3, 2020

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Liberal know-it-all billionaires side with insurance companies on surprise medical billing

You may have never heard of them, but there is a new, young billionaire couple determined to leave their mark on society. John and Laura Arnold are not interested in the type of philanthropy that builds libraries and college buildings or feeds, clothes, shelters, and educates the poor. No, like George Soros, the Arnolds are on a mission to "change the country," whether we like it or not. When these arrogant elitists are not busy trying to erode our gun rights, promoting abortion, funding spying on citizens, or trying to upend our electoral system, they are busy trying to cut medical professionals pay. Specifically, the liberal power couple wants to address the issue of surprise medical billing by reducing the amount of money that medical professionals are paid for providing out-of-network care to patients. Of course, due to the fact that they are siding with the insurance industry, it does raise questions about whether or not they are invested in any insurance companies and stand to grow richer if their policy wishes are enacted. Maybe someone needs to tell them to shut up and drink their champagne.

Time for the Senate to end Democrat impeachment nightmare

Americans for Limited Government President Rick Manning: "The Democrat majority in the House of Representatives has embarrassed themselves and have been exposed for their craven effort to politically weaponize the once somber impeachment process. For those still clinging to

the idea that if the House Democrats can just call more witnesses on the Senate floor that somehow they will stumble upon something resembling an impeachable offense, you will have your chances in November of 2020 to make your voice heard. But please know that the House impeachment was never about convicting Donald Trump, instead it was nothing more than a chance for coastal politicians to preen in front of cameras and raise money to fund their future political ambitions. The House impeachment was nothing more than Kabuki Theatre on a national stage with fundraising appeals accompanying every manufactured highlight. It is truly sad that the House's political ambitions were put ahead of our national interest, but in some ways it was good for America to witness the lengths Democrats will go to win power as we head into the 2020 election."

Santorum: 'House articles of impeachment in the eyes of senators are not sufficient to remove a president'

Former Sen. Rick Santorum: "[T]hey believe that the House case as presented in the articles of impeachment is not sufficient on its face to vote to remove a president… They're voting on articles of impeachment that the House presented. If the House articles of impeachment in the eyes of senators are not sufficient to remove a president, who cares what the case brings."

Liberal know-it-all billionaires side with insurance companies on surprise medical billing

By Richard McCarty

You may have never heard of them, but there is a new, young billionaire couple determined to leave their mark on society. John and Laura Arnold are not interested in the type of philanthropy that builds libraries and college buildings or feeds, clothes, shelters, and educates the poor. No, like George Soros, the Arnolds are on a mission to "change the country," whether we like it or not. When these arrogant elitists are not busy trying to erode our gun rights, promoting abortion, funding spying on citizens, or trying to upend our electoral system, they are busy trying to cut medical professionals pay. Specifically, the liberal power couple wants to address the issue of surprise medical billing by reducing the amount of money that medical professionals are paid for providing out-of-network care to patients.

It is unclear why a guy who made his fortune betting on natural gas prices and a lawyer who worked in the oil industry would feel the need to weigh in on medical billing. But apparently they do. Of course, due to the fact that they are siding with the insurance industry, it does raise

questions about whether or not they are invested in any insurance companies and stand to grow richer if their policy wishes are enacted.

To be sure, surprise medical billing is a problem. Even if you go to an in-network hospital for care, you could be treated by an out-of-network doctor and wind up with an unexpectedly large bill. There are a couple main proposals to address the issue.

One proposal, which the Arnolds support, would force out-of-network healthcare providers to accept whatever an insurance company pays in-network providers for their services. It is claimed that this proposal would save insurance companies money and, in turn, reduce costs for consumers and the government. Of course, it could lead to more providers exiting the field, which could be particularly problematic for rural areas that already lack adequate access to health care.

Forcing medical care providers to take whatever an insurance company offers is concerning. If this were to be made an acceptable practice, what would stop the government from arbitrarily reducing prices of anything that it purchases? Imagine the amounts of money that could be saved if the government required office supply companies and cleaning companies to sell their products and services at cost. While that might seem absurd, is it any more absurd than arbitrarily reducing medical providers' payments? Just before Enron's implosion, John Arnold received an $8 million bonus. While he's happy to suggest that the government should pass legislation that would lead to medical professionals being paid less, one suspects that he would have objected to a law that reduced his bonus even if it saved the government money.

A better proposal would require binding arbitration if a health insurance company and a medical care provider could not agree on pricing. As with the other proposal, insurers and providers — rather than patients — would be responsible for resolving disputes over surprise bills. States as divergent as Texas and New York have already passed such legislation.

For a number of years the tight has been telling "woke" entertainers to kindly "shut up and sing." Now it is time for the Right to deliver a message to the "woke" billionaires, like George Soros, Tom Steyer, and John and Laura Arnold: "Shut up and drink your champagne." Just because these liberal billionaires have been financially successful does not mean that they have any special insight into health care, abortion, law enforcement, or criminal justice policies. If they are not adequately fulfilled by their champagne-drinking and feel the need to give back to society, maybe they should reconsider feeding, clothing, sheltering, and educating the poor – even though they might find it boring or beneath them.

Richard McCarty is the Director of Research at Americans for Limited Government Foundation.

Time for the Senate to end Democrat impeachment nightmare

Jan. 31, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement urging to Senate to acquit President Donald Trump of all charges:

"The Democrat majority in the House of Representatives has embarrassed themselves and have been exposed for their craven effort to politically weaponize the once somber impeachment process.

"For those still clinging to the idea that if the House Democrats can just call more witnesses on the Senate floor that somehow they will stumble upon something resembling an impeachable offense, you will have your chances in November of 2020 to make your voice heard. But please know that the House impeachment was never about convicting Donald Trump, instead it was nothing more than a chance for coastal politicians to preen in front of cameras and raise money to fund their future political ambitions. The House impeachment was nothing more than Kabuki Theatre on a national stage with fundraising appeals accompanying every manufactured highlight.

"It is truly sad that the House's political ambitions were put ahead of our national interest, but in some ways it was good for America to witness the lengths Democrats will go to win power as we head into the 2020 election."

To view online: https://getliberty.org/2020/01/time-for-the-senate-to-end-democrat-impeachment-nightmare/

ALG Editor's Note: In the following featured column from Bizpac Review's Vivek Saxena, former Sen. Rick Santorum makes the case against the articles of impeachment and in favor of acquittal:

Santorum: 'House articles of impeachment in the eyes of senators are not sufficient to remove a president'

By Vivek Saxena

Despite all the tears that were shed after the GOP-led Senate voted to not allow witnesses to testify in President Donald Trump's impeachment trial, the fact remains that were no legitimate charges for them to testify about in the first place, according to former Sen. Rick Santorum.

In a heated discussion Friday evening with his colleagues at CNN, where he's been employed since early 2017, the former Pennsylvania senator repeatedly declared that the House Democrats' case against the president has been flawed from the get-go.

"It's because, as you heard from many senators who have commented since, you will hear from many more, they believe that the House case as presented in the articles of impeachment is not sufficient on its face to vote to remove a president," he said early Friday evening after his colleagues began complaining about the no witnesses vote.

"They're voting on articles of impeachment that the House presented. If the House articles of impeachment in the eyes of senators are not sufficient to remove a president, who cares what the case brings," he added.

Former U.S. Attorney Preet Bharara, who was fired from his post by Trump in early 2017, disagreed with this mindset, though his rebuttal seemed lacking.

"I agree with the adjectives that have been used by other people [to describe what happened]. It's a travesty. I go back and forth between thinking, do you call it a sham or do you call it a shame? It's probably both of those things," he said.

"John Bolton is going to testify in a way, but it won't be under oath and it won't be in the Senate. He's going to testify in a manner of speaking night after night on television and on the radio and on the radio and in editorial pages for weeks and weeks and weeks."

If former National Security Adviser John Bolton is going to "testify" publicly regardless of what happens in the trial, then why is forcing him to testify in the trial necessary? Especially when you factor in that the president was slated to be acquitted no matter what?

Bharara then turned his attention to Santorum.

"And the fact that the former senator there on your panel says there's a technical argument that the Senate trial was based on, even without witnesses and documents, the limited record that was provided to the House, that's not …," he said before being cut off.

"That is not what I'm saying!" Santorum said. "Just to be very clear, because everybody is misrepresenting what I'm saying. I'm not talking about the record. I'm talking about the articles of impeachment themselves. Not the witnesses, not the record."

"**The actual allegations made against the president in article 1 and article 2 are, of themselves, insufficient to remove a president. That's what Republicans are saying. You can**

argue all you want about witnesses, you can argue about documents, the point that's being made is … still not guilty."

Fact-check: TRUE.

Liberal legal scholar Jonathan Turley, a CBS News legal analyst and George Washington University law professor, has maintained the exact same point.

"**The problem I have is that judging by how they define these two articles, you could impeach every living president on this type of allegations**," he argued last month on CBS News.

While he's criticized both articles of impeachment, he's been especially critical of the "obstruction of justice" charge.

"The most troubling for me is the obstruction of Congress," he continued last month on CBS. " They set an abbreviated period for investigation, arguably the shortest investigation of any presidential impeachment, depending on how you count the Johnson impeachment days."

"And then they said if you don't turn over the evidence during that period, you're obstructing Congress. Well, President Trump went to court to challenge the necessity of handing over that material. Both Bill Clinton and Richard Nixon were allowed to go all the way to the Supreme Court –they ultimately lost, and Nixon resigned soon after. My concern is that this really does seem like you are making an appeal to the court into a high crime or a misdemeanor."

Listen:

Nevertheless, Bharara persisted Friday with his claim that Bolton's testimony would have somehow affected the outcome of the president's trial.

"People understand when you have a person like John Bolton who is close to the president, after the president's lawyers were saying week after week after week that you have no evidence of someone who has firsthand knowledge, and this person has firsthand knowledge and is prepared to testify, the public is going to perceive that as a sham. And I think that they will," he said.

"There is a reason why I think there is a debate in the Senate right now about how much deliberation there should be, because senators who understand that it's a sham, and that common sense renders it a sham, don't want to spend a lot of time on this and have to explain. Some people do want to explain because they have constituencies who ask them the question, you have a guy who has firsthand knowledge who undermines the chief defense of the president of the United States. Why don't you let him testify?"

Unfortunately, host Wolf Blitzer chose to block Santorum from replying by interrupting the discussion and drawing viewers' attention to what was happening in the Senate at the time.

Had the senator been allowed to reply, he may have perhaps chosen to quote the words of Rick Manning, the president of Americans for Limited Government.

In a statement released earlier in the week, he explained why he believes anything Bolton has to say is irrelevant.

"No matter what [he] claims, the facts remain the same," he said. "The Ukrainian government had zero knowledge that the funds were being held until a story ran on August 28."

"Senator Ron Johnson, who was meeting with the Ukrainians on September 1 along with Vice President Pence, called President Trump about what they should ask for in exchange for the aid being released, to which the President replied, 'No way. I would never do that. Who told you that?' And, that he would likely be happy with the decision that was made: 'We're reviewing it now, and you'll probably like my final decision.'"

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From: Wilkie, Robert L., Jr.
Sent: Mon, 3 Feb 2020 17:24:34 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Britain leaves the European Union; coronavirus deaths exceed that of SARS

From: AEI's Rundown
Sent: Monday, February 3, 2020 5:18:11 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Britain leaves the European Union; coronavirus deaths exceed that of SARS

View as a web page

The Rundown

A weekly digest of news and analysis from AEI's Foreign and Defense Policy team

On Friday, Britain departed from the European Union, ending a debate that had thrown the country into a political upheaval for the past three years. While this will be the end of Britain's 47-year-old membership, little is set to change immediately. The departure marks the beginning of an 11-month transition period, during which Britain and Brussels must finalize the details of how an EU without Britain looks. In response to Britain's departure, President Emmanuel Macron of France released a video statement describing it as "a sad day" and added that "it is also a day that must lead us to proceed differently," calling the need for a unified Europe. In Prime Minister Boris Johnson's address to the nation, he claims, "This is not an end but a beginning." While Britain remains divided, the next year of negotiations and the future of Britain-EU relations remain uncertain.

Follow us on Twitter @AEIfdp to keep up with our latest work.

Have a great week,

AEI's Foreign and Defense Policy team

TWEET OF THE WEEK

Marc Thiessen @marcthiessen

The existence of Communist China is a public health threat to America. @dpletka and I ask @ScottGottliebMD WTH is going on with the #coronavirus & how totalitarianism fuels it spread.

Retweet

UPCOMING EVENTS

February 4, 2020 | 10:00am - 11:00am

How to counter China's global malign influence: A conversation with Rep. Michael McCaul (R-TX)

CHINA

The death toll from the coronavirus has exceeded that of the severe acute respiratory syndrome outbreak. On Sunday, Chinese officials reported 2,000 new cases of the coronavirus, raising the worldwide total to 17,205. China's foreign ministry criticized the

US for its response to the epidemic.

Chinese officials have confirmed thousands of cases of the coronavirus as foreign governments continue to evacuate their citizens from the city of Wuhan. With multiple cases identified in America and stock prices plummeting, how worried should we be about the virus' spread? **Danielle Pletka** and **Marc Thiessen** sat down with AEI's **Dr. Scott Gottlieb** to talk about the severity of the virus, how it compares to other coronaviruses, and the threat of the global epidemic. Listen here.

The outbreak of a new illness caused by a coronavirus is drawing attention to Taiwan's continuing exclusion, at China's insistence, from the World Health Organization and other international organizations. In a new Global Taiwan Institute article, **Michael Mazza** argues that Taipei's exclusion from international organizations is detrimental to not only Taiwan but also global health. But in the quest to secure a role for Taiwan in international organizations, Taiwan's friends must do more than coax and cajole Beijing. Learn more here.

While the United States is the largest recipient of Chinese investments, receiving $180 billion from January 2005 to December 2015, Chinese investment in the US has plunged considerably since its 2016 peak, shows **Derek Scissors** in a new graphic for the China Global Investment Tracker (CGIT). In fact, Chinese investment in the US in 2019 is more like the pace of 2008, when it was almost invisible. The US is screening more disruptively, and China faces financial constraints. See the Chinese investment handout here, and for a more in-depth look visit the CGIT here.

Under General Secretary Xi Jinping, the Chinese Communist Party seeks to cement totalitarian rule and regional hegemony. So what are our leaders in Congress doing? What are elements of a legislative response? Please join AEI's **Dan Blumenthal** for a conversation on these issues with House Foreign Affairs Committee Lead Republican Rep. Michael McCaul (R-TX) featuring introductory remarks by **Kori Schake**. RSVP here.

TRUMP ADMINISTRATION

The Senate voted on Friday to block witnesses in President Donald Trump's impeachment trial, signaling an acquittal in the next few days. The Iowa caucuses will kick off the Democratic presidential nominating contests on Monday night.

Prominent scholars of international relations are debating whether Mike Pompeo is the worst secretary of state or merely one of the worst. **Kori Schake** argues in a Bloomberg op-ed that the problems with the State Department go beyond Pompeo. Unless the State Department leadership addresses the department's management challenges and starts caring as much about the profession as it does policy, the US will remain incapable of developing and executing a more balanced foreign policy. Continue here.

Before last week, the odds of the Senate vowing to remove President Trump from office were slim. In a new American Interest piece, **Gary Schmitt** contrasts both the Clinton and Trump impeachment cases and concludes that Trump's still-likely acquittal will lower the bar for presidential behavior — just as Bill Clinton's did in 1999. Learn more here.

If House Democrats really cared about getting former national security adviser John Bolton's testimony, they wouldn't wait for Senate Republicans to vote on it. So, why didn't the House issue a subpoena right then and there? Because the Democrats' goal is not to obtain Bolton's testimony. Rather, a Bolton subpoena fight could tie the Senate up for months, and that's exactly what Democrats want, argues **Marc Thiessen** in a new Washington Post op-ed. If Republicans let them get away with it, they will set a dangerous precedent. Finish it here.

The first week of President Donald Trump's impeachment trial focused on whether the Senate would call witnesses such as Hunter Biden and former National Security

Adviser John Bolton. While they would attract lots of commentary and speculation, any new witnesses would not materially affect the final verdict. In a new National Review op-ed, **John Yoo** reflects on the framers' use of "high crimes and misdemeanors" to analyze both the House Democrats and Trump's defenders' arguments for impeachment. Read more here.

MIDDLE EAST

On Saturday, Iraq's president appointed former minister of communications, Mohammed Tawfiq Allawi, as the new prime minister. Saudi Arabia pushes for a short-term oil production cut as it responds to the impact of the deadly coronavirus on crude demand.

On Tuesday, **Danielle Pletka** testified before the House Committee on Foreign Affairs' Subcommittee on Middle East, North Africa, and International Terrorism to assess US policy toward Iran. In the aftermath of the US air strike that killed top Islamic Revolutionary Guard Corps Gen. Qassem Soleimani, **Pletka** recommends that the US increase pressure on Iran politically, militarily, and diplomatically. Warning that Iran will employ proxies to retaliate against the US and its allies, the US needs a more consistent Middle East policy that works with Iranian opponents and dissidents. Read the full testimony here.

Before the killing of Iranian Quds Force commander Qassem Soleimani, most Americans, and even many politicians, probably never even heard his name. But the events leading the US and Iran to this point were decades in the making. In a new Washington Examiner Magazine article, **Michael Rubin** notes the rise of Soleimani and debunks critics who claim that his death destroyed any possibility of détente with Tehran. Vowing to stop "endless war" is a noble goal, but it was not the US that was

waging a unilateral goal against Iran, but rather Iran, in the guise of Gen. Soleimani, that was waging an endless war against the US. Read it here.

Last week, the White House released the “deal of the century,” the plan to solve the Israeli-Palestinian conflict. In response, **Danielle Pletka** took to The Dispatch to assess the detailed peace plan. The plan advances Israel’s position, moves the goalposts in ways that future peace processes will have a hard time shifting, and hopefully will prompt a round of soul-searching among the Palestinians and their Arab backers. Credit to the Trump administration for taking on a tough issue. Even if the plan itself goes nowhere, reopening the Israeli-Palestinian conflict at a moment when, frankly, few cared is pretty gutsy. Continue here.

MEDIA SPOTLIGHT

Discussing the impact of the coronavirus on US economy

Derek Scissors | CNBC's 'Squawk Box'

As the coronavirus spreads, **Derek Scissors** took to CNBC to discuss how the virus will affect the US economy. He predicts that the short-term economic impact will be stark, including a big blow to economic activity in the first quarter. However, in a year from now, we won't notice the impact on the economy as the coronavirus will not jeopardize economic productivity of the labor force.

Watch it here

That's a wrap for this week! For more, you can:

Follow **@AEIfdp** on Twitter for up-to-the-minute updates
Read more at **www.aei.org/policy/foreign-and-defense-policy**
Tips? Comments? Questions? Email Allison Schwartz at **allison.schwartz@aei.org**.

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From: (b)(6)
Sent: Mon, 3 Feb 2020 19:26:09 +0000
To: RLW
Subject: [EXTERNAL] FW: CDC wants to distribute coronavirus diagnostic test by end of week

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From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, February 3, 2020 2:09 PM
To: (b)(6) @riponsociety.org>
Subject: CDC wants to distribute coronavirus diagnostic test by end of week

CDC wants to distribute coronavirus diagnostic test by end of week

By David Lim, Sarah Owermohle

02/03/2020 02:08 PM EST

The CDC wants the FDA to quickly grant an emergency authorization to use its Wuhan coronavirus diagnostic test so it can distribute it to laboratories across the country later this week.

"The process is extremely expedited and our colleagues at FDA have been working with us closely — our plans were submitted to them today, and I expect that means we should be able to start sending them out by the end of the week barring complications," Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases, said on a press call.

For the FDA to grant emergency authorization for the test, HHS Secretary Alex Azar first must declare that circumstances exist that justify its use — a step that appears imminent after Azar declared the virus a public health emergency late last week. CDC has already sent the test to the International Reagent Resource so states can begin ordering it, according to Messonnier.

To view online:
https://subscriber.politicopro.com/health-care/whiteboard/2020/02/cdc-wants-to-distribute-coronavirus-diagnostic-test-by-end-of-week-3976275

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From: Wilkie, Robert L., Jr.
Sent: Mon, 3 Feb 2020 22:35:09 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus Updates - AHA Rural Conference

From: AHA Today
Sent: Monday, February 3, 2020 10:00:43 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus Updates - AHA Rural Conference

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Your source of news and insight.

February 3, 2020 | www.aha.org/news

Chair File: Rural Hospitals More Indispensable Than Ever

Rural hospitals are community strongholds, serving as the key point of care for nearly 20% of Americans. Beyond providing healing and hope, rural hospitals nationwide are pillars of their local economies, creating essential jobs that support families and community vitality.

Unfortunately, many rural hospitals have faced persistent and emergent challenges in recent years. An alarming number have closed due to issues such as low-patient volume, a shortage of health care professionals, and disruptive shifts in local demographics and the economy. The timing is especially dismaying in the face of rising health challenges such as the opioid epidemic.

Still, the challenges confronting our vital rural hospitals are surmountable with unified commitment among stakeholders. The AHA continues to push for a robust agenda that highlights supporting new payment and delivery models; ensuring fair and adequate reimbursement; supporting regulatory relief; enhancing telehealth; bolstering the workforce; and reining in drug prices.

This week's AHA Rural Health Care Leadership Conference presents a broad overview of rural health care issues — and will showcase innovative strategies and policy recommendations that can have major, positive effects in rural communities.

At the same time, the AHA is expanding its resources to help link care providers to sources of external and grant funding that are critical to many rural hospitals. The AHA also has created the Future of Rural Health Care Task Force to provide strategic thought leadership on the future delivery and financing of rural health care that ensures access to care for millions of Americans who live, work and raise their families in rural areas.

The strength of rural health care is critical to the fabric of American health care. And it is our mission to safeguard it, improve it, expand it, and advance it for future generations.

Melinda L. Estes, M.D.
AHA Chair

Today's Headlines

1. CDC: 11 people in the U.S. have tested positive for coronavirus
2. HHS alerts health sector to coronavirus-related phishing campaigns
3. CDC: Life expectancy up, mortality down in 2018
4. Blog: Narrative on hospital mergers lacks rigor
5. AHA ads on affordability, rural issues run in early primary states
6. Blog: Infection control must be everybody's job

See Full Stories Below

Special Coverage from the 2020 AHA Rural Health Care Leadership Conference

AHA Chair on Working Together for Rural Health Care. AHA Board Chair Melinda L. Estes, M.D., today kicked off the AHA Rural Health Care Leadership Conference by welcoming more than 1,000 rural hospital and health system leaders and trustees — the largest number of attendees in the conference's history. Estes underscored the challenges rural hospitals face, from low patient volume to heavily relying on public payer programs, to the growing opioid epidemic. She discussed how rural hospitals and health systems are evolving to meet the needs and demands of an ever-changing health care landscape so that they continue to survive and thrive. Estes emphasized the need to enact new federal policies and invest in rural hospitals and health systems to help them continue serving their communities for years and decades to come. "The state and strength of rural health care is critical to the fabric of American health care," Estes said. "And it is our singular mission to safeguard it, improve it, expand it, and advance it for future generations."

AHA kicked off the conference with a video showcasing rural hospitals and health systems nationwide caring for patients in their communities.

Addressing Disruption through Innovation and Value in Rural Communities. A panel of health care leaders, moderated by AHA Board Member **Peter Wright**, president of Bridgton and Rumford Hospitals, explored today's key challenges within the health care field. The panel included AHA Board Member **Roxie Cannon Wells**, M.D., president of CFV Hoke Healthcare/Hospital; **Darrold Bertsch**, CEO of Coal Country Community Health Center/Sakakawea Medical Center; **Dave Ressler**, CEO of Aspen Valley Hospital; **Casey Cooper**, CEO of Cherokee Hospital; **Rachelle Schultz**, president/CEO of Winona Health; and **Alison Page**, CEO of Western Wisconsin Health. The leaders shared how their organizations are redesigning care delivery, collaborating and transforming to reduce cost, improve outcomes and enhance the patient experience.

Keynote Sessions. Kelli Harding, M.D., assistant clinical professor of psychiatry at

Columbia University and an author, explored scientific evidence to reveal how surprising hidden factors — such as kindness, love, friendship, environment, community and connection in our day-to-day lives — can have a far greater impact on overall health than anything that happens in the doctor's office. **John Nance**, ABC News aviation analyst and patient safety advocate, discussed how the health care system is moving from a fee-for-service world to one based on quality and effectiveness of outcomes. He detailed how organizations can succeed by empowering, motivating and inspiring their own staff members.

Strategy Sessions. A number of strategy sessions focused on preserving rural access; physician partnership and recruitment; creating alignment for success in transitions of care; changing the payment paradigm with a focus on the Pennsylvania Rural Health Model; what boards and executives should know about community benefit; engaging local leaders to drive policy changes and care delivery innovations; and making your board a model of governance excellence.

Roundtable Discussions. Roundtable discussions covered guiding trustees to understand the medical staff; enhancing physician resiliency and reducing burnout in rural health care practices; health equity and disparities; strategic questions boards should ask about information technology; attracting, recruiting and retaining great employees; and telehealth.

Watch AHA Today for more coverage from the conference and follow the action on social media using #RuralHealth.

Today's Headlines Continued

1. CDC: 11 people in the U.S. have tested positive for coronavirus

Eleven people in the U.S. have tested positive for the novel coronavirus (2019-nCoV), and the Centers for Disease Control and Prevention expects to see more cases, including cases where the virus is transferred from person to person.

China's Health Commission, as of Sunday, had reported 17,205 confirmed cases of the coronavirus and 361 deaths.

CDC said as of this morning there were 260 patients in the U.S. under investigation for the novel coronavirus across 36 states. Of these, 167 patients have tested negative and 82 are still pending.

CDC plans to submit today an emergency use authorization package to the Food and Drug Administration that would allow the agency to provide diagnostic testing for the virus to health departments across the country.

"This will greatly enhance our national capacity to test for this virus," said Nancy Messonnier, M.D., director of CDC's National Center for Immunization and Respiratory Diseases.

Health and Human Services Secretary Alex Azar Friday declared the coronavirus a public health emergency.

For the latest information and resources on the coronavirus, visit AHA's webpage.

2. HHS alerts health sector to coronavirus-related phishing campaigns

Cyber criminals are using the 2019 novel coronavirus to launch malicious phishing campaigns, the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response reported today. According to ASPR's Division of Critical Infrastructure Protection, phishing attacks have occurred through emails with attached Word documents offering supposed guidance on prevention infection, as well as PDF and MP4 file attachments. Hackers also have sent spam emails to users in Japan warning about a supposed new strain of coronavirus, the agency said. "There is an expectation that there will be more malicious email traffic based on 2019-nCOV in the future," ASPR said. John Riggi, AHA senior advisor for cybersecurity and risk, advises this may be an opportune time to remind staff not to click on suspicious emails, links or attachments and for organizations to use a warning banner on emails originating outside the organization.

3. CDC: Life expectancy up, mortality down in 2018

U.S. life expectancy rose by 0.1 year in 2018 to 78.7, the Centers for Disease Control and Prevention reported last week. Among specific improvements, the drug overdose death rate fell by 4.6% overall, to 20.7 per 100,000; and the infant mortality rate fell by 2.3%, to 566.2 per 100,000 live births. Death rates also decreased 2.9% for chronic lower respiratory diseases, 2.8% for unintentional injuries, 2.2% for cancer, 1.6% for Alzheimer disease, 1.3% for stroke, and 0.8% for heart disease; and increased 4.2% for flu and pneumonia and 1.4% for suicide.

"In 2018, for the first time in more than two decades, fewer Americans died of drug overdoses than the year before, and for the first time in four years, American life expectancy rose," said Health and Human Services Secretary Alex Azar. "This news is a real victory, and it should be a source of encouragement for all Americans who have been committed to connecting people struggling with substance abuse to treatment and recovery."

4. Blog: Narrative on hospital mergers lacks rigor

Hospital mergers are worth discussing, but "too often the criticism is far from rigorous" and "more like an echo chamber," which does a "disservice to our communities and the millions of consumers who rely on hospitals and health systems for their care," write AHA General Counsel Melinda Hatton and others in an AHA Stat Blog post.

5. AHA ads on affordability, rural issues run in early primary states

The AHA is engaging in early primary states, including Iowa, with ads about rural health care and affordability to ensure issues important to hospitals and health systems stay in front of candidates. The AHA's We Care, We Vote webpage contains resources for hospital and health system leaders to use to prepare for the 2020 election. To learn more about AHA's We Care, We Vote initiative, visit wecarewevote.aha.org.

6. Blog: Infection control must be everybody's job

America's hospitals and health systems "will always remain vigilant to the next threat and will continue to take the lead in safeguarding the public against potential threats," but "infection control must be everybody's job," writes Jay Bhatt, D.O., AHA senior vice president and chief medical officer, responding to a recent Wall Street Journal article on hospital readiness for the Wuhan virus.

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: Wilkie, Robert L., Jr.
Sent: Tue, 4 Feb 2020 11:44:33 +0000
To: RLW
Subject: FW: [EXTERNAL] WeWork taps new CEO

From: PitchBook News
Sent: Tuesday, February 4, 2020 6:43:05 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] WeWork taps new CEO

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TODAY'S TOP STORIES

WeWork taps real estate veteran for turnaround

Sandeep Mathrani, WeWork's new CEO
(Tony Favarula/Andrew Collings Photography)

WeWork's turnaround act has a new star at center stage. It now falls to Sandeep Mathrani, a veteran of several powerhouse companies in real estate, to control growth and rein in costs at SoftBank's troubled provider of shared office space.

Mathrani's appointment to CEO of WeWork over the weekend may be the clearest signal yet that the company is pivoting to focus on traditional real-estate management in place of the freewheeling tech-driven growth envisioned by ousted founder Adam Neumann.

Mathrani, who will take on his new role effective Feb. 18, was most recently CEO of the retail group at Brookfield Properties, one of the world's largest property managers. Prior to that, he was CEO of General Growth Properties for eight years before it was acquired in 2018 by Brookfield. Mathrani will succeed WeWork co-CEOs Artie Minson and Sebastian

/ho's in the ewsletter today?

eople

dam Neumann

Artie Minson

David Margrett

Peter Cullum

Ryan Supple

Sandeep Mathrani

Sebastian Gunningham

Investors

8VC

AMN Healthcare Services

Andreessen Horowitz

Benchmark

Define Ventures

Dustin Moskovitz

Eight Roads Ventures

Founders Fund

Graycliff Partners

Greylock

HKW

Kennet Partners

Khosla Ventures

Gunningham, who will stay at the company for a transition period.

Related read: **WeWork sheds more assets under turnaround plan**

Share:

Coronavirus concerns delay IPOs

(Sean Gallup/Getty Images News)

Several companies are taking steps to delay initial public offerings, due to fears that the coronavirus outbreak could derail markets in its Chinese epicenter and beyond.

Chinese biotech company InnoCare Pharma is holding off on a $200 million IPO due to coronavirus concerns, according to Bloomberg. InnoCare's most recent funding round reportedly occurred about one year ago via a $160 million Series D.

The global health emergency also prompted Atotech,

Kinderhook Industries
Knox Capital
McKesson Ventures
Penta Capital
Quad-C Management
Searchlight Capital Partners
Silicon Valley Bank
SoftBank
The Carlyle Group
The Column Group
Third Rock Ventures
Turn/River Capital
US Venture Partners
Vestar Capital Partners
Welsh, Carson, Anderson & Stowe
ZMC

Companies

Airbnb
Asana
Atotech
Brookfield Properties
Cresta
Edgewell
Facebook
Global Risk Partners
Harry's
HaystackID
HelloSign
HotelTonight
InnoCare Pharma
Lightship
Opus Bank
Pacific Premier Bank
Revolution Medicines

a portfolio company of The Carlyle Group, to delay an IPO, according to Reuters. The specialty chemicals manufacturer, which Carlyle acquired for $3.2 billion in 2016, is based in Berlin—far from the virus' origins in Wuhan. The postponement underlines the vast reach of coronavirus worries, which could impact economies around the world.

Related read: **Private equity's IPO pipeline is filling up after slow 2019**

Share:

Rimilia
Simeio Solutions
Slack
Spotify
Stratus Video
WeWork

How industry leaders & investors are taking action in sales leadership hiring

SPONSORED

By Carolyn Betts Fleming, founder & CEO of Betts Recruiting

Back in 2015, a Jobvite survey placed the average time-to-hire for a VP- or director-level employee at 76 days. Since then, company chiefs and investors have realized they don't have that long to wait to hire their next sales leader. The longer it takes HR to schedule interviews with the board and hammer out an agreement on stock options, the longer sales teams languish with an outdated or nonexistent strategy and no leader.

As a result, the sales leader hiring process has become one of the latest frontiers of business process optimization. What tactics are companies leveraging to ensure the due diligence necessary to hire the right

leader, while simultaneously keeping the interview and hiring processes concise and efficient? Best practices include starting within your network, seeking recommendations and thinking outside the box—but it takes a lot more than that.

Get more here

Share:

Asana sets stage for direct listing

Asana, the project management platform developer led by Facebook co-founder Dustin Moskovitz, revealed that it has confidentially filed papers with regulators to launch a direct listing. The move, which would tap into a still-novel exit strategy for venture-backed startups, would allow the San Francisco-based company's existing investors and employees to sell stock on Wall Street.

Direct listings aren't fundraising events for companies, and they have only been attempted by a few startups, such as media streaming platform provider Spotify in 2018 and messaging-software developer Slack **last year**. Airbnb has also reportedly considered the move.

Asana, which announced its plans in a blog post, hasn't indicated when its own listing might take place or which stock exchange it would choose. The company has raised more than $210 million since it was founded in 2008, most recently in a 2018 Series E at a $1.5 billion valuation, according to PitchBook data. VC investors in Asana include Benchmark, Founders Fund and 8VC.

Share:

How do VC returns vary by sector?

VC firms usually expect different types of returns across different investment stages. The same is true across different sectors and verticals, particularly as more investors begin specializing in select industries.

But just how significant is the range of potential returns? Our **most recent analyst note** is the second in a series examining returns for investors at different venture stages. This time, our analysts explore VC returns in the technology and life sciences sectors and examine the differing return profiles in specific verticals like fintech and cybersecurity. Some key findings:

- Fintech, artificial intelligence and machine learning startups post robust returns compared to the broader tech industry
- Life sciences deals outperform other sectors on an adjusted basis, despite a risky reputation
- Of the industry slices analyzed, only cybersecurity deals resulted in negative

adjusted return metrics

read it now

Share:

Recommended Reads

Meet the stealthy space startup trying to mass-produce rockets. [Bloomberg]

You can order nearly anything from Amazon. Soon, you may be able to get a small business loan. [Financial Times]

The youngest person to win a Grammy in all top four categories, Billie Eilish is reinventing what it means to be a pop star. [Vogue]

Hard beverages abound these days. At this rate, even oat milk could go malt. [The Washington Post]

What happens when the political media mob descends upon Iowa? [The New York Times]

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Since yesterday, the PitchBook Platform added:

210	1048	344	13
Deals	People	Companies	Funds

See what our data software can do

TODAY'S HEADLINES

The Daily Benchmark

2009 Vintage Global PE Funds with more than $1B

People

Graycliff adds Ryan Supple

VC Deals

Cresta pockets $21M

Lightship pulls in $20M Series B

Fintech startup Rimilia banks $15M

PE Deals

Quad-C recaps HaystackID

Searchlight to take over Global Risk Partners

ZMC snags Simeio from WCAS

Exits

Kinderhook to unload Stratus Video for $475M

Revolution Medicines sets IPO terms

Fundraising

Vestar Capital brings in $1.1B for seventh fund

Turn/River announces $420M fund

USVP closes 12th flagship fund on $340M

Corporate M&A

FTC seeks to block Harry's $1.3B+ sale to Edgewell

Pacific Premier to buy Opus Bank

THE DAILY BENCHMARK

2009 Vintage Global PE Funds with more than $1B

Median IRR

11.70%

Top Quartile IRR Hurdle Rate

20.67%

1.49x

Median TVPI

Select top performers
Odyssey Investment Partners Fund IV
Clayton Dubilier & Rice Fund VIII
Charlesbank Equity Fund VII

**IRR: net of fees*

13 Funds in Benchmark »

Check out the latest version of **PitchBook Benchmarks**

PEOPLE

Graycliff adds Ryan Supple

Graycliff Partners has hired Ryan Supple as a principal. Supple joins the firm from HKW, where he served as a vice president focused on deal sourcing. Based in New York, Graycliff's PE arm makes investments of between $10 million and $50 million in the manufacturing, business services and value-added distribution industries.

View details

VC DEALS

Cresta pockets $21M

San Francisco-based Cresta has secured $21 million from Greylock and Andreessen Horowitz, among others. Spun out of the Stanford Artificial Intelligence Lab, the company operates an AI-based platform intended to automate customer interaction processes

in real time.

View round

View similar company »

Lightship pulls in $20M Series B

Lightship, the creator of a digital platform designed to connect patients with clinical research programs, has raised $20 million in a round co-led by McKesson Ventures and Define Ventures, with participation from Khosla Ventures. The Los Angeles-based company has also brought on David MacMurchy as its CEO.

View round

View similar company »

Fintech startup Rimilia banks $15M

Rimilia has secured a $15 million growth round from investors including Eight Roads Ventures, Kennet Partners and Silicon Valley Bank, according to reports. Founded in 2008, the UK-based company is the developer of an AI-based financial automation platform. Rimilia is said to have conducted more than 12 million transactions and automated the collection and allocation of $150 billion last year.

View round

View 35 competitors »

PE DEALS

Quad-C recaps HaystackID

Quad-C Management has recapitalized HaystackID, a Washington, DC-based eDiscovery services company that works with more than 500 corporations and law firms. Chicago-based Knox Capital has backed HaystackID since 2017.

View deal View 3 competitors »

Searchlight to take over Global Risk Partners

Searchlight Capital Partners has agreed to acquire Global Risk Partners, a UK-based independent insurance intermediary that operates retail broking, specialist MGA and Lloyd's businesses. GRP founders Peter Cullum, David Margrett and founding investor Penta Capital will keep their minority stakes in the business.

View deal View 1 competitors »

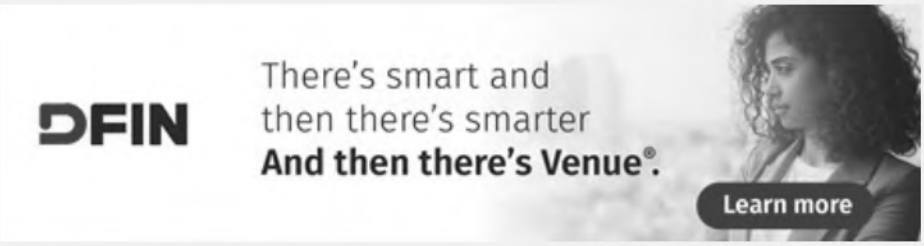
ZMC snags Simeio from WCAS

ZMC has acquired Simeio Solutions, a provider of identity and access management technology, from

Welsh, Carson, Anderson & Stowe, which originally backed the company with a growth investment in 2015. Based in Atlanta, Simeio serves companies in a range of industries including financial services, healthcare, media and retail.

View deal

View 13 competitors »



EXITS

Kinderhook to unload Stratus Video for $475M

Kinderhook Industries has agreed to sell Stratus Video, a Clearwater, Fla.-based provider of video remote language interpretation services for the healthcare sector, to AMN Healthcare Services for $475 million. Founded in 2012, Stratus Video generated more than $100 million in revenue for 2019 and works with over 1,900 global hospitals and health clinics. Kinderhook has backed the business since 2015.

View details

View 7 competitors »

Revolution Medicines sets IPO terms

Revolution Medicines, a clinical-stage developer of treatments for genetically defined cancers, has established a price range of $14 to $16 apiece for its upcoming offering of 10 million shares, according to an SEC filing. A midpoint pricing would raise $150 million and give the company an initial market cap of about $793.5 million. Revolution Medicines is backed by Third Rock Ventures (28.8% pre-IPO stake) and The Column Group (18.6%), among others. It plans to trade on the Nasdaq under the symbol RVMD.

View details

View 42 competitors »

FUNDRAISING

Vestar Capital brings in $1.1B for seventh fund

New York-based Vestar Capital Partners has closed its seventh flagship fund on $1.1 billion, exceeding a $1 billion target. The vehicle will invest in the healthcare, consumer and business & technology services sectors, with a focus on family- and founder-owned companies. Vestar raised $804 million for its sixth flagship fund in 2013.

View fund

View 193 investments »

Turn/River announces $420M fund

San Francisco-based Turn/River Capital has closed its fourth flagship fund on $420 million, exceeding a

predecessor that raised $168 million in 2018. The firm typically invests in software-related companies, having made 17 deals since it was founded in 2012.

View fund

View 19 investments »

USVP closes 12th flagship fund on $340M

US Venture Partners has closed a $340 million namesake fund, which will be used to invest in early-stage companies across the cybersecurity, enterprise software, consumer and healthcare sectors. The firm was a prior investor in travel app provider HotelTonight and e-signature startup HelloSign, which were both acquired last year. USVP's previous flagship vehicle closed on $300 million in 2015.

View fund

View 351 investments »

Share:

CORPORATE M&A

FTC seeks to block Harry's $1.3B+ sale to Edgewell

The Federal Trade Commission plans to sue to block the $1.37 billion sale of VC-backed razor startup Harry's to Edgewell, Schick's parent company, because of anti-competition concerns. In a press release, the startup's co-founders expressed disappointment in the FTC's decision, and wrote they

are "evaluating the best path forward." Harry's has reportedly raked in nearly $500 million in venture capital.

View details

View 30 competitors »

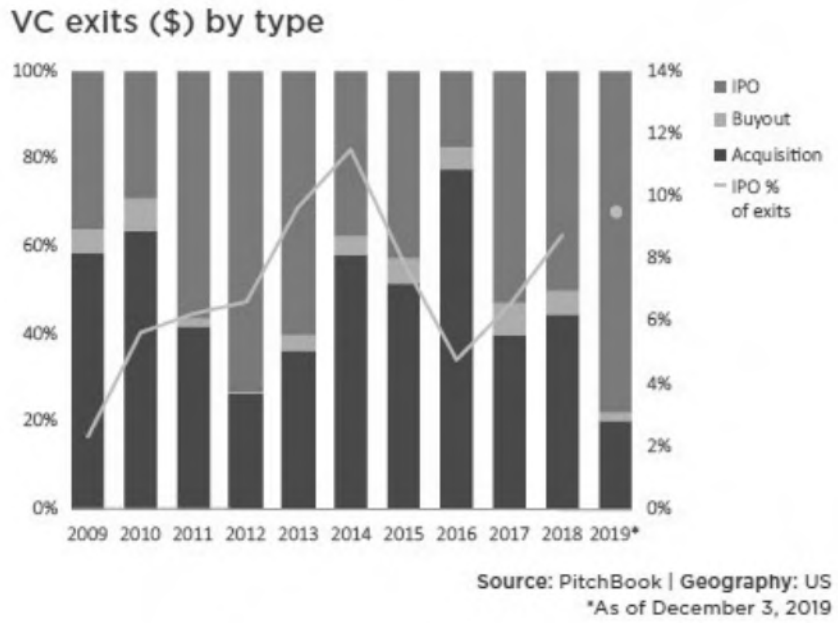
Pacific Premier to buy Opus Bank

The holding company of Pacific Premier Bank has agreed to acquire Opus Bank through an all-stock transaction worth about $1 billion. Opus is a regional commercial bank based in Irvine, Calif. It has about $8 billion in assets.

View details

View 18 competitors »

CHART OF THE DAY



Source: **PitchBook's 2020 Venture Capital Outlook**

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Venture capital, private equity and M&A financial information technology provider.

From: RLW
Sent: Tue, 4 Feb 2020 13:35:31 +0000
To: RLW
Subject: Business Session on Substance Abuse and Mental Health
Attachments: Governor Agenda - 2020 White House Business Session with Our Nation's Governors - 02-05-2019.pdf, White House Business Session - Breakout Examples.docx, White House Business Session Breakout - Empowering Patients One-Pager.pdf, EBS_SECVA_WH_Governors_Business_Session_10_February_2020.docx

No press
Kellyanne Conway is the facilitor

THE WHITE HOUSE

Business Session with Our Nation's Governors

Monday, February 10, 2020 from 7:30 a.m. – 11:45 a.m.

7:30 a.m. **Informal Breakfast Reception & Welcome**

Mick Mulvaney, *Acting Chief of Staff*

(b)(6) *Deputy Assistant to the President & Director, Intergovernmental Affairs*

8:25 a.m. **Breakout Session – Round I**

(b)(5)

9:25 a.m. **Breakout Session – Round II**

(b)(5)

10:30 a.m. **Dialogue with Vice President Mike Pence on the *Governors' Initiative on Regulatory Innovation***

11:00 a.m. **Dialogue with President Donald J. Trump**

11:45 a.m. **Business Session Concludes**

Times and Participants are Subject to Change

Not for External Distribution – 02-05-2019

Empowering Patients & Improving Health Outcomes by Combatting Substance Abuse & Improving Mental Health

1. **Governor John Bel Edwards (D, LA)**
   - (b)(5)

2. **Governor Kristi Noem (R, SD)**
   - (b)(5)

3. **Governor Larry Hogan (R, MD)**
   - (b)(5)
   -

4. **Governor Chris Sununu (R, NH)**
   - (b)(5)

5. **Governor Asa Hutchinson (R, AR)**
   - (b)(5)

Strengthening America's Workforce by Expanding STEM Education, Apprenticeships, & Career and Technical Training

6. **Governor Mike Parson (R, MO)**
   - (b)(5)
   -

7. **Governor Tate Reeves (R, MS)**
   - (b)(5)
   -

8. **Governor Mike DeWine (R, OH)**
   - (b)(5)

9. **Governor Bill Lee (R, TN)**
   - (b)(5)
   -

10. **Governor Ron DeSantis (D, FL)**
    - (b)(5)
    -

Transforming American Communities by Improving Broadband & Connectivity

11. **Governor Doug Ducey (R, AZ)**
    - (b)(5)

12. **Governor Jared Polis (D, CO)**
    - (b)(5)
    -

13. **Governor Brad Little (R, ID)**
    - (b)(5)

14. **Governor Pete Ricketts (R, NE)**
    - (b)(5)
    -

Empowering Patients & Improving Health Outcomes by Reducing Drug Pricing & Exploring Prescription Drug Importation

15. **Governor Jared Polis (D, CO)**
    - (b)(5)
    -

16. **Governor Ron DeSantis (R, FL)**
    - (b)(5)
    -

17. **Governor Greg Abbott (R, TX)**
    - (b)(5)

18. **Governor J.B. Pritzker (D, IL)**
    - (b)(5)

Reskilling America's Workers & Growing Industries of the Future

19. **Governor Doug Ducey (R, AZ)**
    - (b)(5)

20. **Governor Gretchen Whitmer (D, MI)**
    - (b)(5)
    -

21. **Governor Larry Hogan (R, MD)**
    - (b)(5)

22. **Governor Pete Ricketts (R, NE)**
    - (b)(5)

23. **Governor Charlie Baker (R, MA)**
    - (b)(5)

24. **Governor Janet Mills (D, ME)**
    - (b)(5)
    -

Transforming American Communities by Advancing Opportunity Zones

25. **Governor John Bel Edwards (R, LA)**
    - (b)(5)
    -

26. **Governor Kristi Noem (R, SD)**
    - (b)(5)

Advancing Criminal Justice & Prison Reform

27. **Governor Kay Ivey (R, AL)**
    - (b)(5)

28. **Governor Kim Reynolds (R, IA)**
    - (b)(5)

29. **Governor Asa Hutchinson (R, AR)**
    - (b)(5)
    -
    -

30. **Governor Brad Little (R, ID)**
    - (b)(5)
    -

31. **Governor Doug Burgum (R, ND)**
    - (b)(5)
    -

32. **Governor Phil Murphy (D, NJ)**
    - (b)(5)

33. **Governor Bill Lee (R, TN)**
    - (b)(5)

THE WHITE HOUSE

Red Room

Business Session with Our Nation's Governors

Empowering Patients and Improving Health Outcomes by Combatting Substance Abuse and Improving Mental Health – Round One

Date and Time: Monday, February 10 from 8:25 a.m. – 9:15 a.m.

Location: White House – Red Room

Federal Participants:

- Secretary Alex Azar, *U.S. Department of Health & Human Services*
- Secretary Robert Wilke, *U.S. Department of Veterans Affairs*
- Kellyanne Conway, *Assistant to the President & Senior Counselor (Facilitaor)*
- (b)(6) *Assistant to the President & Director, Domestic Policy Council*
- Director, *Office of National Drug Control Policy*

Potential Discussions Questions:

- (b)(5)

Governors Assigned:

- Governor Hutchinson (AR)
- Governor Kemp (GA)
- Governor Edwards (LA)
- Governor Baker (MA)
- Governor Hogan (MD)
- Governor Vazquez (PR)
- Governor Noem (SD)

"My administration is strongly committed to helping Americans suffering from mental illness."
President Donald J. Trump

EXECUTIVE BRIEFING SUMMARY

WH Business Session with Our Nation's Governors

Monday, February 10, 2020
7:30am to 11:45am
White House

POINT OF CONTACT:
Mr. Thayer Verschoor
Executive Director
Office of Intergovernmental Affairs, OPIA
(202) 461-(b)(6) – Direct
(b)(6) @va.gov

PURPOSE OF EVENT:

■ WH IGA Event

OVERVIEW OF EVENT:

WH IGA Guidance –

1. (b)(5)
2.
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5.
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7.
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9.
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11.

Secretary Potential Discussion Topics: – (b)(5)
(b)(5)
(b)(5)

SECVA ROLE:

SECVA participate in interactive/informal high-level discussion.

NOTE: *Dr. Stone has received WH clearance to attend – IGA forwarded WAVES.*

PARTICIPANTS ***@ 8:25 a.m. Breakout Session – Round I***

White House Senior Staff & Cabinet –

1. Secretary Alex Azar, U.S. Department of Health & Human Services
2. Secretary Robert Wilke, U.S. Department of Veterans Affairs
3. Ms. Kellyanne Conway, Assistant to the President & Senior Counselor – Facilitator
4. Mr. (b)(6) Assistant to the President & Director, Domestic Policy Council
5. Mr. Director, Office of National Drug Control Policy

Governors –

6. Governor John Bel Edwards – Louisiana
7. Governor Kristi Noem – South Dakota
8. Governor Larry Hogan – Maryland
9. Governor Chris Sununu – New Hampshire
10. Governor Asa Hutchinson – Arkansas
11. Governor Brian Kemp – Georgia
12. Governor Charlie Baker – Massachusetts
13. Governor Wanda Vasquez – Puerto Rico

AGENDA:

7:30 AM – Informal Breakfast Reception & Welcome
8:25AM – Breakout Session – Round I – WH Red Room – SECVA Participation
9:25AM – Breakout Session – Round II
10:30AM – Dialogue with Vice President Mike Pence on the Governors' Initiative on Regulatory Innovation
11:00AM – Dialogue with President Donald J. Trump
11:45AM – Business Session Concludes

BACKGROUND:

WH Guidance – Potential Discussions Questions:

Please prepare additional open-ended questions to ask to ensure this is a robust two-way dialogue.

1. (b)(5)

2.

3. (b)(5)

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6.

Please prepare additional open-ended questions to ask to ensure this is a robust two-way dialogue.

State Specific Information –

Governor John Bel Edwards –LA

Example - (b)(5)

(b)(5)

Louisiana Homelessness Statistics –

- LA Veteran Homelessness: **406**
- LA Total Homelessness: **3,059**

Governor Kristi Noem – SD

Example - (b)(5)

(b)(5)

South Dakota Homelessness Statistics –

- SD Veteran Homelessness: **110**
- SD Total Homelessness: **1,159**

Governor Larry Hogan – MD

Example - (b)(5)

(b)(5)

Example - (b)(5)

(b)(5)

Maryland Homelessness Statistics –

- MD Veteran Homelessness: **574**

- MD Total Homelessness: **7,144**

Governor Chris Sununu – NH

Example - (b)(5)

(b)(5)

New Hampshire Homelessness Statistics –

- NH Veteran Homelessness: **705**
- NH Total Homelessness: **9,499**

Governor Asa Hutchinson – AR

Example - (b)(5)

(b)(5)

Arkansas Homelessness Statistics –

- AR Veteran Homelessness: **251**
- AR Total Homelessness: **2,712**

Governor Brian Kemp – GA

Governor's Challenge to Prevent Suicide Among Servicemembers –

(b)(5)

Georgia Homelessness Statistics –

- Georgia Veteran Homelessness: **705**
- Georgia Total Homelessness: **9,499**

Governor Charlie Baker – MA

Massachusetts Homelessness Statistics –

- MA Veteran Homelessness: **705**
- MA Total Homelessness: **9,499**

Governor Wanda Vasquez – PR

Puerto Rico Homelessness Statistics –

- PR Veteran Homelessness: **705**
- PR Total Homelessness: **9,499**

ATTACHMENTS:

1. WH Agenda
2. WH *"Empowering Patients and Improving Health Outcomes by Combatting Substance Abuse and Improving Mental Health"* One Pager
3. WH Business Session – Breakout Example

Governor John Bel Edwards
Louisiana

- Term January 13, 2020 - Current
- Term January 11, 2016 - January 12, 2020
- Party Democrat
- Born September 16, 1966
- Birth State Louisiana
- Spouse Donna Edwards
- Military Service U.S. Army
- School

U.S. Military Academy at West Point; Louisiana State University Law Center

(b)(5)

(b)(5)

(b)(5)

Governor Kristi Noem
South Dakota

- Term January 8, 2019 - Current
- Party Republican
- Born November 30, 1971
- Birth State South Dakota
- School South Dakota State University

(b)(5)

(b)(5)

(b)(5)

Governor Larry Hogan
Maryland

- Term January 16, 2019 - Current
- Term January 21, 2015 - January 15, 2019
- Party Republican
- Born May 25, 1956
- Birth State Washington, D.C.
- Spouse Yumi Hogan
- School Florida State University

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Governor Chris Sununu
New Hampshire

- Term January 2, 2019 - Current
- Term January 5, 2017 - January 1, 2019
- Party Republican
- Born November 5, 1974
- Birth State New Hampshire
- Spouse Valerie Sununu
- School Massachusetts Institute of Technology

(b)(5)

(b)(5)

(b)(5)

Governor Asa Hutchinson
Arkansas

- Term January 15, 2019 - Current
- Term January 13, 2015 - January 14, 2019
- Party Republican
- Born December 3, 1950
- Birth State Arkansas
- Spouse Susan Hutchinson
- School Bob Jones University; University of Arkansas School of Law

(b)(5) 18.

(b)(5)

(b)(5)

Governor Charlie Baker
Massachusetts

- Term January 3, 2019 - Current
- Terms January 8, 2015 - January 2, 2019
- Party Republican
- Born November 13, 1956
- Birth State New York
- School Harvard College; Northwestern University, Kellogg School of Management

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Governor Wanda Vázquez
Puerto Rico

- Terms August 7, 2019 - Current
- Party New Progressive
- Born July 9, 1960
- Birth State Puerto Rico
- School University of Puerto Rico, Interamerican University of Puerto Rico School of Law

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Governor Brian Kemp
Georgia

- Terms January 14, 2019 - Current
- Party Republican
- Born November 2, 1963
- Birth State Georgia
- Spouse Marty Kemp
- School University of Georgia

(b)(5)

(b)(5)

(b)(5)

From: Wilkie, Robert L., Jr.
Sent: Wed, 5 Feb 2020 23:34:49 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Breaking: CMS Issues MA, Part D Proposed Rule

From: AHA Today
Sent: Wednesday, February 5, 2020 6:10:29 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Breaking: CMS Issues MA, Part D Proposed Rule

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Advancing Health in America

AHA TODAY

Your source of news and insight.

February 5, 2020 | www.aha.org/news

CMS Releases Proposed Rule on MA and Medicare Part D

The Centers for Medicare & Medicaid Services today proposed changes to the Medicare Advantage and Medicare Part D programs, including implementing various provisions of the SUPPORT Act and 21st Century Cures Act. With regard to MA plans, CMS proposes changes to the medical loss ratio methodology by broadening the definition of incurred claims. In addition, CMS proposes to update the MA network adequacy standards to incentivize MA plans to contract with certain telehealth providers and expand access to MA plans in counties where network development can be challenging, such as rural areas. Specifically, CMS proposes to allow MA plans to receive a 10% credit toward the percentage of beneficiaries residing within published time and distance standards when they contract with certain telehealth providers and reduce the required percentage of beneficiaries residing within maximum time and distance standards in certain county types (Micro, Rural, and Counties with Extreme Access Considerations). CMS also proposes to codify the MA network adequacy methodology and standards. For Part D plans, CMS proposes to mandate Drug Management Programs, modify the definition of opioid-at-risk Part D beneficiaries for inclusion in DMPs, and require Part D plans to implement a beneficiary real-time benefit tool. Comments on the rule are due to the agency by April 6.

Today's Headlines

1. FDA issues emergency authorization for CDC novel coronavirus test kits
2. Subcommittee holds hearing on poverty measure calculation
3. Saint Luke's Hospital patient spotlighted at State of Union
4. Study: Homicide a leading cause of pregnancy-associated death in La.
5. Resources debunk hospital merger myths, study
6. AHA resource spotlights 19 hospital strategies to improve affordability

See Full Stories Below

Insights & Analysis

AHA rural conference wraps up with keynote and strategy sessions

The AHA's Rural Health Care Leadership Conference wrapped up today with a keynote session featuring author and CEO of the Mercy Project Chris Field, who shared his own inspirational story to encourage attendees to affect positive change in their communities. Attendees also participated in a number of strategy sessions. See complete coverage of this week's conference.

Podcast: Health care leaders talk benefits of community collaboration

On this AHA Advancing Health podcast, Nancy Myers, AHA vice president of leadership and system innovation, speaks with health care leaders from Washington state and Ohio to discuss the results of community collaboratives with public health departments, hospitals and health systems, and other organizations. Listen here.

AHA Market Scan: Report looks at future of health care partnerships

The latest edition of Market Scan — a newsletter from AHA's Center for Health Innovation — examines an AHA trend report and a health system at the forefront of partnerships; supply chain technologies; and a CVS plan to eliminate diabetes drug costs for patients. Read more.

California hospital names new CEO

Also in this roundup of hospital and health system leadership changes: Bronson Healthcare in Michigan names CEO; and St. Francis Hospital in Columbus, Ga., names CEO. Read more.

Today's Headlines Continued

1. FDA issues emergency authorization for CDC novel coronavirus test kits

The Food and Drug Administration late yesterday issued an emergency use authorization allowing qualified public health labs to use the Centers for Disease Control and Prevention's 2019-nCoV Real-Time RT-PCR Diagnostic Panel, previously only available at CDC laboratories. Two hundred kits are being shipped to CDC-qualified state and local public health labs and another 200 to select international labs, with each kit able to test 700-800 patient samples.

The Department of Health and Human Services and CDC today said four flights carrying passengers from Wuhan, China, will land today and tomorrow in California, Texas and Nebraska, and all passengers will undergo the mandatory 14-day quarantine. U.S. confirmed cases remains at 11, while the World Health Organization reports 24,554 global cases and nearly 500 deaths.

"We're aggressively intervening to contain introduction [of the virus] in the United States," said Nancy Messonnier, M.D., director of CDC's Center for the National Center for Immunization and Respiratory Diseases.

WHO today requested $675 million for a strategic preparedness response plan and is sending masks, gloves, respirators and gowns to at least 24 countries to aid in their response.

Messonnier asked that personal protective equipment be used appropriately but not excessively to ensure enough supplies if the virus spreads, especially for health care workers.

CDC will host a series of calls with state and local partners starting Monday, Feb. 10, at 2 p.m. ET. To participate, call 1-800-857-6697, passcode 1324420. CDC today also issued updated public health response and interim clinical guidance. For the latest information and resources, visit AHA's coronavirus webpage.

2. Subcommittee holds hearing on poverty measure calculation

The House Committee on Oversight and Reform Subcommittee on Government Operations today held a hearing on potential changes to the annual inflation factor that the Census Bureau uses to measure poverty, which would have eligibility implications for a number of federal programs, including Medicaid and premium and cost-sharing subsidies for health insurance exchange enrollees. The White House Office of Management and Budget last year sought input on certain alternative inflation measures, such as the Chained CPI for All Urban Consumers and the CPI for Urban Wage Earners and Clerical Workers. The AHA believes the Official Poverty Measure does not accurately reflect how many people in the country live in poverty, but in its comments to OMB also said the proposed alternatives "are critically flawed in that they do not accurately represent low-income and poverty-level households."

3. Saint Luke's Hospital patient spotlighted at State of Union

During the State of the Union address last night, President Trump spoke about how "America is constantly achieving new medical breakthroughs," spotlighting Ellie Schneider, who was born in 2017 at Saint Luke's Hospital in Kansas City, Mo. Schneider was born at 21 weeks and six days, and weighed less than one pound. "Through the skill of her doctors — and the prayers of her parents — little Ellie kept on winning the battle for life," Trump said. "Today, Ellie is a strong, healthy 2-year-old girl sitting with her amazing mother Robin in the gallery." Trump called on Congress to provide an additional $50 million to fund neo-natal research for America's youngest patients. AHA Board Chair Melinda Estes, M.D., is president and CEO of Saint Luke's Health System, which includes Saint Luke's Hospital.

4. Study: Homicide a leading cause of pregnancy-associated death in La.

Homicide was a leading cause of maternal deaths in Louisiana during 2016 and 2017, exceeding any single pregnancy-associated cause, according to a study reported this week in JAMA Pediatrics. The risk of homicide death was twice as high for women and

girls who were pregnant or postpartum than for those who were not, with women and girls ages 10 to 29 at highest risk. "Health care professionals' encounters with women and girls during pregnancy and the postpartum period — times when they are most likely to seek health care services — represent critical windows of opportunity for violence prevention services and interventions targeting them, their partners, or their families," the authors said. They also said state maternal mortality review committees "should begin to identify and address homicide with the same imperative and rigor given to obstetrically caused deaths, despite the associated challenges in reviewing these cases." The National Institute of Child Health and Human Development, part of the National Institutes of Health, funded the study.

5. Resources debunk hospital merger myths, study

A new AHA resource debunks the top eight myths about hospital and health system mergers, such as misconceptions that they lead to higher costs for patients, large variation between public and private payment rates, and less access to care.

In addition, a new comment paper by economists from Charles River Associates finds fault with a recent study on hospital consolidation and quality. "Beyond the ambiguity resulting from the inconsistencies in the authors' findings, we believe that important limitations in their analyses caution against relying on their research," they write.

For more on how patients benefit when hospitals come together, visit https://www.aha.org/bibliographylink-page/2018-04-20-value-hospital-mergers.

6. AHA resource spotlights 19 hospital strategies to improve affordability

AHA's The Value Initiative has released a summary of 19 hospital and health system strategies to improve health care affordability, spotlighted in its Members in Action series last year. They include work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions. Learn more about these and other value-based strategies here.

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From: Wilkie, Robert L., Jr.
Sent: Fri, 7 Feb 2020 14:15:08 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Morning Consult Brands: Warner Bros. Said to Near Deal for 'Friends' Reunion Special to Help Launch HBO Max

From: Morning Consult
Sent: Friday, February 7, 2020 9:14:07 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Morning Consult Brands: Warner Bros. Said to Near Deal for 'Friends' Reunion Special to Help Launch HBO Max

BRANDS

By Joanna Piacenza

Top Stories

- Warner Bros. is nearing a deal with the cast of "Friends" for a reunion special, people familiar with the matter said, to coincide with the launch of its HBO Max streaming service this spring. The sources said the special would not be a new episode of the hit sitcom but rather a retrospective and interviews with the cast, who will receive between $2.25 million and $2.5 million each for participating. (The Wall Street Journal)
- Yum Brands Inc. is infusing KFC talent into its Pizza Hut brand, which posted a 1 percent decline in U.S. same-store sales in 2019, by making KFC U.S. President Kevin Hochman the interim president of Pizza Hut U.S., while KFC Global's director of marketing, George Felix, is now Pizza Hut's chief marketing officer. David Graves, KFC's director of marketing strategy and innovation, is now its chief brand officer. (Ad Age)

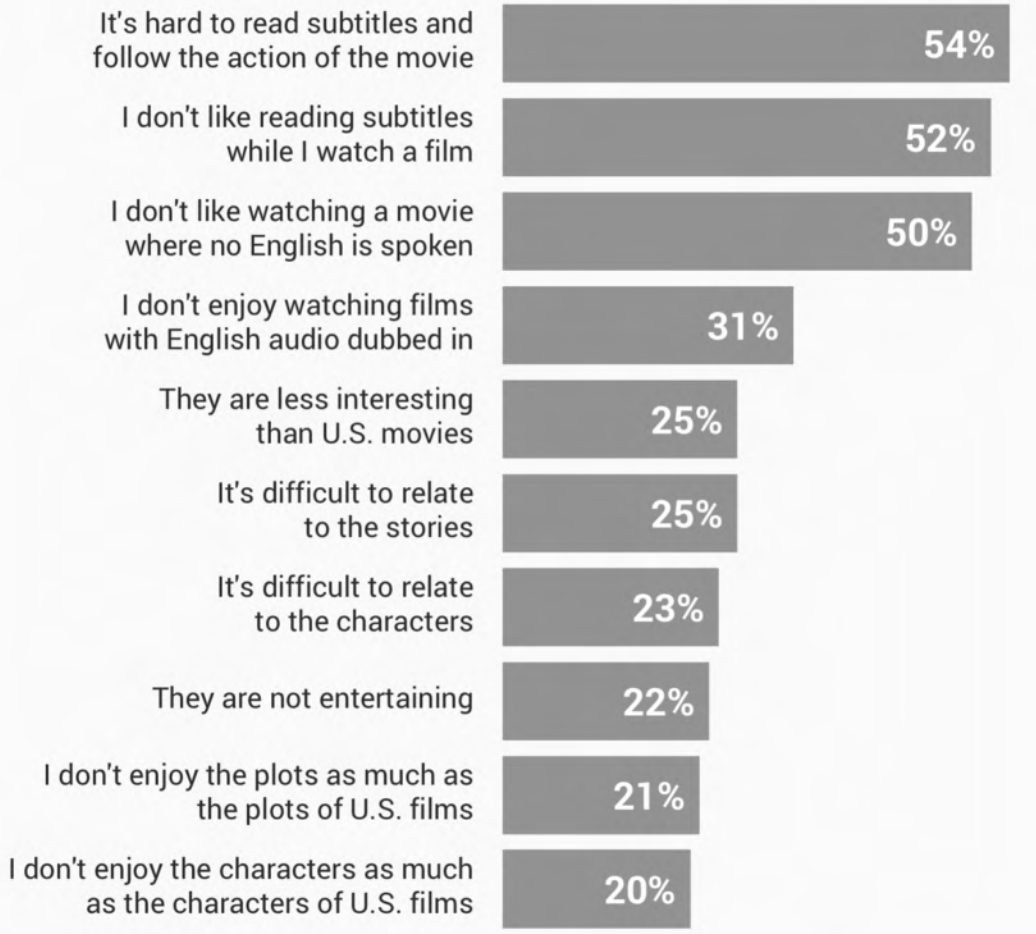
- ViacomCBS Inc. is looking to combine content from the company's many cable channels, including Nickelodeon, MTV and Comedy Central, with its current CBS All Access digital service into a single ad-supported streaming offering, according to people familiar with the matter. The service, whose base price will likely be less than $10 per month, will include an ad-free option, the people said, with a premium version that includes Showtime. (CNBC)

Chart Review

For U.S. Audiences, Foreign Cinema's 'One-Inch' Wall of Subtitles Seen a Mile High
Morning Consult

Subtitles Are Top Reason U.S. Adults Avoid Foreign Films

Major reasons respondents said they don't like foreign films:



Responses with less than 20% are not displayed.

MORNING CONSULT®

Poll conducted Jan. 23-24, 2020, among 1,116 U.S. adults who had an unfavorable view of foreign films, with a margin of error of +/-3%.

Events Calendar (All Times Local)

02/09/2020

IAB Annual Leadership Meeting 2020

02/10/2020

IAB Annual Leadership Meeting 2020

02/11/2020

IAB Annual Leadership Meeting 2020

View full calendar

Special Report: The State of Consumer Trust

As the new decade begins, Morning Consult's **The State of Consumer**

Trust report is the first look at how today's societal forces are shaping a new era of trust. Based on interviews with thousands of consumers, the report provides actionable intelligence into how companies can earn and deepen trust with customers.

Download the full report.

Advertising

Jeep's Super Bowl Crowd Pleaser Nearly Didn't Air
Lisa Lacy, Adweek

Bill Murray agreed to do the spot two weeks before Groundhog Day.

What it's like to work at Nike's ad agency Wieden and Kennedy, according to insiders
Patrick Coffee, Business Insider Prime

Not only is it notoriously hard to get a job there, it's an unconventional place to work. Current and former executives described what people should expect.

The New York Times is using The 1619 Project to market how "the truth can change how we see the world" (and subscriptions)
SARAH SCIRE, Nieman Lab

A new TV ad set to air during the Oscars shows the Times, flush with digital success, expanding the sort of journalism it highlights to potential paying subscribers.

McCann Promotes Lyndsey Corona to Chief Growth Officer of North America
Minda Smiley, Adweek

The appointment expands her current role at McCann New York.

M&M'S Creates In-the-moment Commercials For The Oscars Broadcast
Jessica Wohl, Ad Age

Ads done with help from Disney will link the candy's characters to moments from the awards ceremony.

KFC Used Musicians To Sneak Its Ads Onto Spotify Premium
Ilyse Liffreing, Ad Age

Artists worked the new Kentucky Burger into their profiles and playlists.

Publicis Groupe Posts Further Organic Revenue Declines In 2019, Despite Win Streak
Lindsay Rittenhouse, Ad Age

Still, the company's shares rose as net sales grew, and figures were in line with guidance.

Media and Entertainment

Warner Music Group files for IPO in the latest sign of music industry resurgence
Ryan Faughnder, The Los Angeles Times

When billionaire Len Blavatnik bought Warner Music Group for $3.3 billion in 2011, the major labels were still reeling from the digital revolution that had turned the business upside down.

In the absence of third-party cookies, publishers are building walled gardens of their own
Seb Joseph, Digiday

The concept of a walled garden tends to send shivers down the spines of

advertisers. After all, platform companies like Google and Facebook safeguard consumers' personal data within their "walled gardens,"with advertisers ceding their control over it.

Social Media and Technology

Pinterest's Revenue Topped $1 Billion in 2019
Maria Armental, The Wall Street Journal

Its shares rose 17% in after-hours trading on better-than-expected results.

'Every kid wants to be an influencer': Why TikTok is taking off with Gen Z
Deanna Ting, Digiday

TikTok is the rare recent example of a new app that's taken off globally with millions of young people. The question is why.

Meet The Creators Of Amazon Dating, A Parody Site With 10,000 Real Applicants
Anabel Pasarow, Refinery28

Earlier this week, a website called Amazon Dating took over my Twitter feed. It looks and smells like Amazon, only instead of delivering search results for Alexa-enabled microwaves, its homepage is populated with photos of "hot singles near me."

Twitter Had A Good Quarter As It Doubles Down On Ad Server Revamp And Direct Response
Allison Schiff, AdExchanger

Direct response and improving its revenue products are top priorities for Twitter in 2020.

League of Legends hero Senna gets a Louis Vuitton makeover

Elise Favis, The Washington Post

Last September, Riot Games announced a surprising partnership, joining forces with Louis Vuitton to bring the luxury brand's iconic aesthetic to the free-to-play League of Legends, blending real-world fashion into the game.

TikTok Is Coming For New York Fashion Week
Chavie Lieber, The Business of Fashion

The viral video platform beloved by Gen-Z is sending three TikTokers to the shows, signalling its ambitions to become a fashion destination.

Amazon Considered Selling Streaming Tech Behind Twitch
Priya Anand and Jessica Toonkel, The Information

Twitch hasn't turned into the advertising powerhouse Amazon might have expected when it bought the live-streaming gaming service in 2014.

PR and Marketing

Kim Kardashian Has Learned Restraint
Jessica Testa, The New York Times

As her shapewear company, Skims, grows, the mogul is getting what she wants - and getting comfortable.

Sparkle fades as coronavirus risks wiping out luxury goods growth
Silvia Aloisi, Reuters

The luxury goods industry normally relishes the spotlight, but in the case of China's coronavirus it is ruing being one of the most globally exposed sectors to an epidemic that risks all-but wiping out its sales growth this year.

Kellogg Lowers Expectations for 2020
Annie Gasparro, The Wall Street Journal

Cereal and snack maker is investing in promising brands to boost sales;

shares fall.

Blackstone's Motel 6 Owes 2,000 Guests for Giving Names to Immigration Officials
Edvard Pettersson, Bloomberg

Almost 2,000 guests of Blackstone Group Inc.'s Motel 6 are poised for cash payouts in a settlement with the hotel chain for sharing their names with federal immigration agents.

Chevy marketing VP Paul Edwards departs
Hannah Lutz, Automotive News

Paul Edwards, the Chevrolet marketing chief behind the long-running "Real People, Not Actors" campaign and who turned "technology and stuff" into an impromptu tag line, has left General Motors.

Match Approaches Meet Group About Takeover
Ed Hammond and Nabila Ahmed, Bloomberg

Soon-to-be single, cashed up dating app, seeks long-term relationship.

Mercedes Brings a Pop-Up Camper Van to the U.S. Market
Hannah Elliott, Bloomberg

German's oldest luxury car brand officially embraces its #vanlife.

Opinions, Editorials, Perspectives and Research

What the Casper IPO fiasco says about the future of your favorite millennial brands
Jason Del Rey, Vox

Less growth at all costs. More focus on actually making money.

How brands can score with influencer marketing at Euro 2020

Ben Woollams, The Drum

What's the one thing that football fans and CMOs have in common? If they're committed to their role, they're already getting excited about Euro 2020 this summer.

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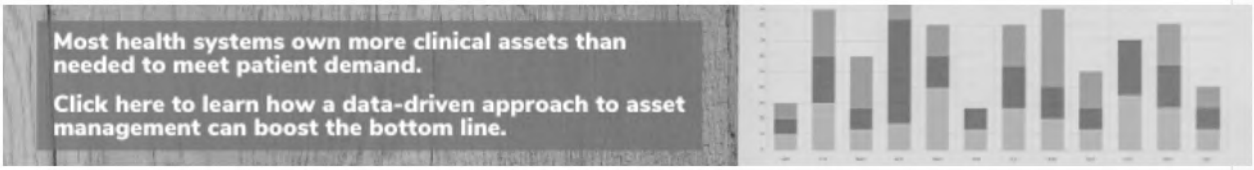
From: Wilkie, Robert L., Jr.
Sent: Sat, 8 Feb 2020 15:24:47 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Hospitals close or lose licenses in NY, Pa. and Texas | Top 22 patient-recommended hospitals in US | Adventist cuts 651 Calif. jobs | CEO, CFO depart ND health system + 10 more CEO moves | How US hospitals are readying for co...

From: Becker's Hospital Review
Sent: Saturday, February 8, 2020 10:24:15 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Hospitals close or lose licenses in NY, Pa. and Texas | Top 22 patient-recommended hospitals in US | Adventist cuts 651 Calif. jobs | CEO, CFO depart ND health system + 10 more CEO moves | How US hospitals are readying for corona...

February 7, 2020

BECKER'S

HOSPITAL REVIEW



1. **New York health system closes campus** Full story

2. **Pennsylvania hospital loses license** Full story

3. **The nation's top 22 patient-recommended hospitals** Full story

4. **Are you up to speed on private sector**

efforts to develop standards to support providers and payers in value-based care? Click here to learn about the HL7 Da Vinci Project.

5. Here's what Trump said about healthcare in the State of the Union Full story

6. Texas hospital abruptly closes, gives up license to 'restructure business' Full story

7. Start consolidating patient bills: Your patients will thank you — Learn more

8. Adventist Health cuts 651 California jobs amid outsourcing push Full story

9. Florida health system accused of forging letter to defame competitor's board members Full story

10. 10 recent hospital, health system CEO moves Full story

11. How Adfinitas Health delivers actionable data to clinicians across 15 hospitals. Hear from CEO Dr. Doug Mitchell during this live event.

12. How US hospitals, CMS, WHO are preparing for coronavirus spread Full story

13. CHS fights securities fraud case: 'There is not a whiff of evidence' Full story

14. CEO, CFO depart North Dakota health system Full story

15. Health disparities among Chicago hospitals' most pressing public health

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President and CEO
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From: RLW
Sent: Tue, 11 Feb 2020 16:53:49 +0000
To: RLW
Subject: RAH
Attachments: Feb 18, 2020.docx

DAILY BRIEFING BOOK

Tuesday, February 18, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	**Daily Sync Mtg**	SECVA Suite	
9:00 – 9:30 am	**Bi-Weekly w/ (b)(6) re: Upcoming Speeches**	SECVA Suite	
10:00 – 10:30 am	**Prep for PREVENTS Lunch w/Second Lady Pence**	SECVA Suite	**Tab 1**
12:00 – 1:00 pm	**Lunch**	SECVA Suite	
3:00 – 3:30 pm	**Radio Interview w/Frankie DeLeon, KTEX 100.3 FM, Rio Grande Valley, TX**	SECVA Suite	**Tab 2**

From: Wilkie, Robert L., Jr.
Sent: Wed, 12 Feb 2020 00:32:55 +0000
To: RLW
Subject: FW: This is why Veterans kill themselves
Attachments: 2007.docx, Year 2008.docx, Year 2009.docx, 2010.docx, Year 2011.docx, Year 2012.docx, Year 2013.docx, Year 2014.docx, Year 2015.docx, Year 2016 2017 2018.docx
Importance: High

From: Sandra Thornton
Sent: Tuesday, February 11, 2020 7:31:20 PM (UTC-05:00) Eastern Time (US & Canada)
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov; The White House; VAVBAWAS/AMO/DIR; Michael.Pence@mail.house.gov
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton
Subject: [EXTERNAL] This is why Veterans kill themselves

Dear President Trump, etc,
IF you really want to know just "WHY VETERANS KILL THEMSELVES" - it is because of the VETERANS ADMINISTRATION.
I am a 21 year terminally ill Wounded Warrior from Iraq/Afghanistan. I always did the right thing serving my country in the Dept of Defense and in the VA. I went to appointments, kept records, and prior to retiring I filed my claims just to get things on record in case I needed help. I did not know 100,000 troops were coming home and St Petersburg Regional Office would shred my claim for PTSD. I was never one of those employees who did not follow federal laws, standards, or refused to do my job. I was a good person who always believed in these systems....until I had to constantly fight for medical care, earned benefits and entitlements according to federal laws, VA standards, etc. etc. I had no idea the level of lazy, incompetent, law breaking staff within FL until I had to fight, report from 2006-2020...to the point of exhaustion losing my health, job, finances, home, marriage, family, and dignity. I have had 8 surgeries and 3 procedures to stay alive and none of that was with the VA's help. I have had to file multiple Congressionals for care (e.g. my lung medications), "earned" benefits/entitlements (e.g. refused to input my step children repeatedly 2007-2018 telling me "they did not count"), and or for laws/standards being broken. My files have been documented as shred, not uploaded, repeatedly faxed, deleted, etc. I cannot tell you over 14 years just how much time lost on resending, money spent on refaxing, etc. In 14 years (over 4,000+ days), I have found 3 good intention people in the VA...3. The 4/2018 BVA Judge, Mr. Willie Clark on here, and my FL State VSO Mr. Mark Brooks.
In 14 years....1/1/2007 - present, I have:
***Been hit by a massive CAT 5, 165 mph Hurricane Michael 10/10/18 losing my new rental, 95% of everything, 0 communication (phones, laptop/printer gone), destroying/severely damaging everything in Panama City from Oct 2018 and Panama City has still not recovered (e.g. medicare care, libraries, hospitals, no places to rent, hotels, food, gas, etc.); 2020 - the city is just starting to recover. *I was back to living in my car on 2 machines. *2019, I had**

surgery 6,7,8 and 3 procedures and had a difficult time recovering lasted 4-5 months, just to stay alive. Caught uterus, colon, and breast before cancer due to chemical exposures in Iraq/Afgh. And in Jul 2019, contacting VA disability again about my back pay still being wrong wondered why I had not been communicating? Surivival was pretty important and finding all my paperwork/access to a computer was good reasons. And of course when I did write in 7/2019, the emails from Reno with the dependents wrong again; 7/19 AMO/Comm reporting dependents wrong again then...stating if I disagree with the rating settlement, I can file a notice of disagreement - yep, I came close to stopping breathing that day and gave in! OR...maybe AMO should check for the NODs/faxes/emails from 2007-2019? I have been down that road repeatedly.

In Apr 2018, the BVA Judge Jonathan Hager, apologized to me after reading my files, listening to my son/me in the hearing. He saw my first St Petes 2006 PTSD/MDD exam was not conducted right. He saw St Petes had deleted my 9/2006 filed claim. He saw just how many times I went back to VA disability with letter, faxes, NODs, he actually read my files...he saw 4 providers stated I was 100% Permanent and Totally disabled, 2 MH providers which validated back to my retirement showing VA C & P was wrong all along; 2 lung specialists which also validated my disabilities which taken 9 yrs ill, 6 years fighting VA disability/3 surgeries, etc. Then, the Judge heard from my son...how fighting to stay alive is a never ending battle and the VA just keeps our lives in hell. The Judge heard, how I had lost everything, been denied every earned benefit/entitlement for 12+ years, how I couldn't even buy much food paying for kids in college/younger/trying to keep a roof early on. The BVA Judge followed federal law. He followed USC 38, awarding 100% and stating it was clear due to civilian professionals documenting occupational/social impairment back to 1/1/07. He validated I was 100% permanent and total as of 1/1/07 and thus, he awarded by federal law US Code 3500/3561, CHAPTER 35 DEPENDENTS' EDUCATIONAL ASSISTANCE also back to 1/1/07 for all eligible dependents. When the ruling came down, I was told DEA doesn't apply because I have no current dependents. Then, I was told ok...do a VA 21-686c for dependents so I did; then do VA 21-674 for kids over 18/in college for school benefits so I did. The VA reps first called/said back pay for 12 years at 100% rating/0, 1, 2 dependents is x and all the while saying no, that is not correct. You see, I have faxed 2016-2018 with dependent information which St Petes would not upload or add into the system. After lots of emails, faxes, mailing, uploads, etc., my son/I made an excel because the VA reps kept getting the provided information wrong....6 dependents with dates, what I got paid, what I should have been paid, what was due, etc. I had a spouse 2007 - 2013 and I had 5 kids (2 bio, 3 steps) between 2007-2013 (under DEA) which I have repeatedly given to VA disability in the form of faxes, uploads, mailing, etc.etc. and they still do not have it right. With the excel, faxes, emails, etc., the VA employee kept inputting into the per AMO "national VA computer which computes" all this information. Except, the information has to be correct on input into the computer.... and still it is not. **The VA audit 7/2019 reflected pay/amounts, I have never received so please do not allow that to misguide the White House/Sec of the VA/AMO Director again in thinking that the VA had paid all of my/my family's benefits/entitlements which the VA has not.**

No one has been able to tell me since I repeated said my back pay was wrong in 2018/2019 (prior to 1 year) of just:

WHY NOT ONE VA EMPLOYEE at VA VBA WAS/AMO APPEALS RESOURCE CENTER (ARC) SPECIAL OPS TEAM did not read the Judge's order and read his rating decision?
The BVA Judge awarded 100% SC as permanent and total with retro effective date PTSD/MDD as 1/1/07
AND
The BVA Judge did not just authorize my lost/past VA denied step dependents, etc. to be recognized...because of 100% P & T , the judge under federal law authorized CHAPTER 35 BENEFITS AND ENTITLEMENTS, he stated Title 38, CH 35 RETROACTIVE to 1/1/07 because of my 100% P & T, meaning my VA pay with my 1-3 past dependents in college (SINCE I PAID FOR THE COLLEGE DUE TO VA DISABILITY SHREDDING MY RECORD, NOT RATING ME APPROPRIATELY IN 2006, DUE TO VA DISABILITIES DENIES TO CORRECT MY RATING, DUE TO VA DISABILITY REFUSAL TO INPUT MY STEPS FROM 2007-2013, ETC).
The VA SECRETARY has an obligation under Sharp V. Shinseki, US Court of Appeals, Sharp won under 38 USC Section 1114/1115, to add his dependents retroactive AND stated VETERANS COULD BE ARBITRARILY DISADVANTAGED BASED ON DELAYS IN ADJUDICATION (e.g. ST PETES SHREDDING MY 2006 CLAIM, ST PETES REFUSAL TO INPUT DEPENDENTS AND/OR 6-8 MTHS TO INPUT AND/OR INPUT INCORRECTLY). UNDER 38 US CODE 3561, AUTHORITY AND DUTIES OF THE SECRETARY, SECRETARY WILKIE, you Sir have an obligation to ensure BVA/AMO/Director directs my 100% permanent/total pay from 1/1/07, all of my past dependents to include 1, 2, 3 kids at CHAPTER 35 RETRO COLLEGE PAY BACK TO ME under Section 1 "pay to the parent of the eligible person who is pursing a program of education."
My dependents WERE ALSO ENTITLED TO AGE 26 versus WHAT ST PETES/RENO/AMO COMM noted in 2019 emails.
BECAUSE NO ONE IN THE VA WAS READING THE JUDGE'S ORDER/DECISION, I MADE THE 2018 EXCEL TO HELP VA DISABILITY WRONG, I MADE IT AT THE REGULAR DEP PAY RATES.
I HAVE ATTACHED 2007-2018 WORD DOCUMENTS TO REFLECT THE "AGAIN" CORRECT YEAR/MONTH/STATUS OF DEPENDENTS AND NOW WITH THE CORRECT CH 35 VA PAY SCALES TO AGE 26 (NOT 23) AUTHORIZED BY THE 4/18 BVA AWARD WITH RETRO 1/1/07 DEP EDUCATIONAL BENEFITS AS RIGHTLY DUE TO ME. I HAVE ALSO COMPLETELY VA 22-5490 FORMS FOR ALL 3 COLLEGE KIDS from 2007-2013 (Chris was qualified 2012 age 24/2013 age 25 college classes).
THE TOTAL VA PAY, SPOUSE, TITLE 38 CH 35 1-3 IN COLLEGE, AND YOUNGER DEPENDENTS FROM 2007-2013 WOULD HAVE BEEN $300,778.34.
Attached you will find 2007-2018 word documents which clearly reflects what I was paid, kids, etc.
I will fax in these 22-5490, word docs, and 674 for Chris's 2012/2013.
I should NOT have to endure another NOD process since the JUDGE specifically stated "there is nothing else required of me to do."
I am terminally ill, I have not recovered from 14 years of VA losses, nor this HURRICANE MICHAEL so I am respectfully asking for you to still EXPEDITE MY CASE. I am past life expectancy and I cannot endure any more surgeries NOR FIGHTING WITH THE VA.
Thank you!
MSgt Sandra D. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 17, 2019 1:06 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <Angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: President Trump

President Trump,

There is already a court case law on record (and a copy of that case has been in my disability file since 2016) that when VA disability fails to follow laws and standards, DEPENDENTS ENTITLEMENTS BACK DATE too (i.e. college for dependents of 100% permanent and total).

Since the BVA judge back dated my 100% award to my retirement date and all past dependents were included, not once has one VA representative asked me to fax in or mail in my son's college bills for a refund since the "VA's Dependent Educational Assistance program would have covered them for 3 years and 9 months".

Case law rules.

Please advise on who this information goes to.

S.Thornton
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 17, 2019 12:24:16 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <Angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR

<DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: President Trump

Mr. President

And here is my last tidbit...maybe you can find out why a 21 year FEMALE Veteran who picked up body parts of her friend in Iraq, who endured 115 rocket/mortar attacks with 3 near misses, whose MDG CC made us walk through an uncleared field after an attack in the middle of the night, who was brutally raped by another service member, who had MH diagnosis and records prior to retirement, 2 surgeries prior to retirement (now 7), dealt with a murder suicide, multiple attempts and suicides, etc...etc, WHY there is such a large rating disparity and time of recognition in VA disability in Florida? Stats and research by the VA have been out since the 1980s. AND yet, WE still are the lowest income, the lowest supported, the lowest recognized if at all, homeless, jobless, can't do copays, denied homeless vouchers because that program is still waiting on Vets 25 yrs later to come oit of the woods or some bogus rule of repeated homeless - if you've ever lived on the street isn't once enough, women with children on the street because shelters aren't for families, kids LOSE THEIR DEPENDENT ENTITLEMENTS because of your evaluators, raters, VSOs, doctors, etc discounting. I NEVER wanted to be known as a female....I just wanted to be an equal GI. Yet, you wonder by WOMEN VETERANS KILL THEMSELVES 250% HIGHER PERCENTAGE THAN MEN GIs.

We give it all, lose it all, follow the rules and yet...the bottom line comes to indifference, money, and employees allowed to continue breaking federal laws, standards, staying employed, and goes home with their great pay and benefits to food on the table, a warm bed, and their kids - college paid for, while we die.

This article and Memo....I was the Whistleblower on DoD keeping deployment exposures out of our records.

I was YOUR VA Whistleblower for 6 1/2 years on:

Your PHD not showing up, having large numbers of Veteran suicides which got excused off as the Vet vs system failures. He is still employed.

You never think to TREND just how many had the same doctor and your system is so far behind USAF suicide surveillance...who develops the WHOLE picture of why from a disinterested party out of the VA.....on medical, MH, job, disability, homeless, notes, social, faith, financial, education, family, etc.

I reported VA business office breaking 16 federal laws denying MST to care, charging for primary care but you train on 20 medical issues from MST but do not make your PCMs code secondary to. Lady retired and office continued behavior.

I reported the homeless Vet coordinator who wouldn't give eligible Veterans vouchers. She is still employed.

I reported the VA medical consult manager who tried to tell the #1 lung specialist recognized by the Pentagon to "change his write up my record" and then called VA disability to interfere in my records....he is still employed.

I reported the Vet Center boss who never saw a Vet, never did a group, made up hundreds of fake records, sold stuff out of his office, etc...and he is still employed.

I applied for the 9-11 caregivers program since I had paid 5+ years out of my own pocket. I had all the letters, the medical documents and your program mgr waited 2 mths to contact then, 5 mths to staff and when i called you DC to report it was a program failure...you allowed this MSW to continue to not serve Veterans, black balled my records as noncompliant and denied my application. And...she's still employed.

3 Congressionals for medical care and lung medication; 2 Congressionals on VA disability....ridiculous.

I reported this Memo in 2015 to the VA Secretary and DoD and my clients reported my office was bugged with 5 days and my VA outlook email had a new external group added so all my in/out emails went to IT in DC per Sec of VA direction. That's when I found 4q other VA Whistleblowers in it with me and it hit the news to Congress/the media. Lesson learned....follow laws, standards for my employer, the Vets,...get harrassed....vs fix the system and fire incompetent and or employees who do not serve Veterans. I am 100% .my trauma Veterans and spouses did not consent to having their counseling sessions overheard nor recorded without their knowledge.

And, educate your employees...threats of harms to an employee ARE allowed to be reported under federal law. Vet Center regional office would not allow me to go to the police to report a Veteran who was stalked me for 1 1/2 years...verified by another Veteran, found my home, sent a gift, found my family, had a gun and sat out in the parking lot, etc. I did 60 reports on this case in 2014-2015.

.....the ONLY way, you will ever improve is actually listen to Veterans and listen to Whistleblowers....otherwise, you will continue to lose over 8,030 Veterans to suicide and on your campuses...you will continue program failures until you hold top to bottom accountability.....SEND in unknown Veterans into every area and that will be your wake up call on your employees you should fire and your program failures. Your "I Care" is just a poster....it is not ingrained nor do you push firing from bottom to top.

I used to be the believer and advocate in DoD and the VA until you broke me and my family. The VA failed me....they failed my family.....the moment you put my claim with years of medical documentation in a shredder...and on 9/19/2019, you will rationalize you did everything possible....when you didn't and haven't....because my situation calls for Sec Wilkie/staff thinking outside the box to fix 13 years of loses from lazy, incompetent people, laws and standards breaking employees, who denied my rights to fair and expedient rating/earned...all our lost earned benefits and entitlements for me and my family....no one has still told me just HOW do

you back date that? And for those of you who do not know or remember, St Petes+56 other mail rooms did not want to process the 100k returning troops claims. Articles & hearings attached.

And because I am honest and told you the truth, I will be flagged as the disgruntle Veteran....sad.

Btw, another homeless Veteran died in PA on 9/1/19....the VA couldn't figure out his family for 13 days. We Veterans found them...in 12 hours.

And, a full time reservist in TX took his life this weekend.

S. Thornton
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 17, 2019 12:22:15 AM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: President Trump

President Trump,

Now...here is what is totally funny. VA disability told me my back pay last year...one then, I had to point out errors; a second time...I had to point out errors; and then a third time and again it was wrong. Now mind you Sir...I made an absolute solid/verified dependents excel which no one can seem to follow to get it wrong 4 times! I would really like to know AFTER St Petersburg SHRED my records in 2006, why is that someone can't simply follow my excel of when a person was or wasn't my dependent? It is NOT like I have been the dishonest person here or the individuals who failed to follow the federal laws/standards.
And between my 2 surgeries and issues with my liver, colon, complete hysterectomy, and general surgery for a lump, i started to take the time to pull out MY EXCEL YOU WERE sent last year multiple times and go line by line to for the 4th time correct this...and it seems now every single time I have to fight VA disability and or VA medical anymore since it has been 13 YEARS...i quickly frankly end up wanting to die.

13 years....if educated people can't figure out just how to read my excel of solid time line for dependents that a 5 year old can read then, our system is doomed to fail.

And you know, it is truly said that VA disability feels that they can excuse me...screw me over again with back pay whenever, NO ONE up there can answer just how this system can ever repair me or my children for NOT recognizing my 100% PTSD Combat/MST back to my retirement for their full paid college? It seems everyone gets quiet and just says well, they've aged out. WELL THEY WERE NOT AGED OUT 13 YEARS AGO!

Am I furious yes...I am terminally ill from 2 xxxx wars where the Assistant Sec of the Dept of Defense gave KBR a secret document to burn anything they wanted - my 2 open burn pits on Congressional record burned nuclear, biological, and medical waste thus gave me this terminally lung disorder, lost my job, lost my house, ended up in my car, had to file Congressional for appropriate medical care outside the VA, i have 9 specialists, fought VA disability 13 years, and with all that...I sit here in 2019 seeing BOTH MY SONS TRYING TO PAY FOR COLLEGE BECAUSE SOME ST PETES PERSON YET AGAIN DECIDED TO BE A CRIMINAL AND SHRED FEDERAL DOCUMENTS.. AND NO ONE IN DC IS WILLING TO RIGHTLY BACK DATE THEIR ENTITLEMENT AS A DEPENDENT OF A 100% VETERAN OR PAY BACK ME MY OUT OF POCKET FOR THEIR COLLEGE.

So, I am sorry but i truly do not have anymore capacity to fix it anymore for you all. I just won't survive it.

S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, July 22, 2019 8:39:20 AM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>
Subject: Re: President Trump

I went over the VA information, it is in fact wrong.

I am making up a document with your errors and will email it back this week...by Fri.

Please be kind and respectful, I waited 12 years...that's 4,380 days, lost my marriages, job, health, house, finances, had to live in my car on 2 machines, black balled for demanding VA medical/disability follow laws/standards, and nearly my mind over this VA lack of accountability/denial of earned entitlements. And now on the back side of a CAT 5 hurricane with 0 laptop, 0 computer, etc so I need a moment to write it out what it was, what it was

supposed to be, and what your off on.

As I said before, I told the VA multiple times prior to receipt that it was wrong...and you can tell because VA disability came back 3 diff times last year Jul - Sep with adjustments because they were wrong. So, please do not put stock it...we the VA audited and got it right. If I had not spoken up...not just 12 years but...3 times last year alone, you would have left me the wronged Veteran high and dry yet again....

And again, I'm still waiting on what VA system is going to right my lost children's college and my 9-11 Caregiver past denial/fire MSW Montgomery?

Ty,
S.Thornton
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, July 19, 2019 2:51:14 PM
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; The White House; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov; Sandra Thornton
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: Re: President Trump

Well, hell.
Apparently, St Pete's just can't respect me enough to wait until Mon.
The audit is done.
And, this statement of...my case never closed out has me crying...because it is just another lie...if I reach 12 mths of this decision, it will take Heaven and earth to address it again. And, I should know....it took the Sec of the VA moving my terminal lung disorder case to MN after multiple FL denials; it took moving my combat PTSD/etc case from FL to AL after shredding in 2006 prior to retirement/multiple denials; 3+ Congressionals for competent health care and C & Ps by standards; and then...after 13 yrs of loss/waiting St Pete's told me I was due nothing so, my back pay got moved to NV.

Please tell me, who or what program in the VA back pays my old 3 adult kids college monies since St Pete's shred my claim in Nov 2006 with 15 yrs of records validating prior to retirement, which BVA back dated/awarded 100% for combat/violent inservice rape? I couldn't even buy a gallon of milk or tank of gas.

Please tell me, who or what program in the VA fires the incompetent 9-11 Caregiver Manager at Biloxi who denied my award with countless medical specialists validating need, severity of lungs/ptsd only after I called DC to report it as a VA program failure to meet standards? I paid caregivers from 11/2012-8/2017 when I lost my home after paying for my own care/ losing my job because of my medical, and lived in my car on 2 machines? Veterans and VA employees who report get black balled. I have that tshirt.

VA disability failure to process my claim due to shredding, no award, no earned benefits and

entitlements, no support...medical, disability, caregiver, voc rehab, etc...took more than all my pay...losing everything. And, the VA saved and gave their bonuses....I took the Veteran Affairs DOMA 50 years....50 of St Pete's VA IG right ups if failures to meet standards/laws which get trashed because there is no external follow up for compliance, and still we die from denials/2019 failures.

Please tell me, who in the VA has any idea of what me or my family has lost or just how many times, I didn't join my 22 brothers and sisters over this VA crap.....never once has St Pete's taking responsibility and apologized for 12 years of living in hell.

Well, getting back into this again has been extremely upsetting so IDK if I can address it still not right anymore.

P.S.

WHY haven't you in DC ever wondered why Florida is ranked the #1 for Veteran suicides since the beginning of VA statistics?

WHY haven't you in DC investigated why PTSD ratings are rated lower and take longer in FL than any other states?

WHY haven't you in DC investigated women with combat and or MST get lower rates and or denied in FL than any other state?

WHY haven't you in DC investigated that VA medical employees get trained annually on secondary medical problems to PTSD/MST however, VA primary care docs do not code as MST issue, Veterans get billed by businesses office, can't pay because they never got validated by VA disability so quit going for medical care, lose jobs, become homeless, and are denied homeless vouchers saved for folks who won't come in out of the woods due to not trusting the government.

MSgt T.
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Thursday, July 18, 2019 2:06:49 PM
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; The White House; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov; Sandra Thornton
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: Re: President Trump

All,
You know....I get that you want to finish this up St Petes but....that would have been totally awesome if St Petes VA disability employees had "chose" to be good people/not shred my case

which caused all of this back in Nov 2006 vs me/my family going through 13 years of hell with little to no support from VA disability.
I have been through a CAT 5 Hurricane and I have no laptop, no computer, no printer, and just had a major surgery to remove 4 parts/in lots of pain.
I just got to the library today. I have printed. I need until Mon to review what your data/compare.
And....quite frankly, the last thing I need is another VA disability (or medical care) fight on my hands with 2 other organs with tumors growing/flipping abnormal.
I am truly kicking myself for even saying it is wrong...because it brings back in full force my kids losing their full college paid, losing my home, denied the stupid 9-11 caregiver program/paid for helpers since 11/2012, 3+ Congressional for medical, VA staff breaking privacy/laws like the Biloxi Consult doc who told my Vanderbilt lung specialist in the nation to change his progress note or that doc calling St Petes to interfere with my disability; and wondering why the hell I am here or bother.
Maybe just maybe, someone in St Petes could DO the right thing...and give me until Monday.
I really think, I have earned that.
S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Thursday, July 18, 2019 1:50 PM
To: VAVBASPT/RO/INQUIRY TEAM; Clark, Willie, VBAVACO; Sandra Thornton; The White House
Subject: Re: Inquiry Interim Response

Do not close this out today.
I have been in a hurricane. I do not have a laptop nor computer nor printer.
Just got in the library to get printed pages to review.
I will need until Mon.
Ty

From: VAVBASPT/RO/INQUIRY TEAM <INQUIRYTEAM.VBASPT@va.gov>
Sent: Thursday, July 18, 2019 11:25 AM
To: angelsallaroundus@hotmail.com
Subject: Inquiry Interim Response

Good afternoon Ms. Thornton:

We are reaching out to you via email to provide you with an update on your inquiry regarding Concurrent Receipt of Retired and Disability Pay (CRDP) payment concerns. We are completing an audit on your payments today, however, in the interim we attempted to call you on July 16th and 17th, but were unsuccessful in reaching you. We also resent you a VA notification letter dated November 15, 2018, which addresses your CRDP entitlement for the period February 2007 through November 2011.

Once the audit on your payments is completed today, we will provide you with an updated response.

Inquiry Team, St. Petersburg Regional Office

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Monday, July 15, 2019 5:06 PM
To: Sandra Thornton; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; The White House; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: RE: President Trump

Good afternoon Ms Thornton,

There has a been a long lapse in communication from you surrounding your claim. I will forward your email to the office of jurisdiction and have them respond back to you within two business days. Please accept my apologies for the inconvenience. Expect to hear from us NLT close of business Wed.

Willie

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, July 15, 2019 2:36 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>
Subject: [EXTERNAL] President Trump
Importance: High

Dear President Trump, Senator, VA, etc,

I am the 21 year terminally ill Veteran from Iraq and Afgh.

VA disability sent this accounting of my VA/DoD "new" take on my disability back pay...which was wrong again btw...at the end of Sep 2018.

Panama City was hit by a CAT 5 hurricane, 165 mph, 80 miles wide, 2 weeks later, destroying and or severely damaging most homes/businesses, no water, food, gas, shelter, medical, schools,

communications, or help for 3 weeks to now 9 mths later....

And, my new CTs/Ultrasound just came back with 3 more bad organs. Full hysterectomy was done Jun 5th. Liver and colon is next.

So...to get to the point, DC nor RENO used the 100% honest and completely accurate excel with all DoD retirement pay, VA disability pay, and or any back pays...so again, VA disability did not honor/back pay me my complete benefits/entitlements....

I just don't know why this is so hard?
I don't know why, I have to keep proving and proving it to the point, I had to make that excel last year, which you have in your files.

I am exhausted...and yes, I truly am at this critical point of my body can't survive much more...that was my 5th surgery since the deployments, the colon is flagged after pathology for higher risk for cancer, and these liver tumors are multiplying and growing...

So if VA disability is not going to do the right thing before I die after 13 years of waiting for Fair and justice then, just be honest enough to say...yep, you were right Sandra...we wanted to save a dollar until you die.

I just don't have faith in the system anymore...it truly isn't that hard to do the right thing.

MSgt Sandra Thornton
USAF 21 yrs
Terminally ill
OIF/OEF
Wounded Warrior

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Friday, September 21, 2018 6:56:28 AM
To: Sandra Thornton; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: RE: President Trump

Good morning Mrs. Thorton,

By now you have been notified of your retro payment. I sincerely apologize for your inconvenience in this matter. The initial response you received was not from the office conducting the audit. Our Reno Office, which has jurisdiction of your case, finished the audit on Wed and contacted you accordingly. You will be receiving your funds within the next few days. Please contact the POC in Reno, or me directly, if you still think we are in error.

Again I apologize and I appreciate your patience. Moreover, I again want to thank you for your service to our country and ask that you please contact us if you have any concern with any of the benefits the VA provides. The only reason there is a VA is to serve Veterans like you.

Have a great day,

Willie

From: Sandra Thornton [mailto:angelsallaroundus@hotmail.com]
Sent: Wednesday, September 19, 2018 5:56 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Spivey, David American Legion <David.Spivey@va.gov>; Ebert, Ted, VBACLEV <ted.ebert@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; Kristen.Sellars@mail.house.gov
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com; pkime@militarytimes.com
Subject: [EXTERNAL] President Trump
Importance: High

Dear President Trump,

The VA wins again. I have had 4 conversations with VA personnel these last 2 days and still I lose.

The excel my son/I provided was honest and true.
What I was entitled to by VA established pay standards between 2007-2018.
What the VA was supposed to me/my 6 dependents each month/each year.
What I was paid each month/year.
And, the difference.
And with the Jul 2018 VA backpay, the Sep 2018 backpay coming....it still does not match what it was supposed to have been/be. I have nothing else to lose, the VA truly has taken it all.

Why is that? Why did someone at St Petes shred my record? Why did two of your VA federal/state employees deny my right to input my dependents? Why did my family lose 3 fully paid college benefits and I had to pay for out of our food money? Why did it go on so long, I was denied earned benefit and entitlement programs such as the 9-11 caregiver program and instead paid for 7 years out of my own pocket? Why did I have to file constant congressionals to get to my Vanderbilt lung specialist? Why did I have to file congressionals to get the specific medication I needed for my lungs? Why did my physical health have to decline to the point of losing my job, losing my marriage with zero support, losing all of my funds to file bankruptsy?

Losing my home and living in a car? Or why did I get pushed to the point of losing my mind and my life fighting St Petes for breaching laws/standards/core values from 2007-2018?

Just like I told the BVA judge in Feb, the right thing will never come for me/my family that is why I took out a loan for my funeral so my two boys/my 8 year old grandson will not have to worry about burying me. It is funny how St Petes has short changed Vets by the shuffle game of moving/denying/changing filed/NOD/appeals x 50 years (Chairman Jeff Miller/the VA Accountability Hearings has copies), denying, rating lower, not qualifying Vets for entitlements, and treating women less than men, and it continues.

Well after these calls and outcome, you win. I got nothing to fax/mail/email/talk, etc. anymore when a explicit excel doesn't break it down to a clear picture than I do not know what will.

Before my son joined the service, I said to him....you know what happened to me and how the gov doesn't keep their promises to take care of me after 21 years/2 wars, are you sure you want to join? And he said, Mom - our entire family has served this great nation. I said yes. And he said, someone has to be willing to go and lose it all. I said yes son, that is our family my Dad, Uncles, his father, me, my nieces, my nephews, etc....that is who we are...honor, integrity, service before self, and excellence in all what we do. I will die with my honor, it will not be tied to this any longer because after 32 years after a brutal rape, 14 years after being on scene with a dead friend, another friend died, 115 rockets/mortars/3 misses, and 12 years of fighting St Petes identifying laws/standards and begging for fair/equal...there is no such thing.

22 a day die...and I get it Sir.
Another friend in KS last Friday.
No wonder.
Please fix this for other Veterans Sir. I tried.

And, God bless you and our great nation.

Respectfully,
MSgt Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 18, 2018 1:26 PM
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; Spivey, David American Legion; Ebert, Ted, VBACLEV; Sandra Thornton; The White House; The White House
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO; Hannity@foxnews.com; pkime@militarytimes.com
Subject: Re: Terminally Ill Wounded Warrior

Thank you Mr Clark for replying.
I missed 2 calls while in the doctor's office.
I called back and the VA line said a letter is coming but no details of outcome.
Sep 2018 actually made 12 years (over 4,160+ days) of this nightmare. I only trust what is in writing.
I lost the word "hope" along the way after too many VA promises broken.

MSgt Sandra Dee Thornton
USAF 21 year, 1 month, 6 days
Terminally ill wounded warrior left behind
Kirkuk, Iraq Veteran
Bagram, Afgh Veteran

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Tuesday, September 18, 2018 6:52:46 AM
To: Sandra Thornton; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; Spivey, David American Legion; Ebert, Ted, VBACLEV
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: RE: Terminally Ill Wounded Warrior

Good morning Mrs. Thorton,

First of all thank you for your service to our country. I will make sure the AMO Director takes a look at your claim and take the appropriate actions as soon as possible. Please expect to hear from us by close of business today.

Willie

Willie C. Clark, Sr,
Deputy Under Secretary for Field Operations

From: Sandra Thornton [mailto:angelsallaroundus@hotmail.com]
Sent: Monday, September 17, 2018 5:26 PM
To: The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Kristen.Sellars@mail.house.gov; Phil.Roe@mail.house.gov; Reynolds, Robert, VBAROA

<rob.reynolds@va.gov>; Spickler, David C. <david.spickler@va.gov>; Spivey, David American Legion <David.Spivey@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Ebert, Ted, VBACLEV <ted.ebert@va.gov>
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Terminally Ill Wounded Warrior
Importance: High

President Trump, VA Secretary Wilkie, BVA Director, Mr. Hannity, and Ms. Kime,

My name is Master Sergeant Sandra D. Thornton. I am a 21 year, 2 time war zone, terminally ill wounded warrior and I need my war with the VA to end. I filed a claim 9/2006 prior to retirement and St Petes shred with 100,000 troops returning. My fight took 11 1/2 years until the 4/2018 BVA hearing awarded me 100% back to 1/1/2007 along with my 6 past dependents.

I have been waiting to have a 5th surgery but I refuse to do so until DC or the BVA AMO Director makes St Petes back pay me by published VA standards from 1/1/2007 to present. Unfortunately after losing my health, job, college, finances, home, family, respect, etc., St Petes continues this by back paying me the wrong amount in 7/2018.

I have submitted:
Marriage license
Divorce decree
VA 21-686c for all dependents
VA 21-674 for all kids in college
DoD DEERS Tricare Vertification letter
Terminally ill and 100% letter Dr. Obid
100% Vanderbilt doctor
100% Dr. Alberts
100% Ms. Enzor
etc.

And still my family who has lost everything, nightmare is not over. I am past life expectancy. An MD, former Army MD, saved me in the ER recently. Everyday is a miracle with my lungs and my fight not to join the 22 a day.

My son helped me make this attached excel because St Petes keeps getting information confused (along with changing my dependents filed for date to not finish this and in hopes I will just die and go away)

Bottomline:
$211,415.77 (was due to me with 100% retro to 1/1/2007, 1-6 past dependents see excel, SMC S effective 11/2011)
-$571.92 (due to VA)
equals = $210.843.85
minus -$73.633.33 retro paid 7/2018
equals = $137.210.52 (STILL DUE TO ME)

The VA has QUIT answering my emails, phone calls, and pleas since Jul since I have been checked off as completed. Again, wrongly checked off the list to show DC St Petes has made progress to get me to silence me.

And, St Petes using past history of VA retro for new recognized SC, increased SC, and or audits between VA/DFAS due to changes from military retirement pay to CRSC status to not pay my retro back pay in this PTSD/MDD retro pay after 115 rocket/mortar attacks, being on scene after an OSI friend was killed in an attack, 3 near misses, and a violent rape 11 months into the USAF.

My life has been about honor, integrity, service to our great nation, and I have given it all and I will die boots on ground here anytime due to service connected medical problems. I served 21 years military and over 6 1/2 years in the VA continuing serving until I couldn't any longer. My family and I have lost enough...try telling your children their mother is dying, leaving your grandson, sleeping in a car, losing a job, losing my MSW, unable to pay bills, praying to die to stop being a failure and a burden, being humiliated by VA disability since 2006, filing Congressional after Congressional from 2012 to 2017 for specialized lung care and or medications, machines, etc., being wrongly denied the VA caregiver program and paying for caregivers out of my pocket from 2011 to present, etc.

I ask Sir with all due respect, please send my back pay now since I am not supposed to survive going under the knife, I refuse to let the VA win anymore by my death.

Please Sir, I have earned peace. I just want to be left alone after this. I have a right to self determination. I have a right to fair and equal by federal laws/standards which Women Veterans are denied repeatedly at St Petes...this excel proves that; my lung case is an example too it had to be removed by 3 past Secretaries/sent to MN for fair due to 4 time chemical exposures at Kirkuk, Iraq and Bagram, Afgh (2 burn pits burning nuclear, biological, medical waste, enemy rocket attack exposures at OSI compound, and in the Bagram prison); and with the clear shredding of my 2006 claim/this 11 1/2 year fight with St Petes; being denied adding my dependents by federal/state VA reps and even now continuing to change the date in Ebenefits on my backpay/dependents to have better states for your eyes in DC.

This is shameful and I need this over asap please. Thank you.

Respectfully,
MSgt Sandra Dee Thornton
USAF
OIF OEF
Terminally Ill Wounded Warrior
7678

Year/Mth Year 2007	100% Vet, 1 Matt	100% Vet, spouse, 1 Allison	Chris College	Caleb HS	Matt HS	Audrey	VA would have pd	Vet paid	Vet is owed
Jan	Retired 1/1/07	##	##	##	##	##	##	##	##
Feb	2623	##	Stayed out	##	##	##	2623	0	$2,623
Mar	2623	##	Army delayed enl.	##	##	##	2623	538	$2,085
Apr	2623	##	Army	##	##	##	2623	538	$2,085
May	2623	##	Army	##	##	##	2623	538	$2,085
Jun	2623	##	Army	##	##	##	2623	538	$2,085
Jul	2623	##	Army dc	##	##	##	2623	538	$2,085
Aug	2623	##Got married	DEA Dep 860	##	##	##	3483	538	$2,945
Sep		##Vet, spouse + 5 kids 2772	860	HS 71	HS 71	Elem 71	3865	538	$3,327
Oct		2772	881	71	71	71	3866	538	$3,328
Nov		2772	881	Turned 18/in HS 71	71	71	3866	538	$3,328
Dec		2772	881	IN HS 71	71	71	3866	538	$3,328
									Due $29,304

Year	100% Hub/1		Chris						
2008	Allison		DEA	Caleb	Matt	Audrey	VA would have pd	Vet paid	Vet is owed
Jan		2772	881	HS 71	HS 71	Elem 71	3866	550	$3,316
Feb		2772	881	71	71	71	3866	550	$3,316
Mar		2772	881	71	71	71	3866	550	$3,316
Apr		2772	881	71	71	71	3866	550	$3,316
				Grad HS					
May		2772	881	71	71	71	3866	550	$3,316
Jun		2772	Summer	Summer	Summer	Summer	2772	550	$2,222
Jul		2772	Summer	Summer	Summer	Summer	2772	550	$2,222
Aug		2772	881	DEA 881	71	71	4676	550	$4,126
Sep		2772	881	881	71	71	4676	550	$4,126
Oct		2772	915	915	71	71	4744	541	$4,203
Nov		2772	915	915	71	71	4744	541	$4,203
Dec		2772	915	915	71	71	4744	541	$4,203
									$41,885

Year 2009	100% hub/1 Allison	Chris DEA	Caleb DEA	Matt	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	2932	915	915	HS 75	75	4912	541	$4,371
Feb	2932	915	915	75	75	4912	541	$4,371
Mar	2932	915	915	75	75	4912	541	$4,371
Apr	2932	915	915	75	75	4912	697	$4,215
May	2932	915	915	75	75	4912	697	$4,215
Jun	2932	915	915	DEA 915	Summer	5677	697	$4,980
Jul	2932	915	915	915	Summer	5677	601	$5,076
Aug	2932	915	915	915	75	5752	601	$5,151
Sep	2932	915	915	915	75	5752	601	$5,151
Oct	2932	925	925	925	75	5782	601	$5,181
Nov	2932	925	925	925	75	5782	601	$5,181
Dec	2932	925	925	925	75	5782	601	$5,181
								Due $57,444

Year 2010	100% Vet, spouse, 1 Allison	Chris DEA	Caleb DEA	Matt DEA	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	2932	925	925	925	75	5782	1,064	4718
Feb	2932	925	925	925	75	5782	1064	4718
Mar	2932	925	925	925	75	5782	1064	4718
Apr	2932	925	925	925	75	5782	1064	4718
May	2932	925	925	925	75	5782	1064	4718
Jun	2932	925	925	925	Summer	5707	1064	4643
Jul	2932	925	925	925	Summer	5707	1064	4643
Aug	2932	Grad Police Acad 925	925	925	75	5782	1064	4718
Sep	2932	##	925	925	75	4857	1064	3793
Oct	2932	##	936	936	75	4879	1064	3815
Nov	2932	##	936	936	75	4879	1064	3815
Dec	2932	##	936	936	75	4879	1064	3815
								Due $52,832

Year 2011	100% Vet, spouse, 1 under Allison	Chris age 24 DEA	Caleb DEA	Matt DEA	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	3037	Not in college	936	936	Elem 77	4986	1064	3922
Feb	3037		936	936	77	4986	1064	3922
Mar	3037		936	936	77	4986	1064	3922
Apr	3037		936	936	77	4986	1064	3922
May	3037		936	936	77	4986	1064	3922
Jun	3037		936	936	Summer	4909	1064	3845
Jul	3037		936	936	Summer	4909	1064	3845
Aug	3037		936	936	77	4986	1064	3922
Sep	3037		936	936	77	4986	1064	3922
Oct	3037		957	957	77	5028	1064	3964
Nov	3037		957	957	77	5028	1064	3964
Dec	**SMC Auth 3368**		957	957	77	5359	1064	4295
								Due $47,367

Year 2012	100% Vet/spouse/1 Allison	Chris age 25 DEA	Caleb DEA	Matt DEA	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	SMC AUTHORIZED 3424		957	957	Elem 78	5416	1102	4314
Feb	SMC AUTHORIZED 3424		957	957	78	5416	1102	4314
Mar	SMC AUTHORIZED 3424		957	957	78	5416	1102	4314
Apr	SMC AUTHORIZED 3424		957	957	78	5416	1102	4314
May	SMC AUTHORIZED 3424		Grad/Dropped DEP	957	78	4459	1102	3357
Jun	SMC AUTHORIZED 3424	DEA 957		USAF delayed enl.	Summer	4381	1102	3279
Jul	SMC AUTHORIZED 3424	957			Summer	4381	1102	3279
Aug	SMC AUTHORIZED 3424	957			78	4459	1102	3357
Sep	SMC AUTHORIZED 3424	957			78	4459	1102	3357
Oct	SMC AUTHORIZED 3424	987			78	4489	1102	3387
Nov	SMC AUTHORIZED 3424	987			78	4489	1102	3387
Dec	SMC AUTHORIZED 3424	987			78	4489	1102	3387
								Due$44,046

Year 2013	100% rate Vet	100% Vet/spouse/1 under Allison	Chris DEA auth until 8/13	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	##	SMC 3475.36	DEA 987	Elem 79.17	4541.53	1120	3421.53
Feb	##	3475.36	987	79.17	4541.53	1120	3421.53
Mar	##	3475.36	987	79.17	4541.53	1120	3421.53
Apr	##	3475.36	987	79.17	4541.53	1120	3421.53
May	##	3475.36	987	79.17	4541.53	1402	3421.53
Jun	##	3475.36		Summer	3475.36	1402	2073.36
Jul	##	3475.36		Summer	3475.36	1402	2073.36
Aug	##	3475.36	Turned age 26	79.17	3554.53	1402	2151.53
Sep	##	3475.36		79.17	3554.53	1258	2296.53
Oct	SMC 3152	##Divorced 9/12/13		##Divorce	3152	2618	534
Nov	3152	##			3152	3273	PD back 10/15 -121
Dec	3199.28	##			3199.28	3273	Pd back 10/15 -73.72
							25,638.71

Year 2014	Total 100% SMS would pay	VA didnt input divorce	Diff PAID BACK 10/2015
Jan	SMC 3199.28	3322.42	-123.14
Feb	SMC 3199.28	3322.42	-123.14
Mar	SMC 3199.28	3322.42	-123.14
Apr	SMC 3199.28	3322.42	-123.14
May	SMC 3199.28	3322.42	-123.14
Jun	SMC 3199.28	3322.42	-123.14
Jul	SMC 3199.28	3322.42	-123.14
Aug	SMC 3199.28	3322.42	-123.14
Sep	SMC 3199.28	3322.42	-123.14
Oct	SMC 3199.28	3322.42	-123.14
Nov	SMC 3199.28	3322.42	-123.14
Dec	SMC 3253.67	3322.42	-68.75
			PAID VA -1,423.29 10/2015

Year 2015	Total 100% SMS would pay	VA didn't inpt divorce	Difference PAID BACK 10/2015
Jan	SMC 3253.67	3379.74	-126.07
Feb	3253.67	3379.74	-126.07
Mar	3253.67	3379.74	-126.07
Apr	3253.67	3379.74	-126.07
May	3253.67	3379.74	-126.07
Jun	3253.67	3379.74	-126.07
Jul	3253.67	3217.67	216
Aug	3253.67	3217.67	216
Sep	3253.67	3217.67	216
Oct	3253.67	3217.67	216
Nov	3253.67	3217.67	216
Dec	3257.67	3217.67	216
		PAID VA -540.42 10/2015	

Year 2016	Total 100% SMS would pay	Vet Paid	Difference
Jan	SMC 3263.43	3217.67	503.36
Feb	SMC 3263.43	3217.67	503.36
Mar	SMC 3263.43	3217.67	503.36
Apr	SMC 3263.43	3217.67	503.36
May	SMC 3263.43	3217.67	503.36
Jun	SMC 3263.43	3217.67	503.36
Jul	SMC 3263.43	3217.67	503.36
Aug	SMC 3263.43	3217.67	503.36
Sep	SMC 3263.43	3217.67	503.36
Oct	SMC 3263.43	3217.67	503.36
Nov	SMC 3263.43	3217.67	503.36
Dec	SMC 3328.70	3217.67	111.03
			Due to Vet 614.39

Year 2017	Total 100% SMS would pay	Vet Paid	Difference
Jan	SMC 3328.70	3227.43	101.27
Feb	SMC 3328.70	3227.43	101.27
Mar	SMC 3328.70	3227.43	101.27
Apr	SMC 3328.70	3227.43	101.27
May	SMC 3328.70	3227.43	101.27
Jun	SMC 3328.70	3227.43	101.27
Jul	SMC 3328.70	3227.43	101.27
Aug	SMC 3328.70	3227.43	101.27
Sep	SMC 3328.70	3227.43	101.27
Oct	SMC 3328.70	3227.43	101.27
Nov	SMC 3328.70	3227.43	101.27
Dec	SMC 3328.70	3227.43	101.27
		Due to Vet 1,215.24	

Year 2018	Total VA 100% SMS would pay	Vet Paid	Difference
Jan	SMC 3328.70	3292.7	36
Feb	SMC 3328.70	3292.7	36
Mar	SMC 3328.70	3292.7	36
Apr	SMC 3328.70	3292.7	36
May	SMC 3328.70	3292.7	36
Jun	SMC 3328.70	3292.7	36
Jul	SMC 3328.70	3292.7	36
Aug	SMC 3328.70	3292.7	36
Sep	SMC 3328.70	3292.7	36
			Due to Vet 432

From: Wilkie, Robert L., Jr.
Sent: Wed, 12 Feb 2020 17:24:22 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] WATCH! Yesterday's Digital Health CXO Tech Forum featuring HHS Deputy Secretary

From: GovernmentCIO Media & Research
Sent: Wednesday, February 12, 2020 12:13:28 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] WATCH! Yesterday's Digital Health CXO Tech Forum featuring HHS Deputy Secretary

Watch yesterday's Digital Health CXO Tech Forum we hosted at the International Spy Museum in downtown Washington, D.C. featuring **HHS Deputy Secretary Eric Hargan, Congressman Michael Burgess and HHS CIO Jose Arrieta**

Leaders from the **VA, FDA, NIH, HHS and Congress** covered topics such as the corona virus, artificial intelligence, data security, privacy, interoperability, regulatory affairs, data analytics, and more.

Follow the conversation online and connect with us on Twitter, Facebook and LinkedIn using **#CXOTechForum**.

WATCH

Agenda

Welcome remarks

Interview with HHS Deputy Secretary Eric Hargan

Panel: Data Science & Artificial Intelligence

- Dr. Brenda Blunt, Director, Health, CVP
- Col. Thomas Cantilina, Chief Health Informatics Officer, Military Health System, DHA
- Dr. Lawrence Tabak, Principal Deputy Director, National Institutes of Health
- Misu Tasnim, Executive Director, U.S. Digital Service at HHS

Congressional Interview with U.S. Rep. Michael Burgess

Panel: Data Management & Security

- Jeff Grant, Deputy Director, Center for Consumer Information & Insurance Oversight, CMS
- Jason Glanville, Director of Product Strategy, Special Forces, VA
- Robert Owens, Deputy Inspector General for Management and Policy, HHS

CIO spotlight: HHS CIO Jose Arrieta

Closing remarks

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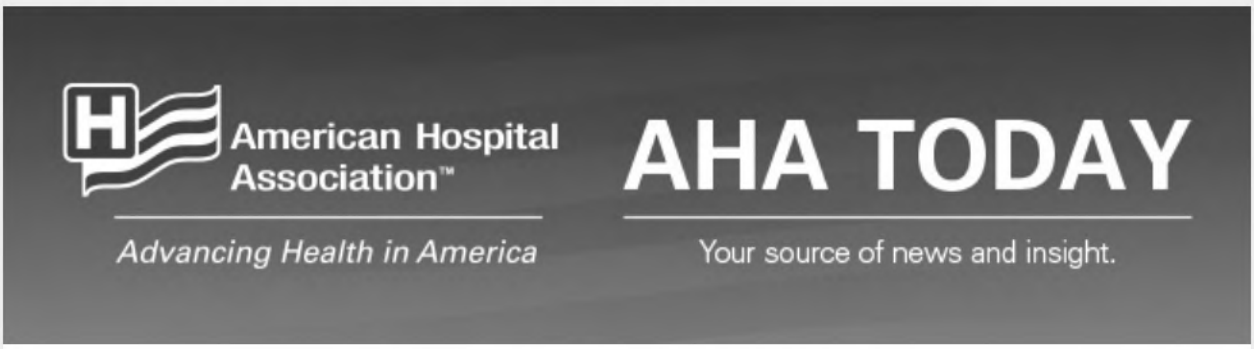
From: Wilkie, Robert L., Jr.
Sent: Wed, 12 Feb 2020 22:40:55 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Surprise Billing Legislation Passes W&M Committee

From: AHA Today
Sent: Wednesday, February 12, 2020 5:27:14 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Surprise Billing Legislation Passes W&M Committee

Click here to access a web or mobile friendly version of the newsletter.

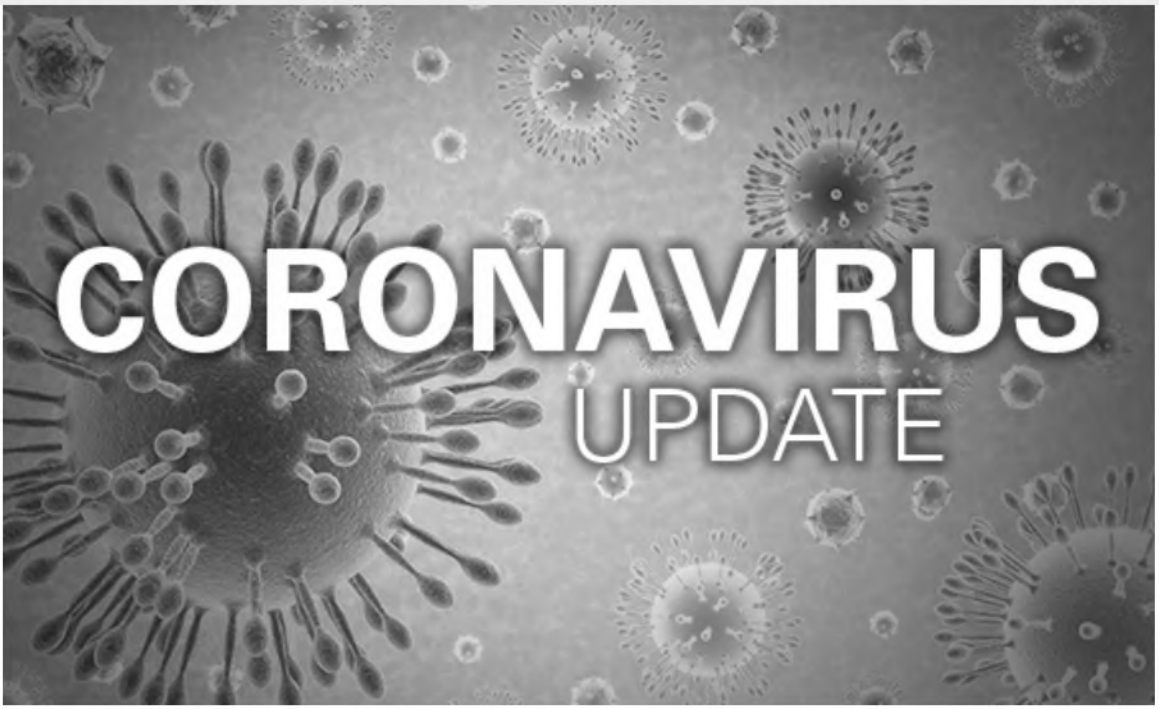


February 12, 2020 | www.aha.org/news

State Labs Report Issues with Coronavirus Test Kit, CDC to Send New Reagents

The Centers for Disease Control and Prevention today said new reagents will be manufactured and sent to state laboratories that reported inconclusive results using the novel coronavirus (COVID-19) test kit sent by CDC. Labs discovered the issue while performing routine trial tests, not specimen testing on patients, and found that one of the three reagents needed replacing. CDC said that all COVID-19 testing will continue to go through its labs as a backstop even when the test kits are corrected.

CDC also said some partners are reporting higher than normal demand for N95 respirators, referring health care providers to their recent guidance on the supply of personal protective equipment, and reiterated that healthy members of the general public do not need to wear masks. A Senate Homeland Security and Governmental Affairs roundtable today discussed drug and PPE shortages because of supply chain disruptions in China. Former Food and Drug Administration Commissioner Scott Gottlieb, M.D., said the U.S. stockpiled PPE for emergencies, but "we're going to see shortages of critical components" from China in PPE manufacturing.



The World Health Organization today again reported a slower increase in new global confirmed cases, which total 45,171 with over 1,100 related deaths.

WHO Director-General Tedros Adhanom Ghebreyesus said yesterday a vaccine could be ready in 18 months, and Department of Health and Human Services Deputy Secretary Eric Hargan said today that a candidate vaccine could enter trials in the next two to three months.

The Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response yesterday also announced a partnership expansion with Janssen Research and Development to expedite a COVID-19 vaccine.

Responding to statements that warmer months could slow or stop the virus, Nancy Messonnier, M.D., director of CDC's National Center for Immunization and Respiratory Diseases, said, "I'd caution over interpreting that hypothesis," adding that the disease is still too new to determine how it will react to temperatures.

All 195 individuals of the first group of U.S. citizens evacuated out of Wuhan, China, by the U.S. government left March Air Reserve Base in California yesterday after completing their 14-day quarantine period. CDC said all individuals tested negative to COVID-19 and pose no threat to their communities.

Although WHO and CDC retain their recommended 14-day quarantine period, a paper by Chinese scientists shows the incubation period could be up to 24 days. Messonnier said CDC continues to look at incoming data carefully to make recommendations.

For the latest information and resources, including the Occupational Safety and Health Administration's information on protecting workers from COVID-19 exposure, visit AHA's coronavirus webpage.

Today's Headlines

1. AHA-supported bill to address surprise medical bills clears committee
2. CMS seeks comments on maternal, infant health care in rural communities
3. Rural hospitals invited to participate in free maternal health program

See Full Stories Below

Insights & Analysis

Rural health system prioritizes workforce diversity to meet community needs

Northern Light Health, an integrated health system serving Maine, embraces the shifting demographics of its patients and increasingly diverse, foreign-born workforce, which allows the system to strengthen access to high-quality, equitable health care. Read more.

Idaho health system names president and CEO

Also in this roundup of hospital and health system leadership changes: Temple University Health System in Philadelphia names CEO; and Beebe Healthcare in Lewes, Del., names president and CEO. Read more.

Today's Headlines Continued

1. AHA-supported bill to address surprise medical bills clears committee

The House Ways and Means Committee today favorably reported out, as amended, the Consumer Protections Against Surprise Medical Bills Act (H.R. 5826), AHA-supported legislation to address surprise medical bills.

The bill prohibits providers from balance billing patients for emergency services or medical care the patient reasonably could have expected to be in-network, and from charging patients more than the in-network cost-sharing amount. Rather than rely on a benchmark payment rate to determine out-of-network reimbursement, the legislation provides a period for health plans and providers to negotiate out-of-network reimbursement, followed by a mediated dispute resolution process if necessary. The bill also includes other consumer protection and transparency provisions.

"I think the legislation we have before us today is the right approach — it protects the patient, but also recognizes the private market dynamics between insurance plans and providers," said Committee Chairman Richard Neal, D-Mass.

Ranking Member Kevin Brady, R-Texas, said the legislation "is fair to all parties, favoring no one except the patient."

In comments submitted Monday, AHA called the legislation "the most effective approach to surprise medical billing introduced to date." It voiced strong support for the provisions to prohibit balance billing and limit patient cost-sharing responsibilities, and said that "once the patient is protected, hospitals and health systems should be permitted to work with health plans to determine appropriate reimbursement."

The Congressional Budget Office estimates the legislation would decrease the federal deficit by $17.8 billion.

The committee also approved legislation that would establish hospice program survey and enforcement procedures under the Medicare program (H.R. 5821); and require private

equity firms that own and control medical care providers to report certain information to the Internal Revenue Service (H.R. 5825).

2. CMS seeks comments on maternal, infant health care in rural communities

The Centers for Medicare & Medicaid Services' Office of Minority Health seeks public input through April 12 on opportunities to improve health care access, quality and outcomes before, during and after pregnancy for women and infants in rural communities. This includes reducing health disparities and racial and ethnic disparities. CMS also seeks input on the readiness of rural providers to respond to obstetric emergencies. The agency will use the responses to inform its programs and policies to ensure rural families have access to high-quality health care that results in optimal health outcomes.

3. Rural hospitals invited to participate in free maternal health program

The AHA invites rural hospitals and health systems to participate in the Better Maternal Outcomes Rapid Improvement Network — a free, six-month program focused on maternal outcomes and respectful care. Sponsored by the Institute for Healthcare Improvement, the network will assist participants in implementing promising practices and improve care delivery for all women and newborns. Participating organizations will learn how to spread best practices and protocols through a variety of shared learning formats. The next session begins in April; interested hospitals can learn more at ihi.org/maternalhealth. The AHA is partnering with IHI as part of the association's Better Health for Mothers and Babies initiative. "The AHA is pursuing the goal of eliminating maternal mortality and reducing severe morbidity," said Robyn Begley, R.N., CEO of the American Organization for Nursing Leadership and senior vice president and chief nursing officer of the AHA.

www.aha.org (800) 424-4301 news@aha.org Upcoming Events

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: (b)(6)
Sent: Thu, 13 Feb 2020 15:26:11 +0000
To: RLW
Subject: [EXTERNAL] FW: Azar announces new coronavirus tracking effort as new U.S. case confirmed

---

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Thursday, February 13, 2020 10:21 AM
To: (b)(6) riponsociety.org>
Subject: Azar announces new coronavirus tracking effort as new U.S. case confirmed

Azar announces new coronavirus tracking effort as new U.S. case confirmed

By Alice Miranda Ollstein

02/13/2020 10:18 AM EST

HHS Secretary Alex Azar told the Senate Finance Committee the CDC has heightened efforts to track coronavirus in five cities as the CDC announced the 15th confirmed case of the virus in the U.S.

CDC said the infected person arrived in the U.S. on Feb. 7 from the Wuhan area in China where the outbreak was first discovered, and is currently in quarantine at the JBSA-Lackland military base in Texas.

Azar also said the CDC will begin using the national flu surveillance tracking system with health departments in five cities to test patients with flu-like symptoms for coronavirus.

"Many questions about the virus remain, and this effort will help see whether there is broader spread than we have been able to detect so far," Azar told lawmakers.

Japanese officials earlier in the day announced the country's first death from coronavirus, which was the third outside of mainland China.

To view online:
https://subscriber.politicopro.com/health-care/whiteboard/2020/02/azar-announces-new-coronavirus-tracking-effort-as-new-us-case-confirmed-3976642

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Arlington, VA 22209
USA

From: Wilkie, Robert L., Jr.
Sent: Thu, 13 Feb 2020 15:40:24 +0000
To: RLW
Subject: FW: Payment Concerns (SF 02436114 AW)

From: Sandra Thornton
Sent: Thursday, February 13, 2020 10:32:03 AM (UTC-05:00) Eastern Time (US & Canada)
To: VAVBAWAS/CO/Office of the USB VBA; Wilkie, Robert L., Jr.; VAVBAWAS/AMO/DIR; Clark, Willie, VBAVACO; The White House; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/COMMS; VA Accountability Team; Bevins, Debi
Cc: pkime@militarytimes.com; Hannity@foxnews.com; Sandra Thornton
Subject: [EXTERNAL] Re: Payment Concerns (SF 02436114 AW)

Dear Office of Client Relations, etc,

If you referred my retro failure back to St Pete's Regional Office then, we all might as well quit now...because I am up to 14 years or 5,110 of them never following federal laws/standards.

And fyi, no one in DC ever reprimanded St Petes VA rep for telling me repeated not to come down for my 12 year waited BVA hearing because I would not win, I would lose everything, and the only Veterans who win 100% for disabilities are in straight jackets/lose all control of their finances- reported to DC, 0 accountability happened.

And lastly, whoever has the VA Hotline calling me today - get them it stopped asap.

There is ZERO excuse that the VA has gotten this retro wrong 1-2-3-4+ times if federal laws following the BVA Judge's rating/decision, VA published pay rates for those years/months, and my specific excel breaking my family down for you. Unless...this was a training issue on federal laws, a competent input issue OR the VA like always hopes I am a dumb Vet who can't add or I will just go away or lastly that my expiration milk date on life will come before my earned benefits and entitlements of retro ever arrives...I am betting on the last one, saving a buck.

The VA has "earned" my little faith or hope to ever do the right thing repeatedly.....and it is sad, you could have been so great.

Call off the hotline and please figure out a VA regional office that follows federal laws, can follow standards, follow the word documents I attached this week with years, months, dependents broken down, and with DEA rates since not 1 VA rep has used them in my 4/18 BVA retro awards. I am tired after 8 surgeries, 3 procedures, fighting every day, and trying survive this hurricane impacts.

Ty
S. Thornton
From: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>
Sent: Thursday, February 13, 2020 6:24:27 AM

To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: Payment Concerns (SF 02436114 AW)

Ms. Thornton,

Thank you for contacting the Department of Veterans Affairs Under Secretary for Benefits and allowing us to address your concern. Your email correspondence was referred to the Office of Client Relations for assistance.

The concern with your payment history, which includes questions about entitlement to retroactive Dependents' Educational Assistance (DEA) reimbursement is acknowledged. An inquiry has been sent to your Regional Office and the Education hub requesting further review. Please allow time for their review to be conducted.

In the interim, any additional concerns may be submitted to this email address, referencing the case number in the subject line.

Please know your concern is being reviewed and will be addressed in further detail the near future.

Thank you for your service; we hope this information is helpful as it is our goal to assist you.

Department of Veterans Affairs
Veterans Benefits Administration
Office of Client Relations

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From: RLW
Sent: Thu, 13 Feb 2020 15:57:00 +0000
To: (b)(6)
Cc:
Subject: RE: Request for Sec. Wilkie re: 2/19 Working Lunch w/Mrs. Pence

Okay

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Thursday, Feb 13, 2020, 10:56 AM
To: RLW (b)(6) @va.gov>
Cc: (b)(6) va.gov>
Subject: FW: Request for Sec. Wilkie re: 2/19 Working Lunch w/Mrs. Pence

Sir,
The Second Lady's office is asking if you'd be willing to provide remarks at the lunch meeting next week. You would speak to the group right after Mrs. Pence, as the agenda attached shows.

If you agree, I'll have (b)(6) start working a draft right away.

Thank you,
(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>
Sent: Thursday, February 13, 2020 9:32 AM
To: (b)(6) va.gov>
Subject: [EXTERNAL] Request for Sec. Wilkie re: 2/19 Working Lunch w/Mrs. Pence

Good morning (b)(6)

We're grateful Secretary Wilkie is joining the working lunch the Second Lady is holding next Wednesday, February 19. We intend for the working lunch to serve as an opportunity for a small group of experts to engage in a substantive conversation about the work taking place within and outside of the VA and DoD to prevent suicide.

We are writing to ask if the Secretary would be willing to provide an eight minute talk at the lunch to highlight the work taking place at the VA related to veteran suicide, touching on the key facts Mrs. Pence would need to know about veteran suicide and prevention efforts. Mrs. Pence and other guests will be seated at a U shape table facing a podium, and we would like to invite the Secretary to speak from the podium to provide a high-level briefing to the Second Lady about the most important aspects of suicide prevention work your agency is leading. In preparing remarks, we are inviting all speakers to consider the question: what items would you most like Mrs. Pence to remember and highlight when she meets with Americans and discusses suicide prevention efforts, the ways Americans can help prevent suicide, including veteran suicide, and what barriers exist for individuals seeking help. Because of time constraints, we are asking all speakers to keep their remarks to no more than eight minutes. Following the presentations, the agenda (please see attached for the current drafted agenda) allots more time for questions and further discussion.

Additionally, we welcome any supplemental written materials your agency would like to share with guests. We would appreciate if you could please email these materials to our office by COB Monday, February 17. Our office will then have the materials printed and located at each guest's seat.

Please let me know if you have any questions, and thank you for all you are doing to coordinate details for Secretary Wilkie to take part in Wednesday's meeting. Mrs. Pence is looking forward to seeing the Secretary.

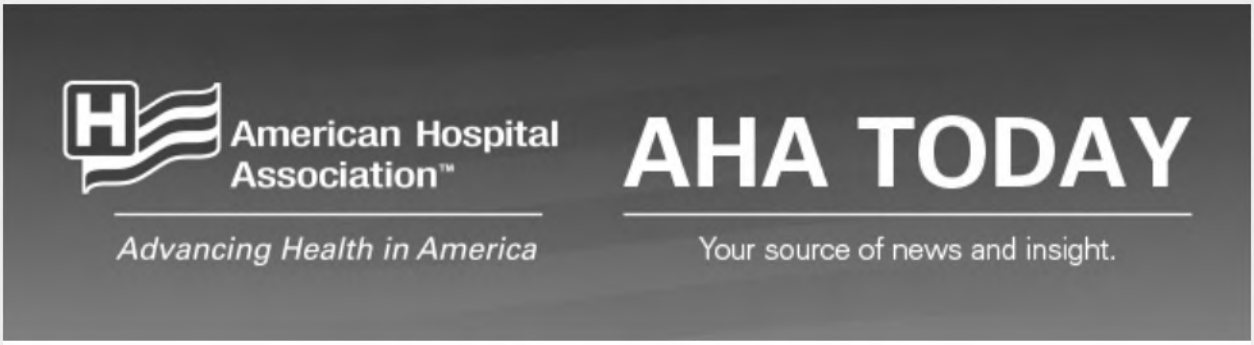
Best,

(b)(6)
Policy Director to the Second Lady
Office of the Vice President
202.881(b)(6)

From: Wilkie, Robert L., Jr.
Sent: Thu, 13 Feb 2020 22:08:51 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Two New U.S. Coronavirus Cases

From: AHA Today
Sent: Thursday, February 13, 2020 4:35:06 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Two New U.S. Coronavirus Cases

Click here to access a web or mobile friendly version of the newsletter.

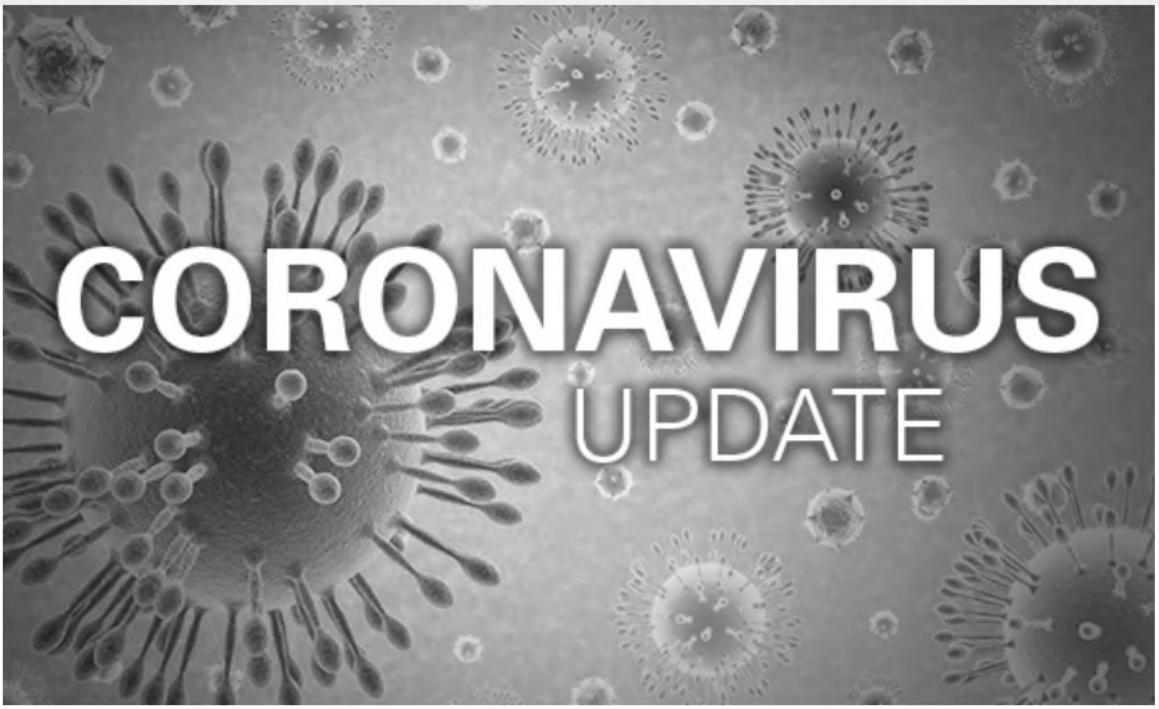


February 13, 2020 | www.aha.org/news

2 U.S. Evacuees Test Positive for Coronavirus, Global Case Total Spikes

The Centers for Disease Control and Prevention has confirmed two new U.S. cases of novel coronavirus (COVID-19), bringing the total to 15. Both individuals returned to the U.S. Feb. 7 on a State Department flight from Hubei Province, China, and were in federal quarantine at JBSA-Lackland base in Texas.

CDC expects more COVID-19 cases in the U.S., including among the more than 600 individuals who recently returned from Wuhan, the outbreak's epicenter. Nancy Messonnier, M.D., director of CDC's National Center for Immunization and Respiratory Diseases, said yesterday that more than 30,000 passengers entering the U.S. from China have been screened for the virus.



After several days of case declines in China, the World Health Organization today said COVID-19 cases increased significantly because of "a change in how cases are diagnosed and reported."

"In Hubei province only, a trained medical professional can now classify a suspected case of COVID-19 as a clinically-confirmed case on the basis of chest imaging, rather than a laboratory confirmation," said Michael Ryan, executive director of WHO Health Emergencies Programme.

As of today, WHO reported 46,997 confirmed cases, the majority in China.

For the latest information and resources, visit AHA's coronavirus webpage.

Today's Headlines

1. Applications open for 2020 AHA Innovation Challenge
2. CDC: Fewer families report problems paying medical bills
3. Program to recognize hospital efforts to prevent heart attacks, stroke
4. Tomorrow is deadline to complete IFDHE survey

See Full Stories Below

Insights & Analysis

NJ leader cites AHA TrendWatch as a resource to address workforce challenges

Cathy Bennett, president and CEO of the New Jersey Hospital Association, talks about the latest AHA workforce TrendWatch and how hospitals and health systems in her state champion programs to support a skilled and dynamic workforce. Read more.

Livability Index offers insights to make communities healthier

Shannon Guzman, senior strategic policy advisor at the AARP Public Policy Institute and a national adviser for the AHA's Hospital Community Cooperative, says AARP's Livability Index acts as a useful tool for health care organizations and communities working on place-based solutions that improve health outcomes for all. Read more.

SPONSORED CONTENT

Artificial Intelligence and Machine Learning: Opportunities for clinical and operational performance

AI and ML should supplement clinical care, not replace it. By eliminating burdensome and unwanted tasks, AI can allow clinicians to spend more time on direct patient care focusing on the essential human skills that AI and computers cannot achieve. Read more.

Sponsored by Cerner

Today's Headlines Continued

1. Applications open for 2020 AHA Innovation Challenge

The AHA has launched its 2020 Innovation Challenge — a competition to accelerate health care innovation. This year's challenge asks AHA members and their partners to help make behavioral health care more accessible and affordable. "Hospitals and health systems are a hotbed for innovative ideas for transforming health care," said Jay Bhatt, D.O., AHA senior vice president and chief medical officer. "This year's challenge is an opportunity to combine human compassion with innovative thinking to improve behavioral health care and save lives." The top three proposals will receive $100,000, $25,000 and $15,000, respectively, to help the innovators bring their ideas to life. Submissions are open through May 15, and the winners will be announced at July's AHA Leadership Summit. The challenge is sponsored by First American Healthcare Finance, which works with hospitals and health systems to provide capital financing solutions. Visit the Innovation Challenge webpage for more information.

2. CDC: Fewer families report problems paying medical bills

An estimated 14.2% of U.S. residents said they or a family member had problems paying medical bills in 2018, down from 19.7% in 2011, according to a new report from the Centers for Disease Control and Prevention. The problem was more common among females than males, children than adults, and Black and Hispanic residents than other racial and ethnic groups. Among people under age 65, those lacking health insurance were most likely to report the problem (27.7%), followed by those with Medicaid (20.1%) and private health coverage (11.9%). The findings are from the National Health Interview Survey.

3. Program to recognize hospital efforts to prevent heart attacks, stroke

Hospitals and health systems can apply to participate in the Million Hearts Hospitals &

Health Systems Recognition Program, which will recognize organizations working to improve cardiovascular health in their communities, the Centers for Disease Control and Prevention announced yesterday. The first round of applications is due April 30. "High-performing hospitals and health systems can have lifesaving impact preventing heart attacks and stroke," said Laurence Sperling, M.D., executive director of Million Hearts, a CDC and Centers for Medicare & Medicaid Services initiative to prevent one million heart attacks and strokes over five years. For more on the recognition program, visit https://hospitals.millionhearts.hhs.gov.

4. Tomorrow is deadline to complete IFDHE survey

The AHA's Institute for Diversity and Health Equity encourages all hospitals to complete its 2019 Health Equity, Diversity and Inclusion Survey by the extended deadline of Feb. 14. The results will help inform the field about its ongoing efforts to address health equity, diversity and inclusion, with aggregate findings shared in white papers, presentations and educational forums. For more information, contact AHA survey support at surveysupport@aha.org or 800-530-9092.

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: Wilkie, Robert L., Jr.
Sent: Fri, 14 Feb 2020 18:07:52 +0000
To: RLW
Subject: FW: STOP!
Importance: High

From: Sandra Thornton
Sent: Friday, February 14, 2020 1:06:10 PM (UTC-05:00) Eastern Time (US & Canada)
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov; The White House; VAVBAWAS/AMO/DIR; Michael.Pence@mail.house.gov; Sandra Thornton
Cc: Hannity@foxnews.com; pkime@militarytimes.com
Subject: [EXTERNAL] STOP!

I have REPEATEDLY asked for all of these VA Hotline calls and now VA PC Clinic calls have started. STOP ASAP!

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Thursday, February 13, 2020 6:35:40 AM
To: Sandra Thornton <angelsallaroundus@hotmail.com>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>
Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: RE: This is why Veterans kill themselves

Good morning,

I apologize for the misspelling. As I stated yesterday, a VA representative will be contacting you within two business days of my response. And we will honor your request that we contact you via email. Please be mindful that it will take us several emails to communicate and address your comments. Thanks in advance for your understanding.

Willie

Willie C. Clark, Sr.,
Deputy Under Secretary for Field Operations

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Wednesday, February 12, 2020 3:29 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Michael.Pence@mail.house.gov; Sandra Thornton <angelsallaroundus@hotmail.com>
Cc: Hannity@foxnews.com; pkime@militarytimes.com
Subject: [EXTERNAL] Re: This is why Veterans kill themselves
Importance: High

Mr Clark,

My name is spelled "Thornton" so I don't get missed up with another Veteran.

Thank you for your reply. I understand how big the VA is, how much the VA spends and its capacities....that it could be and should be great however, VA facts outweigh what happens out here. And, please remember I worked on the inside for the VA for 6.5 years and saw/found countless employees breaking federal laws/standards and I was a Whistleblower for Secretary Shinseki to identify and improve the mass VA complex which never happened. And in Nov 2013, came to DC with 50 years of reports of St Pete's breaking federal laws/standards by VA IG, met with DOMA, and VA Accountability hearings kicked off for 2 years – the VA was under the microscope of the nation and towed a little better line. Unfortunately, the hearings ended, the media stopped the coverage, and behaviors returned...what DC continues to fail to see IS once the IG comes up, writes up an area or person, the IG leaves, the reports get trashed because there is still no accountability. How do I know this? Those 50 years of reports...they had the same write ups, year after year. Unlike the military, there is follow ups on inspections to show laws and standards are met or accreditations get revoked, state license boards get reports, firings take place, etc. You have a mass operation which Cya's itself. The employees like me who reported get black balled...let's not forget I was 1 of the 42 published Whistleblowers whose emails got diverted in 2015 to a special IT team in DC after I reported breaches to the Secretary, Congress addressed it/the media. Develop a method to promote and reward employees who actually service the VA, enforce laws, and standards and you will become phenomenal on every level. The VA is kind of opposite of a court of law, instead of believing Vets and supporting their care and or earned disability, you don't believe us, discount, disapprove and or deny with every opportunity. You gave me an expiration date like a stamp on milk, told me you didn't have anything for me, and couldn't refer me to a specialist. The VA was leaving me to die...a

21 year, 2 time war Vet. When I found a specialist, I had to file a Congressional to get referred, your consultant mgt doc called the #1 specialist in the nation and told him to change his evaluation then...that consult mgt doc called St Pete's to interfere with my disability- specialist documented, I reported his behavior - he is still a VA employee. I reported a PHD who had 6-8 Vets suicide, not once did you report to his state licensure board and 1 Vet he treated, was my friend a VA employee, the PHD treated him/would go drinking w him - the VA employee/Vet blew his brains out, PHD still VA employed. Same PHD who kept not should to work, cxing pts, 1 of the Vet suicide families wrote a letter that PHD was respect for her brother, he left group saying he was going to kill himself, the doc did nothing, the letter never got out of the VISN. The Homeless Vet Coordinators had countless vouchers...denied 2014 female Vet w 5 kids left on the street, the 20 yr, 4 times deployed Army Ranger Vet Robert Hill has waited since 2006 for his rating, St Petes mixed it up w another Vets info, never rated right, 2 admits, divorce, no work, lost his home because of St Petes, he/2 kids denied voucher 2014/2015, Vietnam Vet VA admitted in VA hospital 12 days/dx ptsd, VA disability never got his VA records, denied 1986-2016, I found his VA inpt records in GA in 2013...still St Pete's denied, worst case PTSD in the nation documented in a VA hospital, would have been 100% rating in 1986 but denied...lost his home, family lost everything and STILL TODAY 2020 waits...because no one at St Pete's bothered to get his record, BVA remanded back to St Pete's...this Vet has had a heart attack, 34 years...12,410 days waiting for the VA to do the right thing...William Nobles will die before justice comes. And..homeless and denied a voucher for him/his family to be off the streets in 2015/16. Things haven't changed in 2020. Vets tell DC how to fix it, what works and report what doesn't and our records get trashed. My family/I desperately needed the Caregiver program, the MSW wasn't doing her job nor following standards, I called your hotline in 2015/2016 and found lies of noncompliance put in my application to deny - I had already been paying out of my pocket for care/help for 4-5 yrs. Oh and don't forget before the BVA hearing, St Petes tried throwing my disability case to 5 states away state I never moved to and my medical care got moved to 1 state away I didn't live in. So...if you think,14 years of hell wasn't my life with the VA, think again. The VA fails all of us with these types of employees and 0 accountability.

There is no use in rehashing information because you will just chalk me into the disgruntled column. I haven't even filed all these surgeries because it will just start again. So, I stay with civilian docs, family drives me, I lose gas money, time, and money but I get respect/quality care.

Back to facts to finally end this issue:

With the April 2018 BVA Appeal win, my retro 100% pay/DEA/Dependents was by my actual past paychecks, VA published rates, facts, etc vs your crazy computer audits, from Jan 2007 - Sep 2018 came to a reto pay difference of:

300,778.34 Retro balance with 4/18 BVA win
-73,633.33 VA Dis 7/18 retro pd
-43,589.80 Mil pay VA held retro pd
-19,642.00 VA Dis 9/18 retro Pd
= $163,913.21 RETRO AMT DUE as of 2/12/20.

This FINAL RETRO to me for 100% disability back to 1/1/2007, retro all dependents to include 1-2-3 DEA effective 1/1/07- up to Aug 2013 (Chris's transcripts for summer/fall 2012 and spring 2013 faxed last night. I have been ill and couldn't get back yet to library to print 3 more 674s - verified by transcripts).

"Any VA contacting me can email me updates, questions or whatever"....phones are hard with my lungs and VA things in writing stay honest.

Respectfully
S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Wednesday, February 12, 2020 9:51:29 AM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Angelsallaroundus@hotmail.com <Angelsallaroundus@hotmail.com>
Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: This is why Veterans kill themselves

President Trump,

DC, the media, the American people always wonder...just how to stop 22 a day? Two of my former Vets I counseled died last month. One, an Army PGW Vet, died 1/2020 in PC and the other a USAF Khobar Towers/OEF Vet hung himself 1/2020 from PC. Both gave up on St Petersburg ever doing the right thing. The VA fails us.

I faxed 42 pages to BVA 202-495-6753. Please add this fax with my faxes to the BVA, VA

Intake Center, St Petersburg and or State VSOs: 10/16, 12/16, 3/17, 10/17, 12/17 to include DoD verification letter for dependents, 3/18, 4/18, 4/18, 5/18 to include 29 pages, 6/18, 6/18 to include an excel, 7/18 to include 32 pages with printed excel breakdown, 8/18 to include 39 pages, 8/18 to include 39 pages, and 9/18 to include 22 pages. And, my emails May 2018 – 2/2020, stating my retro pay is wrong and I included excel/word docs/letters, VA forms, transcripts, uploads, and certified mailings 2006 – 2020.

But, no one listened, read and or even use my excel breaking down each dependent down and get it right the 1st, 2nd, 3rd, 4th, and...we are on the 5th attempt now since May 2018.

7/19 email VAVBAWAS/CO/Office of USB VBA
and RENO 7/19 and 6-9/2018 and 7/19 audits were wrong:

1. 2/07 single, 1 minor child Matthew.

2. 8/07 single, 1 minor Matt, Chris injured in Army basic/discharged and DOD ID again/DEA on Chris starts Haney Voc Tech.

3. 8/07 married + 5 kids now, 1 DEA college, 4 under, pay starts 9/07.

4. Nov 2007, married with 2 kids in elementary, 2 HS, and 1 DEA college.
5 kids not 4, Caleb turned 18 IN HS/did not graduate until 5/08 AND then started college 8/08. He was NOT drop/add back Feb 2009, not sure where you got that.

5. Dec 2007, married, 4 kids elementary/HS, 1 DEA college.

6. Aug 2008, married, 2 DEA college, 3 kids elementary/HS.

7. Oct 2008...same as above...2 DEA college/3 under.

8. Dec 2008, same...2 DEA college/3 under.

9. Feb 2009, same...2 DEA college/3 under.

10. Jun 2009, 3 DEA college and 2 under.

11. Aug 2010, DEA Chris until age 26 + DEA Caleb/Matt and 2 under. This was Chris's last month at this time because of St Pete's shred/12 years to gain retro award with retro DEA.

12. AND I faxed transcripts last night since the public library was closing. Since VA disability kept telling me wrongly in 2018/2019 DEA doesn't apply and it does by federal laws:

Chris's DEA now applies for:
Summer 2012 9 HOURS Age 24
FALL 2012 15 HOURS age 25
SPRING 2013 3 HOURS age 25

You see, I am HONEST...I do not want any benefit and or entitlements which are or were not mine or my families.

There are so many other things that my family and or I were denied that will never be gained because of employees breaking laws or standards. I know...it is what it is.

And, I am sure you sit there reading her VA disability pay/her family's benefits of DEA/dependency status should have been 2007-2018 a total of $300,778.34 pay was due with this BVA 4/2018, which broken down IS:

2007 $29,304
2008 $41,885
2009 $57,444
2010 $52,832
2011 $47,367
2012 $44,046
2013 $25,638.71
2014 -1,423.29 pd back 10/2015 so 0
2015 -540.42 pd back 10/2015 so 0
2016 $614.39
2017 $1,215.24
2018 $432

How many of you lived in a car repeatedly on 2 machines? Lost your job due to service connected medical problems? Lost your marriage? Lost your finances? Lost your home because your VA filed claim was shred by St Pete's, multiple VA evals done improperly, took over 12 years for your BVA win, and lost your home? Etc. Which of you paid for doctors, travel for medical care with 8 surgeries, paid thousands for faxes, certified mail, and filed Congressionals? Are you past life expectancy like a gallon of milk? And lastly, do you have to fight everyday to stay alive?

So please tell me again how a national VA computer which computes our disability pay but can't read my papers or control a VA rep not reading/inputting a broken down/very specific excel by each year, month, dependents, not following the rating decision with retro Chapter 35 authorized and not inputting DEA rates, etc is correct retro back pay? It is not.

PLEASE expedite my now 14 years of waiting retro by federal law so, I can stop my journey of VA hell that I have been in with St Pete's since 2006, I deserve what sanity I have left, and I deserve to be left alone.

Ty
S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, February 11, 2020 6:31:20 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>
Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: This is why Veterans kill themselves

Dear President Trump, etc,

IF you really want to know just "WHY VETERANS KILL THEMSELVES" - it is because of the VETERANS ADMINISTRATION.

I am a 21 year terminally ill Wounded Warrior from Iraq/Afghanistan. I always did the right thing serving my country in the Dept of Defense and in the VA. I went to appointments, kept records, and prior to retiring I filed my claims just to get things on record in case I needed help. I did not know 100,000 troops were coming home and St Petersburg Regional Office would shred my claim for PTSD. I was never one of those employees who did not follow federal laws, standards, or refused to do my job. I was a good person who always believed in these systems....until I had to constantly fight for medical care, earned benefits and entitlements according to federal laws, VA standards, etc. etc. I had no idea the level of lazy, incompetent, law breaking staff within FL until I had to fight, report from 2006-2020...to the point of exhaustion losing my health, job, finances, home, marriage, family, and dignity. I have had 8 surgeries and 3 procedures to stay alive and none of that was with the VA's help. I have had to file multiple Congressionals for care (e.g. my lung medications), "earned" benefits/entitlements (e.g. refused to input my step children repeatedly 2007-2018 telling me "they did not count"), and or for laws/standards being broken. My files have been documented as shred, not uploaded, repeatedly faxed, deleted, etc. I cannot tell you over 14 years just how much time lost on resending, money spent on refaxing, etc. In 14 years (over 4,000+ days), I have found 3

good intention people in the VA...3. The 4/2018 BVA Judge, Mr. Willie Clark on here, and my FL State VSO Mr. Mark Brooks.

In 14 years....1/1/2007 - present, I have:
***Been hit by a massive CAT 5, 165 mph Hurricane Michael 10/10/18 losing my new rental, 95% of everything, 0 communication (phones, laptop/printer gone), destroying/severely damaging everything in Panama City from Oct 2018 and Panama City has still not recovered (e.g. medicare care, libraries, hospitals, no places to rent, hotels, food, gas, etc.); 2020 - the city is just starting to recover. *I was back to living in my car on 2 machines. *2019, I had surgery 6,7,8 and 3 procedures and had a difficult time recovering lasted 4-5 months, just to stay alive. Caught uterus, colon, and breast before cancer due to chemical exposures in Iraq/Afgh. And in Jul 2019, contacting VA disability again about my back pay still being wrong wondered why I had not been communicating? Surivival was pretty important and finding all my paperwork/access to a computer was good reasons. And of course when I did write in 7/2019, the emails from Reno with the dependents wrong again; 7/19 AMO/Comm reporting dependents wrong again then...stating if I disagree with the rating settlement, I can file a notice of disagreement - yep, I came close to stopping breathing that day and gave in! OR...maybe AMO should check for the NODs/faxes/emails from 2007-2019? I have been down that road repeatedly.**

In Apr 2018, the BVA Judge Jonathan Hager, apologized to me after reading my files, listening to my son/me in the hearing. He saw my first St Petes 2006 PTSD/MDD exam was not conducted right. He saw St Petes had deleted my 9/2006 filed claim. He saw just how many times I went back to VA disability with letter, faxes, NODs, he actually read my files...he saw 4 providers stated I was 100% Permanent and Totally disabled, 2 MH providers which validated back to my retirement showing VA C & P was wrong all along; 2 lung specialists which also validated my disabilities which taken 9 yrs ill, 6 years fighting VA disability/3 surgeries, etc. Then, the Judge heard from my son...how fighting to stay alive is a never ending battle and the VA just keeps our lives in hell. The Judge heard, how I had lost everything, been denied every earned benefit/entitlement for 12+ years, how I couldn't even buy much food paying for kids in college/younger/trying to keep a roof early on. The BVA Judge followed federal law. He followed USC 38, awarding 100% and stating it was clear due to civilian professionals documenting occupational/social impairment back to 1/1/07. He validated I was 100% permanent and total as of 1/1/07 and thus, he awarded by federal law US Code 3500/3561, CHAPTER 35 DEPENDENTS' EDUCATIONAL ASSISTANCE also back to 1/1/07 for all eligible dependents. When the ruling came down, I was told DEA doesn't apply because I have no current dependents. Then, I was told ok...do a VA 21-686c for dependents so I did; then do VA 21-674 for kids over 18/in college for school benefits so I did. The VA reps first called/said back pay for 12 years at 100% rating/0, 1, 2 dependents is x and all the while saying no, that is not correct. You see, I have faxed 2016-2018 with dependent information which St Petes would not upload or add into the system. After lots of emails, faxes, mailing, uploads, etc., my son/I made an excel because the VA reps kept getting the provided information wrong....6 dependents with dates, what I got paid, what I should have been paid, what was due, etc. I had a spouse 2007 -

2013 and I had 5 kids (2 bio, 3 steps) between 2007-2013 (under DEA) which I have repeatedly given to VA disability in the form of faxes, uploads, mailing, etc.etc. and they still do not have it right. With the excel, faxes, emails, etc., the VA employee kept inputting into the per AMO "national VA computer which computes" all this information. Except, the information has to be correct on input into the computer.... and still it is not. **The VA audit 7/2019 reflected pay/amounts, I have never received so please do not allow that to misguide the White House/Sec of the VA/AMO Director again in thinking that the VA had paid all of my/my family's benefits/entitlements which the VA has not.**

No one has been able to tell me since I repeated said my back pay was wrong in 2018/2019 (prior to 1 year) of just:
WHY NOT ONE VA EMPLOYEE at VA VBA WAS/AMO APPEALS RESOURCE CENTER (ARC) SPECIAL OPS TEAM did not read the Judge's order and read his rating decision?
The BVA Judge awarded 100% SC as permanent and total with retro effective date PTSD/MDD as 1/1/07
AND
The BVA Judge did not just authorize my lost/past VA denied step dependents, etc. to be recognized...because of 100% P & T , the judge under federal law authorized CHAPTER 35 BENEFITS AND ENTITLEMENTS, he stated Title 38, CH 35 RETROACTIVE to 1/1/07 because of my 100% P & T, meaning my VA pay with my 1-3 past dependents in college (SINCE I PAID FOR THE COLLEGE DUE TO VA DISABILITY SHREDDING MY RECORD, NOT RATING ME APPROPRIATELY IN 2006, DUE TO VA DISABILITIES DENIES TO CORRECT MY RATING, DUE TO VA DISABILITY REFUSAL TO INPUT MY STEPS FROM 2007-2013, ETC).

The VA SECRETARY has an obligation under Sharp V. Shinseki, US Court of Appeals, Sharp won under 38 USC Section 1114/1115, to add his dependents retroactive AND stated VETERANS COULD BE ARBITRARILY DISADVANTAGED BASED ON DELAYS IN ADJUDICATION (e.g. ST PETES SHREDDING MY 2006 CLAIM, ST PETES REFUSAL TO INPUT DEPENDENTS AND/OR 6-8 MTHS TO INPUT AND/OR INPUT INCORRECTLY). UNDER 38 US CODE 3561, AUTHORITY AND DUTIES OF THE SECRETARY, SECRETARY WILKIE, you Sir have an obligation to ensure BVA/AMO/Director directs my 100% permanent/total pay from 1/1/07, all of my past dependents to include 1, 2, 3 kids at CHAPTER 35 RETRO COLLEGE PAY BACK TO ME under Section 1 "pay to the parent of the eligible person who is pursing a program of education." My dependents WERE ALSO ENTITLED TO AGE 26 versus WHAT ST PETES/RENO/AMO COMM noted in 2019 emails.

BECAUSE NO ONE IN THE VA WAS READING THE JUDGE'S ORDER/DECISION, I MADE THE 2018 EXCEL TO HELP VA DISABILITY WRONG, I MADE IT AT THE REGULAR DEP PAY RATES.

I HAVE ATTACHED 2007-2018 WORD DOCUMENTS TO REFLECT THE "AGAIN" CORRECT YEAR/MONTH/STATUS OF DEPENDENTS AND NOW WITH THE CORRECT CH 35 VA PAY SCALES TO AGE 26 (NOT 23) AUTHORIZED BY THE 4/18 BVA AWARD WITH RETRO 1/1/07 DEP EDUCATIONAL BENEFITS AS RIGHTLY DUE TO ME. I HAVE ALSO COMPLETELY VA 22-5490

FORMS FOR ALL 3 COLLEGE KIDS from 2007-2013 (Chris was qualified 2012 age 24/2013 age 25 college classes).

THE TOTAL VA PAY, SPOUSE, TITLE 38 CH 35 1-3 IN COLLEGE, AND YOUNGER DEPENDENTS FROM 2007-2013 WOULD HAVE BEEN $300,778.34.
Attached you will find 2007-2018 word documents which clearly reflects what I was paid, kids, etc.
I will fax in these 22-5490, word docs, and 674 for Chris's 2012/2013.

I should NOT have to endure another NOD process since the JUDGE specifically stated "there is nothing else required of me to do."

I am terminally ill, I have not recovered from 14 years of VA losses, nor this HURRICANE MICHAEL so I am respectfully asking for you to still EXPEDITE MY CASE. I am past life expectancy and I cannot endure any more surgeries NOR FIGHTING WITH THE VA.

Thank you!
MSgt Sandra D. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 17, 2019 1:06 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <Angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: President Trump

President Trump,

There is already a court case law on record (and a copy of that case has been in my disability file since 2016) that when VA disability fails to follow laws and standards, DEPENDENTS ENTITLEMENTS BACK DATE too (i.e. college for dependents of 100%

permanent and total).

Since the BVA judge back dated my 100% award to my retirement date and all past dependents were included, not once has one VA representative asked me to fax in or mail in my son's college bills for a refund since the "VA's Dependent Educational Assistance program would have covered them for 3 years and 9 months".

Case law rules.

Please advise on who this information goes to.

S.Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 17, 2019 12:24:16 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <Angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: President Trump

Mr. President

And here is my last tidbit...maybe you can find out why a 21 year FEMALE Veteran who picked up body parts of her friend in Iraq, who endured 115 rocket/mortar attacks with 3 near misses, whose MDG CC made us walk through an uncleared field after an attack in the middle of the night, who was brutally raped by another service member, who had MH diagnosis and records prior to retirement, 2 surgeries prior to retirement (now 7), dealt with a murder suicide, multiple attempts and suicides, etc...etc, WHY there is such a large rating disparity and time of recognition in VA disability in Florida? Stats and research by the VA have been out since the 1980s. AND yet, WE still are the lowest income, the lowest supported, the lowest recognized if at all, homeless, jobless, can't do copays, denied homeless vouchers because that program is still waiting on Vets 25 yrs later to come oit of

the woods or some bogus rule of repeated homeless – if you've ever lived on the street isn't once enough, women with children on the street because shelters aren't for families, kids LOSE THEIR DEPENDENT ENTITLEMENTS because of your evaluators, raters, VSOs, doctors, etc discounting. I NEVER wanted to be known as a female....I just wanted to be an equal GI. Yet, you wonder by WOMEN VETERANS KILL THEMSELVES 250% HIGHER PERCENTAGE THAN MEN GIs.

We give it all, lose it all, follow the rules and yet...the bottom line comes to indifference, money, and employees allowed to continue breaking federal laws, standards, staying employed, and goes home with their great pay and benefits to food on the table, a warm bed, and their kids – college paid for, while we die.

This article and Memo....I was the Whistleblower on DoD keeping deployment exposures out of our records.

I was YOUR VA Whistleblower for 6 1/2 years on:

Your PHD not showing up, having large numbers of Veteran suicides which got excused off as the Vet vs system failures. He is still employed.

You never think to TREND just how many had the same doctor and your system is so far behind USAF suicide surveillance...who develops the WHOLE picture of why from a disinterested party out of the VA.....on medical, MH, job, disability, homeless, notes, social, faith, financial, education, family, etc.

I reported VA business office breaking 16 federal laws denying MST to care, charging for primary care but you train on 20 medical issues from MST but do not make your PCMs code secondary to. Lady retired and office continued behavior.

I reported the homeless Vet coordinator who wouldn't give eligible Veterans vouchers. She is still employed.

I reported the VA medical consult manager who tried to tell the #1 lung specialist recognized by the Pentagon to "change his write up my record" and then called VA disability to interfere in my records....he is still employed.

I reported the Vet Center boss who never saw a Vet, never did a group, made up hundreds of fake records, sold stuff out of his office, etc...and he is still employed.

I applied for the 9-11 caregivers program since I had paid 5+ years out of my own pocket. I had all the letters, the medical documents and your program mgr waited 2 mths to contact

then, 5 mths to staff and when i called you DC to report it was a program failure...you allowed this MSW to continue to not serve Veterans, black balled my records as noncompliant and denied my application. And...she's still employed.

3 Congressionals for medical care and lung medication; 2 Congressionals on VA disability....ridiculous.

I reported this Memo in 2015 to the VA Secretary and DoD and my clients reported my office was bugged with 5 days and my VA outlook email had a new external group added so all my in/out emails went to IT in DC per Sec of VA direction. That's when I found 4q other VA Whistleblowers in it with me and it hit the news to Congress/the media. Lesson learned....follow laws, standards for my employer, the Vets,...get harrassed....vs fix the system and fire incompetent and or employees who do not serve Veterans. I am 100% .my trauma Veterans and spouses did not consent to having their counseling sessions overheard nor recorded without their knowledge.

And, educate your employees...threats of harms to an employee ARE allowed to be reported under federal law. Vet Center regional office would not allow me to go to the police to report a Veteran who was stalked me for 1 1/2 years...verified by another Veteran, found my home, sent a gift, found my family, had a gun and sat out in the parking lot, etc. I did 60 reports on this case in 2014-2015.

.....the ONLY way, you will ever improve is actually listen to Veterans and listen to Whistleblowers....otherwise, you will continue to lose over 8,030 Veterans to suicide and on your campuses...you will continue program failures until you hold top to bottom accountability.....SEND in unknown Veterans into every area and that will be your wake up call on your employees you should fire and your program failures. Your "I Care" is just a poster....it is not ingrained nor do you push firing from bottom to top.

I used to be the believer and advocate in DoD and the VA until you broke me and my family. The VA failed me....they failed my family.....the moment you put my claim with years of medical documentation in a shredder...and on 9/19/2019, you will rationalize you did everything possible....when you didn't and haven't....because my situation calls for Sec Wilkie/staff thinking outside the box to fix 13 years of loses from lazy, incompetent people, laws and standards breaking employees, who denied my rights to fair and expedient rating/earned...all our lost earned benefits and entitlements for me and my family....no one has still told me just HOW do you back date that? And for those of you who do not know or remember, St Petes+56 other mail rooms did not want to process the 100k returning troops claims. Articles & hearings attached.

And because I am honest and told you the truth, I will be flagged as the disgruntle

Veteran....sad.

Btw, another homeless Veteran died in PA on 9/1/19....the VA couldn't figure out his family for 13 days. We Veterans found them...in 12 hours.

And, a full time reservist in TX took his life this weekend.

S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 17, 2019 12:22:15 AM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Re: President Trump

President Trump,

Now...here is what is totally funny. VA disability told me my back pay last year...one then, I had to point out errors; a second time...I had to point out errors; and then a third time and again it was wrong. Now mind you Sir...I made an absolute solid/verified dependents excel which no one can seem to follow to get it wrong 4 times! I would really like to know AFTER St Petersburg SHRED my records in 2006, why is that someone can't simply follow my excel of when a person was or wasn't my dependent? It is NOT like I have been the dishonest person here or the individuals who failed to follow the federal laws/standards.
And between my 2 surgeries and issues with my liver, colon, complete hysterectomy, and general surgery for a lump, i started to take the time to pull out MY EXCEL YOU WERE sent last year multiple times and go line by line to for the 4th time correct this...and it seems now every single time I have to fight VA disability and or VA medical anymore since it has been 13 YEARS...i quickly frankly end up wanting to die.

13 years....if educated people can't figure out just how to read my excel of solid time line for

dependents that a 5 year old can read then, our system is doomed to fail.

And you know, it is truly said that VA disability feels that they can excuse me...screw me over again with back pay whenever, NO ONE up there can answer just how this system can ever repair me or my children for NOT recognizing my 100% PTSD Combat/MST back to my retirement for their full paid college? It seems everyone gets quiet and just says well, they've aged out. WELL THEY WERE NOT AGED OUT 13 YEARS AGO!

Am I furious yes...I am terminally ill from 2 xxxx wars where the Assistant Sec of the Dept of Defense gave KBR a secret document to burn anything they wanted – my 2 open burn pits on Congressional record burned nuclear, biological, and medical waste thus gave me this terminally lung disorder, lost my job, lost my house, ended up in my car, had to file Congressional for appropriate medical care outside the VA, i have 9 specialists, fought VA disability 13 years, and with all that...I sit here in 2019 seeing BOTH MY SONS TRYING TO PAY FOR COLLEGE BECAUSE SOME ST PETES PERSON YET AGAIN DECIDED TO BE A CRIMINAL AND SHRED FEDERAL DOCUMENTS.. AND NO ONE IN DC IS WILLING TO RIGHTLY BACK DATE THEIR ENTITLEMENT AS A DEPENDENT OF A 100% VETERAN OR PAY BACK ME MY OUT OF POCKET FOR THEIR COLLEGE.

So, I am sorry but i truly do not have anymore capacity to fix it anymore for you all. I just won't survive it.

S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, July 22, 2019 8:39:20 AM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov <Kristen.Sellars@mail.house.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>
Subject: Re: President Trump

I went over the VA information, it is in fact wrong.

I am making up a document with your errors and will email it back this week...by Fri.

Please be kind and respectful, I waited 12 years...that's 4,380 days, lost my marriages, job, health, house, finances, had to live in my car on 2 machines, black balled for demanding VA medical/disability follow laws/standards, and nearly my mind over this VA lack of accountability/denial of earned entitlements. And now on the back side of a CAT 5 hurricane with 0 laptop, 0 computer, etc so I need a moment to write it out what it was, what it was supposed to be, and what your off on.

As I said before, I told the VA multiple times prior to receipt that it was wrong...and you can tell because VA disability came back 3 diff times last year Jul – Sep with adjustments because they were wrong. So, please do not put stock it...we the VA audited and got it right. If I had not spoken up...not just 12 years but...3 times last year alone, you would have left me the wronged Veteran high and dry yet again....

And again, I'm still waiting on what VA system is going to right my lost children's college and my 9-11 Caregiver past denial/fire MSW Montgomery?

Ty,
S.Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, July 19, 2019 2:51:14 PM
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; The White House; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov; Sandra Thornton
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: Re: President Trump

Well, hell.
Apparently, St Pete's just can't respect me enough to wait until Mon.
The audit is done.
And, this statement of...my case never closed out has me crying...because it is just another lie...if I reach 12 mths of this decision, it will take Heaven and earth to address it again. And, I should know....it took the Sec of the VA moving my terminal lung disorder case to MN after multiple FL denials; it took moving my combat PTSD/etc case from FL to AL after shredding in 2006 prior to retirement/multiple denials; 3+ Congressionals for competent health care and C & Ps by standards; and then...after 13 yrs of loss/waiting St Pete's told me I was due nothing so, my back pay got moved to NV.

Please tell me, who or what program in the VA back pays my old 3 adult kids college monies since St Pete's shred my claim in Nov 2006 with 15 yrs of records validating prior to retirement, which BVA back dated/awarded 100% for combat/violent inservice rape? I couldn't even buy a gallon of milk or tank of gas.

Please tell me, who or what program in the VA fires the incompetent 9-11 Caregiver Manager at Biloxi who denied my award with countless medical specialists validating need, severity of lungs/ptsd only after I called DC to report it as a VA program failure to meet standards? I paid caregivers from 11/2012-8/2017 when I lost my home after paying for my own care/ losing my job because of my medical, and lived in my car on 2 machines? Veterans and VA employees who report get black balled. I have that tshirt.

VA disability failure to process my claim due to shredding, no award, no earned benefits and entitlements, no support...medical, disability, caregiver, voc rehab, etc...took more than all my pay...losing everything. And, the VA saved and gave their bonuses....I took the Veteran Affairs DOMA 50 years....50 of St Pete's VA IG right ups if failures to meet standards/laws which get trashed because there is no external follow up for compliance, and still we die from denials/2019 failures.

Please tell me, who in the VA has any idea of what me or my family has lost or just how many times, I didn't join my 22 brothers and sisters over this VA crap.....never once has St Pete's taking responsibility and apologized for 12 years of living in hell.

Well, getting back into this again has been extremely upsetting so IDK if I can address it still not right anymore.

----------.-----.---

P.S.

WHY haven't you in DC ever wondered why Florida is ranked the #1 for Veteran suicides since the beginning of VA statistics?

WHY haven't you in DC investigated why PTSD ratings are rated lower and take longer in FL than any other states?

WHY haven't you in DC investigated women with combat and or MST get lower rates and or denied in FL than any other state?

WHY haven't you in DC investigated that VA medical employees get trained annually on secondary medical problems to PTSD/MST however, VA primary care docs do not code as MST issue, Veterans get billed by businesses office, can't pay because they never got

validated by VA disability so quit going for medical care, lose jobs, become homeless, and are denied homeless vouchers saved for folks who won't come in out of the woods due to not trusting the government.

MSgt T.

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Thursday, July 18, 2019 2:06:49 PM
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; The White House; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov; Sandra Thornton
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: Re: President Trump

All,

You know....I get that you want to finish this up St Petes but....that would have been totally awesome if St Petes VA disability employees had "chose" to be good people/not shred my case which caused all of this back in Nov 2006 vs me/my family going through 13 years of hell with little to no support from VA disability.

I have been through a CAT 5 Hurricane and I have no laptop, no computer, no printer, and just had a major surgery to remove 4 parts/in lots of pain.

I just got to the library today. I have printed. I need until Mon to review what your data/compare.

And....quite frankly, the last thing I need is another VA disability (or medical care) fight on my hands with 2 other organs with tumors growing/flipping abnormal.

I am truly kicking myself for even saying it is wrong...because it brings back in full force my kids losing their full college paid, losing my home, denied the stupid 9-11 caregiver program/paid for helpers since 11/2012, 3+ Congressional for medical, VA staff breaking privacy/laws like the Biloxi Consult doc who told my Vanderbilt lung specialist in the nation to change his progress note or that doc calling St Petes to interfere with my disability; and wondering why the hell I am here or bother.

Maybe just maybe, someone in St Petes could DO the right thing...and give me until Monday.
I really think, I have earned that.

S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Thursday, July 18, 2019 1:50 PM
To: VAVBASPT/RO/INQUIRY TEAM; Clark, Willie, VBAVACO; Sandra Thornton; The White House
Subject: Re: Inquiry Interim Response

Do not close this out today.

I have been in a hurricane. I do not have a laptop nor computer nor printer.

Just got in the library to get printed pages to review.

I will need until Mon.

Ty

From: VAVBASPT/RO/INQUIRY TEAM <INQUIRYTEAM.VBASPT@va.gov>
Sent: Thursday, July 18, 2019 11:25 AM
To: angelsallaroundus@hotmail.com
Subject: Inquiry Interim Response

Good afternoon Ms. Thornton:

We are reaching out to you via email to provide you with an update on your inquiry regarding Concurrent Receipt of Retired and Disability Pay (CRDP) payment concerns. We are completing an audit on your payments today, however, in the interim we attempted to call you on July 16th and 17th, but were unsuccessful in reaching you. We also resent you a VA notification letter dated November 15, 2018, which addresses your CRDP entitlement for the period February 2007 through November 2011.

Once the audit on your payments is completed today, we will provide you with an updated response.

Inquiry Team, St. Petersburg Regional Office

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Monday, July 15, 2019 5:06 PM
To: Sandra Thornton; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; The White House; VAVBAWAS/AMO/COMMS; Team Trump Florida; Kristen.Sellars@mail.house.gov
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: RE: President Trump

Good afternoon Ms Thornton,

There has a been a long lapse in communication from you surrounding your claim. I will forward your email to the office of jurisdiction and have them respond back to you within two business days. Please accept my apologies for the inconvenience. Expect to hear from us NLT close of business Wed.

Willie

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, July 15, 2019 2:36 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Team Trump Florida <team.fl@donaldjtrump.com>; Kristen.Sellars@mail.house.gov
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>
Subject: [EXTERNAL] President Trump
Importance: High

Dear President Trump, Senator, VA, etc,

I am the 21 year terminally ill Veteran from Iraq and Afgh.

VA disability sent this accounting of my VA/DoD "new" take on my disability back pay...which was wrong again btw...at the end of Sep 2018.

Panama City was hit by a CAT 5 hurricane, 165 mph, 80 miles wide, 2 weeks later, destroying and or severely damaging most homes/businesses, no water, food, gas, shelter, medical, schools, communications, or help for 3 weeks to now 9 mths later....

And, my new CTs/Ultrasound just came back with 3 more bad organs. Full hysterectomy was done Jun

5th. Liver and colon is next.

So...to get to the point, DC nor RENO used the 100% honest and completely accurate excel with all DoD retirement pay, VA disability pay, and or any back pays...so again, VA disability did not honor/back pay me my complete benefits/entitlements....

I just don't know why this is so hard?
I don't know why, I have to keep proving and proving it to the point, I had to make that excel last year, which you have in your files.

I am exhausted...and yes, I truly am at this critical point of my body can't survive much more...that was my 5th surgery since the deployments, the colon is flagged after pathology for higher risk for cancer, and these liver tumors are multiplying and growing...

So if VA disability is not going to do the right thing before I die after 13 years of waiting for Fair and justice then, just be honest enough to say...yep, you were right Sandra...we wanted to save a dollar until you die.

I just don't have faith in the system anymore...it truly isn't that hard to do the right thing.

MSgt Sandra Thornton
USAF 21 yrs
Terminally ill
OIF/OEF
Wounded Warrior

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Friday, September 21, 2018 6:56:28 AM
To: Sandra Thornton; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: RE: President Trump

Good morning Mrs. Thorton,

By now you have been notified of your retro payment. I sincerely apologize for your inconvenience in this matter. The initial response you received was not from the office conducting the audit. Our Reno Office, which has jurisdiction of your case, finished the audit on Wed and contacted you accordingly. You will be receiving your funds within the next few days. Please contact the POC in Reno, or me directly, if you still think we are in error.

Again I apologize and I appreciate your patience. Moreover, I again want to thank you for your service to our country and ask that you please contact us if you have any concern with any of the benefits the VA provides. The only reason there is a VA is to serve Veterans like you.

Have a great day,

Willie

From: Sandra Thornton [mailto:angelsallaroundus@hotmail.com]
Sent: Wednesday, September 19, 2018 5:56 PM
To: Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Spivey, David American Legion <David.Spivey@va.gov>; Ebert, Ted, VBACLEV <ted.ebert@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; Kristen.Sellars@mail.house.gov
Cc: McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Hartman, Mandy <Mandy.Hartman@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Kendrix, Angela, VBAVACO <angela.kendrix@va.gov>; Hannity@foxnews.com; pkime@militarytimes.com
Subject: [EXTERNAL] President Trump
Importance: High

Dear President Trump,

The VA wins again. I have had 4 conversations with VA personnel these last 2 days and still I lose.

The excel my son/I provided was honest and true.
What I was entitled to by VA established pay standards between 2007-2018.
What the VA was supposed to me/my 6 dependents each month/each year.
What I was paid each month/year.
And, the difference.
And with the Jul 2018 VA backpay, the Sep 2018 backpay coming....it still does not match what it was supposed to have been/be. I have nothing else to lose, the VA truly has taken it all.

Why is that? Why did someone at St Petes shred my record? Why did two of your VA federal/state employees deny my right to input my dependents? Why did my family lose 3 fully paid college benefits and I had to pay for out of our food money? Why did it go on so long, I was denied earned benefit and entitlement programs such as the 9-11 caregiver program and instead paid for 7 years out of my own pocket? Why did I have to file constant congressionals to get to my Vanderbilt lung specialist? Why did I have to file congressionals to get the specific medication I needed for my lungs? Why did my physical health have to decline to the point of losing my job, losing my marriage with zero support, losing all of my funds to file bankruptsy?

Losing my home and living in a car? Or why did I get pushed to the point of losing my mind and my life fighting St Petes for breaching laws/standards/core values from 2007-2018?

Just like I told the BVA judge in Feb, the right thing will never come for me/my family that is why I took out a loan for my funeral so my two boys/my 8 year old grandson will not have to worry about burying me. It is funny how St Petes has short changed Vets by the shuffle game of moving/denying/changing filed/NOD/appeals x 50 years (Chairman Jeff Miller/the VA Accountability Hearings has copies), denying, rating lower, not qualifying Vets for entitlements, and treating women less than men, and it continues.

Well after these calls and outcome, you win. I got nothing to fax/mail/email/talk, etc. anymore when a explicit excel doesn't break it down to a clear picture than I do not know what will.

Before my son joined the service, I said to him....you know what happened to me and how the gov doesn't keep their promises to take care of me after 21 years/2 wars, are you sure you want to join? And he said, Mom - our entire family has served this great nation. I said yes. And he said, someone has to be willing to go and lose it all. I said yes son, that is our family my Dad, Uncles, his father, me, my nieces, my nephews, etc....that is who we are...honor, integrity, service before self, and excellence in all what we do. I will die with my honor, it will not be tied to this any longer because after 32 years after a brutal rape, 14 years after being on scene with a dead friend, another friend died, 115 rockets/mortars/3 misses, and 12 years of fighting St Petes identifying laws/standards and begging for fair/equal...there is no such thing.

22 a day die...and I get it Sir.
Another friend in KS last Friday.
No wonder.
Please fix this for other Veterans Sir. I tried.

And, God bless you and our great nation.

Respectfully,
MSgt Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Tuesday, September 18, 2018 1:26 PM
To: Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; Spivey, David American Legion; Ebert, Ted, VBACLEV; Sandra Thornton; The White House; The White House
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO; Hannity@foxnews.com;

pkime@militarytimes.com
Subject: Re: Terminally Ill Wounded Warrior

Thank you Mr Clark for replying.
I missed 2 calls while in the doctor's office.
I called back and the VA line said a letter is coming but no details of outcome.
Sep 2018 actually made 12 years (over 4,160+ days) of this nightmare. I only trust what is in writing.
I lost the word "hope" along the way after too many VA promises broken.

MSgt Sandra Dee Thornton
USAF 21 year, 1 month, 6 days
Terminally ill wounded warrior left behind
Kirkuk, Iraq Veteran
Bagram, Afgh Veteran

From: Clark, Willie, VBAVACO <Willie.Clark@va.gov>
Sent: Tuesday, September 18, 2018 6:52:46 AM
To: Sandra Thornton; Wilkie, Robert L., Jr.; Bevins, Debi; VHA Client Services Response Team; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/DIR; Spivey, David American Legion; Ebert, Ted, VBACLEV
Cc: McLenachen, David, VBAWASH; Ogilvie, Brianne, VBAWASH; VAVBA/Southeast; VAVBASPT/RO/DIR; Hartman, Mandy; Quill, Joshua J., VBAVACO; Kendrix, Angela, VBAVACO
Subject: RE: Terminally Ill Wounded Warrior

Good morning Mrs. Thorton,

First of all thank you for your service to our country. I will make sure the AMO Director takes a look at your claim and take the appropriate actions as soon as possible. Please expect to hear from us by close of business today.

Willie

Willie C. Clark, Sr,
Deputy Under Secretary for Field Operations

From: Sandra Thornton [mailto:angelsallaroundus@hotmail.com]
Sent: Monday, September 17, 2018 5:26 PM
To: The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team

<vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; Kristen.Sellars@mail.house.gov; Phil.Roe@mail.house.gov; Reynolds, Robert, VBAROA <rob.reynolds@va.gov>; Spickler, David C. <david.spickler@va.gov>; Spivey, David American Legion <David.Spivey@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Ebert, Ted, VBACLEV <ted.ebert@va.gov>
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Terminally Ill Wounded Warrior
Importance: High

President Trump, VA Secretary Wilkie, BVA Director, Mr. Hannity, and Ms. Kime,

My name is Master Sergeant Sandra D. Thornton. I am a 21 year, 2 time war zone, terminally ill wounded warrior and I need my war with the VA to end. I filed a claim 9/2006 prior to retirement and St Petes shred with 100,000 troops returning. My fight took 11 1/2 years until the 4/2018 BVA hearing awarded me 100% back to 1/1/2007 along with my 6 past dependents.

I have been waiting to have a 5th surgery but I refuse to do so until DC or the BVA AMO Director makes St Petes back pay me by published VA standards from 1/1/2007 to present. Unfortunately after losing my health, job, college, finances, home, family, respect, etc., St Petes continues this by back paying me the wrong amount in 7/2018.

I have submitted:

Marriage license

Divorce decree

VA 21-686c for all dependents

VA 21-674 for all kids in college

DoD DEERS Tricare Vertification letter

Terminally ill and 100% letter Dr. Obid

100% Vanderbilt doctor

100% Dr. Alberts

100% Ms. Enzor

etc.

And still my family who has lost everything, nightmare is not over. I am past life expectancy. An MD, former Army MD, saved me in the ER recently. Everyday is a miracle with my lungs and my fight not to join the 22 a day.

My son helped me make this attached excel because St Petes keeps getting information confused (along with changing my dependents filed for date to not finish this and in hopes I will just die and go away)

Bottomline:

$211,415.77 (was due to me with 100% retro to 1/1/2007, 1-6 past dependents see excel, SMC S effective 11/2011)

-$571.92 (due to VA)

equals = $210.843.85

minus -$73.633.33 retro paid 7/2018

equals = $137.210.52 (STILL DUE TO ME)

The VA has QUIT answering my emails, phone calls, and pleas since Jul since I have been checked off as completed. Again, wrongly checked off the list to show DC St Petes has made progress to get me to silence me.

And, St Petes using past history of VA retro for new recognized SC, increased SC, and or audits between VA/DFAS due to changes from military retirement pay to CRSC status to not pay my retro back pay in this PTSD/MDD retro pay after 115 rocket/mortar attacks, being on scene after an OSI friend was killed in an attack, 3 near misses, and a violent rape 11 months into the USAF.

My life has been about honor, integrity, service to our great nation, and I have given it all and I will die boots on ground here anytime due to service connected medical problems. I served 21 years military and over 6 1/2 years in the VA continuing serving until I couldn't any longer. My family and I have lost enough...try telling your children their mother is dying, leaving your grandson, sleeping in a car, losing a job, losing my MSW, unable to pay bills, praying to die to

stop being a failure and a burden, being humiliated by VA disability since 2006, filing Congressional after Congressional from 2012 to 2017 for specialized lung care and or medications, machines, etc., being wrongly denied the VA caregiver program and paying for caregivers out of my pocket from 2011 to present, etc.

I ask Sir with all due respect, please send my back pay now since I am not supposed to survive going under the knife, I refuse to let the VA win anymore by my death.

Please Sir, I have earned peace. I just want to be left alone after this. I have a right to self determination. I have a right to fair and equal by federal laws/standards which Women Veterans are denied repeatedly at St Petes...this excel proves that; my lung case is an example too it had to be removed by 3 past Secretaries/sent to MN for fair due to 4 time chemical exposures at Kirkuk, Iraq and Bagram, Afgh (2 burn pits burning nuclear, biological, medical waste, enemy rocket attack exposures at OSI compound, and in the Bagram prison); and with the clear shredding of my 2006 claim/this 11 1/2 year fight with St Petes; being denied adding my dependents by federal/state VA reps and even now continuing to change the date in Ebenefits on my backpay/dependents to have better states for your eyes in DC.

This is shameful and I need this over asap please. Thank you.

Respectfully,

MSgt Sandra Dee Thornton

USAF

OIF OEF

Terminally Ill Wounded Warrior

7678

From: RLW
Sent: Tue, 18 Feb 2020 14:59:37 +0000
To: (b)(6)
Subject: RE: draft remarks for your working lunch on suicide prevention with Mrs. Pence

Okay

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Tuesday, Feb 18, 2020, 9:41 AM
To: RLW (b)(6) @va.gov>
Subject: FW: draft remarks for your working lunch on suicide prevention with Mrs. Pence

Are you OK with these remarks? Pete will add the additional request that Belinda just sent.

From: (b)(6) @va.gov>
Sent: Friday, February 14, 2020 12:01 PM
To: RLW (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tallman, Gary (b)(6) @va.gov>
Subject: draft remarks for your working lunch on suicide prevention with Mrs. Pence

Sir,

Attached here is a first draft for your talk with Second Lady Karen Pence next week on suicide prevention.

This is a start that can be altered as needed after your prep meeting next Tuesday with PREVENTS director Barbara Van Dahlen.

I'll be in that meeting with you and can take direction then on edits/changes.

You have a limit of 8 minutes – this is a little bit under 8 minutes so there is room to add.

(b)(6) has two hard copies of this and will make sure you have one to review over the weekend.

(b)(6)

(b)(6)

Lead Speechwriter
Department of Veterans Affairs
202 461 (b)(6) (office)
202 873 (VA cell)
202 713 (personal cell)

From: Wilkie, Robert L., Jr.
Sent: Tue, 18 Feb 2020 18:02:52 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] US coronavirus risk still low | A day with Providence St. Joseph CEO Dr. Rod Hochman | Beaumont more than doubled net income in '19 | 70 services hospitals must post online next year | Malware forced Boston Children's affilia...

From: Becker's Hospital Review
Sent: Tuesday, February 18, 2020 12:52:58 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] US coronavirus risk still low | A day with Providence St. Joseph CEO Dr. Rod Hochman | Beaumont more than doubled net income in '19 | 70 services hospitals must post online next year | Malware forced Boston Children's affiliates ...

February 18, 2020

BECKER'S

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2. Wuhan hospital director dies of coronavirus; US risk still low, HHS official says Full story

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story

14. Memorial Sloan Kettering Cancer Center offering pathologist assistants up to $10K sign-on bonuses Full story

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17 N. State, Suite 1800 | Chicago, IL 60602
Becker's Hospital Review, A Becker's Healthcare Publication

From: RLW
Sent: Tue, 18 Feb 2020 18:19:32 +0000
To: RLW
Subject: RAH
Attachments: Feb 19 2020.docx

DAILY BRIEFING BOOK

Wednesday, February 19, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	**Daily Sync Mtg**	SECVA Suite	
9:30 – 10:30 am	**Prep for Upcoming Budget Hearings**	OBCR	**Hearing Binder**
10:30 – 11:00 am	**Prep for PREVENTS Lunch w/Second Lady Karen Pence**	SECVA Suite	**Speech Book**
11:30 am – Noon	**ERT VP Residence**		
12:00-1:00 pm	**Lunch Mtg w/ Second Lady Karen Pence re: PREVENTS & Suicide Prevention** ** You're providing brief remarks ** COS will accompany ** Dr. Van Dahlen also attending		**Speech Book**
1:30 – 2:00 pm	**ERT VACO**		
2:00 – 3:00 pm	**REMARKS: PPS Best Places to Work Recognition Event 2020**	Rm 230	**Speech Book**
3:30 – 4:00 pm	(b)(6) **re: Upcoming Speeches**	SECVA Suite	
4:00- 4:30 pm	**Monthly w/ OIG Mike Missal**	SECVA Suite	

4/30/2020 2:35 PM

From: Wilkie, Robert L., Jr.
Sent: Wed, 19 Feb 2020 16:42:59 +0000
To: RLW
Subject: FW: Waited 14 years
Attachments: 20200219_095422.jpg, 20200219_095521.jpg
Importance: High

From: Sandra Thornton
Sent: Wednesday, February 19, 2020 11:41:09 AM (UTC-05:00) Eastern Time (US & Canada)
To: Manley, Patricia, VBASPT; Sandra Thornton; VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/DIR; VA Accountability Team; VHA Client Services Response Team; Bevins, Debi; The White House; Clark, Willie, VBAVACO; Wilkie, Robert L., Jr.; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/COMMS; Eric Trump; Team Trump Florida
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Waited 14 years

St Pete's,

It has been 14 years and 3 months that you shred my case and never followed laws or standards so, I have had 2 calls in 4 days. Like I told DC, you can put your questions and findings on email so truth reigns from now on.

1. I made you a clear excel by DEA rates (unlike I was told wrongly by the VA in 2018 to use dependent rates) with all years, month, dependents, dependents status, what you paid me, what I was supposed to be paid, DEA rates per 4/2018 BVA win retro for my pay with 2 doctors/judge agreeing 100% and recognizing total by authorizing retro dependents DEA to 1/1/2007.

I have said in writing since May 2018, VA said retro and 1-2-3 back paid amts are wrong.

This is what is STILL DUE from this 14 year nightmare, $163, 913.21.

2. I went through a catastrophic CAT 5 Hurricane within weeks of your last reto, no comm, no phones, no library, no laptop, in my car on 2 machines, survival was critical, and last year...Iraq/Afgh surgeries 6, 7, and 8 and 3 procedures just in 2019 to remove organs and prevent cancer.

3. Feb 2018 - My BVA Hearing where the honorable and kind Judge apologized to me when he saw my records of what you all did and the on going hell me/my family went through/go through still.

His decision 4/18. Almost 2 years later waiting on full retro...I submitted every form, letters to clarify, made an excel in 2018 by VA rep rates of dependents because 1-2-3 lied saying the Judge's order DEA didn't apply...I wasn't entitled...which a great Marine Veteran, lawyer, AND ACTUALLY WROTE VA STANDARDS in DC said those VA employees were not following the judges clear orders/VA standards and the judge/you all have had the Federal Court's X Veteran vs Shinseki decision supporting my retroactive pay/dependents/dependents DEA.
So, I had to make you a new excel in 2020 by DEA rates....I emailed years 2007-2018 excel broken down into word documents with titled columns across top, year/months on left, each dependent with status, what I was paid, what I was supposed to be paid, and the difference.

Unacceptable, no one following the order properly, wrong pay, wrong dependents, and wrong dependents pay rates to me.

4. So, EMAIL your questions or what you need clarified back in writing and I will reply in writing.

5. This 5,100+ day nightmare needs to come to a close soon. Reto unpaid by Federal laws/VA standards from those 14 years is $163,913.21 to me by law.

Respectfully,
Sandra Thornton

From: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>
Sent: Wednesday, February 19, 2020 9:22:51 AM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: Inquiry regarding VA Claim

Good morning,

We received a request from the Office of VA Undersecretary for Benefits regarding an inquiry submitted regarding disability compensation payments as well as Dependent's Educational Assistance (DEA) payments.

I am currently reviewing correspondence related to the disability compensation payments and would like to arrange a time to meet with you either by phone or in person if you wish to help resolve any discrepancies.

Please contact me at (727) 319-5800 extension 6647, or you may respond to this email if you wish.

Thank you for your service.

Best Regards,

Patricia Manley
Assistant Decision Review Operations Manager
Decision Review Operations Center
St. Petersburg, FL
(727) 319-5800 ext. 6647

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With the April 2018 BVA Appeal win, my retro 100% pay/DEA/Dependents was by my actual past paychecks, VA published rates, facts, etc vs your crazy computer audits, from Jan 2007 - Sep 2018 came to a reto pay difference of:

300,778.34 Retro balance with 4/18 BVA win
-73,633.33 VA Dis 7/18 retro pd
-43,589.80 Mil pay VA held retro pd
-19,642.00 VA Dis 9/18 retro Pd
= $163,913.21 RETRO AMT DUE as of 2/12/20.

This FINAL RETRO to me for 100% disability back to 1/1/2007, retro all dependents to include 1-2-3 DEA effective 1/1/07- up to Aug 2013 (Chris's transcripts for summer/fall 2012 and spring 2013 faxed last night. I have been ill and couldn't get back yet to library to print 3 more 674s - verified by transcripts).

"Any VA contacting me can email me updates, questions or whatever"....phones are hard with my lungs and VA things in writing stay honest.

Respectfully
S. Thornton

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Respectfully
S. Thornton

From: Wilkie, Robert L., Jr.
Sent: Thu, 20 Feb 2020 19:26:35 +0000
To: RLW
Subject: FW: Waited 14 years for VA disability
Attachments: 20200220_112427.jpg, 20200220_112819.jpg, 20200220_112657.jpg
Importance: High

From: Sandra Thornton
Sent: Thursday, February 20, 2020 2:26:09 PM (UTC-05:00) Eastern Time (US & Canada)
To: Manley, Patricia, VBASPT; Sandra Thornton; The White House; Wilkie, Robert L., Jr.; Clark, Willie, VBAVACO; VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/DIR; VAVBAWAS/AMO/COMMS; VA Accountability Team; Bevins, Debi; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBASPT/RO/DIR; VHA Client Services Response Team; Eric Trump; Donald J. Trump; Team Trump Florida
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton
Subject: [EXTERNAL] Waited 14 years for VA disability

President Trump,

I have written the White House about this situation. This is about my VA reto pay, my dependents retro pay, and my dependents retro DEA pay still not being right Sir.

1. Can someone in the VA please tell me exactly WHY in VA Benefits you are posting 52 of my monthly VA disability pays TWICE between 7/2010 - 8/2014? (52 duplicates as in 7/1/10 X amt and 7/1/10 again same X amount) No wonder we are on 5th time to get my retro back - your trusting your VA computer over my data. This is bad.

2. Since more new people have been added into my VA files, let me review a few critical things of why my waiting for earned benefits and entitlements have taken 14 years.

A. I filed my PTSD claim 9/2006 for combat and for a brutal military rape before my 21 yr, 1 mth, 6 days retirement, got my dated copy, VSO sent to St Petersburg, and it was 1 of thousands of claims which was shred. Why? Because 100,000 troops were coming back, getting out, and lazy employees who broke federal laws/VA standards were behind/in the hot seat with the American people/to the Sec of the VA for too high claims back logged (St Pete's shredding was in the news).

12 years before justice arrived with a BVA judge read my files and apologized for everything me/my family went through with St Pete's with this PTSD claim. Thank God this BVA Appeals judge had honor, dignity, followed federal laws and standards to award 1) 100% PTSD retro my retirement date 1/1/2007 and with 2 letters validating, he recognized this was permanent and total medical problem thus 2) awarded all dependents to be recognized and CH 35 DEA (for 100% P & T Veterans) retro also to 1/1/2007, he did this BECAUSE I had told him, I physically/mentally cannot survive another fight with St Petes, I have lost it all, and my family has lost it all. If he left my dependents up to St Pete's then, the right thing will never come and I will die with dishonor. He asked me to keep hope and he/his staff would review all my 800+

hundreds documents in file/check the laws. I cited SHARP VS SHINSEKI, Sharp won retro dependents and education, and stated how Veterans can be arbitrarily disadvantaged for adjudication due to circumstances out of their control (i.e. my case was shredded and 2 VA employees denied my repeatedly requests to input all of my dependents between those years stating "steps do not count" - I had paid for these kids and their colleges.

(And by the way, the actual Secretary of the VA had to direct that my terminal Iraq/Afgh lung disorder case be removed from St Petes in Sep 2015 because St Pete's had botched that claim up so badly/repeatedly - and never followed his established VA Exposures Training Letter which directs evals - 8 years, 2 surgeries, 2 machines, & 3 Congressionals)

B. Two federal/state VA employees denied inputting in all of my dependents from 2007 - 2013, stating step children do not count. Breaking federal laws and VA standards denying earned benefits/entitlements. I paid for these 5 kids.

The BVA Judge awarded all my past 6 dependents AND CH 35 DEA which is up to age 26, not 22 or 23 under other VA dependents rate.

Federal law also states under:
CODE 38, Section 3561, CHAPTER 35, SECTION A, STATES THE SECRETARY OF THE VA, SHALL PAY THE PARENT OF THE ELIGIBLE PERSON WHO IS PURSUING EDUCATION UNDER THIS CHAPTER...

C. Ms. Manley's kind email below said I filed a VA 21-674 for dependents, not DEA forms. Well, she would be correct because "the VA St Pete's rep named Precious called me 6/15/2018 to do that form." And as more proof St Pete's was not following the Judge's order, FDVA Mr. Snyder emails me 6/18/18 because the VA rep working my award needs 674 forms, and because St Pete's was saying DEA is moot because I have no current dependents and I have to do 674s by St Petes/Reno VA reps who were working my retro (see 3 attactments).

Of course, a Marine Veteran, who is a lawyer AND wrote VA standards had to be the person to inform me that the VA was...yet again, breaking federal laws/standards by not following the Judge's order 4/2018 on my retro back pay, recognizing all my dependents retro pay, my 3 college DEA retro, AND STATED St Pete's was to address putting combat code on my dystonia (which is secondary to my combat coded lungs but St Pete's RO hasn't done that either since Judge's ruling).

3. So...now in reading Ms Manley's nice email, some thoughts...

PRESIDENT TRUMP - after 14 years waiting due to countless federal laws/VA standards being knowingly and willingly broken repeatedly, lost my health, my job, my finances, my family, my home, in a car on 2 machines repeatedly, still trying to survive this CAT 5 Hurricane, etc instruct SECRETARY WILKIE to do the right thing by me? Or is he seriously now, NOT going to step in here to enforce my BVA APPEAL WIN and instruct RO/DEA to accept my documents, authorize my 6 dependents excel word documents and my 3 past kids DEA forms for retro

OR

is the VA going to keep this never ending nightmare going past these 5,100+ days of hell to add more delay, make me gather more, clarify more with additional DEA application processes, approvals at this NEW Muskogee, Oklahoma VA twist?? This is RETRO...2007-my kids turned 26, we divorced in 2013 which had a lot to do in part to 0 help from the VA in medical/disability. I have already VA 22-5490s for all 3 college kids.

4. My son and I were up all night re-figuring breaking this information so, I broke it down between:

A) RETRO VA DISABILITY MY BACK PAY WITH SPOUSE/MINOR DEPENDENTS 2007-2018:

Total: $171,955.28
- 73,633.33 VA retro Jul 2018
= 98,321.95
- 19,642.00 VA retro Sep 2018
= 78,679.95
-43,589.80 VA withheld Mil Retro
= $35,090.15 RETRO VA DISABILITY PAY, SPOUSE/MINOR DEPENDENTS PAY STILL DUE TO ME 2/21/2020

B) Retro 3 of my past dependents DEA to "ME" (per US Code 38, section 3561, Chapter 35, Sec of VA pays the PARENT - because I paid for these 3 kids due to VA failures) due to

Chris DEA (to age 26 until Aug 2013) = $42,212 retro to me

Caleb DEA to 5/12 end of dependency = $41,773 retro to me

Matthew DEA (to age 26 until 9/2016) = $36,711 retro to me [2 classes I failed to add Spring 2016. I will fax corrected form annotating]

C. Broken down between VA disability funding account and DEA funding account and identified/corrected a few errors.

Here is your 2 Grand totals you wanted since yesterday. They are accurate vs VA computer, employees figuring, etc since 5/2018 is:

1) VA disability retro still due to me is: $35,090.15

2) Total DEA for these 3 dependents listed above due to me is: $120,696.00

I have all the EXACT years, dates, dependents, what I was paid, what I should have been paid, DEA rates by year, dependents rates per year, I corrected a couple minor errors on my end, and big misses on VA calculations (St Petes, Reno, Under Sec Office, etc.)

I WILL get input into excel and email specifics by Monday.

5. Mr President/Mr Wilkie - I respectfully ask you to expedite, federal law established timely, my medical needs peace, please finish this retro back with grace and ease because I have to get out of dealing with the VA, 14 years of hell is simply inhumane.

Respectfully
S. D. Thornton
MSgt USAF 21 yrs retired
Iraq/Afgh
Terminally ill Wounded Warrior

From: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>
Sent: Wednesday, February 19, 2020 3:51:30 PM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: RE: Waited 14 years

Good afternoon,

Thank you for your response, I am currently reviewing the documents submitted on February 11, 2020 and your claims file, I will contact you when I have a clear understanding of the situation regarding compensation payments. I anticipate my review will be completed by Wednesday, February 26, 2020.

A preliminary review of your claims folder shows your compensation payments included payment for school children between 2007 and 2012. The school child allowance is different than DEA benefits. School child allowance based on receipt of VA Form 21-674, Report of School Attendance, which we received on August 1, 2018, August 31, 2018 and on September 10, 2018 (correction for Caleb).

Your correspondence also addresses payment for Dependents Educational Assistance (DEA) which was granted effective January 1, 2007. Federal Regulations prohibit concurrent payment of DEA and disability benefits.

Dependents Education Assistance (DEA) is under the jurisdiction of Muskogee. VA Form 22-5490, Dependents' Application for VA Education Benefits is submitted and processed by the Muskogee Education Office and this portion of your inquiry will be addressed separately.

Thank you for your inquiry,

Best Regards,

Patricia Manley
Assistant Decision Review Operations Manager
Decision Review Operations Center
St. Petersburg, FL
(727) 319-5800 ext. 6647

-----Original Message-----
From: Sandra Thornton <angelsallaroundus@hotmail.com>

Sent: Wednesday, February 19, 2020 11:41 AM
To: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Bevins, Debi <debi.bevins@va.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Team Trump Florida <team.fl@donaldjtrump.com>
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Waited 14 years
Importance: High

St Pete's,

It has been 14 years and 3 months that you shred my case and never followed laws or standards so, I have had 2 calls in 4 days. Like I told DC, you can put your questions and findings on email so truth reigns from now on.

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2. I went through a catastrophic CAT 5 Hurricane within weeks of your last reto, no comm, no phones, no library, no laptop, in my car on 2 machines, survival was critical, and last year...Iraq/Afgh surgeries 6, 7, and 8 and 3 procedures just in 2019 to remove organs and prevent cancer.

3. Feb 2018 - My BVA Hearing where the honorable and kind Judge apologized to me when he saw my records of what you all did and the on going hell me/my family went through/go through still.

His decision 4/18. Almost 2 years later waiting on full retro...I submitted every form, letters to clarify, made an excel in 2018 by VA rep rates of dependents because 1-2-3 lied saying the Judge's order DEA didn't apply...I wasn't entitled...which a great Marine Veteran, lawyer, AND ACTUALLY WROTE VA STANDARDS in DC said those VA employees were not following the judges clear orders/VA standards and the judge/you all have had the Federal Court's X Veteran vs Shinseki decision supporting my retroactive pay/dependents/dependents DEA.
So, I had to make you a new excel in 2020 by DEA rates....I emailed years 2007-2018 excel broken down into word documents with titled columns across top, year/months on left, each dependent with status, what I was paid, what I was supposed to be paid, and the difference.

Unacceptable, no one following the order properly, wrong pay, wrong dependents, and wrong dependents pay rates to me.

4. So, EMAIL your questions or what you need clarified back in writing and I will reply in writing.

5. This 5,100+ day nightmare needs to come to a close soon. Reto unpaid by Federal laws/VA standards from those 14 years is $163,913.21 to me by law.

Respectfully,
Sandra Thornton

From: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>
Sent: Wednesday, February 19, 2020 9:22:51 AM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: Inquiry regarding VA Claim

Good morning,

We received a request from the Office of VA Undersecretary for Benefits regarding an inquiry submitted regarding disability compensation payments as well as Dependent's Educational Assistance (DEA) payments.

I am currently reviewing correspondence related to the disability compensation payments and would like to arrange a time to meet with you either by phone or in person if you wish to help resolve any discrepancies.

Please contact me at (727) 319-5800 extension 6647, or you may respond to this email if you wish.

Thank you for your service.

Best Regards,

Patricia Manley
Assistant Decision Review Operations Manager
Decision Review Operations Center
St. Petersburg, FL
(727) 319-5800 ext. 6647

From: Snyder, Bruce
<SnyderB@FDVA.STATE.FL.US>
Sent: Monday, June 18, 2018 2:38:44 PM
To: angelsallaroundus@hotmail.com
Subject: VA Form 21-674

Good afternoon, Sandra. I was contacted by the VA Rep who is handling your BVA grant today. According to her, one of your dependents (Caleb) attended school before coming off of your award. They need the attached VA Form 21-674 filled out and returned before they can promulgate your award. Please get this form completed. Once completed, you can scan it and email to me or your local representative, Mr. Brooks, can assist you. Please let me know if you have any questions.

Bruce N. Snyder Jr.

Veterans Claims Examiner

Florida Department of Veterans' Affairs
Division of Benefits and Assistance
9500 Bay Pines Blvd, Rm 214
St Petersburg, Florida 33744
727-319-7416 Office
727-319-7780 Fax
727-319-7440 Main

Sandra Thornton

Mon 6/18/2018 3:27 PM

VA D

Show all 13 recipients

To: Snyder, Bruce (SnyderB@FDVA....
VAVBAWAS/AMO/DIR (dir.vbaa.....

> You replied on 6/27/2018 10:55 AM.

Evernote

Mr President,

1) When the St Petersburg authorization lady Precious called me Friday, I had no papers in front of me.

So, I said one thing wrong...
Caleb, my step son graduated HS, "May 2008" and college Apr 2012.

Brooks, Mark <BrooksM@FDVA.STATE

Mon 9/10/2018 2:55 PM

VA D

To: Sandra Thornton (angelsallaro...

> You replied on 9/11/2018 12:55 PM.

Evernote

No, a 21-674 is only for children over the age of 18 that are still considered “students”.

Only a 21-686c is needed for any child under age 18.

Mark D. Brooks

From: Snyder, Bruce <SnyderB@FDVA.STATE.FL.US>
Sent: Monday, June 18, 2018 2:38:44 PM
To: angelsallaroundus@hotmail.com
Subject: VA Form 21-674

Good afternoon, Sandra. I was contacted by the VA Rep who is handling your BVA grant today. According to her, one of your dependents (Caleb) attended school before coming off of your award. They need the attached VA Form 21-674 filled out and returned before they can promulgate your award. Please get this form completed. Once completed, you can scan it and email to me or your local representative, Mr. Brooks, can assist you. Please let me know if you have any questions.

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Evernote

No, a 21-674 is only for children over the age of 18 that are still considered “students”.

Only a 21-686c is needed for any child under age 18.

Mark D. Brooks

From: Wilkie, Robert L., Jr.
Sent: Thu, 20 Feb 2020 22:43:14 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus Updates - CDC on Flu Vaccine Effectiveness

From: AHA Today
Sent: Thursday, February 20, 2020 4:54:38 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus Updates - CDC on Flu Vaccine Effectiveness

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AHA TODAY

Advancing Health in America

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February 20, 2020 | www.aha.org/news

Today's Headlines

1. CMS develops new code for coronavirus lab test
2. FDA finalizes rule to regulate insulin as biological product
3. CDC: Flu vaccine about 45% effective this year
4. Agencies collecting data on hospital-based services for crime victims
5. AHA spotlights hospital strategies to promote patient, community health

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Insights & Analysis

AHA podcast: A conversation about the future of health care innovation

On this podcast, Jay Bhatt, D.O., AHA senior vice president and chief medical officer, and Andy Shin, chief operating officer of the AHA Center for Health Innovation, discuss major trends for 2020 and beyond as health care organizations build teams to advance clinical care and drive innovation. Read more.

Podcast: Using gun violence research to prevent injuries, deaths

On this Advancing Health podcast from AHA's Hospitals Against Violence initiative, Megan Ranney, M.D., co-founder and chief research officer of AFFIRM, talks about the importance of research and a public health approach to help end firearm violence. Listen here.

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Artificial Intelligence: The power of harnessing patient safety data

As artificial intelligence (AI) and machine learning (ML) continue expanding into health care, its full potential remains unknown. Read more.

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Today's Headlines Continued

1. CMS develops new code for coronavirus lab test

The Centers for Medicare & Medicaid Services has created a Healthcare Common Procedure Coding System code (U0001) specifically for SARS-CoV-2, the virus that causes novel coronavirus (COVID-19) infection. Labs and health care providers using the Centers for Disease Control and Prevention Real Time RT-PCR Diagnostic Test can use the code for billing. CMS said the code provides better tracking, and Medicare will begin accepting this code April 1 for claims with dates of service on or after Feb. 4, 2020.

The CDC, World Health Organization and other groups continue to monitor the supply chain of drugs and personal protective equipment coming out of China. In a press briefing today, WHO Director-General Tedros Adhanom Ghebreyesus said, "I've written to 12 chief executives of manufacturers of personal protective equipment to seek their cooperation to ensure supply to protect health workers." He added that there is a "good signal" from those manufacturers. CDC also released a webinar on how health systems can optimize the N95 respirator supply.

The WHO reports nearly 76,000 confirmed cases and over 2,000 deaths, with the majority in China.

For the latest COVID-19 information and resources, visit CDC's coronavirus webpage and AHA's coronavirus webpage.

2. FDA finalizes rule to regulate insulin as biological product

The Food and Drug Administration today released a final rule regulating certain protein products, such as insulin, as biological products rather than drugs effective March 23. Authorized by the Biologics Price Competition and Innovation Act of 2009, the change will allow new insulin products, and certain other protein products, to apply for marketing approval through the abbreviated pathway for biosimilar or interchangeable products in an effort to increase market competition and lower prices. For more on the change, see the FDA FAQs for health care providers and patients.

In other news, FDA today released a table of gene-drug interactions based on FDA labeling and other scientific evidence, which it plans to update periodically to aid prescribers.

3. CDC: Flu vaccine about 45% effective this year

This season's flu vaccine has been about 45% effective at preventing flu-related outpatient visits, the Centers for Disease Control and Prevention reported today. Markers of severe illness, including laboratory-confirmed flu-associated hospitalization rates for children and adults under age 50, are higher than in recent seasons at this time, the agency said. There have been 92 flu-associated deaths in children, the largest number at this time in the season since reporting began in 2004-05, except for the 2009 pandemic, CDC said. The agency continues to recommend flu vaccination while flu viruses are circulating, and antiviral treatment for patients hospitalized with suspected or confirmed flu and other at-risk populations.

4. Agencies collecting data on hospital-based services for crime victims

The National Center for Health Statistics and Bureau of Justice Statistics are surveying hospitals by telephone through April 6 to develop a comprehensive list of hospital-based services and programs for victims of crime and/or abuse. For more on the Hospital-based Victim Services Frame Development project, click here.

5. AHA spotlights hospital strategies to promote patient, community health

Hospitals and health systems are leading initiatives to foster healthy behaviors and improve the health of individuals and communities, according to new AHA resources highlighting their strategies and successes. By using data to set and track priorities, screening for positive and risky health behaviors, and engaging strategic community partners, hospitals and health systems are seeing smoking, diabetes and hospital readmissions rates fall and exercise and healthy eating increase, among other benefits. Download the issue brief and case studies here.

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: Wilkie, Robert L., Jr.
Sent: Fri, 21 Feb 2020 11:08:30 +0000
To: RLW
Subject: FW: [EXTERNAL] Morgan Stanley to pay $13B for E*Trade

From: PitchBook News
Sent: Friday, February 21, 2020 6:07:14 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Morgan Stanley to pay $13B for E*Trade

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The Daily Pitch: VC, PE and M&A

February 21, 2020
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the PitchBook Platform — our data software for VC, PE and M&A

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TODAY'S TOP STORIES

Where venture investors are identifying blue sky in information security

MADISON CAPITAL FUNDING
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Expertise
19 Years of Middle Market Focus
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2019 set records for venture funding and exit value in information security companies. VCs are targeting technologies that aim to address emerging opportunities including GDPR compliance, secure DevOps and third-party vendor risk.

Our latest installment of **Emerging Tech Research** includes market maps of venture-backed companies, technology overviews, and analysis of opportunities and risks in the infosec industry. Key takeaways include:

- Infosec companies raised $6.8 billion in VC in 2019, a roughly 25% increase YoY despite deal count remaining nearly flat
- The burgeoning "shift left" in secure DevOps is driving adoption of developer-focused security tools
- Typically active acquirers McAfee and Symantec were largely dormant in 2019, creating chances for infosec-adjacent incumbents to enter the sector through M&A

If you have any questions or feedback about the research, we'd love to hear from you:

Who's in the newsletter today?

People

Aron Ain

Mark Redman

Michael Graham

Investors

83North

American Discovery Capital

Andreessen Horowitz

Blackstone

Canada Pension Plan Investment Board

Core Capital

Felix Capital

ForgePoint Capital

GIC

Granite Point Capital

HIG Capital

Hellman & Friedman

Hercules Capital

Highland Capital Partners

Intel Capital

JMI Equity

Jay-Z

analystresearch@pitchbook.com

read it now

Share:

As big bank M&A heats up, Morgan Stanley will pay $13B for E*Trade

(Justin Sullivan/Getty Images North America)

Morgan Stanley has announced an agreement to acquire online brokerage E*Trade for $13 billion—the largest deal conducted by a major US bank since 2008, according to PitchBook data.

It's also the latest example of a financial services acquisition intended to create diversification. With E*Trade, Morgan Stanley will build a foothold with retail investors and employee stock plans:

read more

Jump Capital
L Brands
Larry Marcus
Leslie Wexner
Marcy Venture Partners
NEA
OMERS Private Equity
Ontario Municipal Employees Retirement System
Palatine Private Equity
Redline Capital Management
Rihanna
Sycamore Partners
Thompson Street Capital Partners

Companies

Adesto Technologies
Amazon
Apple
Attivo Networks
Dialog Semiconductor
Facebook
Hipcamp
HungryPanda
Kronos
Len the Plumber
LoginRadius
NowSecure
Q Bio
Savage X Fenty
Slack
SmartBug Media
Teikametrics
Ultimate Software

Share:

Vernacare
Victoria's Secret
Walmart
ZeroFox

What are your buy-side due diligence pain points?

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Explore what other M&A dealmakers had to say in our new whitepaper.

SS&C Intralinks surveyed its global M&A dealmaking community in September 2019 to gauge the level of satisfaction with their current due diligence process. The findings are featured in the new whitepaper, *SS&C Intralinks® Survey of M&A Dealmakers: Buy-side Due Diligence Pain Points*.

An overwhelming majority of respondents reported a frustrating, time-consuming due diligence process, often hampered by communication management difficulties.

Intralinks' new DealVision™ solution will improve the due diligence process and eliminate pain points mentioned in the whitepaper, allowing deal teams to focus on matters requiring higher-level thinking.

To download the report, click here.

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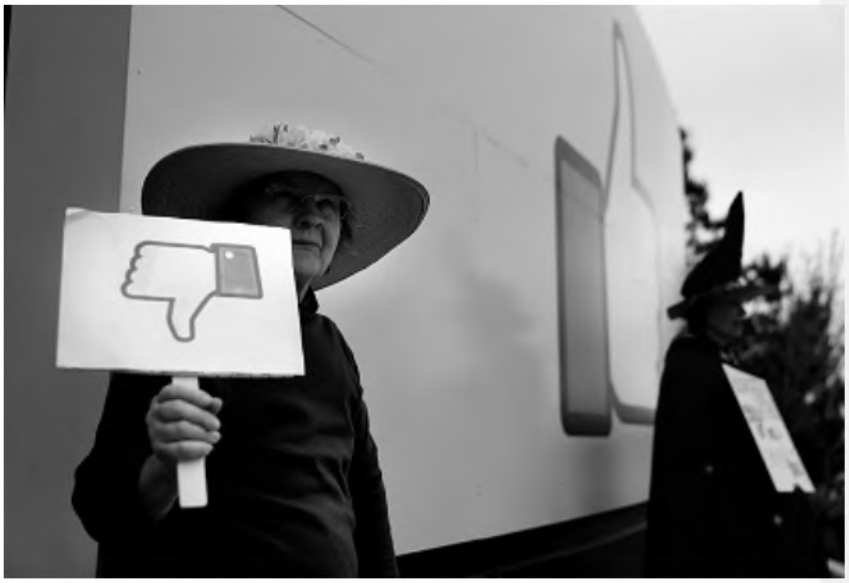
Got privacy? OneTrust doubles valuation to $2.7B as consumer data laws go global



A protester takes part in a demonstration outside Facebook headquar
2018. (Justin Sullivan/Getty Images News)

Data privacy laws are creating vast opportunities for privacy tech startups. The latest example is OneTrust, which has raised $210 million at a valuation of $2.7 billion, more than twice its valuation eight months ago.

OneTrust is part of a cohort of freshly funded companies building platforms around privacy. The goal? Help businesses gather customer data and earn trust, all while complying with a growing patchwork of laws:

read more

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H&F, Blackstone back $22B software merger

Ultimate Software and Kronos have agreed to merge,

forming a creator of software for HR and other workplace functions with a combined enterprise value of $22 billion. Hellman & Friedman currently controls both companies and will remain the controlling shareholder of the combined entity. Fellow existing backers Blackstone, GIC, the Canada Pension Plan Investment Board and JMI Equity will all retain minority stakes.

H&F teamed with those other four investors to take Ultimate Software private last year in a deal valued at about $11 billion. H&F and JMI partnered to take Kronos private for about $1.8 billion in 2007, with a later minority investment from Blackstone and GIC in 2014 valuing the company at $4.5 billion.

Current Kronos chief executive Aron Ain will lead the combined company, which will maintain joint headquarters in Massachusetts and Florida.

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Weekly Recap

Some highlights from our recent content:

• A general waning of interest in the cryptocurrency industry didn't deter Valar Ventures from leading crypto platform developer BlockFi's **latest round of funding**.

• With the coronavirus outbreak continuing to derail the once-booming VC scene in China, we looked at the **decline in deal count and capital raised** in the region.

• Private equity tycoons keep buying up basketball teams. So far this season, they're finding **remarkable success in the NBA**.

Milwaukee Bucks star Giannis Antetokounmpo
(Harry How/Getty Images North America)

• A positive trend in private debt cash flows **looks like it will continue** in 2020.

• Prosus Ventures is **renewing its interest** in the Indian food delivery sector by leading a $113 million investment in Swiggy.

• Restaurant software provider Toast **reached a $4.9 billion valuation** with a new $400 million VC investment.

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Recommended Reads

Everyone in Wuhan remains locked down as the coronavirus continues to loom over the city. Everyone, that is, except the delivery drivers. [The New York Times]

The sordid legend of John Holmes Jenkins, a notorious dealmaker and suspected criminal whose long-ago death remains to this day a mystery. [Texas Monthly]

For now, Cropster is focused on helping local coffee farmers navigate a chaotic global market. The rest of the global food industry is up next. [Bloomberg]

Remote work continues to grow in popularity among companies. Can the same strategy work for an accelerator? [TechCrunch]

It would seem like the solution to a lack of housing would be simple: build more housing. But in San Francisco, nothing is simple. [Fortune]

A fond farewell to Larry Tesler, an early Silicon Valley icon who made your workday a whole lot easier. [BBC]

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TODAY'S HEADLINES

The Daily Benchmark

2003 Vintage Global Buyout Funds

People

OMERS names new global PE head

VC Deals

ZeroFox pulls in $74M

Q Bio emerges from stealth, picks up $40M in a16z-led round

HungryPanda gobbles up $20M

Teikametrics secures $15M

PE Deals

Sycamore strikes $1.1B deal for Victoria's Secret

HIG conducts Vernacare SBO

Thompson Street taps Len the Plumber for next deal

American Discovery Capital backs SmartBug Media

Fundraising

ForgePoint Capital closes latest fund on $450M

Jay-Z's Marcy Venture Partners raises $85M fund

Corporate M&A

Dialog Semiconductor buying Adesto

THE DAILY BENCHMARK

2003 Vintage Global Buyout Funds

Median IRR

13.30%

Top Quartile IRR Hurdle Rate

25.70%

1.75x

Median TVPI

Select top performers

- Rhone Capital II
- Genstar Capital Partners III
- Onex Partners I

**IRR: net of fees*

17 Funds in Benchmark »

Check out the latest version of **PitchBook Benchmarks**

PEOPLE

OMERS names new global PE head

OMERS Private Equity, the PE arm of the Ontario Municipal Employees Retirement System, has appointed Michael Graham as its new global head of PE, according to Private Equity News. Graham will reportedly replace Mark Redman, who is departing on March 31 after joining the group in 2009. Graham is currently senior managing director and the head of North America at OMERS Private Equity.

View details

VC DEALS

ZeroFox pulls in $74M

Intel Capital has led a $74 million round for ZeroFox, the developer of a cybersecurity platform that protects digital brands from risks related to the use of social and collaboration platforms like Facebook, Slack and G

Suite. The Baltimore-based company raised $20 million in 2019 at a $280 million valuation, according to PitchBook data.

Additional Investors:
Hercules Capital, NEA, Highland Capital Partners, Redline Capital Management, Core Capital

View round

View 35 competitors »

Q Bio emerges from stealth, picks up $40M in a16z-led round

Andreessen Horowitz has led a $40 million Series B for Q Bio, the developer of a healthtech platform that helps users track their medical history, family history and other biomarkers to provide a comprehensive health summary. Founded in 2015, the San Carlos, Calif.-based company officially emerged from stealth alongside the new funding.

View round

View similar company »

HungryPanda gobbles up $20M

HungryPanda, which offers an online delivery platform for Asian food, has raised $20 million in a round co-led by 83North and Felix Capital. The UK-based company focuses on overseas Chinese customers. It plans to use the capital to expand in 18 US cities and other international locations this year.

View round

View similar company »

Teikametrics secures $15M

Teikametrics, a developer of optimization software designed for retailers including Amazon and Walmart, has raised $15 million in a round led by Jump Capital. Granite Point Capital also participated in the funding, among others. Based out of Boston, the company has added Amazon veteran Srinivas Guddanti as its chief product officer.

View round

View 41 competitors »

What's driving mid-market deal activity?
Read Transaction Trends Q1 for key insights.
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PE DEALS

Sycamore strikes $1.1B deal for Victoria's Secret

Sycamore Partners has agreed to acquire a 55% stake in Victoria's Secret from L Brands for about $525 million, valuing the lingerie and beauty company at some $1.1 billion. L Brands founder Leslie Wexner will step down as Victoria's Secret chairman and CEO upon the deal's completion, becoming chairman emeritus. Bath & Body Works, which together with Victoria's Secret comprises L Brands, will become a standalone public company.

View deal View 20 competitors »

HIG conducts Vernacare SBO

HIG Capital has acquired Vernacare from Palatine Private Equity, which bought the company in 2015. Founded in 1964, Vernacare creates infection prevention products for the medical industry, including surface-cleaning wipes that kill coronavirus germs. The UK-based business operates in 64 countries and has more than 250 employees.

View deal View similar company »

Thompson Street taps Len the Plumber for next deal

Thompson Street Capital Partners has acquired Len the Plumber, a provider of residential plumbing services in the Baltimore and Washington, DC, areas. Funds for the investment likely came from Thompson Street's fifth flagship vehicle, according to AltAssets. The fund pulled in $1.15 billion in 2018.

View deal View similar company »

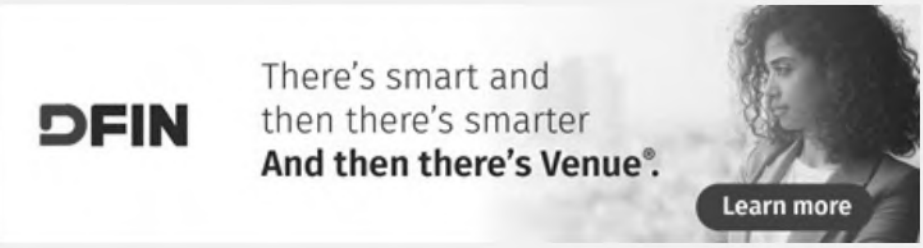
American Discovery Capital backs SmartBug Media

Middle-market firm American Discovery Capital has completed a growth equity investment in digital marketing agency SmartBug Media. The company is

based in Southern California but operates completely remotely, with 85 employees and over 100 clients.

View deal

View similar company »



FUNDRAISING

ForgePoint Capital closes latest fund on $450M

ForgePoint Capital, which focuses on early- and growth-stage investments in the cybersecurity sector, has raised $450 million for its most recent namesake fund. Based out of San Mateo, Calif., the firm's portfolio includes LoginRadius, NowSecure and Attivo Networks. ForgePoint closed its debut vehicle on $300 million in 2017, according to The Wall Street Journal.

View fund

View 31 investments »

Jay-Z's Marcy Venture Partners raises $85M fund

Marcy Venture Partners has closed an $85 million fund, according to an SEC filing. The Bay Area firm was co-founded by Jay-Z and longtime angel investor Larry Marcus. Marcy, which primarily invests in

consumer startups, has taken stakes in Rihanna's lingerie brand, Savage X Fenty, and Airbnb-for-camping startup Hipcamp.

View fund

View 6 investments »

CORPORATE M&A

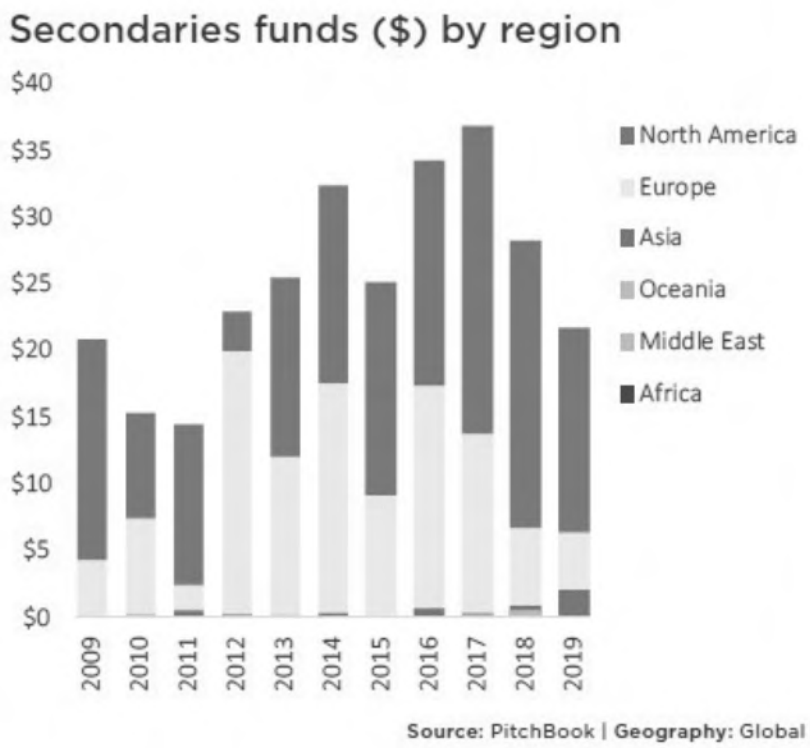
Dialog Semiconductor buying Adesto

UK-based chipmaker Dialog Semiconductor has agreed to pay about $500 million for Adesto Technologies. The acquisition of the Santa Clara-based company, which focuses on internet of things semiconductors, underlines Dialog's efforts to lessen its reliance on Apple chip products, according to Reuters.

View details

View 3 competitors »

CHART OF THE DAY



"Historically, few secondaries funds have been raised outside of North America or Europe. ... Given the Asian PE market developed after those in the US and Europe, it is not surprising that secondaries fund development in Asia also came later. That said, in 2019, an all-time high of six funds were raised out of Asia, representing $2.1 billion and 9.6% of the total capital raised for secondaries funds. It is noteworthy that all six were raised by local GPs, not transplants from US or European investment firms."

Source: **PitchBook's 2019 Annual Private Fund Strategies Report**

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Venture capital, private equity and M&A financial information technology provider.

From: Wilkie, Robert L., Jr.
Sent: Fri, 21 Feb 2020 20:36:12 +0000
To: RLW
Subject: FW: DEA
Attachments: 20200221_124444.jpg, 20200221_123401.jpg, 20200221_124420.jpg, 20200221_125115.jpg, 20200221_125300.jpg
Importance: High

From: Sandra Thornton
Sent: Friday, February 21, 2020 3:33:57 PM (UTC-05:00) Eastern Time (US & Canada)
To: Rasmussen, Deena L., VBAMUSK; Wilkie, Robert L., Jr.; Clark, Willie, VBAVACO; Bevins, Debi; Donald J. Trump; Sandra Thornton; VAVBAWAS/AMO/DIR; VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/COMMS; VA Accountability Team; VHA Client Services Response Team; Michael.Pence@mail.house.gov; Donald J. Trump; Eric Trump; Donald J. Trump
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton
Subject: [EXTERNAL] DEA

President Trump, Vice President Pence, and Secretary Wilkie,

I have waited 5,100+ days (14 years) for my 1- 3 DEA dependents...Chris, Matt, and Caleb retro pay due to me and retro VA disability pay due to me because of St Pete's. And 1 year 10 mths, St Pete's not following the BVA just to combat code an item since 2015 rating/BVA appeal 4/18 decision.

Per US Code 38, Section 3531, CH 35, the Secretary of the VA directs the RETRO DEA to me because I was the parent/step parent and or guardian. I paid for these kids due to VA St Petersburg's employees breaking federal laws/VA standards. 551 U.S. at 665, Sect 1115 and Section 1114, SHARP v SHINSEKI and BROWN v. GARDNER, entitlements to additional compensation for dependents, proof submitted within 1 year it was, in favor of the Veteran, and VETERANS could be ARBITRARILY DISADVANTAGED based on DELAYS IN ADJUDICATION that are BEYOND THEIR CONTROL...like shredding/denying my dependents which got us here today.

I am officially requesting the Secretary of the VA to direct VA DEA to FOR GO the regular application process (which will NOT work in this situation of RETRO 14 years AFTER the fact) to accept my documents signed "FOR Chris, Matt, and Caleb" since I was the legal/entitled sponsor/parent/step parent since to retro pay is coming to ME for the lost benefits/entitlements which I paid for when the VA illegally shred my claim/repeatedly denied my dependents adds, since their was a divorce in 2013, etc. I have sent in DEA forms, Chris/Matt's transcripts (2 classes to add amend), DoD Verification, 674s, 21-686c, etc multiple times. I told the BVA judge 2 years ago, the VA will never do the right thing by me. I asked after going through hell with St Petes, bring common sense to fixing this 14 year retro...but, a billion dollar system who has the option to cut the red tape in other situations won't when you should. I ask you to accept my submitted forms, my this coming Monday excel document validating the exact pay for all 3 kids due to me, and just authorize paying me/let's end this part of the BVA decision, it has been almost 2 years for accurate retro by federal laws/court cases on record.

The VA has just requested $240.3 BILLION dollar budget this year and can use good judgement to finally help me after years of wrong doing.

You see, I lived my whole life serving and with core values. I served her honorably for over 21 years in DoD and served in the VA 6.5 years. I gave everything to this country and it was my honor but, what the VA has done here for 14 years is illegal and a disgrace. Your VA employees had a duty to not shred my claim and deny, not follow,

and ignore...a duty.

In serving our nation, I ensured laws, standards, tried to educate, tried to correct, and if not I reported to leadership. When leadership ignored, let people die, and broke laws I went to Congress and the media.

I helped Military Times blow the whistle on the Department of Defense in Nov 2015 for purposedly keeping exposures out of deployment records (I discovered);

I came to DC with Lauren Price Nov 2013, met with the Chairman of Veteran Affairs Committee DOMA, met with Senator Rubio/Rep Bilirakis, took 50 YEARS of repeated VA IG reports of St Pete's breaking federal laws/VA failed standards which kicked off 2 years of televised hearings (we discovered);

I helped coordinate 50 states, House/Senate approved and President Obama signing the Airborne Registry;

And I reported to Congress/the media the Secretary Shinseki Office directed a VA IT Office in DC across from the White House to tap 42 VA Whistleblowers in/outbound emails, etc in 2015 under SEC Internal Divert all because we tried to fix the VA/support what you say the VA stands for. You tracked us for reporting employees breaking laws/standards. And I should know, that screen shot was my VA computer screen.

So again, the VA here has to acknowledge this is a 14 YEAR RETRO to me case on my 3 dependents, every item on a current new DEA application cannot happen here, and you should all have a realize cutting red tape because of your employees breaking the laws, severely damaged me/broke me/my family, do your duty to complete the BVA Judge's order with common sense please.

These 3 DEA retro is due to me.
I was the sponsor/parent.
It is 14 years later.
I paid for all of them.
You have the DoD dependents validating college continued.
You have 2 boys transcripts too since 2017.
Since all 3 retros are repaying me per US Code 38, the VA DEA should accept my "for" forms, and authorize all 3 retros to me asap.

I am sending the excel word doc Mon for your records to help show you the amounts are accurate to proceed.

I will send excel word docs on 3 kids Monday. I would like to know by Tuesday if the Secretary is going to honor my request on how the DEA will proceed with this 14 year retro to me.

Thank you.
Respectfully
S. Thornton

Reminder#####
The DC VA still needs to explain WHY the VA posted "52 duplicate monthly disability payments in EBenefits on my name from 7/2010 - 8/2014. " I faxed the proof to you on 2/11/2020 fax to BVA. I have checked with other Veterans and theirs do not reflect duplicates...so this is not a computer glitch and I never received 52 extra mths disability pays. So, the DC VA needs an investigation - either you have a creative VA finance thief or someone in the VA was purposedly reflecting I was paid more than I was. I want a written explanation. Seeing that explains why you still haven't paid my regular retro VA disability pay yet from 5/2018.

From: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>
Sent: Friday, February 21, 2020 9:37:29 AM
To: Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: RE: Your recent inquiry to VA

Dear Ms. Thornton,

After I sent you the email this morning, I was forwarded documents you sent with the inquiry which I was assigned.

No action can be taken on the applications for Caleb and Matthew since you signed them on behalf of your dependents who are over the age of 18. Your dependents will need to submit a signed VA Form 22-5490 requesting benefits under the Dependent's Educational Assistance program. Once VA receives their signed applications, a decision will be made as to the dependents' eligibility under this program.

Your dependents may also apply online at www.vets.gov<http://www.vets.gov> and submit a VA Form 22-5490 online. This is a secure website and the applications will be electronically transmitted to the VA.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 9:27 AM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/INQUIRY TEAM <INQUIRYTEAM.VBASPT@va.gov>; Tallerico, Kristina, VBAREN <Kristina.Tallerico@va.gov>
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: [EXTERNAL] Re: Your recent inquiry to VA
Importance: High

Ms. Rasmussen,

ALL my past dependents kids (this is RETRO 1/1/2007 to age 26) Chris Boe, Matt Boe, and now...thanks to the VA ex-step son Caleb Baty were faxed into the BVA 2/11/2020, 42 pages.

WHY you may ask since no one has filled you in?

1) St Pete's was found to have shred my 2006 claim, along with others.
2) Federal/State VA reps repeatedly denied entering my steps in as dependents.

3) It took 12 years (5,100+ days) of losing everything and STILL living in hell because of St Pete's BEFORE a BVA Judge apologized in 2/2018 hearing, 4/18 awarded RETRO back to 1/1/2]07 on VA pay, awarded ALL (6) past dependents, awarded US Code CH 35 on my 3 past dependents because 4 medical specialists 100% permanent and total, and I am terminally ill from Iraq/Afgh.
4. It is NOW 1 year, 9 months later, that I have been telling the White House, the VA Secretaries, the Undersecretary, BVA, St Petes, Reno, etc that I backpay is wrong.
You see, NO one has followed the federal BVA Judge's order completely.
Precious in St Petes told me, DEA didn't apply because I had no kids in college. Thus, the different reps handling my retro instructed me x 3 to complete the 674 forms (I attached the email traffic again yesterday) thus, not only has my VA disability pay, my minor dependents pay was wrong because VA reps were not inputting the data correctly, and because NO VA rep instructed me to do any DEA forms.
A Marine, Veteran, lawyer, who WROTE VA standards informed me these reps who handled my award have all NOT followed the federal Judge's order were in fact all breaking the law.
I have provided the DEA forms, 674 forms, DoD certification of dependents as minors and which verifies 3 continued IN COLLEGE dated 12/2017, my letters, transcripts on my 2 biological children, 1 and 2 excel word documents already on everything broken down.
The first excel 8/2018 was with 674 rates because VA instructed wrong and only to age 22, both wrong.
The second excel word docs 2/2020 after Marine Veteran lawyer who worked in DC informed me on DEA does apply until age 16.
And 2 days ago,
Ms. Manley nicely explained disability and DEA are 2 diff pots of monies so the issues have to be divided. My son and I stayed up on night Wed night dividing the two issues, correcting a couple of minor adds on my end, and correctly numerous major errors by St Petes, Reno, and UnderSecretary to ensure 1 last final and accurate break down so President Trump can direct the Secretary to end this now 14 year journey of St Petes hell.
I was exhausted yesterday being up all night doing this, I went through a CAT Hurricane in Oct 2018 so I have to go to the library to update the exel word documents with break down each year, month, dependents, my pay, what I should have been paid, and was IS due to me.
I wrote the President, etc and asked him to direct this 14 year RETRO DEA process be simplified since you have the forms, since the shredding of my file, I PAID for all these past dependents and under Sharp vs Schincki my case was not timely adjudicated, and federal law under 38 Series, Section 3150, CH 35, states the Secretary WILL PAY THE PARENT. Because of my terminal illness and lost my health, my job, my family to including my marriage and 3 steps in Sep 2013, my home, and living in a car on 2 machines repeatedly (thanks to the VA) my case has been expedited. The step son graduated UGA 5/2012, I dropped him as a dependent 4/2012 because he was self medicating on prescription medication, if you absolutely can't take my honor/honesty and Dept of Defense 12/17 letter verifying he continued as a dependent due to college, I will try to get his transcripts since this RETRO IS 6 YEARS LATE FOR HIM or someone with common sense can stop this extra red tape under these EXTRAORDINARY CIRCUMSTANCES OF JUSTICE 14 YEARS LATE due to VA employees breaking countless federal laws/standards.
I will finish this FINAL document to lay it out for you and Ms Manley by MONDAY to BVA fax #.

VA Disability RETRO STILL DUE TO ME...
$35,090.15

DEA TO ME...
CHRIS $42,212
CALEB $41,773
MATT $33,648 (I have 2 classes, age 25, to add to DEA form - I was sending update fax today and).

And because of VA broken laws and lies, DC has agreed all correspondence will be in writing on email. So if you have questions or clarification, please email me.

Note: I was in CH 31 Voc Rehab for a couple of years. I market no on kids forms because with this lower oxygen level, I honestly don't remember any thing for them. But, please double check me for any small monetary on my 2 biological kids Chris/Matt under CH 31 Ms. DEA because I don't want anything that is not accurate given to me.

Thank you

Sandra Thornton
USAF 21 yrs retired
Iraq/Afgh
Terminally ill Wounded Warrior

From: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov<mailto:deena.rasmussen@va.gov>>
Sent: Friday, February 21, 2020 7:29:20 AM
To: angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>
<angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>>
Subject: Your recent inquiry to VA

Dear Ms. Thornton,

I tried reaching you by phone several times. You did not answer and I was unable to leave a voicemail because the voice message box was full. This email is in response to your inquiry about your children's education benefits under the Dependents Educational Assistance (DEA) Program.

The evidence in your Compensation file shows you submitted multiple applications on a VA Form 21-686c, Application Request to Add And/Or Remove Dependents and VA Form 21-674 Report of School Attendance. These requests are not an application for Dependents Educational Assistance.
I could not locate a file or an application for education benefits for any of your children. Your children can apply for DEA at www.vets.gov<http://www.vets.gov> by completing a VA Form 22-5490, Application for Dependents Education Assistance Program. Applications completed at this website are electronically submitted to VA via a secure website.

If you have any questions, you may reach me at (918) 781-5743.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

DECEMBER 4, 2013

Veterans Affairs Disability Claims

Witnesses testified on the Department of Veterans Affairs' disability claims backlog, and its ability to process complex claims such as traumatic brain injuries. The first panel of veterans and military spouses included a widow of a Vietnam War veteran whose claim, filed 23 years previously, had still not been finalized. Members of the second panel of representatives of veterans' groups and the third panel of Veterans Affairs Department officials discussed reasons for the backlog of claims, the different paths claims follow, and the tension between processing claims quickly and issues with the accuracy of claims processing, particularly claims involving complex medical issues. **close**

Report Video Issue

BILIRAKIS
VETERANS' DISABILITY CLAIMS
REP. GUS BILIRAKIS
R-Florida, 12th District
Palm Harbor, Dade City, Keystone

Health Care

Deployment environmental reports not in military health records

Patricia Kime

November 1, 2015

JANUARY 10, 2013

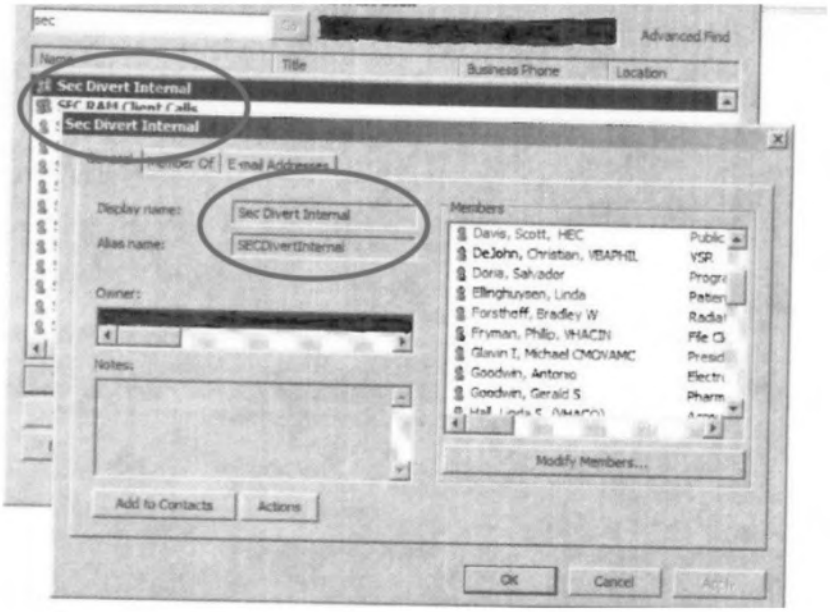
Udall-Corker Burn Pit Registry Signed Into Law

WASHINGTON - U.S. Sens. Tom Udall (D-N.M.) and Bob Corker (R-Tenn.) announced that today President Obama signed their bill to establish a registry of service members and veterans who were exposed to toxic chemicals and fumes from open-air burn pits in Iraq and Afghanistan into law.

"Today we celebrate the conclusion of our bipartisan effort to improve the health and well-being of our veterans," Udall said, "This is a victory for our men and women in uniform across the globe,

Veterans Affairs Caught Spying On Whistleblowers

33 Comments / News & Legislation / By Benjamin Krause



The Department of Veterans Affairs is at the center of a new Congressional probe of allegations that the agency is spying on whistleblow email systems.

DECEMBER 4, 2013

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Report Video Issue

VETERANS' DISABILITY CLAIMS

REP. GUS BILIRAKIS
R-Florida, 12th District
Palm Harbor, Dade City, Keystone

Health Care

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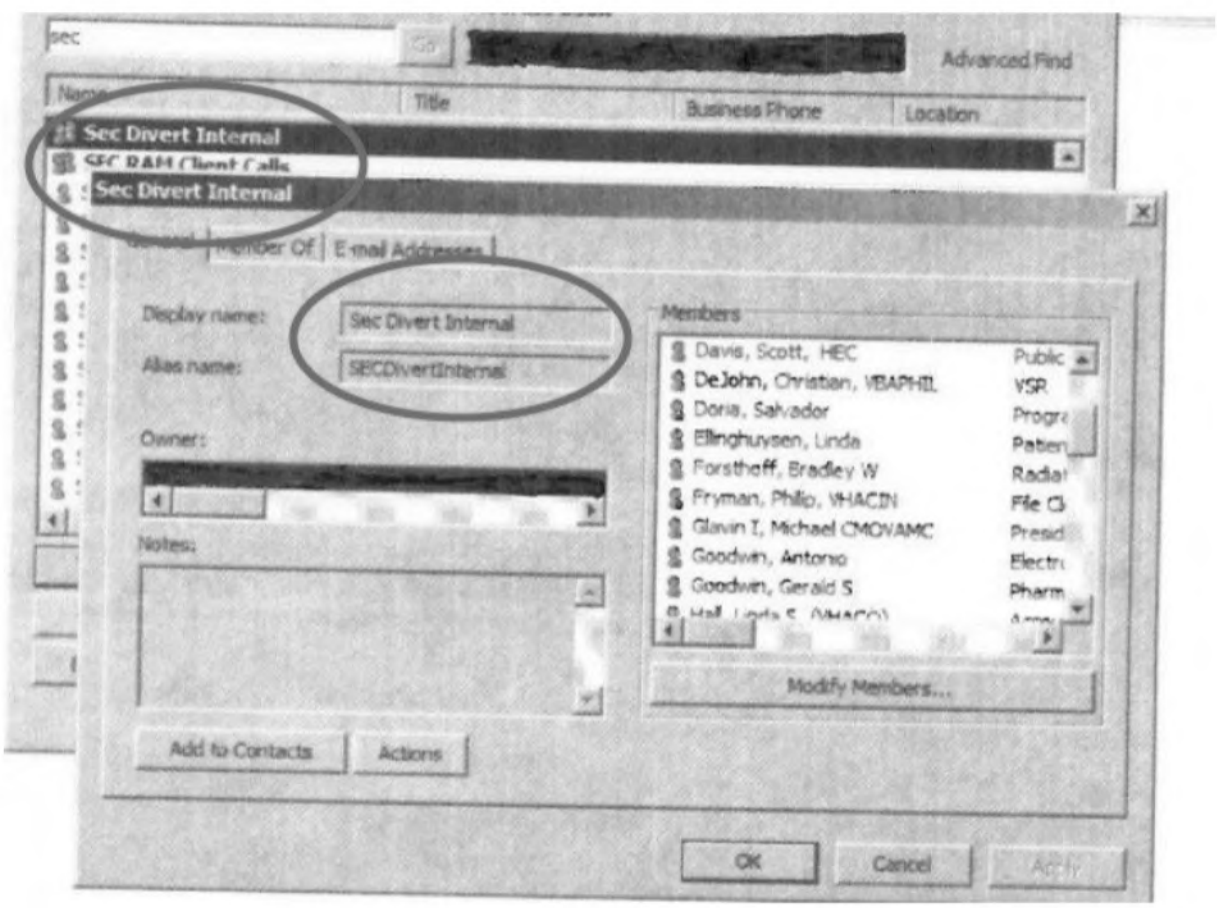
Veterans Affairs Caught Spying On Whistleblowers

33 Comments / News & Legislation / By Benjamin Krause



The Department of Veterans Affairs is at the center of a new Congressional probe of allegations that the agency is spying on whistleblow email systems.

From: RLW
Sent: Sat, 22 Feb 2020 14:41:44 +0000
To: Stone, Richard A., MD;Powers, Pamela
Subject: RE: VHA Mission

Keep me up to date.
This is a veteran correct?

Sent with BlackBerry Work
(www.blackberry.com)

From: Stone, Richard A., MD <(b)(6) @va.gov>
Date: Saturday, Feb 22, 2020, 9:34 AM
To: Powers, Pamela <(b)(6) @va.gov>, RLW <(b)(6) @va.gov>
Subject: FW: VHA Mission

Please see below. If we accept a Veteran patient over the weekend I will inform you. Negative (isolation) airflow has been confirmed by engineering to ensure the unit is isolated. The emergency management team has now been at this for one month. They are tired but moral is very high. Well led by (b)(6)
Rich

Sent with BlackBerry Work
(www.blackberry.com)

From: Kim, Paul D., MD (b)(6) @va.gov>
Date: Saturday, Feb 22, 2020, 9:12 AM
To: Stone, Richard A., MD (b)(6) @va.gov>, Lieberman, Steven (b)(6) @va.gov>, Oshinski, Renee <(b)(6) @va.gov>, Czarnecki, Tammy <(b)(6) @va.gov>, Connell, Lawrence B. <(b)(6) @va.gov>, (b)(6) @va.gov>, Boyd, Teresa D. <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>, Mole, Larry A. <(b)(6) @va.gov>, Ratchford Jr, Lewis <(b)(6) @va.gov>, (b)(6) @va.gov>, Bader, Christine E. <(b)(6) @va.gov>, Carroll, William D. <(b)(6) @va.gov>, (b)(6) <(b)(6) @va.gov>, (b)(6) (Physician) <(b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Subject: RE: VHA Mission

Update: I usually send an update in the evening however lots of moving parts overnight and this morning.

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EMCC actions this morning:

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From: Kim, Paul D., MD
Sent: Friday, February 21, 2020 4:33 PM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. (b)(6) @va.gov>; (b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis (b)(6) @va.gov> (b)(6) @va.gov>; Bader, Christine E. va.gov>; Carroll, William D. <(b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; (b)(6) (Physician) (b)(6) @va.gov>; (b)(6) (b)(6) va.gov>
Subject: RE: VHA Mission

Update: Today is 1 full month of EMCC operations – spirits are high and team is committed. The EMCC will be staggering coverage to include some virtual support to allow time to recharge.

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From: (b)(6) @va.gov>
Sent: Thursday, February 20, 2020 6:42 PM
To: Kim, Paul D., MD <(b)(6) @va.gov>; Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Boyd, Teresa D. (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis (b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. va.gov>; Carroll, William D. <(b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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EMCC Actions

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From: Kim, Paul D., MD <(b)(6) @va.gov>
Sent: Thursday, February 20, 2020 7:13 AM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>; Boyd, Teresa D. (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. < va.gov>; (b)(6) @va.gov>; Carroll, William D. (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Wednesday, February 19, 2020 5:53 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) i@va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) (b)(6) va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. <(b)(6) va.gov>; (b)(6) @va.gov>; Carroll, William D. <(b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

Diamond Princess Cruise (Japan)

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EMCC Actions

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From: Kim, Paul D., MD
Sent: Tuesday, February 18, 2020 5:44 PM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell,

Lawrence B. <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. <va.gov>; (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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EMCC Actions:

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From: (b)(6) @va.gov>
Sent: Monday, February 17, 2020 5:13 PM
To: Kim, Paul D., MD <(b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) va.gov>; Bader, Christine E. (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

- (b)(5)

From: Kim, Paul D., MD <(b)(6) @va.gov>
Sent: Monday, February 17, 2020 7:32 AM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee (b)(6) va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>; Boyd, Teresa D.

(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. <(b)(6) @va.gov> (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Monday, February 17, 2020 7:13 AM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>; Boyd, Teresa D. (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. <(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Sunday, February 16, 2020 3:48 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>; Boyd, Teresa D.

(b)(6) va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A (b)(6) @va.gov>; Ratchford Jr, Lewis
(b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
@va.gov>; Bader, Christine E. (b)(6) @va.gov>; (b)(6)
@va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Saturday, February 15, 2020 2:50 PM

To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>
Cc: (b)(6) va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) (b)(@va.gov>; (b)(6) @va.gov>; (b)(6) va.gov>; Bader, Christine E. (b)(6) @va.gov> va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Friday, February 14, 2020 6:17 PM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. <(b)(6) va.gov>; Ratchford Jr, Lewis

(b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. <Christine.Bader@va.gov>; Hinkle, Michael C. @va.gov>

Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Thursday, February 13, 2020 5:35 PM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) va.gov>; (b)(6) @va.gov>; Bader, Christine E. @va.gov> @va.gov>
Subject: RE: VHA Mission

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EMCC Actions:

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From: (b)(6) <(b)(6) @va.gov>
Sent: Wednesday, February 12, 2020 6:48 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) <va.gov>; Bader, Christine E. <(b)(6) @va.gov>; Kim, Paul D., MD <(b)(6) @va.gov>
Subject: RE: VHA Mission

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From: Kim, Paul D., MD <(b)(6) @va.gov>
Sent: Tuesday, February 11, 2020 6:43 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. <(b)(6) va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Bader, Christine E. <(b)(6) @va.gov>
Subject: RE: VHA Mission

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Preliminary results

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From: Kim, Paul D., MD
Sent: Monday, February 10, 2020 7:06 PM
To: Stone, Richard A., MD <(b)(6)@va.gov>; Lieberman, Steven (b)(6)@va.gov>; Oshinski, Renee <(b)(6)@va.gov>; Czarnecki, Tammy <(b)(6)@va.gov>; Connell, Lawrence B. (b)(6)@va.gov>; (b)(6)@va.gov>
Cc: (b)(6)@va.gov>; (b)(6)@va.gov>; Mole, Larry A. <(b)(6)@va.gov>; Ratchford Jr, Lewis (b)(6)@va.gov>; (b)(6) <(b)(6)@va.gov>
Subject: RE: VHA Mission

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EMCC Actions:

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From: Kim, Paul D., MD
Sent: Sunday, February 9, 2020 3:41 PM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: VHA Mission

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EMCC Actions

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I will be releasing the team early tonight, Monday is shaping up to be a very challenging day.

From: Kim, Paul D., MD
Sent: Saturday, February 8, 2020 2:55 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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EMCC actions

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From: Kim, Paul D., MD
Sent: Friday, February 7, 2020 5:29 PM
To: Stone, Richard A., MD (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. (b)(6) (b) @va.gov>; (b)(6) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis (b)(6) @va.gov>; (b)(6) < (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

Today was primarily a day to coordinate all the moving pieces. I attended the ASPR PPE Supply chain call and here are some of the highlights. I have shared these with PL&O

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Break

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From: Kim, Paul D., MD
Sent: Thursday, February 6, 2020 5:24 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Subject: RE: VHA Mission

Update: Please do not forward the attached documents so we can maintain OPSEC.

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Break

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Break

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From: Kim, Paul D., MD
Sent: Monday, February 3, 2020 6:36 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

Outward facing Public Health Website has launched:

https://www.publichealth.va.gov/n-coronavirus/index.asp

https://www.publichealth.va.gov/index.asp

From: Kim, Paul D., MD
Sent: Monday, February 3, 2020 5:25 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Boyd, Teresa D. (b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Cc: L (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. (b)(6) va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

On today's National Incident Communications Conference Line (NICCL) the CDC announced the following:

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If this is not the correct plan of action please advise.

From: Kim, Paul D., MD
Sent: Monday, February 3, 2020 6:49 AM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) va.gov>; Mole, Larry A. <(b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Sunday, February 2, 2020 5:07 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Boyd, Teresa D. (b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; H (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>; Ratchford Jr, Lewis <(b)(6) @va.gov>
Subject: RE: VHA Mission

Update:

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From: Kim, Paul D., MD
Sent: Sunday, February 2, 2020 7:54 AM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy (b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Mole, Larry A. <(b)(6) @va.gov>
Subject: RE: VHA Mission

Updates:

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From: Kim, Paul D., MD
Sent: Saturday, February 1, 2020 11:53 AM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Boyd, Teresa D. <(b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; Czarnecki, Tammy <(b)(6) @va.gov>; Connell, Lawrence B. <(b)(6) @va.gov>; (b)(6) <(b)(6) @va.gov>

Cc: (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Mole, Larry A. (b)(6) @va.gov>
Subject: RE: VHA Mission

Close Hold

The 4 repatriation sites are:

(b)(5)

From: Kim, Paul D., MD <(b)(6) @va.gov>
Date: Saturday, Feb 01, 2020, 7:24 AM
To: Stone, Richard A., MD <(b)(6) @va.gov>, Lieberman, Steven <(b)(6) @va.gov>, Boyd, Teresa D. (b)(6) @va.gov>, Oshinski, Renee (b)(6) @va.gov>, Czarnecki, Tammy (b)(6) @va.gov>, Connell, Lawrence B. <(b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>, (b)(6) @va.gov>
Subject: VHA Mission

Good morning,

As of this morning the plan for the second wave of repatriation involving VHA DEMPS personnel is as follows: this plan is not expected to change however this entire event changes rapidly so we remain flexible.

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I will provide any updates today and throughout the rest of the weekend. If there are any concerns with this plan I am available for any discussions.

Paul D. Kim, MD
Director
VHA Office of Emergency Management
304-264-(b)(6) Office
202-503- Cell

From: Wilkie, Robert L., Jr.
Sent: Mon, 24 Feb 2020 17:28:27 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Iran's conservatives prevail in elections; coronavirus outbreaks raise fears of a pandemic

From: AEI's Rundown
Sent: Monday, February 24, 2020 12:18:07 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Iran's conservatives prevail in elections; coronavirus outbreaks raise fears of a pandemic

View as a web page

The Rundown

A weekly digest of news and analysis from AEI's Foreign and Defense Policy team

Last week, the people of Iran took to the polls for their parliamentary elections. Iran's Supreme Leader Ayatollah Khamenei disqualified more than 7,000 candidates from running to assure that the makeup of the new parliament would be a rubber stamp for hard-line policies. The elections come after a year of deadly crackdowns by security forces to stamp out protesting against the rise in fuel prices and the military shooting down a Ukrainian airliner. Low voter turnout underscores just how little faith the Iranian people have left remaining in their country's institutions. The election signifies how far the Iranian establishment has shifted from current President Hassan Rouhani's modernizing agenda to rallying around Iranian hard-liners.

Follow us on Twitter @AEIfdp to keep up with our latest work.

Have a great week,

AEI's Foreign and Defense Policy team

TWEET OF THE WEEK

Gary Schmitt @GaryJSchmitt1

Trump & Sanders. So, we're headed toward a race in which the former never understood the principles that made America great & the latter never believing those principles were great to begin with. Isn't it time to admit the current presidential selection system is deeply flawed?

Retweet

US FOREIGN POLICY

On Friday, US officials told Democratic presidential candidate Bernie Sanders that Russia is attempting to assist his presidential campaign to interfere in the 2020 election.

After visiting Moscow in 1988, Democratic presidential candidate Bernie Sanders praised the Soviet system and established a sister city relationship with his hometown Burlington, Vermont. Throughout his time in office, Sanders regularly socialized with and supported Communist, anti-American, and anti-Israel leaders. This week, Washington Post's **Josh Rogin** joined **Danielle Pletka** and **Marc**

Thiessen to discuss Sanders' foreign policy record and what having a democratic socialist as president would mean for American leadership abroad. Listen here.

Last week, President Trump announced over a series of tweets that "THE UNITED STATES IS OPEN FOR BUSINESS." And while this isn't quite true, the tweets are the latest illustration that the president doesn't care about national security, argues **Derek Scissors** in an AEIdeas blog post. The US wasn't open to purchasing steel from our ally Canada, but the president apparently thinks selling jet engines to China is fine. That's because to the president, what matters most is the balance of trade. Learn more here.

Last week, the Trump administration announced that it planned to slash the State Department's US Agency for International Development budget by an additional $12 billion. Bipartisanship is rare in Washington, but Democrats and Republicans both condemned the decrease in funding. In a new National Interest op-ed, **Michael Rubin** argues that to make the State Department great again, merely increasing its budget will not do the trick. Rather, diplomats need to learn how to take the pulse of ordinary society, balance security and diplomacy, and remove themselves from a culture that measures effectiveness with budgets. Read it here.

MIDDLE EAST

Iran's conservatives won a landslide in the country's parliamentary elections this weekend. President Trump said yesterday that he is ready to sign a peace deal with the Taliban in Afghanistan if the temporary truce holds.

Today, US leadership is absent from the development finance conversation, and other actors with narrower interests are filling the vacuum. As Gulf Arab states

engage in unprecedented economic interventions across several African nations, it is now time for the US to get back in the development business, argues **Karen Young** in a new Lawfare article. The US is in the midst of a significant disruption of development ideas and financial intervention. How new development players decide to structure their economic institutions and pathways to achieve economic growth will have a profound effect on US influence globally and, eventually, the health of the American economy. Read more here.

Turkish President Recep Tayyip Erdoğan threatened to fight the Syrian army directly if Syrian President Bashar Assad does not stop his assault on Idlib. While Erdoğan imagined himself a master tactician, he is now realizing that Russian President Vladimir Putin played him. But, after Erdoğan deliberately trashed Turkey's relationship with the US, it is time Washington plays hardball, notes **Michael Rubin** in a Washington Examiner op-ed. If Erdoğan wants to reconcile with the US, then Washington should consider letting Turkey back into the fold, but only at a high price: nothing less than a full withdrawal of all Turkish forces and settlers from Cyprus, Iraq, and Syria. Read it here.

ICYMI: In the past few years, China's rise has proved to many that Beijing is a dangerous strategic competitor whose decline poses major risks to the US and its allies. Washington has no clue what to do about it, but the Middle East may provide a path forward, argues **Danielle Pletka** in a new Dispatch op-ed. To manage China's meteoric rise, we must build a new system of incentives to prevent it from becoming malign and dangerous. Just as the US has confronted an endless series of military, political, and economic threats from the Middle East, we can use our tactical successes to build a containment and guidance strategy for Beijing. While it may not work perfectly, it's a step in the right direction, practically and morally. Learn more here.

ASIA

President Trump arrived in India this weekend for a two-day visit in which he joined Prime Minister Narendra Modi for a campaign-style rally that illustrated the bond between the two democracies. Coronavirus outbreaks across the world raise fears of a pandemic.

Despite holding more power, wealth, and influence than ever before, China's government is rotting from within. Xi Jinping's China is a high-tech authoritarian state experimenting with complete social control. These very ingredients have exacerbated a public-health crisis and laid bare a government that fears the truth. Worse yet for the Chinese president, China's people know it, notes **Dan Blumenthal** in a new RealClearWorld op-ed. For many outside China, its outward signs of strength indicate Beijing is on the march to global supremacy. But Xi's mishandling of protests in Hong Kong, brutal actions against China's Muslims, and the Wuhan coronavirus outbreak further reveal the worldwide consequences of Xi's politics of fear. Read more here.

In two short years from now, Beijing will host the next Winter Olympics. The closing ceremonies will serve as a grand propaganda spectacle, one that the Chinese Communist Party will use to boost its domestic legitimacy and to boast of its unstoppable rise on the international scene. In a new Dispatch op-ed, **Michael Mazza** argues that the Trump administration should use China's human rights abuses as leverage to assemble an international coalition committed to skipping the 2022 Winter Games. The effort may fail, but the free world must at least try to use the Olympics to effect change in China. Continue here.

As Donald Trump makes his first visit to India as president this week, there will be one thing keeping US-India relations on track: China. Bipartisan support for India has weakened in Congress since the Modi government's hard-line Hindu nationalist turn last year, and trade disputes between Washington and New Delhi continue. In a Wall Street Journal op-ed, **Sadanand Dhume** argues that even as economics and human rights threaten to drive the US and India apart, geopolitics still binds them together in

an era of great-power competition with China. Learn more here.

As the Wuhan coronavirus continues to spread across Asia and throughout the world, public-health officials have rushed to contain the outbreak and prevent further spread. In the face of this mounting epidemic, what strategies should health officials and policymakers pursue to meet these goals? How might the spread of the virus affect the global economy and geopolitical landscape? AEI scholars continue to offer commentary and analysis to answer these questions and more. Visit our coronavirus spotlight page here.

DEFENSE

Last week, the military services and the Missile Defense Agency submitted nearly $18 billion in unfunded priorities for fiscal year 2021, including $1 billion for the Space Force.

The United States has a global military footprint that is second to none, and one of the most visible aspects of that footprint is a worldwide network of bases. Critics have long argued that basing troops abroad also creates anti-American sentiment. Yet overseas bases are tools of American soft power that lead to more positive views of the US, discusses **Hal Brands** in a Bloomberg op-ed. The debate about whether to pull back significantly from the world will continue, but the idea that America's overseas presence creates more enemies than friends is one idea that ought to be retired. Continue here.

The American public and many veterans do not believe that the federal government pays enough attention or spends enough taxpayer money on veterans. In a new American Interest op-ed, **Rebecca Burgess** analyzes the Trump administration's 2021 budget request for the Department of Veterans Affairs (VA). And while there's

no question of a strong flow of government money for veterans, is it enough? Is it too much? Answering these questions is more complicated than it may seem. What is clear, however, is that the VA desperately needs to align its funding with the changing needs of its veterans. Read it here.

ICYMI: President Trump unveiled his newest federal budget by defaulting on the deal he made with Congress last summer. This break nullifies the deal and ensures his spending blueprint is dead on arrival on Capitol Hill. In a new RealClearDefense op-ed, **Mackenzie Eaglen** notes that while the budget might play well with Republicans, it could wind up hurting defense. The military has to restore and refresh its combat power as it rebuilds readiness and invests in technology. The current budget will not get there, however, and Congress will be exceedingly frustrated. Maybe the president's deal-busting ways can be turned into a net positive by negotiating a few more dollars for defense in 2021. Learn more here.

That's a wrap for this week! For more, you can:

Follow **@AEIfdp** on Twitter for up-to-the-minute updates
Read more at **www.aei.org/policy/foreign-and-defense-policy**
Tips? Comments? Questions? Email Allison Schwartz at **allison.schwartz@aei.org**.

American Enterprise Institute
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This message is for: (b)(6) **@va.gov** | **Manage Preferences** | **Unsubscribe**

From: (b)(6)
Sent: Mon, 24 Feb 2020 17:48:06 +0000
To: RLW
Subject: [EXTERNAL] FW: Trump economist: Coronavirus threatens growth, but health risk overstated

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From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Monday, February 24, 2020 11:06 AM
To: (b)(6) @riponsociety.org>
Subject: Trump economist: Coronavirus threatens growth, but health risk overstated

Trump economist: Coronavirus threatens growth, but health risk overstated

By Victoria Guida

02/24/2020 11:03 AM EST

President Donald Trump's chief economist, Tomas Philipson, said today the coronavirus outbreak poses a "real threat" to U.S. growth but added that the economy has been resilient in the face of much higher deaths from influenza.

Philipson, speaking at a conference hosted by the National Association for Business Economics, said the administration is taking a "wait-and-see approach" on the effects of the virus, saying that the health risks have been overstated.

"In terms of the public health impact on the economy, I think that's been exaggerated," he said. "If you look at seasonal influenza in the U.S., it kills roughly on average 40,000 Americans a year, so that's a big deal relative to the numbers we're talking for corona, that's killed two-and-a-half thousand worldwide so far."

"The economy's still resilient to that," he added. "That doesn't mean the economic effects from all the shutdowns in China won't have an impact here. It will. The question is, how large are those effects, and that's sort of where we're currently taking a wait and see approach."

His comments come as the Dow Jones Industrial Average plunged nearly 1,000 points, or about 3.4 percent, at its open today as the spread of the virus continues to worsen outside of China.

Philipson, who specializes in health care economics, said the administration has put in place "strict measures," including border control policies. He said Trump wants to avoid "what happened with the swine flu, which was 60 million Americans were infected at the time, in 2009."

To view online:
https://subscriber.politicopro.com/financial-services/whiteboard/2020/02/trump-economist-coronavirus-threatens-growth-but-health-risk-overstated-3976901

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This email was sent to (b)(6) @riponsociety.org by:
POLITICO, LLC
1000 Wilson Blvd.
Arlington, VA 22209
USA

From: Wilkie, Robert L., Jr.
Sent: Mon, 24 Feb 2020 21:34:54 +0000
To: RLW
Subject: FW: Final DEA Retro
Attachments: Chris DEA FINAL.xlsx, Caleb DEA Final.xlsx, Matt DEA FINAL.xlsx
Importance: High

From: Sandra Thornton
Sent: Monday, February 24, 2020 4:33:17 PM (UTC-05:00) Eastern Time (US & Canada)
To: Rasmussen, Deena L., VBAMUSK; Wilkie, Robert L., Jr.; Clark, Willie, VBAVACO; Bevins, Debi; VAVBAWAS/AMO/DIR; VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/COMMS; VA Accountability Team; VHA Client Services Response Team; Michael.Pence@mail.house.gov; Eric Trump; Donald J. Trump; Sandra Thornton
Cc: Hannity@foxnews.com; pkime@militarytimes.com
Subject: [EXTERNAL] Final DEA Retro

President Trump, Vice President Pence, and Secretary Wilkie,

1. The Federal VA BVA Judge AWARDED my retro pay for 3 past college dependents in April 2018 after VA disability at St Pete's shred my claim 12 years prior.

- I was "not" afforded timely adjudication for my 100% rating to include all of my 6 dependents, 3 of which went to college.
- **Per 38 U.S.C. Code 3531, Chapter 35, under the Educational Assistance Allowance, the Secretary shall, in accordance with the provisions of Chapter 35 of this title, pay to the PARENT of each eligible person who is pursing a program of education on behalf of such an eligible person, an educational assistance allowance to meet, in part, "the expenses of the eligible person's subsistence, tuition, fees, supplies, books, equipment, and other educational costs".**
- **"I paid for these 3 college dependents" because of the VA employee shredding my file, not the VA .**
- Thus, VA DEA at MUSKOGEE should **"not"** have any problem with my retro submitted informal request which was submitted within 1 month on NOD 5/2018 after the BVA Appeal decision 4/2018, **nor** should DEA have any issue 12 years after the fact with me filling out the official applications with "for" since this retro DEA pay is actually due to me since I paid for their colleges 2007-2013 (until age 26 and or termination of dependency statuses), **nor** should DEA expect to complete the normal DEA processing of these applications because this is retro from 2007-2013 due to VA employees breaking federal laws/VA standards, and lastly because after this 4/18 BVA decision/NOD 5/18 with 3 college students reported/seeing another government entity - the Department of Defense Verification letter dated 12/2017 - validating all these dependents continued as dependents due to college - St Petes VA disability handler of processing this retro did **not** advise me Florida Dept of Veteran Affairs to complete the DEA 22-5490, she instructed to complete VA 21-674 forms. Thus, **St Petes RO and Reno RO failed** yet

again...because under the Veteran's Claim Assistance Act (VCAA), 38 U.S.C. 5100, 5103a, 5106, 5107, 5126 have requirements to notify me - I found out by a Marine Veteran, lawyer, and who wrote your VA standards that St Petes was breaking federal law yet again.

- I continued to report to BVA May 2018 - Sep 2019, my retro pay was not correct for my retirement/all of my dependents. Within weeks Oct 2018, Panama City hit with Category 5, 165 MPH Hurricane Michael, we had nothing in Panama City - sleeping in my car on 2 machines, no phones or computers, gas, food, shelter, hospitals, etc.
- Jul 2019 and Sep 2019, I stated again - my retro was still not correct.
- I had Iraq/Afgh surgeries 6, 7, 8 plus 3 procedures and my recovery did not go well. I was bedridden 5-6 months with no comm.
- So, I still have no computer but the library is now up and running better so, I contacted Mr. Clark again in 2020...this is my 4th/final VA excels for retro pays (DEA and disability had to be separated I was just told and the VA computer is falsely reporting 52 repeat mthly disability payments between 7/2010 - 8/2014 which are false/still have not been removed off of my VA EBenefits files and or the VA had a rogue VA finance employee for 4 years).

2. Title 38, section 3680g, **the Secretary shall accept certification of DEA made by the Veteran**.
3. 38 USC, 501, **Secretary has the authority to carry out laws to include manner or form adjudication/awards** (Title 5, 552, 553, and Public Law 102-83)
4. **Federal laws and Case Precedence establish my entitlements/retro:**
38 USC 3500, 3501, 5113 Secretary has decision to award, 5100, 5102, 5103, 5103A, 5106, 5107 Veteran has benefit of the doubt, 5126, 501, 3511, 3512, 5113 P/T, formal/informal claims will be accepted, sought retro within 1 year (formal/informal), 3501
38 CFR 3.807, 3.102 in favor of Veteran, 3.159, 3.156, 3.326, 3.326a, 21.4135d, 21.1030 informal or formal application received, 21.1029, 21.3021 adj effective dates, 21.3020, 21, 21.3135 step parent, 21.4131, 20.302, 21.1033, 21.3030
VCAA requirements to notify
Title 5, 552, 553
Public Law 102-83, 106-419, 107-14, 107-330, 85-857, 106-475, 109-461 Section 3501, 114 Stat 2096, 114 Stat 1832,
CH 35, 24.3041, VA is to expedite payment
5 USC 610-612, Regulatory Flexibility Act
5 USC 553 delayed effective date
10 USC 21.4131, 21.3041
5. **These are ALL Retro cases won:**
THORNTON v VA (me 4/2018 - 12 years)
Sharp v Shiniski
Muskogee Cit NR 0814380, RO denied claim/then failed timely notices, Muskogee denied retro, BVA appeal won
US Court of Appeals Pelegrini v Principi RO denied eligibility, retro won
Miley v Principi, retro won
Hayre v Principi, retro won

Donovan v Gober, retro won
Fenderson v West, retro won
Buffalo VA Cit NR 0616803 RO did not notify until after 1 year, BVA appeal won
Valiao v Principi, reaffirmed RO should "not" attempt to change the boards decision (just as St Petes told me DEA did not apply because my dependents weren't currently in college, I pointed out this was "retro" and still I was told by VA St Pete's Precious was complete the 674 forms.
Bernard v Brown, appeal won, ABSENCE of notice - caused harmful error
Buffalo Cit NR 1333020, retro won
6. **My DEA Retro Pay is:**
For Chris $42,212
For Caleb $41,773
For Matt $33,648
Total: $117,633.00 RETRO DEA DUE TO ME (2007-2013 to age 26 and or dependence ended prior)_
7. It took 12 years waiting for justice.
8. It is now year 14 because St Petes did "not" follow the federal BVA judge's order.
9. President Trump and Secretary Wilkie, please direct DEA to authorize my 3 dependents retro back pay to me today since I paid for all of these dependents myself from 2007-2013.
10. Mr. Clark and Ms. Rasmussen, I would appreciate an update please on Secretary Wilkie waivering this normal process/honoring my earned benefits/entitlements by federal laws 14 years after the fact to retro me under the bizarre circumstances/since my case is supposed to be expedited. My records are correct unlike 52 duplicate/fake mthly disability pay posting on my VA EBenefits files 7/2010-8/2014. I am truly exhausted....this is the 4th time, I have had to rework this for the VA, **this is the final excels**. I am hurting, I will get my son to fax paper disability excels/this DEA excels documents to you tomorrow. I will confirm my appointment with the Secretary when I get online.
Thank you.
Respectfully,
MSgt Sandra Thornton
USAF 21 years
Iraq/Afgh
Terminally ill Wounded Warrior
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 2:33 PM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Sandra Thornton <angelsallaroundus@hotmail.com>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Donald J. Trump <contact@victory.donaldtrump.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <contact@victory.donaldtrump.com>

Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: DEA

President Trump, Vice President Pence, and Secretary Wilkie,

I have waited 5,100+ days (14 years) for my 1- 3 DEA dependents...Chris, Matt, and Caleb retro pay due to me and retro VA disability pay due to me because of St Pete's. And 1 year 10 mths, St Pete's not following the BVA just to combat code an item since 2015 rating/BVA appeal 4/18 decision.

Per US Code 38, Section 3531, CH 35, the Secretary of the VA directs the RETRO DEA to me because I was the parent/step parent and or guardian. I paid for these kids due to VA St Petersburg's employees breaking federal laws/VA standards. 551 U.S. at 665, Sect 1115 and Section 1114, SHARP v SHINSEKI and BROWN v. GARDNER, entitlements to additional compensation for dependents, proof submitted within 1 year it was, in favor of the Veteran, and VETERANS could be ARBITRARILY DISADVANTAGED based on DELAYS IN ADJUDICATION that are BEYOND THEIR CONTROL...like shredding/denying my dependents which got us here today.

I am officially requesting the Secretary of the VA to direct VA DEA to FOR GO the regular application process (which will NOT work in this situation of RETRO 14 years AFTER the fact) to accept my documents signed "FOR Chris, Matt, and Caleb" since I was the legal/entitled sponsor/parent/step parent since to retro pay is coming to ME for the lost benefits/entitlements which I paid for when the VA illegally shred my claim/repeatedly denied my dependents adds, since their was a divorce in 2013, etc. I have sent in DEA forms, Chris/Matt's transcripts (2 classes to add amend), DoD Verification, 674s, 21-686c, etc multiple times. I told the BVA judge 2 years ago, the VA will never do the right thing by me. I asked after going through hell with St Petes, bring common sense to fixing this 14 year retro...but, a billion dollar system who has the option to cut the red tape in other situations won't when you should. I ask you to accept my submitted forms, my this coming Monday excel document validating the exact pay for all 3 kids due to me, and just authorize paying me/let's end this part of the BVA decision, it has been almost 2 years for accurate retro by federal laws/court cases on record.

The VA has just requested $240.3 BILLION dollar budget this year and can use good judgement to finally help me after years of wrong doing.

You see, I lived my whole life serving and with core values. I served her honorably for over 21 years in DoD and served in the VA 6.5 years. I gave everything to this country and it was my honor but, what the VA has done here for 14 years is illegal and a disgrace. Your VA employees had a duty to not shred my claim and deny, not follow, and ignore...a duty.

In serving our nation, I ensured laws, standards, tried to educate, tried to correct, and if not I reported to leadership. When leadership ignored, let people die, and broke laws I went to Congress and the media.

I helped Military Times blow the whistle on the Department of Defense in Nov 2015 for purposedly keeping exposures out of deployment records (I discovered);

I came to DC with Lauren Price Nov 2013, met with the Chairman of Veteran Affairs Committee DOMA, met with Senator Rubio/Rep Bilirakis, took 50 YEARS of repeated VA IG reports of St Pete's breaking federal laws/VA failed standards which kicked off 2 years of televised hearings (we discovered);

I helped coordinate 50 states, House/Senate approved and President Obama signing the Airborne

Registry;

And I reported to Congress/the media the Secretary Shinseki Office directed a VA IT Office in DC across from the White House to tap 42 VA Whistleblowers in/outbound emails, etc in 2015 under SEC Internal Divert all because we tried to fix the VA/support what you say the VA stands for. You tracked us for reporting employees breaking laws/standards. And I should know, that screen shot was my VA computer screen.

So again, the VA here has to acknowledge this is a 14 YEAR RETRO to me case on my 3 dependents, every item on a current new DEA application cannot happen here, and you should all have a realize cutting red tape because of your employees breaking the laws, severely damaged me/broke me/my family, do your duty to complete the BVA Judge's order with common sense please.

These 3 DEA retro is due to me.
I was the sponsor/parent.
It is 14 years later.
I paid for all of them.
You have the DoD dependents validating college continued.
You have 2 boys transcripts too since 2017.
Since all 3 retros are repaying me per US Code 38, the VA DEA should accept my "for" forms, and authorize all 3 retros to me asap.

I am sending the excel word doc Mon for your records to help show you the amounts are accurate to proceed.

I will send excel word docs on 3 kids Monday. I would like to know by Tuesday if the Secretary is going to honor my request on how the DEA will proceed with this 14 year retro to me.

Thank you.
Respectfully
S. Thornton

Reminder#####
The DC VA still needs to explain WHY the VA posted "52 duplicate monthly disability payments in EBenefits on my name from 7/2010 - 8/2014. " I faxed the proof to you on 2/11/2020 fax to BVA. I have checked with other Veterans and theirs do not reflect duplicates...so this is not a computer glitch and I never received 52 extra mths disability pays. So, the DC VA needs an investigation - either you have a creative VA finance thief or someone in the VA was purposedly reflecting I was paid more than I was. I want a written explanation. Seeing that explains why you still haven't paid my regular retro VA disability pay yet from 5/2018.

From: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>
Sent: Friday, February 21, 2020 9:37:29 AM
To: Sandra Thornton <angelsallaroundus@hotmail.com>

Subject: RE: Your recent inquiry to VA

Dear Ms. Thornton,

After I sent you the email this morning, I was forwarded documents you sent with the inquiry which I was assigned.

No action can be taken on the applications for Caleb and Matthew since you signed them on behalf of your dependents who are over the age of 18. Your dependents will need to submit a signed VA Form 22-5490 requesting benefits under the Dependent's Educational Assistance program. Once VA receives their signed applications, a decision will be made as to the dependents' eligibility under this program.

Your dependents may also apply online at www.vets.gov<http://www.vets.gov> and submit a VA Form 22-5490 online. This is a secure website and the applications will be electronically transmitted to the VA.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 9:27 AM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/INQUIRY TEAM <INQUIRYTEAM.VBASPT@va.gov>; Tallerico, Kristina, VBAREN <Kristina.Tallerico@va.gov>
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: [EXTERNAL] Re: Your recent inquiry to VA
Importance: High

Ms. Rasmussen,

ALL my past dependents kids (this is RETRO 1/1/2007 to age 26) Chris Boe, Matt Boe, and now...thanks to the VA ex-step son Caleb Baty were faxed into the BVA 2/11/2020, 42 pages.

WHY you may ask since no one has filled you in?

1) St Pete's was found to have shred my 2006 claim, along with others.
2) Federal/State VA reps repeatedly denied entering my steps in as dependents.
3) It took 12 years (5,100+ days) of losing everything and STILL living in hell because of St Pete's BEFORE a BVA Judge apologized in 2/2018 hearing, 4/18 awarded RETRO back to 1/1/2]07 on VA pay, awarded ALL (6) past dependents, awarded US Code CH 35 on my 3 past dependents because 4 medical specialists 100% permanent and total, and I am terminally ill from Iraq/Afgh.
4. It is NOW 1 year, 9 months later, that I have been telling the White House, the VA Secretaries, the Undersecretary, BVA, St Petes, Reno, etc that I backpay is wrong.
You see, NO one has followed the federal BVA Judge's order completely.
Precious in St Petes told me, DEA didn't apply because I had no kids in college. Thus, the different reps handling my retro instructed me x 3 to complete the 674 forms (I attached the email traffic again yesterday) thus, not only has my VA disability pay, my minor dependents pay was wrong because VA reps were not inputting the data correctly, and because NO VA rep instructed me to do any DEA forms.
A Marine, Veteran, lawyer, who WROTE VA standards informed me these reps who handled my award have all NOT followed the federal Judge's order were in fact all breaking the law.
I have provided the DEA forms, 674 forms, DoD certification of dependents as minors and which verifies 3 continued IN COLLEGE dated 12/2017, my letters, transcripts on my 2 biological children, 1 and 2 excel word documents already on everything broken down.
The first excel 8/2018 was with 674 rates because VA instructed wrong and only to age 22, both wrong.
The second excel word docs 2/2020 after Marine Veteran lawyer who worked in DC informed me on DEA does apply until age 16.
And 2 days ago,
Ms. Manley nicely explained disability and DEA are 2 diff pots of monies so the issues have to be divided. My son and I stayed up on night Wed night dividing the two issues, correcting a couple of minor adds on my end, and correctly numerous major errors by St Petes, Reno, and UnderSecretary to ensure 1 last final and accurate break down so President Trump can direct the Secretary to end this now 14 year journey of St Petes hell.
I was exhausted yesterday being up all night doing this, I went through a CAT Hurricane in Oct 2018 so I have to go to the library to update the exel word documents with break down each year, month, dependents, my pay, what I should have been paid, and was IS due to me.
I wrote the President, etc and asked him to direct this 14 year RETRO DEA process be simplified since you have the forms, since the shredding of my file, I PAID for all these past dependents and under Sharp vs Schincki my case was not timely adjudicated, and federal law under 38 Series, Section 3150, CH 35, states the Secretary WILL PAY THE PARENT. Because of my terminal illness and lost my health, my job, my family to including my marriage and 3 steps in Sep 2013, my home, and living in a car on 2 machines repeatedly (thanks to the VA) my case has been expedited. The step son graduated UGA 5/2012, I dropped him as a dependent 4/2012 because he was self medicating on prescription medication, if you absolutely can't take my honor/honesty and Dept of Defense 12/17 letter verifying he continued as a dependent due to college, I will try to get his transcripts since this RETRO IS 6 YEARS LATE FOR HIM or someone with common sense can stop this extra red tape under these EXTRAORDINARY CIRCUMSTANCES OF JUSTICE 14 YEARS LATE due to VA employees breaking countless federal laws/standards.
I will finish this FINAL document to lay it out for you and Ms Manley by MONDAY to BVA fax #.

VA Disability RETRO STILL DUE TO ME...
$35,090.15

DEA TO ME...
CHRIS $42,212

CALEB $41,773
MATT $33,648 (I have 2 classes, age 25, to add to DEA form - I was sending update fax today and).

And because of VA broken laws and lies, DC has agreed all correspondence will be in writing on email. So if you have questions or clarification, please email me.

Note: I was in CH 31 Voc Rehab for a couple of years. I market no on kids forms because with this lower oxygen level, I honestly don't remember any thing for them. But, please double check me for any small monetary on my 2 biological kids Chris/Matt under CH 31 Ms. DEA because I don't want anything that is not accurate given to me.

Thank you
Sandra Thornton
USAF 21 yrs retired
Iraq/Afgh
Terminally ill Wounded Warrior

From: Rasmussen, Deena L., VBAMUSK
<deena.rasmussen@va.gov<mailto:deena.rasmussen@va.gov>>
Sent: Friday, February 21, 2020 7:29:20 AM
To: angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>
<angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>>
Subject: Your recent inquiry to VA

Dear Ms. Thornton,

I tried reaching you by phone several times. You did not answer and I was unable to leave a voicemail because the voice message box was full. This email is in response to your inquiry about your children's education benefits under the Dependents Educational Assistance (DEA) Program.

The evidence in your Compensation file shows you submitted multiple applications on a VA Form 21-686c, Application Request to Add And/Or Remove Dependents and VA Form 21-674 Report of School Attendance. These requests are not an application for Dependents Educational Assistance.
I could not locate a file or an application for education benefits for any of your children. Your children can apply for DEA at www.vets.gov<http://www.vets.gov> by completing a VA Form 22-5490, Application for Dependents Education Assistance Program. Applications completed at this website are electronically submitted to VA via a secure website.

If you have any questions, you may reach me at (918) 781-5743.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

Year/Mth	Chris age 20 DEA		
Year 2007			
Jul	Hurt in basic, Army dc		
Aug	DEA Dependent again	860	
Sep			860
Oct			881
Nov			881
Dec			881
Year 2008	**Chris age 21 DEA**		
Jan			881
Feb			881
Mar			881
Apr			881
May			881
Jun	Summer		
Jul	Summer		
Aug			881
Sep			881
Oct			915
Nov			915
Dec			915
Year 2009	**Chris age 22 DEA**		
Jan			915
Feb			915
Mar			915
Apr			915
May			915
Jun			915
Jul			915
Aug			915
Sep			915
Oct			925
Nov			925
Dec			925
Year 2010	**Chris age 23 DEA**		
Jan			925
Feb			925
Mar			925
Apr			925
May			925
Jun			925
Jul			925
Aug	In Aug grad Police Acad 925		
Year 2012	**Chris age 25 DEA**		
Jun		DEA 957	
Jul			957
Aug			957
Sep			957
Oct			987

Nov			987
Dec			987
Year 2013	**Chris age 25 still DEA**		
Jan		DEA 987	
Feb			987
Mar			987
Apr			987
May			987
Aug	Age 26		

TOTAL $42,212

Year/Mth	CALEB	
Year 2008		
Aug	DEA 881	
Sep		881
Oct		915
Nov		915
Dec		915
Year 2009	**Caleb DEA**	
Jan		915
Feb		915
Mar		915
Apr		915
May		915
Jun		915
Jul		915
Aug		915
Sep		915
Oct		925
Nov		925
Dec		925
Year 2010	**Caleb DEA**	
Jan		925
Feb		925
Mar		925
Apr		925
May		925
Jun		925
Jul		925
Aug		925
Sep		925
Oct		936
Nov		936
Dec		936
Year 2011	**Caleb DEA**	
Jan		936
Feb		936
Mar		936
Apr		936
May		936
Jun		936
Jul		936
Aug		936
Sep		936
Oct		957
Nov		957
Dec		957
Year 2012	**Caleb DEA**	

Jan		957
Feb		957
Mar		957
Apr		957
May	Dropped as DEP	
TOTAL $41,773		

Year/Mth	**MATT DEA**	
Year 2009		
May	Grad HS	
Jun	DEA 915	
Jul		915
Aug		915
Sep		915
Oct		925
Nov		925
Dec		925
Year 2010	**Matt DEA**	
Jan		925
Feb		925
Mar		925
Apr		925
May		925
Jun		925
Jul		925
Aug		925
Sep		925
Oct		936
Nov		936
Dec		936
Year 2011	**Matt DEA**	
Jan		936
Feb		936
Mar		936
Apr		936
May		936
Jun		936
Jul		936
Aug		936
Sep		936
Oct		957
Nov		957
Dec		957
Year 2012	**Matt DEA**	
Jan		957
Feb		957
Mar		957
Apr		957
May		957
TOTAL $33,648		

From: Wilkie, Robert L., Jr.
Sent: Mon, 24 Feb 2020 22:05:18 +0000
To: RLW
Subject: FW: What is this deposit?
Importance: High

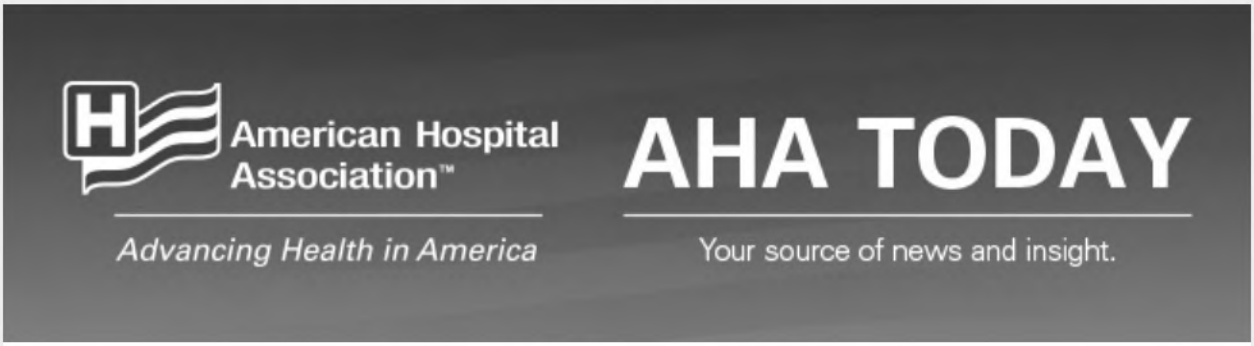
From: Sandra Thornton
Sent: Monday, February 24, 2020 5:03:49 PM (UTC-05:00) Eastern Time (US & Canada)
To: Clark, Willie, VBAVACO; Manley, Patricia, VBASPT; Rasmussen, Deena L., VBAMUSK; Sandra Thornton; VAVBAWAS/AMO/DIR; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/COMMS; Eric Trump; Donald J. Trump; Michael.Pence@mail.house.gov; Wilkie, Robert L., Jr.; Bevins, Debi
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] What is this deposit?

Mr. Clark,
Would you explain what this VACP 310 DESC XXVA Benefit deposit of $3,440.65 is? This is not accurate and not acceptable anymore. Fourteen years and can't even function due to exhaustion.
I have reported since 5/2018, your VA data is wrong, repeatedly corrected, made 4 excels with changes the VA needed and/or to correct the wrong information, using the paid amts, should be paid, and the differences. AND...reported the VA has posted 52 duplicate mthly payments from 7/2010 - 8/2014.
My retro retirement with spouse/minor children still due is $35,090.15.
My retro DEA pay is Chris $42,212; Matt $33,648; and Caleb $41,773.
I am coming to DC on March 9th to testify. I have requested a sit down meeting with the Secretary of the VA. And, I will also be doing media interviews so please advise on when I need to block my time to address this matter in person.
Please advise and thank you,
S. Thornton

From: Wilkie, Robert L., Jr.
Sent: Mon, 24 Feb 2020 22:11:41 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] WHO: Coronavirus not yet a Pandemic, but Preparing for it

From: AHA Today
Sent: Monday, February 24, 2020 4:36:22 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] WHO: Coronavirus not yet a Pandemic, but Preparing for it

Click here to access a web or mobile friendly version of the newsletter.



February 24, 2020 | www.aha.org/news

Chair File: Sharing Examples of How We Are Making Health Care More Affordable

One of our field's greatest strengths is not only our ability to innovate, but also our willingness to share our efforts so we can learn from each other to advance patient health.

Hospitals and health systems across the country are focused on creating new approaches and implementing creative solutions that drive value and improve care. They're approaching it from a variety of perspectives, including a redesign of the delivery system, managing risk and new payment models, improving quality and outcomes, and implementing operational solutions.

Some of the best work underway is captured in a recent summary from AHA's The Value Initiative. Our Members in Action series spotlights value-based strategies from 19 hospitals and health systems that are focusing on efforts to improve health care affordability.

The approaches highlighted in this resource run the gamut: from increased use of predictive analytics and telehealth, to reducing emergency department visits by having paramedics provide preventive care, to eliminating unnecessary blood transfusions and ensuring the appropriateness of all tests, procedures, treatments and medications. We also have on-demand webinars with more detailed information about all these initiatives that AHA members can use if they want to explore similar strategies. The best part, each example includes real results — including how these approaches improved outcomes, enhanced patient experiences or lowered costs.

At a time when Americans report increased anxiety over their ability to afford quality health care, these examples highlight just a few of the ways hospitals and health systems are leading efforts to advance affordability by transforming the way health care is delivered in our communities.

Melinda L. Estes, M.D.
AHA Chair

Today's Headlines

1. WHO: Novel coronavirus not yet a pandemic, but preparing for it
2. AHA: Article does not tell full story about hospitals' community investments
3. FDA releases first phase of online Purple Book database

See Full Stories Below

AHA's 2020
Carolyn Boone Lewis
Equity of Care Awards
Applications Now Available
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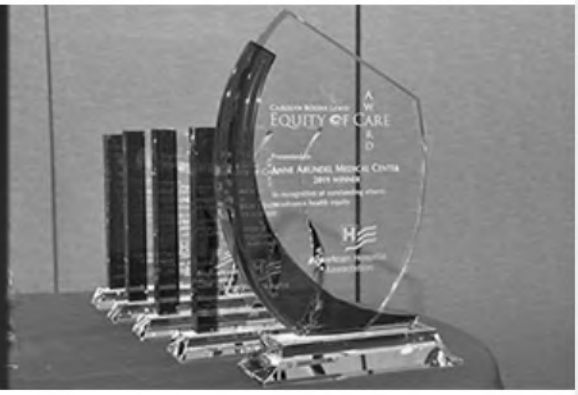

Today's Headlines Continued

1. WHO: Novel coronavirus not yet a pandemic, but preparing for it

The World Health Organization said today that for the time being it will not categorize the

novel coronavirus (COVID-19) outbreak a global pandemic, mainly because of the virus' contained spread and lack of large-scale severe disease and deaths. WHO emphasized that countries should prioritize protecting health workers and communities most at risk of severe disease, such as the elderly and those with underlying health conditions.

Global cases stand at over 79,000, with nearly 2,600 deaths, mostly in China. Along with rapidly growing cases in Italy, South Korea and Iran, Lebanon and Israel have confirmed COVID-19 patients, WHO said. The State Department and Centers for Disease Control and Prevention raised travel alert warnings to Level 2 (exercise increased caution) for Japan and South Korea.

CDC's Emerging Infectious Diseases journal today released a study showing potential presymptomatic transmission of SARS-CoV-2, the virus that causes COVID-19. According to the South China Morning Post, Chinese authorities are requiring a 14-day quarantine after patients recover because some recovered and released patients in Wuhan, China, tested positive for the virus.

To learn more about the novel coronavirus, join these upcoming webinars:

- CDC webinar, with the American Health Lawyers Association and Association of Healthcare Emergency Preparedness Professionals, Feb. 25 at 1:30 p.m. ET on COVID-19 and health care provider legal preparedness. Register here.
- National Ebola Training and Education Center and Office of the Assistant Secretary for Preparedness and Response webinar on highly pathogenic infectious disease training March 5 at 1:30 p.m. ET. Register here.

For the latest information and resources, visit AHA's coronavirus webpage.

2. AHA: Article does not tell full story about hospitals' community investments

"The recent Modern Healthcare article 'Top not-for-profit hospitals offer less charity care, study finds,' does not tell the full story of how hospitals and health systems improve community health," writes AHA President and CEO Rick Pollack in a letter to the editor published Saturday. "It also fails to mention the resources dedicated to caring for patients who do not have the ability to pay. The American Hospital Association's latest publicly available report shows hospitals and health systems spent $41.3 billion on uncompensated care in 2018. Moreover, hospital and health systems' commitment goes far beyond the four walls. According to a 2019 analysis, tax-exempt hospitals provided $95 billion in total benefits to their communities in 2016 alone — outweighing the $9 billion value of their tax exemption by a factor of nearly 11 to 1."

3. FDA releases first phase of online Purple Book database

The Food and Drug Administration today released the first phase of its searchable Purple Book database, which includes all FDA-approved biosimilar and interchangeable products. Subsequent releases will expand the database to include all FDA-approved biological

products, currently available only in a table format.

www.aha.org (800) 424-4301 news@aha.org Upcoming Events

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800 10th Street, NW, Suite 400, Washington, DC 20001

From: (b)(6)
Sent: Tue, 25 Feb 2020 13:54:07 +0000
To: (b)(6) (b)(6) @verizon.net)
Cc: RLW
Subject: [EXTERNAL] RE: April 2

Hi, (b)(6)

I am in town and don't currently have a conflict. Thank you for keeping me posted.

Best,

(b)(6)

(b)(6)
Special Assistant
The Ripon Society
1155 15th Street, NW
Suite 550
Washington, DC 20005
(202) 216-(b)(6)
(b)(6) @riponsociety.org

From: (b)(6) @va.gov>
Sent: Tuesday, February 25, 2020 8:41 AM
To: (b)(6) (6) @riponsociety.org> (b)(6) @verizon.net) < (b)(6) @verizon.net>
Cc: RLW (b)(6) @va.gov>
Subject: April 2

Hello Mrs (b)(6) - We are planning an event on April 2nd regarding our PREVENTS week launch. On April 2 – you are invited to attend an event with Second Lady Mrs. Pence. I don't have a lot of details – but this is what I know:

April 2April 2	Launch of the PREVENTS Ambassadors Program Showcase of art as a powerful tool for healing emotional suffering.	Creative Forces at the Walter Reed Intrepid Center at 11:00	• Second Lady Karen Pence • Mrs. (b)(6) • SG (b)(6) • Barbara Van Dahlen • Graduates of Creative Forces • Cheryl Mason • Other Ambassadors • (b)(6) Chairman of the National Endowment for the Arts	• VSOs and MSOs • Participants in Creative Forces • PREVENTS Ambassadors	NICoE is available on April 2. Karen meeting with NICoE on March 12 on logistics.

I will keep you posted as the details become available. Thank you!

(b)(6)

From: Wilkie, Robert L., Jr.
Sent: Tue, 25 Feb 2020 20:16:21 +0000
To: RLW
Subject: FW: What is this deposit?
Importance: High

From: Sandra Thornton
Sent: Tuesday, February 25, 2020 3:15:46 PM (UTC-05:00) Eastern Time (US & Canada)
To: Clark, Willie, VBAVACO; Manley, Patricia, VBASPT; Rasmussen, Deena L., VBAMUSK; VAVBAWAS/AMO/DIR; VAVBAWAS/CO/Office of the USB VBA; VA Accountability Team; VAVBAWAS/AMO/COMMS; Eric Trump; Donald J. Trump; Michael.Pence@mail.house.gov; Wilkie, Robert L., Jr.; Bevins, Debi
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Re: What is this deposit?

Mr Clark,

1. Well, I have DISCOVERED the problem reviewing old VA emails and my VA Voc Rehab files.

The VA has those 49 (not 52) duplicate payments marked wrong in Ebenefits and THUS, your VA tallies are still wrong. Every duplicate between "Jul 2010 - Jul 2014 have to have been my VA Vocational Rehab stipend pay which the VA has these payments posted as "VA Compensation and Pension" and they are not. These 49 duplicates total to $76,144.48 which was my stipend for "Masters Level of Classes, my spouse during this time 7/10-9/13, and 1 dependent Matthew since the VA kept saying steps didn't count."

2. Jan 1, 2007, was my retirement.

3. I paid for my classes at GCCC Jan - May 2007 myself because I didn't have a VA rating until Mar 2007.

4. May 2007, I contacted and drove to Ft Walton VA Vocational Rehab Office. I met with a male counselor, I don't remember his name. For 1.5 mths, I supplied every document 3 times to start CH 31. However, this counselor wasn't doing his job, he wasn't inputting my paperwork, he was cancelling appts, and hitting on young girls/eating lunch during our scheduled appt times. I asked him the status because I was running out of savings, he said he needed more documents, I reminded him he had them, I asked for a supervisor, and he denied my CH 31 stating he didn't have my complete application. I called the DC OIF/OEF office and reported him/his behavior. DC called FL, FL called me and offered another counselor in that 2 person office- I said no. FL offered AL Voc Rehab office, I said fine. If it had not been for Mr. Mace Reeves, I don't know what I would have done at that time. Mace called, apologized, and I said I know that was just 1 person, I don't want to bother anyone, I just need to go to college to get a job in MH on the outside. Mace retro paid GCCC for my earlier 2007 classes/books. I was grateful.

I was in VA Vocational Rehabilitation Chapter 31 Voc Rehab in 1/2007 - 12/2008, the VA paid for my college classes/books. During those 2 years, I did "not" receive any VA Vocational Rehabilitation CH 31 stipend for me or any dependent". I finished my BS in Psychology at Troy and my Gen AA at GCCC in 12/08.

6/2010, I started FSU MSW program (thus 7/2010 first duplicate mthly pay posted on Ebenefits however the VA has them appear in the VA computer system as...comp & pen but they are "not" and should "not" throw off the VA employees on properly figuring my disability, spouse, and minor dependents retro to 1/1/2007. And, CH 31 provided a small stipend for supplies, etc.

Mid Oct 2011, I gave FSU, Voc Rehab, my notice to drop because with my oxygen level, ER runs, I couldn't maintain. FSU didn't process my medical drop until Dec. Nov 2011, the VA gave me 8-9 months to live and denied referrals out to 3 national specialists. Once FSU processed drop, CH 31 Voc Rehab moved me into employment/support under CH 31 during 2012-2013. I filed 2 Congressionals and finally got to Vanderbilt lung specialist who found VA had me on wrong medication, too high dose, and said I would die in surgery. I lost my spouse/steps 9/2013. I notified VA disability in Sep 2013, I had divorce but it took 1.5 years to stop the extra pay, which I repaid VA disability in 10/15. 10/2013, I notified Mace I had applied to reenter FSU MSW. Living on 2 machines Oct 2013, I applied back to FSU MSW program to finish my life dream, I was accepted in Dec 2013 and started back Jan 2014 masters level classes through spring and summer. However on my 2 last MSW classes and final internship, I didn't return 8/2014, (that's why last duplicate pay is 7/2014). With my oxygen level, I could no longer remember what I had read to test and...no one wanted to give me an internship in the community working in MH because housekeepers using windex, people with colds, perfume, etc, crashes my immune system and send me to the ER for oxygen. 8/2014, I went to Vanderbilt to request a lung transplant but I was not a candidate. 2 civilian specialists determined 100% and I lost my job 11/2015. VA Voc Rehab moved me to Independent Living and I was thankful to laptop to communicate with the outside world. I lost it in Hurricane Michael 10/2018.

Note: VA Debt Mgt for Education sent me a ltr and wanted $1,447.39 for 10/2011 medical drop due to my lungs. Mace/I wrote poc Jack regarding the situation and the debt was waivered.

5. Here are the duplicates which need marked as my CH 31 Voc Rehab between 7/2010 - 7/2014...not comp and pen disability money.
The VA needs to go in, mark these old duplicates in EBENEFITS as VA Voc Rehab Stipend for my Masters level classes.

2010
Jul 1
Jul 30
Sep 1
Oct 1
Nov 1
Dec 1
Dec 30
7 x $1,064
= $7,448

2011
Feb 1
Mar 1
Apr 1
Jun 1
Jul 1
Aug 1
Sep 1
Sep 30
Nov 1
Dec 1
Dec 30
11 x $1,064
1 x $1102
= $12,806

2012
Feb 1
Mar 1
Mar 30

May 1
Jun 1
Jun 29
Aug 1
Aug 31
Oct 1
Nov 1
Nov 30
Dec 31
11 x $1102
1 x $1120
= $13,242

2013
Feb 1
Mar 1
Apr 1
May 1
May 31
Jul 1
Aug 1
Aug 30
Oct 1
Nov 1
Nov 29
Dec 31 (Dec 1, lungs 100%/SMC)
3 x $1120
4 x $1402
1 x $1258
1 × $2618
2 × $3273
1 x $3322.64
= $22,712.64

2014
Jan 31
Feb 28
Apr 1
May 1
May 30
Jul 1
Aug 1
7 x $3322.64
= $23,258.48

2010...$7,448
2011...$12,806
2012...$13,242
2013...$22,712.64
2014...$19,935.82
CH 31 Stipend, FSU Masters Level Classes = $76,144.48

6. VA disability, Ms Manley, my final VA retro disability left is: $35,090.15 as of last Friday.

7. CH 31 Voc Rehab
I found, I was not paid "any stipend 1/07 - 12/08" under CH 31, was I due that? And if so, are you retro as 100%

with BVA effective appeal date of 1/1/2007? I was entitled to my stipend pay during that time frame under CH 31 correct (Do...not add any dependents under retro since they are under VA DEA retro now - no duplications)?

8. CH 35 DEA Retro to Me

As I told you to double check my Voc Rehab records because I couldn't remember.

I see now, under my Voc Rehab CH 31 Masters Level Classes/Voc Rehab Employment/Support ran Jul 2010 - 7/2014.

###FOR your DEA dependent 18-26 kids between that time frame...for you to figure the dependent difference between CH 31 then and now DEA:

It appears CH 31 stipend 7/2010 - 7/2014 added:

Jul 2010 and Aug 2010 - only Chris & Matt
Sep 2010-May 2012, Matt

You have application on Chris, Caleb, and Matt dates, and locations.

Chris DEA due to me was $42,212. I expect you to substract any extra CH 31 Jul 2010 and Aug 2010 dependent stipend for him. So, it should be about $100-400 off $42,212 above, is that correct?

Caleb DEA due to me still stays at $41,773 because the VA never allowed any steps to be uploaded as my dep before BVA decision.

Matt DEA due to me was $33,648. I expect you to subtract any extra CH 31 Jul 2010 - May 2012 dependent stipend for him. That is 22 months so, I expect around $2,000 off $33,648 above, am I correct?

9. I have cleared up:

A) VA posted VA Voc Rehab payments in 2010 - 2014 posted as comp/pen when it is CH 31 Voc Rehab. Correct please, it is inferring with final VA disability retro - Ms Manley #1 # 5 - 6 above

B) CH 31, please advise on #7 above

C) DEA Ms Rasmussen the specifics are under #8 above

Please advise Sir.

Respectfully
S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, February 24, 2020 4:03:49 PM
To: Willie.Clark@va.gov <Willie.Clark@va.gov>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <contact@victory.donaldtrump.com>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; Bevins, Debi <debi.bevins@va.gov>
Cc: pkime@militarytimes.com <pkime@militarytimes.com>; Hannity@foxnews.com <Hannity@foxnews.com>
Subject: What is this deposit?

Mr. Clark,

Would you explain what this VACP 310 DESC XXVA Benefit deposit of $3,440.65 is? This is not accurate and not acceptable anymore. Fourteen years and can't even function due to exhaustion.

I have reported since 5/2018, your VA data is wrong, repeatedly corrected, made 4 excels with changes the VA needed and/or to correct the wrong information, using the paid amts, should be paid, and the differences. AND...reported the VA has posted 52 duplicate mthly payments from 7/2010 - 8/2014.

My retro retirement with spouse/minor children still due is $35,090.15.
My retro DEA pay is Chris $42,212; Matt $33,648; and Caleb $41,773.

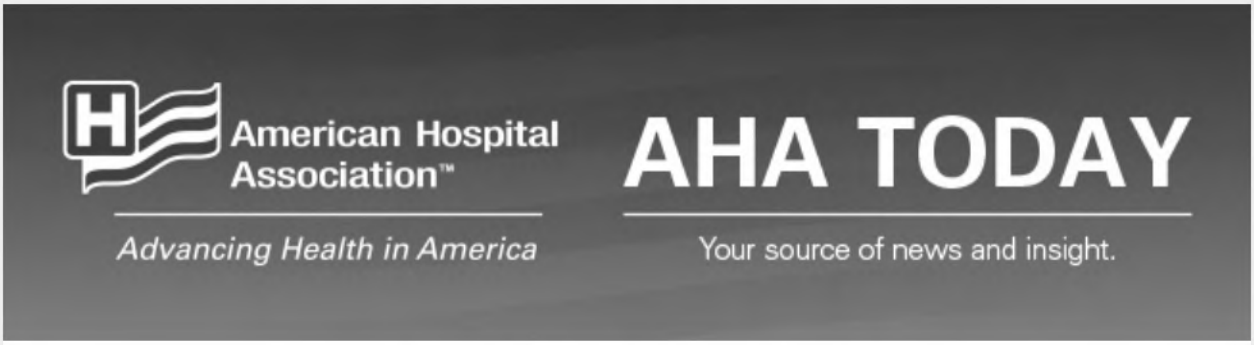
I am coming to DC on March 9th to testify. I have requested a sit down meeting with the Secretary of the VA. And, I will also be doing media interviews so please advise on when I need to block my time to address this matter in person.

Please advise and thank you,
S. Thornton

From: Wilkie, Robert L., Jr.
Sent: Tue, 25 Feb 2020 22:37:39 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] CDC: Coronavirus Spread in U.S. is Inevitable

From: AHA Today
Sent: Tuesday, February 25, 2020 5:23:09 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] CDC: Coronavirus Spread in U.S. is Inevitable

Click here to access a web or mobile friendly version of the newsletter.



February 25, 2020 | www.aha.org/news

Today's Headlines

1. Coronavirus spread in U.S. is inevitable, CDC official says
2. Drugmaker agrees to settle opioid litigation for $1.6 billion
3. FDA approves first generic inhaler to treat bronchospasms
4. FTC commissioner clarifies remarks on challenging hospital mergers

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Insights & Analysis

Health system uses AI to automate professional licensure

As part of a recently released workforce TrendWatch, AHA highlights Boston-based Partners HealthCare's use of artificial intelligence to verify and update more than 28,000 of its employees licenses. Read more in this case study.

AHA Market Scan: AHA strategic fund to invest in health innovation

The latest edition of Market Scan — a newsletter from AHA's Center for Health Innovation — looks at a new $50 million venture capital fund designed to help provider organizations transform care delivery; and Snapchat entering the world of behavioral health care. Read more.

Today's Headlines Continued

1. Coronavirus spread in U.S. is inevitable, CDC official says

The novel coronavirus (COVID-19) will spread in the U.S., and hospitals, communities and individuals should ramp up their preparedness efforts, Nancy Messonnier, M.D., director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases said today. "It's not a question of if but rather a question of when and how many people in this country will have severe illness."

Communities must implement non-pharmaceutical interventions, or community mitigation measures, to slow the spread of COVID-19, Messonnier said. She emphasized that a COVID-19 pandemic would cause major disruptions to people's lives and that hospitals may need to add telehealth options and delay elective surgeries.

CDC plans to release community mitigation guidelines for the outbreak, including personal, community and environmental non-pharmaceutical interventions that will build on its 2017 guidelines for preventing pandemic influenza.

The National Institutes of Health today announced a clinical trial that will evaluate the safety and effectiveness of the investigational antiviral drug remdesivir to treat COVID-19 in adult patients at the University of Nebraska Medical Center.

State and local labs Monday asked that the Food and Drug Administration allow them to create their own SARS-CoV-2 tests due to issues with a test kit developed by CDC. Twelve labs across the country have a properly working test, and CDC hopes to send new kits to states soon.

The White House Office of Management and Budget yesterday sent Congress a $2.5 billion supplemental budget request for novel coronavirus preparedness and response, including therapeutics, vaccines, personal protective equipment, state and local support, and surveillance, Health and Human Services Secretary Alex Azar told Senate appropriators today.

For the latest information and resources, visit AHA's coronavirus webpage.

2. Drugmaker agrees to settle opioid litigation for $1.6 billion

Mallinckrodt Pharmaceuticals today announced an agreement in principle on a settlement to resolve all opioid-related claims against the company in multidistrict litigation against drug makers and others over their alleged role in the opioid crisis. The company said 47 state and territorial attorneys general support the agreement, in which its specialty generics subsidiaries would file for Chapter 11 bankruptcy. Under the proposed settlement, subject to court approval and other conditions, Mallinckrodt would pay $1.6 billion in structured payments after the subsidiaries emerged from Chapter 11, the majority going to a trust that would in part cover the costs of opioid addiction treatment and related efforts, the company said.

3. FDA approves first generic inhaler to treat bronchospasms

The Food and Drug Administration today approved the first generic albuterol sulfate inhaler to treat and prevent bronchospasms in patients with asthma or reversible obstructive airway disease. "Metered dose inhalers like these are known as complex generics, which are traditionally harder to copy because of their complex formulation or mode of delivery," said FDA Commissioner Stephen Hahn, M.D. "As a result, too many complex drugs lack generic competition even after patents and exclusivities no longer block generic approval. Supporting development and approval of generic copies of these complex medicines so that these products can get to patients has been a major focus of our efforts to improve

competition and access and to lower drug prices."

4. FTC commissioner clarifies remarks on challenging hospital mergers

Federal Trade Commissioner Christine Wilson yesterday clarified remarks published in certain publications last month that quoted her saying the agency will challenge every hospital merger in the pipeline. "I said the FTC will closely scrutinize every #hospital merger, *not* that the FTC will challenge every one," Wilson posted on Twitter yesterday.

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news@aha.org

Upcoming Events

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800 10th Street, NW, Suite 400, Washington, DC 20001

From: RLW
Sent: Wed, 26 Feb 2020 16:42:26 +0000
To: (b)(6)
Cc:
Subject: RE: Invitation: Launch of Art Therapy Artwork Exhibit to be Displayed at the Kennedy Center - March 16

Certainly

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Wednesday, Feb 26, 2020, 11:31 AM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: FW: Invitation: Launch of Art Therapy Artwork Exhibit to be Displayed at the Kennedy Center - March 16

Sir,
I've just heard from the Second Lady's office and they've noted that they can include you in the speaking portion of the event that will be open to the press. Is that something you'd like to do?

(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Wednesday, February 26, 2020 12:34 AM
Subject: [EXTERNAL] Invitation: Launch of Art Therapy Artwork Exhibit to be Displayed at the Kennedy Center - March 16

Good Evening,

In celebration of Creative Arts Therapies week, Second Lady Karen Pence requests the pleasure of your company at the launch of a special exhibit of service member and veteran art therapy artwork to be displayed at the Kennedy Center to recognize the healing power of creative arts therapies and the artwork of service members and veterans who have participated in Creative Forces: NEA Military Healing Arts Network. The Second Lady will unveil the exhibit on

Monday, March 16, at **3:00 PM** at the Welcome Pavilion located at the REACH at the Kennedy Center.

Kindly RSVP to (b)(6) [redacted] @ovp.eop.gov no later than Monday, March 9.

Sincerely,
The Office of the Second Lady

From: RLW
Sent: Wed, 26 Feb 2020 14:47:56 +0000
To: RLW
Subject: REMARKS: Launch of Art Therapy Artwork Exhibit
Attachments: [EXTERNAL] Invitation: Launch of Art Therapy Artwork Exhibit to be Displayed at the Kennedy Center - March 16 , RE: Dr. (b)(6) Email/Invite for Sec. and Mrs. (b)(6)

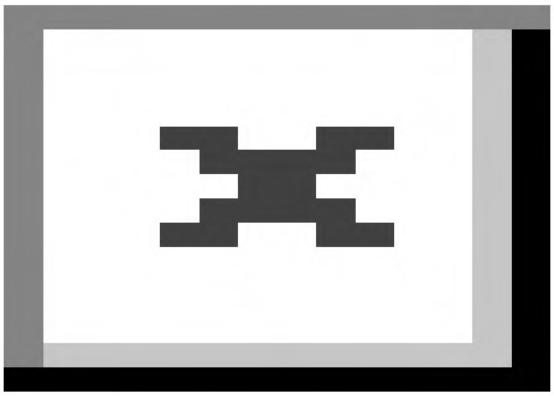
From: (b)(6) EOP/OVP
Sent: Wed, 26 Feb 2020 05:33:52 +0000
To: Undisclosed recipients:
Subject: [EXTERNAL] Invitation: Launch of Art Therapy Artwork Exhibit to be Displayed at the Kennedy Center - March 16

Good Evening,

In celebration of Creative Arts Therapies week, Second Lady Karen Pence requests the pleasure of your company at the launch of a special exhibit of service member and veteran art therapy artwork to be displayed at the Kennedy Center to recognize the healing power of creative arts therapies and the artwork of service members and veterans who have participated in Creative Forces: NEA Military Healing Arts Network. The Second Lady will unveil the exhibit on **Monday, March 16,** at **3:00 PM** at the Welcome Pavilion located at the REACH at the Kennedy Center.

Kindly RSVP to (b)(6) @ovp.eop.gov no later than Monday, March 9.

Sincerely,
The Office of the Second Lady



From: (b)(6)
Sent: Wed, 26 Feb 2020 16:48:34 +0000
To: (b)(6) OP/OVP
Cc:
Subject: RE: Dr. (b)(6) Email/Invite for Sec. and Mrs. (b)(6)

(b)(6)

Thanks for your e-mail. Yes, we did receive the invite and have already accepted for the Secretary & Mrs. (b)(6) Secretary Wilkie would be happy to speak at the event. Many thanks for the opportunity. I hope it's ok to reach back out to you closer to the event for some logistical/run of show information? In the meantime, who is a good POC for our speech writer to reach out to?

Here is information for Dr. (b)(6) Acting Director, Suicide Prevention Program, can be reached at 202-876-(b)(6) or by e-mail at (b)(6) @va.gov.

Hope you have a great day.
(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Wednesday, February 26, 2020 11:04 AM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] Dr. (b)(6) Email/Invite for Sec. and Mrs. (b)(6)

Good morning (b)(6)

Could you please share an email address for Dr. (b)(6)

Additionally, I wanted to flag that I hope you received the attached invitation for Secretary and Mrs. (b)(6) On March 16, Mrs. Pence will hold an event to unveil an exhibit of artwork veterans and service members have made through the Creative Forces program. If the Secretary is able to attend the event, we of course can work to include him in the speaking portion of the event that will be open to the press.

Please let me know if you have any questions about the event.

Thank you,

(b)(6)
Office of the Second Lady
202-881-(b)(6)

From: Wilkie, Robert L., Jr.
Sent: Wed, 26 Feb 2020 20:33:57 +0000
To: RLW
Subject: FW: Secretary Wilkie Appointment Request
Attachments: 20200226_141157.jpg

From: Sandra Thornton
Sent: Wednesday, February 26, 2020 3:33:08 PM (UTC-05:00) Eastern Time (US & Canada)
To: VAVBAWAS/CO/Office of the USB VBA; Wilkie, Robert L., Jr.; VAVBAWAS/AMO/DIR; VAVBAWAS/AMO/COMMS; VA Accountability Team; VHA Client Services Response Team; Eric Trump; Donald J. Trump; The White House; Clark, Willie, VBAVACO; Bevins, Debi; Manley, Patricia, VBASPT; Rasmussen, Deena L., VBAMUSK; Michael.Pence@mail.house.gov
Cc: pkime@militarytimes.com; Hannity@foxnews.com; Benjamin Krause
Subject: [EXTERNAL] Re: Secretary Wilkie Appointment Request

Let the record show...this 21 year USAF Veteran, terminally ill from Iraq/Afgh, Wounded Warrior, who has waited 12 years for justice, and now 14 years for retro disability/DEA pay, still did the honorable thing by requesting to meet to resolve before these chronic issues but was denied time. I will address at higher levels. Thank you for your consideration, S. Thornton
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Wednesday, February 26, 2020 12:01:00 PM
To: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>
Subject: Secretary Wilkie Appointment Request

Dear Secretary Wilkie,

I am coming to DC to testify March 10/11.

I have not been able to locate a phone number to you without calling the White House Hotline or the VA -1000 number.

I am requesting an appointment to sit down with you on March 10 and or 11 in the afternoon please.

I will be also be setting an appointment up with the Chairman of Veteran Affairs, etc. to address and resolve these VA disability/DEA retro issues.

Please have you assistant call me to coordinate 850-814-5105.

Thank you for your service.

Respectfully,
MSgt Sandra Thornton
USAF 21 years
Iraq/Afgh
Terminally ill Wounded Warrior

From: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>
Sent: Thursday, February 13, 2020 6:24:27 AM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: Payment Concerns (SF 02436114 AW)

Ms. Thornton,

Thank you for contacting the Department of Veterans Affairs Under Secretary for Benefits and allowing us to address your concern. Your email correspondence was referred to the Office of Client Relations for assistance.

The concern with your payment history, which includes questions about entitlement to retroactive Dependents' Educational Assistance (DEA) reimbursement is acknowledged. An inquiry has been sent to your Regional Office and the Education hub requesting further review. Please allow time for their review to be conducted.

In the interim, any additional concerns may be submitted to this email address, referencing the case number in the subject line.

Please know your concern is being reviewed and will be addressed in further detail the near future.

Thank you for your service; we hope this information is helpful as it is our goal to assist you.

Department of Veterans Affairs
Veterans Benefits Administration
Office of Client Relations

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SECVA Inquiry <secvainquiry@va.gov

Wed 2/26/2020 1:30 PM

Inbox

To: angelsallaroundus@hotmail.co...

Evernote

Ms. Thornton,

The Office of the VA Secretary has received your request to personally engage with the Secretary regarding your concerns. The Secretary has reviewed your inquiry, but unfortunately, his schedule does not permit him to honor every request. Thank you for contacting the Office of the Secretary.

**Please note that this email address does not accept replies.

Office of the Secretary
Department of Veterans Affairs
810 Vermont Ave NW

SECVA Inquiry <secvainquiry@va.gov

Wed 2/26/2020 1:30 PM

Inbox

To: angelsallaroundus@hotmail.co...

Evernote

Ms. Thornton,

The Office of the VA Secretary has received your request to personally engage with the Secretary regarding your concerns. The Secretary has reviewed your inquiry, but unfortunately, his schedule does not permit him to honor every request. Thank you for contacting the Office of the Secretary.

**Please note that this email address does not accept replies.

Office of the Secretary
Department of Veterans Affairs
810 Vermont Ave NW

From: Wilkie, Robert L., Jr.
Sent: Thu, 27 Feb 2020 17:18:31 +0000
To: RLW
Subject: FW: Novel Corona Virus

From: (b)(6)
Sent: Thursday, February 27, 2020 12:18:30 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: Novel Corona Virus

Good Morning Mr. Wilkie,

It's an honor and a privilege to be working at the VA and serving our nations veterans (and also the proud daughter of a U.S. Marine and Korean Conflict Veteran). I have proudly been with the VA for over 33 years.

I am writing today regarding the spread of the Corona virus. It seems that it is taking over the news and we need to take it seriously. We have been told it's not if, but when it hits we should expect total disruption of our lives as we know it.

I have concerns regarding our health as health care workers. If we can't get the proper masks we need, we are in serious danger. In addition, I am the care giver to my mom and her sister (and I am an only child), so I want to be healthy at work and getting home and back to work. Those of us work at VA's have to be out when we travel back and forth, shop or fill our vehicles with gasoline. Paper masks won't do it. My aunt is a retired nurse and at her urging I went on line to secure N95 disposable masks should she need to see a physician for her health issues if things get bad or my mother, and for myself – you can't get them.

My question for you sir, can you help us as employees and our families (if they get sick we can't care for the veterans who need us) – and help us also secure the masks we could potentially need should/when this happens? I didn't know who else to write, and many of us have the very same concern. We NEED to stay healthy to care for those who aren't. Keeping our family healthy if we have to take them out would only benefit us as well. I am going talking about the VA purchasing the masks – I am talking about figuring out a way for hospital workers to be able to purchase masks through vendors so we can stay healthy.

So much information has come out it's tremendously confusing. I just want to keep the employees healthy so we can take care of our veterans who gave everything they had so we have the very freedom we cherish today.

Respectfully submitted,

(b)(6)

Medical Laboratory Technician, ASCP
1 Veterans Drive
Minneapolis, MN 55417

Tele: 612-467(b)(6)
Fax: 612-727(b)(6)

From: Wilkie, Robert L., Jr.
Sent: Thu, 27 Feb 2020 19:45:06 +0000
To: RLW
Subject: FW: Secretary Wilkie Appointment Request

From: Sandra Thornton
Sent: Thursday, February 27, 2020 2:32:53 PM (UTC-05:00) Eastern Time (US & Canada)
To: VAVBAWAS/CO/Office of the USB VBA; Wilkie, Robert L., Jr.; VAVBAWAS/AMO/DIR; VAVBAWAS/AMO/COMMS; VA Accountability Team; VHA Client Services Response Team; Eric Trump; Donald J. Trump; The White House; Clark, Willie, VBAVACO; Bevins, Debi; Manley, Patricia, VBASPT; Rasmussen, Deena L., VBAMUSK; Michael.Pence@mail.house.gov
Subject: [EXTERNAL] Re: Secretary Wilkie Appointment Request

My prayers were answered today! A major news outlet has agreed to run my story.

Taxpayers vote for Congress, who approve enact laws which govern the VA, the VA whose budget is from Congress for adhering to federal laws/standards, sometimes folks get too busy and forget who we work for in life and what purpose our federal agencies were only created to serve. Violations of federal laws and court precedence and standards doesn't not go over well. I requested an appointment so, I could speak to identify and resolve these chronic issues which only come from the top understanding 14 year retro after employees shredding is the right thing to do to waiver everyday procedures to complete the federal judge's orders...refusal to do that continues the pattern of violating federal laws, reinforcing deny until you die, and reaffirms VA statistical data on refusing female Veterans the same benefits/entitlements given to male Veterans immediately.

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Wednesday, February 26, 2020 2:33:08 PM
To: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>
Cc: pkime@militarytimes.com <pkime@militarytimes.com>; Hannity@foxnews.com <Hannity@foxnews.com>; Benjamin Krause <krause@armopress.com>
Subject: Re: Secretary Wilkie Appointment Request

Let the record show...this 21 year USAF Veteran, terminally ill from Iraq/Afgh, Wounded Warrior, who has waited 12 years for justice, and now 14 years for retro disability/DEA pay, still did the honorable thing by requesting to meet to resolve before these chronic issues but was denied time. I will address at higher levels. Thank you for your consideration, S. Thornton

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Wednesday, February 26, 2020 12:01:00 PM
To: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>
Subject: Secretary Wilkie Appointment Request

Dear Secretary Wilkie,

I am coming to DC to testify March 10/11.

I have not been able to locate a phone number to you without calling the White House Hotline or the VA -1000 number.

I am requesting an appointment to sit down with you on March 10 and or 11 in the afternoon please.

I will be also be setting an appointment up with the Chairman of Veteran Affairs, etc. to address and resolve these VA disability/DEA retro issues.

Please have you assistant call me to coordinate 850-814-5105.

Thank you for your service.

Respectfully,
MSgt Sandra Thornton
USAF 21 years
Iraq/Afgh
Terminally ill Wounded Warrior

From: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>
Sent: Thursday, February 13, 2020 6:24:27 AM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: Payment Concerns (SF 02436114 AW)

Ms. Thornton,

Thank you for contacting the Department of Veterans Affairs Under Secretary for Benefits and allowing us to address your concern. Your email correspondence was referred to the Office of Client Relations for assistance.

The concern with your payment history, which includes questions about entitlement to retroactive Dependents' Educational Assistance (DEA) reimbursement is acknowledged. An inquiry has been sent to your Regional Office and the Education hub requesting further review. Please allow time for their review to be conducted.

In the interim, any additional concerns may be submitted to this email address, referencing the case number in the subject line.

Please know your concern is being reviewed and will be addressed in further detail the near future.

Thank you for your service; we hope this information is helpful as it is our goal to assist you.

Department of Veterans Affairs
Veterans Benefits Administration
Office of Client Relations

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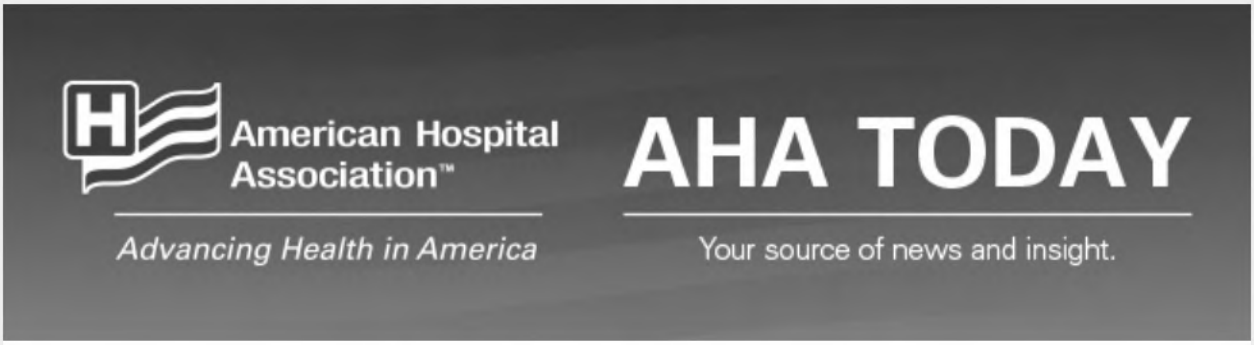
From: Wilkie, Robert L., Jr.
Sent: Thu, 27 Feb 2020 23:52:55 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Latest on Coronavirus - Health Equity Award

From: AHA Today
Sent: Thursday, February 27, 2020 6:24:06 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Latest on Coronavirus - Health Equity Award

Click here to access a web or mobile friendly version of the newsletter.



February 27, 2020 | www.aha.org/news

AHA, ANA Urge Congress to Quickly Fund Health Care Readiness for Coronavirus

The AHA and American Nurses Association today urged Congress to "swiftly provide" $1 billion in initial supplemental emergency funding to support the "urgent preparedness and response needs of hospitals, health systems, physicians and nurses on the front lines" of the novel coronavirus outbreak.

"This supplemental emergency funding request from America's hospitals, health systems, physicians and nurses is in addition to all of the other COVID-19 preparedness and response efforts Congress is considering funding, including public health, vaccine development, military quarantining efforts, public health surveillance and testing," the organizations said in a letter to House Speaker Nancy Pelosi and Senate Majority Leader Mitch McConnell. "Ensuring safe care for patients, protecting health care professionals providing patient care, and supporting the health and safety of communities demand the combined efforts of the public health system, front line health care providers, and federal, state and local governments."

They also urged that supplemental funding "not be offset by cutting other public health programs."

Today's Headlines

1. CDC confirms first U.S. coronavirus case not linked to travel, exposure
2. Atrium Health receives CMS Health Equity Award
3. Report suggests actions to prevent older adult isolation, loneliness

See Full Stories Below

Insights & Analysis

Local health systems promote healthy behaviors

Smoking, diabetes and hospital readmission rates fall and exercising and healthy eating increase in communities where hospitals and health systems use effective strategies to encourage healthy behavior changes, writes Nancy Myers, vice president of leadership and system innovation at the AHA Center for Health Innovation. Read more.

Health systems transforming system governance for success

In the latest edition of AHA's Trustee Insights, learn how eight health systems redefined community boards and found governance transformation both necessary and challenging. Read more.

SPONSORED CONTENT

Performance Excellence: Using advanced technologies to personalize the patient experience

Patients increasingly are making decisions about who delivers their care and how they engage digitally in the delivery of that care. Read more.

Sponsored by CareTech

Today's Headlines Continued

1. CDC confirms first U.S. coronavirus case not linked to travel, exposure

The Centers for Disease Control and Prevention yesterday reported the first possible U.S. case of community spread of novel coronavirus (COVID-19), in a patient in northern California with no known potential exposure through travel or another infected patient. Total U.S. cases, not counting repatriated citizens, stand at 15.

All 93 public health labs should have test kits for the virus by Monday, Health and Human Services Secretary Alex Azar today told the House Ways and Means Committee. He said the next step is developing a bedside diagnostic for hospitals. No vaccine or treatment currently exists.

President Trump yesterday named Vice President Mike Pence to lead U.S. efforts against COVID-19 spread. Pence and Azar today named three additional members to the president's coronavirus task force: Treasury Secretary Steven Mnuchin; Surgeon General Jerome Adams, M.D., and National Economic Council Director Larry Kudlow. Pence also named Ambassador Debbie Birx, M.D., to serve as White House coronavirus response coordinator.

World Health Organization Director-General Tedros Adhanom Ghebreyesus today stressed that containment of the virus is still possible, but countries must be ready for community spread. "Every country needs to be ready to detect cases early, to isolate patients, trace contacts, provide quality clinical care, prevent hospital outbreaks, and prevent community transmission," he said.

For the latest information and resources, visit AHA's coronavirus webpage.

2. Atrium Health receives CMS Health Equity Award

The Centers for Medicare & Medicaid Services today presented a 2020 CMS Health Equity Award to Atrium Health, formerly known as Carolinas HealthCare System, for its efforts to reduce racial and ethnic disparities in colorectal cancer screening rates. Through a redesign of its electronic medical record, the Charlotte, N.C.-based health care organization transformed the way it collects demographic data; and created a tool that stratifies data related to mortality, diabetes, hypertension, colorectal cancer screening and high-risk medications by race and ethnicity, gender and location, CMS said.

"This data was used to implement a number of culturally appropriate interventions at the primary care practice and community levels, including a phone call campaign and working with a Spanish-language newspaper, which resulted in an additional 200 screenings and the detection of some cancers at earlier stages," the agency said. "As a result, from 2018 to 2019, Atrium Health closed the disparity of colorectal screenings for Hispanic males compared to White males from 10.7% to 6.6%, a reduction of 38.3%."

Atrium Health President and CEO Gene Woods served as AHA board chair in 2017.

3. Report suggests actions to prevent older adult isolation, loneliness

Health care providers should periodically assess older adults for social isolation and loneliness, and initiate potential preventive interventions for individuals at elevated risk due to life events, such as loss of a significant relationship or geographic move, according to a new report from the National Academies of Sciences, Engineering, and Medicine. Among other actions, the report recommends including the assessment data in the patient's electronic health record; developing a more robust evidence base on risk factors and effective interventions; measuring social isolation and loneliness in national health surveys; raising public awareness about the health impacts; strengthening health professions training on the issue; and partnering with social service providers to address it. "Though hard to measure precisely, strong evidence suggests that, for older adults, social isolation and loneliness are associated with an increased likelihood of early death, dementia, heart disease and more," the authors note.

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800 10th Street, NW, Suite 400, Washington, DC 20001

From: Wilkie, Robert L., Jr.
Sent: Thu, 27 Feb 2020 23:59:37 +0000
To: RLW
Subject: FW: FINAL 12 Excels on my retro VA disability pay, spouse, and minor dependents still due to me 2/24/2020
Attachments: feb 2020 2007 deps.xlsx, feb 2020 2008 deps.xlsx, feb 2020 2009 deps.xlsx, feb 2020 2010 deps.xlsx, feb 2020 2011 deps.xlsx, feb 2020 2012 deps.xlsx, feb 2020 2013 deps.xlsx, feb 2020 2014 deps.xlsx, feb 2020 2015 deps.xlsx, feb 2020 2016 deps.xlsx, feb 2020 2017 deps.xlsx, feb 2020 2018 deps.xlsx

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From: Sandra Thornton
Sent: Thursday, February 27, 2020 6:58:05 PM (UTC-05:00) Eastern Time (US & Canada)
To: VHA Client Services Response Team; VA Accountability Team; VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/DIR; Michael.Pence@mail.house.gov; Donald J. Trump; Eric Trump; The White House; Bevins, Debi; Wilkie, Robert L., Jr.
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Fw: FINAL 12 Excels on my retro VA disability pay, spouse, and minor dependents still due to me 2/24/2020

Emailed Monday and faxed yesterday.

VA disability is figuring in 49 (not 52) CH 31 Masters level classes on Ebenefits reflected wrongly as comp & pen from Jul 2014-Jul 2014...that is why your numbers are still wrong.

I made these excels to meet your needs to understand, your computer review is wrong, your inputs to computer are wrong thus right retro is...still wrong.

I do not want anything other than my rightly earned benefits and entitlements like every other GI.

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, February 24, 2020 1:40:07 PM
To: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: FINAL 12 Excels on my retro VA disability pay, spouse, and minor dependents still due to me 2/24/2020

Mr. Clark, I will be coming to DC on March 9th to speak at hearings that week. I would like an appointment with the VA Secretary please. I am sending DEA their documents in the next email.

Ms. Manley, I am emailing 12 excels (2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018) at a time to you/Mr. Clark which includes myself, spouse, any minor children, what VA was supposed to pay, what I got paid, and what is still due to me.

STATUS:

As I stated for self/spouse/minor dependents the 12 year total was: $171,955.28
Minus - $73,633.33 VA retro Jul 2018
= $98,321.95
Minus - $19,642.00 VA retro Sep 2018
= $78,679.95
Minus - $43,589.80 DoD retro pay VA had held
= LEAVING $35,090.15 still due to me still today

These excels reflect accurate information versus what your 5/2018 - 7/2019 VA correspondence stated.

And as you can see by accurate figures, even moving these 3 college kids off the 674 status over to DEA status - I still do "NOT" owe VA disability anything.

VA disability however, owes me and because my case includes my terminal illness, did not allow timely adjudication due to the shredding, etc., I am respectfully requesting my FINAL RETRO DISABILITY PAY/SPOUSE/MINOR children to be sent asap....14 years people, 14 yrs is not federal law nor VA standards.

IF you for any reason do not have same totals and/or planning on taking money from me with inaccurate VA data, I need to know PRIOR to that happening.

Thank you for your time.

Respectfully,
S. Thornton

From: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>
Sent: Wednesday, February 19, 2020 3:51 PM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: RE: Waited 14 years

Good afternoon,

Thank you for your response, I am currently reviewing the documents submitted on February 11, 2020 and your claims file, I will contact you when I have a clear understanding of the situation regarding compensation payments. I anticipate my review will be completed by Wednesday, February 26, 2020.

A preliminary review of your claims folder shows your compensation payments included payment for school children between 2007 and 2012. The school child allowance is different than DEA benefits. School child allowance based on receipt of VA Form 21-674, Report of School Attendance, which we received on August 1, 2018, August 31, 2018 and on September 10, 2018 (correction for Caleb).

Your correspondence also addresses payment for Dependents Educational Assistance (DEA) which was granted effective January 1, 2007. Federal Regulations prohibit concurrent payment of DEA and disability benefits.

Dependents Education Assistance (DEA) is under the jurisdiction of Muskogee. VA Form 22-5490, Dependents' Application for VA Education Benefits is submitted and processed by the Muskogee Education Office and this portion of your inquiry will be addressed separately.

Thank you for your inquiry,

Best Regards,

Patricia Manley
Assistant Decision Review Operations Manager
Decision Review Operations Center
St. Petersburg, FL
(727) 319-5800 ext. 6647

-----Original Message-----
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Wednesday, February 19, 2020 11:41 AM
To: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Bevins, Debi <debi.bevins@va.gov>; The White House <reply-ff291078776c-357_HTML-44931805-6417559-2150@mail.whitehouse.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Team Trump Florida <team.fl@donaldjtrump.com>
Cc: pkime@militarytimes.com; Hannity@foxnews.com
Subject: [EXTERNAL] Waited 14 years
Importance: High

St Pete's,

It has been 14 years and 3 months that you shred my case and never followed laws or standards so, I have had 2 calls in 4 days. Like I told DC, you can put your questions and findings on email so truth reigns from now on.

1. I made you a clear excel by DEA rates (unlike I was told wrongly by the VA in 2018 to use dependent rates) with all years, month, dependents, dependents status, what you paid me, what I was supposed to be paid, DEA rates per 4/2018 BVA win retro for my pay with 2 doctors/judge agreeing 100% and recognizing total by authorizing retro dependents DEA to 1/1/2007.

I have said in writing since May 2018, VA said retro and 1-2-3 back paid amts are wrong.

This is what is STILL DUE from this 14 year nightmare, $163, 913.21.

2. I went through a catastrophic CAT 5 Hurricane within weeks of your last reto, no comm, no phones, no library, no laptop, in my car on 2 machines, survival was critical, and last year...Iraq/Afgh surgeries 6, 7, and 8 and 3 procedures just in 2019 to remove organs and prevent cancer.

3. Feb 2018 - My BVA Hearing where the honorable and kind Judge apologized to me when he saw my records of what you all did and the on going hell me/my family went through/go through still.

His decision 4/18. Almost 2 years later waiting on full retro...I submitted every form, letters to clarify, made an excel in 2018 by VA rep rates of dependents because 1-2-3 lied saying the Judge's order DEA didn't apply...I wasn't entitled...which a great Marine Veteran, lawyer, AND ACTUALLY WROTE VA STANDARDS in DC said those VA employees were not following the judges clear orders/VA standards and the judge/you all have had the Federal Court's X Veteran vs Shinseki decision supporting my retroactive pay/dependents/dependents DEA.
So, I had to make you a new excel in 2020 by DEA rates....I emailed years 2007-2018 excel broken down into word documents with titled columns across top, year/months on left, each dependent with status, what I was paid, what I was supposed to be paid, and the difference.

Unacceptable, no one following the order properly, wrong pay, wrong dependents, and wrong dependents pay rates to me.

4. So, EMAIL your questions or what you need clarified back in writing and I will reply in writing.

5. This 5,100+ day nightmare needs to come to a close soon. Reto unpaid by Federal laws/VA standards from those 14 years is $163,913.21 to me by law.

Respectfully,
Sandra Thornton

From: Manley, Patricia, VBASPT <Patricia.Manley@va.gov>
Sent: Wednesday, February 19, 2020 9:22:51 AM
To: angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Subject: Inquiry regarding VA Claim

Good morning,

We received a request from the Office of VA Undersecretary for Benefits regarding an inquiry submitted regarding disability compensation payments as well as Dependent's Educational Assistance (DEA) payments.

I am currently reviewing correspondence related to the disability compensation payments and would like to arrange a time to meet with you either by phone or in person if you wish to help resolve any discrepancies.

Please contact me at (727) 319-5800 extension 6647, or you may respond to this email if you wish.

Thank you for your service.

Best Regards,

Patricia Manley
Assistant Decision Review Operations Manager
Decision Review Operations Center
St. Petersburg, FL
(727) 319-5800 ext. 6647

Year/Mth	100% Single		Chris	Caleb HS	Matt HS	Audrey	VA would have pd	Vet paid	Vet is owed
Year 2007									
Jan	**Retired 1/1/07**		##		#			0	
Feb	**1 Minor Matt**	**2623**	Stayed out		#		2623	538	$2,623
Mar		2623	Army delayed enl.		#		2623	538	$2,085
Apr		2623	Army		#		2623	538	$2,085
May		2623	Army		#		2623	538	$2,085
Jun		2623	Army		#		2623	538	$2,085
Jul		2623	Army hurt/DC		#		2623	538	$2,085
Aug	**Got married**	**2623**	**DEA**		#		2623	538	$2,085
Sep	**Spouse/youngest Allison**	**2772**		HS 71	HS 71	Elem 71	2985	538	$2,447
Oct		2772		71	71	71	2985	538	$2,447
Nov		2772		Turned 18 in HS 71	71	71	2985	538	$2,447
Dec		2772		IN HS 71	71	71	2985	538	$2,447
									Due to VET $24,921

Year 2008	100%/Married/Youngest Minor Allison	Caleb	Matt	Audrey	VA would ha	Vet paid	Vet is owed
Jan	2772		HS 71	Elem 71	2985	550	$2,435
Feb	2772	71	71	71	2985	550	$2,435
Mar	2772	71	71	71	2985	550	$2,435
Apr	2772	71	71	71	2985	550	$2,435
May	2772	Grad HS 71	71	71	2985	550	$2,435
Jun	2772	71	71	71	2985	550	$2,435
Jul	2772	71	71	71	2985	550	$2,435
Aug	2772	DEA Starts 8/08	71	71	2914	550	$2,364
Sep	2772		71	71	2914	550	$2,364
Oct	2772		71	71	2914 542.40)	2371.60)	
Nov	2772		71	71	2914	512	$2,402
Dec	2772		71	71	2914	512	$2,402
							DUE to VET $28,948.60)

Year 2009	100%/Married/Youngest Minor Allison	Matt	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	2932	HS 75	75	3082	541	$2,541
Feb	2932	75	75	3082	541	$2,541
Mar	2932	75	75	3082	541	$2,541
Apr	2932	75	75	3082	697	$2,385
May	2932	75	75	3082	697	$2,385
Jun	2932	**DEA starts & goes - May 2012**	75	3007	697	$2,310
Jul	2932		75	3007	601	$2,406
Aug	2932		75	3007	601	$2,406
Sep	2932		75	3007	601	$2,406
Oct	2932		75	3007	601	$2,406
Nov	2932		75	3007	601	$2,406
Dec	2932		75	3007	601	$2,406
						DUE to VET $29,139

Year 2010	100%/Married/Youngest Minor Allison	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	2932	75	3007	1,064	1943
Feb	2932	75	3007	1064	1943
Mar	2932	75	3007	1064	1943
Apr	2932	75	3007	1064	1943
May	2932	75	3007	1064	1943
Jun	2932	75	3007	1064	1943
Jul	2932	75	3007	1064	1943
Aug	2932	75	3007	1064	1943
Sep	2932	75	3007	1064	1943
Oct	2932	75	3007	1064	1943
Nov	2932	75	3007	1064	1943
Dec	2932	75	3007	1064	1943
					DUE to VET $23,316

Year 2011	100%/Married/Youngest Minor Allison		Audrey	Va would have pd	Vet paid	Vet is owed
Jan		3037	Elem 77	3114	1064	2050
Feb		3037	77	3114	1064	2050
Mar		3037	77	3114	1064	2050
Apr		3037	77	3114	1064	2050
May		3037	77	3114	1064	2050
Jun		3037	77	3114	1064	2050
Jul		3037	77	3114	1064	2050
Aug		3037	77	3114	1064	2050
Sep		3037	77	3114	1064	2050
Oct		3037	77	3114	1064	2050
Nov		3037	77	3114	1064	2050
Dec	SMC Auth 3368		77	3445	1064	2381
						DUE to VET $24,931

Year 2012	100%/Married/Youngest Minor Allison	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	SMC AUTHORIZED 3424	Elem 78	3502	1102	2400
Feb	SMC AUTHORIZED 3424	78	3502	1102	2400
Mar	SMC AUTHORIZED 3424	78	3502	1102	2400
Apr	SMC AUTHORIZED 3424	78	3502	1102	2400
May	SMC AUTHORIZED 3424	78	3502	1102	2400
Jun	SMC AUTHORIZED 3424	78	3502	1102	2400
Jul	SMC AUTHORIZED 3424	78	3502	1102	2400
Aug	SMC AUTHORIZED 3424	78	3502	1102	2400
Sep	SMC AUTHORIZED 3424	78	3502	1102	2400
Oct	SMC AUTHORIZED 3424	78	3502	1102	2400
Nov	SMC AUTHORIZED 3424	78	3502	1102	2400
Dec	SMC AUTHORIZED 3424	78	3502	1102	2400
					DUE to VET $28,800

Year 2013	100%/Married/Youngest Minor Allison	Audrey	Va would have pd	Vet paid	Vet is owed
Jan	SMC 3475.36	Elem 79.17	3554.53	2434.53	1314.53
Feb	3475.36	79.17	3554.53	2434.53	1314.53
Mar	3475.36	79.17	3554.53	2434.53	1314.53
Apr	3475.36	79.17	3554.53	2434.53	1314.53
May	3475.36	79.17	3554.53	2434.53	750.53
Jun	3475.36	79.17	3554.53	2434.53	750.53
Jul	3475.36	79.17	3554.53	2434.53	750.53
Aug	3475.36	79.17	3554.53	2434.53	750.53
Sep	Divorced in 9/12/13 3475.36	79.17	3554.53	2296.53	1038.53
Oct	SINGLE SMC 3152		3152	2296.53	534
Nov	3152		3152	2296.53	(PD back 10/15 -121.00 SO ZERO)
Dec	3199.28		3199.28	2296.53	(Pd back 10/15 -73.72 SO ZERO)
					DUE to VET $9,638.05

I reported divorce to VA 9/2013
VA took overpay back 10/2015

Year 2014	Total 100% SMS would pay	PD, VA didn't input divorce	Difference PD back 10/2015
Jan	SMC 3199.28	3322.64	-123.36
Feb	SMC 3199.28	3322.64	-123.36
Mar	SMC 3199.28	3322.64	-123.36
Apr	SMC 3199.28	3322.64	-123.36
May	SMC 3199.28	3322.64	-123.36
Jun	SMC 3199.28	3322.64	-123.36
Jul	SMC 3199.28	3322.64	-123.36
Aug	SMC 3199.28	3322.64	-123.36
Sep	SMC 3199.28	3322.64	-123.36
Oct	SMC 3199.28	3322.64	-123.36
Nov	SMC 3199.28	3322.64	-123.36
Dec	SMC 3253.67	3322.64	-68.75

(PD VA - 1,423.29 10/15 SO ZERO)

REPAID VA 10/15

Year 2015	Total 100% SMS would pay	PD, VA didn't input divorce	Difference PD back 10/2015
Jan	SMC 3253.67	3379.74	-126.07
Feb	SMC 3253.67	3379.74	-126.07
Mar	SMC 3253.67	3379.74	-126.07
Apr	SMC 3253.67	3379.74	-126.07
May	SMC 3253.67	3379.74	-126.07
Jun	SMC 3253.67	3379.74	-126.07
Jul	SMC 3253.67	3217.67	36
Aug	SMC 3253.67	3217.67	36
Sep	SMC 3253.67	3217.67	36
Oct	SMC 3253.67	3217.67	36
Nov	SMC 3253.67	3217.67	36
Dec	SMC 3257.67	3217.67	36

(REPAID VA 10/15 - 540.42 SO ZERO)

Year 2016	Total 100% SMS would pay	Vet paid	Vet is owed	
Jan	SMC 3263.43		3217.67	45.76
Feb	SMC 3263.43		3217.67	45.76
Mar	SMC 3263.43		3217.67	45.76
Apr	SMC 3263.43		3217.67	45.76
May	SMC 3263.43		3217.67	45.76
Jun	SMC 3263.43		3217.67	45.76
Jul	SMC 3263.43		3217.67	45.76
Aug	SMC 3263.43		3217.67	45.76
Sep	SMC 3263.43		3217.67	45.76
Oct	SMC 3263.43		3217.67	45.76
Nov	SMC 3263.43		3217.67	45.76
Dec	SMC 3328.70		3217.67	111.03
			DUE to VET 614.39	

Year 2017	Total 100% SMS would pay	Vet paid	Vet is owed
Jan	SMC 3328.70	3227.43	101.27
Feb	SMC 3328.70	3227.43	101.27
Mar	SMC 3328.70	3227.43	101.27
Apr	SMC 3328.70	3227.43	101.27
May	SMC 3328.70	3227.43	101.27
Jun	SMC 3328.70	3227.43	101.27
Jul	SMC 3328.70	3227.43	101.27
Aug	SMC 3328.70	3227.43	101.27
Sep	SMC 3328.70	3227.43	101.27
Oct	SMC 3328.70	3227.43	101.27
Nov	SMC 3328.70	3227.43	101.27
Dec	SMC 3328.70	3227.43	101.27
			DUE to VET $1,215.24

Year 2018	Total 100% SMS would pay	Vet paid	Vet is owed	
Jan	SMC 3328.70	3292.7		36
Feb	SMC 3328.70	3292.7		36
Mar	SMC 3328.70	3292.7		36
Apr	SMC 3328.70	3292.7		36
May	SMC 3328.70	3292.7		36
Jun	SMC 3328.70	3292.7		36
Jul	SMC 3328.70	3292.7		36
Aug	SMC 3328.70	3292.7		36
Sep	SMC 3328.70	3292.7		36
Oct	SMC 3328.70	3292.7		36
Nov	SMC 3328.70	3292.7		36
Dec	SMC 3328.70	3292.7		36
			DUE to VET $432	

From: Wilkie, Robert L., Jr.
Sent: Fri, 28 Feb 2020 03:53:51 +0000
To: RLW
Subject: FW: Final DEA Retro

From: Sandra Thornton
Sent: Thursday, February 27, 2020 10:52:54 PM (UTC-05:00) Eastern Time (US & Canada)
To: Rasmussen, Deena L., VBAMUSK; Wilkie, Robert L., Jr.; Clark, Willie, VBAVACO; Bevins, Debi; VAVBAWAS/AMO/DIR; VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/COMMS; VA Accountability Team; VHA Client Services Response Team; Michael.Pence@mail.house.gov; Eric Trump; Donald J. Trump
Cc: Hannity@foxnews.com; pkime@militarytimes.com
Subject: [EXTERNAL] Re: Final DEA Retro

Ms Rasmussen,

1. Christopher's DEA letter did not arrive. However, two DEA letters (Matt/Caleb) did.

a. Christopher is my biological sons like the application says - not step son.

b. Matthew is my biological son like the application says - not step son.

c. Caleb was my step son for 5 years.

2. Let me make sure, I read your letters correctly:

Muskogee DEA is "refusing to process 3 BVA Appeal retroactive filed DEA applications which were authorized under federal laws by the BVA federal judge 4/2018 to 1/1/2007 and are under authorized for a parent to be psid under 3115 and numerous court precedence below?"

(VA disability was faxed college transcripts, BVA DEA retro ruling stating retro, the names of all 3 past college dependents Chris, Matt, Caleb are uploaded as past dependents, the 12/2017 DoD letter verified dependency status of in college, excel year/date/child was provided, etc)

Please advise.

Thank you.

Respectfully
MSgt Sandra Thornton
USAF retired 21 yrs
Iraq/Afgh
Terminally ill Wounded Warrior
Angelsallaroundus@hotmail.com

BC
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, February 24, 2020 3:33:17 PM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <contact@victory.donaldtrump.com>; Sandra Thornton <angelsallaroundus@hotmail.com>
Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Final DEA Retro

President Trump, Vice President Pence, and Secretary Wilkie,

1. The Federal VA BVA Judge AWARDED my retro pay for 3 past college dependents in April 2018 after VA disability at St Pete's shred my claim 12 years prior.

- I was "not" afforded timely adjudication for my 100% rating to include all of my 6 dependents, 3 of which went to college.
- **Per 38 U.S.C. Code 3531, Chapter 35, under the Educational Assistance Allowance, the Secretary shall, in accordance with the provisions of Chapter 35 of this title, pay to the PARENT of each eligible person who is pursing a program of education on behalf of such an eligible person, an educational assistance allowance to meet, in part, "the expenses of the eligible person's subsistence, tuition, fees, supplies, books, equipment, and other educational costs".**
- **"I paid for these 3 college dependents" because of the VA employee shredding my file, not the VA .**
- Thus, VA DEA at MUSKOGEE should **"not"** have any problem with my retro submitted informal request which was submitted within 1 month on NOD 5/2018 after the BVA Appeal decision 4/2018, **nor** should DEA have any issue 12 years after the fact with me filling out the official applications with "for" since this retro DEA pay is actually due to me since I paid for their colleges 2007-2013 (until age 26 and or termination of dependency statuses), **nor** should DEA expect to complete the normal DEA processing of these applications because this is retro from 2007-2013 due to VA employees breaking federal laws/VA standards, and lastly because after this 4/18 BVA decision/NOD 5/18 with 3 college students reported/seeing another government entity - the Department of Defense Verification letter dated 12/2017 - validating all these dependents continued as dependents due to college - St Petes VA disability handler of processing this retro did **not** advise me Florida Dept of Veteran Affairs to complete the DEA 22-5490, she instructed to complete VA 21-674 forms. Thus, **St Petes RO and Reno RO failed** yet

again...because under the Veteran's Claim Assistance Act (VCAA), 38 U.S.C. 5100, 5103a, 5106, 5107, 5126 have requirements to notify me - I found out by a Marine Veteran, lawyer, and who wrote your VA standards that St Petes was breaking federal law yet again.

- I continued to report to BVA May 2018 - Sep 2019, my retro pay was not correct for my retirement/all of my dependents. Within weeks Oct 2018, Panama City hit with Category 5, 165 MPH Hurricane Michael, we had nothing in Panama City - sleeping in my car on 2 machines, no phones or computers, gas, food, shelter, hospitals, etc.
- Jul 2019 and Sep 2019, I stated again - my retro was still not correct.
- I had Iraq/Afgh surgeries 6, 7, 8 plus 3 procedures and my recovery did not go well. I was bedridden 5-6 months with no comm.
- So, I still have no computer but the library is now up and running better so, I contacted Mr. Clark again in 2020...this is my 4th/final VA excels for retro pays (DEA and disability had to be separated I was just told and the VA computer is falsely reporting 52 repeat mthly disability payments between 7/2010 - 8/2014 which are false/still have not been removed off of my VA EBenefits files and or the VA had a rogue VA finance employee for 4 years).

2. Title 38, section 3680g, **the Secretary shall accept certification of DEA made by the Veteran**.
3. 38 USC, 501, **Secretary has the authority to carry out laws to include manner or form adjudication/awards** (Title 5, 552, 553, and Public Law 102-83)
4. **Federal laws and Case Precedence establish my entitlements/retro:**
38 USC 3500, 3501, 5113 Secretary has decision to award, 5100, 5102, 5103, 5103A, 5106, 5107 Veteran has benefit of the doubt, 5126, 501, 3511, 3512, 5113 P/T, formal/informal claims will be accepted, sought retro within 1 year (formal/informal), 3501
38 CFR 3.807, 3.102 in favor of Veteran, 3.159, 3.156, 3.326, 3.326a, 21.4135d, 21.1030 informal or formal application received, 21.1029, 21.3021 adj effective dates, 21.3020, 21, 21.3135 step parent, 21.4131, 20.302, 21.1033, 21.3030
VCAA requirements to notify
Title 5, 552, 553
Public Law 102-83, 106-419, 107-14, 107-330, 85-857, 106-475, 109-461 Section 3501, 114 Stat 2096, 114 Stat 1832,
CH 35, 24.3041, VA is to expedite payment
5 USC 610-612, Regulatory Flexibility Act
5 USC 553 delayed effective date
10 USC 21.4131, 21.3041
5. **These are ALL Retro cases won:**
THORNTON v VA (me 4/2018 - 12 years)
Sharp v Shiniski
Muskogee Cit NR 0814380, RO denied claim/then failed timely notices, Muskogee denied retro, BVA appeal won
US Court of Appeals Pelegrini v Principi RO denied eligibility, retro won
Miley v Principi, retro won
Hayre v Principi, retro won

Donovan v Gober, retro won
Fenderson v West, retro won
Buffalo VA Cit NR 0616803 RO did not notify until after 1 year, BVA appeal won
Valiao v Principi, reaffirmed RO should "not" attempt to change the boards decision (just as St Petes told me DEA did not apply because my dependents weren't currently in college, I pointed out this was "retro" and still I was told by VA St Pete's Precious was complete the 674 forms.
Bernard v Brown, appeal won, ABSENCE of notice - caused harmful error
Buffalo Cit NR 1333020, retro won
6. **My DEA Retro Pay is:**
For Chris $42,212
For Caleb $41,773
For Matt $33,648
Total: $117,633.00 RETRO DEA DUE TO ME (2007-2013 to age 26 and or dependence ended prior)_
7. It took 12 years waiting for justice.
8. It is now year 14 because St Petes did "not" follow the federal BVA judge's order.
9. President Trump and Secretary Wilkie, please direct DEA to authorize my 3 dependents retro back pay to me today since I paid for all of these dependents myself from 2007-2013.
10. Mr. Clark and Ms. Rasmussen, I would appreciate an update please on Secretary Wilkie waivering this normal process/honoring my earned benefits/entitlements by federal laws 14 years after the fact to retro me under the bizarre circumstances/since my case is supposed to be expedited. My records are correct unlike 52 duplicate/fake mthly disability pay posting on my VA EBenefits files 7/2010-8/2014. I am truly exhausted....this is the 4th time, I have had to rework this for the VA, **this is the final excels**. I am hurting, I will get my son to fax paper disability excels/this DEA excels documents to you tomorrow. I will confirm my appointment with the Secretary when I get online.
Thank you.
Respectfully,
MSgt Sandra Thornton
USAF 21 years
Iraq/Afgh
Terminally ill Wounded Warrior
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 2:33 PM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Sandra Thornton <angelsallaroundus@hotmail.com>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Donald J. Trump <contact@victory.donaldtrump.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <contact@victory.donaldtrump.com>

Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: DEA

President Trump, Vice President Pence, and Secretary Wilkie,

I have waited 5,100+ days (14 years) for my 1- 3 DEA dependents...Chris, Matt, and Caleb retro pay due to me and retro VA disability pay due to me because of St Pete's. And 1 year 10 mths, St Pete's not following the BVA just to combat code an item since 2015 rating/BVA appeal 4/18 decision.

Per US Code 38, Section 3531, CH 35, the Secretary of the VA directs the RETRO DEA to me because I was the parent/step parent and or guardian. I paid for these kids due to VA St Petersburg's employees breaking federal laws/VA standards. 551 U.S. at 665, Sect 1115 and Section 1114, SHARP v SHINSEKI and BROWN v. GARDNER, entitlements to additional compensation for dependents, proof submitted within 1 year it was, in favor of the Veteran, and VETERANS could be ARBITRARILY DISADVANTAGED based on DELAYS IN ADJUDICATION that are BEYOND THEIR CONTROL...like shredding/denying my dependents which got us here today.

I am officially requesting the Secretary of the VA to direct VA DEA to FOR GO the regular application process (which will NOT work in this situation of RETRO 14 years AFTER the fact) to accept my documents signed "FOR Chris, Matt, and Caleb" since I was the legal/entitled sponsor/parent/step parent since to retro pay is coming to ME for the lost benefits/entitlements which I paid for when the VA illegally shred my claim/repeatedly denied my dependents adds, since their was a divorce in 2013, etc. I have sent in DEA forms, Chris/Matt's transcripts (2 classes to add amend), DoD Verification, 674s, 21-686c, etc multiple times. I told the BVA judge 2 years ago, the VA will never do the right thing by me. I asked after going through hell with St Petes, bring common sense to fixing this 14 year retro...but, a billion dollar system who has the option to cut the red tape in other situations won't when you should. I ask you to accept my submitted forms, my this coming Monday excel document validating the exact pay for all 3 kids due to me, and just authorize paying me/let's end this part of the BVA decision, it has been almost 2 years for accurate retro by federal laws/court cases on record.

The VA has just requested $240.3 BILLION dollar budget this year and can use good judgement to finally help me after years of wrong doing.

You see, I lived my whole life serving and with core values. I served her honorably for over 21 years in DoD and served in the VA 6.5 years. I gave everything to this country and it was my honor but, what the VA has done here for 14 years is illegal and a disgrace. Your VA employees had a duty to not shred my claim and deny, not follow, and ignore...a duty.

In serving our nation, I ensured laws, standards, tried to educate, tried to correct, and if not I reported to leadership. When leadership ignored, let people die, and broke laws I went to Congress and the media.

I helped Military Times blow the whistle on the Department of Defense in Nov 2015 for purposedly keeping exposures out of deployment records (I discovered);

I came to DC with Lauren Price Nov 2013, met with the Chairman of Veteran Affairs Committee DOMA, met with Senator Rubio/Rep Bilirakis, took 50 YEARS of repeated VA IG reports of St Pete's breaking federal laws/VA failed standards which kicked off 2 years of televised hearings (we discovered);

I helped coordinate 50 states, House/Senate approved and President Obama signing the Airborne

Registry;

And I reported to Congress/the media the Secretary Shinseki Office directed a VA IT Office in DC across from the White House to tap 42 VA Whistleblowers in/outbound emails, etc in 2015 under SEC Internal Divert all because we tried to fix the VA/support what you say the VA stands for. You tracked us for reporting employees breaking laws/standards. And I should know, that screen shot was my VA computer screen.

So again, the VA here has to acknowledge this is a 14 YEAR RETRO to me case on my 3 dependents, every item on a current new DEA application cannot happen here, and you should all have a realize cutting red tape because of your employees breaking the laws, severely damaged me/broke me/my family, do your duty to complete the BVA Judge's order with common sense please.

These 3 DEA retro is due to me.
I was the sponsor/parent.
It is 14 years later.
I paid for all of them.
You have the DoD dependents validating college continued.
You have 2 boys transcripts too since 2017.
Since all 3 retros are repaying me per US Code 38, the VA DEA should accept my "for" forms, and authorize all 3 retros to me asap.

I am sending the excel word doc Mon for your records to help show you the amounts are accurate to proceed.

I will send excel word docs on 3 kids Monday. I would like to know by Tuesday if the Secretary is going to honor my request on how the DEA will proceed with this 14 year retro to me.

Thank you.
Respectfully
S. Thornton

Reminder#####
The DC VA still needs to explain WHY the VA posted "52 duplicate monthly disability payments in EBenefits on my name from 7/2010 - 8/2014. " I faxed the proof to you on 2/11/2020 fax to BVA. I have checked with other Veterans and theirs do not reflect duplicates...so this is not a computer glitch and I never received 52 extra mths disability pays. So, the DC VA needs an investigation - either you have a creative VA finance thief or someone in the VA was purposedly reflecting I was paid more than I was. I want a written explanation. Seeing that explains why you still haven't paid my regular retro VA disability pay yet from 5/2018.

From: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>
Sent: Friday, February 21, 2020 9:37:29 AM
To: Sandra Thornton <angelsallaroundus@hotmail.com>

Subject: RE: Your recent inquiry to VA

Dear Ms. Thornton,

After I sent you the email this morning, I was forwarded documents you sent with the inquiry which I was assigned.

No action can be taken on the applications for Caleb and Matthew since you signed them on behalf of your dependents who are over the age of 18. Your dependents will need to submit a signed VA Form 22-5490 requesting benefits under the Dependent's Educational Assistance program. Once VA receives their signed applications, a decision will be made as to the dependents' eligibility under this program.

Your dependents may also apply online at www.vets.gov<http://www.vets.gov> and submit a VA Form 22-5490 online. This is a secure website and the applications will be electronically transmitted to the VA.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 9:27 AM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/INQUIRY TEAM <INQUIRYTEAM.VBASPT@va.gov>; Tallerico, Kristina, VBAREN <Kristina.Tallerico@va.gov>
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: [EXTERNAL] Re: Your recent inquiry to VA
Importance: High

Ms. Rasmussen,

ALL my past dependents kids (this is RETRO 1/1/2007 to age 26) Chris Boe, Matt Boe, and now...thanks to the VA ex-step son Caleb Baty were faxed into the BVA 2/11/2020, 42 pages.

WHY you may ask since no one has filled you in?

1) St Pete's was found to have shred my 2006 claim, along with others.
2) Federal/State VA reps repeatedly denied entering my steps in as dependents.
3) It took 12 years (5,100+ days) of losing everything and STILL living in hell because of St Pete's BEFORE a BVA Judge apologized in 2/2018 hearing, 4/18 awarded RETRO back to 1/1/2]07 on VA pay, awarded ALL (6) past dependents, awarded US Code CH 35 on my 3 past dependents because 4 medical specialists 100% permanent and total, and I am terminally ill from Iraq/Afgh.
4. It is NOW 1 year, 9 months later, that I have been telling the White House, the VA Secretaries, the Undersecretary, BVA, St Petes, Reno, etc that I backpay is wrong.
You see, NO one has followed the federal BVA Judge's order completely.
Precious in St Petes told me, DEA didn't apply because I had no kids in college. Thus, the different reps handling my retro instructed me x 3 to complete the 674 forms (I attached the email traffic again yesterday) thus, not only has my VA disability pay, my minor dependents pay was wrong because VA reps were not inputting the data correctly, and because NO VA rep instructed me to do any DEA forms.
A Marine, Veteran, lawyer, who WROTE VA standards informed me these reps who handled my award have all NOT followed the federal Judge's order were in fact all breaking the law.
I have provided the DEA forms, 674 forms, DoD certification of dependents as minors and which verifies 3 continued IN COLLEGE dated 12/2017, my letters, transcripts on my 2 biological children, 1 and 2 excel word documents already on everything broken down.
The first excel 8/2018 was with 674 rates because VA instructed wrong and only to age 22, both wrong.
The second excel word docs 2/2020 after Marine Veteran lawyer who worked in DC informed me on DEA does apply until age 16.
And 2 days ago,
Ms. Manley nicely explained disability and DEA are 2 diff pots of monies so the issues have to be divided. My son and I stayed up on night Wed night dividing the two issues, correcting a couple of minor adds on my end, and correctly numerous major errors by St Petes, Reno, and UnderSecretary to ensure 1 last final and accurate break down so President Trump can direct the Secretary to end this now 14 year journey of St Petes hell.
I was exhausted yesterday being up all night doing this, I went through a CAT Hurricane in Oct 2018 so I have to go to the library to update the exel word documents with break down each year, month, dependents, my pay, what I should have been paid, and was IS due to me.
I wrote the President, etc and asked him to direct this 14 year RETRO DEA process be simplified since you have the forms, since the shredding of my file, I PAID for all these past dependents and under Sharp vs Schincki my case was not timely adjudicated, and federal law under 38 Series, Section 3150, CH 35, states the Secretary WILL PAY THE PARENT. Because of my terminal illness and lost my health, my job, my family to including my marriage and 3 steps in Sep 2013, my home, and living in a car on 2 machines repeatedly (thanks to the VA) my case has been expedited. The step son graduated UGA 5/2012, I dropped him as a dependent 4/2012 because he was self medicating on prescription medication, if you absolutely can't take my honor/honesty and Dept of Defense 12/17 letter verifying he continued as a dependent due to college, I will try to get his transcripts since this RETRO IS 6 YEARS LATE FOR HIM or someone with common sense can stop this extra red tape under these EXTRAORDINARY CIRCUMSTANCES OF JUSTICE 14 YEARS LATE due to VA employees breaking countless federal laws/standards.
I will finish this FINAL document to lay it out for you and Ms Manley by MONDAY to BVA fax #.

VA Disability RETRO STILL DUE TO ME...
$35,090.15

DEA TO ME...
CHRIS $42,212

CALEB $41,773
MATT $33,648 (I have 2 classes, age 25, to add to DEA form - I was sending update fax today and).

And because of VA broken laws and lies, DC has agreed all correspondence will be in writing on email. So if you have questions or clarification, please email me.

Note: I was in CH 31 Voc Rehab for a couple of years. I market no on kids forms because with this lower oxygen level, I honestly don't remember any thing for them. But, please double check me for any small monetary on my 2 biological kids Chris/Matt under CH 31 Ms. DEA because I don't want anything that is not accurate given to me.

Thank you
Sandra Thornton
USAF 21 yrs retired
Iraq/Afgh
Terminally ill Wounded Warrior

From: Rasmussen, Deena L., VBAMUSK
<deena.rasmussen@va.gov<mailto:deena.rasmussen@va.gov>>
Sent: Friday, February 21, 2020 7:29:20 AM
To: angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>
<angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>>
Subject: Your recent inquiry to VA

Dear Ms. Thornton,

I tried reaching you by phone several times. You did not answer and I was unable to leave a voicemail because the voice message box was full. This email is in response to your inquiry about your children's education benefits under the Dependents Educational Assistance (DEA) Program.

The evidence in your Compensation file shows you submitted multiple applications on a VA Form 21-686c, Application Request to Add And/Or Remove Dependents and VA Form 21-674 Report of School Attendance. These requests are not an application for Dependents Educational Assistance.
I could not locate a file or an application for education benefits for any of your children. Your children can apply for DEA at www.vets.gov<http://www.vets.gov> by completing a VA Form 22-5490, Application for Dependents Education Assistance Program. Applications completed at this website are electronically submitted to VA via a secure website.

If you have any questions, you may reach me at (918) 781-5743.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

From: Wilkie, Robert L., Jr.
Sent: Fri, 28 Feb 2020 13:43:12 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Morning Consult Brands: Walmart Said to Develop Walmart+ Service to Compete With Amazon Prime

From: Morning Consult
Sent: Friday, February 28, 2020 8:42:07 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Morning Consult Brands: Walmart Said to Develop Walmart+ Service to Compete With Amazon Prime

BRANDS

By Joanna Piacenza

Top Stories

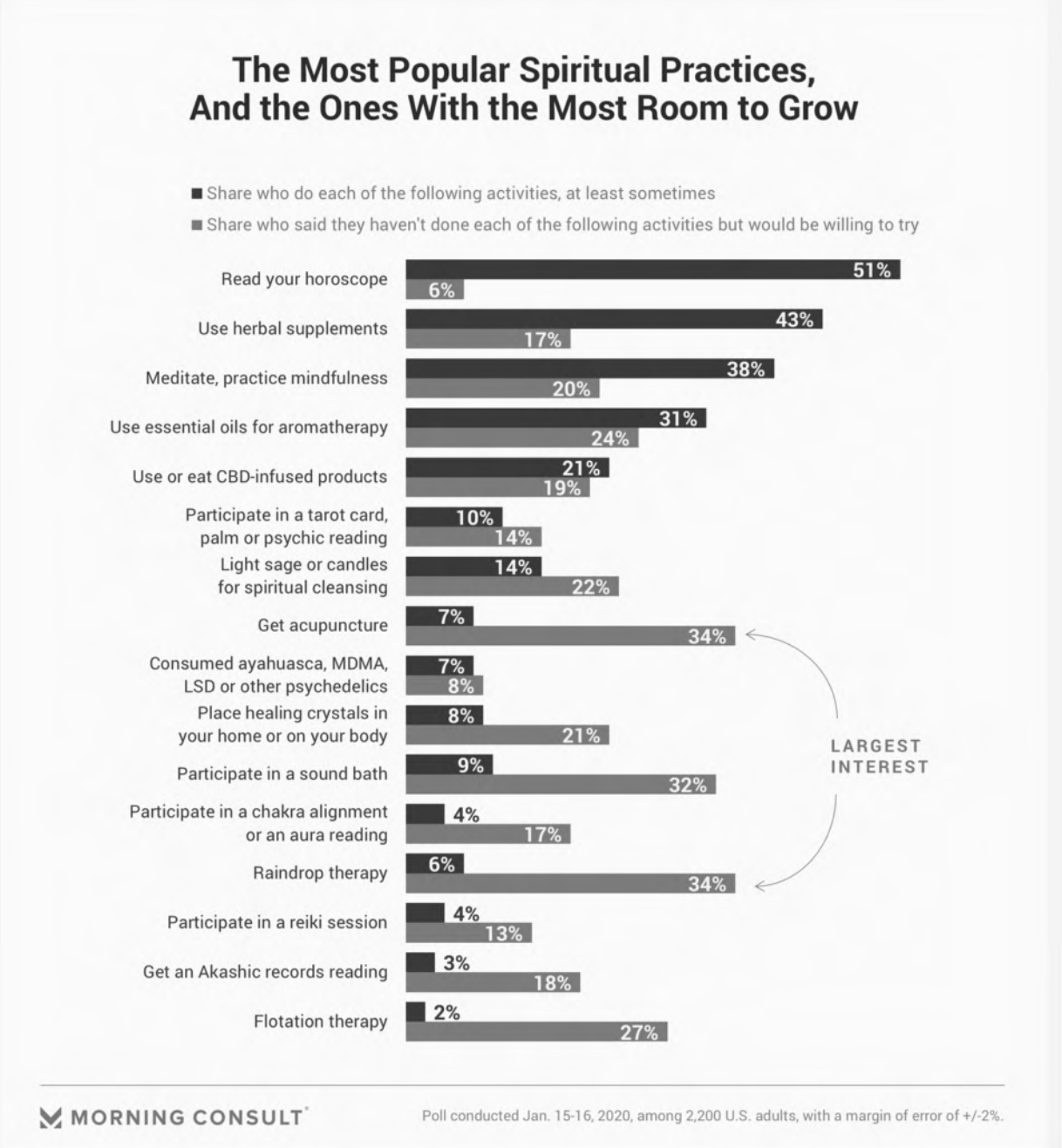
- Walmart Inc. has been working on an Amazon.com Inc. Prime competitor called Walmart+, sources say, with plans to publicly test the membership program as soon as next month under a rebrand of its current Delivery Unlimited service, which charges $98 per year for unlimited, same-day grocery delivery. Other perks that have been floated include ordering via text message, prescription drug and gas discounts and a "Scan & Go" service that would allow customers to avoid the line, but company insiders are concerned that without the extra perks being confirmed, Walmart won't be able to compete with Prime. (Recode)
- Constellation Brands Inc. is standing behind a Twitter promotion for its new Corona Hard Seltzer that promises the new hard seltzer flavors are "coming ashore soon," after facing online criticism that the campaign is in poor taste and has bad timing given the outbreak of the coronavirus. The

wine and beer maker said last month that it planned to spend over $40 million in marketing the four new seltzer flavors, which consumers can already purchase if they wish. (CNBC)

- Alphabet Inc.'s YouTube has launched a pilot program allowing creators to sell advertising to brands with which they have partnerships, according to the platform's director of product management, Tom Leung. The program appears to be testing a creator version of partner-sold ads, launched in 2010, which allow some organizations to control their YouTube ad inventories. (Tubefilter)

Chart Review

The Goop-Like Practices the Public Wants to Try Out
Morning Consult



Events Calendar (All Times Local)

02/28/2020

Social Media Week Austin

03/01/2020

Social Media Marketing World

03/02/2020

Social Media Marketing World

ANA Masters of Data and Technology

03/03/2020

Social Media Marketing World

ANA Masters of Data and Technology

03/04/2020

Adweek's Challenger Brands Summit, a Brandweek event

ANA Masters of Data and Technology

View full calendar

Special Report: The State of Consumer Trust

As the new decade begins, Morning Consult's **The State of Consumer Trust** report is the first look at how today's societal forces are shaping a new era of trust. Based on interviews with thousands of consumers, the report provides actionable intelligence into how companies can earn and deepen trust with customers.

Download the full report.

Advertising

MRM Chief Creative Officer Heads To Weber Shandwick
Lindsay Rittenhouse, Ad Age

Sung Chang to join as the IPG firm's first chief impact officer in April.

Bush's Beans Hires Kevin From 'The Office' To Make His Famous Chili

Jessica Wohl, Ad Age

Brian Baumgartner stars in a video, channeling his character Kevin Malone.

A rebel yell: Billy Idol stars in New York anti-idling ads
Associated Press

Rocker Billy Idol is the face of an anti-idling campaign launched Thursday in New York City.

Privacy Changes Are Making Mobile Advertising More Complicated
Ronan Shields, Adweek

It's time to look at what Apple and Google will do with apps.

'We must create new proxies': In the absence of cookies, advertisers focus on attention-based metrics
Seb Joseph, Digiday

Measurement concerns are rising among the world's largest advertisers, but the real tough choices lie ahead.

MDC Partners Posts Further Revenue Declines, Though At A Slower Rate
Lindsay Rittenhouse, Ad Age

The company continues along a turnaround plan to cut costs including by moving 11 New York agencies into One World Trade Center.

MDC Partners deal makes One World Trade Center 93 percent leased
Steve Cuozzo, New York Post

It's goodbye, Midtown, hello World Trade Center for media giant MDC Partners.

How Nextdoor is pitching advertisers

Lara O'Reilly, Digiday

Nextdoor, the neighborhood social network that lets members post appeals for lost pets and swap tips on plumbers, is planning on using a recent funding round to help it ramp up its pitch to advertisers this year.

Media and Entertainment

How BET Made Black History Month 'Queer As FK!'**
Mary Emily O'Hara, Adweek

America's original black cable network strives for LGBTQ inclusivity.

YouTube TV is losing Fox's regional sports networks and YES Network on February 29th
Chris Welch, The Verge

Stalled negotiations with Sinclair will put a hole in YouTube TV's sports programming.

Cameo Is Weirder Than Anyone Expected
John Cullen and Stefan Heck, The Atlantic

Welcome to the dark, chaotic, utterly mesmerizing soul of modern celebrity.

Social Media and Technology

FCC Probe Finds Mobile Carriers Didn't Safeguard Customer Location Data
Drew FitzGerald and Sarah Krouse, The Wall Street Journal

AT&T, T-Mobile among companies facing hundreds of millions of dollars in fines, though they will likely fight decision.

TikTok Marketers Chase Billions of Views in Uncharted Terrain

Sarah Frier and Kurt Wagner, Bloomberg

Popular creators are paid to promote hashtags as mobile video app develops more targeting tools for advertisers.

Tikked off: What happens when TikTok fame fades
Rebecca Jennings, Vox

A social media app has never turned kids into celebrities - or has-beens - faster.

PR and Marketing

Facebook cancels its annual developer conference amid coronavirus outbreak
Salvador Rodriguez, CNBC

Facebook on Thursday announced its decision to cancel its annual F8 software developer conference due to concerns surrounding the COVID-19 coronavirus outbreak.

Coronavirus Upends Global Toy Industry
Paul Ziobro, The Wall Street Journal

Factory closures in China, where 85% of toys are made, threaten to choke supply of popular items.

US malls 'will be hit hard' if coronavirus worsens, new study shows
Lauren Thomas, CNBC

If the coronavirus spreads further in the U.S., that could mean really bad news for U.S. mall owners, Coresight Research says.

Best Buy Posts Strong Holiday Sales
Sarah Nassauer, The Wall Street Journal

Retailer said sales rose 3.2% in the latest quarter due to strong demand for

phones, appliances and tablets.

Disney's Iger Is Now in a Rare Role: Executive Chairman
Chip Cutter, The Wall Street Journal

Position is set to become more common at U.S. corporations as baby boom CEOs near retirement, consultants say.

J.C. Penney Expects Smaller Sales Drop This Year
Allison Prang, The Wall Street Journal

Retailer reports lower sales, profit for latest quarter.

Actor Steven Seagal Settles SEC Cryptocurrency Charges
Dave Sebastian, The Wall Street Journal

Regulators allege Seagal failed to reveal payments for promoting initial coin offering.

The Capital That Ate Wellness Is Going to Eat Your Mushrooms
Jonah Engel Bromwich, The New York Times

Goop, Moon Juice and Daily Harvest are women-led companies oriented toward wellness, that fuzzy intersection of health and well-being. They share an ethos - and also an investor, Able Partners.

Companies take axe to business travel as virus spreads
Tanya Powley and Alice Hancock, Financial Times

Airlines and hotels hit as more businesses stop employees travelling.

When the Billionaire Family Behind the Opioid Crisis Needed PR Help, They Turned to Mike Bloomberg
Hannah Dreier, ProPublica

Bloomberg gave media advice to the Sacklers and recommended his longtime mayoral spokesman to them. The relationship could shadow his presidential

bid.

Bizarre Rich-People Secrets I Learned Undercover at Canyon Ranch Spa
Brandon Presser, Bloomberg

Yes, guests lie about being allergic to gluten. No, you can't take 10 years off your face just by resting. That's Botox.

Opinions, Editorials, Perspectives and Research

WPP: bad advertising
Lex, Financial Times

Forecasting zero revenue growth for 2020 will do nothing to build investor confidence.

Starbucks: A reconsideration
Rachel Sugar, Vox

As the coffee giant approaches its 50th birthday and 32,000th store, what exactly does the siren song of Starbucks mean anymore?

MORNING CONSULT

This email was sent by: Morning Consult
729 15th St. NW Washington, DC, 20005, US

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From: Wilkie, Robert L., Jr.
Sent: Fri, 28 Feb 2020 13:47:42 +0000
To: RLW
Subject: FW: [EXTERNAL] Pence right man to lead U.S. response to coronavirus threat

From: Americans for Limited Government
Sent: Friday, February 28, 2020 8:46:42 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Pence right man to lead U.S. response to coronavirus threat

For Immediate Release
Feb. 28, 2020

Contact: Robert Romano
Phone: 703-383-0880 ext. 1003

Pence right man to lead U.S. response to coronavirus threat

Feb. 28, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement defending the appointment of Vice President Mike Pence to lead the U.S. response to the coronavirus outbreak:

"Democrats try to politicize everything, and their incredibly ignorant complaints about the President's putting Vice President Mike Pence in charge of coordinating the U.S. response to the coronavirus are beyond the pale.

"Pence is not putting on a lab coat, he will be leading the inter-governmental response including coordination with foreign nations. A potentially serious global threat needs a global response that puts the gravity of the threat into perspective and that cannot be done without civilian leadership involved. We need all the help we can get.

"Most people do not know that each federal government agency has emergency preparation plans that prepare for many worst case scenarios including a potential pandemic. The Vice President's helmsmanship will ensure that our government's national and international preparation and response is comprehensive without creating undo concern in the general public. To try to proceed without White House leadership would be utterly irresponsible and could lead to chaos as agencies pursue different and conflicting paths. Under the Constitution, President Trump is ultimately responsible for the executive branch response and he would not

be doing his job if did not put the Vice President who has the proven experience as a governor dealing with agencies and their conflicts."

To view online: https://getliberty.org/2020/02/pence-right-man-to-lead-u-s-response-to-coronavirus-threat/

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

###

Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at www.getliberty.org and www.dailytorch.com.

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

This email is intended for (b)(6) @va.gov.
Update your preferences or Unsubscribe

From: Wilkie, Robert L., Jr.
Sent: Fri, 28 Feb 2020 13:59:54 +0000
To: RLW
Subject: FW: Muskogee DEA violates federal laws
Attachments: Chris DEA FINAL.xlsx, Caleb DEA Final.xlsx, Matt DEA FINAL.xlsx, 20200228_071745.jpg
Importance: High

From: Sandra Thornton
Sent: Friday, February 28, 2020 8:58:38 AM (UTC-05:00) Eastern Time (US & Canada)
To: The White House; Eric Trump; Donald J. Trump
Cc: VAVBAWAS/CO/Office of the USB VBA; VAVBAWAS/AMO/DIR; VAVBAWAS/AMO/COMMS; VA Accountability Team; Clark, Willie, VBAVACO; Michael.Pence@mail.house.gov; Wilkie, Robert L., Jr.; Bevins, Debi; Kristen.Sellars@mail.house.gov; VHA Client Services Response Team; Hannity@foxnews.com; pkime@militarytimes.com; Rasmussen, Deena L., VBAMUSK; Manley, Patricia, VBASPT
Subject: [EXTERNAL] Muskogee DEA violates federal laws

President Trump,

Here it is in black and white...Muskogee VA DEA knowingly violating the federal BVA Judge's retro ruling 4/2018 with court cases referenced; violating federal laws/court precedences below stating parents (ie. Sponsors - me) are entitled to retro; and federal laws stating the parent (ie me) is to be paid.

VA disability directed 674 forms, not DEA forms in 2018, even though 2017, 2018 multiple NODs stated dependents and 3 college; and 12/2017 Dept of Defense letter verified dependents; and transcripts were supplied, etc.

It is almost 2 years later waiting on my correct VA disability retro because VA posted 49 Master's level classes as Comp & Pen between 7/2010-7/2014 versus Voc Rehab Stipend AND because the St Pete's/Reno VA disability reps processing my retro never advised DEA forms/process nor notification; and now Ms Rasmussen refuses to process my 3 RETRO back 14 years dependent sons/step son applications.

And please note, DEA also is not reading information provided. DEA has failed to acknowledge 3 applications twice now (Chris, Matt, and Caleb). On the applications, it states...Christopher and Matthew are my biological sons - not step sons. Caleb was my only dependent step son for 5 full years (1 year in HS, 4 years college). AND, this being 14 years retro will not fit the normal application for a current college dependent to check off the columns - it requires a system to follow laws, have competence and empathy for the Veteran after VA federal employees broke federal laws/VA standards by shredding my case 14 years ago.

This just reaffirms the VA unwritten Core Value - humiliate, refuse to valid, break federal laws to save a $1 in our $220 billion dollar machine for bonuses, and...as always deny "earned, authorized, benefits and entitlements until we die."

I will fax emails/pages to you. And, I have audios.

Please assist Sir. I thank you for your service to our great nation.

Respectfully,

Sandra Thornton
MSgt 21 yrs
Iraq/Afgh
Terminally ill Wounded Warrior

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Monday, February 24, 2020 3:33:17 PM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi <debi.bevins@va.gov>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <contact@victory.donaldtrump.com>; angelsallaroundus@hotmail.com <angelsallaroundus@hotmail.com>
Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>
Subject: Final DEA Retro

President Trump, Vice President Pence, and Secretary Wilkie,

1. The Federal VA BVA Judge AWARDED my retro pay for 3 past college dependents in April 2018 after VA disability at St Pete's shred my claim 12 years prior.

- I was "not" afforded timely adjudication for my 100% rating to include all of my 6 dependents, 3 of which went to college.
- **Per 38 U.S.C. Code 3531, Chapter 35, under the Educational Assistance Allowance, the Secretary shall, in accordance with the provisions of Chapter 35 of this title, pay to the PARENT of each eligible person who is pursing a program of education on behalf of such an eligible person, an educational assistance allowance to meet, in part, "the expenses of the eligible person's subsistence, tuition, fees, supplies, books, equipment, and other educational costs".**
- **"I paid for these 3 college dependents" because of the VA employee shredding my file, not the VA .**
- Thus, VA DEA at MUSKOGEE should **"not"** have any problem with my retro submitted informal request which was submitted within 1 month on NOD 5/2018 after the BVA Appeal decision 4/2018, **nor** should DEA have any issue 12 years after the fact with me filling out the official applications with "for" since this retro DEA pay is actually due to me since I paid for their colleges 2007-2013 (until age 26 and or termination of

dependency statuses), **nor** should DEA expect to complete the normal DEA processing of these applications because this is retro from 2007-2013 due to VA employees breaking federal laws/VA standards, and lastly because after this 4/18 BVA decision/NOD 5/18 with 3 college students reported/seeing another government entity - the Department of Defense Verification letter dated 12/2017 - validating all these dependents continued as dependents due to college - St Petes VA disability handler of processing this retro did **not** advise me Florida Dept of Veteran Affairs to complete the DEA 22-5490, she instructed to complete VA 21-674 forms. Thus, **St Petes RO and Reno RO failed** yet again...because under the Veteran's Claim Assistance Act (VCAA), 38 U.S.C. 5100, 5103a, 5106, 5107, 5126 have requirements to notify me - I found out by a Marine Veteran, lawyer, and who wrote your VA standards that St Petes was breaking federal law yet again.

- I continued to report to BVA May 2018 - Sep 2019, my retro pay was not correct for my retirement/all of my dependents. Within weeks Oct 2018, Panama City hit with Category 5, 165 MPH Hurricane Michael, we had nothing in Panama City - sleeping in my car on 2 machines, no phones or computers, gas, food, shelter, hospitals, etc.
- Jul 2019 and Sep 2019, I stated again - my retro was still not correct.
- I had Iraq/Afgh surgeries 6, 7, 8 plus 3 procedures and my recovery did not go well. I was bedridden 5-6 months with no comm.
- So, I still have no computer but the library is now up and running better so, I contacted Mr. Clark again in 2020...this is my 4th/final VA excels for retro pays (DEA and disability had to be separated I was just told and the VA computer is falsely reporting 52 repeat mthly disability payments between 7/2010 - 8/2014 which are false/still have not been removed off of my VA EBenefits files and or the VA had a rogue VA finance employee for 4 years).

2. Title 38, section 3680g, **the Secretary shall accept certification of DEA made by the Veteran**.
3. 38 USC, 501, **Secretary has the authority to carry out laws to include manner or form adjudication/awards** (Title 5, 552, 553, and Public Law 102-83)
4. **Federal laws and Case Precedence establish my entitlements/retro:**

38 USC 3500, 3501, 5113 Secretary has decision to award, 5100, 5102, 5103, 5103A, 5106, 5107 Veteran has benefit of the doubt, 5126, 501, 3511, 3512, 5113 P/T, formal/informal claims will be accepted, sought retro within 1 year (formal/informal), 3501
38 CFR 3.807, 3.102 in favor of Veteran, 3.159, 3.156, 3.326, 3.326a, 21.4135d, 21.1030 informal or formal application received, 21.1029, 21.3021 adj effective dates, 21.3020, 21, 21.3135 step parent, 21.4131, 20.302, 21.1033, 21.3030
VCAA requirements to notify
Title 5, 552, 553
Public Law 102-83, 106-419, 107-14, 107-330, 85-857, 106-475, 109-461 Section 3501, 114 Stat 2096, 114 Stat 1832,
CH 35, 24.3041, VA is to expedite payment
5 USC 610-612, Regulatory Flexibility Act
5 USC 553 delayed effective date
10 USC 21.4131, 21.3041

5. **These are ALL Retro cases won:**
THORNTON v VA (me 4/2018 - 12 years)
Sharp v Shiniski
Muskogee Cit NR 0814380, RO denied claim/then failed timely notices, Muskogee denied retro, BVA appeal won
US Court of Appeals Pelegrini v Principi RO denied eligibility, retro won
Miley v Principi, retro won
Hayre v Principi, retro won
Donovan v Gober, retro won
Fenderson v West, retro won
Buffalo VA Cit NR 0616803 RO did not notify until after 1 year, BVA appeal won
Valiao v Principi, reaffirmed RO should "not" attempt to change the boards decision (just as St Petes told me DEA did not apply because my dependents weren't currently in college, I pointed out this was "retro" and still I was told by VA St Pete's Precious was complete the 674 forms.
Bernard v Brown, appeal won, ABSENCE of notice - caused harmful error
Buffalo Cit NR 1333020, retro won
6. **My DEA Retro Pay is:**
For Chris $42,212
For Caleb $41,773
For Matt $33,648
Total: $117,633.00 RETRO DEA DUE TO ME (2007-2013 to age 26 and or dependence ended prior)_
7. It took 12 years waiting for justice.
8. It is now year 14 because St Petes did "not" follow the federal BVA judge's order.
9. President Trump and Secretary Wilkie, please direct DEA to authorize my 3 dependents retro back pay to me today since I paid for all of these dependents myself from 2007-2013.
10. Mr. Clark and Ms. Rasmussen, I would appreciate an update please on Secretary Wilkie waivering this normal process/honoring my earned benefits/entitlements by federal laws 14 years after the fact to retro me under the bizarre circumstances/since my case is supposed to be expedited. My records are correct unlike 52 duplicate/fake mthly disability pay posting on my VA EBenefits files 7/2010-8/2014. I am truly exhausted....this is the 4th time, I have had to rework this for the VA, **this is the final excels**. I am hurting, I will get my son to fax paper disability excels/this DEA excels documents to you tomorrow. I will confirm my appointment with the Secretary when I get online.
Thank you.
Respectfully,
MSgt Sandra Thornton
USAF 21 years
Iraq/Afgh
Terminally ill Wounded Warrior
From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 2:33 PM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Robert.Wilkie@va.gov <Robert.Wilkie@va.gov>; Willie.Clark@va.gov <Willie.Clark@va.gov>; Bevins, Debi

<debi.bevins@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Sandra Thornton <angelsallaroundus@hotmail.com>; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; Michael.Pence@mail.house.gov <Michael.Pence@mail.house.gov>; Donald J. Trump <contact@victory.donaldtrump.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; Donald J. Trump <contact@victory.donaldtrump.com>
Cc: Hannity@foxnews.com <Hannity@foxnews.com>; pkime@militarytimes.com <pkime@militarytimes.com>; Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: DEA

President Trump, Vice President Pence, and Secretary Wilkie,

I have waited 5,100+ days (14 years) for my 1- 3 DEA dependents...Chris, Matt, and Caleb retro pay due to me and retro VA disability pay due to me because of St Pete's. And 1 year 10 mths, St Pete's not following the BVA just to combat code an item since 2015 rating/BVA appeal 4/18 decision.

Per US Code 38, Section 3531, CH 35, the Secretary of the VA directs the RETRO DEA to me because I was the parent/step parent and or guardian. I paid for these kids due to VA St Petersburg's employees breaking federal laws/VA standards. 551 U.S. at 665, Sect 1115 and Section 1114, SHARP v SHINSEKI and BROWN v. GARDNER, entitlements to additional compensation for dependents, proof submitted within 1 year it was, in favor of the Veteran, and VETERANS could be ARBITRARILY DISADVANTAGED based on DELAYS IN ADJUDICATION that are BEYOND THEIR CONTROL...like shredding/denying my dependents which got us here today.

I am officially requesting the Secretary of the VA to direct VA DEA to FOR GO the regular application process (which will NOT work in this situation of RETRO 14 years AFTER the fact) to accept my documents signed "FOR Chris, Matt, and Caleb" since I was the legal/entitled sponsor/parent/step parent since to retro pay is coming to ME for the lost benefits/entitlements which I paid for when the VA illegally shred my claim/repeatedly denied my dependents adds, since their was a divorce in 2013, etc. I have sent in DEA forms, Chris/Matt's transcripts (2 classes to add amend), DoD Verification, 674s, 21-686c, etc multiple times. I told the BVA judge 2 years ago, the VA will never do the right thing by me. I asked after going through hell with St Petes, bring common sense to fixing this 14 year retro...but, a billion dollar system who has the option to cut the red tape in other situations won't when you should. I ask you to accept my submitted forms, my this coming Monday excel document validating the exact pay for all 3 kids due to me, and just authorize paying me/let's end this part of the BVA decision, it has been almost 2 years for accurate retro by federal laws/court cases on record.

The VA has just requested $240.3 BILLION dollar budget this year and can use good judgement to finally help me after years of wrong doing.

You see, I lived my whole life serving and with core values. I served her honorably for over 21 years in DoD and served in the VA 6.5 years. I gave everything to this country and it was my honor but, what the VA has done here for 14 years is illegal and a disgrace. Your VA employees had a duty to not shred my claim and deny, not follow, and ignore...a duty.

In serving our nation, I ensured laws, standards, tried to educate, tried to correct, and if not I reported to leadership. When leadership ignored, let people die, and broke laws I went to Congress and the media.

I helped Military Times blow the whistle on the Department of Defense in Nov 2015 for purposedly keeping exposures out of deployment records (I discovered);

I came to DC with Lauren Price Nov 2013, met with the Chairman of Veteran Affairs Committee DOMA, met with Senator Rubio/Rep Bilirakis, took 50 YEARS of repeated VA IG reports of St Pete's breaking federal laws/VA failed standards which kicked off 2 years of televised hearings (we discovered);

I helped coordinate 50 states, House/Senate approved and President Obama signing the Airborne Registry;

And I reported to Congress/the media the Secretary Shinseki Office directed a VA IT Office in DC across from the White House to tap 42 VA Whistleblowers in/outbound emails, etc in 2015 under SEC Internal Divert all because we tried to fix the VA/support what you say the VA stands for. You tracked us for reporting employees breaking laws/standards. And I should know, that screen shot was my VA computer screen.

So again, the VA here has to acknowledge this is a 14 YEAR RETRO to me case on my 3 dependents, every item on a current new DEA application cannot happen here, and you should all have a realize cutting red tape because of your employees breaking the laws, severely damaged me/broke me/my family, do your duty to complete the BVA Judge's order with common sense please.

These 3 DEA retro is due to me.
I was the sponsor/parent.
It is 14 years later.
I paid for all of them.
You have the DoD dependents validating college continued.
You have 2 boys transcripts too since 2017.
Since all 3 retros are repaying me per US Code 38, the VA DEA should accept my "for" forms, and authorize all 3 retros to me asap.

I am sending the excel word doc Mon for your records to help show you the amounts are accurate to proceed.

I will send excel word docs on 3 kids Monday. I would like to know by Tuesday if the Secretary is going to honor my request on how the DEA will proceed with this 14 year retro to me.

Thank you.
Respectfully
S. Thornton

Reminder#####
The DC VA still needs to explain WHY the VA posted "52 duplicate monthly disability payments in EBenefits on my name from 7/2010 - 8/2014. " I faxed the proof to you on 2/11/2020 fax to BVA. I have checked with other Veterans and theirs do not reflect duplicates...so this is not a computer glitch and I never received 52 extra mths disability pays. So, the DC VA needs an investigation - either you have a creative VA finance thief or someone in the VA was purposedly reflecting I was paid more than I was. I want a written explanation. Seeing that explains why you still haven't paid my regular retro VA disability pay yet from 5/2018.

From: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>
Sent: Friday, February 21, 2020 9:37:29 AM
To: Sandra Thornton <angelsallaroundus@hotmail.com>
Subject: RE: Your recent inquiry to VA

Dear Ms. Thornton,

After I sent you the email this morning, I was forwarded documents you sent with the inquiry which I was assigned.

No action can be taken on the applications for Caleb and Matthew since you signed them on behalf of your dependents who are over the age of 18. Your dependents will need to submit a signed VA Form 22-5490 requesting benefits under the Dependent's Educational Assistance program. Once VA receives their signed applications, a decision will be made as to the dependents' eligibility under this program.

Your dependents may also apply online at www.vets.gov<http://www.vets.gov> and submit a VA Form 22-5490 online. This is a secure website and the applications will be electronically transmitted to the VA.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

From: Sandra Thornton <angelsallaroundus@hotmail.com>
Sent: Friday, February 21, 2020 9:27 AM
To: Rasmussen, Deena L., VBAMUSK <deena.rasmussen@va.gov>; Sandra Thornton <angelsallaroundus@hotmail.com>; Manley, Patricia, VBASPT <Patricia.Manley@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; The White House <reply-ff251178716d-357_HTML-44931805-6417559-3675@mail.whitehouse.gov>; Michael.Pence@mail.house.gov; Kristen.Sellars@mail.house.gov; VAVBAWAS/AMO/DIR <dir.vbaamo@va.gov>; VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>; Bevins, Debi <debi.bevins@va.gov>; Wilkie, Robert L., Jr. <Robert.Wilkie@va.gov>; VAVBAWAS/AMO/COMMS <Appeals-Comms.AMO@va.gov>; VA Accountability Team <vaaccountabilityteam@va.gov>; Donald J. Trump <reply-17143-16_HTML-32943693-10964169-6344@campaigns.rnchq.com>; Eric Trump <reply-18500-16_HTML-32943693-10964169-3570@campaigns.rnchq.com>; VHA Client Services Response Team <VHAClientServicesResponseTeam@va.gov>; VAVBASPT/RO/DIR <DIR.VBASPT@va.gov>; Ogilvie, Brianne, VBAWASH <Brianne.Ogilvie@va.gov>; McLenachen, David, VBAWASH <David.McLenachen@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; VAVBA/Southeast <Southeast.VAVBA@va.gov>; VAVBASPT/RO/INQUIRY TEAM <INQUIRYTEAM.VBASPT@va.gov>; Tallerico, Kristina, VBAREN <Kristina.Tallerico@va.gov>
Cc: Hannity@foxnews.com; pkime@militarytimes.com; Sandra Thornton

<angelsallaroundus@hotmail.com>
Subject: [EXTERNAL] Re: Your recent inquiry to VA
Importance: High

Ms. Rasmussen,

ALL my past dependents kids (this is RETRO 1/1/2007 to age 26) Chris Boe, Matt Boe, and now...thanks to the VA ex-step son Caleb Baty were faxed into the BVA 2/11/2020, 42 pages.

WHY you may ask since no one has filled you in?

1) St Pete's was found to have shred my 2006 claim, along with others.
2) Federal/State VA reps repeatedly denied entering my steps in as dependents.
3) It took 12 years (5,100+ days) of losing everything and STILL living in hell because of St Pete's BEFORE a BVA Judge apologized in 2/2018 hearing, 4/18 awarded RETRO back to 1/1/2]07 on VA pay, awarded ALL (6) past dependents, awarded US Code CH 35 on my 3 past dependents because 4 medical specialists 100% permanent and total, and I am terminally ill from Iraq/Afgh.
4. It is NOW 1 year, 9 months later, that I have been telling the White House, the VA Secretaries, the Undersecretary, BVA, St Petes, Reno, etc that I backpay is wrong.
You see, NO one has followed the federal BVA Judge's order completely.
Precious in St Petes told me, DEA didn't apply because I had no kids in college. Thus, the different reps handling my retro instructed me x 3 to complete the 674 forms (I attached the email traffic again yesterday) thus, not only has my VA disability pay, my minor dependents pay was wrong because VA reps were not inputting the data correctly, and because NO VA rep instructed me to do any DEA forms.
A Marine, Veteran, lawyer, who WROTE VA standards informed me these reps who handled my award have all NOT followed the federal Judge's order were in fact all breaking the law.
I have provided the DEA forms, 674 forms, DoD certification of dependents as minors and which verifies 3 continued IN COLLEGE dated 12/2017, my letters, transcripts on my 2 biological children, 1 and 2 excel word documents already on everything broken down.
The first excel 8/2018 was with 674 rates because VA instructed wrong and only to age 22, both wrong.
The second excel word docs 2/2020 after Marine Veteran lawyer who worked in DC informed me on DEA does apply until age 16.
And 2 days ago,
Ms. Manley nicely explained disability and DEA are 2 diff pots of monies so the issues have to be divided. My son and I stayed up on night Wed night dividing the two issues, correcting a couple of minor adds on my end, and correctly numerous major errors by St Petes, Reno, and UnderSecretary to ensure 1 last final and accurate break down so President Trump can direct the Secretary to end this now 14 year journey of St Petes hell.
I was exhausted yesterday being up all night doing this, I went through a CAT Hurricane in Oct 2018 so I have to go to the library to update the exel word documents with break down each year, month, dependents, my pay, what I should have been paid, and was IS due to me.
I wrote the President, etc and asked him to direct this 14 year RETRO DEA process be simplified since you have the forms, since the shredding of my file, I PAID for all these past dependents and under Sharp vs Schincki my case was not timely adjudicated, and federal law under 38 Series, Section 3150, CH 35, states the Secretary WILL PAY THE PARENT. Because of my terminal illness and lost my health, my job, my family to including my marriage and 3 steps in Sep 2013, my home, and living in a car on 2 machines repeatedly (thanks to the VA) my case has been expedited. The step son graduated UGA 5/2012, I dropped him as a dependent 4/2012 because he was self medicating on prescription medication, if you absolutely can't take my honor/honesty and Dept of Defense 12/17 letter verifying he continued as a dependent due to college, I will try to get his transcripts since this RETRO IS 6 YEARS LATE FOR HIM or someone with common sense can stop this extra red tape under these EXTRAORDINARY

CIRCUMSTANCES OF JUSTICE 14 YEARS LATE due to VA employees breaking countless federal laws/standards.
I will finish this FINAL document to lay it out for you and Ms Manley by MONDAY to BVA fax #.

VA Disability RETRO STILL DUE TO ME...
$35,090.15

DEA TO ME...
CHRIS $42,212
CALEB $41,773
MATT $33,648 (I have 2 classes, age 25, to add to DEA form - I was sending update fax today and).

And because of VA broken laws and lies, DC has agreed all correspondence will be in writing on email. So if you have questions or clarification, please email me.

Note: I was in CH 31 Voc Rehab for a couple of years. I market no on kids forms because with this lower oxygen level, I honestly don't remember any thing for them. But, please double check me for any small monetary on my 2 biological kids Chris/Matt under CH 31 Ms. DEA because I don't want anything that is not accurate given to me.

Thank you
Sandra Thornton
USAF 21 yrs retired
Iraq/Afgh
Terminally ill Wounded Warrior

From: Rasmussen, Deena L., VBAMUSK
<deena.rasmussen@va.gov<mailto:deena.rasmussen@va.gov>>
Sent: Friday, February 21, 2020 7:29:20 AM
To: angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>
<angelsallaroundus@hotmail.com<mailto:angelsallaroundus@hotmail.com>>
Subject: Your recent inquiry to VA

Dear Ms. Thornton,

I tried reaching you by phone several times. You did not answer and I was unable to leave a voicemail because the voice message box was full. This email is in response to your inquiry about your children's education benefits under the Dependents Educational Assistance (DEA) Program.

The evidence in your Compensation file shows you submitted multiple applications on a VA Form 21-686c, Application Request to Add And/Or Remove Dependents and VA Form 21-674 Report of School Attendance. These requests are not an application for Dependents Educational Assistance.
I could not locate a file or an application for education benefits for any of your children. Your children can apply for DEA at www.vets.gov<http://www.vets.gov> by completing a VA Form 22-5490, Application for Dependents Education Assistance Program. Applications completed at this website are electronically submitted to VA via a secure website.

If you have any questions, you may reach me at (918) 781-5743.

Thank you for your service,

Deena Rasmussen
Supervisory Veterans Claims Examiner
Education Call Center

DEPARTMENT OF VETERANS AFFAIRS
MUSKOGEE REGIONAL OFFICE
P.O. BOX 8888
MUSKOGEE OK 74402-8888

February 21, 2020

In Reply Refer To: 351/21

MATTHEW R BOE
PO BOX 617
PANAMA CITY FL 32402

S D Thorn
XXX-XX-7678-A

Dear Mr. Boe:

We received an application for Dependents Educational Assistance signed by your stepmother, Sandra Thornton, on your behalf. No action can be taken on this request.

We need more information to complete your claim.

What You Should Do

You should do the following:

Complete an electronic application by going to www.benefits

Year/Mth	Chris age 20 DEA		
Year 2007			
Jul	Hurt in basic, Army dc		
Aug	DEA Dependent again	860	
Sep			860
Oct			881
Nov			881
Dec			881
Year 2008	**Chris age 21 DEA**		
Jan			881
Feb			881
Mar			881
Apr			881
May			881
Jun	Summer		
Jul	Summer		
Aug			881
Sep			881
Oct			915
Nov			915
Dec			915
Year 2009	**Chris age 22 DEA**		
Jan			915
Feb			915
Mar			915
Apr			915
May			915
Jun			915
Jul			915
Aug			915
Sep			915
Oct			925
Nov			925
Dec			925
Year 2010	**Chris age 23 DEA**		
Jan			925
Feb			925
Mar			925
Apr			925
May			925
Jun			925
Jul			925
Aug	In Aug grad Police Acad 925		
Year 2012	**Chris age 25 DEA**		
Jun		DEA 957	
Jul			957
Aug			957
Sep			957
Oct			987

Nov			987
Dec			987
Year 2013	**Chris age 25 still DEA**		
Jan		DEA 987	
Feb			987
Mar			987
Apr			987
May			987
Aug	Age 26		

TOTAL $42,212

Year/Mth	CALEB	
Year 2008		
Aug	DEA 881	
Sep		881
Oct		915
Nov		915
Dec		915
Year 2009	**Caleb DEA**	
Jan		915
Feb		915
Mar		915
Apr		915
May		915
Jun		915
Jul		915
Aug		915
Sep		915
Oct		925
Nov		925
Dec		925
Year 2010	**Caleb DEA**	
Jan		925
Feb		925
Mar		925
Apr		925
May		925
Jun		925
Jul		925
Aug		925
Sep		925
Oct		936
Nov		936
Dec		936
Year 2011	**Caleb DEA**	
Jan		936
Feb		936
Mar		936
Apr		936
May		936
Jun		936
Jul		936
Aug		936
Sep		936
Oct		957
Nov		957
Dec		957
Year 2012	**Caleb DEA**	

Jan		957
Feb		957
Mar		957
Apr		957
May	Dropped as DEP	
TOTAL $41,773		

Year/Mth	**MATT DEA**	
Year 2009		
May	Grad HS	
Jun	DEA 915	
Jul		915
Aug		915
Sep		915
Oct		925
Nov		925
Dec		925
Year 2010	**Matt DEA**	
Jan		925
Feb		925
Mar		925
Apr		925
May		925
Jun		925
Jul		925
Aug		925
Sep		925
Oct		936
Nov		936
Dec		936
Year 2011	**Matt DEA**	
Jan		936
Feb		936
Mar		936
Apr		936
May		936
Jun		936
Jul		936
Aug		936
Sep		936
Oct		957
Nov		957
Dec		957
Year 2012	**Matt DEA**	
Jan		957
Feb		957
Mar		957
Apr		957
May		957
TOTAL $33,648		

DEPARTMENT OF VETERANS AFFAIRS
MUSKOGEE REGIONAL OFFICE
P.O. BOX 8888
MUSKOGEE OK 74402-8888

February 21, 2020

In Reply Refer To: 351/21

MATTHEW R BOE
PO BOX 617
PANAMA CITY FL 32402

S D Thorn
XXX-XX-7678-A

Dear Mr. Boe:

We received an application for Dependents Educational Assistance signed by your stepmother, Sandra Thornton, on your behalf. No action can be taken on this request.

We need more information to complete your claim.

What You Should Do

You should do the following:

Complete an electronic application by going to www.benefits.va.gov/gibill/ [illegible] and selecting

From: Wilkie, Robert L., Jr.
Sent: Fri, 28 Feb 2020 15:01:58 +0000
To: RLW
Subject: FW: [EXTERNAL] Trump travel restrictions on China slow down coronavirus, South Korea, Italy could be next

From: Americans for Limited Government
Sent: Friday, February 28, 2020 9:59:55 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Trump travel restrictions on China slow down coronavirus, South Korea, Italy could be next

The Capitol Guardian
★Capitol Hill Edition★

Feb. 28, 2020

Permission to republish original opeds and cartoons granted.

Trump travel restrictions on China slow down coronavirus, South Korea, Italy could be next

On Jan. 31, after the World Health Organization declared a global health emergency from the coronavirus, President Trump instituted screening and travel restrictions from China to slow the spread of the virus that may have a higher than 2 percent mortality rate, although the World Health Organization has a 1.5 percent mortality rate outside of China and a 3.4 percent rate inside of China. With such a high mortality rate, containment is critical. In the U.S., so far there have been 60 cases with no deaths. And to keep it that way, the President may be considering expanding the travel restrictions to other countries with outbreaks like South Korea and Italy. "[I]f others aren't taking care or we think they're doing it incorrectly… At a right time, we may do that," President Trump said on Feb. 26 at the White House from a reporter asking if the U.S. would institute additional screening and travel restrictions on South Korea and northern Italy, which have been hit with the Chinese coronavirus.

Cartoon: Clown Car

Dems politicize the coronavirus outbreak, but is that wise?

Video: If Biden loses S.C., his political career is over and Bernie the socialist will be the nominee

If Joe Biden loses in South Carolina, Bernie Sanders and his socialist platform may be unstoppable to beat for the Democratic presidential nomination.

Video: Can S.C. Save Biden? Virus concerns and Latinos for Trump

After running for President for 32 years, will Joe Biden finally win a primary?

Pence right man to lead U.S. response to coronavirus threat

Americans for Limited Government President Rick Manning: "Democrats try to politicize everything, and their incredibly ignorant complaints about the President's putting Vice President Mike Pence in charge of coordinating the U.S. response to the coronavirus are beyond the pale. Pence is not putting on a lab coat, he will be leading the inter-governmental response including coordination with foreign nations. A potentially serious global threat needs a global response that puts the gravity of the threat into perspective and that cannot be done without civilian leadership involved. We need all the help we can get. Most people do not know that each federal government agency has emergency preparation plans that prepare for many worst case scenarios including a potential pandemic. The Vice President's helmsmanship will ensure that our government's national and international preparation and response is comprehensive without creating undo concern in the general public. To try to proceed without White House leadership would be utterly irresponsible and could lead to chaos as agencies pursue different and conflicting paths. Under the Constitution, President Trump is ultimately responsible for the executive branch response and he would not be doing his job if did not put the Vice President who has the proven experience as a governor dealing with agencies and their conflicts."

Gene Schaerr: How widespread is domestic political spying?

"Attorney General William Barr recently took the unprecedented step of requiring any future investigation of a presidential campaign to get approval from him and the director of the FBI. But recent statements from the intelligence agencies suggest that political spying -- on members of Congress as well as presidential candidates -- may be more widespread than Barr himself realizes."

Trump travel restrictions on China slow down coronavirus, South Korea, Italy could be next

By Robert Romano

"[I]f others aren't taking care or we think they're doing it incorrectly… At a right time, we may do that."

That was President Donald Trump, responding to a question on Feb. 26 at the White House from a reporter asking if the U.S. would institute additional screening and travel restrictions on South Korea and northern Italy, which have been hit with the Chinese coronavirus.

On Jan. 31, after the World Health Organization declared a global health emergency from the coronavirus, President Trump instituted screening and travel restrictions from China to slow the spread of the virus.

The Wuhan coronavirus may have a higher than 2 percent mortality rate, although the World Health Organization has a 1.5 percent mortality rate outside of China and a 3.4 percent rate inside of China.

With such a high mortality rate, containment is critical. Not to be alarmist, but if the entire world's population of 7.7 billion got sick, more than 150 million could die globally. That's more than 3 million dead here. It's deadly serious, and not political.

So far, more than 2,700 have died in China with more than 78,000 cases. South Korea has more than 1,700 cases with 13 deaths, and Italy has more than 600 cases with 17 dead.

In the U.S., so far there have been 60 cases with thankfully no deaths. And to keep it that way, the President may be considering expanding the travel restrictions to other countries with outbreaks like South Korea and Italy — the only comprehensive measure he can take in his powers to prevent the virus from traveling across the border.

Health and Human Services Secretary Alex Azar credited the travel restrictions at his press conference for slowing the virus into the U.S.: "The President's early and decisive actions, including travel restrictions, have succeeded in buying us incredibly valuable time. This has helped us contain the spread of the virus, handle the cases that we have, and prepare for the possibility that we will need to mitigate broader spread of infections within the United States. The President's actions taken with the strong support of his scientific advisors have proven to be appropriate, wise, and well-calibrated to the situation."

That is because, like sheltering in one's home when you get sick, limiting human-to-human contact via international travel will limit transmission and prevent the virus from spreading further.

Deputy Director of Centers for Disease Control Dr. Anne Schuchat warned to avoid persons who are coughing and sneezing: "The coronavirus that we're talking about is a respiratory virus. It's spread in a similar way to the common cold or to influenza. It's spread through coughs and sneezes."

South Korea may merit additional consideration for travel restrictions, with the Shincheonji cult that "teaches illness is a sin, encouraging its followers to suffer through diseases to attend services in which they sit closely together, breathing in spittle as they repeatedly amen in unison," according to Foreign Policy's S. Nathan Park on Feb. 27.

Park added, "Shincheonji convinces its members to cover their tracks, providing a prearranged set of answers to give when anyone asks if they belong to the cult. Often, even family members are in the dark about whether someone is a Shincheonji follower. The net effect is that Shincheonji followers infect each other easily, then go onto infect the community at large."

Which is already happening. Per Park, "Although Patient No. 31 ran a high fever, she attended two Shincheonji services which held more than a thousand worshippers each, in addition to attending a wedding and a conference for a pyramid scheme. She visited a clinic after being involved in a minor traffic accident, but ignored the repeated recommendations by the doctors to receive testing for COVID-19. In other cases, a self-identified Shincheonji follower who came to a hospital complaining of high fever ran off during examination when the doctors informed her she may be quarantined."

That doesn't sound like South Korea fully has the situation under control, Park notes: "Since the discovery of Patient No. 31, the number of COVID-19 cases in South Korea jumped from 30 to 977 in eight days. Nearly all of the new cases are Shincheonji followers, or traceable to them."

The thing to watch in the coming days and weeks of course will be how many new confirmed cases there are in the afflicted countries. That will tell the tale if the virus is being contained, or if it's still spreading and getting worse. Fortunately, President Trump doesn't sound like he wants to take any chances, meaning if the virus keeps spreading in South Korea, Italy and elsewhere, watch for more travel restrictions until the outbreak is fully under control.

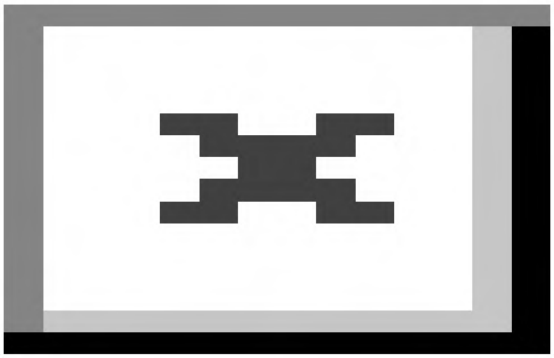
Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Cartoon: Clown Car

By A.F. Branco

Click here for a higher level resolution version.

Video: If Biden loses S.C., his political career is over and Bernie the socialist will be the nominee



To view online: https://www.youtube.com/watch?v=HzYjO1Yj4QU

Video: Can S.C. Save Biden? Virus concerns and Latinos for Trump

To view online: https://www.youtube.com/watch?v=ArQ2zY6bv-I

ALG
PRESS RELEASES

Pence right man to lead U.S. response to coronavirus threat

Feb. 28, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement defending the appointment of Vice President Mike Pence to lead the U.S. response to the coronavirus outbreak:

"Democrats try to politicize everything, and their incredibly ignorant complaints about the President's putting Vice President Mike Pence in charge of coordinating the U.S. response to the coronavirus are beyond the pale.

"Pence is not putting on a lab coat, he will be leading the inter-governmental response including coordination with foreign nations. A potentially serious global threat needs a global response that puts the gravity of the threat into perspective and that cannot be done without civilian leadership involved. We need all the help we can get.

"Most people do not know that each federal government agency has emergency preparation plans that prepare for many worst case scenarios including a potential pandemic. The Vice President's helmsmanship will ensure that our government's national and international preparation and response is comprehensive without creating undo concern in the general public. To try to proceed without White House leadership would be utterly irresponsible and could lead to chaos as agencies pursue different and conflicting paths. Under the Constitution, President Trump is ultimately responsible for the executive branch response and he would not be doing his job if did not put the Vice President who has the proven experience as a governor dealing with agencies and their conflicts."

To view online: https://getliberty.org/2020/02/pence-right-man-to-lead-u-s-response-to-coronavirus-threat/

ALG Editor's Note: In the following featured oped from Real Clear Politics, Project for Privacy and Surveillance Accountability general counsel Gene Schaerr warns that political surveillance by intelligence agencies may be more widespread than Attorney General William Barr realizes:

RealClear Politics

How widespread is domestic political spying?

By Gene Schaerr

Attorney General William Barr recently took the unprecedented step of requiring any future investigation of a presidential campaign to get approval from him and the director of the FBI. But recent statements from the intelligence agencies suggest that political spying -- on members of Congress as well as presidential candidates -- may be more widespread than Barr himself realizes.

Barr's laudable decision was in part a reaction to the report by Inspector General Michael E. Horowitz, which detailed the lack of adequate institutional oversight of electronic surveillance within the FBI, even about an investigation touching on a presidential campaign. Some civil libertarians also worry that the government may be playing fast and loose with "unmasking" – the practice of revealing within the intel community the identity of an American citizen whose conversations are incidentally caught up in the National Security Agency's trawler of

international calls. Sen. Lindsey Graham, then chairman of the Senate Intelligence Committee, voiced concern that he might have been a victim of unmasking.

It would be easy to write off these stories as overhyped (if you dislike Trump), or proof that the intelligence community is out to get Trump (if you like Trump). But the threat of political surveillance should not be a partisan matter. After all, political surveillance hit a high point with the FBI and CIA in the (Republican) Nixon era, when both agencies were deployed to conduct domestic, political spying.

To determine whether such spying has recently occurred, our nonpartisan civil liberties group filed Freedom of Information Act (FOIA) requests with the prominent agencies in Washington's intelligence community. We first asked about surveillance of members of the House and Senate Intelligence Committees in both parties.

The Office of the Director National Intelligence got back to us in just four business days. As often happens with FOIA requests, we received a boilerplate non-answer called a "Glomar response." The agency said it "can neither confirm nor deny the existence or non-existence of records responsive to of [sic] your request. The fact of the existence or non-existence of the requested records . . . could reveal intelligence sources and methods information that is protected from disclosure."

When we asked the same question about presidential campaigns going back to 1978, we got the same answer. Another FOIA request, about the possible targeting of members of the House and Senate Judiciary Committees, produced a Glomar response within two business days.

This method of institutional stonewalling originated from one of America's most ambitious intelligence projects. In 1968, naval observers in the Pacific noticed a flurry of Soviet naval activity that could only have been a search for a missing submarine. The U.S. Navy located the wreck of the Soviet submarine K-129, capable of carrying nuclear missiles, 16,000 feet below the surface. Enlisting billionaire industrialist Howard Hughes to create an elaborate cover story, the CIA commissioned the state-of-the-art Hughes Glomar Explorer to recover the wreck. The project quickly generated rumors. Unwilling to acknowledge its project to the media, the CIA issued the first "Glomar" response.

In the intervening years, this non-answer meant to conceal a monumental intelligence project about a sunken Russian sub has become a standard response to inquiries about matters of broad public interest. One federal judge in 2004 rejected a request by the Department of Defense and CIA to conceal documents and photos pertaining to the Abu Ghraib torture scandal. But the record of lower courts has mostly been to expand the reach of the Glomar blanket, and the agencies continue to hide under it whenever possible.

But where possible political spying is concerned, even a Glomar response is revealing: If the agency is not engaged in political spying, no "sources and methods" could possibly be exposed

from a straightforward answer to the question – are you now or have you been spying on presidential candidates or members of Congress? The agencies' Glomar responses thus imply that at least some "sources and methods" for spying on presidential candidates and members of Congress have, at some point, been developed and deployed.

Such political surveillance, if it is still happening, would be a greater threat than anything Russia might have done. It is one thing for Moscow to use social media to try to meddle in our politics and culture. Far worse would be for our own intelligence agencies to think and act like Russian intelligence agencies.

Moreover, surveilling legislators would give the executive branch a whip to hold over Congress. Similarly, spying on presidential candidates and campaigns would create a danger of the kind of blackmail in which FBI director J. Edgar Hoover is believed to have engaged.

And if our nation's leaders are not safe from surveillance by our own government, do you really think you are?

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From: (b)(6)
Sent: Fri, 28 Feb 2020 16:40:15 +0000
To: RLW
Subject: [EXTERNAL] FW: Mulvaney dismisses coronavirus concern as media panic

Mulvaney dismisses coronavirus concern as media panic

By Myah Ward

02/28/2020 11:36 AM EST

Mick Mulvaney just broke his own rule.

The acting White House chief of staff accused the media on Friday of stoking fear over the coronavirus as a plot to take down President Donald Trump, warned of potential school shutdowns and appeared to chastise investors for monitoring news coverage of the outbreak.

The freewheeling commentary at a conservative activist conference in Maryland contradicted instructions he had given a day earlier to bring order to the administration's coronavirus messaging strategy by routing it through the office of Vice President Mike Pence.

"That's what this is all about. I got a note today from a reporter saying, what are you going to do today to calm the markets? Really what I might do today to calm the markets is tell people to turn their televisions off for 24 hours," Mulvaney said at the Conservative Political Action Conference.

But Mulvaney also conceded to the seriousness of the virus, and said that the U.S. would "probably" see school closures as the illness continues to spread across the globe.

Mulvaney's comments come amid a tumbling stock market and bipartisan backlash from lawmakers as the Trump administration works to show it's in control of the spreading global threat. Trump launched the federal government's response this week, appointing Vice President Mike Pence to command the U.S. coronavirus response team.

That move was followed a day later by Pence's decision to appoint a government health official, Ambassador Debbie Birx, as the administration's coronavirus "coordinator." But White House efforts thus far have apparently done little to assuage public concerns or calm a tumbling stock market, which opened Friday by falling significantly once again.

The Trump administration has struggled in particular to bring its own messaging — led by Trump's insistence that the coronavirus poses little threat to the U.S. because of preparations he has directed — in line with that of government health officials, who have warned that a domestic outbreak of coronavirus is inevitable.

Mulvaney's message on Friday sought to dismiss concern about the coronavirus, suggesting that it is not as serious as previous viral outbreaks. The acting chief of staff told CPAC that

coronavirus "is not a death sentence. It's not the same as the Ebola crisis."

"At any particular time, 20 million people in this country are going to have the flu. The flu kills people, it does. This is not Ebola, OK? And I'll tell you what that means in a sense," Mulvaney said. "It's not SARS. It's not MERS. Why do we say that? When you look at the severity of diseases, one of the ways you can look at it is looking at the percentage of people who get it who die. I know that's sort of hard-hearted, but that's sort of how we look at it."

Mulvaney said people are watching the markets, and that there is a "huge panic," but he questioned why there isn't the same reaction every year with the flu.

"Are you going to see some schools shut down? Probably. May you see impacts on public transportation? Sure. But we do this. We know how to handle this," Mulvaney said. "So, that's one of the things — that's the kind of message you try to get out. There are professionals who know how to handle this."

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https://subscriber.politicopro.com/budget-appropriations/article/2020/02/mulvaney-dismisses-coronavirus-concern-as-media-panic-1885726

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To: RLW
Subject: [EXTERNAL] FW: Mulvaney sounds off at CPAC and Pompeo dodges Democrats on Capitol Hill: The latest on coronavirus

Mulvaney sounds off at CPAC and Pompeo dodges Democrats on Capitol Hill: The latest on coronavirus

By POLITICO Staff

02/28/2020 12:34 PM EST

Trump administration officials remained firmly in the spotlight Friday amid the White House's effort to gain traction on its response to coronavirus. President Donald Trump complained that Democrats are blaming him for the outbreak while acting White House chief of staff Mick Mulvaney accused the media of stoking fears over coronavirus as a means of attacking Trump himself. On Capitol Hill, Republicans walked out of a briefing with health officials after Democratic Rep. Rosa DeLauro attacked the Trump administration's response to the outbreak as disorganized.

Mulvaney dismisses concern as media panic

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— *Myah Ward*

Republicans storms out of briefing after Democrat rips Trump's response

Several House Republicans walked out of a closed-door coronavirus briefing Friday with Trump health officials in protest after a senior Democrat blasted the Trump administration's handling of the response effort.

DeLauro (D-Conn.) kicked off the briefing sharply criticizing the administration as disorganized

and lacking urgency in combating the coronavirus, lawmakers said. Her eight-minute speech frustrated Republicans and some Democrats assembled to hear from the slate of officials from the CDC, NIH and State Department.

"If I wanted to hear the politics of it, I'd read POLITICO or something, let's be serious," said Rep. Paul Mitchell (R-Mich.), who was among the walkouts.

— *Adam Cancryn and David Lim*

Pompeo dodges coronavirus questions on Capitol Hill

Secretary of State Mike Pompeo could barely contain his annoyance at being asked about the coronavirus Friday during a House committee hearing that was supposed to focus on the Middle East.

“Is that the question? … We agreed that I would come here today to talk about Iran,” Pompeo said early on after being asked about the virus.

Pompeo managed, however, to use the coronavirus questions to slam two of his favorite targets, Iran and China, alleging that the two countries had misled the world about the virus’ impact, though he also said the U.S. has offered assistance to Iran.

Perhaps the most tense moment came when Rep. Ted Lieu (D-Calif.) pressed the secretary on whether he agreed with comments by White House chief of staff Mick Mulvaney that media outlets were playing up the coronavirus news to bring down President Donald Trump.

At one point, Mulvaney used the phrase “hoax of the day” — which Lieu latched onto in demanding to know if Pompeo agreed.

Pompeo wouldn’t directly say yes or no. “I’m not going to comment on what others are saying,” he said, insisting that the State Department is doing what it can to protect Americans from the illness.

Pompeo accused Lieu of trying to score a “gotcha moment.” But his reluctance to contradict Mulvaney is par for the course for Pompeo. He takes great pains to avoid publicizing differences between himself and the White House.

— *Nahal Toosi*

Trump says Democrats are blaming him for outbreak

President Donald Trump accused congressional Democrats early Friday morning of unfairly blaming the coronavirus’ threat to Americans on his administration, tying the global health epidemic even closer to domestic politics.

“So, the Coronavirus, which started in China and spread to various countries throughout the world, but very slowly in the U.S. because President Trump closed our border, and ended flights, VERY EARLY, is now being blamed, by the Do Nothing Democrats, to be the fault of

'Trump,'" the president wrote on Twitter just after midnight.

In another message roughly half an hour later, Trump suggested Democratic lawmakers had been "wasting time" on other legislative priorities and efforts to denigrate Republicans as the coronavirus outbreak proliferated.

"The Do Nothing Democrats were busy wasting time on the Immigration Hoax, & anything else they could do to make the Republican Party look bad, while I was busy calling early BORDER & FLIGHT closings, putting us way ahead in our battle with Coronavirus. Dems called it VERY wrong!" Trump wrote.

— *Quint Forgey*

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https://subscriber.politicopro.com/education/article/2020/02/mulvaney-sounds-off-at-cpac-and-pompeo-dodges-democrats-on-capitol-hill-the-latest-on-coronavirus-1885781

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From: Wilkie, Robert L., Jr.
Sent: Sat, 29 Feb 2020 15:33:02 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Our Best Intel: Our Latest Coronavirus Polling, Sanders Leads Among Black Primary Voters, Biden's Post-Debate Bump, and More

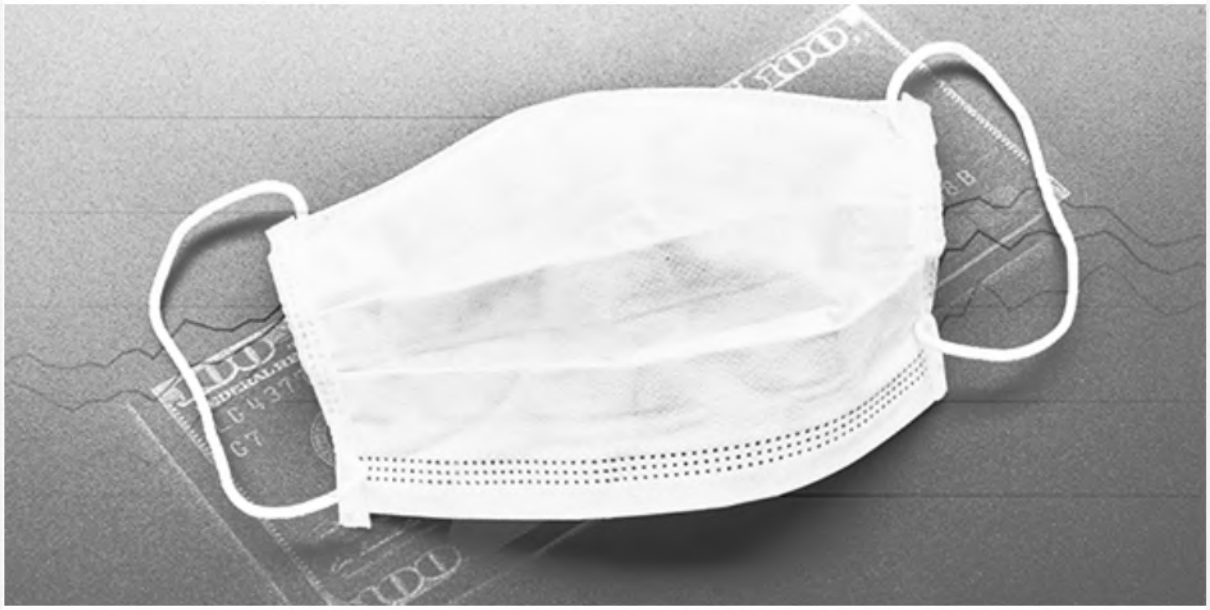
From: Morning Consult
Sent: Saturday, February 29, 2020 10:31:44 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Our Best Intel: Our Latest Coronavirus Polling, Sanders Leads Among Black Primary Voters, Biden's Post-Debate Bump, and More

MORNING CONSULT

OUR BEST INTEL

A Roundup of Essential Data & Insights

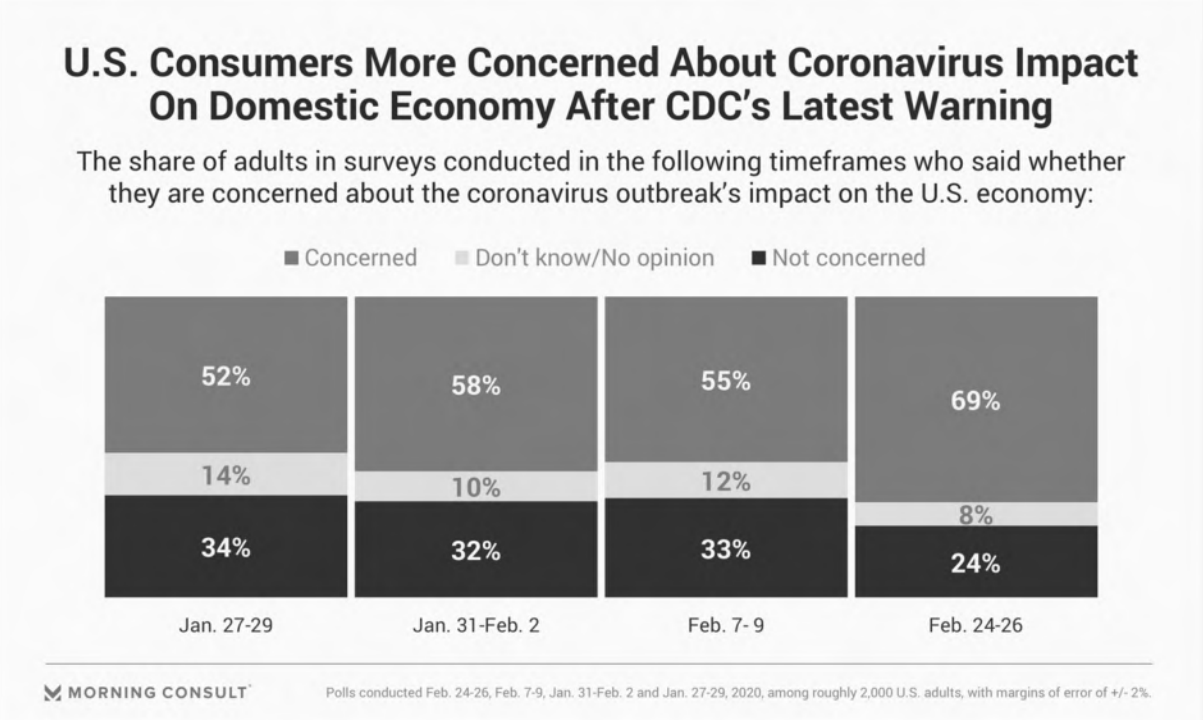
LATEST ON CORONAVIRUS



As concerns about the coronavirus escalate, Federal Reserve officials and business executives are turning to consumer confidence to measure the virus' impact on both the U.S. and global economy. **Morning Consult will be releasing its consumer confidence indices on a daily basis, in addition to tracking public reaction to key political and health trends.**

GET DAILY UPDATES

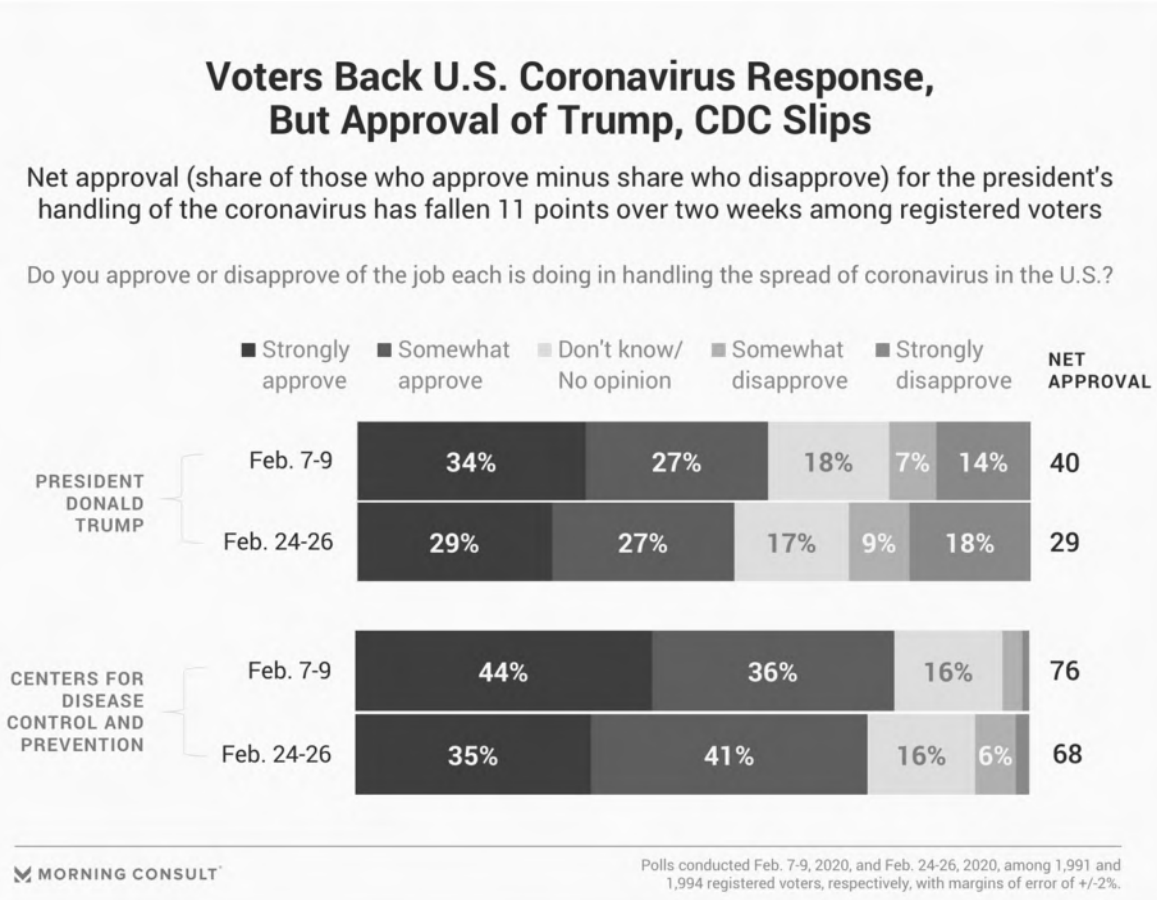
LATEST ON CORONAVIRUS



Sixty-nine percent of U.S. adults are either "very" or "somewhat" concerned about the domestic economic impact of the coronavirus, according to a Morning Consult poll conducted Feb. 24-26.

READ MORE

LATEST ON CORONAVIRUS



56% of voters approve of the president's handling of the coronavirus outbreak, down 5 percentage points from Feb. 7-9 survey.

More than half of voters "strongly" agree that testing and treatment of the coronavirus should be free for all Americans, including the uninsured.

READ MORE

BRAND SPOTLIGHT

21%	20%	5%
Won't Consider Purchasing - Past Month	Won't Consider Purchasing - Past Year	Negative Buzz

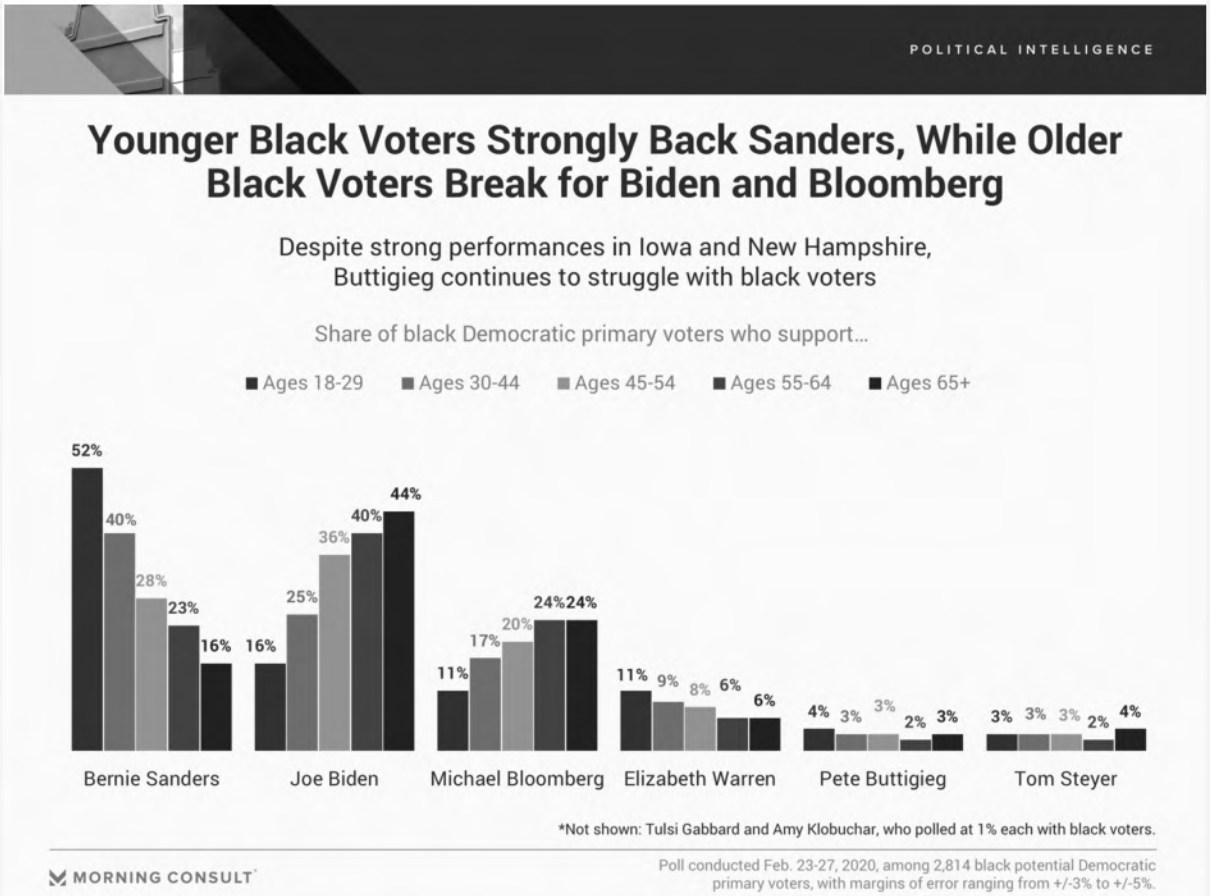
Despite reports that consumers are conflating the brand Corona with coronavirus, Morning Consult Brand Intelligence data tells a different story.

Morning Consult brand tracking data shows little reason to suggest that consumers are drawing a direct connection between one of the most established and popular beer brands in the United States and the COVID-19 outbreak.

- The share of all adults surveyed over the past month who would not consider purchasing Corona, 21 percent, is virtually unchanged from that share of adults surveyed over the past year, 20 percent.
- Positive buzz for the brand dropped in mid-December, when news of the outbreak in Wuhan, China first started to break through, dropping from a high of 30% on Dec. 9 to a low of 16% on Jan. 1, and continued to hover in the 17-23% range since, slightly lower than its previous range of 23-28%. This dip in positive buzz has not been accompanied by a rise in negative buzz, which topped out at 5% in February, not significantly higher than normal.

GET MORE DATA ON CORONA

POLITICAL INTELLIGENCE



Sen. Bernie Sanders (I-Vt.) bests former Vice President Joe Biden, 35 percent to 30 percent, among black primary voters. The Vermonter is the clear front-runner among black primary voters younger than 45, driven by his majority support among those ages 18-29.

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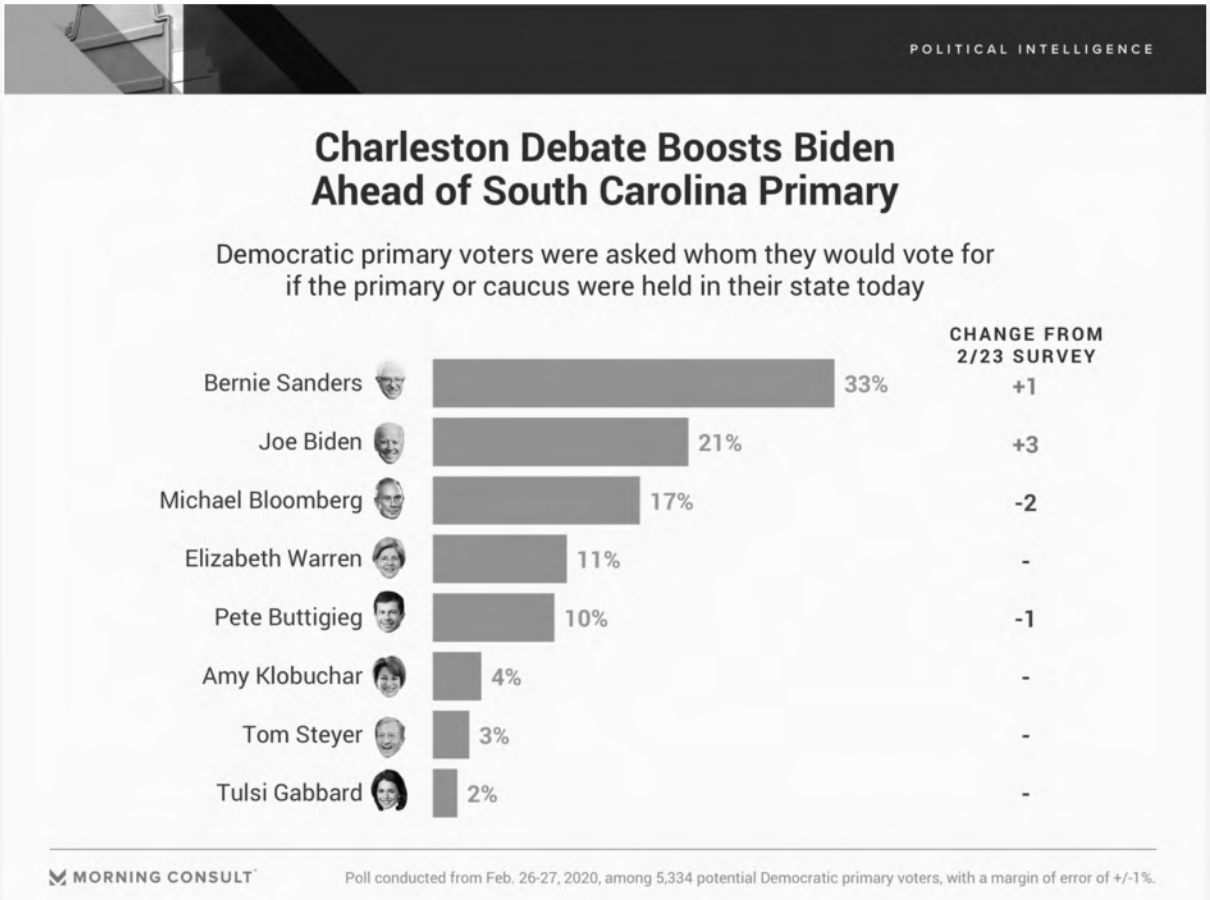
POLITICAL INTELLIGENCE



Biden saw his support increase by 3 percentage points in the two days following the debate, the biggest movement Morning Consult measured during the time period.

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POLITICAL INTELLIGENCE

3 in 5

Three in five Democratic primary voters think Barack Obama has endorsed a candidate for president. Former New York City Mayor Michael Bloomberg (26 percent) and former Vice President Joe Biden (25 percent) were the most likely beneficiaries of this false perception.

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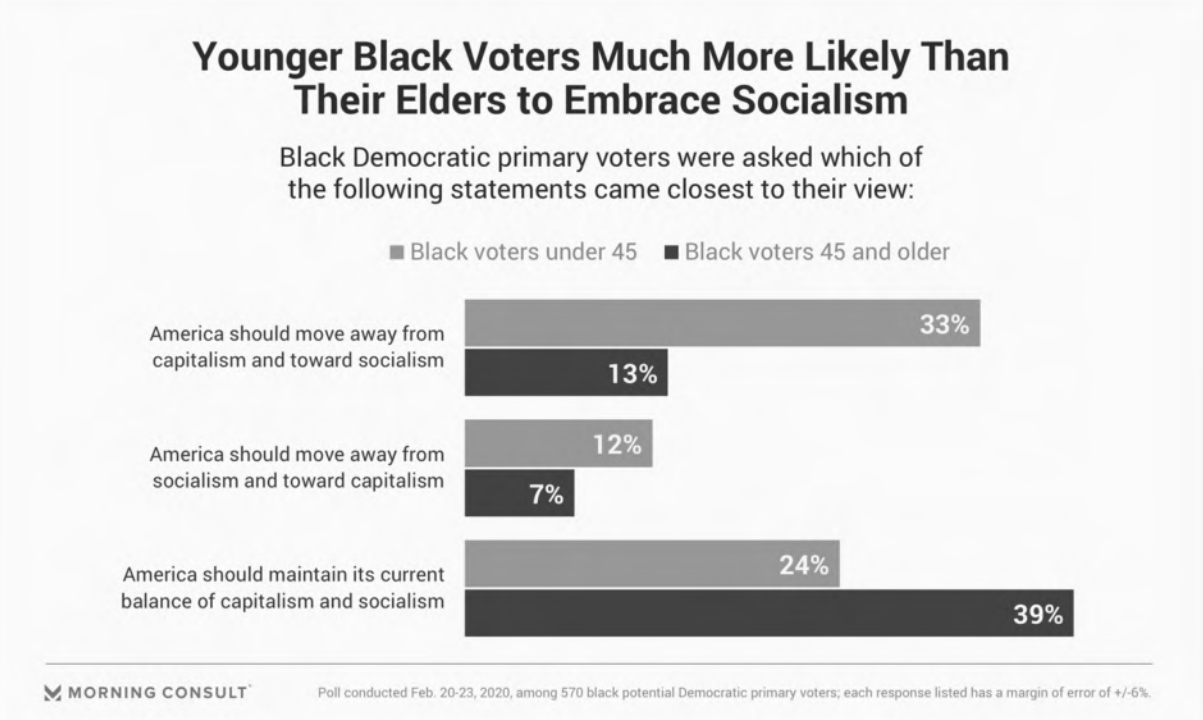
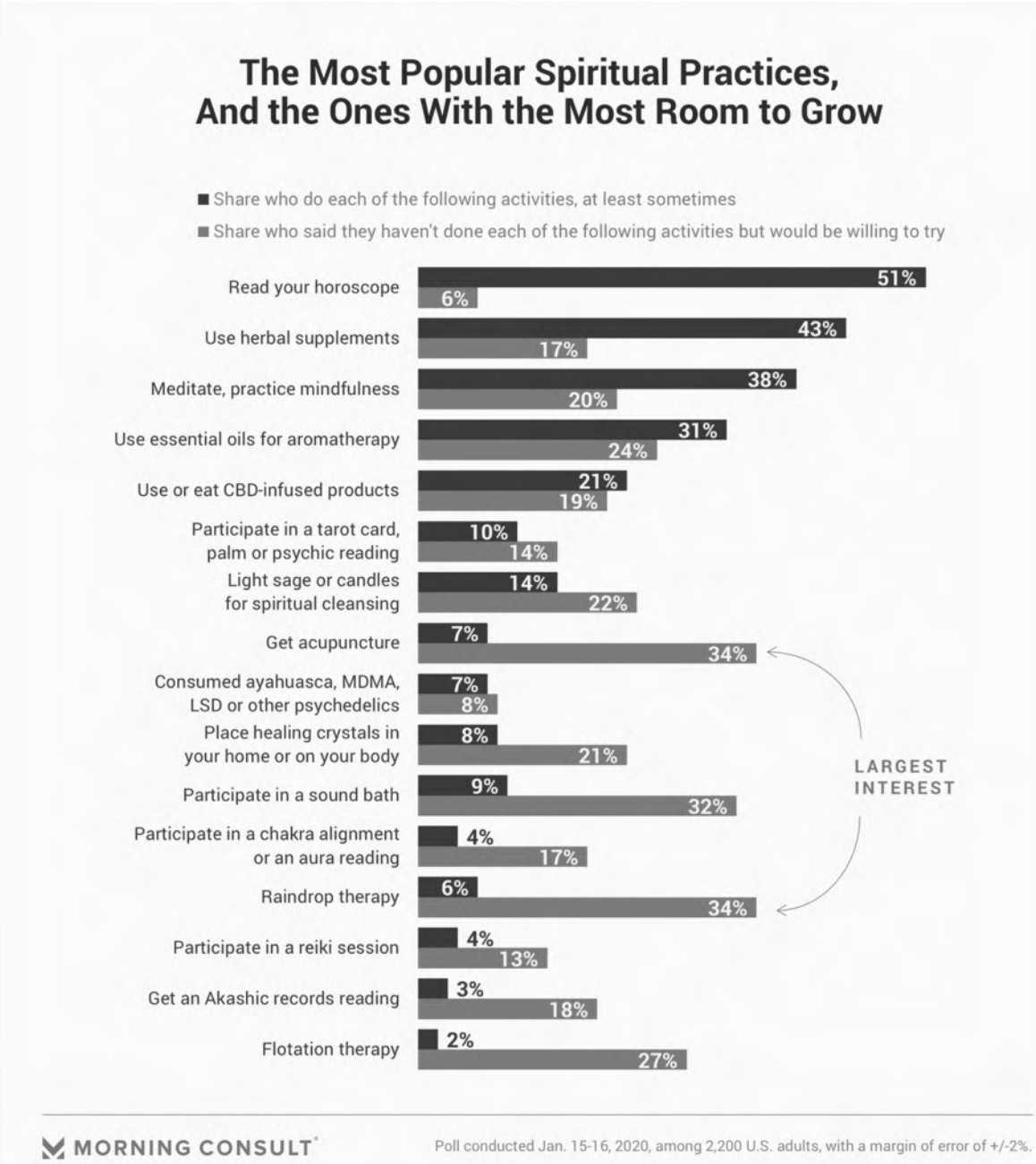
POLITICAL INTELLIGENCE



Black primary voters under the age of 45 were 20 percentage points more likely than the older cohort to say that they believe America should move away from capitalism and toward socialism. While 39 percent of older black voters said the country should maintain its current balance of socialism and capitalism, 24 percent of younger black voters agreed.

READ MORE

BRAND INTELLIGENCE



Gwyneth Paltrow's new Netflix Inc. series, "The Goop Lab," has brought new attention to the growing markets of alternative medicine and spiritual, New Age-y practices. Of these practices, astrology has the largest mainstream reach, with roughly half the public saying they check their

horoscope at least sometimes. Smaller but significant shares say they at least sometimes use herbal supplements (43 percent), meditate (38 percent) or dabble with essential oils for aromatherapy (31 percent).

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OTHER NUMBERS TO KNOW

13%

13% of Netflix's English-language features in 2019 were directed by black directors vs. 5.5% in theaters. Read

—

3.5k

The Dow lost nearly 357 points on Friday and over 3,500 points for the week. The global selloff has stocks registering their steepest weekly decline since the 2008 global financial crisis. Read

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From: Wilkie, Robert L., Jr.
Sent: Sun, 1 Mar 2020 21:31:12 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Morning Consult Brands: Week in Review & What's Ahead

From: Morning Consult
Sent: Sunday, March 1, 2020 4:30:55 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Morning Consult Brands: Week in Review & What's Ahead

BRANDS

By Joanna Piacenza

Week in Review

Advertising

- WPP PLC shares dropped as much as 17 percent, the largest one-day percentage fall since 1992, after the world's biggest advertising group reported its sales would stagnate this year following a revenue drop of 1.6 percent last year.
- Alphabet Inc.'s YouTube has launched a pilot program allowing creators to sell advertising to brands with which they have partnerships, according to the platform's director of product management, Tom Leung.
- Uber Technologies Inc. has created its own ad platform by partnering with out-of-home ad tech company Adomni to put ad displays atop a thousand of its Uber vehicles in Atlanta, Dallas and Phoenix by April 1.
- Reddit Inc. said it has chosen Interpublic Group's R/GA as agency-of-

record in the company's first major marketing effort in its 15-year-history.

- As many small merchants face factory closings and other coronavirus-related slowdowns, Amazon.com Inc. sellers are spending 6 percent less on ads over the past two weeks than they did a year ago, according to Quartile Digital, a firm that helps manage the site's advertising for 2,300 brands selling goods on Amazon.

Marketing

- Giant Food Stores has a new name and branding: The grocery store chain, now called The Giant Company, unveiled a new logo featuring oversized red letters, including a subtle leaf motif in the letter "A," meant to signify the company's commitment to growth and freshness. The company said it has refreshed logos for its top brands such as Giant, Martin's, Giant Heirloom Market, Giant Direct and Martin's Direct.

- J.M. Smucker Co. has teamed up with Giphy to release a limited-edition jar of "GIF" peanut butter, temporarily replacing the company's famous "Jif" brand and playing into the longstanding debate over how to pronounce GIF - with a "soft G" or a "hard G."

- Constellation Brands Inc. is standing behind a Twitter promotion for its new Corona Hard Seltzer that promises the new hard seltzer flavors are "coming ashore soon," after facing online criticism that the campaign is in poor taste and has bad timing given the outbreak of the coronavirus.

What's Ahead

- Companies reporting earnings this week include Kohl's Corp. (March 3), Target Corp. (March 3), American Eagle Outfitters Inc. (March 4),

Campbell Soup Co. (March 4) and Dollar Tree Inc. (March 4).

- Adweek's second annual Challenger Brands summit on March 4-5 features speakers such as Shelley Haus, chief marketing officer at Ulta Beauty Inc., and Elise Loehnen, chief content officer at Goop.
- South by Southwest begins March 13, and this year's speaker lineup includes Martin Sorrell, executive chairman of S4 Capital; Guru Gowrappan, CEO of Verizon Media; and Laurene Powell Jobs, Emerson Collective founder and president.
- Adobe Summit 2020, March 29-April 2 in Las Vegas, features keynote speakers such as LinkedIn Corp. CEO Jeff Weiner and Goop founder Gwyneth Paltrow.

Events Calendar (All Times Local)

03/01/2020

Social Media Marketing World

03/02/2020

Social Media Marketing World

ANA Masters of Data and Technology

03/03/2020

Social Media Marketing World

ANA Masters of Data and Technology

03/04/2020

Adweek's Challenger Brands Summit, a Brandweek event

ANA Masters of Data and Technology

03/05/2020

Adweek's Challenger Brands Summit, a Brandweek event

View full calendar

Special Report: The State of Consumer Trust

As the new decade begins, Morning Consult's **The State of Consumer Trust** report is the first look at how today's societal forces are shaping a new era of trust. Based on interviews with thousands of consumers, the report provides actionable intelligence into how companies can earn and deepen

trust with customers.

Download the full report.

Morning Consult Brands Top Reads

1) Giant unveils new company name and logo
Sue Gleiter, PennLive.com

2) Jif settles the great debate with a GIF peanut butter jar
Jordan Valinsky, CNN

3) Bloomberg trolls President Trump with mocking billboards, but they backfire as memes
Ilyse Liffreing, Ad Age

4) WPP shares dive as profit drop and coronavirus unnerve investors
Mark Di Stefano, Financial Times

5) Nike Powerfully Memorializes Kobe Bryant by Honoring His Multifaceted Legacy
David Griner, Adweek

6) Uber Inks Deal With Adomni to Put Ad Displays Atop Vehicles
Scott Nover, Adweek

7) 'Cookie apocalypse' forces profound changes in online advertising
Alex Barker, Financial Times

8) Here is the Democratic National Convention logo you'll soon be seeing around the city
Mary Spicuzza, Milwaukee Journal Sentinel

9) Facebook blocks valuable ad data in privacy update to its marketing

partner program
Garett Sloane, Ad Age

10) Amazon Opens Cashierless Supermarket in Latest Push to Sell Food
Sebastian Herrera and Aaron Tilley, The Wall Street Journal

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Sent: Mon, 2 Mar 2020 13:51:36 +0000
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From: Morning Consult
Sent: Monday, March 2, 2020 8:50:02 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Morning Consult Brands: U.S. Companies Increasingly Raise Alarm Over Coronavirus Outbreak

BRANDS

By Joanna Piacenza

Top Stories

- The coronavirus is rising as a top concern for executives: 129 S&P 500 companies mentioned it in their quarterly earnings calls in February, up from 60 in January, and it was named nearly 600 times in companies' security filings in just the past week, according to the research firm Kaleidoscope. U.S. business activity also fell last month to the lowest level in more than six years. (The Wall Street Journal)

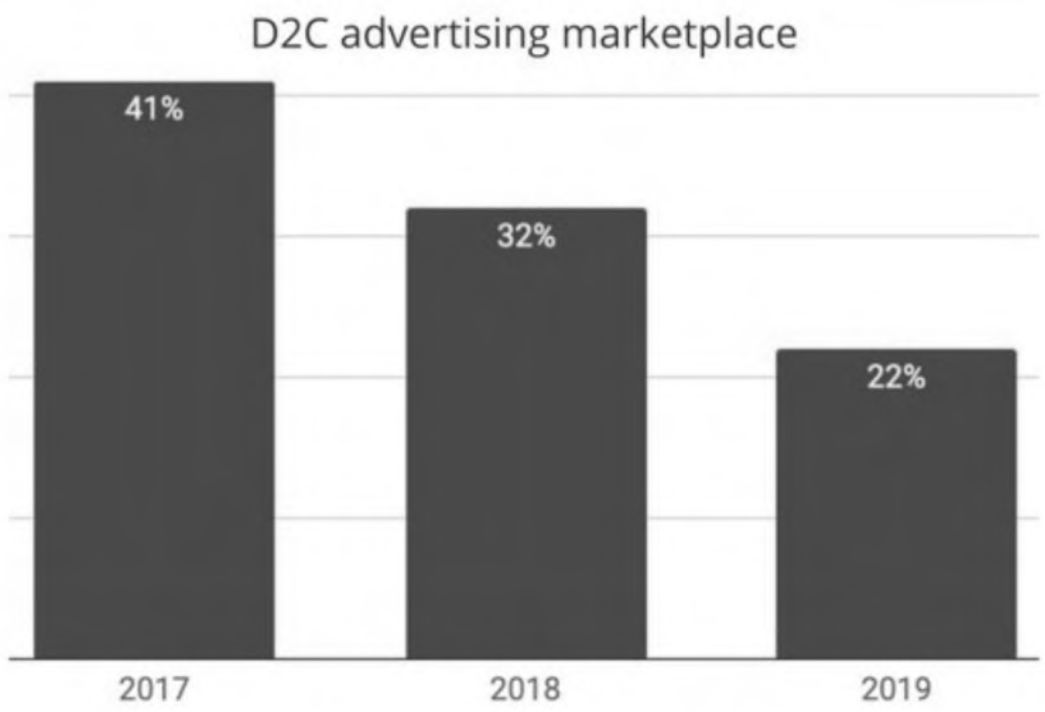
- Responding to a public relations survey that claimed "38% of beer-drinking Americans would not buy Corona under any circumstances" given the spread of the coronavirus, Constellation Brands Inc. said it was unfortunate that "recent misinformation about the impact of this virus on our business" was circulating on social media, and that the claims don't match its business performance and consumer sentiment. The poll found that only 4 percent of regular Corona drinkers said they would stop

drinking the beer, and that the 38 percent figure came from people who did not describe themselves as previous Corona-drinkers. (Ad Age)

- National College Players Association executive director Ramogi Huma is asking for "a serious discussion" about whether the NCAA should play March Madness games with no fans present to protect athletes from the virus. (Bloomberg)

Chart Review

GroupM: DTC Sector Growth Is Slowing
MediaPost



Source: GroupM Business Intelligence, February 2020.

Events Calendar (All Times Local)

03/02/2020

Social Media Marketing World

ANA Masters of Data and Technology

03/03/2020

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Download the full report.

Advertising

BSSP Hires Tracey Pattani As New CEO
Lindsay Rittenhouse, Ad Age

She replaces David Eastman, who recently parted ways with the agency.

Watch Zion Williamson's First Gatorade Ad

E.J. Schultz, Ad Age

The NBA rookie star shares the stage with icons such as Michael Jordan and Serena Williams in the ad.

Travelocity's First Campaign from New AOR Suggests There's No Place Like Gnome
Adrianne Pasquarelli, Ad Age

Expedia-owned online travel agency began working with Proof last year.

Media and Entertainment

AT&T Adds Another TV Option to Lure Cord-Cutters
Drew FitzGerald, The Wall Street Journal

Internet-based AT&T TV closely resembles DirecTV service, but sidesteps the satellite dish.

More than 40 current and former Bloomberg LP employees reveal the company's abusive 'trading floor' culture, where Mike Bloomberg and his colleagues allegedly called women 'SFUs' for 'short fat and ugly,' and women complained about a senior newsroom leader's unwanted massages for years.
Nicole Einbinder and Dakin Campbell, Business Insider

Bloomberg LP, the financial services and media company in New York City, made Mike Bloomberg a billionaire. It also ran on fear and tolerated harassment and bullying, employees say.

Disney's Surprise Move Is All the Buzz in Hollywood
Christopher Palmeri, Bloomberg

Retirement was a favorite topic for Bob Iger. He talked about it often, and for years, setting no fewer than five dates when he would give up the job of

presiding over the world's largest entertainment company.

How Bob Iger Unified Disney's New Magic Kingdom
Erich Schwartzel and Ben Fritz, The Wall Street Journal

The ex-chief executive of Walt Disney Co. cast himself in the role of a brand manager as he amassed a stable of beloved characters ranging from Princess Leia to Bart Simpson.

PGA Tour links with Action Network for golf betting
Kayleigh Barber, Digiday

The PGA Tour launched a content-based partnership with sports betting publisher The Action Network on Monday, taking further steps in legitimizing the involvement of professional sports leagues in sports gambling.

How DJ Khaled Has Made Confidence a Brand-and a Formula for Outsize Success
Nicole Ortiz, Adweek

'There are things that you've seen me do already, but we're going to put steroids into it.'

Nearly 10,000 sign petition calling for SXSW to be canceled over mounting coronavirus worries
Connor Perrett, Business Insider

A petition calling for the cancellation of South by Southwest (SXSW), an annual media festival in Austin, Texas, over COVID-19 fear has received nearly 10,000 signatures.

Twitter suspends all 'non-critical' travel due to coronavirus
Michael Cogley, Telegraph

The ban has meant that founder Jack Dorsey's appearance at the South by South West (SXSW) Conference in Texas has been cancelled. SXSW is the

latest global event to be hit by the deadly virus, which has already claimed Facebook's F8 developer's conference, and Mobile World Congress in Barcelona.

Social Media and Technology

Facebook Undergoes Social Media Overhaul As Part Of Corporate Rebrand
Ilyse Liffreing, Ad Age

The platform launches new Facebook and Instagram accounts, while Instagram gets a new PR Twitter account.

Welcome to Botnet, Where Everyone's an Influencer
Arielle Pardes, Wired

A social network populated entirely by adoring bots aims to mimic the experience of being a celebrity online-trolls not included.

Walmart, Verizon in Talks to Test 5G Services in Some Stores
Sarah Krouse et al., The Wall Street Journal

Retailer would install rooftop antennas to test faster connectivity in new health clinics.

How Tech Makes an Experience Out of Everything
Nat Ives, The Wall Street Journal

Your privacy policy is like a new finish on your phone, Publicis Sapient Chief Experience Officer John Maeda says.

PR and Marketing

Harley-Davidson CEO Steps Down After Five-Year Sales Slump
Gabrielle Coppola, Bloomberg

Harley-Davidson Inc. is starting the week in search of a new boss, seeking someone who can stem years of declining sales at the iconic American motorcycle maker just as it's starting to roll out some new products.

Nike closed its worldwide headquarters in Oregon for deep-cleaning after the 1st US coronavirus death
Connor Perrett, Business Insider

Nike announced Sunday it would temporarily close its world headquarters in Beaverton, Oregon out of an "abundance of caution."

Uber Advises Drivers to Clean Cars Amid Coronavirus
Priya Anand, The Information

Uber sent health tips to drivers across the world on Friday evening, as coronavirus fears spread.

El Pollo Loco Is Putting Meatless, Faux-Chicken Tacos on Its Menu at All 485 Locations
T.L. Stanley, Adweek

The rollout is 'very significant' for plant-based trend, experts say.

Most Americans are not prepared for a disaster. Now survival kits are all over Instagram.
Colleen Hagerty, Vox

The Kardashians and the Real Housewives are talking about premade Judy survival kits. Are they any good?

Starbucks Baristas Accuse Service Company of Abuse and Pay Gaps
Maria Cramer, The New York Times

A union representing employees at airport Starbucks locations says immigrant, transgender and black baristas have faced discrimination.

Specialty Grocers Lose Their Edge

Jaewon Kang, The Wall Street Journal

Fairway, Earth Fare and Lucky's have filed for bankruptcy as shoppers increasingly find a similar product mix in mainstream supermarkets.

AmEx Staff Misled Small-Business Owners to Boost Card Sign-Ups
AnnaMaria Andriotis, The Wall Street Journal

Questionable sales tactics cropped up in push to retain cardholders after Costco partnership ended.

Inside Anheuser-Busch InBev's $1b a year DTC business
Seb Joseph, Digiday

Like many businesses, Anheuser-Busch InBev it taking a hit from the spread of the coronavirus. In AB InBev's case to the tune of $285 million in lost revenue.

The man who founded Trader Joe's has died, and people are mourning the cultural icon
Meryl Kornfield, The Washington Post

In the 1960s, Joe Coulombe envisioned a future where people would want trendy foods.

Jack Welch, former chairman and CEO of GE, dies at 84
Marty Steinberg, CNBC

Jack Welch, a railroad conductor's son who became chairman and CEO of General Electric and led it for two decades, growing its market value from $12 billion to $410 billion, has died. He was 84.

Opinions, Editorials, Perspectives and Research

Take One Last Look at the (Many) Plastic Bags of New York
Annalisa Quinn, The New York Times

If the state ban is successful, these now-familiar objects may eventually become artifacts of a New York City past.

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Sent: Mon, 2 Mar 2020 15:45:24 +0000
To: RLW
Subject: FW: [EXTERNAL] Biden not dead yet with win in S.C., but Bernie still poised for big Super Tuesday

From: Americans for Limited Government
Sent: Monday, March 2, 2020 10:43:27 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Biden not dead yet with win in S.C., but Bernie still poised for big Super Tuesday

The Capitol Guardian
Capitol Hill Edition

March 3, 2020

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Biden not dead yet with win in S.C., but Bernie still poised for big Super Tuesday

Former Vice President Joe Biden's presidential campaign is not dead yet with a win in the South Carolina Democratic presidential primary, throwing the contest into chaos, but Sen. Bernie Sanders, a self-described democratic socialist, still appears poised for a big performance in Super Tuesday on March 3. Voting on Tuesday will occur in 14 states: Alabama, Arkansas, California, Colorado, Maine, Massachusetts, Minnesota, North Carolina, Oklahoma, Tennessee, Texas, Utah, Vermont and Virginia. Of those, Sanders appears to be leading in California, Colorado, Maine, Massachusetts, Texas, Utah, Vermont and Virginia, whereas Biden only seems to have support in southern states with larger African American populations like North Carolina. Biden has to prove he can win somewhere besides the south, or else be consigned as a regional candidacy like George Wallace in 1972. What do you think?

Video: Travel restrictions on China could expand to South Korea and Italy to slow down coronavirus

Travel restrictions on travel from China have slowed down the coronavirus, and that may be expanded by President Trump for South Korea and Italy.

Ross Pomeroy: Five reasons you don't need to panic about the COVID-19 coronavirus

"The CDC's warning is frank and unnerving. It is an impetus for sober and reasoned action. Stock up on a week's worth of frozen/canned food. Restock your medicine cabinet. Practice proper

hygiene. Stay home if you're feeling sick. There is no need, however, to panic. If you're feeling in any way anxious about the coronavirus outbreak, here are five facts to help assuage your worries: 1. The number of cases in China is already falling significantly. 2. The vast majority of cases are mild, and the death rate is likely lower than reported. 3. Only one out of every 1,000 people in Hubei Province has contracted the coronavirus. 4. There have been no reported deaths in young children. 5. The world already survived another pandemic just ten years ago."

Biden not dead yet with win in S.C., but Bernie still poised for big Super Tuesday

By Robert Romano

Former Vice President Joe Biden's presidential campaign is not dead yet with a win in the South Carolina Democratic presidential primary, throwing the contest into chaos, but Sen. Bernie Sanders, a self-described democratic socialist, still appears poised for a big performance in Super Tuesday on March 3.

Voting on Tuesday will occur in 14 states: Alabama, Arkansas, California, Colorado, Maine, Massachusetts, Minnesota, North Carolina, Oklahoma, Tennessee, Texas, Utah, Vermont and Virginia.

Of those, Sanders appears to be leading in California, Colorado, Maine, Massachusetts, Texas, Utah, Vermont and Virginia, whereas Biden only seems to have support in southern states with larger African American populations like North Carolina. Biden has to prove he can win somewhere besides the south, or else be consigned as a regional candidacy like George Wallace in 1972.

Bernie may still be the frontrunner after Super Tuesday with the lion's share of the delegates for the Milwaukee convention with early voting that has been under way in the states, but the question remains whether he can get enough delegates to win outright on the first ballot there.

The website Fivethirtyeight.com projects that, based on the current polling for states ahead, Sanders will get about 1,600 delegates, more than any other candidate but still short of the 1991 needed to clinch the Democratic nomination. The Sanders camp fears that on the second or third ballot at the convention, the party establishment will steal the nomination.

This is where Sanders' failure to knock Biden out of the race in South Carolina will loom large. For now, Biden can claim to finally have a viable yet difficult path to the nomination with his

first primary win in 32 years — he ran in 1988 and 2008 without winning any states — after this year finishing fourth in Iowa, fifth in New Hampshire and second in Nevada.

The combination of a long and brutal contest for Democrats without a clear winner, coupled with a divisive convention, and Democrats may not be united coming out of Milwaukee. Either the radical socialist base of the party will be disenfranchised, who may then stay home, or Bernie will win, potentially costing him moderate Democratic and independent votes in the general election.

In the meantime, Biden's win has made the Democratic primary a real horse race now between Biden and Sanders with Buttigieg fading (he came in a distant fourth in South Carolina), all but guaranteeing this will go on for months more and perhaps even all the way to the convention — all to the benefit of the reelection prospects of President Donald Trump.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Video: Travel restrictions on China could expand to South Korea and Italy to slow down coronavirus

To view online: https://www.youtube.com/watch?v=5X6mdmaTavM

ALG Editor's Note: In the following featured column from Real Clear Science, Ross Pomeroy lays out the case for why the American people need not panic about the Chinese coronavirus:

RealClear Science

Five reasons you don't need to panic about the COVID-19 coronavirus

By Ross Pomeroy

The COVID-19 coronavirus that emerged in Wuhan, China back in December 2019 is now spreading globally and will undoubtedly be declared a pandemic by the World Health Organization (WHO) very soon. Its ascendance has already rattled stock markets, disrupted the daily lives of millions, and resulted in the heartbreaking deaths of nearly 3,000 people, including the first in the United States on February 29th. With COVID-19's spread now picking up steam outside of China – it has now arrived in at least 60 countries and new cases are rising almost every day – we can expect its outbreak to get worse before it gets better.

Make no mistake, COVID-19 is a grave pathogenic threat which must be taken seriously. According to the Centers for Disease Control (CDC):

More cases are likely to be identified in the coming days, including more cases in the United States. It's also likely that person-to-person spread will continue to occur, including in the United States. Widespread transmission of COVID-19 in the United States would translate into large numbers of people needing medical care at the same time. Schools, childcare centers, workplaces, and other places for mass gatherings may experience more absenteeism. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed.

The CDC's warning is frank and unnerving. It is an impetus for sober and reasoned action. Stock up on a week's worth of frozen/canned food. Restock your medicine cabinet. Practice proper hygiene. Stay home if you're feeling sick. There is no need, however, to panic. If you're feeling in any way anxious about the coronavirus outbreak, here are five facts to help assuage your worries.

1. The number of cases in China is already falling significantly. Where once the graph of coronavirus cases in China showed an exponential climb, it has now leveled off substantially.

Just three weeks ago, China was recording more than 3,000 new cases per day. Officials are now consistently reporting fewer than five hundred, with the number still dropping. Seeing much-improved conditions on the ground, big companies like Starbucks and Apple in China are resuming business activities. The latest (Feb. 29th) World Health Organization (WHO) situation report revealed 435 new cases in China in the previous 24 hours.

2. The vast majority of cases are mild, and the death rate is likely lower than reported. A large study of 72,000 confirmed COVID-19 patients in China found that 81% of cases were mild, another 14% were severe (characterized by difficulty breathing), and 5% were critical. Overall, the death rate was 2.3 percent. More recently, the WHO reported a death rate of 3.8% in China, but noted that it is rapidly falling as standards of care quickly improve. Early on, the city of Wuhan (where the disease originated) was inundated with patients and hospitals could not provide proper care due to overwhelming demand. For Chinese patients whose symptoms started after February 1st, the death rate is just 0.7 percent. (For comparison, the U.S. death rate from 2019-20's annual flu oubtreak is between .06 percent to 0.1 percent. SARS a similar virus to COVID-19, had a death rate of 9.6 percent.) The death rate could be even lower, as very mild cases of COVID-19 that resemble a common cold likely go unreported.

3. Only one out of every 1,000 people in Hubei Province has contracted the coronavirus. There have been 66,337 confirmed cases of COVID-19 in China's Hubei Province, where the outbreak began in December. That sounds like a lot, but keep in mind that the population of Hubei is **59,170,000.** The province is slightly smaller than Nebraska, but with **thirty** times as many inhabitants. With this sort of population density, it's a positive sign that just .11% (roughly 1 in 1000) of the population has caught COVID-19. Even if there were 53,000 unreported cases, that would mean only one out of every 500 people in Hubei caught the virus. Given the population density in most other countries is significantly lower than in China, we can expect that the coronavirus will have a much harder time spreading in much of the world.

4. There have been no reported deaths in young children. Though the outbreak has endured for more than nine weeks, there still have been no fatalities in children under the age of nine, with almost all infected simply experiencing cold-like symptoms. Moreover, only 2.4% of cases are in individuals under the age of 18. Kids and teenagers have been surprisingly resistant to the virus.

The death rate for people aged 10 to 39 currently stands at just 0.2 percent. Those genuinely at risk from COVID-19 are the elderly. People aged 80 and up have a 14.8% to 21.9% chance of dying if infected.

5. The world already survived another pandemic just ten years ago. Remember H1N1, more commonly known as Swine Flu? This was the most recent pandemic (besides HIV/AIDS, which is still considered a pandemic). It began in early 2009 and lasted through late 2010. Between April

2009 and April 2010, there were approximately 60.8 million cases, 274,304 hospitalizations, and 12,469 deaths in the United States alone! Globally, it likely infected between 700 million and 1.4 billion people, resulting in 150,000 to 575,000 fatalities. While this loss of life was tragic, more than a decade later, many scarcely remember Swine Flu. The same will hopefully happen with COVID-19.

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See highlighted area.

CMS chief Verma to join coronavirus task force

By Adam Cancryn, Dan Diamond

03/02/2020 11:04 AM EST

The Trump administration is appointing CMS Administrator Seema Verma to its coronavirus task force, two people with knowledge of the move told POLITICO.

Verma — who oversees Medicare, Medicaid and Obamacare — is the latest in a string of officials added to the group since Vice President Mike Pence took over management of the administration's response effort last week.

A CMS spokesperson referred questions to the vice president's office. A spokesperson for Pence did not immediately respond to a request for comment.

A close ally of Pence, Verma is only months removed from a prolonged and increasingly public feud with HHS Secretary Alex Azar, who remains the task force's chairman.

But Azar supports adding Verma to the group, said an individual familiar with the HHS secretary's thinking. He has also pushed for bringing Veterans Affairs Secretary Robert Wilkie on board, contending they will play important roles as coronavirus spreads in the U.S. and poses a risk to health systems, the individual said.

The task force swelled over the weekend, adding Kelvin Droegemeier, the White House science adviser; Ben Carson, the neurosurgeon who leads the Department of Housing and Urban Development; and FDA Commissioner Stephen Hahn.

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From: Wilkie, Robert L., Jr.
Sent: Mon, 2 Mar 2020 16:50:15 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Turkey-Syria conflict escalates; coronavirus cases worldwide reach 90,000

From: AEI's Rundown
Sent: Monday, March 2, 2020 11:48:27 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Turkey-Syria conflict escalates; coronavirus cases worldwide reach 90,000

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The Rundown

A weekly digest of news and analysis from AEI's Foreign and Defense Policy team

On Thursday, at least 33 Turkish soldiers were killed in a bombardment by Russian-backed Syrian government forces in Idlib, the last stronghold where Syrian rebel groups hold significant territory. Turkish President Recep Tayyip Erdoğan has called for the Syrian government and Russian forces to cease their offensive in Idlib as well as the establishment of a Turkish-controlled safe zone in the region for displaced civilians. The escalation of events triggered a response from NATO that expressed its “full solidarity” with Turkey in the aftermath of the attack but offered no immediate assistance to Ankara as NATO members refuse to engage militarily in northwest Syria out of reluctance to confront Russia. On Friday, refugees and migrants hosted in Turkey fled to neighboring EU borders after Turkey claimed its lack of capability to host more refugees. On Sunday, Turkey shot down two warplanes and inflicted heavy losses on Syrian forces. As risks of sliding into an international military confrontation are high, all eyes are on Turkey and Russia to resolve their disputes before they further entrench themselves in the tail end of the nine-year-long Syrian civil war.

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Have a great week,

AEI's Foreign and Defense Policy team

TWEET OF THE WEEK

Robert Doar @RobertDoar

As an institution that supports free people, the competition of ideas, democratic self-government and the rule of law, AEI stands with our friend Jimmy Lai.

Retweet

EAST ASIA

The church at the center of the South Korea coronavirus outbreak faces investigation. North Korea launched its first apparent weapons test of the year, following the announcement that South Korea and the US would postpone annual joint drills.

Global health crises are geopolitical events, and the spread of the Wuhan coronavirus is no exception. The pandemic is not simply a test for the global health system but also for the Chinese regime. In a Bloomberg op-ed, **Hal Brands** argues that the coronavirus crisis shows why an authoritarian China will struggle to build any sort of constructive international system. The coronavirus crisis won't make many

people around the world look forward to Chinese global leadership. Yet, it may not restore faith in American leadership either. Continue here.

How will the novel coronavirus affect Chinese gross domestic product (GDP)? It depends: True Chinese GDP growth will be sharply negative for the first quarter, Beijing's protests aside. However, current GDP is not very important, states **Derek Scissors** in an AEIdeas blog post. A monthlong shutdown of vital firms and an epidemic during the key consumption period could easily cause sharp declines and a contracting GDP of more than 2.4 percent. Thankfully, short-run GDP is overrated, and the labor force, capital stock, and productivity remain unchanged. While the second quarter will be weaker than last year, it will be much stronger than the first. Read it here.

In the event of an armed conflict across the Taiwan Strait, does Taipei have a role to play in shaping nuclear dynamics among the major powers? A key concern for Taiwan's political and military leaders is whether the United States will come to Taiwan's aid in the event China opts to use force. In a new Global Taiwan Institute article, **Michael Mazza** notes that the risk of nuclear escalation is one reason the US might choose to avoid intervention in a Taiwan Strait crisis. But by investing in conventional counterforce capabilities, Taipei could alter the calculus in Washington and Beijing in ways conducive to Taiwan's interests. Learn more here.

As the Wuhan coronavirus continues to spread across Asia and throughout the world, public-health officials have rushed to contain the outbreak and prevent further spread. In the face of this mounting epidemic, what strategies should health officials and policymakers pursue to meet these goals? How might the spread of the virus affect the global economy and geopolitical landscape? AEI scholars continue to offer commentary and analysis to answer these questions and more. Visit our coronavirus spotlight page here.

TRUMP ADMINISTRATION

US health officials scramble to contain the novel coronavirus following the first two deaths in the US, where the total number of cases has jumped to 88. Voters prepare to cast their ballots on Super Tuesday.

In Washington, high-level government meetings now start with the National Security Advisor passing around printed copies of President Donald Trump's tweets. Senior officials responsible for coordinating the cabinet's activity don't shape policy or influence the president: Their function is limited to determining the direction in which Trump has veered, argues **Kori Schake** in a Bloomberg op-ed. If his cabinet struggles to keep up with the president's whims, imagine the difficulty for America's friends to align common policies. If allies can't rely on the policy guidance from the president's cabinet, and Trump continues changing his stance, our friends will be unable or unwilling to help. Read it here.

In their new bestselling book, "A Very Stable Genius: Donald J. Trump's Testing of America" (Penguin Pres, 2020), Pulitzer Prize–winning authors **Carol Leonnig** and **Philip Rucker** provide detailed reporting on President Trump's character, leadership, and personal and political style. This week, **Danielle Pletka** and **Marc Thiessen** sat down with the authors to recount a number of incidents that have shaped perceptions of the Trump administration and to press the authors on the president's strengths and qualities that may, in fact, make him "genius" — though perhaps not always stable. Listen here.

It is easy to believe the United States' future will include less international trade. But a better path is already being forged, thanks to last month's US-Mexico-Canada Agreement (USMCA), argues **Derek Scissors** in a new RealClearWorld article. With USMCA, the US can quickly move forward on trade with up to half-a-dozen countries as the deal serves as a template for negotiations. This year, it will be possible to finish free trade agreements with the United Kingdom and Kenya and to upgrade

existing deals with Israel and possibly Jordan. The trade door is largely open. Continue here.

MIDDLE EAST

Israelis will take to the polls on Monday for the country's third general election in less than a year. On Saturday, the US-Taliban agreement was signed, making a bid to end America's longest war.

Last week, former Egyptian President Hosni Mubarak died at age 91. For almost three decades, Mubarak epitomized the flaws of US Middle East policy and much that was wrong with the Arab world. In a new AEIdeas blog, **Danielle Pletka** notes that Mubarak's end also teaches us that the Middle East has more revolutions to come. With thousands in prison, the Egyptian people are merely victims. Will there be another revolution? Of course, but it may matter little to the US. If Western allies could prioritize governance and human rights in the Arab world, it would help mitigate refugee flows, mass murder, and extremism. Otherwise, it will just be one Mubarak after another, or worse. Finish it here.

Iraj Harirchi, Iran's deputy minister of health, assured the public in a televised address that the government had the coronavirus outbreak under control. But later, the Iranian government acknowledged that Harirchi himself had caught the coronavirus and entered quarantine. **Michael Rubin** took to the pages of The National Interest to argue that while Iranians may be victims of their government's corruption, it will be the Iraqis who suffer from coronavirus in the long run. The Iraqi government has sought to be proactive, but the crisis comes against the backdrop of a political crisis. Alas, it appears that venality, corruption, and denial could now condemn thousands of Iranians and Iraqis to suffer the same fate. Learn more here.

Last week, millions of people fled Idlib, the last stronghold of anti-Assad forces in Syria. How is it possible that half a million people can die and seven million people can be internally displaced while the great powers of the world stand by? It's true Syria is close to lost for most people, but Assad cannot eradicate his enemies completely. However, the international community still has options. In a new Dispatch op-ed, **Danielle Pletka** argues that while there are no easy answers in Syria, working with Turkey is a possibility the US should consider. There may be little enthusiasm to help the Syrian people, but perhaps the opportunity for a small victory against Russia and Iran will tempt the powers that be to do the right thing. Read more here.

DEFENSE

Secretary of Defense Mark Esper and Veterans Affairs Secretary Robert Wilkie will return to Capitol Hill this week to discuss their priorities for the upcoming fiscal year. US lawmakers have tentatively scheduled hearings on the spread of the coronavirus and implications for US military bases.

On Wednesday, military and civilian leaders of the Defense Department testified before Congress on their $705 billion budget request for 2021. In a Defense One op-ed, **Mackenzie Eaglen** highlights the key defense budget issues driving the coming hearing season on Capitol Hill: the border wall, funding to priority programs, nuclear weapons expenses, the Space Force, and continued commitments in the Middle East. As policymakers and service chiefs prepare for a long season of posture hearings, it's clear the military has made hard choices. Congress must now live up to its end of the bargain to accept some political pain for great-power competition gain. Learn more here.

As this year's budget submission for fiscal year 2021 admits, the Navy will be getting smaller before it gets any larger. In a new National Interest op-ed, **Giselle Donnelly** and **Gary Schmitt** argue that as budget cuts loom, our comparative advantage in anti-submarine warfare capabilities is being contested by adversaries such as China, Iran, and Russia. Congress must determine whether the Navy's decision to end production of the P-8A Poseidon — the globe's premier airborne anti-submarine warfare platform — is the right call. While Congress will focus on the bigger-ticket items of the defense budget, overlooking procurement decisions like the proven P-8 system could have major operational impact in the face of growing threats. Continue here.

One of the most frequent story lines of the 2018 election season focused on veterans running for political office, and former service members will no doubt be a crucial election focus as we head into the 2020 primary season. In a series of interactive graphics, **Rebecca Burgess** mapped trends on veterans running for political office, focusing on those who have participated in state legislatures. Among key trends, **Burgess** concludes that the number of female veterans now in office has grown significantly between 2016 and 2018 and that out of the 1,000 veterans serving in politics, the percentage of post-9/11 veterans has increased by 10 percent since 2016. View the maps here.

That's a wrap for this week! For more, you can:

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To: RLW
Subject: [EXTERNAL] FW: Pence to speak to senators about coronavirus

Pence to speak to senators about coronavirus

By Marianne LeVine

03/02/2020 12:53 PM EST

Vice President Mike Pence will speak to both Republican and Democratic senators Tuesday about the coronavirus at their weekly lunches, according to his spokesperson and a senior Democratic aide.

The vice president's visit to the Hill comes as Congress is getting ready to introduce a multibillion-dollar supplemental package to respond to the coronavirus. Congressional appropriators are finalizing an emergency package that will likely provide about $7 billion to $8 billion, according to a source familiar with the talks.

"Senate Democrats are looking forward to the opportunity to directly press Vice President Pence about the Trump Administration's efforts to combat the coronavirus and keep Americans safe," said a senior Democratic aide.

The House is expected to vote on the measure this week, with the Senate likely following suit next week.

Over the weekend, authorities in Washington State announced two coronavirus-related deaths — the first two fatalities reported in the nation. Meanwhile, several states including Rhode Island, Florida, Illinois and New York are reporting new cases.

Caitlin Emma contributed to this report.

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Azar in the crosshairs for delays in virus tests

By Dan Diamond, Adam Cancryn

03/02/2020 01:00 PM EST

Even as the Centers for Disease Control and Prevention takes blame for testing delays that may have led to hundreds of Americans being quietly infected with the coronavirus, officials inside the health department and the White House are increasingly pointing the finger at one leader: Health and Human Services Secretary Alex Azar, who they say failed to coordinate the response, as agency chiefs waited for instructions that came too late and other deputies were largely cut out of the process.

Numerous problems with the Trump administration's testing regimen have come to light: Coronavirus tests developed by CDC were flawed, possibly because the lab itself was contaminated. The resulting lack of test capacity forced U.S. officials to screen a limited number of patients across January and February, with the CDC testing fewer than 500 Americans at the same time that China was likely testing at least 1 million of its own residents. Meanwhile, public health officials had no fallback testing option until the Food and Drug Administration granted approval for hospitals and other labs to develop their own homegrown tests on Saturday — more than six weeks after the first U.S. case of coronavirus was identified.

Public health officials acknowledge that CDC and other parts of the government have repeatedly stumbled in the early days of the outbreak, but say that the 52-year-old Azar, a former drug company executive who took over the department in 2018, did not reach out early or often enough to goad his subordinates into action.

"This was a management failure," said one administration official, charging that Azar didn't adequately plan for a worst-case coronavirus scenario that's grown more likely by the day — even though Azar touted his bona fides as a veteran of the George W. Bush administration, where he helped fight crises like SARS and an anthrax scare. "CDC and FDA should have been working hand-in-hand to get Plan B, Plan C and Plan D ready to go," the official said.

"The administration's response has been reactive, not proactive," added a former HHS official. "A lot of what has happened has been driven by outside pressure," like public health labs sounding the alarm that they were unable to perform the CDC's tests.

Azar was abruptly removed as leader of the U.S. government's coronavirus response last Wednesday night and replaced by Vice President Mike Pence. The health secretary is still technically chairing the coronavirus task force, but decision-making, media requests and even

task force membership have increasingly been run through the White House. Since Azar's removal as coronavirus-response leader, several of his deputies and rivals have been added to the task force.

POLITICO spoke to 17 current and former officials and individuals close to the Trump administration. Interviews with officials in HHS, who declined to comment on record for fear of retaliation, indicated that Azar's failure to reach out to a wider circle of advisers is typical of his management style, which has grown increasingly distrustful of his own aides.

The surgeon general is supposed to be the nation's chief spokesperson on threats to public health, but Surgeon General Jerome Adams had been little seen or heard from during the coronavirus threat until Azar was removed from leading the effort last week. Pence immediately added Adams to the task force, and the surgeon general this weekend began issuing coronavirus guidance on social media and appearing on national TV programs.

The FDA oversees drug and lab test development, but Commissioner Stephen Hahn also wasn't included on the Azar-led task force and has been frequently sidelined during the crisis. Hahn's most notable public moment was being summoned out of the crowd by Pence on Saturday to answer a question directed to President Donald Trump during a White House press conference.

Pence also added Hahn to the coronavirus task force after growing upset during a recent meeting that nobody could adequately answer a question about threats to the nation's drug supply, two people with knowledge of the situation said.

While Hahn's agency on Saturday did roll out instructions to let certain health organizations develop their own coronavirus lab tests, "FDA has been trying for some time to issue that guidance," said one official, who added that the agency was waiting on approval from HHS and Azar. Another official said Hahn had begun devising the strategy weeks ago.

An HHS spokesperson defended Azar's leadership and the administration's broader strategy of trying to contain the virus across January and February, arguing that it bought valuable time to prepare the nation for an outbreak.

"HHS has been working with public health systems since day 1 — that's how we've been catching these cases and educating the American public on what to do if they become symptomatic," the spokesperson said. "The task force has held countless briefings with members of Congress and state and local leaders, so they can appropriately prepare and educate their constituencies."

Asked if Azar was responsible for the CDC's testing failures, the spokesperson took issue with the framing. "Because of CDC surge capacity, there has been no backlog of tests despite the diagnostic issue," the spokesperson said, referencing problems that prevented many tests from working. "It's unfair to say testing has been limited."

Public health groups have argued there was no testing backlog because CDC capacity problems forced HHS to limit testing to Americans who were returning from China or people close to a confirmed case, rather than expanding the testing more widely — and picking up potential cases

of the virus spreading in the community.

The HHS spokesperson also defended Adams' and Hahn's involvement in coronavirus planning, saying that the two officials have been part of coronavirus meetings for weeks. A senior administration official said Hahn particularly has been involved in White House planning.

Senior officials contend that Azar is operating under fear of offending Trump or his allies, which has led him to keep Adams, Hahn and his other underlings on a tight leash, while jockeying for credit to stay in the president's good graces. Azar's widely publicized feud last fall with Medicare chief Seema Verma, which contributed to the department's failure to come up with an alternative to Obamacare and necessitated a series of emergency White House meetings, highlighted some of these tendencies, the officials said.

Azar and his top aides also have for months frozen out Adams, who is close to Verma, and at times openly questioned Adams' ability to handle basic duties and stay on message. Adams played down coronavirus fears in a Monday interview on "Fox and Friends," predicting that more people globally would die from the flu.

Azar's supporters dispute that he has undermined Adams. An individual familiar with Azar's thinking said the HHS secretary has a good working dynamic with the surgeon general and the two men recently had lunch together. Azar has been "very impressed" with Adams' recent television appearances and hopes to have him play a larger role on coronavirus messaging, the individual said.

POLITICO on Monday morning reported that Verma was being added to the task force . The individual familiar with Azar's thinking said the heath secretary supports her addition to the group and also pushed for bringing Veterans Affairs Secretary Robert Wilkie on board, arguing that the officials will be important inclusions as coronavirus becomes more of a domestic issue that poses a risk to health systems, the individual said.

Meanwhile, criticism for the stalled coronavirus tests has mounted on CDC and its director, Robert Redfield, amid that agency's high-profile stumbles in recent weeks. CDC supported quarantining hundreds of Americans aboard a cruise ship, which backfired as coronavirus rapidly spread on board, and Redfield also took blame for wrongly briefing Trump and Pence on Saturday, leading Trump to misidentify the first U.S. coronavirus death, a man in his 50s, as a "wonderful woman."

But two individuals said Redfield was wrongly being set up by some HHS officials as the fall guy for the administration's biggest coronavirus misstep — the lab-testing failure — arguing that the CDC chief had worked to speed the tests while advocating for a fallback lab-testing option but was waiting on Azar's permission to move forward on Plan B. "He's great on this," said one senior administration official, adding that Redfield is "busting his ass with a very hard job [and] working harder than any other senior official at HHS."

An HHS spokesperson said that CDC was taking steps to improve testing. "CDC and FDA have been working together to correct the issue with the diagnostic in a timely manner and worked together to make alternatives more readily available that meet the appropriate accuracy standards

for testing," the spokesperson said.

The health department's slow response also has set off a round of finger-pointing among top officials and Azar's deputies, reigniting longstanding feuds at a crucial moment when the Trump administration needs to work in lockstep. Officials at CDC and Robert Kadlec, the HHS assistant secretary for preparedness and response, have jockeyed over coronavirus quarantine rules and evacuating at-risk Americans, the latest skirmish between two agencies that have spent years battling over which gets to be in charge of the nation's emergency medical stockpile.

White House officials also have clashed with Azar and accused him of giving overly optimistic guidance to Trump, a battle that dates back a year and has encompassed numerous policies . Meanwhile, an HHS whistleblower and an FDA scientist have stepped forward to warn that the department's coronavirus response has been disorganized and could put Americans at risk. Azar has said he supports whistleblowers and vowed full investigations.

The disjointed, at-times-chaotic coronavirus response has alarmed allies of the HHS secretary, who worry Azar will ultimately shoulder much of the blame within the administration and from the public for failing to contain the outbreak.

The public health crisis threatens to become the defining episode of Azar's tenure, people close to him lamented in recent days, overshadowing more than two years of work on various policy initiatives and linking his legacy as health secretary to the administration's struggles to combat a fast-spreading virus that could linger for months — potentially infecting thousands, disrupting Americans' daily lives and grinding to a halt the once-strong economy that Trump officials view as key to the president's reelection.

"Right now, there's probably hundreds or low thousands of cases … that aren't reported yet," Trump's former FDA Commissioner Scott Gottlieb said on "Face the Nation" Sunday, referencing a new estimate of spreading coronavirus in Washington state. "One of the mistakes, one of the challenges was getting the diagnostic testing in place."

Having failed to track and quash isolated cases, it may be too late to now guard against a widespread outbreak of coronavirus in the United States. Health officials have increasingly shifted their mindset from "containment" — stopping the virus altogether — to "mitigation," or preventing the virus' worst effects on Americans. Chris Meekins, a former Trump administration HHS emergency-preparedness official, on Sunday said the risk of significant U.S. outbreaks had risen from 33 percent to 75 percent in the last week alone.

Azar's job is not believed to be in imminent jeopardy, people close to the White House said, in part because firing the nation's top health official in the midst of an outbreak would prompt further questions about the administration's response effort.

But Azar — who already has few friends within the White House, which weighed a list of potential replacements in December — has been further weakened internally by his brief period leading Trump's coronavirus task force, during which he battled repeatedly with national security staffers over strategy and frustrated White House officials who at times questioned whether he was withholding information.

Meanwhile, Azar's attempts to publicly play down the risks of the virus — saying for weeks that there were just more than a dozen U.S. cases — were criticized by some officials as too-optimistic at the time and, in retrospective, seen as incautious. The HHS secretary repeated the message across four congressional hearings last week and national TV briefings, even as it turned out the virus was silently spreading in the United States.

"Focusing on just 15 cases was a tragic health care disservice," said a former HHS official. "Hospitals and health providers needed to know about the risks and get ready to take more steps."

Sarah Karlin-Smith contributed to this report.

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Subject: [EXTERNAL] Fwd: Trump's team shifts tone from preventing coronavirus to containing it

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Trump's team shifts tone from preventing coronavirus to containing it

By Brianna Ehley

03/02/2020 07:45 PM EST

Top Trump administration officials are shifting their message on the coronavirus outbreak, emphasizing efforts to contain, and no longer prevent, the disease.

The tone at a Monday afternoon White House briefing with Vice President Mike Pence and members of Trump's coronavirus task force marked a notable change from earlier efforts to tamp down fear of community spread of the disease — a tacit acknowledgment of a surge in new cases over the past two days and six reported deaths. There are currently 43 confirmed cases in the U.S., including 26 involving people who had no known exposure to the virus.

"Now we're focused on mitigation of the spread, as well as the treatment of the people affected," Pence said. The comments came shortly after Washington state officials announced four additional deaths.

HHS Secretary Alex Azar stressed the immediate risk to the American public remains low, but added: "The degree of risk has the potential to change quickly." He said officials expect more confirmed cases as the U.S.'s testing capacity is expected to dramatically ramp up this week.

FDA Commissioner Stephen Hahn said there could be up to 1 million tests performed this week, though experts have cautioned that is unlikely and that the CDC is still playing catch up.

The CDC has faced scrutiny in recent days regarding problems with the initial diagnostic test, which has delayed the ability to identify suspected patients, as well as detect community spread. The agency on Monday removed a tally of how many people have been tested for coronavirus from its website but didn't respond to requests for comment on the change.

The shift in emphasis to containing the virus came after Trump met with a group of

pharmaceutical executives to discuss the development of therapies and potential vaccines.

Pence said therapeutics to treat the virus could be available as early as this summer, while a vaccine may not be ready until next year. Trump and Pence plan to visit the National Institutes of Health to observe some of the work on Tuesday.

Pence is also due to discuss emergency funding for the response efforts with Republican and Democratic senators on Tuesday. Lawmakers are still negotiating a package that could include up to $8 billion in funding. The Trump administration initially proposed a $2.5 billion package that included $1.25 billion in new spending.

Pence was joined by Ambassador Deborah Birx, whom he appointed to lead the coronavirus response. He also added three new officials to the task force, including VA Secretary Robert Wilkie, CMS Administrator Seema Verma and Surgeon General Jerome Adams.

Azar still chairs the task force but reports to Pence and Birx.

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San Antonio declares state of emergency over coronavirus

By Renuka Rayasam

03/02/2020 09:03 PM EST

AUSTIN, Texas — The city of San Antonio and Bexar County declared a state of emergency on Monday, seeking to halt the release of more than 120 patients who are quarantined at Lackland Air Force Base.

The emergency declaration, which is active for seven days unless extended, comes after the CDC released a quarantined patient who later tested positive for coronavirus and after a federal judge earlier Monday denied the city's request to delay the release of additional patients.

The declaration allows city and county officials to regulate travel into the city and implement quarantines, and it gives them more oversight into hospital operations.

The city's Lackland Air Force Base had received 91 patients who traveled to Wuhan, and most have already been released. The base received another 144 patients who were on the Diamond Princess cruise ship off the coast of Japan, according to the lawsuit filed in U.S. District Court for the Western District of Texas. About 10 passengers already tested positive for coronavirus and are being kept in quarantine.

More than 120 patients who were on the cruise ship were scheduled to leave a 14-day quarantine on Monday. The federal judge denied the city's emergency request asking the CDC to conduct

additional tests on those patients and to extend the mandatory quarantine to 28 days.

A spokesperson for Bexar County said that they have yet to hear from the CDC about how they will handle the patients.

Rep. Lloyd Doggett, whose district includes parts of San Antonio, said Monday night he met with city leaders, local health officials and the CDC's Nancy Knight, and "As of this hour, no determination has been made" about the patients from the cruise.

The patient, who been to Wuhan and who was released, had spent about 12 hours at a local mall and hotel after being initially discharged. Later she was returned to a quarantine after an additional test at the CDC's Atlanta labs came back positive.

North Star Mall, where the patient visited stores and ate at the food court, closed down for 24 hours for a deep cleaning, according to local news reports.

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FDA takes emergency action to allow use of industrial respirators by health workers

By David Lim

03/02/2020 08:19 PM EST

CDC and FDA announced tonight they are taking emergency action to allow more types of respirators to be used in health care settings amid several outbreaks of coronavirus in multiple states.

President Donald Trump announced Saturday that the United States has 43 million masks stockpiled for health professionals, and Vice President Mike Pence added that the country has a contract with 3M to produce 35 million more masks per month. But HHS Secretary Alex Azar has testified to lawmakers that the health department estimates up to 300 million masks could be needed.

The newest action by FDA grants an emergency use authorization at CDC's request to allow certain industrial respirators — which do not meet FDA's standard requirements — in health care settings.

"It is imperative that we assure health care personnel on the front lines of this outbreak have sufficient supplies of respiratory protective devices," FDA Commissioner Stephen Hahn said in a statement.

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Widespread coronavirus testing could still be weeks away

By David Lim, Adam Cancryn

03/03/2020 05:40 PM EST

It could be weeks before the United States can meet the demand for coronavirus testing because doctors, hospitals and some public health labs say they aren't set up yet to do the tests.

Ratcheting up the country's ability to detect the disease is crucial to understand how the coronavirus — now confirmed in at least 12 states — is spreading. But testing so far has been severely limited by problems with a diagnostic test developed by CDC.

The CDC has fixed its test and is working to get more test kits to labs. At the same time, the FDA has given some local labs and hospitals permission to develop their own tests. But many labs aren't yet ready to analyze samples from patients.

FDA Commissioner Stephen Hahn said Monday that, by the end of the week, U.S. labs would have enough materials to perform close to 1 million tests. Public health experts say that figure is misleading because it is far larger than the number of samples that can be processed in labs in the coming weeks.

The realistic estimate is now likely around 5,000 each day, according to a public health lab industry group.

"The number the public wants to know is the number of people that can be tested per day, not the

number of tests sitting in a warehouse," said Michael Mina, associate medical director of molecular diagnostics at Brigham and Women's Hospital in Boston. "They really want to know how likely it is they can be tested if they show up at their doctor's office."

Democrats on Tuesday slammed the administration's handling of the botched CDC tests, and the pace of efforts to increase testing capacity, after meeting Tuesday with Vice President Mike Pence and officials from CDC, FDA and HHS.

"They could not answer how soon people will be able to get the test," said Senate Minority Leader Chuck Schumer.

Sen. Patty Murray, whose home state of Washington has seen nine deaths from the virus, was similarly blunt. "We know there are not enough tests out there," she said. "People cannot get access to them."

Hahn's forecast depends on additional CDC tests being produced by commercial test manufacturer Integrated DNA Technologies, according to the Association of Public Health Laboratories.

About 2,500 test kits from IDT — each containing supplies to test 500 people — will be available for ordering by the weekend, said Robin Patel, president of the American Society for Microbiology.

Patel, who also directs the Infectious Diseases Lab at Mayo Clinic, declined to speculate how many tests labs will be able to run over a given period. But she stressed that widespread access to testing, and rapid sample turnaround, are critical to limiting the coronavirus' spread.

Public health labs using CDC's latest diagnostic test can perform 100 tests per day under normal conditions, according to the Association of Public Health Laboratories. But only 54 such labs have verified the test for use as of Tuesday morning, and testing one person requires testing at least two samples.

An FDA spokesperson tells POLITICO that state and local public health labs currently have the capacity to test 15,000 people. New tests CDC is distributing this week will bring that figure up to 75,000 people, FDA said.

But quickly increasing the number of tests done each day will require private laboratories to pitch in. The American Clinical Laboratory Association, Quest Diagnostics and LabCorp are slated to talk with HHS about the coronavirus in the coming days, an industry source tells POLITICO.

Mina estimates that once all public health labs and 200 academic labs that have developed in-house tests are running at capacity, they will be able to process a maximum of 30,000 tests per day. But that assumption "is quite unreasonable at the moment," he added, noting it will be weeks before most academic labs can begin analyzing patient samples.

Public health labs also need more time to increase their capacity beyond the current 10,000-test target, says Kelly Wroblewski, APHL director of infectious diseases. "Over time, there is the

ability of labs to surge — run extra shifts, pull staff from different parts of the lab in to test, commandeer different equipment parts of the lab," she said.

Murray is tired of waiting. She blasted the administration's handling of the situation, telling federal health officials Tuesday that it's "unacceptable" Americans are having trouble getting tested. In some cases, she said during a Senate HELP Committee hearing, they have reportedly been turned away when they seek clarity on whether they've been infected.

"The administration has had months to prepare for this," Murray said. "We are now seeing community transmission of this virus. Families deserve to know — and fast — when testing will actually be ready to scale up."

Senate HELP Chairman Lamar Alexander (R-Tenn.) also pressed for a faster increase in screenings, telling administration officials that "there need to be more test kits available."

Hahn reiterated his estimate that materials for 1 million tests would be available by the end of the week — emphasizing that the number includes commercial tests still under development.

Under questioning from Murray, he denied that HHS delayed issuing guidance allowing private labs to use their own coronavirus tests.

The government has been reluctant to allow labs to create their own tests during emergency situations, Alberto Gutierrez, former director of the FDA office that oversees diagnostic tests, told POLITICO. "In previous emergencies, we always saw bad actors," he said.

CDC Principal Deputy Director Anne Schuchat told lawmakers at the Senate hearing she is optimistic the U.S. will ultimately have enough coronavirus tests but warned that emerging infectious diseases can present surprises.

"I want to remain humble," she said.

Sarah Owermohle contributed to this report.

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Sent: Tue, 3 Mar 2020 23:01:15 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus Updates - FDA Cybersecurity Update

From: AHA Today
Sent: Tuesday, March 3, 2020 5:36:44 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
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Today's Headlines

1. FDA expands health care respirator access during coronavirus outbreak
2. FDA warns of cybersecurity vulnerabilities in medical devices
3. Hospitals treat patients from tornados in Tenn.
4. House panel holds hearing on bills to address substance use disorder
5. AHA comments on proposed rule for 2021 health plans, exchanges
6. CMS issues state guidance on CHIP behavioral health coverage

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Insights & Analysis

AHA: Opinion piece on hospitals' community benefits misleading

Hospitals and health systems have a clear record of community benefit and the numbers to prove it, writes AHA President and CEO Rick Pollack, responding to a recent New York Times opinion piece that questions the value of their tax exemption. "In 2019, nonprofit hospitals provided $95 billion in value in community benefit programs, according to an analysis conducted by Ernst & Young," Pollack notes. "This eclipses the $9 billion value of these institutions' tax exemption by a factor of nearly 11 to one."

Kaufman: FTC says no to social justice

In this guest blog, Kenneth Kaufman, chair of Kaufman Hall, says the Federal Trade Commission's recent move to stop the proposed merger of Philadelphia-based Jefferson Health and Einstein Healthcare Network is a "misguided approach" to health care. Read more.

AHA Market Scan: Growing list of investors target physician practices

The latest edition of Market Scan — a newsletter from AHA's Center for Health Innovation — dives into a new AHA report on evolving physician-practice ownership models, including the implications and considerations for hospitals and health systems. Read more.

Today's Headlines Continued

1. FDA expands health care respirator access during coronavirus outbreak

Health care personnel may use certain N95 and other respirators approved for use in industrial settings during the novel coronavirus (COVID-19) outbreak under an emergency use authorization approved yesterday by the Food and Drug Administration.

"Given the increased demand and supply challenges on the availability of respirators, today's EUA helps to provide alternatives that can enable more health care personnel to have access to this potentially lifesaving personal protective equipment," the agency said.

The Centers for Disease Control and Prevention will no longer report the number of patients under investigation for COVID-19, agency officials said at a briefing today, noting that state-reported tallies are more up to date.

Nancy Messonnier, M.D., director of CDC's National Center for Immunization and Respiratory Diseases, said the agency is following a report out of China that on average the virus results in serious illness in 16% of cases, with older individuals and patients with underlying health issues twice as likely to develop serious illness.

In a media briefing today, World Health Organization Director-General Tedros Adhanom Ghebreyesus said, "Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far less than 1% of those infected." He also expressed concern about "severe and increasing disruption to the global supply of personal protective equipment."

As the virus continues to spread in the U.S., local communities may start employing tools that encourage social distancing, Messonnier said, noting that CDC continues to recommend that patients with suspected COVID-19 exposure first reach out to their health care providers by telephone or through patient portals.

At a Senate Health, Education, Labor and Pensions Committee hearing today on COVID-19, FDA Commissioner Stephen Hahn, M.D., said India has restricted the export of 26

active pharmaceutical ingredients, which is about 10% of their export capacity. "We are working very closely to look at that list to assess how that will affect the supply chain," he said.

Vice President Mike Pence and Health and Human Services Secretary Alex Azar recently named Hahn, Centers for Medicare & Medicaid Services Administrator Seema Verma, Secretary of Veterans Affairs Robert Wilkie, and Secretary of Housing and Urban Development Ben Carson, M.D., to the President's Coronavirus Task Force. The White House also has asked the National Academies of Science, Engineering, and Medicine to create a standing committee to provide evidence-based advice on COVID-19 and other emerging disease threats.

CDC's Clinician Outreach and Communication Activity will host a call Thursday at 2 p.m. ET on what clinicians need to know to prepare for COVID-19. For the latest information and resources, visit AHA's coronavirus webpage.

2. FDA warns of cybersecurity vulnerabilities in medical devices

The Food and Drug Administration today said cybersecurity vulnerabilities known as "SweynTooth" could pose a risk to some medical devices, such as pacemakers, glucose monitors and ultrasound equipment, that use Bluetooth Low Energy. Manufacturers are assessing and identifying which devices could be at risk, and some microchip manufacturers have released patches. Find a list of affected devices here. FDA will conduct a Response Coordination Call at 2 p.m. ET Wednesday. Join by calling 800-409-8594, participant code 02977.

3. Hospitals treat patients from tornados in Tenn.

Hospitals have treated more than 150 people from tornadoes that swept through middle Tennessee early today, killing at least 22 people and causing widespread damage, according to news reports. The state has declared an emergency and first responders continue to search for victims.

4. House panel holds hearing on bills to address substance use disorder

The House Energy and Commerce Health Subcommittee today held a hearing titled "Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders."

Witnesses included officials from the Department of Health and Human Services and the Drug Enforcement Administration. Subcommittee members inquired about the status of several not yet implemented provisions of the 21st Century Cures Act and Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. They also discussed 14 bills to further expand access to substance use disorder treatment, including two bipartisan bills supported by the AHA.

The Opioid Workforce Act (H.R. 3414/S.2892) would add 1,000 Medicare-funded training positions to approved residency programs in addiction medicine, addiction psychiatry or pain management over a five-year period. The Ways and Means Committee, which also has jurisdiction over the bill, reported it favorably last June.

The Mainstreaming Addiction Treatment Act (H.R. 2482/S. 2074) would eliminate a requirement that practitioners apply for a separate waiver from the Drug Enforcement Administration to prescribe buprenorphine for SUD treatment.

5. AHA comments on proposed rule for 2021 health plans, exchanges

The Centers for Medicare & Medicaid Services' proposed rule on the standards governing health insurance issuers and the Health Insurance Marketplaces for 2021 includes a number of policies that could benefit patients by lowering drug prices and premiums, incentivizing use of high-value services and ensuring premium dollars are spent wisely, AHA said in comments submitted yesterday.

"We are concerned, however, that CMS continues to consider changes to automatic reenrollment, which could result in the loss of coverage for vulnerable enrollees and contribute to marketplace destabilization," AHA said. "We are also concerned about the continued rise in annual cost-sharing limits, which many Americans already struggle to afford."

AHA encouraged the agency to "go further in future rulemaking to advance policies that will not only maintain the status quo but also build on the progress already made. Such policies include substantially increasing funding for outreach and enrollment efforts, extending the open enrollment period, and increasing lower- and middle-income individuals and families' access to premium tax credits."

6. CMS issues state guidance on CHIP behavioral health coverage

The Centers for Medicare & Medicaid Services yesterday issued guidance to states implementing Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018, which requires all states with separate Children's Health Insurance Programs to cover specific behavioral health-related screening and preventive services for children and pregnant women. The guidance includes a template for submitting CHIP state plan amendments to comply with the section, including requirements to provide these services in a culturally and linguistically appropriate manner and facilitate use of appropriate screening and assessment tools.

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800 10th Street, NW, Suite 400, Washington, DC 20001

From: (b)(6)
Sent: Wed, 4 Mar 2020 00:51:17 +0000
To: RLW
Subject: [EXTERNAL] Fwd: Coronavirus emergency bill stalled over vaccine cost concerns

(b)(6)

Begin forwarded message:

From: POLITICO Pro <politicoemail@politicopro.com>
Date: March 3, 2020 at 7:46:47 PM EST
To: (b)(6) @riponsociety.org>
Subject: Coronavirus emergency bill stalled over vaccine cost concerns
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-278562@politicoemail.com>

Coronavirus emergency bill stalled over vaccine cost concerns

By Sarah Ferris, Sarah Owermohle, Heather Caygle

03/03/2020 04:28 PM EST

House and Senate leaders have run into last-minute snags on a $7.5 billion emergency package to combat the U.S. spread of coronavirus, including disputes over vaccine availability and hospital reimbursement costs.

Top Democrats say the House is still expected to vote on the package Wednesday, with the Senate likely to follow suit as soon as Thursday. But the timeline for unveiling that legislation has slipped, possibly as late as Wednesday morning, amid policy fights between the two parties.

With the number of U.S. cases steadily rising, Speaker Nancy Pelosi is negotiating with Senate Majority Leader Mitch McConnell to find a deal that could pass both chambers this week, doling out money quickly to state and local health departments.

The biggest issue, according to several people familiar with negotiations, involves a Democratic attempt to control the costs of vaccines and other treatments that are developed in response to the outbreak. Other issues include details of hospital reimbursement for uninsured patients and whether to pay for a provision to help expand telemedicine, which would cost roughly $500 million.

“Vaccines should be affordable. It’s just as simple as that,” Rep. Rosa DeLauro (D-Conn.), a top

appropriator, said as she left a Democratic leadership meeting on Tuesday night.

“It’s going back and forth. That’s where we are,” DeLauro added. “There are no firm answers at the moment, but we’re moving toward getting this done and getting it done this week because the need is so critical. We have to get it done this week.”

Pelosi and her top deputies briefed their fellow Democrats on the status of the emergency funding package on Tuesday night and outlined the remaining issues. A final deal could still be reached Tuesday night, they said, but could take until Wednesday morning.

Senate Minority Leader Chuck Schumer had complained earlier Tuesday that Republican lawmakers were resisting Democratic efforts to stave off potential price-gauging of vaccines or other products.

“Our Republican friends don't want to see the kinds of limitations that we want to see," Schumer said after a briefing with members of the White House’s coronavirus task force, including Vice President Mike Pence and HHS Secretary Alex Azar.

The 11th hour policy battles come after both parties had intended to present a united front against the potential epidemic, with House Majority Leader Steny Hoyer of Maryland and Republican leader Kevin McCarthy of California trading offers on details of the package as recently as Tuesday. Republicans and Democrats both stressed that the response to the virus should avoid mudslinging and fingerpointing.

Still, some of the final details of the massive funding package have come down to partisan talking points.

Democrats are insisting the spending package include significant funding to purchase large amounts of coronavirus diagnostics, treatments and vaccine, when it becomes available, which would then be made available to the public free of cost, according to a senior Democratic aide.

The Democratic aide said Republicans are trying to eliminate the “fair and reasonable price” federal procurement standard for the vaccines and treatments that will be developed and purchased with the emergency funds. “Fair and reasonable price” is a basic standard to prevent price gouging in federal contracts.

Republicans, however, argue they are trying to fight Democratic efforts to create a new set of price controls and that they are not asking for changes to the underlying procurement standards.

The administration's top scientists have said any coronavirus vaccine could be at least a year away from reaching the market. Moderna Therapeutics is working with National Institutes of Health on a vaccine while Johnson & Johnson has received funding from HHS's Biomedical Advanced Research and Development Authority.

The bill would provide funding for masks, ventilators, community preparations and vaccine development, Schumer said. But it's silent on how much vaccines developed with the government's backing should cost.

“We are not going to say the companies after we taxpayers have paid for it, ‘now go out and make a huge profit.’ That's not going to happen,” said Senate Appropriations ranking member Patrick Leahy (D-Vt.).

Congressional leaders still plan to pass an emergency package by the end of this week, with funding levels much closer to the $8.5 billion Democrats suggested than the Trump administration's $2.5 billion request.

Both House and Senate leaders have stepped into overdrive as the global coronavirus outbreak poses a rising threat to the U.S., with 122 cases of the virus now reported.

Lawmakers have also dramatically stepped up their oversight of the Trump administration's response, which had drawn flak in the early days of the outbreak, with its mixed messaging and a slow rollout of tests as cases accumuluate.

Senate Democrats on Tuesday confronted Pence over the federal government’s response to the outbreak, even as leaders of both parties have quietly urged lawmakers to present a united front.

Multiple Democrats said Pence and the task force did not have enough answers on testing kits, costs of care and what will happen to people who do not have insurance.

Lawmakers including Democratic Sens. Patty Murray and Maria Cantwell of Washington, where nine deaths have been confirmed, challenged Pence during the hourlong meeting, which became contentious at times, according to attendees.

“The failure to develop and distribute working test kits to public health agencies has really cost us valuable time,” Murray said afterward. “I’m hearing from people personally across our state who are frustrated. They believe they have been exposed, they are sick, they want to get tested — but they have nowhere to go.”

Roughly $900 million in the bill would go toward purchasing equipment including masks and ventilators. Murray said that officials told senators they had stockpiled masks, but that there were not enough.

Separately, health insurers want assurances the government will help pay the cost of widespread testing or expensive treatment.

“There’s not enough test kits. We don’t know how wide it is. And it’s because the president dropped the ball early,” said Sen. Jon Tester (D-Mont.).

Meanwhile, at the Senate Republican lunch, one attendee said senators suggested to Pence that the administration’s medical experts be the “point people” for the federal response.

“No real pushback other than the recommendation that they just use people that are not politically appointed, real professionals in the area that way there can't be argument — oh, this is just political spin, it’s coming from doctors,” the attendee said.

Pence, who President Donald Trump designated the lead on the virus response last week, made

the rounds as the Trump administration tried to move past a raucous few days of partisan finger-pointing.

Earlier on Tuesday, Pence hosted a group of House members who belong to the bipartisan Problem Solvers Caucus in the White House situation room. His message, according to several attendees, was to avoid political bickering as the U.S. grapples with a health crisis with a scale that remains unknown.

Rep. Stephanie Murphy (D-Fla.) laid out concerns with the administration's outreach, including mixed messaging from Trump himself and various health agencies, according to multiple people in the room.

Murphy, whose home city of Orlando includes Disney World, pressed Pence on which source of information should be trusted. Pence instructed her to refer to the CDC's website.

Another Democrat, Rep. Dean Phillips of Minnesota, challenged information the administration has presented about the risk of transmission. He later said he urged the administration to be as transparent and "as conservative" as possible.

Sarah Karlin-Smith, Caitlin Emma, Andrew Desiderio, Marianne LeVine and Susannah Luthi contributed to this report.

To view online:
https://subscriber.politicopro.com/budget-appropriations/article/2020/03/coronavirus-emergency-bill-stalled-over-vaccine-cost-concerns-3977259

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USA

From: Wilkie, Robert L., Jr.
Sent: Wed, 4 Mar 2020 11:11:36 +0000
To: RLW
Subject: FW: [EXTERNAL] Next CVC Capital fund could top $20B

From: PitchBook News
Sent: Wednesday, March 4, 2020 6:09:42 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Next CVC Capital fund could top $20B

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The Daily Pitch: VC, PE and M&A

March 4, 2020
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TODAY'S TOP STORIES

Coronavirus is causing disruption across the tech industry

The Google I/O conference, seen here in 2019, typically draws aro 5,000 attendees. (Justin Sullivan/Getty Images News)

The widening coronavirus epidemic is rattling tech companies large and small, prompting some to curb travel, pull out of major conferences and impose work-from-home orders to protect employees from infection.

- Already Google has canceled this year's I/O developers event, which was scheduled for May 12-14 in Mountain View, Calif. The news comes on the heels of the tech giant scrapping its Cloud Next conference in San Francisco that was set to run April 6-8.

- Additionally, Microsoft called off its MVP Global Summit that was expected to run March 16-19, joining a host of other tech companies that have dropped major events. Microsoft and Google will reportedly host digital events instead.

- Earlier this week, Twitter made it mandatory

Who's in the newsletter today?

People

Alexa von Tobel
Chris Brown
Jack Dorsey
Patrick Donegan
Usain Bolt

for staff in Japan, Hong Kong and South Korea to work from home, and urged other employees to do the same. The company said it was barring workers from nonessential business travel and events as well. It also became one of several tech giants to drop out of the massive South by Southwest tech and music festival set for later this month in Austin.

- Facebook, Intel and TikTok have also pulled out of SXSW. Twitter's embattled CEO, Jack Dorsey, had been scheduled to speak at the event.

- In February, Mobile World Congress Barcelona, one of the largest gatherings in the telecom industry, was scrapped after several large companies said they were staying away because of the epidemic.

Share:

CVC Capital could collect $22B for first fund

Investors

AT&T
BC Partners
Bregal Sagemount
CVC Capital Partners
Clayton, Dubilier & Rice
Cormorant Asset Management
Craft Ventures
Erie Street
Farallon Capital Management
First Round Capital
Francisco Partners
Goldcrest Capital
Google
Highview Capital
Inspired Capital
Intel
JM Smith Corporation
Microsoft
Novartis
Ontario Teachers' Pension Plan
RTP Global
Redmile Group
Redpoint Ventures
Rokk3r Fuel ExO
Summit Partners
Twitter

Companies

Bolt Mobility
Brooklinen
Cole Haan
Facebook
Firstlight Media
GFL Environmental
Gerson Lehrman

(Iryna Ustenko/iStock/Getty Images Plus)

The eye-popping buyout funds keep coming.

The latest example is from CVC Capital Partners, which aims to raise between €17 billion and €20 billion (about $19 billion to $22 billion) for its eighth flagship fund, according to Reuters. CVC, which is based in Luxembourg, uses its flagship fund series to invest across North America and Europe, typically targeting companies worth more than €500 million. The firm closed its previous vehicle in the series on €16 billion in 2017.

Last year, investors around the globe raised $474.1 billion worth of new private equity funds, a new annual high, according to PitchBook's **2019 Annual Private Fund Strategies Report**. And the bulk of that money came from mega-funds like those raised by CVC Capital. During each of the past two years, more than half of all capital collected for PE vehicles was tied up in funds with $5 billion or more in commitments, the highest rates on record.

Group
HP
Hitachi Metals
Huntsworth
KPS Capital Partners
Performance Improvement Partners
Pliant Therapeutics
Quickplay
Smith Technologies
Sourcegraph
TikTok
Warner Music
Waupaca Foundry
Xerox

Share:

Despite the WeWork debacle, co-working still works for investors

The **latest collaboration** between PitchBook and Morningstar analysts asks whether co-working has a future after WeWork's dramatic fall. By delving into publicly traded competitors, privately held startups and how the practice has fared during past recessions, our analysts offer their insights on this oft-misunderstood sector. This report also forecasts demand for such spaces and the effect on economic moats:

read the executive summary

Share:

GFL stock slumps after $1.4B PE-backed IPO

Shares of Canada's GFL Environmental closed their first day of trading on the NYSE down nearly 12%, the latest sign of investor pessimism about the the PE-backed waste management company.

GFL priced its IPO late Monday night at $19 per share, down from a target range of $20 to $21. The offering raised about $1.4 billion. In November, GFL withdrew prior plans for an IPO after investors failed to meet the company's pricing expectations. Back then, GFL hoped to raised more than $2.4 billion and to price its shares somewhere between $20 and $24 apiece.

Known for its bright green trucks, GFL provides solid waste management services to more than 4 million households, plus other liquid waste management and infrastructure offerings. An investor group led by BC Partners and the Ontario Teachers' Pension Plan acquired the Ontario-based company in 2018 at an enterprise value of nearly $5.13 billion.

Though GFL completed its public offering, other recent high-profile debuts have been sidelined amid market chaos driven by the coronavirus. Reports emerged this week that both Cole Haan and Warner Music have put their IPO plans on hold.

Share:

Recommended Reads

Americans are consuming more yogurt, cheese and milk than they have in more than half a century. So why are the nation's dairy farms disappearing? [Bloomberg]

Astronauts aren't the superstars they used to be. But if our new era of space exploration ever does find its answer to Neil Armstrong, it might be someone with a well-curated Instagram account. [The Atlantic]

With no end in sight to a nationwide slowdown driven by the coronavirus, small businesses across China are

facing an existential threat. [The Washington Post]

When a former Bridgewater Associates executive launched her own fund, LPs flocked to hand over their money. But a messier truth lies behind the hedge fund fairytale. [Institutional Investor]

Gambling gets a bad rap. There might be something to be said, though, for developing a familiarity with the fickle power of luck. [The New York Times]

Behind the scenes at Shell, where a titan of the fossil fuel industry is trying to determine a path toward profit in the age of climate change. [Intelligencer]

Since yesterday, the PitchBook Platform added:

255	1411	410	10
Deals	People	Companies	Funds

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TODAY'S HEADLINES

The Daily Benchmark

2006 Vintage Global Venture Funds with more than $250M

People

Erie Street elevates Patrick Donegan to executive VP

First Round's Chris Brown joins Inspired

VC Deals

Pliant Therapeutics picks up $100M

Brooklinen brings home $50M

Usain Bolt's e-scooter startup valued at $100M

Sourcegraph secures $23M

PE Deals

CD&R to pay $512M for UK communications company

Highview Capital, Firstlight strike deal for Quickplay

Francisco Partners to purchase Smith Technologies

Fundraising

Bregal Sagemount brings in $1.5B

Russian VC lands $650M for new fund

Corporate M&A

Hitachi Metals considers Waupaca Foundry sale

Xerox makes formal tender offer for HP

THE DAILY BENCHMARK

2006 Vintage Global Venture Funds with more than $250M

Median IRR

3.95%

Top Quartile IRR Hurdle Rate

11.79%

1.28x
Median TVPI

Select top performers

Summit Partners Venture Capital Fund II

Thomas McNerney & Partners II

M/C Venture Partners VI

**IRR: net of fees*

22 Funds in Benchmark »

Check out the latest version of **PitchBook Benchmarks**

PEOPLE

Erie Street elevates Patrick Donegan to executive VP

Chicago-based Erie Street has promoted Patrick Donegan to executive vice president of growth and client services of portfolio company Performance Improvement Partners, which the firm acquired in January. Previously, Donegan worked at Gerson Lehrman Group.

View details

First Round's Chris Brown joins Inspired

Chris Brown has joined Inspired Capital, a New York-based early-stage firm founded by Alexa von Tobel, as principal. Brown was formerly an investor at First Round Capital.

View details

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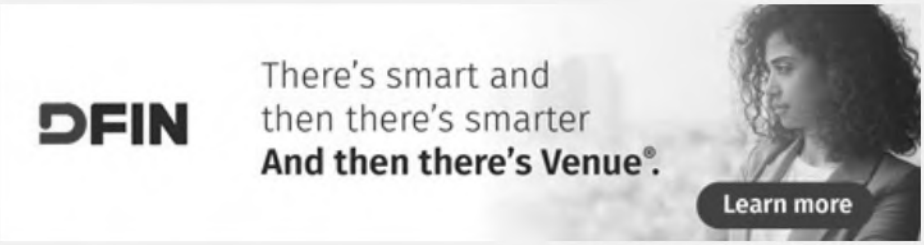

VC DEALS

Pliant Therapeutics picks up $100M

Pliant Therapeutics, which is developing therapies to treat fibrotic diseases, has raised a $100 million Series C led by Novartis. The California-based biotech company was valued at $298.2 million in January, according to PitchBook data. It plans to use the funding in part to support the clinical development of its lead drug candidate.

Select Additional Investors:
Redmile Group, Cormorant Asset Management, Farallon Capital Management

View round

View 15 competitors »

Brooklinen brings home $50M

Brooklinen, a luxury bedding and home goods startup, has raised $50 million in a round led by Summit Partners. The New York-based company was valued at nearly $50 million in 2017, according to PitchBook data.

View round

View 7 competitors »

Usain Bolt's e-scooter startup valued at $100M

Early-stage investor Rokk3r Fuel ExO has led a $30 million Series A investment in Bolt Mobility, valuing the electric scooter startup at $100 million. The Miami-based company builds its own scooters and operates a rental platform in select cities. Usain Bolt, who holds the world record in the 100-meter dash, is one of Bolt Mobility's co-founders.

View round

View similar company »

Sourcegraph secures $23M

Sourcegraph has raised a $23 million Series B led by Craft Ventures, with participation from existing investors including Redpoint Ventures and Goldcrest Capital. The San Francisco-based company creates universal code-search software used by other developers to navigate and explore programming code.

View round

View 14 competitors »

What's driving mid-market deal activity?
Read Transaction Trends Q1 for key insights.
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Sponsor Finance

PE DEALS

CD&R to pay $512M for UK communications company

Clayton, Dubilier & Rice has agreed to acquire Huntsworth for some £400 million (about $512 million), according to reports. CD&R will reportedly pay 108 pence per share for the business—a 50% premium to its Monday closing price. Based in London, Huntsworth offers marketing and medical communications services to the healthcare industry.

View deal

View similar company »

Highview Capital, Firstlight strike deal for Quickplay

Highview Capital and Firstlight Media have agreed to acquire Quickplay from AT&T, with Quickplay and Firstlight merging as part of the deal. With operations in Toronto, San Diego and Chennai, India, Quickplay offers a platform for distributing video content to IP-connected devices.

View deal

View 40 competitors »

Francisco Partners to purchase Smith Technologies

Francisco Partners has agreed to acquire Smith Technologies, a provider of pharmacy software, from JM Smith Corporation. The company will remain based in South Carolina as part of the deal.

View deal

View similar company »

FUNDRAISING

Bregal Sagemount brings in $1.5B

New York-based Bregal Sagemount has closed its third flagship fund on $1.5 billion, exceeding a $1.35 billion target. Founded in 2012, Bregal typically invests between $40 million and $150 million in a range of sectors including software, digital infrastructure and healthcare IT. The firm closed its second flagship fund on $960 million in 2017.

View fund

View 160 investments »

Russian VC lands $650M for new fund

Moscow-based RTP Global has launched a $650 million fund to back early-stage tech companies. The vehicle will target investments across Europe, North

America, India and Southeast Asia. Initial investment sizes will typically range from $2 million to $7 million, according to TechCrunch. The fund's predecessor closed on $200 million in 2018.

View fund

View 82 investments »

CORPORATE M&A

Hitachi Metals considers Waupaca Foundry sale

Japanese steelmaker Hitachi Metals could sell its US-based business Waupaca Foundry for around $1 billion, according to Bloomberg. Hitachi Metals paid $1.3 billion in cash to buy the unit, which is headquartered in Wisconsin, from KPS Capital Partners in 2014.

View details

View 1 competitors »

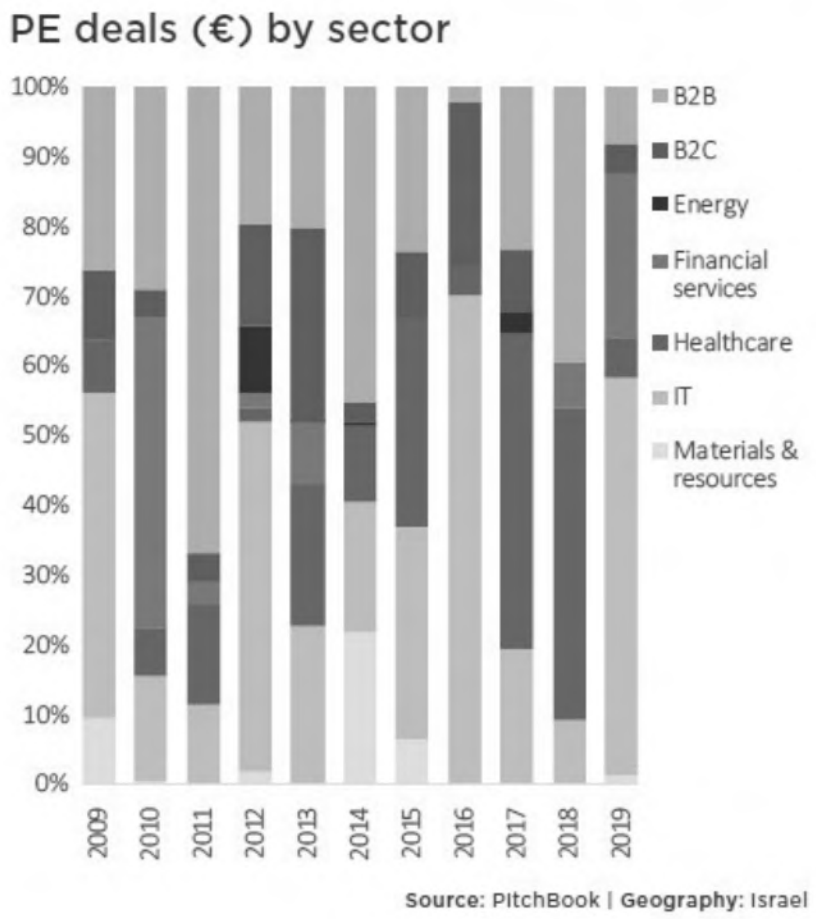
Xerox makes formal tender offer for HP

In the latest step in its monthslong hostile takeover effort, Xerox has made a formal tender offer to buy all of HP's outstanding shares at $24 apiece. Xerox is urging HP shareholders to accept the offer and elect its picks for the company's board of directors.

View details

View 17 competitors »

CHART OF THE DAY



"[T]here has been an uptick in PE's appetite for IT transactions, and this can be seen in Israel, notably in Tel Aviv. 12 deals closed in the Israeli IT sector worth a total of €2.0 billion in 2019, more than doubling 2018's readings. The largest deal to occur in Israel in 2019 was the €879.1 million MBO of cyber surveillance company NSO Group from Francisco Partners."

Source: **PitchBook's 2019 Annual European Breakdown**

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Venture capital, private equity and M&A financial information technology provider.

From: Wilkie, Robert L., Jr.
Sent: Thu, 5 Mar 2020 13:35:41 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Morning Consult Brands: Twitter Testing 'Fleets, ' Posts That Disappear After 24 Hours

From: Morning Consult
Sent: Thursday, March 5, 2020 8:34:10 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Morning Consult Brands: Twitter Testing 'Fleets, ' Posts That Disappear After 24 Hours

BRANDS

By Joanna Piacenza

Top Stories

- Twitter Inc. is testing its own version of ephemeral content with "fleets," or tweets that disappear in 24 hours, though they can't receive likes, replies or retweets like regular posts. The pilot program, which is being conducted in Brazil, was created after an internal survey showed that users would be more comfortable "sharing everyday thoughts" if they disappear after 24 hours. (Variety)
- As the coronavirus outbreak continues to drag down the Asian box office, MGM Holdings Inc., Eon and Universal Pictures said they will postpone the release of the James Bond film "No Time to Die," which was to premiere next month, to Nov. 25. Sources said the decision was based purely on economics and not on concerns about the safety of theaters. (Deadline Hollywood)

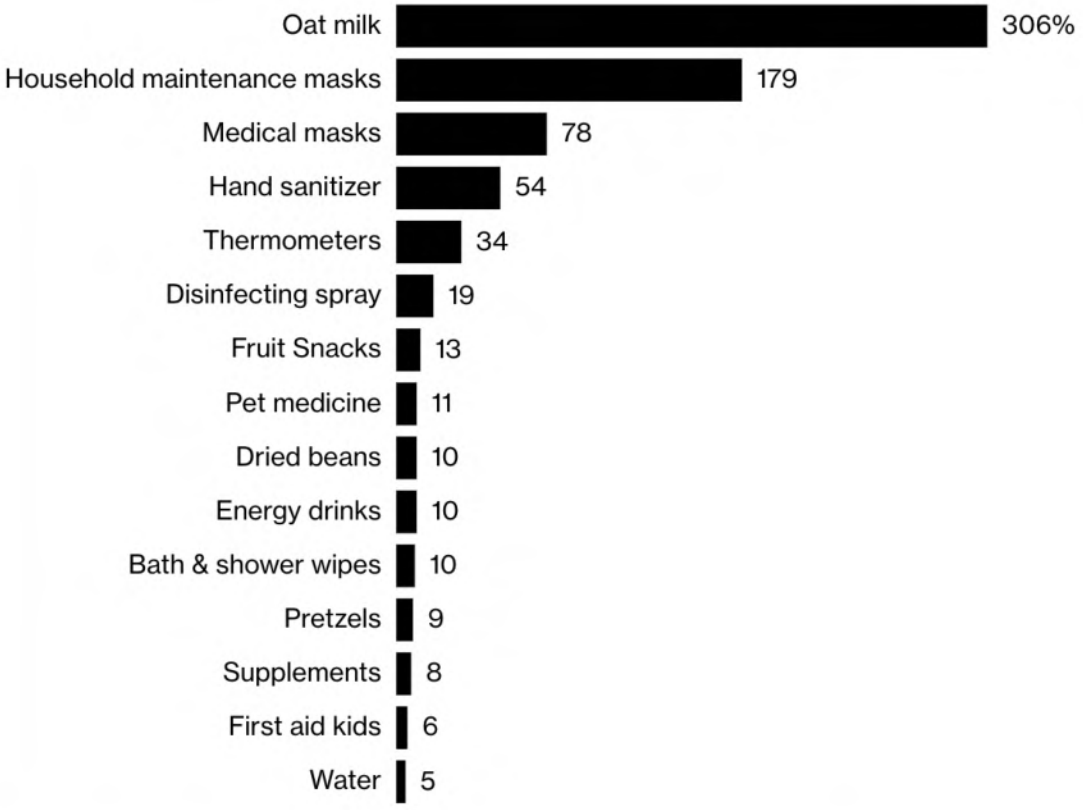
- Apple Inc. now allows for push notifications on its devices to be used for advertising, if the user authorizes it, after a small but significant update to its App Store guidelines. App developers must also provide an opt-out option. (9to5Mac)

Chart Review

What's Being Stockpiled in America's 'Pandemic Pantry'? Oat Milk
Bloomberg

Pantries of Panic

U.S. consumers are clearing the shelves amid escalating fears around coronavirus



Source: Nielsen Retail Measurement Services, from dollar sales at retail outlets surveyed over week ended Feb. 22

Events Calendar (All Times Local)

03/05/2020

Adweek's Challenger Brands Summit, a Brandweek event

03/09/2020

MediaPost's TV and Video Insider Summit

03/10/2020

MediaPost's TV and Video Insider Summit

View full calendar

Special Report: The State of Consumer Trust

As the new decade begins, Morning Consult's **The State of Consumer Trust** report is the first look at how today's societal forces are shaping a new era of trust. Based on interviews with thousands of consumers, the report provides actionable intelligence into how companies can earn and deepen trust with customers.

Download the full report.

Advertising

WPP acquires data science firm Sandtable to 'deepen' tech offering
John Glenday, The Drum

WPP-owned GroupM has confirmed its acquisition of London-based data science specialist Sandtable on undisclosed terms in a break from broader moves to 'streamline' its agency proposition for brands.

NBC Plans for Tokyo Olympics as Coronavirus Worries Advertisers
Tiffany Hsu and John Koblin, The New York Times

NBCUniversal has sold $1.25 billion in ads for the Summer Games. What happens if they don't go on as planned?

Corona Taps Snoop Dogg For Celebrity-filled 'La Vida Mas Fina' Campaign
E.J. Schultz, Ad Age

Brand owner Constellation is also debuting a new brew called Two Lane American Lager, backed by country star Luke Bryan.

How short can you go? Inside the quest for the two-second ad
Katie Deighton, The Drum

Back in 2009, Miller High Life saved a lot of cash during the Super Bowl spending frenzy.

Media and Entertainment

Roku Says It Doesn't Plan to Create Original Shows at This Time
Ryan Vlastelica, Bloomberg

Roku Inc. said it has no plans to create its own shows after a report from Digiday that the company was "in talks" for original programming.

How Meredith is investing in tech to connect ads to sales
Kayleigh Barber, Digiday

Meredith Corp. said it has gathered years worth of information on what its readers are interested in.

With uncertainty the new norm, the coronavirus rattles the media industry
Seb Joseph, Digiday

Global advertisers are scrambling to ease the major disruptions to their media spending caused by the spread of the coronavirus.

Google Debuts Podcast on the Future of Marketing
Andrew Blustein, Adweek

The search giant released the first episode of its 6-show series today.

Social Media and Technology

Instagram influencers are creating their own TV-style ad breaks
Seb Joseph, Digiday

Instagram influencers are starting to put their own placeholders before and after their sponsored posts, similar to an ad break on TV.

PR and Marketing

United Airlines Cuts U.S., International Flights in Response to Coronavirus
Doug Cameron, The Wall Street Journal

Air carrier slicing domestic flying by 10%, international by 20% in April.

Apple, Netflix Drop Out of SXSW Conference Over Coronavirus Outbreak

Mark Gurman and Lucas Shaw, Bloomberg

Tech giants continue to drop out of this month's South by Southwest festival over coronavirus concerns, threatening an event that typically serves as one of the industry's most influential gatherings.

Coronavirus Leaves Cruise Industry With Canceled Trips and Half-Empty Ships
Costas Paris and Dave Sebastian, The Wall Street Journal

Cruise operators see surge of cancellations at start of busiest season; another Princess cruise ship struck by virus.

Mark Penn's Stagwell Group snapped up startup Headliner Labs to help clients take advantage of buzzy retail tech
Patrick Coffee, Business Insider

ForwardPMX, a performance marketing agency that is part of Mark Penn's Stagwell Group, acquired Headliner Labs, a startup that creates chatbots and voice-activated ecommerce tools.

Campbell Sees More Demand from Soup Stockpiling
Annie Gasparro, The Wall Street Journal

Coronavirus epidemic will likely boost sales after a strong quarter for the food maker.

Coronavirus Could Hit Clothing Rental Sites
Adrianne Pasquarelli, Ad Age

Amid COVID-19 concerns, Rent the Runway added an FAQ about the cleaning of its garments.

Starbucks Steps Up Cafe Cleaning Due to Coronavirus Outbreak
Heather Haddon, The Wall Street Journal

Restaurant chains in U.S., with traffic already stagnant, are adjusting

operations as virus gains ground.

Inside CBD beverage brand Recess' email strategy
Kristina Monllos, Digiday

This past September, Recess began sending out a weekly email newsletter.

How Many Hotel Brands Is Enough?
Julie Weed, The New York Times

Despite the crowded marketplace, hotel companies say there is an opportunity, even an imperative, to present an array of options. But the challenge is differentiating one brand from another.

The Fashion World, Upended by Coronavirus
Jessica Testa et al., The New York Times

The growing coronavirus threat chased the luxury fashion world from Milan to Paris. A real crisis looms for designers, retailers and shoppers.

There's a new class of science-backed beauty brands
Emma Sandler, Glossy

Beauty brands have always marketed products promising to remedy every cosmetic problem imaginable, but in shoppers' quest for the most novel innovations, a new category of brands are pulling in science.

Demystifying the ingestible beauty trend and why it's a bigger business than ever before
Gabby Shacknai, Fortune

"Ladies, you can be beautiful," read a listing in a 1902 Sears Roebuck & Co. catalog.

The Rich Are Preparing for Coronavirus Differently
Alex Williams and Jonah Engel Bromwich, The New York Times

Concierge doctors, yachts, chartered planes and germ-free hideaways.

Remodeled, smaller stores help Abercrombie holiday sales top expectations
Uday Sampath Kumar, Reuters

Abercrombie & Fitch Co beat quarterly sales and profit estimates on Wednesday as its new, smaller stores attracted more shoppers looking for jeans and women's dresses in the holiday season, sending its shares up 6% in early trading.

Chicago's new brand identity could save the city $10 million a year
Mark Wilson, Fast Company

Chicago wants you to make its brand your own.

Why it's so hard to find the next Warby Parker
Nicole Gull McElroy, Fortune

If you've got a pulse and an Instagram account, you've likely noticed that almost weekly there are new direct-to-consumer brands vying for your attention and loyalty: beautifully designed toothbrushes, houseplants, paint, loafers, window treatments, smoothies, vitamins, and mattresses delivered exactly how and when you need them.

Opinions, Editorials, Perspectives and Research

Are You an Anti-Influencer?
Alex Stone, The New York Times

Some people have a knack for buying products that flop, supporting political candidates who lose and moving to neighborhoods that fail to thrive.

It's Time to Face Up to 'Feedback Fatigue'
Alexandra Samuel, The Wall Street Journal

In their eagerness to deliver a better customer experience, companies have created a new kind of bad customer experience: feedback fatigue.

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From: (b)(6)
Sent: Thu, 5 Mar 2020 17:22:52 +0000
To: RLW
Subject: [EXTERNAL] FW: Squabble over mask shortage erupts as coronavirus spreads

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From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Thursday, March 5, 2020 12:16 PM
To: (b)(6) @riponsociety.org>
Subject: Squabble over mask shortage erupts as coronavirus spreads

Squabble over mask shortage erupts as coronavirus spreads

By Dan Diamond, David Lim

03/05/2020 12:15 PM EST

A squabble is breaking out over whether respirator mask manufacturers need more protection from legal liability as the Trump administration presses them to ramp up production amid a major shortage during the coronavirus crisis.

With officials estimating the U.S. has only 1 percent of the masks needed for health workers in a full pandemic, Trump administration and mask makers wanted a provision added to the emergency coronavirus spending bill to protect manufacturers if wearers get sick. But House Democrats, including Speaker Nancy Pelosi, viewed the effort as an expansive legal waiver and blocked it from being added to the final version.

The $8.3 billion spending bill will come up for a vote in the Senate Thursday after passing the House on Wednesday. It won't be changed now, but manufacturers and White House officials are warning that the omission could lead to hoarding of masks and not enough supply for nurses and doctors.

The fight echoes the post-9/11 debate over whether the government should accept liability for anti-terrorism technologies that fail to prevent future attacks or antidotes to anthrax that were produced on a large scale.

Under the 2005 PREP Act, the government assumes the cost of liability claims when it asks companies to provide products in response to a public emergency. But the protection doesn't apply to items like industrial masks because they're not regulated by the FDA, according to Charles Johnson, president of the International Safety Equipment Association.

The mask supply is a growing concern for the administration as more outbreaks of coronavirus are being reported in multiple states. The CDC is trying to speed masks to health care workers under an emergency use authorization granted Monday that allows more types of respirators, like industrial masks, to be used in health care settings. The FDA already allows a subset of

respirators to be used in health care settings.

HHS this week said the U.S. has about 1 percent of the required respirator masks needed to equip health workers in a full-blown pandemic, estimating the medical system would need as many as 3.5 billion N95 respirator masks in a year.

Administration officials say the lack of liability protections means manufacturers including 3M, Dräger and Moldex could potentially face a wave of individual lawsuits, even for circumstances like someone wrongly wearing the mask and contracting the virus. Vice President Mike Pence and other members of the White House Coronavirus Task Force are set to meet with 3M CEO Mike Roman Thursday afternoon to talk about supply chain matters.

"This liability issue makes it harder for the industry to step up and do the right thing when the government asks them to do so," said Johnson, who supports expanding the PREP Act's protections. "The masks may be slower to market and into the hands of the people who need them."

"I have worked alongside manufacturers like 3M, who have a plant in Nebraska, who are working around the clock manufacturing protection devices," added Rep. Don Bacon (R-Neb.), the lead sponsor of the provision. "Manufacturers must be willing and able to respond in the event of an outbreak — this legislation would have done just that."

3M officials have said Congress' failure to include the language in the spending package could lead to hoarding of masks.

The health department has warned that the provision was an important step to enlist the industry to fight coronavirus, said two individuals with knowledge of the deliberations. A White House official confirmed that the administration supported the provision.

"We can't expect companies to go above and beyond to meet the needs of the American people when they have the looming threat of litigation hanging over their heads," said one individual with knowledge of the talks.

But Democrats balked at adding the measure. "The committees raised early objections to including an expansive liability waiver in the supplemental and the Speaker agreed," said a senior Democratic aide.

Congressional aides familiar also say the industry needs to demonstrate evidence that a blanket liability shield is needed in order to make enough masks to fight the coronavirus outbreak. They also said the administration hadn't actively pushed for the provision, which introduces complications around who's going to pay to cover liability — and could leave Congress on the hook to come up with the funding.

To view online:
https://subscriber.politicopro.com/trade/article/2020/03/squabble-over-mask-shortage-erupts-as-coronavirus-spreads-1888320

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From: Wilkie, Robert L., Jr.
Sent: Thu, 5 Mar 2020 18:26:44 +0000
To: RLW
Subject: FW: Office of Inspector General
Attachments: TopmaxFDA .pdf, VAGuidanceOffLabelPrescribing.pdf, Janssen-update.docx, VAmedicines.pdf, DAD Christemas-IMG_0228.JPG, Dad-MemorialD.jpg

From: Steve Chojnicki
Sent: Thursday, March 5, 2020 1:24:34 PM (UTC-05:00) Eastern Time (US & Canada)
To: Christi.Grimm@oig.hhs.gov; Wilkie, Robert L., Jr.; Amy.Abernethy@fda.hhs.gov; monica.bharel@state.ma.us; andrew.lelling@usdoj.gov; Alex.Azar@oig.hhs.gov
Cc: suzanne.scott@foxnews.com; john.karcher@foxnews.com; lou.dobbs@foxnews.com; charlie.baker@state.ma.us
Subject: [EXTERNAL] Office of Inspector General

Dear Ms. Christi Grimm, Inspector General of HHS

I have received this response from your office below. May I ask since you're the Inspector General why your are sending me this direction to a OIG Hotline on a Case that the DOJ has indicted Janssen Pharma and it was settled that HHS was to enforce the actions of Using Topamax for only FDA approved uses. Thus my proof of the Drug used by Dr. Peter Dain of Brookside which has cause Reckless Endangerment and Permanent Harm. I just spoke to the Doctors at St. Vincent Hospital in Worcester, MA where my father is at and the future is glim and the Topamax caused Severe Brain Damage which is now Life Threatening.

Thus your Boss Alex Azar of HHS was on with Lou Dobbs defending HHS on the Corona Virus and yet this is a obvious case that was tried and you have documentation of the results and tell me to contact the other Agencies. I would gladly speak on Mr. Lou Dobbs Show with Director Alex Azar of this Non FDA Approved Topamax being used for profit and death. I have send to the following people all the information in fact even the Documents from J&J Janssen showing they did nothing and have Violated a DOJ Settlement and continue on Endangering Life's of Veteran and the Public with this reckless behavior. This is been made aware to the following people which you have copies of the documents in my previous emails.

1. Ms. Christi Grimm, Inspector General HHS has all documents including the pictures, emails, reports and the Double Billing of Medicaid by Dr.Dain for the Same Service that was being paid by the Veterans Administration. So besides Reckless Endangerment there is Government Fraud on behalf of Dr. Dain of Brookside Rehabilitation a VA Approved Facility.

2. Mr. Robert Wilkie, Director of VA has all documents including the pictures, emails, reports and Double Billing of Medicaid by Dr. Dain for the same services that were being paid by the Veterans Administration. So besides Reckless Endangerment there is Government Fraud on behalf of Dr. Dain of Brookside Rehabilitation a VA Approved Facility and documentation of Using a Non FDA Approved Medication that is not recognized nor paid by Medicaid, VA or any Government Health Agency.

3. Ms. Amy Abernethy, Director of FDA has the same documents listed above.

4. Ms. Monica Bharel, Commissioner of Massachusetts Board of Medicine has the entire file and documents representing the "illegal use of Topamax" reckless endangerment with intent to harm or injury the individual for Profit and Medicaid Fraud Against the US Government on a Veteran. She has a copy of the Double Billing the Medicaid and VA for this by Dr. Dain of Brookside total violation of the law.

5. Mr. Andrew Lelling, US Attorney of Department of Justice has complete Documentation and his office was the ones involved in the Prosecution and Settlement Agreement with J&J Janssen Pharmaceuticals whom Criminally Violated these laws for Financial Gain.

6. Dr. Paul Stoffles, Vice Chairman of J&J Janssen whom has all the follow ups and is responsible for this Criminal Action.

Thus Ms. Grimm, as per your Boss Mr. Azare saying the HHS is on the case, apparently on this life or death one regarding my Father Sgt. John Chojnicki, all I am seeing is a email directing me to a circle of nowhere. There is Accountability in your position and I expect you will do what you were hired for and not just play political roulette with peoples life's.

I await to hear from you as this should not happen to any Veteran or any individual as the Veterans should not be used as "experiments for profit and fun", we do live in a society that has ethics and conscience.

Sincerely

Steven Chojnicki
31 Audubon Way
Sturbridge, MA 01566
508-347-2627

----- Original Message -----
From: Steve Chojnicki
To: andrew.lelling@usdoj.gov ; peter.stoffels@jnj.com
Cc: GMS Follow Up ; michael.sneed@jnj.com ; Christi.Grimm@oig.hhs.gov ; monica.bharel@state.ma.us ; Amy.Abernethy@fda.hhs.gov
Sent: Monday, February 24, 2020 5:26 PM
Subject: TOPAMAX Violation of Federal Agreement

Dear US Attorney Andrew Lelling, Department of Justice

I am sending this email in Reference to Dr. Dain MD of Brookside Rehab and Dr. Peter Stoffels MD of Johnson & Johnson that are Violating your Agreement Done

by US Attorney Carmen Ortiz for using Topamax for Non FDA Purposes which they have done to my Father Sgt. John Chojnicki which has caused Serious Injury to his Physical, Mental and Total Overall Health and his condition is getting grave.

Both Dr.Peter Stoffels, MD of J&J and Dr. Peter Dain of Brookside engaging in RICO Activity for Profit by knowing and willingly using these Deadly Drugs for Financial Gain and Defrauding the US Government Medicaid and Veterans Administration billing and Reckless Endangerment of Veterans and Patients. Thus both are engaging in Practices that were legally prosecuted by your DOJ and was agreed to by J&J to monitor and not to engage and enrich Doctors for Prescribing this Non FDA Approved Drug for Psychotic Reasons.

So we have both Doctor Stoffels and Dr. Dain in deliberate defiance of Federal Laws and now these RICO Actions should put both Individuals in Federal Prisons (aka Bernie Maddoff) for these serious crimes which are resulting in long term harm and even death.

Thus we have both Individuals in Falsification of Documents to the US Government billing the Veterans Administration and Medicaid for Drugs not approved and using people as experiments without knowledge. Thus a Violation of 12 US Code 5531 Unfair Deceptive Acts and Practices and Violation of Veterans Administration and Medicaid Guidelines on Drugs.

In the Agreement which both Dr. Peter Stoffels, of J&J and Dr. Peter Dain of Brookside its been legally agreed as follows.

Also as part of the settlement, Ortho-McNeil-Janssen Pharmaceuticals has agreed to enter into an expansive corporate integrity agreement with the Office of Inspector General of the Department of Health and Human Services. That agreement provides for procedures and reviews to be put in place to avoid and promptly detect conduct similar to that which gave rise to this matter

So both individuals decided to defy the Legal Agreement and continue on with this RICO Activity for Profit and Disregard for Public Safety and Obstruction of Justice. As you have the agreement and their engagement in Fraud Against the Federal Health Care Programs which is proven with my Father Sgt John Chojnicki in their reckless behavior and endangerment of his health condition for Financial Gain.

What is very upsetting is the Family and Friends have seen a perfect individual subject to these practices and his condition has become grave and will never get better. Both of these are Medical Professionals who vow to help people and not endanger them. Now its showing to our Family they are no better that Drug Dealers pushing Fentanyl to unsuspecting people for profit with no conscience for life or the endangerment.

I will be willing to meet with you in Boston as I am in Massachusetts to show the Before and After Pictures of my Father and the Permanent Damage done by these two individuals. Dr. Peter Dain of Brookside Rehabilitation of Webster, Massachusetts and Dr. Peter Stoffels, MD Vice Chairman of Johnson & Johnson.

They are total examples of Disrespect of the Law and Medical Malpractice.

Sincerely

Steven Chojnicki
31 Audubon Way
Sturbridge, MA 01566
508-347-2627

Unapproved prescription drugs pose significant risks to patients because they have not been reviewed by FDA for safety, effectiveness or quality. Without FDA review, there is no way to know if these drugs are safe and effective for their intended use, whether they are manufactured in a way that ensures consistent drug quality or whether their label is complete and accurate. Unapproved drugs have resulted in patient harm, and the agency works to protect patients from the risks posed by these drugs.

Department of Justice
Office of Public Affairs

FOR IMMEDIATE RELEASE
Thursday, April 29, 2010

Two Johnson & Johnson Subsidiaries to Pay Over $81 Million to Resolve Allegations of Off-Label Promotion of Topamax

Epilepsy Drug Approved by FDA Promoted for Psychiatric Uses

WASHINGTON a□□ American pharmaceutical manufacturers Ortho-McNeil Pharmaceutical LLC and Ortho-McNeil-Janssen Pharmaceuticals Inc., both subsidiaries of Johnson & Johnson, have agreed to pay more than $81 million to resolve criminal and civil liability arising from the illegal promotion of the epilepsy drug Topamax, the Justice Department announced today.

According to the agreement reached with the government, Ortho-McNeil Pharmaceutical LLC has agreed to plead guilty to a misdemeanor and pay a $6.14 million criminal fine for the misbranding of Topamax in violation of the Food, Drug and Cosmetic Act. **The Food and Drug Administration**

(FDA) approved Topamax as an anti-epileptic drug, for the treatment of partial onset seizures, but not for any psychiatric use. Once a pharmaceutical is approved by the FDA, a manufacturer may not market or promote it for any use not specified in its new drug application. The unauthorized uses are also known as "unapproved" or "off-label uses."

The government alleged that Ortho-McNeil Pharmaceutical promoted the sale of Topamax for off-label psychiatric uses through a practice known as the "Doctor-for-a-Day" program. Using this program, Ortho-McNeil hired outside physicians to join sales representatives in their visits to the offices of health care providers and to speak at meetings and dinners about prescribing Topamax for unapproved uses and doses.

In addition to the criminal fine, Ortho-McNeil-Janssen Pharmaceuticals will pay $75.37 million to resolve civil allegations under the False Claims Act that they illegally promoted Topamax and caused false claims to be submitted to government health care programs for a variety of psychiatric uses that were not medically accepted indications and therefore not covered by those programs. The federal share of the civil settlement is $50,688,483.52, and the state Medicaid share of the civil settlement is $24,681,516.48.

"Working with our federal and state partners, we will take action against pharmaceutical companies that promote their drugs for off-label uses," said Tony West, Assistant Attorney General for the Civil Division of the Department of Justice. "This type of unlawful marketing undermines the FDA's important role in deciding which drugs are safe and effective for consumers and costs the taxpayers billions of dollars each year."

The civil settlement resolves two lawsuits filed under the *qui tam,* or whistleblower, provisions of the False Claims Act, which allow private citizens with knowledge of fraud to bring civil actions behalf of the United States and share in any recovery. The two cases, both filed in the District of Massachusetts are *United States ex rel. Maher, et al. v. Ortho-McNeil Pharmaceutical*, Civil Action No. 03-11445-WGY, and *United States ex rel. Spivack v. Johnson & Johnson and Ortho-McNeil Pharmaceutical, Inc.*, Civil Action No. 04-11886-WGY. As part of today's resolution, the whistleblowers will receive payments totaling more than $9 million from the federal share of the civil recovery.

Also as part of the settlement, Ortho-McNeil-Janssen Pharmaceuticals has agreed to enter into an expansive corporate integrity agreement with the Office of Inspector General of the Department of Health and Human Services. That agreement provides for procedures and reviews to be put in place to avoid and promptly detect conduct similar to that which gave rise to this matter.

"This resolution underscores the government's unflagging commitment to combating pharmaceutical fraud in all its forms, and in securing a just and meaningful outcome that deters those who would consider off-label marketing in the future," said Carmen M. Ortiz, U.S. Attorney for the District of Massachusetts.

"This settlement is about more than financial recoveries, it is also about protecting the integrity of health care programs and the health of beneficiaries," said Department of Health and Human Services Inspector

General Daniel R. Levinson. "The Corporate Integrity Agreement requires Ortho-McNeil-Janssen-Pharmaceuticals, Inc. to increase transparency and accountability and to make changes designed to avoid illegal drug promotion in the future."

The Justice Department's Civil Division and the U.S. Attorney's Office for the District of Massachusetts prosecuted the criminal case and handled the civil lawsuit, with assistance from the National Association of Medicaid Fraud Control Units and the offices of various state Attorneys General. The Office of Inspector General of the Department of Health and Human Services negotiated the Corporate Integrity Agreement.

This settlement is part of the government's emphasis on combating health care fraud. One of the most powerful tools in that effort is the False Claims Act, which the Justice Department has used to recover approximately $2.2 billion since January 2009 in cases involving fraud against federal health care programs. The Justice Department's total recoveries in False Claims Act cases since January 2009 have topped $3 billion.

Component(s):
Civil Division
Press Release Number:
10-500

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

From: Public Affairs
To: wynicky@hotmail.com
Sent: Thursday, February 27, 2020 8:12 AM
Subject: Office of Inspector General Response
Good morning Mr. Chojnicki:

Our office received your emails regarding Dr. Peter Dain & Janssen Pharma Reckless Endangerment & Misrepresentation TOPAMAX CASE - Civil Action No. 04-11886-WGY. OIG is deeply committed to fighting fraud, waste, and abuse in Federal health care and HHS programs. The help of alert citizens like you is indispensable to the work we do and has contributed to saving lives, returning millions of stolen dollars to the Government, and putting criminals in jail. We thank you for taking time to bring this matter to our attention.

Your email has been forwarded to the OIG Hotline Operations staff for review and appropriate action. Because of the high volume of citizen input, you will hear from us again only if we need to ask you for more information. For more information about OIG Hotline Operations, please visit https://forms.oig.hhs.gov/hotlineoperations/. OIG is not authorized to disclose any information on records in its possession or respond to any inquiries about any action taken on a complaint.

We would also like to recommend you submit your complaint to the Department of Veterans Affairs, Office of Inspector General (VA OIG) if you haven't already done so at the following link: https://www.va.gov/oig/hotline/.

We hope that your concerns can be satisfactorily resolved.

Sincerely,
HHS-OIG Public Affairs

U.S.
ARMY
MAHON

MEDICATION GUIDE

TOPAMAX® (TOE-PA-MAX)

(topiramate)

Tablets

TOPAMAX® (TOE-PA-MAX)

(topiramate)

Sprinkle Capsules

Read this Medication Guide before you start taking TOPAMAX and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment. If you have any questions about TOPAMAX, talk to your healthcare provider or pharmacist.

What is the most important information I should know about TOPAMAX?

TOPAMAX may cause eye problems. Serious eye problems include:

- any sudden decrease in vision with or without eye pain and redness,
- a blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma).
- These eye problems can lead to permanent loss of vision if not treated.
- You should call your healthcare provider right away if you have any new eye symptoms, including any new problems with your vision.

TOPAMAX may cause decreased sweating and increased body temperature (fever). People, especially children, should be watched for signs of decreased sweating and fever, especially in hot temperatures. Some people may need to be hospitalized for this condition. Call your healthcare provider right away if you have a high fever, a fever that does not go away, or decreased sweating.

TOPAMAX can increase the level of acid in your blood (metabolic acidosis). If left untreated, metabolic acidosis can cause brittle or soft bones (osteoporosis, osteomalacia, osteopenia), kidney stones, can slow the rate of growth in children, and may possibly harm your baby if you are pregnant. Metabolic acidosis can happen with or without symptoms.

Sometimes people with metabolic acidosis will:

- feel tired
- not feel hungry (loss of appetite)

- feel changes in heartbeat
- have trouble thinking clearly

Your healthcare provider should do a blood test to measure the level of acid in your blood before and during your treatment with TOPAMAX. If you are pregnant, you should talk to your healthcare provider about whether you have metabolic acidosis.

Like other antiepileptic drugs, TOPAMAX may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.

Call a healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

Do not stop TOPAMAX without first talking to a healthcare provider.

- Stopping TOPAMAX suddenly can cause serious problems.
- Suicidal thoughts or actions can be caused by things other than medicines. If you have suicidal thoughts or actions, your healthcare provider may check for other causes.

How can I watch for early symptoms of suicidal thoughts and actions?

- Pay attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.
- Keep all follow-up visits with your healthcare provider as scheduled.
- Call your healthcare provider between visits as needed, especially if you are worried about symptoms.

TOPAMAX can harm your unborn baby.

- If you take TOPAMAX during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant.
- Cleft lip and cleft palate may happen even in children born to women who are not taking any medicines and do not have other risk factors.
- There may be other medicines to treat your condition that have a lower chance of birth defects.
- All women of childbearing age should talk to their healthcare providers about using other possible treatments instead of TOPAMAX. If the decision is made to use TOPAMAX, you should use effective birth control (contraception) unless you are planning to become pregnant. You should talk to your doctor about the best kind of birth control to use while you are taking TOPAMAX.
- Tell your healthcare provider right away if you become pregnant while taking TOPAMAX. You and your healthcare provider should decide if you will continue to take TOPAMAX while you are pregnant.
- Metabolic acidosis may have harmful effects on your baby. Talk to your healthcare provider if TOPAMAX has caused metabolic acidosis during your pregnancy.
- Pregnancy Registry: If you become pregnant while taking TOPAMAX, talk to your healthcare provider about registering with the North American Antiepileptic Drug Pregnancy Registry. You can enroll in this registry by calling 1-888-233-2334. The purpose of this registry is to collect information about the safety of antiepileptic drugs during pregnancy.

What is TOPAMAX?

TOPAMAX is a prescription medicine used:

- to treat certain types of seizures (partial onset seizures and primary generalized tonic-clonic seizures) in adults and children 2 years and older,
- with other medicines to treat certain types of seizures (partial onset seizures, primary generalized tonic-clonic seizures, and seizures associated with Lennox-Gastaut syndrome) in adults and children 2 years and older,
- to prevent migraine headaches in adults and adolescents 12 years and older.

What should I tell my healthcare provider before taking TOPAMAX?

Before taking TOPAMAX, tell your healthcare provider about all your medical conditions, including if you:

- have or have had depression, mood problems, or suicidal thoughts or behavior
- have kidney problems, have kidney stones, or are getting kidney dialysis
- have a history of metabolic acidosis (too much acid in the blood)
- have liver problems

- have weak, brittle, or soft bones (osteomalacia, osteoporosis, osteopenia, or decreased bone density)
- have lung or breathing problems
- have eye problems, especially glaucoma
- have diarrhea
- have a growth problem
- are on a diet high in fat and low in carbohydrates, which is called a ketogenic diet
- are having surgery
- are pregnant or plan to become pregnant
- are breastfeeding. TOPAMAX passes into breast milk. It is not known if the TOPAMAX that passes into breast milk can harm your baby. Talk to your healthcare provider about the best way to feed your baby if you take TOPAMAX.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. TOPAMAX and other medicines may affect each other causing side effects.

Especially tell your healthcare provider if you take:

- Valproic acid (such as DEPAKENE or DEPAKOTE)
- any medicines that impair or decrease your thinking, concentration, or muscle coordination
- birth control pills. TOPAMAX may make your birth control pills less effective. Tell your healthcare provider if your menstrual bleeding changes while you are taking birth control pills and TOPAMAX.

Ask your healthcare provider if you are not sure if your medicine is listed above.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist each time you get a new medicine. Do not start a new medicine without talking with your healthcare provider.

How should I take TOPAMAX?

- Take TOPAMAX exactly as prescribed.
- Your healthcare provider may change your dose. Do not change your dose without talking to your healthcare provider.
- TOPAMAX Tablets should be swallowed whole. Do not chew the tablets. They may leave a bitter taste.
- TOPAMAX Sprinkle Capsules may be swallowed whole or may be opened and sprinkled on a teaspoon of soft food. Drink fluids right after eating the food and

medicine mixture to make sure it is all swallowed. Do not chew food and medicine mixture.

- Do not store any medicine and food mixture for later use.
- TOPAMAX can be taken before, during, or after a meal. Drink plenty of fluids during the day. This may help prevent kidney stones while taking TOPAMAX.
- If you take too much TOPAMAX, call your healthcare provider or poison control center right away or go to the nearest emergency room.
- If you miss a single dose of TOPAMAX, take it as soon as you can. However, if you are within 6 hours of taking your next scheduled dose, wait until then to take your usual dose of TOPAMAX, and skip the missed dose. Do not double your dose. If you have missed more than one dose, you should call your healthcare provider for advice.
- Do not stop taking TOPAMAX without talking to your healthcare provider. Stopping TOPAMAX suddenly may cause serious problems. If you have epilepsy and you stop taking TOPAMAX suddenly, you may have seizures that do not stop. Your healthcare provider will tell you how to stop taking TOPAMAX slowly.
- Your healthcare provider may do blood tests while you take TOPAMAX.

What should I avoid while taking TOPAMAX?

- Do not drink alcohol while taking TOPAMAX. TOPAMAX and alcohol can affect each other causing side effects such as sleepiness and dizziness.
- Do not drive a car or operate heavy machinery until you know how TOPAMAX affects you. TOPAMAX can slow your thinking and motor skills, and may affect vision.

What are the possible side effects of TOPAMAX?

TOPAMAX may cause serious side effects including:

See “What is the most important information I should know about TOPAMAX?”

- **High blood ammonia levels.** High ammonia in the blood can affect your mental activities, slow your alertness, make you feel tired, or cause vomiting. This has happened when TOPAMAX is taken with a medicine called valproic acid (DEPAKENE and DEPAKOTE).
- **Kidney stones.** Drink plenty of fluids when taking TOPAMAX to decrease your chances of getting kidney stones.
- **Low body temperature.** Taking TOPAMAX when you are also taking valproic acid can cause a drop in body temperature to less than 95°F, feeling tired, confusion, or coma.
- **Effects on thinking and alertness.** TOPAMAX may affect how you think and cause confusion, problems with concentration, attention, memory, or speech. TOPAMAX may cause depression or mood problems, tiredness, and sleepiness.
- **Dizziness or loss of muscle coordination.**

Call your healthcare provider right away if you have any of the symptoms above.

The most common side effects of TOPAMAX include:

- tingling of the arms and legs (paresthesia)
- not feeling hungry
- nausea
- a change in the way foods taste
- diarrhea
- weight loss
- nervousness
- upper respiratory tract infection
- speech problems
- tiredness
- dizziness
- sleepiness/drowsiness
- slow reactions
- difficulty with memory
- pain in the abdomen
- fever
- abnormal vision

Tell your healthcare provider about any side effect that bothers you or that does not go away.

These are not all the possible side effects of TOPAMAX. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Janssen Pharmaceuticals, Inc. at 1-800-JANSSEN (1-800-526-7736).

How should I store TOPAMAX?

- Store TOPAMAX Tablets at room temperature, 59°F to 86°F (15°C to 30°C).
- Store TOPAMAX Sprinkle Capsules at or below 77°F (25°C).
- Keep TOPAMAX in a tightly closed container.

- Keep TOPAMAX dry and away from moisture.
- **Keep TOPAMAX and all medicines out of the reach of children.**

General information about TOPAMAX.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use TOPAMAX for a condition for which it was not prescribed. Do not give TOPAMAX to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about TOPAMAX. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about TOPAMAX that is written for health professionals.

For more information, go to www.topamax.com or call 1-800-JANSSEN (1-800-526-7736).

What are the ingredients in TOPAMAX?

Active ingredient: topiramate

Inactive ingredients:

- **Tablets -** carnauba wax, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, polysorbate 80, pregelatinized starch, purified water, sodium starch glycolate, synthetic iron oxide, and titanium dioxide.
- **Sprinkle Capsules -** black pharmaceutical ink, cellulose acetate, gelatin, povidone, sodium lauryl sulfate, sorbitan monolaurate, sugar spheres (sucrose and starch) and titanium dioxide.

Revised March 2014

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Manufactured by:

Janssen Ortho, LLC,

Gurabo, Puerto Rico 00778

Manufactured for:

Janssen Pharmaceuticals, Inc.,

Titusville, NJ 08560

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Pharmaceutical Use Outside of Approved Indications
Guidance on "Off-label" Prescribing

Department of Veterans Affairs (VA) Center for Medication Safety
And Veterans Health Administration (VHA) Pharmacy Benefits Management Strategic Healthcare Group and the VA Medical Advisory Panel

Executive Summary

1. Prescribing that is outside approved indications by the Food and Drug Administration (FDA) is often referred to as "off-label" use.
2. This often involves use outside of specified populations, or in different diseases or stages of diseases. Other types of off-label use may involve changes to dosing or dosing schedules or in chronology and sequence of use of pharmaceutical agents.
3. Familiarity with the evidence before using a drug off-label is important since there is heightened concern when there is little or no supporting evidence of benefit or safety in a population or for a condition.
4. When considering or reviewing off-label use, whether from an individual or institutional perspective, an evidence-based approach similar to the principles elucidated by the United States Preventive Services Task Force is recommended (see Appendix 1).
5. Evidence of benefit (and importantly, risk) should be explicitly reviewed in the context of standard therapies for the population or condition and recommendations for (or against) use should be based on the quality of evidence as well as the net benefit (potential benefits minus potential harms) [see Appendix 1]. Selective use of studies to support a position is strongly discouraged and in the event of a negative outcome, may not withstand the rigor of a thorough peer review.
6. Since off-label use occurs with non-formulary as well as formulary drugs, clinicians must be aware of their own prescribing practices. When prescribing outside of FDA indications, it is recommended that clinicians understand and follow local protocols and procedures, for example from their Pharmacy & Therapeutics (P&T) Committees. In these cases, the burden of responsibility rests with the prescriber.
7. Consultation with local VA P&T Committees is recommended for agents that do not already have established protocols for off-label use.
8. Pharmacy & Therapeutics Committees are responsible for considering effectiveness, equity, safety, and outcomes – and as a secondary point, cost – when making decisions about pharmaceuticals. As such, these Committees may approve or disapprove requests, based on the level and quality of evidence, in the context of local policies and procedures.

Background

Off-label use refers to a range of prescribing that is outside approved indications by the Food and Drug Administration (FDA). This may involve areas such as bioequivalence (e.g, generic products or modified-release dosage forms), dosing (e.g., above maximum or subtherapeutic), dosing schedules (e.g., using more often than approved), dosing regimens (e.g., using a drug approved for combination therapy as monotherapy) or chronology (e.g., using an agent as first line therapy instead of its approved second line usage). More often, off-label use refers to utilization outside of specified populations (e.g., by gender or age or weight) or in different diseases (or stages of diseases) than originally approved.

Benefits of therapies should not be assumed across populations or for conditions even when there exists plausible epidemiological evidence, biological plausibility or cohort studies – all of which contributed to use of hormone replacement therapy in women prior to the randomized trial that outlined the potential hazards [Women's Health Initiative, 2002]. With emerging drug therapies, especially, it is important that safety be addressed explicitly. A frequent assumption is that a product is as safe in one population as another; without considering possible drug-disease interactions and/or to possible lower efficacy rates. For example, beta-carotene is relatively harmless in the general population yet it appears to increase the risk of lung cancer in heavy smokers [Alpha-Tocopherol, Beta-Carotene, 1994; Omen 1996]. Hence, just as efficacy and effectiveness of a medication cannot necessarily be extrapolated to new indications or uses, the safety of pharmaceuticals should not be considered constant across diseases or populations.

In general, off-label use becomes a heightened concern when there is little or no supporting evidence of benefit or safety in a population or for a condition. This may occur, for example, soon after a new drug is released and/or when marketing is expanding ahead of published evidence. Under these circumstances, both the risks and benefits of utilization become more difficult to gauge. Hence, new evidence concerning emerging off-label use of a drug must be viewed in the context of standard therapies for a disease or population since these often have far more data on effectiveness and safety. In some instances, older drugs may be prescribed for newer (off-label) uses and while there may be relatively reassuring data on safety, there is often little on efficacy or effectiveness for the proposed use.

Overall, thoughtful and evidence-based use of medications is good clinical practice. This is true for all medication use, whether used within or outside of approved FDA indications, especially because FDA labeling and indications depend on submissions and requests to (and from) that agency. Contemporary prescribing must also consider new evidence as well as data that may or may not have been submitted to the FDA. Also, when the FDA approves a drug, it typically considers safety in relationship to the approved indication and other therapies. For instance, when a drug is approved as a second or third alternative, or for a relatively serious medical condition, a more significant side effect profile may be acceptable even though it would not be so for a less serious situation, or for first line therapy. These issues must be kept in mind when considering and reviewing off-label use of pharmaceuticals.

Focus

The following guidance applies to issues outside of bioequivalence and modified dosing forms, for which use, unless stated otherwise for a particular drug, is generally considered standard practice.

Goals

The Center for Medication Safety in conjunction with the Pharmacy Benefits Management Strategic Healthcare Group and its Medical Advisory Panel outline below the general principles and recommendations when considering pharmaceutical use outside of approved dosing, chronology, disease or disease stage or populations.

Our intention is to offer an educational and dynamic document to assist healthcare providers, as well as Pharmacy & Therapeutics (P&T) Committees and other policymakers, to better understand and oversee "off-label" use and to use principles of evidence-based medicine, as described in Appendix 1, in reviewing such use.

General Principles

1. First and foremost, pharmaceutical prescribing should be evidence-based, whenever possible (i.e., when sufficient evidence exists for a robust review).
2. The ultimate responsibility for the safety and efficacy of off-label prescribing resides with the prescriber. He/she should be familiar with the evidence of benefit and with the safety profile before using a drug. He/she should know and understand local protocols for use of the agent or consult with local pharmacist.
3. Consultation with the VA P&T Committee is recommended for agents that do not already have established protocols for off-label use.
4. Proper assessment of evidence for off-label use should involve as comprehensive and balanced review as possible and feasible. A review of available scientific literature, with assessment of study quality and net benefit, is necessary, to better understand safety and efficacy. Evidence should be viewed in the context of other more standard therapies. Selective use of studies to support a position is strongly discouraged and in the event of a negative outcome, may not withstand the rigor of a thorough peer review.
5. Pharmacy & Therapeutic Committees, as agents of an institution, and pharmacists can and should assist clinicians, when requested, to assure effective (and cost-effective) and safe use of medications, as substantiated by scientific evidence.
6. Clinicians may request review by Pharmacy & Therapeutics Committees for off-label use, but equally so, the P&T Committee may ask the requestor to provide evidence of benefit and safety for requests as part of the review process.
7. Pharmacy & Therapeutics Committees are considered the arbiters of such matters and have the right to approve or disapprove submitted requests, based on the merit of scientific evidence and on local policy and procedures.

General Recommendations:

An evidence-based approach that underscores evidence assessment, such as that used by the United States Preventive Services Task Force [Harris, 2001], is recommended when prescribing or when reviewing requests for off-label use. Some pharmaceutical references summarize existing evidence (e.g., Facts and Comparisons http://www.factsandcomparisons.com/ or MICROMEDEX) and these may be helpful, depending on the circumstances. One method to provide context on risk and benefit is to assess number needed to treat (NNT) for specified end point(s) and number needed to harm (NNH) for specified adverse events. The American College of Physicians' Journal Club defines various terms and definitions, including NNT and NNH, at http://www.acpjc.org/shared/glossary.htm).

If a medication's efficacy or safety profile is relatively unknown or cannot be quantified, or if new data are emerging that suggest possible adverse effects that were previously unknown or unclear, then providers and overseeing Pharmacy & Therapeutics committees should be very wary of use. In certain circumstances, use may reasonably be subject to additional stipulations from P&T Committees (see under, **Other Issues**, below). As with any pharmaceutical use, on or off label, local formulary and non-formulary policies and approvals procedures should apply.

Note that the examples that follow should be considered illustrative and not definitive statements, since information and evidence change constantly.

1. Off-label use is appropriate when there exists properly conducted scientific studies of high quality and of sufficient size to firmly establish risks and benefits of therapy, as described by the United States Preventive Services Task Force (USPSTF, see Appendix 1), for the disease and/or population. In practical terms this means a Level of Evidence I (high-grade evidence linked to a health outcome), with a substantial or moderate net benefit, that reaches a Strength of Recommendation of A (strongly recommended) or B (may be useful). Criteria for use and for approval are at the discretion of local Pharmacy & Therapeutics Committees, unless stated otherwise.

   An example would be use of spironolactone for reducing mortality in advanced systolic heart failure (level I evidence) [Pitt, 1999]. The use of spironolactone in this circumstance yielded moderate net benefit on an important health outcome and would receive a strength of recommendation of B.

2. Off-label use may be appropriate when there exists Level II-1 (high-grade evidence linked to an intermediate outcome), or Level II-2 or II-3 evidence (moderate evidence linked to a health outcome), with small to substantial net benefit, leading to a Strength of Recommendation of B (may be useful) or perhaps C (intervention may be considered) [Appendix 1]. Typically, such a recommendation either requires multiple sources of (consistent) moderate level evidence in order to quantify the anticipated benefits and possible adverse effects of therapy or, in some cases, small randomized control trials with an important health outcome (Level II-1) to substantiate the request, though the strength of recommendation tends to be relatively weak (e.g., a "C"). Further consideration may be given if the designated use is documented in standard resources or references. These may include but are not necessarily limited to: (a) general or specialty specific textbooks, (b) standard drug references such as MICROMEDEX®, Drug Facts and Comparisons, United States Pharmacopeia Dispensing Information, or American Hospital Formulary Service Drug Information, (c) review papers from widely recognized or specialty-specific peer review journals; (d) properly conducted meta-analyses and evidence based medicine reviews (e.g., Cochrane Collaboration) or (e) locally approved guidance such as a pre-approved protocol by an institution's P&T Committee; or (f) within VA (or VA/DoD) Guidelines. Again, criteria for use and for approval are at the discretion of local Pharmacy & Therapeutics Committees, unless stated otherwise.

   An example is use of pramipexole for restless legs syndrome, as noted in MICROMEDEX®, with 2 open label trials (Becker, 1998; Lin, 1998 [total of 35 participants]) and one randomized double blind trial (Montplaiser, 1999 [10 participants]) providing fair evidence (Level II-1) of small to moderate benefit. This would provide a recommendation of B (or perhaps C) but in considering use, this must be balanced against a safety profile that includes case reports of sudden onset of sleep during daily activities [per package insert]. In this case, pramipexole may be considered, though perhaps not as first-line therapy, on a case-by-case basis, if reasonable clinical rationale can be provided.

   Another example is use of modafinil for fatigue associated with Multiple Sclerosis. Evidence of small to moderate net benefit was demonstrated in a small (n = 72) prospective, single blinded (patient only) study, with phased placebo and titration design [Rammohan, 2002]. Per Appendix 1, an assessment yields a Level of Evidence of II-1, with small to moderate net benefit and hence at best a recommendation of B. As with the case above, use may be considered, though perhaps not as first-line therapy, on a case by case basis if reasonable clinical rationale can be provided

3. Off-label use should be far more cautionary, and appropriateness is less clear, where there exists Level III evidence (no linkage to health outcomes) or Level IV (insufficient evidence) without any of the resources or references above. In considering use, there should still be some supportive evidence of net benefit available such as case reports, abstracts from national or international conferences, small studies of some scientific merit or studies that include a selected subpopulation and where extrapolation to the population at hand may be relevant due to, for example, biological plausibility. At best, these situations give a graded recommendation of Insufficient Evidence (I). Importantly, safety should be addressed as explicitly as possible since there exists the potential to do harm. Use may also be considered under very selected circumstances, such as when no other option exists or when theoretical reasoning is compelling (for example, when an argument can be made for extrapolating results from one population to another or when based on pathogenesis of a disease). In general, providers should not utilize pharmaceuticals under these circumstances without prior P&T assessment and approval (or precedent for such). Moreover, when requests are sent to P&T, these should typically be reviewed on a case-by-case basis and be subject to one or more stipulation, as described below.

   An example would be using alendronate in 1997 for treating osteoporotic vertebral fractures in men who did not respond to standard therapies. Although early studies were done in women [Black 1996], other studies using this drug, for Paget's Disease, had included men [Reid, 1997], and there was some anecdotal data on use of etidronate in men with osteoporosis, and hence it would not have been unreasonable to consider such off-label use for selected patients who had exhausted other standard modalities of treatment. A similar, more contemporary, situation arises for tegaserod in men with constipation-predominant irritable bowel syndrome; here again primary studies have focused on women [Novick, 2002].

4. Off-label use is generally not appropriate when only (expert) opinion is provided, without any substantiating evidence on a disease or an intermediate outcome for that disease. At best this represents a

grade of Level I (insufficient evidence), and it is important to note that in such cases harm is always possible.

Examples of inappropriate off-label use include using bosentan in patients with pulmonary arterial hypertension due to chronic obstructive lung disease, since these patients were excluded in the seminal study [Rubin, 2002] or requests for gefitinib in patients who do not have non-small carcinoma of the lung (e.g. adenocarcinoma of unknown origin) or as an adjunct to standard chemotherapy regimens for potential survival benefit (rather than for palliation after standard regimens have failed) [Kris, 2003; http://www.fda.gov/cder/drug/infopage/iressa/iressaQ&A.htm].

5. Off-label use is clearly not appropriate when there exists a Recommendation of D (possible harm) or when seminal studies suggest no benefit to the population or disease specified, which differs from situations when there is no or little evidence of benefit due to lack of appropriate studies.

   An example would be use of interferon gamma-1b for interstitial pulmonary fibrosis, which in the seminal study showed no net benefit to progression free survival or quality of life or pulmonary function (Level I evidence, strength of recommendation D). [Raghu, 2004]. Note that this would take precedence over an earlier, small, open label cohort study [Ziesche, 1999] that suggested a possible benefit. Another example would be use of gabapentin for mood disorders, again a situation where early reports were promising but further studies failed to suggest substantive net benefit [Backonja, 1998].

Other Issues

1. Off-label use may be entirely appropriate in many situations, but when sufficient evidence from properly conducted randomized control trials is not available to justify efficacy/effectiveness and/or safety, additional requirements or stipulations are reasonable, at the discretion of the local P&T Committee. As a general rule, the stipulations and requirements should become more stringent as the benefits (e.g., NNT) and the harms (e.g., NNH) of therapy become more difficult to quantify. Examples of such stipulations and requirements may include:

    a. A pre-determined therapeutic trial of clinically reasonable duration with a specified follow-up period and/or specified outcome.

    b. Development of criteria for subsequent utilization and monitoring.

    c. Documentation in the medical record by the requestor or delegate that a conversation on risks and benefits has taken place with the patient (or designated caregiver, as appropriate) and that the patient or caregiver understands that the drug has not been studied and/or approved for use in the proposed manner and that he/she accepts the attendant risks. For example, "I have discussed the risks and benefits with this patient and he/she agrees with the use of this agent, even though it has not been studied and/or approved for the proposed use."

    d. Formal informed consent protocol document signed by the patient or caregiver prior to use (this protocol should be utilized rarely and generally only when there is the possibility of a life or organ threatening safety issue connected with use of a drug).

    e. Referring the matter to the local Research & Development Service as possible investigational therapy (Note that this should be a very rare occurrence. The FDA policy on referral to an institutional review board is provided in Appendix 2).

Appendix 1

Determining Evidence Levels and Strength of Recommendations

The following evidence grading and assessment scales are based on those used by the VA National Clinical Practice Guideline Council. This method is very similar to that used by the U.S. Preventative Services Task Force http://www.ahrq.gov/clinic/3rduspstf/ratings.htm). In general, assessments should be guided by as comprehensive a review of the available literature as possible and not selective interpretation of individual studies.

Further discussion of methods can be found at http://www.ahrq.gov/clinic/ajpmsuppl/harris1.htm.
In addition, other resources for reference and tutorials include Cochrane Collaboration (http://www.cochrane.org/index4.htm), the American College of Physician's http://www.acponline.org/sci-policy/guidelines/?hp and the University of Toronto's Centre for Evidence Based Medicine (http://www.cebm.utoronto.ca/).

Assessment and grading of evidence and benefit is as follows:

1. Assess overall quality of evidence using the terms shown in Table 1.
2. Assess the net benefit (benefits minus harms) "substantial," "moderate," "small," or "zero or negative" as described in Table 2.
3. Based on ratings of the overall quality of the evidence and the magnitude of net benefit, grade the recommendation using the grid in Table 3 (Level of Recommendation)

TABLE 1: ***Overall Quality***

I	High grade evidence (I or II-1) **directly linked** to health outcome
II	High grade evidence (I or II-1) **linked to intermediate** outcome or Moderate grade evidence (II-2 or II-3) directly linked to health outcome
III	Level III evidence or no linkage of evidence to health outcome
IV	Insufficient Evidence

Definitions
I: Evidence obtained from at least one properly randomized controlled trial.
II-1: Evidence obtained from well-designed controlled trials without randomization.
II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.
II-3: Evidence obtained from multiple time series studies with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence.
III: Opinions of respected authorities, based on clinical experience; descriptive studies and case reports; or reports of expert committees.

TABLE 2: Net Benefit of the Intervention

Substantial	More than a small relative impact on a frequent condition with a substantial burden of suffering – or - A large impact on an infrequent condition with a significant impact on the individual patient level.
Moderate	A small relative impact on a frequent condition with a substantial burden of suffering - or - A moderate impact on an infrequent condition with a significant impact on the individual patient level.
Small	A negligible relative impact on a frequent condition with a substantial burden of suffering - or - A small impact on an infrequent condition with a significant impact on the individual patient level.
Zero or Negative	Negative impact on patients - or - No relative impact on either a frequent condition with a substantial burden of suffering - or - An infrequent condition with a significant impact on the individual patient level.

* generally this is in comparison to established standards (and/or placebo, when there is no comparison to other standard therapies)

TABLE 3: Determine Level of Recommendation

	The net benefit of the intervention			
Quality of Evidence	**Substantial**	**Moderate**	**Small**	**Zero or -**
I	A	B	C	D
II	B	B	C	D
III	C	C	C	D
IV	I	I	I	D

Definitions

A A strong recommendation that the intervention is always indicated and acceptable
B A recommendation that the intervention may be useful/effective
C A recommendation that the intervention may be considered
D A Recommendation that a procedure may be considered not useful / effective, or may be harmful.
I Insufficient evidence to recommend for or against the intervention

Appendix 2

U.S. Food and Drug Administration

INFORMATION SHEETS
Guidance for Institutional Review Boards and Clinical Investigators
1998 Update

"Off-Label" and Investigational Use
Of Marketed Drugs, Biologics, and Medical Devices

"Off-Label" Use of Marketed Drugs, Biologics and Medical Devices

Good medical practice and the best interests of the patient require that physicians use legally available drugs, biologics and devices according to their best knowledge and judgement. If physicians use a product for an indication not in the approved labeling, they have the responsibility to be well informed about the product, to base its use on firm scientific rationale and on sound medical evidence, and to maintain records of the product's use and effects. Use of a marketed product in this manner when the intent is the "practice of medicine" does not require the submission of an Investigational New Drug Application (IND), Investigational Device Exemption (IDE) or review by an Institutional Review Board (IRB). However, the institution at which the product will be used may, under its own authority, require IRB review or other institutional oversight.

Investigational Use of Marketed Drugs, Biologics and Medical Devices

The investigational use of approved, marketed products differs from the situation described above. "Investigational use" suggests the use of an approved product in the context of a clinical study protocol [see 21 CFR 312.3(b)]. When the principal intent of the investigational use of a test article is to develop information about the product's safety or efficacy, submission of an IND or IDE may be required. However, according to 21 CFR 312.2(b)(1), the clinical investigation of a marketed drug or biologic does not require submission of an IND if all six of the following conditions are met:

(i) it is not intended to be reported to FDA in support of a new indication for use or to support any other significant change in the labeling for the drug;
(ii) it is not intended to support a significant change in the advertising for the product;
(iii) it does not involve a route of administration or dosage level, use in a subject population, or other factor that significantly increases the risks (or decreases the acceptability of the risks) associated with the use of the drug product;
(iv) it is conducted in compliance with the requirements for IRB review and informed consent [21 CFR parts 56 and 50, respectively];
(v) it is conducted in compliance with the requirements concerning the promotion and sale of drugs [21 CFR 312.7]; and
(vi) it does not intend to invoke 21 CFR 50.24.

For additional information on whether or not an IND or IDE is required in a specific situation, contact:

For DRUG PRODUCTS contact:
Drug Information Branch (HFD-210)
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857
301-827-4573
For a BIOLOGICAL BLOOD product, contact:
Office of Blood Research and Review (HFM-300)
Center for Biologic Evaluation and Research
Food and Drug Administration
1401 Rockville Pike
Rockville, Maryland 20852
301-827-3518
For a BIOLOGICAL VACCINE product, contact:
Office of Vaccines Research and Review (HFM-400)

Food and Drug Administration
8800 Rockville Pike
Bethesda, Maryland 20892-0001
301-827-0648
For a BIOLOGICAL THERAPEUTIC product, contact:
Office of Therapeutics Research and Review (HFM-500)
Food and Drug Administration
1451 Rockville Pike
Rockville, Maryland 20852-1420
301-594-2860

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----- Original Message -----
From: Steve Chojnicki
To: MEDinfoCENTER@its.jnj.com ; Steve Chojnicki ; eric.dickson@umassmemorial.org
Cc: anthony.berry@umassmemorial.org
Sent: Monday, January 6, 2020 11:22 AM
Subject: UPDATE JOHN CHOJNICKI

Dear Dr. Janice, Janssen Pharmaceuticals Divison of J&J

CC: Fax to Dr. Thomas Resnick, MD Providence VA

I wanted to give you the update on some key people involved in my Father John Chojnicki's care. I did as you recommended and hand delivered the Topamax Documents showing the reactions, data and conveyed to UMass Medical that they can call you to work on a solution to the Sleep Walking, Sleep Talking, Loss of Appetite, Brittle Bones, etc that my father is experiencing now. Including now the fracture in the back which they state he is in pain and on some type of med for it.

I copied Dr. Eric Dickson, President who is a MD and is overseeing this Medical Center and received the following comments from his MD Staff, we do not read that stuff the Pharmas publish and we know better. I was amazed at this answer after presenting the package both via Email to Dr. Dickson and Hand Delivered to the Doctors on Staff in the CDU unit. Apparently, they are smarter than you and to date nothing is done and they want to punt him home and looks like I will have to enroll in UMass Medical School to take care of my Father. Only problem is he needs help now, and you have the list below of his problems and they still left him in a Dangerous state.

My recommendation was since he need extensive Physical Therapy which was told to me on Saturday December 28, 2019 by the Ortho Staff MD and agreed that if they are not to do anything transfer him to VA Medical Center in Providence as they need to address this, along with the reactions and conditions that the Topamax/Trazadone Cocktail did to him with the delusions and the boat load of problems even with the Warfarin and he has bruising all over his body. In fact the day he came in his hand was swollen and bleeding as I patched that and left it to the professionals to treat it and do what is necessary.

A simple transfer from UMass to VA Providence since the Staff told me they were only going to treat the back. Apparently, that book of paperwork I presented and highlighted to make it easier was discounted and now this. You mentioned you would assist whatever hospital that is going to address these chemical reactions. I did receive a message from Dr. Reznik , MD of Providence VA Medical Center saying all this can be done in Providence and he wants him there. I told him the family is in agreement and now Pain Management will have to be added from the Pain Meds now for his back so this situation is escalating. We told him let him go to Providence and spend the necessary time which will be extensive and get him back in track. Especially the appetite as on Christmas Eve and Christmas Day my Sister Anne prepared his favorite which he should not have but being this far down on his weight she said better he put something in his body than nothing. She went to his favorite market and purchase Kielbasa, any other time he would mop up every inch of it along with the fresh Rye Bread. He took a couple of bites and said he had no appetite, my friends said you have problems as

everyone knows that is his favorite and he will overeat on that meal. Second Christmas Day she did a Ham Dinner for him another favorite and he gave back the plate and said he has no appetite and did not even take a bite. Then 10 minutes later he went into his delusion and started talking to General Patton. As we discussed on this situation.

So this is serious as if nothing is going to happen you know this is going to lead to a fast death and Dr. Dickson, MD will be liable for not doing his job and transferring him to a facility that can treat him since UMass knows it all.

Thus Dr. Janice, I appreciate your time and know you will document this on the Case #01610716

Sincerely

Steven Chojnicki
31 Audubon Way
Sturbridge, MA 01566

508-347-2627

----- Original Message -----
From: Steve Chojnicki
To: MEDinfoCENTER@its.jnj.com
Sent: Monday, December 30, 2019 9:43 AM
Subject: TOPAMAX OVERDOSE & MALPRACTICE

Dear Sir/Madam:

I am writing as my Father is 94 years old and he has the following conditions and the VA Physicians and VA approved Rehabilitation put him on a combination of Topamax and Trazidone with Dosages of 50mg each done twice during the day. We are not sure if the Dosage was increased as we (meaning my sister and myself) told them in the past even Setraline was too much.

Here is the outcome of what has happened and when I told the Doctors of the VA they said well that's Janseen Problem go after them. I am asking for you help as I read your research and see this can be Dangerous and Deadly especially for him with these conditions.

Acid Reflux
Aortic Valve Stenosis
Atrial Fibrilation
Cartoid Artery Disease
CKD (Chronic Kidney Disease)
Elevated PSA
History of Hepatitis B (War Related)
Hypertension
Peripheral Edema
Right Carotid bruit
Sialodentis
Type 2 Diabetes melitus
Macular Degeneration (Right Eye)

Glaucoma

Now the big thing is they booted him out with a INR Number of 5.1 and elevated to 6.1 from the VA Providence 10 days ago then next day after coming home which we recommended he go to a rehabilitation to monitor this withdrawal of the Cocktail of Topamax and Trazadone they told us to pull him off completely. Now he is seeing things talking to people who are dead and he has no Alzheimer's as when he wakes from this like someone on drugs this stupor he knows who is around him and talking normal.

But this "Lucy In The Sky With Diamonds" is a ongoing thing during the afternoon and night. I cannot get a good night sleep as it even leads to him sleep walking too. He fell down now we had to rush him into the hospital for a break in the back.

I need to work with you as I am reading on your precautions with all his chronic problems he should have not been prescribed as the nurses called it "Dopamax" and this Trazidone. Please lets work on this before he dies.

Thank You

Steven Chojnicki
31 Audubon Way
Sturbridge, MA 01566

508-347-2627

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 2011-035

September 14, 2011

VA SUPPORT FOR THE PROVISION OF MEDICATIONS TO ELIGIBLE VETERANS IN A STATE VETERANS NURSING HOME

1. PURPOSE: This Veterans Health Administration (VHA) Directive sets forth the requirements regarding the provision of medications to eligible Veterans residing in a State Veterans Nursing Home (SVNH).

2. BACKGROUND: Section 211 of Public Law 109-461 established two levels of per diem payments, requiring the Department of Veterans Affairs (VA) to pay a higher per diem rate for Veterans with certain service-connected disabilities. For purposes of differentiation, these per diem levels are referred to as "basic per diem" and "higher per diem." Title 38 United States Code (U.S.C.) § 1712(d), § 1745(b), and title 38, Code of Federal Regulations (CFR) §§ 17.96, 51.41(c), 51.42, and 51.43(f) authorize VA to provide medications to eligible Veterans residing in a SVNH depending on the per diem level, and the Veteran's eligibility. Current VA policy states that drugs furnished to these additional Veterans must be included on VHA's National Formulary, unless VA determines that a non-formulary drug or medicine is medically necessary.

3. POLICY: It is VHA policy to provide medications for eligible Veterans residing in a SVNH and to determine payments for medications either by VA or SVNH.

4. ACTION: All VHA facility Directors who are accountable for administering the SVNH Program in their areas of jurisdiction are responsible for ensuring that local policy and procedures are in place to:

a. Determine eligibility for medications to be provided at VA expense for eligible Veterans residing in a SVNH (refer to Att. B and Att. C).

(1) Veterans residing in a SVNH for whom the higher per diem under 38 CFR 51.41 is payable are <u>not</u> eligible for medications provided by VA. VA's higher per diem payment constitutes payment in full to the SVNH by VA for nursing home care. These Veterans fall into three categories:

(a) Veterans who need nursing home care for a VA-adjudicated service-connected (SC) disability or,

(b) Veterans who have a singular or combined rating of 70 percent or more, based on one or more SC disabilities or,

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2016

(c) Veterans who have a rating of total disability based on individual unemployability.

(2) Veterans in a SVNH who meet the criteria in any one of the following categories (for whom the higher per diem is not payable from VA, under 38 CFR 51.41) are eligible to request and receive medications from VA prescribed by non-VA physicians:

(a) Veterans who because of being permanently housebound or in need of regular aid and attendance qualify for special monthly compensation, or special monthly pension increased compensation, or increased pension and the drugs and medicines are prescribed as specific therapy in the treatment of any of the Veteran's illnesses or injuries (see 38 CFR 17.96). ***NOTE:*** *special monthly compensation and special monthly pension is referred to as increased compensation and increased pension in 38 CFR 17.96*).

(b) Veterans listed in subparagraph 4a(2)(a) who qualified for special monthly pension, but whose pension has been discontinued based on excess income (i.e., as long as the Veteran's annual income does not exceed the maximum annual income limitation by more than $1,000), and the drugs and medicines are prescribed as specific therapy in the treatment of any of the Veteran's illnesses (see 38 CFR 17.96).

(c) Veterans who have a singular or combined rating of 50 or 60 percent based on one or more SC disabilities, and are in need of such drugs and medicines are eligible for <u>all</u> medications regardless of service connection.

(d) Veterans who have a singular or combined rating of less than 50 percent based on one or more SC disabilities, and are in need of drugs and medicines for a SC disability.

b. Provide the required medications in accordance with the options listed in Attachment A.

c. Ensure appropriate facility staff are aware of, and trained to carry out, the requirements of this Directive.

d. Ensure that an interim process is in place to ensure compliance with this Directive, which includes proper identification and provision of medication to eligible Veterans who reside in a SVNH, until changes are introduced and implemented in the Veterans Health Information Systems and Technology Architecture (VistA) computer system for accomplishing this. The interim process must include:

(1) Receipt of information from the SVNH by the local VA medical facility about each eligible Veteran, including a completed Form 10-0460, Request for Prescription Drugs for an Eligible Veteran in a State Home.

(2) A determination of a Veteran's eligibility for medications based on the level of per diem being paid to the SVNH, the Veteran's current SC rating, and whether or not the Veteran is in the SVNH as a direct result of one of the SC-rated conditions.

(3) Based on available information, the preparation of an Outpatient Narrative adequately describing the Veteran's status, to be entered into VistA using the Update Patient Record [PSO PAT] option within the pharmacy package.

(4) In conformance with all applicable state, Federal, and VA laws and regulations, the SVNH must send prescriptions for the Veteran, the SC condition, and associated SC percentage to the VA Outpatient Pharmacy.

(5) The pharmacist logs into the VistA Outpatient Pharmacy Application and selects a patient.

(6) The pharmacist presents with the rated SC disabilities and percentages in the VistA "patient narrative," which is compared to the information received from the SVNH for the resident. Any discrepancies or concerns must be verified, confirmed, and resolved in consultation with the Eligibility section at VA, the SVNH, and the Veteran's medical provider, as appropriate.

(7) Medication must be provided as required, packaged in a form that is acceptable to both the SVNH and VA by a mutual agreement.

(8) For medications prescribed by non-VA physicians, the pharmacist must enter the medical condition, if provided by the physician, on the Instruction Line for the prescription if it is for a SC condition, and process the prescription for the Veteran.

e. Ensure agreements entered into with SVNHs provide provisions that whenever medications are provided by VA facilities to Veterans in SVNHs, the SVNH is prohibited from getting reimbursement for those medications from third-party payers including Veterans.

5. REFERENCES

a. Public Law 109-461.

b. Title 38 U.S.C. § 1712(d), 1745.

c. Title 38 CFR §17.96, 51.41(c), 51.42, 51.43(f).

6. FOLLOW UP RESPONSIBILITY: The Pharmacy Benefits Management Services (10P4P) is responsible for the contents of this Directive. Questions may be addressed to Pharmacy Benefits Management Services at 202-461-7297.

7. RESCISSION: None. This VHA Directive expires September 30, 2016.

Robert A. Petzel, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 9/15/2011

ATTACHMENT A

PROCEDURES FOR PROVISION OF PRESCRIBED MEDICATIONS TO ELIGIBLE VETERANS IN STATE VETERANS NURSING HOMES UNDER FOUR OPTIONS

If eligible Veterans authorize the State Veterans Nursing Home (SVNH) to request that the Department of Veterans Affairs (VA) fill prescriptions written by non-VA physicians, the VA medical facility and the SVNH need to agree on which one of the following options to use, and then implement that option.

1. OPTION 1. The VA medical center enters into a sharing agreement with a SVNH that has a pharmacy located in the SVNH for this pharmacy to fill prescriptions for residents in the SVNH using Federal Supply Schedule (FSS) contracts.

a. **Responsibilities of VA and the SVNH Under the Sharing Agreement**

(1) The SVNH orders medications for all residents in the SVNH directly from the VA-approved prime vendor of FSS contracts. The SVNH pays the prime vendor for all pharmaceuticals purchased.

(2) Under the sharing agreement, VA agrees to reimburse the SVNH for those Veterans eligible for medications from VA as listed in subparagraph 4a(2) of this Directive. The amount of reimbursement is negotiable, i.e., cost of medications plus negotiated monthly dispensing fee (per dose fee or per diem fee or per medication fee per month). To fulfill VA's obligation to provide the drug, however, VA must minimally agree to pay the SVNH its cost for the drug prescribed.

b. **Data Requirements**

(1) The sharing agreement must require that the SVNH provide data to VA in an electronic form (e.g., database or spreadsheet) on all medications provided to Veterans listed in subparagraph 4a(2) of this Directive. The medication data needs to be consistent with that used to bill Medicaid and other insurance entities (e.g., National Council for Prescription Drug Programs (NCPDP) 3.B.1 standard for electronic claims; see www.ncpdp.org).

(2) The sharing agreement must require that the SVNH submit a VA Form 10-10EZ, "Application for Health Benefits," signed by the Veteran, and a VA Form 10-10SH, "State Home Program Application for Veteran Care Medical Certificate," to the VA medical facility of jurisdiction in order that the VA may appropriately enter the Veteran into the Veterans Health Information Systems Technological Architecture (VistA). VA Pharmacy must verify eligibility of Veterans in the SVNH for VA medications through use of the eligibility data in the pharmacy medication profile of the VistA Pharmacy software and the per diem information from the SVNH.

c. **Auditing**

(1) The VA medical facility must audit all reimbursement requests for accuracy. Medication audits need to be completed before VA makes payment. ***NOTE:*** *It is recommended that these audits be done in conjunction with the verification of the per diem payments audit and that it is done no less than quarterly.*

(2) During the annual fiscal audit of the SVNH, VA is to re-verify eligibility status of all affected Veterans for medications.

2. OPTION 2. The VA medical facility enters into a sharing agreement with a SVNH that has a pharmacy located in the SVNH, for this pharmacy to fill prescriptions for residents in the SVNH using VA to procure medications at the "ceiling" prices.

a. **Responsibilities of VA and the SVNH Under the Sharing Agreement**

(1) The SVNH orders medications for all residents in the SVNH directly from the VA-approved prime vendor. Under this option, the SVNH has access to VA's "ceiling prices." VA authorizes the order and makes the payment to the prime vendor for medications ordered by the SVNH.

(2) The SVNH must reimburse VA for VA's cost for the medications purchased for residents not covered in subparagraph 4a(2) of this Directive.

(3) In addition, under the sharing agreement, VA may require that the SVNH pay an administrative fee for processing the orders and payments, and for auditing pharmaceutical use by the SVNH. The SVNH may charge VA a dispensing fee for each prescription filled for eligible Veterans. These fees are negotiable, and can be equivalent, resulting in no added cost to either party.

b. **Data Requirements**

(1) The sharing agreement must require that the SVNH provide data to VA in an electronic form (e.g., database or spreadsheet) on all medications provided to all residents in the SVNH and must separately identify Veterans eligible for medications delineated in subparagraph 4a(2) of this Directive. The medication data needs to be consistent with that used to bill Medicaid and other insurance entities (e.g., NCPDP 3.B.1 standard for electronic claims; see: www.ncpdp.org).

(2) The sharing agreement must require that the SVNH submit a VA Form 10-10EZ, signed by the Veteran, and a VA Form 10-10SH, to the VA medical facility of jurisdiction in order that VA may appropriately enter the Veteran into VistA. The VA Pharmacy must verify eligibility of Veterans in the SVNH for VA medications, through use of the eligibility data in the pharmacy medication profile of the VistA Pharmacy software, and the per diem information from the SVNH.

c. **Auditing**

(1) VA must audit all information provided, and bill the SVNH for medication provided to all residents not listed in subparagraph 4a(2) of this Directive. The VA medical facility must compare the prime vendor purchase data with SVNH dispensing data for discrepancies. If discrepancies are identified, VA must ask the SVNH to provide an explanation. This requirement must be included in the sharing agreement. If the discrepancies cannot be reconciled, the sharing agreement must require the SVNH to pay for the medication in question.

***NOTE**: If the SVNH and VA choose this option, the terms and conditions of the sharing agreement must require the SVNH to submit information for the audit and verification of resident medication data to the VA medical facility no less than monthly. Since payments must be made to the pharmaceutical prime vendor according to the terms of the Prime Vendor contract, the medication audits must be conducted when the data is received. Medication audits need to be completed prior to billing the SVNH.*

(2) During the annual fiscal audit of the SVNH, VA must re-verify eligibility status of all affected Veterans for medications under title 38 U.S.C. § 1745 and 38 CFR § 17.96.

3. OPTION 3. The SVNH enters into a sharing agreement with VA for VA to provide medications and pharmaceutical care services for the residents in the SVNH.

a. **Responsibilities of VA and the SVNH Under the Sharing Agreement**

(1) VA functions as the pharmacy for the SVNH. Reimbursement to VA for VA's cost for the medications provided for residents not covered in subparagraph 4a(2) of this Directive must be part of the sharing agreement.

(2) VA does not charge the SVNH the dispensing costs or medication costs associated with Veterans listed in subparagraph 4a(2) of this Directive.

(3) Because VA is accredited by The Joint Commission, VA is required to meet all applicable Joint Commission standards. The sharing agreement is to include a delineation of responsibilities relating to pharmaceutical services for both VA and SVNH.

b. **Data Requirements**

(1) The sharing agreement must require that the SVNH submit a VA Form 10-10EZ, signed by the Veteran, and a VA Form 10-10SH, to the VA medical facility in order that VA may appropriately enter the Veteran into VistA. The VA Pharmacy must verify eligibility of Veterans in the SVNH for VA medications, through use of the eligibility data in the pharmacy medication profile of the VistA Pharmacy software, and the per diem information from the SVNH.

(2) VA must maintain data in electronic form on all medications provided to all residents in the SVNH, utilizing one of the following mechanisms:

(a) Input data in the existing SVNH information system.

(b) Input data in the VistA system directly at the SVNH. Access is either online or remote entry after receipt of paper medication orders.

(3) VA must provide medication data to the SVNH in an electronic form (e.g., database, spreadsheet, or online medication profiles) on all medications provided to all residents in the SVNH. VA must separately identify Veterans eligible for medications delineated in subparagraph 4a(2) of this Directive. The medication data needs to be consistent with that used to bill Medicaid and other insurance entities (e.g., NCPDP) 3.B.1 standard for electronic claims; see www.ncpdp.org).

c. **Auditing**

(1) The SVNH must have the opportunity to audit all medication data pursuant to the sharing agreement.

(2) During the annual fiscal audit of the SVNH, VA is to re-verify eligibility status of all affected Veterans for medications.

4. OPTION 4. VA only fills prescriptions for SVNH Veterans listed in subparagraph 4a(2) of this Directive.

a. **No Sharing Agreement is required**

b. **Data Requirements**

(1) The SVNH must submit to the VA medical facility of jurisdiction a VA Form 10-10EZ, signed by the Veteran, and a VA Form 10-10SH, in order to appropriately enter the Veteran in VistA.

(2) The VA Pharmacy must verify eligibility of Veterans in the SVNH for VA medications, through use of the eligibility data in the pharmacy medication profile of the VistA Pharmacy software, and the per diem information from the SVNH.

c. **Auditing**

(1) VA medical facility officials must ask the SVNH to permit VA to review the monthly medication reviews for all residents for whom VA fills prescriptions under this option.

(2) During the annual fiscal audit of the SVNH, VA is to re-verify eligibility status, of all affected Veterans, for medications.

ATTACHMENT B

SELECTED INFORMATION ON DIFFERENT OPTIONS

	The Option applies to all State Veterans Nursing Homes (SVNH)?	Sharing Agreement Needed?	Who Purchases the Medication?	Who Initiates the Bills for the Medication?	Medication Information is required for which residents?
Option 1	No, only SVNHs with a pharmacy.	Yes.	SVNH purchases from prime vendor of Federal Supply Schedule (FSS).	SVNH requests reimbursement from the Department of Veterans Affairs (VA) for eligible Veterans.	Eligible Veterans only.
Option 2	No, only SVNHs with a pharmacy.	Yes.	SVNH orders, VA authorizes orders and pays prime vendor.	VA bills SVNH for non-eligible Veterans and conditions and other residents.	All residents.
Option 3	Yes.	Yes.	VA.	VA bills SVNH for non-eligible Veterans and conditions and other residents.	All residents.
Option 4	Yes.	No.	VA.	N/A	Eligible Veterans only.

ATTACHMENT C:
STATE VETERANS NURSING HOMES (SVNH): MEDICATION PRESCRIBING PROCEDURES

PRESCRIBED MEDICATIONS		
Rating-Singular or Combined	**Veteran receiving Basic Per Diem or no per diem.**	**Veteran receiving Higher Per Diem**
Rating of total disability based on individual unemployability.	N/A	Department of Veteran Affairs (VA) is not responsible for medications for these categories of residents. The costs for medications are included in the higher per diem that is paid to the SVNH, and VA does not provide medications.
70-100 percent	N/A	VA is not responsible for medications for these categories of residents. The costs for medications are included in the higher per diem that is paid to the SVNH, and VA does not provide medications.
50-60 percent	VA is responsible for all medications prescribed for Veteran's Service-Connected (SC) 50-60 percent for whom the higher per diem is not payable.	Veterans who are SC 50-60 percent and receiving care for reasons that include care for a VA adjudicated SC disability are eligible for the higher per diem and VA does not provide medications.
0-40 percent	VA is responsible for only those medications needed to treat a SC disability for Veterans SC up to 40 percent for whom the higher per diem is not payable.	Veterans who are SC up to 40 percent and receiving care for reasons that include care for a VA adjudicated SC disability are eligible for the higher per diem and VA does not provide medications.
Veterans who, because of being permanently housebound or in need of regular aid and attendance, qualify for special monthly compensation or special monthly pension and the drugs and medicines are prescribed as specific therapy in the treatment of any of the Veteran's illnesses or injuries.	VA is responsible for all medications prescribed for Veterans for whom the higher per diem is not payable.	N/A

PRESCRIBED MEDICATIONS		
Rating-Singular or Combined	**Veteran receiving Basic Per Diem or no per diem.**	**Veteran receiving Higher Per Diem**
Veterans listed in preceding who qualified for special monthly pension, but whose pension has been discontinued based on excess income, as long as the Veteran's annual income does not exceed the maximum annual income limitation by more than $1,000 and the drugs and medicines are prescribed as specific therapy in the treatment of any of the Veteran's illnesses.	VA is responsible for all medications prescribed for Veterans for whom the higher per diem is not payable.	N/A

U.S.
ARMY
MAHON

From: (b)(6)
Sent: Fri, 6 Mar 2020 14:52:03 +0000
To: RLW
Subject: [EXTERNAL] FW: A presidency of 2 for coronavirus: Trump hands his sidekick the job of a savior

A presidency of 2 for coronavirus: Trump hands his sidekick the job of a savior

By Gabby Orr, Anita Kumar

03/06/2020 09:21 AM EST

President Donald Trump is finally securing the presidency he's always wanted: He rallies the people. Mike Pence governs them.

As Trump prepares to decamp to his oceanfront club in West Palm Beach this weekend, surrounded by GOP donors and top aides, the vice president will travel to Florida for a Saturday meeting with cruise ship operators about the rapidly evolving coronavirus crisis. The striking split-screen view that has played out this week and will continue in Florida — of a president dispensing questionable theories about the virus and prioritizing his 2020 campaign, while his hyper-focused deputy tackles a life-or-death problem of governance — has put a longstanding Trump practice in its starkest relief yet.

It's a price those in Trump's orbit often pay for access to him and his devoted base: If they do the heavy lifting and allow him to take credit, they remain in his good graces.

Trump's own son Donald Trump Jr. once offered ex-Ohio Gov. John Kasich, then a top rival of his father's in the 2016 GOP primary, a chance to become the most powerful vice president in U.S. history if he agreed to take the lead on domestic and foreign policy and let Trump handle the rest. Kasich declined the offer, opening the door for Pence to add his name to Trump's ticket and face his turn taking charge of an unfortunate issue while the president handles the broad strokes messaging.

That moment arrived last week. Trump entrusted his vice president with fighting coronavirus as head of the government's coronavirus task force, then hit the campaign trail for rallies in the Carolinas and a rowdy speech at the annual Conservative Political Action Conference in between.

Trump abruptly canceled his scheduled visit to the Centers for Disease Control and Prevention in Atlanta Friday. A White House official said the president did not want to "interfere with the CDC's mission to protect the health and welfare of their people and the agency." A White House meeting with airline CEO on Wednesday to discuss coronavirus prevention measures was the last coronavirus-related event on Trump's schedule.

Meanwhile, Pence canceled a string of campaign appearances in Minnesota, Wisconsin and North Carolina this week to tend to states that are grappling with multiple cases of the virus and

reassure Americans the outbreak is under control.

On Thursday, the vice president traveled to a Minneapolis business that manufactures N95 respirators, a type of facemask that can protect health care workers from coronavirus patients, and visit Washington state, where coronavirus deaths reached double digits this week, to meet with Democratic Gov. Jay Inslee and other local officials. Prior to departing the White House for a televised town hall in Pennsylvania, Trump spent his day tweeting more than a dozen times about 2020 Democrats, his approval rating, Super Tuesday results and so-called sanctuary cities.

The side-by-side view was magnified by Pence's daily updates from the White House briefing room, where he and a team of infectious disease experts and Cabinet personnel calmly responded to questions about containment efforts, test-kit availability and the overall threat of the virus.

"Those of us paying attention saw two things on TV this week: Mike Pence doing his best to provide answers and reassurance, and Donald Trump sharing his 'hunch' about the severity of this virus," said one person close to the White House, referring to a comment Trump made during a Wednesday night interview with Fox News' Sean Hannity.

Other presidents have assigned plenty of thorny challenges to their vice presidents — such as foreign trips and task-force assignments — but few have been as critical domestic threats as the latest one.

Pence allies insisted the two men are totally comfortable with each other's roles, noting they speak several times a day and are both devoted to protecting Americans' health and safety.

Still, the vice president has made a habit of showering his boss with effusive praise during his task force updates, in addition to mentioning items he knows Trump pays attention to — suggesting Pence is keenly aware of the president's sensitivities.

"I'm going to stay focused on the task the president gave me — and I promise you it's what the president is focused on — and that's the health and safety of the American people. We had a big day on Wall Street yesterday. I think it set a record," Pence told reporters on Tuesday.

One former White House official said the vice president quickly learned that Trump responds well to flattery and now incorporates it nearly every time he speaks.

"If you look at Pence's remarks — and it doesn't matter if he's speaking on something big or small — one of the first things he always does is to highlight the president's actions and the president's leadership," the official said.

Much of the deference Pence has shown — on coronavirus, China, North American trade and other aspects of the president's agenda that Trump has added to his portfolio — stems from an understanding that the president generally distrusts those around him, not including family members who work inside the West Wing.

In many ways, Pence's unflinching loyalty has been the glue that holds his relationship with Trump intact.

When Trump was asked to name his closest friend in Washington during a Fox News town hall Thursday, for example, the only name he offered was Pence's.

"Well, I get along great with our vice president. I keep hearing I'm replacing him… every day I hear, 'He's going to put this one and that one [on the 2020 ticket].' But if I did that, it would be a great act of disloyalty," Trump said.

The confidence Trump maintains in Pence has also meant he trusts him to handle key issues and to conduct crisis management when things go awry.

When the president abruptly announced a troop withdrawal from Syria last fall, causing the region to spiral into chaos, Pence was one of the first U.S. officials dispatched to Iraq to meet with the leader of the Kurdish region.

On Wednesday, Pence was dispatched to Capitol Hill to assure lawmakers — some of whom have criticized the administration for being slow to respond to coronavirus — that the administration has the outbreak under control.

"I am glad Vice President Pence was there to say 'I am taking control,' surrounded by scientists and health care officials — that's what you are supposed to do," Rep. Lou Correa (D-Calif.) told CNN following the vice president's visit.

While Pence has taken the lead on the administration's efforts to combat coronavirus, Trump has made a point to talk about the virus in less conventional ways — including on Twitter and in a phone interview with Hannity — all while his regular schedule continues. He promoted his economic and trade agenda at a gathering of Hispanic business groups on Wednesday and participated in the Fox News town hall in Scranton, Pa., the hometown of former Vice President Joe Biden, one of his chief 2020 rivals.

When he arrives in Florida late Friday, Trump is expected to address members of the Republican National Committee's finance team at the party's spring meeting, according to a person familiar with the meeting. He will also headline a series of fundraisers throughout the weekend for his reelection effort, including a donor breakfast on Sunday with Sampat Shivangi, an Indian American physician from Mississippi who will serve as a delegate for Trump at the GOP convention in July.

Pence is also expected to speak to the RNC Finance Committee, but a person familiar with the meeting schedule said the vice president may cancel or perhaps stop by but longer speak.

"The president has got his own mind," said Hossein Khorram, a Trump Victory Finance committeeman, who will be in south Florida to attend events for those who have raised more than $100,000. "He doesn't listen to what anyone else thinks."

Khorram, who lives in Washington State, where coronavirus deaths reached double digits this week, said Trump shouldn't cancel his events because it wouldn't make much of a difference to state and local governments who are the ones currently battling coronavirus: "They're the ones really in charge."

But Trump has made minor adjustments to his upcoming travel plans, including adding a trip to the Centers for Disease Control and Prevention in Atlanta on Friday. He was scheduled to speak at a huge global health technology conference in Orlando on Monday — but the event was canceled due to coronavirus concerns. (Trump remains scheduled to headline a fundraiser at the Orlando home of businessman Bob Dello Russo that day, according to a person familiar with his schedule.)

The president will also travel to the Nashville area on Friday to meet with local officials following a series of deadly tornadoes that ravaged Music City and its suburbs earlier this week. Still, Trump is slated to spend three nights this weekend at his south Florida retreat, Mar-a-Lago, where he is known to socialize with club members and their guests and golf at his nearby club.

Rob Stutzman, a Republican consultant who runs a firm in California, which is also being shaken by coronavirus cases, said Trump currently faces his own optics challenge as he campaigns across the country. Whereas Pence must avoid overshadowing the president, who is notoriously sensitive about his own brand, Trump can't afford to appear lackadaisical in the midst of a public health crisis — much less, one that could have long-lasting impacts on the U.S. economy and psyche.

"A big part of his responsibility will be to ensure an effective public health response while mitigating damage to the economy. This is a difficult balance, but maintaining a normal schedule conveys the same to Americans and keeps the economy moving," said Stutzman. "And for now… continuing with rallies and fundraising seems appropriate given the full tilt of the Democrat campaigns."

And throughout his term, Trump often has proven immune to threats that would've knocked down other presidents — as Trump himself likes to say with his resilient poll numbers.

"The challenge with Trump is virtually nothing hurts him at all," said Eric Dezenhall, a crisis management consultant who worked in the Reagan White House. "You can't judge him the way you judge other presidents. He really can do whatever he wants."

Trump's allies added that he doesn't need to halt his schedule because he has received praise for putting Pence, a former governor familiar with disaster management, in charge. Though congressional Democrats and 2020 hopefuls criticized the move based on Pence's handling of an HIV outbreak in Indiana during his time as governor, the president was commended for adding Ambassador-at-large Debbie Birx, a widely respected AIDS expert, to the coronavirus task force.

"He's getting marks over the last few days," said a Republican who speaks to the president. "If you tell everyone to keep a normal life then he should keep a normal life."

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To: RLW
Subject: [EXTERNAL] Cole and Brooks Tout Importance of Funding Pandemic Preparedness & Response

For immediate release: March 6, 2020
Contact: (202) 216-1008

Cole and Brooks Tout Importance of Funding Pandemic Preparedness & Response

"This is defending the American people, just like the Pentagon budget."

WASHINGTON, DC —While concern over the spread of the novel coronavirus grows among those in the United States and around the world, The Ripon Society hosted a breakfast discussion yesterday with two leaders in Congress known for their track record when it comes to preparing the U.S. for global pandemic threats.

Those leaders were U.S. Rep. Tom Cole (OK-4) and U.S. Rep. Susan Brooks (IN-5). As longtime Congressional advocates for biodefense and pandemic research, they discussed what they have done to shore-up America's preparedness and what we can expect with this outbreak of the novel coronavirus. Brooks kicked off the discussion by bringing up the passage of the Pandemic and All-Hazards Preparedness Act (PAHPA) thirteen years ago, and how the sweeping legislation laid the groundwork for the United States' current public health policy.

"It was originally authorized in 2006," stated the Indiana lawmaker, "and that was in response in large part to the anthrax attacks that some of you may have experienced if you were on Capitol Hill at that time. I was a U.S. attorney and I actually received one of those hoax letters. One of my staff opened a letter with the powder in it and back then that was a significant problem around the country.

"So I got engaged in this back then. And then when I came to Congress, Mike Rogers of Michigan, who had been a champion for this, actually asked me to get involved with this. I had no clue what PAHPA was. I had not heard about it. And it's one of those types of bills and one of those types of issues that people just expect us in government to take care of. They really don't want to know about it until they need it."

Now, with the recent genesis and spread of the novel coronavirus, the Trump Administration has created a task force to monitor and address the outbreak. Tapped to lead the task force is Vice President Mike Pence, a move that Brooks – the Co-chair for the Congressional Biodefense Caucus – heralded as the right decision.

"He appointed the Vice President last week, and while some people might say he doesn't have a medical background, that was actually the number one recommendation in the Blue Ribbon Study Panel on Biodefense – taking the office of the Vice President and putting them in charge of the biodefense strategy. This wasn't just the President coming up and tapping former Governor Mike Pence, who has a background in public health issues, it was the recommendation of the Task Force. And now he's also brought in Ambassador Debbie Birx. She is a rock star in this community. She led the PEPFAR efforts for the country. She's a doctor, she's a Colonel, she's an infectious disease expert. She is amazing."

Brooks concluded her remarks by highlighting some of the other steps Congress has taken in recent years to prepare for pandemics – steps, she added, that her colleague from Oklahoma helped spearhead.

"Under Tom's leadership," she observed, "we now have an emerging infectious disease rapid response fund. We are trying to not always get sucked into waiting for supplementals so government can act. We're bolstering our strategic national stockpiles. We're also investing more in hospital preparedness programs. Because at the end of the day, that patient's going to walk into a clinic, they're going to go to their primary care doc, or they're going to maybe go into a hospital. And so we need to make sure that all health care providers are prepared for this."

Cole agreed.

"There's actually a really good story here from both a Congressional and a Republican standpoint," the veteran appropriator stated. "I'm not saying that anybody's

happy with what we're dealing with right now, but we're certainly not dealing with this unprepared or with no thought having been given to it – which is kind of a line that's out there right now. It's quite the opposite."

"When I became the Chairman of the Labor, Health and Human Services, and Education Subcommittee, I spent a lot of time talking to staff, talking to other people who are interested in this area, and frankly, thinking through what the real issues were. Because one of the things that really alarmed me is that we had not increased funding for the National Institute of Health for 12 years, even though we're the party that had doubled that between the late '90s and 2003. But neither we nor the Democrats did anything about it."

"Look at strategic stockpile, look at CDC. All of them had been underfunded – basically flat funding. And it continued through the era of sequester and across the board cuts. We were really poorly prepared. A phrase I used to use back then when I would talk to my colleagues or talk to the media was, 'Look, you're a lot more likely to die in a pandemic than in a terrorist attack.' That's true, and you're actually seeing that unfold today. This is defending the American people, just like the Pentagon budget is. Actually, it's more applicable to the average American than every weapon system we own. And I say that as a defense hawk."

While health research and disease prevention funding took a decade-long hit, Cole explained that Congress managed to – in a bipartisan fashion – begin the process of course-correcting just in time for this new virus.

"If you look over the last five years, NIH funding is up 39%. CDC funding is up 24%. Strategic stockpile is up north of 30%. It was because of the Appropriations Committee. When I was Chairman and came up with the idea, 'Hey, let's have a rapid response for an infectious disease,' it took me two years to convince the Senate. But we're sure glad we have it this year."

"We can literally sit here now and say that we've been thinking about this for a long time, and we've taken the steps. Now, is the execution perfect? No, but it's actually been much better. We had a testing kit problem. That's really been the only real problem in this, and that's been remedied and we're moving on. I cut people a lot of slack when you're dealing with a virus nobody has ever seen before and one that starts someplace else in the world."

Cole wrapped up his remarks by emphasizing that even though work still needs to be done to fully address the novel coronavirus, he is proud of the work done in recent years to prepare and protect the American public when it comes to global pandemic threats.

"This is a good story for Congress, because it saw ahead, frankly more than either of the last two administrations. This is a good story for Congress because it funded the vision, and it's continued to fund that vision in a bipartisan way in a split House and Senate."

To view the remarks of Brooks and Cole before the Ripon Society breakfast discussion yesterday morning, please click on the link below:

https://youtu.be/bD1Ikso-QRw

The Ripon Society is a public policy organization that was founded in 1962 and takes its name from the town where the Republican Party was born in 1854 – Ripon, Wisconsin. One of the main goals of The Ripon Society is to promote the ideas and principles that have made America great and contributed to the GOP's success. These ideas include keeping our nation secure, keeping taxes low and having a federal government that is smaller, smarter and more accountable to the people.

For more information on The Ripon Society, please visit www.riponsociety.org.

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From: Wilkie, Robert L., Jr.
Sent: Fri, 6 Mar 2020 20:05:00 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus Update: CMS Info on Payment and Coverage

From: American Hospital Association
Sent: Friday, March 6, 2020 2:32:40 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus Update: CMS Info on Payment and Coverage

Click here to access a web or mobile friendly version of the newsletter.

March 6, 2020

CMS Issues Information on Payment and Coverage Related to COVID-19

The Centers for Medicare & Medicaid Services (CMS) March 5 released information on the coverage and payment of novel coronavirus (COVID-19) under Medicare, Medicaid, the Children's Health Insurance Program (CHIP) and the Individual and Small Group Markets. CMS also announced that it developed a second Healthcare Common Procedure Coding System (HCPCS) code that can be used by laboratories to bill for certain COVID-19 diagnostic tests.

Please share this Advisory with your executive management team and billing and coding department, as well as your clinical leadership team.

See below for a brief description and links to the CMS documents.

HIGHLIGHTS OF CMS RESOURCES

Medicare Coverage and Payment: CMS says that local Medicare Administrative Contractors (MACs) are responsible for developing the payment amount for the new COVID-19 HCPCS codes until Medicare establishes national payment rates. As with other laboratory tests, there is generally no beneficiary cost sharing under original Medicare. In addition to diagnostic tests, Medicare covers all medically necessary hospitalizations, as well as brief "virtual check-ins," which allow patients and their doctors to connect by phone or video chat.

Medicaid and CHIP Coverage and Payment: Testing and diagnostic services are commonly covered services, and laboratory and X-ray services are a mandatory benefit covered and reimbursed in all states. States are required to provide both inpatient and outpatient hospital services to beneficiaries. All states provide coverage of hospital care for children and pregnant women enrolled in CHIP. CMS specifies that detailed questions on covered benefits should be directed to the respective state Medicaid and CHIP agency.

Individual and Small Group Market Coverage and Payment: Laboratory services are a category of Essential Health Benefits (EHB) that individual and small group market issuers are generally required by law to include in their benefit packages. However, whether any particular diagnostic or laboratory service is covered by a plan varies, and is based on the specific benchmark plan selected by each state and the terms of the plan. Large group market plans and self-insured plans are not subject to EHB coverage requirements. CMS states that patients should check with their health insurance company to determine coverage for lab tests and related services for the diagnosis and treatment of COVID-19. Standard cost sharing may apply for these services.

Additional HCPCS Code for Coronavirus Lab Tests: CMS developed a second HCPCS code for laboratories to bill for certain COVID-19 diagnostic tests. Specifically, the first code, U0001, is used for CDC testing laboratories to test patients for SARS-CoV-2. However, the second code (U0002) is used for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). That is, on Feb. 29, 2020, the Food and Drug Administration (FDA) issued a new, streamlined policy for certain laboratories to develop their own validated COVID-19 diagnostics — this second code may be used for tests developed by these additional laboratories when submitting claims to Medicare or health insurers. CMS expects that having specific codes for these tests will encourage testing and improve tracking. The Medicare claims processing systems will be able to accept these codes starting on April 1, 2020, for dates of service on or after Feb. 4, 2020.

The CDC previously issued official guidance on how to code the diagnosis of health care encounters and deaths related to COVID-19.

NEXT STEPS

For the latest COVID-19 information and resources, visit AHA's coronavirus webpage.

FURTHER QUESTIONS

If you have questions, please contact Roslyne Schulman at rschulman@aha.org or Nancy Foster at nfoster@aha.org.

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800 10th Street, NW, Suite 400, Washington, DC 20001

From: RLW
Sent: Fri, 6 Mar 2020 21:52:54 +0000
To: (b)(6)
Cc:
Subject: RE: Sec. Wilkie's Remarks

Send it—this is okay.

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From: (b)(6) @va.gov>
Date: Friday, Mar 06, 2020, 1:41 PM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: FW: Sec. Wilkie's Remarks

Sir,
Once you approve the attached remarks, do I have your "OK" to send over to the Second Lady's office?

As a reminder (b)(6) notes the following:

> Attached here are remarks for your March 16 event at the Kennedy Center with Second Lady Karen Pence.
>
> You'll have only 2-3 minutes to speak.
>
> I'll send more when a run of show is finalized, but here's what else we know:
>
> The Kennedy Center will be displaying artwork done by several Veterans under the Creative Forces program. Creative Forces is an NEA initiative that's also sponsored by DOD and VA, and aims to treat Veterans suffering from TBI and PTSD (mostly on the DOD side) and broader mental health and psychological issues (mostly on the VA side).
>
> We have art therapy staff on site in Gainesville, FL, and this summer Creative Forces will help us add more staff in Indiana, Ohio and Mississippi. Those details are mentioned in your remarks. VA also has remote art therapy services based in Tampa, and some staff from Tampa are expected to be there.
>
> One Veteran who is planning to speak at the same event will talk about how art therapy saved his life. But please note: it's not only a therapy for those at risk of suicide.

(b)(6)
Executive Assistant to the Secretary

Office of the Secretary
Department of Veterans Affairs
202-461-(b)(6)

From: (b)(6) EOP/OVP <(b)(6) ovp.eop.gov>
Sent: Friday, March 6, 2020 1:33 PM
To: (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>
Subject: [EXTERNAL] Sec. Wilkie's Remarks

Good afternoon,

I am writing to see if your team would be willing to share Sec. Wilkie's prepared remarks for the March 16 event at the Kennedy Center by COB this coming Wednesday, March 11?

Thank you! We're looking forward to having the Secretary speak at the event.

Best,

(b)(6)
Office of the Second Lady
202-881-(b)(6)

From: (b)(6)
Sent: Fri, 6 Mar 2020 22:46:33 +0000
To: RLW
Subject: [EXTERNAL] Fwd: Trump administration still struggling to ramp up coronavirus testing

(b)(6)

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From: POLITICO Pro Health Care <politicoemail@politicopro.com>
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Subject: Trump administration still struggling to ramp up coronavirus testing
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-287611@politicoemail.com>

Trump administration still struggling to ramp up coronavirus testing

By David Lim

03/06/2020 05:44 PM EST

Nearly a week after the first U.S. coronavirus death was announced, the Trump administration admitted Friday that it had not yet met its target for increasing the number of people being tested.

HHS Secretary Alex Azar told reporters that the government had shipped out materials for 700,000 coronavirus tests — well short of the 1.5 million that Vice President Mike Pence had said would be available to hospitals this week, in remarks on Wednesday.

Reaching the 1.5 million test target hinges on distributing 2,500 coronavirus test kits produced by a CDC contractor, Integrated DNA Technologies. Some kits have been sent out, and the remainder are in quality control testing at CDC.

"The last lots are here being validated by Dr. [Steve] Monroe's team as we speak," Azar said late Friday during a visit to the agency's Atlanta headquarters. He said that "up to 4 million tests" would be available by the end of next week.

In the meantime, the Trump administration is struggling to provide a clear picture of how many people are being tested for the coronavirus. Conflicting, and sometimes misleading, statements by top officials have fueled confusion over how many samples labs are processing, and how

quickly that number could grow.

"We've already tested over 3,600 people for the virus," Azar said Sunday on Face the Nation. “We now have the capability out in the field to test 75,000 people.”

Two days later, CDC Principal Deputy Director Anne Schuchat told the Senate health committee that her agency had tested more than 3,000 specimens taken from roughly 500 people — a fraction of what Azar claimed. That same day, an FDA spokesperson told POLITICO that state and local public health labs had enough supplies on hand to test 15,000 people, but said that capacity would grow to 75,000 people by the end of the week.

Sen. Patty Murray , the Senate health committee’s ranking member, slammed the mixed messaging, saying it hinders businesses', schools' and families’ ability to make informed decisions. The Washington Democrat’s home state has been hit hard by the coronavirus, with at least 75 confirmed cases and 12 deaths so far.

“It is deeply concerning and utterly unacceptable that top-ranking Administration officials charged with responding to this crisis are confusing people and contradicting health experts rather than giving them the facts,” Murray told POLITICO.

When asked about the discrepancy between Azar and Schuchat’s statements, an HHS spokesperson told POLITICO that Azar correctly said 3,600 tests, instead of 3,600 people, at a House Ways and Means hearing last week.

At least 23 states have now confirmed cases of the coronavirus, including clusters of community-acquired infections in Washington state and New York.

The administration has faced increasing criticism over the slow roll out of testing, driven by problems with a diagnostic test the CDC developed for use in public health labs across the country.

Seventy-two public health labs in 45 states and Washington DC had verified CDC’s diagnostic test for the coronavirus as of Friday, according to the Association of Public Health Laboratories. But the group cautioned that each lab can only test 100 samples per day, and at least two samples from each patient must be tested to arrive at a diagnosis.

“We’re rapidly expanding our testing capacity, so these numbers will change,” an HHS spokesperson told POLITICO. “Moving forward, we expect exponentially more tests to be distributed as additional manufacturers ramp up production.”

Commercial lab companies, such as Quest Diagnostics and LabCorp, are beginning to run their own in-house coronavirus tests with permission from the FDA, but an industry source told POLITICO that private labs will be limited to a few thousand tests per day at first.

“For really high volume you need to get the platforms from the manufacturers,” the source said. “If you’re going to have something that really ramps up the throughput, you’re going to need the Abbotts, the Thermo Fishers. It will take some time.”

Caitlin Oprysko contributed to this report.

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Subject: [EXTERNAL] Fwd: Trump's mismanagement helped fuel coronavirus crisis

(b)(6)

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Trump's mismanagement helped fuel coronavirus crisis

By Dan Diamond

03/08/2020 09:13 AM EDT

On Friday, as coronavirus infections rapidly multiplied aboard a cruise ship marooned off the coast of California, health department officials and Vice President Mike Pence came up with a plan to evacuate thousands of passengers, avoiding the fate of a similar cruise ship, the Diamond Princess, which became a petri dish of coronavirus infections. Quickly removing passengers was the safest outcome, health officials and Pence reasoned.

But President Donald Trump had a different idea: Leave the infected passengers on board — which would help keep the number of U.S. coronavirus cases as low as possible.

“Do I want to bring all those people off? People would like me to do it,” Trump admitted at a press conference at the CDC later on Friday. “I would rather have them stay on, personally.”

“I don't need to have the numbers double because of one ship that wasn't our fault,” Trump added, saying that he ultimately empowered Pence to decide whether to evacuate the passengers.

For six weeks behind the scenes, and now increasingly in public, Trump has undermined his administration’s own efforts to fight the coronavirus outbreak — resisting attempts to plan for worst-case scenarios, overturning a public-health plan upon request from political allies and repeating only the warnings that he chose to hear. Members of Congress have grilled top officials like Health and Human Services Secretary Alex Azar and Centers for Disease Control Director

Robert Redfield over the government's biggest mistake: failing to secure enough testing to head off a coronavirus outbreak in the United States. But many current and former Trump administration officials say the true management failure was Trump's.

"It always ladders to the top," said one person helping advise the administration's response, who noted that Trump's aides discouraged Azar from briefing the president about the coronavirus threat back in January. "Trump's created an atmosphere where the judgment of his staff is that he shouldn't need to know these things."

Interviews with 13 current and former officials, as well as individuals close to the White House, painted a picture of a president who rewards those underlings who tell him what he wants to hear while shunning those who deliver bad news. For instance, aides heaped praise on Trump for his efforts to lock down travel from China — appealing to the president's comfort zone of border security — but failed to convey the importance of doing simultaneous community testing, which could have uncovered a potential U.S. outbreak. Government officials and independent scientists now fear that the coronavirus has been silently spreading in the United States for weeks, as unexplained cases have popped up in more than 25 states.

"It's a clearly difficult situation when the top wants to hear certain answers," said one former official who's briefed the White House. "That can make it difficult for folks to express their true assessment — even the most experienced and independent minds."

While Trump last week allowed hospitals and labs to start developing their own coronavirus tests, wrongly blaming Obama administration regulations for a delay, the same move could have been made weeks ago had the president and his advisers felt it was necessary, said two officials.

The White House press office declined to comment on the record, referring questions to HHS.

The health department said that Trump had been responsive to the department's concerns and understood the seriousness of the coronavirus threat from the first day he was briefed.

"The President took early and decisive actions like instituting travel restrictions and utilizing the quarantine authority" to protect Americans from the outbreak, an HHS spokesperson said.

HHS also stressed that Azar and Trump had a good working relationship.

"The Secretary always offers the President his honest assessment, and always insists when briefing the President on public health issues that the relevant experts participate," the spokesperson said.

Trump-inspired disorganization plagues early response

As the outbreak has grown, Trump has become attached to the daily count of coronavirus cases and how the United States compares to other nations, reiterating that he wants the U.S. numbers kept as low as possible. Health officials have found explicit ways to oblige him by highlighting the most optimistic outcomes in briefings, and their agencies have tamped down on promised

transparency. The CDC has stopped detailing how many people in the country have been tested for the virus, and its online dashboard is running well behind the number of U.S. cases tracked by Johns Hopkins and even lags the European Union's own estimate of U.S. cases.

After senior CDC official Nancy Messonnier correctly warned on Feb. 25 that a U.S. coronavirus outbreak was inevitable, a statement that spooked the stock market and broke from the president's own message that the situation was under control, Trump himself grew angry and administration officials discussed muzzling Messonnier for the duration of the coronavirus crisis, said two individuals close to the administration. However, Azar defended her role, and Messonnier ultimately was allowed to continue making public appearances, although her tone grew less dire in subsequent briefings.

Trump's defenders can point to many coronavirus crises that, so far, have been failures of bureaucracy and disorganization. The president didn't lock out a government scientist from CDC. He didn't know that officials decided to fly back coronavirus-infected Americans aboard planes with hundreds of others who had tested negative, with Trump bursting in anger when he learned the news.

But Trump has added to that disorganization through his own decisions. Rather than empower a sole leader to fight the outbreak, as President Barack Obama did with Ebola in 2014, he set up a system where at least three different people — Azar, Vice President Mike Pence and coronavirus task force coordinator Debbie Birx — can claim responsibility. Three people who have dealt with the task force said it's not clear what Birx's role is, and that coronavirus-related questions sent to her have been rerouted to the vice president's office.

In response, Pence's office said it has positioned Birx as the vice president's "right arm," advising him on the response, while Azar continues to oversee the health department's numerous coronavirus operations.

Trump on Friday night also shook up White House operations, replacing acting Chief of Staff Mick Mulvaney with Rep. Mark Meadows, a longtime ally. The long-expected ouster of Mulvaney was welcomed in corners like the health department, given that Mulvaney had been one of Azar's top critics. But the abrupt staff shuffle in the middle of the coronavirus outbreak injects further uncertainty into the government's response, said a current official and two former officials. It's not yet clear what Mulvaney's departure will mean for his key lieutenants involved in fighting the outbreak, like Domestic Policy Council chief Joe Grogan, for instance.

"Every office has office politics — even the Oval Office," said one individual. "You'd hope we could wait to work it out until after a public health emergency."

Health officials compete for Trump's approval

The pressure to earn Trump's approval can be a distraction at best and an obsession at worst: Azar, having just survived a bruising clash with a deputy and sensing that his job was on the line, spent part of January making appearances on conservative TV outlets and taking other steps to shore up his anti-abortion bona fides and win approval from the president, even as the global

coronavirus outbreak grew stronger.

"We have in President Trump the greatest protector of religious liberty who has ever sat in the Oval Office," Azar said on Fox News on Jan. 16, hours after working to rally global health leaders to fight the United Nations' stance on abortion rights. Trump also had lashed out at Azar over bad health-care polling that day.

Around the same time, Azar had concluded that the new coronavirus posed a public health risk and tried to share an urgent message with the president: The potential outbreak could leave tens of thousands of Americans sickened and many dead.

But Trump's aides mocked and belittled Azar as alarmist, as he warned the president of a major threat to public health and his own economic agenda, said three people briefed on the conversations. Some officials argued that the virus would be no worse than the flu.

Azar, meanwhile, had his own worries: A clash with Medicare chief Seema Verma had weakened his standing in the White House, which in December had considered replacements for both Azar and Verma.

"Because he feels pretty insecure, about the feuds within his department and the desire to please the president, I don't know if he was in the position to deliver the message that the president didn't want to hear," said one former official who's worked with Azar.

The jockeying for Trump's favor was part of the cause of Azar's destructive feud with Verma, as the two tried to box each other out of events touting Trump initiatives. Now, officials including Azar, Verma and other senior leaders are forced to spend time shoring up their positions with the president and his deputies at a moment when they should be focused on a shared goal: stopping a potential pandemic.

"The boss has made it clear, he likes to see his people fight, and he wants the news to be good," said one adviser to a senior health official involved in the coronavirus response. "This is the world he's made."

President swayed by flattery, personal appeals

Trump's unpredictable demands and attention to public statements — and his own susceptibility to flattery — have created an administration where top officials feel constantly at siege, worried that the next presidential tweet will decide their professional future, and panicked that they need to regularly impress him.

The most obvious practitioner of this strategy is Azar, who became Trump's second health secretary after the first, Tom Price, failed to bond with Trump and was ousted over a charter-jet scandal. Azar decided early in his tenure to have "zero daylight" with the president, said three individuals close to him, and the health secretary routinely fawns over the president in his TV appearances on Fox News. "No other president has had the guts, the courage to take on these special interests," Azar told Fox News host Tucker Carlson in December after Trump pushed

new price transparency on the health care industry.

Azar's team also has insisted upon using background photos for his Twitter account that always show him with the president — sometimes silently standing behind Trump while he speaks. Azar is alone among Cabinet members in this practice; secretaries like HUD's Ben Carson, Transportation's Elaine Chao and Treasury's Steven Mnuchin opted for bland Twitter backgrounds that show their headquarters.

"The Secretary respects the President and values their strong relationship," said an HHS spokesperson, when asked about Azar's approach to working with Trump and use of Twitter photos.

Other health officials have modeled similar behavior as Azar. Asked by Trump if he wanted to make a "little statement" on Friday, CDC Director Redfield responded by praising the president's "decisive leadership" and visit to CDC headquarters amid the outbreak. "I think that's the most important thing I want to say," Redfield said.

At least one health official has offered a more subtle reminder of her loyalties. Verma wore an Ivanka Trump-brand pendant to some meetings and events with the president, beforeit was stolen in 2018.

Health officials also have to guard their words and predictions, worried that the president will fixate on the wrong data point or blurt out damaging information in public. Trump on Friday told reporters that he'd initially scrapped a trip to the CDC because of a possible coronavirus case at the agency. The announcement came as a surprise to CDC staff, including those preparing for Trump's visit, because they hadn't been briefed on the potential coronavirus case, POLITICO first reported.

Meanwhile, Trump's political allies have tried to circumvent the policy process, causing further headaches for the overwhelmed health department. Alabama Republicans prevailed upon Trump to scrap an HHS contingency plan to potentially quarantine some coronavirus-infected Americans at a facility in their state last month.

"I just got off the phone with the President," Sen. Richard Shelby tweeted on Feb. 23. "He told me that his administration will not be sending any victims of the Coronavirus from the Diamond Princess cruise ship to Anniston, Alabama."

But Democrats in a California city facing a similar situation failed to get a similar guarantee, leading them to file a lawsuit that accused the administration of political favoritism.

"California must not have the pull to get taken off the list," attorney Jennifer Keller, representing Costa Mesa, Calif., reportedly said during a court hearing last month. "Alabama does." A federal judge later halted plans to transfer coronavirus-stricken patients to a facility in the city.

Meanwhile, the president has allowed feuds to fester and spill into public view. Azar, for instance, has battled with White House officials and Verma for months over policies, personnel and even seats aboard the presidential airplane. Those fights have been reignited amid the coronavirus crisis, when Azar clashed with longtime rivals like Grogan over funding the

response and whether enough coronavirus tests were being performed.

They've also cast a long shadow over strategy, like Azar's decision not to push for Verma to be added to the coronavirus task force that he oversaw for nearly a month. Verma instead was added to the task force on March 2, several days after Pence took over leading the effort. While Azar said he asked for Verma to join the task force, and an HHS spokesperson pointed to the secretary's public statement , two people with knowledge of task force operations said that the White House officials had raised questions about her omission.

Officials call the original decision to exclude Verma from the task force short-sighted at best, given the virus' potential threat to the elderly patients covered by the Medicare program and residents living in nursing homes that are regulated by Verma's agency.

With Trump unwilling — or unable — to put a stop to the health department's fights, they've occupied and gripped Washington during relative peacetime. When at war against a potential pandemic, there's no room for these distractions, officials say.

"If this sort of dysfunction exists as part of the everyday operations — then, yes, during a true crisis the problems are magnified and exacerbated," said a former Trump HHS official. "And with extremely detrimental consequences."

To view online:
https://subscriber.politicopro.com/health-care/article/2020/03/trumps-mismanagement-helped-fuel-coronavirus-crisis-1888975

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1000 Wilson Blvd.
Arlington, VA 22209
USA

From: RLW
Sent: Sun, 8 Mar 2020 23:19:27 +0000
To: Stone, Richard A., MD;Lieberman, Steven
Cc: Powers, Pamela
Subject: FW: [EXTERNAL] White House Coronavirus Task Force - Sampling Paper
Attachments: DP_ENVIRO_20200307_厚労省_s.docx

Sampling Paper from Dr Birx

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Date: Sunday, Mar 08, 2020, 7:17 PM
To: (b)(6) @dot.gov <(b)(6) @dot.gov>, (b)(6) EOP/WHO <(b)(6) @who.eop.gov>, Kudlow, Larry A. EOP/WHO <(b)(6) @who.eop.gov>, (b)(6) . EOP/WHO <(b)(6) @who.eop.gov>, (b)(6) @hq.dhs.gov <(b)(6) @hq.dhs.gov>, (b)(6) @hq.dhs.gov <(b)(6) @hq.dhs.gov>, (b)(6) @state.gov <(b)(6) @state.gov>, (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>, (b)(6) @HHS.GOV <(b)(6) @HHS.GOV>, (b)(6) @niaid.nih.gov <(b)(6) @niaid.nih.gov>, (b)(6) @cdc.gov <(b)(6) @cdc.gov>, (b)(6) @hhs.gov <(b)(6) @hhs.gov>, (b)(6) NIH) <(b)(6) @niaid.nih.gov>, (b)(6) . EOP/OVP <(b)(6) @ovp.eop.gov>, (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) . EOP/OSTP <(b)(6) @ostp.eop.gov>, (b)(6) EOP/WHO <(b)(6) @who.eop.gov>, (b)(6) EOP/WHO (b)(6) @who.eop.gov>, (b)(6) @hud.gov <(b)(6) @hud.gov>, (b)(6) @treasury.gov <(b)(6) @treasury.gov>, (b)(6) EOP/WHO <(b)(6) @who.eop.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) (b)(6) EOP/NSC <(b)(6) @nsc.eop.gov>, (b)(6) (b)(EOP/OVP <(b)(6) @ovp.eop.gov>, (b)(6) @fda.hhs.gov (b)(6) @fda.hhs.gov>, Birx, Deborah L. EOP/NSC <(b)(6) @nsc.eop.gov>, (b)(6) @cms.hhs.gov (b)(6) @cms.hhs.gov>, RLW <(b)(6) @va.gov>, (b)(6) @mail.mil <(b)(6) @mail.mil>, (b)(6) @mail.mil <(b)(6) @mail.mil>, (b)(6) @hq.dhs.gov <(b)(6) @hq.dhs.gov>, (b)(6) EOP/NSC <(b)(6) @nsc.eop.gov>
Cc: Birx, Deborah L. EOP/NSC <(b)(6) @nsc.eop.gov>
Subject: [EXTERNAL] White House Coronavirus Task Force - Sampling Paper

All –

Please also see the attached sampling paper, per Dr. Birx.

Thank you,
(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)

Environmental sampling for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during a coronavirus disease (COVID-19) outbreak aboard a commercial cruise ship: Preliminary Report

(b)(6) NIID, on behalf of the Cruise Ship Environmental Investigation Team

Background

(b)(5)

(b)(5)

(b)(5)

Method

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Results

(b)(5)

(b)(5)

Discussion

(b)(5)

(b)(5)

References

(b)(5)

(b)(5)

(b)(5)

Table 1. Comparison of sample results by cabin and area.

(b)(5)

Table 2. Detection of SARS-CoV-2 RNA in case cabins by swabbed item.

(b)(5)

Table 3. Duration of SARS-CoV-2 RNA on surfaces.

(b)(5)

From: RLW
Sent: Mon, 9 Mar 2020 18:37:56 +0000
To: (b)(6)
Cc:
Subject: RE: March 16 Event w/Mrs. Pence

Sure

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Monday, Mar 09, 2020, 1:33 PM
To: RLW (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: FW: March 16 Event w/Mrs. Pence

Are you interested in attending a tour of the exhibit with Mrs. Pence?

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Monday, March 9, 2020 1:28 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] March 16 Event w/Mrs. Pence

Hi (b)(6)

Mrs. Pence looks forward to seeing Sec. and Mrs. (b)(6) next Monday, March 16, at the event taking place at the Kennedy Center. After the speaking portion of the event, scheduled to begin at 3pm, one of the exhibit curators (an art therapist) will lead Mrs. Pence on a tour of the exhibit, and we're wondering if Sec. Wilkie would like to join Mrs. Pence on this tour. We anticipate the tour will likely take ten to 15 minutes. Mrs. Pence also would like to invite (b)(6) chairman of the National Endowment for the Arts, to join this tour.

Beyond this, we'll connect soon to provide more details for the final run of show for the event.

Please let me know if you have any questions,
(b)(6)

(b)(6)
Office of the Second Lady
202-881-(b)(6)

From: RLW
Sent: Mon, 9 Mar 2020 20:31:50 +0000
To: RLW
Subject: RAH
Attachments: Mar 16 2020.docx

DAILY BRIEFING BOOK

Monday, March 16, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	**Daily Sync Mtg**	SECVA Suite	
9:00 – 9:30 am	(b)(6) **re: Upcoming Speeches**	SECVA Suite	
10:00 – 11:30 am	**VA Operations Board Mtg**	OBCR	**Tab 1**
12:00 – 1:00 pm	**Lunch**	SECVA Suite	
2:30 – 3:00 pm	**ERT Welcome Pavilion, Kennedy Center**		
3:00 – 4:00 pm	**REMARKS & Tour: Launch of Art Therapy Artwork Exhibit with Second Lady Pence**		**Tab 2**
4:00 pm	**ERT Residence**		

From: Wilkie, Robert L., Jr.
Sent: Tue, 10 Mar 2020 13:25:11 +0000
To: RLW
Subject: FW: [EXTERNAL] Will warmer weather stop the Chinese coronavirus soon? We better hope so.

From: Americans for Limited Government
Sent: Tuesday, March 10, 2020 9:20:26 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Will warmer weather stop the Chinese coronavirus soon? We better hope so.

The Capitol Guardian
Capitol Hill Edition

March 10, 2020

Permission to republish original opeds and cartoons granted.

Will warmer weather stop the Chinese coronavirus soon? We better hope so.

Usually, cases for cold and flu drop in the spring and summer after peaking in the winter as temperatures increase and people spend less time indoors, so will the same thing happen with coronavirus next month? For now, the answer from CDC is we don't know yet. But we should all hope and pray so.

Cartoon: No More Weekends at Bernie's

Will Joe Biden's age slow his campaign down?

Video: Can Biden win back Michigan against Trump in November with his pro-NAFTA, pro-China trade record?

Joe Biden voted for NAFTA and permanent normal trade relations with China. Will that cost him Rust Belt states like Michigan, Pennsylvania and Ohio in November?

Video: Dems push socialized medicine as coronavirus answer

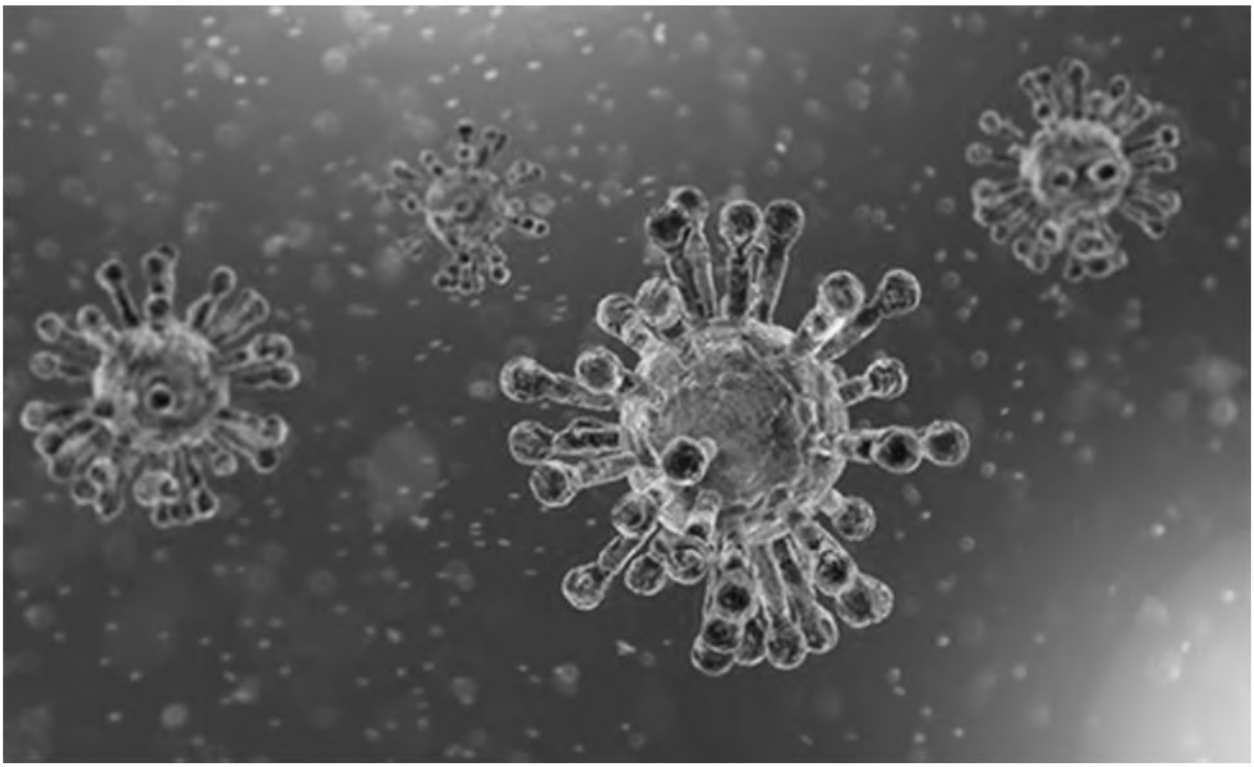
Would socialized medicine really make outbreaks less likely?

Jordan Schachtel: Calling coronavirus 'Wuhan virus' isn't racist, but China wants you to think it is

"[T]he idea that the 'Wuhan virus' label is racist appears to have sprung up in China's state media and its propaganda apparatus. Beijing authorities are attempting to silence their critics,

who have rightly condemned the Chinese government for its incompetence in facilitating the spread of an emerging global pandemic… It has been a common practice to refer to previous global epidemics by their place of origin. The Ebola virus, or just Ebola, was named as such because it originated in villages near the Ebola River in the Democratic Republic of the Congo. The Zika virus, or just Zika, has a namesake borrowed from the Zika forest of Uganda, where the virus originated. Lyme disease got its name for being diagnosed for the first time in Old Lyme, Connecticut."

Will warmer weather stop the Chinese coronavirus soon? We better hope so.



By Robert Romano

"It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. At this time, it is not known whether the spread of COVID-19 will decrease when weather becomes warmer. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing."

That is the Centers for Disease Control (CDC) on its current outlook on the spread of the Chinese coronavirus and how it may be impacted when cold and flu season ends in April. Usually, cases for cold and flu drop in the spring and summer after peaking in the winter as temperatures increase and people spend less time indoors, so will the same thing happen with coronavirus next month?

For now, the answer from CDC is we don't know yet. But some health experts are optimistic.

Dr. Jeremy Brown director of the Office of Emergency Care Research at the National Institutes of Health told Health.com, "COVID-19 will slowly recede as the warmer spring climate provides conditions that the virus cannot tolerate… Spring will be very welcome this year."

Others, like Maciej F. Boni, associate professor of biology at Penn State University disagreed, telling Health, "We're not off the hook just because we're getting to springtime and the warmer weather," adding that because we're not immune to the new coronavirus, the population is "completely susceptible."

AccuWeather Founder and CEO Dr. Joel N. Myers put forward both possibilities, noting, "based on what we've seen from past flus and viruses, including the SARS virus and others, there is less viral spread when the sun is strong and the temperatures are warm from May to September. It's possible the sunshine intensity, the longer daylight periods and the warmer weather could suppress the virus in the summer months. Still, this coronavirus may be very different – and we're just learning about it. The possibility is this does not behave like all of the others and that it does not decline once the sun gets stronger and the temperatures increase throughout the spring and summer."

Myers warned, "Instead, if it continues to compound through the entire spring and summer it may infect millions and become a pandemic."

So, will the spring stop the coronavirus? We better all hope and pray so.

Perhaps a ray of sunshine may be that all of the major outbreaks of the virus in China, South Korea, Italy and Iran appear confined to the northern hemisphere so far, which is still in winter. So hopefully that's because the virus doesn't like the hotter summer weather currently in the south, and that we can expect things to taper down over the coming months.

For now, unfortunately, it's a guessing game, which means all the basics to prevention still apply, most notably, vigorously washing your hands. The latest guidelines from CDC state, "Avoid close contact with people who are sick… Avoid touching your eyes, nose, and mouth… Stay home when you are sick… Cover your cough or sneeze with a tissue, then throw the tissue in the trash… Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe… Wash your hands often with soap and water for at least 20

seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing."

Seniors and those over the age of 60 with serious underlying conditions appear to be the highest at risk for becoming seriously ill, according to the interagency coronavirus task force, which has issued new community guidelines to enhance prevention and mitigation locally at homes, businesses and schools at Coronavirus.gov.

Undoubtedly, the uncertainty about when the virus might slow down is feeding the current global financial panic in markets. As of March 9, the S&P 500 has declined more than 18 percent since mid-February alongside with other indices, oil has collapsed and U.S. interest rates are nearing zero percent.

Is it prudent to continue trading? Even with a bounce, global exchanges might very well be considering pausing trading indefinitely until the virus passes. Again, it could be weeks or longer before there is news of a slowdown in the spread of the virus. In that environment, how can the algorithms say to do anything but sell every time a slew of new cases appear?

Now, assuming a spring turnaround in new coronavirus cases, it would become easier to mark the downturn as a possibly an irrational market overreaction and to expect a quick rebound as soon as there is good news.

The same can be said for any political assessment of the Trump administration's response to the virus, with an eye to how it might impact the 2020 election. Even if the response is good and even saves lives, the public might still respond negatively based on partisan backgrounds in the immediate future.

But these are all snapshots in time.

Doctors will look at the data and tell you whether the virus is seasonal or not based on what happens in the spring when it happens, and not a moment sooner.

Markets are always guessing what might happen but appear to lack a basis at the moment to call a market bottom since the very uncertainty feeding the decline by definition will not be alleviated until there are more facts that are at least weeks away according to health officials.

If and when the number of new cases seems to be dropping, though, that might change quickly. Expect a rebound when there's good news.

The politics of the virus may change quickly, too, for all the same reasons. The public's mood may appear sour right now given the uncertainty, but with a slowdown in transmission this spring coupled with health officials' moves to mitigate the spread of the virus, and it is foreseeable that public opinion could promptly turn around, too. The public could ultimately come to approve of how the government has handled the outbreak.

Which, on that point, a word of warning to politicians who think the virus will benefit them should things get worse. Things might not get much worse, and then all of the uncertainty may promptly transform to approval when the public realizes the world has not ended — lending credit to those who kept their composure, showed leadership and kept the American people safe.

Those who opportunistically use blame today when the number of new cases was rising, by the same metric, will have to offer credit if and when the number of cases starts dropping.

Panic will not accomplish anything productive, but following the CDC's new community guidelines to protect your homes, businesses and schools, and washing your hands can. Again, we should all hope that the warmer weather will help slow down the virus this spring, but everyone should be prepared if it does not.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Cartoon: No More Weekends at Bernie's

By A.F. Branco

Click here for a higher level resolution version.

Video: Can Biden win back Michigan against Trump in November with his pro-NAFTA, pro-China trade record?

To view online: https://www.youtube.com/watch?v=6y_xGS6mF8U

Video: Dems push socialized medicine as coronavirus answer

To view online: https://www.youtube.com/watch?v=bJDaacHk86Q

ALG Editor's Note: In the following featured column from the Washington Examiner's Jordan Schachtel, naming a virus, bacteria or disease after the geographic locale it originated from, like Ebola, Zika or Wuhan virus, is normal, not racist:

Washington Examiner

Calling coronavirus 'Wuhan virus' isn't racist, but China wants you to think it is

By Jordan Schachtel

A firestorm erupted over the weekend in Western media and politics over how to deal with China's role in the outbreak of the new coronavirus, COVID-19. Many have taken to referring to the virus as the "Wuhan virus," noting the commonly used term and the suspected place of the origin's outbreak. But now, high-profile members of the media have come to decide that this label is a blatantly racist term.

Much of the hysteria began when Rep. Paul Gosar, a Republican from Arizona, announced that he is placing himself in a quarantine over fears that he made contact "with a person who has since been hospitalized with the Wuhan Virus."

The response from the Left was swift and clear.

"FYI: Calling #COVID19 the 'Wuhan Virus' is racist," David Gura of NBC and MSNBC wrote on Twitter.

"Just astoundingly gross to call it the Wuhan Virus," added MSNBC host Chris Hayes.

The hot takes from the Left continued to stream in:

The idea that calling it the Wuhan virus is racist or irregular couldn't be further from the truth, and historical precedent proves it. In fact, the idea that the "Wuhan virus" label is racist appears to have sprung up in China's state media and its propaganda apparatus. Beijing authorities are attempting to silence their critics, who have rightly condemned the Chinese government for its incompetence in facilitating the spread of an emerging global pandemic.

The idea that it's "racist" to document this newest epidemic as the Wuhan virus or any name referring to its origin in China is a tactical propaganda play being made by Chinese authorities and China's state media. Over the past months, both entities have made a concerted campaign of marking all critiques of China's handling of the virus and the fact that it originated in Wuhan, China, as "racist" acts.

Over the weekend, Chinese officials castigated Secretary of State Mike Pompeo for referring to the coronavirus as the "Wuhan virus." China's Foreign Ministry described his comments as "highly irresponsible" and contributing to anti-China sentiment.

In late February, Beijing authorities expelled three *Wall Street Journal* reporters from China after the publication's opinion page published a column headlined "China is the Real Sick Man of Asia."

On Feb. 24, the state-controlled *China Daily* proclaimed that identifying the latest coronavirus as the Wuhan virus or other terms referring to its Chinese origin is "racist, discriminatory, and distasteful."

On Feb. 16, the state-controlled *Global Times* published a piece declaring that critiques of China's negligence concerning the Wuhan virus, such as the labeling of China as a "disease incubator," is a clear sign of "xenophobia" and "racism" against China.

In early February, Communist Party authorities expressed outrage at a *Der Spiegel* article that described the coronavirus as "Made in China." Beijing called the news report "racist" and a clear example of "discrimination and xenophobia."

It has been a common practice to refer to previous global epidemics by their place of origin. The Ebola virus, or just Ebola, was named as such because it originated in villages near the Ebola River in the Democratic Republic of the Congo. The Zika virus, or just Zika, has a namesake borrowed from the Zika forest of Uganda, where the virus originated. Lyme disease got its name for being diagnosed for the first time in Old Lyme, Connecticut.

The American Council on Science and Health set the record straight on Monday, commenting in an article on its website:

"Historically, new infectious diseases are named after places, animals, or people. Today, a flu strain is named after the city in which it's first isolated. That's not because microbiologists are racist."

It's not only the West that refers to the Wuhan virus by its origin city. In fact, media outlets in nations such as Singapore, where the majority of the population is ethnically Chinese, has no issue reporting on it as the Wuhan virus.

Feel free to continue calling it the Wuhan virus, not only because it meets historical precedent, but also to make sure we're not letting Beijing off the hook. When media and political figures declare that Beijing is right that the Wuhan virus label is "racist," it silences critics of China's authoritarian regime and its gross negligence in handling the coronavirus outbreak.

Stick it to China. Call it the "Wuhan virus," now and forever.

Permalink here.

This email is intended for (b)(6) @va.gov.
Update your preferences or Unsubscribe

From: Wilkie, Robert L., Jr.
Sent: Tue, 10 Mar 2020 13:56:24 +0000
To: RLW
Subject: FW: [EXTERNAL] CORONAVIRUS Curbed in Wuhan CHINA; demonstrates susceptibity only certain low percentage of the Population.

From: (b)(6)
Sent: Tuesday, March 10, 2020 9:43:57 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6) @intouch.org; bdm-public-affairs-frb@frb.gov; cbn@emailupdate.cbn.com; comments@cpb.org; connect@winningwalk.com; contact.nbcnews@nbcuni.com; DonorService Voicemail; editors@barrons.com; email@powerpoint.org; evening@cbsnews.com; info@creationinthe21stcentury.com; info@iiw.org; info@la-archdiocese.org; (b)(6) @aol.com; josh.zumbrun@wsj.com; ktla@ktla.com; mediarelations@la-archdiocese.org; Missal, Michael J. (OIG); msgr@stmonica.net; mwfeedback@marketwatch.com; newsroom@marketwatch.com; nova@wgbh.org; nytnews@nytimes.com; partners@daystar.com; partners@iiw.org; pr@iiw.org; pservices@daystar.com; Wilkie, Robert L., Jr.; seniorpastors@gatewaypeople.com; service@wsj-asia.com; spirit@scrc.org; (b)(6) subs.wsje@dowjones.com; support@jhm.org; webmaster@sec.senate.gov
Subject: [EXTERNAL] CORONAVIRUS Curbed in Wuhan CHINA; demonstrates susceptibity only certain low percentage of the Population.

Isolation without Treatment successful in curbing Virus.

Apparently, small Percentage of the Population is susceptible. (Logic)

NEVERTHELESS, inhumane not to Treat THOSE infected with Virus using TRADITIONAL MEDICINE until a VACCINE is developed, but the POPULATION at Large may have natural immunity explaining DECLINING numbers in Wuhan CHINA.

https://www.marketwatch.com/story/chinas-xi-says-virus-basically-curbed-at-epicenter-2020-03-10?mod=bnbh

From: (b)(6)
Sent: Tue, 10 Mar 2020 15:44:57 +0000
To: RLW
Subject: RE: [EXTERNAL] FW: The photograph should be signed to

OK. Thank you. (b)(6)

From: RLW (b)(6) @va.gov>
Sent: Tuesday, March 10, 2020 10:59 AM
To: (b)(6) @riponsociety.org>
Subject: RE: [EXTERNAL] FW: The photograph should be signed to

Give it back to me

Sent with BlackBerry Work
(www.blackberry.com)

From: J (b)(6) @riponsociety.org>
Date: Tuesday, Mar 10, 2020, 10:46 AM
To: RLW (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: The photograph should be signed to

Will they give it back to you? If not, they can mail it to (b)(6) 's attention at our office: The Ripon Society, 1155 15t Street NW, Suite 550, Washington, DC 20005

Thank you!

(b)(6)

From: RLW (b)(6) @va.gov>
Sent: Tuesday, March 10, 2020 10:42 AM
To: (b)(6) @riponsociety.org>
Subject: RE: [EXTERNAL] FW: The photograph should be signed to

Sent the photo to the WH—asked for Trump and Pence

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @riponsociety.org>
Date: Tuesday, Mar 10, 2020, 6:43 AM
To: RLW (b)(6) @va.gov>

Subject: [EXTERNAL] FW: The photograph should be signed to

Don't forget to take the photograph. It is on the table. (b)(6)s note below. The photograph should be signed to (b)(6)

He did not give me an address to return it to. Do you want them to give it to you or do you prefer an address?

Thank you.

(b)(6)

-----Original Message-----
From: (b)(6) @riponsociety.org>
Sent: Monday, March 9, 2020 8:06 PM
To: (b)(6) @riponsociety.org>
Subject: The photograph should be signed to

Hello (b)(6) Thank you for your help on this.

(b)(6) not (b)(6)

This photograph was taken at Cutter Airport in Phoenix, Arizona, where the President and Vice President were disembarking Air Force One.

(b)(6)

Sent from my iPhone

From: RLW
Sent: Tue, 10 Mar 2020 16:58:15 +0000
To: (b)(6)
Subject: FW: March 16 Event w/Mrs. Pence

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Tuesday, Mar 10, 2020, 12:56 PM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

Sir,
Just for your awareness, your visit to the Kennedy Center on Mar 16 may be cut short because of the Coronavirus TF Meeting. We won't know for sure until we get the invite the evening before.

(b)(6)

(b)(6)

Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: RLW <(b)(6) @va.gov>
Sent: Monday, March 9, 2020 2:38 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

Sure

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Monday, Mar 09, 2020, 1:33 PM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>

Subject: FW: March 16 Event w/Mrs. Pence

Are you interested in attending a tour of the exhibit with Mrs. Pence?

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461-(b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Monday, March 9, 2020 1:28 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] March 16 Event w/Mrs. Pence

Hi (b)(6)

Mrs. Pence looks forward to seeing Sec. and Mrs. (b)(6) next Monday, March 16, at the event taking place at the Kennedy Center. After the speaking portion of the event, scheduled to begin at 3pm, one of the exhibit curators (an art therapist) will lead Mrs. Pence on a tour of the exhibit, and we're wondering if Sec. Wilkie would like to join Mrs. Pence on this tour. We anticipate the tour will likely take ten to 15 minutes. Mrs. Pence also would like to invite (b)(6), chairman of the National Endowment for the Arts, to join this tour.

Beyond this, we'll connect soon to provide more details for the final run of show for the event.

Please let me know if you have any questions,
(b)(6)

(b)(6)
Office of the Second Lady
202-881-(b)(6)

From: (b)(6)
Sent: Tue, 10 Mar 2020 17:02:06 +0000
To: RLW
Subject: [EXTERNAL] RE: March 16 Event w/Mrs. Pence

ok

From: RLW (b)(6) va.gov>
Sent: Tuesday, March 10, 2020 12:58 PM
To: (b)(6) @riponsociety.org>
Subject: FW: March 16 Event w/Mrs. Pence

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Tuesday, Mar 10, 2020, 12:56 PM
To: RLW (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

Sir,
Just for your awareness, your visit to the Kennedy Center on Mar 16 may be cut short because of the Coronavirus TF Meeting. We won't know for sure until we get the invite the evening before.

(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461 (b)(6)

From: RLW <(b)(6) @va.gov>
Sent: Monday, March 9, 2020 2:38 PM
To: (b)(6) @va.gov>
Cc: (b)(6) (b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

Sure

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Monday, Mar 09, 2020, 1:33 PM
To: RLW <(b)(6) @va.gov>
Cc: ((b)(6) @va.gov>
Subject: FW: March 16 Event w/Mrs. Pence

Are you interested in attending a tour of the exhibit with Mrs. Pence?

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Monday, March 9, 2020 1:28 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] March 16 Event w/Mrs. Pence

Hi (b)(6)

Mrs. Pence looks forward to seeing Sec. and Mrs (b)(6) next Monday, March 16, at the event taking place at the Kennedy Center. After the speaking portion of the event, scheduled to begin at 3pm, one of the exhibit curators (an art therapist) will lead Mrs. Pence on a tour of the exhibit, and we're wondering if Sec. Wilkie would like to join Mrs. Pence on this tour. We anticipate the tour will likely take ten to 15 minutes. Mrs. Pence also would like to invite (b)(6) chairman of the National Endowment for the Arts, to join this tour.

Beyond this, we'll connect soon to provide more details for the final run of show for the event.

Please let me know if you have any questions,
(b)(6)

(b)(6)
Office of the Second Lady
202-881- (b)(6)

From: RLW
Sent: Tue, 10 Mar 2020 22:32:59 +0000
To: (b)(6)
Cc:
Subject: RE: March 16 Event w/Mrs. Pence

(b)(6) would like it.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Tuesday, Mar 10, 2020, 3:34 PM
To: RLW (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: FW: March 16 Event w/Mrs. Pence

Sir,
Would Mrs (b)(6) like to have a tour as well? Just keep in mind that you may have to depart early for a WH Coronavirus TF Meeting…

Thanks,
(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Tuesday, March 10, 2020 2:37 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: [EXTERNAL] RE: March 16 Event w/Mrs. Pence

Hi (b)(6)

We of course would like to include Mrs (b)(6) on the tour! Because we have a few other Administration leaders and Cabinet spouses attending the event, including Mrs. (b)(6) we're hoping to have two tour groups: one with just Mrs. Pence, Sec. Wilkie, and NEA Chairman (b)(6) and then a second group with a handful of people, including Mrs. (b)(6) that will tour the exhibit right behind the first group. Would this work for your team? If so, I'll send you the names of the second group participants by the end of this week.

Many thanks,
(b)(6)

(b)(6)
Office of the Second Lady
202-881-(b)(6)

From: (b)(6) @va.gov>
Sent: Monday, March 9, 2020 2:59 PM
To: (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>
Cc: (<(b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

(b)(6)

Thanks for the kind invitation. Secretary Wilkie accepts the invitation to join the tour. Would Mrs. Wilkie also be able to tour with them?

Thanks again!

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461-(b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Monday, March 9, 2020 1:28 PM
To: (b)(6) va.gov>
Subject: [EXTERNAL] March 16 Event w/Mrs. Pence

Hi (b)(6)

Mrs. Pence looks forward to seeing Sec. and Mrs. (b)(6) next Monday, March 16, at the event taking place at the Kennedy Center. After the speaking portion of the event, scheduled to begin at 3pm, one of the exhibit curators (an art therapist) will lead Mrs. Pence on a tour of the exhibit, and we're wondering if Sec. Wilkie would like to join Mrs. Pence on this tour. We anticipate the tour will likely take ten to 15 minutes. Mrs. Pence also would like to invite (b)(6) chairman of the National Endowment for the Arts, to join this tour.

Beyond this, we'll connect soon to provide more details for the final run of show for the event.

Please let me know if you have any questions,
(b)(6)

(b)(6)
Office of the Second Lady
202-881-(b)(6)

From: (b)(6)
Sent: Wed, 11 Mar 2020 01:02:03 +0000
To: RLW
Subject: [EXTERNAL] Fwd: Trump embarks on an epic, unprecedented fight to rescue the economy

(b)(6)

Begin forwarded message:

From: POLITICO Pro <politicoemail@politicopro.com>
Date: March 10, 2020 at 7:53:45 PM EDT
To: (b)(6) @riponsociety.org>
Subject: Trump embarks on an epic, unprecedented fight to rescue the economy
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-295957@politicoemail.com>

Trump embarks on an epic, unprecedented fight to rescue the economy

By Nancy Cook

03/10/2020 07:52 PM EDT

President Donald Trump is launching an epic battle to inject hundreds of billions of dollars of stimulus across the U.S. economy. And he's doing it before government officials can control the coronavirus outbreak, assess the damage or understand what's needed to sustain an economic expansion that has proven resilient for years.

It's an effort unprecedented in modern times, far unlike the stimulus programs launched in the 2008-09 financial crisis and 2001 recession once economic damage had already become clear. It's also colliding with a Republican Party that built its brand over the past decade in opposing debt-funded stimulus and other government intervention through federal spending.

On Tuesday, Trump personally traveled to Capitol Hill to sell GOP senators on the idea of a broad fiscal stimulus package that he hopes will revive the stock market and give Americans comfort amid mounting uncertainty.

With the senators, Trump and Vice President Mike Pence laid out several ideas including a far-ranging payroll tax cut, an infrastructure plan, paid sick leave for hourly employees and the potential delay of some Americans' estimated tax payments.

The first idea — some type of temporary payroll tax cut through the end of the year, or a

temporary suspension — has received a cool reception from both Republican lawmakers as well as the president's own top economic aides who privately argue it's too soon for such a measure.

"We just had a meeting on stimulus, and you'll be hearing about it soon. But it was a great meeting. There's great unity within the Republican Party," Trump told reporters on the Hill following the lunch.

The president's move to introduce a sweeping economic stimulus underscores rising worries among the president and his advisers about the state of the economy and his own record heading into his 2020 reelection battle.

It's a tricky moment for Trump. If the coronavirus spreads quickly and morphs into a more devastating pandemic, the billions of dollars in stimulus money he's discussing today likely will not be enough to provide relief to American workers, small businesses and major industries hit by an economic downturn.

Yet if the virus turns out to be less threatening in the U.S. than it's been in China or Italy, Trump will have pushed a party once vocal about fiscal discipline into spending vast sums of money and adding to the already high deficit just before an election in which Trump will be under fire for broken promises.

Republican senators have warned it may be too early to commit to spending that type of cash, a view shared by top administration economic officials like Treasury Secretary Steven Mnuchin.

"A payroll tax cut might be the correct response to an economic downturn, but it is far too broad to have a significant impact on the source of this potential crisis. It might help the stock market in the short run, but it will be expensive," said Paul Winfree, the former deputy director of the domestic policy council in the Trump administration. The Center on Budget and Policy Priorities estimated in 2009 that a two-month suspension of the payroll tax cut could cost roughly $120 billion.

Republicans argue it would do little to help workers who are laid off from industries hit hardest by the coronavirus; payroll tax cuts only apply if someone is collecting an actual paycheck.

Democrats on Capitol Hill also have been dismayed that Trump is focused on rescuing the economy right now rather than ensuring the health care system or American workers are fully prepared to handle the coronavirus.

Democratic Sen. Debbie Stabenow of Michigan dismissed the president's enthusiasm for a new round of tax cuts in response to the coronavirus outbreak. "He can push that," she said, "but we're not gonna support it."

"We have to focus on people first," she said, adding that the administration needs to prioritize consumer-focused measures like paid sick leave. "There's just no excuse not to focus on what people need from a health standpoint."

Trump has been eager to do what aides have called a "big" economic package in response to the

coronavirus to shock the stock market back into health after weeks of extreme volatility.

When asked about the potential price tag of a package, White House National Economic Council Director Larry Kudlow told reporters at a White House briefing Tuesday evening: "We are working out details right now, so I don't want to quote any numbers ahead of time," he said.

"The payroll tax holiday is probably the most important, powerful piece of this, but on the other hand, I want to draw attention: We can use administration and executive authority again to help unpaid sick leave people, which is very important," he added.

Inside the West Wing, aides have also discussed deferring taxes for industries hurt by any economic downturn caused by the virus, government aid to certain geographic regions where the virus has hit and loans to small businesses.

Top Trump economic aides want to ensure the approach is targeted at first, whereas the president favors a much broader package enacted quickly, according to administration officials.

Several Republican senators said the president did not discuss a timeline for any potential legislative package, or even a price tag — nor has the president settled on deploying any specific tools or policy levers.

Administration aides stressed, leading up to the lunch, that the president wanted to present a range of options and work with the Republican-controlled Senate to develop plans.

"Whether the Congress and Trump can come to an agreement on a payroll tax cut is a huge question," said one Republican close to the White House.

Trump first previewed a potential economic stimulus package from the White House briefing room podium on Monday just hours after the Dow Jones Industrial Average tumbled almost 8 percent.

A day later, as stimulus expectations rose, the Dow finished the day up about 5 percent — a boon to the president who aides say has viewed the health of a stock market as another form of polling.

On Wednesday, Trump is scheduled to meet with Wall Street executives to discuss whether banks can support struggling small businesses by extending loans and other measures.

Adam Cancryn, Andrew Desiderio and John Bresnahan contributed to this report.

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https://subscriber.politicopro.com/financial-services/article/2020/03/trump-embarks-on-an-epic-unprecedented-fight-to-rescue-the-economy-1890496

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Arlington, VA 22209
USA

From: (b)(6)
Sent: Wed, 11 Mar 2020 10:29:38 +0000
To: RLW
Subject: [EXTERNAL] Fwd: Down syndrome abortion ban splits disability rights community

(b)(6)

Begin forwarded message:

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Date: March 11, 2020 at 5:03:49 AM EDT
To: (b)(6) @riponsociety.org>
Subject: Down syndrome abortion ban splits disability rights community
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-296341@politicoemail.com>

Down syndrome abortion ban splits disability rights community

By Alice Miranda Ollstein, Susannah Luthi

03/11/2020 05:02 AM EDT

Abortion foes and some disability rights advocates are forming an unusual alliance around efforts to ban terminating a pregnancy based on a diagnosis of Down syndrome or other fetal disability.

The immediate focus is on defending a 2017 Ohio law on fetal abnormalities, part of a new front in the abortion wars driven by conservative states enacting piecemeal restrictions on the procedure. The 6th Circuit U.S. Court of Appeals on Wednesday is due to hear arguments on whether Ohio's law can take effect after it was frozen by a district court two years ago. Four other states have enacted similar laws, and five are weighing doing so.

Anti-abortion activists are hoping that at least one of these laws, most of which have been frozen by lower courts, will provide a test case for the Supreme Court to revisit abortion rights. They're also trying to take the fetal disability fight beyond the courtroom and use discrimination and human rights arguments to win over voters who don't support more sweeping bans, arguing the policy will protect society's most vulnerable and prevent a return to eugenics.

"I think it appeals to a wider audience of people who don't say, 'I'm always pro-life or I'm always pro-choice,'" said Denise Harle, a litigator for the conservative advocacy group Alliance

Defending Freedom.

But the debate is splitting the disability rights community, with some advocates questioning if efforts to raise awareness about Down syndrome could somehow be coopted to swing an explosive political debate.

The abortion laws "distract us from understanding more about Down syndrome," said Frank Stephens, a disability advocate, athlete and actor who has Down syndrome.

The issue has gained prominence with the rise in prenatal screening, which has resulted in higher pregnancy termination rates for Down syndrome; Iceland, for example, now has only a few children born each year with the condition.

Still, Stephens said he doesn't want the government making life-or-death decisions about fetuses that might have disabilities.

"If someone is going to choose life or death for people like me, I would rather take my chances with well-informed parents," Stephens said.

Other activists with Down syndrome, such as Katie Shaw, have partnered with anti-abortion groups to lobby state governments in favor of the bans. Shaw was a prominent advocate for Indiana's disability abortion ban that then-Gov. Mike Pence signed in 2016.

Some faith-based groups such as Joni and Friends, a Christian ministry focused on the disability community, argue there's a natural intersection between disability rights and abortion law, and that the bans help to "bring out the humanity of the pre-born."

But many don't want to be dragged into the abortion fight.

"I think the folks pushing these bans are using the disability community as pawns," said Robyn Powell, an attorney and researcher at the Lurie Institute for Disability Policy at Brandeis University — who has a disability herself. "The same people passing these bans have shown no commitment to helping people with disabilities."

Disability-focused abortion bans are already on the books in five states: Indiana, Ohio, North Dakota, Louisiana and Kentucky. The laws in Indiana and Ohio have been blocked by courts for violating constitutional protections for abortion access, while Louisiana and Kentucky's law have so far survived legal challenges, and North Dakota hasn't been sued. Last year, Pennsylvania Gov. Tom Wolf vetoed a similar proposal.

The crusade for such laws shows no sign of slowing. In the first two months of this year alone, similar bans were proposed in Florida, Maryland, Mississippi, New Hampshire and West Virginia.

Conservative legal experts and advocacy groups see encouragement for Supreme Court review of the policy in a concurring opinion Justice Clarence Thomas wrote last summer, in which he said that allowing abortions "based solely on the race, sex, or disability of an unborn child … would

constitutionalize the views of the 20th-century eugenics movement."

Melanie Israel, a researcher with the conservative think tank Heritage Foundation who focuses on abortion issues, said Thomas' opinion "has given states their marching orders."

Defenders of disability bans argue the policy doesn't undercut *Roe v. Wade*, the landmark 1973 Supreme Court ruling that guaranteed abortion rights nationwide.

Michael McHale, an attorney with the anti-abortion law firm Thomas More Society, points to a line in the original *Roe* decision where the court's majority said they didn't agree that a woman is "entitled to terminate her pregnancy at whatever time, in whatever way, and for whatever reason she alone chooses."

"We argue that the state can draw a line and restrict abortion for a particular reason, when it looks like the reason is a type of eugenics," McHale said. "This ensures that doctors are not engaging in eugenics or even appearing to condone eugenics."

The Trump administration's Justice Department made a similar case in January, saying in a "friend of the court" brief that Ohio's law "protects individuals with disabilities from prejudice and indifference and the medical profession from harm to its integrity and reputation."

The American Civil Liberties Union, which is challenging Ohio's law on behalf of abortion providers in the state, disagrees.

"States are not allowed to prohibit anyone from making the ultimate decision whether or not to continue a pregnancy prior to viability," said Alexa Kolbi-Molinas, a senior staff attorney with the ACLU's Reproductive Freedom Project, who will argue the case before the 6th Circuit.

Kolbi-Molina notes that under Ohio's law, doctors can be charged with a crime for performing an abortion even if a patient doesn't disclose that a Down syndrome diagnosis is the reason she wants the procedure — simply seeing medical records with a fetal diagnosis would be sufficient.

McHale and other supporters of the policy say women could just find another abortion provider who's not aware of their medical history, and can sue if finding another doctor is too burdensome — but those remedies could be difficult and time-consuming for patients, especially in states that have just one abortion clinic.

The laws "could end open and honest discussions between women and their doctors," Kolbi-Molina said. "And physicians will feel similarly chilled."

To view online:
https://subscriber.politicopro.com/health-care/article/2020/03/down-syndrome-abortion-ban-splits-disability-rights-community-1890475

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1000 Wilson Blvd.
Arlington, VA 22209
USA

From: Wilkie, Robert L., Jr.
Sent: Wed, 11 Mar 2020 14:08:46 +0000
To: RLW
Subject: FW: RE RFI Corona Virus quarantined traveler housing?

From: (b)(6)
Sent: Wednesday, March 11, 2020 10:07:11 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
Cc:
D., MD; Wilkie, Robert L., Jr.; Stone, Richard A., MD; Powers, Pamela; Sitterly, Daniel
Subject: [EXTERNAL] Re: RE RFI Corona Virus quarantined traveler housing?

(b)(6)

NNOC/NNU is requesting a separate call/briefing for just NNOC/NNU. The briefing/call should include VHA decision makers not just VACO LMR.
Additionally, we need answer to the below questions Now.
Finally, it is our intent to bargain over CO-VID 19.

(b)(6)

From: N (b)(6) @va.gov>
Sent: Wednesday, March 11, 2020 9:34 AM
To: (b)(6) @nationalnursesunited.org>
Cc: (b)(6) @gmail.com>; (b)(6)
<(b)(6) @nationalnursesunited.org>; (b)(6) @va.gov> (b)(6)
<(b)(6) @va.gov>; (b)(6) @va.gov>; Kim, Paul D., MD
<(b)(6) @va.gov>
Subject: RE: RE RFI Corona Virus quarantined traveler housing?

Received. Thank you.

From: (b)(6) @nationalnursesunited.org>
Sent: Wednesday, March 11, 2020 9:31 AM
To: (b)(6) @va.gov>
Cc: (b)(6) @gmail.com>; (b)(6)
<(b)(6) nationalnursesunited.org>; (b)(6) @va.gov>; (b)(6)
<(b)(6) @va.gov>; (b)(6) @va.gov>; Kim, Paul D., MD
<(b)(6) @va.gov>
Subject: [EXTERNAL] Re: RE RFI Corona Virus quarantined traveler housing?

(b)(6)

Here are the questions again we submitted yesterday.

(b)(6)

From: (b)(6) @nationalnursesunited.org>
Sent: Tuesday, March 10, 2020 10:25 AM
To: (b)(6) @va.gov>
Cc: (b)(6) @gmail.com>; (b)(6) <(b)(6) @nationalnursesunited.org>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) @va.gov (b)(6) @va.gov>
Subject: Re: RE RFI Corona Virus quarantined traveler housing?

Hi (b)(6)

I figured since we may have limited time on the briefing on Wednesday, I wanted to provide you questions ahead of time.

If you could please provide responses to each of these questions asap it would be appreciated.

1. What is VA plan for facilities that have insufficient amounts of PPE (N95/PAPR) currently to ensure the safety of RNs, healthcare workers, veterans and the prevention of the spread of COVID 19?
2. What is the VA plan if there is not enough staff to take care of patients due to exposure causing staff to quarantine?
3. Is VA going to be testing RNs and employees for COVID 19? If so, when?
4. What is the plan in each facility to notify the staff when there is either confirmed COVID 19 or suspected case?
5. What is plan/protocol/questions for screening patients, staff, visitors upon entry to the hospital. If they answer yes to any question that they might be symptomatic for COVID 19, what is the protocol then?
6. What is the VA policy on quarantining of employees who have traveled to China, South Korea, Iran or Italy recently?
7. What is the VA policy for those employees who have interacted with other employees who now being quaranted due to interaction with those who have tested positive for COVID 19?
8. Do the medical centers now have full authority to grant weather and safety leave for up to 15 days for anyone needing to be quarantined? If so, please define who you believe is subject to quarantine?

Thanks,
(b)(6)

From: (b)(6) @va.gov>
Sent: Monday, March 9, 2020 8:49 AM

To: (b)(6) @nationalnursesunited.org>
Cc: (b)(6) @gmail.com>; (b)(6)
(b)(6) @nationalnursesunited.org>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: RE RFI Corona Virus quarantined traveler housing?

Good morning (b)(6)

I sincerely apologize. The Dr. who will be giving the brief is deployed on the team to manage COVID-19. I have not received date(s) of his availability for a briefing to date. I followed up with his EA again this morning and will get back to you as soon as I hear something.

From: (b)(6) @nationalnursesunited.org>
Sent: Friday, March 6, 2020 8:47 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @gmail.com>; (b)(6)
(b)(6) @nationalnursesunited.org>; (b)(6) @va.gov>
Subject: [EXTERNAL] Re: RE RFI Corona Virus quarantined traveler housing?

(b)(6)

We are starting to hear about change in protocols related to screenings of staff, patients, and visitors, Telework being used, usage of leave and other issues.

To that end, when will NNOC.NNU be briefed on COVID 19?

(b)(6)

From: (b)(6) Michael@va.gov>
Sent: Thursday, March 5, 2020 11:39 AM
To: (b)(6) @nationalnursesunited.org>
Cc: (b)(6) @gmail.com>
Subject: RE RFI Corona Virus quarantined traveler housing?

Good morning (b)(6)

Just FYSA, I was assigned this RFI today. I will reach out to the responsible program office to obtain the information. Also, just an update, as of 1138 EST 3-5-20, I am still waiting on date/time from the SME regarding the informational briefing on the Corona Virus.

r/ (b)(6)

From: (b)(6) @nationalnursesunited.org>
Sent: Monday, February 3, 2020 11:26 AM

To: (b)(6) @nationalnursesunited.org>; (b)(6) .
(b)(6) @va.gov>
Cc (b)(6) @nationalnursesunited.org>; (b)(6) @comcast.net>;
(b)(6) @va.gov>; M (b)(6) CIV USN (USA)
(b)(6) navy.mil>; (b)(6) @va.gov>
Subject: [EXTERNAL] Re: Corona Virus quarantined traveler housing?

Hi (b)(6) (6)

I wanted to follow up on the email below as we have recently seen an All Employee Message from Dr. Stone today, but there was no mention of VA facilities being used to house travelers who are being quarantined.

Please provide us an update asap, as well as the information requested below.

Thanks,
(b)(6)

From: (b)(6) @nationalnursesunited.org>
Sent: Sunday, February 2, 2020 2:28 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @nationalnursesunited.org> (b)(6)
(b)(6) @nationalnursesunited.org>; (b)(6) @comcast.net>; (b)(6)
(b)(6) @va.gov>
Subject: Corona Virus quarantined traveler housing?

It is my understanding that the Department of Veterans Affairs is entertaining housing travelers who are currently under quarantine due to exposure to the Corona virus. We are deeply concerned that moving these travelers to VA medical facilities poses a grave danger to nurses, staff, veterans, as well as the general population.

It is our understanding that the medical staff has not been trained on dealing with patients who may be infected with this virus. We are also deeply concerned the VA has not trained staff on the use of appropriate personal protective equipment (PPE). Additionally, there is a question as to whether the VA has the appropriate PPE. We have sent the below information request to each of the 23 facilities we represent and are awaiting response. Given the concerns raised above I am escalating this request to your office for immediate response.

Information requested:

1. Facilities that are designated as quarantine housing sites for travelers who have entered the U.S. from China. As well as start date, duration .

2. The Facility plan for disaster preparedness and response in the case of mass influx of patients or mass casualty incident;

2. The Facility Infection Control Guidelines, Policies, and other related documents regarding treatment, surveillance, and isolation precautions for patients with known or suspected Novel Coronavirus;

3. The Facility plan for exposure surveillance, prompt notification, and isolation (if indicated) of employees with occupational exposure to Novel Coronavirus;

4. The Facility Infection Control Guidelines, Policies, and other related documents regarding employees working while exhibiting signs and/or symptoms of Novel Coronavirus and/or any potentially communicable disease;

5. Any and all training and education materials, whether written, delivered via electronic means, or provided by in-person instructor(s) regarding Novel Coronavirus, including screening for symptoms and travel history that may indicate the need for further screening and/or isolation, as well as general information about Novel Coronavirus infection and treatment;

6. The number of available airborne isolation (negative pressure) rooms in the Facility;

7. Current stock on hand of N95 respirators and powered air-purifying respirators (PAPRS) as well as gowns, gloves, and other PPE for droplet and aerosol precautions;

8. Please provide a list of areas that could be used to isolate a patient with suspected or possible 2019-nCoV infections if an airborne isolation room is not available;

9. The Facility procedure(s) used to determine daily whether negative pressure is maintained with the airborne isolation room is in use;

10. Has the Facility identified any possible cases of 2019-nCoV? If so, how many?

11. The Facility's plans to adjust staffing to address the additional staff time required to properly care for multiple patients in airborne isolation; and

12. The Facility Attendance Policy and any revisions to the Attendance Policy made in order to address employees with documented exposure or known/suspected Novel Coronavirus.

We understand that this is a developing situation. To the extent that educational materials, supply levels, and policies may be in flux, please consider this information request to be ongoing and provide additional materials as they become available.

Particularized need:

1. Determine if the Hospital is complying with the Collective Bargaining Agreement, as well as all other applicable laws, rules, and regulations;

2. Determine if all RNs are being effectively protected from infectious disease exposure;

3. Determine the most appropriate representational course of action to take in this matter;

4. Fulfill the Union's representation responsibilities;
The Union will use this information to assess the Facility's preparedness for the current Novel Coronavirus outbreak and its impact upon RNs employed at the Facility.

If any part of this request is denied, or if any material is unavailable, please communicate that fact to me in writing, along with the reason(s) for the denial or unavailability of the requested information, and please provide the remaining items by the same date. The Union will accept partial fulfillment of this information request without prejudice to its position that we are entitled to all documents and information called for in the request.

The Union reserves the right to request additional information if necessary. To the extent that any of the above information can be provided in electronic format, please do so.

From: (b)(6)
Sent: Wed, 11 Mar 2020 17:42:12 +0000
To: RLW
Subject: [EXTERNAL] FW: Local leaders take coronavirus fight into own hands absent federal direction

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From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Wednesday, March 11, 2020 1:02 PM
To: (b)(6) riponsociety.org>
Subject: Local leaders take coronavirus fight into own hands absent federal direction

Local leaders take coronavirus fight into own hands absent federal direction

By Jeremy B. White, Victoria Colliver

03/11/2020 01:00 PM EDT

SACRAMENTO, Calif. — On Monday morning, Donald Trump tweeted: "Nothing is shut down." On Monday evening, local officials in California's Silicon Valley did just that.

In the heart of America's technology industry and the epicenter of coronavirus' rapid spread in California, the decision by Santa Clara County to ban large public gatherings under threat of legal penalties was the most dramatic instance yet of state or local authorities moving decisively to curb the burgeoning public health crisis.

And it put on display a growing truth of the escalating public health emergency: From Northern California to New Rochelle, N.Y., state and local officials in mostly blue states have been largely taking matters in their own hands, with outcomes that have varied widely. They're acting, some say, amid an absence of federal leadership.

Republican-led states are acting as well. Ohio Gov. Mike DeWine called a state of emergency, urged universities to teach remotely and told fans to stay away from outdoor sporting events, while Florida Gov. Ron DeSantis urged an influx of money to shore up state health care and hospitals.

On the same day that Santa Clara County moved aggressively to limit public gatherings, Sacramento County took a divergent approach by abandoning isolation and quarantines on Monday, with health officials saying their goal has shifted from the no-longer-viable goal of containment to protecting the most vulnerable.

Sacramento County Director of Health Services Peter Beilenson said in an interview that county officials hewed to state guidance and formulated that response in conjunction with neighboring counties.

“This has been mostly a state and local effort. The federal government has been sort of behind the times,” Beilenson said, adding that “there clearly could have been testing kits available much more early than there were,” which means now “the entire country is” catching up.

Democratic governors have been in the unusual position of urging cooperation with a president they’ve spent their tenures battling and even suing. And early complaints from state and local officials about a faltering federal response that yielded too few test kits and too little guidance have now receded as some officials now say the federal government has met the urgency of the threat with steady assistance.

But it has still fallen most pressingly to governors, mayors, school authorities and county health officials to try and forestall the viruses’ spread. That has mostly been officials in blue states where the virus is concentrated, despite Trump’s Tuesday morning Twitter broadside at “the Do Nothing Democrats.”

One of California’s largest school districts had already shut its doors to students before Trump asserted nothing was closing. On Monday evening, Santa Clara County Health Officer Sarah Cody said that “because our emerging data tells us we have more extensive community spread than was apparent to us even five days ago, we must take more actions to slow the spread of disease and to protect the public.”

“We at the public health department have been carefully following the data,” she added. “This is a big decision to issue an order such as this.”

Newsom said Tuesday “the state is really point” in the effort to disseminate guidelines to local officials in California, with “almost hourly” contact with the federal government shaping that counsel. But he noted that local responses should vary given California’s size and the fact that "in each and every [school] district, each and every county, conditions are different."

New York officials moved Tuesday to seal off a region where a growing cluster of cases posed a heightened risk of transmitting the virus, with Gov. Andrew Cuomo saying the fast-changing situation merited “a special public health strategy for New Rochelle.” In Massachusetts, a blue state with a Republican executive, Gov. Charlie Baker declared a state of emergency and legislative leaders said they plan to allocate $15 million for containment efforts.

While some blue state governors have conspicuously avoided criticizing Trump, Illinois Gov. J.B. Pritzker didn't hold back Tuesday. Pritzker assailed vague Centers for Disease Control and Prevention guidance about avoiding large crowds, complained about the U.S. not using tests that were released by the World Health Organization and cautioned that Trump is downplaying the seriousness of the virus.

“I am very frustrated with the federal government,” he said. “We have not received enough tests. We’ve been told for days and that the commercial labs will be coming on line. Just again today I was told they’d be coming on line in a matter of days and we haven't seen it.”

The Trump administration has been intent on showcasing its engagement. On Tuesday, Vice President Mike Pence lauded a “whole of government approach” and said regular meetings with the health care industry had produced an agreement to waive testing co-pays — an act Newsom

demanded a week earlier. Trump has advocated offering workers relief through measures like a payroll tax.

But National Institute of Allergy and Infectious Disease head Anthony Fauci acknowledged Monday that the most intensive responses would come from outside the White House. He wouldn't criticize governors and mayors for enacting restrictions — such as canceling public events — that go above and beyond what the federal government is recommending.

"They're using their own individual judgment and, to me, I think that would be prudent," Fauci said at a press briefing Monday at the White House.

Trump has lashed out at Washington Gov. Jay Inslee, on Friday branding Inslee "a snake" with whom "we have a lot of problems." Inslee has brushed that off, saying "I really don't care too much what Donald Trump thinks of me" and urging federal authorities to empower private laboratories to assume a greater role in testing — in essence, to help states help themselves.

Washington has also pushed the federal government to fortify safety programs that would aid workers in the event of widespread economic disruption and offset losses in international trade. But the state is not waiting on Washington, D.C., launching changes that broaden access to employment benefits and give state workers more options to work remotely.

"The federal government doesn't always move with the expediency that is needed," said Casey Katims, the state's director of federal and interstate affairs, "which is why it's so important that state and local governments take steps now to provide immediate assistance to workers and businesses."

Big cities up and down the West Coast are similarly stepping into the breach. San Francisco is allocating millions to limit spread among homeless people and provide temporary shelter to quarantined residents. San Jose Mayor Sam Liccardo is proposing a moratorium on evictions to protect residents who are missing pay. While Los Angeles Mayor Eric Garcetti praised federal assistance in managing traffic through airports and ports, he said the nation's second-largest city has had to look inward as it braces to endure a potential worst-case scenario.

"As this explodes, I'm not so confident the preparation has been strong enough to deal with it were it to exponentially increase," Garcetti said. "So we're doing a lot of it on our own right now, stockpiling what we need to, developing tests on our own and talking to local laboratories."

The situation remains extremely fluid. What works today may not be effective tomorrow, and local officials are better equipped to make decisions on the fly based on what they're seeing, said George Rutherford, an epidemiologist and infectious disease specialist at UCSF.

"These are moments in time," he said. "If you call back tomorrow, Sacramento may have a different tune."

Sam Sutton, Stephanie Murray, Alexandra Glorioso, Dan Goldberg and Katy Murphy contributed to this report.

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https://subscriber.politicopro.com/health-care/article/2020/03/local-leaders-take-coronavirus-fight-into-own-hands-absent-federal-direction-1890843

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From: RLW
Sent: Wed, 11 Mar 2020 18:16:24 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] FW: Democrats yield on giving mask makers liability protections

That is a victory

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @riponsociety.org>
Date: Wednesday, Mar 11, 2020, 2:16 PM
To: RLW (b)(6) @va.gov>
Subject: [EXTERNAL] FW: Democrats yield on giving mask makers liability protections

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From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Wednesday, March 11, 2020 2:08 PM
To: (b)(6) @riponsociety.org>
Subject: Democrats yield on giving mask makers liability protections

Democrats yield on giving mask makers liability protections

By David Lim, Adam Cancryn

03/11/2020 02:07 PM EDT

House Democrats are reversing course and expressing willingness to extend some liability protections to makers of protective masks amid a scramble to boost the domestic supply of protective gear for health care workers responding to the coronavirus outbreak.

Energy and Commerce Chairman Frank Pallone (D-N.J.) says Democrats are now open to a targeted waiver for the manufacturers and are working to advance a plan this week. Democrats previously raised concerns a broad liability waiver would be too costly.

"Manufacturers initially requested an indefinite, blanket liability for themselves be attached to last week's supplemental," Pallone told POLITICO. "This agreement strikes the right balance and ensures that American health care workers will continue to be protected during this outbreak."

Under the 2005 PREP Act, the government agreed to take over responsibility for liability claims when companies step up to produce products in an emergency. But industrial masks that gained emergency authorization for use in health care settings are not covered by the law because they

are not overseen by the FDA, according to the International Safety Equipment Association. The companies are concerned about lawsuits if individuals who use their products still become sick.

The reversal comes amid harsh criticism from Sen. Tom Cotton (R-Ark.), who accused Pallone on Twitter Wednesday of holding up the proposal over concerns lawyers would profit at the expense of health care workers facing a short supply of protective equipment on the front line.

"We tried to extend the PREP Act to cover industrial masks last week in the emergency-response bill," Cotton tweeted. "Pallone objected. Now, he's refusing to pass the bill this week before the House recesses for a week and goes home."

Cotton told POLITICO on Wednesday that the Senate is gauging support for expanding the liability protections, and that it had already secured unanimous GOP backing.

"The Republicans have cleared it, so now it's just a matter of the Democrats," he said. "If we pass it unanimously in the Senate, I can't imagine that Nancy Pelosi is going to stop seven million masks a week from going to our doctors and nurses."

Mask manufacturer 3M, which Vice President Mike Pence visited last Thursday, had slammed lawmakers for leaving the provision out of the emergency supplemental, saying the decision would lead to the hoarding of masks.

House Speaker Nancy Pelosi in a closed-door meeting Wednesday morning told members that she personally opposed the idea of "waiving liability" for masks, people familiar with her remarks said.

But she also solicited her members' opinions, acknowledging that manufacturers have pointed to the issue as a key roadblock in getting more masks onto the market.

Pelosi had raised the issue with Washington state Democrats as well, many of whom represent districts on the front lines of the outbreak. At least one of those lawmakers, Rep. Suzan DelBene, backs expanding the liability waivers, an aide confirmed.

Washington Gov. Jay Inslee discussed greater liability waivers with his state's lawmakers recently too, a person familiar with the conversations said.

Heather Caygle contributed to this report.

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https://subscriber.politicopro.com/health-care/article/2020/03/democrats-yield-on-giving-mask-makers-liability-protections-1890848

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From: Wilkie, Robert L., Jr.
Sent: Thu, 12 Mar 2020 13:38:25 +0000
To: RLW
Subject: FW: [EXTERNAL] The alternative is isolation and embargo.

From: (b)(6)
Sent: Thursday, March 12, 2020 9:36:59 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6) @intouch.org; bdm-public-affairs-frb@frb.gov; comments@cpb.org; connect@winningwalk.com; contact.nbcnews@nbcuni.com; DonorService Voicemail; editors@barrons.com; email@powerpoint.org; evening@cbsnews.com; info@creationinthe21stcentury.com; info@iiw.org; info@la-archdiocese.org; info@whitehouse.gov; (b)(6) (b)(6) ktla@ktla.com; mediainquiries@who.int; mediarelations@la-archdiocese.org; merrick@stmonica.net; msgr@stmonica.net; mwfeedback@marketwatch.com; newsroom@marketwatch.com; nova@wgbh.org; nytnews@nytimes.com; partners@daystar.com; partners@iiw.org; pccs@vatican.va; pr@iiw.org; pservices@daystar.com; Wilkie, Robert L., Jr.; seniorpastors@gatewaypeople.com; service@wsj-asia.com; spirit@scrc.org; (b)(6) subs.wsje@dowjones.com; support@jhm.org; tv@177milkstreet.com; webmaster@sec.senate.gov; (b)(6) @wsj.com; cbn@emailupdate.cbn.com
Subject: [EXTERNAL] The alternative is isolation and embargo.

VEGANISM will solve the source PROBLEM in all non-American countries where these plagues originate from HIV AIDS which started with the Bluetail Monkey to **CORONAVIRUS** which started in a meat market, and who knows SARS and all other Coronaviruses, as like AIDS there are many strains. Vegetarianism, with Dairy, is the stepping stone to Veganism. This will save our Economy and all other companies like Apple which will take a big Coronavirus hit, not to mention Vacationing companies and Airlines. Plagues prevention is pretty much a matter of humanitarian eating.

The alternative is isolation and embargo.

WE IN AMERICA HAVE THE PERFECT ANTI-CORONAVIRUS IN PLACE: VEGANISM !!! VEGANISM, or at the very least Vegetarian ism. Coronavirus started in a meat market in Wuhan; it is transmitted from animals to human, this is how it originated, and probably how it continues in sub-American cultures. ALL ASIAN and non-North American cultures should implement IMMEDIATELY. America can take more time because we have some humane Animal standards which prevent the DISEASE from occuring in Animals, non-American countries do not. Europe is not the greatest offender in this, but their outbreak is secondary from human to human. AMERICA, the Least Offender, will have to lead the way, but with Beyond Meat in every fast food chain, all we have to do is step it up a bit and SUBSIDIZE the price for human and Family standard consumption. But we have dozens of such companies: Gardeine, Morningstar Farms (a Kellogg's company already in place in Veterans' Hospitals), Yves, Tofurky, they need to resume some premiere lines Vegan Bologna and Roast Beef which cannot be differentiated from the Animal product, and others, Boca, for example, an Adventist company, and just plain beans and vegetables. Each company has great items and not so great, shoppers need to shop and determine their tastes; newer products need to be developed but with

everyone doing it this will be a snap. What is a good idea in America should be made MANDITORY in ALL other countries to stave off other such Plagues from HIV AIDS to other strains of Coronaviruses to perhaps SARS and others.

It may all be a matter of what you touch and what you put in your mouth, and the humanitarian ethical Treatment of Animals. Genesis 1:29-30; Proverbs 12:10; Ecclestastes 3:17 -22.

http://www.vatican.va/archive/ENG0839/__PKY.HTM#-1ST

From: Wilkie, Robert L., Jr.
Sent: Thu, 12 Mar 2020 15:14:19 +0000
To: RLW
Subject: FW: [EXTERNAL] FISA reform bill would still have allowed spying on Trump campaign via Carter Page

From: Americans for Limited Government
Sent: Thursday, March 12, 2020 11:11:30 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] FISA reform bill would still have allowed spying on Trump campaign via Carter Page

The Capitol Guardian
Capitol Hill Edition

March 12, 2020

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FISA reform bill would still have allowed spying on Trump campaign via Carter Page

The House has passed legislation to reform the Foreign Intelligence Surveillance Act by U.S. Rep. Jim Jordan (R-Ohio) and House Judiciary Committee Chairman Jerry Nadler (D-N.Y.) by a margin of 278 to 136. The bill reauthorizes the program and clearly does not go far enough, but it includes new provisions to ensure that exculpatory information in the government's possession is brought to seniors members of the Justice Department. Applications to the FISA court must now make certifications that the Justice Department has been briefed on "all information that might reasonably… call into question the accuracy of the application or the reasonableness of any assessment in the application conducted by the department or agency on whose behalf the application is made." In other areas the legislation completely misses the mark, requiring Attorney General sign off only on applications targeting a candidate for federal office or an elected official. Carter Page was not a candidate. He was a campaign volunteer. That was the cute way to spy on Trump without making him the target of the warrant. And the new bill authorizes it. The bill as written would not require the Attorney General to have even looked at the Carter Page FISA applications. Just don't target the candidate or official, and the Attorney General doesn't need to see the application. This is embarrassing. There's a reason why the Framers required two witnesses for treason allegations and it was to stop this sort of thing from occurring.

Video: Will the important Cuban-American vote go Trump in Florida in 2020?

The key to President Trump keeping Florida in his column In November may come from the Cuban-American vote.

Helen Branswell: Why 'flattening the curve' may be the world's best bet to slow the coronavirus

"For many countries staring down fast-rising coronavirus case counts, the race is on to 'flatten the curve.' The United States and other countries, experts say, are likely to be hit by tsunamis of Covid-19 cases in the coming weeks without aggressive public health responses. But by taking certain steps — canceling large public gatherings, for instance, and encouraging some people to restrict their contact with others — governments have a shot at stamping out new chains of transmission, while also trying to mitigate the damage of the spread that isn't under control.The epidemic curve, a statistical chart used to visualize when and at what speed new cases are reported, could be flattened, rather than being allowed to rise exponentially. 'If you look at the curves of outbreaks, they go big peaks, and then come down. What we need to do is flatten that down,' Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told reporters Tuesday. 'That would have less people infected. That would ultimately have less deaths. You do that by trying to interfere with the natural flow of the outbreak.'"

FISA reform bill would still have allowed spying on Trump campaign via Carter Page

By Robert Romano

The House has passed legislation to reform the Foreign Intelligence Surveillance Act (FISA) by U.S. Rep. Jim Jordan (R-Ohio) and House Judiciary Committee Chairman Jerry Nadler (D-N.Y.) by a margin of 278 to 136.

The bill reauthorizes the program and clearly does not go far enough, but it includes new provisions to ensure that exculpatory information in the government's possession is brought to seniors members of the Justice Department. Applications to the FISA court must now make certifications that the Justice Department has been briefed on "all information that might reasonably… call into question the accuracy of the application or the reasonableness of any assessment in the application conducted by the department or agency on whose behalf the application is made."

The bill also requires the Attorney General to "promulgate rules governing the review of case files, as appropriate, to ensure that applications to the Foreign Intelligence Surveillance Court under title I or III of the Foreign Intelligence Surveillance Act of 1978 (50 U.S.C. 1801 et seq.) that target United States persons are accurate and complete."

The bill improves Congressional oversight, and gives the House and Senate intelligence committees from gaining access to FISA warrant applications. But it may fall short. It still depends on members of the committees learning about FISA abuse in real time and then securing access. That said, such a provision would have undoubtedly helped U.S. Rep. Devin Nunes (R-Calif.) when he was chairman of the House Intelligence Committee to expose the FISA fraud much sooner. The Justice Department delayed release of documents, and the FISA warrant application was only made public via a Freedom of Information Act request by Judicial Watch.

In other areas the legislation completely misses the mark, requiring Attorney General sign off only on applications targeting a candidate for federal office or an elected official. Carter Page was not a candidate. He was a campaign volunteer. That was the cute way to spy on Trump without making him the target of the warrant. And the new bill *authorizes* it. The bill as written would not require the Attorney General to have even looked at the Carter Page FISA applications. Just don't target the candidate or official, and the Attorney General doesn't need to see the application. This is embarrassing.

The penalties for abuse of the process are equally pathetic. Six months for contempt for deceiving the court to spy on Americans and engage in a bureaucratic coup against the duly elected President? C'mon.

And what about the hearsay and probable cause problem? The Justice Department managed to get court-ordered surveillance against an entire presidential campaign, transition and then administration without so much as an eyewitness. The source was not a source, and neither were his sources. It was hearsay from a foreign intelligence agent designed to put President Trump in the worst possible light, but was completely unverifiable and unverified when the Justice Department unleashed the investigation, and unverifiable by the court that apparently doesn't need evidence.

That's because probable cause is not what you think it is. According to the Mueller report, FISA applications only require a "fair probability" of being a foreign agent, "On four occasions, the Foreign Intelligence Surveillance Court (FISC) issued warrants based on a finding of probable cause to believe that Page was an agent of a foreign power. 50 U.S.C. §§ 1801(b), 1805(a)(2)(A). The FISC's probable-cause finding was based on a different (and lower) standard than the one governing the Office's decision whether to bring charges against Page, which is whether admissible evidence would likely be sufficient to prove beyond a reasonable doubt that Page acted as an agent of the Russian Federation during the period at issue. Cf United States v. Cardoza, 713 F.3d 656, 660 (D.C. Cir. 2013) (explaining that probable cause requires only 'a fair probability,' and not 'certainty, or proof beyond a reasonable doubt, or proof by a preponderance of the evidence')."

That is the thorny problem that Congress must address. Intelligence as a practice inherently relies on hearsay and whisper networks. Those could be rumors, or they could be real actionable intelligence. You don't know ahead of time. And so the system relies on the veracity and honesty of the agents in the field, and that they do not have bad motives for targeting political opponents.

That is why political campaigns and politics in general needs to be separated forevermore.

The devil's advocate would say we need these surveillance tools to apprehend terrorists, the mob and drug cartels, and so the answer appears to be, use it on them. But political campaigns? Why was Carter Page and the Trump campaign given the same treatment as an al Qaeda terrorist? The initial application did not even include the fact that Page had acted as an agent on behalf of the CIA and this was even covered up the fact to keep the spying going. He was on our side, and the system did not even know when it declared him an enemy of the state.

For that is what FISA at its heart is, an excuse to spy on Americans or unpopular political parties as if they were foreign agents or terrorists. President Trump and his campaign were enemies of the state. And so they were spied on and attempted to be framed for crimes they did not commit.

There's a reason why treason in the Constitution requires eye witnesses. According to a Constitution Center paper by Paul Crane and Deborah Pearlstein, "While the Constitution's Framers shared the centuries-old view that all citizens owed a duty of loyalty to their home nation, they included the Treason Clause not so much to underscore the seriousness of such a betrayal, but to guard against the historic use of treason prosecutions by repressive governments to silence otherwise legitimate political opposition. Debate surrounding the Clause at the Constitutional Convention thus focused on ways to narrowly define the offense, and to protect against false or flimsy prosecutions."

The threshold for spying on political institutions should be clear and convincing evidence and eye witness testimony. You're not trying to stop a terrorist attack or find a bomb before it goes off.

The Senate must improve on this bill, or else President Donald Trump should veto it and approve a temporary authorization to provide enough time to get this done right. There is too much at stake.

The reason FISA was passed in 1978 was because the CIA was spying on anti-war protesters, reporters and even members of Congress in the Vietnam War era. It was to rein in the surveillance state.

The abuses we saw in 2016 were as bad or worse than anything that occurred back then.

U.S. intelligence agencies and the Justice Department engaged in court-approved spying of the Trump campaign, the opposition party, in an election year on what's turns out were false charges that President Donald Trump and his campaign were Russian agents who helped hack the Democratic National Committee and John Podesta email and put them on Wikileaks.

There were a ton of reasons to "call into question the accuracy of the application" made by the government to do this.

The allegations originated from the DNC and the Hillary Clinton campaign, who hired Fusion GPS and former British spy Christopher Steele to produce the fake dossier, and then were forwarded to the FBI, who initiated the investigation, resulting in an Oct. 2016 Foreign Intelligence Surveillance Act (FISA) warrant against then-Trump campaign advisor Carter Page, his contacts, and his contacts' contacts. It gave the government access to campaign emails, phone calls, text messages and other communications.

This was the same dossier that was briefed to then-President-elect Donald Trump in Jan. 2017 by former FBI Director James Comey — right before it was reported on by CNN and published by Buzzfeed, sending the nation into a new Red Scare — who later told Congress that it was "salacious and unverified" even as his agency was using it to get the warrants were renewed.

The warrant was renewed three times even after Jan. 2017, when the FBI learned that Steele's source had contradicted him when questioned by the FBI. According to Justice Depatment Inspector General Michael Horowitz' report, once the main source that Steele used was contacted, "the Primary Sub-source made statements during his/her January 2017 FBI interview that were inconsistent with multiple sections of the Steele reports, including some that were relied upon in the FISA applications. Among other things, regarding the allegations attributed to Person 1, the Primary Sub-source's account of these communications, if true, was not consistent with and, in fact, contradicted the allegations of a 'well-developed conspiracy'…"

Instead, the Justice Department doubled down. Per Horowitz, "However, we found no evidence that the Crossfire Hurricane team ever considered whether any of the inconsistencies warranted reconsideration of the FBI's assessment of the reliability of the Steele reports or notice to OI before the subsequent renewal applications were filed. Instead, the second and third renewal applications provided no substantive information concerning the Primary Sub-source's interview…"

And yet Speaking to Fox News' Chris Wallace on Dec. 15, Comey says that the sub-source interview did not occur until after Buzzfeed published the dossier, creating a challenge for investigators (and a ready-made excuse for Comey): "that doesn't drive a conclusion that Steele's reporting is bunk. I mean, there's a number of tricky things to that. First, you're interviewing the sub-source after all of the reporting has become public. And so, as a counterintelligence investigator, you have to think, 'Is he walking away from it because it's now

public?'… This is when it blew up, when it was published by whatever the outfit is — BuzzFeed. It was all over the news and had become a big deal."

And that he had no idea that Steele had been contradicted by the primary sub-source: "As the director, you're not kept informed on the details of an investigation. So, no, in general, I didn't know what they'd learned from the sub-source. I didn't know the particulars of the investigation."

So, the FBI was spying on the President of the United States, his 2016 campaign and his administration presumably, and the FBI Director says he was "not kept informed on the details of an investigation." What the heck?

This goes to the heart of the reforms being considered, but it is based on a lie. What prompted the FBI to investigate the sub-source only after Buzzfeed had published the dossier? Who ordered it? And afterward, who sat on it? Who knew about it? Was Special Counsel Robert Mueller aware? It's unbelievable that nobody's talking. Attorney General William Barr and U.S. Attorney John Durham must expose the perpetrators who lied to the American people and lied to the FISA court, which has issued a rebuke of the abuses.

On March 4, FISA Judge James Boasberg blasted the FBI's shoddy work in response to the Horowitz report: "The OIG found that those applications contained significant factual inaccuracies and omissions relevant to whether there as probable cause to believe Page was an agent of the Russian government. There is thus little doubt that the government breached its duty of candor to the Court with respect to those applications."

So, the Justice Department withheld the exculpatory information from the FISA court, and Comey lied to President Trump — who knew he was innocent all along — about the extent of the investigation, leading to his firing and the appointment of Special Counsel Mueller.

After former Attorney General Jeff Sessions' recusal and the Comey firing, Mueller in turn kept the investigation into Trump, his campaign and administration going for another two years — even though he should have known at the outset that Steele's source had folded — bringing up George Papadopoulos, Roger Stone and Michael Flynn up on process crimes, and Paul Manafort on unrelated financial and tax crimes.

Mueller turned in his final report in 2017, clearing Trump and his campaign of being Russian agents, but conveniently leaving out the fact that the Justice Department as early as Jan. 2017, before Trump was even sworn into office, had serious reasons to doubt the allegations against Trump and his campaign. He left it to Horowitz to bring that to the American people's attention.

Per Mueller, "the Office did not find evidence likely to prove beyond a reasonable doubt that Campaign officials such as Paul Manafort, George Papadopoulos, and Carter Page acted as agents of the Russian government — or at its direction, control or request — during the

relevant time period." As for Michael Cohen, per Mueller, "Cohen had never traveled to Prague…" even though Steele had Cohen supposedly in Czech Republic in the summer of 2016 meeting with Russian agents.

Mueller added, "the evidence was not sufficient to charge that any member of the Trump Campaign conspired or coordinated with representatives of the Russian government to interfere in the 2016 election."

Steele had his own doubts, including that the information he gathered might have been Russian disinformation. In court testimony, Steele said "all material contained this risk" of being disinformation. Further, Steele didn't go to Russia himself, and was said to have relied on a network to relay information, stating that the allegations needed to be "further corroborated and verified."

Steele said his sources were Russian, but they were not named: Source A was a "former top Russian intelligence officer"; Source B was a "senior Russian Foreign Ministry figure"; Source C was a "senior Russian financial official"; Source D was a "close associate of Trump" (golden showers source); Source E was an "ethnic Russian close associate" of Trump (golden showers source); Source F was a "female staffer of the hotel"; and source G was a "senior Kremlin official".

Now we know based on Horowitz that Steele did not have direct contact with the individuals mentioned in his dossier. He heard it from sources who had it from sources who had it from sources. It was worse than hearsay.

Per Horowitz, "the Primary Sub-source felt that the tenor of Steele's reports was far more 'conclusive' than was justified. The Primary Subsource also stated that he/she never expected Steele to put the Primary Subsource's statements in reports or present them as facts. According to WFO Agent 1, the Primary Sub-source said he/ she made it clear to Steele that he/she had no proof to support the statements from his/her sub-sources and that 'it was just talk.'"

Additionally, according to Horowitz, "the Primary Sub-source explained that his/her information came from 'word of mouth and hearsay;' 'conversation that [he/she] had with friends over beers;' and that some of the information, such as allegations about Trump's sexual activities, were statements he/she heard made in 'jest.' The Primary Sub-source also told WFO Agent 1 that he/she believed that the other sub-sources exaggerated their access to information and the relevance of that information to his/her requests. The Primary Sub-source told WFO Agent 1 that he/she 'takes what [sub-sources] tell [him/ her] with 'a grain of salt.'""

And even after the exculpatory information was widely known in the Department's top leadership, the Department conspired to conceal that information from the FISA Court. Per Horowitz: "the second and third renewal applications provided no substantive information concerning the Primary Sub-source's interview," when the key witness on behalf of the

government of at this point criminal wrongdoing was directly contradicting the facts the government was purporting in a court of law.

Renewal of FISA provides a little bit of leverage for reformers to attempt to put in place rules that can prevent this sort of thing from happening again. This bill does not go far enough, and so the Senate should take its time with it and bolster it. This is not what the Fourth Amendment was supposed to mean. Clearly, political institutions like campaigns need additional protections from ridiculous accusations of being foreign agents. If that means another temporary reauthorization or no reauthorization at all, so be it.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Video: Will the important Cuban-American vote go Trump in Florida in 2020?

To view online: https://www.youtube.com/watch?v=dlQti24re-U

ALG Editor's Note: In the following featured monologue from Fox News' Tucker Carlson, minimizing the Chinese coronavirus' potential impact won't make it go away:

STAT

Helen Branswell: Why 'flattening the curve' may be the world's best bet to slow the coronavirus

By Helen Branswell

For many countries staring down fast-rising coronavirus case counts, the race is on to "flatten the curve."

The United States and other countries, experts say, are likely to be hit by tsunamis of Covid-19 cases in the coming weeks without aggressive public health responses. But by taking certain steps — canceling large public gatherings, for instance, and encouraging some people to restrict their contact with others — governments have a shot at stamping out new chains of transmission, while also trying to mitigate the damage of the spread that isn't under control.

The epidemic curve, a statistical chart used to visualize when and at what speed new cases are reported, could be flattened, rather than being allowed to rise exponentially.

"If you look at the curves of outbreaks, they go big peaks, and then come down. What we need to do is flatten that down," Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told reporters Tuesday. "That would have less people infected. That would ultimately have less deaths. You do that by trying to interfere with the natural flow of the outbreak."

The notion that the curve of this outbreak could be flattened began to gain credence after China took the extraordinary step of locking down tens of millions of people days in advance of the Lunar New Year, to prevent the virus from spreading around the country from Wuhan, the city where the outbreak appears to have started. Many experts at the time said it would have been impossible to slow a rapidly transmitting respiratory infection by effectively shutting down enormous cities — and possibly counterproductive.

But the quarantines, unprecedented in modern times, appear to have prevented explosive outbreaks from occurring in cities outside of Hubei province, where Wuhan is located.

Since then, spread of the virus in China has slowed to a trickle; the country reported only 19 cases on Monday. And South Korea, which has had the third largest outbreak outside of China, also appears to be beating back transmission through aggressive actions. But other places, notably Italy and Iran, are struggling.

For weeks, a debate has raged about whether the virus could be "contained" — an approach the WHO has been exhorting countries to focus on — or whether it made more sense to simply try to lessen the virus' blow, an approach known as "mitigation."

That argument has been counterproductive, Mike Ryan, the head of the WHO's health emergencies program, said Monday.

"I think we've had this unfortunate emergence of camps around the containment camp, the mitigation camp — different groups presenting and championing their view of the world. And frankly speaking, it's not helpful," Ryan told reporters.

Caitlin Rivers, an assistant professor of epidemiology at the Johns Hopkins Center for Health Security, said any lessening of spread will help health systems remain functional.

"Even if we are not headed to zero transmission, any cases that we can prevent and any transmission that we can avoid are going to have enormous impact," she said. "Not only on the individuals who end up not getting sick but all of the people that they would have ended up infecting. … And so the more that we can minimize it, the better."

On any normal day, health systems in the United States typically run close to capacity. If a hospital is overwhelmed by Covid-19 cases, patients will have a lower chance of surviving than

they would if they became ill when the hospital's patient load was more manageable. People in car crashes, people with cancer, pregnant women who have complications during delivery — all those people risk getting a lesser caliber of care when a hospital is trying to cope with the chaos of an outbreak.

"I think the whole notion of flattening the curve is to slow things down so that this doesn't hit us like a brick wall," said Michael Mina, associate medical director of clinical microbiology at Boston's Brigham and Women's Hospital. "It's really all borne out of the risk of our health care infrastructure pulling apart at the seams if the virus spreads too quickly and too many people start showing up at the emergency room at any given time."

Countries and regions that have been badly hit by the virus report hospitals that are utterly swamped by the influx of sick people struggling to breathe.

Alessandro Vespignani, director of the Network Science Institute at Northeastern University, is gravely worried about what he's hearing from contacts in Italy, where people initially played down the outbreak as "a kind of flu," he said. Hospitals in the north of the country, which the virus first took root, are filled beyond capacity, he said, and may soon face the nightmarish dilemma of having to decide who to try to save.

"This was what was really keeping me up at night, to unfortunately see Italy approaching that point," Vespignani said, adding that now that the country has effectively followed China's example and put its population on lockdown, "hopefully this will work."

Vespignani, along with colleagues, published a recent modeling study in Science that showed travel restrictions — which the United States has adopted to a degree — only slow spread when combined with public health interventions and individual behavioral change. He's not convinced that people in the United States comprehend what's coming.

"I think people are not yet fully understanding the scale of this outbreak and how dangerous it is to downplay," he said.

Mina agreed: "Without a very clear signal coming from our government at the national level, it's really just like a small trickle as people start to recognize that this is happening."

Rivers and colleagues from Harvard's T.H. Chan School of Public Health have looked at what U.S. hospitals might endure if Wuhan-scale spread occurred in this country. Their analysis, posted on a preprint server in advance of peer review, came to a chilling conclusion.

"If a Wuhan-like outbreak were to take place in a U.S. city, even with strong social distancing and contact tracing protocols as strict as the Wuhan lockdown, hospitalization and ICU needs

from COVID-19 patients alone may exceed current capacity," they wrote. "We don't want to go that route," Rivers told STAT. "So it's the top priority right now that we bend the curve."

As of Tuesday, the Centers for Disease Control and Prevention said there had been 647 cases and 25 deaths in the country. A website maintained by Johns Hopkins University — which is considered the go-to website for Covid-19 statistics — scrapes data from a variety of sources. It suggested late Tuesday afternoon that there had been 808 cases in the U.S. and 28 deaths. Most in the deaths have been in the Seattle area.

But the reality is that with state and local laboratories in the country still getting up to speed with how to test for this infection, the full extent of spread is not known.

Without that kind of data, public officials have been loath to take the types of measures that would help to flatten the country's epidemic curve. Those measures include banning concerts, sporting events, and other mass gatherings, closing movie theaters, telling people who can telecommute to work from home, and potentially closing schools. (The jury is still out on how much school closures would help slow spread.)

"I think that in terms of the decision-makers, we are in a place right now where we don't have the data we wish we had in order to inform these decisions," Rivers said. "So what I think we're seeing is decision-makers struggling to pull the trigger on these really big, impactful decisions without having a clear sense of the current status."

"But we know from pandemic planning and previous experiences that the sooner we implement these measures, the more effective that they are," she said.

Mina said the lack of evidence of widespread transmission in the country may be making people feel any aggressive step right now may be an overreaction. But this is precisely the time when public health measures of this sort can have an impact, he said.

"We are all wondering if our actions are melodramatic. And we're feeling silly," he said, noting people still feel self-conscious bumping elbows instead of shaking hands.

"But this is the problem, that people aren't recognizing that we are at this moment and we can make a decision right now to flatten this curve by … being OK with wondering if we're being melodramatic," he said.

"Should we be canceling classes? Should we be canceling our flights? Should we not be shaking hands? All of these things are things that I want the public to keep wondering if we should be doing this. Because the moment we're no longer wondering whether we should be doing it, it's too late," Mina said. "That means that we know we should be doing it. And that is a bad place to be."

Permalink here.

This email is intended for (b)(6) @va.gov.
Update your preferences or Unsubscribe

From: RLW
Sent: Thu, 12 Mar 2020 18:08:00 +0000
To: (b)(6)
Subject: RE: Event with Mrs Pence

Ping them

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Thursday, Mar 12, 2020, 2:07 PM
To: RLW(b)(6) @va.gov>
Subject: RE: Event with Mrs Pence

As far as I know, yes. I have not heard anything. Shall I ping them? (b)(6) s out this week. I think that event will run into the Task Force Meeting.

From: RLW (b)(6) @va.gov>
Sent: Thursday, March 12, 2020 2:06 PM
To: (b)(6) @va.gov>
Subject: Event with Mrs Pence

Is that still on?

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW
Sent: Thu, 12 Mar 2020 18:29:40 +0000
To: (b)(6)
Subject: RE: Event with Mrs Pence

Keep me posted

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Thursday, Mar 12, 2020, 2:28 PM
To: RLW (b)(6) @va.gov>
Subject: RE: Event with Mrs Pence

No response yet.

From: RLW <(b)(6) @va.gov>
Sent: Thursday, March 12, 2020 2:08 PM
To: (b)(6) @va.gov>
Subject: RE: Event with Mrs Pence

Ping them

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From: RLW (b)(6) @va.gov>
Sent: Thursday, March 12, 2020 2:06 PM
To: (b)(6) @va.gov>
Subject: Event with Mrs Pence

Is that still on?

Sent with BlackBerry Work
(www.blackberry.com)

From: Wilkie, Robert L., Jr.
Sent: Thu, 12 Mar 2020 20:38:12 +0000
To: RLW
Subject: FW: [EXTERNAL] Rulemaking Request Panama Canal Zone
Attachments: wilkie.panama01.320.pdf

From: (b)(6)
Sent: Thursday, March 12, 2020 4:18:53 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.; (b)(6) @va.gov; (b)(6) @va.gov
Cc: (b)(6) (OGC); (b)(6) @mvadvocacy.org; (b)(6) (b)(6)
Subject: [EXTERNAL] Rulemaking Request Panama Canal Zone

Dear Me. Secretary:

Please find enclosed our rulemaking request for herbicide exposure in the Panama Canal Zone.

(b)(6) pls see hard coy gets to Sec. Wilkie.

(b)(6) please put in PCZ rulemaking file.

Thank you all and stay safe.

(b)(6) (b)(6) U. S. Navy (Retired)
Attorney at Law
Executive Director
Military-Veterans Advocacy, Inc.
PO Box 5235
Slidell, LA 70469-5235

985-641-(b)(6)
985-649- (fax)
For more information on Military-Veterans Advocacy go to www.militaryveteransadvocacy.org or like us on Facebook.

Please support Military-Veterans Advocacy through the Combined Federal Campaign. Our CFC number is 59905

Amazon Shoppers: you can support Military-Veterans Advocacy by going to "Amazon Smile" for your shopping. The prices are the same but Amazon donates 0.5% of the purchase price to Military-Veterans Adovacy Inc. Bookmark the link http://smile.amazon.com/ch/38-3890520 and support us every time you shop.

For the Law Office o (b)(6), please visit our web site at www.(b)(6) com

www.military-lawyers.com E-mail inquires do not establish an attorney client relationship. This information is confidential in nature and protected by the attorney-client & work product privilege. If you are not the named recipient, or have otherwise received this communication in error, please delete it from your inbox, notify the sender immediately and do not disclose its contents to any other person, use them for any purpose, or store them in any medium.

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Military-Veterans Advocacy, Inc.
Post Office Box 5235
Slidell, Louisiana 70469-5235
Telephone (985) 641-1855

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Chief of Staff
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Sgt. Major USMC (Retired)
Vice Chairman of the Board
Director of Legislation
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(b)(6)
Secretary
email: (b)(6)@yahoo.com

March 12, 2020

Hon, Robert L. Wilkie
Secretary of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Re: Rulemaking Request for Herbicide Use in the Panama Canal Zone

Dear Mr. Secretary,

Pursuant to 5 USC § 553(e), request that you issue rules recognizing the presumption of Agent Orange exposure to veterans serving in the Panama Canal Zone from January 1, 1958 until December 31, 1999 or when the last US military personnel departed from their official duty in the Panama Canal Zone .

Per Dr. Wayne Dwernychuk, world-renown Agent Orange expert, in his letter in support of a Panama Canal Zone veteran who has been denied and now on appeal, the dioxin (TCDD) in soil can remain a toxic component of the environment for over 100 years (Paustenbach, *et al.* 1992).[1]

The U.S. Census Bureau Commodities by Country show 2,4-D & 2,4,5-T shipped, stored and used in Panama from 1958 until at least December 1977[2]. This item 2,4-D & 2,4,5-T produced and shipped from 1958-1964 was code named "Agent Purple" with a higher dioxin content (30-50 PPM TCDD), whereas shipments from 1965-1977 were to have a lower dioxin content closer to 0.5 code named "Agent Orange."

As outlined in the TM 5-629[3], these pesticides/herbicides/insecticides were used routinely as needed on base. 2,4-D & 2,4,5-T was used to kill poison ivy, poison oak and sumac where troops were deployed. See page 34, 3-7. Silvex was used on golf courses, parade fields and gun ranges. See page 41,

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[1] https://adobe.ly/2SLBcOU

[2] https://onedrive.live.com/?authkey=%21ABrYEHKAeHR8RdM&id=A3498740E4FC0118%213007&cid=A3498740E4FC0118

[3] U.S. DOD Herbicide Manual for Noncropland Weeds, 1970, Army TM 5-629, Navy NAVFAC MO-314, and Air Force, AFM 91-19
https://specialcollections.nal.usda.gov/sites/specialcollections.nal.usda.gov/files/04821.pdf

3-6. As well as many other persistent pesticides harmful to man as listed in this Tri-service manual to be used on every base as needed. Silvex also contains 2,4,5-T and the by-product Dioxin (TCDD).

Per Executive Order 11850 of April 8, 1975, herbicides were allowed under regulations applicable to their domestic use, for control of vegetation within U.S. bases.[4]

Any item listed in the Federal Stock Catalog was obtainable by anyone who needed it for vegetation management. As seen in the 1970-71 Federal stock Catalog, shown here[5] Herbicide Orange was listed as an item procurable by any facility needing to control vegetation.

As confirmed in Pesticide Monitoring Special Study No. 44-0102-77, Environmental Sampling in the Panama Canal Zone, U.S. Army Environmental Hygiene Agency, Aberdeen Proving Ground, MD[6], page 2, Table 1, shows a total of 406,466 gallons of pesticides used between the Atlantic (Ft Davis) and the Pacific side of the Isthmus (Corozol) as well as 71,386 gallons of Chlordane and 1,696 gallons of DDT used in the Canal Zone in just the year 1975. And as we see on the shipping records, all of these chemicals were shipped/stored/used in Panama for decades.

It is immaterial whether herbicides were classified as "tactical" or commercial." These designations represent a distinction without a difference as both contained 2,4-D & 2,4,5-T and the unintended by-product of 2,3,4,7,8-TCDD (Dioxin). See, GAO Report *Agent Orange, Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations, GAO 19-24*[7] at page 11.

As testified by Lt. Charles Bartlett, Crops Division, U.S. Army Biological Laboratories, Fort Detrick, 200 barrels of Agent Orange were in fact shipped to the Panama Canal Zone in 1968 and it was routine.[8]

Whether the veteran's exposure came from Agent Orange or other tactical or commercial herbicides is of no moment. The name of the agent is not the determining factor. It is the chemical composition. If military personnel who served in the Panama Canal Zone were exposed to this chemical, and it appears that they were, any disease or disorder flowing from that chemical component should be service-connected pursuant to 38 USC § 1113 (b). The important thing is that they were exposed to herbicides with toxic components. That is enough to trigger coverage.

There is no question, scientific, or otherwise, that those US military personnel who served in the Panama Canal Zone were directly exposed to herbicides from January 1, 1958 – December 31, 1999. A presumption of exposure should be granted to all US military personnel who served in the Panama Canal Zone.

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[4] https://en.wikisource.org/wiki/Executive_Order_11850

[5] 1970-71 FSC listing orange.docx

[6] https://apps.dtic.mil/dtic/tr/fulltext/u2/a034765.pdf?fbclid=IwAR3Lj4ucR-fjL8reoZa-kwGSRiIB_Vb3C6J5-5okPeUg2oSWlDzWeSljf8g

[7] https://www.gao.gov/products/gao-19-24

[8] https://adobe.ly/2SJA9io

Sincerely,

(b)(6)

Commander, USN (Retired)
Chairman of the Board and Director
Of Litigation

Encl: Proposed Rule making
Dr. Wayne Dwernychuk curriculum-vitae

Proposed Change to 38 C.F.R. § 3.307

Add § 3.307(a)(6)(vi) to read as follows:

A veteran who, during active military, naval, or air service, served between January 1, 1958 and December 31, 1999, or when the last military personnel departed from their official duty in the Panama Canal Zone, individually or in a unit that, as determined by the Department of Defense, operated in or near the Panama Canal Zone, shall be presumed to have been exposed during such service to an herbicide agent, unless there is affirmative evidence to establish that the veteran was not exposed to any such agent during that service.

CURRICULUM VITAE

DR. WAYNE DWERNYCHUK

B.Sc. [Hons.], M.Sc. [Zoology], Ph.D. [Biology]

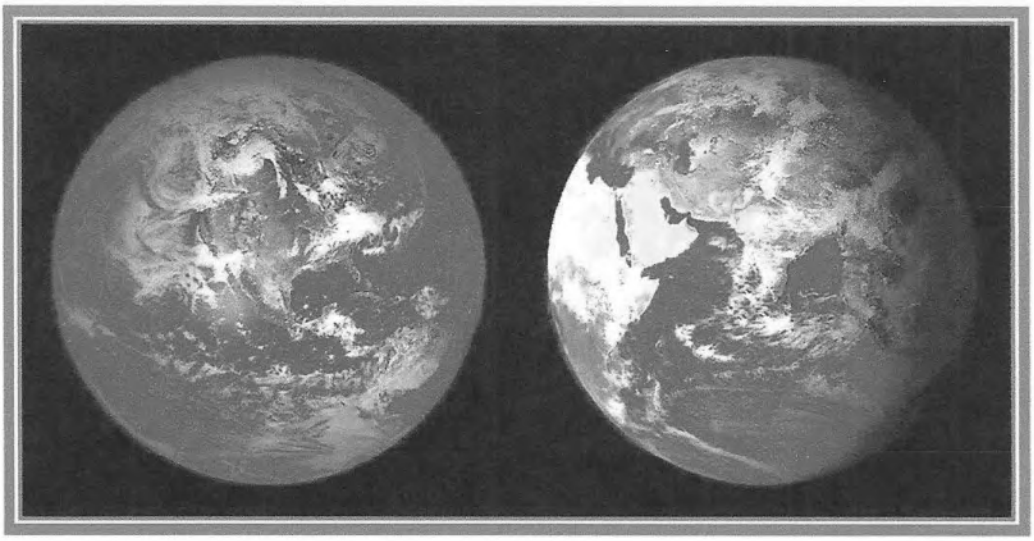
ENVIRONMENTAL SCIENTIST

AGENT ORANGE SPECIALIST

BRITISH COLUMBIA

CANADA

(Retired November 2006)



SUMMARY OF EXPERIENCE

Dr. Dwernychuk has designed, implemented, and authored numerous environmental assessments and monitoring studies for over 35 years. The impact of industrial developments (existing and proposed) on physical/chemical/biological components of ecological systems constitutes a major segment of his expertise. The integration of water quality/physical data with biological information has been a key approach in understanding temporal and spatial changes in biological communities as they may relate to potential sources of environmental perturbations.

Dr. Dwernychuk has functioned extensively in the capacity of Project Director/Advisor, Project Manager, and Principal Scientist responsible for all aspects of projects, including compliance to budgets and schedules, in conjunction with administrative/liaison duties associated with environmental investigations. Project planning, experimental design, data collection, analyses, and authorship of interpretive documents have been primary responsibilities.

Dr. Dwernychuk has been extensively involved in study design and the execution of environmental monitoring programs in Canada and abroad. The environmental assessment of chemical contaminants and physical disruptions on biological systems forms a substantial segment of his expertise. He served as Chief Scientist for Hatfield Consultants comprehensive studies in Viet Nam from 1994 through 2006 involving the impact of dioxins on the environment and humans. Dioxin was present in the Agent Orange herbicide mixture which was sprayed extensively over southern Viet Nam during the American/Viet Nam War. Mitigative strategies were developed to address chemical contamination in populated areas.

Dr. Dwernychuk was involved in Hatfield Consultants' investigation in Viet Nam focussing on landmines, unexploded ordnance, and chemical contamination, which was an integrated approach to landmine/unexploded ordnance clearance in areas also potentially contaminated with war chemicals (i.e., herbicides, explosives, etc.).

Dr. Dwernychuk also served as a Director/Senior Scientist for Hatfield Consultants' joint-venture companies in Indonesia (PT Hatfindo Prima) and Thailand (Pro-En Envirosciences Ltd.). He retired from his position of Senior Vice President and part owner of Hatfield Consultants Ltd. in November 2006; however he continues to serve as a senior scientific advisor to Hatfield Consultants on select projects.

POINT OF INTEREST

Early on in Dr. Dwernychuk's career, he, through his research on island-nesting waterfowl (1965 - 1967), documented peculiar behavioral patterns in the selection of nesting habitat. Nesting waterfowl on the islands were constructing their nests among gull colonies. On the islands, colonial gulls would provide protection to waterfowl nests/eggs by attacking other avian predators (e.g., crows, magpies). Gulls would

completely ignore the existence of waterfowl nests and eggs on the islands. Subsequent to hatching of waterfowl eggs, while females were leading their ducklings to water, waterfowl families would again be ignored by gulls as they 'waddled' through the gull colonies, with adult gulls making way for females and their ducklings. However, once the waterfowl family entered the water and were metres off shore, gulls would attack the family, and, in many cases, devour all the ducklings while mothers frantically tried to protect their little ones. An anthropogenic interpretation of these events states that these island-nesting waterfowl were 'trapped' into a false sense of security thought to be provided by colonial gulls in their provision of protection from other avian predators.

In 1972, Dwernychuk and his research advisor on his M.Sc. program (Dr. D. A. Boag) formulated and published the concept of the 'ecological trap'. Ecological traps are scenarios in which rapid environmental change and certain ecological factors lead organisms to prefer poor-quality habitats, which may result in detrimental consequences for the wildlife species in question.

More on the ecological trap concept may be reviewed at:

https://en.wikipedia.org/wiki/Ecological_trap

A SAMPLING OF ARTICLES/COMMENTS

- http://www.hatfieldgroup.com/wp-content/uploads/VietNamHighlights/CHEMOSPHERE_1.pdf
- http://www.hatfieldgroup.com/wp-content/uploads/VietNamHighlights/Chemosphere_HotSpots.pdf
- http://www.salem-news.com/articles/february022012/ao-controversy-wd.php
- http://www.thanhniennews.com/2010/pages/20120928-a-de-facto-admission-of-agent-orange-guilt.aspx
- https://www.japantimes.co.jp/community/2013/08/26/voices/denials-of-defoliant-at-former-u-s-base-site-in-okinawa-fly-in-the-face-of-science/#.XmUtdKhKhPY
- http://www.thanhniennews.com/pages/results.aspx?k=dwernychuk
- HATFIELD CONSULTANTS ON '60 MINUTES (CBS NETWORK): https://youtu.be/gFLdfR7O9xc?t=18

EDUCATION

1975 Doctor of Philosophy (Biology), University of Saskatchewan, Regina, Saskatchewan, Canada

1968 Master of Science (Zoology), University of Alberta, Edmonton, Alberta, Canada

1967 Bachelor of Science with Honours (Zoology), University of Alberta, Edmonton, Alberta, Canada

AWARDS AND SCHOLARSHIPS

- Queen Elizabeth Scholarship (2): 1964-65, 1965-66
- University of Alberta First Class Standing Prize (1): 1964-65
- National Research Council of Canada Scholarship (4): 1967-68, 1968-69, 1970-71, 1971-72
- Canadian Wildlife Service Scholarship (3): 1969-70, 1972-73, 1973-74
- University of Saskatchewan Graduate Scholarship (3): 1972-73, 1973-74, 1974-75

HONOURARY AWARD

Dr. Dwernychuk was nominated by the Vietnam Veterans of America and Associates of Vietnam Veterans of America, and on September 22, 2002, invested into *The Legion of Honor* of "The Chapel of Four Chaplains" (https://en.wikipedia.org/wiki/Four_Chaplains#Chapel_of_Four_Chaplains). This honor was bestowed for his work on Agent Orange, and for recognition of Hatfield Consultants' research in Vietnam on Agent Orange and the benefits accrued to Vietnam Veterans and their families as a result of these studies. Dr. Dwernychuk is only the fifth Canadian to be invested into the *Legion of Honor* since its inception in the late 1940's, and the first Canadian west of Ontario.

SPECIFIC CAREER EXPERIENCE

The following synopses are presented as a general overview of studies with which Dr. Dwernychuk has had direct involvement:

- Viet Nam/Agent Orange/Dioxin
- Initial Environmental Evaluation Studies
  - Mining
  - Pipeline Construction
  - Thermal Power Plant
  - Housing Development
  - Oil Exploration

- Environmental Impact Assessment of Industrial Operations/Discharges
  - Mining
  - Pulp and Paper/Forest Industry
  - Chemical Industry
- Other Investigations
  - Pulp and Paper/Forest Industry
  - Fisheries
  - Impact Assessments
- Aquaculture Related Studies

COUNTRY EXPERIENCE

- Argentina
- Chile
- Italy
- Sweden
- Finland
- Russia
- Turkey
- Thailand
- Indonesia
- Vietnam
- Nigeria
- Germany

KEY PROJECT EXPERIENCE

Viet Nam/Agent Orange/Dioxin

- **Vietnam Veteran Who Served on the USS RANGER Aircraft Carrier during the Vietnam War (*Pro Bono*)** – The Board of Veterans' Appeals requested an opinion on the likelihood of this veteran being exposed to Dioxin contaminated mail bags, which were delivered to the carrier from a site near the Ranch Hand Agent Orange location at Da Nang airbase. **2020**

- **Military-Advocacy, Inc., United States (*Pro Bono*)** – Dr. Dwernychuk provided a written scientific opinion regarding the exposure to Agent Orange of U.S. military personnel serving on Johnston Atoll where over 32,000 55 gallon barrels of Agent Orange were being stored after the Vietnam War. **2020**

- **Military-Advocacy, Inc., United States (*Pro Bono*)** – Dr. Dwernychuk provided a written scientific opinion regarding the exposure to Agent Orange of U.S. military personnel serving on over 50 U.S. military installations in Thailand during the Vietnam War. Agent Orange was used for base perimeter spraying and also throughout the confines of each of these military installations. **2020**

- **The New York Times Magazine/Mr. George Black (*Pro Bono*)** – The New York Times Magazine commissioned Mr. George Black, a journalist/author, to prepare an article on Agent Orange. Dr. Dwernychuk was contacted by Mr. Black to provide a face-to-face interview on the subject of Agent Orange in Vietnam. The interview was conducted in British Columbia. **2019**

- **American Vietnam Veterans *(Pro Bono)*** – Dr. Dwernychuk provided advice, information, and opinions on the exposure of individual American Vietnam Veterans to Agent Orange/Dioxin during their service in Vietnam. This includes family members of Vietnam Veterans. Most of his involvement was assistance/opinions to Veterans or their family members struggling to receive compensation from the U.S. Department of Veterans Affairs for dioxin exposure. He is pleased to report that some Veterans, who initially were rejected for compensation, did receive their due compensation once the judiciary in the U.S. considered his written opinions on their exposure during military service. **2005 – Ongoing**

- **C-123 Air Crews *(Pro Bono)*** – Dr. Dwernychuk provided advice, information, and opinions to specific members of the C-123 Agent Orange spray planes that were returned to America following their service during the Vietnam conflict. The aircrews associated with these planes were suspected to have been contaminated by residues of Agent Orange/Dioxin remaining inside these aircraft subsequent to their return to the U.S. mainland. Aircrews submitted requests for compensation from the U.S. Department of Veterans Affairs. Dr. Dwernychuk submitted an opinion on the exposure potential of C-123 air crews to Agent Orange/Dioxin during their use in the U.S. **2016/17**

- **U.S. Blue Water Navy *(Pro Bono)*** – Dr. Dwernychuk provided advice, information, and opinions to the Blue Water Navy addressing the exposure potential of Navy service men to Agent Orange/Dioxin while they were serving on Navy ships during the Vietnam conflict. Dr. Dwernychuk's opinions centred on Navy ships in close proximity to Vietnam's land mass, specifically Da Nang Harbour. His opinions were submitted to the U.S. Department of Veterans Affairs supporting exposure of service men during the conflict. **2016 – 2019**

- **U.S. Veterans who served in Panama *(Pro Bono)*** – Dr. Dwernychuk provided advice, information, and opinions to a Veteran who served in Panama. The Veteran had multiple health issues and suspected exposure to either Agent Orange/Dioxin or 2,4,5-T, one of the herbicides in Agent Orange which contained 'dioxin', per se. Dr. Dwernychuk provided a written opinion of exposure potential which was submitted to the U.S. Department of Veterans Affairs. **2017 – Ongoing**

- **Various news outlets *(Pro Bono)*** – Dr. Dwernychuk provided opinions/articles to news outlets addressing the potential for Agent Orange/Dioxin contamination in Okinawa. He also provided opinions/articles on the use of Scientology's Hubbard Method for the excretion of dioxin from the human body (this being impossible). He provided articles on the cleanup of dioxin contaminated lands in Vietnam. **2012 – 2016**

- **Ford Foundation** - Dr. Dwernychuk served as supporting environmental scientist and advisor during a comprehensive investigation of dioxin residues in soils, sediments, foods, human blood and human breast milk collected on and in the vicinity of the Bien Hoa airbase, Viet Nam. **2010/2011**

- **Renaissance Journalism Center, San Francisco State University** - Dr. Dwernychuk presented overviews of Agent Orange and dioxin Hot Spots in Viet Nam. Fellows at the Center are travelling to Viet Nam to undertake a variety of journalistic projects in country addressing Agent Orange and its impacts. **May 2010**

- **Ford Foundation** - Dr. Dwernychuk served as supporting environmental scientist and advisor during a comprehensive investigation of dioxin residues in soils, sediments, foods, human blood and human breast milk collected on and in the vicinity of the Da Nang airbase, Viet Nam. **2006 to 2009**

- **Ford Foundation** - Dr. Dwernychuk served as principle scientist on a study of dioxin residues at seven former US military bases in southern Viet Nam. **2004 to 2006**

- **Agent Orange Research and Policy Briefing, Washington, D.C.** - Dr. Dwernychuk was invited to present the Hatfield Agent Orange studies and comment on the most recent research on defoliant use during the Viet Nam war. The session was opened by Congressman Lane Evans. Those in attendance included the US State Department, NGOs, academics, The Viet Nam Veterans of America and embassy representatives from Viet Nam and Lao PDR. The panel meeting was sponsored by the Fund for Reconciliation and Development (New York), Oxfam America and the American Friends Service Committee. **July 8, 2003**

- **Dr. Dwernychuk has presented the Hatfield Agent Orange investigations at numerous venues during 2000-2003:**

  - Vietnam Veterans of America Leadership Convention, Buffalo, New York
  - Vietnam Veterans of America Convention, Pennsylvania Chapter, Pennsylvania State University, University Park, PA
  - Health Canada, Ottawa, Ontario
  - Canadian International Development Agency, Ottawa, Ontario
  - University of British Columbia, Vancouver, British Columbia
  - Langara College, Vancouver, British Columbia
  - Capilano College, North Vancouver, British Columbia
  - British Columbia Institute of Technology, Vancouver Campus, Vancouver, British Columbia

- Canadian Deptartment of Indian Affairs and Northern Development, Ottawa, Ontario
- Conference on the Long-Term Environmental Consequences of the Viet Nam War, Stockholm, Sweden

- **Government of New Zealand, Ministry of Health** – Retained by the Ministry of Health to critique a study plan investigating dioxin contamination in humans, resulting from potential exposure to materials associated with historical chemical manufacturing (New Plymouth, New Zealand). **2002**

- **Nominated by The Vietnam Veterans of America and Associates of The Vietnam Veterans of America for investiture in "The Legion of Honor"** (https://en.wikipedia.org/wiki/Four_Chaplains#Chapel_of_Four_Chaplains) of "The Chapel of Four Chaplains" for work on Agent Orange and for recognition of the benefits that Hatfield's work on Agent Orange has had to Viet Nam veterans and their families. Dr. Dwernychuk is only the fifth Canadian to be vested into the Legion of Honor, and the first Canadian west of the Ontario US Coastguard Base, Cape May, New Jersey. **September 2002**

- **International Conference on the Ecological and Health Effects of the Viet Nam War** – Invited to present the Hatfield Agent Orange studies in Viet Nam at the conference at Yale University, New Haven, Connecticut. **September 13-15, 2002**

- **Rockefeller University, New York** – Invited to present the Hatfield Agent Orange studies at a seminar session which focussed on Agent Orange investigations in Viet Nam and Lao PDR. **September 2002**

- **Vietnam-United States Scientific Conference on Human Health and Environmental Effects of Agent Orange/Dioxin** – Invited to present the Hatfield Agent Orange studies in Viet Nam at the international conference in Ha Noi. **March 3-6, 2002**

- **Development of Methodologies and Technology for Supporting Clearance of Landmines and Unexploded Ordnance (UXO) in Viet Nam** – Senior Scientist. This work included using satellite remote sensing, topographic maps and military archive information to create Geographic Information System (GIS) products to efficiently provide landmine/UXO clearing personnel with historic and present day site information relevant to planning and carrying out their programs. The project also included the development of landmine/UXO clearing protocols in chemically contaminated soils and for rehabilitating cleared sites. **2001 to 2002**

- **International Conference on the Long-Term Environmental Consequences of the Viet Nam War (Stockholm, July 26-28, 2002)** – Served on the conference

Steering Committee, and the sub committee on "Ecosystems" for the Stockholm conference (**http://www.nnn.se/vietnam/environ.htm**). **2000 to 2002**

- **United States National Institute of Environmental Health Sciences (NIEHS)** – Served as a member of an *Ad Hoc* Panel charged with developing strategies for investigating the environmental/human health consequences of herbicide use during the Viet Nam War. Discussions preceded the signing of a collaborative agreement between the US and Viet Nam to initiate in-country investigations. **2000 to 2001**

- **Royal Danish Embassy, Ha Noi, Viet Nam** – Senior Scientist. Investigations on dioxin contamination of soils near a former US military fire base in Quang Tri province, Viet Nam. **1999 to 2000**

- **Environmental Impacts and Mitigation Strategies, Addressing the Use of Agent Orange Herbicide During the Viet Nam War, Aluoi Valley, Viet Nam** – Senior Scientist. Studies involved field investigations, laboratory analyses and preparation of two reports (October 1998 and April 2000) focussing on soils, food, human blood and breast milk. Recommendations were prepared in order to assist local authorities in reducing contaminant exposure and intake. Studies extended from 1994 to 2000. Studies were funded by various Canadian government agencies. **1994 to 2000**

- **Hatfield general photos from Vietnam related to our research:**

1 ... Copy the URL link into your browser or click on the link:

https://www.dropbox.com/sh/6wfn8cdnuj2n57r/AADhowfFRk0-WyV45XFqkooXa?dl=0

2 ... At the top of the page see **cutlines**; click on **cutlines**:

A LISTING OF EACH PHOTO IS PRESENTED WITH A PREFEX TO THE NUMBER NAMING THE PHOTOGRAPHER, WITH A BRIEF DESCRIPTION OF THE PHOTO. AT THE VERY TOP OF THIS PAGE IS A LISTING OF THE PHOTOGRAPHER.

YOU MAY USE ANY PHOTO YOU WISH WITHOUT SEEKING PERMISSION BEFOREHAND. HOWEVER, PLEASE GIVE CREDIT TO THE PHOTOGRAPHER.

- **Hatfield 2000 report photos from A Loui (A Shau, named so during the war) Valley, Vietnam:**

https://www.hatfieldgroup.com/wp-content/uploads/AgentOrangeReports/CIDA849/CIDA849_Agent_Orange_V1_Report_Plates.pdf

Initial Environmental Evaluation Studies

The following studies involved collection, analysis and interpretation of physical/chemical/biological data associated with aquatic systems located near proposed developments; these facilities had the potential for environmental disruptions due to physical and/or chemical factors related to construction/operation of the development.

Mining

- **Lakefield Research** (a division of Falconbridge Limited), Lakefield, Ontario – Data analysis and synthesis focusing on benthic macroinvertebrate communities in Meadow and Fairless Creeks. **1992**
- **Strathcona Mineral Services Limited** (Midway Project) – Project Manager; Principal Aquatic Scientist; Author. **1990**
- **Corona Corporation** (Mt. Milligan Project) – Aquatic Scientist; Contributing Author. **1990**
- **Minnova Inc.** (Samatosum Mountain Project) – Principal Aquatic Scientist; Contributing Author. **1988**
- **Esso Minerals** – Principal Aquatic Scientist. **1988**
- **Skyline Explorations Limited** – Contributing Author. **1987**
- **Mascot Gold Mines Limited** (Hedley, British Columbia) – Project Manager; Principal Aquatic Scientist; Author. **1985**
- **Utah Mines (Carbon Creek)** – Project Manager; Principal Aquatic Scientist; Contributing Author. **1982**
- **Cadillac Explorations Limited** (Northwest Territories rivers and streams) – Project Manager; Principal Aquatic Scientist; Author. **1980 to 1982**
- **Pan Ocean Oil Ltd.** (Yukon rivers and streams) – Principal Aquatic Scientist; Contributing Author. **1979**
- **Erickson Gold Mines** (Yukon rivers and streams) – Principal Aquatic Scientist; Contributing Author. **1978**
- **DuPont of Canada Explorations Limited** (Northern British Columbia streams) – Project Manager; Principal Aquatic Scientist; Author. **1976**
- **Texas Gulf Inc.** (Northern British Columbia streams) – Project Manager; Principal Aquatic Scientist; Author. **1975**

Pipeline Construction

- **Foothills Pipeline Ltd.** (Yukon rivers and streams) – Field Scientist. **1979**

Thermal Power Plant

- **British Columbia Hydro** (Hat Creek) – Project Manager; Principal Aquatic Scientist; Contributing Author. **1980 to 1981**

Housing Development

- **Daon Development Corporation** (Vancouver, British Columbia) – Principal Aquatic Scientist; Contributing Author. **1975**

Oil Exploration

- **Panarctic Oils Limited** (near the High Arctic islands) – Field Scientist. **1975**

Environmental Impact Assessment of Industrial Operations/Discharges

The following studies involved assessment of industries on aquatic environments (i.e., physical, chemical and biological), where physical/chemical issues related to the development may have impacted local environments. Dr. Dwernychuk served as Project Manager, Principal Aquatic Scientist and Author for all the following studies:

Mining

- **Noranda** (Bell Mine), Granisle, British Columbia. **1991**
- Expert witness re: impact of a supernatant spill into Babine Lake, British Columbia
- **Noranda** (Bell Mine), Granisle, British Columbia. **1988 to 1989**
- **Skyline Explorations Limited**, Vancouver, British Columbia. **1988 to 1989**
- **Corona Corporation Ltd.** (formally Mascot Gold Mines Ltd.), Vancouver, British Columbia. (Two studies). **1986 to 1987**
- **DuPont of Canada Explorations Limited**, Vancouver, British Columbia. **1982**
- **Highland Valley Copper**, Logan Lake, British Columbia. **1975 to 2002**

Pulp and Paper/Forest Industry

- **MacMillan Bloedel Limited**, Powell River, British Columbia. **1988 to 1989**
- **Quesnel River Pulp Company**, Quesnel, British Columbia. (Approximately 5 studies). **1982 to 1987**
- **Celgar Pulp Company**, Castlegar, British Columbia. (Approximately 4 studies). **1980 to 1988**
- Expert witness on Environmental Appeal Board Hearings (effluent impacts on the river receiving environment)
- **Skeena Cellulose Inc.**, Prince Rupert, British Columbia. (Approximately 11 studies). **1979 to 1989**
- **Manitoba Forestry Resources Limited**, The Pas, Manitoba. **1979 to 1980**
- **Crestbrook Pulp and Paper Ltd.**, Skookumchuk, British Columbia. **1979**
- **Canadian Forest Products Ltd.**, Port Mellon, British Columbia. **1978**
- **Proctor and Gamble of Canada Limited**, Grande Prairie, Alberta. **1977 and 1980**
- **Cariboo Pulp and Paper Company**, Quesnel, British Columbia. (approximately 12 studies). **1975 to 1987**

- **Prince George Pulp and Paper Limited**, Prince George, British Columbia. (Approximately 12 studies). **1975 to 1987**
- **Northwood Pulp and Timber Limited**, Prince George, British Columbia. (Approximately 12 studies). **1975 to 1987**
- **Intercontinental Pulp Company Limited**, Prince George, British Columbia. (Approximately 12 studies). **1975 to 1987**
- **Pacifica Papers**, Powell River, British Columbia. **1998 and 1999**
- Expert witness on Environmental Appeal Board Hearings (impacts of recovery and power boiler emissions on the marine environment).

Chemical Industry

- **Ocelot Ammonia Company**, Kitimat, British Columbia. **1989**
- **FMC of Canada Ltd.**, Squamish, British Columbia. **1975 to 1990**

Other Investigations

Pulp and Paper/Forest Industry

- **International Finance Corporation (World Bank Group), Washington, DC** – Expert Panel member reviewing the environmental impacts of two bleached Kraft pulpmill developments in Uruguay. **2006**
- **Project Director/Senior Aquatic Scientist** for pre-design and design phases of the Environmental Effects Monitoring program for each industrial complex related to the federal *Fisheries Act* (Cycle One: 1993-1996; Cycle Two: 1997-2000; Cycle Three: 2001-2004). Studies are required in the vicinity of all pulp and paper mills in Canada to assess environmental effects of wastewater discharges.
    - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
    - Western Pulp Inc./Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
    - Norske Skog Canada Limited (formerly Fletcher Challenge Canada), Crofton Pulp and Paper, Crofton, British Columbia
    - Norske Skog Canada Limited (formerly Fletcher Challenge Canada), Elk Falls Pulp and Paper, Campbell River, British Columbia
    - NorskeCanada, Port Alberni, British Columbia
    - NorskeCanada (formerly MacMillan Bloedel Limited), Powell River Division, Powell River, British Columbia
    - Western Pulp Inc./Western Pulp Limited Partnership (Port Alice Operation), Port Alice, British Columbia

- Canadian Forest Products Ltd., (formerly Northwood Pulp and Timber Limited), Prince George, British Columbia
- Cariboo Pulp and Paper Company, Quesnel, British Columbia
- Quesnel River Pulp Company, Quesnel, British Columbia
- Skeena Cellulose Inc., Prince Rupert, British Columbia
- Tembec Industries Inc. (formerly Crestbrook Forest Industries Ltd.), Cranbrook, British Columbia
- Celgar Pulp Company Castlegar, British Columbia
- Fiberco Pulp Inc., Taylor, British Columbia
- Scott Paper Limited, New Westminster, British Columbia
- Weyerhaeuser Canada Ltd., Kamloops, British Columbia

- **Sandwell Inc., Vancouver, British Columbia** – Senior Aquatic Scientist on an Environmental Impact Statement regarding a greenfield pulpmill in Sabah, Malaysia. **1999**
- **Project Manager and Principal Aquatic Scientist** for implementation of dioxin/furan trend monitoring studies in sediments and biological tissues collected from marine environments associated with each industrial complex. **1996 to Present**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc., Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
  - Skeena Cellulose Inc., Prince Rupert, British Columbia
  - Norske Skog Canada Limited (formerly Fletcher Challenge Canada), Crofton Pulp and Paper, Crofton, British Columbia
  - Norske Skog Canada Limited (formerly Fletcher Challenge Canada), Elk Falls Pulp and Paper, Campbell River, British Columbia
  - Pacifica Papers Inc. (formerly MacMillan Bloedel Limited, Powell River Division), Powell River, British Columbia
- **NLK Consultants Inc., Vancouver, British Columbia** – Project Manager, Principal Aquatic Scientist for a study involving a potential pulpmill in Central Kalimantan, Indonesia. **1994**
- **Project Manager and Principal Aquatic Scientist** for implementation of dioxin/furan trend monitoring studies in sediments and biological tissues collected from marine environments associated with each industrial complex. **1993, 1994 and 1995**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc./Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
  - Skeena Cellulose Inc., Prince Rupert, British Columbia

- Fletcher Challenge Canada, Crofton Pulp and Paper, Crofton, British Columbia
- Fletcher Challenge Canada, Elk Falls Pulp and Paper, Campbell River, British Columbia
- MacMillan Bloedel Limited, Powell River Division, Powell River, British Columbia
- MacMillan Bloedel Limited, Alberni Pulp and Paper Division, Port Alberni, British Columbia

- **Institute of Ecological Toxicology, Baikalsk, Irkutsk Region, Russia** – Invited to attend a symposium on "Environmental Chemistry and Toxicology of Chlorinated Organic Pollutants". **1990**
- **Western Pulp Inc., Western Pulp Limited Partnership (Port Alice Operation), Port Alice, British Columbia** – Environmental overview of Neurotsos Inlet, related to pulpmill effluent discharges. **1992**
- **Sandwell Inc., Vancouver, British Columbia** – Project Manager/Senior Environmental Scientist for an independent evaluation of an initial environmental assessment report (bleached Kraft pulpmill in Sumatra, Indonesia) submitted by an environmental consultant to Sandwell Inc. Dr. Dwernychuk was retained by CIDA through Sandwell to provide a critique on the document following a site visit and discussions with other project professionals. **1992**
- **Project Manager and Principal Aquatic Scientist** for implementation of dioxin/furan trend monitoring studies in sediments and biological tissues collected from marine environments associated with each industrial complex. **1992**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc./Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
  - Skeena Cellulose Inc., Prince Rupert, British Columbia
  - Fletcher Challenge Canada, Crofton Pulp and Paper, Crofton, British Columbia
  - Fletcher Challenge Canada, Elk Falls Pulp and Paper, Campbell River, British Columbia
  - MacMillan Bloedel Limited, Harmac Division, Nanaimo, British Columbia
  - MacMillan Bloedel Limited, Powell River Division, Powell River, British Columbia
  - MacMillan Bloedel Limited, Alberni Pulp and Paper Division, Port Alberni, British Columbia
  - Campbell River Mills Ltd., Campbell River, British Columbia
- **External Affairs and International Trade Canada** – Invited to attend and participated in a Pulp and Paper Trade Mission to Indonesia. Presentation of

qualifications/experience, mill visits, and formal functions in Jakarta, Bali, and Surabaya. **1992**

- **Weyerhaeuser Canada Ltd., Kamloops, British Columbia** – Data analysis and synthesis focusing on benthic macroinvertebrate communities of the Thompson River. **1991 to Present**
- **H.A. Simons Limited, Vancouver, British Columbia** – Senior Aquatic Scientist on an Environmental Impact Assessment Study of a proposed pulpmill in East Kalimantan, Indonesia (PT Kiani Kertas, Jakarta, Indonesia). **1991 to 1994**
- **Canadian Pulp and Paper Association** – Advisor to the industry on the design and implementation of the proposed federal regulations focusing on Environmental Effects Monitoring. **1991 to 1992**
- **H.A. Simons Limited, Vancouver, British Columbia** – Initial Environmental Evaluation of a proposed greenfield pulpmill in East Kalimantan (PT Kiani Kertas, Jakarta, Indonesia). **1991**
- **Project Manager and Principal Aquatic Scientist** for implementation of dioxin/furan trend monitoring studies in sediments and biological tissues collected from marine environments associated with each industrial complex. **1991**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc./Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
  - Skeena Cellulose Inc., Prince Rupert, British Columbia
  - Fletcher Challenge Canada, Crofton Pulp and Paper, Crofton, British Columbia
  - Fletcher Challenge Canada, Elk Falls Pulp and Paper, Campbell River, British Columbia
  - MacMillan Bloedel Limited, Harmac Division, Nanaimo, British Columbia
  - MacMillan Bloedel Limited, Powell River Division, Powell River, British Columbia
  - MacMillan Bloedel Limited, Alberni Pulp and Paper Division, Port Alberni, British Columbia
  - Raven Lumber, Campbell River, British Columbia
- **Project Manager and Principal Aquatic Scientist** for dioxin/furan studies in biological tissues collected from remote regions along the British Columbia coast. **1991**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc./Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
  - Skeena Cellulose Inc., Prince Rupert, British Columbia

- Fletcher Challenge Canada, Crofton Pulp and Paper, Crofton, British Columbia
- Fletcher Challenge Canada, Elk Falls Pulp and Paper, Campbell River, British Columbia
- MacMillan Bloedel Limited, Harmac Division, Nanaimo, British Columbia
- MacMillan Bloedel Limited, Powell River Division, Powell River, British Columbia
- MacMillan Bloedel Limited, Alberni Pulp and Paper Division, Port Alberni, British Columbia

- **International Conference: Environmental Fate and Effects for Bleached Pulpmill Effluents; Stockholm, Sweden** – Co-authored a paper titled *Monitoring Environmental Effects of the Pulp and Paper Industry: A Regulatory Approach.* **November 1991**
- **Project Manager and Principal Environmental Scientist** for baseline organochlorine contamination studies in the Fraser and Thompson Rivers (effluents, drinking water, sediments, biological tissues). **1990 to 1991**
  - Northwood Pulp and Timber Limited, Prince George, British Columbia
  - Prince George Pulp and Paper Limited, Prince George, British Columbia
  - Intercontinental Pulp Company Limited, Prince George, British Columbia
  - Cariboo Pulp and Paper Company, Quesnel, British Columbia
  - Weyerhaeuser Canada Ltd., Kamloops, British Columbia
- **British Columbia Ministry of Environment, Victoria, British Columbia** – Project Manager and Principal Environmental Scientist for dioxin/furan sample collections: Lower Mainland/ Vancouver Island/Skeena/Interior Regions (pulp and paper/forest industry sites in addition to PCB storage sites, oil refineries, sewage sludge, municipal waste, biomedical waste). **1990 to 1991**
- **Project Manager and Principal Environmental Scientist** for development and implementation of comprehensive effects monitoring of pulpmill effluents on the marine receiving environment of Howe Sound (effluents, receiving waters, bottom sediments, subtidal benthic macroinvertebrate communities, contaminant loading in biological tissues, etc.). **1990 to 1991**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc./Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
- **Skeena Cellulose Inc., Prince Rupert, British Columbia** – Project Manager and Principal Environmental Scientist for development and implementation of comprehensive effects monitoring of pulpmill effluents on the marine receiving environment near Skeena Cellulose (effluents, receiving waters, bottom sediments, subtidal and intertidal benthic macroinvertebrate communities, macroalgae, contaminant loading in biological tissues, etc.). **1990 to 1991**

- **Crestbrook Forest Industries Ltd., Cranbrook, British Columbia** – Project Manager and Principal Environmental Scientist for baseline organochlorine contamination studies in the Kootenay River (effluents, drinking water, receiving waters, sediments, biological tissues). **1990 to 1991**
- **Project Manager and Principal Environmental Scientist** for environmental studies addressing organochlorines in the forest industry and their concentration in receiving waters, effluents, sediments and biological tissues (i.e., groundfish, crab, prawns, clams, oysters) collected from marine receiving environments associated with the forest industry operations. **1990**
  - Fletcher Challenge Canada, Crofton Pulp and Paper, Crofton, British Columbia
  - Fletcher Challenge Canada, Elk Falls Pulp and Paper, Campbell River, British Columbia
  - MacMillan Bloedel Limited, Harmac Division, Nanaimo, British Columbia
  - MacMillan Bloedel Limited, Powell River Division, Powell River, British Columbia
  - Raven Lumber, Campbell River, British Columbia
- **MacMillan Bloedel Limited, Alberni Pulp and Paper Division, Alberni, British Columbia** – Project Manager and Principal Environmental Scientist for environmental studies addressing organochlorines in pulp and paper discharges at Port Alberni (effluents, receiving waters, sediments and biological tissues). **1990**
- **United Nations Economic Commission for Europe – Task Force on the Environment, Baikalsk (Lake Baikal), USSR** – Presented studies on the effects of pulpmill effluents on receiving waters in British Columbia, Canada. Participated in Workshop and Task Force activities regarding a United Nations document on environmental impacts and prediction. **1990**
- **Orenda Forest Products Ltd., West Vancouver, British Columbia** – Project Manager and Principal Aquatic Scientist for environmental activities/assessments related to the proposed pulpmill near Stewart, British Columbia, subsequently relocated near Terrace, British Columbia. **1990**
- **Project Manager and Principal Environmental Scientist** for supplementary sampling and chemical analyses (organochlorines) on biological tissues collected from additional sites near each pulp and paper operation. **1990**
  - Fletcher Challenge Canada, Crofton Pulp and Paper, Crofton, British Columbia
  - Fletcher Challenge Canada, Elk Falls Pulp and Paper, Campbell River, British Columbia
  - MacMillan Bloedel Limited, Harmac Division, Nanaimo, British Columbia
  - MacMillan Bloedel Limited, Powell River Division, Powell River, British Columbia

- **Project Manager and Principal Environmental Scientist** for environmental studies in the Fraser River system addressing organochlorines in pulp and paper effluents (Western Canada pilot study related to the proposed federal environmental monitoring guidelines for Canadian pulp and paper mills). These studies focus on the chemical characterization of mill effluents, receiving river

water and river bottom sediments, bioassays on raw effluents and dilutionof ambient river water, benthic macroinvertebrate communities and fish tissue analyses involving enzyme activation tests and contaminant loads. **1989 to 1990**

  - Northwood Pulp and Timber Limited, Prince George, British Columbia
  - Prince George Pulp and Paper Limited, Prince George, British Columbia
  - Intercontinental Pulp Company Limited, Prince George, British Columbia
  - Quesnel River Pulp Company, Quesnel, British Columbia
  - Cariboo Pulp and Paper Company, Quesnel, British Columbia
  - Environment Canada
  - British Columbia Ministry of Environment

- **Western Pulp Inc., Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia** – Project Manager and Principal Environmental Scientist for water quality studies and dioxin/furan studies on crab tissues collected from Howe Sound. **1989 to 1990**
- **Western Pulp Inc., Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia** – Project Manager and Principal Environmental Scientist for dioxin/furan studies on dredgate material collected near the Western Pulp operation. An assessment of bottom materials for ocean dumping approval by Environment Canada. **1989 and 1990**
- **Project Manager and Principal Environmental Scientist** for environmental studies addressing organochlorines in pulp and paper effluents (i.e., guaiacols, extractable organic halides, dioxins, furans) and their concentration in sediments and biological tissues (i.e., groundfish, crab, prawns, mussels) collected from marine receiving environments associated with pulp and paper operations. **1988 to 1989**
  - Howe Sound Pulp and Paper Limited, Port Mellon, British Columbia
  - Western Pulp Inc., Western Pulp Limited Partnership (Squamish Operation), Squamish, British Columbia
  - Skeena Cellulose Inc., Prince Rupert, British Columbia
- **H.A. Simons Ltd., Vancouver, British Columbia** – Principal Environmental Scientist and Author for environmental impact assessment of a proposed bleached kraft pulpmill on Rio Uruguay, Argentina. On-site investigations were undertaken in Argentina and Uruguay. **1988 to 1989**

- **Principal Environmental Scientist and Author** conducted visits to Sweden, Finland and West Germany to obtain environmental perspectives regarding chlorinated organics in pulpmill effluents. Government and industry agencies were interviewed (regulatory and research groups) to assess conditions in the Baltic Sea and Bay of Bothnia. **1988**
    - MacMillan Bloedel Limited, Vancouver, British Columbia
    - Fletcher Challenge Canada, Vancouver, British Columbia
    - Western Pulp Inc., Vancouver, British Columbia
    - Cariboo Pulp and Paper Company, Vancouver, British Columbia
- **Northwood Pulp and Timber Limited, Prince George, British Columbia** – Project Manager, Principal Aquatic Scientist and Author for thermal profiling of the Fraser River near the effluent diffuser related to expansion of the mill facility. **1988**
- **Skeena Cellulose Inc., Prince Rupert, British Columbia** – Project Manager, Principal Aquatic Scientist and Author for environmental impact studies and assessment of pulpmill effluent on water quality, subtidal and intertidal benthic invertebrates, intertidal macroalgae, sediments and fish utilization. **1987 to 1988**
- **Crestbrook Pulp and Paper Ltd., Skookumchuk, British Columbia** – Principal Aquatic Scientist for studies examining the psychophysical impacts of pulpmill effluent colour (Kootenay River) on human observers randomly selected from Cranbrook, British Columbia. **1977**
- **Turkish State Organization for the Pulp and Paper Industry, Ismit, Turkey** – Principal Aquatic Scientist and Author for biological and water quality studies of Karamik Lake, Turkey, prior to receipt of effluents from a proposed pulpmill complex. **1976**

Fisheries

- **Estudios Technicos Ltda., Bogota, Colombia** – Project Manager, Principal Aquatic Scientist and Author for study reviews focusing on hydroelectric reservoir clearance of forested areas and associated impacts on water quality and fish production. **1984**
- **Ladner Downs**, Barristers and Solicitors, Vancouver, British Columbia
- **Campney and Murphy,** Barristers and Solicitors, Vancouver, British Columbia
- Expert advisor to defense counsel for clients charged with the discharge of deleterious substances into fish-bearing waters. **1981**
- **Department of Fisheries and Oceans**, Vancouver, British Columbia – Authored a report on the effects of the proposed Kemano II project on chinook salmon resources of the Nechako River. **1975**

Impact Assessments

- **Peigan Nation, Brocket, Alberta** – Principal Aquatic Scientist and Author on Assessment of the effects of the proposed Oldman River Dam on fisheries resources, water quality, benthic communities and associated parameters of the Oldman River situated within the Peigan Reserve boundary. **1986**
- **Dene Nation, Yellowknife, Northwest Territories** – Principal Aquatic Scientist and Author for preparation of a training manual for winter and summer environmental monitoring addressing hydrocarbon, mining and road developments in the north. Workshops and seminar sessions were held in Northwest Territories communities with local Dene people. **1985**
- **Dene Nation, Yellowknife, Northwest Territories** – Project Manager and Principal Aquatic Scientist for participation in the development and implementation of a major fisheries program in the Mackenzie River addressing potential contaminants in fish tissues. **1985**
- **N.D. Lea Associates, Vancouver, British Columbia** – Principal Aquatic Scientist and Contributing Author on Aquatic studies on the impact of the Annacis Bridge freeway alignment. **1982**
- **British Columbia Hydro, Vancouver, British Columbia** – Project Manager, Principal Aquatic Scientist and Contributing Author on pre-construction monitoring of fisheries and invertebrate fauna in Hat Creek and the Bonaparte River related to the Hat Creek power project. **1981**
- **Public Works Canada, Vancouver, British Columbia** – Principal Aquatic Scientist and Author on studies assessing the impact of improvements to the Fraser River shipping channel on benthic fauna. **1981**
- **Department of Supply and Services (Canada)** – Principal Aquatic Scientist and Author on studies reviewing the impact of linear facilities in northern ecosystems on aquatic habitats. **1979**
- **Twinriver Timber Limited, Terrace, British Columbia** – Project Manager, Principal Aquatic Scientist and Author on studies addressing the use of a logging canal by spawning salmonids. Examined sediment structure as a factor in limiting use of gravels for spawning. **1977**

Aquaculture Related Studies

- **Aquastar Services Limited and Farmers, Bangkok, Thailand** – Hatfield Consultants conducted extensive field studies and an Environmental Impact Assessment (EIA) of a large shrimp farming development in Ranot area of southern Thailand. The project supported 400 ha of shrimp ponds with plans to expand to 10,000 ha. The work involved assessment of land, freshwater and marine resources in the area, an evaluation of impacts of the project on these resources and the formation of a mitigation plan. An oceanographic computer

model was developed by the study team for the west coast of the Gulf of Thailand to assist in the process.

- Dr. Dwernychuk was responsible for design and supervision of water quality and macroinvertebrate surveys and interpretation of impacts on these preceding resources. He also directed design of the mitigation plan. **1990 to 1992**
- **Canadian International Development Agency (CIDA), Ottawa, Ontario, Canada** – Contributing Aquatic Scientist for environmental review/assessment of aquaculture facilities (hatchery and marine grow-out sites) – Hong Kong, Thailand, Singapore and Indonesia. **1989 to 1990**
- **Moore-Clarke Co. Inc., Vancouver, British Columbia, Canada** – Aquatic Scientist for site selection studies for hatchery and marine grow-out facilities in Chile (aerial and ground reconnaissance programs). **1988**
- **Patagonia Salmon, S.A., Buenos Aires, Argentina** – Aquatic Scientist for pre-feasibility investigations regarding development of salmon farming operations and joint ventures in Argentina. **1988**
- **Aqua Terra Technologies Limited, Victoria, British Columbia, Canada** – Contributing Aquatic Scientist and Author for feasibility studies on a land-based salmon farm in British Columbia. **1987**
- **Salt Spring Aquafarms Ltd., Salt Spring Island, British Columbia, Canada** – Principal Aquatic Scientist for Training programs for salmon farm personnel regarding water quality control, experimentation and data analyses. **1987**
- **Salt Spring Aquafarms Ltd., Salt Spring Island, British Columbia, Canada** – Principal Aquatic Scientist for design of *in situ* monitoring programs for a salmon farm in British Columbia. **1987**
- **Hatfield International S.A., Puerto Montt, Chile** – Contributing Aquatic Scientist advising personnel in Chile. Activities involved water quality, administrative issues and general pollution control at joint venture salmon hatchery and marine grow-out sites. **1986 to 1988**
- **Subsecretaria de Pesca, Fisheries Department, Santiago, Chile** – Executive Director for preliminary on-site field activities related to transplanting salmon to Chilean coastal waters. **1982**
- **Electrowatt Consulting Engineers and Planners, Zurich, Switzerland** – Project Manager, Principal Aquatic Scientist and Author for studies on the fisheries potential of a hydroelectric reservoir for increasing fish as a Native food resource in remote areas of Nigeria. On-site activities in Nigeria were supplemented with literature reviews at Food and Agricultural Organization libraries in Rome, Italy. **1982**

From: (b)(6)
Sent: Thu, 12 Mar 2020 20:55:28 +0000
To: (b)(6)
Cc: RLW; (b)(6) @verizon.net)
Subject: [EXTERNAL] Re: March 16 Event w/Mrs. Pence

Too bad. Thank you.

(b)(6)

On Mar 12, 2020, at 4:54 PM, C (b)(6) @va.gov> wrote:

Event with Mrs. Pence on Monday is cancelled. Thank you.

(b)(6)

From: (b)(6) EOP/OVP < (b)(6) @ovp.eop.gov>
Sent: Thursday, March 12, 2020 4:32 PM
To: (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: [EXTERNAL] RE: March 16 Event w/Mrs. Pence

Hi (b)(6)

Thank you for your message. The Kennedy Center just announced that they are canceling performances through the end of the month. Because of this, we will postponed Monday's event. We very much hope both Sec. and Mrs (b)(6) can participate in the rescheduled event, and we'll notify your office when we have a new date for the event.

Best,
(b)(6)

From: (b)(6) @va.gov>
Sent: Thursday, March 12, 2020 2:10 PM
To: (b)(6) @va.gov>; (b)(6) EOP/OVP
(b)(6) @ovp.eop.gov>
Subject: RE: March 16 Event w/Mrs. Pence

Hello (b)(6) – (b)(6) is out this week so I am inquiring about the event on Monday. Is it still on? As you know – we are getting a lot of cancellations and wanted to double check this event. Thank you.

(b)(6)

From: (b)(6) @va.gov>
Sent: Tuesday, March 10, 2020 3:37 PM
To: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Cc: (b)(6) <(b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

Thank you, (b)(6). I'll circle back with Mrs (b)(6) and see if this works.

Just a heads up, the Secretary has been asked to attend the White House Coronavirus Task Force Meetings that occur daily at 4:00pm. Sometimes the timing changes last minute like today (the meeting was changed from 4pm to 3:30pm). We won't know the timing of Monday's WH meeting until later this evening. I just want to give you this heads up in the event we need to have the Secretary depart early.

In the meantime, I'm checking with Mrs. (b)(6) and will let you know what I hear back.

Thanks so much,
(b)(6)

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Tuesday, March 10, 2020 2:37 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: [EXTERNAL] RE: March 16 Event w/Mrs. Pence

Hi (b)(6)

We of course would like to include Mrs. (b)(6) on the tour! Because we have a few other Administration leaders and Cabinet spouses attending the event, including Mrs (b)(6) we're hoping to have two tour groups: one with just Mrs. Pence, Sec. Wilkie, and NEA Chairman (b)(6), and then a second group with a handful of people, including Mrs. (b)(6) that will tour the exhibit right behind the first group. Would this work for your team? If so, I'll send you the names of the second group participants by the end of this week.

Many thanks,
(b)(6)

(b)(6)
Office of the Second Lady
202-881- (b)(6)

From: C(b)(6) @va.gov>
Sent: Monday, March 9, 2020 2:59 PM
To: (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>
Cc: <(b)(6) @va.gov>
Subject: RE: March 16 Event w/Mrs. Pence

(b)(6)
Thanks for the kind invitation. Secretary Wilkie accepts the invitation to join the tour. Would Mrs. (b)(6) also be able to tour with them?

Thanks again!

(b)(6)
Executive Assistant to the Secretary
Office of the Secretary
Department of Veterans Affairs
202-461-(b)(6)

From: (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>
Sent: Monday, March 9, 2020 1:28 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] March 16 Event w/Mrs. Pence

Hi (b)(6)

Mrs. Pence looks forward to seeing Sec. and Mrs. (b)(6) next Monday, March 16, at the event taking place at the Kennedy Center. After the speaking portion of the event, scheduled to begin at 3pm, one of the exhibit curators (an art therapist) will lead Mrs. Pence on a tour of the exhibit, and we're wondering if Sec. Wilkie would like to join Mrs. Pence on this tour. We anticipate the tour will likely take ten to 15 minutes. Mrs. Pence also would like to invite (b)(6) (b)(6) chairman of the National Endowment for the Arts, to join this tour.

Beyond this, we'll connect soon to provide more details for the final run of show for the event.

Please let me know if you have any questions,
(b)(6)

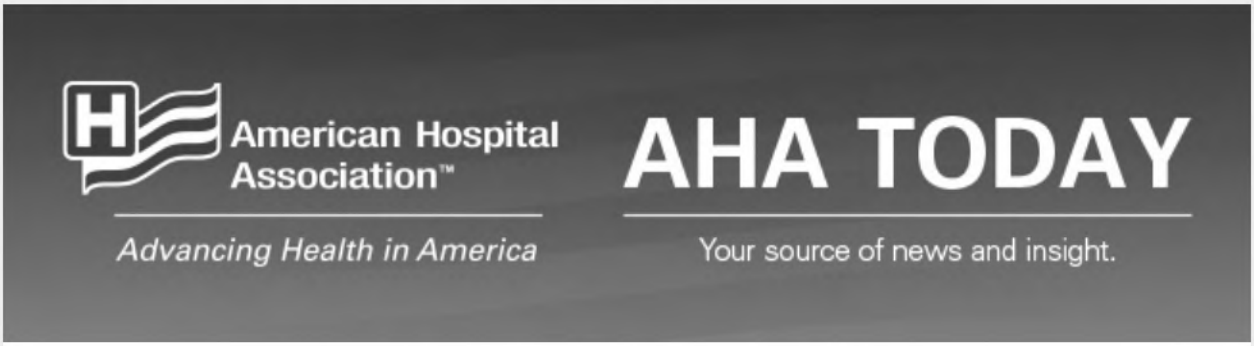
(b)(6)
Office of the Second Lady
202-881-(b)(6)

<ALERT - Kennedy Center Cancels Performances through MARCH 31.pdf>

From: Wilkie, Robert L., Jr.
Sent: Thu, 12 Mar 2020 22:55:46 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus Update: House Legislation, CDC Updates

From: AHA Today
Sent: Thursday, March 12, 2020 6:18:06 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus Update: House Legislation, CDC Updates

Click here to access a web or mobile friendly version of the newsletter.

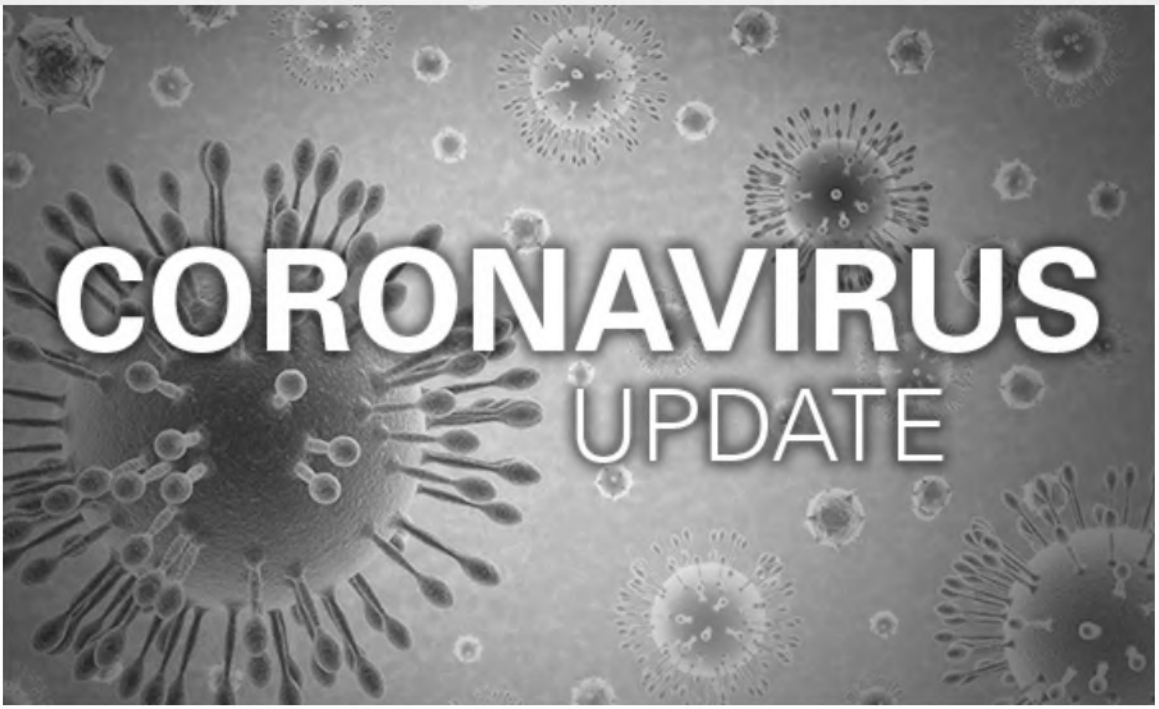


March 12, 2020 | www.aha.org/news

Coronavirus Update: House Legislation, Disaster Declaration Letter

Hospitals, nurses and physicians call for national emergency declaration. The AHA, American Nurses Association and American Medical Association today urged the president to declare the novel coronavirus (COVID-19) outbreak a disaster or emergency under the Stafford Act or the National Emergencies Act.

This step is necessary to provide the Department of Health and Human Services Secretary "the authority to take critical actions, such as providing Section 1135 waivers, to ensure that health care services and sufficient health care items are available to respond to the COVID-19 outbreak," the groups wrote in a letter to Vice President Pence.



Legislation in response to COVID-19. The House of Representatives yesterday released the Families First Coronavirus Response Act (H.R. 6201) in response to the novel coronavirus (COVID-19) outbreak. The House could vote on the package later today.

Among other provisions, the legislation would eliminate patient cost-sharing for COVID-19 testing and related services, establish an emergency paid leave program, and expand unemployment and nutrition assistance. Moreover, the bill would provide a temporary increase in the Medicaid Federal Medical Assistance Percentage, and enable states to apply for temporary waivers to cover COVID-19 testing for the uninsured through the Medicaid program.

In addition, it would require the Occupational Safety and Health Administration to implement new temporary and permanent standards relying on airborne-focused precautions set forth by the Centers for Disease Control and Prevention during the 2007 SARS epidemic; however, COVID-19 is contact- and droplet-spread, rather than airborne.

Trump issues executive order on respirators. President Trump signed an executive order late Wednesday ordering a Public Readiness and Emergency Preparedness Act declaration for the use of general respirators. The executive order, which is specific to use of general-use respirators, is expected to help manufacturers ramp up production of more respirators for use by health care personnel. The order provides very broad immunity from liability for any claims surrounding covered countermeasures, including medical malpractice.

CDC community mitigation framework. The Centers for Disease Control and Prevention has issued a set of actions that local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19.

New CHIP/Medicaid resource. The Centers for Medicare & Medicaid Services today posted a COVID-19 FAQ that covers a range of topics and issues that reflect questions

and concerns raised by state Medicaid and Children's Health Insurance Program agencies. In the FAQ, CMS says that states can expand the groups for which hospitals can make presumptive eligibility determinations. The document also includes instructions for how states could make exceptions to timeliness standards for Medicaid and CHIP applications and renewals.

Today's Headlines

1. USP panel remands revised compounding standards for further review
2. Report: Cancer death rates continue to decline
3. AHRQ issues patient safety resource
4. AHA replay on using Z codes to document social determinants of health

See Full Stories Below

Insights & Analysis

Evolving physician-practice ownership models

Accelerating investment in physician practices by nontraditional players offers hospitals and health systems opportunities to develop thoughtful, targeted physician alignment strategies, writes Mital Patel, senior director, market research and intelligence, at the AHA Center for Health Innovation. Read more.

New AHA podcasts on preventing burnout

In this three-part AHA Advancing Health series, leaders from the Institute for Healthcare Excellence, Duke Center for Healthcare Safety and Quality, Vocera Communications and Mission Health share how health care leaders can address burnout, promote resiliency and maintain those improvements. Listen here.

SPONSORED CONTENT

Artificial Intelligence: The power of harnessing patient safety data

As artificial intelligence (AI) and machine learning (ML) continue expanding into health care, its full potential remains unknown. Read more.

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Today's Headlines Continued

1. USP panel remands revised compounding standards for further review

The United States Pharmacopeia Appeals Panel today remanded the revised USP General Chapter standards <795> for nonsterile compounding and <797> for sterile compounding to an expert committee "for further engagement on the issues raised concerning the beyond-use date provisions." USP last year postponed the effective dates for these standards and for the new General Chapter <825> radiopharmaceuticals standard due to pending appeals. The appeals panel today denied the General Chapter <825> appeal, encouraging the appellant to submit a narrower request for revision to the expert committee. AHA had urged USP to delay the <797> standard due to implementation and compliance concerns.

Today's announcement will delay the effective date of the revised <797> chapter, as well as the effective date of General Chapter <800> on hazardous drug handling in health care settings. While <800> will remain informational pending final revisions to <797>, AHA advises members to contact their state boards of pharmacy regarding state-level effective dates for General Chapter <800>. AHA will update members with additional information as it becomes available.

2. Report: Cancer death rates continue to decline

Overall cancer death rates continue to decline for U.S. men, women and children, according to the latest Annual Report to the Nation on the Status of Cancer, released today. Overall cancer death rates fell an average 1.5% per year between 2001 and 2017, declining in every racial and ethnic group between 2013 and 2017. Over those four years, death rates declined for 11 of the most common cancers for men and 14 of the most common cancers for women, and an average 1.4% per year for children and 1% per year for adolescents and young adults. Between 2012 and 2016, overall cancer incidence (rates of new cancers) leveled off among men, and increased slightly for women and an average 0.9% per year for adolescents and young adults. According to a companion report, the nation met Healthy People 2020 targets for reducing cancer death rates, although not in all sociodemographic groups.

3. AHRQ issues patient safety resource

A new report from the Agency for Healthcare Research and Quality consolidates the latest evidence on 47 patient safety practices to help hospitals, primary care practices, long-term care facilities and other providers target and focus their patient safety efforts. "Before clinicians commit to implementing a patient safety practice, they want to know that they won't be wasting their precious time and resources," said Jeffrey Brady, M.D., director of AHRQ's Center for Quality Improvement and Patient Safety. "This report provides information the field needs to evaluate how to prioritize efforts to keep patients safe."

4. AHA replay on using Z codes to document social determinants of health

AHA has released a replay of its March 12 webinar on using Z codes to document social determinants of health, a valuable but underused tool for hospitals to improve the health and well-being of their patients and communities. Speakers Nelly Leon-Chisen, AHA director of coding and classification, and Julia Resnick, senior program manager at AHA's The Value Initiative, review the official guidelines for coding social determinants of health and share how ICD-10-CM codes can play a pivotal role in hospitals' efforts to improve population health. Access the recording here.

www.aha.org (800) 424-4301 news@aha.org Upcoming Events

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AHA News

800 10th Street, NW, Suite 400, Washington, DC 20001

From: Wilkie, Robert L., Jr.
Sent: Fri, 13 Mar 2020 12:15:11 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] DevOps unicorn could hit $5.25B valuation

From: PitchBook News
Sent: Friday, March 13, 2020 8:14:22 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] DevOps unicorn could hit $5.25B valuation

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TODAY'S TOP STORIES

Examining the lay of the land in private equity lending

During 2019, Antares Capital supplied debt funding for 108 different buyouts in the US, twice as many deals as any other lender. The firm also led the pack in sectors like B2B, B2C and healthcare. But when it came to IT, a different firm took the title of most active lender.

Who was it? The answer to that and many more questions about the state of private equity lending can be found in the **2019 Annual US PE Lending League Tables**. It's the latest PitchBook report ranking the busiest players in buyout debt and beyond, with breakdowns by region, deal type, debt type and more:

read the report

Share:

Exclusive: DevOps unicorn HashiCorp could be valued at $5.25B in new round

Who's in the newsletter today?

People

Leon Black

Investors

AdvanTech

Apollo Global Management

(Courtesy of Arctic-Images/Stone/Getty Images)

As more software services move to the cloud, investors are betting on startups that provide operational support for servers and data centers. HashiCorp has seen its fortunes rise amid the growing interest in DevOps companies and looks to continue to ride the wave.

- HashiCorp has set out to raise new capital that could value the company at $5.25 billion, according to a regulatory filing reviewed by PitchBook
- The new valuation would mark a 2.8x valuation step-up since the company raised a $100 million round in 2018
- However, the filing to authorize the fundraising was made just days before financial markets plunged; the company did not respond to a request for comment

keep reading

Bain Capital
Beijing Capital Agribusiness & Foods Group
Benchmark
Biotechnology Value Fund
BlackRock
Blackstone
Declaration Capital
Efung Capital
GIC Private
Greater Bay Area Fund
Greycroft
Index Ventures
JT New Century
Janus Henderson Investors
KKR
Legend Capital
NorthEdge Capital
Redesign Health
Redmile Group
Rock Springs Capital
SK Holdings
Sequoia
Stephen Schwarzman
Summit Partners
The Carlyle Group
Tiger Capital Group
Wellington Management
Zhejiang University Investment
Zheshang Venture Capital

Companies

Airbnb
Beijing Wangzhihe

Share:

Airbnb's losses nearly doubled before coronavirus hit

(ismagilov/iStock/Getty Images Plus)

Even before a global pandemic clobbered the travel industry, Airbnb's losses were growing sharply.

The home-sharing giant lost $276.4 million on an EBITDA basis in the fourth quarter on revenue of $1.1 billion, according to Bloomberg. During the same period the year prior, the company reportedly lost $143.7 million.

Airbnb has said it expects to go public this year, but the coronavirus outbreak has rapidly reshaped expectations in the travel industry. The stocks of airlines and hotel companies have been hit particularly hard. In response to the outbreak, Airbnb is offering refunds to hosts and guests traveling in

Food Group
Confluent
Cubic Motion
Epic Games
Harbour BioMed
HealthStream
JP Morgan
Kymera Therapeutics
Nestlé
NinjaRMM
NurseGrid
Vault
Yinlu Foods Group

ACG Denver
2020 ROCKY MOUNTAIN
CORPORATE GROWTH CONFERENCE
APRIL 6-7 · HILTON CITY CENTER

affected areas.

There's one bright spot: Airbnb is reportedly sitting on $2 billion in cash, which should give the company plenty of runway.

Share:

PE stocks continue tumble as market dives into bear territory

Stocks continued to plunge Thursday amid worries about the novel coronavirus, and Blackstone and Apollo Global Management were hit especially hard.

Blackstone led the way in losses Thursday, with shares dropping 15.4%, resulting in a market cap of $45.9 billion. The plunge also wiped out the gains Blackstone had made since it converted from a publicly traded partnership to a C-Corp last July. Apollo didn't fare much better, with its shares dropping 11.3% and the firm announcing authorization to purchase up to $500 million in Class A shares. Meanwhile, KKR's stock fell 8.7% and The Carlyle Group's shares tumbled 7.1%.

Blackstone co-founder and CEO Stephen Schwarzman in particular did not have a good Thursday. As the company's largest shareholder, he owns 231,924,793 shares, according to a 10-K filing for the fiscal year ended Dec. 31. Based on that figure, Schwarzman suffered around $1.7 billion in paper losses, with the value of his shares going from roughly $11 billion to $9.3 billion. Apollo's Leon Black took a much lesser hit, with the value of his shares (also based on a 10-K filing) dropping from around $384.1 million to $341.1

million.

For perspective, the overall one-day losses at Blackstone and Apollo outpaced the dip in the S&P 500 (9.5%), Dow Jones (10%) and the Nasdaq (9.4%). For the S&P 500 and Dow Jones, Thursday marked the biggest one-day drop since the stock market crash of 1987.

Share:

Weekly Recap

Some highlights from our recent content:

• How much is a handshake worth? Y Combinator's annual demo day and the South by Southwest tech conference **have both opted to go virtual** this year, testing the importance of in-person interactions.

• We examined private equity's role in an ongoing political debate over **surprise medical billing in the US**.

• Seattle has become a hotbed for the novel coronavirus. And for many tech workers at companies big and small, **the option to work from home** has evolved from a perk to a requirement.

Transit worker Larry Bowles sprays disinfectant on a public bus in Se
(Karen Ducey/Getty Images News)

• The rapid global spread of the coronavirus is creating **some serious changes** to the merger playbook.

• We spoke to a few investors at firms including Felicis Ventures and Lerer Hippeau about **how they're preparing** for a looming economic downturn.

• After a record fundraising year in 2019, the private debt market is **facing an uncertain outlook** as Wall Street battens down the hatches.

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Special Considerations for Private Equity and Venture Capital Funds
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Recommended Reads

To circumvent censorship, some news-seekers are using an unexpected app to get the latest updates from Wuhan: Tinder. [The New York Post]

The story of how a biotech company's recent leadership conference in Boston began a coronavirus outbreak that's now sweeping the city. [The Boston Globe]

The Carlyle Group co-founder David Rubenstein opens up about wealth disparity, privilege, taxes, philanthropy and some of the other biggest topics in finance today. [The New York Times]

Perhaps unsurprisingly, the Great Recession has had a lasting impact on the ways millennials think about money, investing and the economy. [The Wall Street Journal]

The vacation industry has already been wracked by coronavirus-related convulsions. And as with everything in 2020, Instagram influencers are also involved. [Bloomberg]

How Shopify has used savvy partnerships and the internet to develop a nontraditional retail colossus. [Fast Company]

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TODAY'S HEADLINES

The Daily Benchmark

2006 Vintage Global PE Funds with less than $250M

VC Deals

Confluent targets $5B valuation

Kymera Therapeutics raises $102M

Harbour BioMed pockets $75M

Vault grabs $30M for at-home men's health treatments

PE Deals

Summit backs NinjaRMM

Exits

NorthEdge unloads Cubic Motion

HealthStream buys NurseGrid

Fundraising

Greycroft eyes $400M growth fund

Corporate M&A

Nestlé taps JP Morgan for Yinlu unit sale

Chinese bean curd brand could sell

THE DAILY BENCHMARK

2006 Vintage Global PE Funds with less than $250M

Median IRR

4.90%

Top Quartile IRR Hurdle Rate

7.74%

1.07x
Median TVPI

Select top performers

Ampersand 2006

BB&T Capital Partners/Windsor Mezzanine Fund

SW Pelham Fund III

**IRR: net of fees*

16 Funds in Benchmark »

Check out the latest version of **PitchBook Benchmarks**

VC DEALS

Confluent targets $5B valuation

Live event streaming startup Confluent is looking to raise up to $300 million in a round that could value the company at some $5 billion, according to Bloomberg. The Bay Area company, which saw its annual recurring revenue nearly double last year, raised $125 million in January 2019 at a $2.5 billion valuation. Its backers include Sequoia, Benchmark and Index Ventures.

View round

View 110 competitors »

Share:

Kymera Therapeutics raises $102M

Cambridge, Mass.-based Kymera Therapeutics has closed a $102 million Series C co-led by Biotechnology Value Fund and Redmile Group. The biotech startup is developing therapies that degrade harmful proteins in people with autoinflammatory and autoimmune diseases, as well as some cancers.

Additional Investors:
Wellington Management, Bain Capital, Janus Henderson Investors, BlackRock, Rock Springs Capital

View round

View 32 competitors »

Harbour BioMed pockets $75M

Harbour BioMed has wrapped up a $75 million Series B+ financing from investors including SK Holdings, Greater Bay Area Fund, Efung Capital and Zheshang Venture Capital. The clinical-stage biotech startup is

developing therapeutics for immuno-oncology and inflammatory diseases. Harbour BioMed, which has operations in Massachusetts, the Netherlands and China, raised an $85 million Series B in 2018.

Additional Investors:
JT New Century, Legend Capital, AdvanTech, GIC Private, Zhejiang University Investment

View round

View 37 competitors »

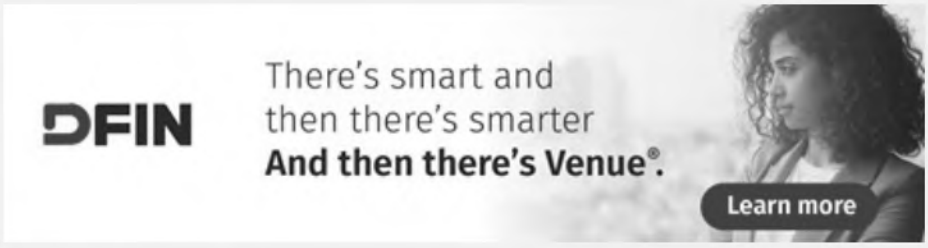
Share:

Vault grabs $30M for at-home men's health treatments

Men's health startup Vault has landed $30 million in funding from Tiger Capital Group, Declaration Capital and Redesign Health, according to TechCrunch. The company, which operates in four US states, plans to use the new capital to expand to more regions. It offers treatment plans for sexual health, brain health and overall wellness.

View round

View similar company »



PE DEALS

Summit backs NinjaRMM

Summit Partners has led a growth investment in NinjaRMM, a provider of remote monitoring and management software, with the San Francisco Business Times reporting a $30 million price tag. Founded in 2013, the Silicon Valley-based company serves more than 4,000 customers across the globe.

View details

View 32 competitors »

EXITS

NorthEdge unloads Cubic Motion

NorthEdge Capital has sold Cubic Motion, a UK-based provider of digital facial animation technology, to Epic Games, a video game and software development company. NorthEdge originally backed Cubic in 2017 with an investment from the firm's second flagship fund, which closed in 2016 on £315 million (about $397 million at today's conversion rate).

View details

View 9 competitors »

HealthStream buys NurseGrid

HealthStream, a Nashville-based healthcare workforce management company, has paid about $25 million in cash to acquire VC-backed NurseGrid. Based in Portland, Ore., NurseGrid offers an app that helps nurses manage and swap shifts. It raised a $5.7 million Series B in 2018.

View details

View 26 competitors »

FUNDRAISING

Greycroft eyes $400M growth fund

Greycroft has established a $400 million target for its third growth fund, according to an SEC filing. The New York-based firm raised $256 million for its previous growth fund; Greycroft used that vehicle to write checks of between $10 million and $35 million for companies at the Series B stage or later.

View fund

View 332 investments »

CORPORATE M&A

Nestlé taps JP Morgan for Yinlu unit sale

Nestlé has hired JP Morgan to help divest its Chinese Yinlu Foods Group unit at a valuation of about $1 billion, according to Bloomberg. Nestlé acquired the company, which makes and sells Chinese porridge along with canned foods and beverages, in 2011.

View details

View similar company »

Chinese bean curd brand could sell

Beijing Capital Agribusiness & Foods Group is considering selling its fermented bean curd unit Beijing Wangzhihe Food Group, and both corporate acquirers and private equity shops are in the running, according to Bloomberg. The business has origins in the 17th century and sells its products globally.

View details

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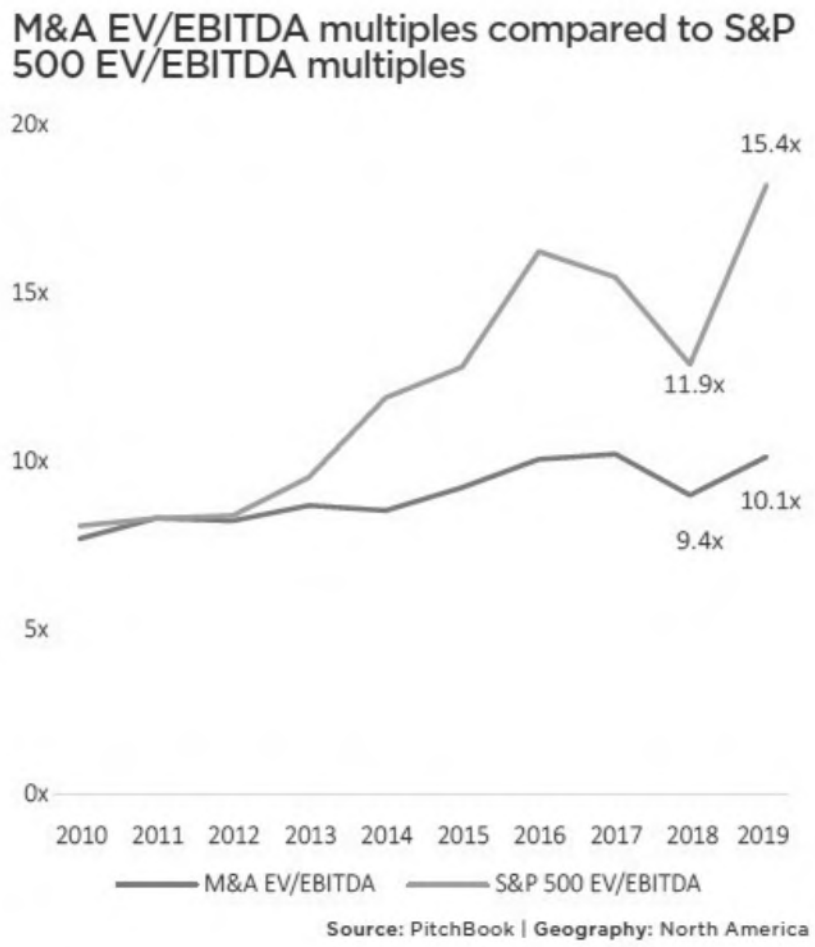
CHART OF THE DAY



"International squabbles notwithstanding, median EV/EBITDA multiples for North American M&A increased to 10.1x, a gain in line with the elevated levels of 2016 and 2017. This boost was due largely to elevated deal sizes, cheap financing from Federal Reserve rate cuts, increased competition for deals and the strength of the public markets."

Source: **PitchBook's 2019 Annual North American M&A Report**

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Venture capital, private equity and M&A financial information technology provider.

From: Wilkie, Robert L., Jr.
Sent: Fri, 13 Mar 2020 13:12:01 +0000
To: RLW
Subject: FW: [EXTERNAL] VA Advice
Attachments: Screen Shot 2020-03-12 at 9.49.59 PM.png

From: (b)(6)
Sent: Friday, March 13, 2020 9:10:52 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
(b)(6) Wilkie, Robert L., Jr.; Bonzanto, Dr. Tamara (OAWP); Davis, Lynda
Subject: [EXTERNAL] VA Advice

I have sent numerous emails the past couple weeks, without any response to my concerns. I have spent the last couple days hoping to receive an email or phone call saying you will allow me to see pulmonary or to see mental health without publicly shaming me first. (Illegal delay tactic) Unfortunately, nothing came.
Attached, you will see my kids' school is cancelled because there is at least 1 **CONFIRMED CORONA VIRUS CASE IN MY CITY**. What would that do to your mental health, if your healthcare was being withheld from you during this? You have intentionally put me in a very dangerous spot, given my lung disease. I begged you people to help. You ignored me.
How many veterans do you think have walked away from your "shame" class and killed themselves? You'll never know, but you clearly do not care about that. I do, though!

(b)(6)
(313) 910-(b)(6)
(b)(6)@yahoo.com

https://mail.yahoo.com/d/folders/1/messages/66326?.src=fp

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IMPORTANT update from LPS regarding school closure

Yahoo/Inbox

LPSdonotreply@livoniapublicschools.org <lpsdonotreply@livoniapublicschools.org>

To:

Thu, Mar 12 at 9:15 PM

Good Evening LPS Families and Staff,

Thank you for your attention to an important update regarding the coronavirus situation in our area.

Tonight, Livonia Mayor Maureen Brosnan announced that the confirmed case of COVID-19 that was previously announced in Wayne County is a middle-aged man who lives in Livonia and is being treated at the University of Michigan Hospital in Ann Arbor.

In light of this information, and out of an abundance of caution, all schools in the Livonia Public Schools School District will be closed tomorrow, Friday, March 13. At this time, the closure is for one school day only. This is an evolving situation both in our city and state, and we understand the heightened concern felt by our families and staff.

Tomorrow's closure will give our district leaders the time necessary to continue to stay updated with our local, regional and state partners from government agencies and to continue to plan for any potential school closures, if the need arises. Our district will continue to follow the guidance provided by our governor, as well as state and county health departments.

While we understand that closing school can be difficult for our families, this is a highly unusual situation that calls for our careful and thoughtful response in order to maintain safe and secure learning environments for our students and our staff. We appreciate your continued partnership with us.

Thank you.

Andrea Oquist, Superintendent

IMPORTANT update from LPS regarding school closure

Yahoo/Inbox

LPSdonotreply@livoniapublicschools.org <lpsdonotreply@livoniapublicschools.org>
To: [redacted]

Thu, Mar 12 at 9:15 PM

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Thank you.

Andrea Oquist, Superintendent

From: Wilkie, Robert L., Jr.
Sent: Fri, 13 Mar 2020 15:23:32 +0000
To: RLW
Subject: FW: RE RFI Corona Virus quarantined traveler housing?

From: (b)(6)
Sent: Friday, March 13, 2020 11:22:49 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.; Stone, Richard A., MD
Cc: (b)(6)
(b)(6)
Subject: [EXTERNAL] Fw: RE RFI Corona Virus quarantined traveler housing?

Dr. Stone
Please see the questions below from my email of March 10th.
We still have not received a response to any of these questions to date. Frankly, it's unacceptable that we are in a pandemic situation and VHA is too busy to answer basic questions when we have RNs putting their lives at risk while VA is either unwilling and/or unprepared to answer basic questions that will ensure the safety of RNs and the patients who they are taking care of.
Right now, there are VA hospitals having RNs and healthcare workers screen patients at entrances without providing them PPE protection or providing protocols for this process. This is just one of many concerns we currently have. VA is putting both patients and the workers at risk now.
We immediately would like a meeting with you and your staff to address our concerns because on the calls we have with VACO LMR, no one from that office can tell us anything, other than they will share our concerns with VHA.
We looking forward to hearing from you.
(b)(6)
Thanks,
(b)(6)

(b)(6) Lead National Representative
National Nurses United- NNU
www.nationalnursesunited.org

Tel: 646-460-(b)(6) Fax:212-624-(b)(6)

From: (b)(6)@nationalnursesunited.org>
Sent: Tuesday, March 10, 2020 10:25 AM
To: (b)(6)@va.gov>
Cc: (b)(6)@gmail.com>; (b)(6)
(b)(6)@nationalnursesunited.org>; (b)(6)@va.gov> (b)(6)
(b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov
(b)(6)@va.gov>
Subject: Re: RE RFI Corona Virus quarantined traveler housing?

Hi (b)(6)

I figured since we may have limited time on the briefing on Wednesday, I wanted to provide you questions ahead of time.

If you could please provide responses to each of these questions asap it would be appreciated.

1. What is VA plan for facilities that have insufficient amounts of PPE (N95/PAPR) currently to ensure the safety of RNs, healthcare workers, veterans and the prevention of the spread of COVID 19?
2. What is the VA plan if there is not enough staff to take care of patients due to exposure causing staff to quarantine?
3. Is VA going to be testing RNs and employees for COVID 19? If so, when?
4. What is the plan in each facility to notify the staff when there is either confirmed COVID 19 or suspected case?
5. What is plan/protocol/questions for screening patients, staff, visitors upon entry to the hospital. If they answer yes to any question that they might be symptomatic for COVID 19, what is the protocol then?
6. What is the VA policy on quarantining of employees who have traveled to China, South Korea, Iran or Italy recently?
7. What is the VA policy for those employees who have interacted with other employees who now being quaranted due to interaction with those who have tested positive for COVID 19?
8. Do the medical centers now have full authority to grant weather and safety leave for up to 15 days for anyone needing to be quarantined? If so, please define who you believe is subject to quarantine?

Thanks,

(b)(6)

From: (b)(6) @va.gov>
Sent: Monday, March 9, 2020 8:49 AM
To: (b)(6) @nationalnursesunited.org>
Cc: (b)(6) @gmail.com>; (b)(6) <(b)(6) @nationalnursesunited.org>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: RE RFI Corona Virus quarantined traveler housing?

Good morning (b)(6)

I sincerely apologize. The Dr. who will be giving the brief is deployed on the team to manage COVID-19. I have not received date(s) of his availability for a briefing to date. I followed up with his EA again this morning and will get back to you as soon as I hear something.

From: (b)(6) @nationalnursesunited.org>
Sent: Friday, March 6, 2020 8:47 PM

To: (b)(6) @va.gov>
Cc: (b)(6) @gmail.com>; (b)(6) (b)(6) @nationalnursesunited.org>; (b)(6) @va.gov>
Subject: [EXTERNAL] Re: RE RFI Corona Virus quarantined traveler housing?

(b)(6)

We are starting to hear about change in protocols related to screenings of staff, patients, and visitors, Telework being used, usage of leave and other issues.

To that end, when will NNOC.NNU be briefed on COVID 19?

(b)(6)

From: (b)(6) @va.gov>
Sent: Thursday, March 5, 2020 11:39 AM
To: (b)(6) @nationalnursesunited.org>
Cc: (b)(6) @gmail.com>
Subject: RE RFI Corona Virus quarantined traveler housing?

Good morning (b)(6)

Just FYSA, I was assigned this RFI today. I will reach out to the responsible program office to obtain the information. Also, just an update, as of 1138 EST 3-5-20, I am still waiting on date/time from the SME regarding the informational briefing on the Corona Virus.

(b)(6)

From: (b)(6) @nationalnursesunited.org>
Sent: Monday, February 3, 2020 11:26 AM
To: (b)(6) @nationalnursesunited.org>; (b)(6) (b)(6) @va.gov>
Cc: (b)(6) @nationalnursesunited.org>; (b)(6) @comcast.net>; (b)(6) @va.gov>; (b)(6) CIV USN (USA) (b)(6) @navy.mil>; (b)(6) @va.gov>
Subject: [EXTERNAL] Re: Corona Virus quarantined traveler housing?

Hi (b)(6)

I wanted to follow up on the email below as we have recently seen an All Employee Message from Dr. Stone today, but there was no mention of VA facilities being used to house travelers who are being quarantined.

Please provide us an update asap, as well as the information requested below.

Thanks,
(b)(6)

From: (b)(6) @nationalnursesunited.org>
Sent: Sunday, February 2, 2020 2:28 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @nationalnursesunited.org> (b)(6) (b)(6) @nationalnursesunited.org> (b)(6) @comcast.net> (b)(6) (b)(6) @va.gov>
Subject: Corona Virus quarantined traveler housing?

It is my understanding that the Department of Veterans Affairs is entertaining housing travelers who are currently under quarantine due to exposure to the Corona virus. We are deeply concerned that moving these travelers to VA medical facilities poses a grave danger to nurses, staff, veterans, as well as the general population.

It is our understanding that the medical staff has not been trained on dealing with patients who may be infected with this virus. We are also deeply concerned the VA has not trained staff on the use of appropriate personal protective equipment (PPE). Additionally, there is a question as to whether the VA has the appropriate PPE. We have sent the below information request to each of the 23 facilities we represent and are awaiting response. Given the concerns raised above I am escalating this request to your office for immediate response.

Information requested:

1. Facilities that are designated as quarantine housing sites for travelers who have entered the U.S. from China. As well as start date, duration .

2. The Facility plan for disaster preparedness and response in the case of mass influx of patients or mass casualty incident;

2. The Facility Infection Control Guidelines, Policies, and other related documents regarding treatment, surveillance, and isolation precautions for patients with known or suspected Novel Coronavirus;

3. The Facility plan for exposure surveillance, prompt notification, and isolation (if indicated) of employees with occupational exposure to Novel Coronavirus;

4. The Facility Infection Control Guidelines, Policies, and other related documents regarding employees working while exhibiting signs and/or symptoms of Novel Coronavirus and/or any potentially communicable disease;

5. Any and all training and education materials, whether written, delivered via electronic means, or provided by in-person instructor(s) regarding Novel Coronavirus, including screening for symptoms and travel history that may indicate the need for further screening and/or isolation, as well as general information about Novel Coronavirus infection and treatment;

6. The number of available airborne isolation (negative pressure) rooms in the Facility;

7. Current stock on hand of N95 respirators and powered air-purifying respirators (PAPRS) as well as gowns, gloves, and other PPE for droplet and aerosol precautions;

8. Please provide a list of areas that could be used to isolate a patient with suspected or possible 2019-nCoV infections if an airborne isolation room is not available;

9. The Facility procedure(s) used to determine daily whether negative pressure is maintained with the airborne isolation room is in use;

10. Has the Facility identified any possible cases of 2019-nCoV? If so, how many?

11. The Facility's plans to adjust staffing to address the additional staff time required to properly care for multiple patients in airborne isolation; and

12. The Facility Attendance Policy and any revisions to the Attendance Policy made in order to address employees with documented exposure or known/suspected Novel Coronavirus.

We understand that this is a developing situation. To the extent that educational materials, supply levels, and policies may be in flux, please consider this information request to be ongoing and provide additional materials as they become available.

Particularized need:

1. Determine if the Hospital is complying with the Collective Bargaining Agreement, as well as all other applicable laws, rules, and regulations;

2. Determine if all RNs are being effectively protected from infectious disease exposure;

3. Determine the most appropriate representational course of action to take in this matter;

4. Fulfill the Union's representation responsibilities;
The Union will use this information to assess the Facility's preparedness for the current Novel Coronavirus outbreak and its impact upon RNs employed at the Facility.

If any part of this request is denied, or if any material is unavailable, please communicate that fact to me in writing, along with the reason(s) for the denial or unavailability of the requested information, and please provide the remaining items by the same date. The Union will accept partial fulfillment of this information request without prejudice to its position that we are entitled to all documents and information called for in the request.

The Union reserves the right to request additional information if necessary. To the extent that any of the above information can be provided in electronic format, please do so.

From: Wilkie, Robert L., Jr.
Sent: Fri, 13 Mar 2020 19:47:30 +0000
To: RLW
Subject: FW: APhA Recommendations to the President's Coronavirus Task Force to Maximize the Use of Pharmacists to Prevent, Treat, and Respond to Coronavirus.
Attachments: APhA Coronavirus Comments 3 13 2020 Final.pdf

From: (b)(6)
Sent: Friday, March 13, 2020 3:46:22 PM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6) @ovp.eop.gov (b)(6) @cdc.gov; (b)(6) @HHS.GOV; (b)(6) @hhs.gov; (b)(6) @hhs.gov; (b)(6) @cms.hhs.gov; (b)(6) @cms.hhs.gov; Wilkie, Robert L., Jr.; (b)(6) @hud.gov; (b)(6) @fda.hhs.gov; (b)(6) @hhs.gov; (b)(6) @hhs.gov; (b)(6) @ostp.eop.gov; (b)(6) who.eop.gov; (b)(6) @cdc.gov; (b)(6) @nih.hhs.gov; (b)(6) @state.gov; (b)(6) @uscis.dhs.gov; (b)(6) @dot.gov; (b)(6) @nsc.eop.gov; (b)(6) who.eop.gov; (b)(6) @omb.eop.gov; (b)(6) @who.eop.gov; (b)(6) @omb.eop.gov; (b)(6) @who.eop.gov; (b)(6) @cdc.gov; (b)(6) @who.eop.gov; (b)(6) @mail.house.gov
Cc: (b)(6)
Subject: [EXTERNAL] APhA Recommendations to the President's Coronavirus Task Force to Maximize the Use of Pharmacists to Prevent, Treat, and Respond to Coronavirus.

March 13, 2020

The Honorable Mike Pence
Vice President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20501

RE: APhA Recommendations to the President's Coronavirus Task Force to Maximize the Use of Pharmacists to Prevent, Treat, and Respond to Coronavirus

Dear Vice President Pence:

We are writing to support your efforts and to serve as a resource for the President's Coronavirus Task Force (hereinafter, "Task Force") in assisting both the federal and state governments meet the public health challenges of the coronavirus. APhA has already issued preparedness and prevention guidance for pharmacists, patients and/ or caregivers during the coronavirus pandemic, extending the reach of resources and information provided by Centers for Disease Control ("CDC") and other reputable sources.[1] Pharmacists are well-positioned to provide information and educational resources related to coronavirus to the public. We can do more.

As President Trump has declared a national public health emergency under the National Emergencies Act and the Secretary of Health and Human Services ("HHS") has declared a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take additional actions in addition to his regular authorities. Under Section 1135 of

the Social Security Act, the HHS Secretary may now temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program ("CHIP") requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods. It also allows providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). **Accordingly, APhA urges the Task Force and the HHS Secretary to use the full authority of Section 1135 to maximize the use of pharmacists to prevent, treat, and respond to the coronavirus.** America's pharmacists stand ready and able to provide the patient care services necessary to help meet the public health needs created by the spread of the coronavirus (COVID-19).

APhA represents nearly 60,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, specialty pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services. APhA has a track record as a strong partner with HHS, CDC, Food and Drug Administration ("FDA") and other agencies in addressing public health needs of communities such as immunizations, emergency preparedness, substance use disorder/opioids, diabetes and other public health concerns.

See, attached .PDF for full comments and recommendations.

Pharmacists stand ready and able to help. We look forward to working the President's Coronavirus Task Force to intervene and provide meaningful services to meet the public health challenge created by the coronavirus – which can serve as an effective mechanism to combat additional public health emergencies in the future. If you have any questions, or if we can be of any assistance, please do not hesitate to contact (b)(6) Director of Regulatory Affairs, at (b)(6) @aphanet.org or by phone at (202) 429-(b)(6)

(b)(6)

Director, Regulatory Affairs
American Pharmacists Association
2215 Constitution Avenue, NW
Washington, DC 20037-2985
800-237-APhA (b)(6)
Phone: (202) 429-(b)(6)
(b)(6) @aphanet.org
www.pharmacist.com

[1] APhA Issues Preparedness and Prevention Guidance During Coronavirus Pandemic. Press Release. March 6, 2020, available at: https://www.pharmacist.com/press-release/apha-issues-preparedness-and-prevention-guidance-during-coronavirus-pandemic

March 13, 2020

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[1] APhA Issues Preparedness and Prevention Guidance During Coronavirus Pandemic. Press Release. March 6, 2020, available at: https://www.pharmacist.com/press-release/apha-issues-preparedness-and-prevention-guidance-during-coronavirus-pandemic

Services ("HHS"), CDC, Food and Drug Administration ("FDA") and other agencies in addressing public health needs of communities such as immunizations, emergency preparedness, substance use disorder/opioids, diabetes and other public health concerns.

You recently stated at a Task Force press conference that "…our objective, ultimately, and as quickly as possible, is to have tests made through these commercial laboratories and commercial providers that your local doctor, your CVS, your MedCheck is able to have a coronavirus test. And that isn't there yet; we're working to make that a reality."[2] You mentioned this again at a coronavirus briefing with diagnostic lab CEOs.[3]

In several states pharmacists currently have the training and authority to conduct influenza and strep testing, providing either treatment or referral based on the test results.[4] In addition, more than 360,000 pharmacists have been trained to administer vaccines across the lifespan.[5] Pharmacists stand ready to help meet your access goal and the needs of our communities as the coronavirus test and vaccine becomes broadly available. Pharmacists are the most accessible health care provider and provide care and services in a wide variety of practice settings in communities across our nation – making them uniquely qualified to reduce clinical burdens and improve patient health. In fact, 90% of all Americans live within five miles of a community pharmacy.[6] In addition to being medication experts, pharmacists also provide a broad array of services beyond dispensing medications, including disease state and medication management, smoking cessation counseling, health and wellness screenings, preventive services, and immunizations.[7] Our members are well-situated to work collaboratively with HHS to intervene and provide meaningful services to curb the spread of the coronavirus and play an integral role in containment and mitigation.

To assist patients during this time, APhA supports the Task Force and CMS' efforts and issuing of guidance to health plans to reduce regulatory and payment barriers for prescription refills, the need for prior authorization, and home delivery. As you likely know, many pharmacies also provide prescription delivery services, which will allow patients to stay at home if clinically advisable, thus minimizing disease transmission.

<u>In addition, APhA offers the following additional immediate actions the Task Force can take to help curb the looming crisis</u>:

1. Allow Pharmacist Administration of the Coronavirus Test as a Rapid Diagnostic Test

The Task Force could expand public access to coronavirus testing through utilization of pharmacists to collect samples according to CDC guidelines for the currently available tests, and submit them to approved labs, interpret and communicate the results to patients, make

---

[2] Press Briefing by Vice President Pence and Members of the White House Coronavirus Task Force. March 4, 2020, available at: https://www.whitehouse.gov/briefings-statements/press-briefing-vice-president-pence-members-white-house-coronavirus-task-force-2/

[3] Remarks by Vice President Pence at a Coronavirus Briefing with Diagnostic Lab CEOs. March 4, 2020, available at: https://www.whitehouse.gov/briefings-statements/remarks-vice-president-pence-coronavirus-briefing-diagnostic-lab-ceos/

[4] NASPA. Pharmacist Prescribing: "Test and Treat." February 8, 2019, available at: https://naspa.us/resource/pharmacist-prescribing-for-strep-and-flu-test-and-treat/

[5] APhA 2019 Annual Report.

[6] NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

[7] Avalere. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 21, 2014, available at: https://avalere.com/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment

appropriate referrals and guide patients on prevention and appropriate next steps. Once a rapid diagnostic coronavirus test is available for point of care testing, we encourage utilization of pharmacists to assess patients, conduct testing, interpret the results and provide available treatment or referrals, according to CDC guidance. This would align with what pharmacists are currently authorized to do in 17 states for strep throat or influenza.[8] In Idaho, pharmacists are already authorized to prescribe products to treat strep/flu pursuant to a rapid diagnostic test and using an evidence-based protocol. Florida recently passed a law permitting pharmacists to test for strep, flu and some skin conditions. Beyond statewide authority, many other states have collaborative practice authority ("CPA") broad enough to allow pharmacists to order or administer laboratory tests pursuant to the terms of the CPA with a prescriber. The Task Force could immediately encourage states to include this authority, if it doesn't already exist, through Governor declarations or other mechanisms, optimizing the skillset of pharmacists, managing demand, and ultimately allowing primary care practices, emergency rooms, and hospitals to handle more critical patients' cases.

In addition, once antiviral medications are approved and available to treat individuals with coronavirus, the Task Force should encourage states and payers to recognize and utilize pharmacists in the evaluation of patients and the prescribing of appropriate medications as it currently done in several states with antivirals to treat influenza. With these medications the timely prescribing and use of medications is critical for success.

2. ***Allow All Pharmacies to Receive a Certificate of Waiver and to Offer the Coronavirus Test as a Clinical Laboratory Improvement Amendments ("CLIA")-waived Point-of-Care ("POC") Test***

In addition, under Medicare, a pharmacy may possess a CLIA Certificate of Waiver so that they may expand patient access to CLIA-waived tests and improve public health. For example, patients may come to a pharmacy that has a Certificate of Waiver and ask to obtain a CLIA-waived POC test for an infectious disease. One recent study involved pharmacists in three states, where pharmacists in waivered pharmacies worked with a physician under a CPA to help identify patients for an influenza POC test and subsequent identification and management of patients who tested positive for influenza.[9] This model improves identification of patients with infectious conditions earlier, particularly for patients without a primary care provider or who are screened outside of regular clinic office hours and could serve a vital role in assisting to identify patients with the coronavirus and get them to appropriate treatments. Forty-four states allow for pharmacist POC testing for influenza and strep. Accordingly, APhA strongly recommends CMS and the Task Force allow all pharmacies to receive a Certificate of Waiver, when appropriate, for the coronavirus point of care testing when it is available, thereby removing administrative barriers to test access. Offering the coronavirus test as a CLIA-waived point-of-care POC test for an infectious disease would assist the health system and medical providers in triaging patients. CMS should also be certain to ensure that pharmacies and pharmacists are able to recoup both the costs associated with the CLIA-waived coronavirus test and the pharmacist's time under this model.

---

[8] NASPA. Pharmacist Prescribing: "Test and Treat," February 8, 2019, available at: https://naspa.us/resource/pharmacist-prescribing-for-strep-and-flu-test-and-treat/

[9] ME Klepser, et al. Effectiveness of a pharmacist-physician collaborative program to manage influenza-like illness. J Am Pharm Assoc. 2016; 56:14-21, available at: https://www.ncbi.nlm.nih.gov/pubmed/26802915

3. *Recognize and Utilize Pharmacists as Capable Vaccine Providers for the Coronavirus Vaccine When Available*

Pharmacists are important members of the "immunization neighborhood" and improve patient access to vaccinations recommended by the CDC Advisory Committee on Immunization Practices ("ACIP") across the lifespan. As a reminder, ACIP and CDC "…defines a health care provider as anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists."[10] Thanks to changes in state laws, pharmacists are playing an increasingly critical role in increasing influenza-vaccination rates across the United States, with an additional 4.1 million additional adults vaccinated in 2013 because states allowed pharmacists to administer the flu vaccine, which resulted in between 81,000-134,000 fewer influenza infections among adults in that year, depending on vaccine effectiveness. Additionally, the odds that an adult would receive the flu shot increased by 7.8 percent in states that allowed pharmacists to be immunizers.[11] In addition to influenza vaccination, pharmacists administer vaccines across the lifespan in accordance with ACIP recommendations, as authorized by state laws and regulations.

The Task Force should encourage and work with states to remove any barriers to pharmacists and other health care professionals' ability to access and administer coronavirus vaccine when it becomes available. In addition, CMS should require Part D and Medicare Advantage plans to recognize and compensate / reimburse pharmacists as they do physicians and other immunization providers and maximize the inclusion of pharmacists as in-network clinicians to provide the coronavirus vaccine when it becomes available. Furthermore, CMS should remove any barriers for pharmacists to be immunizers of the coronavirus vaccine, when available, whether under Part B or Part D. CMS permits an entity or individual, such as a pharmacist/ pharmacy, who wishes to furnish mass immunization services, but may not otherwise qualify as a Medicare provider, to enroll as a "mass immunizer." Currently, pharmacies as mass immunizers are restricted from billing Medicare for any services other than pneumococcal pneumonia vaccines ("PPVs"), influenza virus vaccines, and their administration.[12] Accordingly, due to this public health emergency, the Task Force and CMS should immediately act to ease the requirements to become an immunizer and allow pharmacists and pharmacies to meet the demand for distributing the coronavirus vaccine once it becomes available, whether under Part B or Part D. In addition, CMS should require Part D sponsors to submit and CMS to aggregate data from Medicare Advantage ("MA")-Prescription Drug ("PD") and Part D plan sponsors to better monitor, measure and attribute the impact different providers, including pharmacists, have on coronavirus vaccination rates of Medicare beneficiaries and encourage private plans to do the same.

4. ***Remove Administrative Barriers that Impact Pharmacists Delivery of Care for Patient Preparedness***

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[10] CDC. ACIP Shared Clinical Decision-Making Recommendations. Frequently Asked Questions. Last reviewed: February 10, 2020, available at: https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

[11] Drozd EM, Miller L, Johnsrud M. Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States. Clin Ther. 2017 Aug 3. pii: S0149-2918(17)30771-3, available at: https://www.ncbi.nlm.nih.gov/pubmed/28781217

[12] Centers for Medicare & Medicaid Services (CMS) Internet-only manual (IOM), Publication 100-08, Medicare Program Integrity Manual, Chapter 15, Section 15.4.6.2 -- Mass Immunizers Who Roster Bill. September 29, 2019, available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c15pdf.pdf

On March 12, 2020, APhA called on all of the nation's health insurers and pharmaceutical benefit managers ("PBMs") to immediately remove/waive any administrative barriers on pharmacists and patients for access to early medication refills from their pharmacy of choice to ensure patients have the medications necessary for chronic diseases to address their needs during the ongoing coronavirus pandemic.

We appreciate the steps already taken by some states and payers authorizing pharmacists to dispense emergency refills or waiving early medication refill limits on 30-day prescription maintenance medications, and the guidance in this area issued by the CDC and Department of Homeland Security. APhA also appreciates the recent actions taken by CMS reminding Medicare Advantage and Part D plans of their ability to: 1) remove prior authorizations requirements; 2) waive prescription refill limits, and 3) relax the restrictions on home or mail delivery of prescription drugs.

However, the Task Force could ease confusion by implementing uniform measures to ease the burdens on pharmacists and patients across the country. Without immediate changes to implement broad, system-wide authorization for early or emergency refills for chronic medications, patients may have to endure long waits at the pharmacy while the pharmacist addresses the administrative barriers. Not only does this frustrate patients and increase their risks of exposure in public places, but it challenges pharmacists' ability to deliver patient care services.

In addition to all of the above, we urge the Task Force to provide appropriate and effective protective equipment (N-95 masks, gloves, etc.) to pharmacists and other health care professionals providing direct patient care to individuals. This will address a significant concern of providers who are serving the needs of their communities, and at the same time are concerned with spreading coronavirus to their own families. Without the availability of these individuals the system will break down.

Conclusion

Pharmacists stand ready and able to help. We look forward to working the President's Coronavirus Task Force to intervene and provide meaningful services to meet the public health challenge created by the coronavirus – which can serve as an effective mechanism to combat additional public health emergencies in the future. If you have any questions, or if we can be of any assistance, please do not hesitate to contact (b)(6) Director of Regulatory Affairs, at (b)(6) @aphanet.org or by phone at (202) 429-7538.

Sincerely,

(b)(6) (6)

(b)(6), BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

CC: The Honorable Ambassador Dr. Debbie Birx, White House Coronavirus Response Coordinator
The Honorable Alex Azar, Secretary, HHS
Dr. Robert Kadlec, Assistant Secretary for Preparedness and Response, HHS
The Honorable Seema Verma, Administrator, CMS
The Honorable Robert Wilkie, Secretary, Department of Veterans Affairs
The Honorable Dr. Ben Carson, Secretary, Department of Housing and Urban Development
The Honorable Dr. Stephen Hahn, Commissioner, Food and Drug Administration
VADM Dr. Jerome M. Adams, U.S. Surgeon General
Kelvin K. Droegemeier, Director, White House Office of Science and Technology Policy
(b)(6) Assistant to the President for National Security Affairs
Dr. Robert Redfield, Director, CDC
Dr. Anthony Fauci, Director, The National Institute of Allergy and Infectious Diseases at the National Institutes of Health
Deputy Secretary Stephen Biegun, Department of State
Ken Cuccinelli, Acting Deputy Secretary, Department of Homeland Security
Joel Szabat, Acting Under Secretary for Policy, Department of Transportation
(b)(6) Assistant to the President and Deputy National Security Advisor
(b)(6) Assistant to the President and Senior Advisor to the Chief of Staff
(b)(6), Assistant to the President and Director of the Domestic Policy Council
(b)(6) Assistant to the President and Deputy Chief of Staff for Policy Coordination
(b)(6), Executive Associate Director, Office of Management and Budget
Larry Kudlow, Assistant to the President for Economic Policy and Director for National Economic Council
Dr. (b)(6) Senior Advisor, Pandemic Preparedness and Response, CDC
Mark Meadows, Chief of Staff, The White House

From: Wilkie, Robert L., Jr.
Sent: Fri, 13 Mar 2020 20:56:20 +0000
To: RLW
Subject: FW: [EXTERNAL] Trump cuts through red tape to get testing at Walmarts across America

From: Americans for Limited Government
Sent: Friday, March 13, 2020 4:54:51 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Trump cuts through red tape to get testing at Walmarts across America

For Immediate Release
March 13, 2020

Contact: Robert Romano
Phone: 703-383-0880 ext. 1

Trump cuts through red tape to get testing at Walmarts across America

March 13, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today released the following statement praising the public-private partnership by the Trump administration with industries across America to provide high quality coronavirus testing to millions of Americans:

"President Trump's leadership in cutting through outdated regulatory standards to provide dependable testing at Walmart locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President's efforts will unleash America's best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice President Pence in charge of the intergovernmental response to cut through the red tape."

To view online: https://getliberty.org/2020/03/trump-cuts-through-red-tape-to-get-testing-at-walmarts-across-america/

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

###

Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at www.getliberty.org and www.dailytorch.com.

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

This email is intended for (b)(6) @va.gov.
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From: Wilkie, Robert L., Jr.
Sent: Fri, 13 Mar 2020 21:09:30 +0000
To: RLW
Subject: FW: [EXTERNAL] Going Into The Weekend
Attachments: Exhibit ZC- Dr. Nicole Stromberg.png

From: (b)(6)
Sent: Friday, March 13, 2020 5:08:04 PM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
(b)(6) Wilkie, Robert L., Jr.; Bonzanto, Dr. Tamara (OAWP); Davis, Lynda
Subject: [EXTERNAL] Going Into The Weekend

I tried to get care from someone I could trust for weeks, and was told NO to community care. To try and ease my suffering, I relented and asked to see peopleinside the va. It has been OVER A MONTH since I did that. Supposedly I am getting to see someone in mental health on tuesday. This is from the same people who demanded I be publicly shamed before I can get seen. Whats the chances only they were forced to skip it for me? Before that, the detroit va wrote intentional libel in my records, including changing Constrictive Bronchiolitis to asthma, shaming me for calling the VCL (I never called it), and downplayed me having a panic attack (See attachment). How can I go into VHA mental health appointments filled with confidence that they are trying to "help"? I'm genuinely asking.
Going into this weekend, surrounded by corona virus, I couldn't even get the VA to let me speak with a pulmonologist about additional precautions or actions needed, given my lung disease. Blind and dumb. I cannot begin to describe how frustrating this is!

It's My Life You're Playing Games With,
(b)(6)
(313) 910-(b)(6)
(b)(6)@yahoo.com
On Friday, March 13, 2020, 9:10:52 AM EDT (b)(6)@yahoo.com> wrote:
I have sent numerous emails the past couple weeks, without any response to my concerns. I have spent the last couple days hoping to receive an email or phone call saying you will allow me to see pulmonary or to see mental health without publicly shaming me first. (Illegal delay tactic) Unfortunately, nothing came.
Attached, you will see my kids' school is cancelled because there is at least 1 **CONFIRMED CORONA VIRUS CASE IN MY CITY**. What would that do to your mental health, if your healthcare was being withheld from you during this? You have intentionally put me in a very dangerous spot, given my lung disease. I begged you people to help. You ignored me.
How many veterans do you think have walked away from your "shame" class and killed themselves? You'll never know, but you clearly do not care about that. I do, though!
(b)(6)
(313) 910-(b)(6)
(b)(6)@yahoo.com

VA Blue Button Report - My He

https://www.myhealth.va.gov/mhv-portal-web/va-blue-button?p_p_id=BlueButton_

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Note

LOCAL TITLE: MENTAL HEALTH ACCESS PROVIDER NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: SEP 03, 2019@11:57 ENTRY DATE: SEP 03, 2019@11:57:22
AUTHOR: (b)(6) EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Telephoned Veteran in response to his email received today. He remains quite

(b)(6); (b)(3):38 U.S.C. 5701

(b)(6) **CONFIDENTIAL** Page 44 of 64

(b)(6); (b)(3):38 U.S.C. 5701

We will attempt to telephone him again tomorrow.

/es/ (b)(6) MD
PSYCHIATRIST
Signed: 09/03/2019 12:01

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https://www.myhealth.va.gov/mhv-portal-web/va-blue-button?p_p_id=BlueButton_
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MEDICAL C

(b)(6); (b)(3):38 U.S.C. 5701

We will attempt to telephone him again tomorrow.

/es/ (b)(6) MD
PSYCHIATRIST
Signed: 09/03/2019 12:01

NTIAL

From: (b)(6)
Sent: Sat, 14 Mar 2020 22:03:53 +0000
To: RLW
Subject: [EXTERNAL] Fwd: The shadow coronavirus czar

(b)(6)

Begin forwarded message:

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Date: March 14, 2020 at 4:49:48 PM EDT
To: (b)(6) @riponsociety.org>
Subject: The shadow coronavirus czar
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-308731@politicoemail.com>

The shadow coronavirus czar

By Sarah Owermohle, Dan Diamond

03/14/2020 04:48 PM EDT

Scott Gottlieb left the Trump administration nearly a year ago — but from Twitter to TV, he's become the face of truth-telling about the coronavirus pandemic.

The 47-year-old former Food and Drug Administration commissioner is providing blunt reality checks on talk shows and in congressional chambers, where his warnings about undetected outbreaks and testing delays starkly contrast with current administration officials' assurances that the risk from the fast-spreading virus remains very low.

"And all I say is, 'Be calm.' We have the greatest people in the world," President Donald Trump told reporters on March 6 at the Centers for Disease Control and Prevention. "You never really know when something like this is going to strike and what it's going to be."

Gottlieb had a different take.

"People will suffer and die. The most vulnerable are at greatest risk," Gottlieb tweeted the next morning. "We must all work together to protect them. The next few months will be hard, but we will preserve life, and eventually conquer this pathogen."

Gottlieb's hard truths were finally embraced on Thursday morning by the president, who retweeted a series of Gottlieb's warnings hours after Trump's prime-time coronavirus address

was widely panned. “We need to sacrifice some of the trappings of normal life to reduce the scope and severity of what’s ahead,” Gottlieb wrote — and Trump retweeted — in a series of tweets that also took shots at the "void left by policy makers.”

Gottlieb’s emergence has made him the rare Trump administration insider who’s found ways to critique his old colleagues’ decisions from outside while still maintaining respect in Trump's inner circle. In some ways his plain-spoken warnings mirror those of Anthony Fauci, the 79-year-old NIH infectious disease expert who’s become a mainstay at congressional and White House task force briefings even as he contradicts the president’s reassurances or optimistic timelines.

Widespread mistrust of the administration’s take on the coronavirus has enhanced the role of an outsider like Gottlieb. And his ubiquity has made his estimates even more valued. Some have pointed to a coronavirus testing tracker that Gottlieb and the free market American Enterprise Institute established this week to estimate how many people could be tested for the infection each day — an initiative that aggravated some government health officials, despite Trump’s retweets.

Gottlieb also suggested that health systems could run coronavirus tests on a high-volume platform developed by drug giant Roche weeks before the administration authorized the strategy on Friday.

The Monday morning quarterbacking, especially around early testing stumbles, has particularly ruffled some feathers in the health department, where HHS Secretary Alex Azar is already dealing with criticism from White House officials — and where current FDA Commissioner Stephen Hahn has been virtually invisible on television during the crisis.

“I don’t know what his endgame is,” said one official, criticizing Gottlieb’s high profile, arguing that some of it’s come at the expense of his successor. “What’s he trying to prove, and why does he keep stepping on Hahn?”

Some officials also grumbled after Gottlieb penned Wall Street Journal editorials about preparedness in January and early February, claiming that his warnings about silent coronavirus spread were too alarmist — even if they’ve turned out to be true. It’s set up the media-savvy former FDA chief — who remains in frequent conversation with the White House and won as much bipartisan support as any Trump appointee while in office — for inevitable run-ins with current health officials who don’t have the latitude to make the same kind of policy pronouncements.

“He can say things that maybe the government would like to say because he has an authority,” said a source close to HHS. But at the end of the day: “They are making decisions that are going to affect 350 million Americans. He’s not.”

Others on the inside of the coronavirus battle say Gottlieb has been indispensable to the White House and Pence in particular on response strategy. They say consternation is rooted in Azar’s insecurity about his role and concerns that he could be undercut by Gottlieb, who had been rumored as a shortlist pick for a so-called coronavirus czar. “I think good leaders want to bring the strongest, smartest minds in and surround themselves,” said one administration official. “But

that's not what they're doing [at HHS]."

A source close to Azar disputed that characterization and frustration with Gottlieb, and the idea Azar that has been sidelined.

Gottlieb was seen at the White House ahead of Trump's emergency declaration on the coronavirus pandemic, according to a source, and he later praised Trump's Rose Garden event.

Gottlieb declined to comment for this story.

He now divides his time between a fellowship at the American Enterprise Institute, serving on a handful of drug company boards and a career as a talking head who has the rare ability to explain complicated science in a way ordinary people can understand. Some of that has been to the administration's adversaries on Capitol Hill.

The libertarian doctor's activist agenda as FDA chief, on everything from e-cigarettes to nutrition, often put him at odds with the Trump administration's anti-regulatory approach. But Gottlieb sold his proposals well — and left the administration on rare good footing with the White House and lawmakers from both parties in Congress.

"You do have big shoes to fill," Rep. Mark Pocan (D-Wisc.) told Hahn, Gottlieb's successor, at a House hearing Wednesday where Democrats grilled him on the flawed White House response to the coronavirus. Just one day earlier, Gottlieb gave his take on the state of the outbreak to Pocan and the rest of the Congressional Progressive Caucus at their invitation.

"We don't have a whole lot of, honestly, Trump appointees, American Enterprise Institute employees, come by to brief the Progressive Caucus. But he got it because we respect him so much," Pocan told Hahn.

Meanwhile, HHShas said it doesn't know how many tests have been done, and the CDC has dropped its own count from its website. Instead, the administration has been updating how many tests have been shipped to labs, not how fast the troubled testing program can turn them around. Azar said the CDC is working to get its own testing tracker up.

Gottlieb also has stepped into a void around Hahn, who has kept a low profile throughout the crisis — posting relatively few coronavirus tweets, making no appearances on prime-time TV programs, and waiting a month before the White House even added him to its coronavirus task force.

And when asked about the testing numbers his predecessor is projecting, Hahn said it's complicated. "I would want to get you the most accurate information possible," he told lawmakers.

Hahn, a cancer doctor and health system administrator, is constrained in ways that Gottlieb is not, allies argue. Two administration officials said that early testing delays were rooted in Azar's decision early on to leave Hahn off the coronavirus task force, where he could have coordinated more easily with CDC Director Robert Redfield to let private labs roll out their own tests.

"He wasn't given the opportunity to be involved and that's what created the problems," said one administration official. Hahn was eventually brought on the task force, along with Surgeon General Jerome Adams and CMS Administrator Seema Verma, after Vice President Mike Pence was tapped to take the lead.

An HHS spokesperson Hahn has been involved in briefing Azar and others from the very beginning and Azar is pleased he is part of the task force.

"We are and have been focused on addressing this public health emergency, and not who was appointed to the task force or when," Hahn said in a statement to POLITICO.

Yet what looked like early stumbles and confusion among administration officials has driven frustration among lawmakers — and now they are turning to Gottlieb.

"I just feel that there's been such confusion and miscommunication at the presidential level that we're constantly playing catch-up," said Rep. Jamie Raskin (D-Md.) whose state has reported at least nine cases of coronavirus.

"Even though he's on the conservative side, you know the ideas that he's pushing forward are important and they've been smart," said Rep. Pramila Jayapal (D-Wash.), who attended Gottlieb's closed-door briefing with progressive members and whose state has become the U.S. epicenter of the outbreak.

"His deep-seated interest in public health issues is genuine, it's who he was before. It's just getting more attention, it's magnified now," said a former HHS official. "What's the long game? He's going to keep writing op-eds."

Adam Cancryn contributed to this report.

To view online:
https://subscriber.politicopro.com/health-care/article/2020/03/the-shadow-coronavirus-czar-1894503

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To: RLW
Subject: [EXTERNAL] Fwd: Trump now needs the hospitals he's alienated

(b)(6)

Begin forwarded message:

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Date: March 14, 2020 at 9:31:03 PM EDT
To: (b)(6) @riponsociety.org>
Subject: Trump now needs the hospitals he's alienated
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Trump now needs the hospitals he's alienated

By Adam Cancryn, Dan Diamond

03/14/2020 09:26 PM EDT

The Trump administration is struggling to win back the confidence of hospital leaders after three years of pitched battles, with the industry pushing for urgent help from the White House as the coronavirus crisis begins to swamp emergency rooms.

Centers for Medicare and Medicaid Services Administrator Seema Verma on Friday announced new moves to roll back industry regulations, two days after hospitals pled their case to Verma in a White House meeting that left many unsatisfied. Among the changes: Streamlined deployment of doctors, fewer time-consuming inspections and less red tape around how hospitals run operations during a crisis.

“It gives hospitals and providers on the front lines the maximum flexibility so that they can focus on patients that need help,” Verma said on “Fox and Friends” on Saturday. The American Hospital Association hailed the moves as a “solid step.”

But hospital leaders say that the new announcements only touch the surface of their needs, as they worry about shortages of crucial supplies, risks to their workers and the possibility of an industry bailout as coronavirus patients swarm their facilities. An expert on an American Hospital Association webinar last month predicted as many as 1.9 million ICU admissions from the coronavirus outbreak over the next few months, swamping existing facilities. There are only

about 100,000 ICU beds across the U.S. health system.

Meanwhile, the cost of care for some severely ill coronavirus patients has already been estimated in the hundreds of thousands of dollars, as hospitals deploy significant measures to keep the patients alive while protecting their own workers against infection. At least three hospital systems in Seattle, the center of the nation's most extensive outbreak, have already announced a halt on elective procedures in order to devote more resources toward the coronavirus patients already swarming their facilities.

“I think there will be hospitals that could be pushed to the edge financially,” said Chip Kahn, head of the for-profit Federation of American Hospitals, warning that hospitals will absorb a surge of coronavirus cases while postponing elective procedures that tend to be better for hospitals’ bottom lines. Some hospital leaders have quietly floated that they’ll need federal funding to pay for rented hotels or other arrangements as their hospital wards are quickly overrun by the coronavirus outbreak.

The risk of failure is severe: Public health experts have warned that the U.S. coronavirus outbreak, which is in its early days, could be on track to resemble the increasingly dire situation in Italy, where patients have overwhelmed that nation’s health system. That’s left hospitals calling for extreme measures from the White House and scrambling to prepare emergency steps of their own while they wait for a response.

But in the face of the looming crisis, hospital executives said that leaders were underwhelmed by their Wednesday meeting with Verma, who spent much of the hour-long session taking notes but failed to calm industry fears about swamped emergency rooms and medical supply shortages, according to three individuals with direct knowledge of the meeting. Vice President Mike Pence briefly joined the meeting but departed to join other officials as they worked to prepare the president for his Oval Office address.

“For our guys, it did not scream confidence,” said one individual briefed on the meeting. “We came out of it with bigger questions about whether the administration has done its homework to protect the supply chain,” as hospitals try to stock up on masks, swabs and other key materials that could quickly become hard to find, said another individual.

Kenneth Raske, president of the Greater New York Hospital Association, compared the current situation to a “World War II mentality, where we’re going to have to put extra shifts on in manufacturing and get this stuff out the door.”

“The only one that can do that is the federal government, and we need the president and vice president to make a priority of that,” he said.

Kahn, who was among the attendees at Wednesday’s meeting, praised Verma but put responsibility for the administration’s slow start on the White House, contending that federal health officials had to wait for authorization to get started on a series of initiatives.

But hospital leaders haven’t had time alone with President Donald Trump — even as leaders of other health sectors, like the insurance industry, the pharma industry and the lab industry, have

been granted extended face-to-face meetings with the president and Pence.

CMS didn't respond to questions about the meeting with Verma, but defended its efforts to engage the hospital industry.

A spokesperson pointed to a new weekly call to brief hospitals on coronavirus — with the first call with FDA Commissioner Steve Hahn drawing more than 1,600 listeners — and other steps to build closer ties.

"CMS created a strategic working group with the American Hospital Association and the Federation of American Hospitals which began meeting last Monday," a spokesperson said, adding that the group included a "small number" of hospital CEOs.

"We believe that for the health system to respond adequately to the coronavirus, the entire health system must be engaged," the spokesperson added.

The tensions between hospitals and the Trump administration have persisted for years.

The hospital industry went to war with the White House in 2017 over Trump's efforts to repeal the Affordable Care Act, saying that rolling back the sweeping health law would harm patients and do damage to their bottom lines. They've continued that fight as Trump has tried to strike down the law in court, with American Hospital Association CEO Rick Pollack calling the position "misguided."

Hospitals also have fought over numerous Medicaid changes spearheaded by Verma, including a new "fiscal accountability" proposal that would tighten hospitals' ability to collect Medicaid funding. Hospitals currently use a variety of financial arrangements to pump up their Medicaid revenue, such as supporting state taxes that allow them to draw down even more money in federal matching funds. Verma has called the arrangements industry-friendly gimmicks and wants to do away with them.

"Hospitals were already concerned about the rule — and moreso with coronavirus staring them in the face," said Joel McElvain, a partner in King & Spalding's health care group who's represented hospitals in lawsuits against the administration. McElvain warned that states would need to come up with new financial arrangements to support hospitals if the rule, a top priority for Verma, is finalized during the coronavirus outbreak.

"It's a time when rural hospitals are already struggling and facing real difficulty if worst-case scenarios come true in the coming weeks," McElvain said.

Meanwhile, hospitals have spent years fighting back against a slew of Trump administration funding cuts to Medicare, Medicaid and public health initiatives. Among Trump's most recent proposals: an $18 million cut to the federal health department's own hospital preparedness program, announced just last month, on the eve of the coronavirus outbreak.

"The hospital preparedness program exists so hospitals prepare for this exact thing," said a former HHS official. "The whole point is to prepare them so they can respond to all hazards -

from hurricanes to pandemics to biological attacks."

While Trump's battles with the pharmaceutical industry have gotten considerable headlines, some of his aides have believed that hospitals were a larger problem, citing the costs that ever-larger systems have passed along to patients and pointing to policies that they say gamed the system. They also haven't agreed with hospitals' warnings that their bottom lines have suffered under this administration.

"The argument is so ridiculous," said Brian Blase, who advised Trump on health policy before leaving the White House last year. "I don't think there are a lot of policies that came out that took revenue away from hospitals," he added, noting that hospitals successfully sued to blockTrump's billion-dollar cut to a drug-discount program and other regulations opposed by hospitals have been similarly stalled.

Amid the historic public health threat, hospital officials are loath to renew a public battle too and criticize the administration.

"We have been very clear that we have had serious concerns with a number of other policies from the Administration, including the issues of Medicaid expansion and cuts to hospital outpatient department visits," a spokesperson for the American Hospital Association told POLITICO. "Right now, of course, our focus is on working with the government and other stakeholders at all levels to address the current emergency."

But some hospital leaders did express frustration on Saturday after Surgeon General Jerome Adams warned that hospitals may need to postpone elective surgeries to handle the crush of coronavirus patients.

"Hospital & healthcare systems, PLEASE CONSIDER STOPPING ELECTIVE PROCEDURES until we can #FlattenTheCurve!" Adams tweeted on Saturday, adding that such procedures could further the coronavirus spread, tax medical stockpiles and put further pressure on doctors and nurses.

The message from the nation's top doctor was seen as alarmist and premature, worrying hospital officials that it would prompt patients to postpone crucial care. "I do think it's unfortunate what the surgeon general said," said Kahn, adding that he hoped Adams and Gov. Andrew Cuomo, who similarly warned of the need to cancel some procedures, would walk back their statements. "I don't think we're anywhere near a point where we know we would have to do something like that."

The coronavirus outbreak has served as justification of hospitals' yearslong warnings over federal policies that the industry saw as hamstringing their finances and preparedness, executives said. Now, the same government that sought to cut pay rates and layer on new regulations is relying on hospitals as the nation's chief defense against the pandemic.

"Governments tend to, on a day-to-day basis, underestimate the importance of the health care community and look at it not so much as an economic contribution as an economic deficit," Raske said, emphasizing that the attitude extends well beyond the Trump administration. "That

tendency hits reality in a crisis."

Hospital leaders also have warned about the dearth of ventilators to treat the sickest patients — an issue that Verma has failed to directly address in multiple interviews, including being grilled by Fox News host Tucker Carlson on Friday night over whether hospitals will have enough.

"You know, Tucker, I don't want to make drastic predictions here, right?" Verma said. "Because this situation is changing every single day. And based on the information we have, we know that we have to be aggressive," she added, touting yesterday's moves to increase flexibility for hospitals and relax regulations.

"That was one of the most incompetent and absolutely incoherent responses to what's going on right now," Michael Osterholm, a University of Minnesota infectious-disease expert, told Carlson a few minutes later.

CMS did not directly respond to questions about whether there is a dearth of ventilators.

Meanwhile, hospital executives have noted the dark irony of Washington's sudden focus on mass treatment capacity after years of efforts to crack down on hospital reimbursement prompted providers to shrink their facilities.

"I'm really worried about how, when this finally blows over, what Congress does," said one lobbyist. "Are we actually going to learn from this?"

"We love hospitals," countered Blase, Trump's former health policy adviser. "Hospitals are going to be at the front lines of this and have an enormous job. But there shouldn't be policies that give them advantages they shouldn't have."

To view online:
https://subscriber.politicopro.com/health-care/article/2020/03/trump-now-needs-the-hospitals-hes-alienated-1894871

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From: RLW
Sent: Mon, 16 Mar 2020 01:26:02 +0000
To: Powers, Pamela
Subject: RE: Fwd: Updated Telework Guidance

Thank you

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6) @va.gov>
Date: Sunday, Mar 15, 2020, 9:25 PM
To: Stone, Richard A., MD (b)(6) @va.gov>, Lawrence, Paul R., VBAVACO (b)(6) @va.gov>, Reeves, Randy (b)(6) @va.gov>, Davis, Lynda <(b)(6) @va.gov>, Mason, Cheryl <(b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov>, Gfrerer, James (b)(6) @va.gov>, Hutton, James <(b)(6) @va.gov>, Cashour, Curtis <(b)(6) @va.gov>, Tucker, Brooks (b)(6) @va.gov>, Hudson, William A. (OGC) <(b)(6) @va.gov>, Bonzanto, Dr. Tamara (OAWP) (b)(6) @va.gov>, Sitterly, Daniel <(b)(6) @va.gov>, Brazell, Karen <(b)(6) @va.gov>, Rychalski, Jon J. <(b)(6) @va.gov>, Windom, John H. (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>, RLW (b)(6) @va.gov>
Subject: Fwd: Updated Telework Guidance

Leaders, updated telework guidance is attached and CHCO just sent it as well. OMB is encouraging max telework in the NCR area. Many of you have been forward leaning on this, and some of you, due to mission requirements, just can't afford to go there. Do what you need to do to support your mission critical areas, while protecting the health of your workers as much as possible.
FYSA, below is what was sent to the Office of the Secretary staff. We will have limited staff present in the building and the rest will be teleworking. We will ensure OSVA processes continue to run as efficiently as possible in this new environment.
If you have any questions on the new guidance, please let me know.
Thanks for all you do.
Pam
From: Powers, Pamela (b)(6) @va.gov>
Sent: Sunday, March 15, 2020 8:44 PM
To: VACO 00 All Staff
Subject: Updated Telework Guidance

All,
As members of the Secretary's team, we have a unique mission supporting the leadership and staffs who are managing this Department. We therefore must balance the needs of the mission with the health and safety of our workforce.
The Corona Virus in the DC, Maryland, Virginia area (as well as some of our outlying areas where we have employees) is becoming more widespread and more schools and day care facilities are closing,

events are cancelled, and other restrictions such as travel are enacted. Because the situation in our area has changed, I am encouraging maximum telework while maintaining mission accomplishment as much as feasible.

To be clear, the Office of the Secretary will not close our mission. Within the risk framework provided by OMB in the attached memo, let's ensure you and your supervisors at all levels are making the right decisions on telework arrangements where we can. And where we can't telework, on admin/weather leave.

The CHCO page has many examples of how to execute expanded telework if you need technical guidance.

As the CHCO guidance says, employees can "self-certify" their risks ...and that means you leaders! We need you healthy too. So stay home and work if you need to.

Please make sure to communicate your status or the status of your teams' ability to accomplish the mission should it become degraded to Chris and I.
As advised by OI&T, please also limit the use of network bandwidth when possible such as limiting Skype conversation and similar activities that are not critical.

Please also remember to protect yourself and your family, wash your hands frequently, and avoid crowds whenever possible.
We appreciate your dedication to our nations Veterans through this rapidly evolving situation. I am proud to serve with you and I thank you for all you do.

Pamela Powers
Chief of Staff

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Sunday, March 15, 2020 7:21 PM
To: (b)(6) EOP/OMB
Cc: DL OMB Dir Office OMB_COVID19OPS
Subject: [EXTERNAL] EPMC - Updated Guidance for the National Capital Region on Telework Flexibilities in Response to Coronavirus

Updated Guidance for the National Capital Region on Telework Flexibilities in Response to Coronavirus
Here is the link: https://www.whitehouse.gov/wp-content/uploads/2020/03/M20-15-Telework-Guidance-OMB.pdf

(b)(6)
Personnel Team Lead, Office of Performance & Personnel Management
Office of Management and Budget
202.395.(b)(6)

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

From: Wilkie, Robert L., Jr.
Sent: Mon, 16 Mar 2020 08:45:35 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Travel From UK, Ireland Banned; Flights Limited To 13 Airports

From: Transportation Law360
Sent: Monday, March 16, 2020 4:44:28 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Travel From UK, Ireland Banned; Flights Limited To 13 Airports

Monday, March 16, 2020

Follow

TOP NEWS

Travel From UK, Ireland Banned; Flights Limited To 13 Airports

The U.S. will ban travel from the United Kingdom and Ireland, Vice President Mike Pence said Saturday, while certain incoming European flights will be limited to 13 airports in an effort to combat the spread of the new coronavirus.

Notice attached | Read full article »

Coronavirus Moves Chancery To Call Off $2.6B Tesla Trial

Caution over COVID-19 and an anticipated large crowd prompted a Delaware vice chancellor Friday to call off a two-week trial set to start Monday, in which Elon Musk was expected to take the stand to defend himself from stockholder claims challenging Tesla's $2.6 billion merger with SolarCity.

Read full article »

Norwegian Cruises Accused Of Misleading On COVID-19

An investor's proposed class action has accused Norwegian Cruise Lines of inflating the company's stock price through allegedly false or misleading statements made by the company and its employees about the coronavirus outbreak.

Complaint attached | Read full article »

2nd Circ. Grounds Delta Flight Attendant's Sex Bias Suit

The Second Circuit upheld a win Friday for Delta Airlines Inc. in a suit brought by a flight attendant who said the airline violated gender

COMPANIES

Altman Weil Inc.
Amalgamated Transit Union
American Bar Association
Andreessen Horowitz LLC
Aviva SA
Burford Capital LLC
Cartier SA
Cushman & Wakefield Inc.
Delta Air Lines Inc.
DocuSign Inc.
Fisker Automotive

discrimination law by firing her after she tested positive for cocaine and alcohol, saying she was distinct from male substance abusers the company kept on.

Opinion attached | Read full article »

Hertz's Ex-General Counsel, Ex-CEO Must Face Clawback Suit

The Hertz Corp.'s ex-CEO and former general counsel must face claims that they breached their contracts with the company by refusing to give back millions in bonuses after a huge accounting scandal, a New Jersey federal judge has ruled.

Order attached | Read full article »

AVIATION

Iran Air Sanctioned For Helping Iran's Military, Syrian Regime

The U.S. placed Iran Air on a blacklist after federal agencies found the state-owned airline transported military-related equipment on behalf of Iran's Islamic Revolutionary Guard Corps and Ministry of Defense and Armed Forces Logistics, and for its support of the Syrian regime, federal officials said Friday.

Report attached | Read full article »

AUTOMOTIVE

7th Circ. Scraps Fraudster's $1.8M Restitution Order

A Seventh Circuit panel vacated a $1.8 million restitution order against a man convicted of participating in an Indiana car dealership's loan and insurance fraud schemes after finding that he wasn't responsible for the full amount, but upheld his six-year prison sentence Friday.

Opinion attached | Read full article »

Wash. Judge Greenlights Most Of $4.2B Vehicle Tax, Fee Cut

A Washington state judge has upheld most of a state ballot measure that would lower or eliminate vehicle taxes and fees, reducing state and local revenue by an estimated $4.2 billion over the next six years, as constitutional.

2 documents attached | Read full article »

LOGISTICS

Teamsters Say UPS Freight On The Hook For $2M In Back Pay

The International Brotherhood of Teamsters said Friday that UPS Freight will have to pay more than $2 million in back wages to droves of workers after an arbitrator ruled the company ran afoul of an extension agreement.

Holdings
Fordham University
Goldman Sachs Group Inc.
Goodman Group
Google Inc.
Hertz Global Holdings Inc.
Holland America Line Inc.
International Brotherhood of Teamsters
JAMS Inc.
Kelley Blue Book Co. Inc.
Kinder Morgan Inc.
LVMH Group
Liberty Broadband Corp.
LinkedIn Corp.
Los Angeles Dodgers
Microsoft Corp.
Mitsubishi Electric Corp.
Morgan Stanley
National Cable & Telecommunications Association
Nortel Networks Corporation
Philadelphia Energy Solutions Inc.
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Princess Cruise Lines Ltd.
Quest Diagnostics Inc.
Qurate Retail Group Inc.
Regents of the University of California
Saks Incorporated
Seal Software Ltd.
SolarCity Corp.
State Bar of California

Read full article »

Kirkland, Greenberg Steer $1.1B Logistics Deal

Singapore logistics firm GLP announced Friday it has reached a deal to pay Australia-based Goodman Group roughly €1 billion ($1.11 billion) for a portfolio of logistics properties in Central and Eastern Europe, in a transaction guided by a quartet of law firms and dozens of lawyers.

Read full article »

MARITIME

Alaska Barge Owner Must Pay $4.2M For Negligent Sinking

Three Alaska construction companies owe the state $4.2 million for leaving one of their barges filled with gravel and equipment submerged in state waters after its captain ignored advice about where to safely anchor and it sank in a storm.

1 document attached | Read full article »

ENERGY

DC Circ. Parses Formula For Kinder Morgan's 2011 Rates

The Federal Energy Regulatory Commission and a Kinder Morgan unit squared off before a D.C. Circuit panel Friday amid a dispute over a nearly decade-old decision that mandated the natural gas transporter redo the math on its 2011 rates.

Read full article »

Plains To Pay $60M To Settle With Calif., Feds Over Oil Spill

Plains All American Pipeline LP on Friday agreed to pay roughly $60 million to settle claims from the federal government and California over a 3,000-barrel oil spill off the state's coast in 2015 that harmed wildlife and closed beaches.

2 documents attached | Read full article »

EXPERT ANALYSIS

How To Manage Cybercrime Response With Less Gov't Help

Given the skyrocketing pace and complexity of cyberattacks — as evidenced by the recent attack against Mitsubishi Electric — and in light of strained government resources, corporate counsel should play a bigger role in companies' preparatory and remedial steps to stop and recoup losses, say Jessica Nall and Aviva Gilbert at Farella Braun.

Read full article »

7 Ethics Considerations For Lawyers Using Lead Generators

Lawyers should keep in mind that they may well be held responsible for the conduct of lead generation services they employ, even though the ethical and legal requirements in this area can be murky, say Lucian Pera

Tesla Inc.
The Catholic Diocese of Wilmington Inc.
The Florida Bar
Toronto-Dominion Bank
Travelex Holdings Ltd.
TripAdvisor Inc.
Trump Entertainment Resorts Inc.
Twitter Inc.
United Airlines Holdings Inc.
United Parcel Service Inc.
Washington Post Co.
Wells Fargo & Co.
Westfleet Advisors LLC
Zeughauser Group LLC

LAW FIRMS

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Allen & Overy
Atrium LLP
Baker Botts
Baker McKenzie
BakerHostetler
Cravath Swaine
Davis Wright Tremaine
DeVore & DeMarco
Dechert
Faegre Drinker
Farella Braun
Gibson Dunn
Gordon & Rees
Grant & Eisenhofer
Greenberg Traurig
Holland & Knight
Jenner & Block
Kessler Topaz
Kirkland & Ellis
Latham & Watkins
Law Office of Ramon de la Cabada
Linklaters

at Adams and Reese, Peter Jarvis at Holland & Knight and attorney William Hornsby.

Read full article »

LEGAL INDUSTRY

Analysis

BigLaw Poised To Weather Financial Impact Of COVID-19

The majority of large law firms are well-positioned to weather an economic slowdown related to the novel coronavirus pandemic after many increased their capital reserves and implemented good financial hygiene following the last recession, experts told Law360.

Read full article »

Davis Wright Staffer Dies Following Flu-Like Symptoms

A Davis Wright Tremaine LLP executive legal assistant who worked in Washington state and left work Tuesday after reporting flu-like symptoms has died, the firm announced Friday, adding that it will close two of its offices in the state and a third location in Portland.

Read full article »

Baker McKenzie Shuts US Offices In COVID-19 Precaution

All of Baker McKenzie's offices in the United States and Toronto will be closed through at least March in an effort to protect employees and clients and limit the spread of COVID-19, the firm announced Friday.

Read full article »

Reed Smith Makes Remote Work Mandatory Over Coronavirus

All but a handful of Reed Smith LLP employees at the firm's American, European and Middle Eastern offices began working remotely Friday in an effort to protect employees and clients and limit the spread of COVID-19.

Read full article »

Attys Allowed To Meet By Phone After COVID-19 Fears

A New York federal judge on Friday agreed to allow an upcoming courtroom conference in a memorabilia fraud suit to occur via telephone instead, after several attorneys in the case noted their ties to Italy, which is dealing with an outbreak of COVID-19.

Read full article »

Calif. Courts Resist Closure Amid National Emergency

Nearly all California state and federal courthouses remained open Friday, with some implementing new restrictions, as lawmakers warned of the growing community spread of the new coronavirus in the Golden State and President Donald Trump declared a national emergency.

Read full article »

NY State Courts, SDNY Halt New Jury Trials Amid Outbreak

New York state courts and the Southern District of New York on Friday

Lowenstein Sandler
Mayer Brown
Morgan Lewis
Morrison & Foerster
Mukasey Frenchman
Pacifica Law Group
Palazzo Law Firm
Pierce Bainbridge
Quinn Emanuel
Reed Smith
Richards Layton
Robbins Geller
Rosen Law Firm PA
Rosenthal Monhait
Ross Aronstam
Simpson Thacher
Skadden
Tanenbaum Keale
Taylor Wessing
Walsh Pizzi
Winston & Strawn

GOVERNMENT AGENCIES

Alaska Department of Natural Resources
Bureau of Industry and Security
California Attorney General's Office
California Department of Public Health
California Supreme Court
Centers for Disease Control and Prevention
Chicago Department of Aviation
Dallas Fort Worth International Airport
Delaware Court of Chancery
Department of Commerce
European Union

suspended all new trials amid the COVID-19 pandemic, while a security guard in the Manhattan U.S. Attorney's Office tested positive for the virus.

Read full article »

Citing Virus, Litigation Funder Burford Delays 2019 Results

Pointing to disruptions from the coronavirus outbreak, litigation funding giant Burford Capital said it will hold off releasing its year-end financial results.

Read full article »

Mukasey Eyes Exit In Pierce Case As Firm Faces New Suit

The same week its founder John Pierce was reportedly placed on leave for alleged financial misdeeds, Pierce Bainbridge was hit with a suit alleging it breached an agreement to pay back an advance to the firm, while well-known white collar attorney Marc Mukasey moved to stop representing the firm in a different suit brought by a former partner.

Read full article »

Wells Fargo Taps TD Bank's Top Lawyer As Its Next GC

Wells Fargo & Co. has recruited TD Bank Group's general counsel to serve as its next top lawyer, the banking giant said Friday, the latest in a series of legal department appointments over the past year.

Read full article »

Retired Del. Bankruptcy Judge To Join Richards Layton

Saying he still has a lot of energy to expend and thoughts to offer, retired U.S. Bankruptcy Judge Kevin Gross won't stay away from the Delaware legal community long as he is set to join First State litigation stalwart Richards Layton & Finger PA in April.

Read full article »

Q&A

7 Questions For Linklaters UK Disputes Chief Satindar Dogra

Satindar Dogra, Linklaters' head of dispute resolution in London, talks to Law360 about the way the legal landscape in the U.K. has shifted over the years, how he ended up as head of a department and what skills lawyers now need if they want to succeed as litigators.

Read full article »

Legal Tech Download: Investments, Acquisitions And Layoffs

The world of legal technology is evolving quickly, with new products coming to market in rapid succession. Here, Law360 takes a look at five recent developments.

Read full article »

GC Cheat Sheet: The Hottest Corporate News Of The Week

The government said small businesses suffering major financial setbacks amid the coronavirus outbreak can apply to receive federal disaster

Federal Bureau of Investigation

Federal Energy Regulatory Commission

Federal Trade Commission

Financial Conduct Authority

Florida Supreme Court

Hartsfield-Jackson Atlanta International Airport

Los Angeles World Airports

Miami International Airport

Port of Seattle

San Francisco International Airport

Securities and Exchange Commission

Serious Fraud Office

Small Business Administration

U.S. Attorney's Office

U.S. Court of Appeals for the Second Circuit

U.S. Court of Appeals for the Seventh Circuit

U.S. Department of Homeland Security

U.S. Department of Justice

U.S. Department of Labor

U.S. District Court for the Central District of California

U.S. District Court for the District of New Jersey

U.S. District Court for the Southern District of Florida

U.S. District Court for the Southern District of

assistance loans, and the California State Bar pushed off deciding on forming a group to study the possibility of launching a so-called experimental "sandbox." These are some of the stories in corporate legal news you may have missed in the past week.

Read full article »

In Case You Missed It: Hottest Firms And Stories On Law360

For those who missed out, here's a look back at the law firms, stories and expert analyses that generated the most buzz on Law360 last week.

Read full article »

JOBS

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McCarter & English, LLP
Newark, New Jersey

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Earthjustice
Washington, District of Columbia

New York

U.S. Environmental Protection Agency

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World Health Organization

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From: Wilkie, Robert L., Jr.
Sent: Mon, 16 Mar 2020 09:57:31 +0000
To: RLW
Subject: FW: [EXTERNAL] COVID-19 Supplement
Attachments: Liposomal Vitamin C Organic.html, Vitamn D disease_incidence_prev_chart_101608.pdf, WHBA Water Graphic - Gmail - Why do people order a John Ellis Machine_.pdf, Mercola - Vitamin D w- Dr. M Holick.doc

From: (b)(6)
Sent: Sunday, March 15, 2020 6:09:12 PM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6) Ramoni, Rachel; Wilkie, Robert L., Jr.
Subject: [EXTERNAL] COVID-19 Supplement

Dear Dr. (b)(6) Dr. Rachel, Secretary Bob,

Please see attached?

WBA Water, Vitamin D, Liposomal Vitamin C

My warmest regards,

(b)(6)

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Liposomal Vitamin C Plant Based Non-GMO Summary

Liposomal Vitamin C Plant Based Non-GMO

Liposomal C is a vegetarian liquid vitamin C supplement in liposomal form. Vitamin C from Ascorbic Acid is not real Vitamin C. **We are now offering Vtamin C from a natural REAL source of Organic KIWI extract. Also see our Vitmin C made from Camu Camu or GAC fruit.**

Our proprietary Liposomal formula is 13 time stronger than regular vitamin C
★ In a liquid liposomal delivery system to support assimilation and bio-availability.*
★ Helps maintain collagen.*
★ Helps the body form red blood cells.*
★ Provides antioxidant protection against free radicals.*
★ Supports the immune system.*
★ NON-GMO, Vegetarian, gluten free and soy free.
★ Supports gum tissue.*
★ Studies show Kiwi fruit extract supports seratonin levels thereby support a restful sleep.
★ Studies show that Kiwi fruit extract lowers hypertension

Vitamin C is an essential nutrient for humans. It acts as an antioxidant by protecting the body against oxidative stress. When there are more free radicals (reactive oxygen species, ROS) in the human body than antioxidants, the condition is called oxidative stress. Oxidative stress can lead to many health challenges. Vitamin C is also a cofactor in at least eight enzymatic reactions including several collagen synthesis reactions. Vitamin C is found in high concentrations in immune cells, and is consumed quickly when the immune system faces a challenge.

Why Liposomal Vitamin C
The difference between regular Vitamin C and Optimal Liposomal Vitamin C comes down to

your bodys absorption ability. Regular Vitamin C is only 18% absorbed from the digestive tract, whereas over 90% of Optimized Liposomal Vitamin C is absorbed across the intestinal layers and straight into your bloodstream.

The Power of Liposomes
Liposomes are microscopic and made up of phospholipid spheres with Vitamin C trapped in the center. The smaller the liposome the better. The Liposomes in our vitamins for immune system are less than 300 nM in diameter for optimal absorption, offering protection from the destructive action of stomach acid, as well as bile salts, saliva and pancreatic enzymes.

Studies show hydrogenated liposomes can significantly increase bad cholesterol levels. Optimal Lipsomal Vitamin C by Healthy Drops contains non-hydrogenated, polyunsaturated phosphatidylcholine which helps to lower LDL cholesterol in the body. Liposomal Vitamin C may be an unfamiliar nutrient to many people, but this super vitamin can provide astounding benefits to one's health.

This is our best selling Liposomal: Vitamin C plant based from organic Non-GMO kiwi fruit offering doses from: 1tsp. (1gram) per teaspoom. Vitamin C was designed for those consumers looking to get the maximum amount of Vitamin C support available in a supplement. In fact the only way to get higher doses currently available is through direct IV injections, a costly and time consuming option. Each bottle contains a 96 day supply of 1000mg per daily dose. This daily dose is typically 13.5-15 times stronger then a typical 1000mg Vitamin C taken in traditional pill form.

If you have any ailment that require you to use one or more nutrient, this is the product for you, with over **90% absorption rate**. This product had the best delivery system, not like powders, capsules, pills, tablets, regular liquid.

Advantages of our product over other products:

- We make all Liposomal products fresh on the day of purchase to insure the our customers are getting the freshest product available with highest quality.
- Liposomal Products are 90% absorbable compared to typical Vitamins which may be only 10 to 20 percent absorbable. Or Lecithin is mechanically extracted without the use of harmful chemicals.
- It does not contain Polysorbate 80, SOY, Sodium Benzoate, Ethyl Alcohol, Citric Acid, Artificial Sweeteners or GMO's
- It is not a capsule and does not contain alcohol, stearic acid or magnesium stearate.
- It utilizes Organic Sunflower Lecithin.
- It is vegetarian and flavored with natural Vegetable Glycerin and many of our customers tell us it tastes great!

- It is in a BPA-free UV-protected bottle.
- It's 100% Organic.
- It is produced in a high quality manufacturing facility following GMP practices and registered with the FDA.
  Healthy Drops has been producing supplement for several years.
- All Liposomal products are shipped out priority mail at no extra cost.

DISCLAIMER: We do not not make any health or medical claims regarding the use or effectiveness of this product. Some references herein are related to indigenous traditional uses of herbs only. If you have a health condition or a medical question we recommend that you consult with your physician as we do not offer such advice.

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Disease Incidence Prevention by Serum 25(OH)D Level

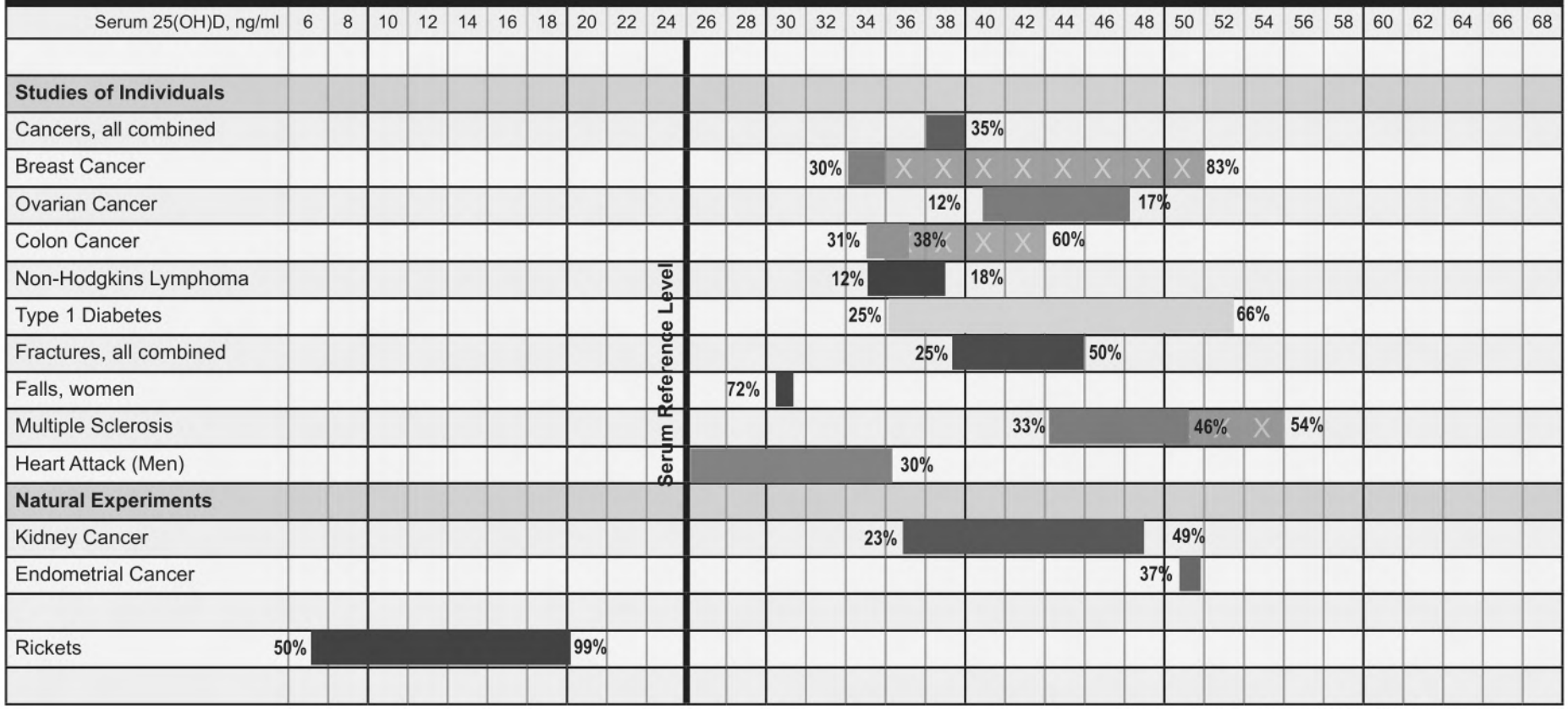

Chart prepared by: Garland CF, Baggerly CA

Legend:
All percentages reference a common baseline of 25 ng/ml as shown on the chart.
%'s reflect the disease prevention % at the beginning and ending of available data. Example: Breast cancer incidence is reduced by 30% when the serum level is 34 ng/ml vs the baseline of 25 ng/ml. There is an 83% reduction in incidence when the serum level is 50 ng/ml vs the baseline of 25 ng/ml.
The x's in the bars indicate 'reasonable extrapolations' from the data but are beyond existing data.

References:
All Cancers: Lappe JM, et al. Am J Clin Nutr. 2007;85:1586-91. Breast: Garland CF, Gorham ED, Mohr SB, Grant WB, Garland FC. Breast cancer risk according to serum 25-Hydroxyvitamin D: Meta-analysis of Dose-Response (abstract).American Association for Cancer Research Annual Meeting, 2008. Reference serum 25(OH)D was 5 ng/ml. Garland, CF, et al. Amer Assoc Cancer Research Annual Mtg, April 2008,. Colon: Gorham ED, et al. Am J Prev Med. 2007;32:210-6. Diabetes: Hyppönen E, et al. Lancet 2001;358:1500-3. Endometrium: Mohr SB, et al. Prev Med. 2007;45:323-4. Falls: Broe KE, et al. J Am Geriatr Soc. 2007;55:234-9. Fractures: Bischoff-Ferrari HA, et al. JAMA. 2005;293:2257-64. Heart Attack: Giovannucci et al. Arch Intern Med/Vol 168 (No 11) June 9, 2008. Multiple Sclerosis: Munger KL, et al. JAMA. 2006;296:2832-8. Non-Hodgkin's Lymphoma: Purdue MP, et al. Cancer Causes Control. 2007;18:989-99. Ovary: Tworoger SS, et al. Cancer Epidemiol Biomarkers Prev. 2007;16:783-8. Renal: Mohr SB, et al. Int J Cancer. 2006;119:2705-9. Rickets: Arnaud SB,
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Why our water is so different

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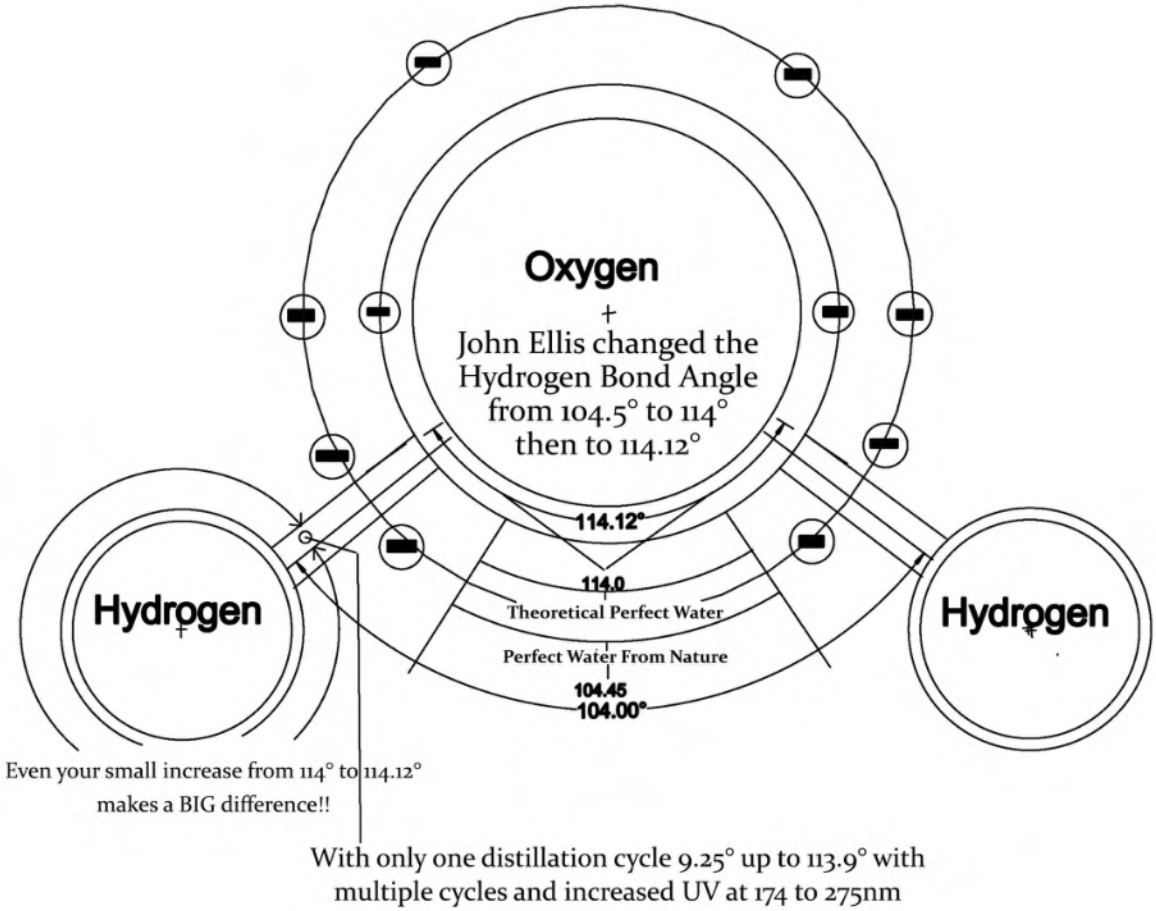

Hydrogen Bond Angle

Hydrogen Bond Angle & John Ellis Water

If you change the HYDROGEN BOND ANGLE in any ordinary drinking water from a SLUGGISH 104° degrees to 114° degrees it clears arteries by increasing measurable blood flow!

Below are excerpts taken *from the book " The Faraday Twins" written by author Jon Christian Ryter who has a readership of over 16 million people.*

A nurse, impressed while looking at a patient's red blood cells (A John Ellis Water Drinker) on a slide under a microscope, wrote a letter to John Ellis after the patient recovered from a heart attack, noting that ***"…the little round red blood cells was part of the reason why my patient brought that miraculous machine with her to the hospital. I see now why she has that machine. We could see an immediate change in the red blood cells. It was amazing!"***

John Ellis responded to the nurse: ***"You saw that because our system weakens the bonds of the blood cell. The hydrogen bond angle is 114° which creates the ability of water to pass through a membrane and penetrate the cell. That's why when people buy normal single pass distillers, the content in the distiller will be 104° when the distiller is turned on, it will boil and the bond angle of the water will expand anywhere from 108° to 110°. When the water cools, it will always cool to 101°".***

The water, on the supermarket shelf, will be referred to as "distilled water" simply because the water is boiled until it is deionized (removal of minerals and grit from the water). Steam iron manufacturers do not recommend using distilled water for steam irons. If you read the instruction card from most American made steam irons, it will likely suggest deionized water which is 50% tap water and 50% distilled water which prevents your steam iron from spitting at you. Using our patented distillers, the bond angle will expand to 113° to 114°–but when the water cools, the bond angle will remain at 113.8° to 114°. In other words, the expansion of the bond angle is permanent.

You can read out testimonials here. We have even had scientists at the world famous Los Alamos Nuclear Lab look into our water and let us know of there findings too! Also the famous Brookhaven Laboratories had their scientists look into our water, after having a problem with radiation in the water supply in Long Island. They came back to us and said:

"Your machine gets rid of cancer-causing radiation by recycling water 100's of times per gallon!"

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Story at-a-glance

- Increasing levels of vitamin D3 among the general population could potentially prevent chronic diseases that claim nearly one million lives throughout the world each year. Incidence of several types of cancer could also be slashed in half
- Vitamin D fights infections, including colds and the flu, as it regulates the expression of genes that influence your immune system to attack and destroy bacteria and viruses
- Feeling tired and achy is a frequent complaint. While many are misdiagnosed as having fibromyalgia or chronic fatigue, these are classic signs of vitamin D deficiency osteomalacia. The remedy is a combination of vitamin D and calcium
- Researchers estimate that 50 percent of the general population is at risk of vitamin D deficiency and insufficiency. Among school aged children, that percentage may be as high as 70 percent
- A smartphone app called DMinder can tell you how much UV radiation you're getting in your area, and how many units of vitamin D you're making

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By Dr. Mercola

Vitamin D deficiency is a pandemic in the United States, but many Americans, including physicians, are not aware that they may be lacking this important nutrient.

Despite its name, vitamin D is not a regular vitamin. It's actually a steroid hormone that you get primarily from either sun exposure or supplementation, and its ability to influence genetic expression that produces many of its wide-ranging health benefits.

Researchers have pointed out that increasing levels of vitamin D3 among the general population could prevent chronic diseases that claim nearly one million lives throughout the world each year. Incidence of several types of cancer could also be slashed in half.

Vitamin D also fights infections, including colds and the flu, as it regulates the expression of genes that influence your immune system to attack and destroy bacteria and viruses.

In this interview, one of the leading vitamin D researchers, Dr. Michael Holick, expounds on these and many other health benefits of vitamin D. He's both an MD and a PhD, and wrote the book, *The Vitamin D Solution.*

Since the early 2000's, scientific investigations into the effects of vitamin D have ballooned. By the end of 2012, there were nearly 34,000 of them. Dr. Holick is one of those who has really helped advance our understanding of the massive importance of vitamin D—far beyond its influence on bone metabolism.

> *"I've been doing vitamin D research for more than 40 years,"* he says. *"As a graduate student for my master's degree, I was responsible for identifying the major circulating form of vitamin D, 25-hydroxyvitamin D that doctors typically measure now for vitamin D status in their patients. For my Ph.D.,*
>
> *I identified the active form of vitamin D [1,25-dihydroxyvitamin D] while working at Dr. DeLuca's laboratory."*

Are You Vitamin D Deficient?

Before the year 2000, very few doctors ever considered the possibility that you might be vitamin D deficient. But as the technology to measure vitamin D became inexpensive and widely available, more and more studies were done, and it became increasingly clear that vitamin D deficiency was absolutely *rampant*. For example:

- The Centers for Disease Control and Prevention (CDC) reported that 32 percent of children and adults throughout the US were vitamin D deficient

- The National Health and Nutrition Examination Survey found that 50 percent of children aged one to five years old, and 70 percent of children between the ages of six to 11, are deficient or insufficient in vitamin D
- Researchers such as Dr. Holick estimate that 50 percent of the general population is at risk of vitamin D deficiency and insufficiency

I've often said that when it comes to vitamin D, you don't want to be in the "average" or "normal" range, you want to be in the "optimal" range. The reason for this is that as the years have gone by, researchers have progressively moved that range upward.

At present, based on the evaluation of healthy populations that get plenty of natural sun exposure, the optimal range for general health appears to be somewhere between 50 and 70 ng/ml. For treatment of chronic disease such as cancer, recommendations go even a bit higher than that. As Dr. Holick explains:

> *"The Institute of Medicine, including the Endocrine Society, recommends at least 20 for bone health. But there's this area between about 21 and 30 that we consider to be an insufficient level. Most experts agree that if you're above 30 nanograms per milliliter, this is a healthy level.*
>
> *Because of its variability in the assay, the recommendation from the Endocrine Society Clinical Practice Guidelines that looked at all the literature and made recommendations for prevention and treatment of vitamin D deficiency for doctors is 40 to 60 nanograms per milliliter...*
>
> GrassrootsHealth *has also been looking at this issue and also recommends 40 to 60 nanograms per milliliter as the ideal level."*
>
> *... A study was done in Maasai warriors who are outside every day. That really gives us an insight where we should all be with our blood levels of 25-hydroxy D. They were found to be around 50 nanograms per milliliter."*

VITAMIN D LEVELS
25 HYDROXY D

Deficient	Optimal	Treat Cancer and Heart Disease	Excess
< 50 ng/ml	50-70 ng/ml	70-100 ng/ml	> 100 ng/ml

Multiply ng/ml by 2.5 to convert to nmol/litre

Sources

Sunshine—The Best Way to Optimize Your Vitamin D

Levels

I firmly believe that appropriate sun exposure is the best way to optimize your vitamin D levels. In fact, I personally have not taken a vitamin D supplement for three or four years, yet my levels are in the 70 ng/ml range. If you can't get enough sunshine, then a safe tanning bed would be your next best option. What makes for a safe tanning bed? Most tanning equipment use magnetic ballasts to generate light. These magnetic ballasts are well known sources of EMF fields that can contribute to cancer. If you hear a loud buzzing noise while in a tanning bed, it has a magnetic ballast system. I strongly recommend you *avoid* these types of beds and restrict your use of tanning beds to those that use *electronic ballasts*.

Dr. Holick recommends protecting your face when using a tanning bed, and to only go in for half the time recommended for tanning. Make sure the tanning bed you're using is putting out UVB radiation. There are some on the market that only put out UVA, as this is what creates a tan. UVA rays are also the ones responsible for skin damage, however, and they do NOT make your skin produce vitamin D. Beds tend to vary between three to 10 percent UVB, and the higher the percentage of UVB, the better. There are also beds that make UVB only. They're not as popular since they won't make you tan, but if you're only doing it solely for the health benefits, then a UVB tanning bed is certainly an option.

> *"I think that you're right,"* Dr. Holick says. *"We had shown many years ago that during the winter time, if you live above Atlanta, Georgia, you basically cannot make any vitamin D in your skin from about November through March. Obviously, you need to either take a supplement or use a tanning bed or an ultraviolet light that will produce vitamin D...*
>
> *I typically recommend, if you're going to go out into the sun, expose your arms, legs, abdomen and back, two to three times a week for about half the time it would take to get a mild sunburn... [W]hen you make vitamin D in your skin, it lasts two to three times longer in your body.*
>
> *You also make additional photoproducts in your skin. There's some evidence that suggests that maybe these photoproducts have some unique biologic properties in the skin. Because we do know that sensible sun exposure decreases risk for malignant melanoma, and it could be that some of these photoproducts are helping in that process. Beta-endorphin is certainly made in the skin during exposure to sunlight. That's probably the reason why people feel better when they're exposed to sunlight."*

Want Safer Sun Exposure? There's an App for That!

Dr. Hollick helped consult for a company that developed a smartphone app called DMinder, available on www.dminder.info. Based on your local weather conditions (reported from the weather service) and other individual parameters such as your skin tone and age, it tells you how much UV radiation you're getting, and how many units of vitamin D you're making. It will also tell you when to get *out* of the sun, to protect yourself from sunburn.

Beware that you CANNOT make any vitamin D when you're exposed to sunlight *through glass* since glass filters out most of the UVB that stimulates vitamin D production. All you're mostly getting are UVA rays, which penetrate deeply into your skin, causing wrinkling, and increasing your risk of skin damage and skin cancer. Also beware that UVA radiation is harsher in the morning, and late afternoon. So, contrary to popular advice, which was more tailored to tanning than optimizing your vitamin D stores, you'll want to *avoid* early morning and afternoon sun. According to Dr. Holick, you cannot make vitamin D until about 10:00 in the morning until about 3:00 in the afternoon.

Another important nugget that many people may not appreciate is to take into account daylight saving time. When you're in daylight saving time, the peak sun exposure is not noon – it's 1:00 pm. So if you want to get your maximum sun exposure, go out around 1:00.

Dosing Recommendations if You Need to Take a Vitamin D Supplement

If your circumstances don't allow you to access the sun or a safe tanning bed, then you really only have one option if you want to raise your vitamin D, and that is to take a vitamin D supplement. Here too recommendations vary, and there are no hard and fast rules. While Dr. Holick disagrees with my recommendation to regularly test your levels in order to assess proper dosage due to the cost involved, I feel this really is your best bet. You want to make sure you're staying within the therapeutic range of 50-70 ng/ml year-round, so regardless of general guidelines, you may need to increase or decrease your dosage based on your personal requirements.

The Society Clinical Practice Guidelines Committee recommends the following dosages. Keep in mind that these guidelines are thought to allow most people to reach a vitamin D level of 30 ng/ml, which many still consider suboptimal for disease prevention.

- Neonates: 400 to 1,000 IU's per day
- Children one year of age and above: 600 to 1,000 IU's per day
- Adults: 1,500 to 2,000 IU's per day

GrassrootsHealth offers a helpful chart showing the average adult dose required to reach healthy vitamin D levels based upon your measured starting point. Many experts agree that 35 IU's of vitamin D per pound of body weight could be used as an estimate for your ideal dose.

> *"I treat my patients, on average, with 3,000 units of vitamin D a day,"* Dr. Holick says. *"It's been very effective. I've published a paper that over a six-year period of time, most of my patients on a 3,000-unit equivalent a day has between 40 and 60 nanograms per milliliter and there is no toxicity.*
>
> *If you're obese, you need two to three times more vitamin D... But for my patients who are at a normal weight, usually 3,000 to 4,000 units a day is adequate to maintain a healthy blood level of 25-hydroxyvitamin D. I*

personally take 3,000 units a day. My blood level, on average, is about 55 nanograms per milliliter."

According to Dr. Holick, it makes no difference if you take your vitamin D daily or weekly, or even monthly. Personally, I'd recommend taking it daily. That way, if you miss a day or two, it's not quite as bad as missing an entire week. That said, it is fat soluble, so a lot of it enters your body fat and is slowly released from there. So if you miss a day, you can take double the dose the next day.

If you Opt for Oral Vitamin D, Remember Vitamin K2

It's important to remember that if you're taking high dose vitamin D supplements, you also need to take vitamin K2. The biological role of vitamin K2 is to help move calcium into the proper areas in your body, such as your bones and teeth. It also helps remove calcium from areas where it shouldn't be, such as in your arteries and soft tissues.

Vitamin K2 deficiency is actually what produces the symptoms of vitamin D toxicity, which includes inappropriate calcification that can lead to hardening of your arteries. The reason for this is because when you take vitamin D, your body creates more vitamin K2-dependent proteins that move calcium around in your body. Without vitamin K2, those proteins remain inactivated, so the benefits of those proteins remain unrealized. So remember, if you take supplemental vitamin D, you're creating an increased demand for K2. Together, these two nutrients help strengthen your bones and improve your heart health.

Vitamin D is Critical for Health, Beginning in Utero and Onward

From my perspective, vitamin D deficiency appears to have the greatest impact on cancer rates. At present, the US cancer mortality rate is equivalent to eight to 10 airplanes crashing each and every single day. Optimizing vitamin D rates across the general population could reduce that by about 50 percent. And it's virtually free—at least if you opt for sun exposure.

As mentioned by Dr. Holick, one of the Nurses' Health Studies showed that nurses who had the highest blood levels of 25-hydroxyvitamin D, averaging about 50 ng/ml, reduced their risk of developing breast cancer by as much as 50 percent. Similarly, a Canadian study done by Dr. Knight showed that women who reported having the *most* sun exposure as a teenager and young adult had almost a 70 percent reduced risk of developing breast cancer. It's just insane not to take advantage of this prevention strategy.

"I agree 100 percent," Dr. Holick says. *"I usually recommend that vitamin D is critically important from birth until death. Just to give you a couple of examples: during pregnancy, we're now realizing that vitamin D deficiency is a major issue for the developing fetus. Pre-eclampsia, the most serious complication of pregnancy, is associated with vitamin D deficiency. Vitamin D*

is critically important for muscle function, which, of course, is important for birthing action. We showed a 400 percent reduced risk of women requiring a C-section if they simply were vitamin D sufficient at the time they gave birth.

We're now beginning to realize that in-utero vitamin D deficiency is more likely that the young children are going to have asthma and wheezing disorders. We're also now realizing that children who are vitamin D deficient are more likely to develop type 1 diabetes, multiple sclerosis later in life, rheumatoid arthritis, and Crohn's disease.

Studies have shown that if you improve your vitamin D status, it reduces risk of colorectal cancer, prostate cancer, and a whole host of other deadly cancers by 30 to 50 percent. You're correct. Cancer is a big deal. You need to realize that vitamin D is playing a very important role in helping to maintain cell growth and to help fight cancer when a cancer cell is developing in your body."

Other Health Areas Where Optimizing Vitamin D Levels Could Save Both Lives and Dollars

In addition to the health benefits already mentioned above, optimizing your vitamin D levels can help protect against:

- **Cardiovascular disease**. Vitamin D is very important for reducing hypertension, atherosclerotic heart disease, heart attack, and stroke. According to Dr. Holick, one study showed that vitamin D deficiency increased the risk of heart attack by 50 percent. What's worse, if you have a heart attack and you're vitamin D deficient, your risk of dying from that heart attack creeps up to 100 percent!
- **Autoimmune diseases**. Vitamin D is a potent immune modulator, making it very important for the prevention of autoimmune diseases, like MS and inflammatory bowel disease.
- **Infections, including influenza**. It also helps you fight infections of all kinds. A study done in Japan, for example, showed that schoolchildren taking 1,200 units of vitamin D per day during the winter time reduced their risk of getting influenza A infection by about 40 percent. I believe it's far more prudent, safer, less expensive, and most importantly, far more effective to optimize your vitamin D levels than to get vaccinated against the flu. According to Dr. Holick:

  > *"I think you're right. We know that the immune cells use vitamin D and that they activate vitamin D. There's good evidence that it will help kill tuberculosis bacteria, for example, if you have adequate vitamin D on board... We think that the immune system is primed with vitamin D in order to help fight infections."*

- **DNA repair and metabolic processes**. One of Dr. Holick's studies showed that healthy volunteers taking 2,000 IU's of vitamin D per day for a few months upregulated 291 different genes that control up to 80 different metabolic processes; from improving DNA repair to having effect on autoxidation (oxidation that occurs

in the presence of oxygen and /or UV radiation, which has implications for aging and cancer, for example), boosting the immune system, and many other biological processes.

Tired and Achy? You May Simply Be Vitamin D Deficient...

Feeling tired and achy is a frequent wintertime complaint. According to Dr. Holick, many who see their doctor for such signs end up being misdiagnosed as having fibromyalgia or chronic fatigue syndrome.

> *"Many of these symptoms are classic signs of vitamin D deficiency osteomalacia, which is different from the vitamin D deficiency that causes osteoporosis in adults,"* he says. *"What's happening is that the vitamin D deficiency causes a defect in putting calcium into the collagen matrix into your skeleton. As a result, you have throbbing, aching bone pain."*

The remedy is a combination of vitamin D and calcium, which go hand in hand when it comes to bone health. Ideally, you'd want to get your calcium from your diet. If not, Dr. Holick recommends taking about 500 milligrams (mg) twice per day with your meals (for a total of 1,000 mg/day). Magnesium is another important element and should be taken in equal amounts. According to Dr. Holick, elderly muscle weakness is another classic symptom associated with vitamin D deficiency.

> *"Many of my patients do incredibly well by just simply correcting their calcium and vitamin D deficiency,"* he says.

The Dangers of Speaking Out in Defense of Sun Exposure...

Dermatologists in particular are some of the most ardent promoters of the myth that sun exposure causes deadly skin cancer. Speaking out in a professional capacity against this idea can cost you. In 2004, Dr. Holick published the book, *The UV Advantage,* in which he encouraged readers to get some sensible sun exposure. At the time, he was a professor of dermatology because of the work he'd been doing with active vitamin D for the treatment of psoriasis. In fact, he'd received the American Skin Association's Psoriasis Research Achievement Award—a rather prestigious award.

> *"As a result, I was in the department of dermatology, continuing to do psoriasis research,"* he says. *"But once I began recommending sensible sun exposure for vitamin D, which is counter to what the American Academy of Dermatology's message was, I was asked to step down as professor of dermatology back in 2004... The American Academy of Dermatology still recommends: you should never be exposed to one direct ray of sunlight for your entire life."*

There are signs of change, however. In Australia, a study was done on dermatologists. In the summer time, 87 percent were found to be vitamin D deficient. More than 40 percent of the general population in Australia is also vitamin D deficient. As a result, the Australian College of Dermatologists, as well as the Cancer Council for Australia, modified their

recommendations to include getting some sensible sun exposure to raise your vitamin D to healthier levels.

Sun Exposure is a Health Promoting Basic

The more time goes on, the more obvious it has become, to me, that reverting back to simple basic strategies that our ancestors applied is really foundational to staying healthy. When it comes to sun exposure and cancer, no one can rationally argue that our ancestors weren't universally exposed to sunshine. They didn't hide from the sun. They're continuously exposed to it. Surely our genetics and our biochemistry are optimized to have that as part of improving our health!

> *"There are two pieces of information that I think are worthwhile noting," Dr.* Holick says. *"Yes, most non-melanoma skin cancers occur on excessively exposed areas like your face or the top of your hands. But* **most [deadly] melanomas occur on the least sun-exposed areas**.
>
> *Occupational sun exposure decreases your risk for melanoma. Even though everybody always talks about deadly melanoma and relates it to sun exposure, you have to really put this all into perspective... [This] is why I recommend exposing your arms, legs, abdomen, and back rather than your face, because it's the least sun-exposed in terms of long-term. You're less likely to develop even a non-melanoma skin cancer."*

Shielding your face from the sun will also help keep it looking youthful longer, as UVA's do tend to cause wrinkling and other skin damage. Your face, which is the most important cosmetic component of your body, is a relatively small surface area, so shielding it while exposing large portions of your body instead, is not going to make a big difference in terms of vitamin D production.

I personally use a cap that puts a shade around my eyes and my nose. I do that just to protect my skin, because the skin is very thin on your face and highly sensitive to the photoaging effects of UVA. I rarely ever use sun screen and virtually never get sunburnt. But I also take astaxanthin regularly which serves as an internal sunscreen. Dr. Holick agrees, saying:

> *"There's no question about it. If you put a sunscreen on with a sun protection factor of 30, it reduces your ability to make vitamin D in your skin by about 95 to 98 percent. But I always recommend sun protection on your face. Often, a broad-brimmed hat is by far even a better way of doing it rather than having to put a chemical on your face. But it's certainly important to protect your face."*

More information

Dr. Holick's book, *The Vitamin D Solution*, which was published in 2010, provides a broad overview of all the health benefits of vitamin D. It also answers many common questions raised by patients, such as, "Will taking a vitamin D supplement worsen my kidney

stones?" (The answer: No, it won't.

From: Wilkie, Robert L., Jr.
Sent: Mon, 16 Mar 2020 14:02:57 +0000
To: RLW
Subject: FW: [EXTERNAL] Summary

From (b)(6)
Sent: Monday, March 16, 2020 10:01:24 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
(b)(6) Wilkie, Robert L., Jr.; Bonzanto, Dr. Tamara (OAWP); Davis, Lynda; (b)(6)
Subject: [EXTERNAL] Summary

Brief overview of ann arbor va "treatment" since asking for care back in December:

- I asked for primary care- Not believed, denied every request without listening.
- I asked for community care (pulmonary and mental health)- After 2 week wait, denied because ann arbor va can provide it. Clearly, that was an overstatement.
- I asked for mental health- denied until publicly shamed. Still uncertain of their intentions tomorrow.
- I asked for pulmonary- Still being denied during corona virus outbreak. They claim there is a consult, but when I called, I was told there isn't one.
- I asked for dental- I was "forgot" about. Still waiting with severe pain, and they're withholding prescribed medicine.

detroit va mental health changed my lung disease to asthma and claimed I was overplaying my symptoms. She then tagged all of my doctors. The ann arbor va demanded I be shamed in a group class before I can see anyone. Now, they are being forced to see me without the shame class.
Please answer:

1. **How can I trust va mental health is trying to help, and not just going to shame me again or claim I am a liar again by illegally changing my disability again, or provide "unhealthy" care for circumventing their shame class?**
2. **Will my search for justice cause me to be abused/neglected/threatened even further by the ann arbor va and/or national va?**

Your Victim,
(b)(6)
(313) 910-(b)(6)
(b)(6)@yahoo.com
On Friday, March 13, 2020, 9:10:52 AM EDT, ja(b)(6)@yahoo.com> wrote:
I have sent numerous emails the past couple weeks, without any response to my concerns. I have spent the last couple days hoping to receive an email or phone call saying you will allow me to see pulmonary or to see mental health without publicly shaming me first. (Illegal delay tactic) Unfortunately, nothing came.
Attached, you will see my kids' school is cancelled because there is at least 1 **CONFIRMED CORONA VIRUS CASE IN MY CITY**. What would that do to your mental health, if your healthcare was being withheld from you during this? You have intentionally put me in a very dangerous spot, given my lung disease. I begged you people to help. You ignored me.

How many veterans do you think have walked away from your "shame" class and killed themselves? You'll never know, but you clearly do not care about that. I do, though!

(b)(6)
(313) 910-0(b)(6)
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From: Wilkie, Robert L., Jr.
Sent: Mon, 16 Mar 2020 14:30:57 +0000
To: RLW
Subject: FW: [EXTERNAL] The U.S. economy will weather the Chinese coronavirus

From: Americans for Limited Government
Sent: Monday, March 16, 2020 10:30:16 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] The U.S. economy will weather the Chinese coronavirus

The Capitol Guardian
Capitol Hill Edition

March 16, 2020

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The U.S. economy will weather the Chinese coronavirus

President Donald Trump has declared a national emergency on March 13 as millions of Americans, especially older Americans, will be weathering the outbreak inside, only venturing out for groceries and largely working from home. Massive stockpiling of food and medicine is already occurring nationwide. Expect an uptick in retail spending in the first quarter of 2020. Any such spending surge, however, will surely be offset by slowdowns elsewhere by affected industries across the country amid the uncertainty. Over the next month, as drive-thru testing becomes more widely available via the public-private partnerships being undertaken by the Trump administration, a lot will be learned about the extent of the virus' spread. Expect a jump in new cases and more turmoil so long as the number of new cases rises. But eventually, the number of new cases whether owing to a flattening of the curve or warmer weather will drop, and that could catalyze a massive bounce both on markets as well as economically as millions of Americans are able to begin participating in the labor force again. The U.S. economy is the largest in the world with a 50-year low of unemployment, and thanks to the success of the past three years of cutting taxes, regulations and crafting better trade deals, and with your own efforts to mitigate the risk of the virus by following CDC guidelines, we will all weather this storm together.

Video: Sanctuary Cities, Who's On Board? Rep. Nunes Gets an Award and Biden the Nominee? Good Lord!

Americans for Limited Government President Rick Manning and correspondent Frank McCaffrey tackle to the news today.

Trump cuts through red tape to get testing at locations across America

Americans for Limited Government President Rick Manning: "President Trump's leadership in cutting through outdated regulatory standards to provide dependable testing at locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President's efforts will unleash America's best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice President Pence in charge of the intergovernmental response to cut through the red tape."

Victor Davis Hanson: America in a new upside-down world

"The coronavirus and the ensuing panic, at least for a few more weeks, have stagnated the economy and scared global financial markets, accompanied by both collateral, and independent and simultaneous, bad news. Rumor- and panic-mongers predominate; the rational and reasonable are written-off as naïve and out of it. Thousands may die, but millions who will not are terrified into anxieties and sleeplessness that they will.COVID-19 itself has raised fundamental questions about the merits of globalization in general, and in particular the wisdom of any sovereign nation outsourcing key industries like high-tech, pharmaceuticals, medical supplies, and food processing to an autocratic, non-transparent—and dangerous—nation like China."

The U.S. economy will weather the Chinese coronavirus

By Robert Romano

President Donald Trump praised the Federal Reserve for cutting the federal funds rate to a range of 0 percent to 0.25 percent, and restarting quantitative easing with $500 billion of U.S. treasuries purchases and $200 billion of mortgage purchases in response to the Chinese coronavirus global pandemic.

"It makes me very happy and I want to congratulate the Federal Reserve," he said. "That's a big step and I'm very happy they did it." Trump has been hounding the Fed for years to cut interest rates to make the dollar more competitive against trading partners' currencies including the yuan, euro and peso. Now he gets his wish.

The move came a day after the President threatened to fire Fed Chairman Jay Powell, when he said, "I have the right … to remove him as chairman… I have the right to also take him and put him in a regular position and put somebody else in charge. And I haven't made any decisions on that."

The Fed noted in its release the strength of the U.S. economy when the coronavirus struck: "Available economic data show that the U.S. economy came into this challenging period on a strong footing," with a 50-year low of unemployment at 3.5 percent, but forecast "[t]he effects of the coronavirus will weigh on economic activity in the near term and pose risks to the economic outlook."

Finally, the Fed said it would keep rates low until it was certain the economy gets past the worst of the virus: "The Committee expects to maintain this target range until it is confident that the economy has weathered recent events…"

That came as the President declared a national emergency on March 13 in response to the coronavirus and the House quickly passed legislation providing for paid sick leave and an expansion of unemployment benefits, foreshadowing an expected economic slowdown and uptick in unemployment as thousands of schools and businesses shut down to flatten the rate of infection from the virus that originated in Wuhan, China late last year.

Millions of Americans, especially older Americans, will be weathering the outbreak inside, only venturing out for groceries and largely working from home. Massive stockpiling of food and medicine is already occurring nationwide. Expect an uptick in retail spending in the first quarter of 2020. Any such spending surge, however, will surely be offset by slowdowns elsewhere by affected industries across the country.

Trump has already taken advantage of record low oil prices by stockpiling the strategic petroleum reserve, promising to support U.S. producers. And now there is a controversial push in Congress to bail out the airline, tourism and hospitality industries. The Trump administration is already making loans available to small businesses on an emergency basis.

Finally, President Trump is pushing for a payroll tax holiday to shore up cash flow issues almost every household in America could be facing if we get a situation akin to Italy.

These are all big government policies that have not been seen since the financial crisis and recession of 2007-09, and probably won't be the full extent of it when all is said and done, highlighting the negative economic impacts that are widely expected from the sudden, dramatic change of behavior of millions of Americans to stay put and not participate in the economy.

The difference between a decade ago and now is that the policies in 2008 appeared to be reactive and long after the devastating effects of the financial crisis were already being felt for months.

Here, the policies look preemptive and aimed at anticipating downstream fallout from the virus. That is surely refreshing to the American people, even as it expands the government's mandate.

The trick will be to make certain the measures are indeed temporary and are allowed to expire at the end of the year, especially since they incentivize temporary unemployment in a bid to slow down the virus. When this is all over, everyone needs to get back to work.

Hopefully, the measures are overkill and the effect of the virus will be mitigated by the aggressive actions now being taken to save lives, thereby limiting the long-term damage felt by

the nation. It will certainly blow a massive hole in the deficit, the question is how big. The less impact from the coronavirus in terms of cases, then perhaps the less costly these Congressional measures will become to taxpayers. As it is, the legislation faces an uncertain fate in the Senate.

Lots of schools in the north have a lot of snow days saved up — it was a warmer winter in many states — and so it is possible that the virus may be no more disruptive than a month of bad snow. We'll see.

In the near term, the effects to the outlook are predictable. Interest rates will continue to collapse or remain low in a flight to safety, thereby reducing the federal deficit and saving taxpayers tens of billions of dollars, partially offsetting the costs of Congressional actions.

Commodities may eventually respond to the weaker dollar and the presidential action to shore up U.S. oil producers.

Equities will struggle until they find a bottom in the midst of the continued uncertainty. When that comes, weeks or months from now, it will be the buying opportunity of the decade for investors, with the potential for massive capital gains in subsequent quarters.

Over the next month, as drive-thru testing becomes more widely available via the public-private partnerships being undertaken by the Trump administration, a lot will be learned about the extent of the virus' spread. Expect a jump in new cases and more turmoil so long as the number of new cases rises.

But eventually, the number of new cases whether owing to a flattening of the curve or warmer weather will drop, and that could catalyze a massive bounce both on markets as well as economically as millions of Americans are able to begin participating in the labor force again.

The U.S. economy is the largest in the world, and thanks to the success of the past three years of cutting taxes, regulations and crafting better trade deals, and with your own efforts to mitigate the risk of the virus by following CDC guidelines, we will all weather this storm together.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Video: Sanctuary Cities, Who's On Board? Rep. Nunes Gets an Award and Biden the Nominee? Good Lord!

To view online: https://www.youtube.com/watch?v=ocG8GJR1IIA

Trump cuts through red tape to get testing at locations across America

March 13, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today released the following statement praising the public-private partnership by the Trump administration with industries across America to provide high quality coronavirus testing to millions of Americans:

"President Trump's leadership in cutting through outdated regulatory standards to provide dependable testing at locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President's efforts will unleash America's best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice President Pence in charge of the intergovernmental response to cut through the red tape."

To view online: https://getliberty.org/2020/03/trump-cuts-through-red-tape-to-get-testing-at-locations-across-america/

ALG Editor's Note: In the following featured column from American Greatness, Victor Davis Hanson makes the case that President Donald Trump was right about China:

America in a new upside-down world

By Victor Davis Hanson

The world is changing at a pace not seen in years, and it is no time to become captives of fear despite the real and immediate dangers we face.

The coronavirus and the ensuing panic, at least for a few more weeks, have stagnated the economy and scared global financial markets, accompanied by both collateral, and independent and simultaneous, bad news. Rumor- and panic-mongers predominate; the rational and reasonable are written-off as naïve and out of it. Thousands may die, but millions who will not are terrified into anxieties and sleeplessness that they will.

COVID-19 itself has raised fundamental questions about the merits of globalization in general, and in particular the wisdom of any sovereign nation outsourcing key industries like high-tech, pharmaceuticals, medical supplies, and food processing to an autocratic, non-transparent—and dangerous—nation like China.

The current oil glut and price crash—a result of a Saudi-Russian price war, in part directed at record U.S. production, in part due to the crumbling of OPEC, and less demand as a global public, frightened by the specter of the Wuhan virus, stays closer to home—are radically changing the relationship between oil sellers and buyers. In particular, vulnerable cash-hungry exporting countries like Iran, Russia, and Venezuela are losing clout. Interest rates are also dropping. The world at large may for a time experience historic *de facto* negative interest.

Trump Was Right About China

Ostensibly, all of this news should be terrible. And, of course, terrible is the reality that as I write over 6,000 people have died worldwide (out a global population nearing 8 billion) from the disease caused by the coronavirus. But that said, there will emerge winners and losers in every crisis, whether medical, economic, psychological, or political.

Donald Trump was ridiculed for taking on the Chinese juggernaut in 2017, even though he was not wrong that China was a serial world trade cheater—manipulating currencies, dumping products below the cost of production, appropriating technology, infringing on patents and copyrights, and running up huge asymmetrical trade surpluses.

The writ against his pushback on China was that it was hopeless to fight a 1.4-billion-person powerhouse, destined to surpass the United States in annual GDP in just a few years. Or Trump was deemed naïvely reckless, given that to achieve symmetry, legality, and fairness would incur too much pain and involve ossified and discredited concepts like tariffs.

But either by design or accident, the Trump standoff tore off the China scab. The exposed putrid wound beneath has terrified the world: lying, deceit, and subterfuge surrounded the mysterious COVID-19 contagion that emerged from Wuhan late last year and now has spread worldwide and panicked the globe. The coronavirus helped remind the world that the Hong Kong democracy protests, the creepy 1-million-person reeducation camps for Uyghur Muslims, and internal Chinese Orwellian surveillance were characteristic not aberrant.

In a reductionist sense, it is not surprising that a China, systematically lying to and cheating its trading partners, cannot be trusted to tell the world how a virus was born on its own soil, spread among its population, and hopped oceans into other nations.

When the virus peters out and the panic fades, China may be permanently rebranded and recalibrated by the world at large. Its trading partners will trust it far less to honor any commitments or to abide by any international agreements. Supply chains will be diversified. Tourism will be reduced in fears another such coronavirus will follow SARS and COVID-19—and be hushed up. Countries that had particular close commercial and cultural ties with China—Iran, South Korea, and Italy—were hurt most during the epidemic by Chinese silence and duplicity.

Some assembly plants will be shut down. Nations will be less trusting to outsource key industries to Chinese companies. Supply chains were changing before the epidemic and will redirect even more afterward.

In sum, China's mercantile system will take a hit. The only country that can match and surpass its economic output, the United States, will be the long-term beneficiary as investors and businesses look away from Beijing to a more transparent partner.

More Bad News for Bad Actors

The United States, remember, is both the world's largest energy and food producer. In that regard, such self-sufficiency once again will be appreciated by tens of millions of Americans as they sequester at home with ample food and power to allow the virus to sputter out. Isolated Americans worry not over whether they will starve or have enough heat in their homes, but whether their prescriptions will be filled, and safely so.

Crashing oil prices will also hurt the expansionary agendas of Vladimir Putin's Russia, especially in places like Syria and Eastern Ukraine. Russia is already bleeding billions of dollars by propping

up the murderous Assad dictatorship in Syria. Soon it will be doing so with far less apparent discretionary income.

Iran may be the biggest loser of the current chaos. U.S. sanctions already had cut Iranian oil revenue by about 90 percent. The remaining ten percent of sales, and in addition whatever income Iran received through smuggling and illicit sales, may be worth about half of what such reduced revenue garnered just a few months ago.

The theocracy has lost all credibility with the financially strapped Iranian people, 1,500 of whom it recently murdered in the streets. The mullahs lied to Iranians both about the shooting down of the Ukrainian jetliner and the extent of the COVID-19 infection sweeping through their country. The U.S. policy of "maximum pressure" replacing the flawed and appeasing Iran nuclear deal, will be seen as especially more effective each week.

Certainly, the regime is threatened with financial crises not seen since its war with Iraq in the 1980s, but this time of its own making and due largely to its own duplicity.

The Toll—and Eventual Upside—at Home

Ostensibly, the panic-driven shutdown of the U.S. economy could plunge us into recession or worse, with dire consequences for the 2020 campaign. Some on the Left see COVID-19 in unapologetically political terms, as the magic solution to ending the Trump presidency and his supporters in a way that all the past hopes and dreams of doing so—from subverting the Electoral College after the November 2016 election to Mueller and impeachment, and all in between—utterly failed.

Whatever the ultimate human and economic toll from the coronavirus, there is no doubt that Trump, as president, will be blamed for the economic slowdown of spring and perhaps even early summer. The media despises the president as does entertainment, academia, and the media, ensuring in popular culture and the news that he will be demonized in a way Obama was not, despite reacting far more slowly, to the swine flu threat of 2009.

But here are some caveats. Warmer weather and spring, global quarantines, travel bans, more testing and increased knowledge of the virus may all eventually conspire to slow its spread. And when its *relative* non-lethality is fully digested (perhaps 98 or 99 percent of those in the general population below 65 in previously good health who are infected recover), and the cases begin dropping off, the economy will not just recover but *take off*.

That more positives come back from far more testing does not necessarily mean a pandemic in the tens of millions of cases is certain, but perhaps reflects that the continuing ripples of the initial outbreak. In the two to three months when China did not apprise the world of the outbreaks and 10,000 and more a day were flying into American airports from China, lots of Americans were exposed and became carriers, and either had no symptoms or attributed their

illnesses to the flu or bad colds as still more were infected. After all, it is hard not to concede that hundreds were not coronavirus positive of the million or so Chinese visitors who arrived in the United States during that critical time frame between November and January.

As is always the case at the beginning of an economic recovery, the end of a war, or the relief that follows from the departure of a plague, the public rejoices and then spends and splurges. Reason will eventually replace panic as Americans conclude that COVID-19, while more lethal to vulnerable age groups and those with chronic illnesses, may not be quite as pandemic in the manner of historic influenzas such as those in 1918 (500,000 plus US deaths) or even 1957 (70,000 deaths).

That ensuing economic uptick will be multiplied by crashed oil prices that are likely to help U.S. consumers while not permanently hurting U.S. frackers, much less the U.S. economy, which is both the world's largest consumer and producer of oil and natural gas. More likely, it will do more damage to the oil-producing Middle East and Russia. American consumers will receive a huge stimulus of reduced prices at the gas pump, just as summer driving approaches.

Near-zero interest rates may be bad for the long-term economy. They punish thriftiness and (especially elderly) Americans who will lose real dollars on their savings accounts while rewarding the indebted. But in the short term, the cheaper borrowing will spur home and car sales and major consumer purchases.

Who would wish to game the election-year politics of these chaotic times, especially the more macabre calculations of the electoral beneficiaries of the media-driven hysteria over the COVID-19? Nonetheless, Vegas handicappers might envision the speculation not to whether Trump will be hurt in the late spring polls by the global panic and growing number of U.S. COVID cases (he already is), but whether he will be hurt enough to matter when the economy inevitably picks up again by later spring and summer.

One key will be how well each day Trump talks sense to the nation, explains all the measures the government currently is taking, and reassures the panicked public that whatever downturn the United States might experience over fears of a viral epidemic will be eventually mitigated by the facts of the outbreak, despite the terrible on those of us over 65.

Most of the data suggest that about 99 of every 100 infected under 65 will recover, the great majority without complications from the infection, allowing us to focus on those most vulnerable and most in need of medical intervention. The government is currently hellbent on ensuring that the virus slows. Facilities will treat the sick. Vaccinations are on the way in 2021. And prior travel bans, border security, and crackdowns on China's trade cheating were wise and can be expanded.

All That Can Be Done

So the public could look forward to a rebounding late summer economy to come fueled by cheap gas, low interest, relief that COVID-19 is manageable, key preparations of pharmaceutical industries to return to the United States and realize that an already robust America can recover quickly from the virus and its associated panic.

Again, the key is not to damn the panic over the virus, but to understand and accept it—while reassuring Americans that all that can be done *is* being done, and what downturns they now experience will soon be overshadowed by even more jobs and greater economic expansion and wealth creation to come.

We sometimes forget, in legitimate fears of the coronavirus, that every action prompts a reaction and the massive curtailments of the U.S. economy can have as many health consequences as the virus itself—if millions lose income and jobs, become depressed in self-isolation, increase smoking, and drug and alcohol use, and postpone out of fear necessary buying and visits to doctors and hospitals for chronic and serious medical conditions unrelated to the virus.

In addition, it is not wrong to remind the public that current but once caricatured policies of secure borders, targeted travel bans, demands for transparency and symmetry from major U.S. trading partners, recalibration with China, and a return of manufacturing and assembly of key U.S. industries, from high-technology to pharmaceuticals, was long overdue—and must continue to ensure U.S. security and the long-term health of its people.

Let us relearn that at times of crisis our country is singularly resilient and self-sufficient, and we have only ourselves to save ourselves, or as FDR said in 1932 at the height of the Great Depression, "the only thing we have to fear is fear itself."

Permalink here.

This email is intended for (b)(6) @va.gov.
Update your preferences or Unsubscribe

From: Wilkie, Robert L., Jr.
Sent: Mon, 16 Mar 2020 18:31:43 +0000
To: RLW
Subject: FW: [EXTERNAL] COVID-19 - Large quantity testing supplies
Attachments: CoV2 -Full Pack.pdf

From: (b)(6)
Sent: Monday, March 16, 2020 2:28:44 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] COVID-19 - Large quantity testing supplies

Secretary Wilkie,
Enclosed please find full details on COVID-19 supply of testing kits. This is though my trusted partner who will be coordinating matters if the VA finds this to be of help. I wanted to ensure the VA had access to this to help the vets and the staff.
If your team is interested, please have them contact me.
Best regards,

(b)(6)
Paul L. Rudisill PA
Healthcare **I**ntellect **G**roup/
Intelligent **D**riven **O**utcomes L.L.C.
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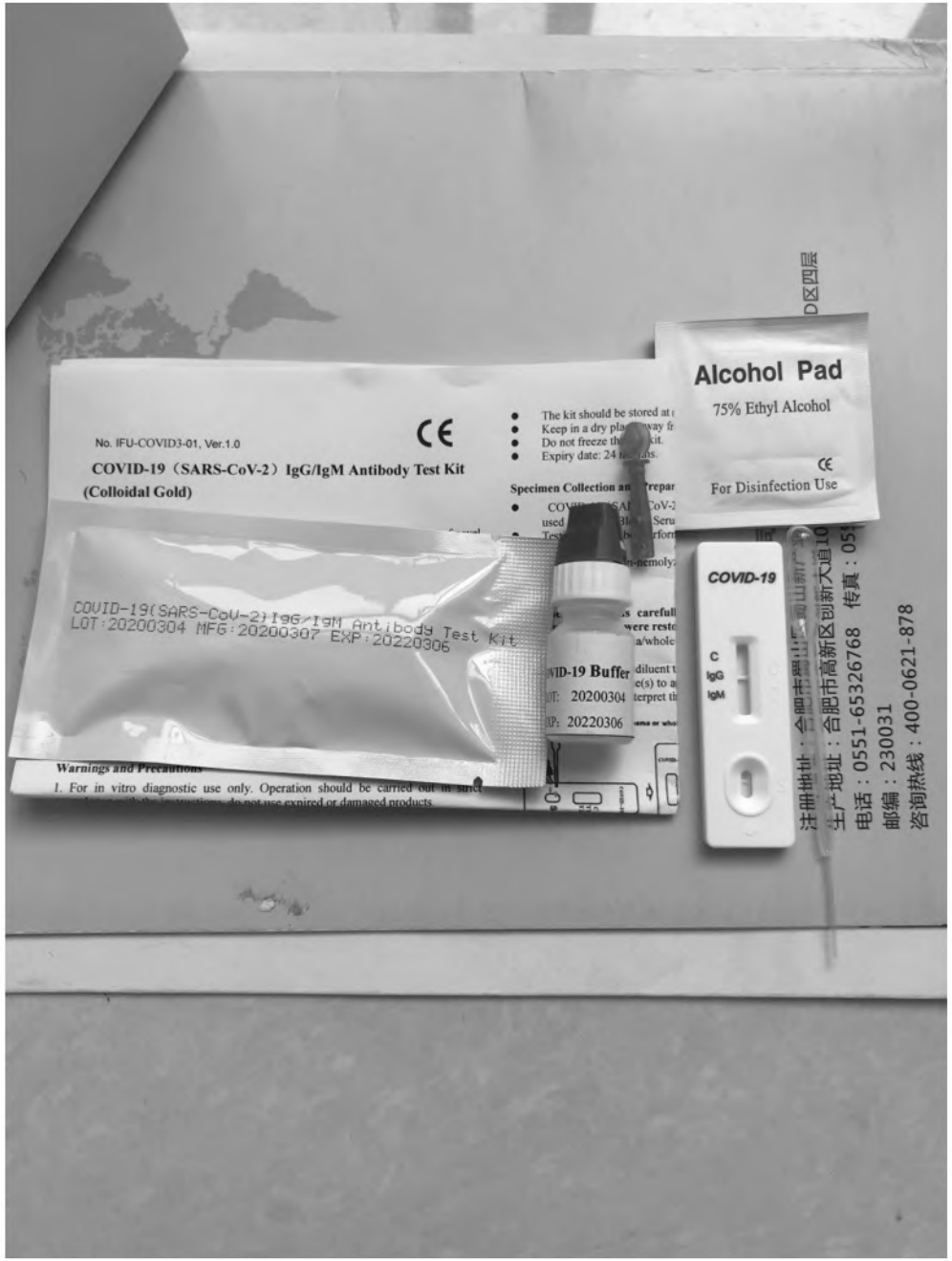
Beep Blue

COVID -19 (SARS-COV-2) IgG/IgM Antibody Test

FOB HK Price :	**USD (b)(4) per box (50 pcs /Box)**
Payment Term :	50% Down Payment & 50% upon arrival in HK ,
Shipment :	Delivery to HK at Seller's cost , global Shipment can be arranged from HK at Buyer's own cost
Packaging :	50 individual test device in one Box (50 pcs / box)

CE
COVID-19 (SARS-CoV-2) IgG/IgM Antibody Test Kit
(Colloidal Gold)
50pcs
IVD
ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO.,LTD.
Alcohol Pad
75% Ethyl Alcohol
For Disinfection Use
COVID-19
C
IgG
IgM
COVID-19(SARS-CoV-2)IgG/IgM Antibody Test Kit
LOT:20200304 MFG:20200307 EXP:20220306
COVID-19 Buffer
20200304
20220306
生产地址：合肥市高新区创新大道
电话：0551-65326768 传真：05
邮编：230031
咨询热线：400-0621-878


No. IFU-COVID3-01, Ver.1.0
CE
COVID-19（SARS-CoV-2）IgG/IgM Antibody Test Kit
(Colloidal Gold)
Alcohol Pad
75% Ethyl Alcohol
For Disinfection Use
COVID-19
C
IgG
IgM
COVID-19(SARS-CoV-2)IgG/IgM Antibody Test Kit
LOT:20200304 MFG:20200307 EXP:20220306
Warnings and Precautions
1. For in vitro diagnostic use only. Operation should be carried out in strict
注册地址：合肥市
生产地址：合肥市高新区创新大道10
电话：0551-65326768 传真：05
邮编：230031
咨询热线：400-0621-878

COVID-19（Sars-Cov-2）IgG Antibody Test

IgG will be appeared in the body's immune system during infection. IgG antibodies generally appear around 2-4 weeks, maintain a longer time, fade slowly, and the concentration is relatively high. Detection of COVID-19 IgG antibody has the advantages of high sensitivity, strong specificity, and clear identification of previous virus infection. Therefore, detection of novel coronavirus IgG antibody is of great significance in epidemiological investigation.
IgG antibody appears later than IgM antibody, and it reaches the peak in about four weeks. It can be in the body for a long time and it is a sign of previous infection.

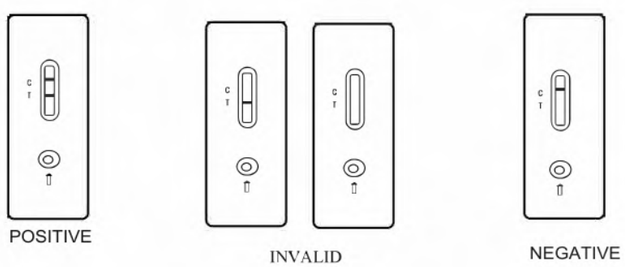
Test Principle

COVID-19（SARS-Cov-2）IgG Antibody Test Kit was determined by colloidal gold immunochromatography, for the detection of the antibody in human serum / plasma / whole blood specimens. After dropping, if the COVID-19-IgG antibody is existing in the specimen, it will form a Novel Coronvirus COVID-19 antigen and antibody complex along with the Novel Coronvirus antigen that marked in the gold pad. When the complex migrates to the detection line, it will combined with the anti-human IgG antibody that fixed there to form the Test line. The excess gold markers will combined with the polyclonal antibody that fixed at the control line to form the C line. So if the specimen contains COVID-19 antibody, two visible lines will be appeared. If there was no COVID-19 antibody in the specimen, only one visible line will be formed at the control line.

Product Features

1.The specimen: serum, plasma, whole blood;
2.Rapid screening for coronavirus infection within 15 minutes;
3.Equipment is not required, suitable for all kinds of field screening;
4.Reduce the risk of sampling infection;
5.Early diagnosis, early treatment, shorten the course of disease;
6.The kit is transported and stored at room temperature;
7.Reduce the workload of epidemic situation designated hospitals;

Interpretation of Result



Product Information

Item	Specification	Storage
COVID-19 (Sars-CoV-2) IgG Ab Test Kit (Colloidal Gold Immunochromatography Assay)	25/50pcs per box	4-30°C

COVID-19 (Sars-CoV-2) IgG Antibody Test
(Colloidal Gold Immunochromatography Assay)

COVID-19 (Sars-CoV-2) IgM Antibody Test
(Colloidal Gold Immunochromatography Assay)

COVID-19 (Sars-CoV-2) IgG/IgM Antibody Test
(Colloidal Gold Immunochromatography Assay)

ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO., LTD.
4th Floor, D-1# Zone, Pearl Industrial Park,106 Innovation Avenue, High-Tech Development Zone, 230088 Hefei, Anhui, China
WWW.DBLUEMEDICAL.COM

COVID-19（Sars-Cov-2）IgM Antibody Test

IgM is the first antibody to appear in the body's immune system during infection. Detection of novel coronavirus specific IgM antibody in acute infection stage has the advantages of high sensitivity, early diagnosis, and able to determine whether the suspects is infected. Therefore, detection of IgM antibody against novel coronavirus has important clinical significance to effectively control the large-scale spread of novel coronavirus.

IgM antibody will produce after virus infection in a few days, and can be detected as soon as one week and there are differences between individuals, negative result indicates there is no infection or in a very early stage or even in recovery phase.

IgM antibody is the earliest antibody to appear in humoral immunity, and it is a sign of recent infection.

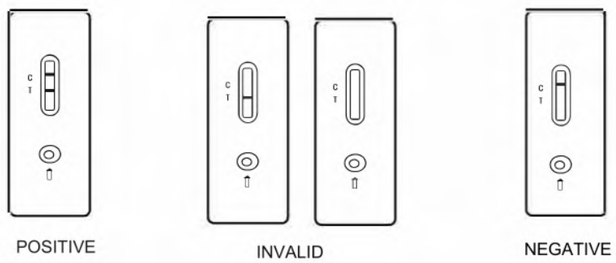
Test Principle

COVID-19（Sars-Cov-2）IgM Antibody Test was determined by colloidal gold immunochromatography. For the detection of the antibody in human serum / plasma / whole blood specimens. After dropping, if the COVID-19 IgM antibody is existing in the specimen, it will form a Novel Coronvirus COVID-19 IgM antigen and antibody complexes with the Novel Coronvirus antigen that labeled on the gold pad. When the complexes migrates to the detection line, it will combines to the anti-human IgM antibody that fixed there to form the Test line. The excess gold markers will combines to the polyclonal antibody that fixed at the quality control line to form the C line. So if the specimen contains COVID-19 IgM antibody, two visible lines will appear. If there was no COVID-19 IgM antibody in the specimen, only one visible line formed at the quality control line.

Product Features

1.The specimen: serum, plasma, whole blood;
2.Rapid screening for coronavirus infection within 15 minutes;
3.Equipment is not required, suitable for all kinds of field screening;
4.Reduce the risk of sampling infection;
5.Early diagnosis, early treatment, shorten the course of disease;
6.The kit is transported and stored at room temperature;
7.Reduce the workload of epidemic situation designated hospitals;

Interpretation of Result

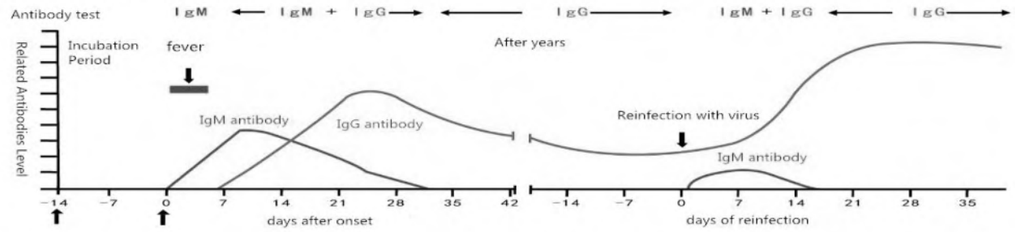


Product Information

Item	Specification	Storage
COVID-19 (Sars-Cov-2) IgM Ab Test Kit (Colloidal Gold Immunochromatography Assay)	25/50 pcs per box	4-30°C

COVID-19（Sars-Cov-2）IgG/IgM Antibody Test

COVID-19 (Sars-Cov-2) IgM/IgG test was determined by colloidal gold immunochromatography. For the detection of the antibodies in human serum, plasma and whole blood specimens. After dropping, if COVID-19 IgM or IgG antibodies are present in the specimen, the antibodies first form COVID-19 IgM/IgG antibody and antigen complexes with the novel coronavirus antigen labeled on the gold pad. When the complex migrates to the detection line, it combines to the anti-human IgM/IgG antibody fixed there to form the detection line, and the excess gold marker binds to the polyclonal antibody at the quality control line to form the quality control line. Therefore, when the specimen contains COVID-19 IgM/IgG antibody, two or three visible lines will appear. When there were no COVID-19 IgM/IgG antibodies in the specimen, only one visible line was formed at the quality control line.



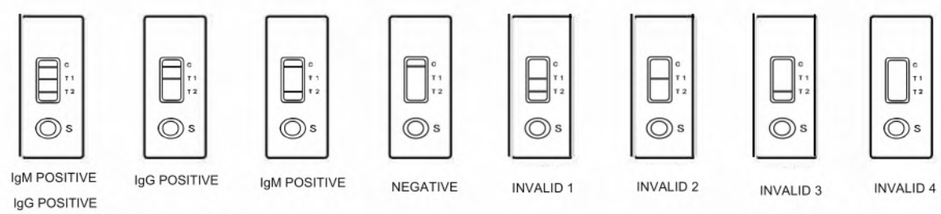
Test Principle

COVID-19 (Sars-Cov-2) IgM/IgG test was determined by colloidal gold immunochromatography. For the detection of the antibodies in human serum, plasma and whole blood specimens. After dropping, if COVID-19 IgM or IgG antibodies are present in the specimen, the antibodies first form COVID-19 IgM/IgG antibody and antigen complexes with the novel coronavirus antigen labeled on the gold pad. When the complex migrates to the detection line, it combines to the anti-human IgM/IgG antibody fixed there to form the detection line, and the excess gold marker binds to the polyclonal antibody at the quality control line to form the quality control line. Therefore, when the specimen contains COVID-19 IgM/IgG antibody, two or three visible lines will appear. When there were no COVID-19 IgM/IgG antibodies in the specimen, only one visible line was formed at the quality control line.

Product Features

1.The specimen: serum, plasma, whole blood;
2.Rapid screening for coronavirus infection within 15 minutes;
3.Equipment is not required, suitable for all kinds of field screening;
4.Reduce the risk of sampling infection;
5.Early diagnosis, early treatment, shorten the course of disease;
6.The kit is transported and stored at room temperature;
7.Reduce the workload of epidemic situation designated hospitals;

Interpretation of Result



Applicable place

1.Center for disease control and prevention, outpatient and emergency early screening early diagnosis.
2.Primary medical institutions quickly check.
3.Back to school screening.
4.The government, enterprises and institutions return to work screening.

Product Information

Item	Specification	Storage
COVID-19 (Sars-Cov-2) IgM/IgG Ab Test Kit (Colloidal Gold Immunochromatography Assay)	25/50 pcs per box	4-30°C

FDA

Fiscal Year 2020

CERTIFICATION OF REGISTRATION

This certifies that:

Name: ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO., LTD.

Add: 4th Floor, D-1# Zone, Pearl Industrial Park, 106 Innovation Avenue, High-Tech Development Zone Hefei Anhui, CN 230088

has completed the FDA Establishment Registration (as manufacturer and foreign exporter) and Device Listing with the US Food & Drug Administration, through

The Owner/ Operator Number for this Registration is :3016447251

Listing No	Code	Premarket Submission NO.	Device Name
D374223	QJR		COVID-19(SARS-CoV-2)IgM/IgG Antibody Test Kit(Colloidal Gold); COVID-19(SARS-CoV-2)IgM Antibody Test Kit(Colloidal Gold); COVID-19(SARS-CoV-2)IgG Antibody Test Kit(Colloidal Gold)

ABmed will confirm that such registration remains effective upon request and presentation of this certificate until the end of the year stated above, unless said registration is terminated after issuance of this certificate. ABmed makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. This certificate does not denote endorsement or approval of the certificate‐holder's device or establishment by the U.S Food and Drug Administration.

ABmed assumes no liability to any person or entity in connection with foregoing.

Date of verification:Mar. 11, 2020

Date of expiration: Dec 31, 2020

SH OFFICE
TEL:0086-21-50313932 Boyle Wang Phone:0086-18930777676 info@truthful.com.cn
ABMED SERVICE INC.
36 Soyth 18th Avenue, Suite A Brighton,CO USA 80601
TEL:213-375-3998 FAX:213-375-3998 info@abmed.com.cn

ZERTIFIKAT ◆ CERTIFICATE ◆ 認證證書 ◆ СЕРТИФИКАТ ◆ CERTIFICADO ◆ CERTIFICAT

TÜV SÜD Product Service

CERTIFICATE

No. Q5 18 03 03706 001

Holder of Certificate: **ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO.,LTD.**
4th Floor, D-1# Zone
Pearl Industrial Park
106 Innovation Avenue, High-Tech Development Zone
230088 Hefei, Anhui
PEOPLE'S REPUBLIC OF CHINA

Facility(ies): ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO.,LTD.
4th Floor, D-1# Zone, Pearl Industrial Park, 106 Innovation Avenue, High-Tech Development Zone, 230088 Hefei, Anhui, PEOPLE'S REPUBLIC OF CHINA

Certification Mark:

Scope of Certificate: **Design and Development, Production and Distribution of In Vitro Diagnostic Reagents by Colloidal Gold and Enzyme Chemical Reaction Method, Medical Ultrasonic Couplant, Acetowhite Solution, Epithelial Tissue Staining Solution, Rapid Test for Vaginitis (Polyamines) and Cell Preservation Solution**

Applied Standard(s): EN ISO 13485:2016
Medical devices - Quality management systems - Requirements for regulatory purposes
(ISO 13485:2016)
DIN EN ISO 13485:2016

The Certification Body of TÜV SÜD Product Service GmbH certifies that the company mentioned above has established and is maintaining a quality management system, which meets the requirements of the listed standard(s). See also notes overleaf.

Report No.: SH18130301

Valid from: 2018-06-22
Valid until: 2021-06-21

Date, 2018-06-22

Stefan Preiß

Page 1 of 1

DAkkS Deutsche Akkreditierungsstelle D-ZM-11121-01-00

TÜV SÜD Product Service GmbH · Zertifizierstelle · Ridlerstraße 65 · 80339 München · Germany

TÜV®

医疗器械出口备案表

备案编号：皖合 20200001 号

生产企业名称	安徽深蓝医疗科技股份有限公司		
生产地址	合肥市高新区创新大道 106 号明珠产业园一期 1#厂房 D 区四层		
是否具有生产许可证或者备案	是	生产许可/备案编号	皖食药监械生产许 20150023 号/皖合食药监械生产备 20190009 号
是否具有第三方认证	是	第三方认证机构	TÜV SÜD Certification and Testing (China) Co., Ltd.
联系方式	生产企业：0551 65326768/认证机构： +86 21 6141 0123		
出口产品名称	1、新型冠状病毒（COVID-19）IgM/IgG 抗体检测试剂盒（胶体金免疫层析法）		
	2、新型冠状病毒（COVID-19）IgM 抗体检测试剂盒（胶体金免疫层析法）		
	3、新型冠状病毒（COVID-19）IgG 抗体检测试剂盒（胶体金免疫层析法）		
是否境内注册/备案	否	注册号/备案号	无
出口企业名称	安徽深蓝医疗科技股份有限公司		
出口企业地址	合肥市高新区创新大道 106 号明珠产业园一期 1#厂房 D 区四层		
销往国家（地区）	伊拉克、沙特、阿联酋等		
是否境外委托境内生产	否	是否获准境外上市	是
境外委托企业名称	无		
境外委托企业地址	无		
出口合同编号		出口合同期限	
产品规格	条/卡	包装规格	20/40/50/100 人份/盒(或按客户要求定制)
出口数量	10 万人份/年		
本企业承诺保证所生产出口的医疗器械符合进口国（地区）的要求，所提交的全部备案资料真实有效，并承担一切法律责任。 法定代表人：（签字）（企业盖章） 2020年 2 月 26 日			
同意备案 备案部门（公章）： 备案日期： 2020 年 02 月 26 日			

填表说明：1.生产企业应于产品出口前，填写本表向所在地设区的市级食品药品监督管理部门备案。

2.本表按实际内容填写，不涉及的可缺项。

3.本表一式两份，经备案部门盖章后，备案部门和生产企业各一份。

CE

DECLARATION OF CONFORMITY

CE

MANUFACTURER: ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO.,LTD.
4th Floor,D-1# Zone, Pearl Industrial Park, 106 Innovation Avenue, High-Tech Development Zone , 230088 Hefei, Anhui, People's Republic of China

EUROPEAN REPRESENTATIVE: Luxus Lebenswelt GmbH
Kochstr. 1, 47877, Willich, Germany

PRODUCT: COVID-19（SARS-CoV-2） Antibody Test Kit(Colloidal Gold)

Models: Strip;cassette

CLASSIFICATION: **OTHER**

EDMA CODE: 15 04 80 90 00

CONFORMITY ASSESSMENT ROUTE: Following the procedure relating to the EC Declaration of Conformity set out in Annex III of Directive 98/79/EC.

WE HEREWITH DECLARE THAT THE ABOVE MENTIONED PRODUCTS MEET THE PROVISIONS OF THE COUNCIL DIRECTIVE 98/79/EC. ALL SUPPORTING DOCUMENTATION IS RETAINED UNDER THE PREMISES OF THE MANUFACTURER.
THE MANUFACTURER IS EXCLUSIVELY RESPONSIBLE FOR THE DECLARATION OF CONFORMITY.

STANDARDS APPLIED: EN ISO 13485:2016
EN ISO 18113-1:2011, EN ISO 18113-4:2011, EN 13612: 2002/AC:2002, EN ISO 23640:2015, EN 13641: 2002, EN ISO 15223-1: 2016, EN 13975:2003, EN 13532:2002, EN ISO 14971:2012.

START OF CE-MARKING: 2020-02-28

PLACE, DATE OF ISSUE: HEFEI, 2020-02-28

CE

SIGNATURE: **CHEN FENGLING**
GENERAL MANAGER

EC Declaration of Conformity
DOC (A/1)

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中华人民共和国
PEOPLE'S REPUBLIC OF CHINA
医疗器械产品出口销售证明
CERTIFICATE FOR EXPORTATION OF MEDICAL PRODUCTS

证书编号：皖合食药监械出 **2020005** 号
Certificate NO.：皖合食药监械出 2020005 号

产品名称：新型冠状病毒（COVID-19）IgM/IgG 抗体检测试剂盒（胶体金免疫层析法）、新型冠状病毒（COVID-19）IgM 抗体检测试剂盒（胶体金免疫层析法）、新型冠状病毒（COVID-19）IgG 抗体检测试剂盒（胶体金免疫层析法）
Product(s): COVID-19 （ Sars-CoV-2 ） IgM/IgG Antibody Test Kit(Colloidal Gold Immunochromatography Assay); COVID-19（Sars-CoV-2）IgM Antibody Test Kit(Colloidal Gold Immunochromatography Assay); COVID-19 （ Sars-CoV-2 ） IgG Antibody Test Kit(Colloidal Gold Immunochromatography Assay);

规格型号：条型/卡型：20/25/40/50/100 人份/盒(或按客户要求定制)
Model:strip/cassette: 20/25/40/50/100 pcs per box(or customzied)

产品注册或备案凭证号：皖合 20200001 号
Registration certificate(s): 皖合 20200001 号

生产企业：安徽深蓝医疗科技股份有限公司
Manufacturer: Anhui Deep Blue Medical Technology Co.,Ltd

生产企业住所：安徽省合肥市高新区创新大道 106 号明珠产业园一期 1#厂房 D 区四层
Address of manufacturer:1#, D zone, four floor, Pearl Industrial Park, 106 innovation Avenue, Hefei hi tech Development Zone, Anhui

生产许可或备案凭证号：/
Manufacturing License(s):/

兹证明上述产品在中国生产，未进入中国市场。出口不受限制。
This is to certify that the above products have been registered to be manufactured and and not distributed on the Chinese market.The exportation of the product(s) is not restricted.

证明有效日期至： **2022 年 03 月 01 日**
This certification valid until: March 01st, 2022

备注：/
Remark: /

安徽省药品监督管理局
Anhui Medical Products Administration
2020 年 03 月 02 日

货物运输条件鉴定书
Certification for Safe Transport of Chemical Goods NO. 2020140594

鉴定项目 Identification Items	鉴 定 结 果 Identification Conclusion Results
爆炸危险性鉴定 Identification of Explosive Hazard	该货物不属于爆炸品。 The product is not classified in Explosives.
易燃危险性鉴定 Identification of Flammable Hazards	经闭杯闪点测试，在70度下没有发生闪燃，表明该货物不属于第3类易燃液体。 In the closed-cup flash point test, no flash was detected below 70℃, so the product is not classified in Class 3 (Flammable Liquids).
氧化危险性鉴定 Identification of Oxidative Hazards	该货物不属于氧化剂和有机过氧化物。 The product is not classified in oxidizing substances and organic peroxides.
毒害及传染危险性鉴定 Identification of Toxic & Infectious Hazards	该货物不属于有毒和感染性物质。 The product is not classified in toxic and infectious substances.
放射危险性鉴定 Identification of Radioactive Hazard	该货物无放射危险性。 The product is not classified in radioactive material.
腐蚀危险性鉴定 Identification of Corrosive Hazard	该货物不属于腐蚀品。 The product is not classified in corrosives.
其他危险性鉴定 Identification of other Hazards	该货物无其它危险性。 The product presents no other dangerous properties.

-验证码：206566-

报告结束

货物运输条件鉴定书

Certification for Safe Transport of Chemical Goods

NO. 2020140594

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样品名称 Sample Name	中文 Chinese	缓冲液
	英文 English	buffer
委托单位 Consignor		安徽深蓝医疗科技股份有限公司
生产单位 Manufacturer		安徽深蓝医疗科技股份有限公司
检验方法、程序 Inspection Methods and Procedures		国际航空运输协会《危险品规则》61版 IATA Dangerous Goods Regulations (DGR) 61st Edition
样品外观与气味 Appearance & Odor		无色透明液体，稍有气味 Colorless transparent Liquid, Weak odor

IDENTIFICATION CONCLUSION 鉴定结论

1. 危险性识别(Hazards identification)

无。
None.

2. 空运按照IATA DGR办理的类项(Suggestion according to IATA DGR)

可按非限制性货物条件办理。
The substance is not subject to IATA DGR.

3. 包装要求(Packaging requirements)

无。
None.

检验日期: Inspection Date: 2020-03-02　签发日期: Issue Date: 2020-03-02　生效日期: Effective Date: 2020-03-02

备注 Comment	无。 None.

批准 Approver: 张小帅　审核 Checker: 花宏　主检 Appraiser: 刘晓柳

空运 By Air

NO.2020140594

CNAS 中国认可 检验 INSPECTION CNAS IB0071

货物运输条件鉴定书

Certification
for Safe Transport of Chemical Goods

非限制性货物

样品名称： 缓冲液

Sample Name: buffer

委托单位： 安徽深蓝医疗科技股份有限公司

生产单位： 安徽深蓝医疗科技股份有限公司

上海化工院检测有限公司 检验检测专用章

上化院 上海化工院检测有限公司
Shanghai Research Institute of Chemical Industry Testing Co., Ltd

空运 By Air　空运 By Air

Anhui Deep Blue Medical Technology Co., ltd

Verification report on disease control of Novel Coronavirus(COVID-19) IGG/IGM test kit

Since the outbreak of the Novel Coronavirus pneumonia nationwide in January 2020 ,under the care and support of leaders at all levels of Anhui provincial center for disease control and prevention, Deep blue medical research team and Hefei university of technology quickly established a special research and development team, committed to the novel coronavirus pneumonia test kit research and development. After several days of unremitting efforts, the Novel Coronavirus (COVID-19 IgG/IgM) test kit (colloidal gold immunochromatography) was developed successfully, which helped prevent and control the novel coronavirus pneumonia.

Since February 12th, 2020, The process was optimized for many times and positive samples were verified.From February 24 to February 26, nearly 100 clinical samples were verified twice. The experimental data are as follows:

1. The total number of samples tested was 90 persons and 60 specimens, one of which was 2020074. The nucleic acid test was negative. The interval between sampling was 6 days. The first test was negative for IgG and positive for IgM. The second test was for both IgG / IgM is positive. This method can effectively make up for the diagnosis of positive cases with negative nucleic acid tests.

2. Positive samples detected by IgG were: 43 cases, and the positive detection rate was: 43/90 * 100% = 47.8%

3. IgM detected positive samples: 81 cases, the positive detection rate was 81/90 * 100% = 90%

4. IgG / IgM dual index positive samples were: 83 cases, the positive detection rate was: 83/90 * 100% = 92.2%

5. This verification case: The longest interval between the onset of sampling and the sampling interval is 9 days and the shortest is 0 day. The above IgM positive detection rate is in line with the rule that the concentration of IgM antibodies in the body increases rapidly after infected 7 days or 3 days after the onset of novel coronavirus infection. At the same time, IgG mainly reaches the peak concentration in the later onset and rehabilitation stages of patients, and its production process in vivo lags behind IgM. The combination of the positive samples and the positive indicators of the two are consistent with the relevant regular pattern.

6. Summarized by the number of samples from different regions to the sampling days: the total number of samples over 4 days was: 27 cases, the positive detection of this product was: 27 cases, the positive detection rate of IgM was 100%;From 0 to 4 days, a total of 63 samples were collected, including 53 positive samples. The positive detection rate of IgM was 53/63*100%=84%.

7.IgG did not show strong regularity in the validation of the above cases. The rule of 1gG antibody production in human body after the sample was infected with the new crown failed to be effectively verified this time. According to the above verification results, only two cases were IgG positive and IgM negative, but 40 cases were IgM positive, while IgG negative.The detection rate of IgM was much higher than IgG, and another 41 cases were positive for IgG / IgM.

8, The strong positive sample was diluted by multiple ratio. test line and quality control line as deep as strong positive samples, at 8, 16, 1:32, 1:64, 1:128, 1:256 times dilution, test results show that the IgM in 1:32 times diluted weak positive, for 64 times dilution is no color, and IgG is still a weak positive in 256 times dilution.

9, In the above tests, IGG /IGM had negative results and no false positive was found.

2) The original data table is summarized as follows:

深蓝医疗新冠抗体检测试剂盒临床验证汇总表

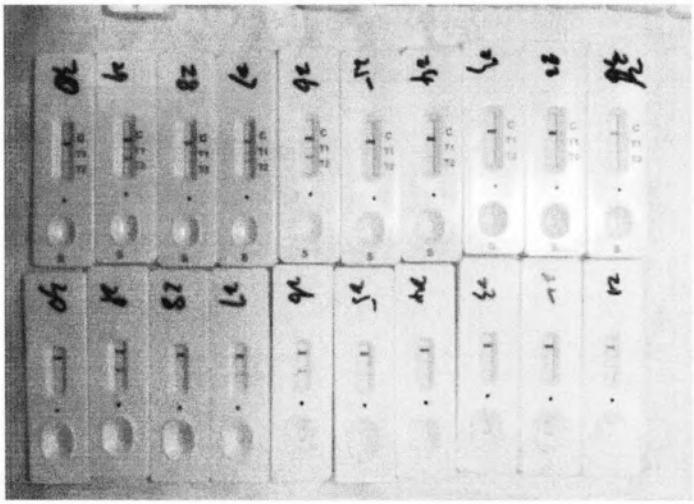
编号	IgG	IgM	采样发病间隔天数	采样-实验间隔天数
[redacted]	−	+	1	
	−	+	0	
	−	−	1	
	−	−	2	
	−	−	1	
	+	−	2	
	−	−	1	
	−	−	3	
	+	−	1	
	−	+	3	
	−	+	5	
	++	+	2	
	−	+	1	
	−	+	7	
	−	+	2	
	+	++	8	
	+	+++	6	
	−	+	4	
	−	+	1	
	−	+	3	
	−	+	5	
	−	+	5	
	−	+	6	
	−	+	1	
	−	+	2	
	−	+	4	
	−	+	4	
	−	+	9	
	−	+	4	
	−	+	6	
	−	+	7	

	+	+	2	
	+	+	1	
	−	−	1	
	+	++	0	
	+	+	6	
	+	+	1	
	+	+	1	
	−	+	2	
	−	+	4	
	+	+	1	
	+	+	4	
	+	+	2	
	+	++	0	
	+	++	1	
	+	+	1	
	+	++	3	
	+	+	2	
	−	+	2	
	−	+	1	
	+	++	1	
	−	+	0	
	−	+	0	
	++	+	3	
	+	+	5	
	−	+	2	
	++	+	1	
	−	+	1	
	+	++	1	
	−	++	3	
	−	++	5	
	++	+	2	
	−	+	4	
	+	+	1	
	+	++	7	
	+	+	5	
	−	++	2	

	+	++	8	
	+	+	9	
	+	+++	6	
	+	+	4	
	−	+	4	
	+	+	1	
	+	+	3	
	−	+	5	
	+	+	5	
	+	+	5	
	+	+	6	
	−	+	1	
	+	+	6	
	−	−	2	
	+	+	2	
	−	−	4	
	+	+	4	
	−	+	5	
	+	+	5	
	−	+	4	
	+	++	9	
	−	+	4	
	−	+	6	
	+	+	7	

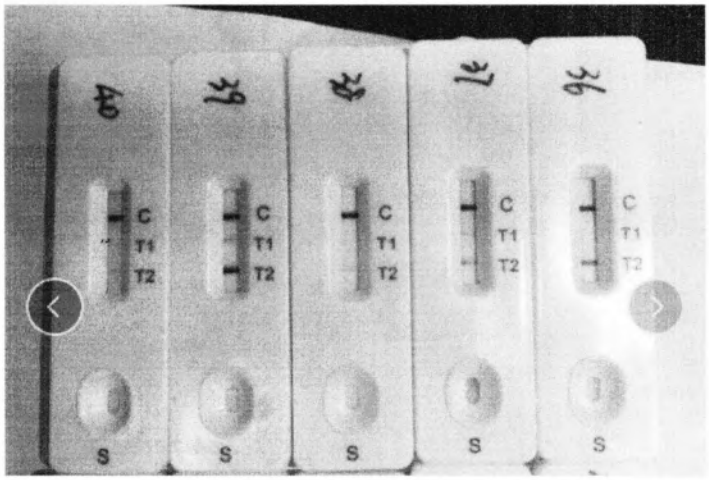
			++	+	3		
			+	+	5		
			−	+	2		
			++	+	1		
			−	+	1		
			+	++	1		
			−	++	3		
			−	++	5		
			++	+	2		
			−	+	4		
			+	+	1		
			+	++	7		
			+	+	5		
			−	++	2		
			+	++	8		
			+	+	9		
			+	+++	6		
			+	+	4		
			−	+	4		
		4	+	+	1		
		1	+	+	3		
			−	+	5		
			+	+	5		
			+	+	5		
			+	+	6		
			−	+	1		
			+	+	6		
			−	−	2		
			+	+	2		
			−	−	4		
			+	+	4		
			−	+	5		
			+	+	5		
			−	+	4		
			+	++	9		
			−	+	4		
			−	+	6		
			+	+	7		

3)Part of the detection picture is as follows



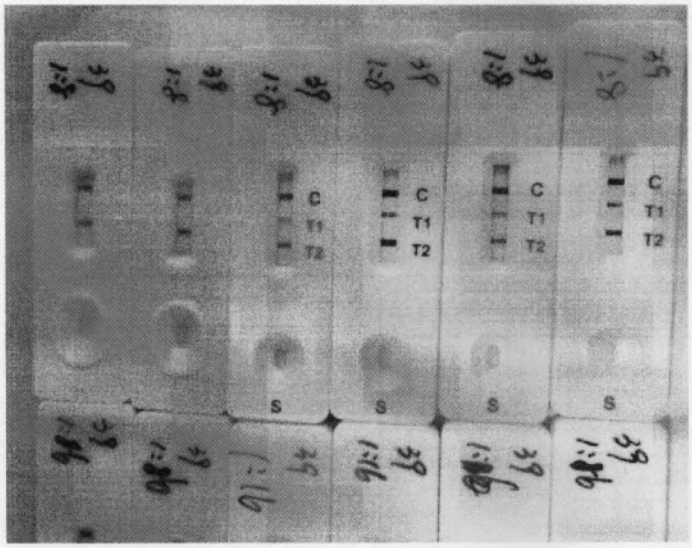
双联 IgG/IgM，单联 IgM 阳性检测对比结果

IgG/IgM combo test ,Comparison of IgM positive test results

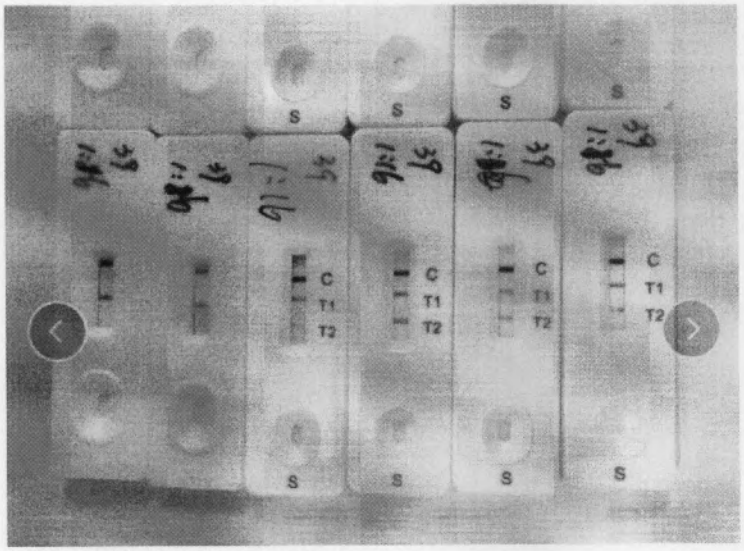


不同双联 IgG/IgM 检测结果

Different IgG/IgM combo detection results

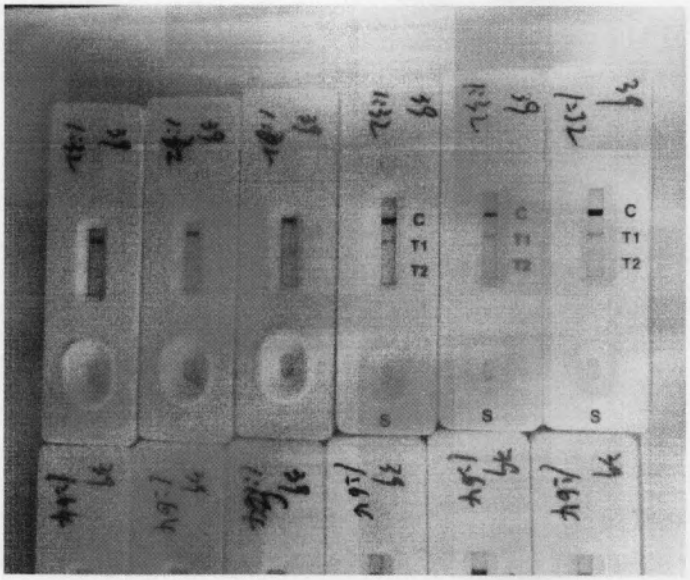


强阳性样本倍比稀释结果 （8 倍稀释）
Strong positive specimen multiple dilution results(8 multiple dilution)

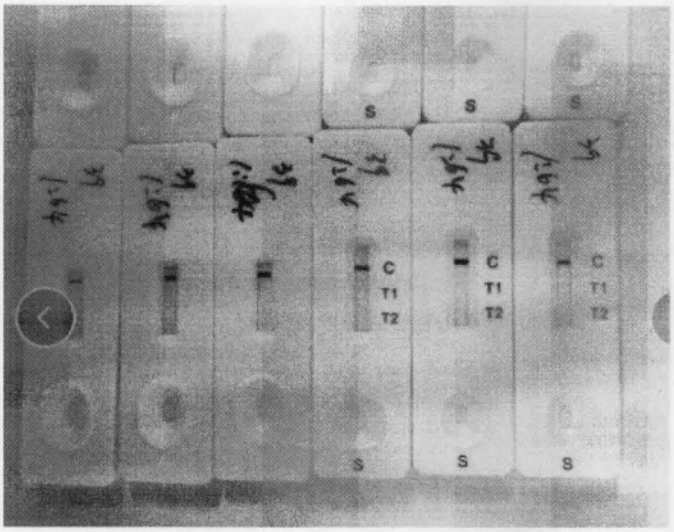


强阳性样本倍比稀释结果 （16 倍稀释）

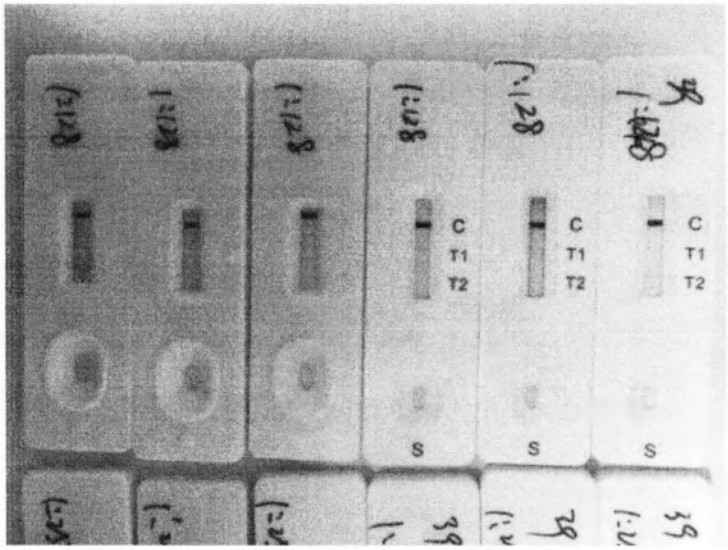
Strong positive specimen multiple dilution results(16 multiple dilution)



强阳性样本倍比稀释结果 （32 倍稀释）
Strong positive specimen multiple dilution results(32 multiple dilution)

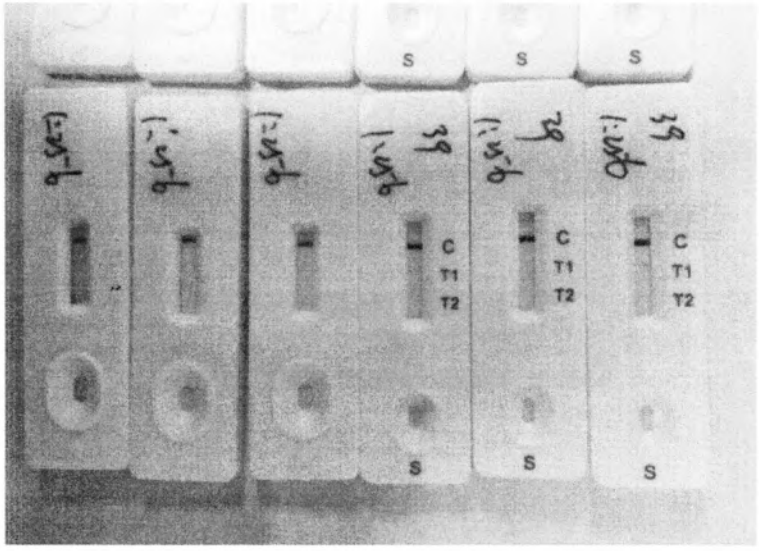


强阳性样本倍比稀释结果 （64 倍稀释）
Strong positive specimen multiple dilution results(64 multiple dilution)



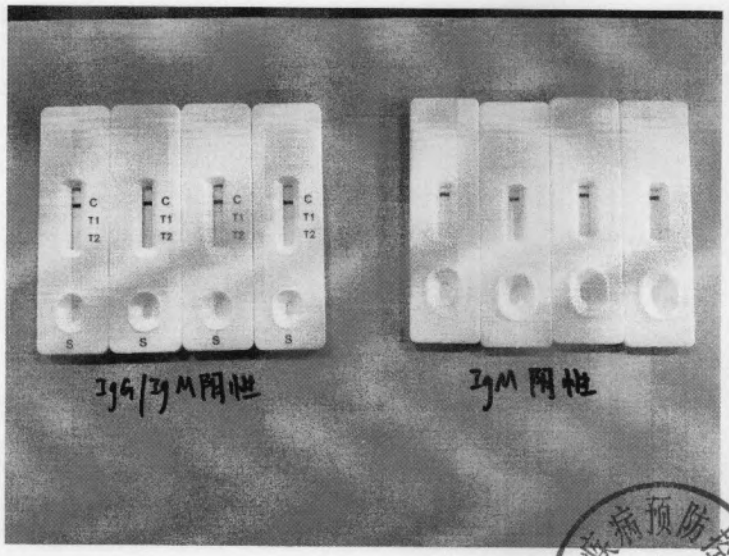
强阳性样本倍比稀释结果 （128 倍稀释）

Strong positive specimen multiple dilution results(128multiple dilution)



强阳性样本倍比稀释结果 （256 倍稀释）

Strong positive specimen multiple dilution results(256multiple dilution)



安徽省疾控中心

2020年2月27日

No. IFU-COVID3-01, Ver.1.0

COVID-19（SARS-CoV-2）IgG/IgM Antibody Test Kit (Colloidal Gold)

Intended use

COVID-19（SARS-CoV-2）IgG/IgM Test is used for qualitative detection of novel coronavirus IgG/IgM antibodies in human serum, plasma and whole blood. After infection with the novel coronavirus, the common signs include respiratory symptoms, fever, cough, wheezing and dyspnea, etc. In more severe cases, the infection can lead to pneumonia, severe acute respiratory syndrome, kidney failure and even death. Coronaviruses can be expelled from the body through respiratory secretions, transmitted by oral fluids, sneezing, contact, and by airborne droplets.

Principle

COVID-19（SARS-CoV-2）IgG/IgM Test is the detection principle of colloidal gold marked recombinant novel coronavirus (COVID-19) antigen, while nitrocellulose membrane is coated with rat anti-human IgM, rat anti-human IgG and sheep anti rat polyclonal antibodies, when specimens containing IgM antibody with colloidal gold marked a novel coronavirus antigen form compounds, the compounds in rat anti-human IgM antibody was captured, presents the colored lines, if the specimen contains IgG antibody,And colloidal gold marked a novel coronavirus antigen form compounds, the compounds was caught the rat anti-human IgG antibody, presents the colored line, when specimens containing IgG and IgM at the same time, form 2 lines at T1 and T2, extra colloidal gold complexes and sheep anti-rat polyclonal antibody to form a line, as quality control line.When there is no IgG or IgM antibody in the sample, only the quality control line presents the color, which is negative.

Warnings and Precautions

1. For in vitro diagnostic use only. Operation should be carried out in strict accordance with the instructions, do not use expired or damaged products.
2. Only the diluent in the package can be used, and diluent in different batches cannot be mixed.
3. Do not use tap water, purified water and distilled water as negative controls.
4. The test device should be used within 1 hour after unsealing. If the ambient temperature is higher than 30°C or more humid, use immediately after tearing.
5. If there is no liquid migration in the test window within 30 seconds after adding the detection solution, add another 1 drop of detection solution.
6. Pay attention to the possibility of virus infection when collecting specimens, wear disposable gloves, masks, etc., after washing hands.
7. The test device is disposable. The test device and specimen after use shall be regarded as medical waste with biological infection risk and properly disposed of according to relevant national regulations.
8. False positive test results may be comes out if the person who have an allergic reaction or a high ferritin level.

Materials and Components

Materials provided

The test kit consists of one test cassette, specimen buffer and dropper.

1. COVID-19（SARS-CoV-2）IgG/IgM Antibody test cassette(It is composed of test strip and plastic cassette.The strip is composed of nitrocellulose membrane, sample pad, colloidal gold pad, absorbent paper and PVC adhesive board.Among them, NC membrane was coated with anti-human IgG, IgM antibodies, sheep anti-rat polyclonal antibody, and the colloidal gold contained covid-19 recombinant antigen)
2. Buffer: 1 bottle per box
3. Dropper: 1pcs
4. Instruction: 1pcs per box

Materials required but not provided

Timer.
specimen collection container

Storage and Stability

- The kit should be stored at room temperature (4-30°C).
- Keep in a dry place away from light.
- Do not freeze the test kit.
- Expiry date: 24 months.

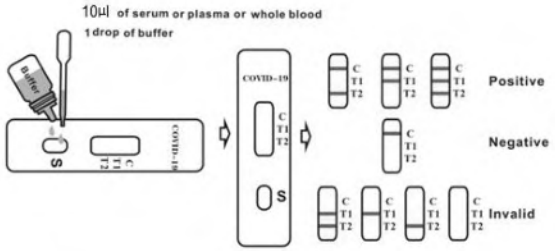
Specimen Collection and Preparation

- COVID-19（SARS-CoV-2）IgG/IgM Test can be performed used on Whole Blood/ Serum/ Plasma.
- Collection of serum/plasma specimens: serum and plasma should be separated as soon as possible after blood collection to avoid hemolysis.The separated serum and plasma should be tested as soon as possible within 8 hours. If it cannot be used immediately, it should be stored at 2℃ ~ 8℃ for 7 days.More than 7 days should be placed in -20 ℃ cryopreservation, can be stored for 6 months, before the test, pay attention to return to room temperature, avoid repeated freeze-thaw.
- Venous whole blood collection: collect blood with anticoagulant tube, or first add anticoagulant (heparin and EDTA salt are recommended) into the blood collection vessel, then add the collected blood specimens and shake them well.It can be stored at room temperature for 8 hours. If it cannot be immediately detected, it can be stored at 2~8 ℃ for 7 days. The whole blood specimen of vein over 7 days is not suitable for this reagent.
- Fingertip blood collection: blood should be taken immediately after the finger is punctured with a disposable blood collection needle to avoid coagulation.

Test Procedure

Read the instructions carefully before use and bring tests, buffer and specimens were restored to room temperature.

1. 10 μL of serum/plasma/whole blood was absorbed and added to the specimen hole (S).
2. Add 1 drop of sample diluent to the test card specimen hole (S).
3.Wait for the colored line(s) to appear. The result should be read at 10-15 minutes. Do not interpret the result after 30 minutes.



Interpretation of Result

Positive：1. Two or three distinct lines appear. One line should always appear in the control line region (C), and another one or two apparent colored line(s) should appear in the test line region(s) (T1 and T2).
2. If a line appears on the quality control line, a line appears on the test line T1, and no sline appears on the test line T2, it indicates that IgG antibody is present in the specimen and no IgM antibody is present.
3. If a line appears on the quality control line, a line appears on the test line T2, and no sline appears on the test line T1, it indicates that IgM antibody is present in the specimen and no IgG antibody is present.(maybe in false positive in case)
Negative: One colored line appears in the control region (C). No Apparent colored lines appear in the test lines regions (T1 and T2).
Invalid: Control line(C) fails to appear. Insufficient specimen volume or incorrect procedural technologies are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test device. If the problem persists, discontinue using the test kit immediately and contact your local distributor.
Note: The red line in the test line (T) can show different shades of color. However, even a very weak line should be judged as a positive result during the specified observation period, regardless of the color of the line.

Quality Control

A red line appearing in the control region (C) is the internal procedural control. It confirms sufficient specimen volume.

Limitations of Procedure

1. This product is used for qualitative testing only.
2. The test results of this product are for reference only, not as the sole basis for diagnosis and treatment, and should be confirmed in combination with clinical symptoms or other conventional testing methods.
3. The negative result may be due to the lower antibody concentration than the analytical sensitivity of the product.
4. The accuracy of the test depends on the specimen collection process,improper specimen collection, improper specimen storage or repeated freezing and thawing of specimens will affect the test results.
5. It has been found in this product study that allergy or abnormal ferritin increase may lead to false positive, and its mechanism needs further study.

Performance index

1. **Physical characters**

1.1 Appearance: The test should be clean and complete, no burr, no damage and non-pollution. The shell of the test cassette should be flat, the upper and lower covers should be evenly closed, and there should be no obvious gap. The inner test strip should be firmly attached without waggle. The diluent should be clear and free of foreign matter.

1.2 Size: the size of the inner strip should not be less than 2.5mm.

1.3 Liquid migration speed should not be less than 10mm/min.

1.4 **2. Minimum detection limit：** The minimum test limit reference products S1 should be negative, S2 and S3 should be positive.

3. Negative compliance rate： 5 pieces of negative reference products of the test company shall be all negative, with a negative compliance rate of 100%.

4. Positive compliance rate： 5 pieces of positive reference products, each reference test one times and shall be all positive, with a positive compliance rate of 100%.

5. Repeatability: Test 1 piece of the enterprise positive reference, test it 10 times, the color should be consistent and all positive.

6. Specificity

6.1 Cross Reaction: This product do not cross-react with the positive specimens including vice influenza virus antibodies, influenza a virus, influenza b virus antibodies, pneumonia chlamydia, mycoplasma pneumoniae antibody, adenovirus antibody, respiratory syncytial virus antibody, hepatitis b surface antibody, hepatitis c virus antibody, treponema pallidum antibody, human immunodeficiency virus (HIV) antibodies, EB virus antibody, measles virus, CMV antibodies, enterovirus type 71, mumps virus antibody, varicella - zoster virus.

6.2 There is no cross-reaction between RF, ANA and AMA.

6.3 Interfering substance:

(1) When bilirubin concentration ≤250μmol/L, hemoglobin content ≤9g/L, triglyceride content ≤15mmol/L, content of rheumatoid factor ≤80IU/mL, titer of ANA ≤1:240, anti-mitochondrial antibody (AMA) ≤80U/mL, content of mouse IgG ≤ 1000 μ g/mL, there will be no interference with the test results of this product.

(2) The commonly used antiviral drugs epiztin acid (≤4mg/L), ribavirin (≤40mg/L), interferon (≤200mg/L), oseltamivir (≤30mg/L), abidol (≤40mg/L), levofloxacin (≤200mg/L), azithromycin (≤100mg/L), ceftriaxone (≤400mg/L), meropenan (≤200mg/L) has no interference in the detection of this product.

7. Hook effect: No hook effect was found in the test results of this product within the titer range of clinically positive samples of the novel coronavirus antibody.

8. The minimum detection limit and reproducibility of 10 samples of clinically positive serum of COVID-19 novel coronavirus were studied. The results all meet the requirements.

9. Clinical performance

The experimental in vitro diagnostic reagents were compared with the clinical diagnostic criteria of the marketed same methodology products and the novel coronavirus pneumonia. The test results showed that the clinical sensitivity of the product was 89.67% (95%ci :83.55%, 90.85%) and the specificity was 99.33% (95%ci :98.12%, 99.32%).In addition, the homologous serum/plasma and whole blood samples of 160 subjects (72 positive and 88 negative) were selected for comparative test. The results showed that with the serum/plasma test results as the reference, the positive compliance rate of the whole blood test was 92.28% (95%ci: 87.52% ~ 97.11%), the negative compliance rate was 100.00% (95%ci: 96.21% ~ 100.00%), and the total consistency rate was 97.25% (95%ci: 93.55% ~ 99.01%). After preliminary evaluation, it is basically confirmed that the clinical performance of the product can meet the emergency needs of epidemic situation.

ANHUI DEEPBLUE MEDICAL TECHNOLOGY CO.,LTD.

4th Floor,D-1# Zone, Pearl Industrial Park, 106 Innovation Avenue,High-Tech Development Zone,230088 Hefei, Anhui,China

EC REP

Luxus Lebenswelt GmbH

Kochstr. 1, 47877, Willich,Germany

IVD

4°C 30°C

Instruction of symbols

CE	CE Mark	LOT	Batch r
	Consult instruction for use	IVD	IVD pr
	For single use		Date manufa
4°C 30	Store between	Σ	Contai for <n>
	Manufacturer		Expire
EC REP	European union representative		

From: Wilkie, Robert L., Jr.
Sent: Tue, 17 Mar 2020 13:26:29 +0000
To: RLW
Subject: FW: [EXTERNAL] Re: Summary
Attachments: Screen Shot 2020-03-17 at 9.17.47 AM.png

From: (b)(6)
Sent: Tuesday, March 17, 2020 9:24:00 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
(b)(6) Wilkie, Robert L., Jr.; Bonzanto, Dr. Tamara (OAWP); Davis, Lynda
Subject: [EXTERNAL] Re: Summary

Attached is a screenshot of where they changed the status of todays appointment. This is further proof of illegal va activity. They are forced to make appointments, but then find ways to not attend.
I have reported, warned, begged, and pleaded to be treated fairly. Each of you are responsible for allowing this to continue. I am in absolute hell, a hell that the ann arbor va intentionally created for me! This is criminal abuse!
All leadership is responsible, because they ignored it, and continue to ignore this abuse!
All My Worst,
(b)(6)
(313) 910- (b)(6)
(b)(6) @yahoo.com
On Tuesday, March 17, 2020, 9:13:23 AM EDT, (b)(6) @yahoo.com> wrote:

Brief overview of ann arbor va "treatment" since asking for care back in December:

- I asked for primary care- Delayed
- I asked for community care (pulmonary and mental health)- After 2 week wait, denied because ann arbor va can provide it. Obviously untrue.
- I asked for mental health- Denied; claimed it was telehealth, noone ever called
- I asked for pulmonary- Still being denied
- I asked for dental- I was "Forgot" about. Still waiting with severe pain.
- Still having medicine withheld

detroit va mental health changed my lung disease to asthma and claimed I was overplaying my symptoms. She then tagged all of my doctors. The ann arbor va demanded I be shamed in a group class before I can see anyone. Now, the ann arbor va lied to me, about a 9am appointment.
You have made yourself clear, no matter what I ask for, you will not allow it. It's time I go see a lawyer. **Will my search for justice cause me to be abused/neglected even further by the ann arbor va and/or national va?** Its clear I'll get to see mental health or pulmonary, but is my PCP going to suffer worse?

Your Victim,
(b)(6)
(313) 910- (b)(6)
(b)(6) @yahoo.com
On Friday, March 13, 2020, 9:10:52 AM EDT, (b)(6) @yahoo.com> wrote:

I have sent numerous emails the past couple weeks, without any response to my concerns. I have spent the last couple days hoping to receive an email or phone call saying you will allow me to see pulmonary or to see mental health without publicly shaming me first. (Illegal delay tactic) Unfortunately, nothing came.
Attached, you will see my kids' school is cancelled because there is at least 1 **CONFIRMED CORONA VIRUS CASE IN MY CITY**. What would that do to your mental health, if your healthcare was being withheld from you during this? You have intentionally put me in a very dangerous spot, given my lung disease. I begged you people to help. You ignored me.
How many veterans do you think have walked away from your "shame" class and killed themselves? You'll never know, but you clearly do not care about that. I do, though!

(b)(6)
(313) 910(b)(6)
(b)(6) @yahoo.com

03/17/2020 09:00	Unknown	ANN MH-SW 16	VAMC ANN ARBOR, MI

03/17/2020 09:00	Unknown	ANN MH-SW 16	VAMC ANN ARBOR, MI

From: Wilkie, Robert L., Jr.
Sent: Tue, 17 Mar 2020 14:01:06 +0000
To: RLW
Subject: FW: [EXTERNAL] Re: Summary
Attachments: Screen Shot 2020-03-17 at 9.24.20 AM.png

From: (b)(6)
Sent: Tuesday, March 17, 2020 9:59:16 AM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
(b)(6); Wilkie, Robert L., Jr.; Bonzanto, Dr. Tamara (OAWP); Davis, Lynda; (b)(6)
Subject: [EXTERNAL] Re: Summary

Attached is where they illegally changed yesterday's dental appointment from "completed" to "cancelled". Probably the same time they changed my mental health appointment status from "confirmed" to "unknown" and didn't call me. (I see they were changed back, but I'm keeping the screenshots.)
I just got a call from chad (I think). He was irritated, and didn't want to hear me speak. Clearly he was upset because I sent an email and social media post, letting everyone know that the ann arbor va lied...again. It was clear that I was not going to receive help from someone who is upset at me for him missing the appointment.
VA is denying me mental health and pulmonary appointments. After showing wrongdoing, I finally got seen by pcp and dental. Am I going to have to do this every time I need to see a doctor?

(b)(6)
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(b)(6) @yahoo.com
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Attached, you will see my kids' school is cancelled because there is at least 1 **CONFIRMED CORONA VIRUS CASE IN MY CITY**. What would that do to your mental health, if your healthcare was being withheld from you during this? You have intentionally put me in a very dangerous spot, given my lung disease. I begged you people to help. You ignored me.
How many veterans do you think have walked away from your "shame" class and killed themselves? You'll never know, but you clearly do not care about that. I do, though!
(b)(6)
(313) 910-(b)(6)
(b)(6)@yahoo.com

04/02/2020 10:00	Canceled	AA DENTAL-ORAL SURGERY (DEN)	VAMC ANN ARBOR, MI

04/02/2020 10:00	Canceled	AA DENTAL-ORAL SURGERY (DEN)	VAMC ANN ARBOR, MI

From: Wilkie, Robert L., Jr.
Sent: Tue, 17 Mar 2020 14:35:49 +0000
To: RLW
Subject: FW: [EXTERNAL] Senate wise to take time to get Wuhan virus bill right

From: Americans for Limited Government
Sent: Tuesday, March 17, 2020 10:34:05 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Senate wise to take time to get Wuhan virus bill right

For Immediate Release
March 17, 202

Contact: Robert Romano
Phone: 703-383-0880 ext. 1

Senate wise to take time to get Wuhan virus bill right

March 17, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement on Senate consideration of the coronavirus spending bill:

"It is a good thing that the U.S. Senate is taking some time to review the House coronavirus spending proposal. It is important that Congress get this right so that necessary resources can be put in place in the event of a worst case scenario, and that when this is all over, everyone gets back to work rapidly. It is also important that House and Senate appropriators significantly adjust secular and mandatory spending plans for the 2021 fiscal year. It is likely that the government costs of the coronavirus outbreak will exceed $1 trillion new spending, which additional hundreds of billions of dollars in lost tax revenue. It would irresponsible in the months ahead for Congress to ignore this obvious reality by not taking similar drastic action to mitigate against this disastrous fiscal situation.

"The coronavirus spending is a necessary and temporary preparation and hopefully much of it will not be needed, and the price tag decreases. But we should make certain not to forget the long-term fiscal straits that our nation faces due to an overly bloated federal government."

To view online: https://getliberty.org/2020/03/senate-wise-to-take-time-to-get-wuhan-virus-bill-right/

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

###

Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at www.getliberty.org and www.dailytorch.com.

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

This email is intended for (b)(6) (b)(6) @va.gov.
Update your preferences or Unsubscribe

From: RLW
Sent: Tue, 17 Mar 2020 16:39:05 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Fwd: Emergency stimulus to soar above $1T

hat is what we talked about

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @riponsociety.org>
Date: Tuesday, Mar 17, 2020, 12:27 PM
To: RLW (b)(6) @va.gov>
Subject: [EXTERNAL] Fwd: Emergency stimulus to soar above $1T

(b)(6)

Begin forwarded message:

From: POLITICO Pro <politicoemail@politicopro.com>
Date: March 17, 2020 at 11:57:42 AM EDT
To: (b)(6) @riponsociety.org>
Subject: Emergency stimulus to soar above $1T
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-316658@politicoemail.com>

Emergency stimulus to soar above $1T

By Nancy Cook, Ben White

03/17/2020 11:55 AM EDT

The government's economic stimulus is set to quickly balloon into trillion-dollar territory in the coming days, the largest rescue in modern American history, as major industries flood the Trump administration and Capitol Hill for aid while huge swaths of the economy stall from the coronavirus crisis.

Treasury Secretary Steven Mnuchin will meet with Senate Republicans behind closed doors on Tuesday to present lawmakers with options for aid for airlines, hotels, casinos and small-to-medium-sized businesses. The White House was pushing for a package of more than $800

billion, POLITICO reported Monday , and on Tuesday the Treasury Department was preparing to unveil a package of $850 billion including more than $50 billion for the airline industry, $250 billion for small-business support and $500 billion for a payroll tax holiday. A senior administration official acknowledged the proposal could climb above that Tuesday by the time it's unveiled.

Democrats are pushing their own package of provisions that don't overlap entirely with the GOP pitch. Senate Majority Leader Chuck Schumer and other Democrats are pitching a package of "at least" $750 billion that is expected to include more emergency aid for hospitals, expanded unemployment insurance, more funds for small business, help with child care, and food assistance for seniors.

The size and scope of the package are morphing rapidly as the economic and market damage mounts. Senate Republicans and the White House are exploring how to fast-track existing legislation with the upcoming stimulus packages.

The Trump administration's goal is to provide sectors and companies with enough cash through emergency loans, tax deferrals or temporary tax cuts to help them survive the sudden downturn. The presentation is also expected to include an idea President Donald Trump has latched onto — a temporary cut or suspension of the payroll tax cut through the end of the year which would benefit both companies and workers. One version of the payroll tax holiday would cost $950 billion alone through the end of the year.

CEOs, union leaders and lobbyists have been warning the administration of mass layoffs if the government does not help soon. Senators seem poised to act this week, while the House is still in recess.

Cobbling together a stimulus package worth more than $1 trillion would mark a major ideological shift for Republicans, who spent years decrying debt and government bailouts following the 2008 global financial crisis. But with uncertainty surrounding the spread of the coronavirus and the volatility in the stock market, the White House does not seem concerned about the price tag — only stopping the financial freefall.

Other ideas that have circulated throughout the administration in recent days include inserting into the economic stimulus package a large-scale public works project; tweaks to the EB-5 visa program to boost foreign investment; tariff relief; and even a one-time cash payment to Americans between $500 to $750, according to people close to the administration.

The Federal Reserve and Treasury are already launching programs to provide support through emergency powers. The central bank on Tuesday announced a new lending program, the Commercial Paper Funding Facility, under its authority under Section 13(3) of the Federal Reserve Act. The Treasury Department will provide taxpayer backing for the effort with $10 billion in capital from its Exchange Stabilization Fund.

"The economic disruption and uncertainty created by Covid-19 has created challenges for the commercial paper market, constraining access to short-term credit for American businesses," Mnuchin said. "By providing short-term credit, the CPFF will help American businesses manage

their finances through this challenging period."

Some senior White House officials are also pushing Treasury to issue long-term bonds that would mature in 50 or 100 years to help cover the cost of the stimulus package. Mnuchin has said repeatedly in the past that he is considering issuing such bonds to take advantage of interest rates that the Fed has now pushed to near zero. National Economic Council Director Larry Kudlow has long advocated for the issuance of such bonds, an idea also supported by outside economic advisers to the White House.

Republican Sen. Mitt Romney in recent days has called for giving every American over the age of 18 a check for $1,000 as a form of economic stimulus.

The coronavirus relief packages under consideration now by Congress are set to eclipse prior efforts.

The economic stimulus program cleared through Congress in early 2009 under the Obama administration was nearly $800 billion, including a tax cut, infrastructure and numerous other provisions.

The bank bailout plan passed by Congress in 2008 under the Bush administration — formally the Troubled Asset Relief Program or TARP — authorized $700 billion originally intended to buy toxic assets from banks, mainly mortgage-backed securities that plunged in value during the housing crisis. The money was later diverted to multiple different programs to inject capital into banks.

The TARP program ultimately disbursed around $426 billion and eventually recovered $441 billion, earning the Treasury Department a nominal profit of around $15 billion. That figure remains controversial. Taking into account inflation from the time of the bailouts, the government actually lost around $25 billion on the program.

It also generated widespread anger that banks and bankers got bailed out while ordinary citizens received far less. The Trump administration is well aware of this history and taking pains to avoid the same optics; top economic officials like Mnuchin and other senior aides around Trump keep emphasizing the need to help small and medium-sized businesses as well.

"Everyone will need assistance and that is the bottom line. This is the demand issue because consumers have stopped spending," said Alfredo Ortiz, President and CEO of the Job Creators Network, a conservative-leaning group founded by entrepreneurs like The Home Depot founder, Bernie Marcus. "Every industry will need some level of assistance. In the past, Main Street America has not been as represented in some economic stimulus packages."

Ortiz said he has been in touch directly with Mnuchin, who seems very amenable to including relief for small-to-medium-sized businesses in any package.

The TARP program also drew widespread criticism for creating a moral hazard — banks could feel emboldened to take risks knowing the government would rescue them — while creating fewer and even larger banks that now enjoyed a bigger federal backstop. Part of the reluctance among members of Congress and the administration to direct cash payments to individual

industries like airlines and hotels stems from the TARP experience and deep voter resentment to corporations and their highly paid executives getting aid over regular citizens.

Senior White House officials know that direct aid to airlines in particular may be necessary to avoid crippling bankruptcies, but they are leery of being seen as handing out bailouts and want to be sure that any such aid is dwarfed by proposals that would direct cash to consumers.

As top economic officials and Senate leadership negotiate this stimulus package, Trump is spending the day on the phone with executives from the restaurant and tourism industries, supply retailers and wholesalers. Vice President Mike Pence is scheduled to meet with CEOs of major hotels including Hilton, Marriott, Hyatt and MGM Resorts International.

Theo Meyer, Gabby Orr and Michael Grunwald contributed to this report.

To view online:
https://subscriber.politicopro.com/agriculture/article/2020/03/emergency-stimulus-to-soar-above-1t-1895909

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This email was sent to (b)(6) @riponsociety.org by:
POLITICO, LLC
1000 Wilson Blvd.
Arlington, VA 22209
USA

From: RLW
Sent: Tue, 17 Mar 2020 20:29:58 +0000
To: RLW
Subject: RAH
Attachments: Mar 18 2020.docx

DAILY BRIEFING BOOK

Wednesday, March 18, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	**Daily Sync Mtg**	SECVA Suite	
8:40 – 9:00 am	**ERT White House** (b)(6)		
9:00 – 10:00 am	**White House Coronavirus Task Force Meeting**		
10:00 – 10:30 am	**ERT White House Briefing Room**		
10:30 – 11:30 am	**Corona Virus Press Briefing**		
11:30am-12:30pm	**Regional Media** 1:00pm – Nexstar 1:10pm – Sinclair 1:15pm – Spectrum 1:20pm – WUSA – Tegna 1:30pm – Gray 1:40pm – Hearst 1:50pm – Newsy		
12:30 – 1:00 pm	**ERT VACO**		
1:00 – 1:30 pm	**Lunch**	SECVA Suite	
1:30 – 2:00 pm	**Video Tape PSA**	Broadcast Center	**Tab 1**
2:00 – 3:00 pm	**Bi Weekly Mtg w/ US & AS**	OBCR	**Tab 2**
3:30 – 4:00 pm	**Radio Interview w/ Carson Frame, Texas Public Radio**	SECVA Suite	**Tab 3**
4:00 – 4:30 pm	**Radio Interview w/ Tyler Fransen, Grand Junction, KNZZ**	SECVA Suite	**Tab 4**
5:00 – 5:30 pm	**VHA re: End of Day Sync Mtg**	SECVA Suite	
7:00 – 8:00 pm	**Interview w/ Martha MacCallu, Fox News**	Broadcast Center	**Ta 5**

From: Wilkie, Robert L., Jr.
Sent: Tue, 17 Mar 2020 22:56:16 +0000
To: RLW
Subject: FW: [EXTERNAL] Urgent COVID19 Symptom tracker Tool

From: (b)(6) MD
Sent: Tuesday, March 17, 2020 6:54:20 PM (UTC-05:00) Eastern Time (US & Canada)
To: Cussatt, Dominic (SES); (b)(6) Gfrerer, James; Wilkie, Robert L., Jr.; Stone, Robert A.; (b)(6)
Subject: [EXTERNAL] Urgent COVID19 Symptom tracker Tool

(b)(6) **M.D.**
Chief Medical Officer
Former Director of Value Based Care Projects and Senior Researcher
Harvard Business School

March 17, 2020

The Honorable Robert Wilkie
Secretary
Veterans Affairs
Washington DC

Dear Secretary Wilkie:

We applaud President Trump's announcement that responding to COVID-19 requires not only a whole of U.S. Government but the whole of the nation approach. As a medical practitioner and researcher, I am compelled to reach out to you to offer our solution on behalf of Avecin Corporation, a disabled veteran-owned and operated small business.

One of the most practical, easy to use and economically advantageous tools in monitoring, tracking and managing patient health status has been developed by MITRE. Our firm, Avecin Corporation acquired a license from MITRE to add additional functionality and take this tool to market. We now realize that time is of the essence and we must find ways to expedite this offering.

Our tool offers the following benefits:

1- Provides early warning detection – flattens the curve
2- Symptom tracker for COVID-19 – real-time monitoring across the country
3- Easy to use at home – it can help the elderly and those most at risk
4- Reduces the need for physical appointments – supports social distancing
5- HIPAA compliant

We ask that you kindly refer us to the appropriate office to receive guidance and help in accomplishing our goal of helping to flatten the curve on the spread of this novel contagion

while giving Americans a tool that will connect them with healthcare providers remotely and safely.

We are reaching out to your office as well as the office of the President of The United States, The Office of Vice President Pence, The Office of Health and Human Services Secretary Azar, and Centers of Medicare and Medicaid Services Administrator Seema Verma and are prepared to engage with any other component of USG to help put this tool in the hands of those who need it the most now.

I am looking forward to a response from your office on our request and outreach for help.

Very respectfully,

(b)(6) M.D.
Chief Medical Officer
Avecin Corporation

CC: The Honorable Donald J. Trump, The President of The United States
The Honorable Vice President Pence
The Honorable Secretary Alex Azar
The Honorable Administrator Seema Verma

From: (b)(6)
Sent: Wed, 18 Mar 2020 13:12:47 +0000
To: RLW
Subject: [EXTERNAL] Fwd: White House seeks $150M for Education Department coronavirus response

(b)(6)

Begin forwarded message:

From: POLITICO Pro <politicoemail@politicopro.com>
Date: March 18, 2020 at 9:11:20 AM EDT
To: (b)(6) @riponsociety.org>
Subject: White House seeks $150M for Education Department coronavirus response
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-320027@politicoemail.com>

White House seeks $150M for Education Department coronavirus response

By Bianca Quilantan

03/18/2020 09:10 AM EDT

The Trump administration is expected to send a new $48 billion emergency spending request to Congress today that includes $150 million for the Education Department to help with its response to the coronavirus.

The new request would be in addition to the $8.3 billion provided by the first coronavirus emergency package, H.R. 6074 (116) , which was signed into law by President Donald Trump earlier this month.

"With the pandemic growing, resource needs have also grown," said acting OMB Director Russ Vought, in a letter to Vice President Mike Pence and congressional leaders.

"The unprecedented mobilization the Administration has achieved has forced agencies to incur unanticipated costs," Vought wrote. "These costs must be met with a legislative response to ensure full operational capacity."

The Trump administration's request would provide $100 million in additional funding to the Education Department to help schools respond to unforeseen coronavirus-related emergencies.

Vought said the funds could be used to help clean and disinfect affected schools, and assist in

counseling and distance learning costs.

On the Federal Student Aid front, the White House is seeking $40 million to support FSA's response to those affected by the coronavirus. The money would be used support an increase in loan servicing costs due to student loan repayment relief changes, which includes Trump's decision last week to waive federal student loan interest.

Funds would also be used to support communications and outreach efforts to borrowers.

Additionally, $10 million has been set aside for the Education Department's administrative costs to extend telework. The request would allow for additional network bandwidth and capacity for approximately 5,000 staff to work remotely simultaneously.

It would also provide funding for additional contractor support should a staff member become sick due to the coronavirus and facilities require cleaning.

To view online:
https://subscriber.politicopro.com/education/whiteboard/2020/03/white-house-seeks-150m-for-education-department-coronavirus-response-3978003

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USA

From: Wilkie, Robert L., Jr.
Sent: Wed, 18 Mar 2020 13:45:00 +0000
To: RLW
Subject: FW: [EXTERNAL] After the coronavirus outbreak, we don't need universal income, we need a rehiring tax credit to get back to work

From: Americans for Limited Government
Sent: Wednesday, March 18, 2020 9:42:28 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] After the coronavirus outbreak, we don't need universal income, we need a rehiring tax credit to get back to work

The Capitol Guardian
★Capitol Hill Edition★

March 18, 2020

Permission to republish original opeds and cartoons granted.

After the coronavirus outbreak, we don't need universal income, we need a rehiring tax credit to get back to work

Congress is passing plans to provide for long-term paid sick leave and family medical leave to tens of millions of Americans, actively encouraging people to stay home, and essentially telling employers to lay off employees while brick and mortar businesses, schools and government offices are all closed, all in a bid to slow down the spread of the Chinese coronavirus. But by actively encouraging unemployment, the federal government has an important responsibility to ensure that these relief measures are temporary, and that when the virus passes, everyone gets back to work as soon as possible. With so many millions of Americans suddenly leaving the labor force, this will almost certainly cause a recession. The question is how big. That is why as soon as the virus passes, the unemployment assistance should automatically transform into a rehiring tax credit for employers to quickly get back up and running. For essentially the same price as the unemployment assistance being dispensed, the government could provide tax credits to businesses to bring back and rehire everyone they put on unpaid sick leave at the beginning of the shutdown. In principle, that would shorten the duration of expanded government assistance, hopefully saving taxpayers billions and ensure that when this over, the nation can get back on its feet as quickly as possible.

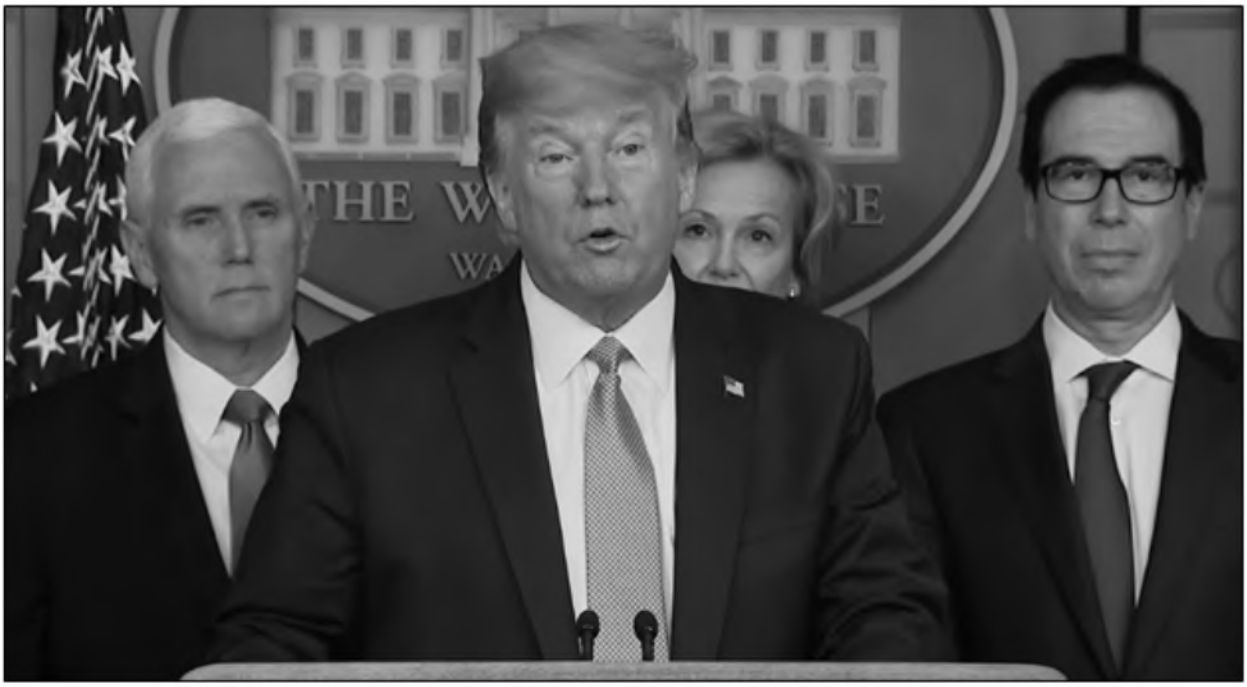
Video: Coronavirus fallout will be tough for everyone, but from the stinkiest soil comes the best flowers

The fallout from coronavirus will be felt for a long time, but it will make America stronger.

Senate wise to take time to get Wuhan virus bill right

Americans for Limited Government President Rick Manning: "It is a good thing that the U.S. Senate is taking some time to review the House coronavirus spending proposal. It is important that Congress get this right so that necessary resources can be put in place in the event of a worst case scenario, and that when this is all over, everyone gets back to work rapidly. It is also important that House and Senate appropriators significantly adjust secular and mandatory spending plans for the 2021 fiscal year. It is likely that the government costs of the coronavirus outbreak will exceed $1 trillion new spending, which additional hundreds of billions of dollars in lost tax revenue. It would irresponsible in the months ahead for Congress to ignore this obvious reality by not taking similar drastic action to mitigate against this disastrous fiscal situation.The coronavirus spending is a necessary and temporary preparation and hopefully much of it will not be needed, and the price tag decreases. But we should make certain not to forget the long-term fiscal straits that our nation faces due to an overly bloated federal government."

After the coronavirus outbreak, we don't need universal income, we need a rehiring tax credit to get back to work



By Robert Romano

Congress is passing plans to provide for long-term paid sick leave and family medical leave to tens of millions of Americans, actively encouraging people to stay home, and essentially telling employers to lay off employees while brick and mortar businesses, schools and government offices are all closed, all in a bid to slow down the spread of the Chinese coronavirus.

But by actively encouraging unemployment, the federal government has an important responsibility to ensure that these relief measures are temporary, and that when the virus passes, everyone gets back to work as soon as possible.

With so many millions of Americans suddenly leaving the labor force, this will almost certainly cause a recession. The question is how big.

The House-passed bill would pay individual taxpayers up to $4,000 for every month of lockdown up to 90 days, but if the pandemic continues throughout the year, that might be extended.

But eventually, this crisis will pass and the temporary economic shutdown will end. After the virus, many will desire to extend these provisions, but they must not be renewed or else we will find ourselves in the midst of a deep recession or worse.

That is when it has the potential to rapidly become universal income.

In many ways, the coronavirus lockdown and Congress' response shows on a grand scale what universal income schemes have the potential to do — which is to shut down the entire economy.

If the government provides enough of an incentive for people to stay home, millions Americans will respond by ceasing labor participation. And if too many give into this mindset, when the pandemic is over it has the potential utterly devastate the U.S. economy, with reverberations felt for a generation just like the financial crisis.

Back then, Congress kept on readily extending unemployment benefits for up to 99 weeks. Remember? Do we want to do that again?

That is why as soon as the virus passes, the unemployment assistance should automatically transform into a rehiring tax credit for employers to quickly get back up and running. For essentially the same price as the unemployment assistance being dispensed, the government could provide tax credits to businesses to bring back and rehire everyone they put on unpaid sick leave at the beginning of the shutdown.

In principle, that would shorten the duration of expanded government assistance, hopefully saving taxpayers billions and ensure that when this over, the nation can get back on its feet as quickly as possible.

Alternately, and as it stands under current law, all Americans with wages that suddenly cease due to a lapse in employment are already entitled to receive assistance until they can locate new employment. In a recession, the budget deficit swells due to a combination of lower revenue from fewer taxpayers and more spending on unemployment benefits and food stamps.

To prevent a long-term recession and unemployment situation like in 2009, businesses should be incentivized to quickly rehire furloughed workers.

But first, we must stop the virus. Thankfully, the steps being undertaken today by you and every person who is staying home and using social distancing will save lives. Follow CDC guidelines at Coronavirus.gov to keep your families and the elderly safe. By everyone uniting with national determination to extinguish the virus, we shall prevail.

The economic damage of the 2020 coronavirus outbreak will likely be felt for many years. The fact is the federal government and state governments are shutting down vast portions of the economy affecting every single American, and they have a responsibility to limit the damage being caused. Hopefully, the steps being taken every day by President Trump and Congress will save lives and mitigate the long-term fallout of the virus.

Just make sure they really are temporary, Mr. President. When this is over, we all need to get back to work.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Video: Coronavirus fallout will be tough for everyone, but from the stinkiest soil comes the best flowers

To view online: https://www.youtube.com/watch?v=qGtpC7SpwBA

ALG
PRESS RELEASES

Senate wise to take time to get Wuhan virus bill right

March 17, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement on Senate consideration of the coronavirus spending bill:

"It is a good thing that the U.S. Senate is taking some time to review the House coronavirus spending proposal. It is important that Congress get this right so that necessary resources can be put in place in the event of a worst case scenario, and that when this is all over, everyone gets back to work rapidly. It is also important that House and Senate appropriators significantly adjust secular and mandatory spending plans for the 2021 fiscal year. It is likely that the government costs of the coronavirus outbreak will exceed $1 trillion new spending, which additional hundreds of billions of dollars in lost tax revenue. It would irresponsible in the months ahead for Congress to ignore this obvious reality by not taking similar drastic action to mitigate against this disastrous fiscal situation.

"The coronavirus spending is a necessary and temporary preparation and hopefully much of it will not be needed, and the price tag decreases. But we should make certain not to forget the long-term fiscal straits that our nation faces due to an overly bloated federal government."

To view online: https://getliberty.org/2020/03/senate-wise-to-take-time-to-get-wuhan-virus-bill-right/

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From: RLW
Sent: Wed, 18 Mar 2020 14:43:06 +0000
To: RLW
Subject: RAH
Attachments: Mar 19 2020.docx

DAILY BRIEFING BOOK

Thursday, March 19, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	**Daily Sync Mtg**	SECVA Suite	
8:40 – 9:00am	**ERT White House** (b)(6)		
9:00 – 10:00 am	**WH Corona Virus TF Mtg**		
11:30 am – Noon	**Interview w/ FOX America's Newsroom**	WH North Lawn	**Tab 1**
12:00 – 12:30 pm	**ERT VACO**		
12:30 – 1:00 pm	**Lunch**	SECVA Suite	
1:00 – 1:30 pm	**Phone Call w/Ranking Member Carter** ** We call cell @ 512-791-(b)(6)	SECVA Suite	
1:30 – 2:00 pm	**Phone Interview w/ Mary Louise Kelly, NPR's Al Things Considered** ** 202.236.(b)(6)	SECVA Suite	**Tab 2**
2:00 – 2:30 pm	**Phone Interview w/Bryan Bender, POLITICO** ** We call 202-369(b)(6)	SECVA Suite	**Tab 3**
3:00- 4:00 pm	**SKYPE Mtg w/IOC re: COVID-19 Crisis Action Team**	SECVA Suite	**Tab 4**
3:30 – 4:30 pm	**VHA COVID 19 Daily Call/Mtg**	Rm 1070	
4:30 – 5:00 pm	**Radio Interview w/ Jay Price, Chapel Hill, NC, WUNC FM 91.5**	SECVA Suite	**Tab 5**
5:00 – 5:30 pm	**VHA re: End of Day Sync Mtg**	SECVA Suite	
5:30 – 6:00 pm	**Phone Call w/ LA Gov Edwards**	SECVA Suite	**Tab 6**
11:00 – 11:30 pm	**Interview w/Shannon Bream, Fox News @ Night** ** Location will be at SECVA Residence by way of Fox Mobil Vehicle		**Tab 6**

From: Wilkie, Robert L., Jr.
Sent: Wed, 18 Mar 2020 18:34:07 +0000
To: RLW
Subject: FW: [EXTERNAL] WSJ: FDA bureaucrats blocked Trump vaccine research

From: Americans for Limited Government
Sent: Wednesday, March 18, 2020 2:32:10 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] WSJ: FDA bureaucrats blocked Trump vaccine research

For Immediate Release
March 18, 2020

Contact: Robert Romano
Phone: 703-383-0880 ext. 1

WSJ: FDA bureaucrats blocked Trump vaccine research

March 18, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement blasting the Food and Drug Administration for resisting expanded antiviral drug research and testing for the Chinese coronavirus:

"The Wall Street Journal reports that FDA government scientists opposed expanded anti-virus testing out of fear that it might do harm. We have just effectively destroyed our national economy in an attempt to slow the spread of the Wuhan virus, yet these bureaucrat scientists opposed aggressive attempts to find a vaccine and cure? This is beyond absurd, it is bureaucratic malpractice.

"One thing is clear, those who kept insisting that the 'white lab coat guys' be in charge of this health emergency should all shut up once and for all. It is in the job description of bureaucrat scientists at the Food and Drug Administration that they be risk averse, and this very aversion is an obstacle to taking every step to avert a disaster that these very public health experts claim may kill more than a million Americans.

"Once again, it should be obvious to every American, that the last people you want in charge of your health care are government bureaucrat scientists whose existence is dependent upon their ability to take all downside risk out of medical treatments as they are a death sentence to both health care innovation and to those patients who have life threatening illnesses."

To view online: https://getliberty.org/2020/03/wsj-fda-bureaucrats-blocked-trump-vaccine-research/

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

###

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

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From: Wilkie, Robert L., Jr.
Sent: Thu, 19 Mar 2020 11:11:46 +0000
To: RLW
Subject: FW: Trump Press Conference: (1) invoking DPA; (2) daily call with CEOs, on needs; (3) "going big" on ~$1T Economic Stimulus; (4) "Kung flu" came from China. $46B OMB Supplemental Request: (1) $8B DoD; (2) $12B HHS; (3) $3B DHS; (4) $17B VA.

From: (b)(6)
Sent: Thursday, March 19, 2020 7:10:47 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Trump Press Conference: (1) invoking DPA; (2) daily call with CEOs, on needs; (3) "going big" on ~$1T Economic Stimulus; (4) "Kung flu" came from China. $46B OMB Supplemental Request: (1) $8B DoD; (2) $12B HHS; (3) $3B DHS; (4) $17B VA.

Secretary Wilkie:

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1. Trump and VP Pence daily Coronavirus press conference, (White House, March 18, 2020): **[Sec. Esper also presented]** Formally-invoking DPA for mass-production of personal protective equipment. VP Pence is hosting daily teleconference with "industrial CEOs", to coordinate emergency commercial production-surge.

Trump is "going big" on ~$1T+ Economic Stimulus package. [No specific discussion of $60B Boeing "public-liquidity" request, (with Boeing stating that ~70% (~$42B) will flow down to suppliers)] [Current ~$1T Economic Stimulus structure is generally-expected to include: (a) ~$500B of personal-stimulus, (two rounds of ~$1K checks to all Americans, to stimulate retail consumer); (b) ~$250B small business loans; (c) ~$150B aid to airlines, hotels, cruise lines; and (d) ~$100B remaining aid not yet determined]

a. Formally-invoking Defense Production Act (DPA), for mass-production of masks, personal-protective-equipment, garments, ventilators, respirators.

b. DoD is transferring ~5M masks & ~2K ventilators to HHS, from DoD's "strategic reserves". Navy hospital ships (Comfort & Mercy) will deploy.

c. VP Pence is hosting daily teleconference with major "industrial CEOs", to coordinate Federal-need with commercial production surge.

d. Trump is "going big" on ~$1T+ Economic Stimulus package. Negotiating structure with Senate. Will likely include ~$150B of relief for airlines; hotels; cruise lines. **[No specific discussion of $60B Boeing "public-liquidity" request, (with Boeing stating that ~70% (~$42B) will flow down to suppliers)]**

e. Trump is unapologetic that Coronavirus came from China, bluntly-accusing China of disinformation campaign. Trump will not be lifting current tariffs on Chinese imports, (despite Chinese lobbying through various US trade associations). **["Kung-flu"]**

f. Current ~4%-7% projected infection rate. US public will likely see "positive test results" explode over next several days, (as ~5-6 days of pent-up tests, are suddenly-processed over ~two-days, with new high-throughput-processing). [~7% initial positive-rate is over-stated, because the initial ~400K test kits were sent to highest-risk areas, (such as WA, CA, NY)]

- Infection occurs through both person-to-person contact, plus exposed-hard-surfaces, (which was not fully-understood initially).
- Millennials are ignoring CDC direction to only meet in small groups, (less than ten-people), are becoming infected, which will likely cause "catastrophic outcomes" when exposed to their parents & grandparents.
- Coronavirus is believed to be seasonal, (but not fully-confirmed yet).
- Infection rates are now falling in both China & South Korea.
- Mortality-rate in US has been higher initially, because these are ~2-3 week old infections, that were not caught & treated in-time.
- Must protect nursing homes, where mortality will clearly be highest.

g. Illegal aliens apprehended crossing southern border, will be deported immediately.

h. US/Canada have closed border, except to mission-essential travel.

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2. $45.8B OMB Supplemental Request to Congress, (OMB, March 17, 2020). Major components:

a. $8.3B DoD "Emergency Response Fund" [diagnostics; medical countermeasures; pharmaceuticals; personal protective equipment]

b. $11.6B HHS, including: (i) $1.3B triage/treatment capacity; (ii) $532M healthcare & personal protective equipment; (iii) $3.4B CDC lab capacity; (iv) $441M NIH research; (v) $299M "substance abuse"; (vi) $5.3B development & manufacturing of vaccines, therapeutics, diagnostics.

c. $3.2B DHS, including: (i) $153M airport sanitation; (ii) $128M USCG ($48M personal protective equipment + $81M mobilization of reservists); (iii) $566M for nine CBP migrant quarantine facilities on southern border; (iv) $249M for four ICE quarantine facilities on southern border; (v) $47M FEMA IT; (vi) $2B FEMA Disaster Relief Fund.

d. $16.6B VA, including: (i) $13.1B testing, treatment, ICU, personal protective equipment; (ii) $2.1B "Medical Community Care" Account (three months of treatment outside VA facilities); (iii) $100M 24X7 VHA emergency management; (iv) $175M upgrade VA facilities; (v) $1.2B VA IT.

e. $3B OMB "Unanticipated Needs" Account, (with transfer authority to Federal Departments most-impacted).

f. $562M SBA Disaster Loans Program.

g. $400M HUD Homeless Assistance Grants.

h. $115M State Department.

From: Wilkie, Robert L., Jr.
Sent: Thu, 19 Mar 2020 15:55:17 +0000
To: RLW
Subject: FW: Day Nine of Reporting regarding deaths related to illegal clinical trials in the United States
Attachments: deaths_annuloplasty_2000-2005.pdf, Annuloplasty_2009_Edwards_LifeSciences.pdf, annuloplasty_deaths_2005-2008.pdf, Annuloplasty_deaths_2005-2011.pdf, annuloplasty_injury_2008-2011.pdf, annuloplasty_other_2007_2011.pdf, annuloplasty_other_2008-2011.pdf, annuloplasty_ring_adverse events.pdf, deaths_annuloplasty_2008-2011.pdf, CHS-ECPY-7510_EXCHANGE_02022009-150832.pdf, (b)(6) _letter_Northwestern.pdf, EW-S-20000447.pdf, EW-S-20000003.pdf, EW-S-20000168.pdf, FDA Recall Documents-2_Heart valves-2.pdf, EW-S-20000037 _First in human use.pdf, r_CHI Northwestern IRB exh 15 dtd 8-8-08_Redacted.pdf, r_CHI_Northwestern IRB exh 14 dtd 8-8-08_Redacted-2.pdf

From: (b)(6) (6)
Sent: Thursday, March 19, 2020 11:51:40 AM (UTC-05:00) Eastern Time (US & Canada)
To: Fauci, Anthony (NIH/NIAID) [E];(b)(6) @nih.gov;(b)(6) @fda.hhs.gov; Secretary@HHS.gov;(b)(6) @hhs.gov; Wilkie, Robert L., Jr.(b)(6) @va.gov; (b)(6) @who.eop.gov;(b)(6) @fda.hhs.gov
Cc:(b)(6)
Subject: [EXTERNAL] Day Nine of Reporting regarding deaths related to illegal clinical trials in the United States

3-19-2020
Dear President Trump, Vice President Pence,Dr. Fauci, Dr. Hahn, Secretary Azar, and Mr. Wilkie,
I am writing to you as an ARRA investigator and a VA physician at the time of two unauthorized clinical trials performed in the US hospital without patient consent.
Several patients have died during the trial and after the trial, without consent and without FDA oversight.
I have reported these events to the FDA since July 2008 and as recently as March 9, 2020 at 11:00 am Central time.
The reporting was recorded by CBS in MN and the FDA press office has not responded to the press nor to the patients who still do not know that they were experimented on by a device company and the inventor who failed the patients despite a cease and desist order by the University IRB to stop the prospective clinical trial for the Myxo device.
At a time, when the lives of Americans are at risk from exposure to the virus, patients were exposed to illegal heart devices for several years. These patients have died as of recently.
I spoke to the VA in Chicago and they have agreed it is time to report to the VA as well as the NIH who funded the registry, and the FDA, who confirmed that the devices were experimental, and HHS who funded the illegal trials using medicare insurance to pay for the surgeries.
The Federal Wide Assurance 1549 requires a five day reporting to the patients once heart attacks, deaths etc continue even years after the illegal clinical trial.

I hope you respond to these requests as a VA physician who worked at the Jesse Brown VA and the Lakeside VA and Northwestern during the illegal clinical trials to help the innocent victims who still do not know that the device was placed in their hearts without consent and without FDA authorization.
The delays by the FDA device section are worrisome, and I hope that Commissioner Hahn will take the leadership role to move forward to help these victims.
(b)(6) MD
Attaching the death reports
William Maisel testimony to Congress
VA Proficiency reports
Northwestern Federal Contract terminating the study

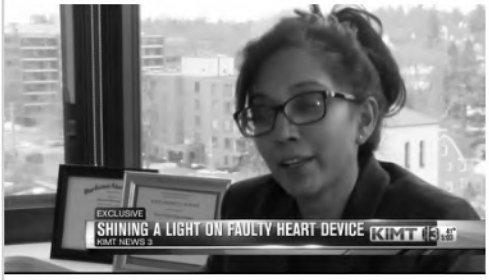
https://www.kimt.com/content/news/Doctor-Faulty-device-implanted-in-hundreds-of-patients-without-consent-568682191.html

Doctor: Faulty device implanted in hundreds of patients without consent

ROCHESTER, Minn. - A Mayo Clinic trained physician is shining a light on a faulty prototype device that was sewn into patient's hearts without their consent. It may be hard to imagine but that's the reality for more than 700 patients who received surgery to fix leaky heart valves at Northwestern ...

www.kimt.com

https://www.kimt.com/content/news/Doctor-Faulty-device-implanted-in-hundreds-of-patients-without-consent-568682191.html



Doctor: Faulty device implanted in hundreds of patients without consent

ROCHESTER, Minn. - A Mayo Clinic trained physician is shining a light on a faulty prototype device that was sewn into patient's hearts without their consent. It may be hard to imagine but that's the reality for more than 700 patients who received surgery to fix leaky heart valves at Northwestern ...

www.kimt.com

https://www.irb.northwestern.edu/writing-an-effective-corrective-action-plan/

Corrective and Preventive Action (CAPA) Plans – Institutional Review

Board (IRB) Office

In the course of conducting research even the most experienced and diligent research teams deviate from the approved protocol or experience unexpected events.

www.irb.northwestern.edu

The IRB has not responded to my recent request for help for the victims.

MAUDE - Manufacturer and User Facility Device Experience

7 records meeting your search criteria returned - **Brand Name:** *annuloplasty* **Event Type:** *Death* **Report Date From:** *01/01/2000* **Report Date To:** *06/30/2005*

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Manufacturer	Brand Name	Date Report Received
EDWRDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/18/2005
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	08/30/2004
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/27/2004
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	07/12/2001
BAXTER HEALTHCARE CO	CARPENTIER-EDWARDS C	08/04/2000
BAXTER HEALTHCARE CO	CARPENTIER-EDWARDS C	05/17/2000
ST. JUDE MEDICAL PUE	SJM TAILOR ANNULOPLA	01/21/2000

MAUDE - Manufacturer and User Facility Device Experience

1 2 3 4 5 6 7 8 9 10 >

500 records meeting your search criteria returned out of **958**. Please narrow your search.

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Manufacturer	Brand Name	Date Report Received
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/28/2009
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/28/2009
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/28/2009
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	12/28/2009
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/28/2009
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/28/2009
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/28/2009
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	12/28/2009
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/24/2009
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/24/2009

MAUDE - Manufacturer and User Facility Device Experience

167 records meeting your search criteria returned - **Brand Name:** *annuloplasty* **Event Type:** *Death* **Report Date From:** *01/01/2005* **Report Date To:** *06/30/2008*

New Search

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Manufacturer	Brand Name	Date Report Received
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	06/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	06/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/27/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/25/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/25/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/25/2008
EDWARDS		

LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	06/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/19/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/04/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	06/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/02/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/29/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/29/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/29/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	05/27/2008
EDWARDS	COSGROVE-EDWARDS	05/27/2008

LIFESCIENCES	ANN	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/27/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/27/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/23/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/23/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/23/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/23/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/22/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/21/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/19/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/16/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/15/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/15/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/15/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/14/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/12/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/12/2008
EDWARDS	CARPENTIER-EDWARDS	05/12/2008

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/08/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/08/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/06/2008
EDWARDS	CARPENTIER-	05/06/2008

LIFESCIENCES	MCCARTHY-	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/05/2008
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EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/05/2008
EDWARDS LIFESCEINCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/02/2008
EDWARDS LIFESCIENCES	EDWARDS MYXOMATOUS A	05/02/2008
EDWARDS	COSGROVE-EDWARDS	05/02/2008

LIFESCIENCES	ANN	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/01/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/01/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/01/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/29/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	04/29/2008
EDWARDS	EDWARDS MC3 TRICUSPI	04/25/2008

LIFESCIENCES		
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/24/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/24/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/17/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	04/17/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/17/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/17/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/16/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/14/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/11/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/10/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/10/2008
EDWARDS LIFESCIENCES	CARPENTIER -EDWARDS	04/09/2008
EDWARDS LIFESCIENCES	CARPENTIER -EDWARDS	04/09/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/09/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/04/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/02/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/02/2008
EDWARDS	EDWARDS MC3 TRICUSPI	04/02/2008

LIFESCIENCES		
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	03/26/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/26/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/26/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/25/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/24/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/24/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/17/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/18/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	02/18/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/06/2008
EDWARDS	COSGROVE-EDWARDS	02/06/2008

LIFESCIENCES	ANN	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	01/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/29/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	01/29/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/29/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	01/21/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	01/21/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/11/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/08/2008
EDWARDS	EDWARDS MC3 TRICUSPI	12/26/2007

LIFESCIENCES		
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/26/2007
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/24/2007
EDWRDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/18/2005

MAUDE - Manufacturer and User Facility Device Experience

167 records meeting your search criteria returned - **Brand Name:** *annuloplasty* **Event Type:** *Death* **Report Date From:** *01/01/2005* **Report Date To:** *06/30/2008*

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Manufacturer	Brand Name	Date Report Received
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	06/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	06/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/27/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/25/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/25/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/25/2008
EDWARDS		

LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	06/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/19/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/04/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	06/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/02/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/29/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/29/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/29/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	05/27/2008
EDWARDS	COSGROVE-EDWARDS	05/27/2008

LIFESCIENCES	ANN	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/27/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/27/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/23/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/23/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/23/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/23/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/22/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/21/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/19/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/19/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/16/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/15/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/15/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/15/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/14/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/12/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/12/2008
EDWARDS	CARPENTIER-EDWARDS	05/12/2008

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/08/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/08/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/07/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/07/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/06/2008
EDWARDS	CARPENTIER-	05/06/2008

LIFESCIENCES	MCCARTHY-	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/05/2008
EDWARDS LIFESCEINCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/05/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/05/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/02/2008
EDWARDS LIFESCIENCES	EDWARDS MYXOMATOUS A	05/02/2008
EDWARDS	COSGROVE-EDWARDS	05/02/2008

LIFESCIENCES	ANN	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/02/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/01/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/01/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/01/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/29/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	04/29/2008
EDWARDS	EDWARDS MC3 TRICUSPI	04/25/2008

LIFESCIENCES		
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/24/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/24/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/17/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	04/17/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/17/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/17/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/16/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/14/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/11/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/10/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/10/2008
EDWARDS LIFESCIENCES	CARPENTIER -EDWARDS	04/09/2008
EDWARDS LIFESCIENCES	CARPENTIER -EDWARDS	04/09/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/09/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/09/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/04/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/02/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/02/2008
EDWARDS	EDWARDS MC3 TRICUSPI	04/02/2008

LIFESCIENCES		
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	03/26/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/26/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/26/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/25/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/24/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/24/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/21/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/17/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/18/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	02/18/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/06/2008
EDWARDS	COSGROVE-EDWARDS	02/06/2008

LIFESCIENCES	ANN	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/06/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/06/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	01/30/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/30/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	01/30/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/29/2008
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	01/29/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/29/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	01/21/2008
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	01/21/2008
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/18/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/11/2008
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/08/2008
EDWARDS	EDWARDS MC3 TRICUSPI	12/26/2007

LIFESCIENCES		
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/26/2007
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/24/2007
EDWRDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/18/2005

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Manufacturer	Brand Name	Date Report Received
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	06/29/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	06/28/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	06/21/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/17/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/17/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	06/06/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	06/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/26/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/26/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/26/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/25/2011
EDWARDS	CARPENTIER-EDWARDS	05/23/2011

LIFESCIENCES	C	
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/20/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	05/16/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	05/12/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/12/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/12/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	05/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/10/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/09/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/09/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/08/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	05/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/07/2011
EDWARDS	CARPENTIER-EDWARDS	05/07/2011

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/07/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/06/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/06/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/06/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/06/2011
ST. JUDE MEDICAL PUE	TAILOR ANNULOPLASTY	05/06/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/04/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/04/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/04/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/03/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	05/02/2011
EDWARDS LIFESCIENCES	CROSGROVE-EDWARDS AN	05/02/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	05/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	05/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/29/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/29/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/29/2011

EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	04/27/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	04/27/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/27/2011
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	04/27/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/26/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS® AN	04/23/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/23/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/23/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/23/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/23/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/23/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/23/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/15/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/15/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/15/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/15/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/14/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/14/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/14/2011

EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/14/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/12/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/11/2011
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	04/11/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/11/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/10/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/09/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/09/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/09/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	04/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/07/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/07/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	04/07/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/06/2011

EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/06/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/01/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/01/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	04/01/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	04/01/2011
ST. JUDE MEDICAL PUE	TAILOR ANNULOPLASTY	04/01/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/31/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/31/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/31/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/28/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/28/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	03/25/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/24/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/24/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	03/24/2011
EDWARDS	CARPENTIER-EDWARDS	03/23/2011

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	03/22/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/17/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	03/17/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS A	03/14/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/14/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/14/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/10/2011
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	03/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/08/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/04/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/04/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/04/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/03/2011
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	03/03/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/02/2011
EDWARDS	CARPENTIER-EDWARDS	03/02/2011

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	03/02/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/02/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	03/02/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	02/25/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	02/25/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/25/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/24/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/24/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/22/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/21/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/19/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/19/2011
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	02/19/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/17/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/17/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/16/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/16/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	02/16/2011
EDWARDS	CARPENTIER-EDWARDS	02/16/2011

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/12/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/11/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	02/11/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/10/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	02/09/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/07/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	02/07/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/05/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	02/02/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/23/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/20/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/19/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/17/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/15/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/15/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/15/2011
EDWARDS	CARPENTIER-EDWARDS	01/14/2011

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/11/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/09/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/07/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	01/07/2011
EDWARDS LIFESCIENCES	GEOFORM ANNULOPLASTY	01/06/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	01/06/2011
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	01/05/2011
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/30/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/28/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/22/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/22/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/22/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/21/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/20/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/17/2010
ST. JUDE MEDICAL PUE	TAILOR ANNULOPLASTY	12/17/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	12/16/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/16/2010
EDWARDS LIFESCIENCES	CARPENTIER-MCCARTHY-	12/15/2010

EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/10/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	12/10/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/08/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/06/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	12/02/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	12/02/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/01/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	12/01/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/27/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/26/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	11/24/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/24/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	11/24/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX MITRAL A	11/23/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	11/20/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/20/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/20/2010
ST. JUDE MEDICAL, IN	SEGUIN ANNULOPLASTY	11/19/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/18/2010
EDWARDS	CARPENTIER-EDWARDS	11/16/2010

LIFESCIENCES	C	
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	11/14/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	11/12/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	11/12/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	11/11/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/11/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/11/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/10/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/10/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/09/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	11/02/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	11/02/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/29/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/29/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/29/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/29/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/29/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/29/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/29/2010
EDWARDS	CARPENTIER-EDWARDS	10/28/2010

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/27/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/25/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/25/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/21/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/20/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/19/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/19/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/19/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	10/17/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/17/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/16/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX MITRAL A	10/14/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	10/14/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/14/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/13/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/13/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/08/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/08/2010
EDWARDS	EDWARDS MC3 TRICUSPI	10/07/2010

LIFESCIENCES		
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/07/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	10/07/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/07/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	10/07/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	10/07/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/06/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	10/06/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/06/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS®	10/05/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/04/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	10/02/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	10/02/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWADS PH	09/30/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/28/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/28/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/28/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/25/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/24/2010
EDWARDS	CARPENTIER-EDWARDS	09/23/2010

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	09/23/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	09/23/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/23/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/23/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/22/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	09/22/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/18/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/16/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/16/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	09/14/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/13/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/13/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	09/13/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/11/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	09/10/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	09/09/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/08/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/08/2010
EDWARDS	CARPENTIER-EDWARDS	09/08/2010

LIFESCIENCES	P	
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/07/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/07/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	09/02/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/02/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	09/02/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	09/01/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS C	09/01/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	08/31/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	08/31/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	08/31/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	08/31/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	08/26/2010
EDWARDS LIFESCIENCES	IMR ETLOGIX¿ MITRAL	08/26/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	08/25/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	08/25/2010
EDWARDS LIFESCIENCES	COSGROVE-EDWARDS ANN	08/21/2010
EDWARDS LIFESCIENCES	EDWARDS MC3 TRICUSPI	08/20/2010
EDWARDS LIFESCIENCES	CARPENTIER-EDWARDS P	08/20/2010
EDWARDS	CARPENTIER-EDWARDS	08/20/2010