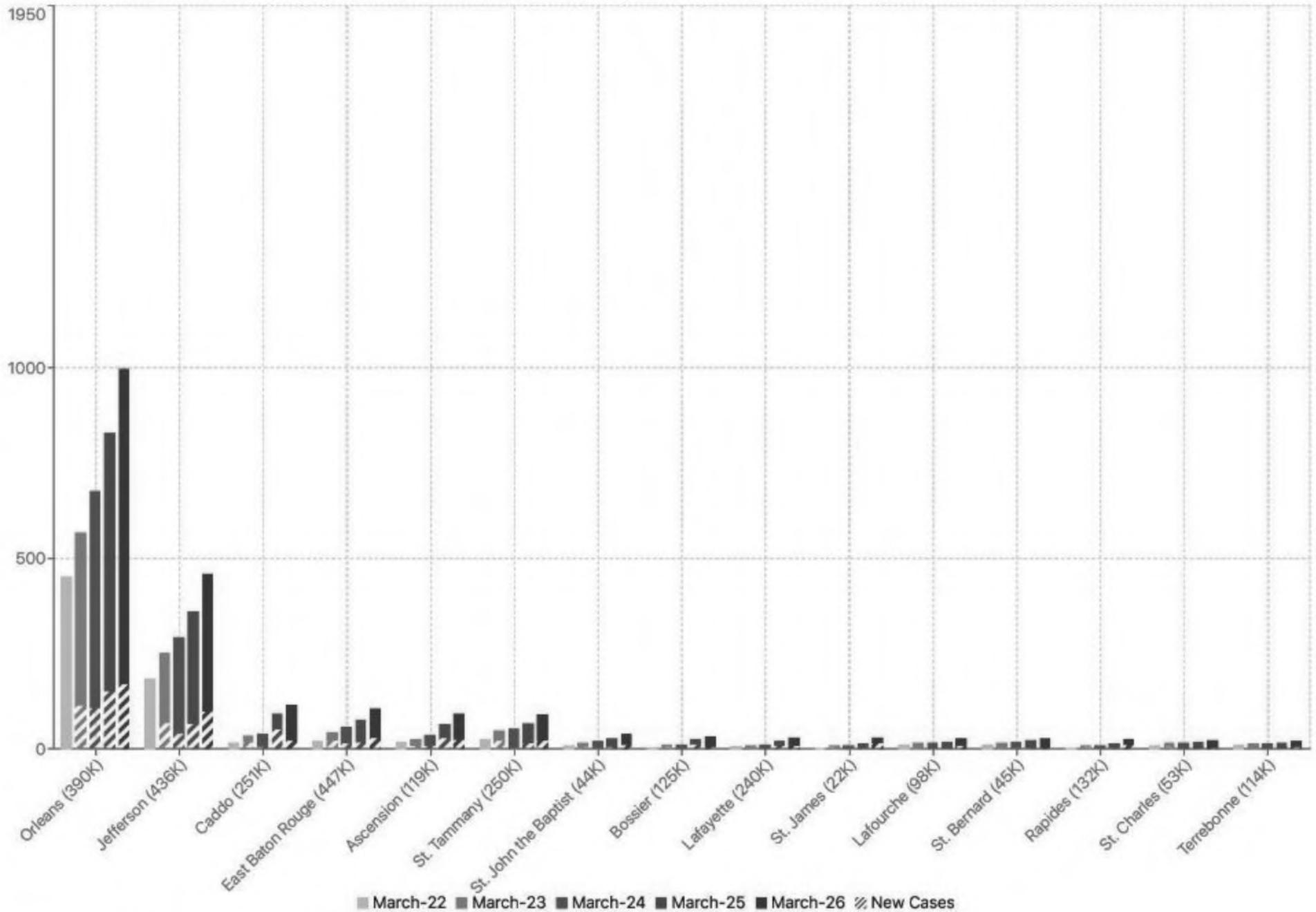


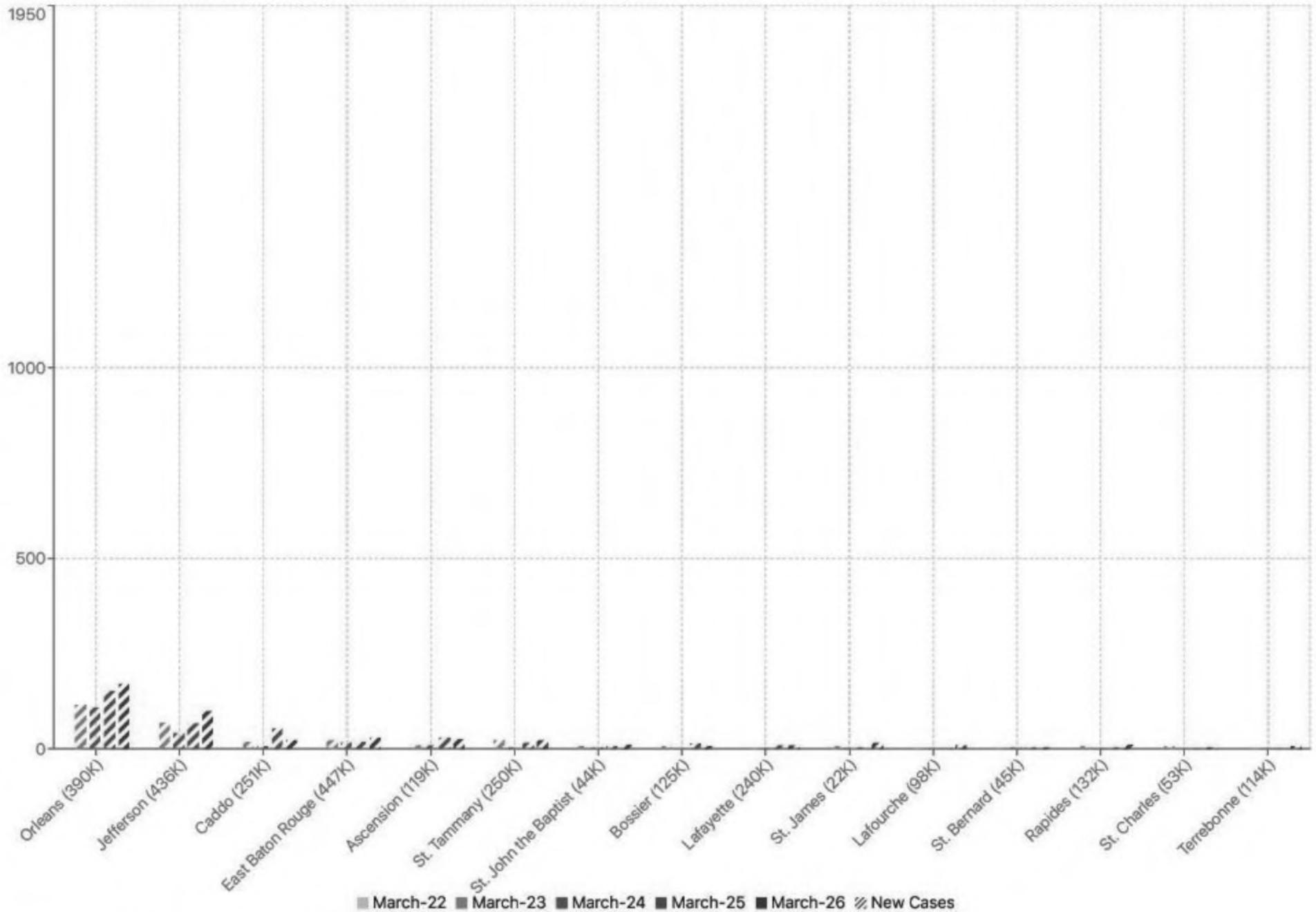
Louisiana counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

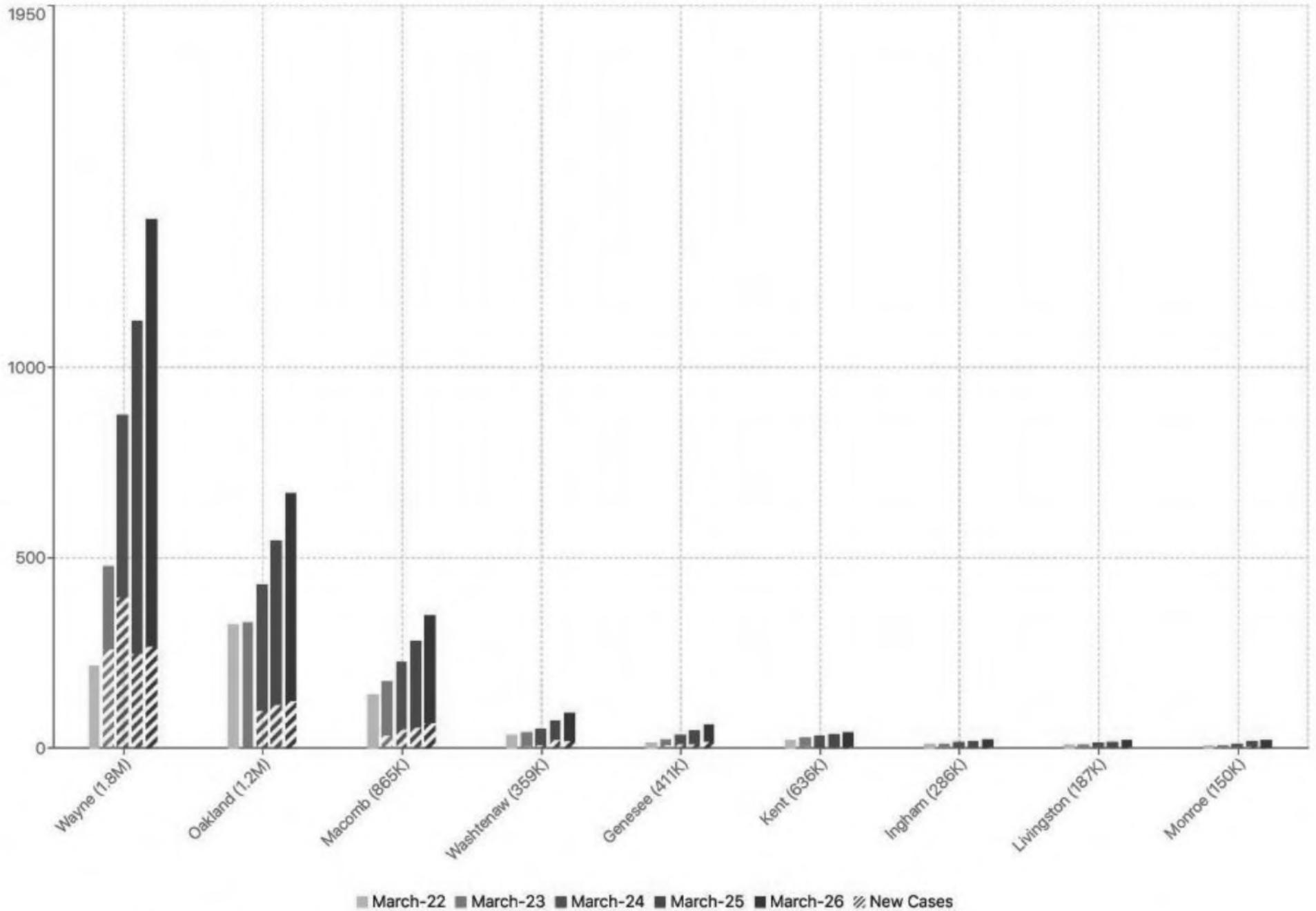
Louisiana counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

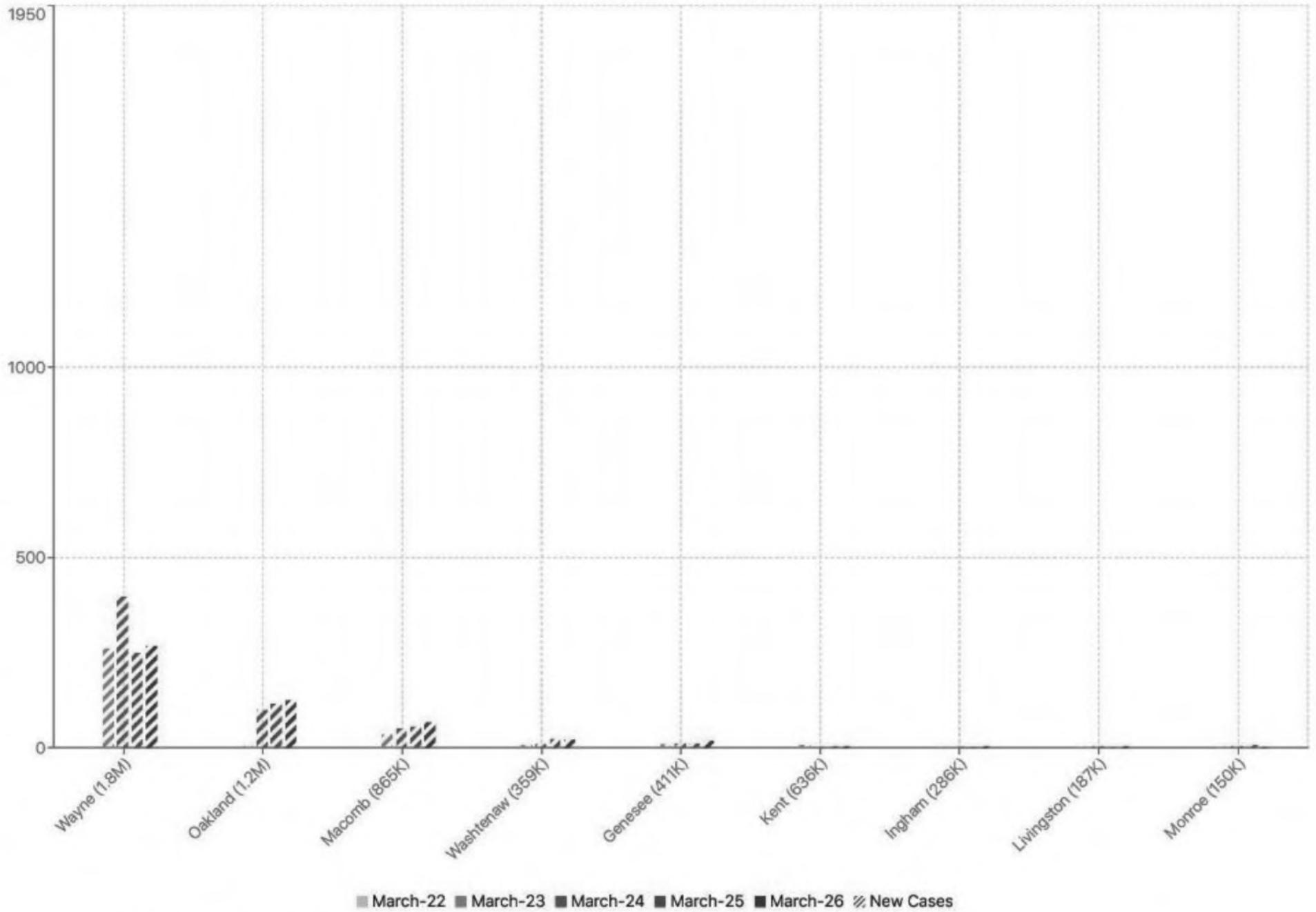
Michigan counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

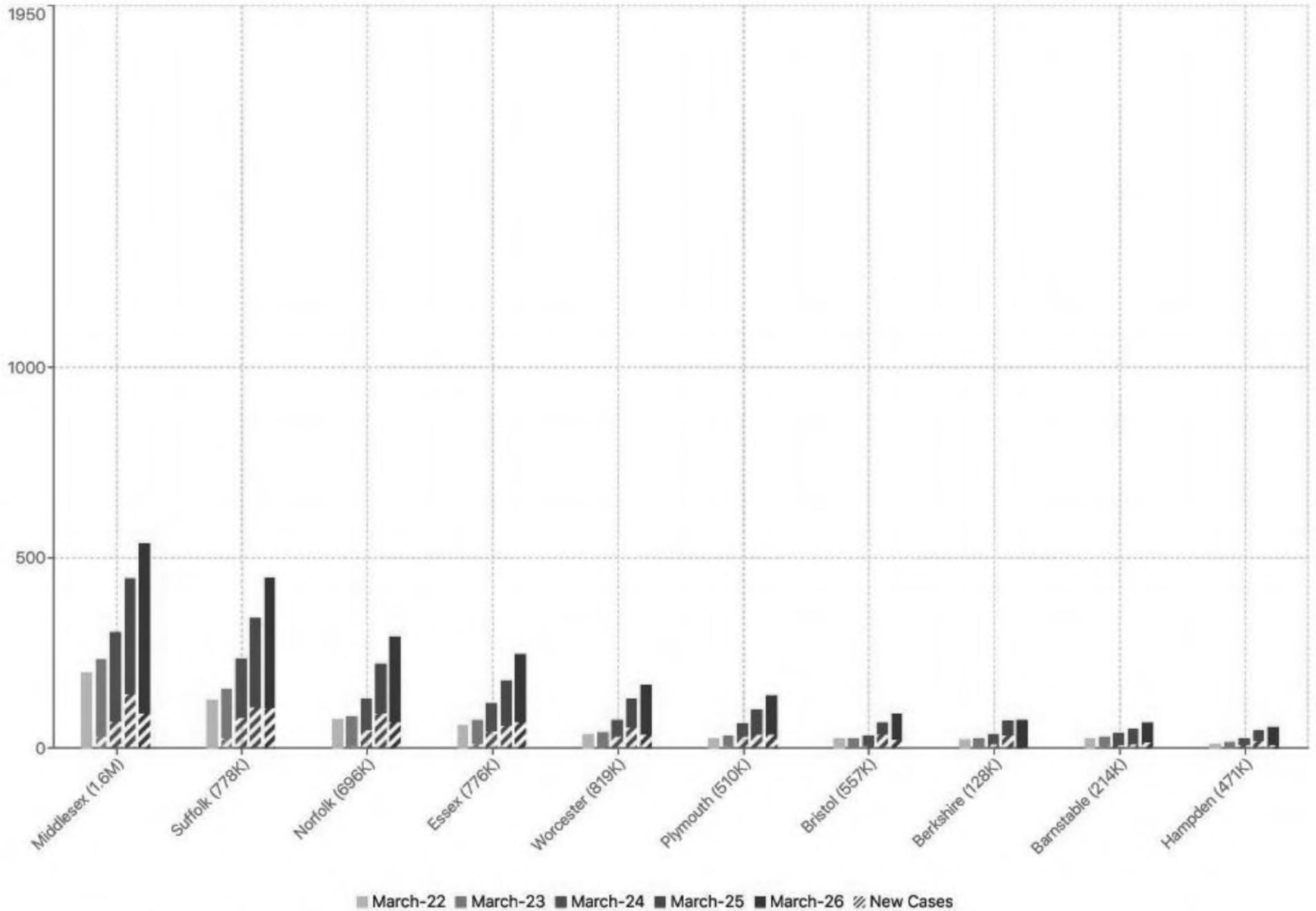
Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Michigan counties with 20+ confirmed cases



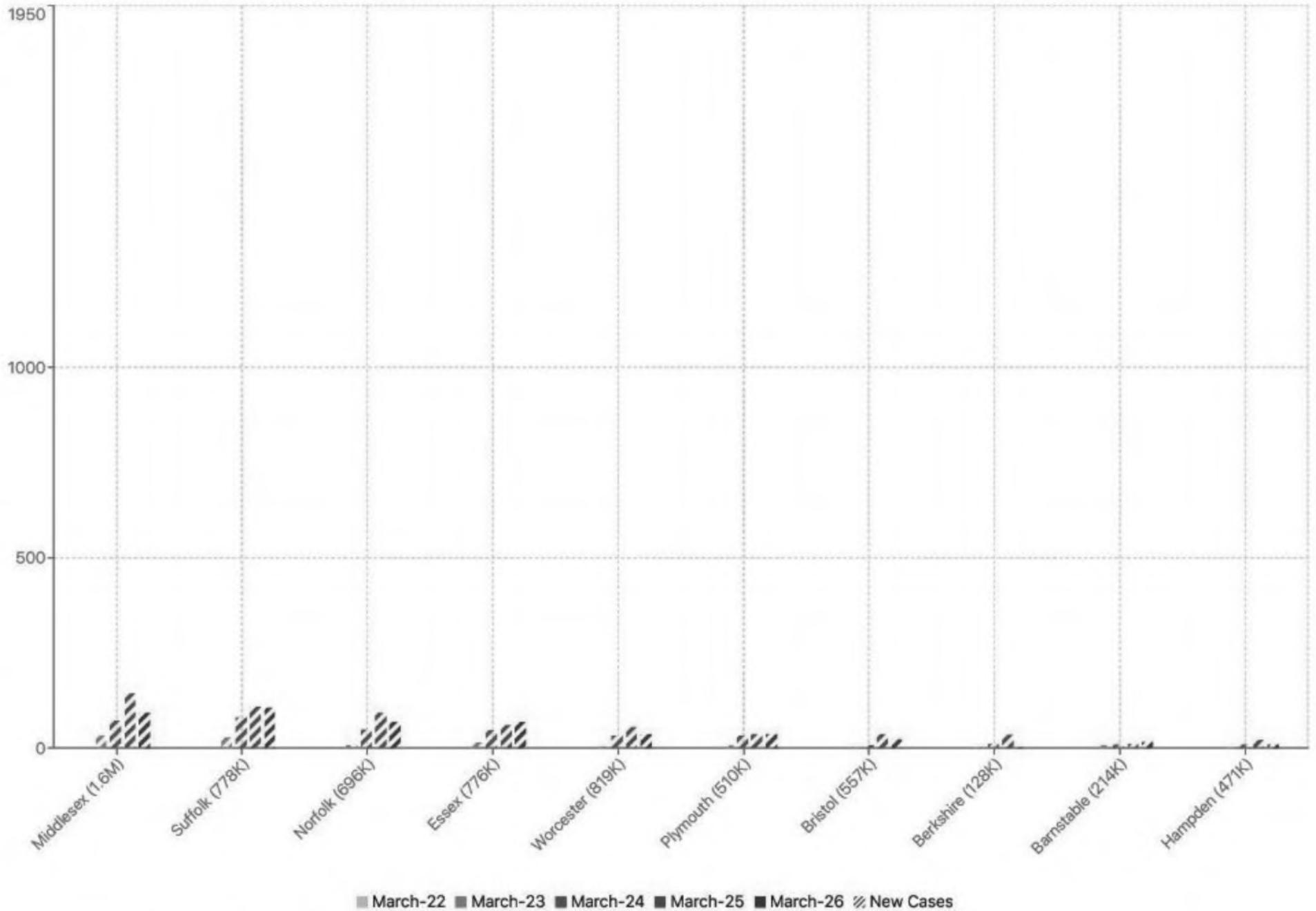
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Massachusetts counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

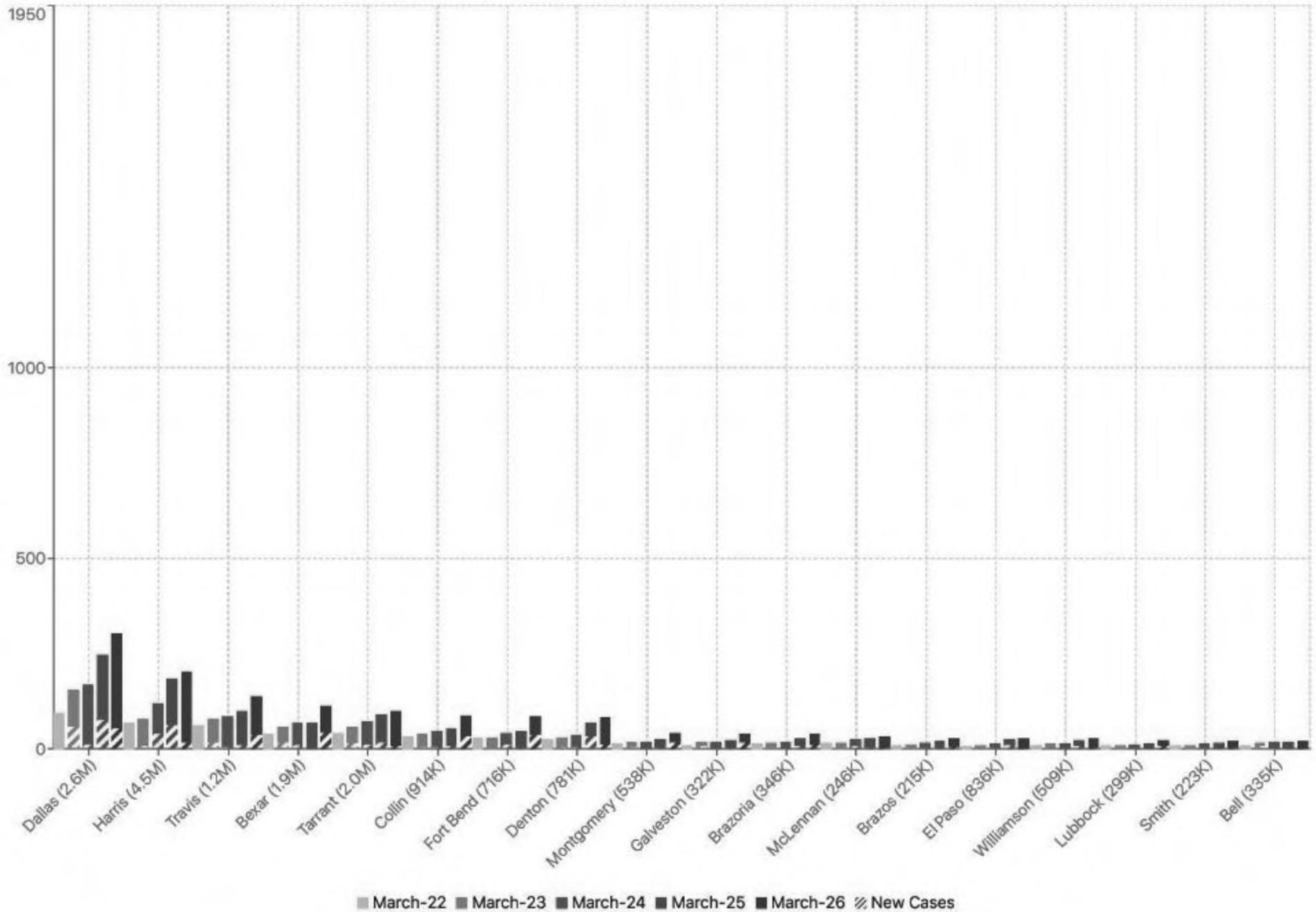
Massachusetts counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

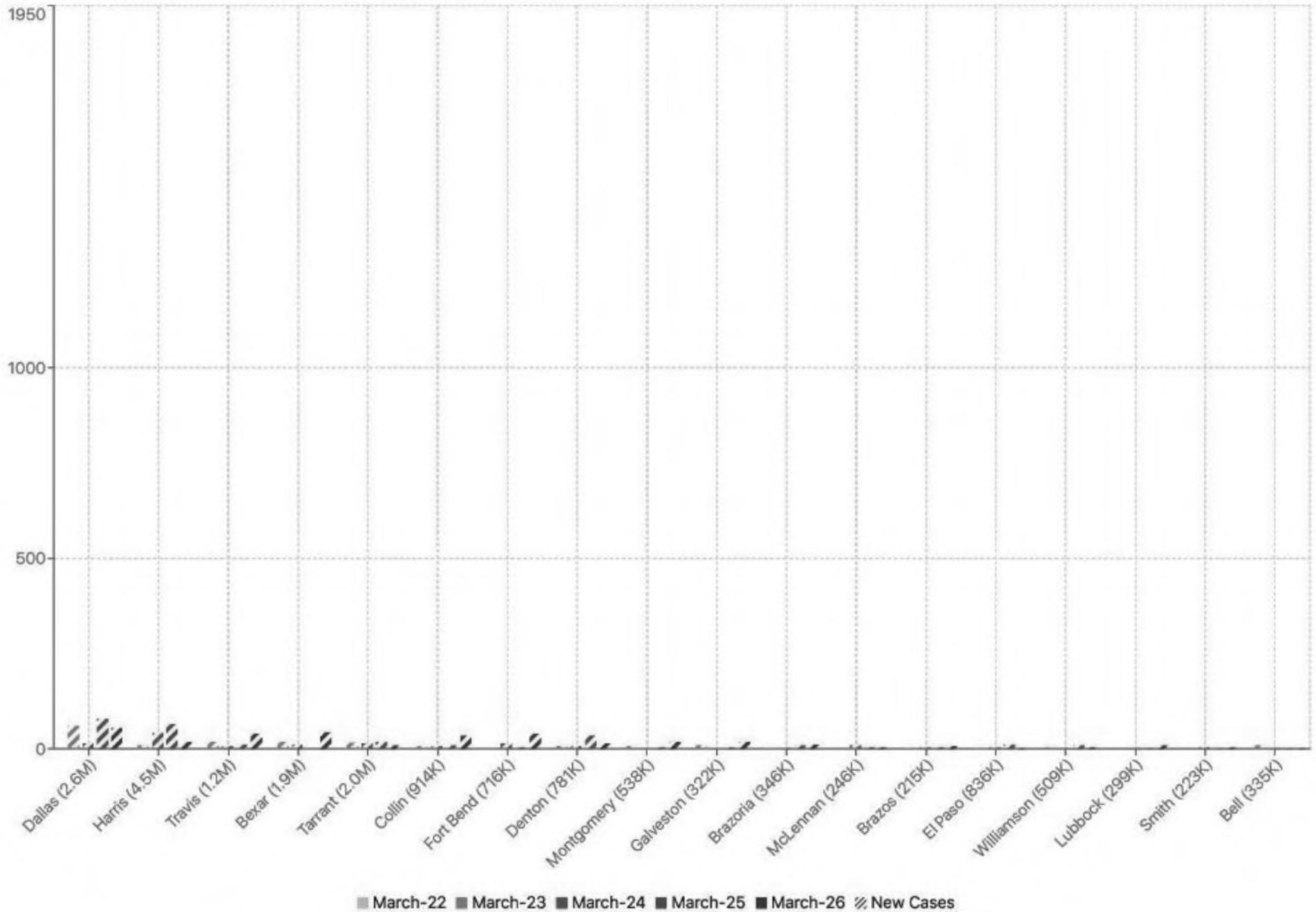
Texas counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Texas counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, March 27, 2020
3:00pm EST

I. Opening Remarks – Vice President Pence

II. (b)(5) – Dr. Debi Birx, M.D.

III. (b)(5) – Eric Ueland

IV. (b)(5) – Admiral Giroir (HHS)

V. (b)(5) – Administrator Pete Gaynor (FEMA) & Admiral John
Polowczyk (FEMA)

○ (b)(5)

VI. (b)(5) – Secretary Mark Esper (DOD)

VII. (b)(5) Dr. Stephen Hahn,

Commissioner (FDA)

○ (b)(5)

VIII. Concluding Remarks – Vice President Pence

SOUTH

VTC PARTICIPANTS

Kellyanne Conway

(b)(6)

Stephen Miller

Pat Cipollone

Russ Vought

(b)(6)

Hope Hicks

Dr. Stephen Hahn

Dr. Anthony Fauci

Amb. Debi Birx, M.D.



Vice President

Dr. Jerome Adams

Dr. Bob Redfield

A/S Chad Wolf

Mark Meadows

WH Press

Joe Grogan

Katie Miller

Marc Short

WEST - WINDOWS

NORTH

DOOR

EAST

DOOR

DOOR

VTC PARTICIPANTS

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

[Redacted]

(b)(6)

[Redacted]

Brian Harrison

[Redacted]



(b)(6)

[Redacted]

Pat Philbin

[Redacted]

(b)(6)

[Redacted]

(b)(6)

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(b)(6)

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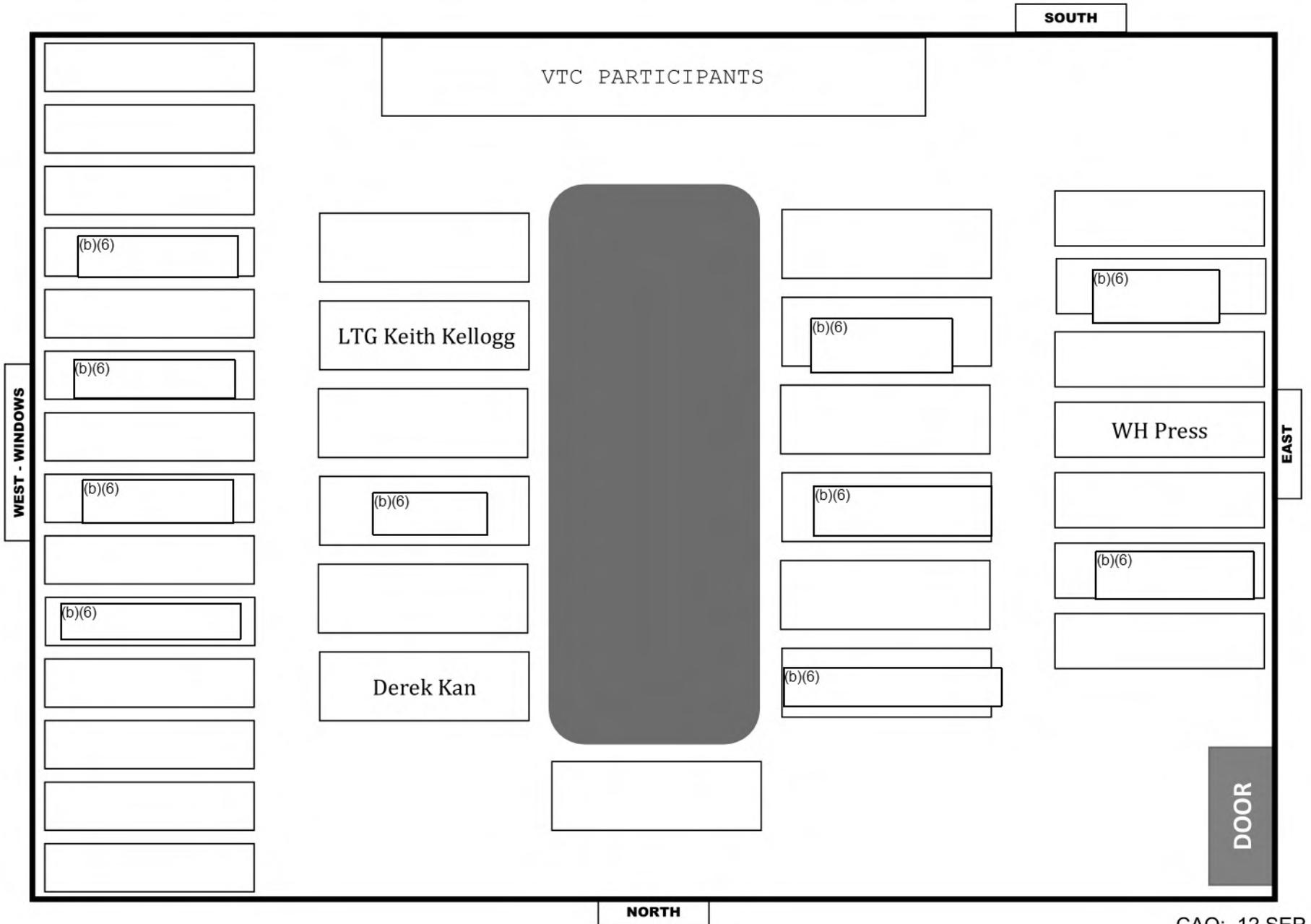
Kristan Nevins

[Redacted]

(b)(6)

(b)(6) R
ADVISOR / OVP

DOOR



From: (b)(6) EOP/OVP
Sent: Fri, 27 Mar 2020 17:57:41 +0000
To: randal@mail.house.gov;Grogan, Joseph J.

(b)(6)

(b)(6)

Cc: (b)(6) EOP/OVP;Cipollone, Pat A. EOP/WHO
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus Task Force Seating Chart 3.27.20 1500.pptx, Taskforce27Mar
Numbered.ppt, WH Coronavirus TF Agenda 3.27.20.docx
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Friday, March 27th** at **3:00pm** in the White House (b)(6) Room. Materials attached. Agenda updated.

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)

SOUTH

VTC PARTICIPANTS

Kellyanne Conway

(b)(6)

Stephen Miller

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Hope Hicks

Dr. Stephen Hahn

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WEST - WINDOWS

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DOOR

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VTC PARTICIPANTS

(b)(6)

Brian Harrison

(b)(6)



(b)(6)

(b)(6)

Pat Philbin

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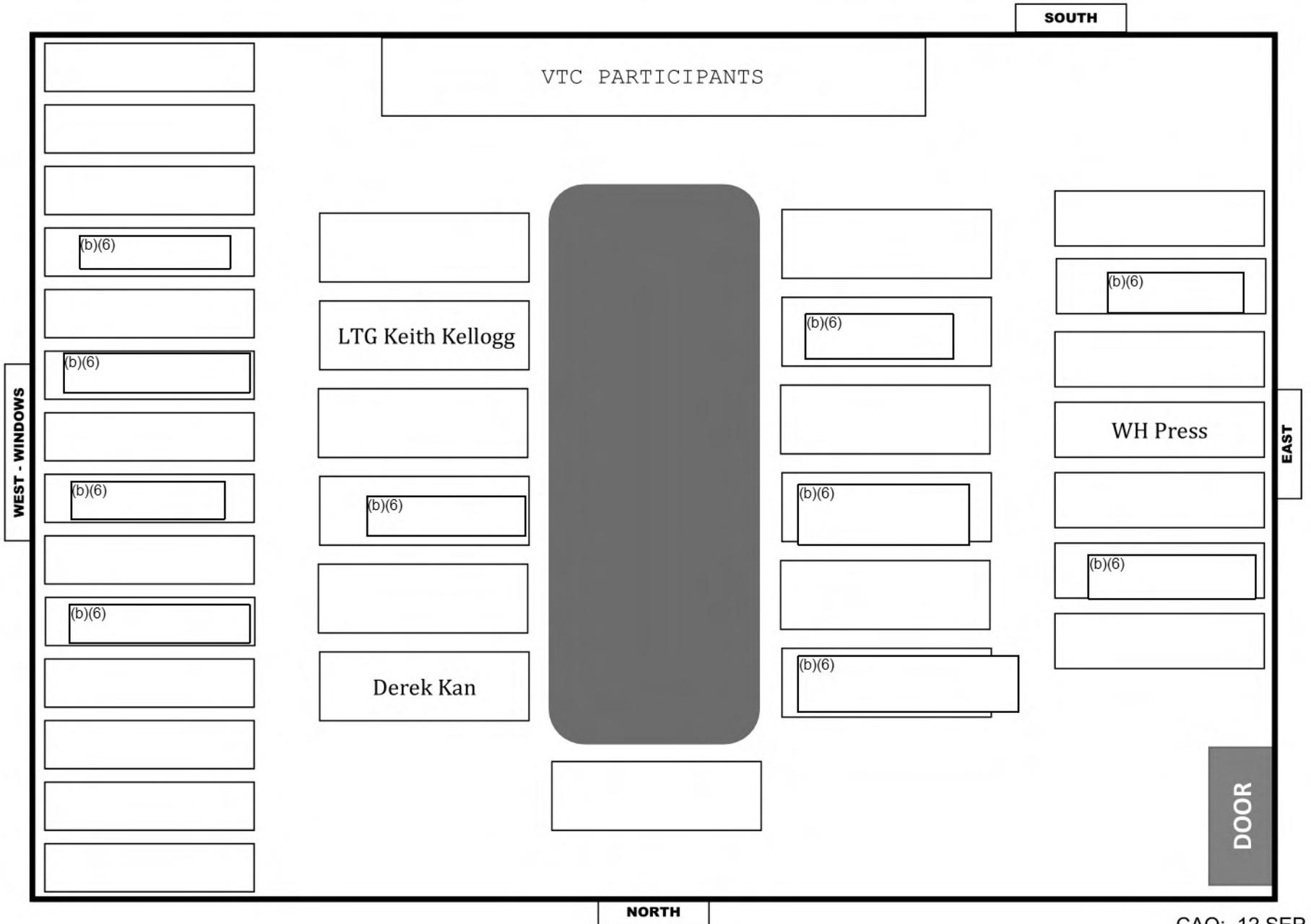
Kristan Nevins

(b)(6)

(b)(6)

(b)(6) SR
ADVISOR / OVP

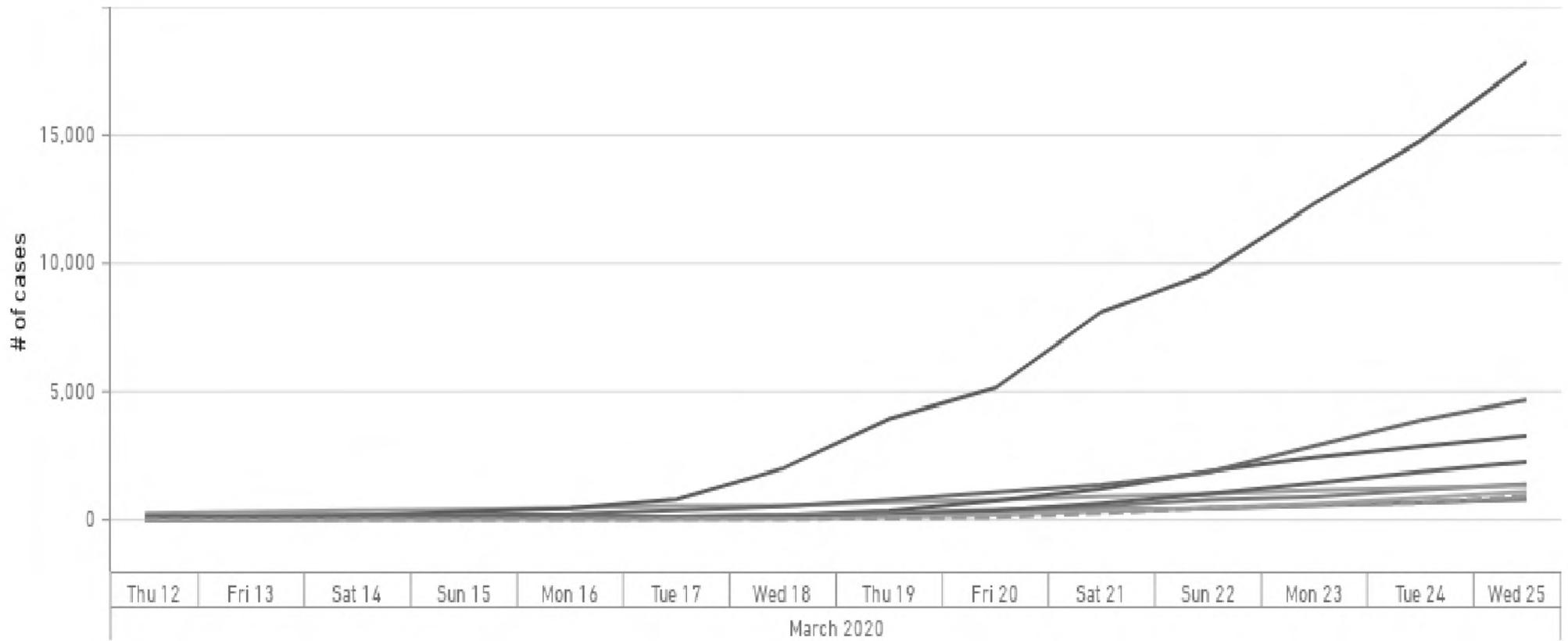
DOOR



COVID-19

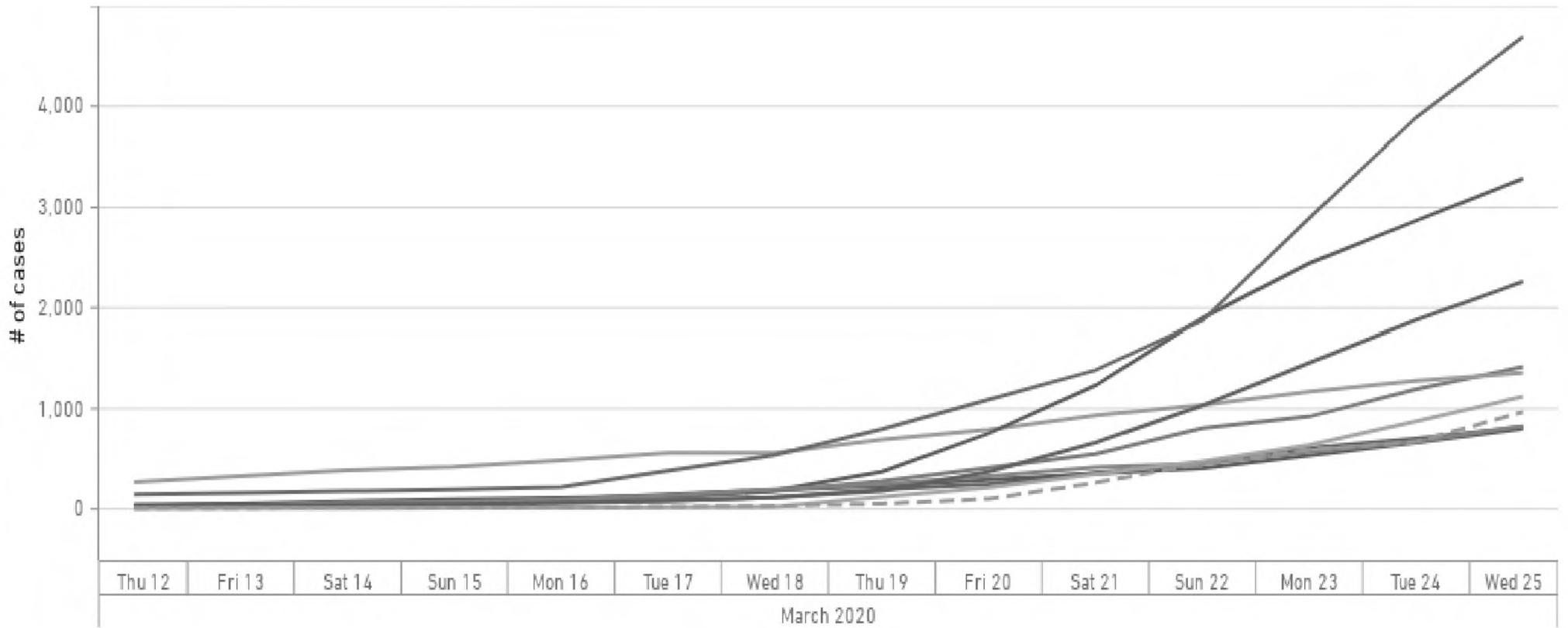
Data as of March 26, 2020

Cumulative confirmed cases, top 10 counties



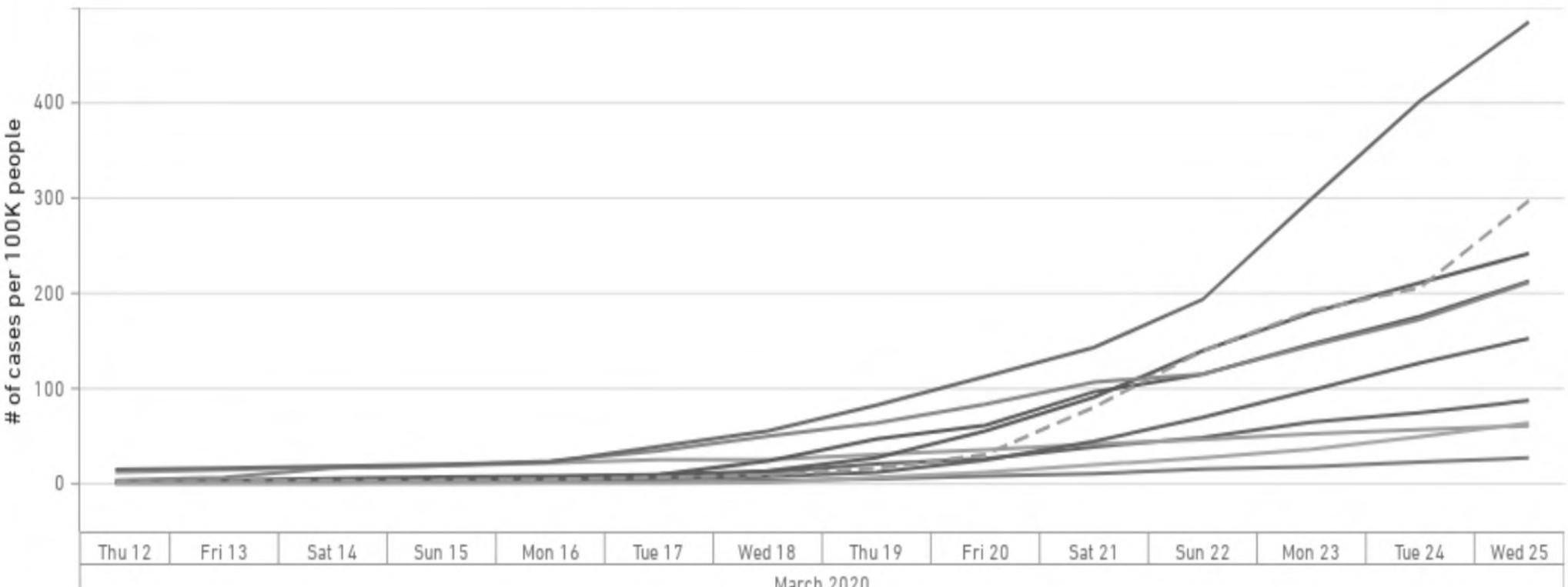
- Counties
- Bergen, NJ
 - Cook, IL
 - King, WA
 - Nassau, NY
 - New York, NY
 - Orleans, LA
 - Suffolk, NY
 - Wayne, MI
 - Westchester, NY
 - Rockland, NY *(highest % growth rate)*

Cumulative confirmed cases, top 10 counties, excluding New York City



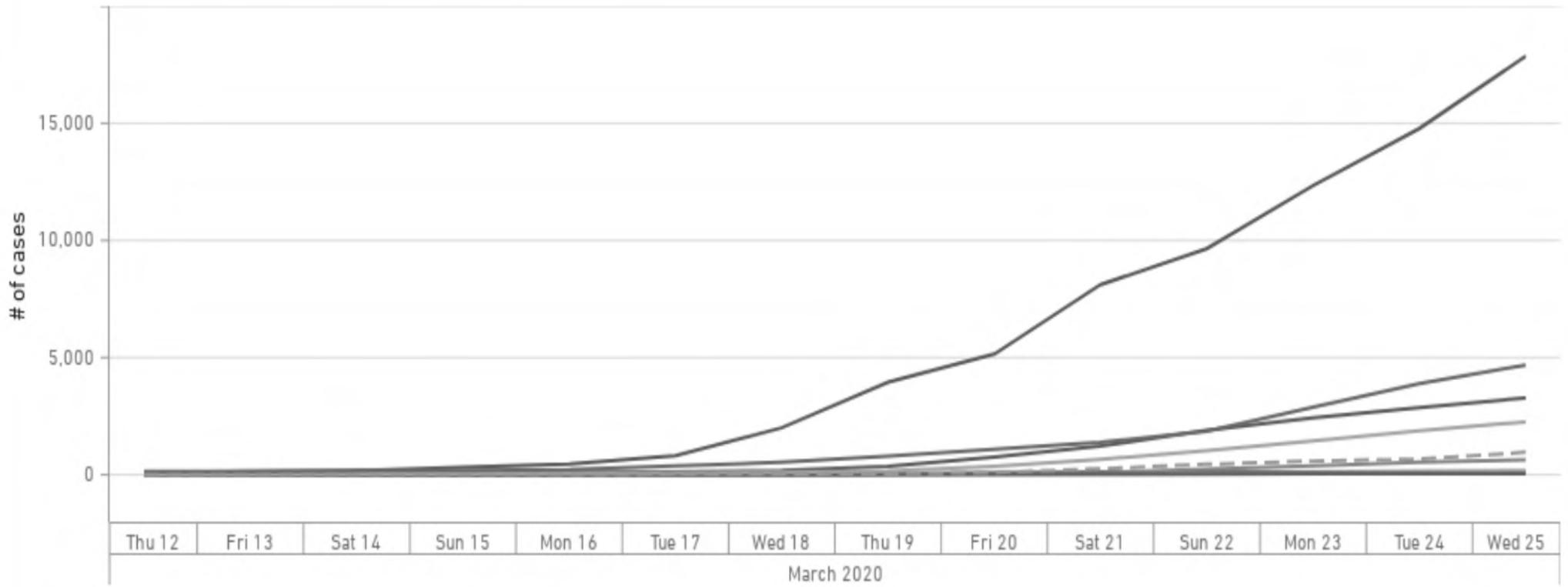
- Counties
- Bergen, NJ
 - Cook, IL
 - King, WA
 - Los Angeles, CA
 - Nassau, NY
 - Orleans, LA
 - Suffolk, NY
 - Wayne, MI
 - Westchester, NY
 - Rockland, NY *(highest % growth rate)*

Cumulative confirmed cases per 100,000 people, top 10 counties



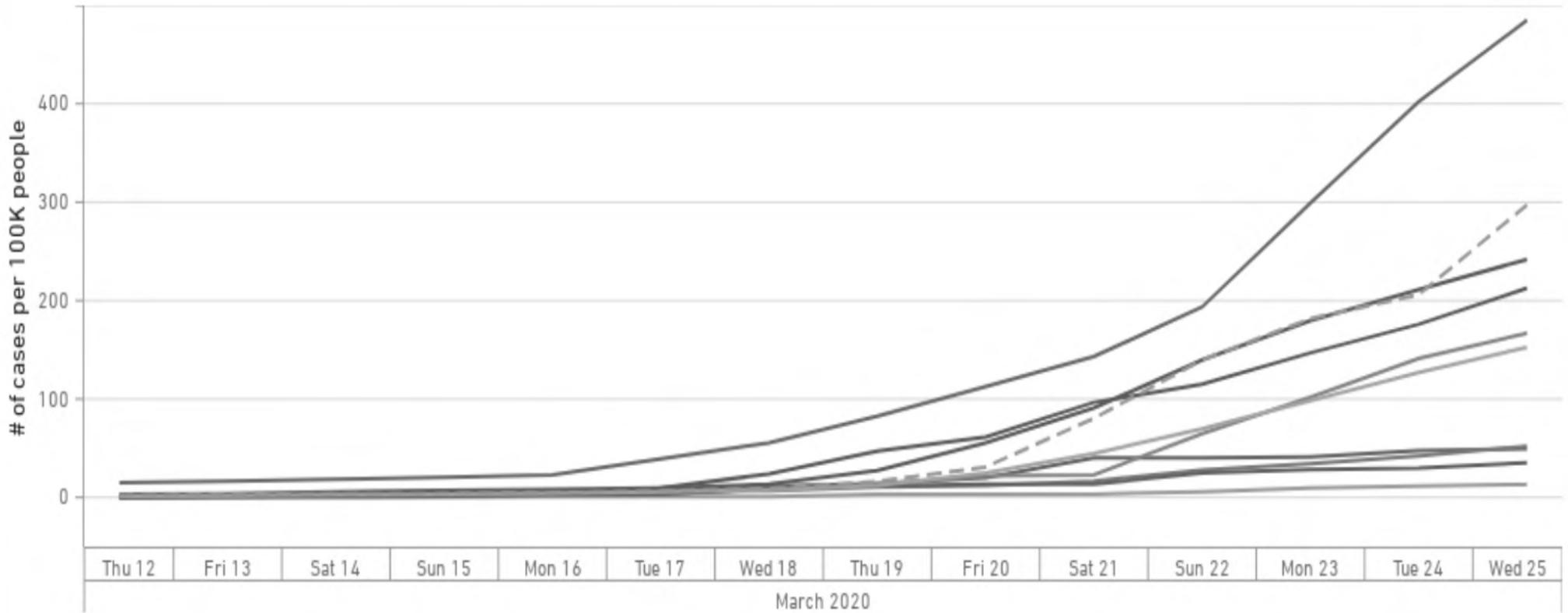
- Counties
- Bergen, NJ
 - Cook, IL
 - King, WA
 - Nassau, NY
 - New York, NY
 - Orleans, LA
 - Suffolk, NY
 - Wayne, MI
 - Westchester, NY
 - Rockland, NY (highest % growth rate)

Cumulative confirmed cases in New York state, top 20 counties



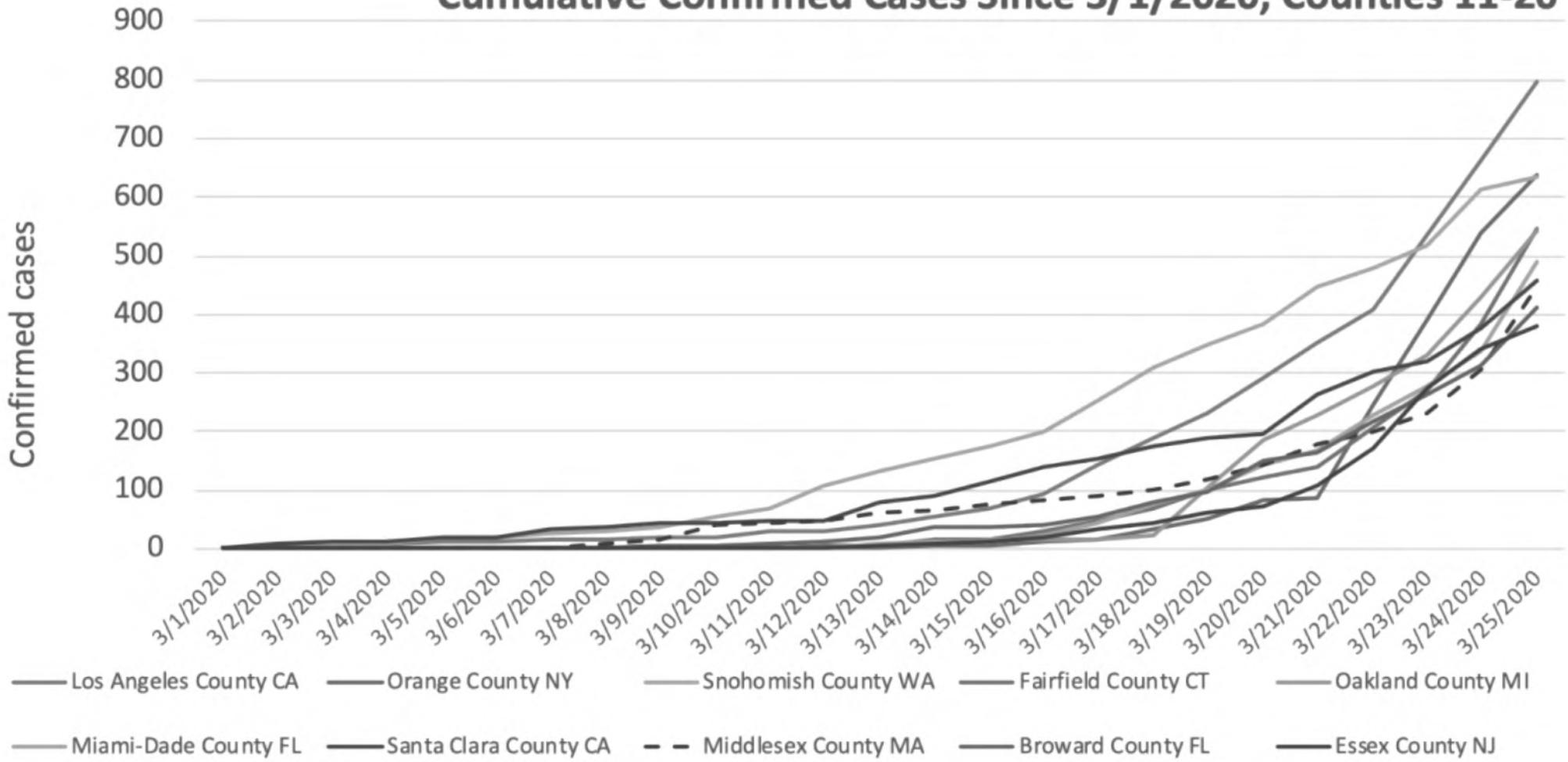
- Counties
- Albany, NY
 - Dutchess, NY
 - Erie, NY
 - Nassau, NY
 - New York, NY
 - Orange, NY
 - Schenectady, NY
 - Suffolk, NY
 - Westchester, NY
 - Rockland, NY *(highest % growth rate)*

Cumulative confirmed cases per 100,000 people in New York state, top 20 counties



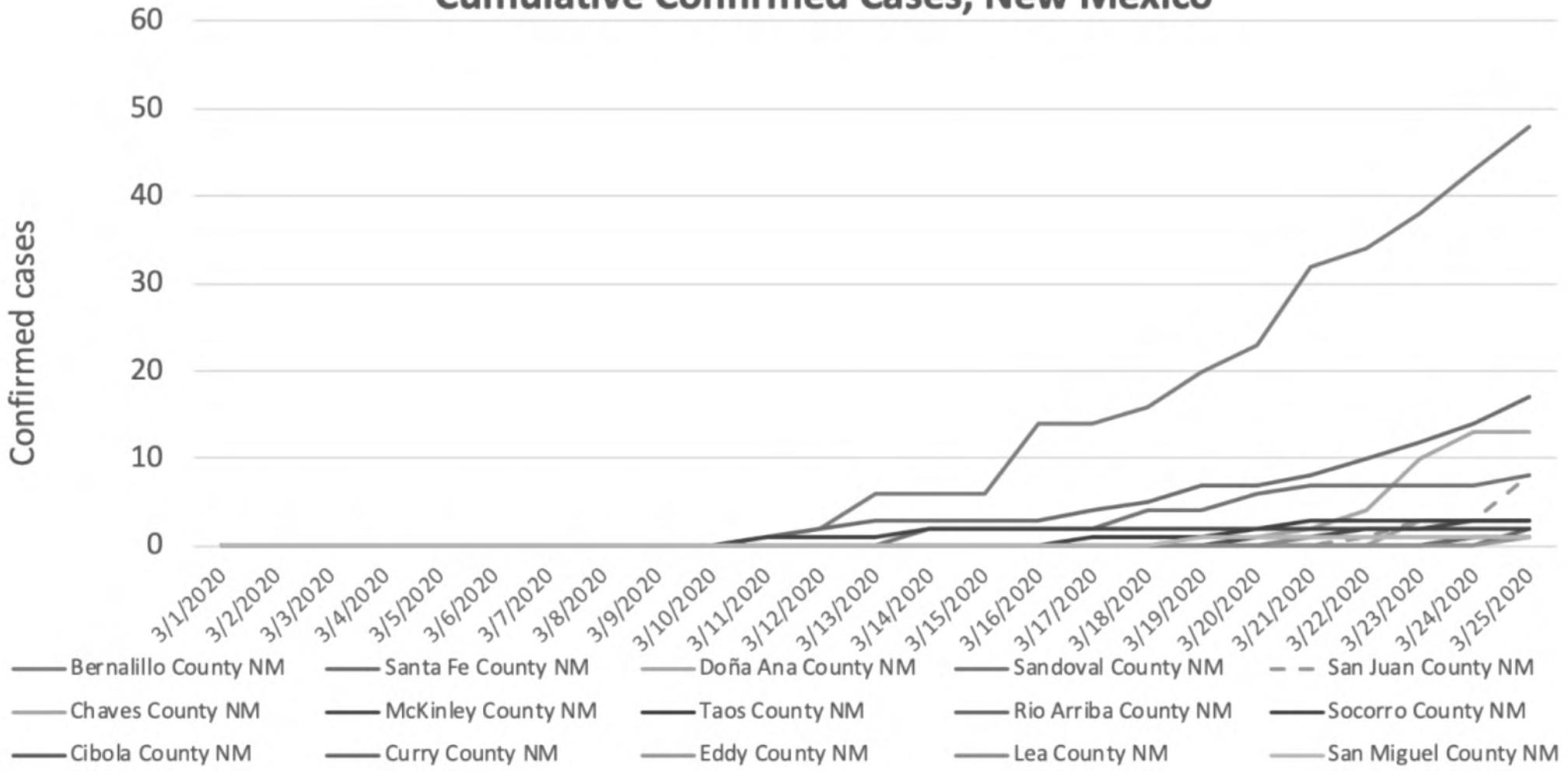
- Counties
- Albany, NY
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 - New York, NY
 - Orange, NY
 - Schenectady, NY
 - Suffolk, NY
 - Westchester, NY
 - Rockland, NY *(highest % growth rate)*

Cumulative Confirmed Cases Since 3/1/2020, Counties 11-20



Source: <http://usafacts.org/> as of 3/25/2020

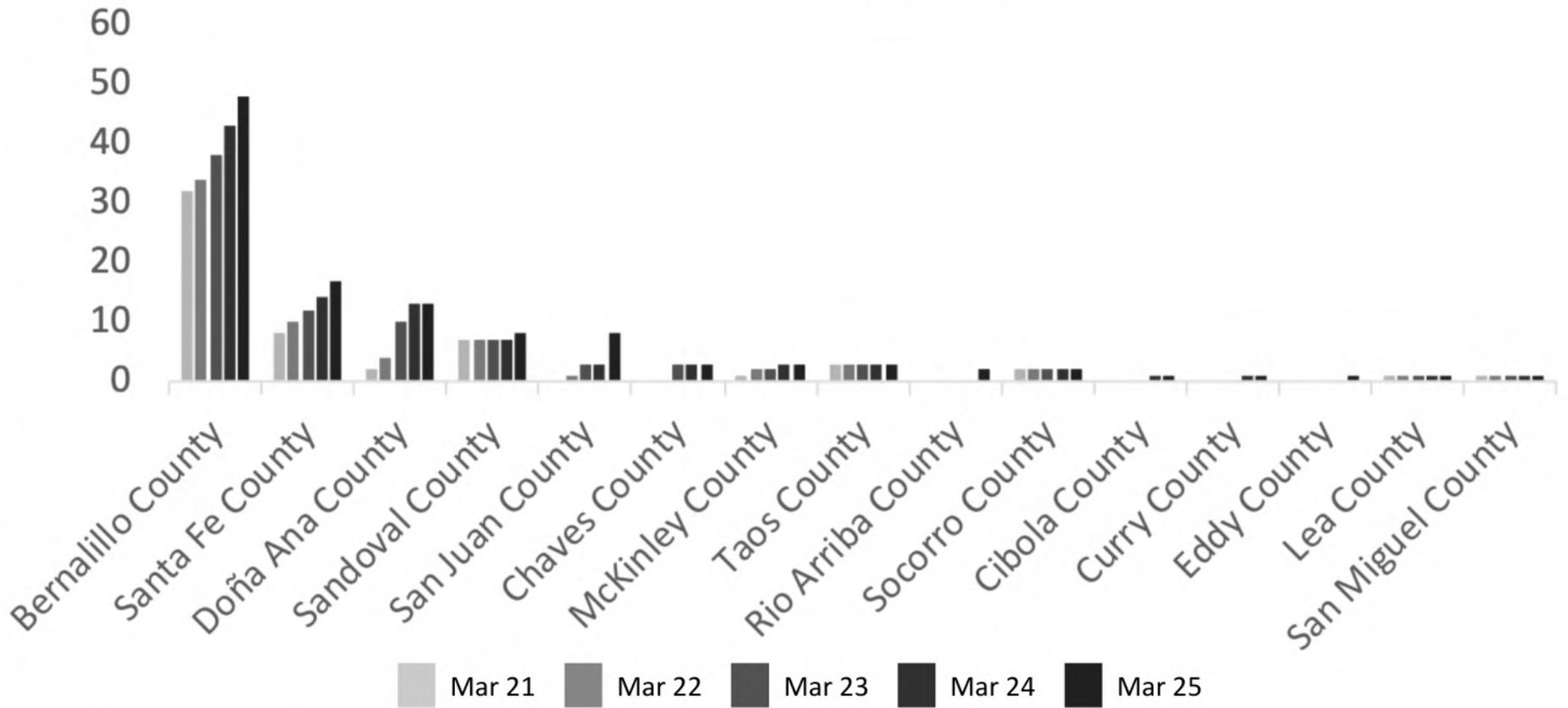
Cumulative Confirmed Cases, New Mexico



Source: <http://usafacts.org/> as of 3/25/2020

New Mexico

Reported confirmed cases



Source: USAFacts.org

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases
New York	38,977	+6,011	466	+100	36,994
New Jersey	6,876	+2,474	81	+19	6,795
California	4,015	+1,017	82	+17	3,921
Washington	3,207	+619	147	+15	2,936
Michigan	2,856	+561	60	+17	2,791
Illinois	2,538	+673	26	+7	2,510
Florida	2,484	+507	29	+6	2,455
Massachusetts	2,417	+579	25	+10	2,391
Louisiana	2,305	+510	83	+18	2,222
Pennsylvania	1,687	+560	16	+5	1,671
Georgia	1,643	+256	56	+9	1,587
Texas	1,588	+433	20	+5	1,557
Colorado	1,430	+344	24	+5	1,406
Tennessee	1,098	+192	3		1,095
Connecticut	1,012	+137	21	+2	991
	867	+163	15	+4	852

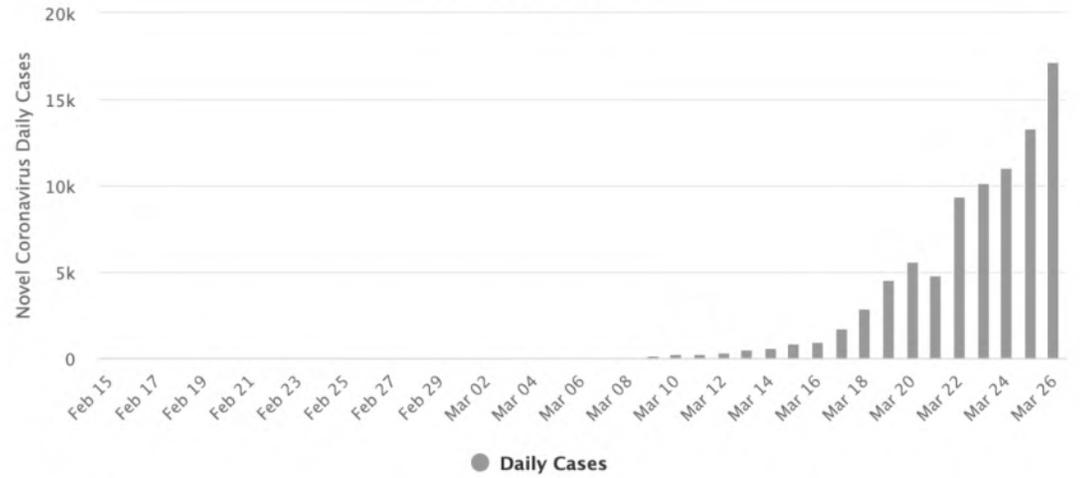
Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
USA	85,435	+17,224	1,295	+268	1,868	82,272	2,122	258
China	81,285	+67	3,287	+6	74,051	3,947	1,235	56
Italy	80,589	+6,203	8,215	+712	10,361	62,013	3,612	1,333
Spain	57,786	+8,271	4,365	+718	7,015	46,406	3,166	1,236
Germany	43,938	+6,615	267	+61	5,673	37,998	23	524
Iran	29,406	+2,389	2,234	+157	10,457	16,715	2,746	350
France	29,155	+3,922	1,696	+365	4,948	22,511	3,375	447
Switzerland	11,811	+914	192	+39	131	11,488	141	1,365
UK	11,658	+2,129	578	+115	135	10,945	163	172
S. Korea	9,241	+104	131	+5	4,144	4,966	59	180
Netherlands	7,431	+1,019	434	+78	3	6,994	761	434
Austria	6,909	+1,321	49	+18	112	6,748	96	767
Belgium	6,235	+1,298	220	+42	675	5,340	605	538
Canada	4,043	+634	39	+3	228	3,776	120	107
Turkey	3,629	+1,196	75	+16	26	3,528	136	43

USA

Daily New Cases in the United States

Daily New Cases

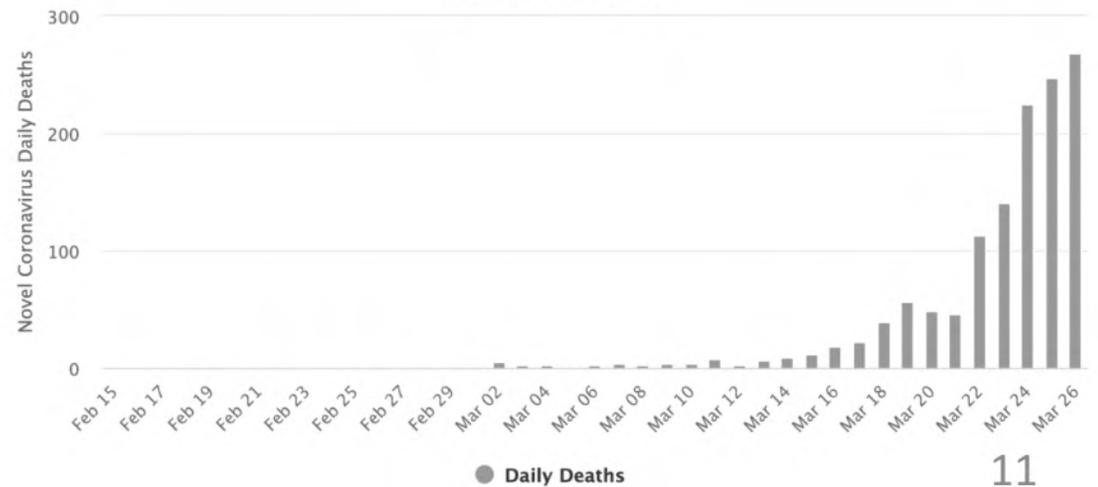
Cases per Day
Data as of 0:00 GMT+0



Daily New Deaths in the United States

Daily Deaths

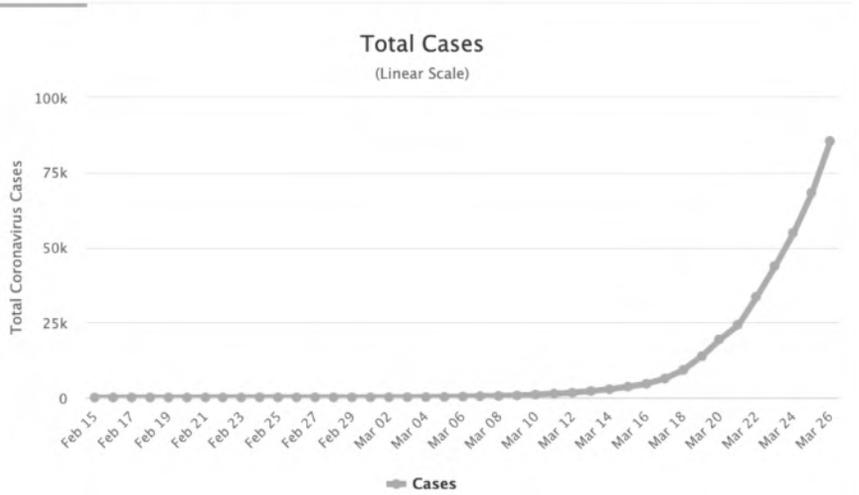
Deaths per Day
Data as of 0:00 GMT+8



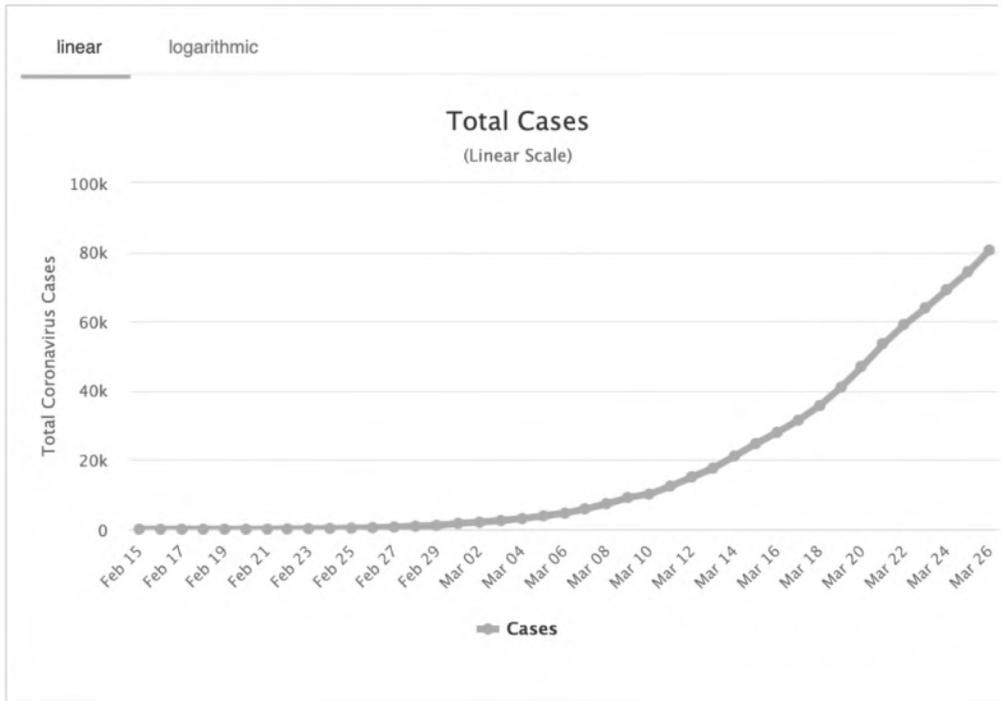
Total Coronavirus Cases in the United States

Total Cases (Linear Scale)

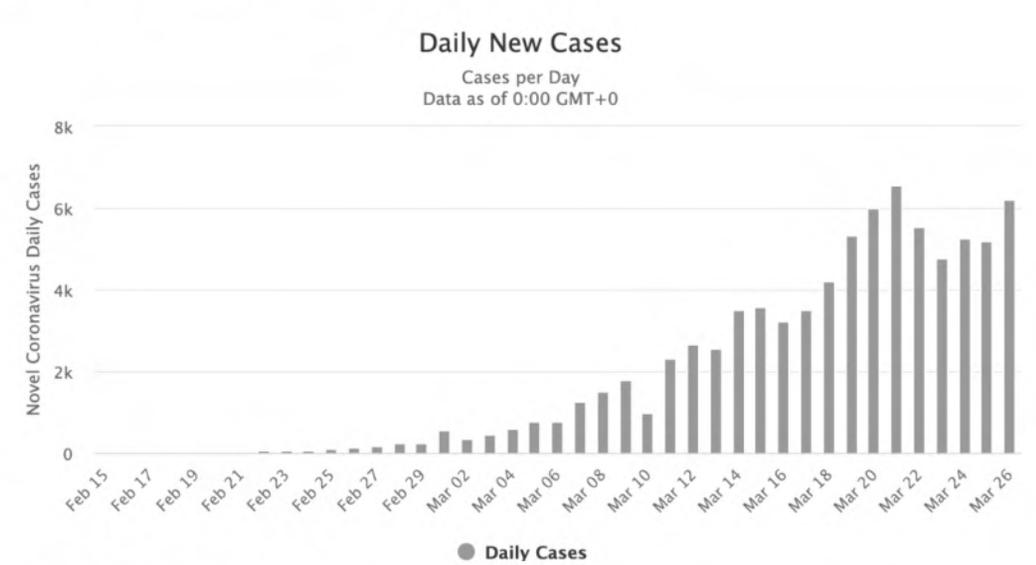
linear logarithmic



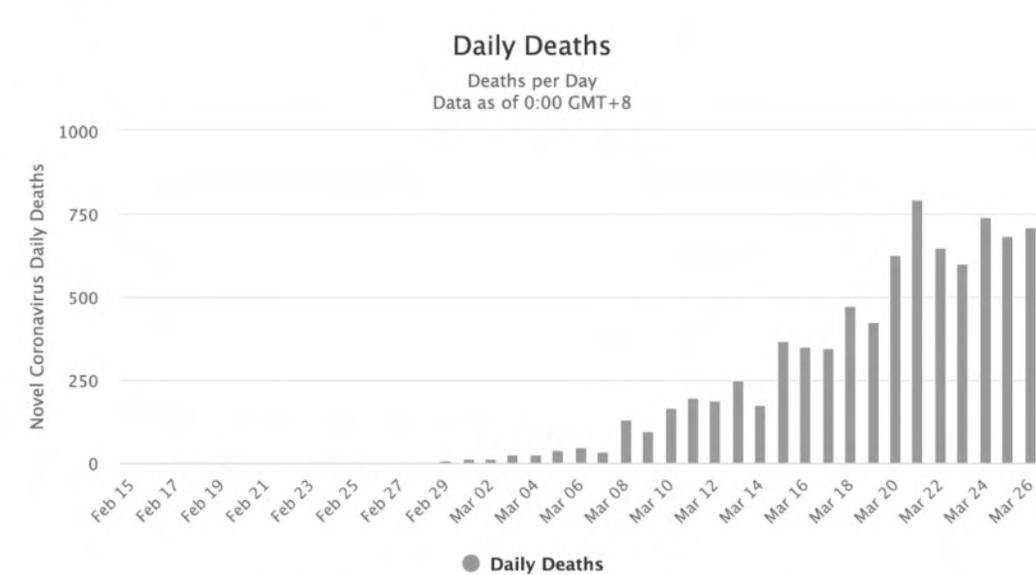
Total Coronavirus Cases in Italy



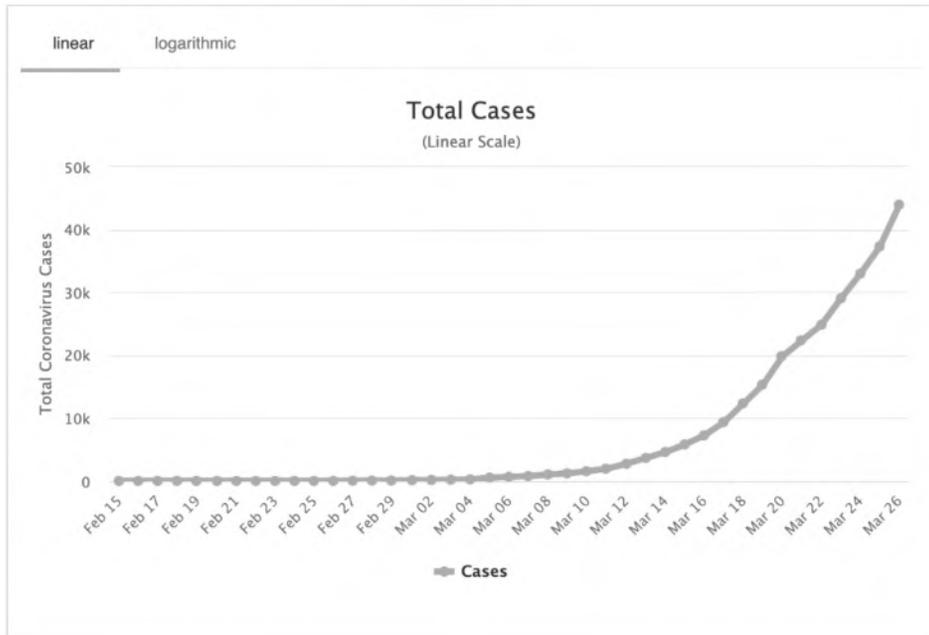
Daily New Cases in Italy



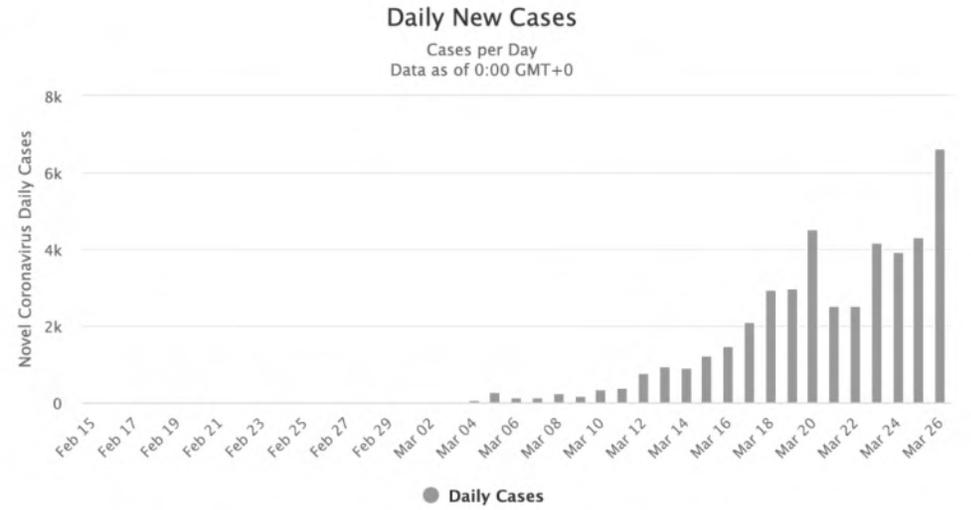
Daily New Deaths in Italy



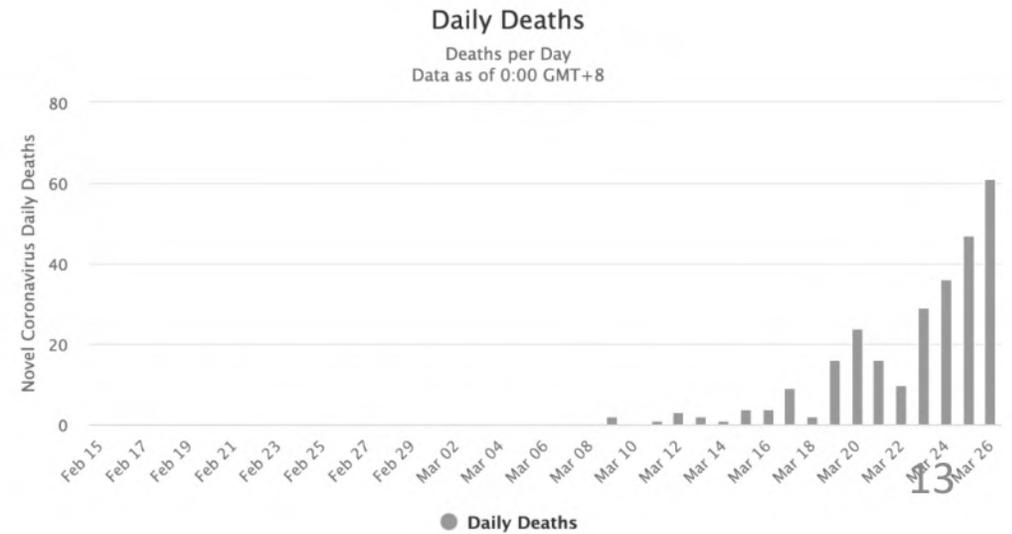
Total Coronavirus Cases in Germany

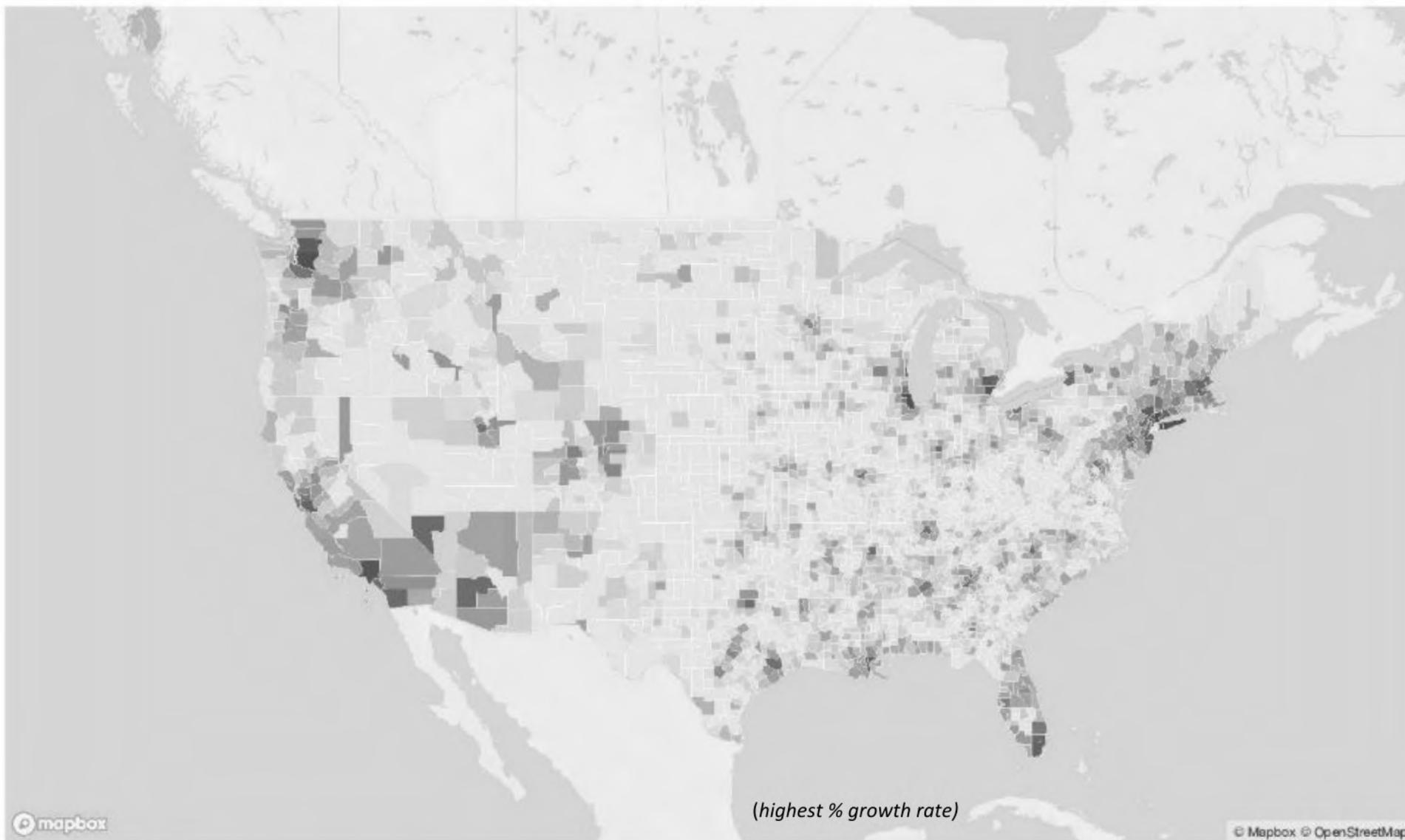


Daily New Cases in Germany



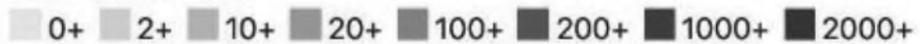
Daily New Deaths in Germany





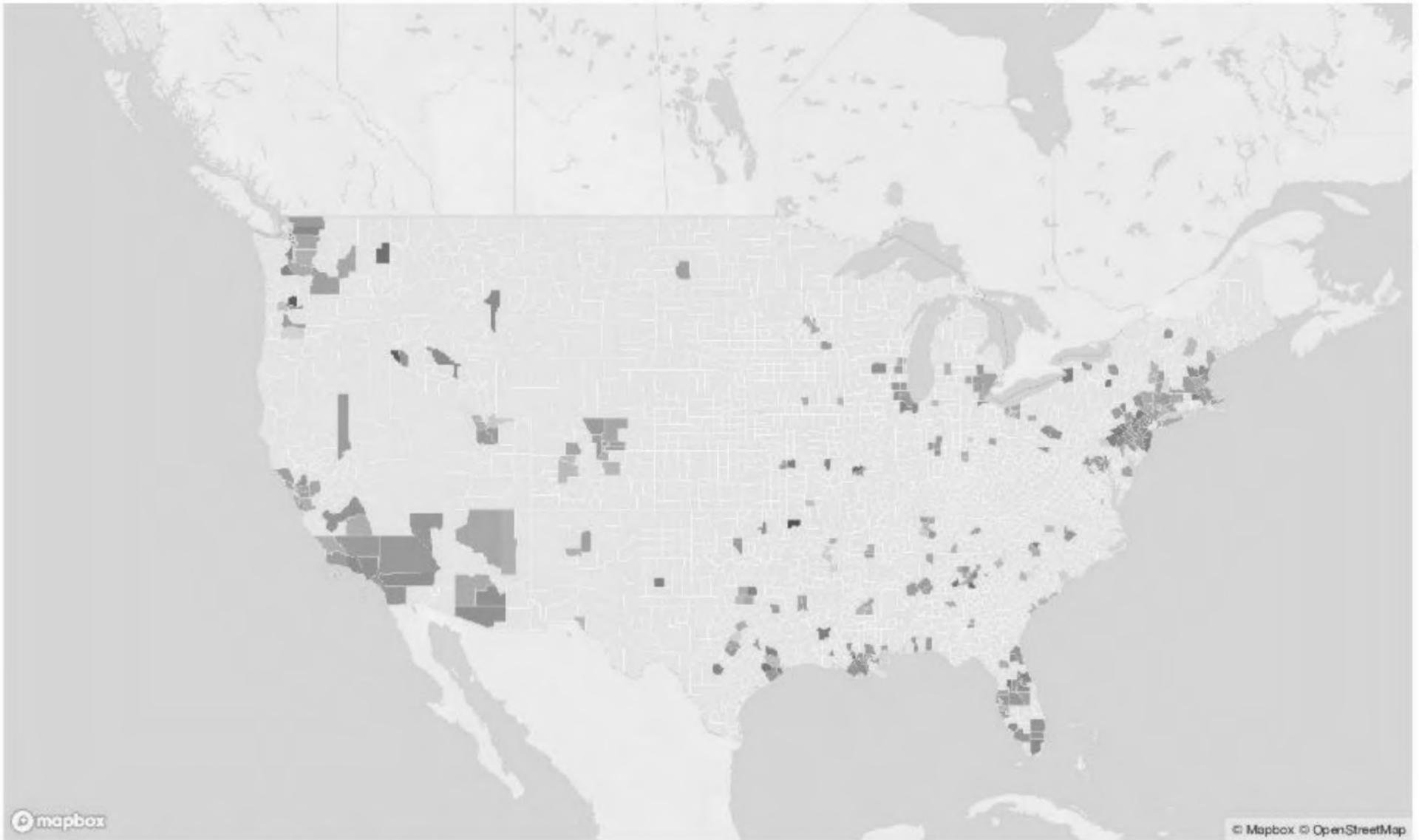
(highest % growth rate)

Total Confirmed Cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

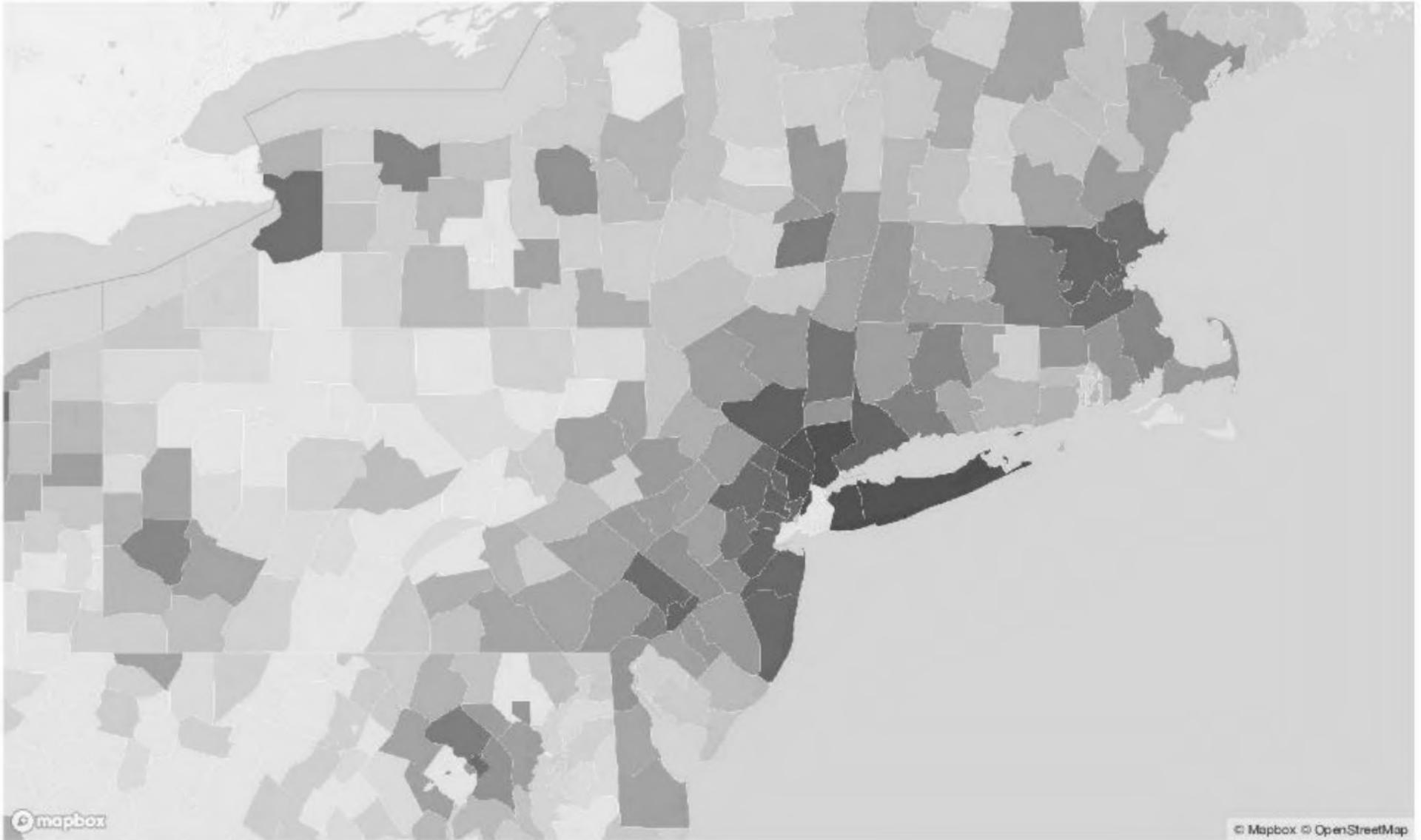


Percent Increase for Counties with 20+ reported cases

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Total Confirmed Cases near NYC

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

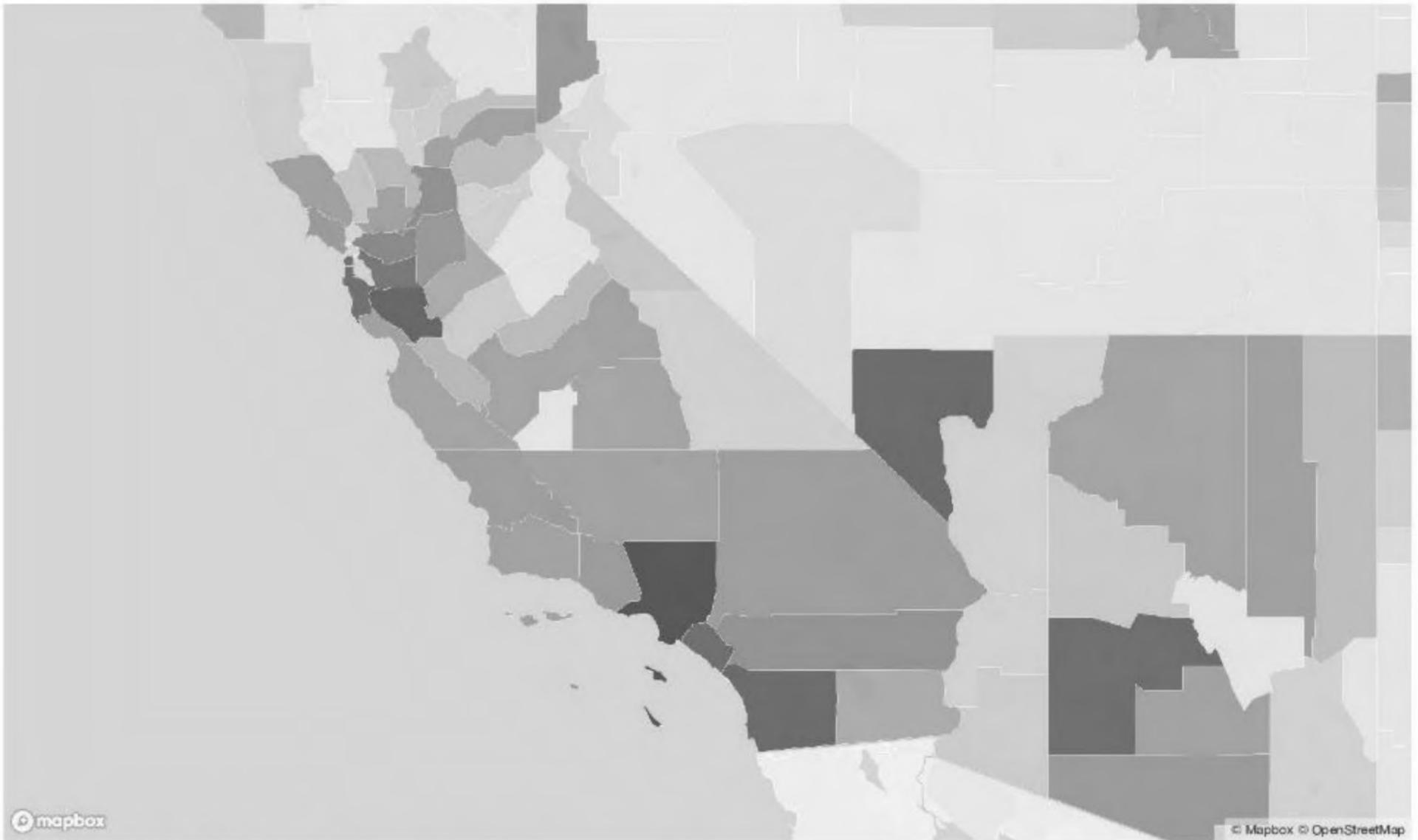


Percent Increase for Counties with 20+ reported cases near NYC

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

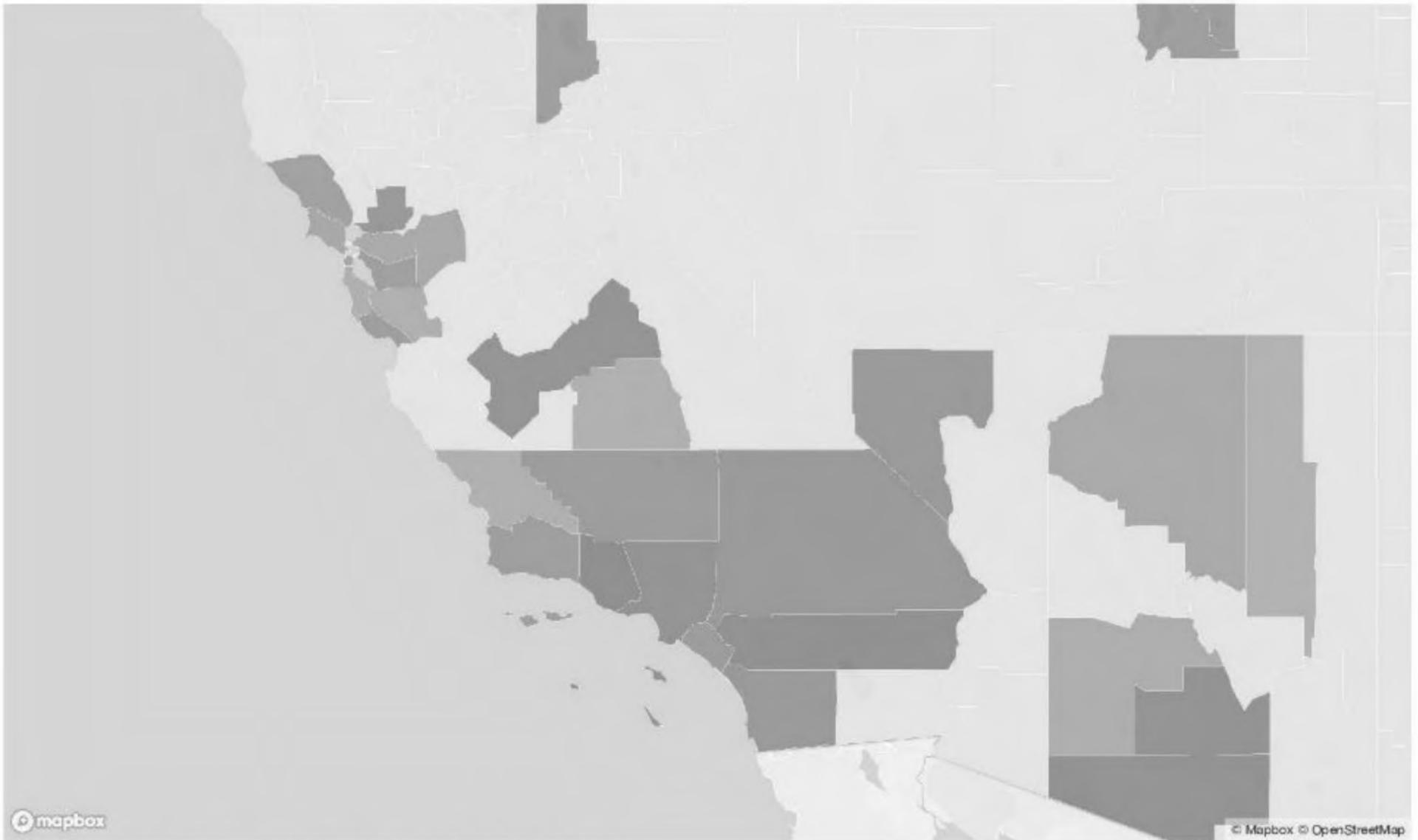


Total Confirmed Cases in Southern California

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

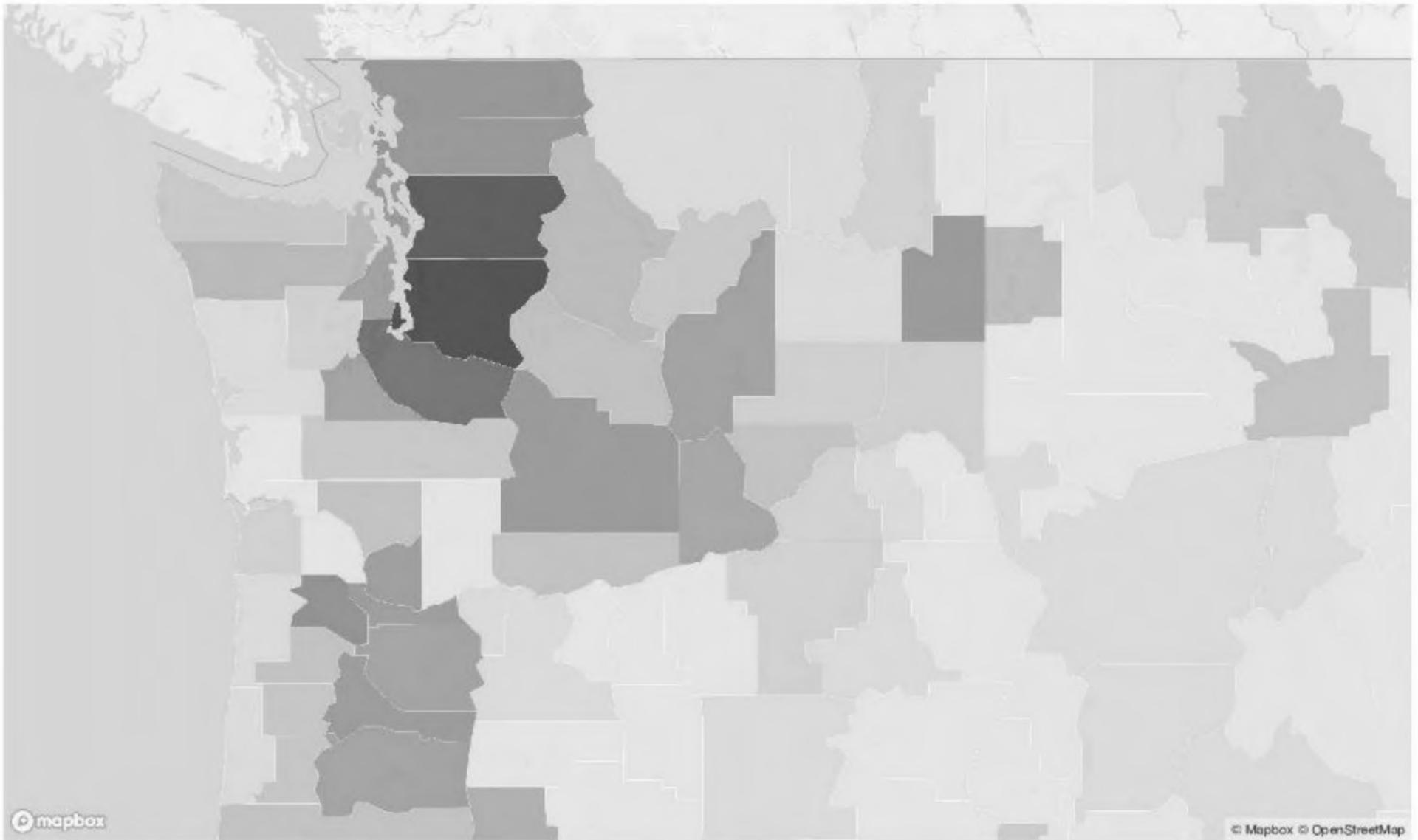


Percent Increase for Counties with 20+ reported cases in Southern California

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Total Confirmed Cases near Washington State

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Percent Increase for Counties with 20+ reported cases near Washington State

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

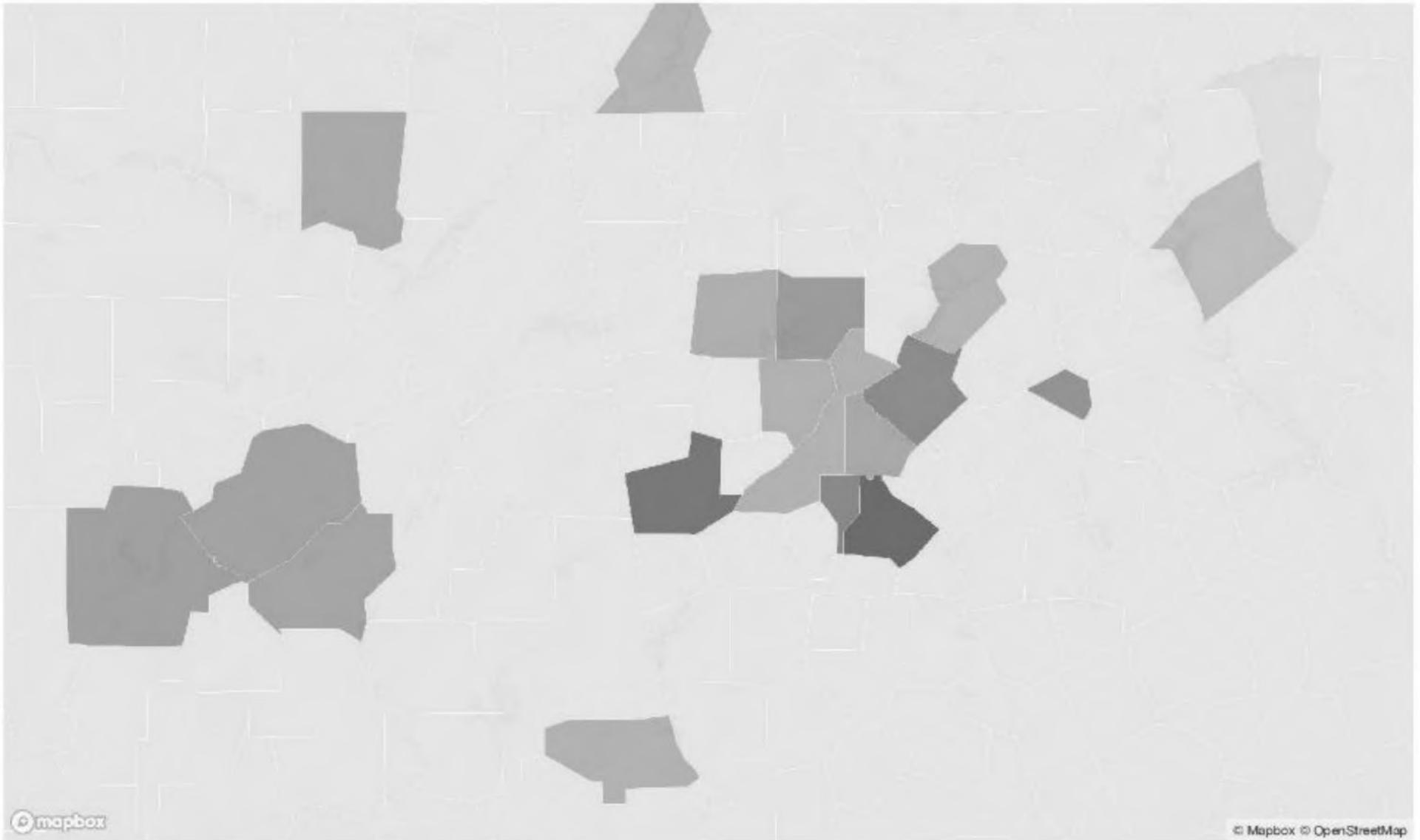


Total Confirmed Cases near Atlanta Area

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

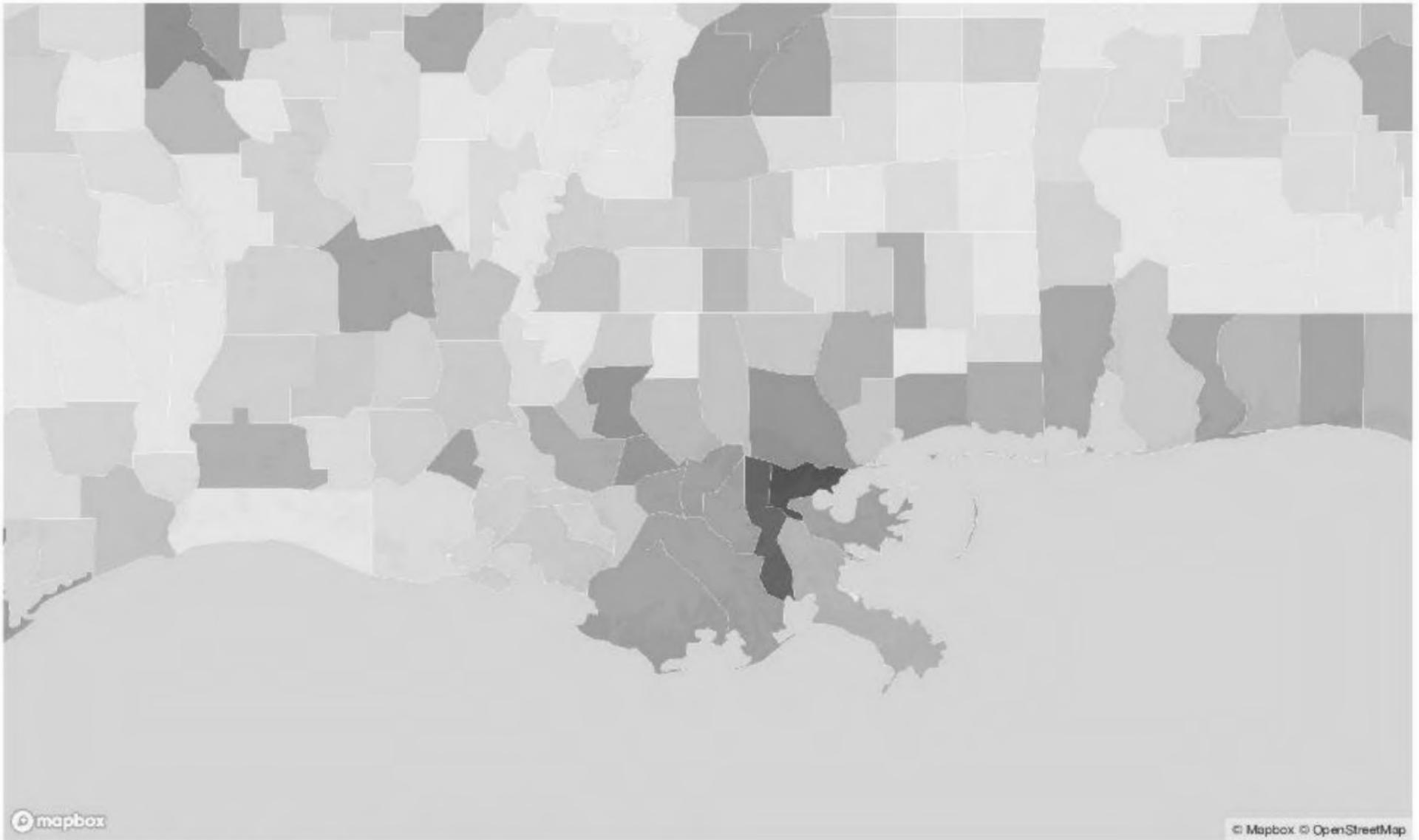


Percent Increase for Counties with 20+ reported cases near the Atlanta Area

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

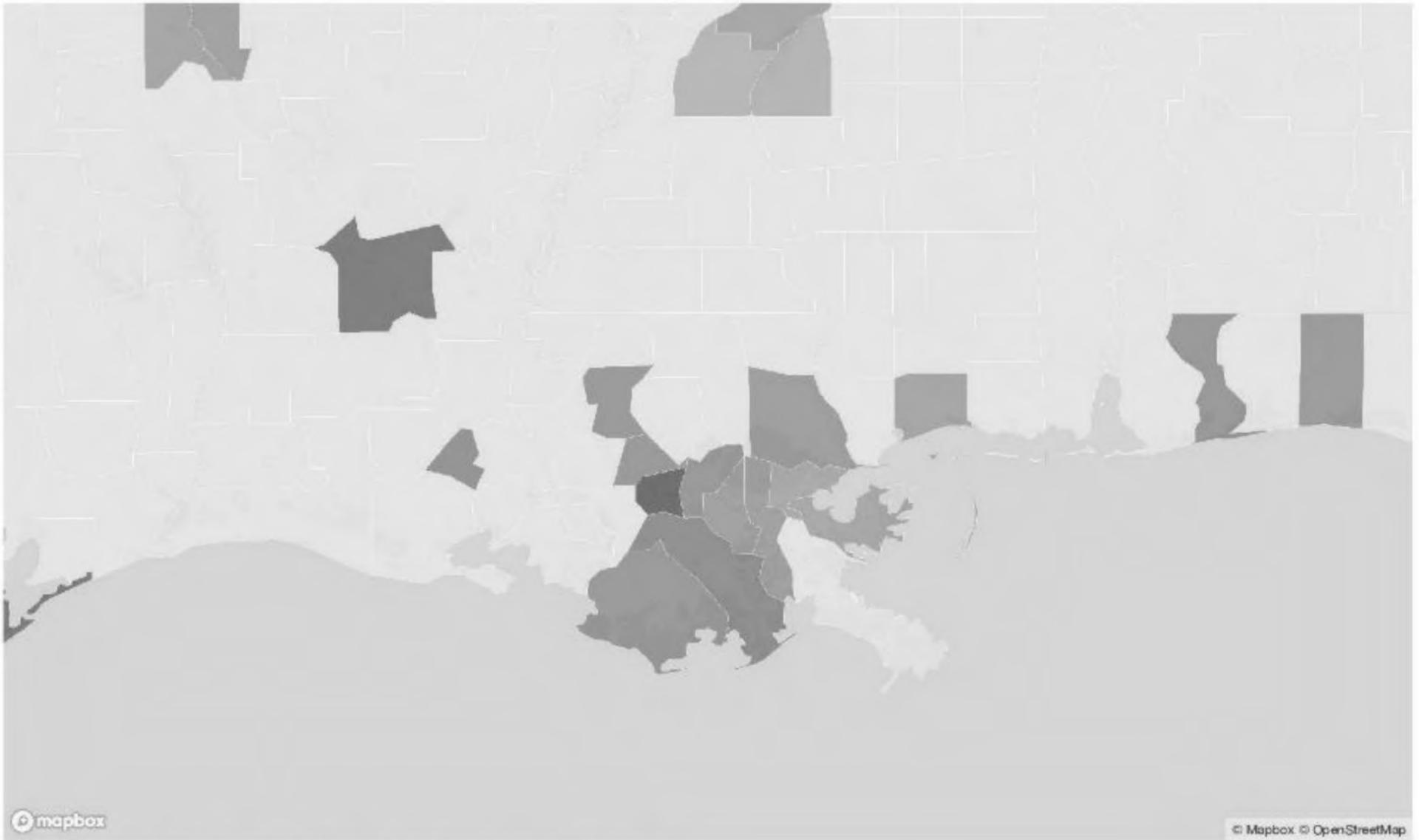


Total Confirmed Cases near New Orleans Area

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

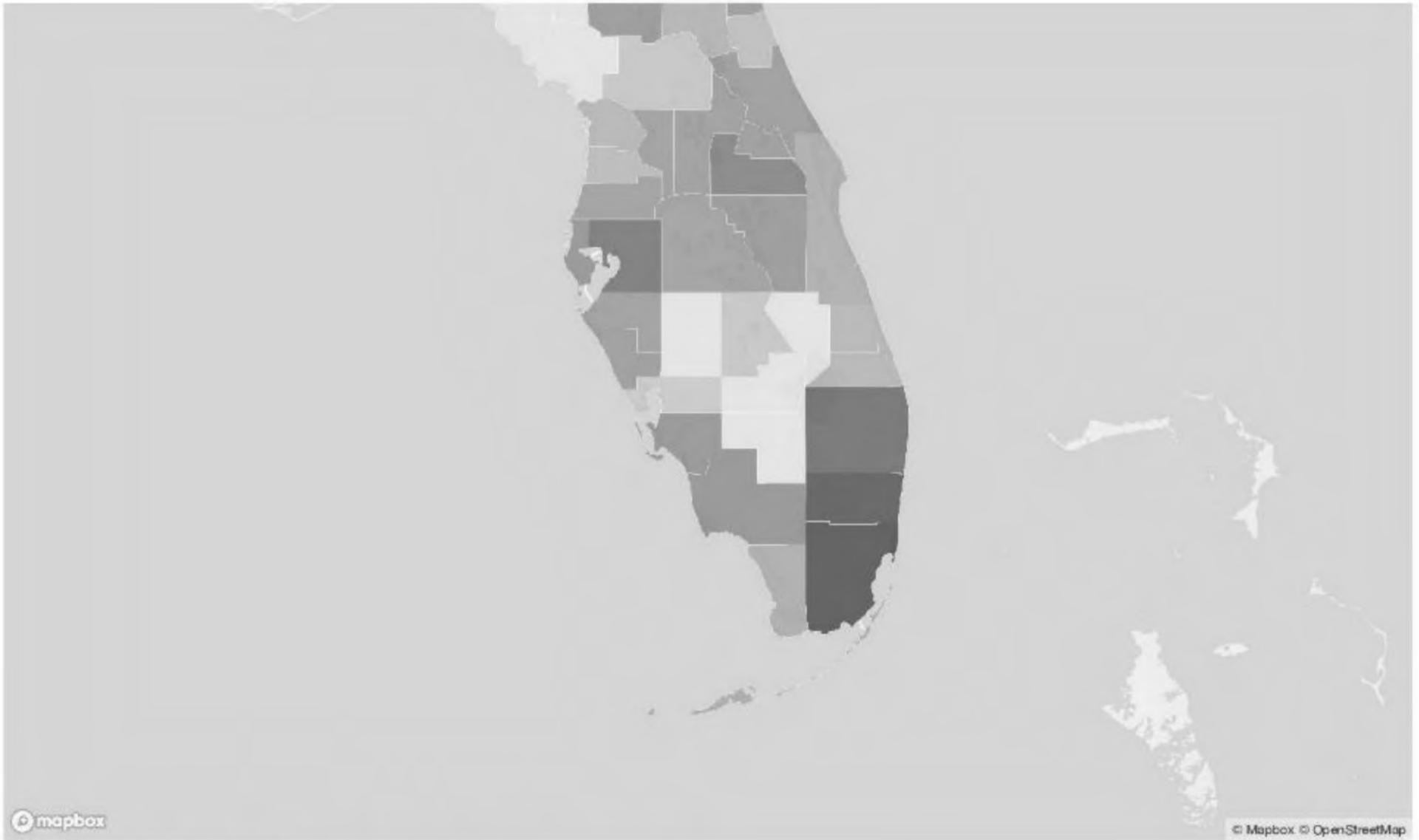


Percent Increase for Counties with 20+ reported cases near the New Orleans Area

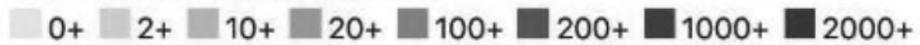
0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

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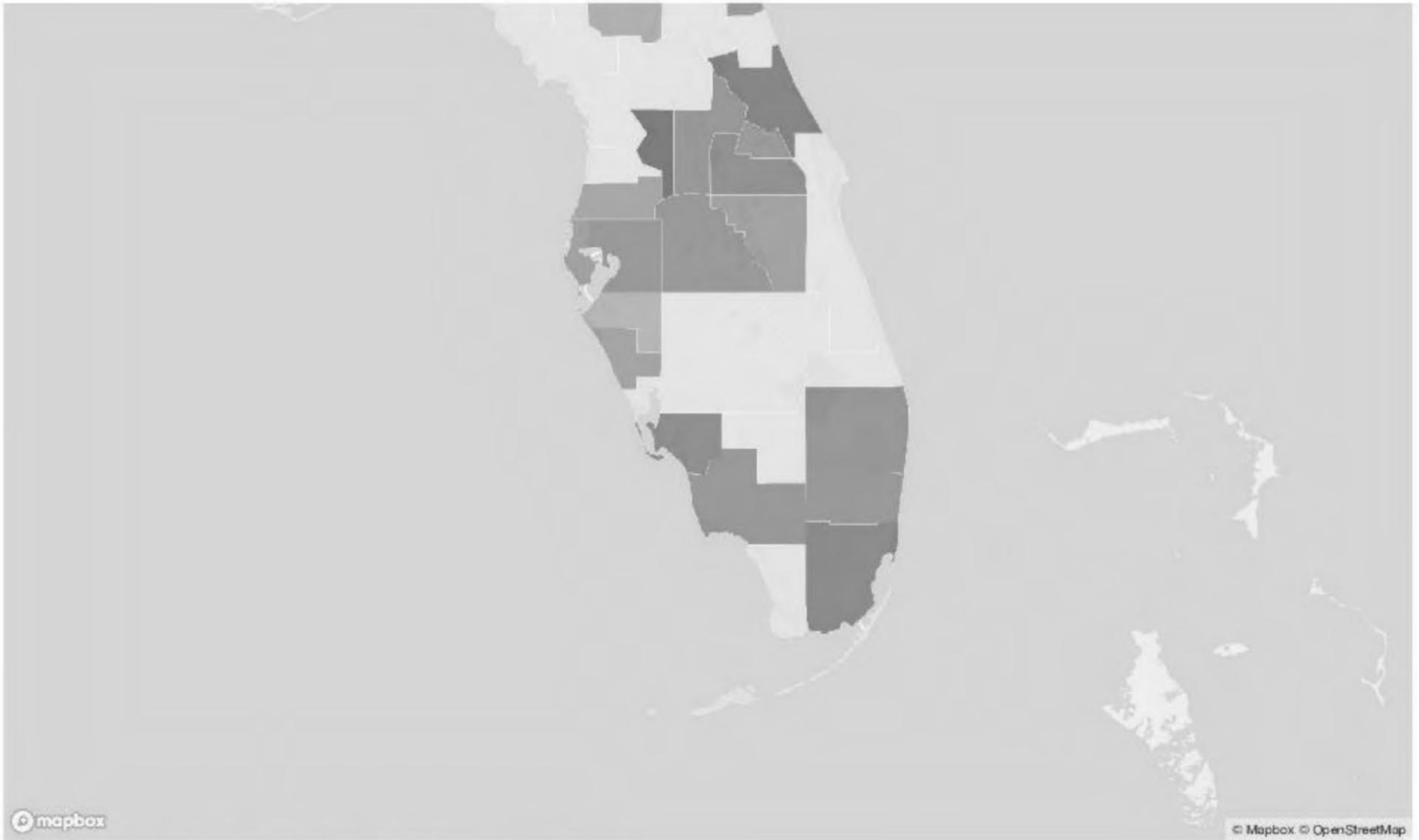


Total Confirmed Cases near Miami Area



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



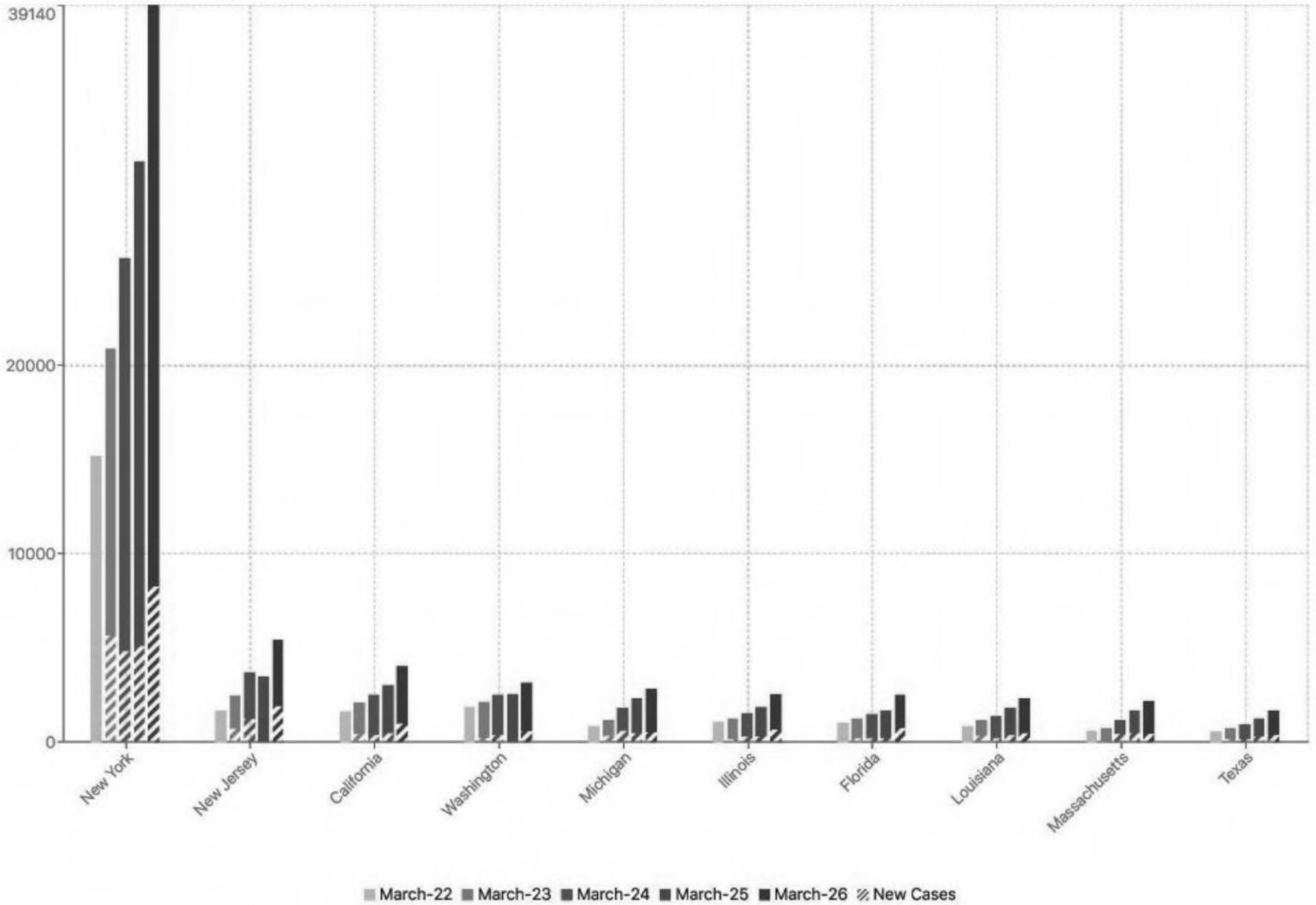
Percent Increase for Counties with 20+ reported cases near the Miami Area

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

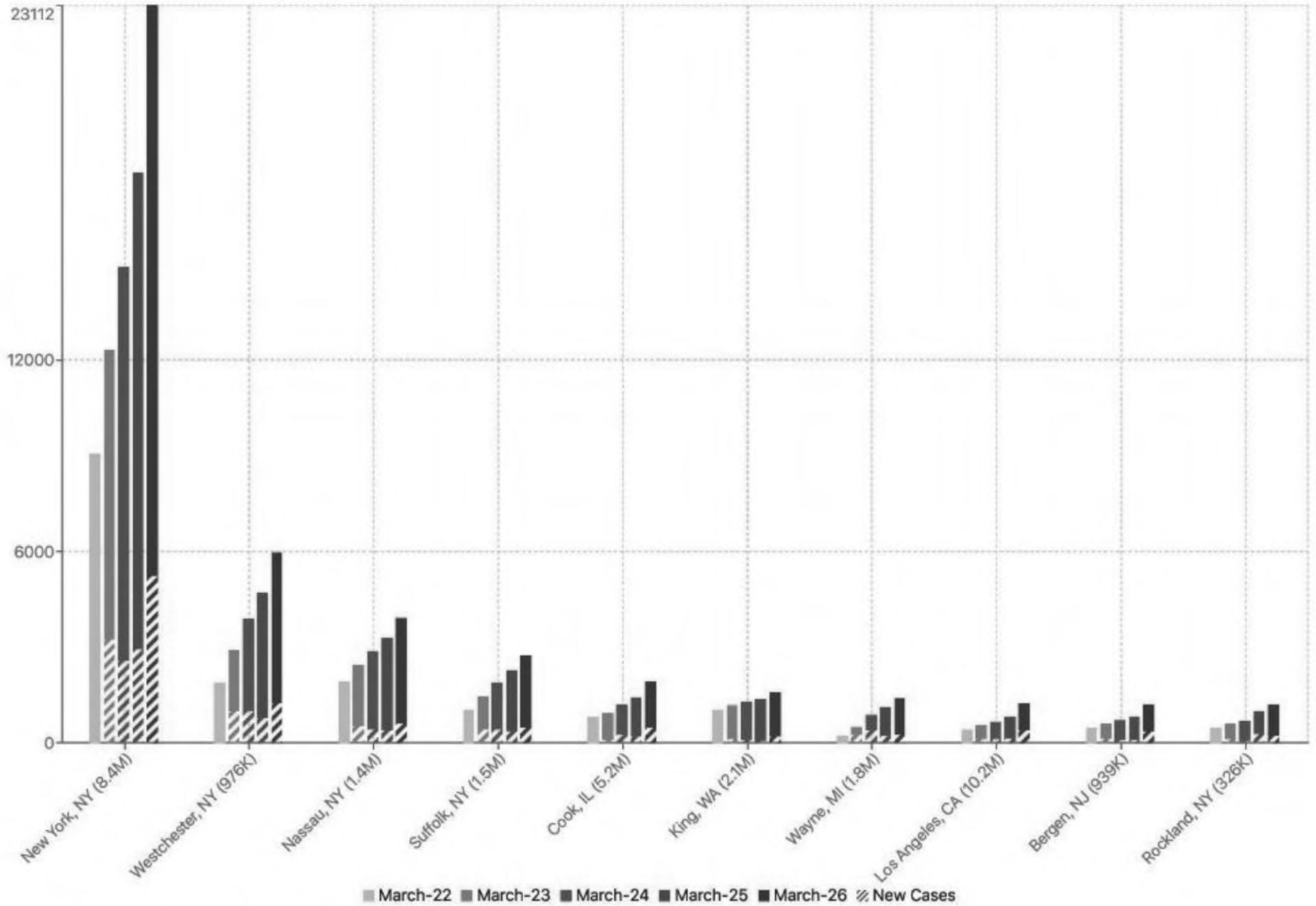
States with the highest number of cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

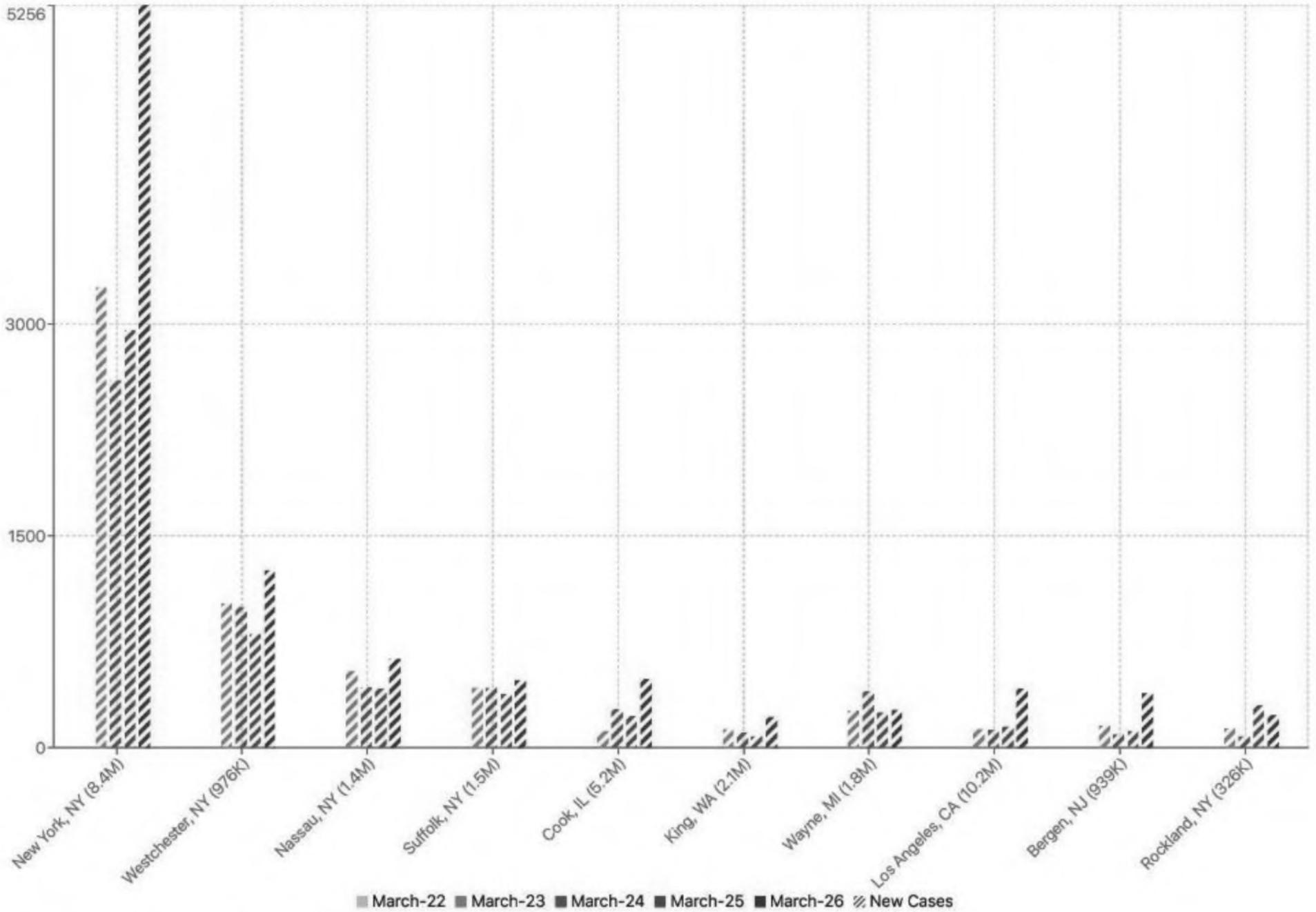
Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Counties with the highest number of cases



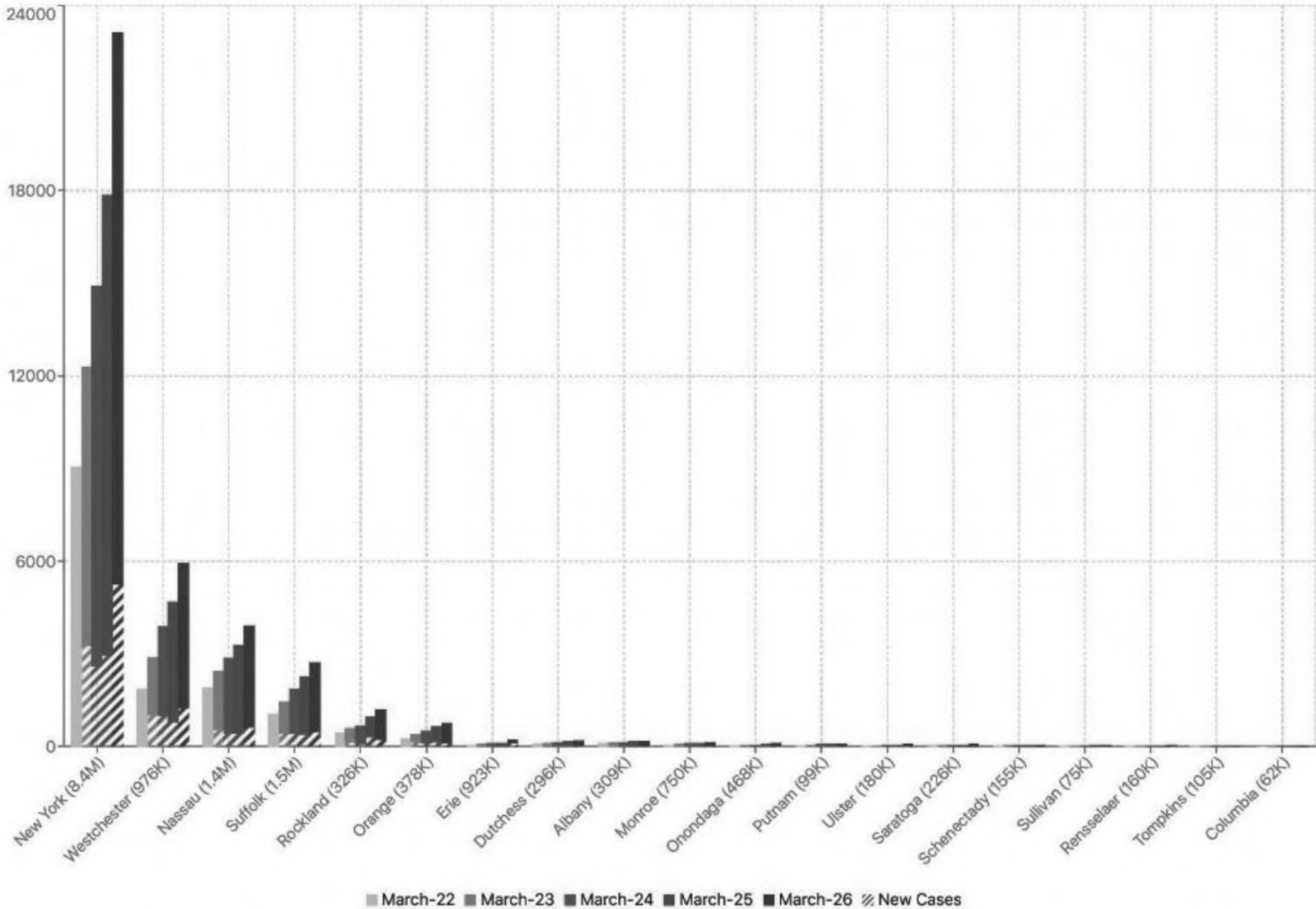
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Counties with the highest number of cases (24 hours change)



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

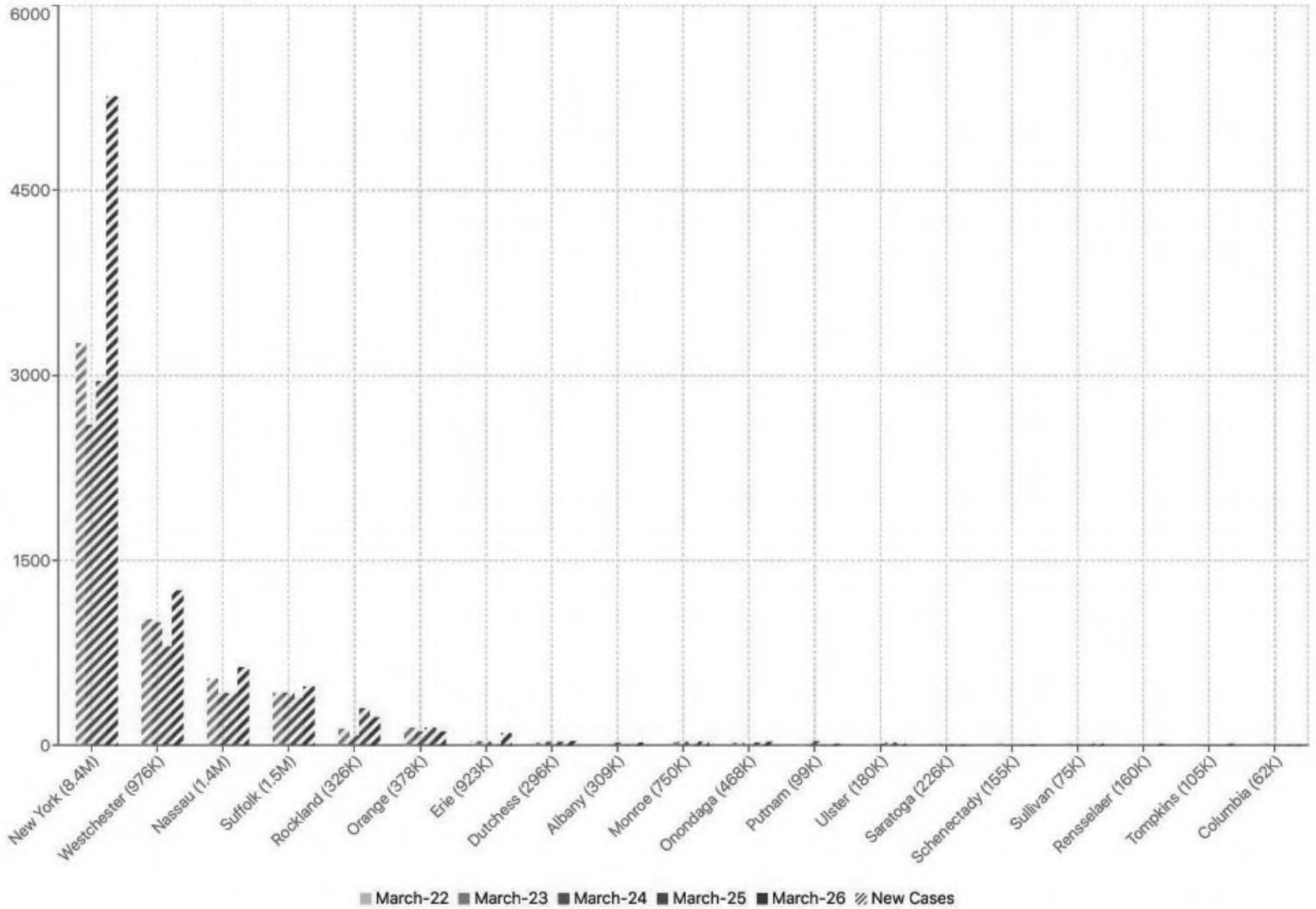
New York counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

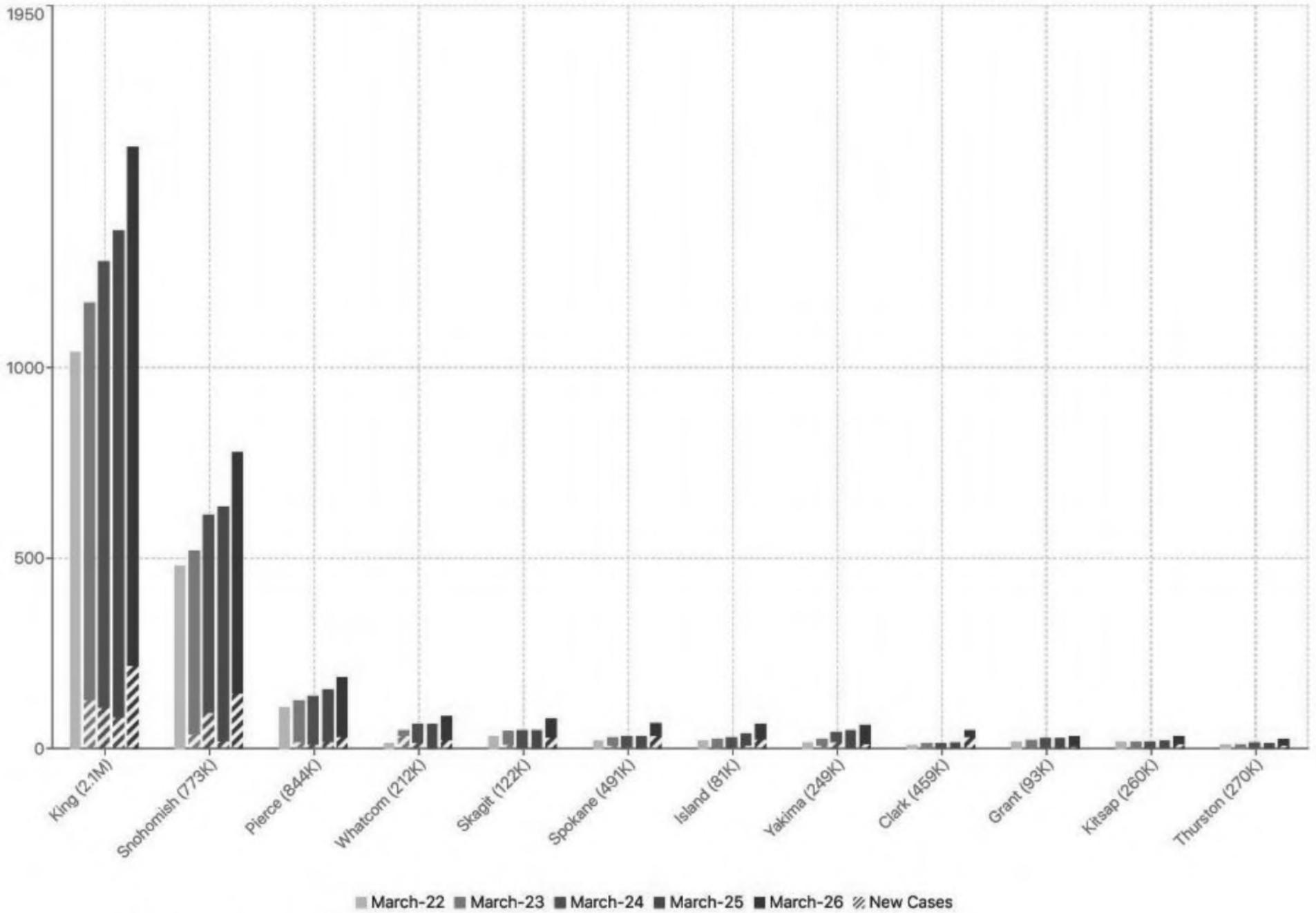
New York counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

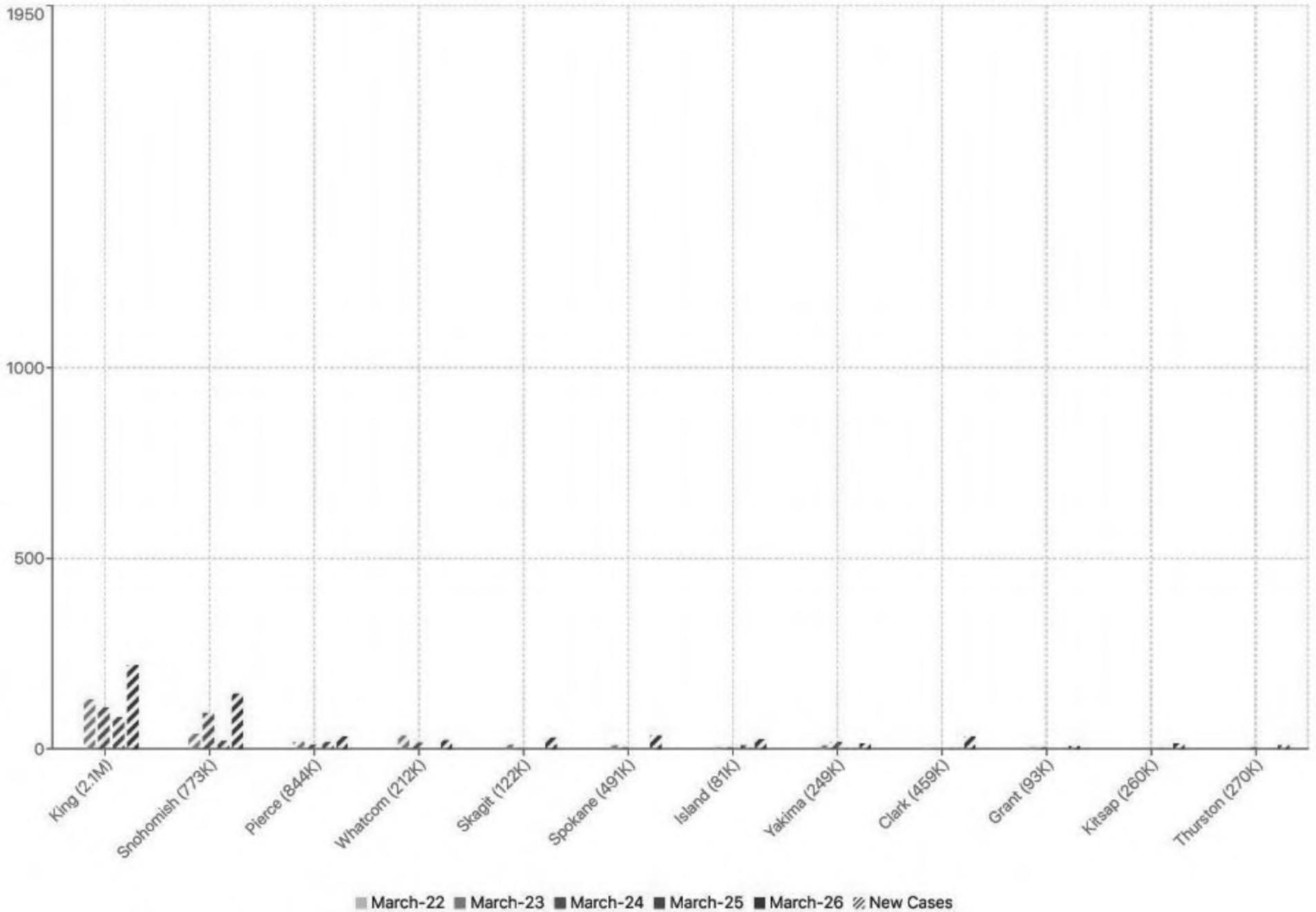
Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Washington counties with 20+ confirmed cases



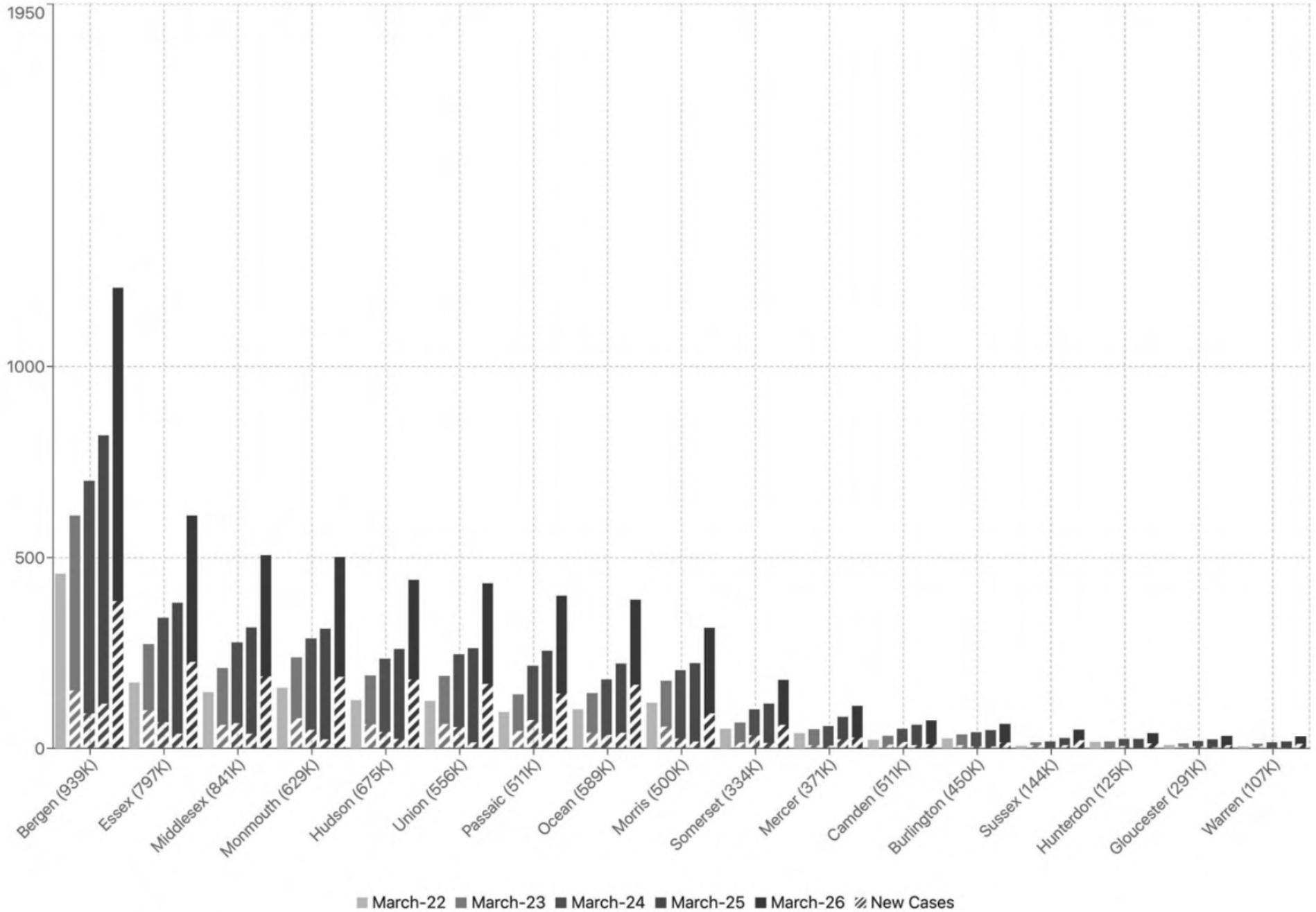
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Washington counties with 20+ confirmed cases



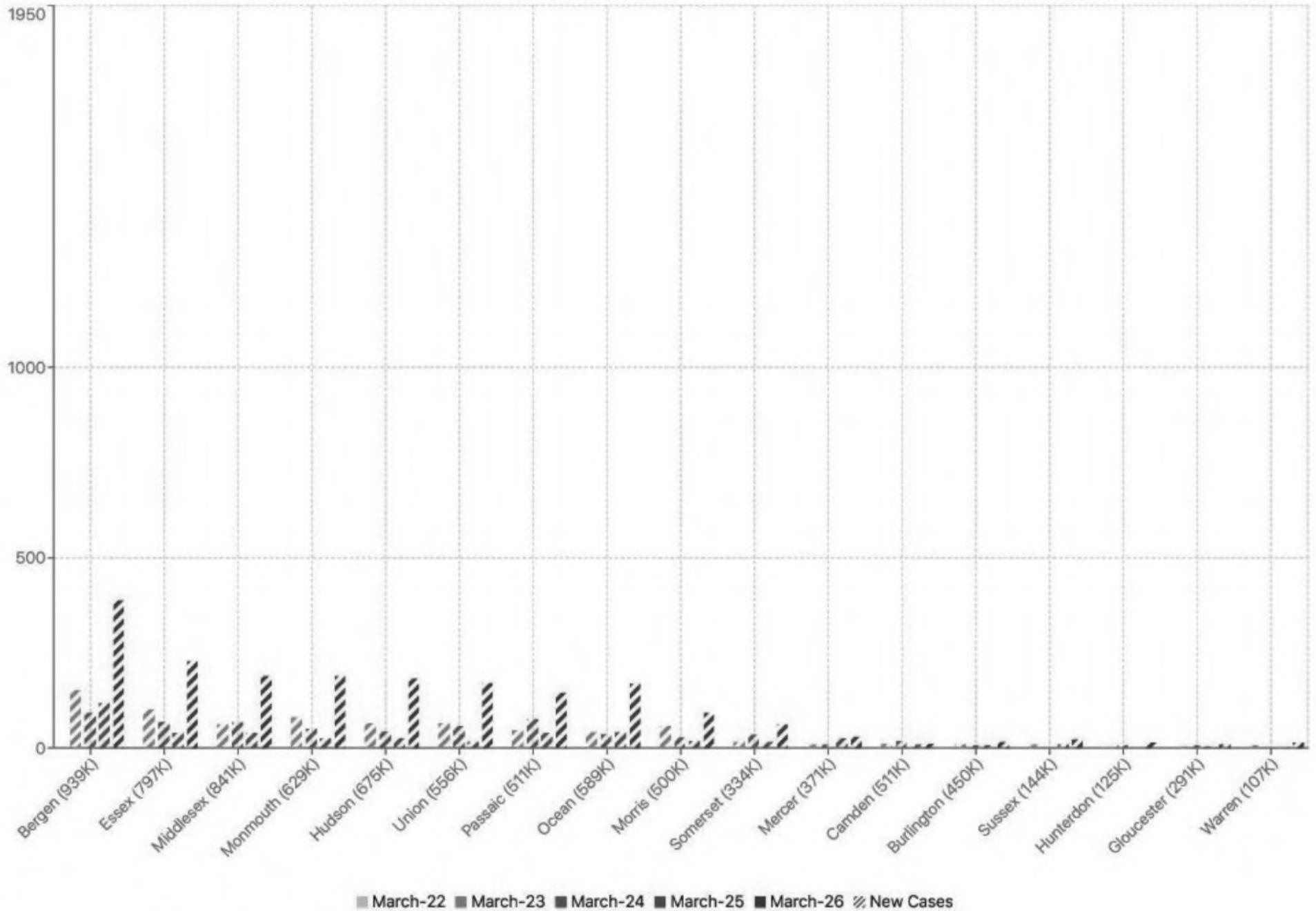
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

New Jersey counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

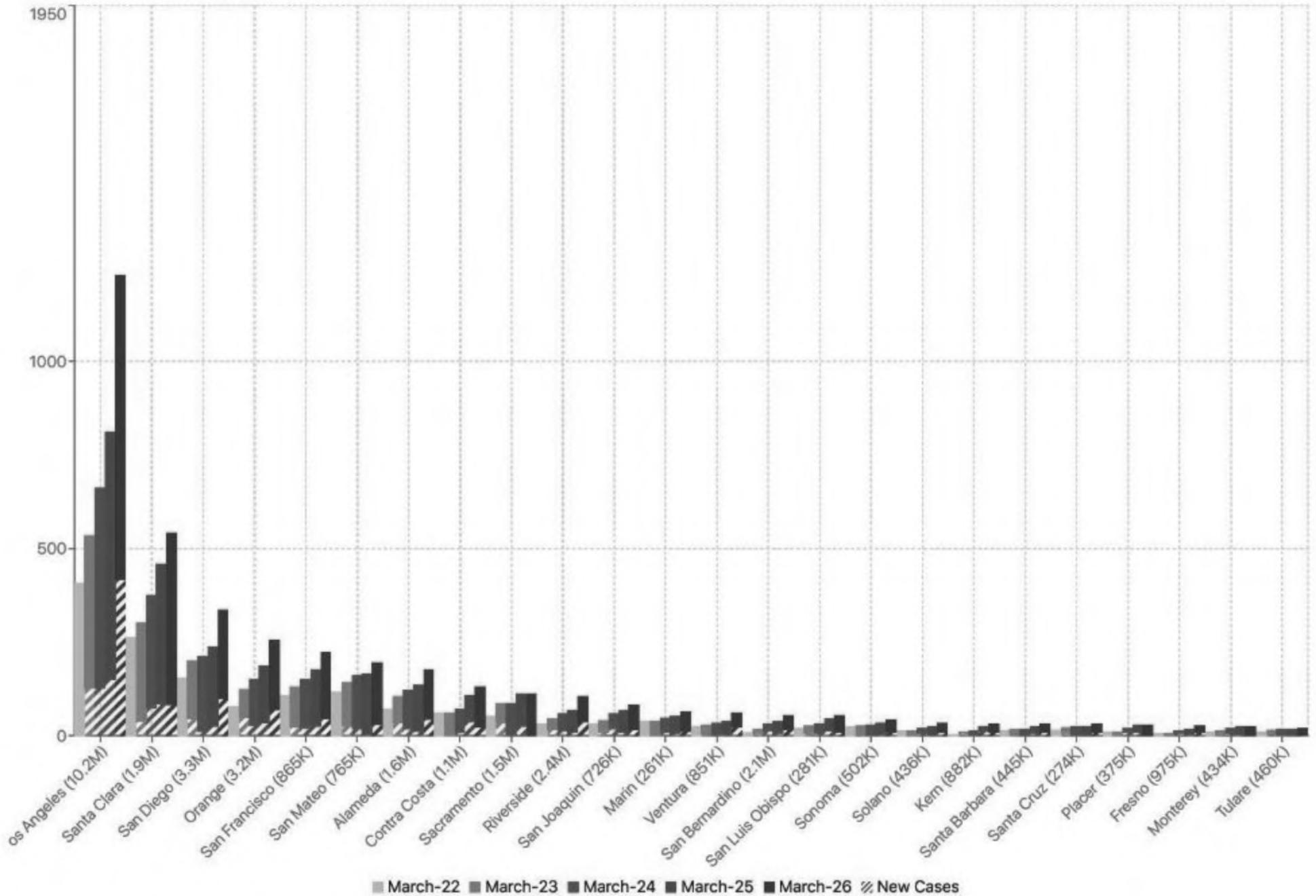
New Jersey counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

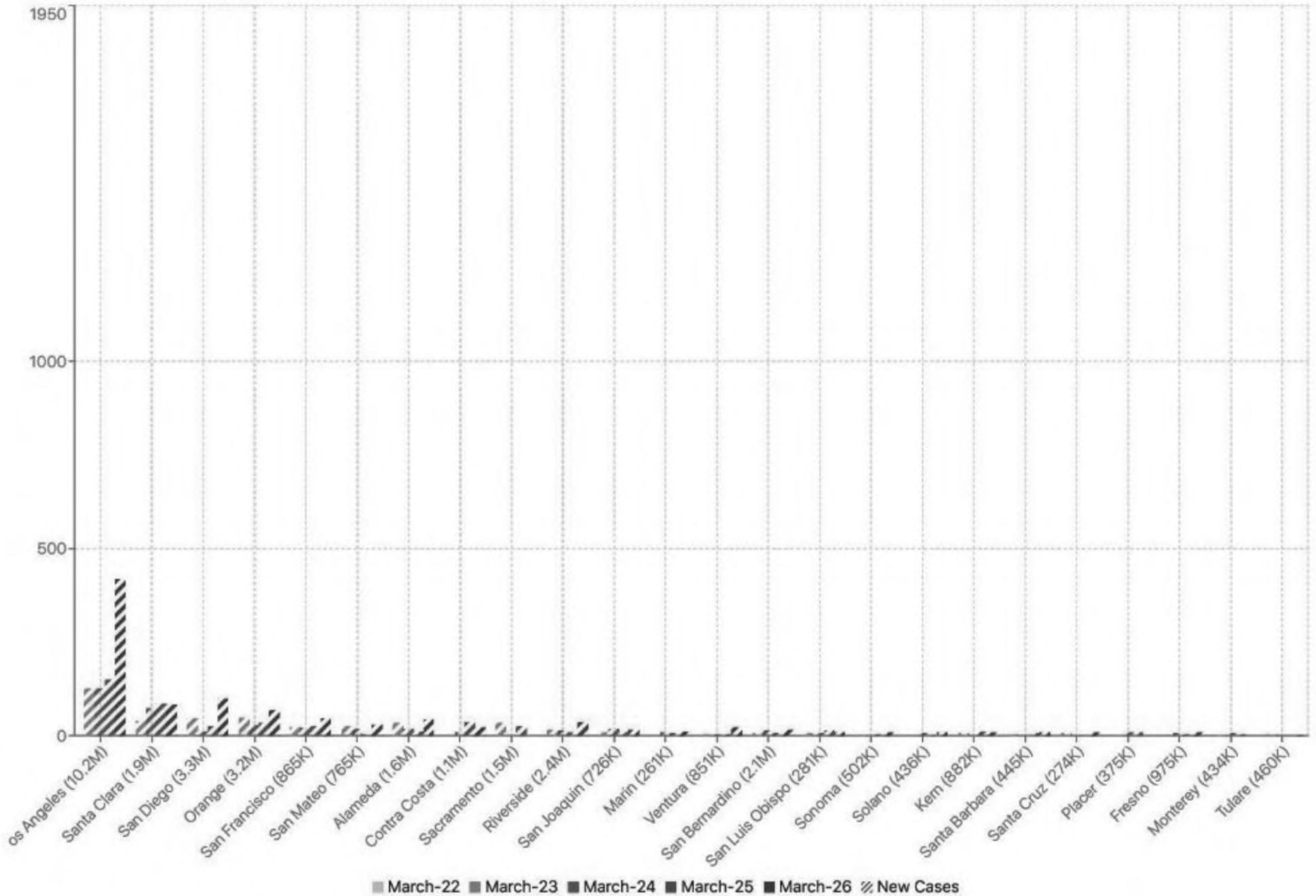
Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

California counties with 20+ confirmed cases



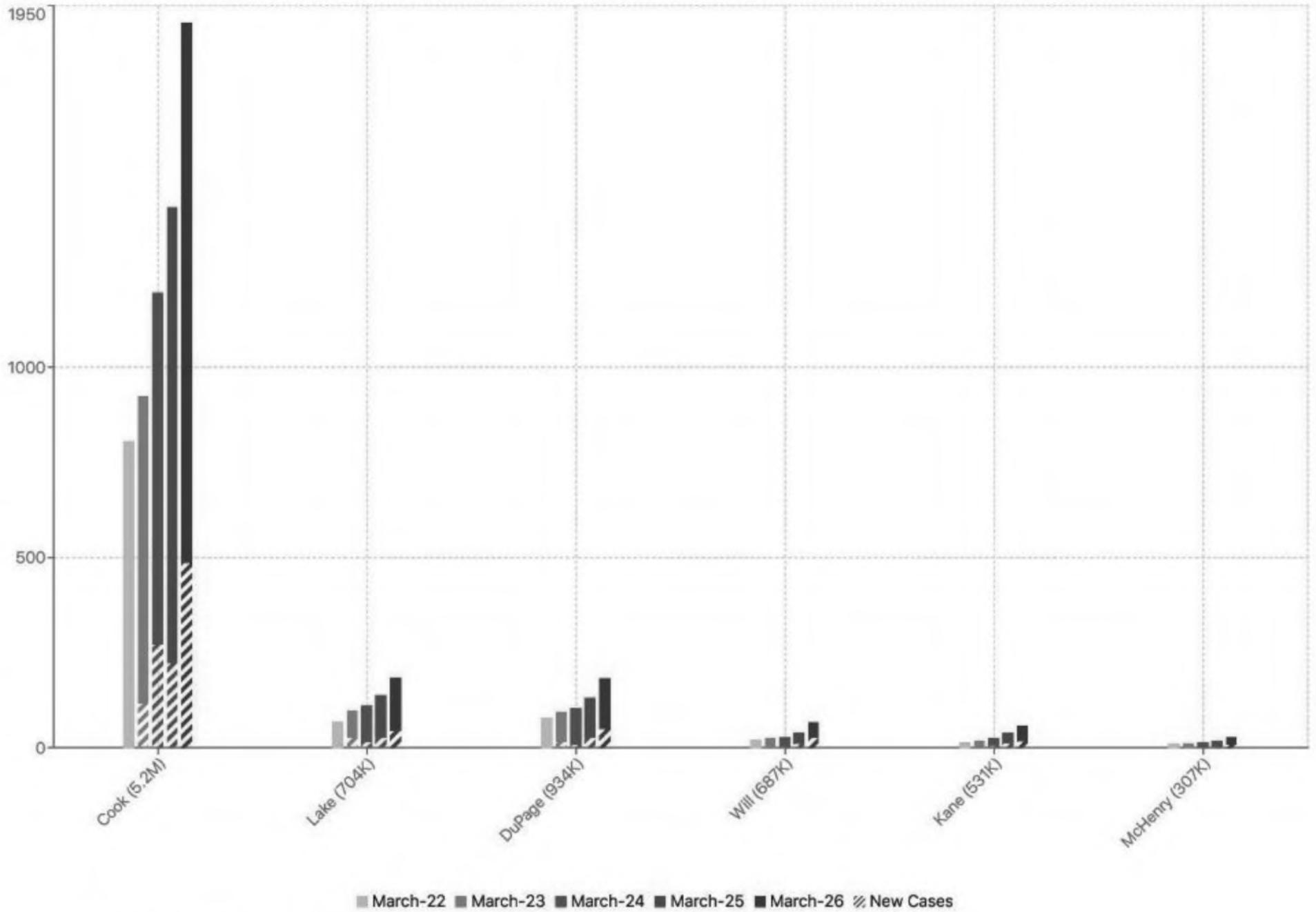
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

California counties with 20+ confirmed cases



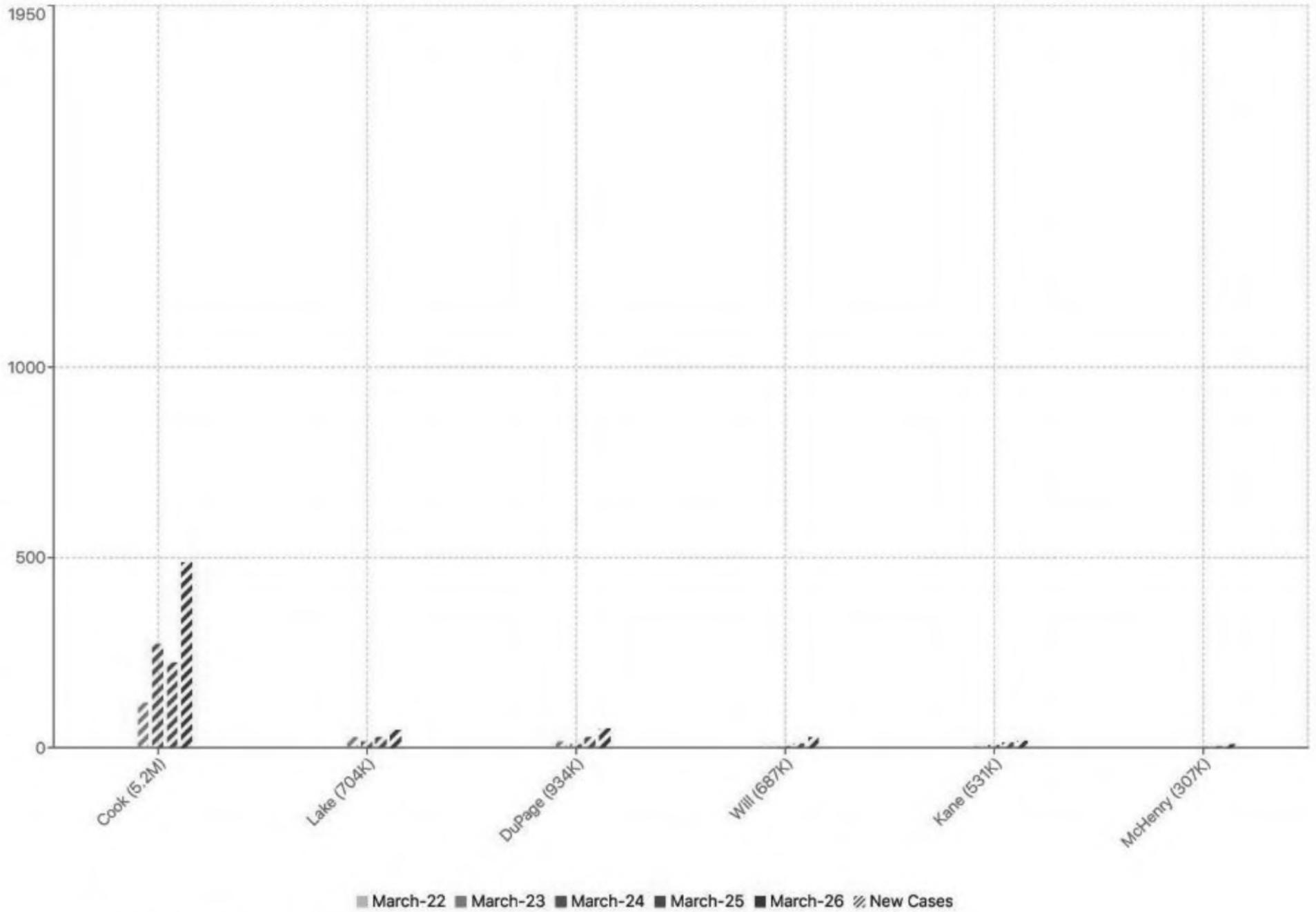
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Illinois counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

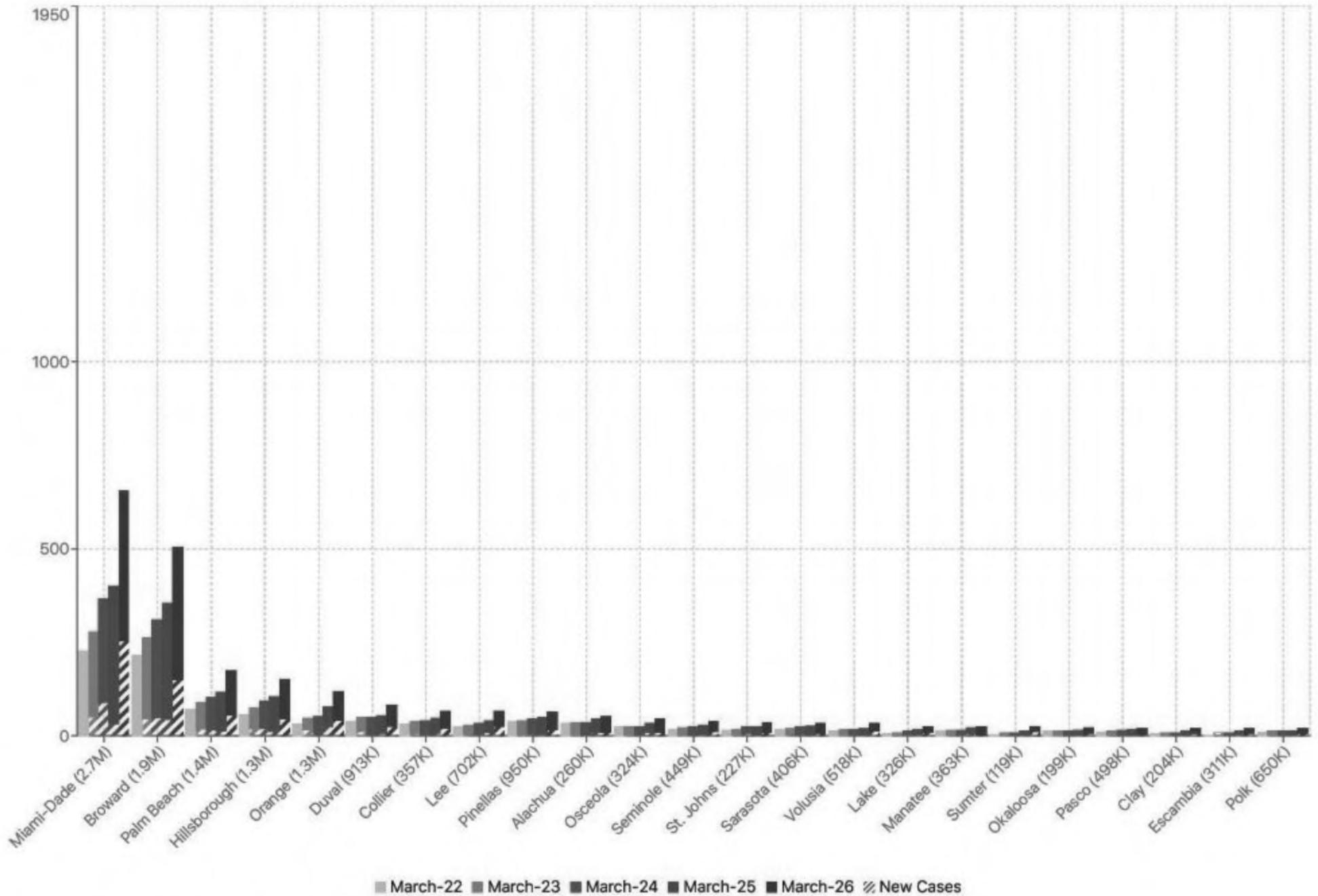
Illinois counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

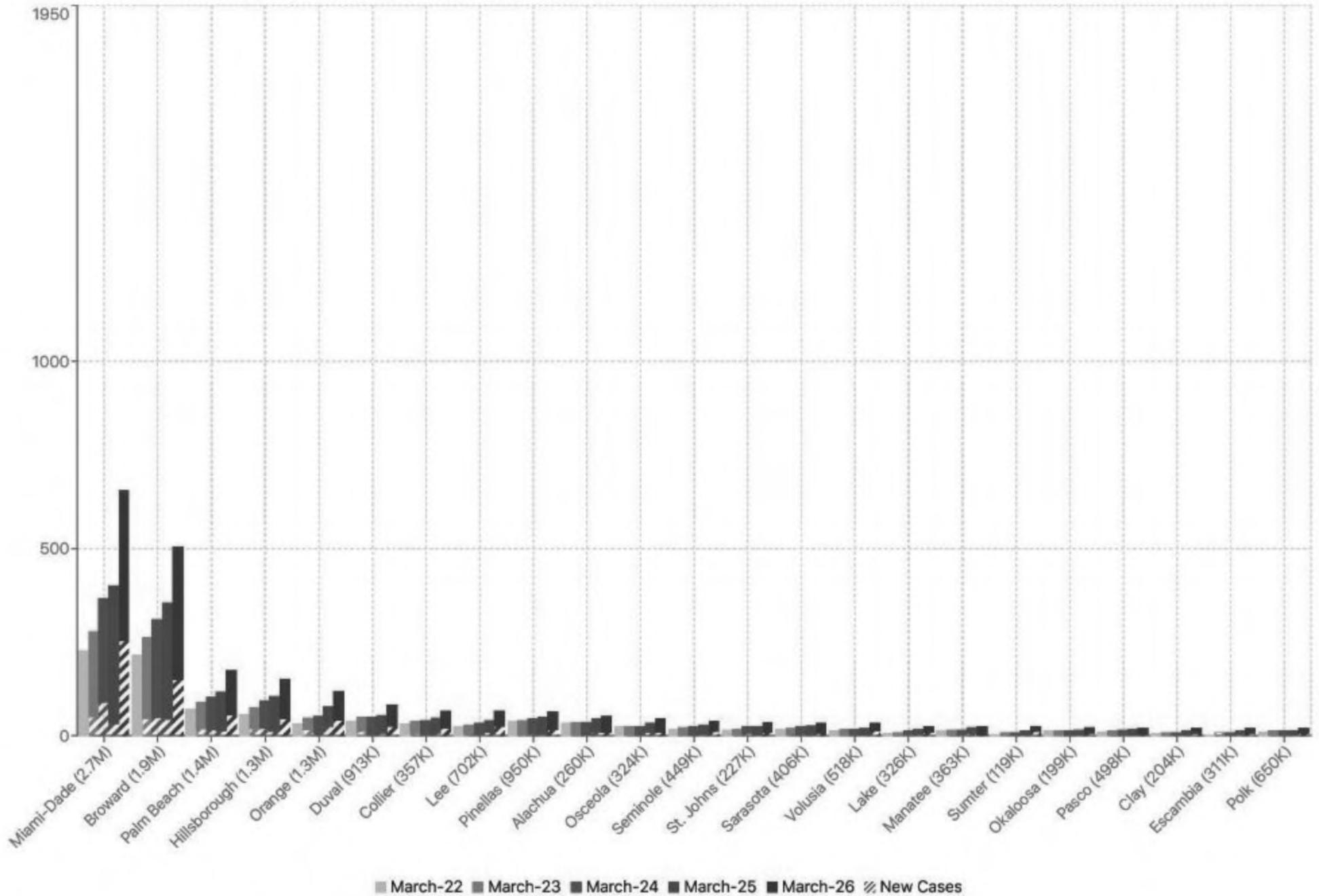
Florida counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

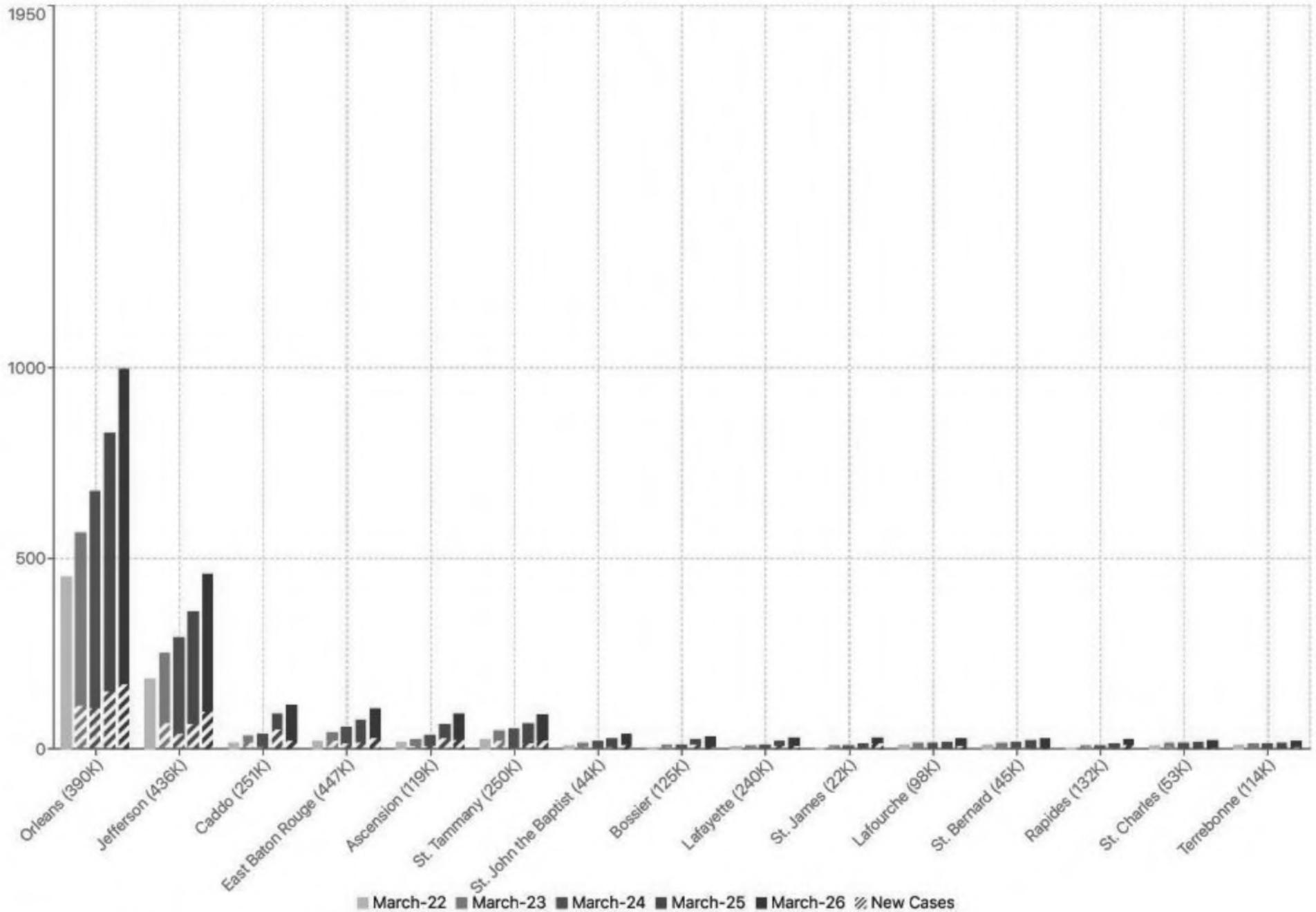
Florida counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

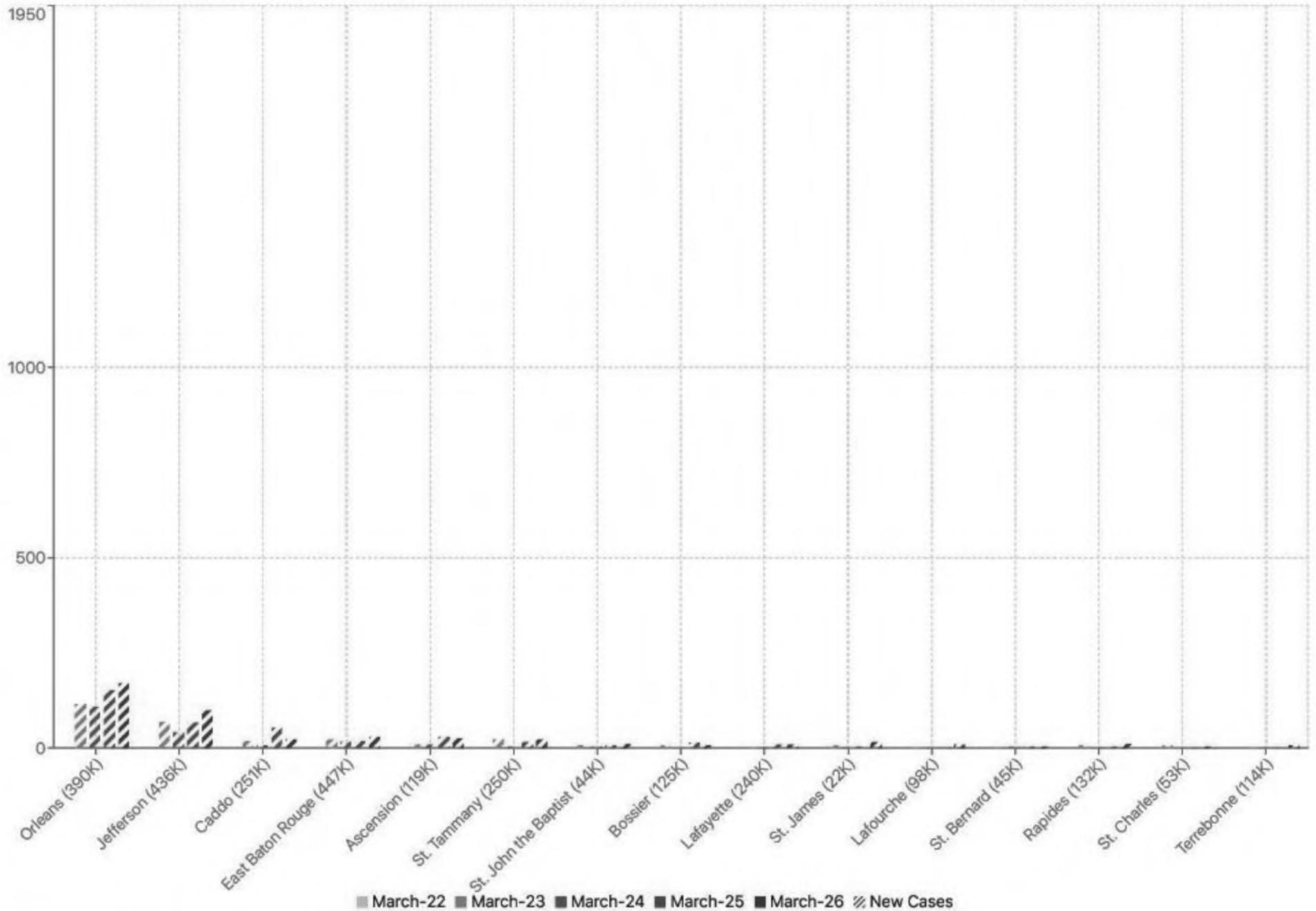
Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Louisiana counties with 20+ confirmed cases



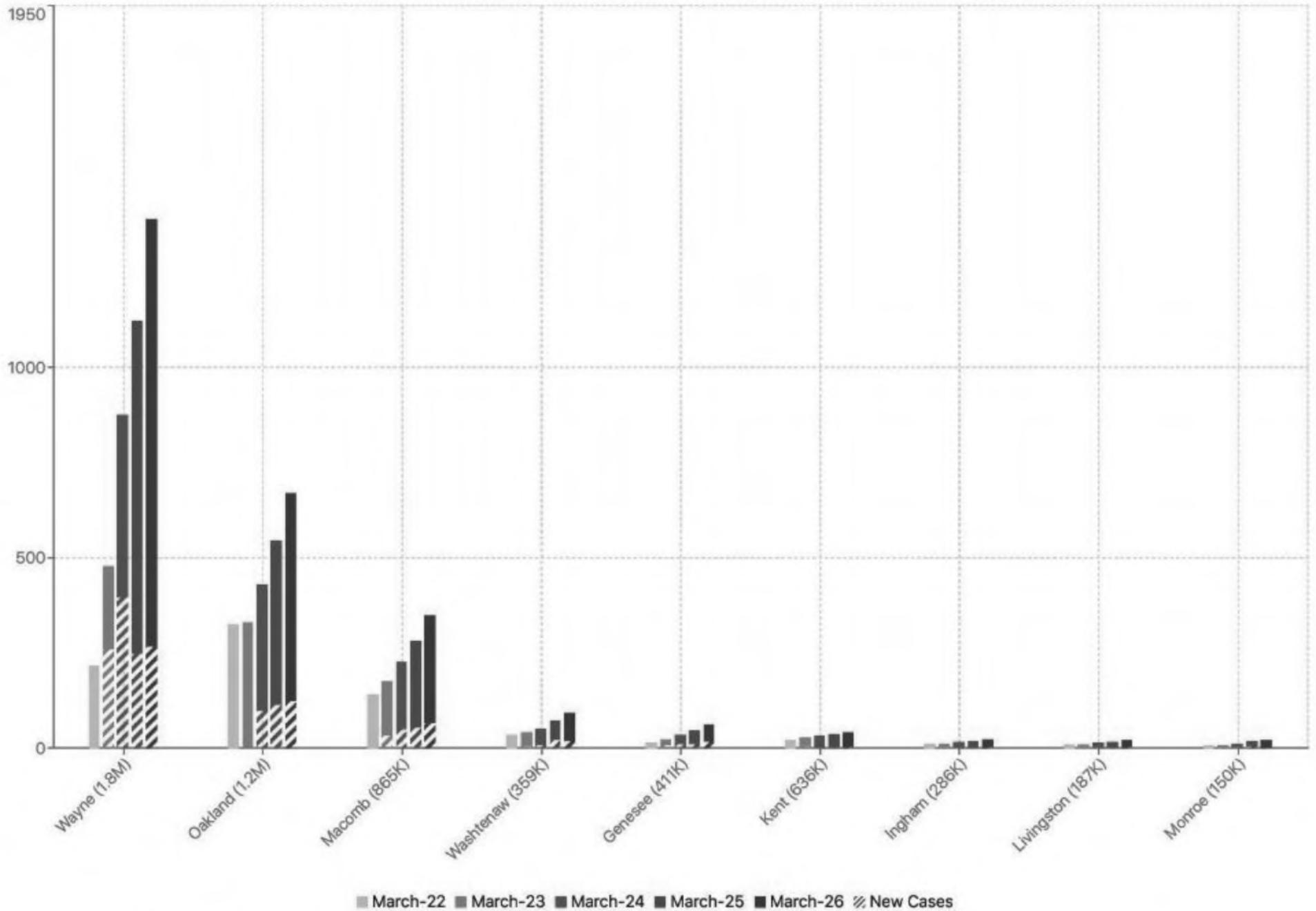
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
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Louisiana counties with 20+ confirmed cases



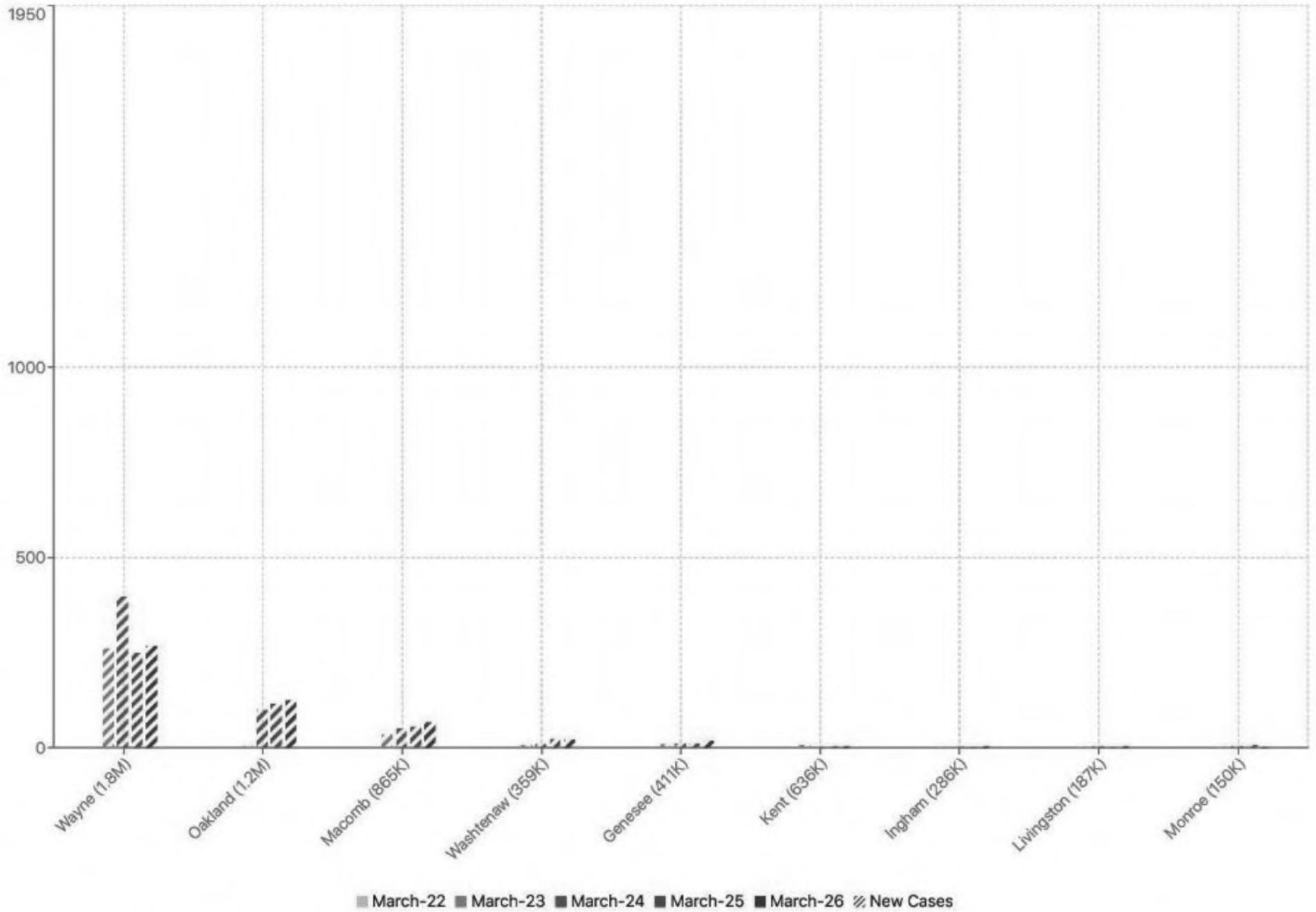
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Michigan counties with 20+ confirmed cases



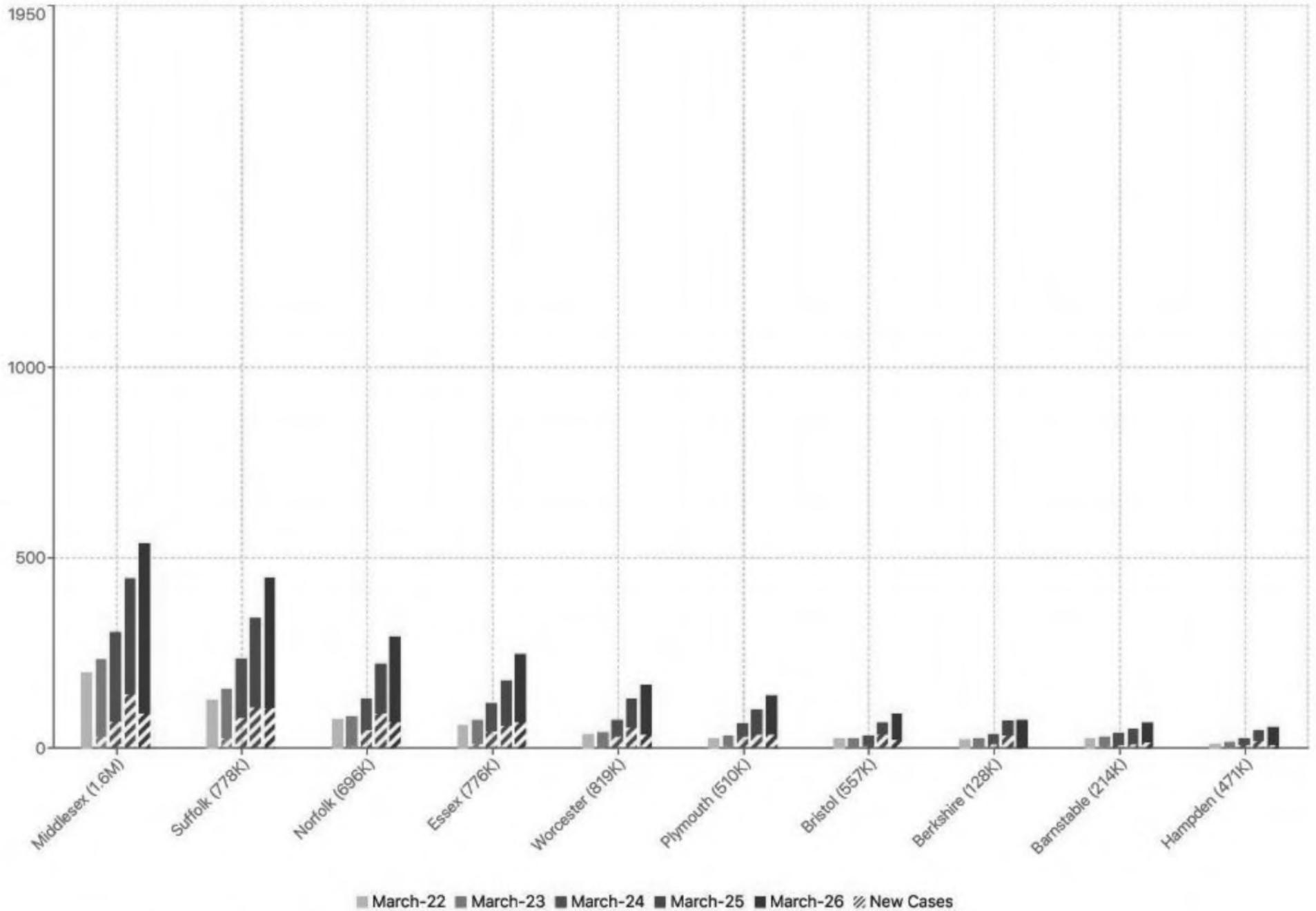
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Michigan counties with 20+ confirmed cases



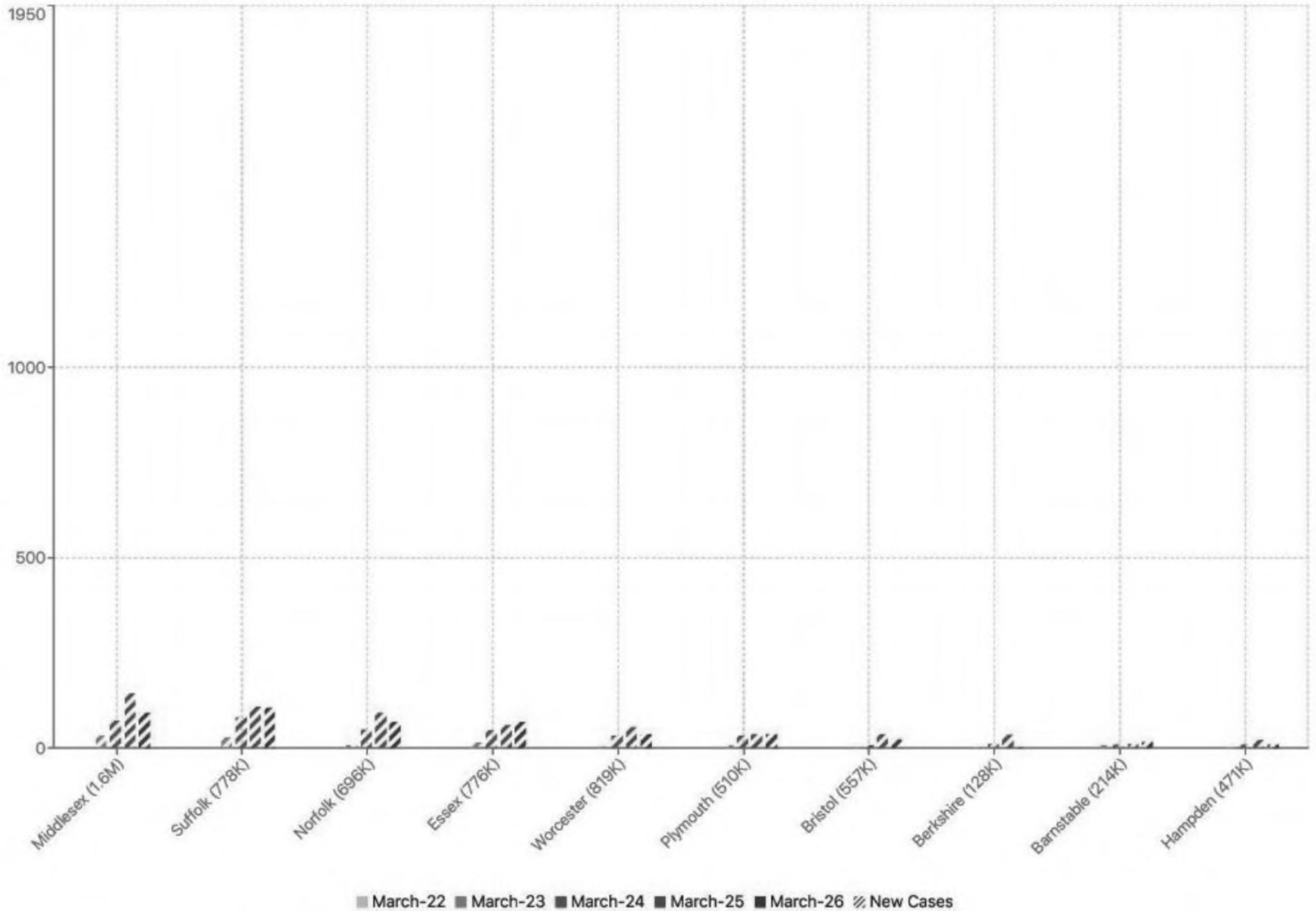
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Massachusetts counties with 20+ confirmed cases



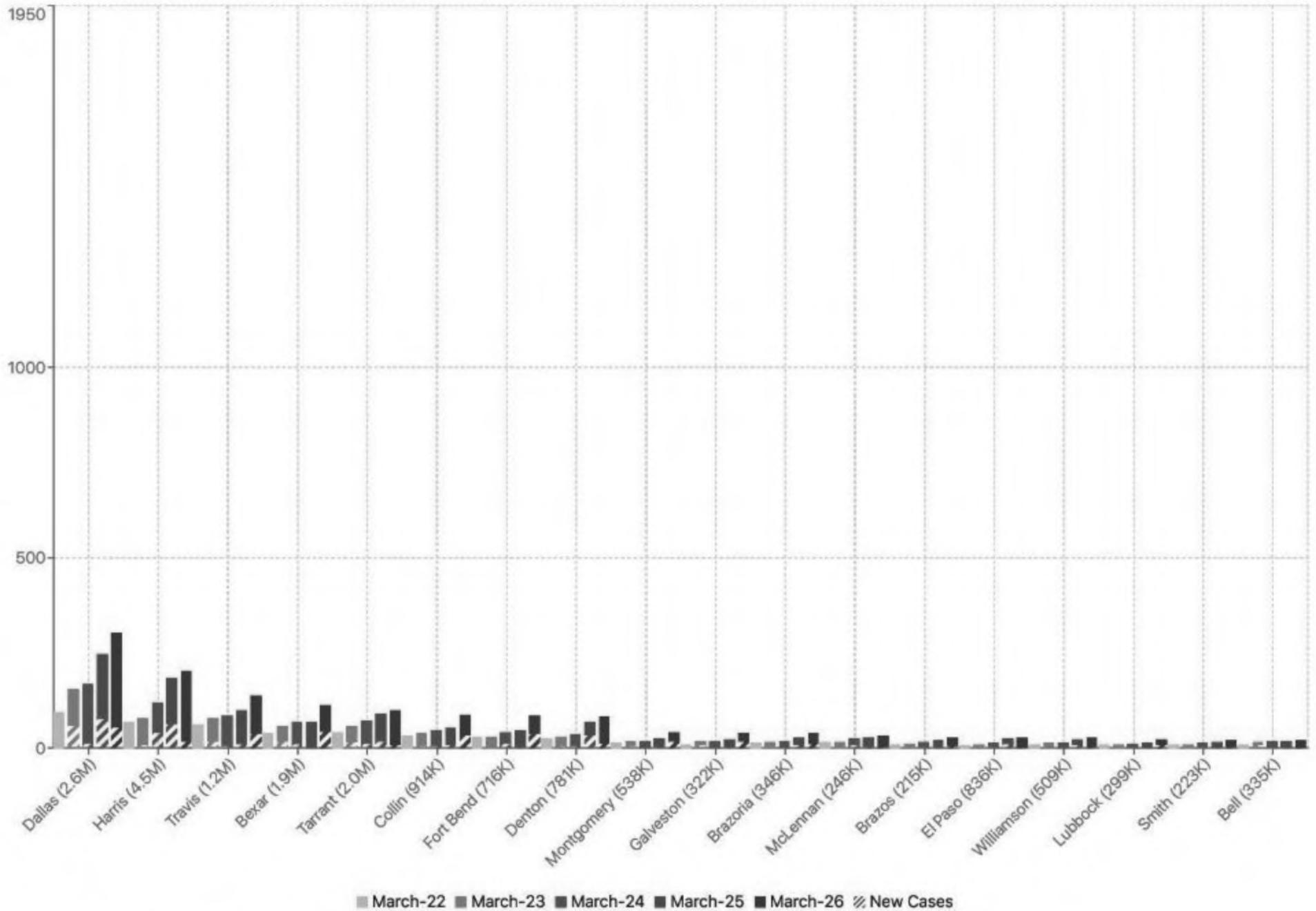
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Massachusetts counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

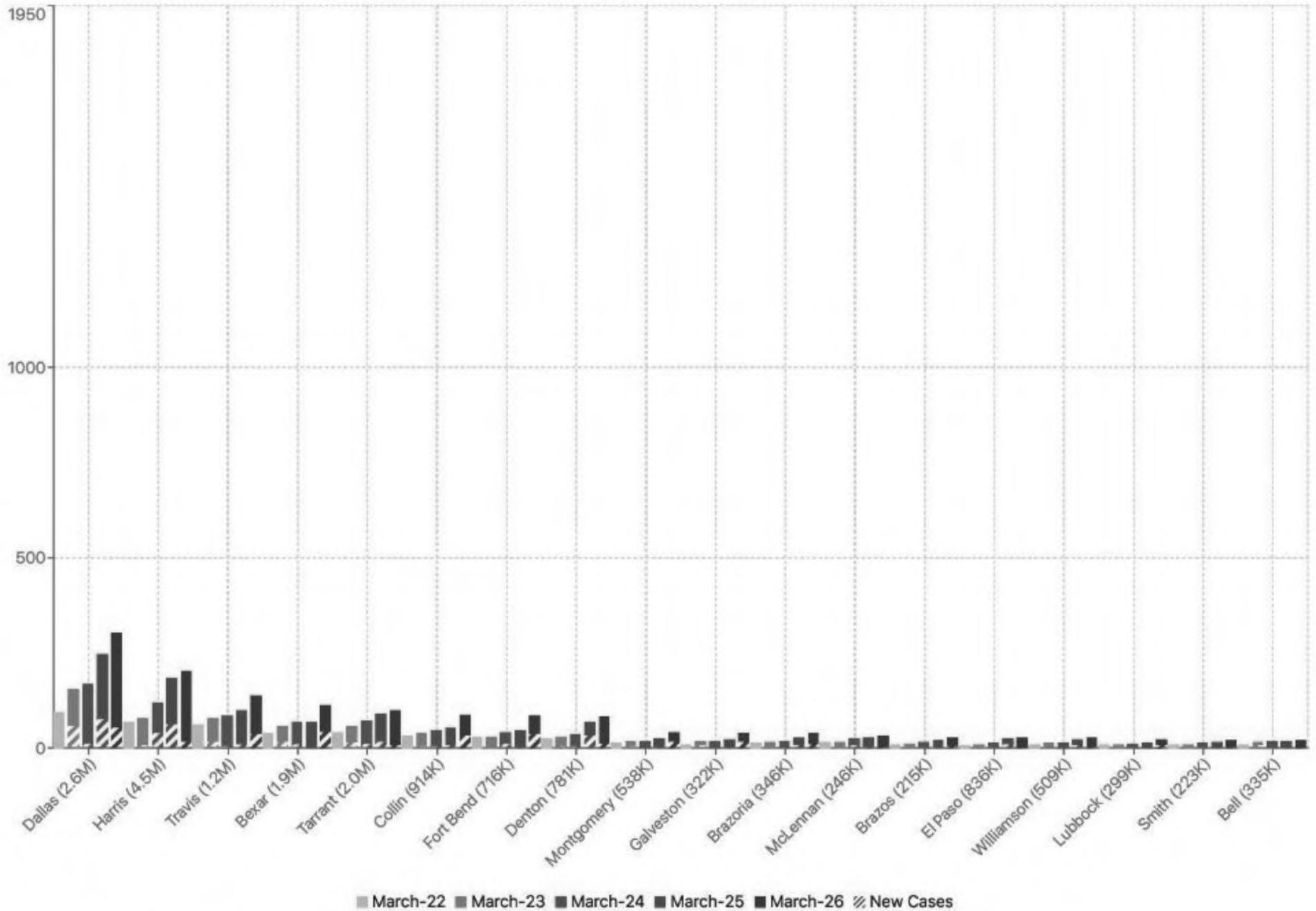
Texas counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Texas counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, March 27, 2020
3:00pm EST

I. Opening Remarks – Vice President Pence

II. (b)(5) – Dr. Debi Birx, M.D.

III. (b)(5) – (b)(6)

IV. (b)(5) – Admiral Giroir (HHS)

V. (b)(5) – Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

○ (b)(5)

VI. (b)(5) – Deputy Secretary David Norquist (DOD)

VII. (b)(5) – Dr. Stephen Hahn, Commissioner (FDA)

○ (b)(5)

VIII. Concluding Remarks – Vice President Pence

From: (b)(6) OP/OVP
Sent: Fri, 27 Mar 2020 18:50:54 +0000
To: (b)(6) EOP/OVP;randal@mail.house.gov;Grogan, Joseph J.

(b)(6)

(b)(6)

Cc: Cipollone, Pat A. EOP/WHO
Subject: [EXTERNAL] RE: White House Coronavirus Task Force Meeting
Attachments: 200326 (b)(5) HRPAS.pdf

Attached is an additional document for today.

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

From: (b)(6) EOP/OVP (b)(6) <yp.eop.gov>
Sent: Friday, March 27, 2020 1:58 PM
To: randal@mail.house.gov; Grogan, Joseph J. EOP/WHO; (b)(6)

(b)(6)

[Redacted]

(b)(6)

[Redacted]

Cc: S (b)(6) EOP/OVP; Cipollone, Pat A. EOP/WHO
Subject: White House Coronavirus Task Force Meeting
When: Friday, March 27, 2020 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: White House (b)(6) Room
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Friday, March 27th** at **3:00pm** in the White House (b)(6) Room. Materials attached. Agenda updated.

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)

(b)(5)

SITUATION:

- (b)(5)
-
-

- (b)(5)

AUTHORITY REQUESTED: (b)(5)

(b)(5)

BRIEFER: Joel Doolin, Associate Administrator (FEMA)

UCG RECOMMENDATION (DATE): __xx__ APPROVE _____DISAPPROVE

WHITE HOUSE TASK FORCE DECISION OF (DATE):

_____ APPROVE _____DISAPPROVE

From: (b)(6) EOP/OVP
Sent: Mon, 23 Mar 2020 19:49:26 +0000
To: Kate@mail.house.gov; (b)(6)

(b)(6)

(b)(6)

Cc: Cipollone, Pat A. EOP/WHO (b)(6)
(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting

Attachments: Task Force 23March.pptx, Chart of current screening actions final.xlsx, Coronavirus_L3_Global_3.18.20_GMTF_CLEARED031920_FINAL.docx, (b)(5)

(b)(5) _DRAFT for CONSIDERATION _03 22 2020.docx, WH Coronavirus Task Force Seating Chart 3.23 1600.pptx, WH Coronavirus Task Force Agenda 3.23.20 v.2.docx, Task Force 23March.pptx

Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Monday, March 23rd** at **4:00pm** in the White House (b)(6) Room. Agenda and seating chart attached.

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)

Task Force 23 March

Update on mortality in France and Italy – remains

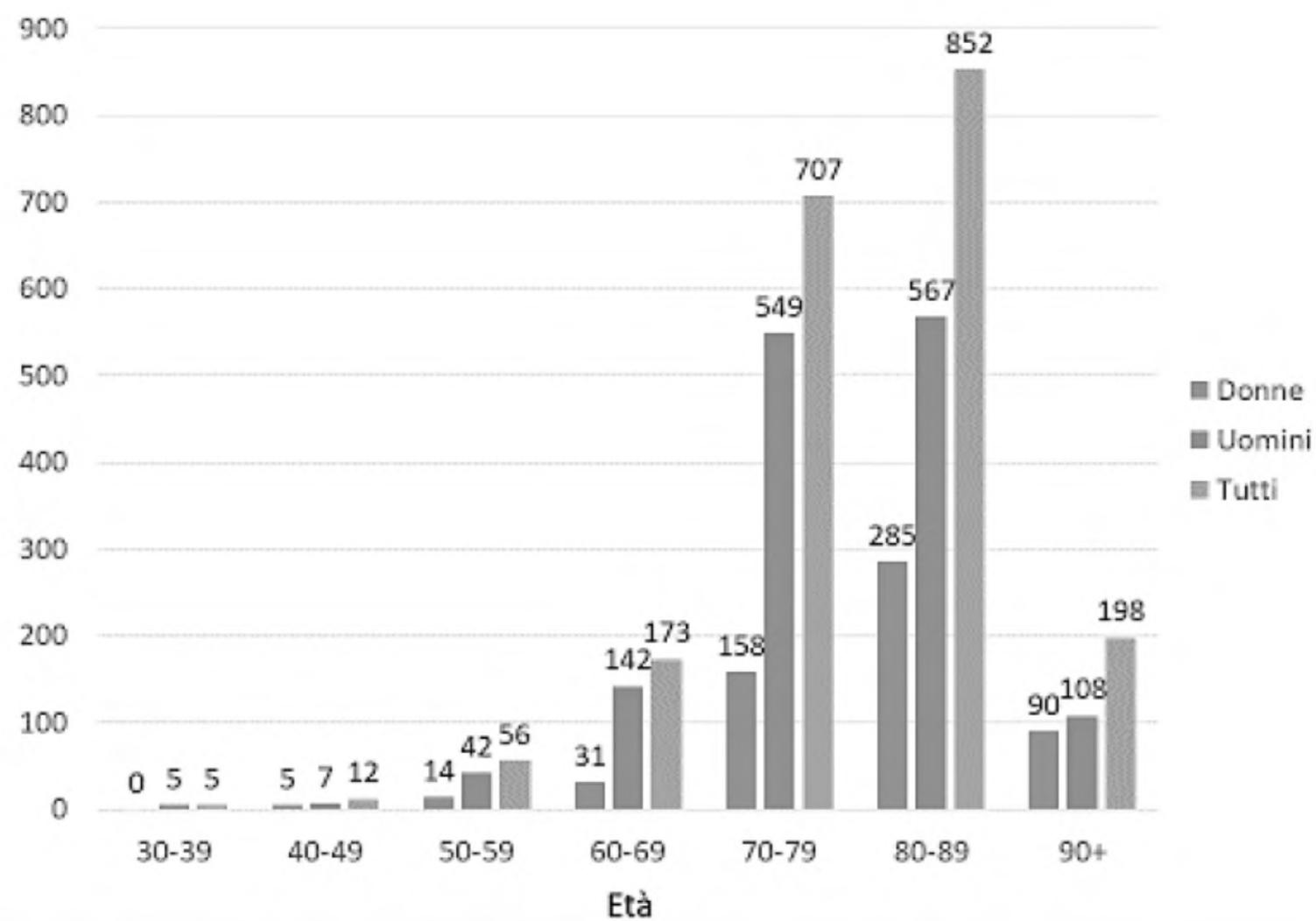
(b)(5)

(b)(5)

Data as of March 22, 2020

Italy mortality

Figura 2. Numero di decessi per fascia di età



Italy deaths by province

Regione	N	%
Abruzzo	3	0,1
Bolzano	6	0,3
Emilia-Romagna	346	17,3
Friuli-Venezia Giulia	21	1,0
Lazio	12	0,6
Liguria	23	1,1
Lombardia	1425	71,1
Marche	17	0,8
Molise	1	0,1
Piemonte	36	1,8
Puglia	18	0,9
Sardegna	2	0,1
Toscana	6	0,3
Trento	7	0,3
Umbria	1	0.1
Veneto	79	3,9

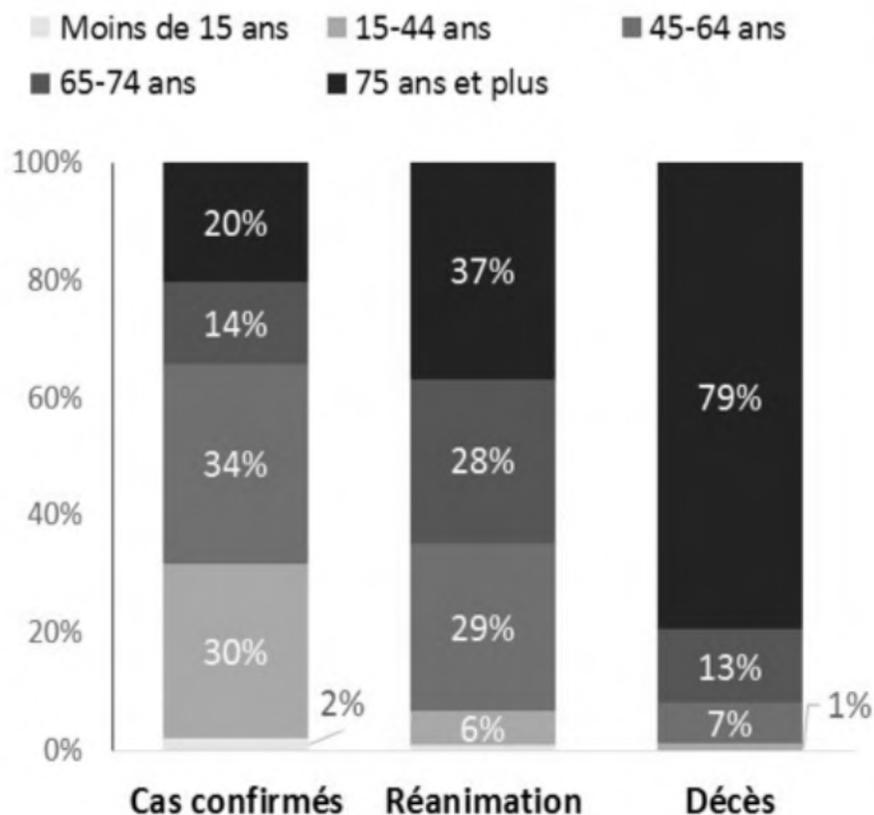
France mortality

Tableau 1. Nombre de cas, sexe-ratio, taux de passage en réanimation par âge et de décès par âge des cas confirmés de COVID-19 rapportés à Santé publique France au 15 mars 2020 à minuit, France (source : GoData)

	Cas confirmés	Réanimation n (%)	Décès n (%)
Nombre de cas	6 378	285 (4,5)	161 (2,5)
Sexe-ratio H/F	0,9	2,0	1,4
Classes d'âge *			
Moins de 15 ans	126	3 (2,4)	0
15-44 ans	1 808	16 (0,9)	2 (0,1)
45-64 ans	2 067	80 (3,9)	11 (0,5)
65-74 ans	850	78 (9,2)	20 (2,4)
75 ans et plus	1 236	103 (8,3)	127 (10,3)

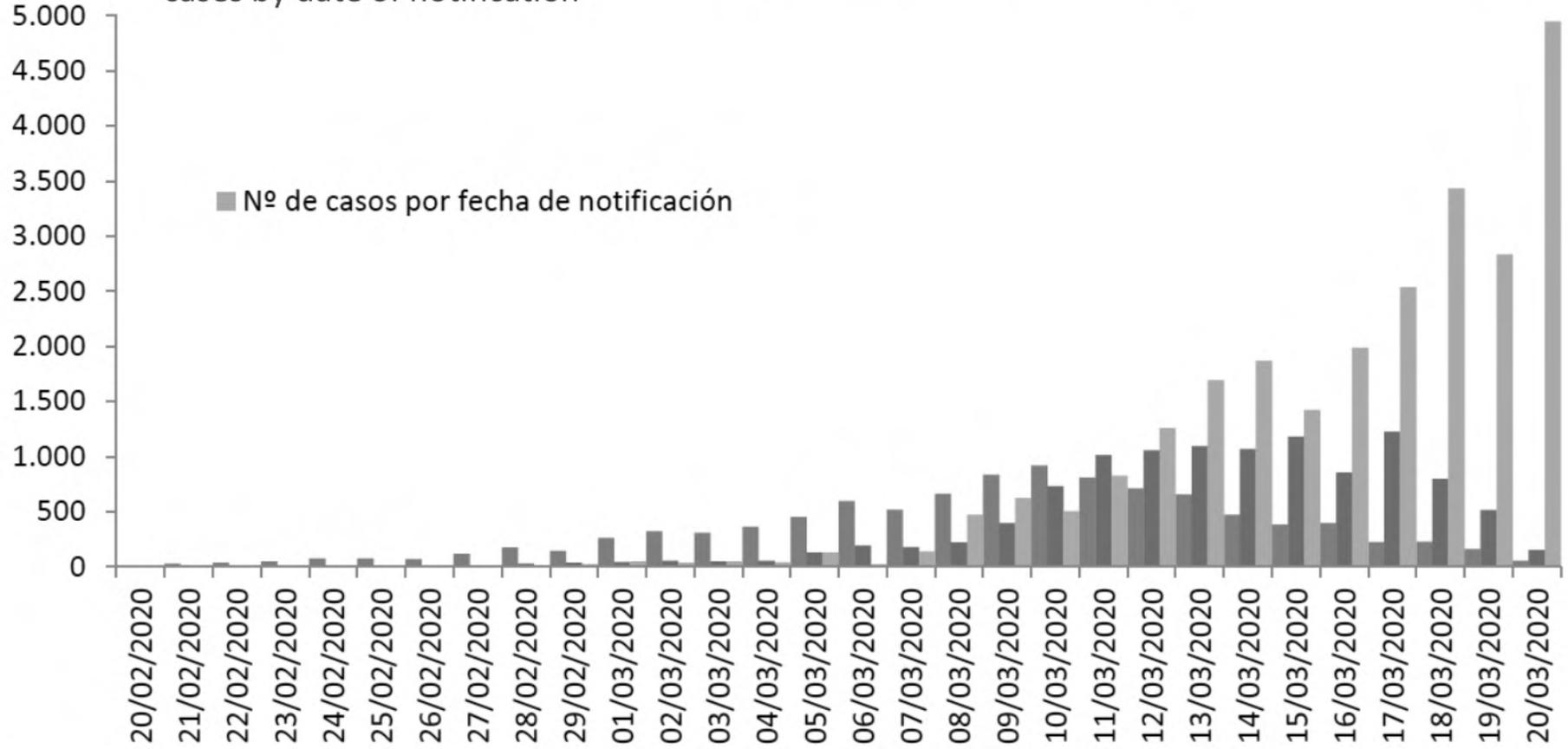
* Données partiellement renseignées pour l'âge (n = 6 087 cas confirmés, 280 cas passés en réanimation, 160 cas décédés)

Figure 3. Proportion de cas confirmés de COVID-19 rapportés à Santé publique France par classes d'âge, au 15 mars 2020 à minuit, France (source : GoData)



Spain relationship between Sx, Dx, Case notifications

Figura 1. Daily confirmed cases of COVID 19 by notification date of beginning of first symptoms Blue is number of cases by date of first symptoms Red is number of cases by date of diagnosis Green is number of cases by date of notification



*Sólo se dispone de fecha de inicio de síntomas y diagnóstico de 10.230 casos
Fuente elaboración propia

Global

Now **Yesterday** Search:

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,054	+46	3,261	+6	72,440	5,353	1,845	56
Italy	59,138	+5,560	5,476	+651	7,024	46,638	3,000	978
USA	33,546	+9,339	419	+117	178	32,949	795	101
Spain	28,768	+3,272	1,772	+391	2,575	24,421	1,785	615
Germany	24,873	+2,509	94	+10	266	24,513	23	297
Iran	21,638	+1,028	1,685	+129	7,913	12,040		258
France	16,018	+1,559	674	+112	2,200	13,144	1,746	245
S. Korea	8,897	+98	104	+2	2,909	5,884	59	174
Switzerland	7,474	+611	98	+18	131	7,245	141	864
UK	5,683	+665	281	+48	93	5,309	20	84
Netherlands	4,204	+573	179	+43	2	4,023	354	245
Austria	3,582	+590	16	+8	9	3,557	15	398
Belgium	3,401	+586	75	+8	263	3,063	288	293
Norway	2,385	+221	7		6	2,372	28	440

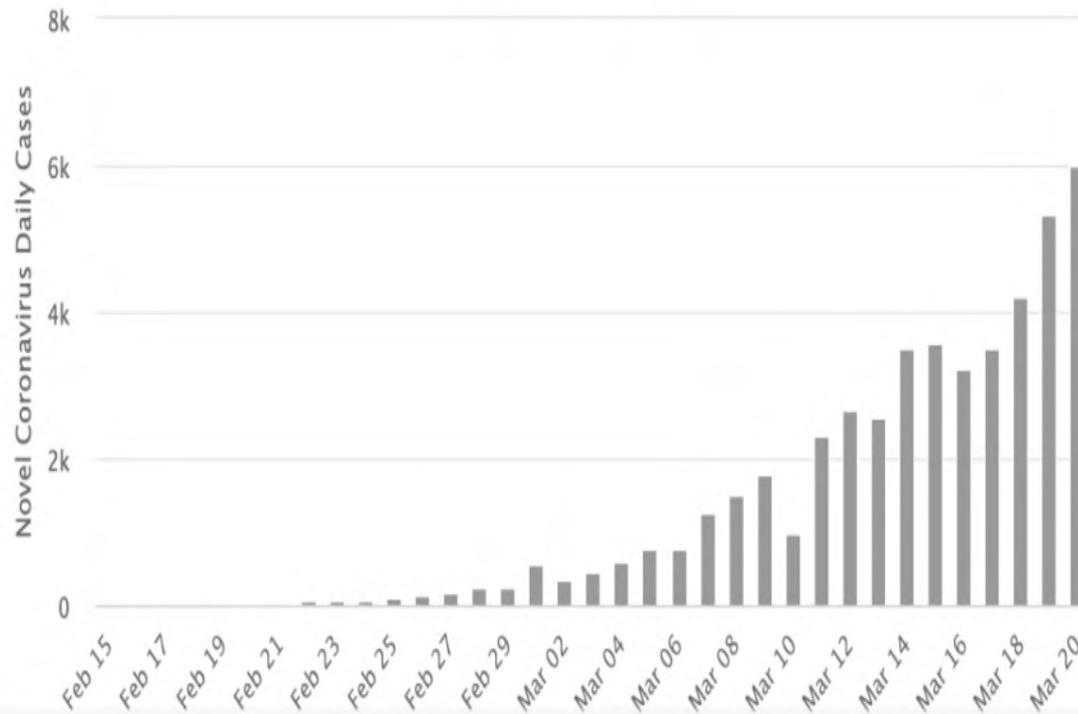
Now **Yesterday** Search:

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,093	+39	3,270	+9	72,703	5,120	1,749	56
Italy	59,138		5,476		7,024	46,638	3,000	978
USA	35,070	+1,524	458	+39	178	34,434	795	106
Spain	29,909	+1,141	1,813	+41	2,575	25,521	1,785	640
Germany	24,904	+31	94		266	24,544	23	297
Iran	21,638		1,685		7,913	12,040		258
France	16,018		674		2,200	13,144	1,746	245
S. Korea	8,961	+64	111	+7	3,166	5,684	59	175
Switzerland	7,776	+302	100	+2	131	7,545	141	898
UK	5,683		281		135	5,267	20	84
Netherlands	4,204		179		2	4,023	354	245
Austria	3,631	+49	16		9	3,606	15	403
Belgium	3,401		75		340	2,986	288	293
Norway	2,385		7		6	2,372	28	440

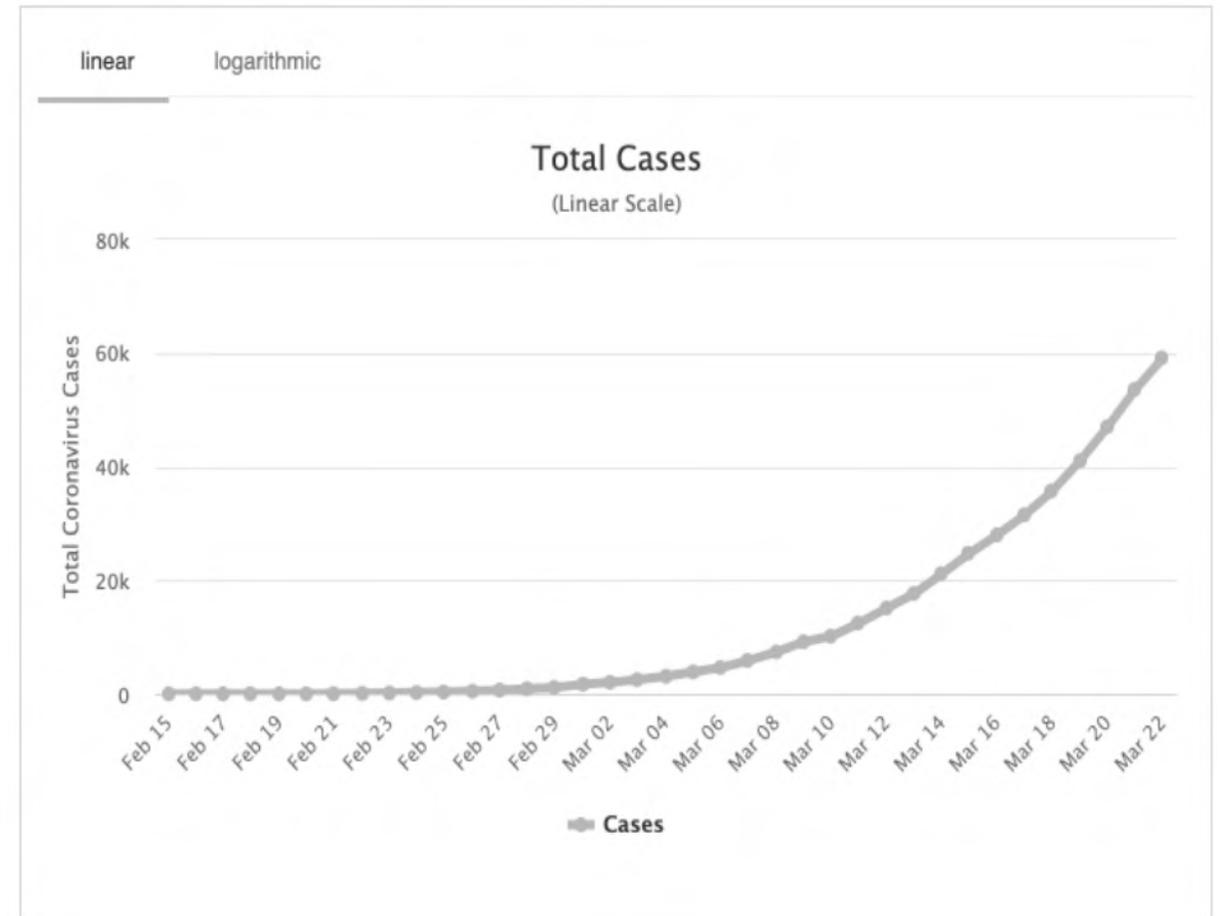
Daily New Cases in Italy

Daily New Cases

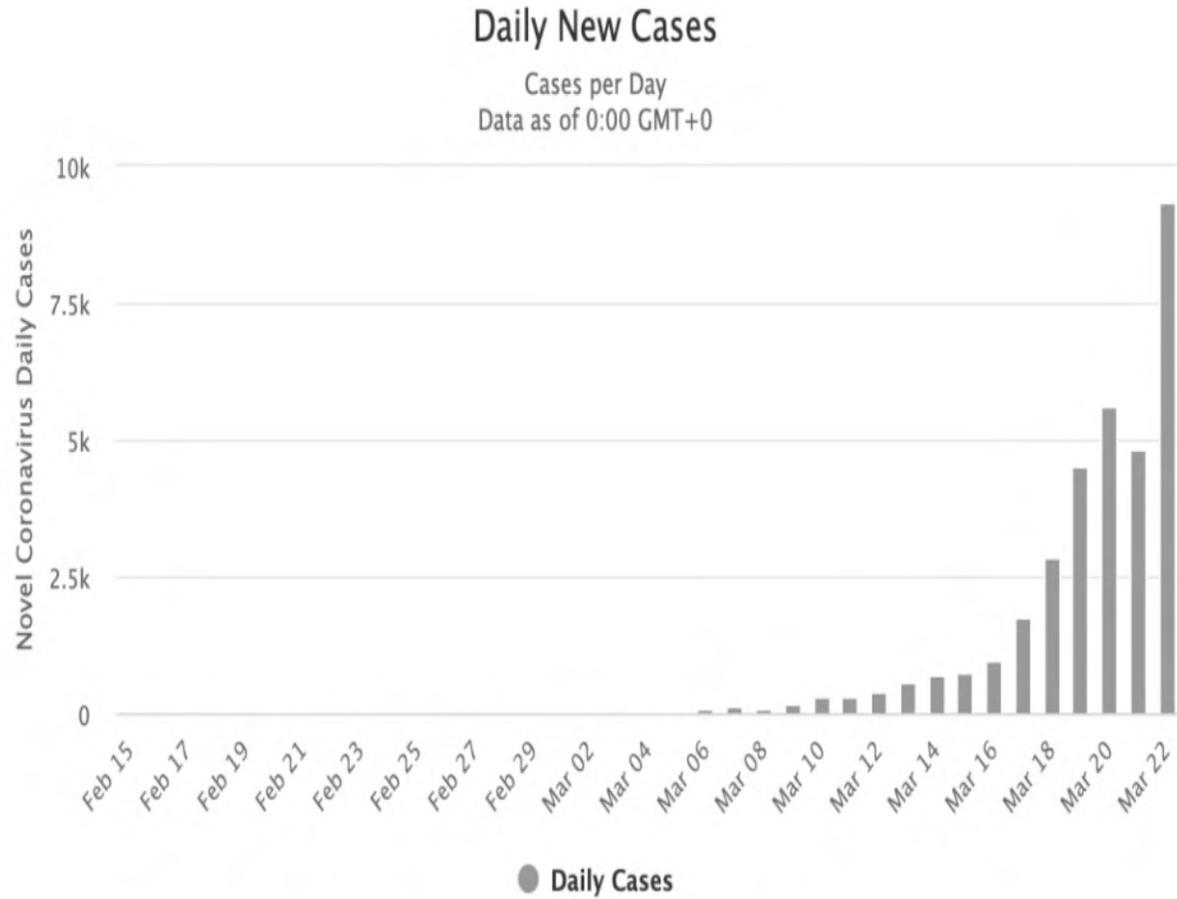
Cases per Day
Data as of 0:00 GMT+0



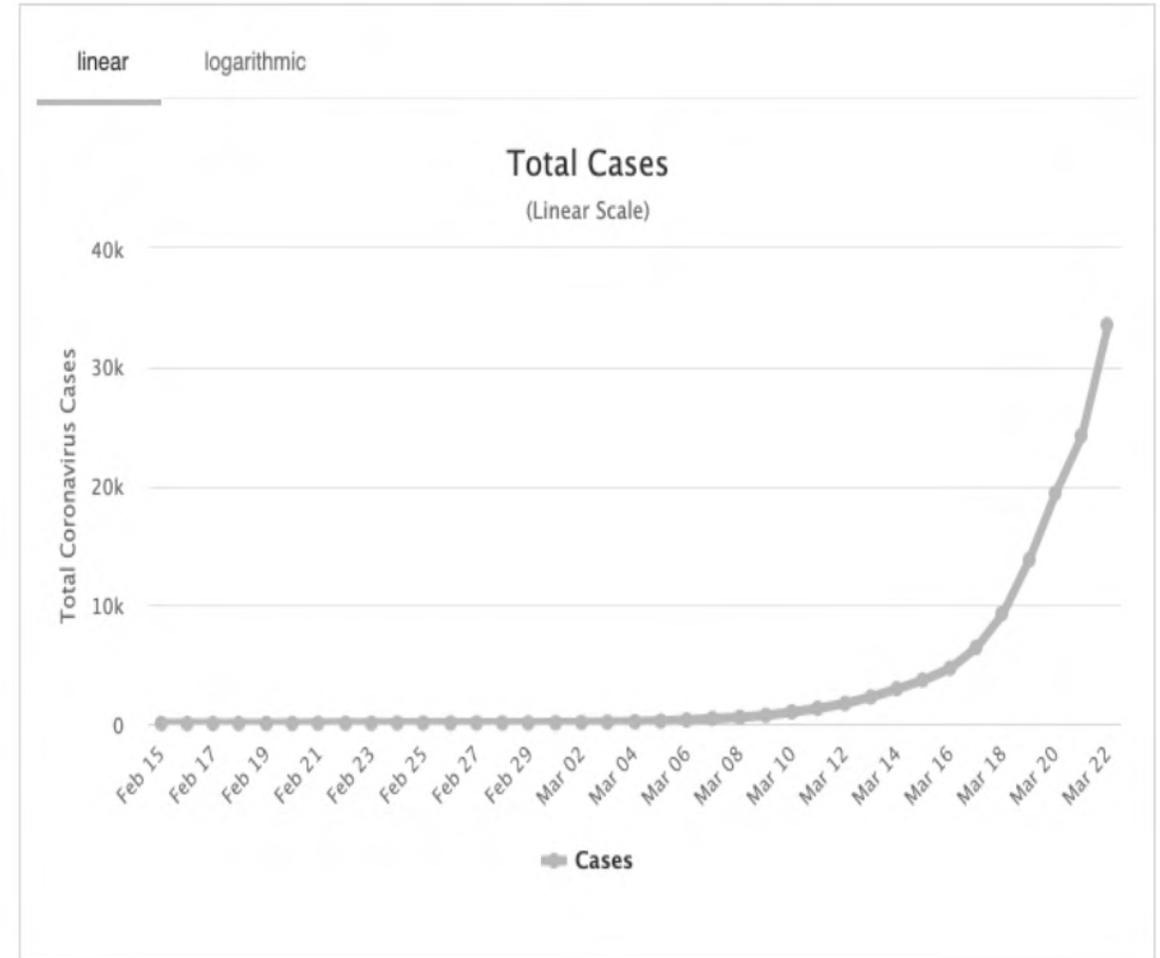
Total Coronavirus Cases in Italy

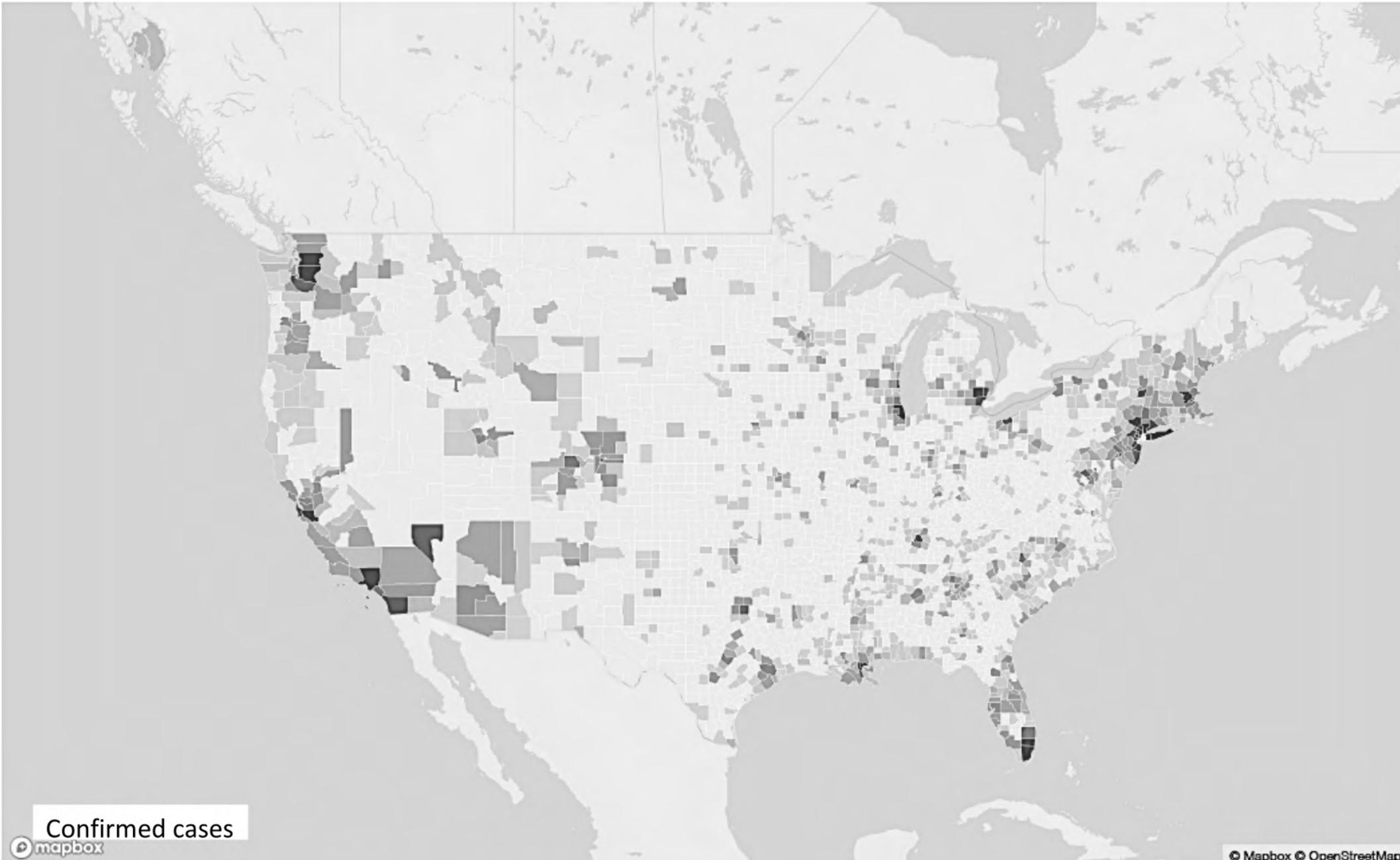


Daily New Cases in the United States



Total Coronavirus Cases in the United States





Confirmed cases



© Mapbox © OpenStreetMap

Legend



USA

NOW **Yesterday**

Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Source
New York	15,790	+5,418	114	+58		15,676	[source]
Washington	1,996	+203	95	+1	124	1,777	[source]
New Jersey	1,914	+587	20	+4		1,894	[source]
California	1,755	+364	34	+10	6	1,715	[source]
Illinois	1,049	+296	9	+3	2	1,038	[source]
Michigan	1,035	+248	9	+4		1,026	[source]
Florida	1,007	+348	13	+1		994	[source]
Louisiana	837	+252	20	+4		817	[source]
Massachusetts	646	+121	5	+4	1	640	[source]
Georgia	600	+45	23	+9		577	[source]
Texas	598	+125	6	+1	11	581	[source]
Colorado	591	+115	6	+1		585	[source]
Tennessee	505	+134	2	+1		503	[source]

Now **Yesterday**

Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Source
New York	16,900	+1,110	150	+36		16,750	[source]
Washington	1,996		95		124	1,777	[source]
New Jersey	1,914		21	+1		1,893	[source]
California	1,802	+47	35	+1	6	1,761	[source]
Illinois	1,049		9		2	1,038	[source]
Michigan	1,035		9			1,026	[source]
Florida	1,007		13			994	[source]
Louisiana	837		20			817	[source]
Texas	719	+121	7	+1	11	701	[source]
Massachusetts	646		5		1	640	[source]
Georgia	620	+20	25	+2		595	[source]
Colorado	591		6			585	[source]
Tennessee	505		2			503	[source]
Pennsylvania	479		4	+1		475	[source]
Virginia	479		4		1	376	[source]

ting...

Site Name	Class	City	State	Site Currently Live	Cumulative Shipped Tests	Current Week Shipped Tests	Current Inventory Test Count	Tests Performed	Patient Reportable Tests	Positive Test Results	Positivity Rate
Grand Total					763,776	570,048		44,686			
Bio-Reference Labs	Reference	Elmwood Park	NJ	Yes	112,128	56,064	86,400	9,147	9,147	2,712	29.6%
Labcorp Phoenix	Reference	Phoenix	AZ	Yes	53,568	24,768	not reported	5,264	not reported	not reported	
Labcorp Burlington	Reference	Burlington	NC	Yes	102,144	89,472	not reported	4,800	not reported	not reported	
Labcorp Raritan	Reference	Raritan	NJ	Yes	58,368	24,192	37,248	4,700	not reported	not reported	
Quest Diag Schaumburg	Reference	Schaumburg	IL	Yes	11,520	11,520	not reported	2,497	2,444	306	12.5%
Sonic - CPL Austin	Reference	Austin	TX	Yes	24,192	13,632	18,048	2,124	2,062	100	4.8%
Sonic - AEL Memphis	Reference	Memphis	TN	Yes	15,936	9,024	11,520	1,752	1,701	108	6.3%
Mayo Clinic Rochester	Reference	Rochester	MN	Yes	30,912	30,912	27,264	1,418	1,210	74	6.1%
Quest Diag Miramar	Reference	Miramar	FL	Yes	31,488	31,488	not reported	1,328	1,300	79	6.1%
Quest Diag Marlborough	Reference	Marlborough	MA	Yes	13,056	13,056	not reported	1,127	1,103	97	8.8%
Quest Diag Teterboro	Reference	Teterboro	NJ	Yes	37,248	37,248	not reported	1,093	1,070	332	31.0%
Quest Diag West Hills	Reference	Canoga Park	CA	Yes	33,408	33,408	not reported	1,026	1,004	48	4.8%
Quest Diag Lenexa	Reference	Lenexa	KS	Yes	14,208	14,208	not reported	1,002	981	71	7.2%
Sonic - Sunrise Medical Lab	Reference	Hicksville	NY	Yes	23,040	12,480	21,696	924	897	259	28.9%
Quest Diag Nichols Inst	Reference	San Juan Cap..	CA	Yes	43,392	43,392	not reported	841	823	70	8.5%
Quest Diag Irving	Reference	Irving	TX	Yes	11,520	11,520	not reported	825	808	68	8.4%
Kaiser Berkeley Regl Lab	Hospital	Berkeley	CA	Yes	12,288	12,288	2,688	739	670	47	7.0%
Quest Diag Pittsburgh	Reference	Pittsburgh	PA	Yes	14,208	14,208	not reported	641	628	39	6.2%
Quest Diag Chantilly	Reference	Chantilly	VA	Yes	24,192	12,480	not reported	562	550	60	10.9%
Sonora Quest Labs	Reference	Tempe	AZ	Yes	5,376	5,376	2,304	529	529	22	4.2%
NYU Medical Ctr	Hospital	New York	NY	Yes	6,912	6,912	4,608	485	475	223	46.9%
Columbia Univ Medical Ctr	Hospital	New York	NY	Yes	13,824	6,912	9,600	464	446	241	54.0%
Providence Regl Lab Molecular	Hospital	Portland	OR	Yes	3,456	3,456	1,536	344	336	16	4.8%
Quest Diag Med Fusion	Reference	Lewisville	TX	Yes	12,288	12,288	not reported	339	332	19	5.7%
Labcorp Mt Sinai Icahn Schl Of..	Reference	New York	NY	Yes	7,680	576	6,336	330	324	179	55.2%
Atrium	Hospital	Charlotte	NC	Yes	6,912	2,112	6,144	227	221	17	7.7%
Univ Of Chicago	Hospital	Chicago	IL	Yes	3,456	0	1,344	158	158	21	13.3%
Sonic - West Pacific	Reference	Santa Fe Spr..	CA	No	10,944	10,944	not reported	not reported	not reported	not reported	
Univ Of Colorado Denver	Hospital	Aurora	CO	No	1,344	1,344	not reported	not reported	not reported	not reported	
Mayo Clinic Hosp Jacksonville	Reference	Jacksonville	FL	No	4,800	4,800	not reported	not reported	not reported	not reported	
Massachusetts General Hosp	Hospital	Boston	MA	No	1,344	1,344	not reported	not reported	not reported	not reported	
Kaiser Permanente Chino Hills..	Hospital	Chino Hills	CA	Yes	6,528	6,528	not reported	not reported	not reported	not reported	

Roche reporting – missing all other platforms

cobas SARS-CoV-2 Testing

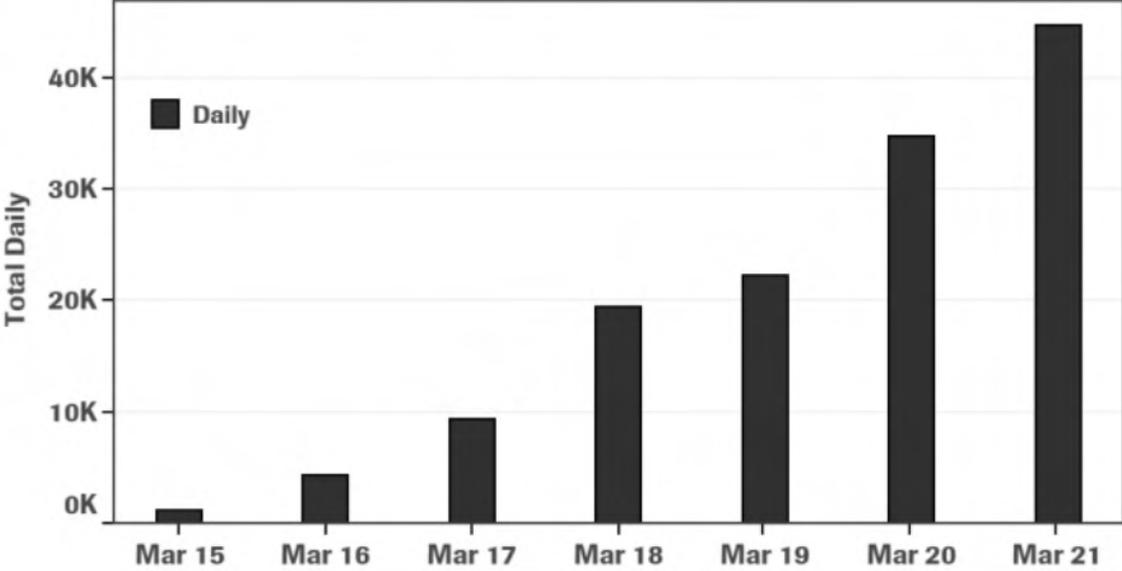
Updated 3/22/2020; Site Reporting for 3/21/2020 (midnight to midnight)



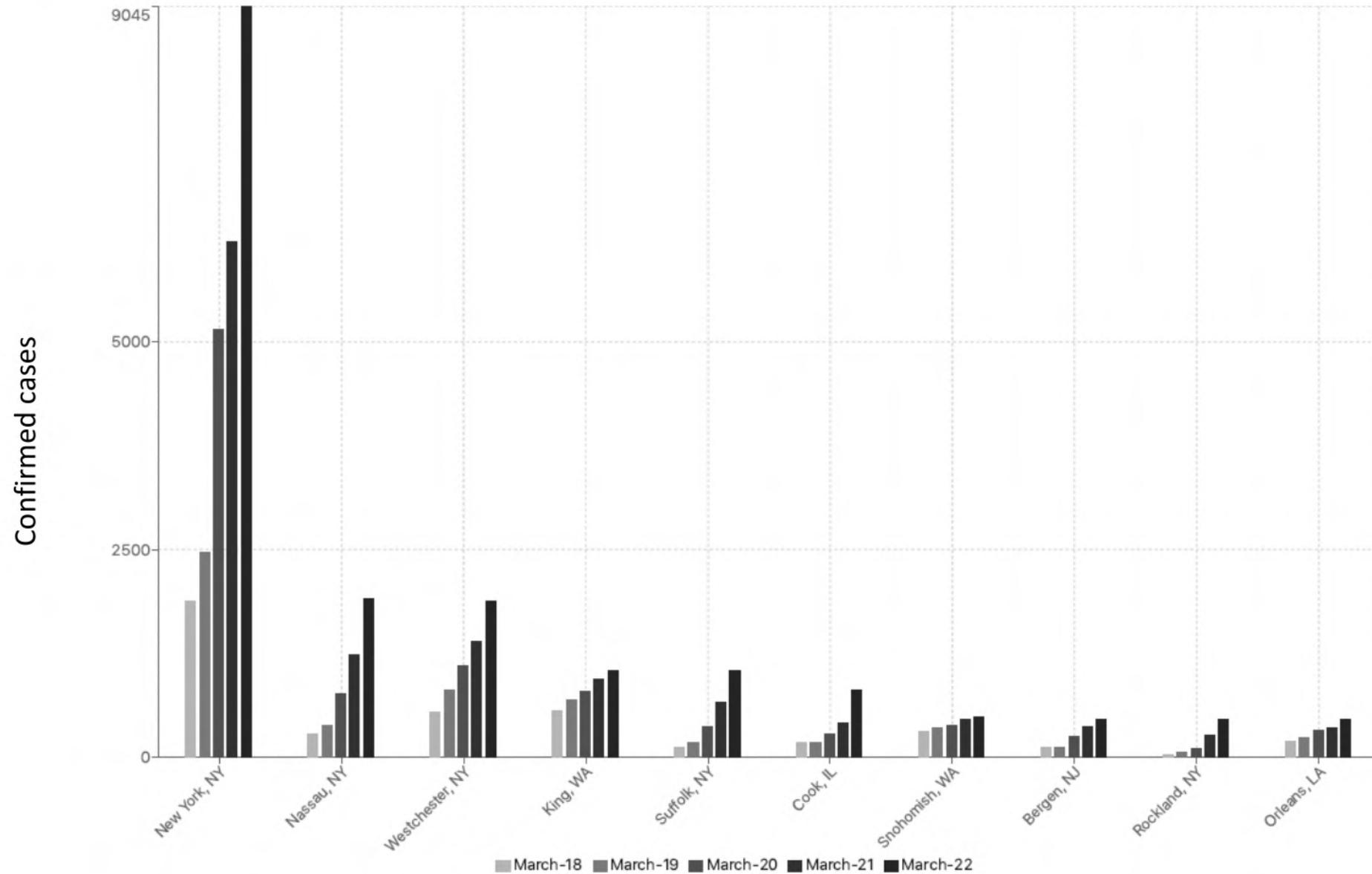
Sites Where Testing Performed



Daily Tests Performed

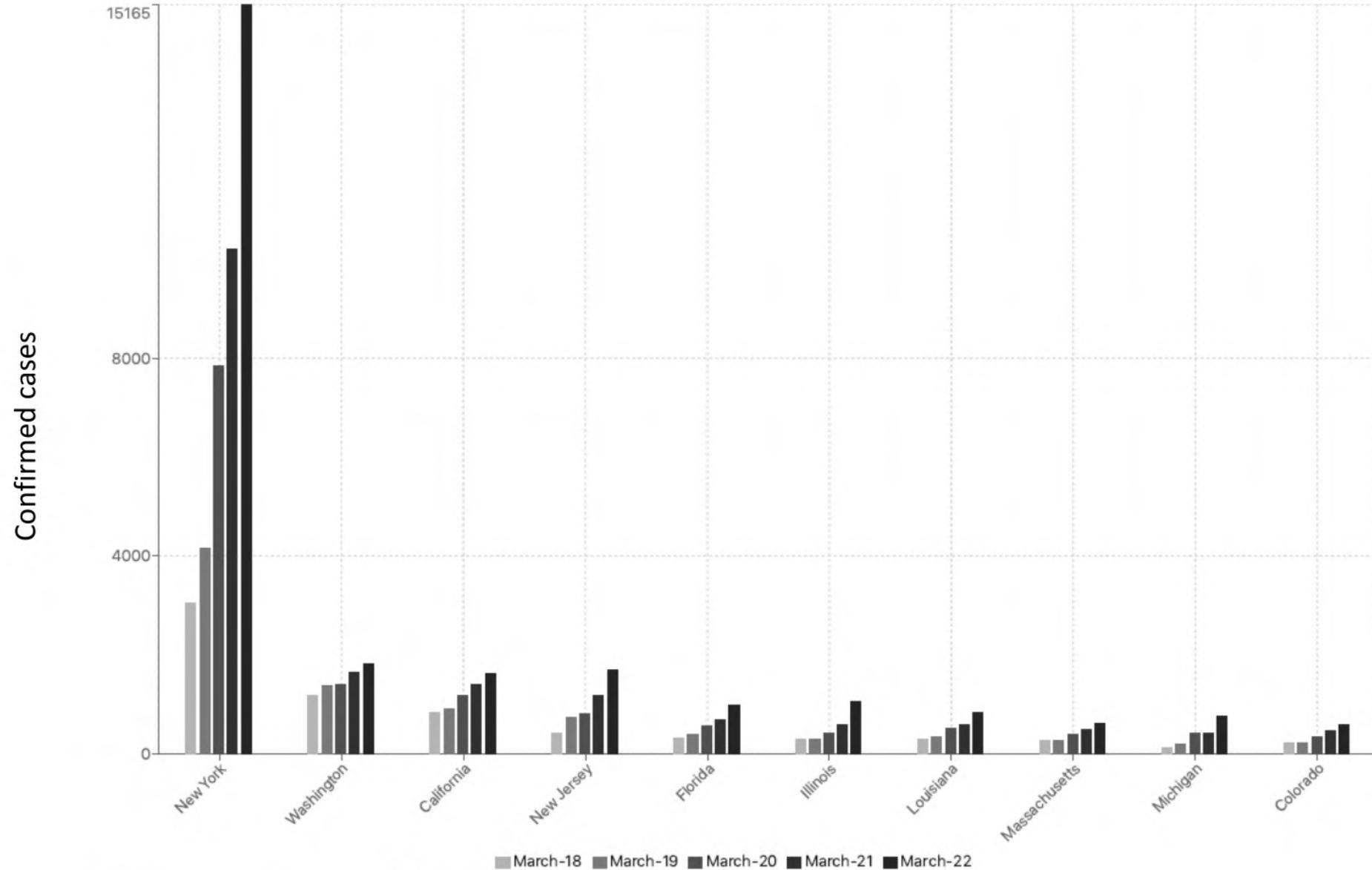


Counties with the highest number of cases



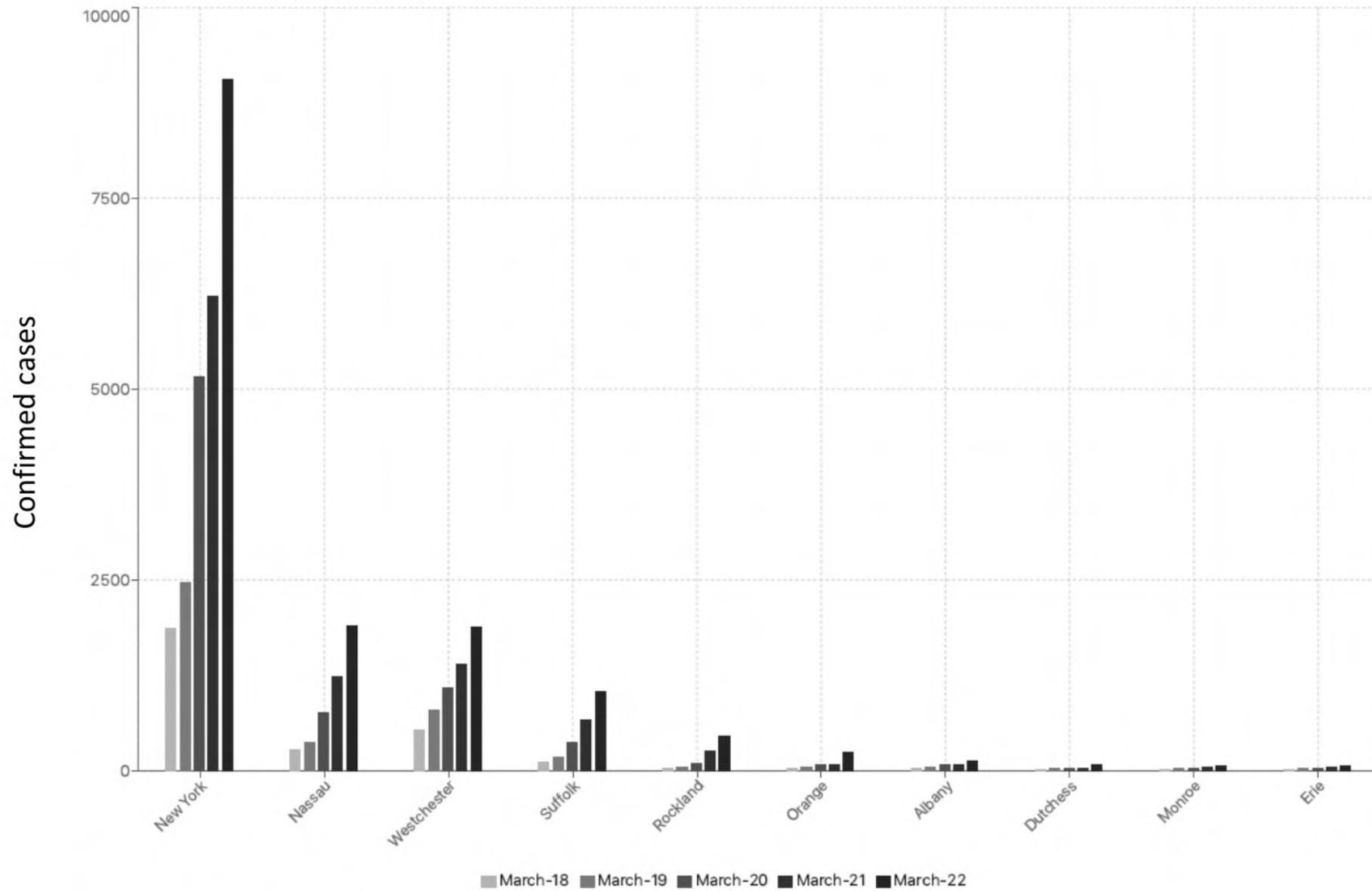
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed

States with the highest number of cases



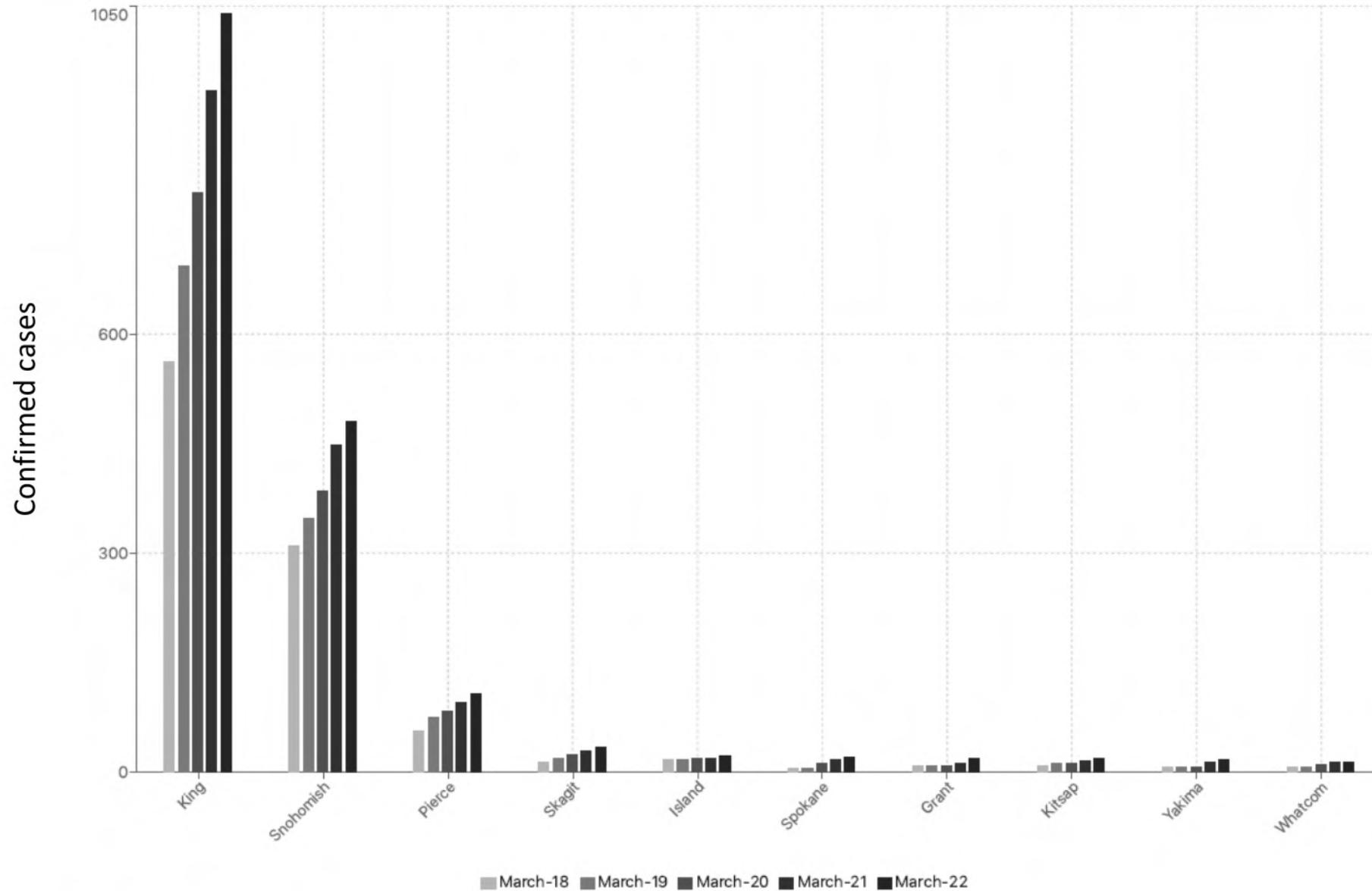
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

New York



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

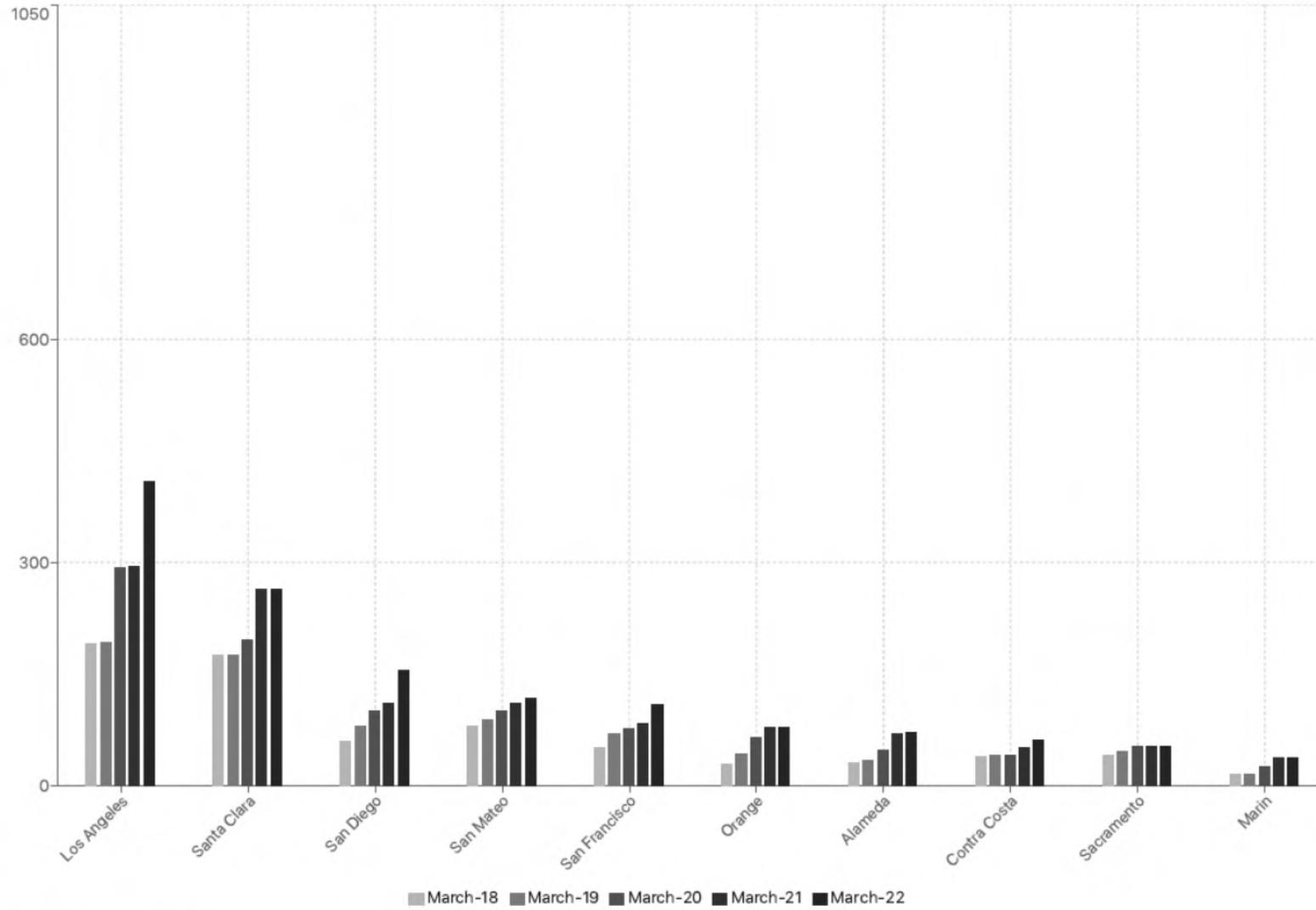
Washington



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

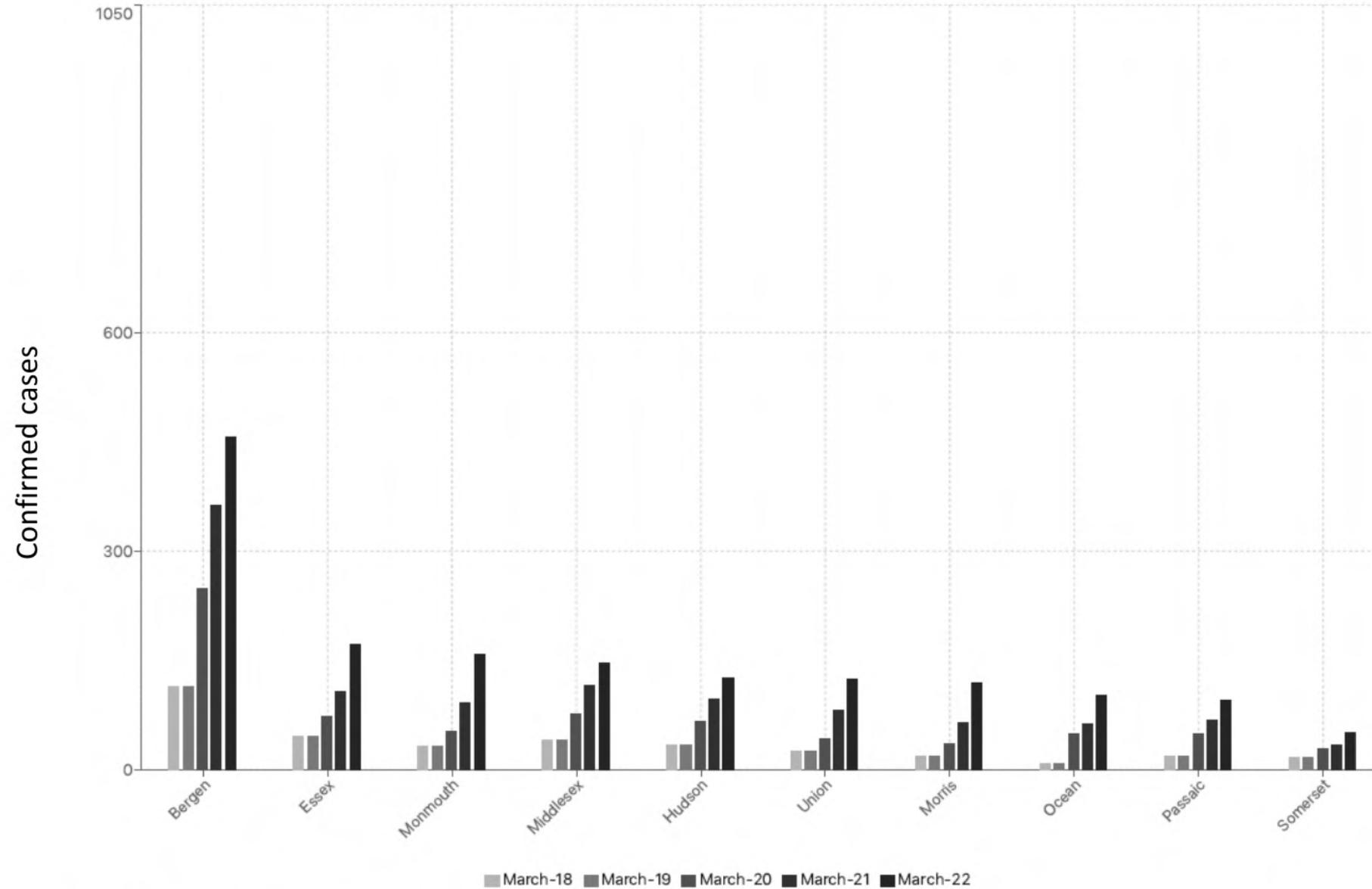
California

Confirmed cases



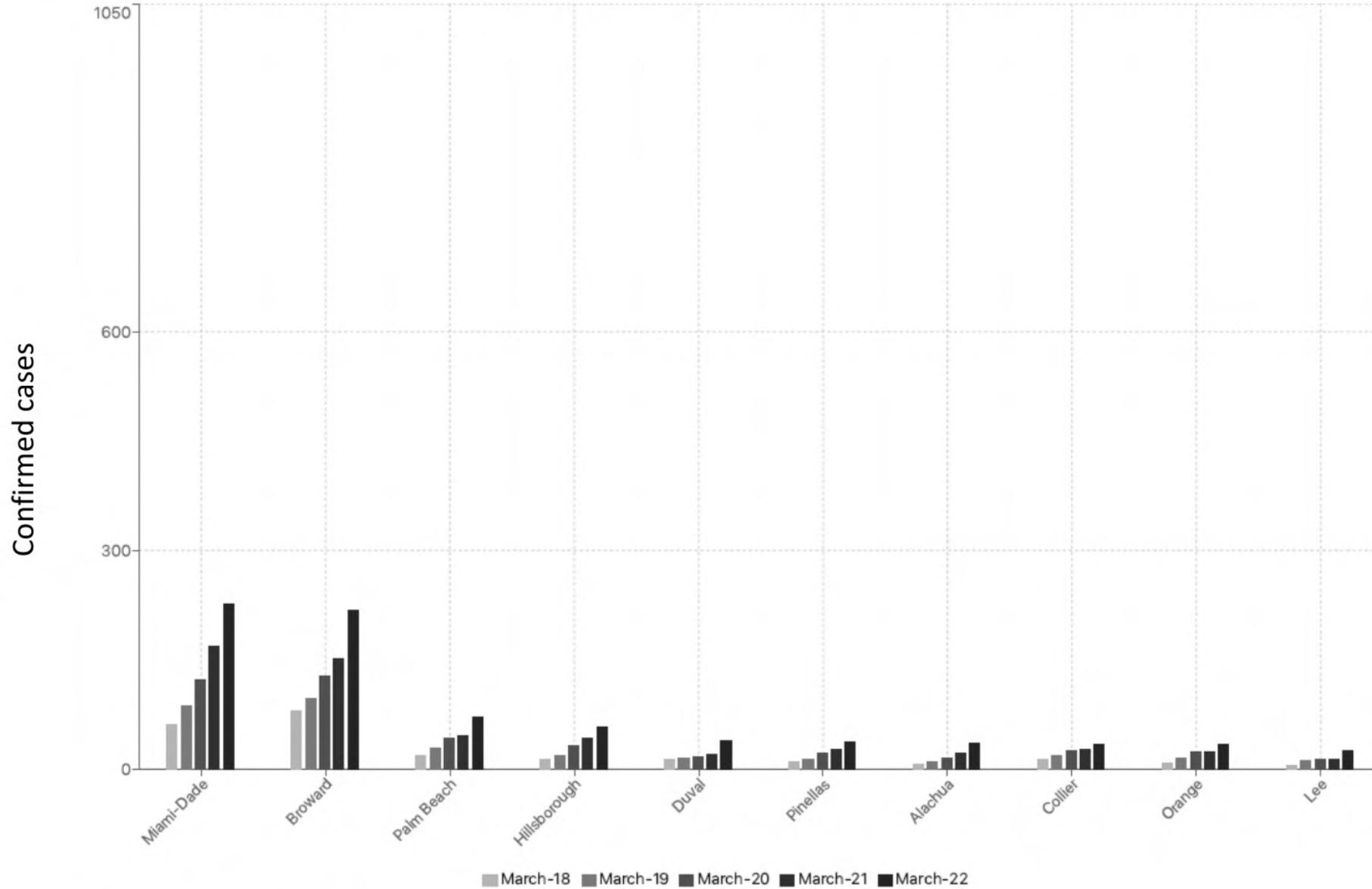
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

New Jersey



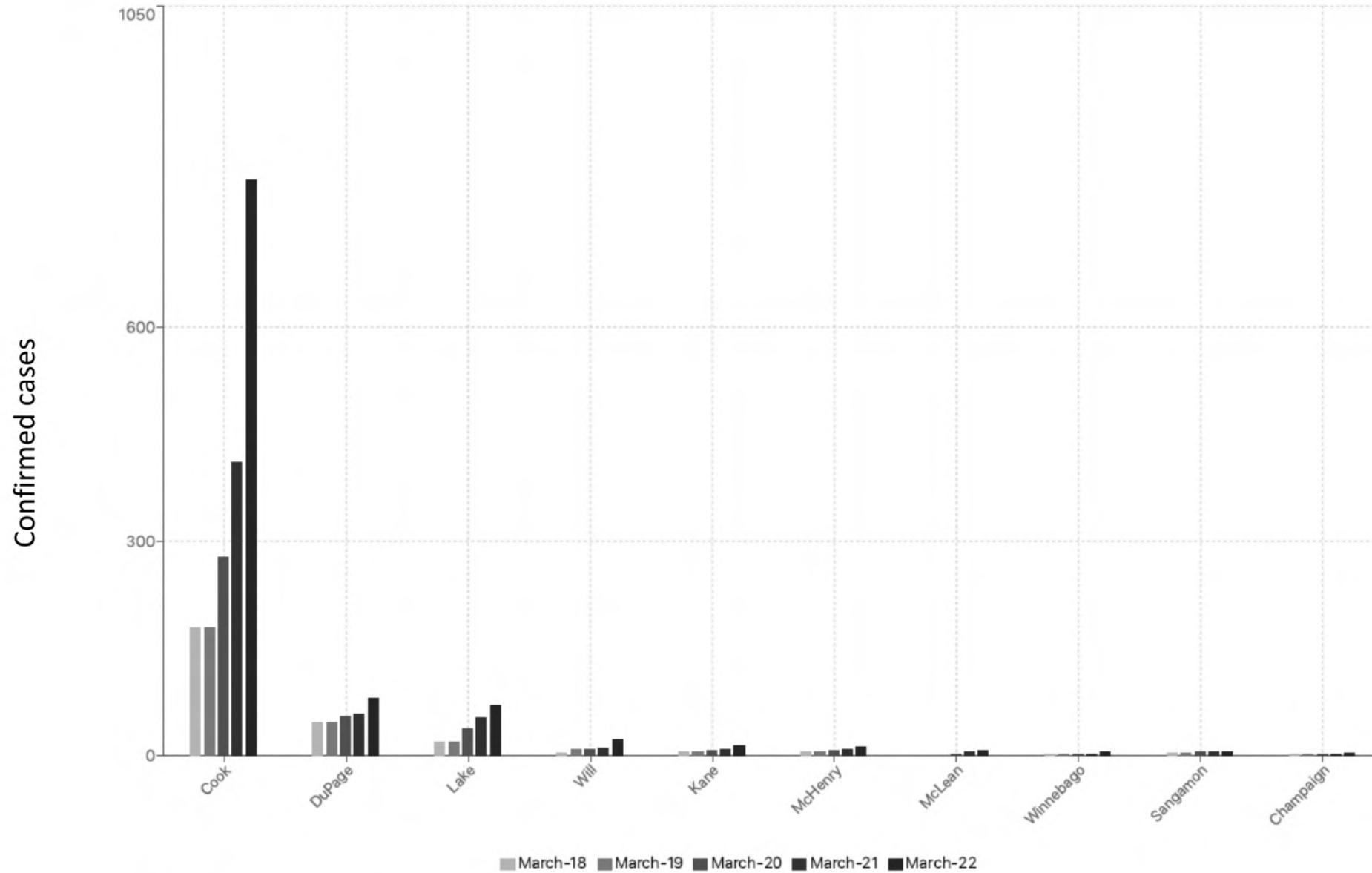
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Florida



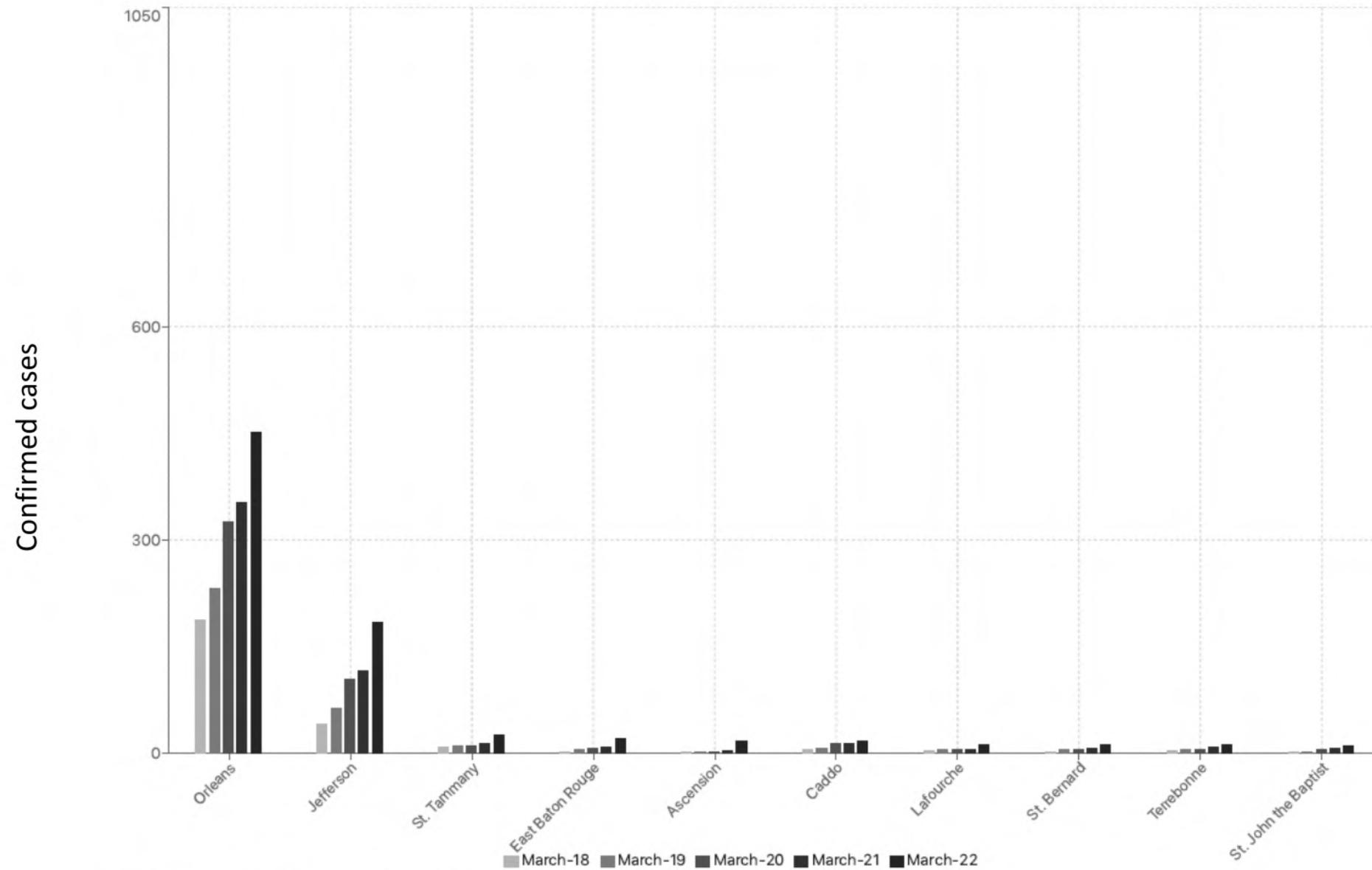
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Illinois



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

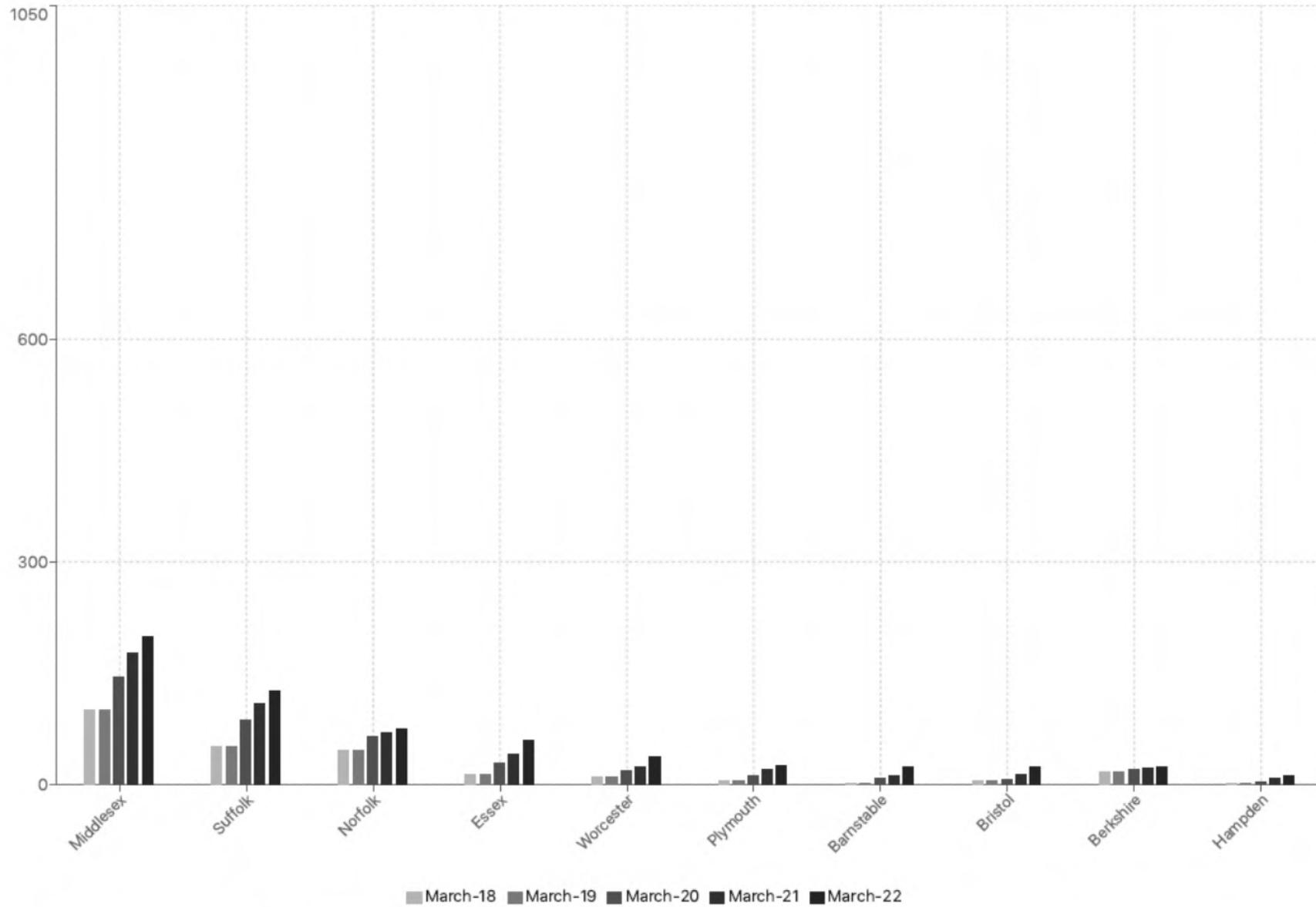
Louisiana



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Massachusetts

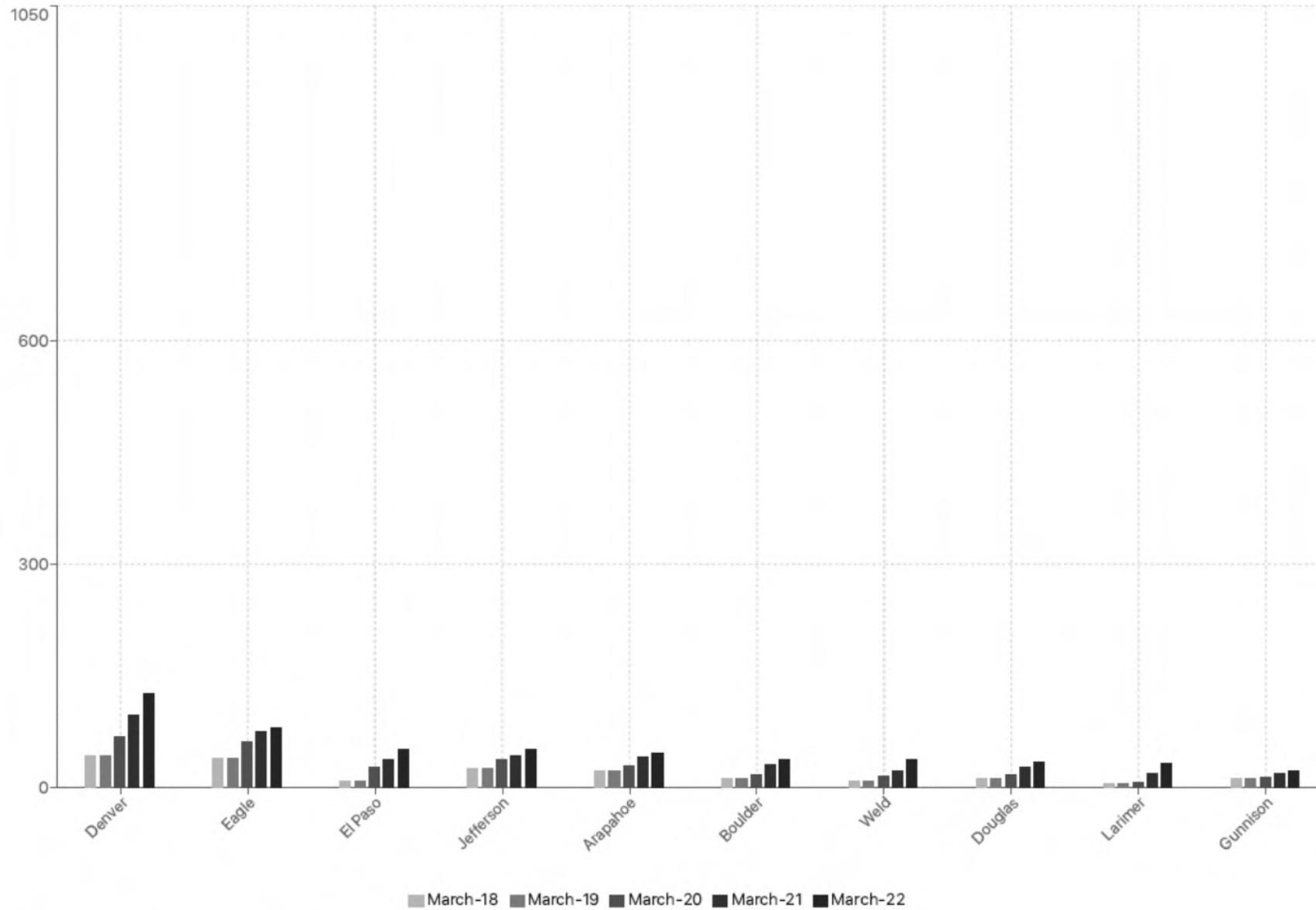
Confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado

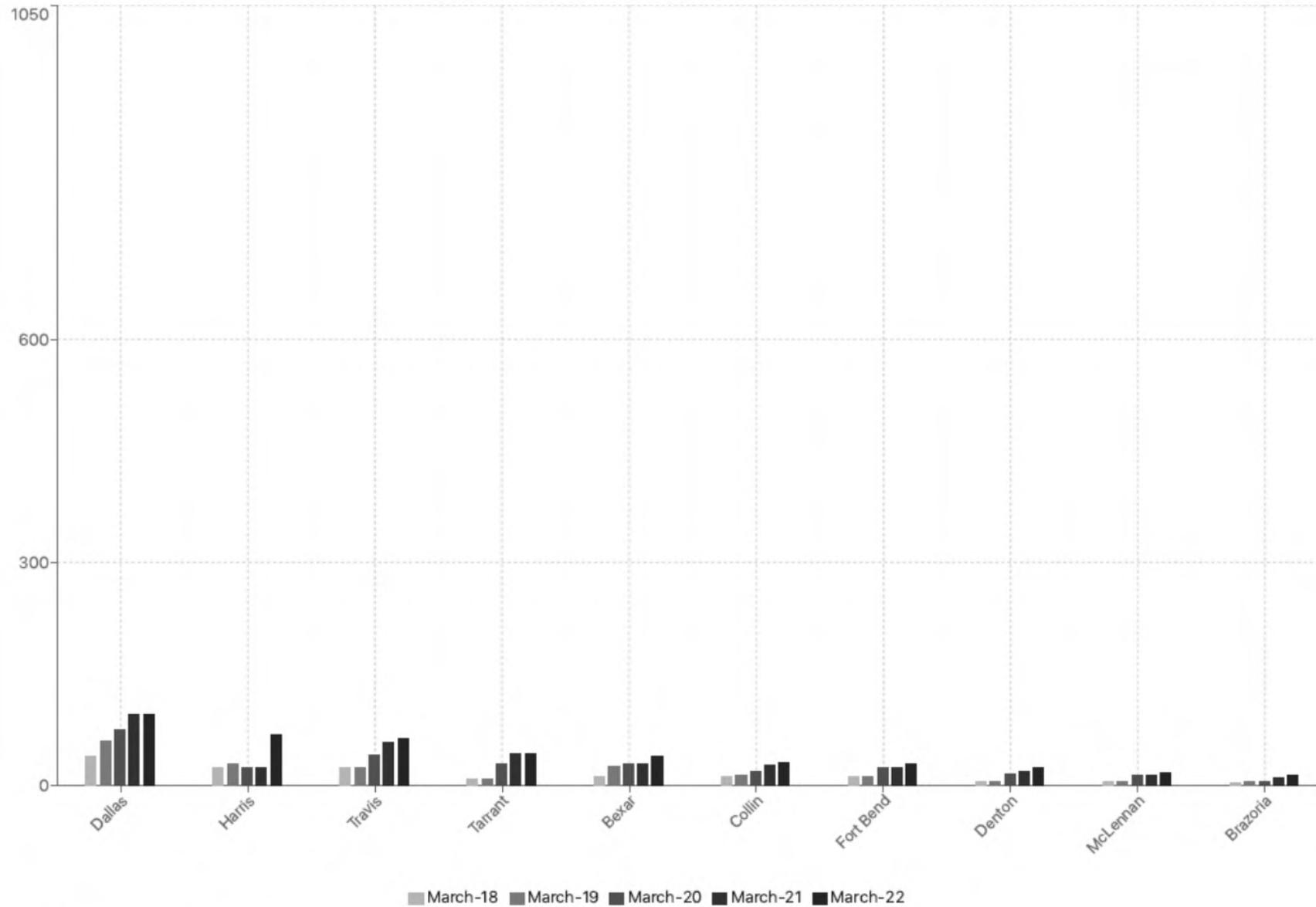
Confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

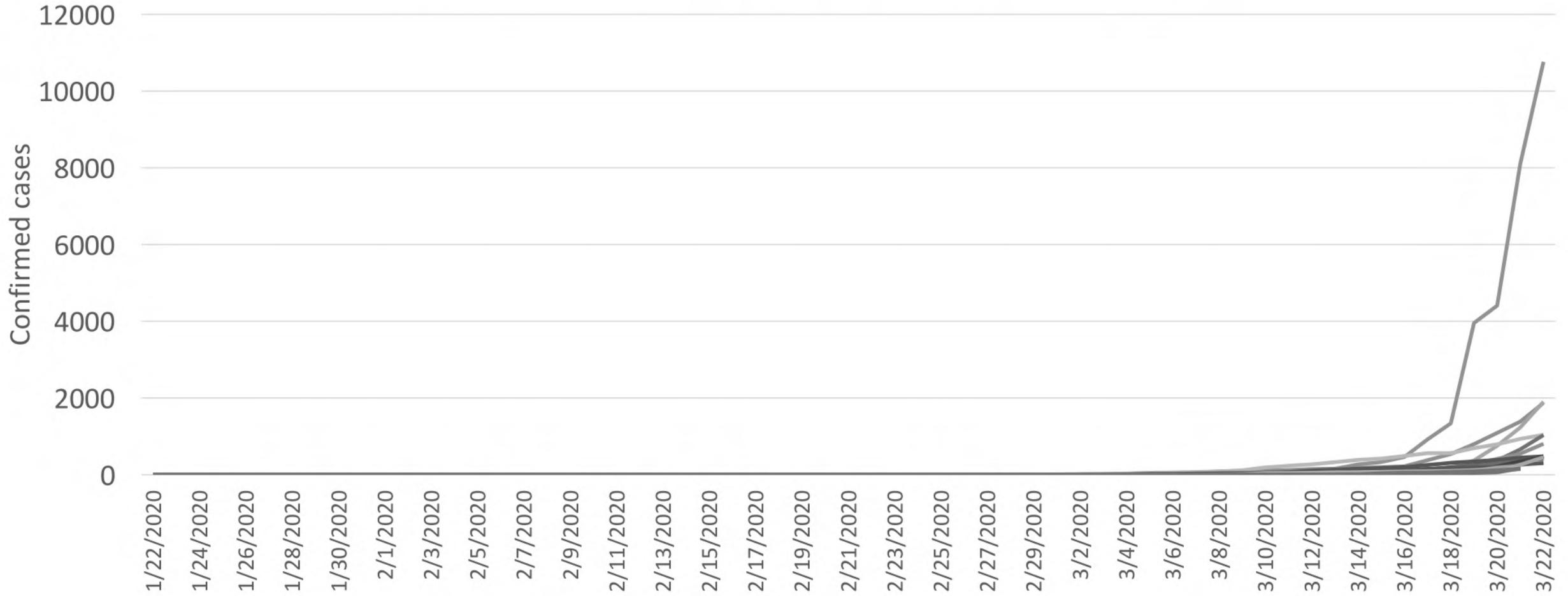
Texas

Confirmed cases

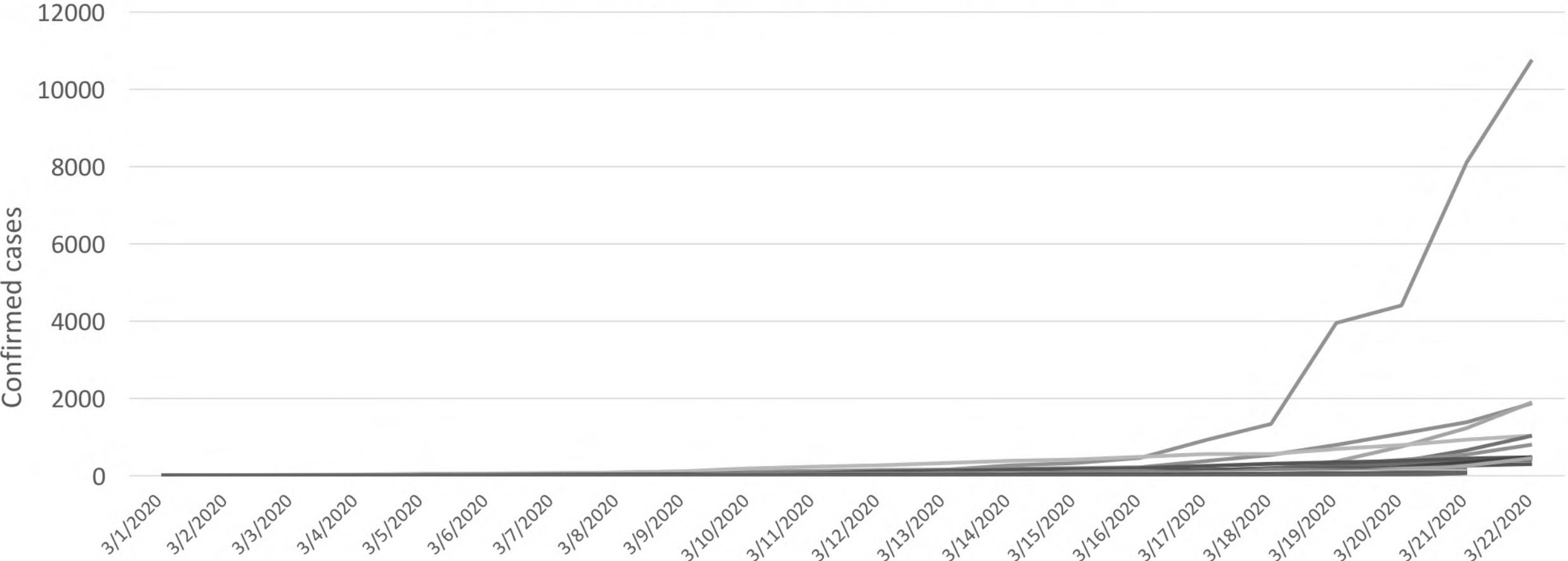


Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

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



Trends in Reported Cases Since 3/1/2020



Source: <http://usafacts.org/> as of 3/19/2020

International Travelers: COVID-19 Screening Processes

Passenger Origin	Outbound Travel Recommendation	Subject to 212(f) Travel Ban?	*Flight funneling ?	Inbound Screening (US Airports)	Comments
(b)(5)					

**Note: Flight funneling and enhanced entry screening are directly tied to 212(f)*

Global COVID-19 Pandemic Notice

Warning - Level 3, Avoid Nonessential Travel

Alert - Level 2, Practice Enhanced Precautions

Watch - Level 1, Practice Usual Precautions

Warning - Level 3, Avoid Nonessential Travel-Widespread Ongoing Transmission

Key Points

- Widespread ongoing transmission of respiratory illness caused by the novel (new) coronavirus (COVID-19) is occurring globally.
- **CDC recommends that travelers avoid all nonessential international travel.**
- Older adults and people of any age with serious chronic medical conditions are at increased risk for severe disease.
- There may be limited access to adequate medical care in affected areas.
- US residents may have difficulty returning to the United States.
- Travelers should avoid contact with sick people and wash their hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- All international travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.

What is the current situation?

CDC recommends that travelers avoid all nonessential international travel.

The Department of State advises U.S. citizens to avoid all international travel due to the global impact of COVID-19. In countries where commercial departure options remain available, U.S. citizens should arrange for immediate return to the United States, unless they are prepared to remain abroad for an indefinite period. For more information, visit the Department of State website.

Widespread ongoing transmission of a respiratory illness caused by a novel (new) coronavirus (COVID-19) is occurring globally. During the COVID-19 pandemic you may be exposed to the virus while traveling (e.g., sick persons at airports, or on airplanes, ships, trains, or buses). Some health care systems are becoming overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. Airlines have cancelled many international flights and in-country travel may be unpredictable. If you choose to travel internationally, your travel plans may be severely disrupted, and you may have to remain outside the United States for an indefinite period.

Illness with COVID-19 has ranged from mild to severe. Signs and symptoms of infection include fever, cough, and trouble breathing. This new coronavirus has caused severe disease and death in patients who developed pneumonia. Risk factors for severe illness are not yet clear, although older adults and people of any age with serious chronic medical conditions are at [higher risk for severe illness](#).

What can travelers do to protect themselves and others?

CDC recommends that travelers avoid all nonessential international travel. If you must travel:

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.
- Avoid traveling if you are sick.

If you traveled internationally in the last 14 days:

- **Stay home**, monitor your health, and practice social distancing for 14 days after you return from travel. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
- Learn more about [what to do if you are sick](#) after travel.

Clinician Information

Healthcare providers should obtain a detailed travel history for patients with [fever or acute respiratory symptoms](#). If a recent traveler is suspected to have COVID-19, see [Information for Healthcare Professionals](#) for information on evaluating, reporting, clinical care guidance, and infection control.

For additional information, please see:

- [Coronavirus Disease 2019](#)
- [Information for Healthcare Professionals](#)
- [WHO, Coronavirus](#)

(b)(5)

Issue: (b)(5)

(b)(5)

Bottom Line Up Front: (b)(5)

(b)(5)

Background:

- (b)(5)

- (b)(5)

(b)(5)

(b)(5)



Exposure definition:

Individual	Exposure
(b)(5)	

Figure 2. Cumulative distribution function of the COVID-19 incubation period estimate from the log-normal model.



SOUTH

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Mark Meadows

Seema Verma

WH Press

Jared Kushner

Dr. Anthony Fauci

A/S Chad Wolf

Katie Miller

Sec. Alex Azar

Amb. Debi Birx, M.D.

Hope Hicks

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Vice President

WH COUNSEL

NORTH

DOOR

EAST

DOOR

WEST - WINDOWS

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VTC PARTICIPANTS

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Pat Philbin

[Redacted]

Brian Harrison

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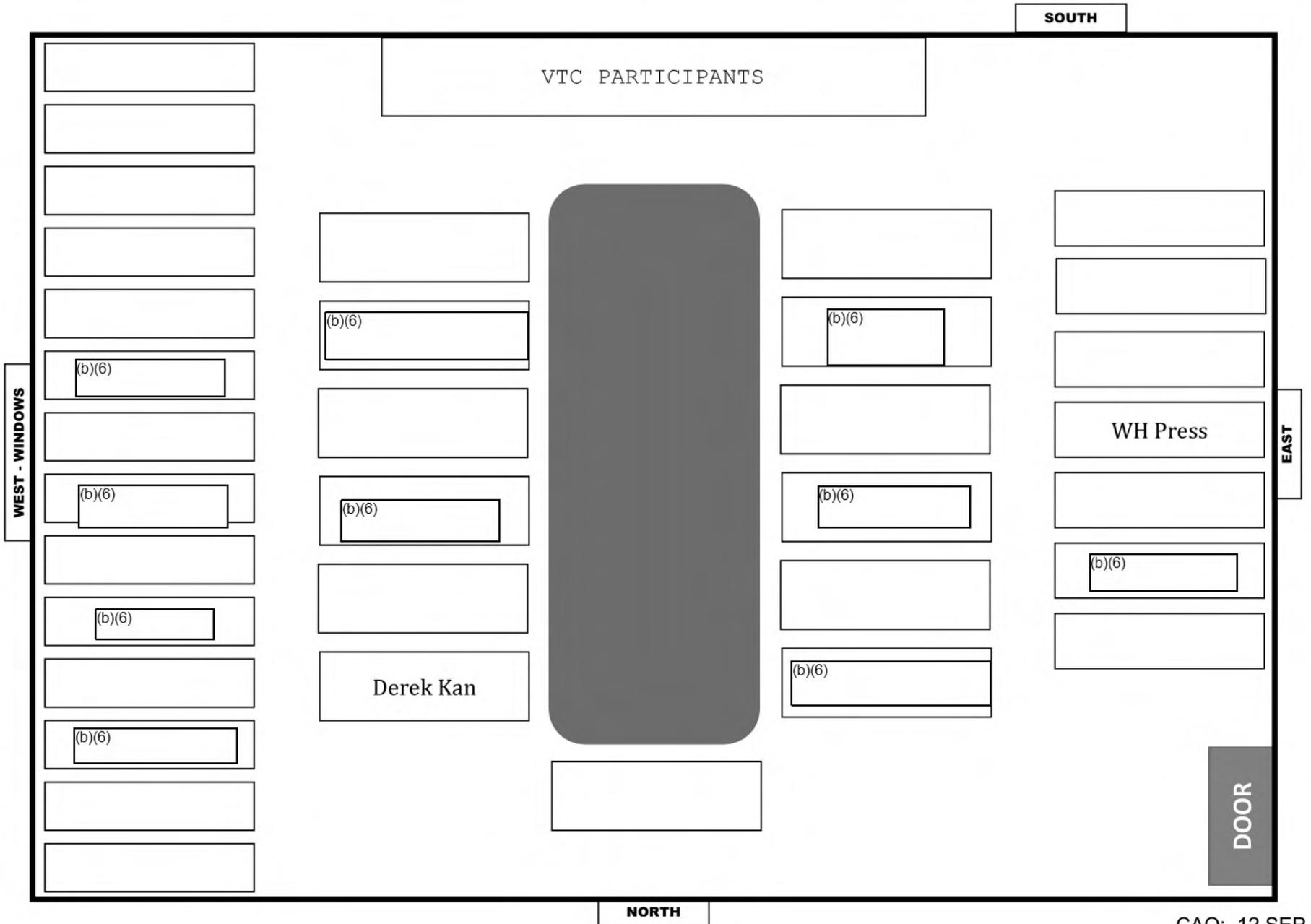
Kristan Nevins

[Redacted]

(b)(6)

(b)(6) SR
ADVISOR / OVP

DOOR





OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Monday, March 23, 2020
4:00pm EST

I. Opening Remarks – Vice President Pence

II. (b)(5) – Ambassador Debi Birx, M.D.

III. (b)(5) – Secretary Alex Azar (HHS)

IV. (b)(5) – Administrator Pete Gaynor (FEMA) & Jared

Kushner & Secretary Alex Azar (HHS)

V. (b)(5) – Dr. Bob Redfield,

Director (CDC)

VI. (b)(5) – Dr. Bob

Redfield, Director (CDC) & Acting Secretary Chad Wolf (DHS)

VII. (b)(5) – Acting Secretary Chad Wolf (DHS)

VIII. Concluding Remarks – Vice President Pence

Task Force 23March

Update on mortality in France and Italy – remains

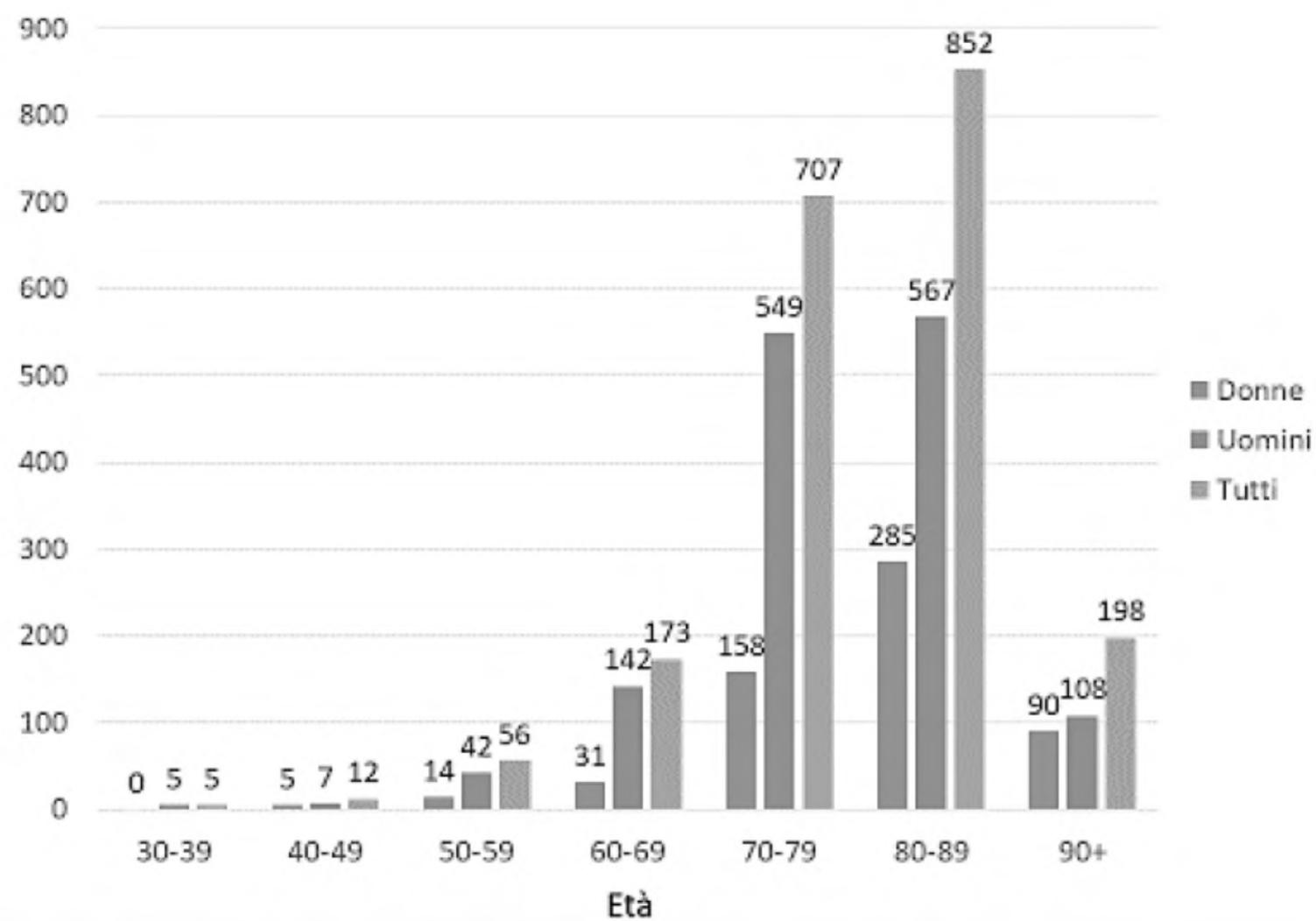
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Data as of March 22, 2020

Italy mortality

Figura 2. Numero di decessi per fascia di età



Italy deaths by province

Regione	N	%
Abruzzo	3	0,1
Bolzano	6	0,3
Emilia-Romagna	346	17,3
Friuli-Venezia Giulia	21	1,0
Lazio	12	0,6
Liguria	23	1,1
Lombardia	1425	71,1
Marche	17	0,8
Molise	1	0,1
Piemonte	36	1,8
Puglia	18	0,9
Sardegna	2	0,1
Toscana	6	0,3
Trento	7	0,3
Umbria	1	0.1
Veneto	79	3,9

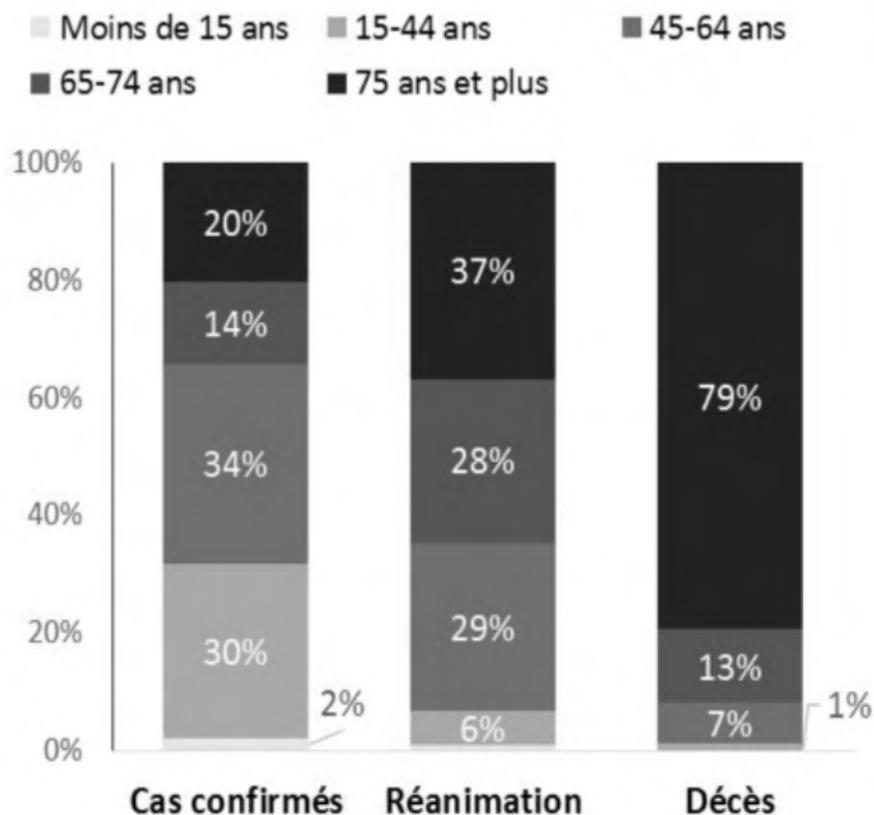
France mortality

Tableau 1. Nombre de cas, sexe-ratio, taux de passage en réanimation par âge et de décès par âge des cas confirmés de COVID-19 rapportés à Santé publique France au 15 mars 2020 à minuit, France (source : GoData)

	Cas confirmés	Réanimation n (%)	Décès n (%)
Nombre de cas	6 378	285 (4,5)	161 (2,5)
Sexe-ratio H/F	0,9	2,0	1,4
Classes d'âge *			
Moins de 15 ans	126	3 (2,4)	0
15-44 ans	1 808	16 (0,9)	2 (0,1)
45-64 ans	2 067	80 (3,9)	11 (0,5)
65-74 ans	850	78 (9,2)	20 (2,4)
75 ans et plus	1 236	103 (8,3)	127 (10,3)

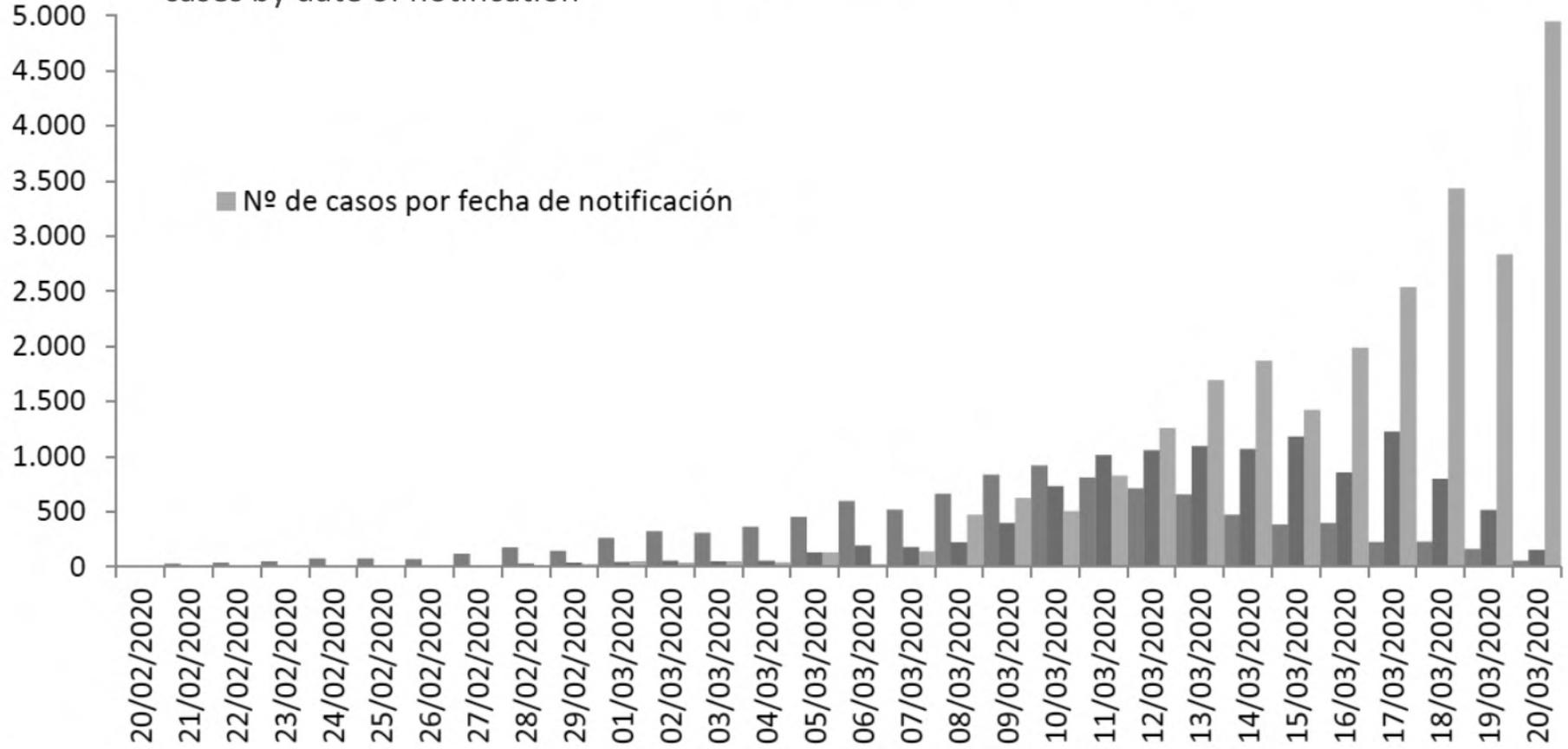
* Données partiellement renseignées pour l'âge (n = 6 087 cas confirmés, 280 cas passés en réanimation, 160 cas décédés)

Figure 3. Proportion de cas confirmés de COVID-19 rapportés à Santé publique France par classes d'âge, au 15 mars 2020 à minuit, France (source : GoData)



Spain relationship between Sx, Dx, Case notifications

Figura 1. Daily confirmed cases of COVID 19 by notification date of beginning of first symptoms Blue is number of cases by date of first symptoms Red is number of cases by date of diagnosis Green is number of cases by date of notification



*Sólo se dispone de fecha de inicio de síntomas y diagnóstico de 10.230 casos
Fuente elaboración propia

Global

Now **Yesterday** Search:

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,054	+46	3,261	+6	72,440	5,353	1,845	56
Italy	59,138	+5,560	5,476	+651	7,024	46,638	3,000	978
USA	33,546	+9,339	419	+117	178	32,949	795	101
Spain	28,768	+3,272	1,772	+391	2,575	24,421	1,785	615
Germany	24,873	+2,509	94	+10	266	24,513	23	297
Iran	21,638	+1,028	1,685	+129	7,913	12,040		258
France	16,018	+1,559	674	+112	2,200	13,144	1,746	245
S. Korea	8,897	+98	104	+2	2,909	5,884	59	174
Switzerland	7,474	+611	98	+18	131	7,245	141	864
UK	5,683	+665	281	+48	93	5,309	20	84
Netherlands	4,204	+573	179	+43	2	4,023	354	245
Austria	3,582	+590	16	+8	9	3,557	15	398
Belgium	3,401	+586	75	+8	263	3,063	288	293
Norway	2,385	+221	7		6	2,372	28	440

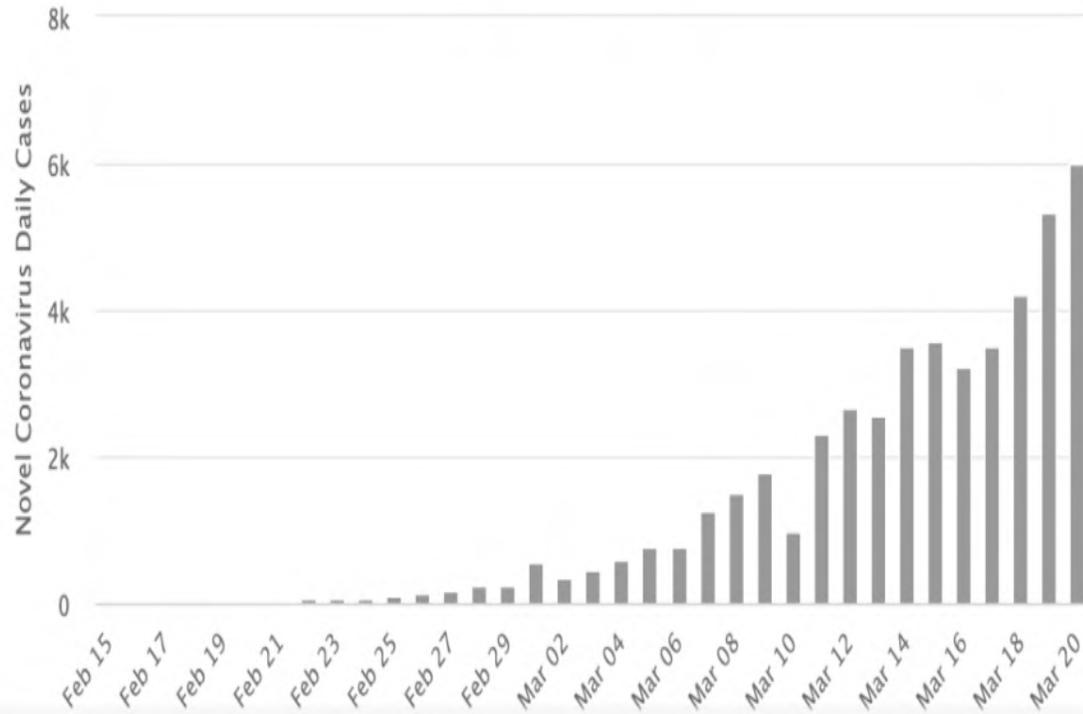
Now **Yesterday** Search:

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,093	+39	3,270	+9	72,703	5,120	1,749	56
Italy	59,138		5,476		7,024	46,638	3,000	978
USA	35,070	+1,524	458	+39	178	34,434	795	106
Spain	29,909	+1,141	1,813	+41	2,575	25,521	1,785	640
Germany	24,904	+31	94		266	24,544	23	297
Iran	21,638		1,685		7,913	12,040		258
France	16,018		674		2,200	13,144	1,746	245
S. Korea	8,961	+64	111	+7	3,166	5,684	59	175
Switzerland	7,776	+302	100	+2	131	7,545	141	898
UK	5,683		281		135	5,267	20	84
Netherlands	4,204		179		2	4,023	354	245
Austria	3,631	+49	16		9	3,606	15	403
Belgium	3,401		75		340	2,986	288	293
Norway	2,385		7		6	2,372	28	440

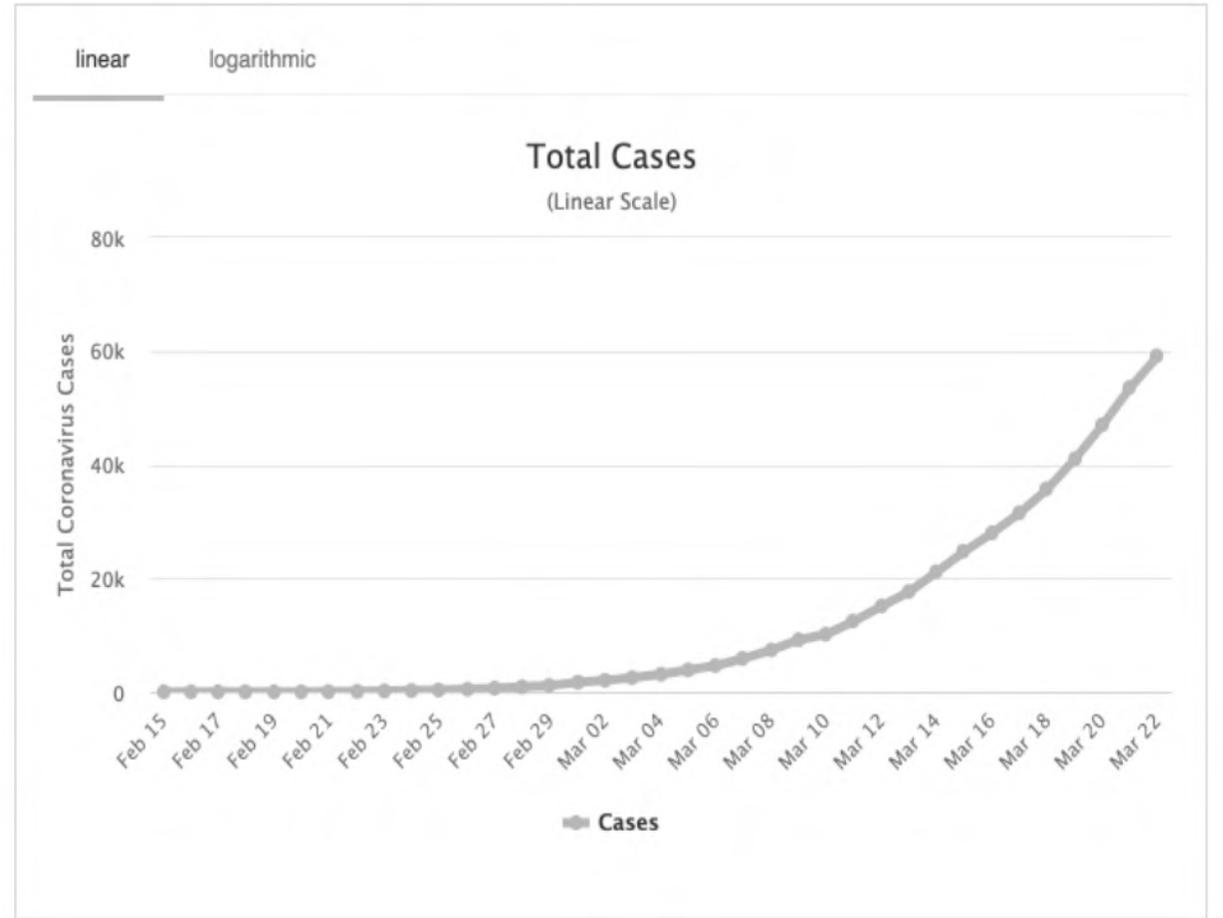
Daily New Cases in Italy

Daily New Cases

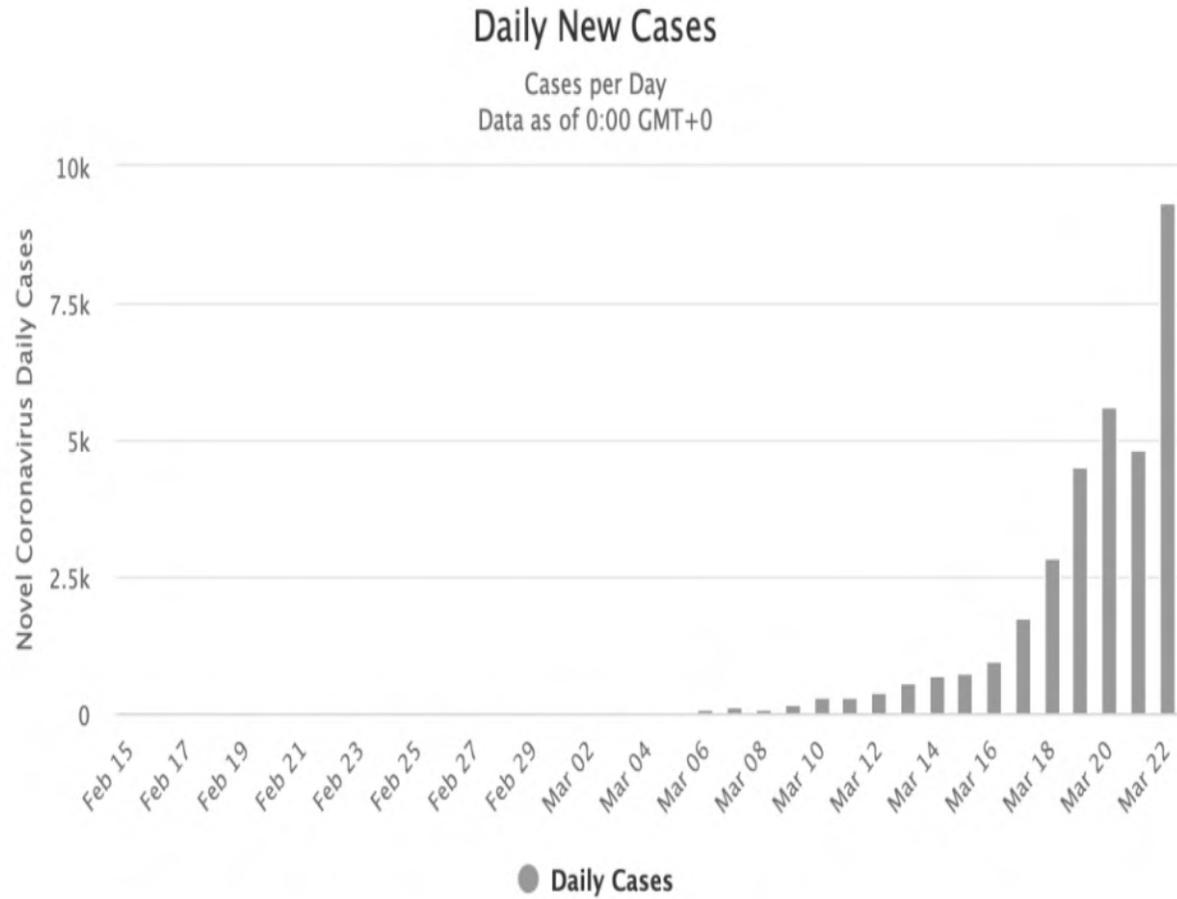
Cases per Day
Data as of 0:00 GMT+0



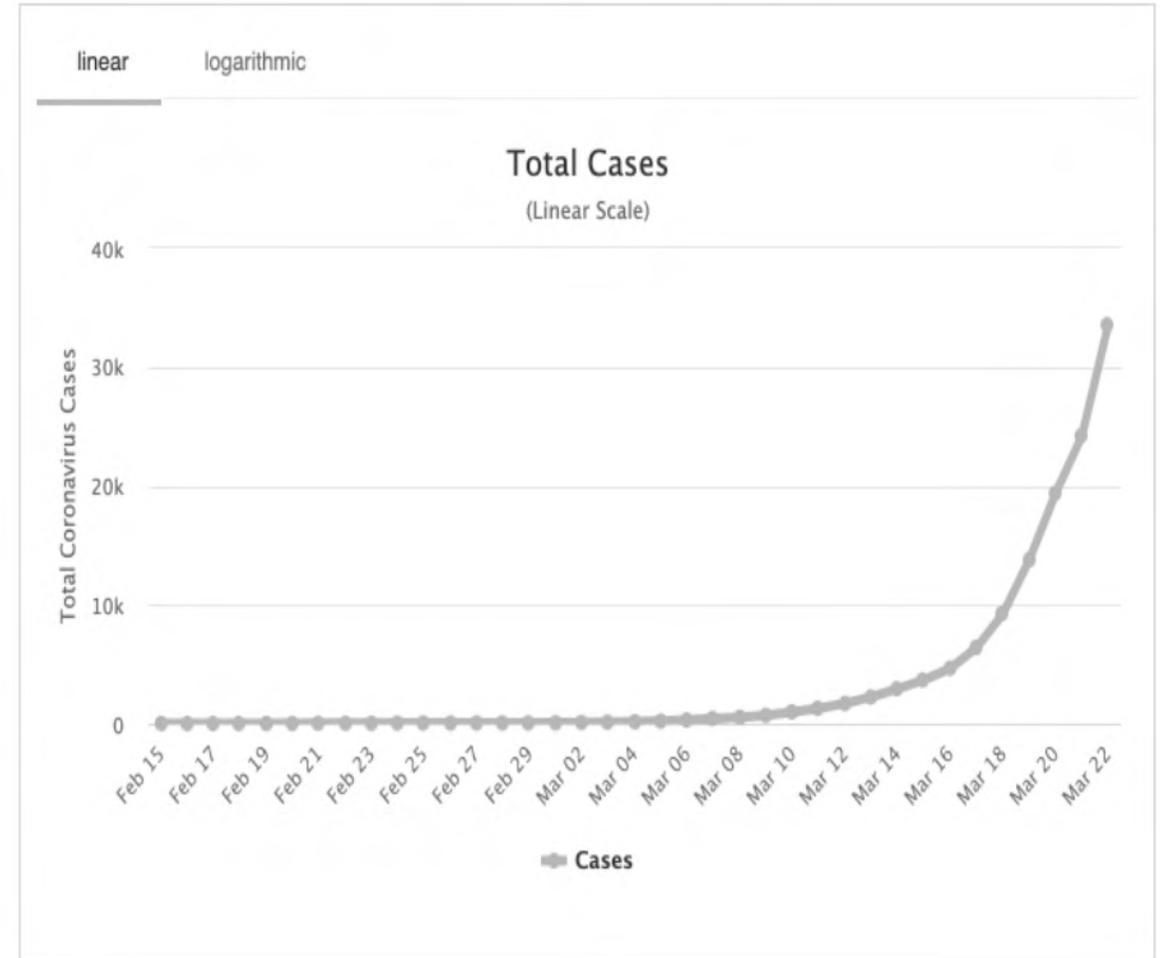
Total Coronavirus Cases in Italy

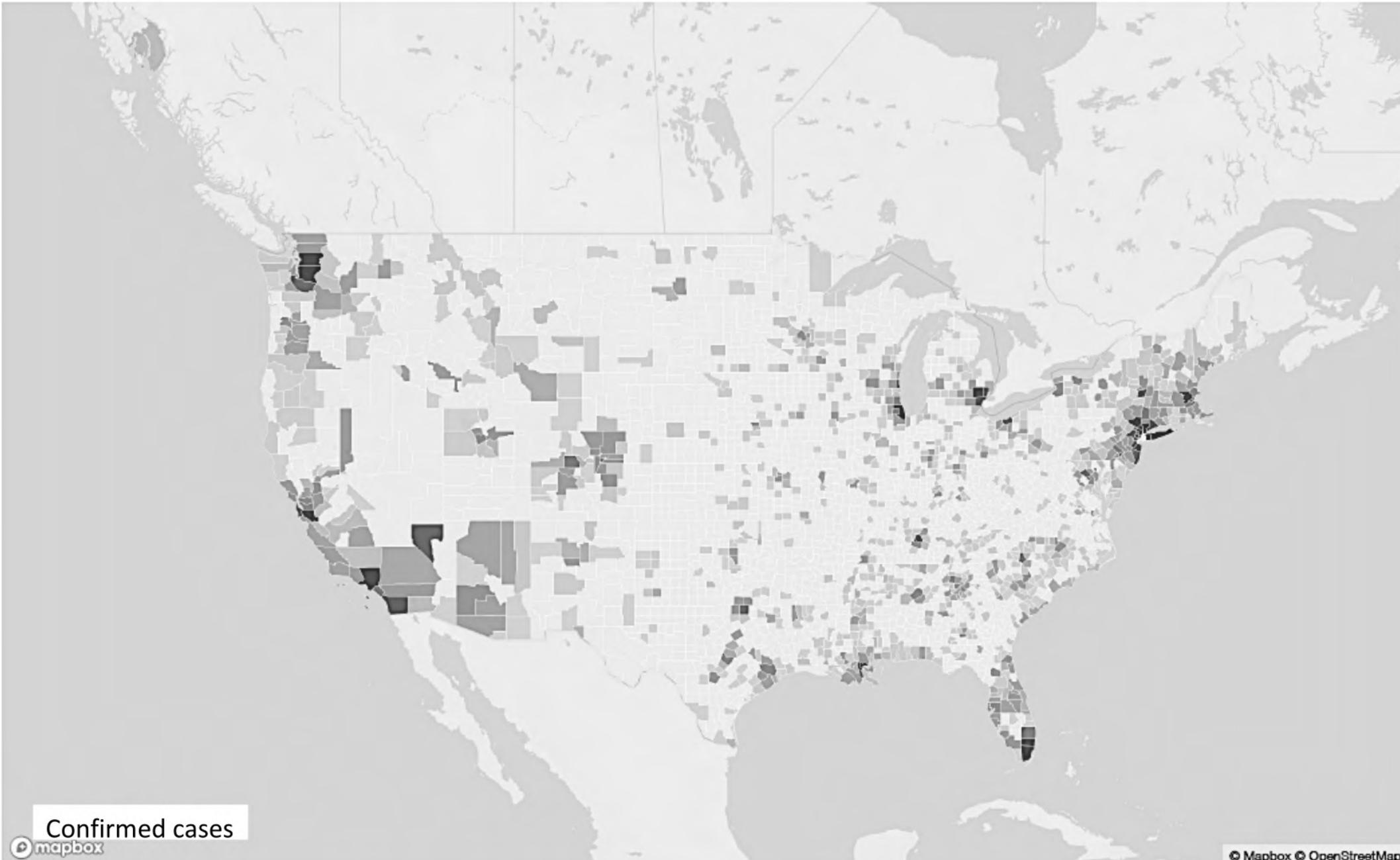


Daily New Cases in the United States



Total Coronavirus Cases in the United States





Confirmed cases



© Mapbox © OpenStreetMap

Legend

- 0+
- 1+
- 6+
- 11+
- 51+
- 101+
- 201+
- 501+

USA

NOW **Yesterday**

Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Source
New York	15,790	+5,418	114	+58		15,676	[source]
Washington	1,996	+203	95	+1	124	1,777	[source]
New Jersey	1,914	+587	20	+4		1,894	[source]
California	1,755	+364	34	+10	6	1,715	[source]
Illinois	1,049	+296	9	+3	2	1,038	[source]
Michigan	1,035	+248	9	+4		1,026	[source]
Florida	1,007	+348	13	+1		994	[source]
Louisiana	837	+252	20	+4		817	[source]
Massachusetts	646	+121	5	+4	1	640	[source]
Georgia	600	+45	23	+9		577	[source]
Texas	598	+125	6	+1	11	581	[source]
Colorado	591	+115	6	+1		585	[source]
Tennessee	505	+134	2	+1		503	[source]

Now **Yesterday**

Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Source
New York	16,900	+1,110	150	+36		16,750	[source]
Washington	1,996		95		124	1,777	[source]
New Jersey	1,914		21	+1		1,893	[source]
California	1,802	+47	35	+1	6	1,761	[source]
Illinois	1,049		9		2	1,038	[source]
Michigan	1,035		9			1,026	[source]
Florida	1,007		13			994	[source]
Louisiana	837		20			817	[source]
Texas	719	+121	7	+1	11	701	[source]
Massachusetts	646		5		1	640	[source]
Georgia	620	+20	25	+2		595	[source]
Colorado	591		6			585	[source]
Tennessee	505		2			503	[source]
Pennsylvania	479		4	+1		475	[source]
Virginia	479		4		1	376	[source]

Site Name	Class	City	State	Site Currently Live	Cumulative Shipped Tests	Current Week Shipped Tests	Current Inventory Test Count	Tests Performed	Patient Reportable Tests	Positive Test Results	Positivity Rate
Grand Total					763,776	570,048		44,686			
Bio-Reference Labs	Reference	Elmwood Park	NJ	Yes	112,128	56,064	86,400	9,147	9,147	2,712	29.6%
Labcorp Phoenix	Reference	Phoenix	AZ	Yes	53,568	24,768	not reported	5,264	not reported	not reported	
Labcorp Burlington	Reference	Burlington	NC	Yes	102,144	89,472	not reported	4,800	not reported	not reported	
Labcorp Raritan	Reference	Raritan	NJ	Yes	58,368	24,192	37,248	4,700	not reported	not reported	
Quest Diag Schaumburg	Reference	Schaumburg	IL	Yes	11,520	11,520	not reported	2,497	2,444	306	12.5%
Sonic - CPL Austin	Reference	Austin	TX	Yes	24,192	13,632	18,048	2,124	2,062	100	4.8%
Sonic - AEL Memphis	Reference	Memphis	TN	Yes	15,936	9,024	11,520	1,752	1,701	108	6.3%
Mayo Clinic Rochester	Reference	Rochester	MN	Yes	30,912	30,912	27,264	1,418	1,210	74	6.1%
Quest Diag Miramar	Reference	Miramar	FL	Yes	31,488	31,488	not reported	1,328	1,300	79	6.1%
Quest Diag Marlborough	Reference	Marlborough	MA	Yes	13,056	13,056	not reported	1,127	1,103	97	8.8%
Quest Diag Teterboro	Reference	Teterboro	NJ	Yes	37,248	37,248	not reported	1,093	1,070	332	31.0%
Quest Diag West Hills	Reference	Canoga Park	CA	Yes	33,408	33,408	not reported	1,026	1,004	48	4.8%
Quest Diag Lenexa	Reference	Lenexa	KS	Yes	14,208	14,208	not reported	1,002	981	71	7.2%
Sonic - Sunrise Medical Lab	Reference	Hicksville	NY	Yes	23,040	12,480	21,696	924	897	259	28.9%
Quest Diag Nichols Inst	Reference	San Juan Cap..	CA	Yes	43,392	43,392	not reported	841	823	70	8.5%
Quest Diag Irving	Reference	Irving	TX	Yes	11,520	11,520	not reported	825	808	68	8.4%
Kaiser Berkeley Regl Lab	Hospital	Berkeley	CA	Yes	12,288	12,288	2,688	739	670	47	7.0%
Quest Diag Pittsburgh	Reference	Pittsburgh	PA	Yes	14,208	14,208	not reported	641	628	39	6.2%
Quest Diag Chantilly	Reference	Chantilly	VA	Yes	24,192	12,480	not reported	562	550	60	10.9%
Sonora Quest Labs	Reference	Tempe	AZ	Yes	5,376	5,376	2,304	529	529	22	4.2%
NYU Medical Ctr	Hospital	New York	NY	Yes	6,912	6,912	4,608	485	475	223	46.9%
Columbia Univ Medical Ctr	Hospital	New York	NY	Yes	13,824	6,912	9,600	464	446	241	54.0%
Providence Regl Lab Molecular	Hospital	Portland	OR	Yes	3,456	3,456	1,536	344	336	16	4.8%
Quest Diag Med Fusion	Reference	Lewisville	TX	Yes	12,288	12,288	not reported	339	332	19	5.7%
Labcorp Mt Sinai Icahn Schl Of..	Reference	New York	NY	Yes	7,680	576	6,336	330	324	179	55.2%
Atrium	Hospital	Charlotte	NC	Yes	6,912	2,112	6,144	227	221	17	7.7%
Univ Of Chicago	Hospital	Chicago	IL	Yes	3,456	0	1,344	158	158	21	13.3%
Sonic - West Pacific	Reference	Santa Fe Spr..	CA	No	10,944	10,944	not reported	not reported	not reported	not reported	
Univ Of Colorado Denver	Hospital	Aurora	CO	No	1,344	1,344	not reported	not reported	not reported	not reported	
Mayo Clinic Hosp Jacksonville	Reference	Jacksonville	FL	No	4,800	4,800	not reported	not reported	not reported	not reported	
Massachusetts General Hosp	Hospital	Boston	MA	No	1,344	1,344	not reported	not reported	not reported	not reported	
Kaiser Permanente Chino Hills..	Hospital	Chino Hills	CA	Yes	6,528	6,528	not reported	not reported	not reported	not reported	

Roche reporting – missing all other platforms

cobas SARS-CoV-2 Testing

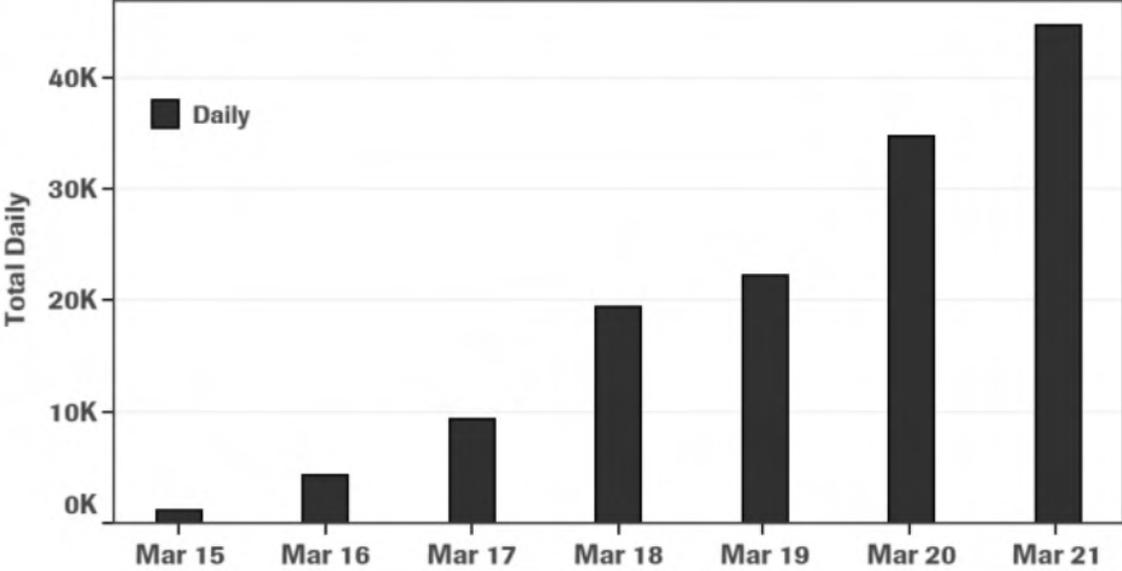
Updated 3/22/2020; Site Reporting for 3/21/2020 (midnight to midnight)



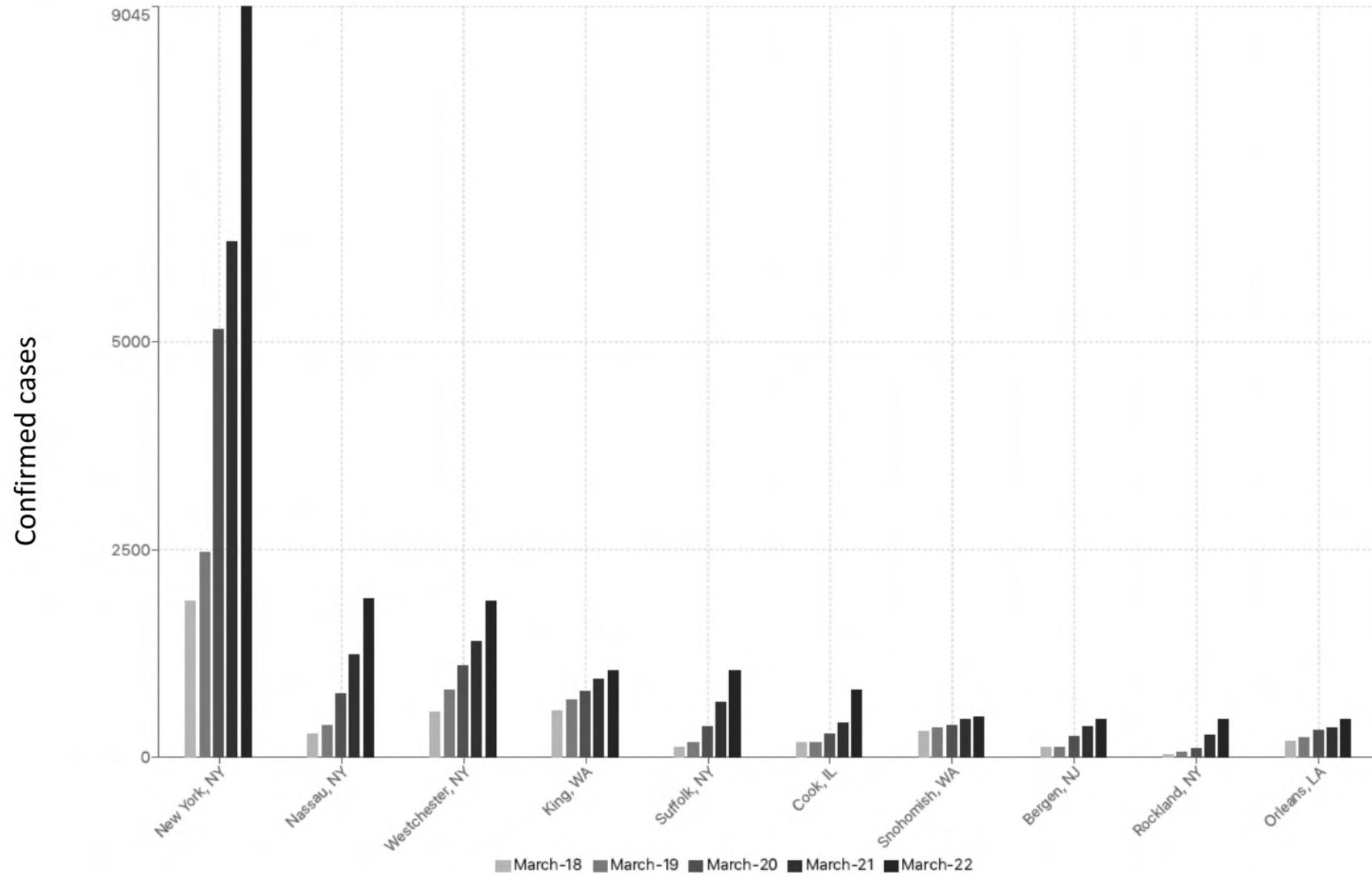
Sites Where Testing Performed



Daily Tests Performed

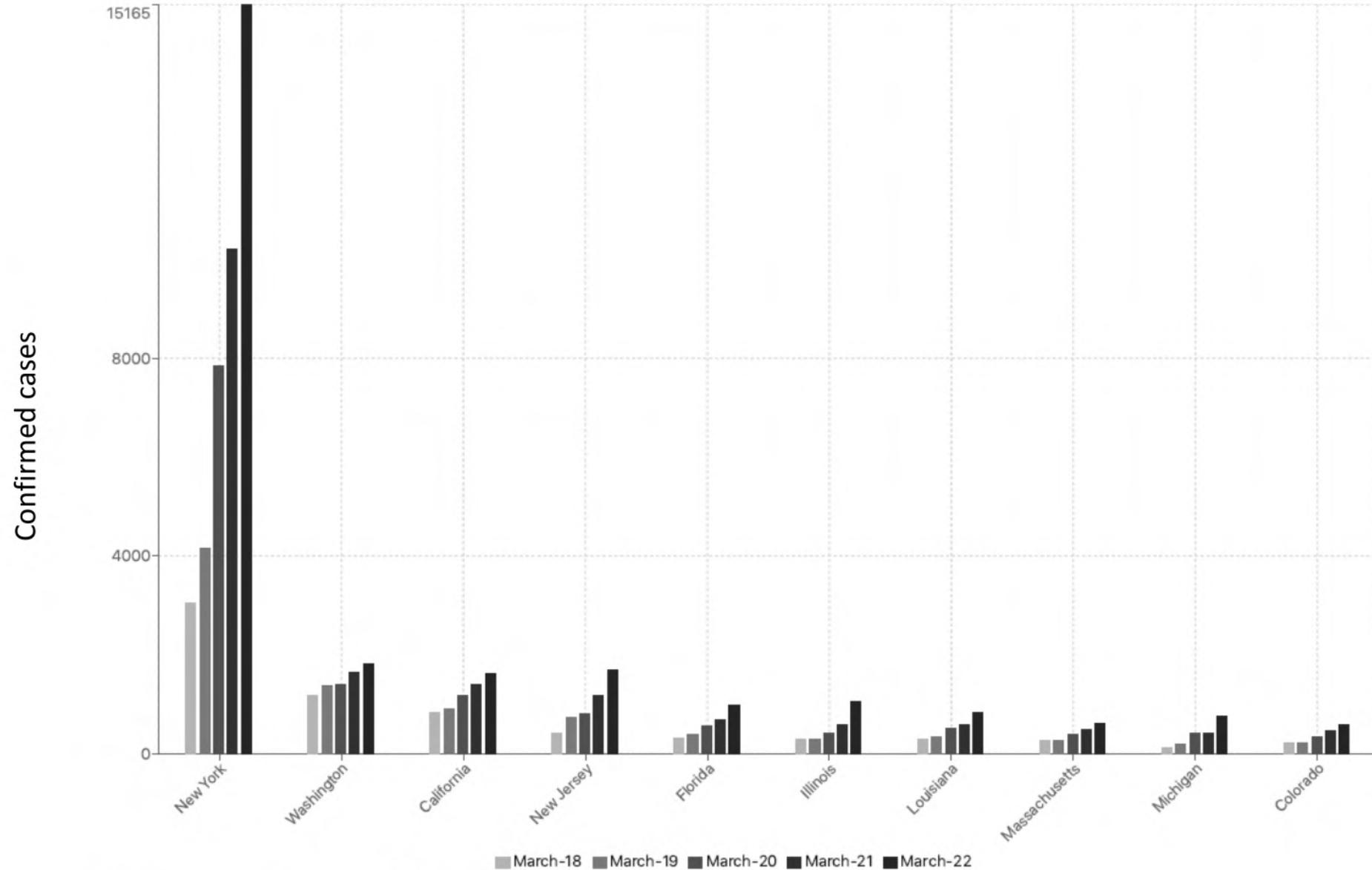


Counties with the highest number of cases



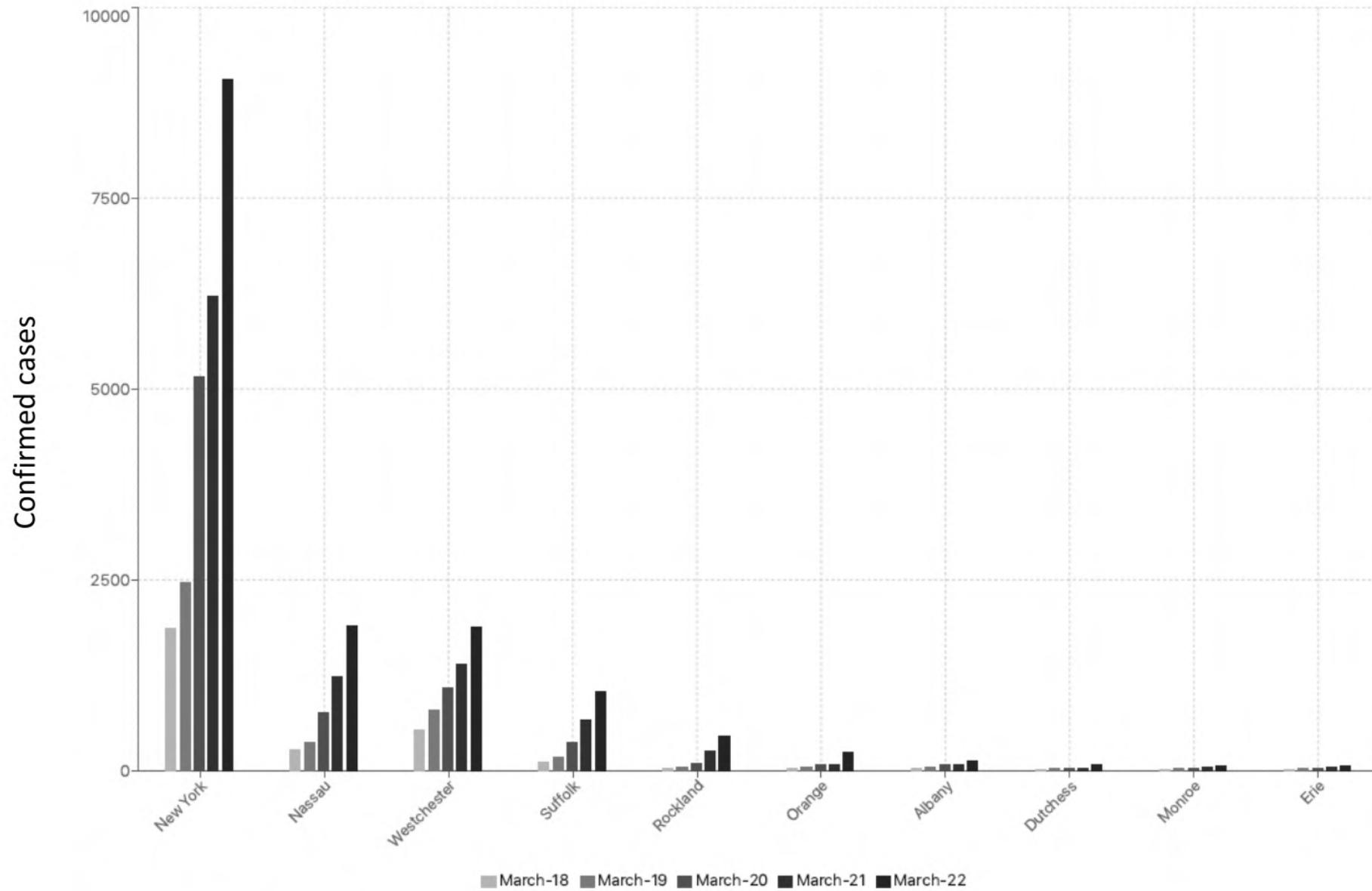
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed

States with the highest number of cases



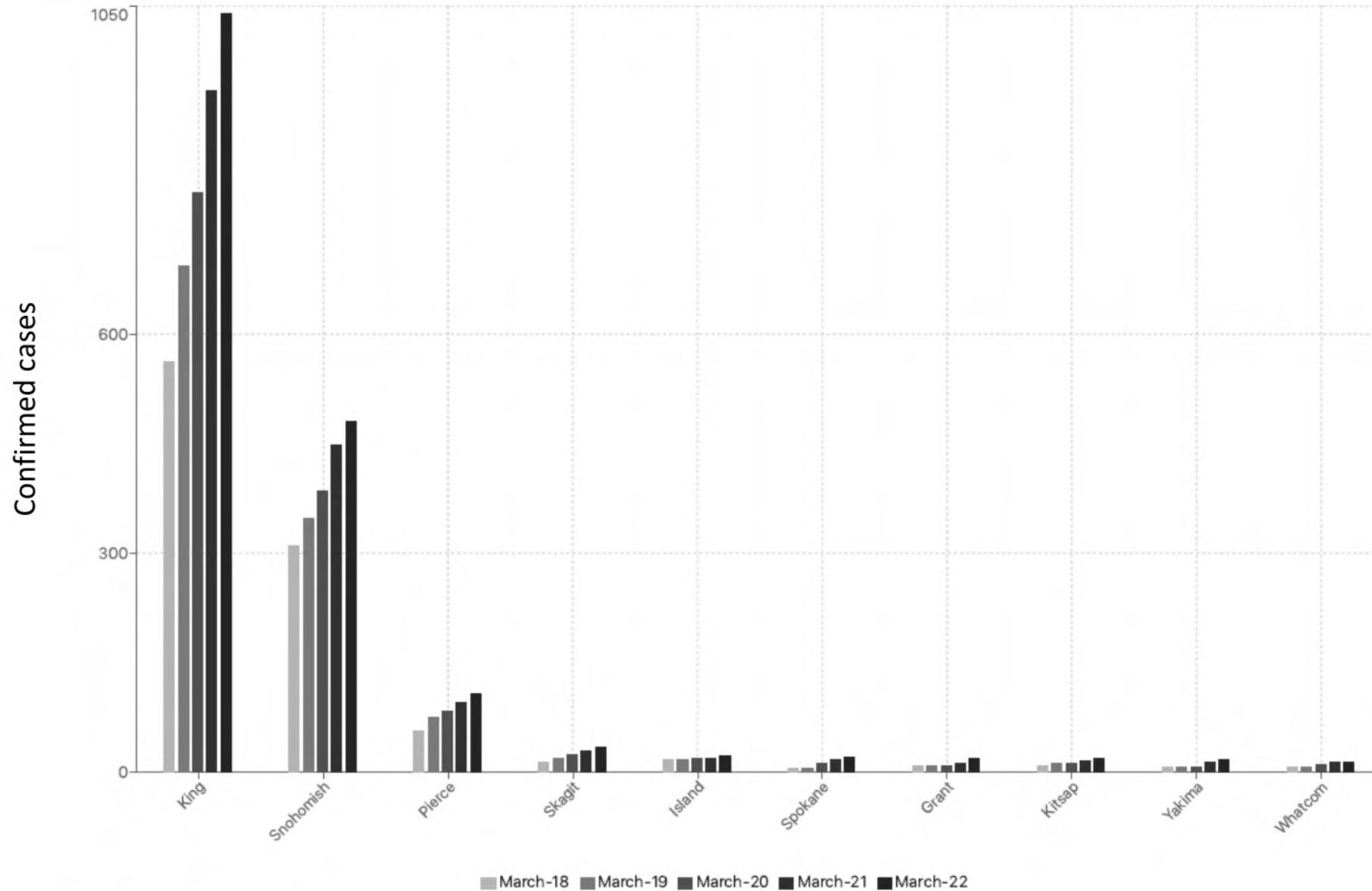
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

New York



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

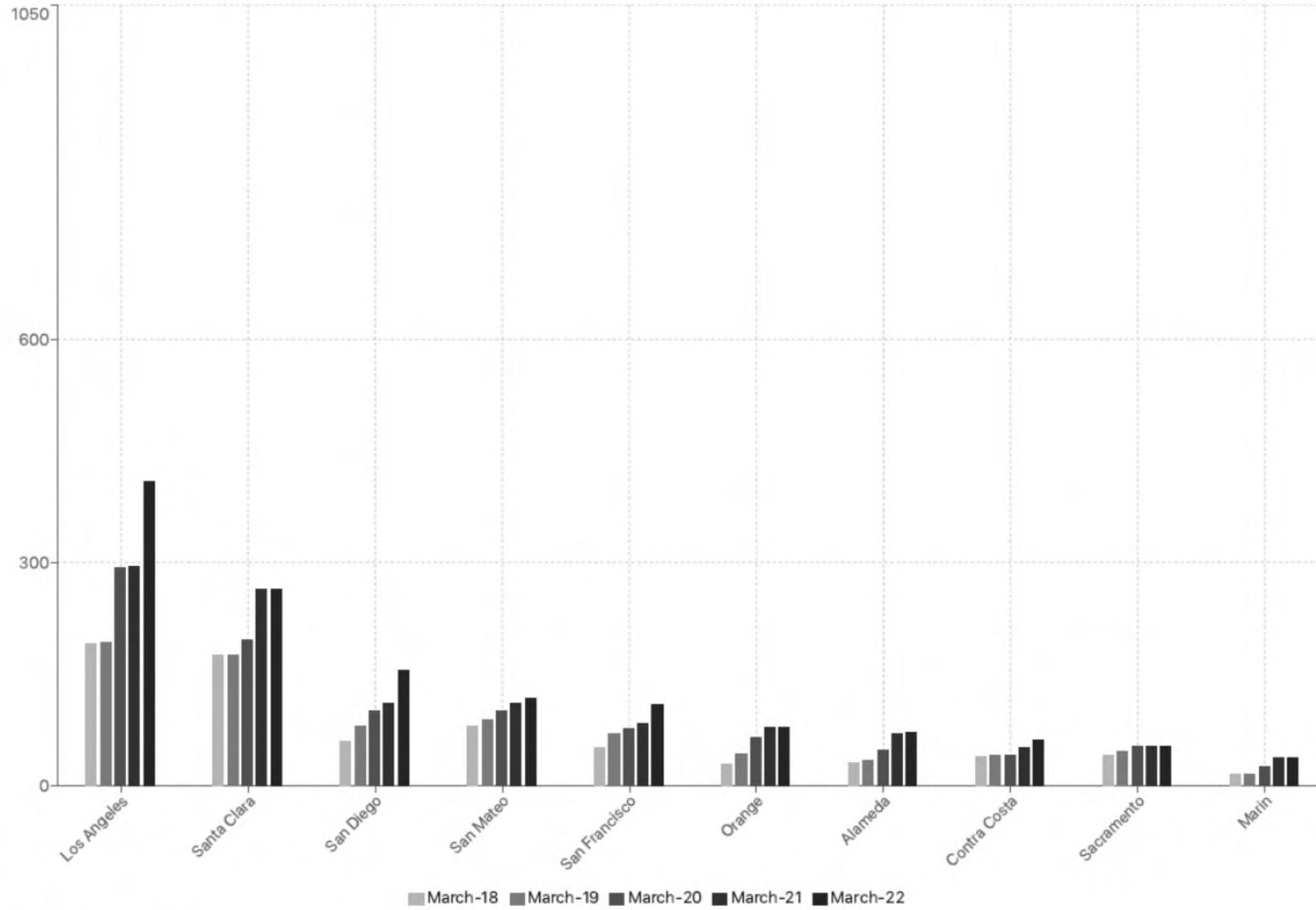
Washington



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

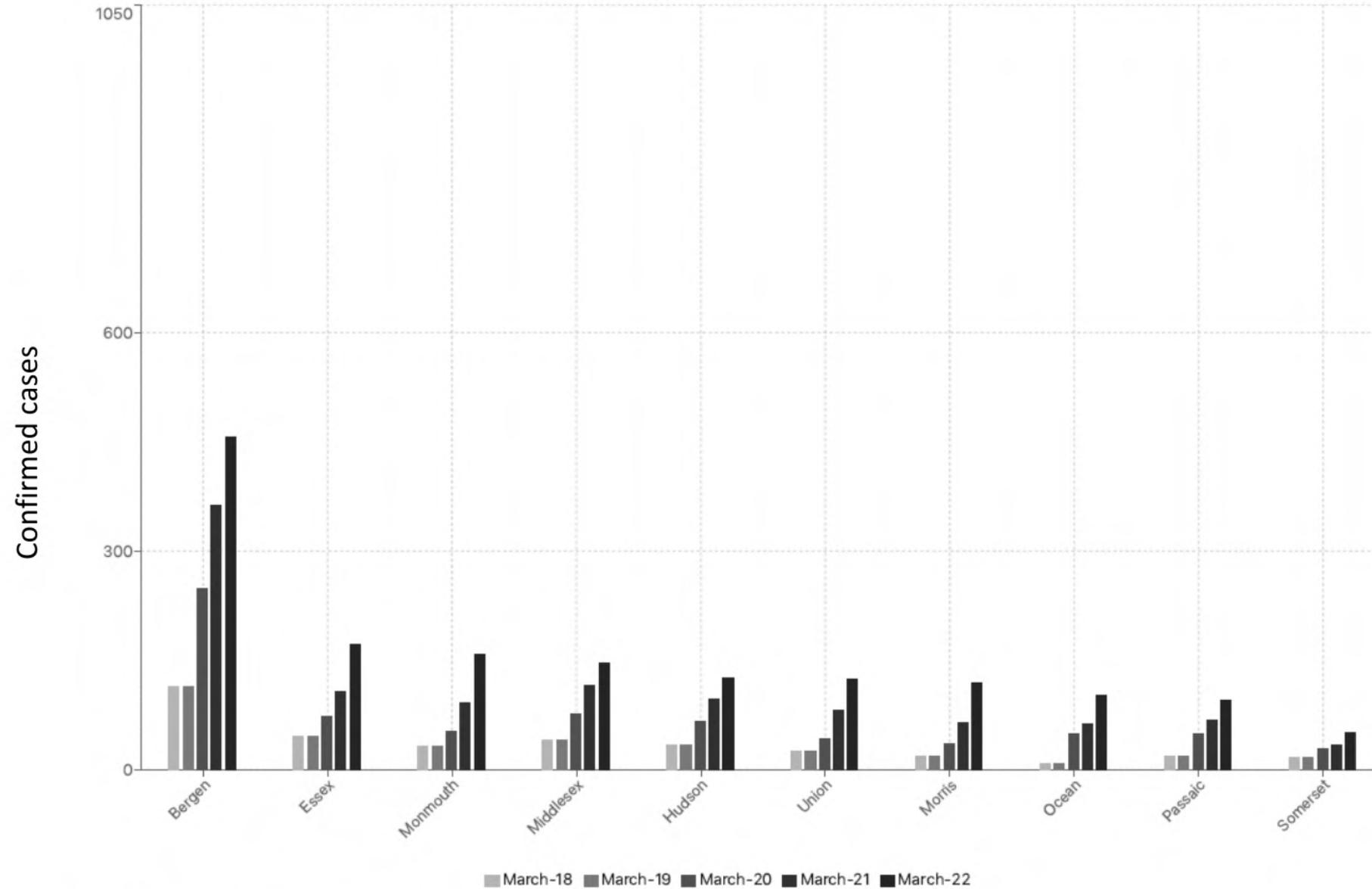
California

Confirmed cases



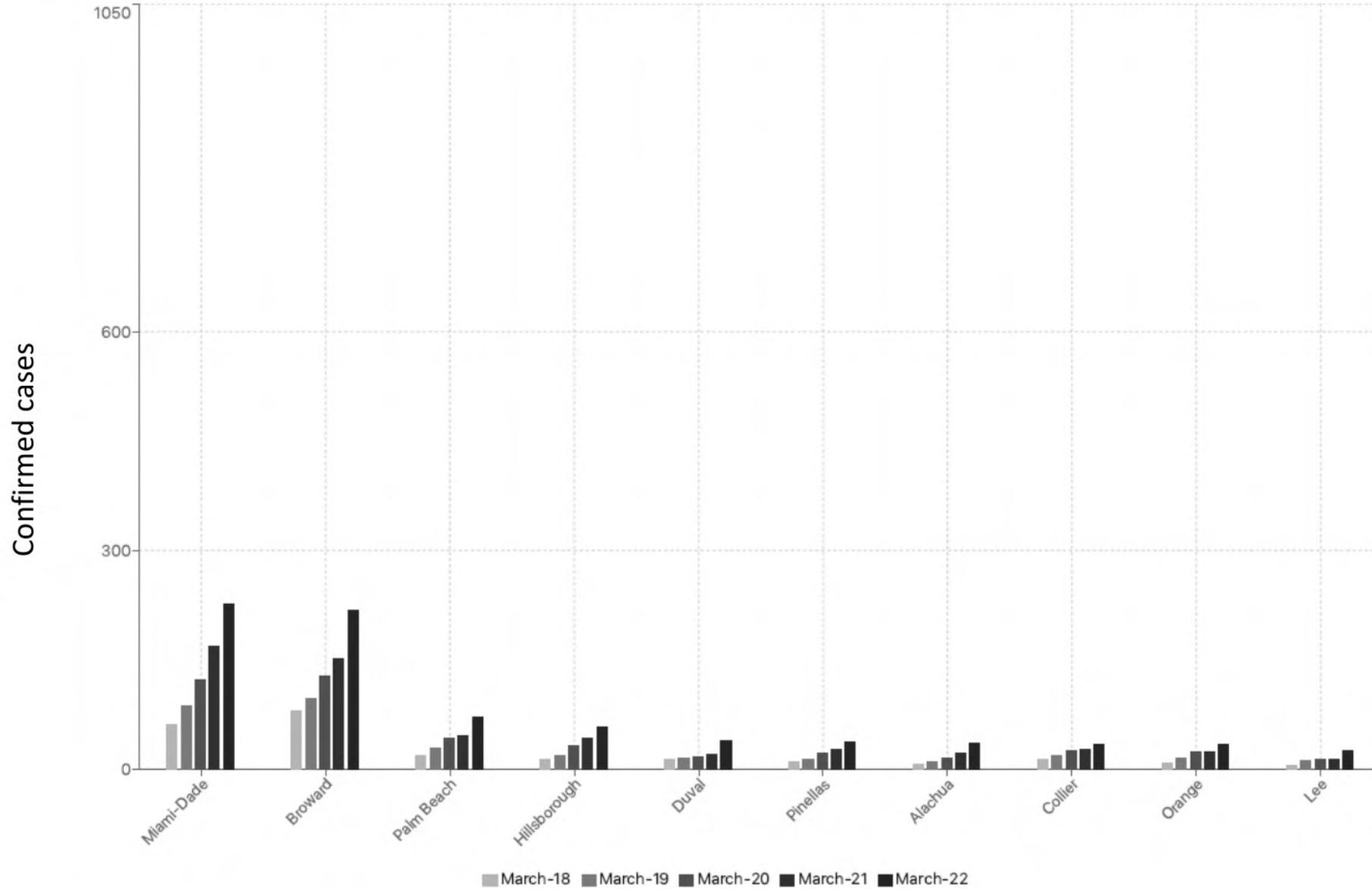
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

New Jersey



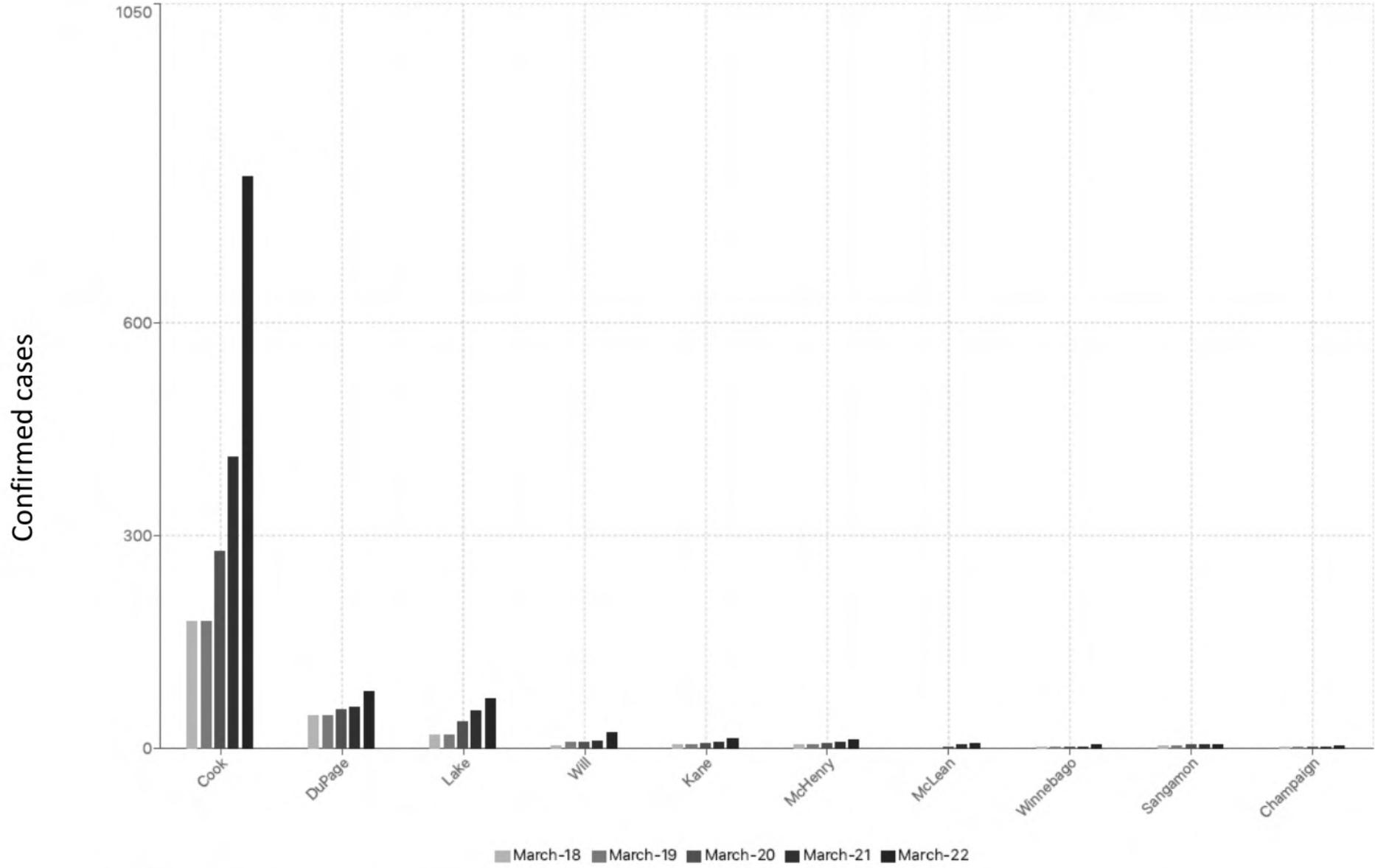
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Florida



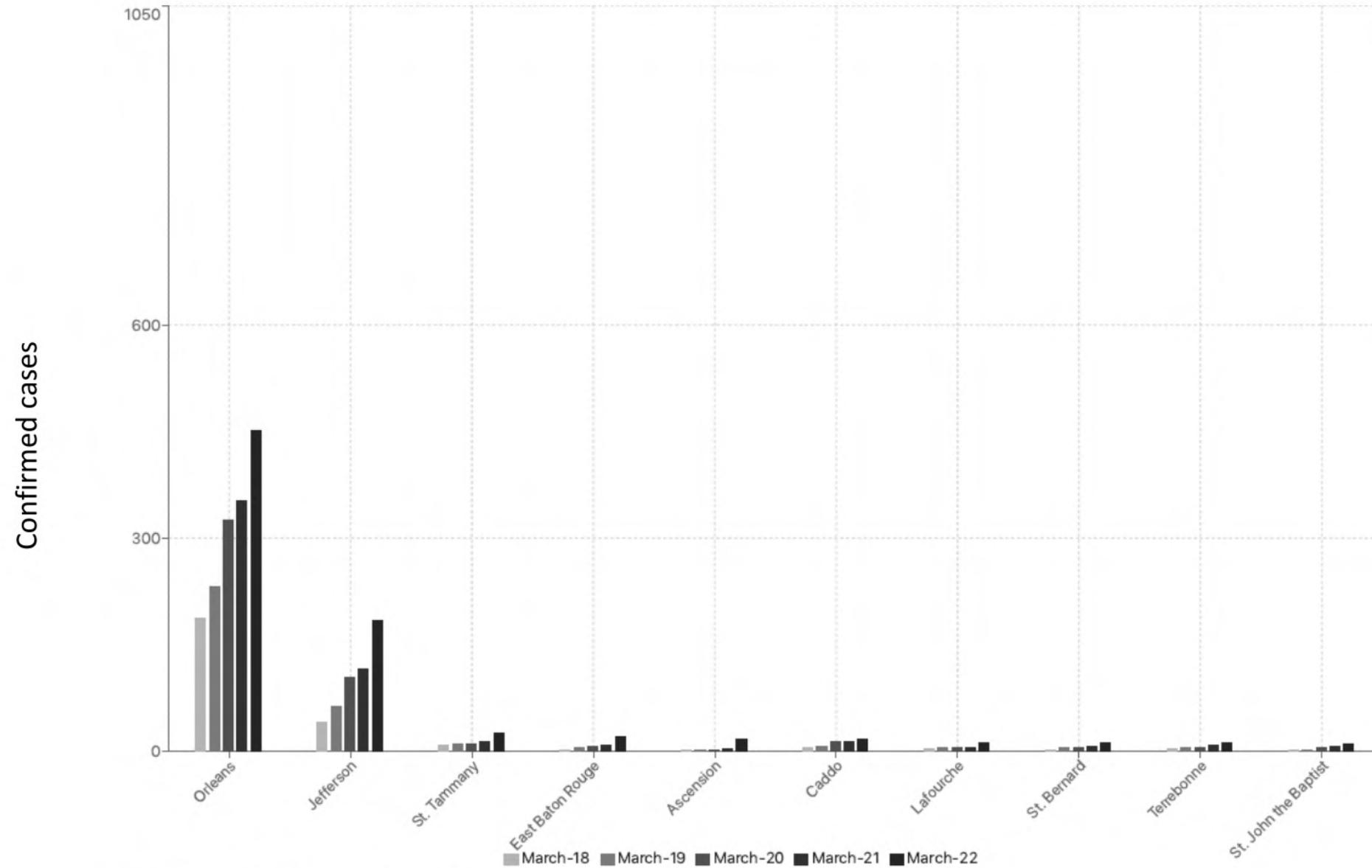
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Illinois



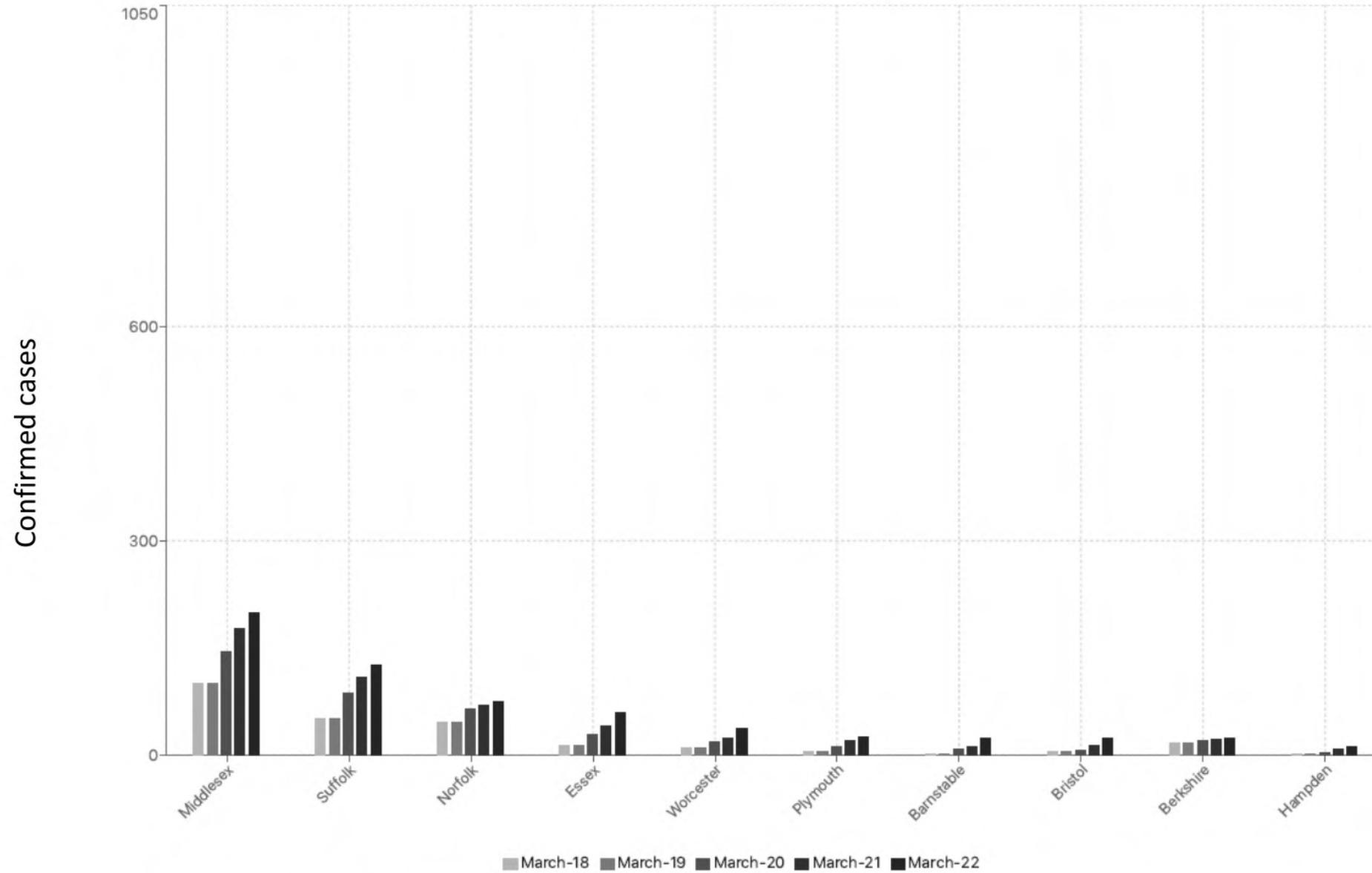
Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Louisiana



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

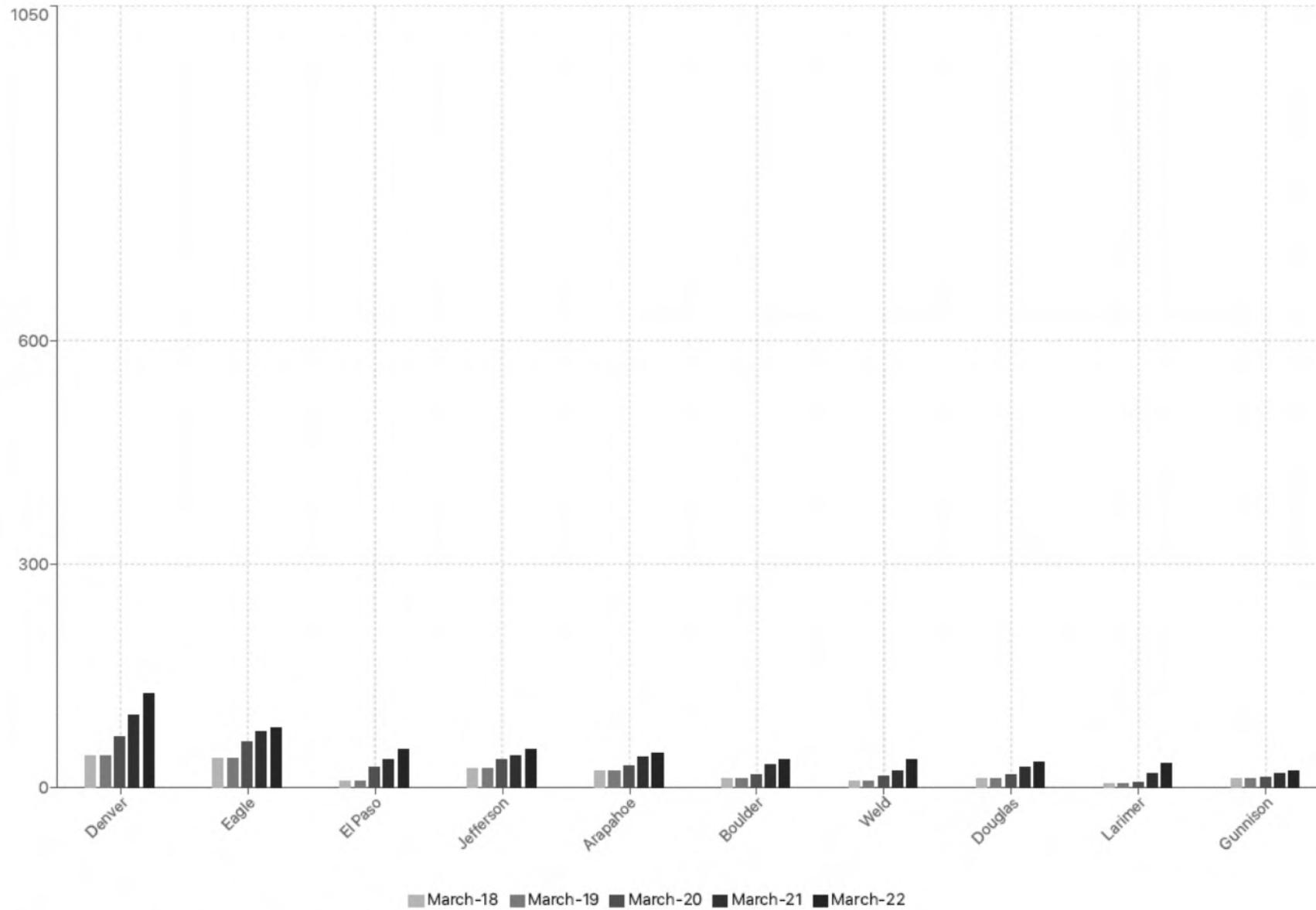
Massachusetts



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado

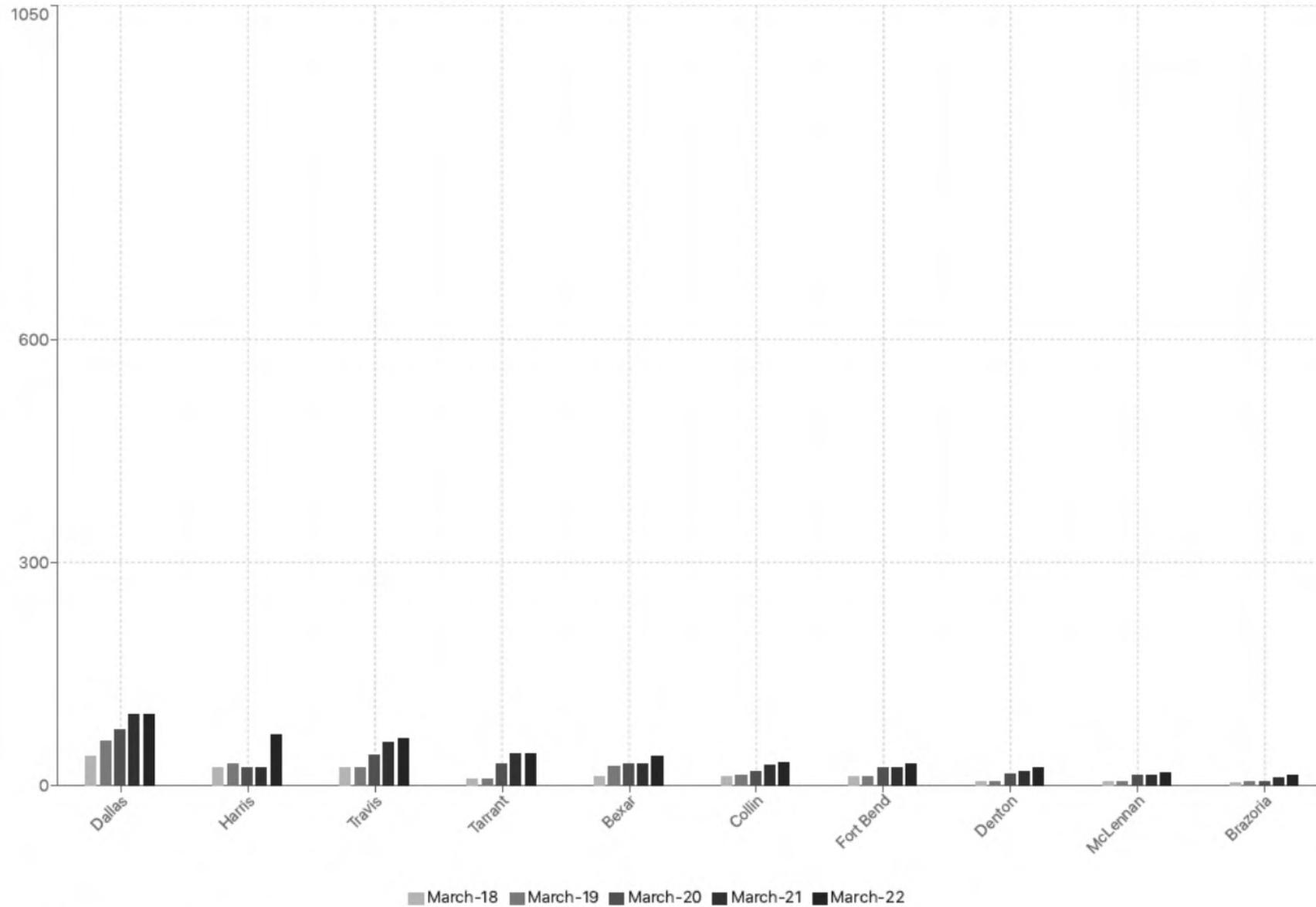
Confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

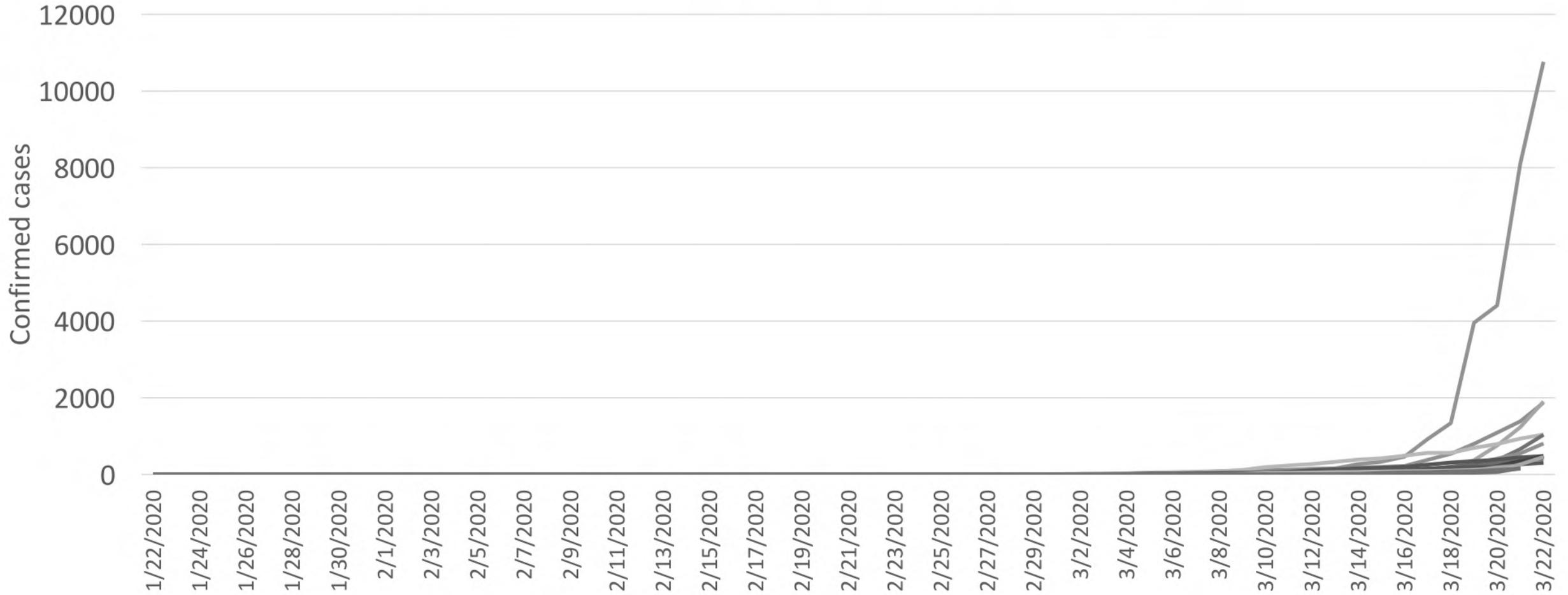
Texas

Confirmed cases

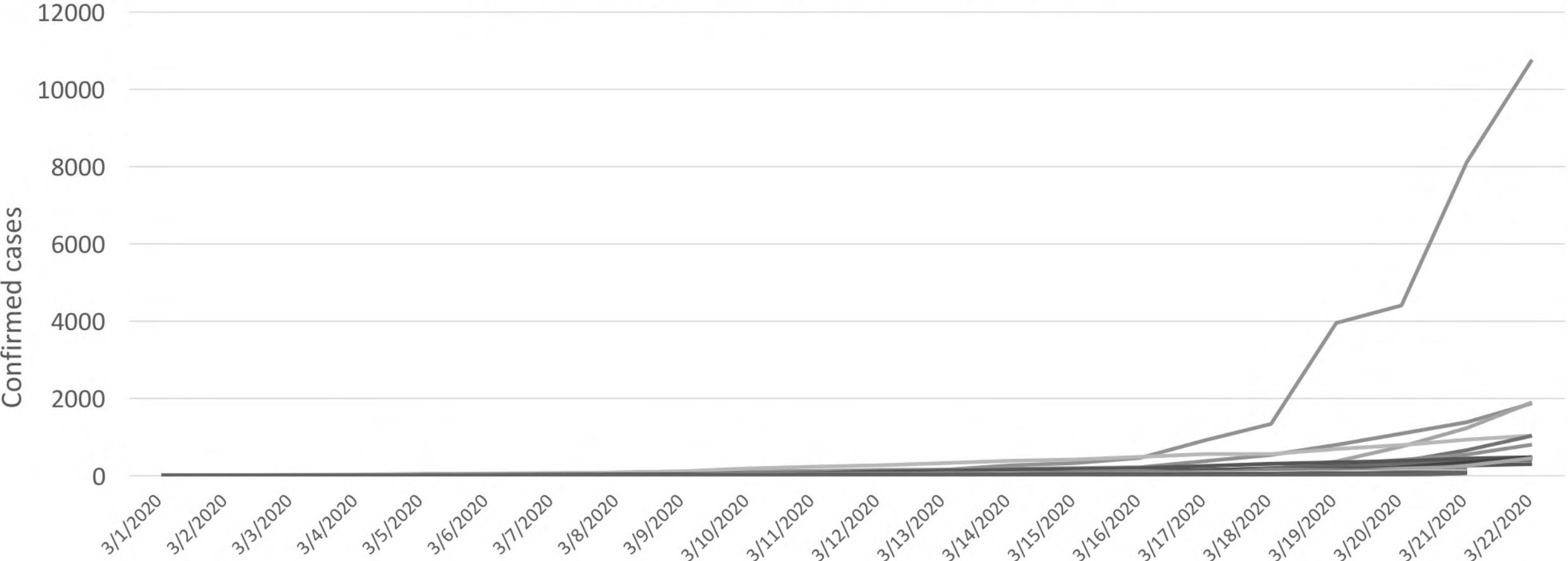


Source: [Conference of State Bank Supervisors](#), as of 11:01 March 22, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

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



Trends in Reported Cases Since 3/1/2020



Source: <http://usafacts.org/> as of 3/19/2020

From: (b)(6) EOP/OVP
Sent: Mon, 23 Mar 2020 12:39:52 +0000
To: RLW
Cc: (b)(6)
Subject: RE: [EXTERNAL] RE: Task Force

Mr. Secretary,

Thank you for letting me know.

Best,

(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)

From: RLW (b)(6)@va.gov>
Sent: Monday, March 23, 2020 8:33 AM
To: (b)(6) EOP/OVP (b)(6)@ovp.eop.gov>
Cc: (b)(6)@va.gov>
Subject: RE: [EXTERNAL] RE: Task Force

(b)(6)

I will call from here—no need to crowd the room unless the VP has a specific need for me.

Robert

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

From: (b)(6) EOP/OVP (b)(6)@ovp.eop.gov>
Date: Sunday, Mar 22, 2020, 8:12 PM
To: RLW (b)(6)@va.gov>
Cc: (b)(6)@va.gov>
Subject: [EXTERNAL] RE: Task Force

Good evening Secretary,

You can either come in or call-in secure, whatever you prefer.

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)

From: RLW (b)(6) @va.gov>
Sent: Sunday, March 22, 2020 8:11 PM
To: (b)(6) OP/OVP (b)(6) @ovp.eop.gov>
Cc: (b)(6) @va.gov>
Subject: Task Force

(b)(6)

Is the task force meeting on Monday still conducted remotely?

Robert Wilkie

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

From: (b)(6) EOP/OVP
Sent: Tue, 24 Mar 2020 18:27:41 +0000
To: randal@mail.house.gov;Grogan, Joseph J.

(b)(6)

(b)(6)

Cc: (b)(6) S. EOP/OVP;Cipollone, Pat A.

EOP/WHO (b)(6) EOP/WHO

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting

Attachments: Task Force24March.pptx, Chart of current screening actions final.xlsx,
Coronavirus_L3_Global_3.18.20_GMTF_CLEARED031920_FINAL.docx, Attendance 3.24.docx, WHSR JFK
Seating Chart - 3.24.20.pptx

Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Tuesday, March 24th** at **3:00pm**. All materials are attached.

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)

COVID-19 Global and Country

13 days into their

(b)(5)

(b)(5)

Now Yesterday

Search:

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Tot Deaths/ 1M pop
China	81,171	+78	3,277	+7	73,159	4,735	1,573	56	2
Italy	63,927		6,077		7,432	50,418	3,204	1,057	101
USA	46,168	+2,434	582	+29	295	45,291	1,040	139	2
Spain	39,673	+4,537	2,696	+385	3,794	33,183	2,355	849	58
Germany	30,150	+1,094	130	+7	453	29,567	23	360	2
Iran	24,811	+1,762	1,934	+122	8,913	13,964		295	23
France	19,856		860		2,200	16,796	2,082	304	13
Switzerland	9,117	+322	122	+2	131	8,864	141	1,053	14
S. Korea	9,037	+76	120	+9	3,507	5,410	59	176	2
UK	6,650		335		135	6,180	20	98	5
Austria	4,829	+355	25	+4	9	4,795	18	536	3
Netherlands	4,749		213		2	4,534	435	277	12
Belgium	4,269	+526	122	+34	461	3,686	381	368	11
Norway	2,647	+22	11	+1	6	2,630	42	488	2

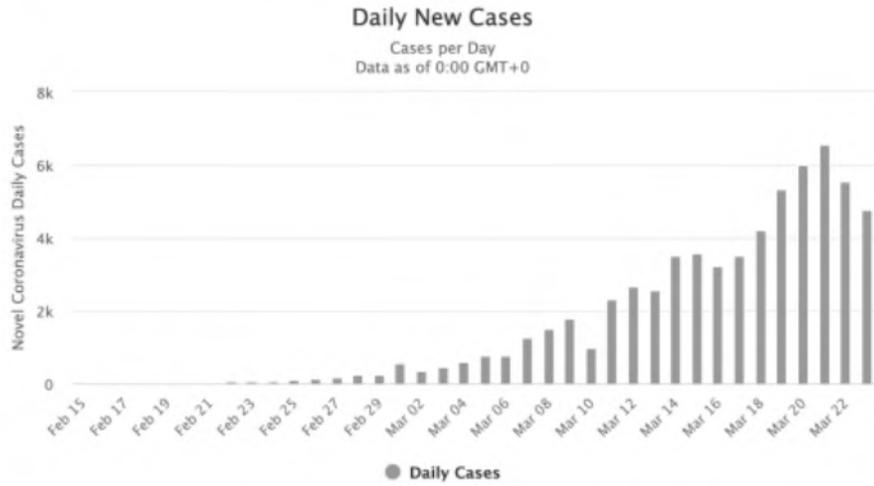
Now Yesterday

Search:

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Tot Deaths/ 1M pop
China	81,093	+39	3,270	+9	72,703	5,120	1,749	56	2
Italy	63,927	+4,789	6,077	+601	7,432	50,418	3,204	1,057	101
USA	43,734	+10,168	553	+140	295	42,886	1,040	132	2
Spain	35,136	+6,368	2,311	+539	3,355	29,470	2,355	751	49
Germany	29,056	+4,183	123	+29	453	28,480	23	347	1
Iran	23,049	+1,411	1,812	+127	8,376	12,861		274	22
France	19,856	+3,838	860	+186	2,200	16,796	2,082	304	13
S. Korea	8,961	+64	111	+7	3,166	5,684	59	175	2
Switzerland	8,795	+1,321	120	+22	131	8,544	141	1,016	14
UK	6,650	+967	335	+54	135	6,180	20	98	5
Netherlands	4,749	+545	213	+34	2	4,534	435	277	12
Austria	4,474	+892	21	+5	9	4,444	14	497	2
Belgium	3,743	+342	88	+13	401	3,254	322	323	8
Norway	2,625	+240	10	+3	6	2,609	41	484	2

Italy

Daily New Cases in Italy



Total Coronavirus Cases in Italy

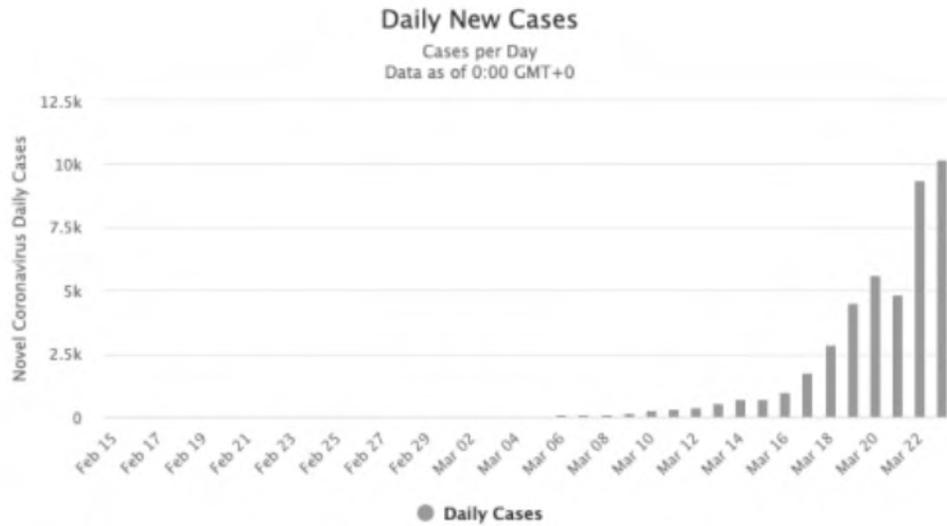


Daily New Deaths in Italy

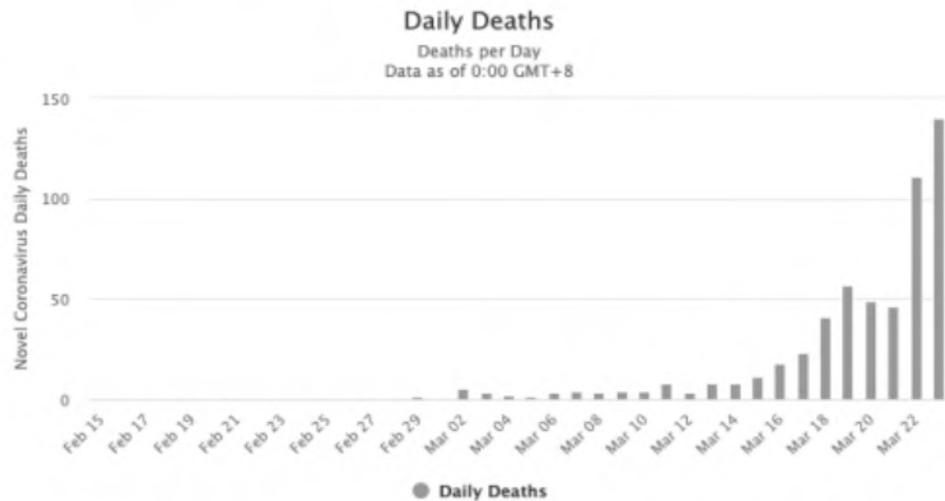


USA

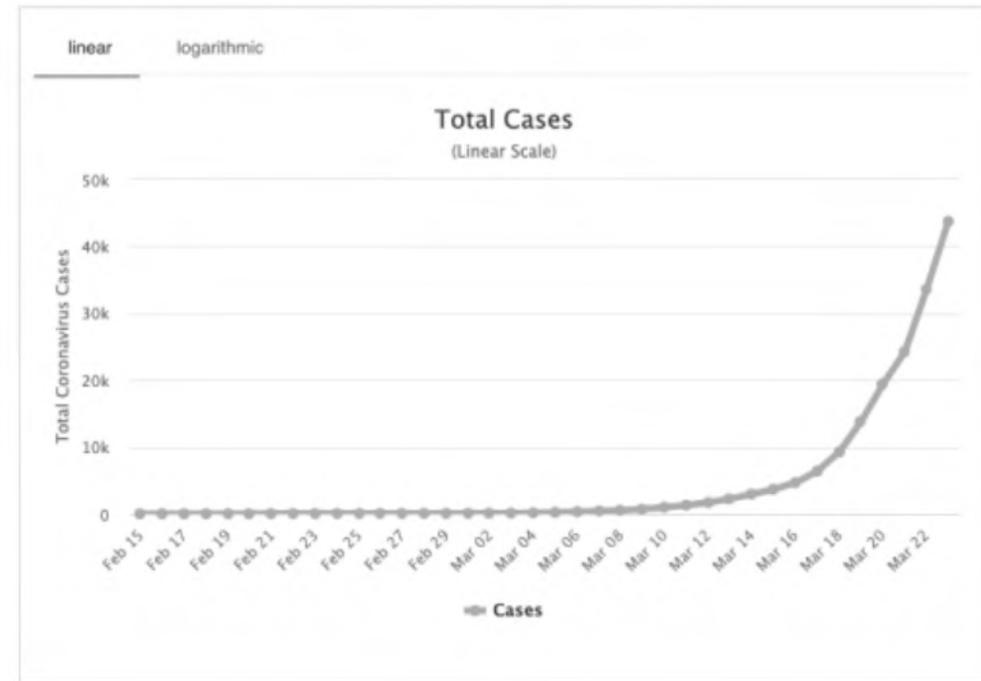
Daily New Cases in the United States



Daily New Deaths in the United States

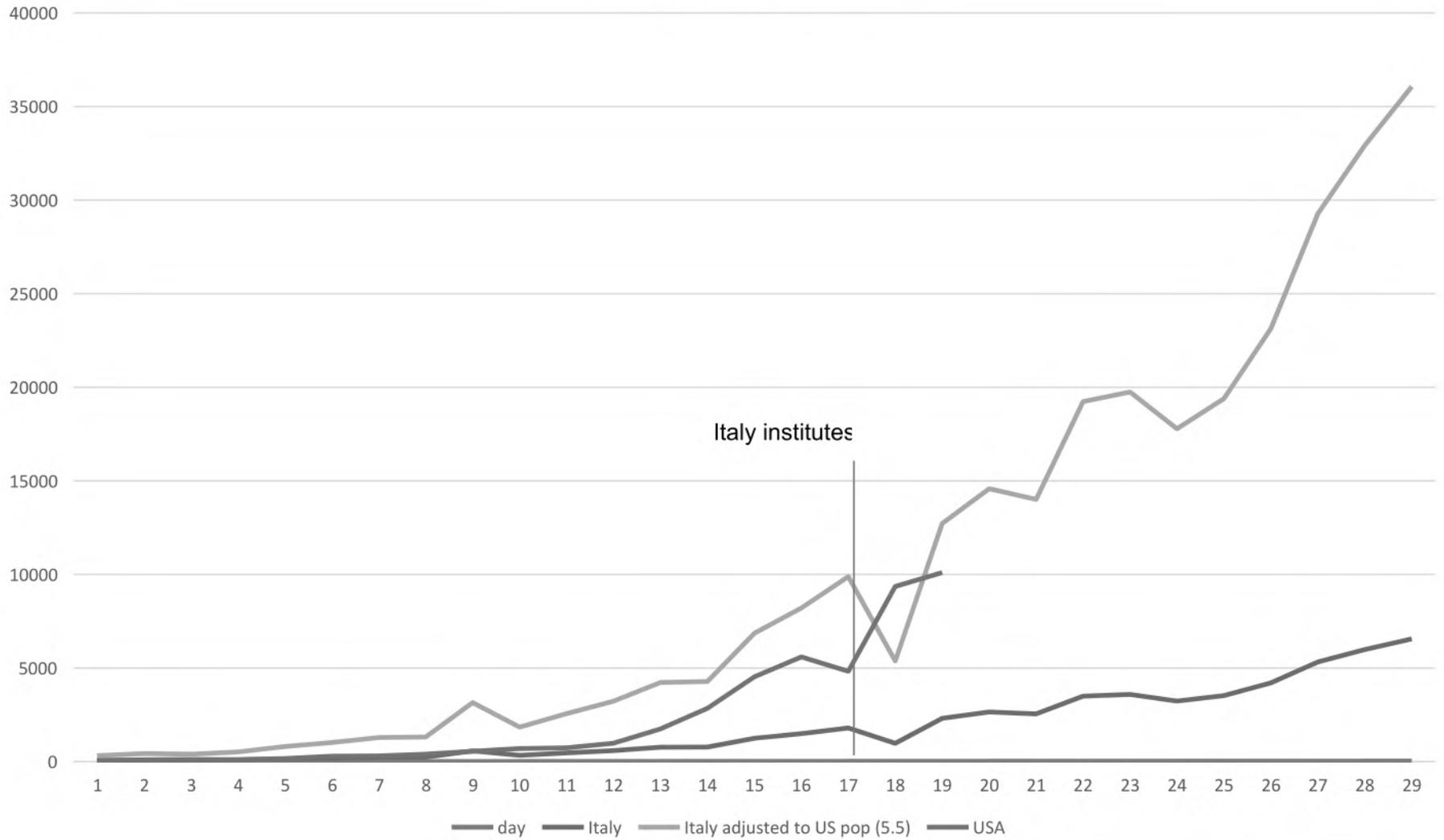


Total Coronavirus Cases in the United States



Italy and USA comparator adjusted for population

Italy comparped to the USA



USA

Now **Yesterday**

Search:

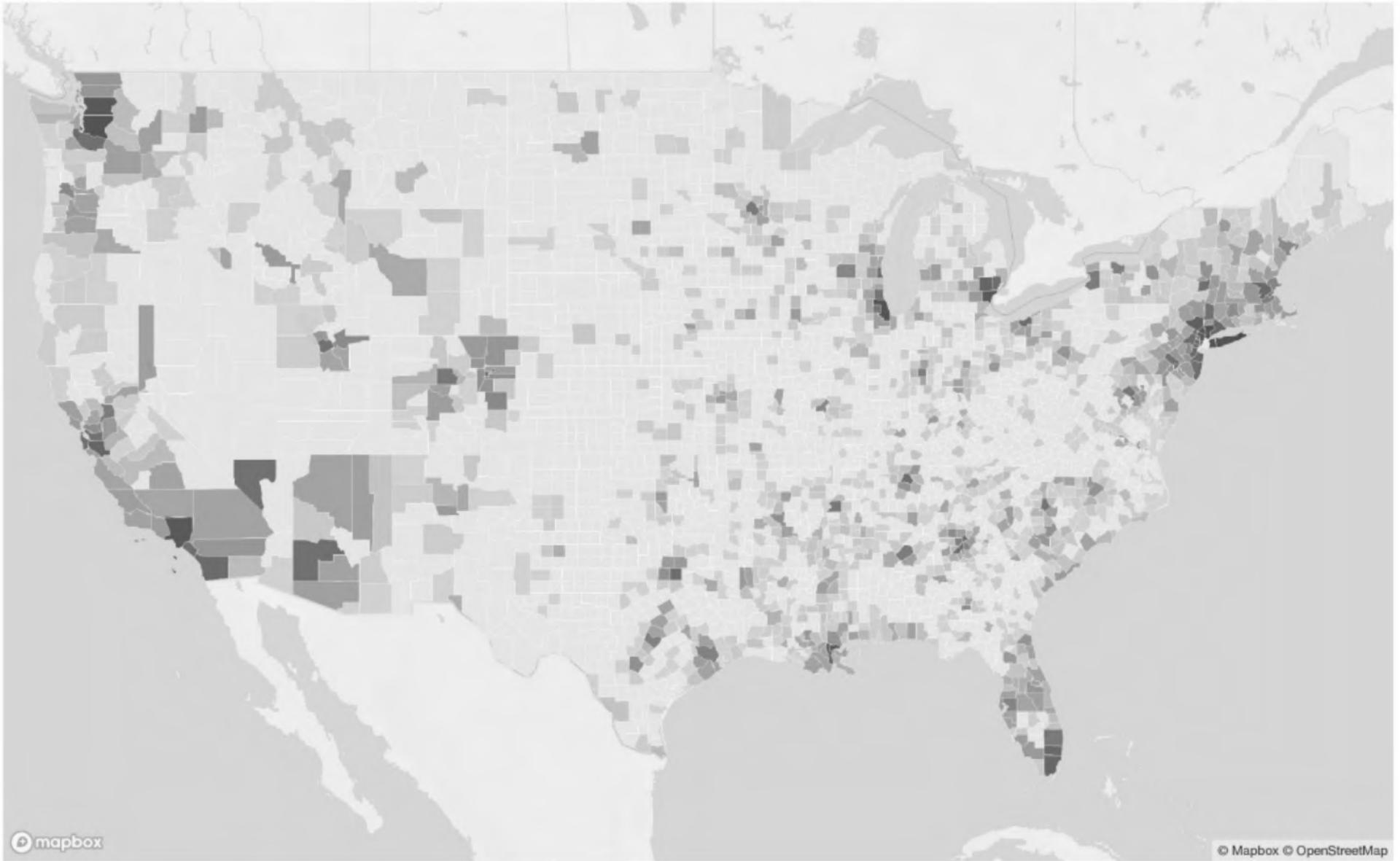
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	So
New York	20,875	+5,085	157	+43	20,610	
New Jersey	2,844	+930	27	+7	2,817	
Washington	2,221	+225	110	+15	1,987	
California	2,133	+378	40	+6	2,087	
Michigan	1,328	+293	15	+6	1,313	
Illinois	1,285	+236	12	+3	1,271	
Florida	1,227	+220	18	+5	1,209	
Louisiana	1,172	+335	35	+15	1,137	
Texas	806	+208	9	+3	786	
Georgia	803	+203	26	+3	777	
Massachusetts	777	+131	9	+4	767	
Colorado	720	+129	7	+1	713	
Pennsylvania	644	+165	6	+3	638	

Now **Yesterday**

Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Sourc
New York	23,230	+2,355	183	+26	22,939	
New Jersey	2,844		27		2,817	
Washington	2,221		110		1,987	
California	2,162	+29	43	+3	2,113	
Michigan	1,328		15		1,313	
Illinois	1,285		12		1,271	
Florida	1,227		18		1,209	
Louisiana	1,172		35		1,137	
Texas	826	+20	9		806	[source]
Georgia	803		26		777	
Massachusetts	777		9		767	
Colorado	720		7		713	
Pennsylvania	644		6		638	
Tennessee	615		2		613	

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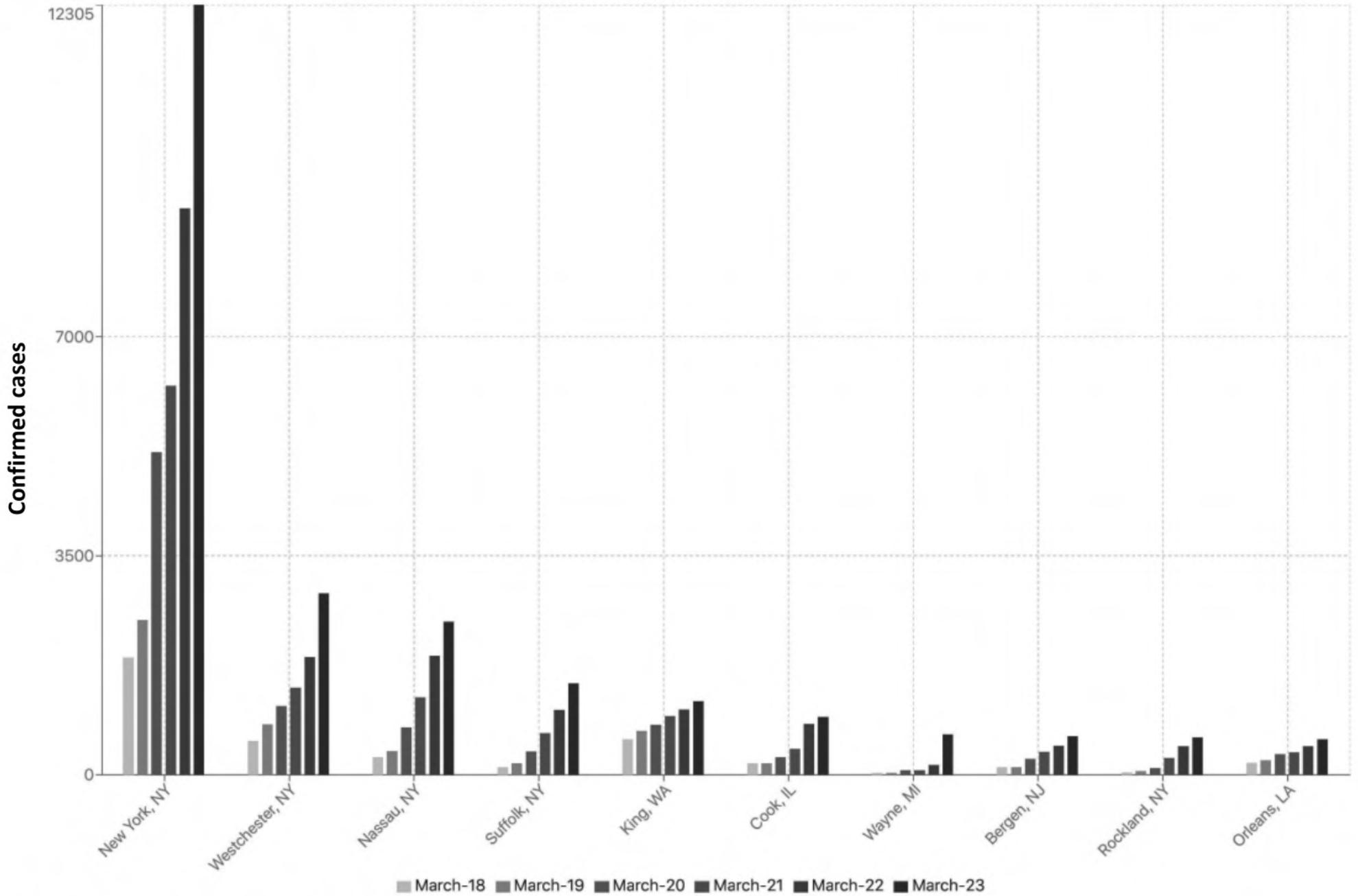


Confirmed Cases



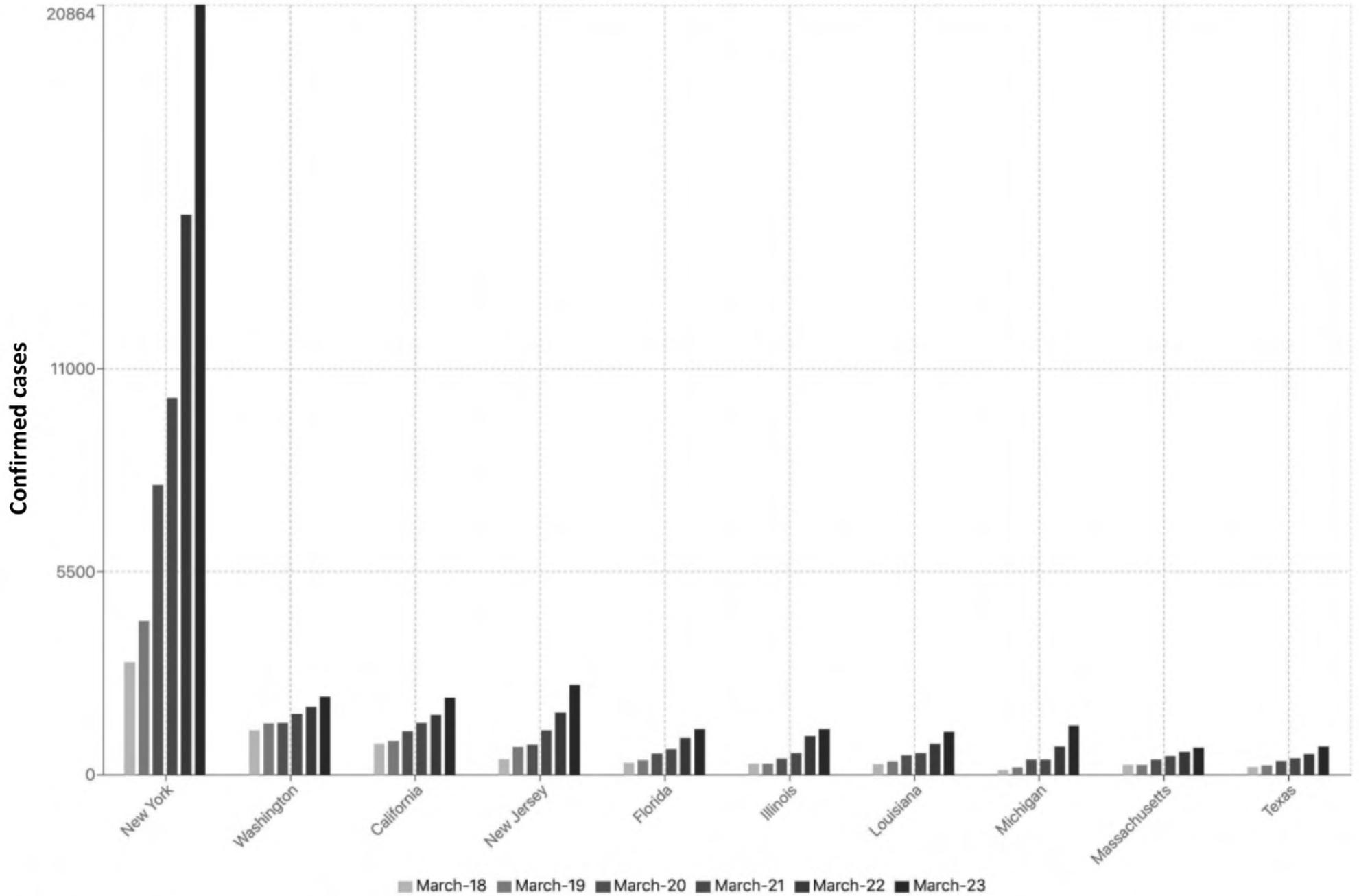
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Counties with the highest number of cases



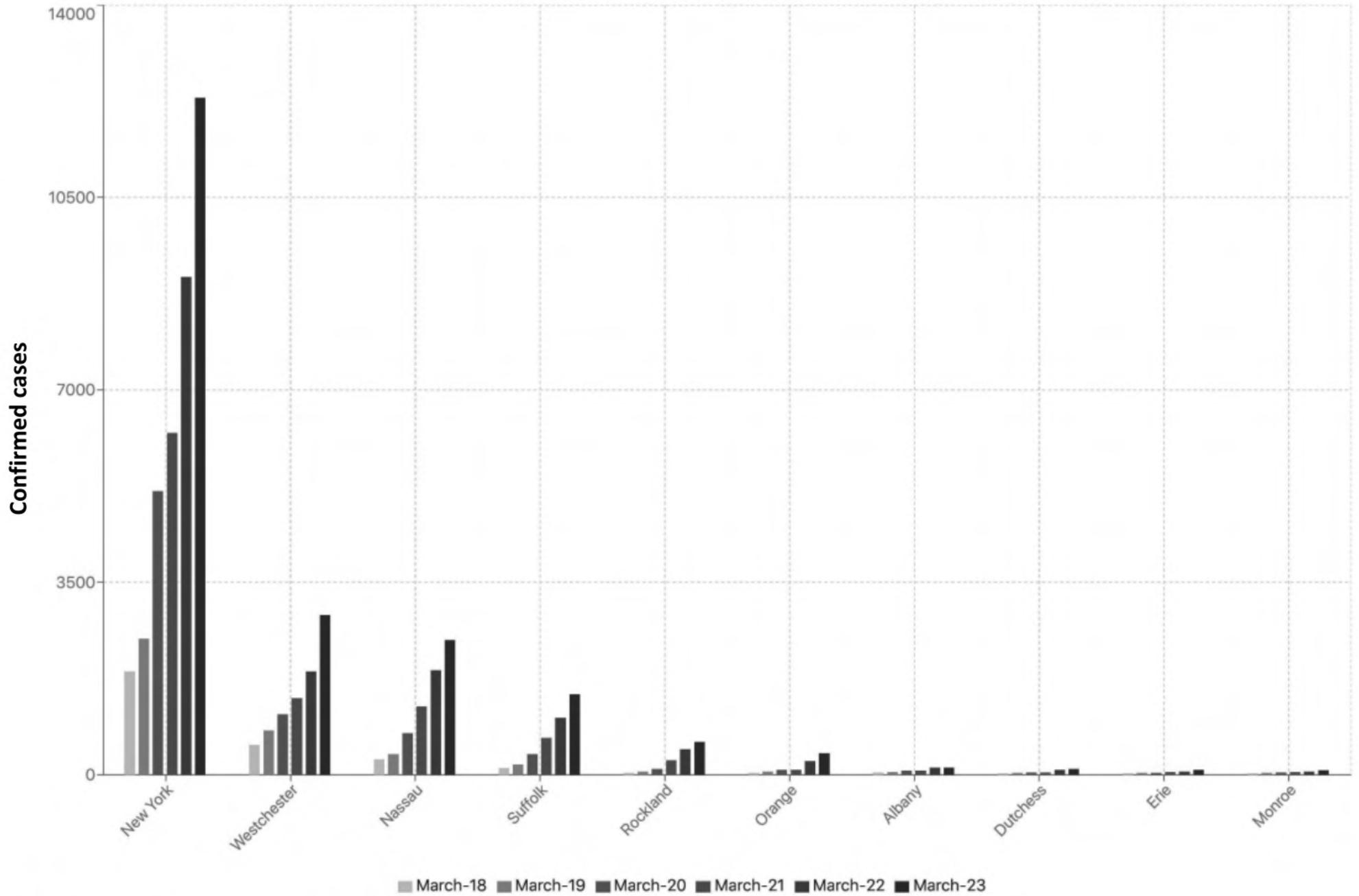
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed

States with the highest number of cases



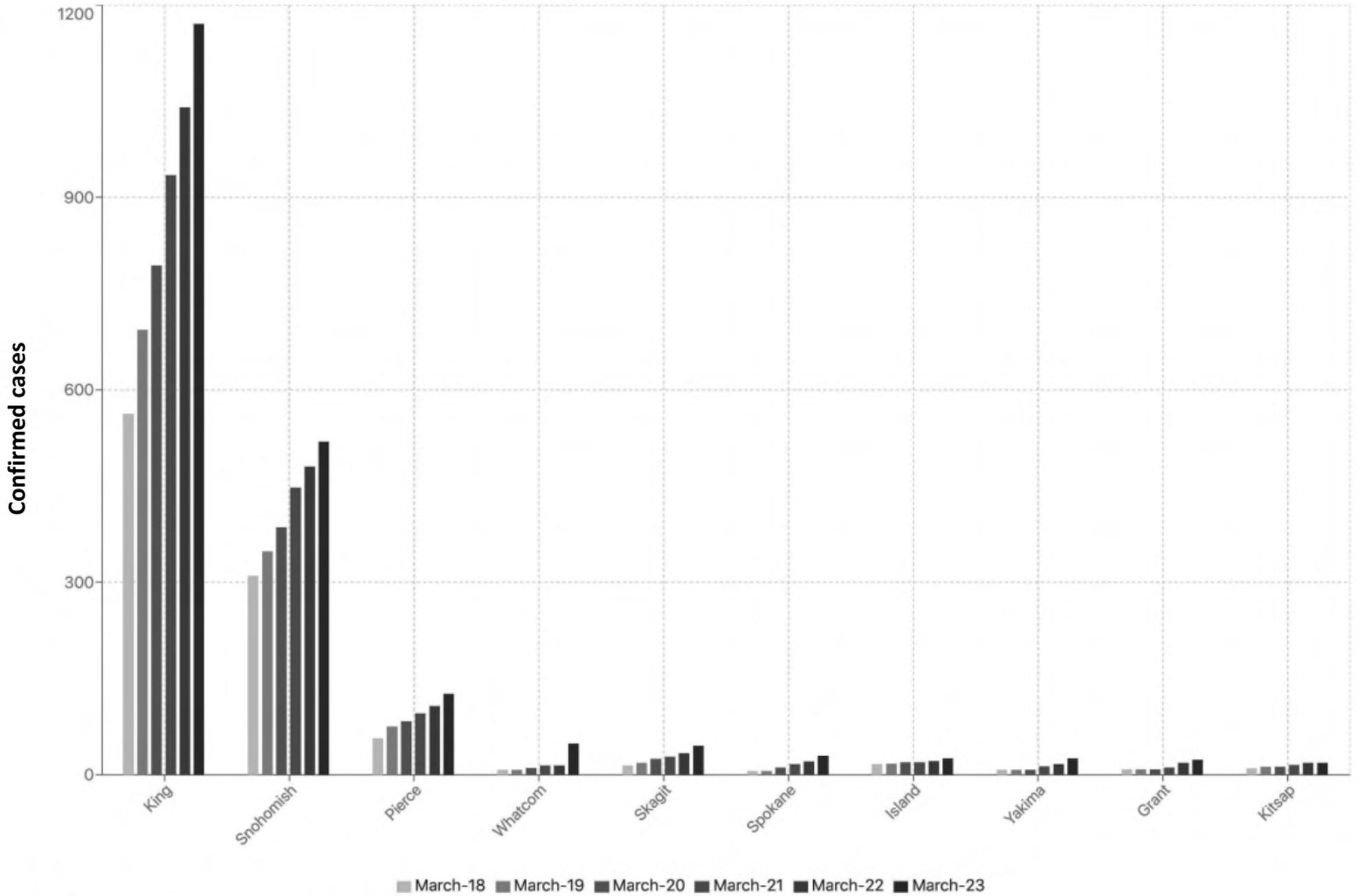
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

New York



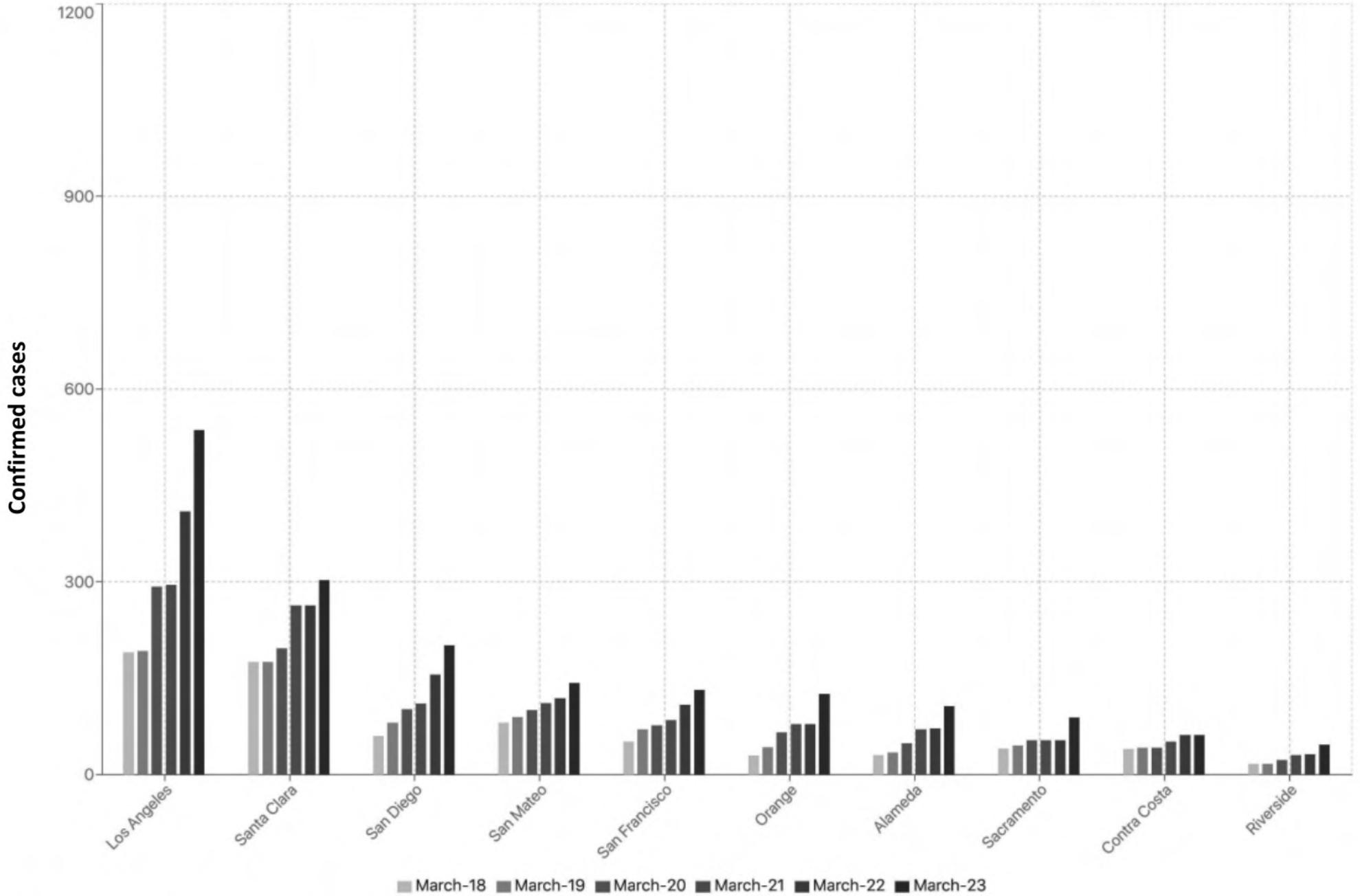
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Washington



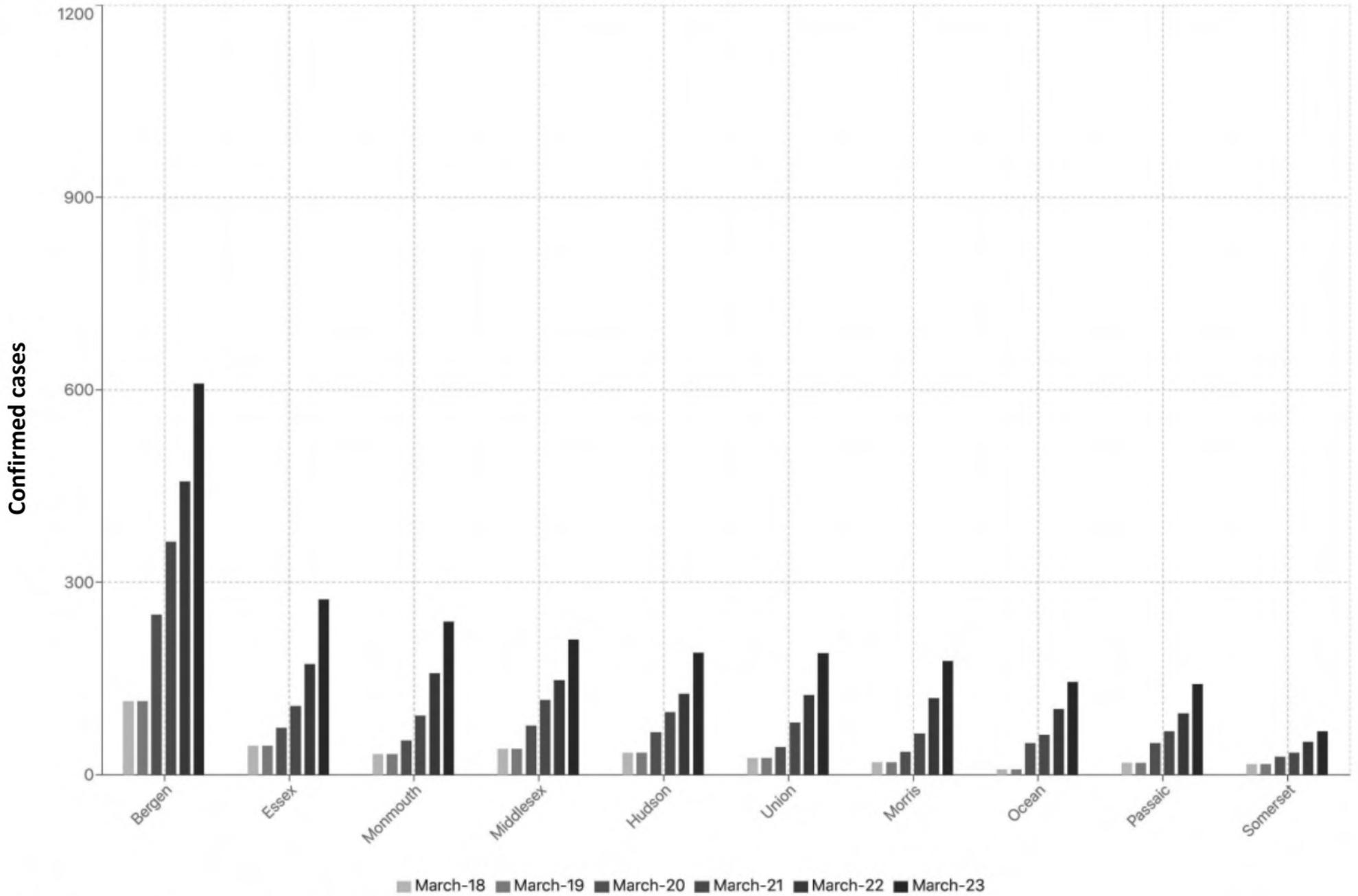
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

California



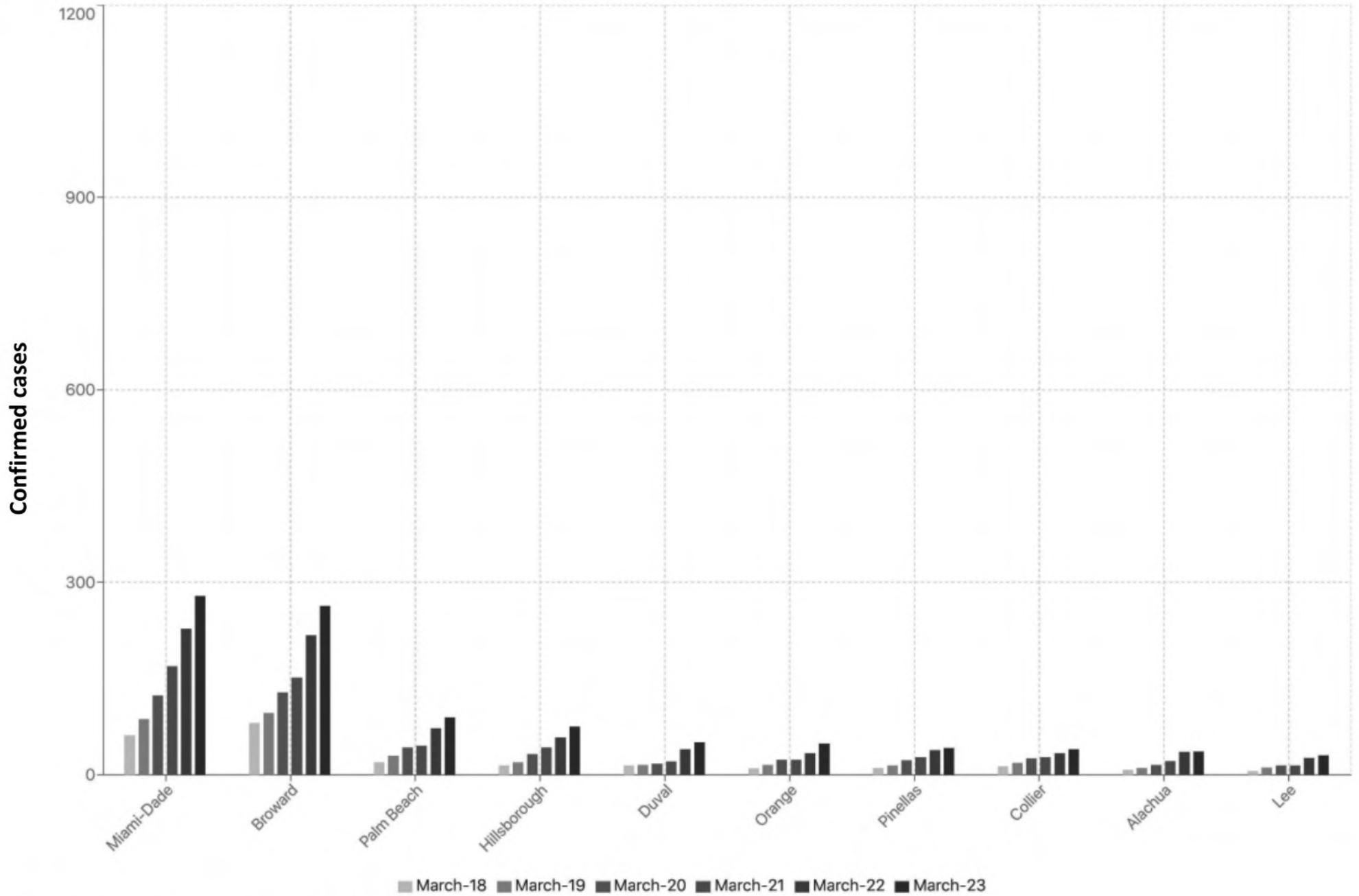
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
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New Jersey



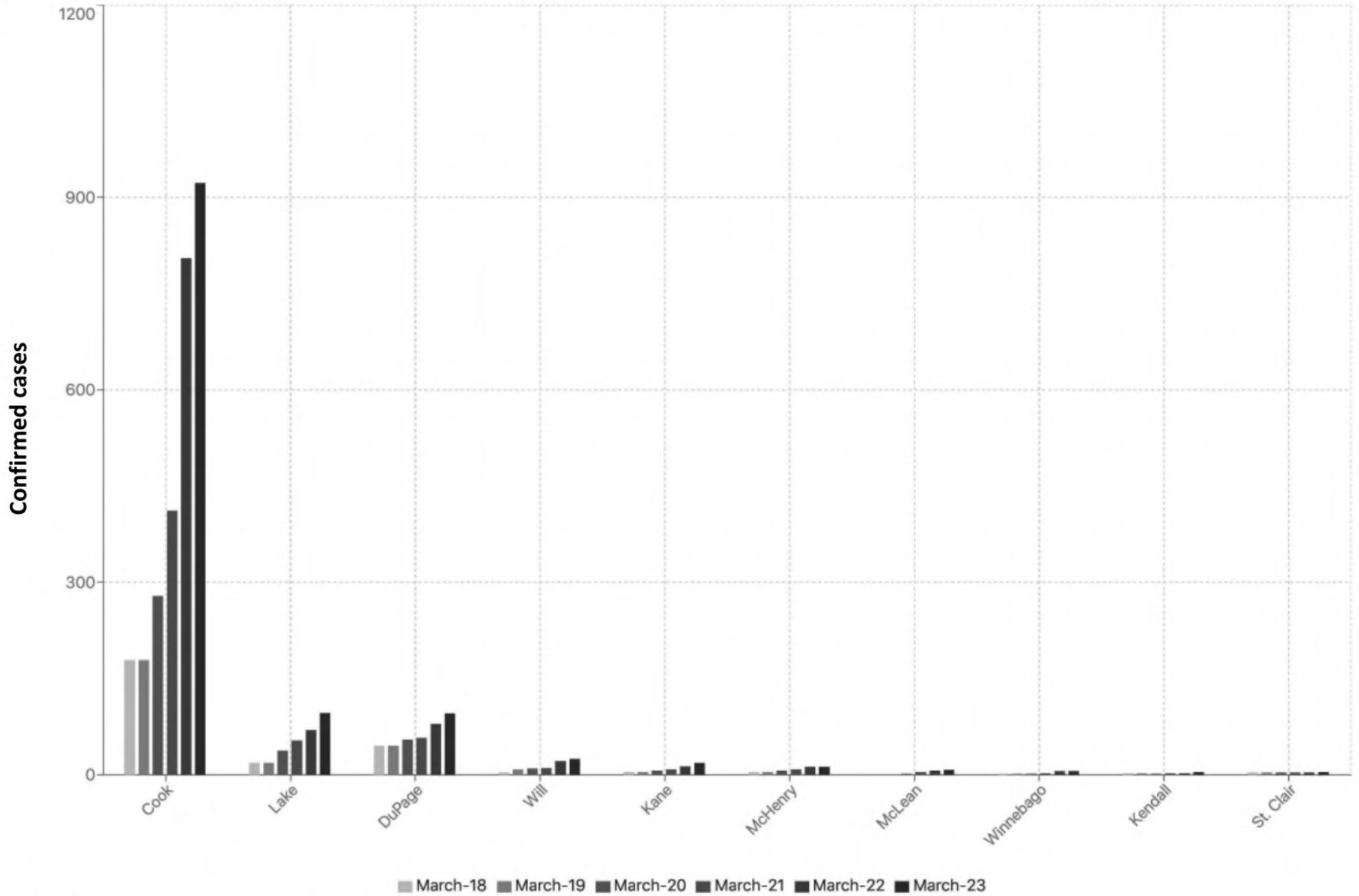
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Florida



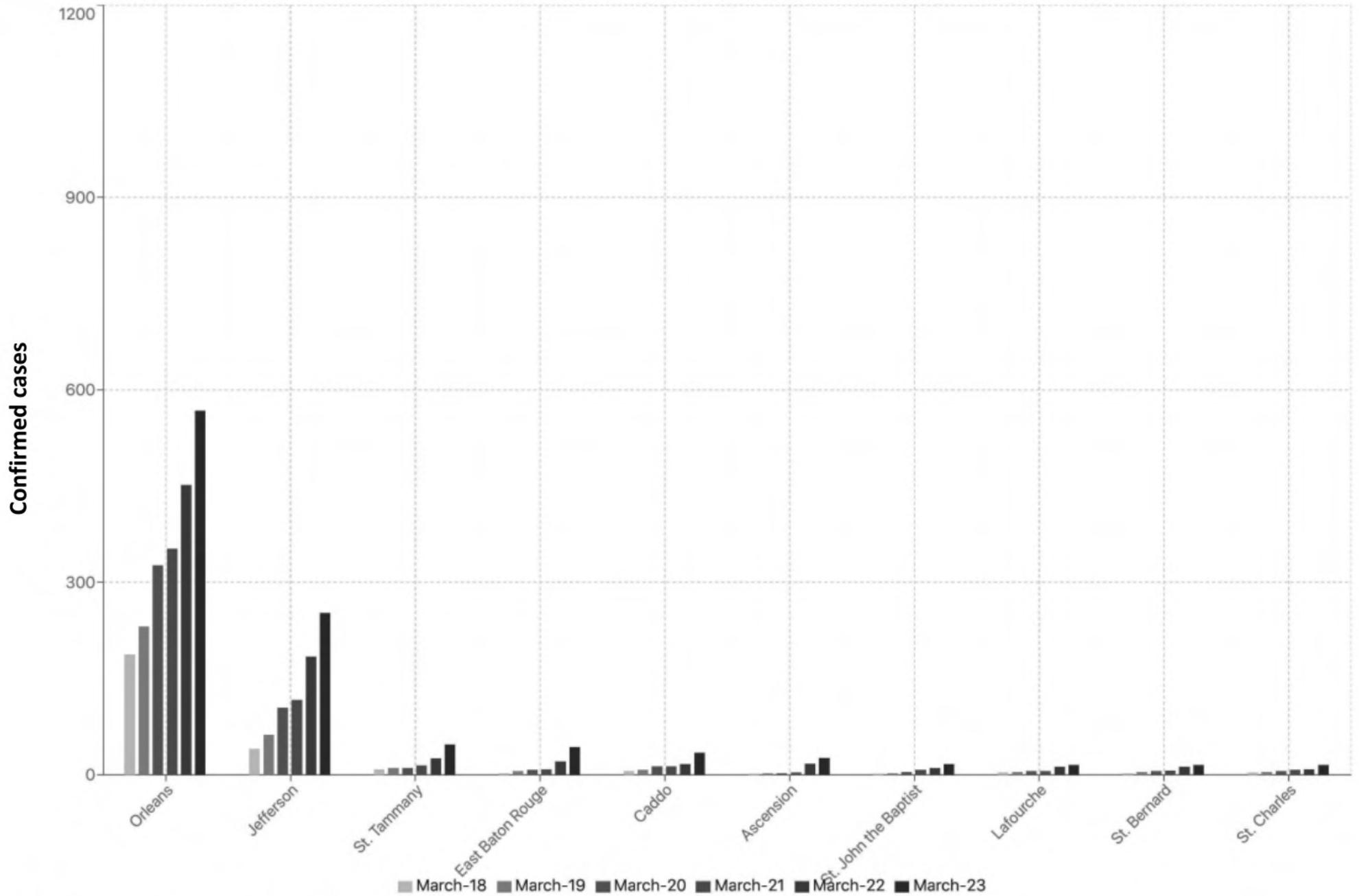
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Illinois



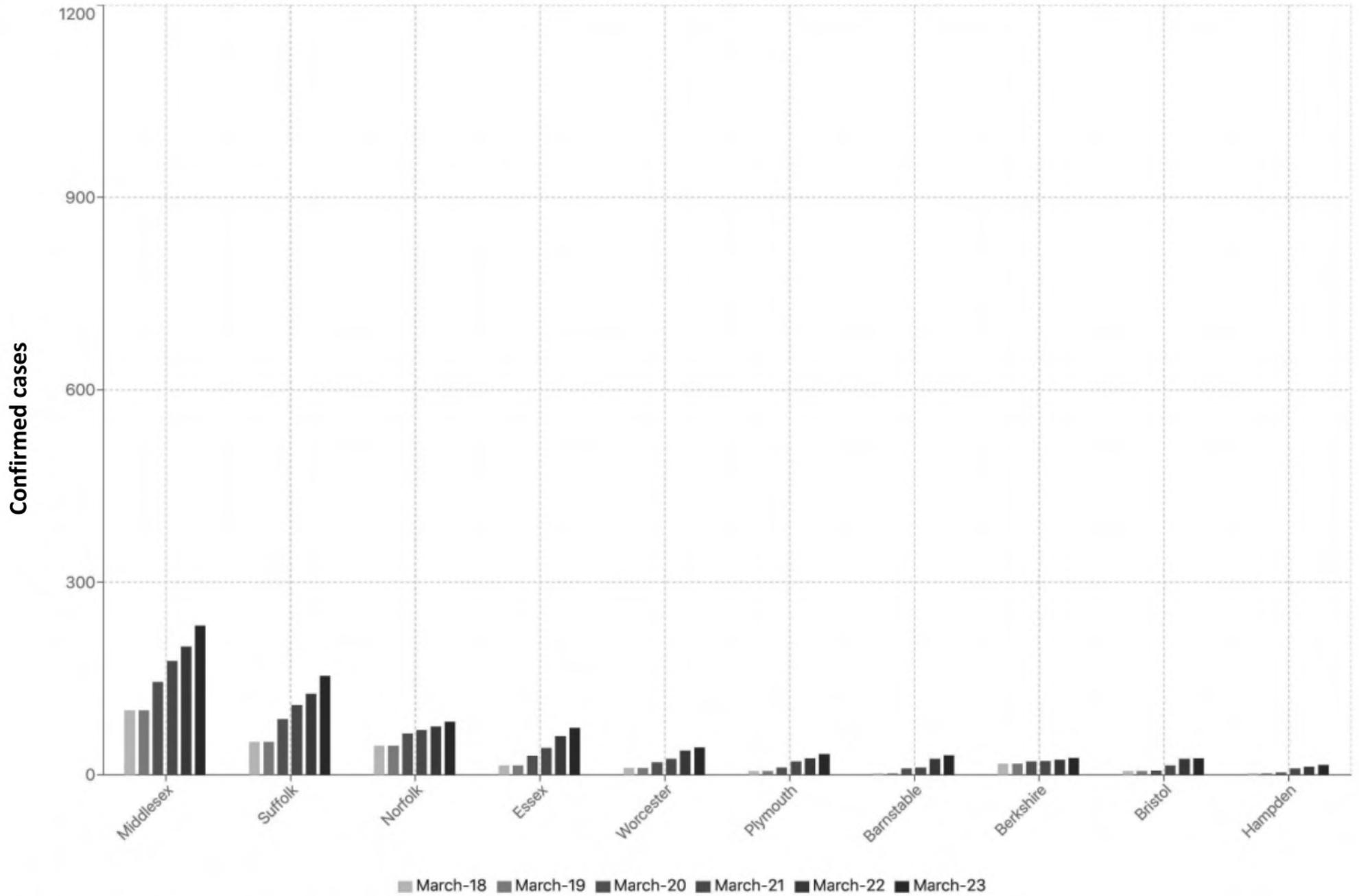
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Louisiana



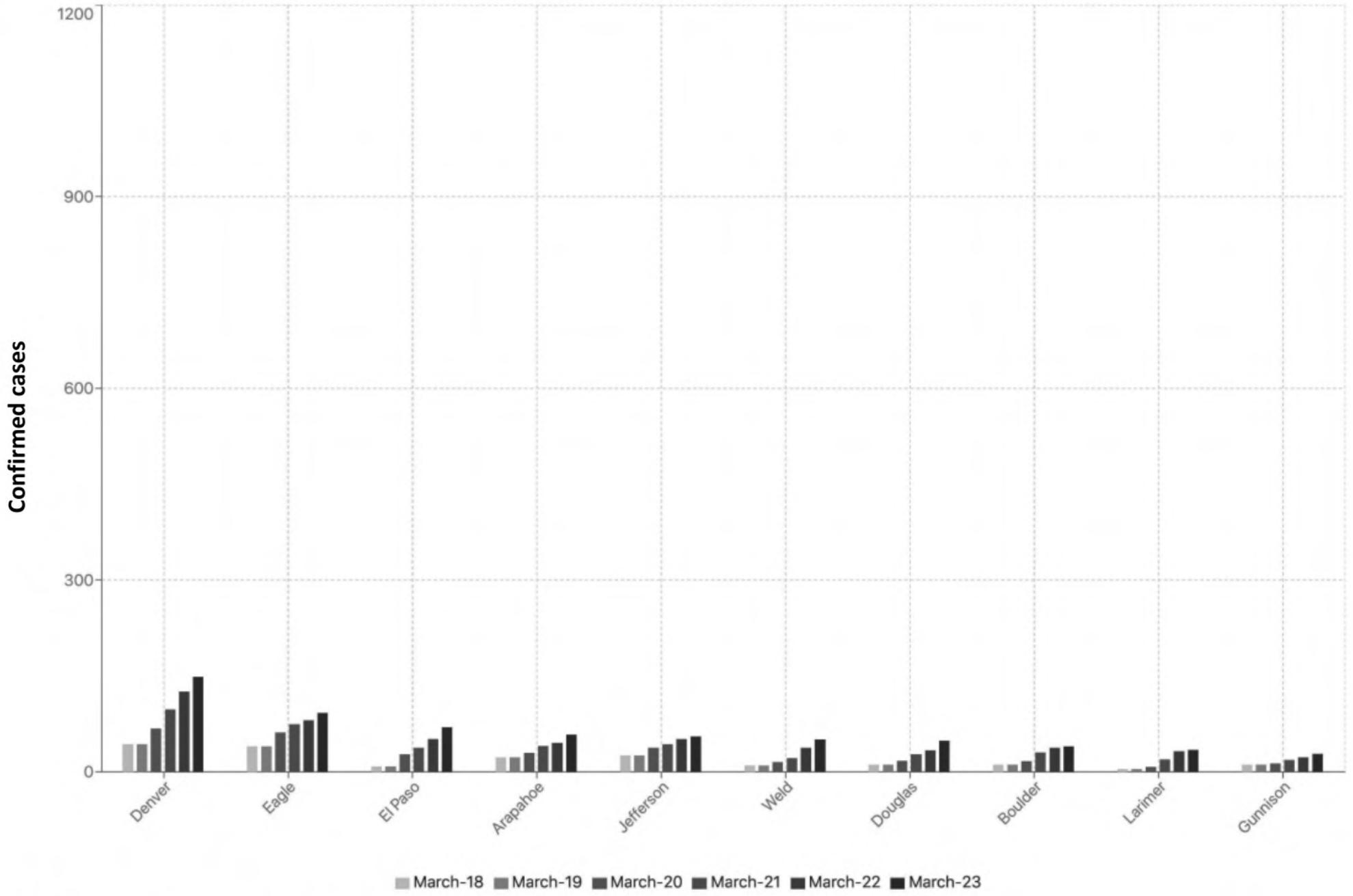
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Massachusetts



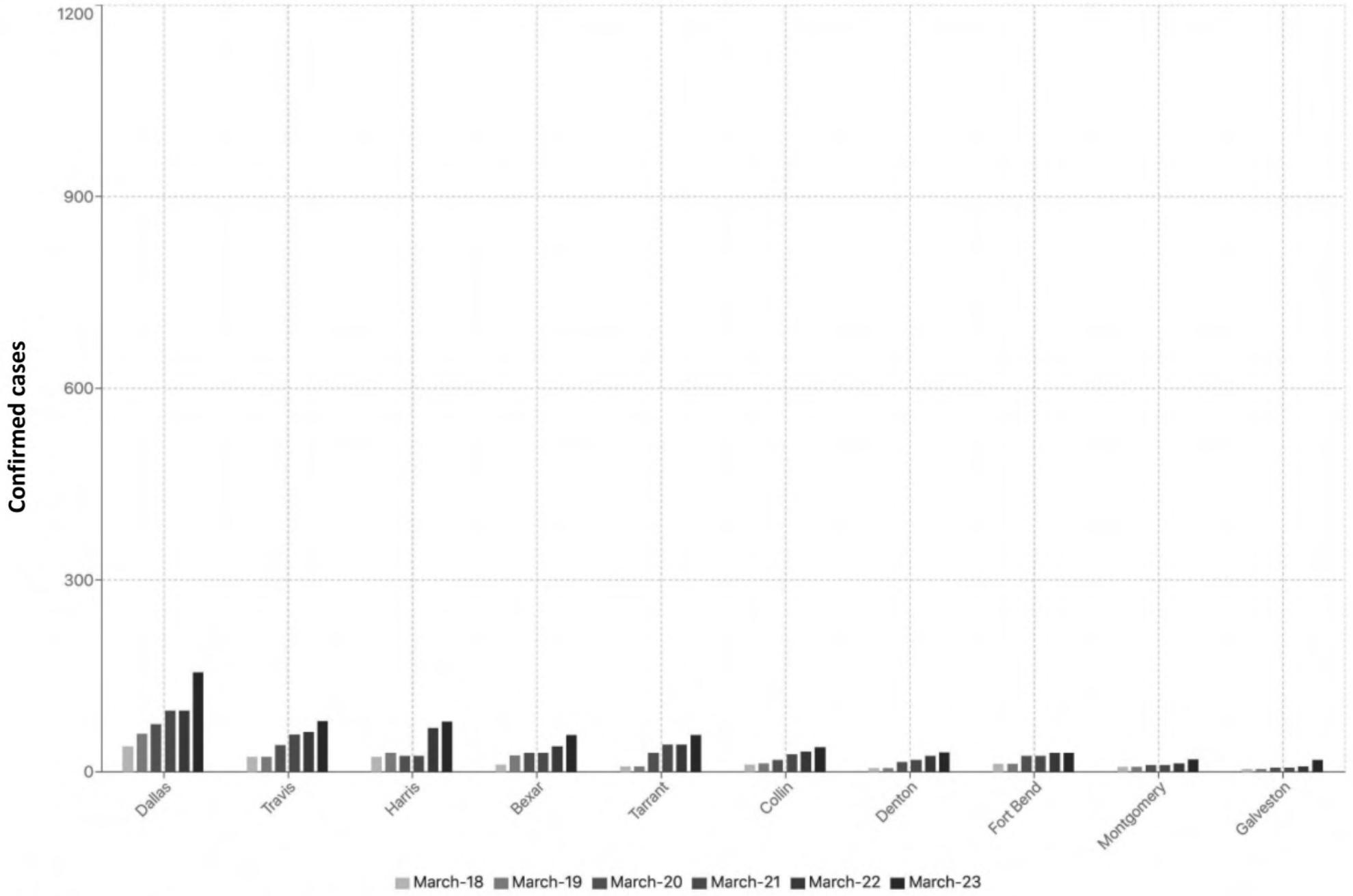
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado



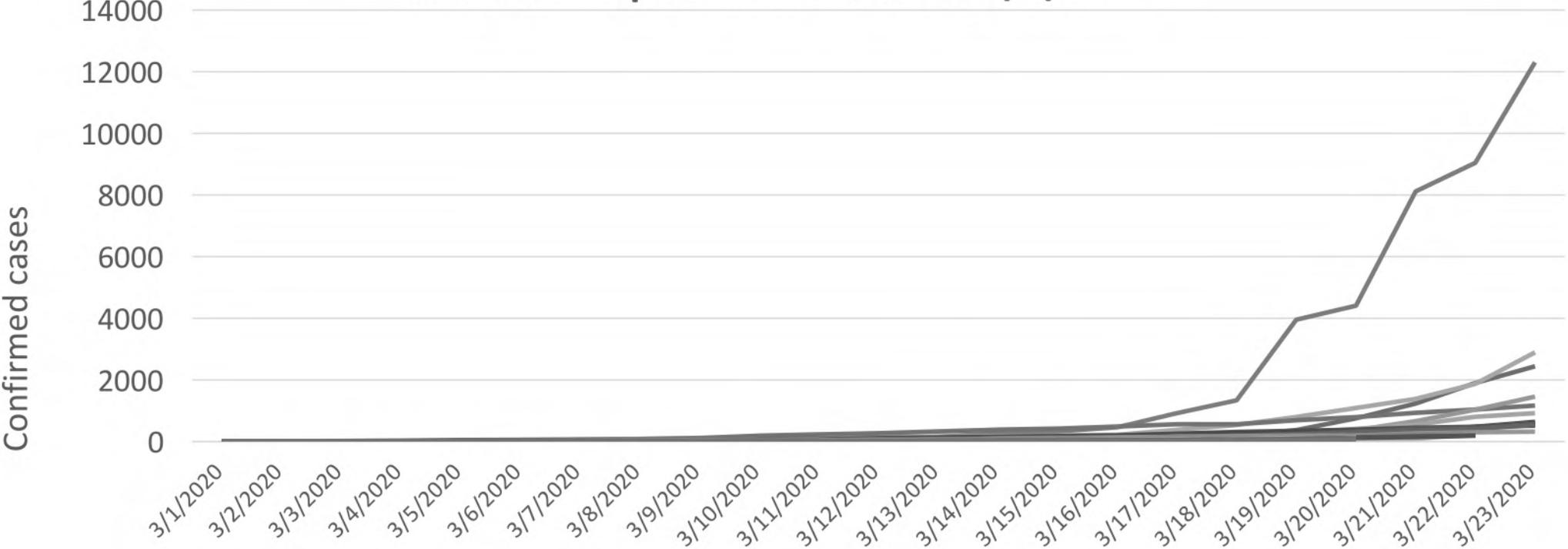
Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Texas



Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed

Trends in Reported Cases Since 3/1/2020



Source: <http://usafacts.org/> as of 3/19/2020

International Travelers: COVID-19 Screening Processes

Passenger Origin	Outbound Travel Recommendation	Subject to 212(f) Travel Ban?	*Flight funneling ?	Inbound Screening (US Airports)	Comments
(b)(5)					

**Note: Flight funneling and enhanced entry screening are directly tied to 212(f)*

Global COVID-19 Pandemic Notice

Warning - Level 3, Avoid Nonessential Travel

Alert - Level 2, Practice Enhanced Precautions

Watch - Level 1, Practice Usual Precautions

Warning - Level 3, Avoid Nonessential Travel-Widespread Ongoing Transmission

Key Points

- Widespread ongoing transmission of respiratory illness caused by the novel (new) coronavirus (COVID-19) is occurring globally.
- **CDC recommends that travelers avoid all nonessential international travel.**
- Older adults and people of any age with serious chronic medical conditions are at increased risk for severe disease.
- There may be limited access to adequate medical care in affected areas.
- US residents may have difficulty returning to the United States.
- Travelers should avoid contact with sick people and wash their hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- All international travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.

What is the current situation?

CDC recommends that travelers avoid all nonessential international travel.

The Department of State advises U.S. citizens to avoid all international travel due to the global impact of COVID-19. In countries where commercial departure options remain available, U.S. citizens should arrange for immediate return to the United States, unless they are prepared to remain abroad for an indefinite period. For more information, visit the Department of State website.

Widespread ongoing transmission of a respiratory illness caused by a novel (new) coronavirus (COVID-19) is occurring globally. During the COVID-19 pandemic you may be exposed to the virus while traveling (e.g., sick persons at airports, or on airplanes, ships, trains, or buses). Some health care systems are becoming overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. Airlines have cancelled many international flights and in-country travel may be unpredictable. If you choose to travel internationally, your travel plans may be severely disrupted, and you may have to remain outside the United States for an indefinite period.

Illness with COVID-19 has ranged from mild to severe. Signs and symptoms of infection include fever, cough, and trouble breathing. This new coronavirus has caused severe disease and death in patients who developed pneumonia. Risk factors for severe illness are not yet clear, although older adults and people of any age with serious chronic medical conditions are at [higher risk for severe illness](#).

What can travelers do to protect themselves and others?

CDC recommends that travelers avoid all nonessential international travel. If you must travel:

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.
- Avoid traveling if you are sick.

If you traveled internationally in the last 14 days:

- **Stay home**, monitor your health, and practice social distancing for 14 days after you return from travel. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
- Learn more about [what to do if you are sick](#) after travel.

Clinician Information

Healthcare providers should obtain a detailed travel history for patients with [fever or acute respiratory symptoms](#). If a recent traveler is suspected to have COVID-19, see [Information for Healthcare Professionals](#) for information on evaluating, reporting, clinical care guidance, and infection control.

For additional information, please see:

- [Coronavirus Disease 2019](#)
- [Information for Healthcare Professionals](#)
- [WHO, Coronavirus](#)

Attending:

1. Vice President Pence
2. Sec. Azar
3. Dr. Anthony Fauci
4. Joe Grogan
5. A/S Wolf
6. Pat Cipollone
7. Mark Meadows
8. Russ Vought
9. Katie Miller
10. Dr. Birx
11. Jared Kushner
12. (b)(6) (WH Press)
13. Marc Short
14. SG Adams
15. Dr. Redfield
16. Admin. Seema Verma

Overflow:

17. (b)(6)
18. (b)(6)
19. (b)(6)
20. (b)(6)
21. Pat Philbin
22. Brian Harrison
23. (b)(6)
24. Kristan Nevins
25. (b)(6)
26. (b)(6)
27. (b)(6)
28. Kellyanne Conway

EEOB

29. (b)(6)
30. (b)(6)
31. (b)(6)
32. POTUS Speechwriting
33. (b)(6)
34. Derek Kan
35. (b)(6)
36. (b)(6)
37. (b)(6)
38. (b)(6)
39. (b)(6)
40. WH Press Rep
41. (b)(6)

Call In:

42. Sec. Ben Carson
43. (b)(6)
44. Dep. Sec. Stephen Biegun
45. Dep. Sec. David Norquist
46. Dr. Bob Kadlec

47. Sec. Robert Wilkie
48. ADM Brett Giroir
49. Admin. Pete Gaynor
50. Sec. Steven Mnuchin (TBD based on votes)
51. (b)(6)
52. A/S Joel Szabat
53. Matt Pottinger
54. Dr. Stephen Hahn
55. Larry Kudlow

SOUTH

VTC PARTICIPANTS

Dr. Bob Redfield

Sec. Ben Carson

WH Press

Pat Cipollone

Mark Meadows

Joe Grogan

Dr. Jerome Adams

Jared Kushner

Dr. Anthony Fauci

Seema Verma

Katie Miller

Sec. Alex Azar

Amb. Debi Birx, M.D.

Russ Vought

Marc Short

Vice President

Hope Hicks

A/S Chad Wolf

NORTH

DOOR

EAST

DOOR

WEST - WINDOWS

DOOR

VTC PARTICIPANTS

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(b)(6)

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Kellyanne Conway

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(b)(6)

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(b)(6)

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(b)(6)

[Redacted]

Pat Philbin

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Brian Harrison

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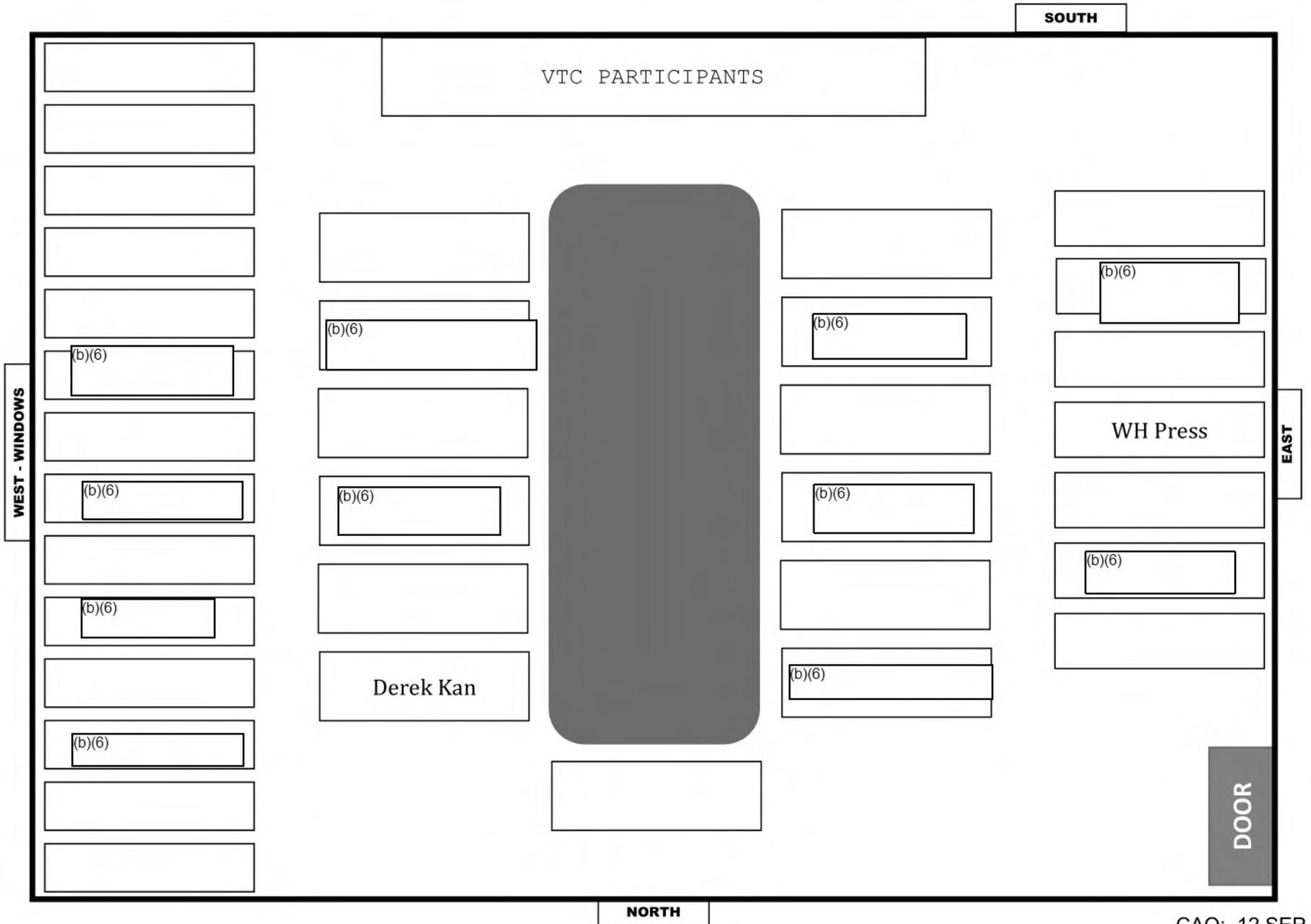
Kristan Nevins

[Redacted]

(b)(6)

(b)(6) R
ADVISOR / OVP

DOOR



From: (b)(6)
Sent: Tue, 24 Mar 2020 19:13:23 +0000
To: RLW
Subject: [EXTERNAL] Fwd: 'Way too early': Health officials warn about perils of restarting economy

(b)(6)

Begin forwarded message:

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Date: March 23, 2020 at 8:43:22 PM EDT
To: (b)(6) <[redacted]@riponsociety.org>
Subject: 'Way too early': Health officials warn about perils of restarting economy
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-775930271-1376319-339901@politicoemail.com>

'Way too early': Health officials warn about perils of restarting economy

By Adam Cancryn, Nancy Cook

03/23/2020 08:41 PM EDT

Rattled health officials are trying to fight off ascendant voices around Donald Trump pressing the president to restart the economy as soon as Monday to stem severe business and job losses.

The prospect of resuming typical business so soon has horrified these public health leaders, who see the debate as premature amid a crisis that the administration is just beginning to wrangle, according to eight people with knowledge of the administration's discussions about its coronavirus guidelines.

Health experts are contending the fallout will be worse if the White House declares victory now, only to have the virus resurface weeks or months from now. The government, they argue, has yet to definitively answer key questions that would dictate how to reactivate the economy: Do those who recover from coronavirus become immune? How do underlying health conditions affect the severity of the virus? And, most importantly, how widely has it actually spread?

Others have stressed the political risks facing Trump and his reelection campaign if the outbreak worsens significantly, warning that it would be catastrophic if the virus made a comeback closer to the November election — especially after Trump declared himself a “wartime” president and assured the public that his administration was in control.

“It is way too early to even consider rolling back any guidelines,” said Howard Koh, a professor at the Harvard T.H. Chan School of Public Health and former top Obama administration public health official. “With cases and deaths rising by the day, the country must double down, not lighten up, on social distancing and related measures.”

It’s a battle that will intensify in the coming days as the country approaches the end of a 15-day period of extreme social distancing, which the White House launched on March 15.

At a White House briefing Monday night, Trump seemed adamant that the economy would come back to life “very soon,” insisting that the government can fight the viral spread while also going to work — “we can do them both at the same time.”

“Our country wasn’t built to be shut down,” Trump said during a Monday night briefing. “America will again and soon be open for business ... a lot sooner than three or four months that somebody was suggesting, a lot sooner.”

The change in tone comes as a growing faction of people in the White House have started to worry that weeks of economic shutdown will wreak unacceptable financial havoc.

Administration officials like senior adviser Jared Kushner, Trump’s son-in-law, and Treasury Secretary Steven Mnuchin have spent the last few days fielding calls from technology, finance and energy CEOs. These executives have made the case that companies need a clear, concrete date from the White House as to when stores, restaurants and schools can reopen to give the markets and employers a sense of certainty amid the unpredictable spread of the coronavirus.

“To use the analogy of a war, we send kids off to fight a war, and there are deaths associated with it. There will be deaths associated with this,” said Stephen Moore, an informal economic adviser to the Trump administration, who regularly speaks with Trump economic officials. “We are looking at no great options.”

“What is clearly not a viable option is to keep the economy shut down for the next seven to 10 weeks,” he added. “People will lose their life savings, and the unemployment rate will go to 35 percent.”

The internal debate is uniting strange bedfellows from the economic world, with National Economic Council Director Larry Kudlow, trade adviser Peter Navarro, the Wall Street Journal editorial board and the former chief executive of Goldman Sachs Lloyd Blankfein all calling for a quick return to the workplace. Powerful Trump advisers have joined the chorus, including Tom Fitton, president of Judicial Watch, a conservative government accountability group, and Laura Ingraham, a Fox News host.

Not all of Trump’s closest allies agree. Some have advocated for Trump to be as severe as necessary to slow the coronavirus spread.

“Try running an economy with major hospitals overflowing, doctors and nurses forced to stop treating some because they can’t help all, and every moment of gut-wrenching medical chaos being played out in our living rooms, on social media, and shown all around the world,” Republican Sen. Lindsey Graham, a close Trump ally, tweeted on Monday. “There is no

functioning economy unless we control the virus.”

Any lifting of restrictions would happen gradually, people familiar with the discussions said, given the uncertainty about how case counts nationwide could grow over the next several weeks and widespread concerns about hospital capacity.

One option would be for the White House to offer guidance that huge swathes of the country return to business as usual, while hard hit states like New York and Washington remain under a greater lockdown, said three people briefed on the White House’s internal discussions.

Trump touched on the idea during his briefing.

“We can start thinking about as an example, parts of our country are very lightly affected,” he said, citing Nebraska and Idaho as examples.

And even before the end of the 15-day period, Vice President Mike Pence, who is leading the government’s coronavirus task force, said there will soon be new guidance for some first responders and critical infrastructure workers.

“Even if they've been exposed to someone with coronavirus, as long as they don't have symptoms, [these employees] would be able to return to work immediately, wear a mask for two weeks, but otherwise return to the important roles that they play in all our communities,” Pence told reporters during a visit to the Federal Emergency Management Agency.

Still, governors and local leaders will have the ultimate authority over states and cities and the extent to which businesses remain shut down, argued one person familiar with the White House talks, setting up a potential showdown between federal and state officials.

Top administration health officials, including coronavirus response coordinator Deborah Birx, have warned that case numbers are likely to spike in the coming days as testing ramps up. Outside public health experts, meanwhile, emphasize that lags in testing results and reporting mean the government’s data is already about a week behind the reality on the ground.

That’s made it difficult for officials to know how much of an impact the last couple weeks of nationwide social distancing have had on the virus’ spread.

"I can tell you for sure, from a public health standpoint and experience with other outbreaks, we know we are clearly having an effect," said Anthony Fauci, head of the National Institute of Allergy and Infectious Disease, during a White House briefing on Sunday. "But we can't quantitate it for you accurately."

Fauci, a veteran of six presidential administrations, has emerged as a key vessel for health officials’ more cautious views, said one person close to the Health and Human Services Department, due to the broad respect he enjoys inside and outside the administration and his willingness to contradict Trump in public. As the nation’s top infectious disease expert, Fauci has openly advocated for tough distancing measures, reasoning that it’s worth potentially overreacting if it means avoiding a worst-case public health scenario.

That blunt approach has sparked speculation that Fauci could fall out of favor or be sidelined by the president, especially after giving a series of candid interviews detailing his relationship with Trump.

But Fauci's job is not seen as in immediate danger, given his role as one of the few widely trusted officials leading the coronavirus response.

"The president worries most about the stock market," said the person close to HHS. "You want to see a fall in the stock market? Fire Tony Fauci, watch what happens."

The showdown between Trump's economic advisers and public health officials has been building for weeks, as the stock market plummeted and confirmed coronavirus cases climbed, prompting a cascade of restrictions that have disrupted American life and threatened to plunge the nation into a depression.

"You're going to see a clash between the economists and the public health guys, no doubt about it," said one person with knowledge of the debate.

A former HHS official described the situation as a debate between two "horrendous" paths — one that could dramatically remake the economy for the worse by maintaining the current harsh restrictions, and another that could exact a human toll "that will be unacceptable to Americans" if the virus continues spreading for months on end.

"This is like managing a wildfire," the former official said. "There are controlled burns going on right now. The other alternative is just to let the fire run through."

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From: (b)(6)
Sent: Wed, 25 Mar 2020 16:27:28 +0000
To: RLW
Subject: [EXTERNAL] FW: Red state governors buck Trump and stick with social distancing

hummm

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Wednesday, March 25, 2020 12:27 PM
To: (b)(6)@riponsociety.org>
Subject: Red state governors buck Trump and stick with social distancing

Red state governors buck Trump and stick with social distancing

By Brianna Ehley

03/25/2020 12:20 PM EDT

Republican governors are following the advice of public health experts and embracing coronavirus lockdowns and business closings despite President Donald Trump's push to reopen parts of the country by Easter.

Trump's press to scrap social distancing in all but the most virus-ravaged areas — and statements implying the fight to contain the disease have turned a corner — have rankled some GOP governors consumed with efforts to contain transmission and ease the burden on stressed local health systems.

"You can't put a timeframe on saving people's lives. We're going to make decisions based on the scientists and the facts," Maryland's Larry Hogan, chairman of the National Governors Association, said on Wednesday.

Hogan's frustration burst into the open Tuesday, when he blasted Trump during a CNN interview for sending "pretty confusing" messages on the virus that don't sync up with the experience on the ground.

"Most people think we're weeks away from the peak, if not months. That's the advice we're getting from the smart folks at Johns Hopkins, the National Institutes of Health, the University of Maryland, places like that," Hogan said.

West Virginia Gov. Jim Justice, who presides over a state Trump won with more than 68 percent of the vote, on Monday ordered residents to stay home after the confirmation of the first case of community transmission, in a nursing home. Justice ordered the state's National Guard to test everyone at the facility in a bid to control further transmission.

Such moves are more than a display of independence. Governors traditionally have the final say

in public health crises and can declare emergencies to speed a response. New York Democratic Gov. Andrew Cuomo twice in the last decade temporarily suspended state laws and regulations to administer shots to children during season flu outbreaks. Pennsylvania Democrat Tom Wolf used similar powers to respond to the opioid crisis in his state in 2018.

In the case of coronavirus, Trump's optimistic statements have been at odds with the assessments of top scientists and doctors, as well as administration officials such as Treasury Secretary Steven Mnuchin and Joint Chiefs Chairman Gen. Mark Milley, who've predicted a formidable battle that could last into the summer.

Officials from the World Health Organization warned Tuesday that the United States has the potential to become the epicenter of the global coronavirus pandemic based on the rapid uptick in confirmed cases.

Trump during a Tuesday evening appearance with members of his coronavirus task force suggested that social distancing may still apply to the hardest hit areas like New York state, which has reported over 30,000 cases as of Wednesday.

He said he will decide whether to extend nonbinding federal social distancing guidelines next Monday, 15 days after his administration first made the recommendations.

But Trump's suggestions that the nationwide fight may already be winding down were at odds with efforts in some Republican-led states that seem to be just starting to ramp up their mitigation strategies, with more lockdowns and stay-at-home orders on the way.

Hogan this week ordered all nonessential businesses in Maryland closed, saying people weren't taking social distancing guidelines seriously enough. Georgia Gov. Brian Kemp hasn't gone as far as issuing a lockdown order, but on Monday announced the closure of bars and nightclubs and banned public gatherings of 10 or more people.

Ohio Gov. Mike DeWine on Tuesday intensified his state's aggressive social distancing efforts and signaled he was not willing to lift restrictions just to help the economy.

"We save our economy by first saving lives. And we have to do it in that order," DeWine tweeted.

DeWine on Sunday issued a "shelter in place" order through April 6 for residents to stay in their homes for all but essential outings and closed nonessential businesses. Democratic-led states including California, Connecticut, Illinois, Louisiana, New Jersey and New York have similar orders under effect.

Texas Gov. Greg Abbott, meanwhile, during a Tuesday press conference, signaled he may be open to issuing a sweeping statewide stay-at-home order, after the largest counties announced their own lockdowns.

Abbott's lieutenant governor and close Trump ally Dan Patrick created a firestorm Monday night when he suggested he's had conversations with older constituents who said they would rather die

than see the economy destroyed by the coronavirus lockdowns.

Florida Gov. Ron DeSantis, another Trump ally, has steered a more independent course, resisting political pressure to issue a shelter-in-place order but saying he would restrict visitors coming into his state from hot spots including New York.

Public health experts are most concerned that lifting national guidelines could undermine local, state and federal efforts to flatten the curve of disease spread at a time when they still don't have a firm grip on who is sick and where.

“When you look at the country obviously no one is going to want to tone down things when you see what's going on in a place like New York City. I mean, that's just good public health practice and common sense,” NIH infectious disease expert Anthony Fauci said during the Tuesday press briefing, with Trump standing nearby. Fauci added that when testing ramps up more across the country, officials will get a better idea of whether they will need to continue federal guidelines for the whole country or if the focus will need to be in only certain, hardest hit areas.

Officials in some outlying areas with comparatively few cases appear content to take a wait-and-see approach. South Dakota Republican Gov. Kristi Noem on Tuesday said that, based on models, her state doesn't expect to reach peak infection rate for at least another eight weeks. She hasn't ordered a statewide lockdown but has restricted business and hospital operations.

“Whatever decisions we make ... need to be sustained in the long term,” she said.

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From: Wilkie, Robert L., Jr.
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.
Subject: [MARKETING] [EXTERNAL] Coronavirus Updates - FDA Cybersecurity Update

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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.](#)

HOUSING AND HEALTH: A ROADMAP FOR THE FUTURE



Value Initiative

In collaboration with the Advancement League at the Energizing Health House
South by Southwest Festival, March 14

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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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.



March 10, 2020

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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

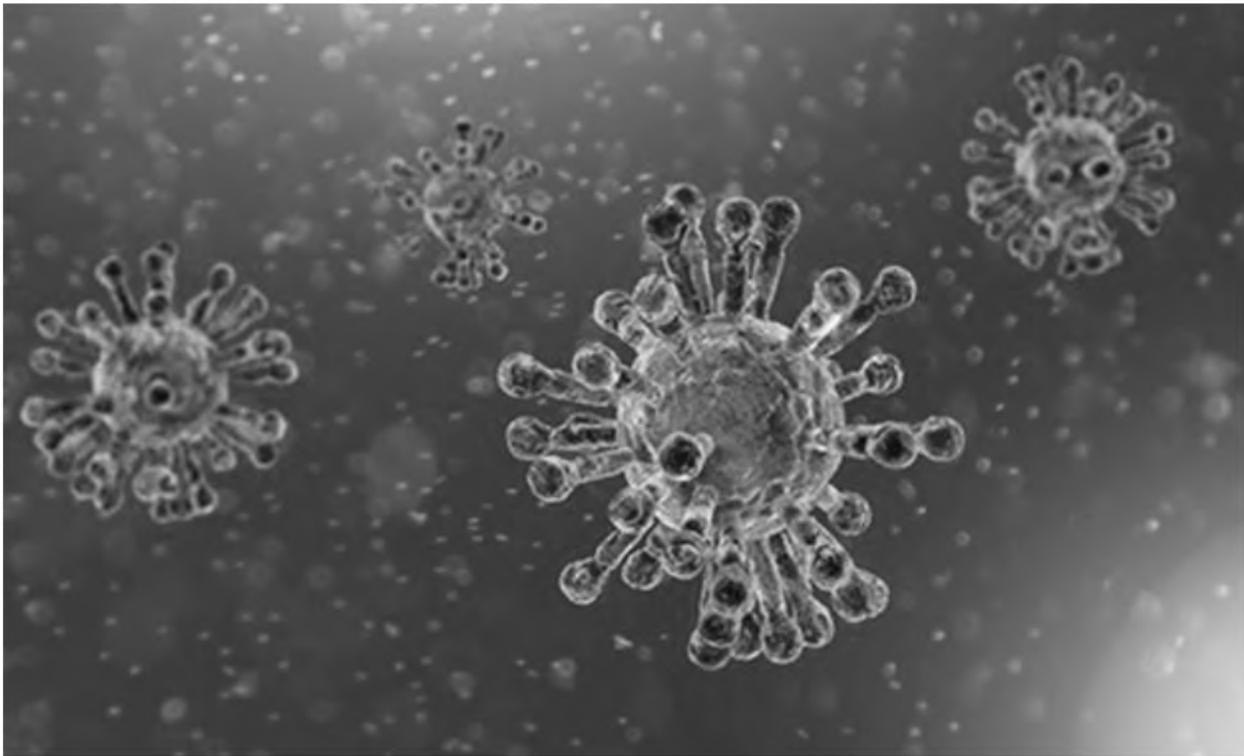
Would socialized medicine really make outbreaks less likely?

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?

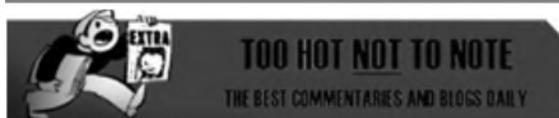


To view online: https://www.youtube.com/watch?v=6y_xGS6mF8U

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.](#)

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From: Wilkie, Robert L., Jr.
Sent: Thu, 26 Mar 2020 19:16:01 +0000
To: RLW
Subject: FW: [EXTERNAL] COVID-19 World Recovery Flaremap Dashboard

From: (b)(6)
Sent: Thursday, March 26, 2020 3:14:43 PM (UTC-05:00) Eastern Time (US & Canada)
To: (b)(6)
(b)(6)
(b)(6)@cms.hhs.gov; Wilkie, Robert L., Jr.
Cc: (b)(6)
Subject: [EXTERNAL] COVID-19 World Recovery Flaremap Dashboard

To members of the Coronavirus Task Force,

With worldwide recovery in mind, please take a look at the [COVID-19 World Recovery Flaremap](#):

- The [COVID-19 World Recovery Flaremap](#) is a publicly-accessible coronavirus dashboard (optimally viewed on a desktop) which provides insight into each country's stage of recovery – instantly conveying a sense of where we are “gaining ground” on the virus.
- This was developed as a public service. You're welcome to use as you see fit. We've seen many novice attempts by universities, individuals, etc. to build dashboards to visualize the situation. In our professional opinion, they are limited in utility and offer distorted perspectives.

FYI: In more normal times, my company, [Visual Action](#), builds operational visual applications called Flaremaps, which are deployed within the US Intelligence Community, US military branches, and by Fortune 500 companies.

Best,

(b)(6)

COVID-19 Flaremap Monitor – World Recovery

Default View: Each cell is a country; Grouped by continent; Sized by number of confirmed cases; Colored by rate of change in confirmed cases

-  If a country is a shade of red, daily cases are increasing
-  If a country is a shade of blue, daily cases are decreasing
-  If a country is yellow, the first case has just occurred

Example: Spain is bright red as the number of confirmed cases is rapidly increasing, and the overall size is large as the number of confirmed cases is greater than most other countries.



Caleb Johnson
Business Planning Strategist

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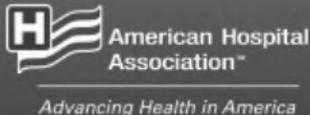
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From: Wilkie, Robert L., Jr.
Sent: Thu, 12 Mar 2020 16:18:58 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] COVID-19 Call Today at 1:45 p.m. ET with CMS and FDA Leaders

From: American Hospital Association
Sent: Thursday, March 12, 2020 11:34:32 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] COVID-19 Call Today at 1:45 p.m. ET with CMS and FDA Leaders

[Click here to access a web or mobile friendly version of the newsletter.](#)



Coronavirus Update

March 12, 2020

CMS Administrator and FDA Commissioner to Host Call for Hospital and Health System Leaders Today at 1:45 p.m. ET on Coronavirus

Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma and Food and Drug Administration (FDA) Commissioner Stephen Hahn, M.D., will host a call for hospital and health system leaders today, March 12, at 1:45 p.m. ET to discuss information on the novel coronavirus (COVID-19) outbreak.

This phone call is a follow up from a meeting AHA President and CEO Rick Pollack and hospital and health system leaders had yesterday with the White House Coronavirus Task Force.

CMS's Verma and FDA's Hahn will provide opening remarks on the call and take questions from hospital and health system leaders.

Please use the following information to dial into the call:

Dial In: 888-455-1397

Passcode: 8206726

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Advancing Health in America

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

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)
(b)(6)
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
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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>



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

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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 the Department of Health and Human

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.

In addition, APhA offers the following additional immediate actions the Task Force can take to help curb the looming crisis:

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 waived 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

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 authorization requirements; 2) waive prescription refill limits, and 3) relax the restrictions on home or mail delivery of prescription drugs.

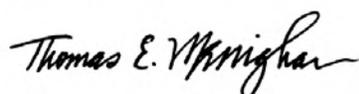
However, the Task Force could ease confusion by implementing uniform measures to ease the burdens on pharmacists and patients across the country. Without immediate changes to implement broad, system-wide authorization for early or emergency refills for chronic medications, patients may have to endure 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 Michael Baxter, Director of Regulatory Affairs, at mbaxter@aphanet.org or by phone at (202) 429-7538.

Sincerely,



Thomas E. Menighan, 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
Robert O'Brien, 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
Matthew Pottinger, Assistant to the President and Deputy National Security Advisor
Rob Blair, Assistant to the President and Senior Advisor to the Chief of Staff
Joseph Grogan, Assistant to the President and Director of the Domestic Policy Council
Christopher Liddell, Assistant to the President and Deputy Chief of Staff for Policy Coordination
Derek Kan, Executive Associate Director, Office of Management and Budget
Larry Kudlow, Assistant to the President for Economic Policy and Director for National Economic Council
Dr. Anita Patel, Senior Advisor, Pandemic Preparedness and Response, CDC
Mark Meadows, Chief of Staff, The White House

From: Wilkie, Robert L., Jr.
Sent: Fri, 27 Mar 2020 14:36:27 +0000
To: RLW
Subject: FW: [EXTERNAL] President Trump should issue the Buy American executive order to end China's control of our medicines

From: Americans for Limited Government
Sent: Friday, March 27, 2020 10:34:57 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] President Trump should issue the Buy American executive order to end China's control of our medicines



March 27, 2020

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President Trump should issue the Buy American executive order to end China's control of our medicines

The Association for Accessible Medicines, a trade association for large pharmaceutical manufacturers is pushing a letter opposing an executive order proposed by President Donald Trump that would reduce or eliminate regulations that have raised the cost of manufacturing medical compounds and equipment in the United States. His goal is to end American dependence on China for the medicines we need. The big international corporations, of course, say the order will make it difficult for them to supply antibiotics and equipment needed now to fight the Chinese coronavirus. Their stated reason for opposing the President is that they want to "do their part" in fighting the scourge. But there is likely a far more sinister reason for this action. The Chinese Communists will do just about anything to keep their stranglehold on the supply of medicines, the components to make medicines and medical equipment, This is about power — the power of the Chinese Communists to dictate terms to America and Europe. And they are delivering this message through the serpentine voices of major corporations.

Cartoon: Cabin Fever

Adam Schiff works from home.

How do conservative groups propose to solve surprise medical billing?

What is surprise medical billing, and what do conservative organizations think should be done to address this problem? Surprise medical billing occurs when a patient has a medical emergency and is taken to an out-of-network emergency room for treatment and then receives a large bill in the mail weeks or months later for care. Surprise medical billing also occurs when a patient goes to an in-network hospital but is treated by an out-of-network doctor who then sends an unexpected bill weeks or months after treatment. This problem was worsened by Obamacare, which led to narrower networks of health care providers — and more out-of-network providers. Conservative organizations oppose allowing the government or insurance companies to set rates for out-of-network providers, but they differ in the solutions they support.

Video: Will states reopen their schools and economy sooner or later? That will determine the extent of the recession.

The longer schools and much of the economy remain closed to deal with the outbreak, the longer the recession the government is creating will last and the higher unemployment will become.

Should New York City be quarantined?

55 percent of U.S. coronavirus cases are now in the state of New York, with an outbreak occurring in New York City, the most densely populated area and the largest city in the nation with more than 8 million. More than 21,000 cases are now reported in New York City, and more than 37,000 statewide. That's out of 68,000 nationwide. New York City has become the hotbed. Democratic Governor Andrew Cuomo issued a stay at home order on March 20 for non-essential workers. Schools in the city have been closed since mid-March. But not everyone is listening, and now New York has the most cases. 58 percent of their cases in Queens and Brooklyn, where people are walking around, hanging out and socializing as if they were on vacation with colleges also closed. So, while the rest of the country has been sheltering in place and shut down for days and weeks, at least early on in the state lockdown, many people in New York City are still openly ignoring governmental health recommendations. Is that why they're having problems now? And should anything be done to mitigate risks elsewhere?

President Trump should issue the Buy American executive order to end China's control of our medicines



By Bill Wilson

With all we are facing today, with all the fear and outright transformation of our entire society, it might seem odd that a group of medical organizations would sign a letter opposing American independence in the production of medicines and medical equipment. You would think that in the crisis these groups would want to see America move toward a strong, independent position. But you would be wrong.

The Association for Accessible Medicines (AAM), a trade association for large pharmaceutical manufacturers is pushing a letter opposing an executive order proposed by President Donald Trump that would reduce or eliminate regulations that have raised the cost of manufacturing medical compounds and equipment in the United States. His goal is to end American dependence on China for the medicines we need.

The big international corporations, of course, say the order will make it difficult for them to supply antibiotics and equipment needed now to fight the Chinese coronavirus. Their stated reason for opposing the President is that they want to “do their part” in fighting the scourge. But there is likely a far more sinister reason for this action.

The Chinese Communists will do just about anything to keep their stranglehold on the supply of medicines, the components to make medicines and medical equipment, This is about power — the power of the Chinese Communists to dictate terms to America and Europe. And they are delivering this message through the serpentine voices of major corporations.

So far, the letter being circulated by the pharmaceutical giants has 40 signatures, mostly from associations funded by the pharmaceutical firms themselves. In all fairness, most of these groups need the funding from the corporations so it is no surprise that they are doing as they are told. And, as would be expected, there are a handful of so-called “conservative” groups reciting their “free trade” mantra. They, sadly, are so blinded by their failed religion of globalism that they cannot see the threat to America their position holds.

In this small example at a time of national crisis, we can see two facts of life that we all must recognize and address. First, Lenin was right, the capitalist will sell the rope with which they will be hung. China barks and the largest drug companies in the world back down and crawl in their service. The lust for profits even at the price of severe damage to the United States and the American people is the hallmark of major international corporations.

Secondly, the orthodoxy of open borders, open trade and global supply chains has shown itself to be toxic. Millions of working families knew this and have suffered from the actions of both political parties for decades. Tens of thousands of small communities and towns have known the lethal impact of this globalist religion for a long time, as their communities wither and die. But now everyone can see the impact. 95 percent of the components of the most widely used antibiotics are made in China. Medical equipment is now made in China. And, when we need them, we have to depend on the good will of a society that kills its own people, operates slave labor camps and practices genocide on a world class level.

The move by President Trump to begin to bring the production of medicine and medical equipment back to the United States is the only honorable and right thing that could be done. For those corporations now under the golden thumb of China to oppose this basic movement toward American sovereignty is tantamount to a renunciation of their U.S. citizenship. They now side with the rulers of a foreign, hostile regime over that of the people of the United States. Going forward, they should be treated as foreign agents, because that is what they are.

And for the groups who call themselves conservative and toe the globalist line, the sad truth is that none of them have had any impact for a very long time. They are the epitome of Conservative, Inc., existing merely to exist, not to achieve any goal that might conserve the best of America.

What we are viewing is a continuation of a war inside the Republican Party that is now 125 years old. In the election of 1896, William McKinley ran on the platform that had rebuilt

America after the Civil War and turned the nation into the industrial powerhouse it was to be up to this day. The platform was simple: Sound Money and Protection.

The formula is exactly what we need today, protection of American industry, jobs and communities. Protection that is not the overblown caricature of the globalists but rather a protection that seeks to have the full costs to outsourcing realized and taken into account. As for sound money, that is long overdue. The fiat regime of the central bank zealots is coming to a crushing end. There is no amount of printing that can save us from the wrath of true economics.

We can expect more pushback to efforts by President Trump and the growing legion of elected officials that see the damage done by the globalist agenda. But understanding that these pathetic attacks are simply the end result of dictates from Beijing renders them inert. They have no meaning or bearing. The march to restore America, to return basic industries to our shores, to rebuild tens of thousands of communities will continue. The tide of history cannot be ordered to not come in.

Bill Wilson is the President of the Market Research Foundation and a former board member and former President of Americans for Limited Government.

Cartoon: Cabin Fever

By A.F. Branco

ADAM SCHIFF
WORKING FROM
HOME



[Click here for a higher level resolution version.](#)

How do conservative groups propose to solve surprise medical billing?



By Richard McCarty

What is surprise medical billing, and what do conservative organizations think should be done to address this problem? Surprise medical billing occurs when a patient has a medical emergency and is taken to an out-of-network emergency room for treatment and then receives a large bill in the mail weeks or months later for care.

Surprise medical billing also occurs when a patient goes to an in-network hospital but is treated by an out-of-network doctor who then sends an unexpected bill weeks or months after treatment. This problem was worsened by Obamacare, which led to narrower networks of health care providers — and more out-of-network providers. Conservative organizations oppose allowing the government or insurance companies to set rates for out-of-network providers, but they differ in the solutions they support.

In a [letter](#) to Congressional leaders sent last December, several organizations, including the Taxpayers Protection Alliance, Citizens Against Government Waste, the Competitive Enterprise Institute, Consumer Action for a Strong Economy, Frontiers of Freedom, and the 60 Plus Association, wrote in favor of requiring arbitration between health care providers and insurers to settle billing disputes.

From the letter: “Congress should avoid any measures that would seek to address surprise medical billing by creating a government-mandated benchmark (i.e. rate-setting) to determine out-of-network rates for physicians. Current legislative proposals that utilize this approach would expand the government’s reach into healthcare.

“The problem with rate-setting is that in-network rates are inherently discounted during insurer-provider contract negotiations. Using them as the benchmark would artificially suppress rates for physicians providing out-of-network care to the point that enormous financial losses would be shifted to local hospitals and emergency rooms.

“Many of these facilities — particularly the ones serving rural, hard-to-reach communities across the nation — are already operating under razor-thin profit margins, if they are even profitable at all...

“Independent Dispute Resolution (IDR) is a pragmatic solution that leverages a less heavy-handed approach to ending surprise medical billing. Under IDR, both insurers and providers would be able to negotiate out-of-network payments among themselves, ensuring patients are held harmless for any costs above and beyond their standard, in-network and out-of-pocket amounts.”

Doug Badger, of the Heritage Foundation has a different [view](#):

“Congress should impose penalties on insurers that represent medical facilities—and medical facilities that represent themselves—as being in-network if doctors balance bill patients for services they provide at that facility.

“Patients treated at network hospitals never should be balance billed, whether for scheduled or emergency care.

“In other words, a hospital that advertises itself as being in network for insurer A, cannot allow a doctor who provides services there to balance bill a patient covered by insurer A. Ditto for insurer A. It cannot advertise a hospital as being in network if the hospital allows insurer A’s customers to be balanced billed. Neither hospitals nor insurers should be permitted to give patients false and misleading information...

“That leaves the special case of emergency care at non-network hospitals—another circumstance in which patients can get hit with surprise bills. A patient with severe chest pains or one riding in the back of an ambulance can’t shop for a network hospital. Congress can protect such patients by banning non-network hospitals from balance billing for emergency care. Federal regulations currently stipulate that insurers must pay such hospitals the greatest of the Medicare rate, the network rate or the out-of-network rate.

“These changes, combined with greater price transparency, will both eliminate surprise bills and empower consumers to make better decisions about their medical care.”

The National Taxpayers Union appears to side more with the Heritage Foundation than with those calling for mandatory arbitration:

“Provisions that have been introduced in Congress to address surprise billing introduce what could be a single-payer health care system in disguise. These include additional price controls, federal benchmarks, out-of-network caps, or rate-setting that are all solutions that lead to more government control over who gets health care and who pays for it...

“There are better ways to stop surprise bills, like clearer enforcement of truth in advertising rules, more accurate information on networks, and stronger cost transparency for patients.”

However Congress chooses to deal with surprise medical billing, it should avoid doing anything to further reduce the number of health care providers or to further consolidate the health care industry. Due to our aging population, doctor and nursing shortages, and the fact that hundreds of rural hospitals are at risk of closure — on top of the scores of rural hospitals that have closed in recent years — the stakes are very high.

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

Video: Will states reopen their schools and economy sooner or later? That will determine the extent of the recession.



The image is a screenshot of a web page from 'DAILY TORCH'. The page features a navigation bar with categories like HOME, ECONOMY, POLITICS, ENERGY AND THE ENVIRONMENT, CARTOONS, VIDEOS, CONTRIBUTORS, DONATE, and CONTACT. The main headline reads 'Senate paves road to reopening economy with coronavirus relief bill, but when will states reopen schools?'. Below the headline is a video player showing a building labeled 'WILSON ELEMENTARY SCHOOL'. To the right of the video player is a portrait of a man. The page also includes social media sharing options (Like, Share, Tweet, reddit, LinkedIn) and a Print button.

To view online: <https://www.youtube.com/watch?v=UtCtaVN-Uso>

Should New York City be quarantined?



By Robert Romano

55 percent of U.S. coronavirus cases are now in the state of New York, with an outbreak occurring in New York City, the most densely populated area and the largest city in the nation with more than 8 million.

More than 21,000 cases are now reported in New York City, and more than 37,000 statewide. That's out of 68,000 nationwide.

That makes Long Island, Connecticut, New Jersey and Pennsylvania all ground zero for the rest of the country as resources shift to the northeast to mitigate and slow down the virus.

Outbreaks on the west coast in California and Washington appear to have been muted by local efforts at social distancing.

New York City has become the hotbed. Democratic Governor Andrew Cuomo issued a stay at home order on March 20 for non-essential workers. Schools in the city have been closed since mid-March.

But not everyone is listening, and now New York has the most cases. 58 percent of their cases in Queens and Brooklyn, where anecdotally, relatives of mine who live in the city report people walking around, hanging out and socializing as if they were on vacation with colleges also closed.

Similarly, the New York Times on March 21 reported certain areas where city life was still functioning as if it were normal: “Elsewhere, outdoor life seemed to thrive in ways that, given the constant reminders for social distancing, seemed reckless. The crowds at the farmers market in Union Square were the size of a pre-coronavirus weekend, with shoppers at one another's elbows. Some neighborhoods in Queens and the Bronx showed similar robust outings. And like Central Park, Brooklyn’s Prospect Park remained an outdoor respite for people with nowhere else to go for fresh air.”

NBC News in New York noted Democratic Governor Andrew Cuomo who on March 22 blasted his city, “saying the number of people he saw flaunting the new mandates was ‘wholly inappropriate.’ People were crowding in parks, acting as if nothing had changed.”

So, while the rest of the country has been sheltering in place and shut down for days and weeks, at least early on in the state lockdown, many people in New York City are still openly ignoring governmental health recommendations. Is that why they’re having problems now?

Perhaps the reason is because the city’s subways have been running through the entire emergency. The bridges are still open. And millions are still commuting every day to the city to and from the surrounding region. But should they still be doing so?

Here, New York City and New York State find themselves at a crossroads, and what they do next will have reverberations throughout the entire country. If Governor Cuomo wanted to, he could order the streets to be cleared with the National Guard to assist police in order to somehow enforce social distancing but so far has ruled out any aggressive approach to the issue. Is he right?

Now, perhaps how the country responds to New York will tell us how seriously we’re still taking the coronavirus. So far, the federal government has recommended that persons who have been to New York recently stay apart from others for 14 days. Are they listening?

But the rest of the country could force the issue as those outside New York also have to consider the risks. Maybe a message could be sent.

Should planes still be flying in and out of New York?

Should Amtrak still be running the Northeast Regional up and down the east coast? The Acela nonstop to Washington, D.C. has been suspended since March 7.

What about regional trains that go in and out of New York every day? Buses?

On the other hand, then there’s the data. Dr. Deborah Birx, the White House coronavirus task force coordinator, suggested yesterday the infection rate of the Chinese coronavirus could be much lower than had originally been projected in certain models.

“Either we're only measuring the tip of the iceberg... or we have the transmission completely wrong... The predictions of the models don't match the reality on the ground,” Birx said.

She added, “When people start talking about 20 percent of a population being infected, it’s very scary... But we don’t have data that matches that based on the [actual] experience.”

Meaning, even if the fatality rate for the virus is elevated above seasonal flu, the likelihood of it spreading to the entire population might be much lower than originally feared. Is she right?

Let’s hope so, but that needs to be sorted out as soon as possible. The entire country is shut down, costing tens of trillions of dollars to the global economy that will have reverberations for at least a decade. Unemployment could quickly go to double digits and might stay there for months or years. Many businesses being closed now will never return.

Is there a great risk for widespread infection or not? Because now that the virus is all over New York, this would be the time to stop it if this disease is as bad as they say before it keeps spreading.

Perhaps the prevalence of the virus in New York might mean additional measures should be considered at containment there even while the rest of the country gets prepared to reopen.

Many New Yorkers are not heeding the stay at home order. The worse it gets, the more likely further regional spread will become up and down the eastern seaboard, and the longer this goes on for everyone else.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

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From: Wilkie, Robert L., Jr.
Sent: Thu, 19 Mar 2020 21:57:04 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Coronavirus News: Spending Packages, Elective Surgeries and More

From: AHA Today
Sent: Thursday, March 19, 2020 5:32:41 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus News: Spending Packages, Elective Surgeries and More

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Coronavirus Update: News on Congressional Packages, Elective Surgeries, PPE Conservation and Cyber Resources

Congress urged to allocate \$100 billion to providers in next COVID-19 spending package. The AHA, American Medical Association and American Nurses Association today urged congressional leaders to provide \$100 billion to front line health care personnel and providers and "direct the federal agencies to begin to infuse funds immediately so that they can afford to take the necessary steps to fight" the novel coronavirus outbreak (COVID-19). **See the [letter for more details](#) about the specific requests.**

Last night, President Trump signed legislation that, among other areas, eliminates patient cost-sharing for COVID-19 testing and related services; establishes an emergency paid leave program; expands unemployment and nutrition assistance; provides a temporary increase in the Medicaid Federal Medical Assistance Percentage (FMAP); and creates two mechanisms for coverage of testing for the uninsured — one through the Medicaid program and another through the Public Health and Social Services Emergency Fund.



CORONAVIRUS UPDATE

AHA, others recommend action to strengthen provider capacity, resources. The AHA and 17 other organizations representing health care providers, insurers, suppliers and others yesterday urged Congress to take certain immediate actions to strengthen health care capacity and ensure a stable supply of critical resources to address the novel coronavirus.

"To meet unprecedented demand, the most critical supplies needed are equipment for testing, personal protection of care providers, and respiratory support for patient care," the groups wrote. "We recognize that the President has invoked the Defense Production Act and urge the federal government to expeditiously move to spur massive, increased production, distribution, and access to gowns, masks, gloves, testing kits, testing swabs, and respiratory machines."

The organizations also urge specific actions to strengthen provider capacity and drive patients to appropriate alternative care sites, and to ensure continued access to critical medications and avoid supply-chain disruptions.

CMS issues guidance for elective surgery; PPE conservation strategies. The Centers for Medicare & Medicaid Services yesterday issued guidance to help hospitals and health systems evaluate whether to provide elective surgeries during community spread of COVID-19. The agency proposes a tiered framework based on the urgency of the procedure, health of the patient and surgical setting that facilities can use to determine whether to perform or postpone surgery.

In a statement AHA said, "America's hospitals and health systems are intensely focused on the challenge of dealing with COVID-19 as they continue to provide medical care for patients and work to protect their communities. We simply could not manage this crisis without the hard-working and dedicated physicians, nurses and other front line staff who care for patients and maintain our facilities and equipment.

"As we make additional preparations, it's important to recognize that the cancellation of elective procedures — which the medical community needs to be prepared to implement — should be determined at the local, community level in consultation with hospitals and the clinical recommendations of physicians and nurses. It is important to recognize the definition of 'elective' procedures includes important life saving measures that will continue to be necessary. In issuing this framework, CMS took an appropriate step that provides a balanced approach to address this matter."

The Centers for Disease Control and Prevention also has proposed strategies for optimizing personal protective equipment supplies, including eye protection, isolation gowns, facemasks and N95 respirators.

AONL CEO attends White House meeting on COVID-19. Robyn Begley, CEO of AHA's American Organization for Nursing Leadership, yesterday attended a White House meeting with President Trump, Vice President Pence, members of the Coronavirus Task Force and leadership from national nursing organizations to discuss nursing's response to the COVID-19 pandemic.

"The top priorities for nurse leaders are to ensure nurses have the supplies and equipment they need to treat patients, allocate nurses so we have enough staff to safely care for our patients and communities, and keep our nurses and their families safe," Begley said, stressing the critical need to increase the production of N95 respirators and ventilators.

She also advocated for removing licensing barriers; using creative strategies to maximize the workforce, such as roles for recently retired nurses and furloughed school nurses; and underscored the importance of caring for nurses and their families during this unprecedented time.

"It is important they know we are committed to their safety," she said. "We depend on nurses coming to work while their families, including children and elders, are at home. Child and elder care are essential."

New COVID-19 cyber resources available. The AHA has released a compendium of resources for hospitals and health systems related to cybersecurity threats during the COVID-19 pandemic. In addition, John Riggi, AHA's senior advisor for cyber and risk, today published a blog offering four ways that health care providers and organizations can mitigate cyber risks during the pandemic.

Moody's: Hospital financial outlook negative as coronavirus constrains cash flow. Moody's Investors Service today revised its outlook for the U.S. nonprofit hospital and health care sector from stable to negative, saying revenue will likely decline as hospitals cancel elective surgeries and other services to prepare for a surge of coronavirus cases. "At the same time, expenses will rise with higher staffing costs and the need for supplies such as personal protective equipment," the credit rating agency said. "...Ripple and lingering effects to the economy will also drive lower cash flow even after the outbreak is contained. These include a reduction in the value of hospitals' investment portfolios and potential rising unemployment or widespread layoffs that result in the loss of health benefits. The difficulties facing hospitals come amid increasing cash flow constraints, such as a greater reliance on reimbursement from governmental programs and a continued shift in treatment to less costly settings."

USP issues compounding guidance. U.S. Pharmacopeia yesterday issued guidance on strategies for conserving sterile compounding personal protective equipment and for compounding alcohol-based hand sanitizers to address consumer shortages during the COVID-19 pandemic. The Food and Drug Administration recently said it does not intend to take action against compounders that prepare alcohol-based hand sanitizers for consumer use for the duration of the COVID-19 emergency, provided that certain production guidelines are met.

CMS issues new FAQs on Medicaid/CHIP, catastrophic health plan coverage. CMS yesterday updated its FAQ for state Medicaid and Children's Health Insurance Program agencies, answering questions related to flexibilities related to managed care, benefits, financing, Section 1115 demonstrations, and Section 1135 waivers offered as part of the

president's declaration of a national emergency.

The agency also clarified coverage of COVID-19 diagnosis and treatment by catastrophic health plans. The document aligns with guidance released last week by the Internal Revenue Service, which gave high deductible health plans flexibility to provide COVID-19 diagnosis and treatment benefits without deductibles or cost-sharing.

KFF tool provides state-level data on COVID-19 cases. The Kaiser Family Foundation has released a new, regularly updated tool for tracking coronavirus policy actions, along with data on current cases and deaths, and state-level data on health coverage and provider capacity.

Hospitals can apply for free medical devices to assist with COVID-19 response. Hillrom will donate \$3 million in medical devices for critical and intensive care environments to 25 U.S. hospitals fighting COVID-19, the company announced today. The medical technology company will provide 25 ICU technology packages at no cost to hospitals that meet certain criteria, including demonstrated need. The donations include intensive care unit beds and patient monitoring and respiratory health devices. For more information and to apply, click here. "The women and men of America's hospitals and health systems are on the front lines every day, treating and helping prevent the spread of COVID-19," said AHA President and CEO Rick Pollack. "We appreciate Hillrom's important donations to help hospitals, health systems and health care providers expand access to critical care technologies as they respond to the novel coronavirus pandemic."

COVID-19 Events & Educational Opportunities

Register now: March 23 CDC COVID-19 webinar for rural partners

.....
The Centers for Disease Control and Prevention March 23 at 1 p.m. ET will host a webinar for rural partners with Jay Butler, M.D., deputy director for infectious diseases, who will share guidance with partners, public health practitioners, health care providers and others working to protect the health of rural communities. You can submit questions in advance to eocevent337@cdc.gov indicating that questions are for the 3/23 call. Questions not answered during the call may be sent to ruralhealth@cdc.gov. **View more information and register here.**

Webinar replay: Caring for patients with serious illness during COVID-19

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The Center to Advance Palliative Care, an AHA partner, has released a recording of its March 18 webinar on caring for patients with serious illness, who are at higher risk for COVID-19. **Replay the webinar here.**



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

From: Wilkie, Robert L., Jr.
Sent: Mon, 23 Mar 2020 16:37:14 +0000
To: RLW
Subject: FW: [EXTERNAL] Protect Immigrants and Asylum-Seekers From the COVID-19 Pandemic

From: (b)(6)
Sent: Monday, March 23, 2020 12:36:00 PM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Protect Immigrants and Asylum-Seekers From the COVID-19 Pandemic

Dear Members of the Coronavirus Task Force:

As members of President Trump's Coronavirus Task Force, I urge you to exercise your authority to ensure that the administration protects the human rights of all people, including the right to health, as governmental authorities at the federal, state, tribal, and local level respond to the humanitarian and public health challenges presented by the COVID-19 pandemic.

The response to COVID-19 has the potential to affect the human rights of millions of people, and human rights must be centered at all stages of the crisis – prevention, preparedness, containment, and treatment – in order to best protect public health and support people who are most at risk of adverse impacts.

Respecting human rights is not a luxury that can only be afforded once the threat to public health has been minimized. Human rights violations hinder, rather than facilitate, responses to public health emergencies, and undercut their efficiency.

I call on the U.S. government to ensure that all responses to the COVID-19 pandemic are compliant with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk, and to address and mitigate the specific human rights risks associated with any particular response.

Specifically, I urge you to ensure that the U.S. government:

- Provides accurate, timely, and science-based information about how people can protect themselves, and acts aggressively to correct misinformation;
- Provides free testing for all persons who request it, and that any goods and services necessary for prevention, diagnosis, care, vaccines, and cures are available, affordable, and accessible to all persons without discrimination;
- Ensures that psychosocial support is available for potential mental health consequences of the COVID-19 pandemic and the subsequent containment measures;
- Fully accounts in its plans and strategies for the needs of people adversely impacted and marginalized groups – including, but not limited to, migrant workers, people in precarious or insecure employment including in the “gig” economy, undocumented immigrants, persons with disabilities, people who are incarcerated or held in immigration detention, Indigenous and tribal persons, people working in the informal sector, people living in poverty, people who are homeless, people without access to adequate water and safe sanitation, people with chronic health conditions, older persons, and people who are pregnant;
- Includes a gender analysis in all response efforts to ensure that the rights of women, girls, and gender non-conforming people are protected and that they receive appropriate support;
- Ensures that all people have access to social support that enables security and dignity, including through paid sick leave, health care, and parental leave where people are unable to work because of the COVID-19 pandemic;

- Ensures that a person's race, ethnicity, nationality, immigration status, or actual or perceived health status is not a barrier to accessing care or subjects them to harassment, ostracism, racism, or other stigmatization;
- Takes concrete, deliberate, and targeted measures to address and prevent discrimination and stigma, protect all individuals from mistreatment, and prevent scapegoating of individuals or groups; and
- Ensures there is adequate equipment, training, and support for health workers and other workers facing a higher risk of exposure, as well as mechanisms in place to guarantee support for the families of health workers and others who have died or become ill as a consequence of exposure to COVID-19.

At this time of great uncertainty, I call on THE administration to lead by protecting the health, safety, security, and other human rights of all people.

Respectfully,

(b)(6)

From: Wilkie, Robert L., Jr.
Sent: Wed, 25 Mar 2020 11:17:16 +0000
To: RLW
Subject: FW: [EXTERNAL] A stress test awaits corporate VCs

From: PitchBook News
Sent: Wednesday, March 25, 2020 7:16:05 AM (UTC-05:00) Eastern Time (US & Canada)
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] A stress test awaits corporate VCs

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March 25, 2020

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 MADISON CAPITAL FUNDING

 INVESTMENTS



Salesforce is one of the most active corporate venture capital investors
(Eduardo Hueck/Getty Images)

After driving much of the venture capital market's hyper-growth in recent years, corporations are poised for a decisive test of their zeal for funding startups.

- Inside boardrooms of every stripe, countless investment decisions are either being postponed or subjected to fresh scrutiny. Companies are suddenly on guard as they struggle to take the measure of an unfolding economic disaster.
- Because corporations, notably SoftBank, played a pivotal role in private fundraising recently, their willingness to stick to their VC strategies in this downturn could shape the pool of capital that will be available in the long run.
- "In that hunker-down scenario, all spending goes through a rigorous review, obviously," said Pradeep Tagare, head of the \$250 million corporate venture fund at UK-based energy company National Grid. "One of the first things that gets hit is the venture capital part of it

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More coronavirus news: Continuing coverage from PitchBook

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White House changes course on tests, adding to confusion for startups



White House coronavirus task force leader Deborah Birx speaks at a briefing Monday. (Drew Angerer/Getty Images)

Contradicting the Food and Drug Administration's recently updated guidance, the White House said coronavirus tests that consumers would do at home will be available this week.

- Officials didn't reveal which companies' tests would be used.

1955 Capital
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Airbnb
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Madison Dearborn
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NextGen Venture
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PayPal
Snam
Spark Capital

- "There was a breakthrough today, and I think we'll see that from the FDA, for all of those who are waiting for self-swabbing options, those are going to be available sometime this week," White House coronavirus task force leader Deborah Birx said in a briefing on Monday night.
- On Saturday, the FDA had explicitly barred companies from offering mail-order self-swabbing kits for processing in commercial labs, increasing the scope of a previous directive that only blocked in-home tests. As a result, a series of **biotech startups were forced to abandon** their COVID-19 product plans. Some of these companies, including Carbon Health, Everlywell and Nurx, had sold or were on the verge of selling their at-cost kits.

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A MESSAGE FROM INSIGHT2PROFIT

Pricing in a volatile market

We are in the uncharted waters of a global pandemic and macroeconomic uncertainty. In this environment, how should businesses adjust their strategies to best address the unpredictable market? Are price cuts—or price increases—warranted to protect growth and margins?



Mike Brenner | Director

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 Warburg Pincus

Companies

ACS Group
 Abu Dhabi National Oil Company
 Arkose Labs
 Benemax Financial Group
 Brex
 Carbon Health
 Compose Labs
 Emerson
 Everlywell
 Fritz AI
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PE-backed Neiman Marcus braces for possibility of bankruptcy



(Joe Raedle/Getty Images North America)

High-end fashion chain Neiman Marcus has reached out to lenders about filing for Chapter 11 bankruptcy protection to help relieve a \$4.3 billion debt load and keep some of its stores open, according to Bloomberg. The news comes as more consumers are staying at home to avoid the coronavirus and retail sales continue to plummet. Neiman Marcus has yet to make any final decisions, though the Dallas-based company has already opted to at least temporarily close all of its physical locations.

Ares Management and Canada Pension Plan Investment Board acquired Neiman Marcus from TPG

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Capital and Warburg Pincus for roughly \$6 billion in 2013. Thanks in part to the meteoric rise of online retail, it's been a slog ever since, with the company trying and failing to go public. The debt load hasn't helped, either. Last year, Neiman Marcus agreed with creditors to extend the maturity date of some of its loans in hopes of buying some time to complete a turnaround.

Related read: **PE-backed Neiman Marcus in legal stand-off after receiving lifeline**

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Travel startups struck by wave of layoffs

TripActions, Sonder and Zeus Living have reportedly laid off hundreds of employees as restrictions resulting from the COVID-19 outbreak batter the travel industry.

Andreessen Horowitz-backed TripActions let go of 350 staff members, Business Insider reported. The corporate travel management startup reportedly had 1,100 employees as of February. It raised a \$250 million Series D last July at a \$4 billion valuation, according to PitchBook data.

Hospitality startup Sonder laid off a third of its staff, or more than 400 employees, according to The Information. The company, which operates a network of short-term accommodation rentals, was valued at \$1.1 billion last May, according to PitchBook data. Its investors include Spark Capital, Greylock Partners and Valor Equity Partners.

Zeus Living shed 30% of its staff, or nearly 80 employees, according to Business Insider. The company rents furnished properties on a monthly basis to business travelers. Airbnb, Initialized Capital Management and Comcast Ventures have backed Zeus Living.

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2019 a strong year for emerging supply chain technology



The rise of the digital economy is putting new pressure on the traditional global supply chain. Businesses are demanding better visibility across delivery and supply channels, quicker shipping capabilities and the ability to source products on-demand to reflect real-time conditions at the consumer level. We view this as a compelling backdrop for new entrants seeking to address gaps in the status quo and see areas of growth across the value chain.

Our most recent **Emerging Tech Research: Supply Chain Tech report** covers this and more, with key trends including:

- Supply chain tech raised \$10.4 billion in VC in 2019, an uptick from 2018
- Freight tech and delivery applications drove deal activity in 2019
- The coronavirus pandemic has highlighted the need for emerging technologies that can mitigate the risk of future supply chain shocks

If you have any questions or feedback about the research, we'd love to hear from you:

analystresearch@pitchbook.com.

[read the preview](#)

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How PE and VC can keep investing in a recession

The coronavirus pandemic has taken hold of global markets. Major US equity indices have lost more than 30% from their peaks, and it now seems clear that COVID-19 has ushered in the next economic crisis. Apart from the obvious public health considerations, the virus poses a threat to commerce, travel and daily life.

How does anyone invest in such an environment?

We dug into our research archives in search of an answer. Originally published in 2017 as a guide for preparation, our analyst note on **how PE firms can invest in a downturn** is more relevant than ever,

touching on key themes that have since come to shape private equity.

While the catalyst is very different this time around, comparing the current climate with that of the financial crisis in 2008 can be a useful way to consider the future. Our analyst note covering **VC during the Great Recession** may give a glimpse of what the current situation has in store.

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Flush with cash, PE firms confront their new reality



(Chaiyawat Sripimonwan/EyeEm/Getty Images)

In the coming months, it's probable that a decline in prices across the market will present investors with an unprecedented opportunity to buy. But they'll also need to maintain their current portfolio companies.

With hundreds of billions of private debt dry powder at the ready, both situations appear possible.

How might PE firms divvy up the funds?

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Recommended Reads

One night on the streets with Lenin Cerón, one of the delivery men making sure the Big Apple stays fed.

[The New Yorker]

Industry giants like Apollo Global Management and Blackstone think increased collaboration between their portfolio companies could be one way to weather the current storm. [Bloomberg]

In some ways, a low-tech website called ProMED is a relic of an earlier internet age. That hasn't stopped it from developing an impressive track record of crowdsourcing epidemics. [Wired]

The leaders of companies like Slack, Google and Cisco weigh in on the strange realities of taking their business dealings from the boardroom to a spare room. [The New York Times]

Overall, consumer spending is expected to plummet. But for companies selling things like ammunition and marijuana, business is booming. [The Wall Street Journal]

A society where you don't leave the house and almost every meaningful social interaction takes place online? The members of Gen Z have been preparing for quarantine their whole lives. [The Atlantic]



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TODAY'S HEADLINES

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Obvious adds ex-Slack exec

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Iaso Biotherapeutics picks up \$60M

M12 leads \$22M round for Arkose Labs

Fritz AI pockets \$5M

PE Deals

BlackRock dips out of \$15B race for Abu Dhabi pipelines

Riverside backs Red Nucleus

PE-backed Navacord buys Benemax Financial

Portfolio Companies

Brex snaps up a trio of startups

Exits

Fulcrum unloads Verdant

Fundraising

Carlyle hauls in \$2.3B for Japanese fund

KKR seeks \$750M for TMT fund in Asia

Collaborative Fund eyes \$500M

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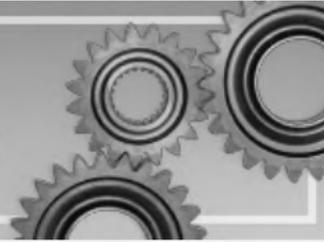
**IRR: net of fees*

110 Funds in Benchmark »

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Webinar: How coronavirus is affecting the private markets

Join PitchBook analysts as they walk through their recent reporting on COVID-19 and its impact on the private markets. Our director of research & analysis, Nizar Tarhuni, will join analysts James Gelfer, Dylan Cox and Paul Condra as they discuss what's in store for PE and VC firms in the wake of recent market volatility and the impending economic slowdown.

The webinar will be held today at 12 p.m. ET/9 a.m. PT. Topics of discussion will include:

- Historical performance and fundraising data from previous downturns
- How this bear market differs from 2008 and other years
- How emerging technologies are poised to weather the pandemic

Register for the webinar to attend live or receive a recording afterward.

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INVESTORS

SoftBank held buyout talks with Elliott, Mubadala

SoftBank recently held talks with hedge fund Elliott Management and Abu Dhabi sovereign wealth fund Mubadala about going private, The Financial Times reported. The potential buyout, which ultimately fell through, was one option the Japanese conglomerate considered before **authorizing the sale of up to 4.5 trillion yen** (around \$41 billion) in assets in order to buy back shares and pay down debt.

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PEOPLE

Spanish PE pioneer dies of COVID-19

José María Loizaga Viguri, one of the founding fathers of Spanish private equity, has died after contracting the novel coronavirus. The news was confirmed by Spanish infrastructure giant ACS Group, where Loizaga, 84, was vice president and a board member. Loizaga was involved in notable deals in the 1980s, including the restructuring and subsequent merger of the two major Spanish industrial banks. He also founded Spanish PE firm Mercapital, serving as

president until 2008.

[View details](#)

Obvious adds ex-Slack exec

Former Slack chief product officer April Underwood has joined Obvious Ventures as a venture partner. She will invest in startups focused on climate, healthcare, wellness and the workplace. Obvious is a San Francisco-based firm co-founded by Ev Williams, who also co-founded Medium and Twitter.

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VC DEALS

Nature's Fynd harvests \$80M Series B

Nature's Fynd, which is developing microbe-based proteins for meat substitutes, has raised \$80 million in a round co-led by Generation Investment Management and Breakthrough Energy Ventures. The funding values the Chicago-based company at \$380 million, according to PitchBook data.

Additional Investors:

1955 Capital, ADM Ventures, Danone Manifesto Ventures, Mousse Partners

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Iaso Biotherapeutics picks up \$60M

Iaso Biotherapeutics has raised a \$60 million Series B led by GL Ventures, a VC fund focusing on early-stage companies in healthcare and other industries that was launched by PE giant Hillhouse Capital. Founded in 2017 and based in China, Iaso is a developer of cell therapies for patients suffering from cancer; it plans to use the funding in part to advance clinical trials of its products in China and the US.

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M12 leads \$22M round for Arkose Labs

Arkose Labs, the developer of a cybersecurity platform intended to detect suspicious traffic and prevent fraud, has raised \$22 million in a Series B led by M12. Existing investors PayPal and USVP participated in the funding. Based out of San Francisco, Arkose Labs' customers include GitHub, Roblox and Twilio.

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Fritz AI pockets \$5M

Fritz AI has raised \$5 million in seed financing led by Foundry Group, with participation from investors including NextGen Venture Partners and Inner Loop Capital. The Boston-based startup is the provider of a project management platform designed to help app developers manage mobile machine learning projects.

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PE DEALS

BlackRock dips out of \$15B race for Abu Dhabi pipelines

BlackRock has left the auction to acquire the natural gas pipelines of Abu Dhabi National Oil Company, according to Reuters. Previous reports had indicated that a deal could value the assets at some \$15 billion. Italian infrastructure company Snam, Global Infrastructure Partners and a handful of other firms have reportedly stayed in the bidding. The news comes after BlackRock and KKR bought a 40% stake in Abu Dhabi's oil pipelines last year for \$4 billion.

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Riverside backs Red Nucleus

The Riverside Company has invested in Red Nucleus, a Pennsylvania-based provider of learning and compliance services for the pharmaceutical industry. The firm plans to seek add-ons for the company in hopes of expanding its offerings and geographic

reach.

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PE-backed Navacord buys Benemax Financial

Navacord has acquired Canadian benefits management company Benemax Financial Group. Madison Dearborn Partners has backed Navacord, a Toronto-based commercial insurance broker, since it participated in a management buyout of the business in 2018.

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PORTFOLIO COMPANIES

Brex snaps up a trio of startups

Fintech startup Brex has announced three new acquisitions: security startup Neji, video company Compose Labs and Landria, which makes knowledge databases for businesses. Brex offers a corporate credit card backed by a tech-heavy underwriting process. It raised \$100 million last June at a valuation of \$2.6 billion, according to PitchBook data.

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EXITS

Fulcrum unloads Verdant

Canadian middle-market firm Fulcrum Capital Partners has sold Verdant Environmental to engineering giant Emerson. Based in Montreal, Verdant offers energy management solutions for the hospitality industry.

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FUNDRAISING

Carlyle hauls in \$2.3B for Japanese fund

The Carlyle Group has raised 258 yen (about \$2.3 billion) for its fourth Japan buyout fund, the firm's largest vehicle targeting investments in that country, according to Reuters. The fund's predecessor closed on 120 billion yen in 2015.

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KKR seeks \$750M for TMT fund in Asia

KKR has made plans to raise at least \$750 million for a fund that will invest in startups in Asia's technology, media and telecommunications sector, according to Deal Street Asia. The news comes after the firm reportedly set a target of \$15 billion for its next Asia-focused buyout fund, which would surpass a predecessor that pulled in \$9.3 billion in 2017.

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fund

Collaborative Fund eyes \$500M

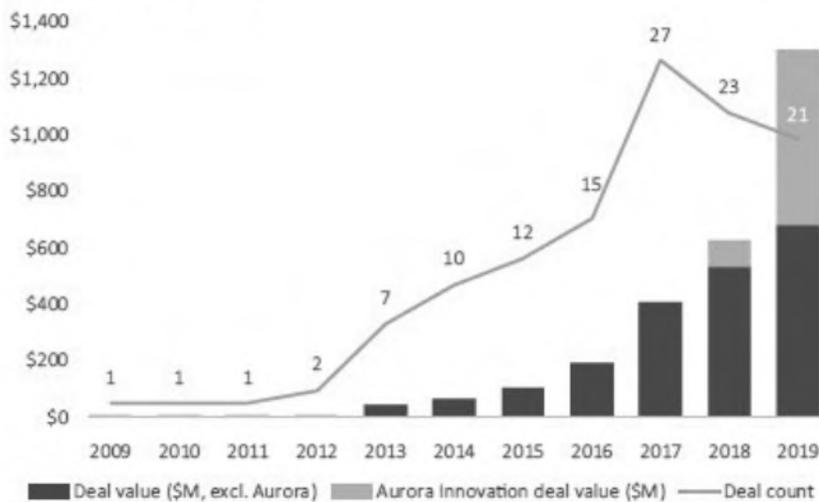
Collaborative Fund, a New York-based firm that traditionally makes venture investments, has set a \$500 million target for its first growth fund, according to an SEC filing. The firm backs startups in the fintech, healthcare and consumer services sectors, as well as tech companies focused on child development and urban development.

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CHART OF THE DAY

Lidar VC deal activity



Source: PitchBook | Geography: Global
Note: We break out Aurora Innovation as Investments at the time preceded its lidar acquisition.

"Automotive lidar is a key driver of VC investment in

the mobility and transportation industry. In 2019, investors deployed a record \$1.3 billion in the space, up from \$623 million the previous year. Standout deals in 2019 include the \$170 million Series C round by Innoviz Technologies and the \$230 million acquisition of Blackmore by Aurora Innovation. Though not included in this dataset, Hesai's \$173 million Series C in January 2020 and Cepton Technologies' \$50 million Series C in February 2020 are promising signs for the industry going forward."

Source: **PitchBook analyst note on the future of automotive lidar**

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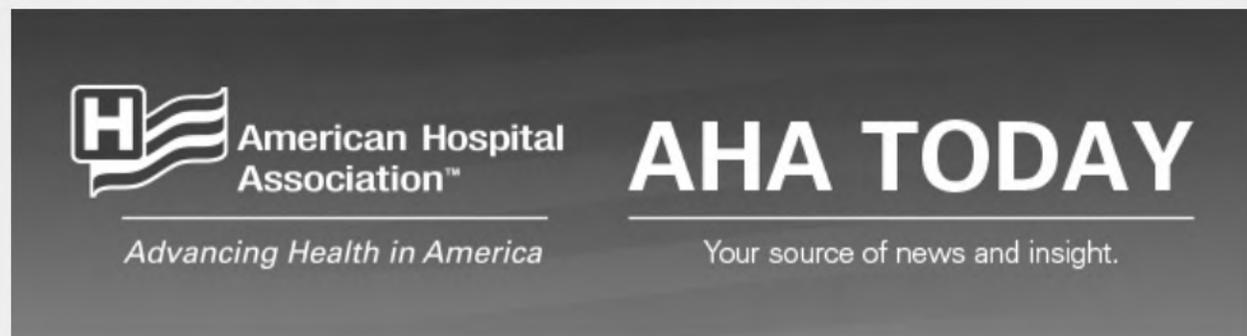
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From: Wilkie, Robert L., Jr.
Sent: Thu, 27 Feb 2020 23:52:55 +0000
To: RLW
Subject: FW: [MARKETING] [EXTERNAL] Latest on Coronavirus - Health Equity Award

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

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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

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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.](#)



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The banner features a circular logo on the left with the text "NASHVILLE" in large, bold letters, "AONL 2020" in a smaller font, and "MARCH 18 - 21" and "Inspiring Leaders" below it. To the right, the text "GET AMPED UP" is prominently displayed in a bold, sans-serif font, followed by "for the premier event for nurse leaders." and "in Nashville" in a large, elegant script font. At the bottom right, a white box contains the text "REGISTER TODAY AONL.org/annualconference". The background of the banner is a dark, artistic photograph of a city street scene with various signs and lights.

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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To: RLW
Cc: Powers, Pamela
Subject: Fwd: White House Coronavirus Task Force Meeting
Attachments: TaskForce22March.pptx

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From: Birx, Deborah L. EOP/NSC (b)(6) @nsc.eop.gov>

Sent: Sunday, March 22, 2020 8:18:38 AM

To: (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting

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Deb

COVID-19 case data – Task Force

22 March

Data as of March 21, 2020

Global data from 21 March and 22 March 0.00 GMT

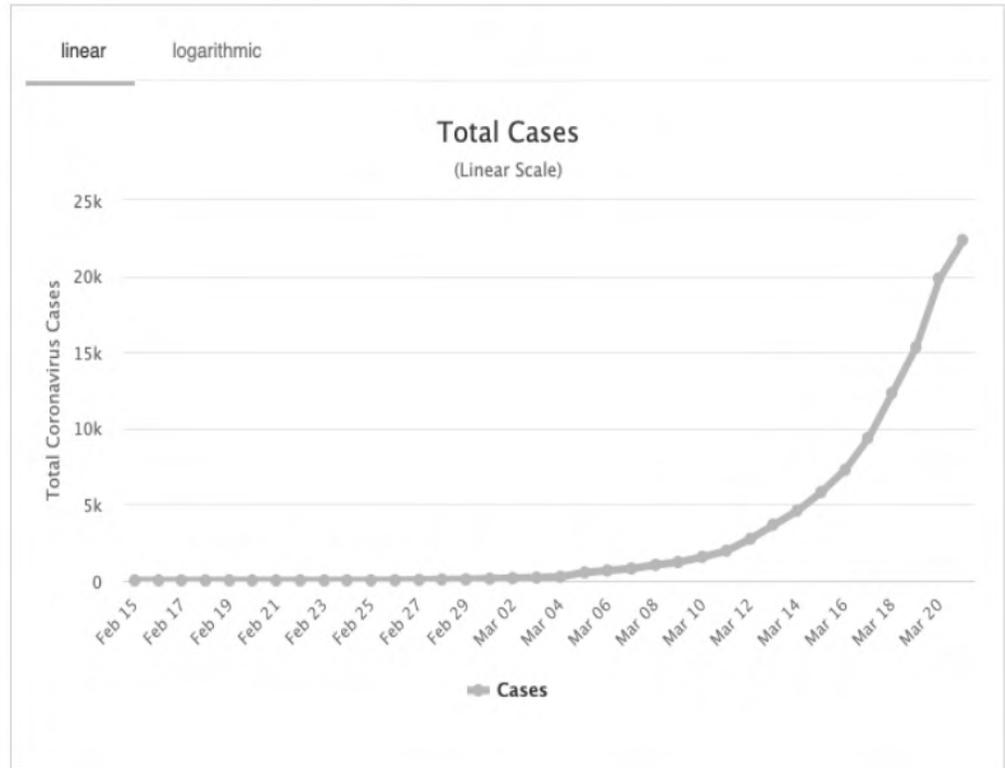
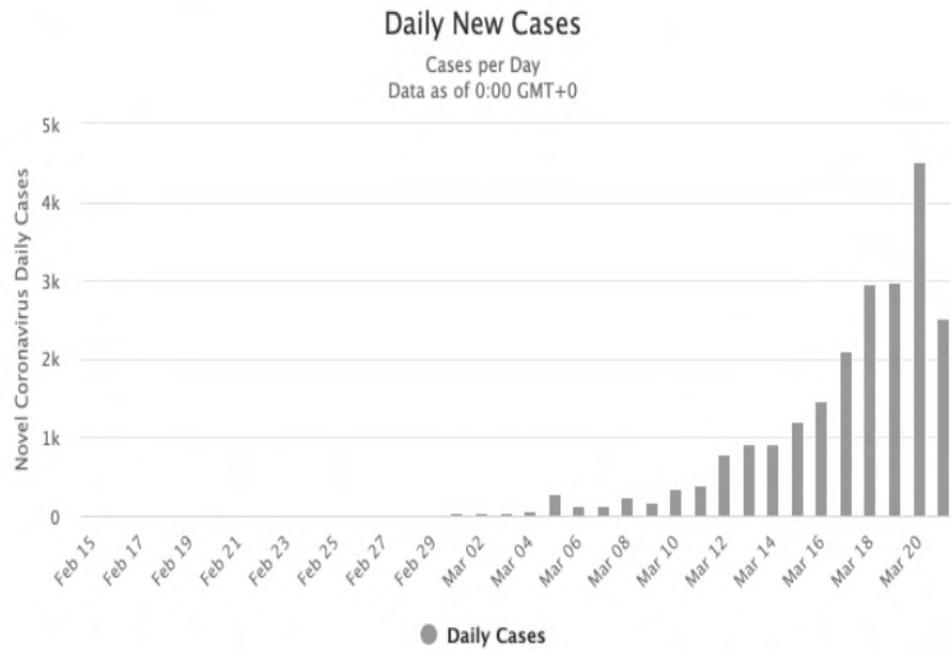
Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,008	+41	3,255	+7	71,740	6,013	1,927	56
Italy	53,578	+6,557	4,825	+793	6,072	42,681	2,857	886
Spain	25,496	+3,925	1,381	+288	2,125	21,990	1,612	545
USA	24,207	+4,824	302	+46	176	23,729	637	73
Germany	22,364	+2,516	84	+16	209	22,071	2	267
Iran	20,610	+966	1,556	+123	7,635	11,419		245
France	14,459	+1,847	562	+112	1,587	12,310	1,525	222
S. Korea	8,799	+147	102	+8	2,612	6,085	59	172
Switzerland	6,863	+1,248	80	+24	131	6,652	141	793
UK	5,018	+1,035	233	+56	93	4,692	20	74
Netherlands	3,631	+637	136	+30	2	3,493	354	212
Austria	2,992	+343	8	+2	9	2,975	15	332
Belgium	2,815	+558	67	+30	263	2,485	288	243
Norway	2,164	+205	7		6	2,151	28	399
Sweden	1,770	+131	20	+4	16	1,734	71	175

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,054	+46	3,261	+6	72,440	5,353	1,845	56
Italy	53,578		4,825		6,072	42,681	2,857	886
Spain	28,572	+3,076	1,725	+344	2,125	24,722	1,612	611
USA	26,900	+2,693	348	+46	178	26,374	708	81
Germany	23,129	+765	93	+9	209	22,827	2	276
Iran	21,638	+1,028	1,685	+129	7,635	12,318		258
France	14,459		562		1,587	12,310	1,525	222
S. Korea	8,897	+98	104	+2	2,909	5,884	59	174
Switzerland	7,225	+362	80		131	7,014	141	835
UK	5,018		233		93	4,692	20	74
Netherlands	3,631		136		2	3,493	354	212
Belgium	3,401	+586	75	+8	263	3,063	288	293
Austria	3,024	+32	8		9	3,007	15	336
Norway	2,226	+62	7		6	2,213	28	411
Sweden	1,770		20		16	1,734	71	175
			19		14	1,295	1	35

Germany



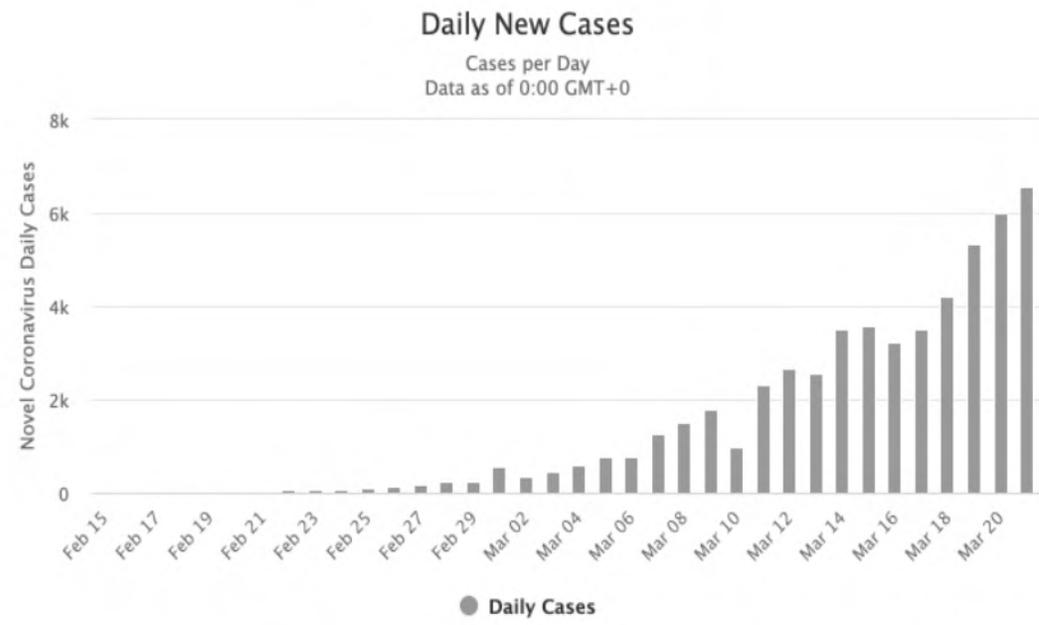
Daily New Cases in Germany



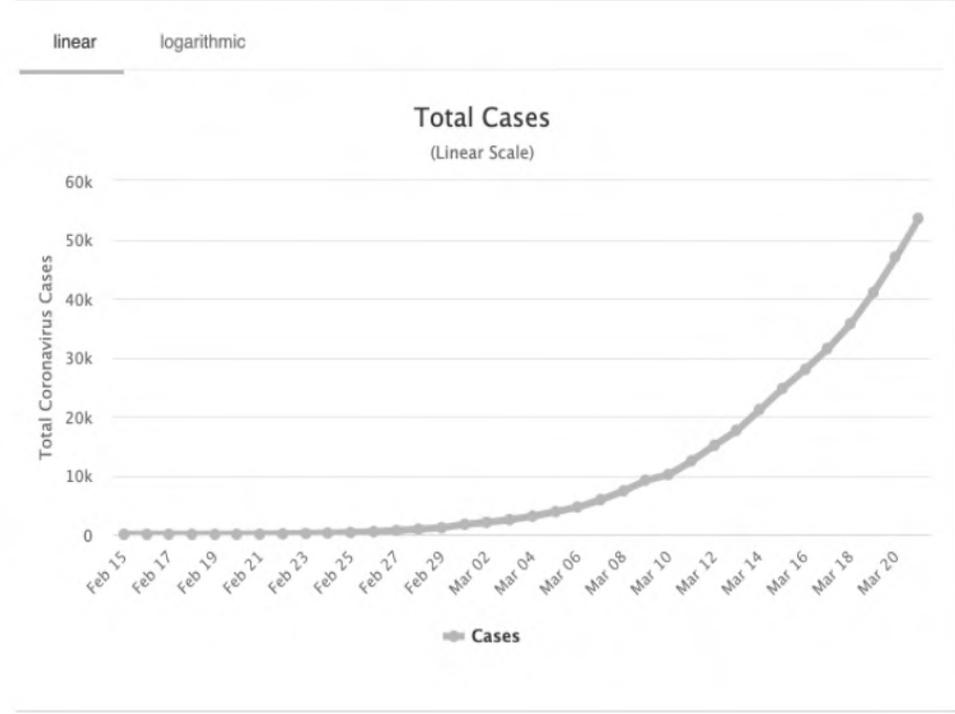
Italy



Daily New Cases in Italy



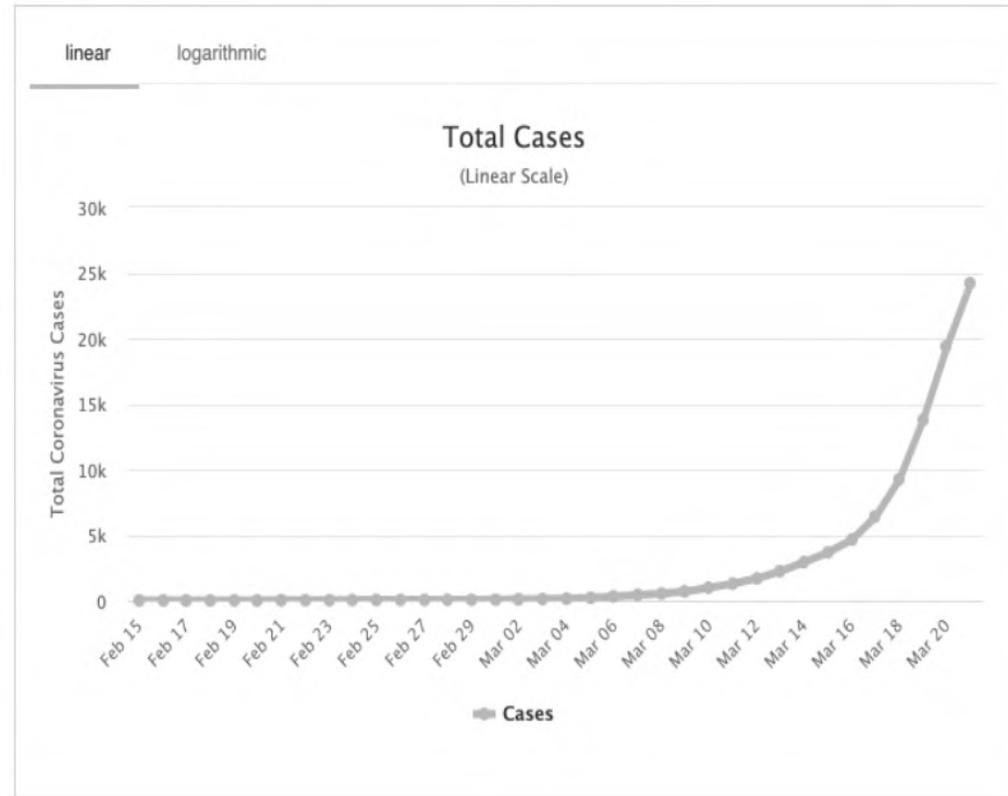
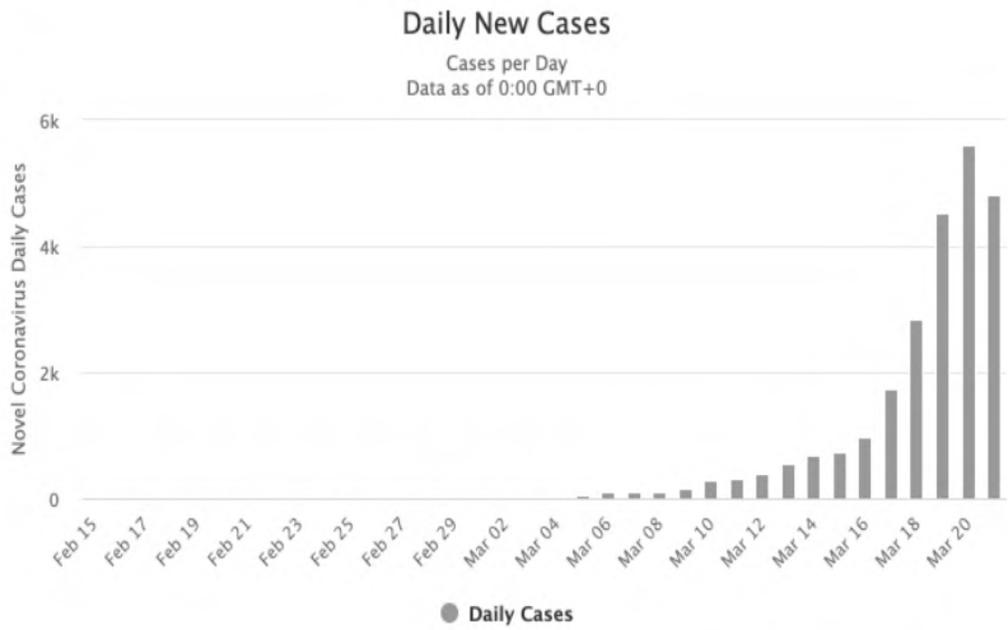
Total Coronavirus Cases in Italy



United States



Daily New Cases in the United States



United States 21 March and 22 March 0.00 GMT

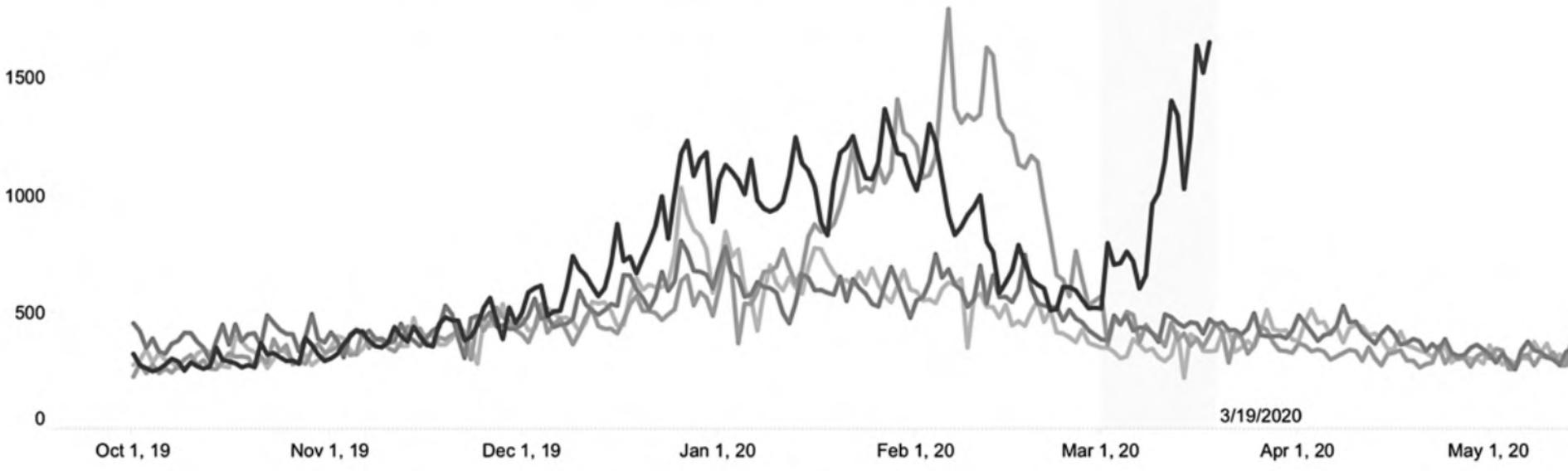
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases
New York	10,372	+1,974	56	+10		10,316
Washington	1,793	+269	94	+11	124	1,575
California	1,391	+184	24	+1	6	1,361
New Jersey	1,327	+437	16	+5		1,311
Michigan	787	+235	5	+2		782
Illinois	753	+168	6	+1	2	745
Florida	659	+96	12	+1		647
Louisiana	585	+48	16	+2		569
Georgia	555	+70	14			541
Massachusetts	525	+112	1		1	523
Colorado	476	+113	5	+1		471
Texas	473	+79	5		4	464
Pennsylvania	391	+88	2	+1		389
Tennessee	371	+138	1	+1		370

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases
New York	12,324	+1,952	76	+20		12,248
Washington	1,793		94		124	1,575
California	1,519	+128	28	+4	6	1,485
New Jersey	1,327		16			1,311
Michigan	808	+21	8	+3		800
Louisiana	763	+178	20	+4		743
Florida	763	+104	13	+1		750
Illinois	753		6		2	745
Texas	559	+86	5		11	543
Georgia	555		20	+6		535
Massachusetts	529	+4	2	+1	1	526
Colorado	476		6	+1		470
Pennsylvania	405	+14	2			403
Tennessee	371		1			370

Flu Surveillance – can see early

(b)(5)

Daily Influenza-like Illness + Pneumonia Visits to NYC Emergency Departments: 2016-2020

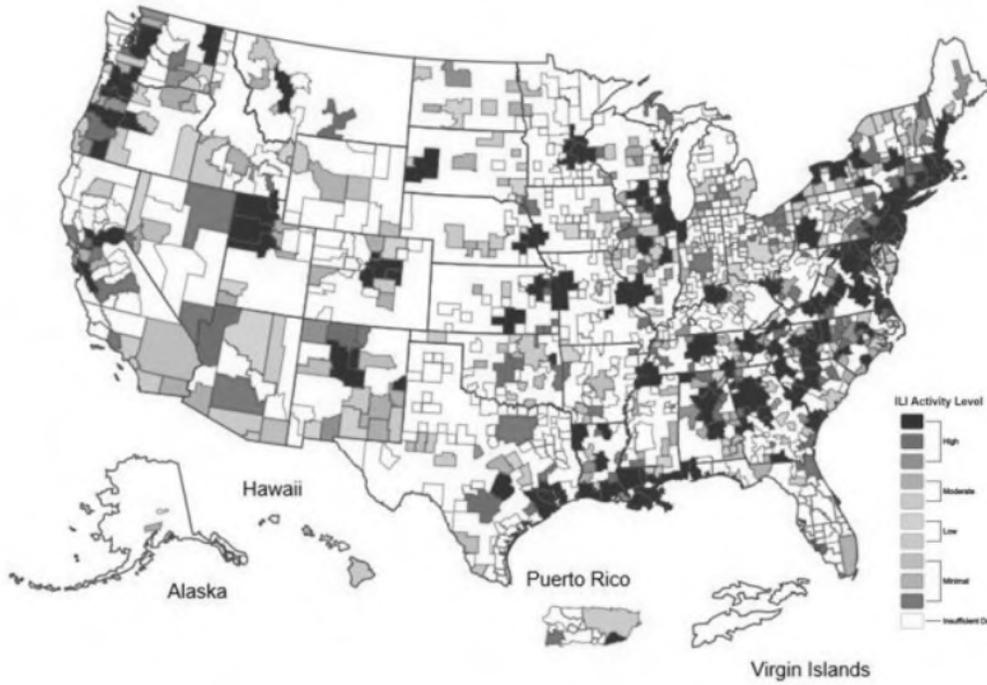


Flu activity and COVID19 activity. Potential to u

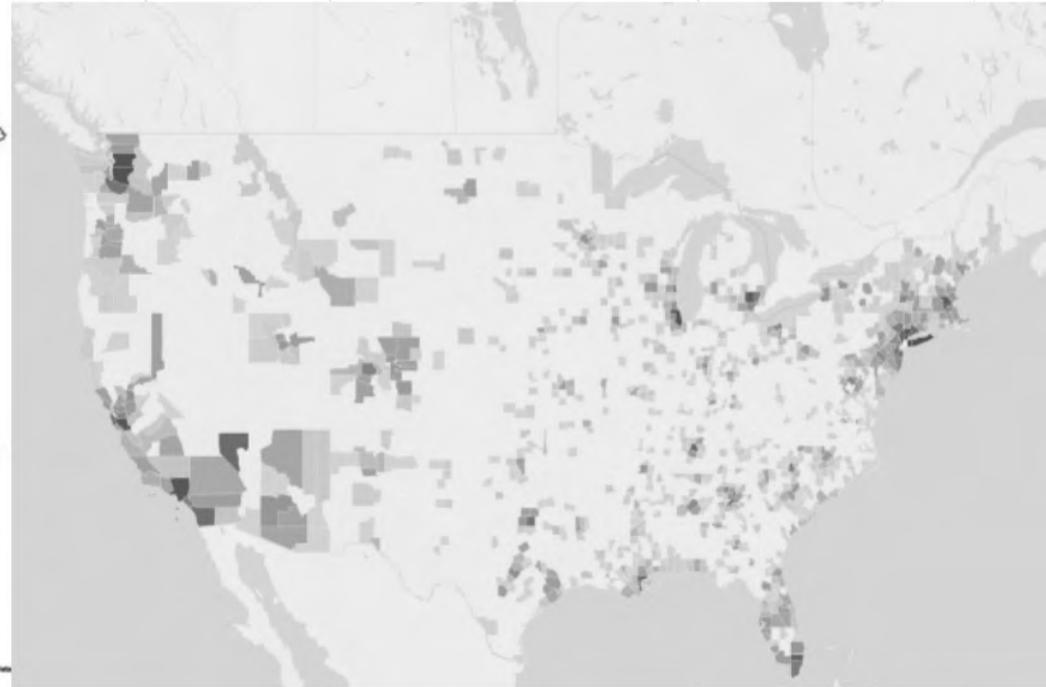
(b)(5)

(b)(5)

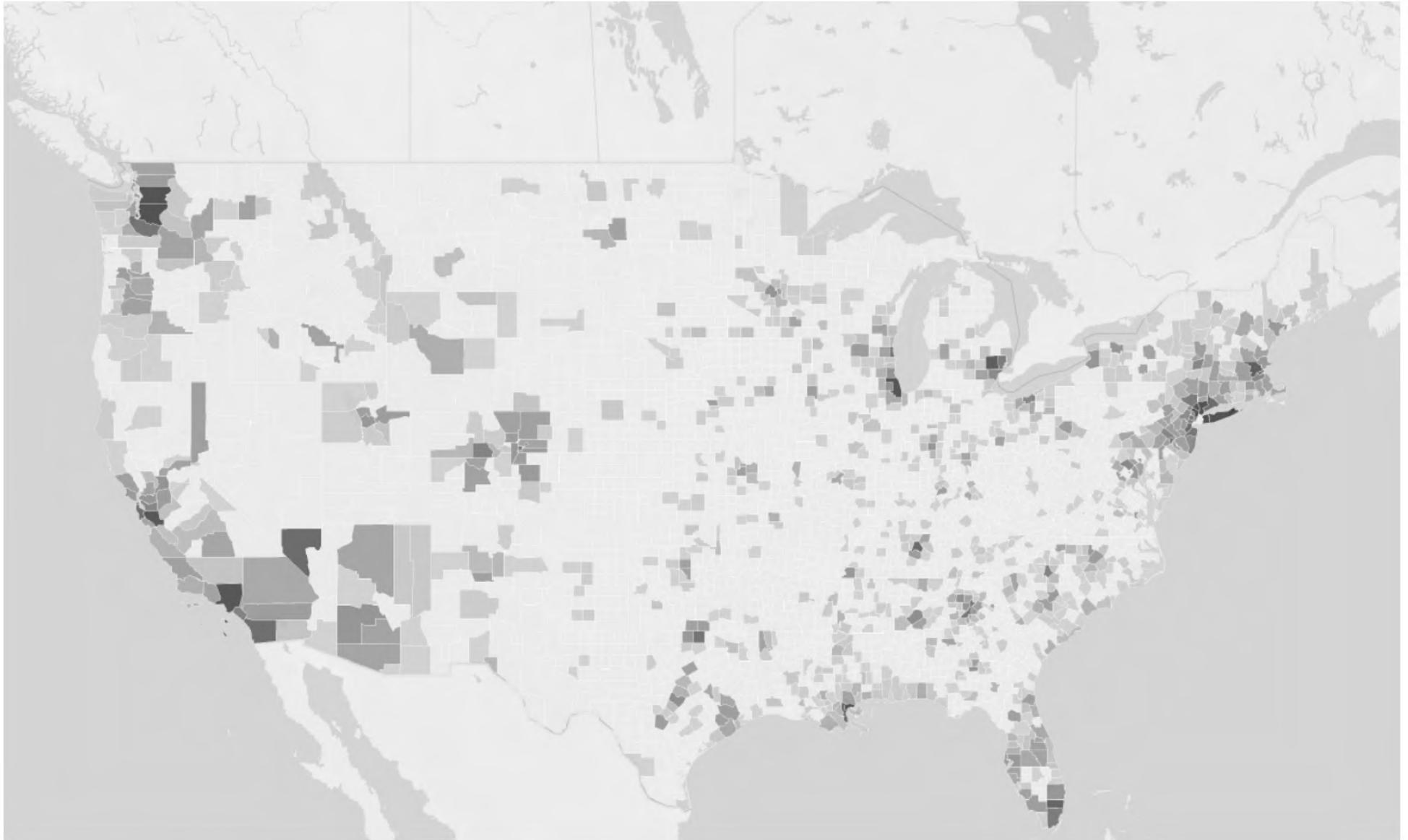
FLU Surveillance



COVID 19 Surveillance

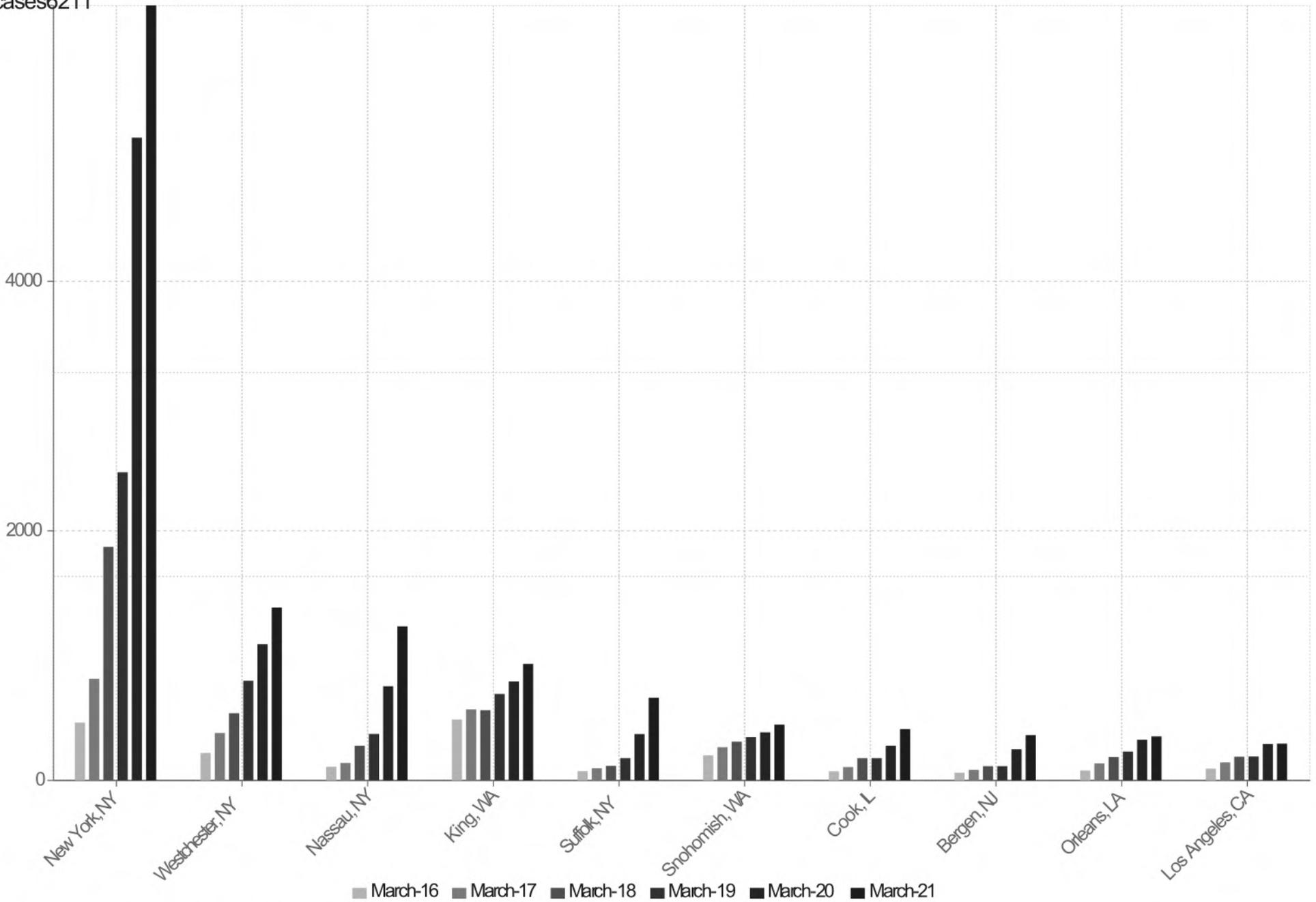


COVID-19 confirmed cases



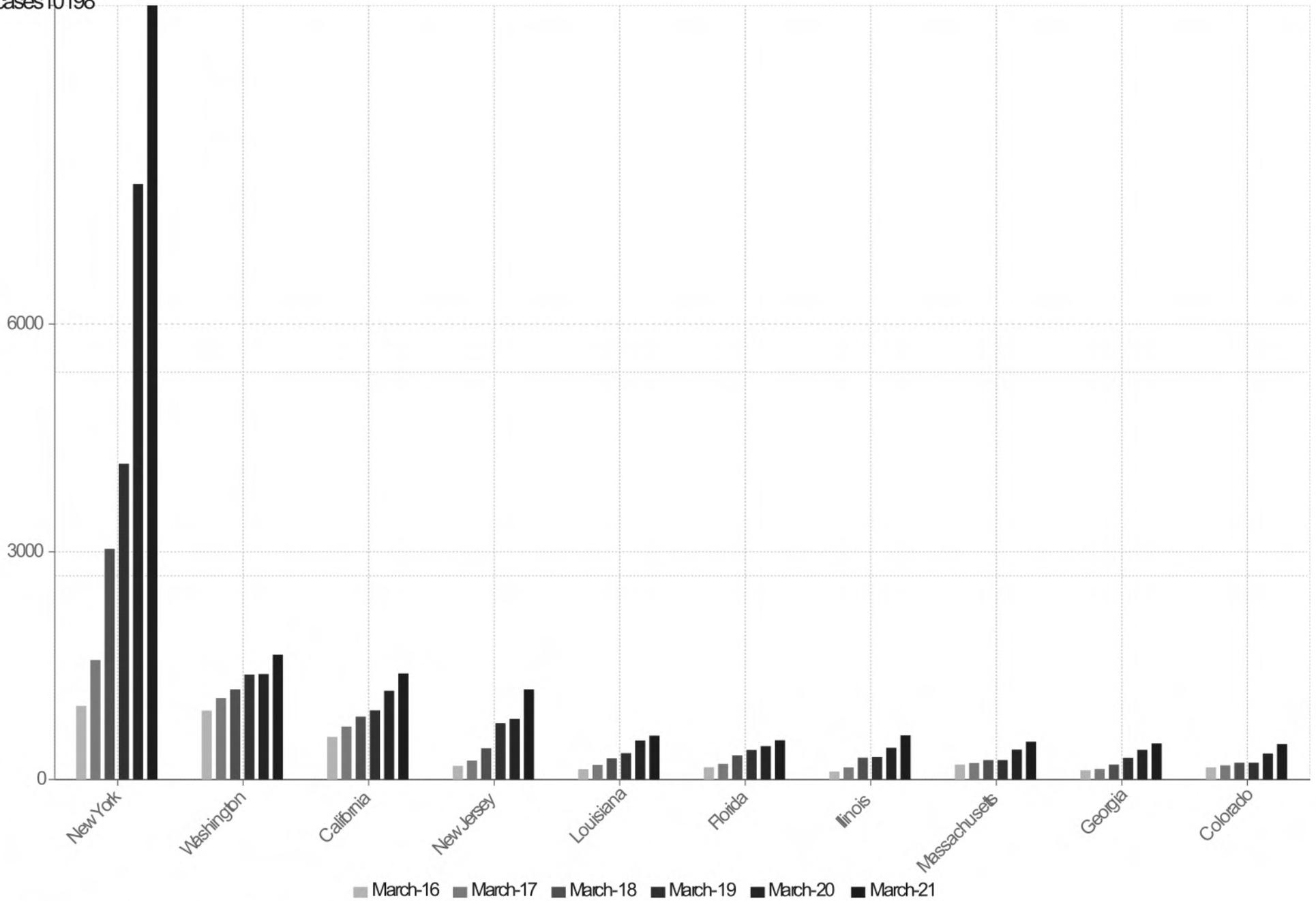
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Counties with the highest number of cases



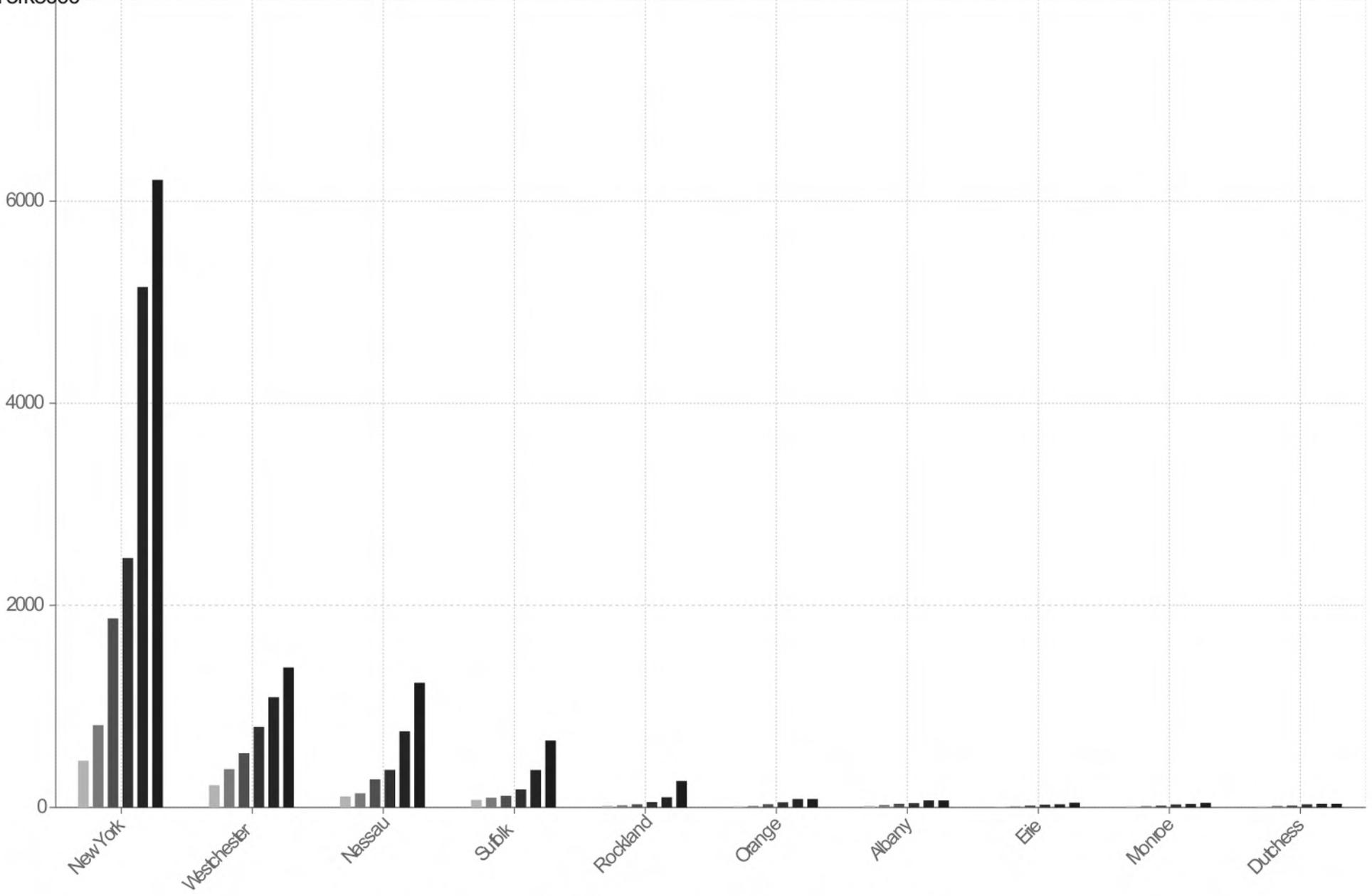
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

States with the highest number of cases 10198



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

New York
8000

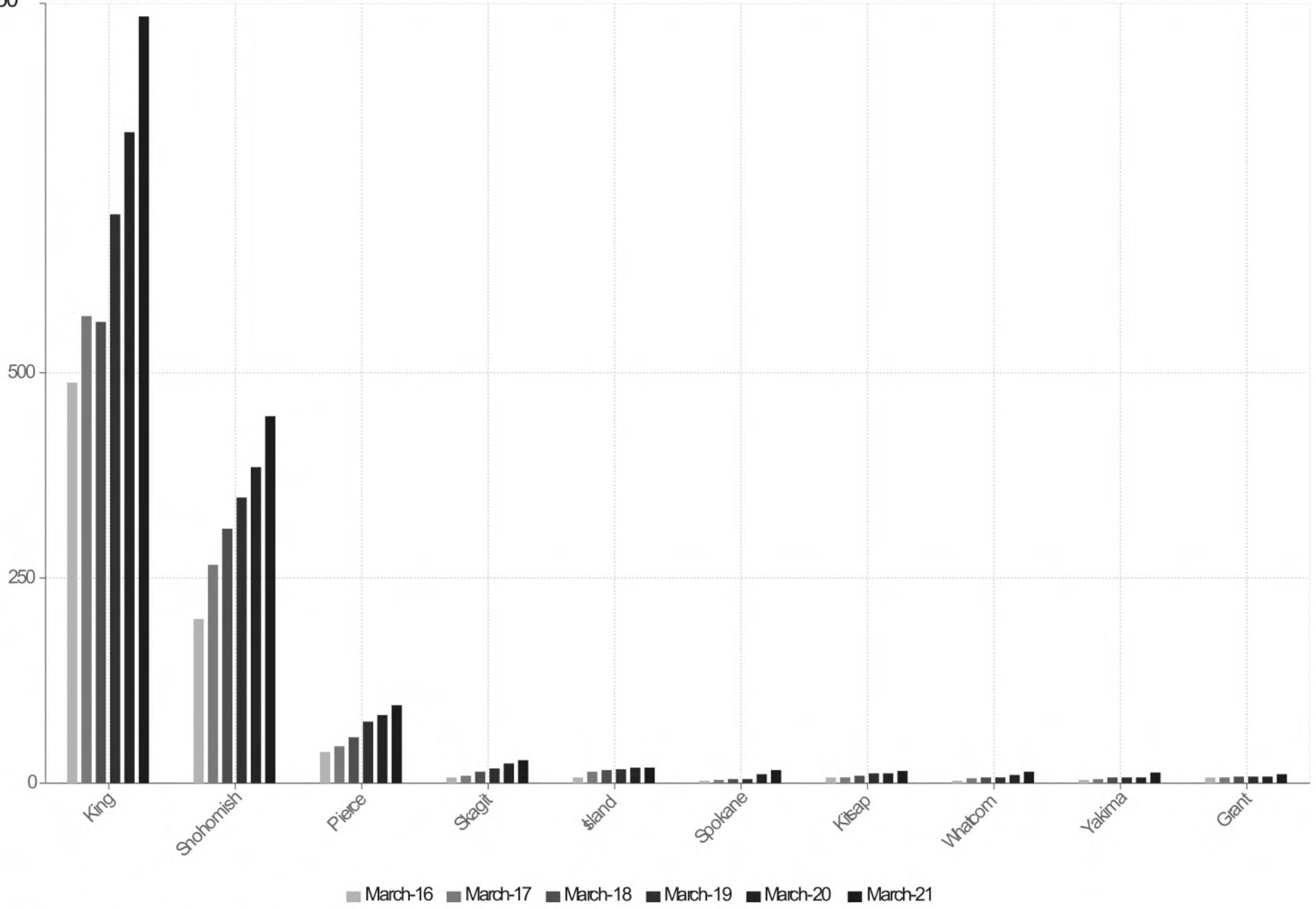


■ March-16 ■ March-17 ■ March-18 ■ March-19 ■ March-20 ■ March-21

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

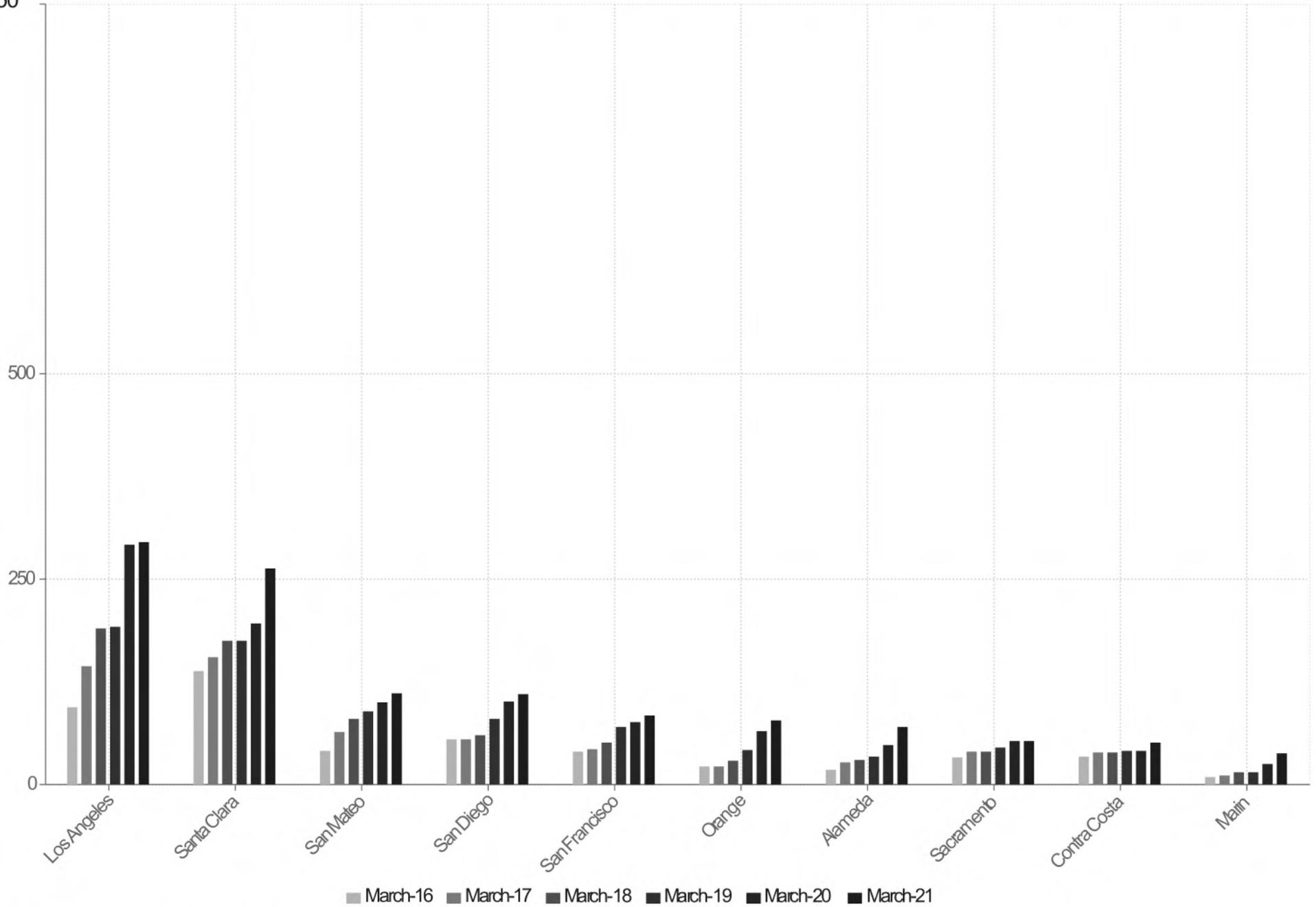
Washington

950

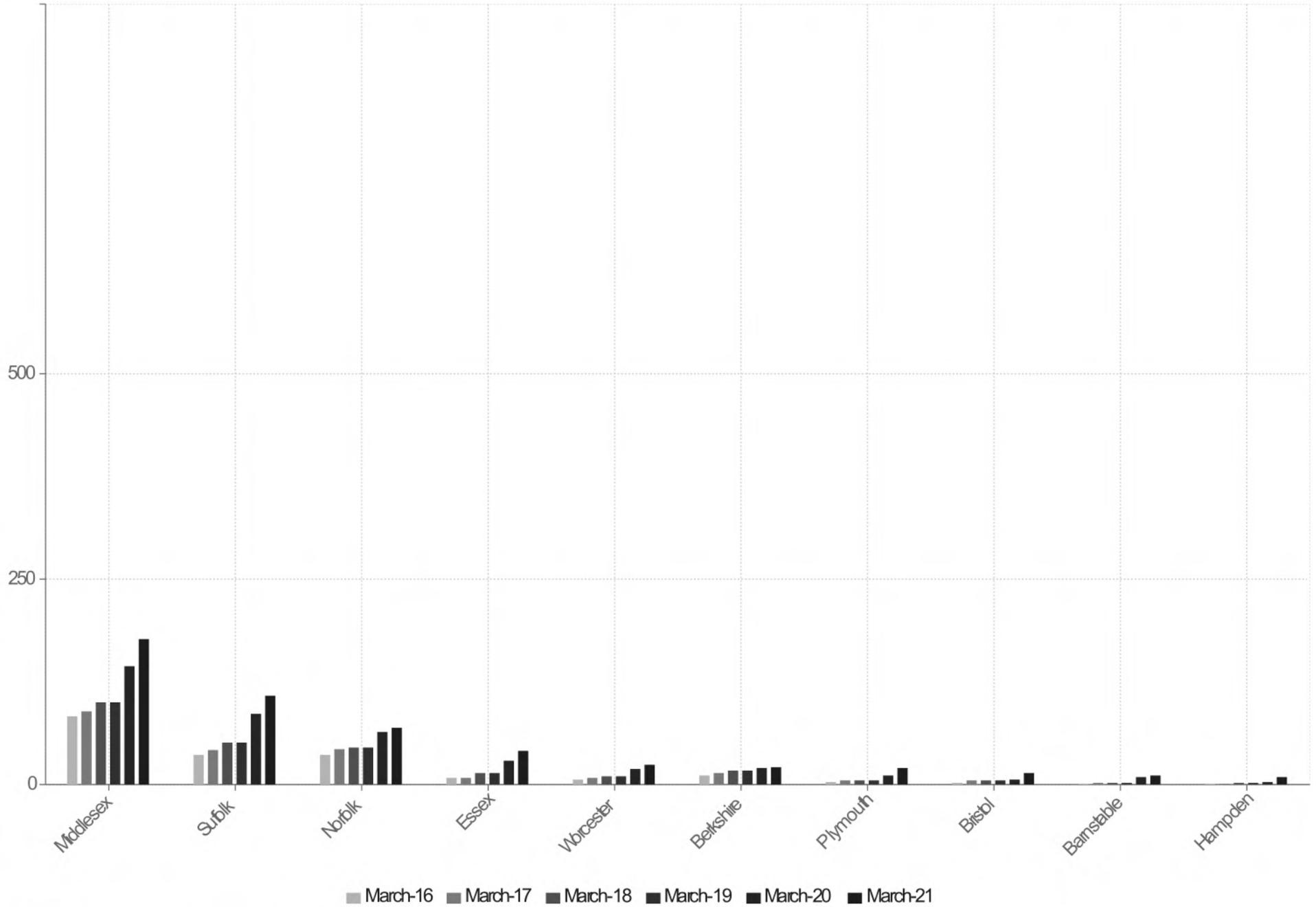


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

California
950

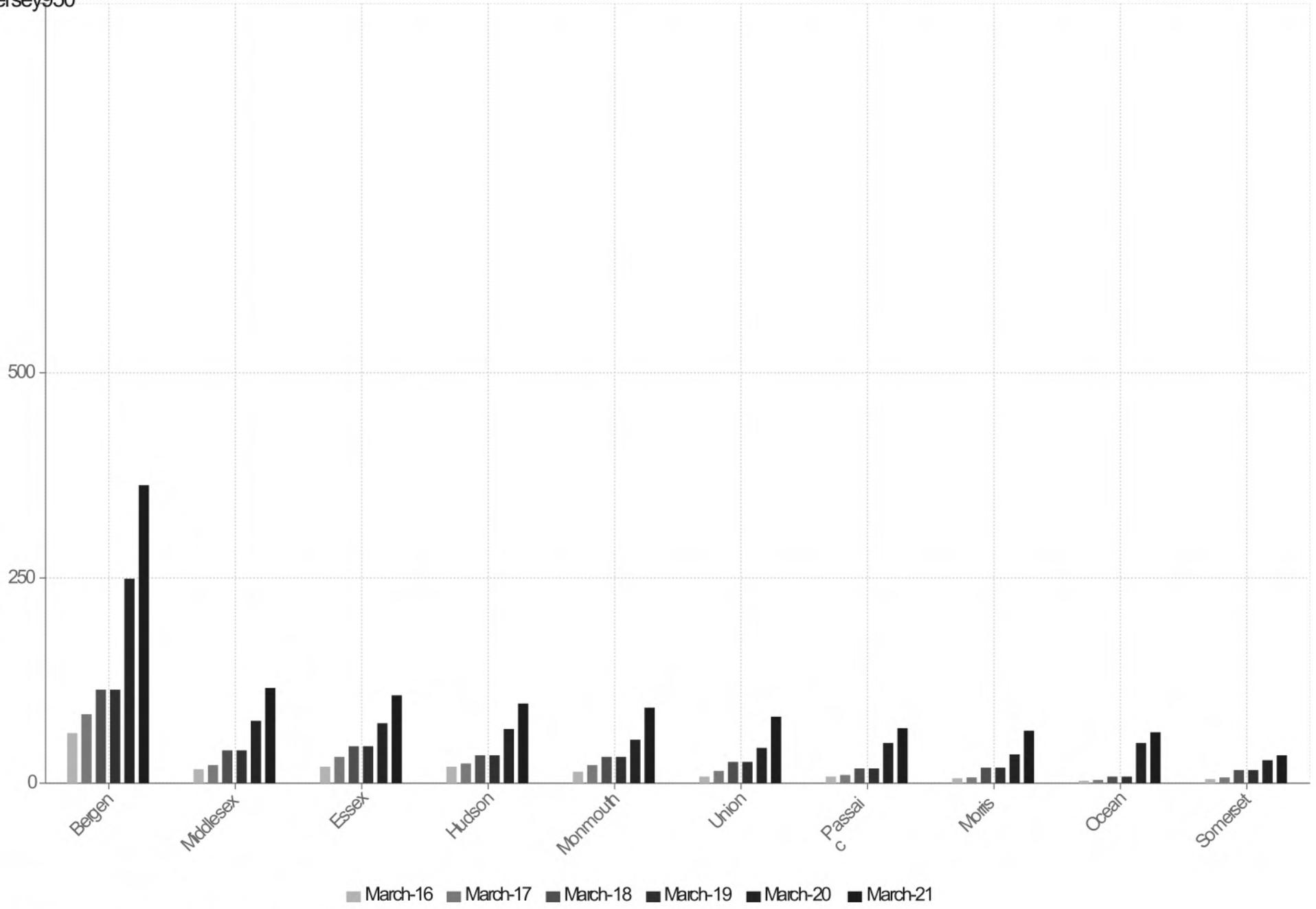


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed



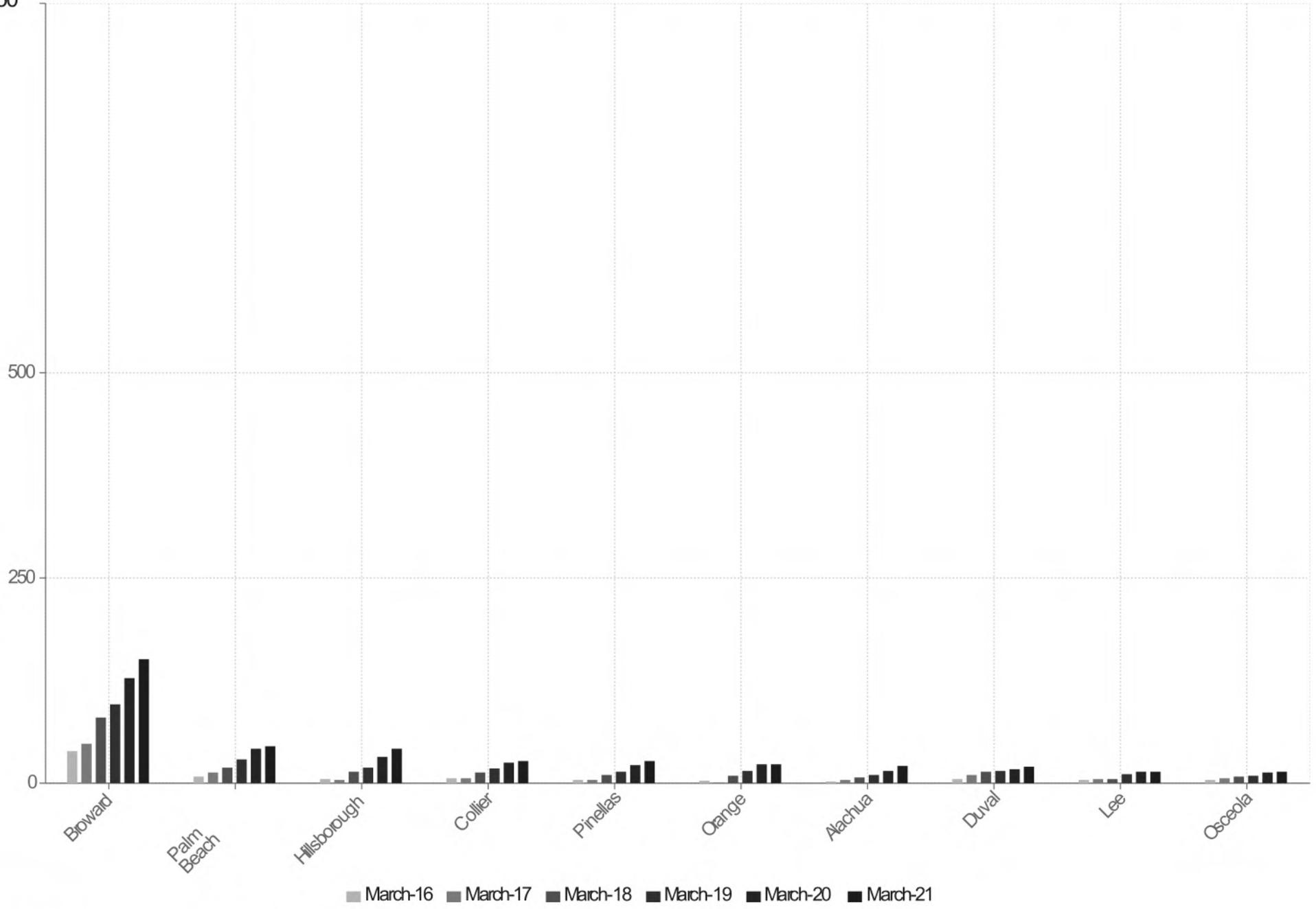
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

New Jersey 950



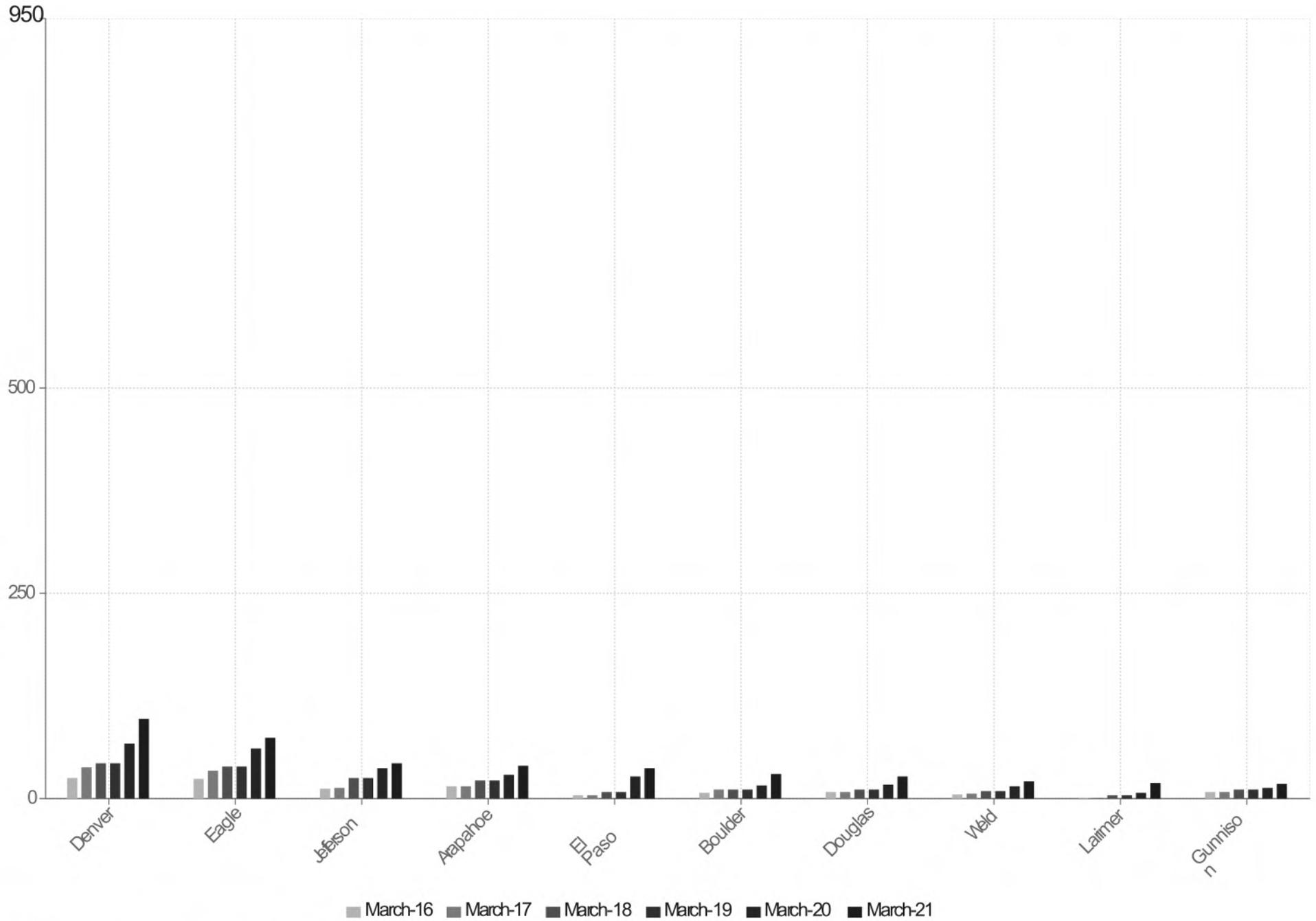
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Florida
950



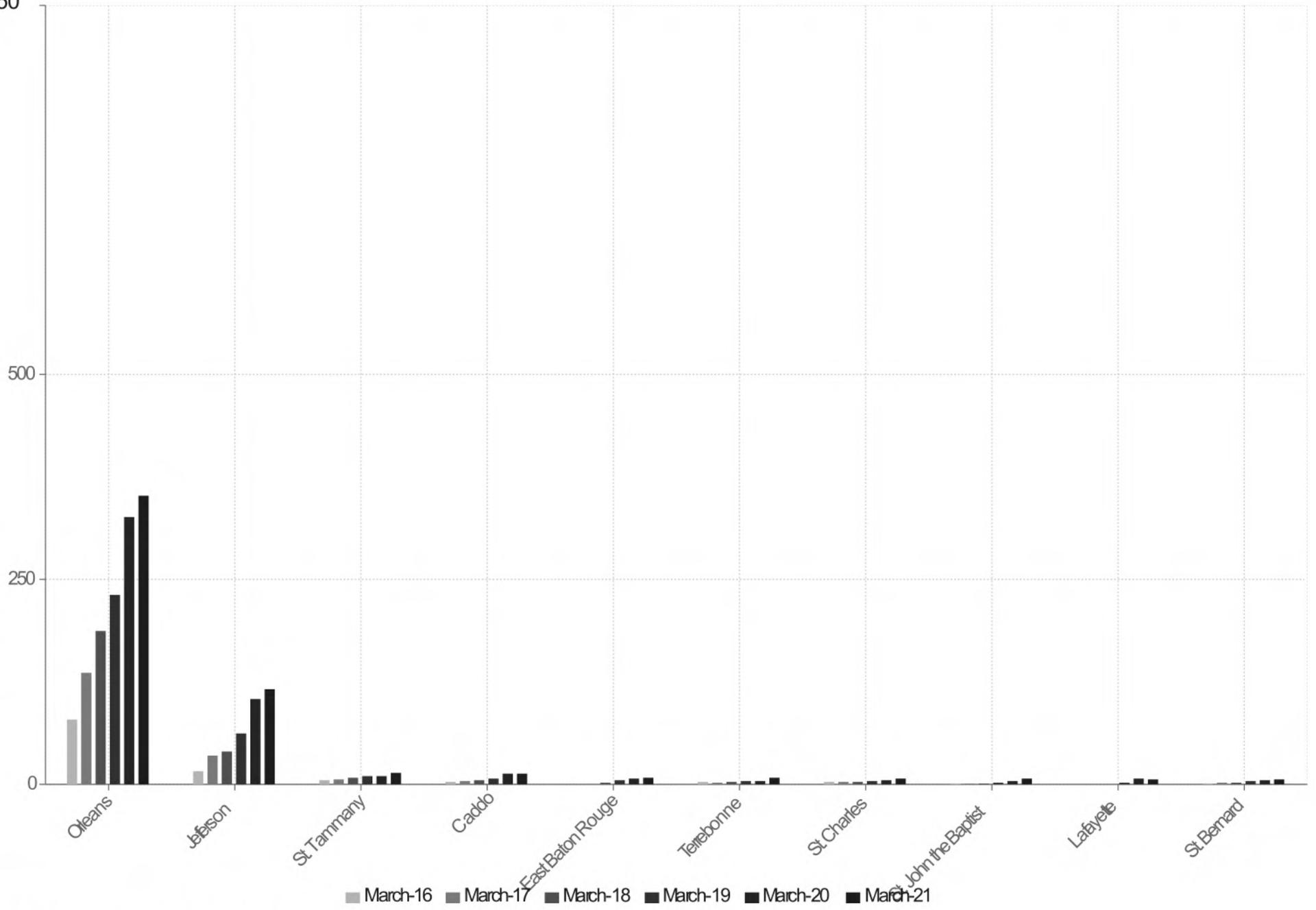
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado



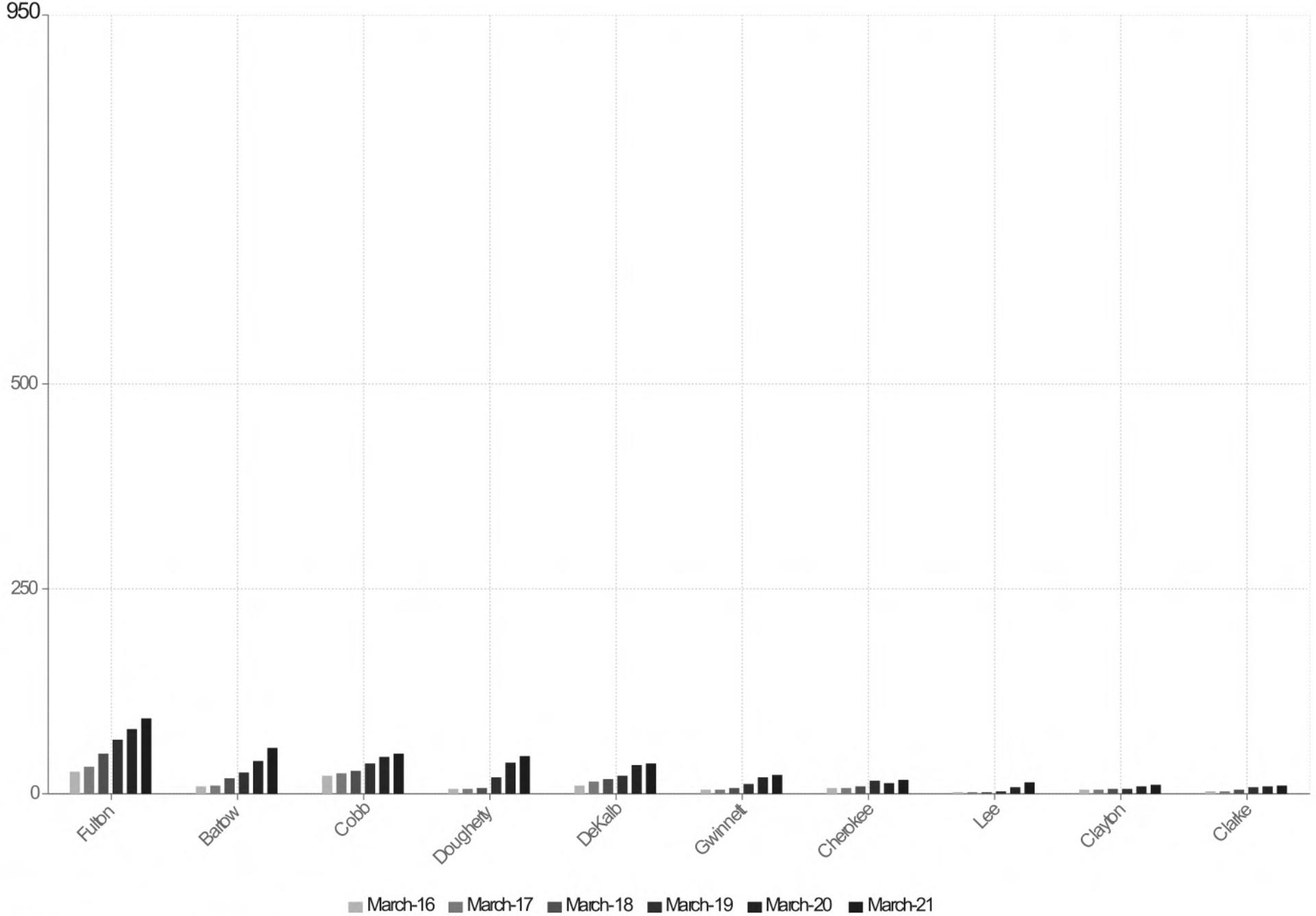
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Louisiana
950

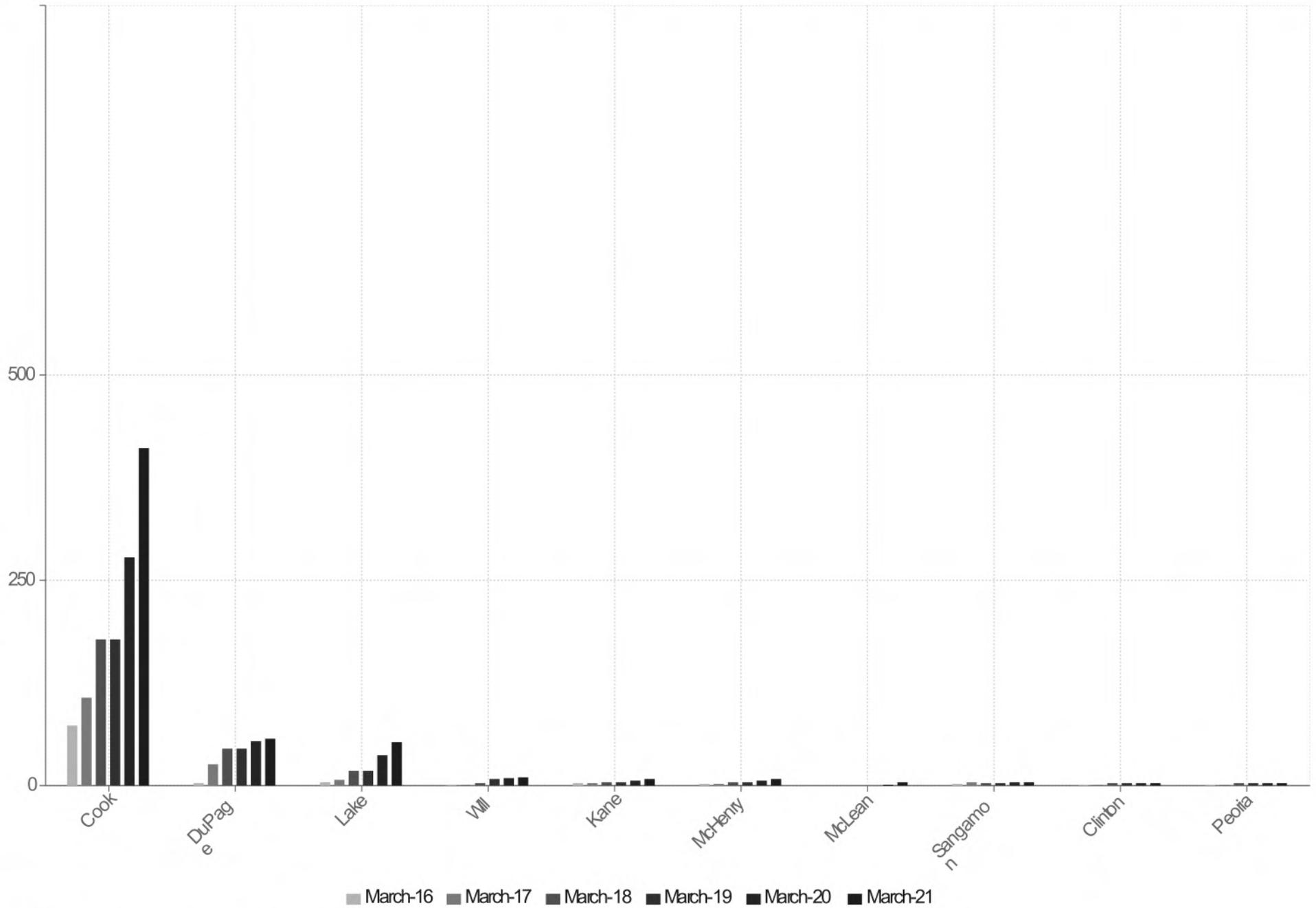


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Georgia

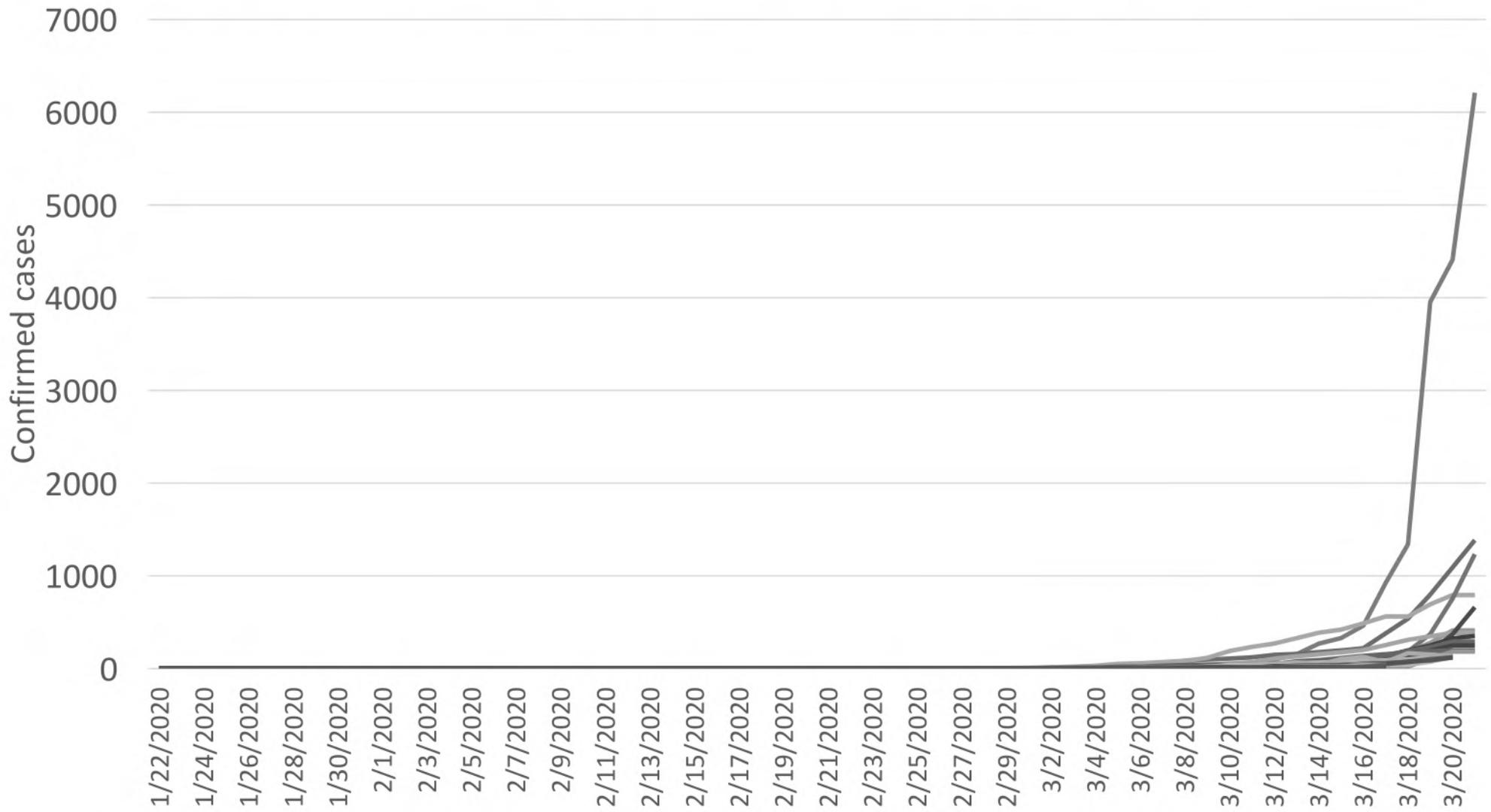


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

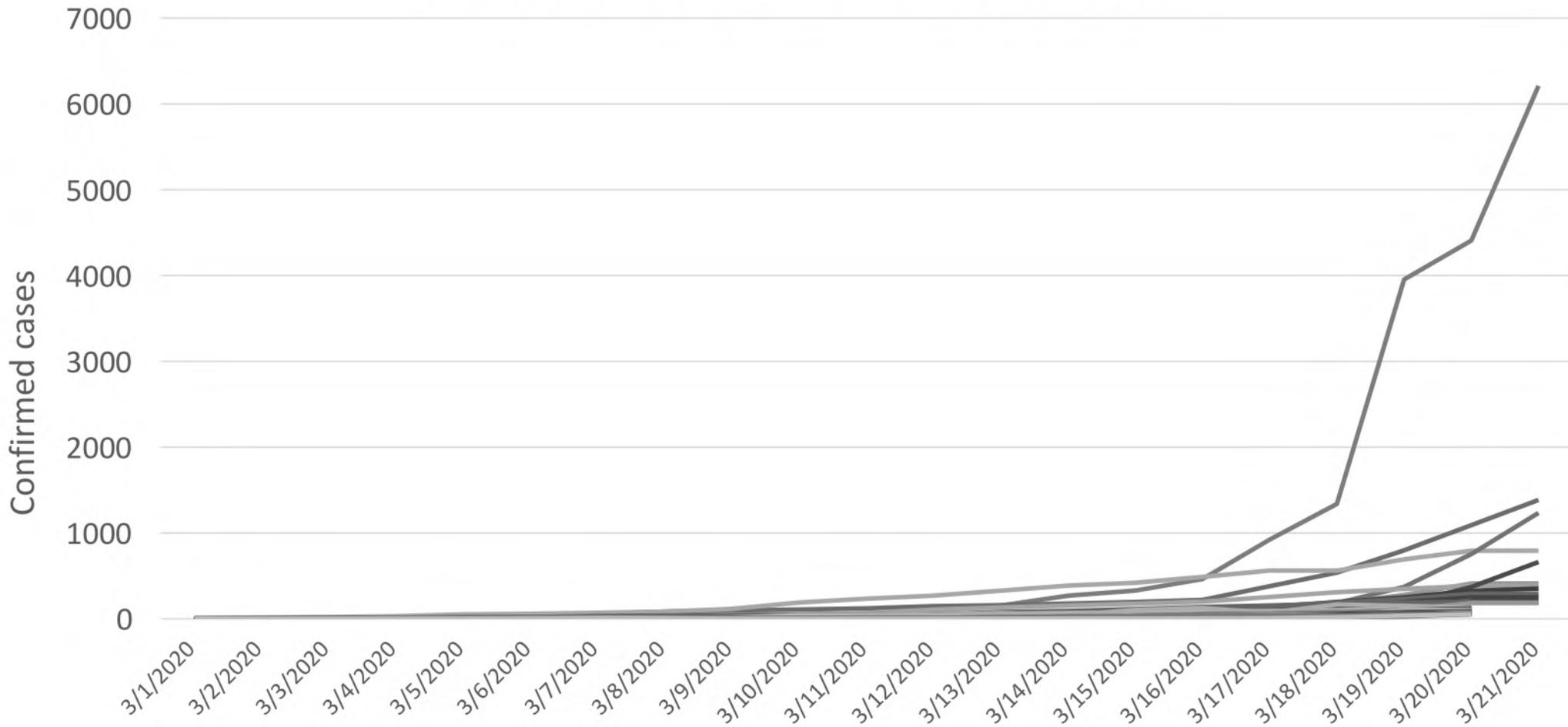


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

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



Trends in Reported Cases Since 3/1/2020



From: AHA Today
Sent: Fri, 13 Mar 2020 17:49:32 -0400
To: Wilkie, Robert L., Jr.
Subject: [MARKETING] [EXTERNAL] Coronavirus Update: President Declares National Emergency

[Click here to access a web or mobile friendly version of the newsletter.](#)



AHA TODAY
Your source of news and insight.

March 13, 2020 | www.aha.org/news

Perspective: You're on the Front Lines of Coronavirus and We Have Your Back



The ongoing novel coronavirus outbreak is a matter of great concern to the entire nation, and meeting this challenge is foremost on all our minds.

After all, ensuring safe care for patients, protecting our health care professionals that provide care, and supporting the health and safety of our communities requires every part of the health sector to work together ... from those providing care on the front lines to federal, state and local governments.

Preparing for responses to disasters isn't new for hospitals. At the same time, responding to the coronavirus poses special challenges from a variety of perspectives. If we have the right tools, guidance and resources in place, we'll be better able to protect lives and keep people healthy.

AHA is working hard on multiple fronts to support you as you respond to the virus in your community. We are making sure you have [the latest information and guidance](#) to treat your patients and — critically — keep your teams safe from infection.

We are also working closely with the federal government on the response, serving as a reality check from the front lines, and working to clear the way of burdensome regulations that will interfere with your efforts to care.

To this end, last week, we sent a letter to Health and Human Services Secretary Alex Azar asking for specific support on a series of regulatory actions ... several of which we have begun to see addressed. Wednesday, I attended a meeting along with other health care leaders at the White House with Vice President Pence and Centers for Medicare & Medicaid Services Administrator Seema Verma on the activities of the coronavirus task force to share our concerns and make specific recommendations to the administration. One key recommendation: for President Trump to declare this crisis a national emergency. This would give Secretary Azar the authority to waive certain Medicare, Medicaid or Children's Health Insurance Program requirements so that hospitals, physicians and other health care providers can share resources in a coordinated effort to care for their community. Pleased to say that this afternoon, President Trump took this important step.

Examples of the resources we need: a greater availability of personal protective equipment, and access to national stockpiles; the ability to add beds to treat COVID-19 patients and expand surge capacity; and the ability to stand up new facilities to provide alternative sites of care for isolation ... and more.

On the legislative front, we are working closely with the House and Senate to ensure hospitals and health systems get the support they need and ensure patients can access critical prescription drugs in light of ongoing shortages. The first emergency supplemental funding package — which included \$300 million for hospitals' and health systems' efforts to prepare for and respond to COVID-19 — was aimed at public health preparedness and the development of a vaccine, which was a necessary and important first step. As I write, Congress is now considering a second, critical emergency supplemental funding package and we will continue to press for our field's needs.

What's next: We are planning several calls with government leaders and webinars with experts to bring clarity to this evolving situation and share best practices for responding. We're providing guidance on how to keep your teams safe and how to conserve personal protective equipment. And this work will continue.

COVID-19 is a reminder that America's hospitals and health systems are the ultimate safety net for our communities, and the indispensable — and trusted — partner when it comes to saving lives and promoting health and healing. Just as with SARS, H1N1, MERS, Ebola and Zika, our communities are counting on us to be there for them.

Thank you for working so hard to serve your patients and communities during this crisis. We are very proud to serve you, and we'll stay on top of this, keep you informed and do whatever we possibly can to be of assistance.

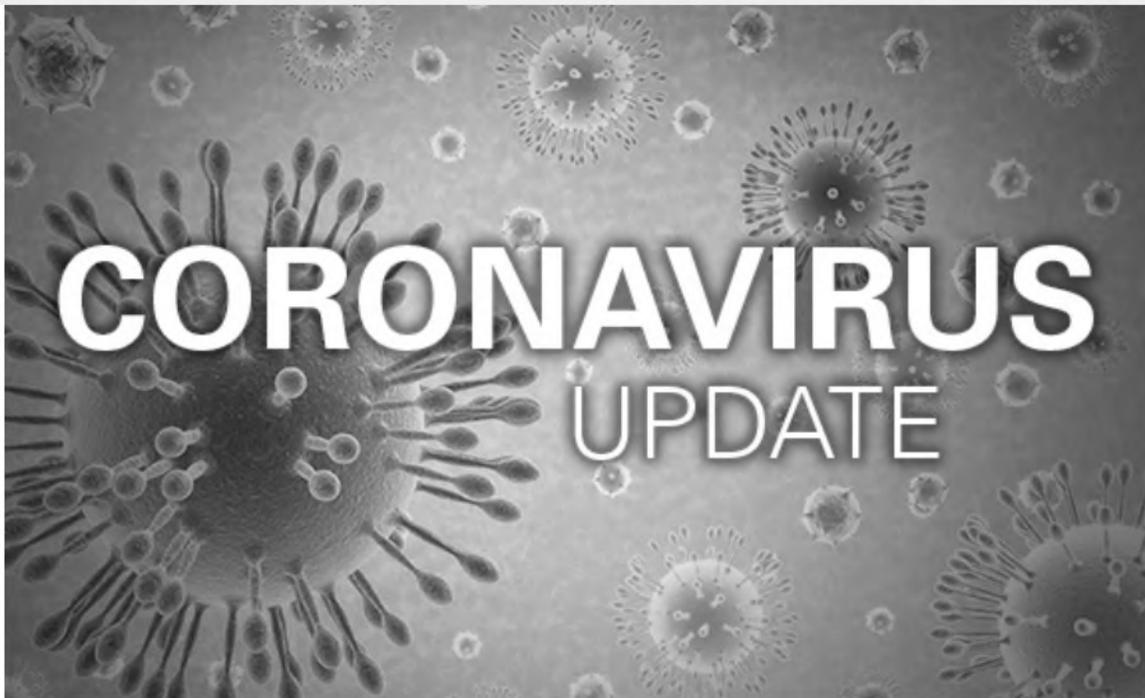
Rick Pollack
President and CEO

Coronavirus Update: Trump Declares National Emergency and Other News

Trump declares national emergency for COVID-19 outbreak. As urged by the AHA and other health groups, President Trump today declared a national emergency. The declaration paves the way for the Department of Health and Human Services Secretary 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," AHA said in a [letter](#) yesterday with the American Medical Association and American Nurses Association.

Among other actions, the declaration would allow for waivers of:

- The skilled nursing facility three-day qualifying hospital stay requirement for beneficiaries, which would allow SNF coverage in the absence of a hospital stay, making inpatient beds available for more seriously ill patients.
- Critical access hospitals' limitation of 25 inpatient beds and the 96-hour length of stay limitation. This is crucial for rural areas that may not have other options for inpatient beds.
- Requirements that physicians and other health care professionals be licensed in a state in which they are providing services, so long as they have equivalent licensing in another state for Medicare, Medicaid and Children's Health Insurance participants.



Testing efforts spotlighted. The Food and Drug Administration late yesterday issued an emergency use authorization for the COVID-19 outbreak's first commercially available diagnostic, Roche Molecular Systems' cobas SARS-CoV-2 test. FDA is allowing labs to immediately run tests on the manufacturer's high-volume platform, which is expected to greatly increase national testing capacity. In addition, FDA on Thursday provided the New York State Department of Health with flexibility to authorize certain laboratories in New York to begin patient testing after validating their tests.

The Department of Health and Human Services announced that it will provide funding and advanced development support for two diagnostic tests that may detect COVID-19 within an hour of being administered. The funding, provided through the Biomedical Advanced Research and Development Authority, will help rapidly develop the Simplexa COVID-19 Direct Assay and the QIAstat-Dx RPS2 test.

As part of the renewed focus on diagnostics, Adm. Brett Giroir, M.D., was tapped by the president to lead efforts among public health service agencies to coordinate testing for COVID-19.

CDC guidance on inpatient obstetrics. The Centers for Disease Control and Prevention today issued interim infection prevention and control considerations for health care facilities providing obstetric care for pregnant patients with confirmed COVID -19. The considerations also are for pregnant persons under investigation in inpatient obstetric health care settings, including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings. The following areas are addressed: prehospital considerations, hospitalization, mother/baby contact, breastfeeding and disposition.

Essential health benefits FAQ. CMS today published a [COVID-19 FAQ](#) on coverage of essential health benefits provided through the individual and small-group insurance market. Among other topics, the FAQ confirms EHBs generally include coverage for the diagnosis and treatment of COVID-19, including testing, isolation and quarantine, and (eventually) vaccination. However, CMS specifies that these services may still be subject to cost-sharing and/or other coverage prerequisites, such as prior authorization or medical necessity.

Today's Headlines

1. MedPAC issues March report to Congress
2. CDC: Half of adults delay recommended colorectal cancer screening
3. AHA webinar Tuesday on health care burnout prevention model

See Full Stories Below

Today's Headlines Continued

1. MedPAC issues March report to Congress

The Medicare Payment Advisory Commission today released its [March report](#) to Congress. The report details the [fee-for-service payment recommendations for 2021](#) approved by the commission in January, including recommendations for hospital services and post-acute care. For hospital inpatient and outpatient prospective payment systems, MedPAC recommended that Congress provide a 2% market-basket update in 2021, using the difference between the update and amount specified in current law to increase hospital payments through its proposed Hospital Value Incentive Program. As expected, the report also includes 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. For more information, see the [MedPAC factsheet](#).

2. CDC: Half of adults delay recommended colorectal cancer screening

Only half of adults in their early 50s received a recommended screening test for colorectal cancer in 2018, according to a new [Vital Signs report](#) from the Centers for Disease Control

and Prevention. The U.S. Preventive Services Task Force recommends a colonoscopy or other colorectal cancer screening test for adults aged 50-75 who are at average risk, such as those who do not have a personal or family history of colorectal cancer or polyps. In 2018, screening in the recommended age group increased with age. It was lowest among those lacking health insurance or a regular care provider, and highest among those whose annual household income was \$75,000 or more. Screening prevalence by state was highest in Massachusetts (76.5%) and lowest in Wyoming (57.8%). Colorectal cancer is the second leading cause of cancer death in the United States.

3. AHA webinar Tuesday on health care burnout prevention model

AHA's Physician Alliance will host a March 17 webinar on the National Taskforce for Humanity in Healthcare model for preventing burnout and promoting resilience, well-being and joy in the health care workforce. [Learn more and register here.](#)



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

From: Powers, Pamela
Sent: Sat, 7 Mar 2020 20:45:45 +0000
To: RLW
Cc: (b)(6)
Subject: FW: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at **4:30pm**
Attachments: WH Coronavirus Task Force Agenda 3.7.30.docx, WHSR JFK Seating Chart - VPOTUS COVID19 Meeting 3.7.20.pptx

Sir, FYI.

Pamela Powers
VA Chief of Staff

From: (b)(6) EOP/OVP <(b)(6)/ovp.eop.gov>
Date: Saturday, Mar 07, 2020, 3:38 PM
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at **4:30pm**

All -

The **White House Coronavirus Task Force Meeting has been moved to 4:30pm**. Please see finalized seating chart and agenda.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Saturday, March 7, 2020
4:30pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Dr. Bob Kadlec, Assistant Secretary for Preparedness and Response (HHS)
- IV. (b)(5) – Matt Pottinger, Assistant to the President and Deputy National Security Advisor & (b)(6) Special Assistant to the President and Senior Director for Border and Transportation Security (NSC)
- V. **Concluding Remarks** – Vice President Pence

SOUTH

VTC PARTICIPANTS

WH LEGAL

Matt Morgan DAP / DEP
COS / OVP

(b)(6) AP / DEP DIR /
OPL

Joel Szabat A-A/S
Policy / DOT

(b)(6) SAP /
NSC RESILIENCE

(b)(6) SAP / NSC
BATS

(b)(6) AP
/ DCOS / POL CORD

Larry Kudlow AP / DIR
NEC

Matt Pottinger AP/DEP
NSA

(b)(6) P / DEP
COUNSEL NSA / NSC
LEGAL ADVISOR

Russ Vought DIR OMB

Brian Harrison COS /
HHS

Dr. Robert Kadlec A/S
HHS

Dr. Anthony Fauci
DIR NIAID

Seema
Verma Administr
ator / CMS

Sec. Robert Wilkie
VA

Sec. Ben Carson HUD

Sec. Alex Azar HHS

Amb. Debi Birx, M.D.
WH Coronavirus
Resp. Coordinator

Joe Grogan AP / DIR
DOM POLICY COUNCIL

Taliaferro VICE
DIRECTOR /
OPERATIONS ;

JOINT STAFF / DOD
Dr. Jerome
Adams US Surgeon
General

Stephen Biegun, DEP
SEC STATE

Dr. Stephen Hahn
COMMISSIONER FDA

Sec. Steven
Mnuchin Treasury

WH COMMS

(b)(6) SAP /
DEP DIR IGA

(b)(6) PRESS
/ OVP

(b)(6) DIR /
BUREAU OF MEDICAL

SENATOR / STATE
Abel DEP COMM
OPERATIONS / USCG

Gary Rasicot CWMD /
DHS

Dr. (b)(6) DEP

COMMISSIONER /
MEDICAL &

(b)(6) / FDA
SNR.
ADVISOR / HOMELAND
/ OVP

NORTH

WEST - WINDOWS

DOOR

EAST

DOOR

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b)(6) HHS

[Redacted]

[Redacted]

[Redacted]

(b)(6) PL

(b)(6) AP for Domestic Policy

(b)(6)

(b)(6) DV. COMMISSIONER / FDA

Dr. (b)(6) DIR / OSTP

(b)(6) DIR / LEG AFFAIRS / OVP

(b)(6) ADVISOR COS / OVP

(b)(6) DEP LEG. Adv. / NSC

(b)(6)

(b)(6) SNR. ADVISOR SR ADVISOR / INT'L ECON AFFAIRS / WHO

Sean Conley, Physician / POTUS

Derek Kan EXEC ASSOC DIR / OMB

Steve Pinkos DEP NSA / OVP

DOOR

From: RLW
Sent: Tue, 17 Mar 2020 15:55:29 +0000
To: Powers, Pamela
Cc: (b)(6)
Subject: RE: Fwd: Social Distancing: TF Meetings Update

Sure

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6)@va.gov>
Date: Tuesday, Mar 17, 2020, 11:54 AM
To: RLW <(b)(6)@va.gov>
Cc: (b)(6)@va.gov
Subject: Fwd: Social Distancing: TF Meetings Update

Sir, FYI. They may have you call in to many of the meetings to encourage social distancing.

Get Outlook for iOS

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Tuesday, March 17, 2020 11:44:12 AM
To: Powers, Pamela <(b)(6)@va.gov>
Subject: [EXTERNAL] Social Distancing: TF Meetings Update

Hi Pam,

In an effort to increase social distancing in The White House, I wanted to inquire whether Secretary Wilkie would be able to call in secure to Task Force meetings moving forward? For certain meetings when he needs to be present we will of course let him know, but wanted to know if you would be open/willing to accommodate.

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)

From: RLW
Sent: Tue, 17 Mar 2020 21:38:42 +0000
To: Powers, Pamela
Subject: RE: Fwd: Press Conference

Great

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6)@va.gov>
Date: Tuesday, Mar 17, 2020, 5:37 PM
To: RLW <(b)(6)@va.gov>
Subject: Fwd: Press Conference

Good news Sir. Hopefully it stays the plan.

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From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Tuesday, March 17, 2020 5:31:19 PM
To: Powers, Pamela <(b)(6)@va.gov>
Subject: [EXTERNAL] Press Conference

Good afternoon Pam,

I wanted to let you know that as of right now we are tracking Sec. Wilkie to participate in tomorrow afternoon's press conference.

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)

From: RLW
Sent: Mon, 2 Mar 2020 16:32:34 +0000
To: Syrek, Christopher D. (Chris); Powers, Pamela
Subject: FW: [EXTERNAL] RE: CMS chief Verma to join coronavirus task force

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) <[redacted]@iponsociety.org>
Date: Monday, Mar 02, 2020, 9:14 AM
To: RLW (b)(6) <[redacted]@va.gov>
Subject: [EXTERNAL] RE: CMS chief Verma to join coronavirus task force

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.

To view online:

<https://subscriber.politicopro.com/health-care/whiteboard/2020/03/cms-chief-verma-to-join-coronavirus-task-force-3977161>

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Arlington, VA 22209
USA

From: RLW
Sent: Sat, 7 Mar 2020 20:50:18 +0000
To: (b)(6) Powers, Pamela
Subject: RE: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at **4:30pm**

I did

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) <(b)(6)@va.gov>
Date: Saturday, Mar 07, 2020, 3:49 PM
To: RLW (b)(6) <(b)(6)@va.gov>, Powers, Pamela (b)(6) <(b)(6)@va.gov>
Subject: Re: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at **4:30pm**

Sorry you're there so early. Did you get the information from VHA?

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From: RLW (b)(6) <(b)(6)@va.gov>
Sent: Saturday, March 7, 2020 3:48:33 PM
To: Powers, Pamela (b)(6) <(b)(6)@va.gov>
Cc: (b)(6) <(b)(6)@va.gov>
Subject: RE: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at **4:30pm**

I was sitting in the room when I was told—

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6)@va.gov>
Date: Saturday, Mar 07, 2020, 3:45 PM
To: RLW (b)(6) <(b)(6)@va.gov>
Cc: (b)(6) <(b)(6)@va.gov>
Subject: FW: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at **4:30pm**

Sir, FYI.

Pamela Powers
VA Chief of Staff

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

Date: Saturday, Mar 07, 2020, 3:38 PM

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.7.20 at ****4:30pm****

All -

The **White House Coronavirus Task Force Meeting has been moved to 4:30pm**. Please see finalized seating chart and agenda.

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)

From: RLW
Sent: Sun, 8 Mar 2020 22:42:26 +0000
To: Powers, Pamela; Stone, Richard A., MD; Lieberman, Steven
Subject: FW: [EXTERNAL] White House Coronavirus Task Force - COVID-19 Powerpoint
Attachments: COVID19.pptx
Importance: High

Fyi

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Date: Sunday, Mar 08, 2020, 6:41 PM
To: (b)(6)

(b)(6)

(b)(6)

Cc: Birx, Deborah L. EOP/NSC <(b)(6)@nsc.eop.gov>
Subject: [EXTERNAL] White House Coronavirus Task Force - COVID-19 Powerpoint

Good evening all,

Per Dr. Birx, please see the attached power point which provides detail on cases, mortality, and population demographics.

Thank you,

(b)(6)

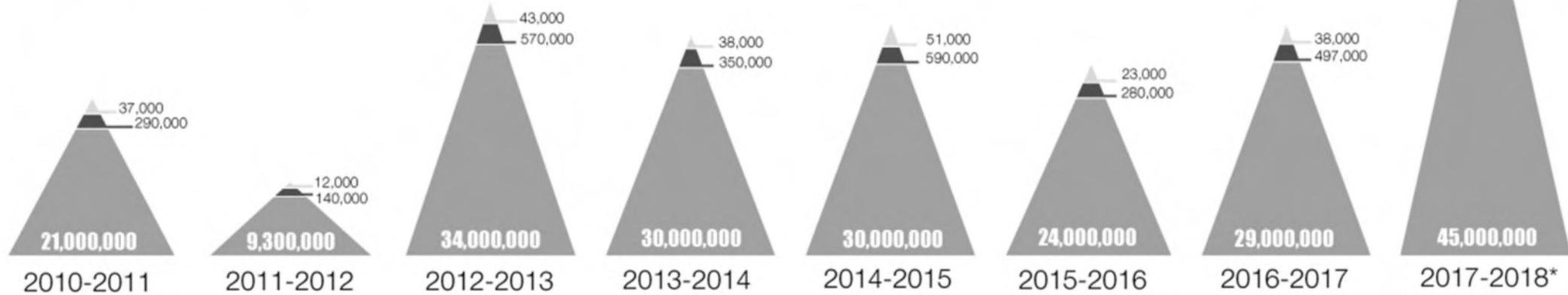
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)

Cases, Mortality and Population Demographics

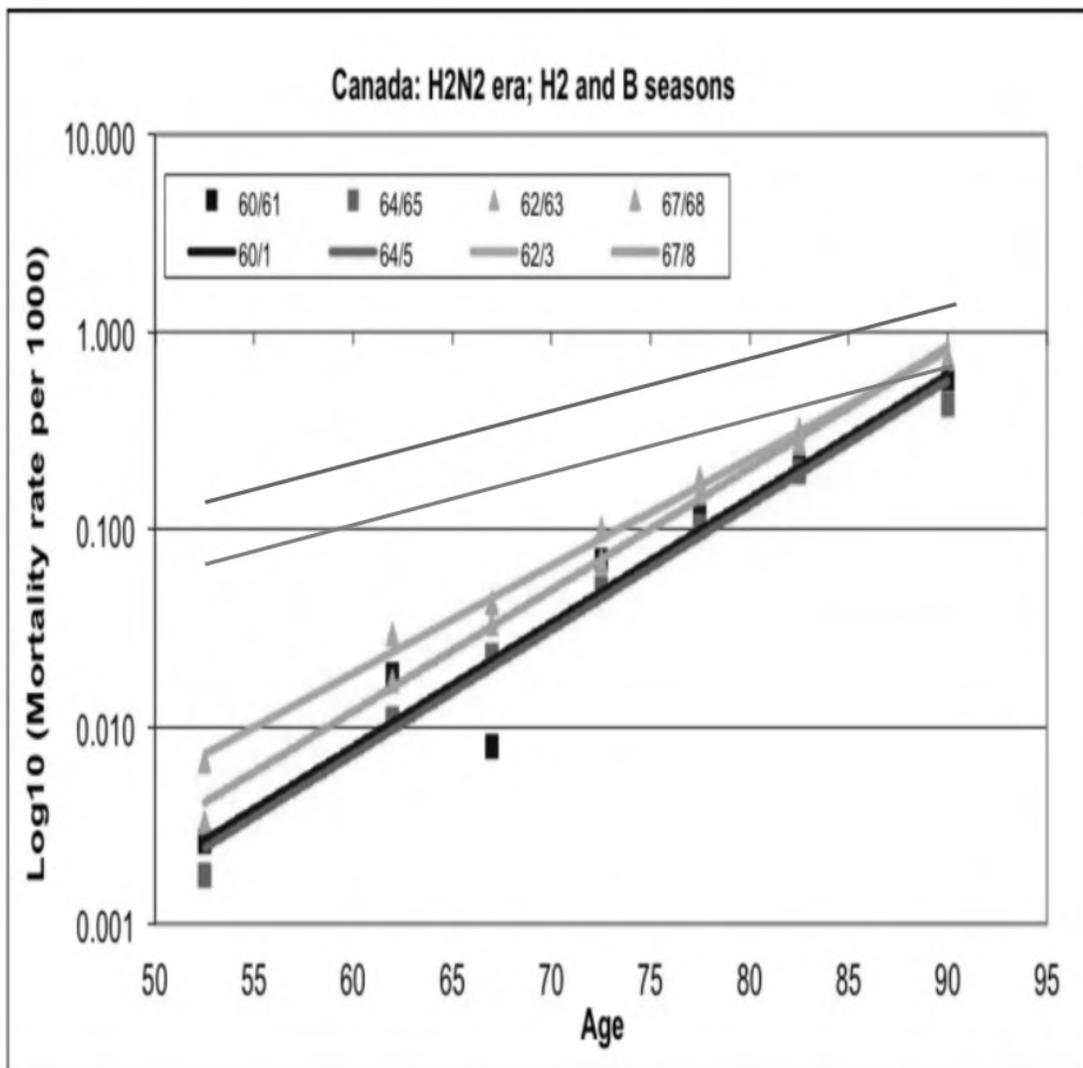
Estimated Influenza Disease Burden, by Season United States, 2010-11 through 2017-18 Influenza Seasons

- Deaths
- Hospitalizations
- Illnesses

Estimated U.S. Influenza Burden, By Season (2010 - 2019)

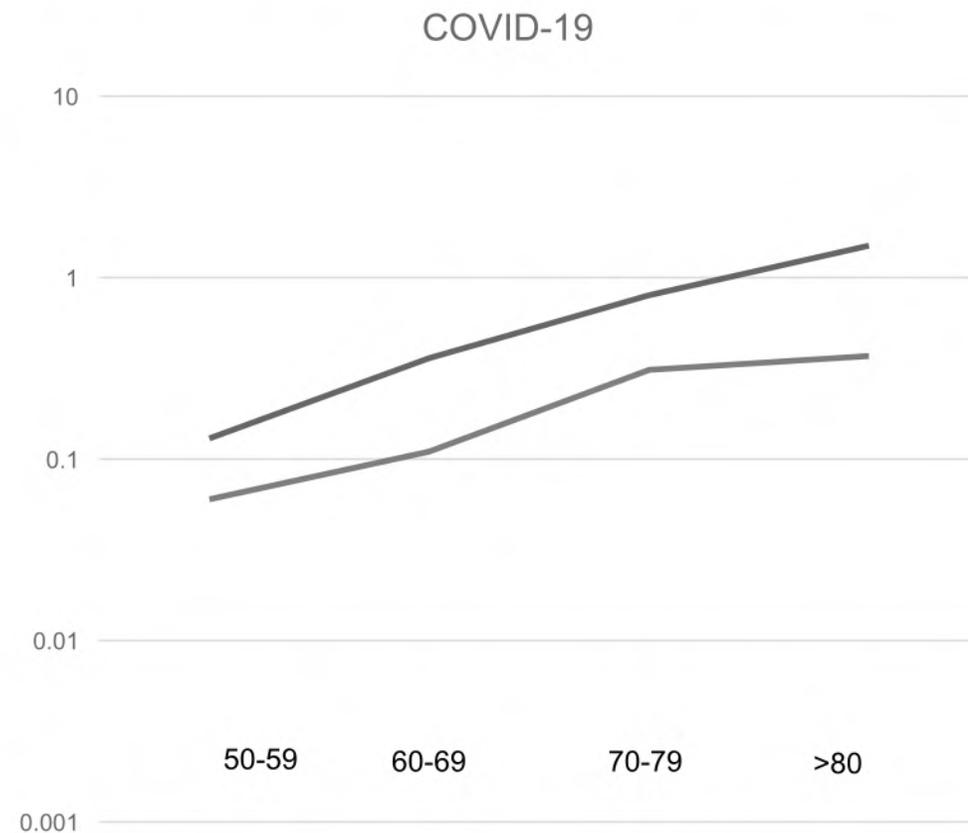


*Estimates for these seasons are preliminary and may change as data are finalized.



A semi-log plot of excess all-cause mortality variation with age for epidemic seasons during the era of circulation of influenza A(H2N2) viruses in Canada. The 1960/61 and 1964/5 seasons were dominated by B-type viruses, and the 1962/3 and 1967/8 seasons were dominated in mortality by H2N2 viruses.

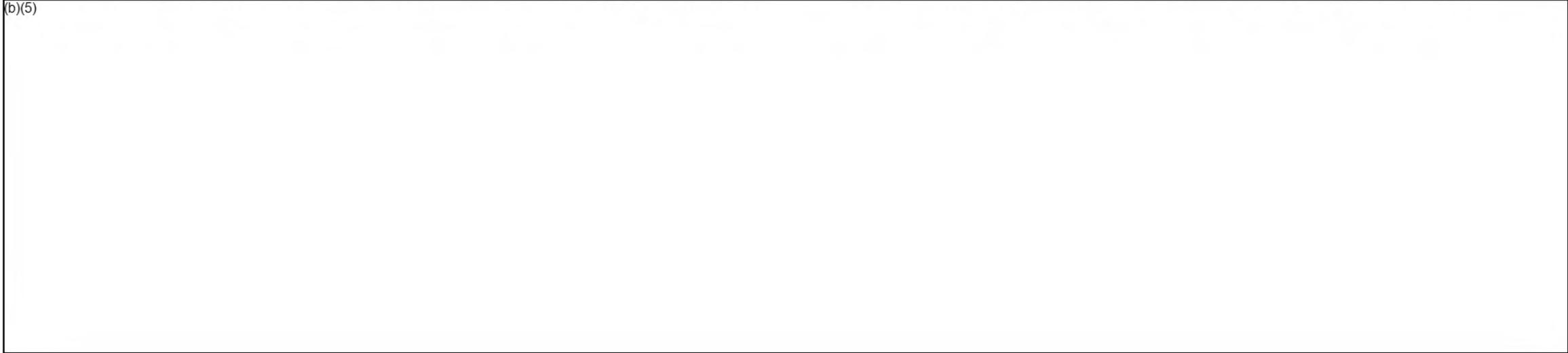
COVID-19 compared to Flu



Summary from integrating data

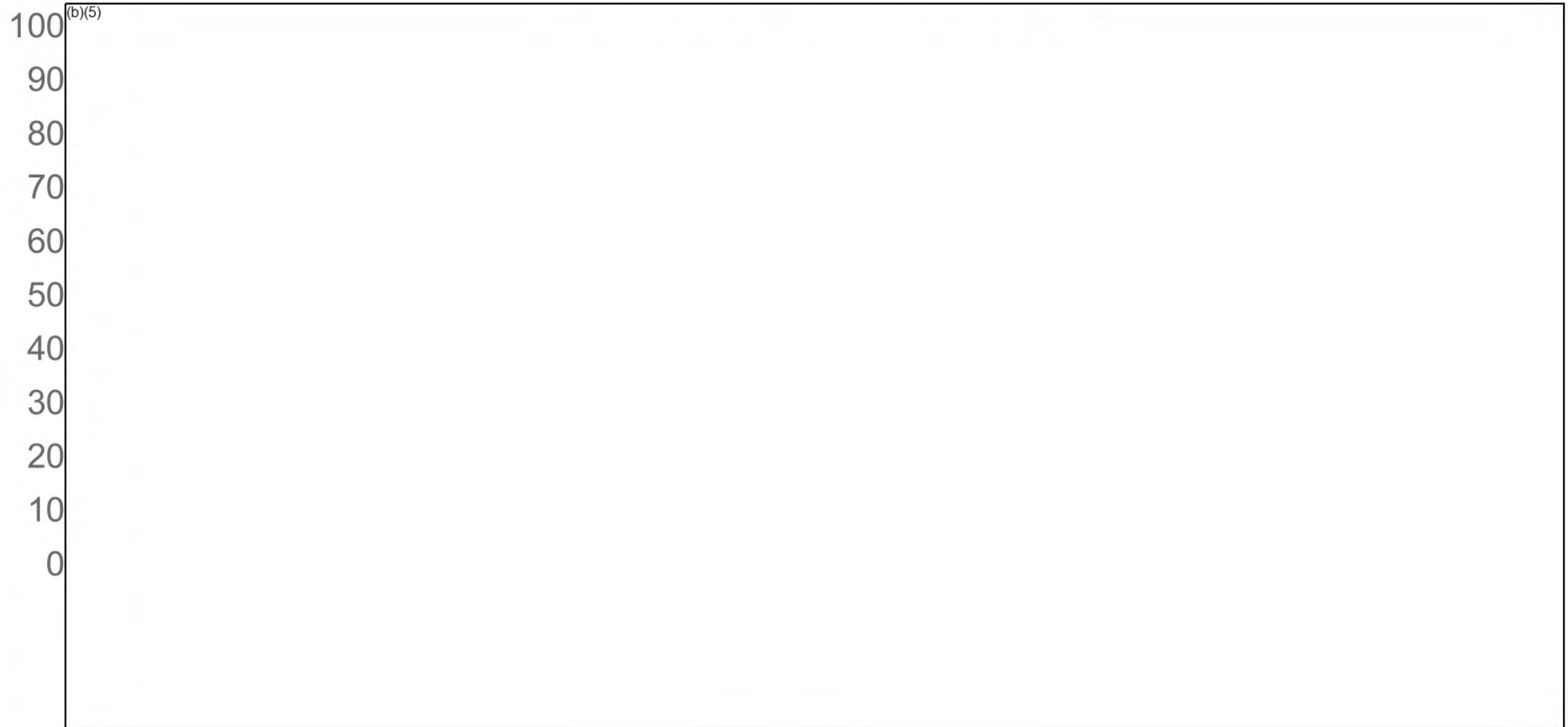
Cases Children and young adults Mortality Children and young

(b)(5)



Model of COVID-19 impact at the community level

Impact of COVID-19 by age

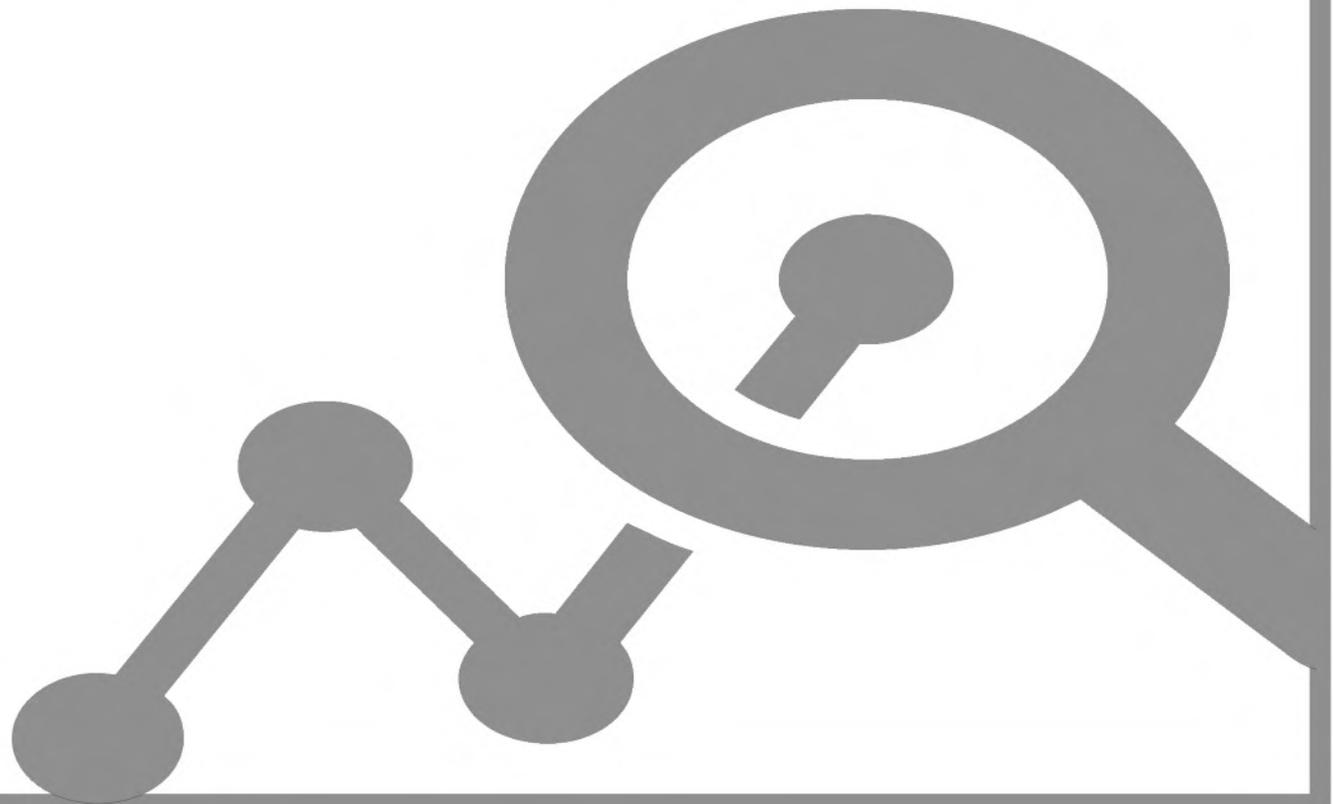


335 deaths reported from 12 countries and International Conveyance as of 6 March 6 am

Reporting Country	Number of deaths	Total number of confirmed cases
Italy	148	3858
Iran (Islamic Republic of)	107	3513
Republic of Korea	42	6284
United States of America	10	148
International conveyance (Diamond Princess)	6	696
Japan	6	349
France	6	423
Spain	3	261
Australia	2	66
Iraq	2	36
Philippines	1	3
Switzerland	1	86
Thailand	1	47

South Korea

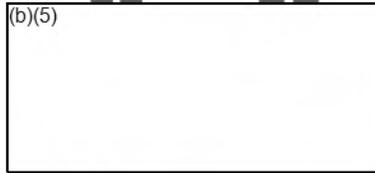
PEPFAR
U.S. President's Emergency Plan for AIDS Relief



UNCLASSIFIED

Korea

Cases by Gender:

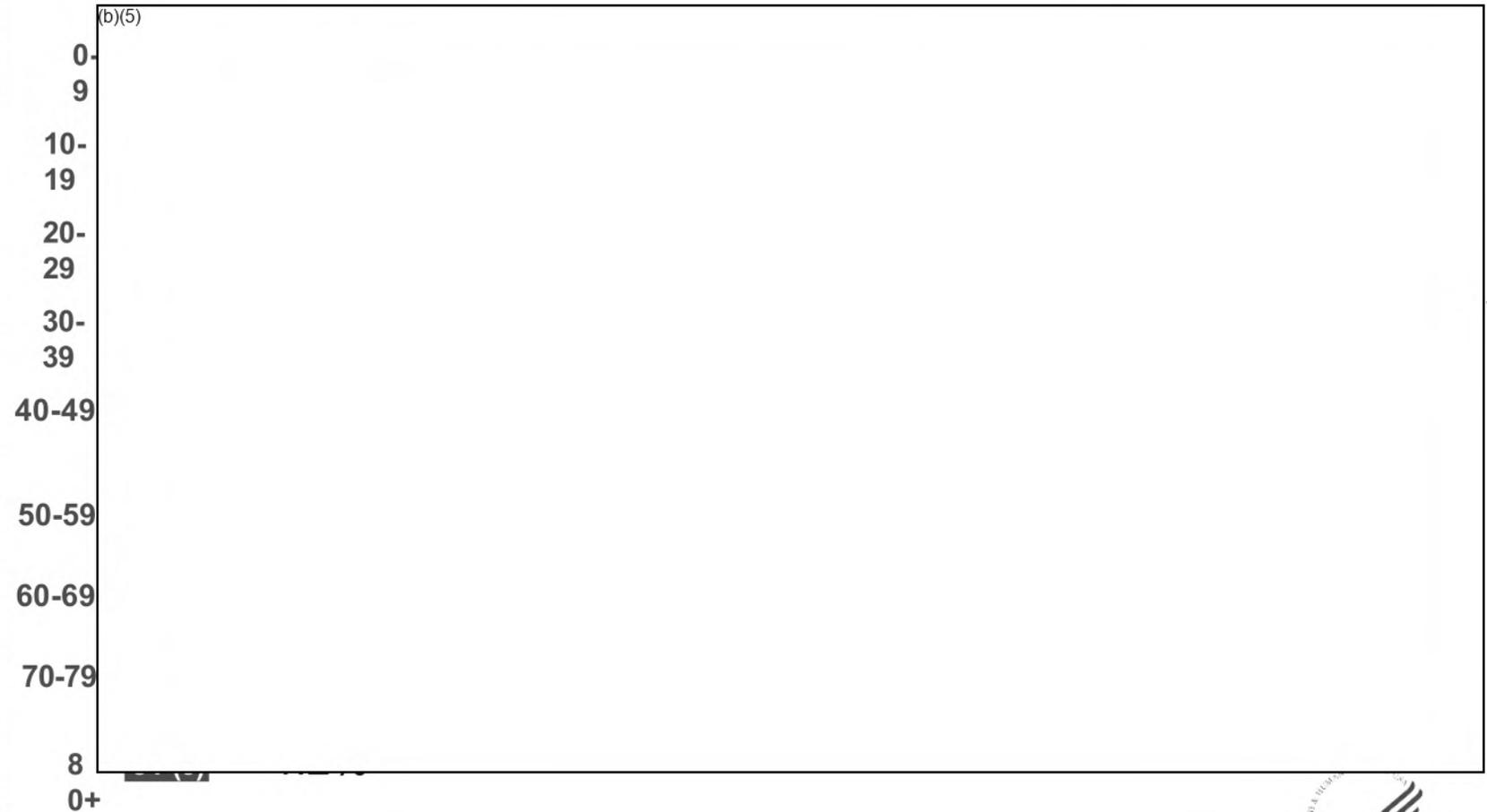


%
Deaths by Gender:



%
Source: World Health Organization

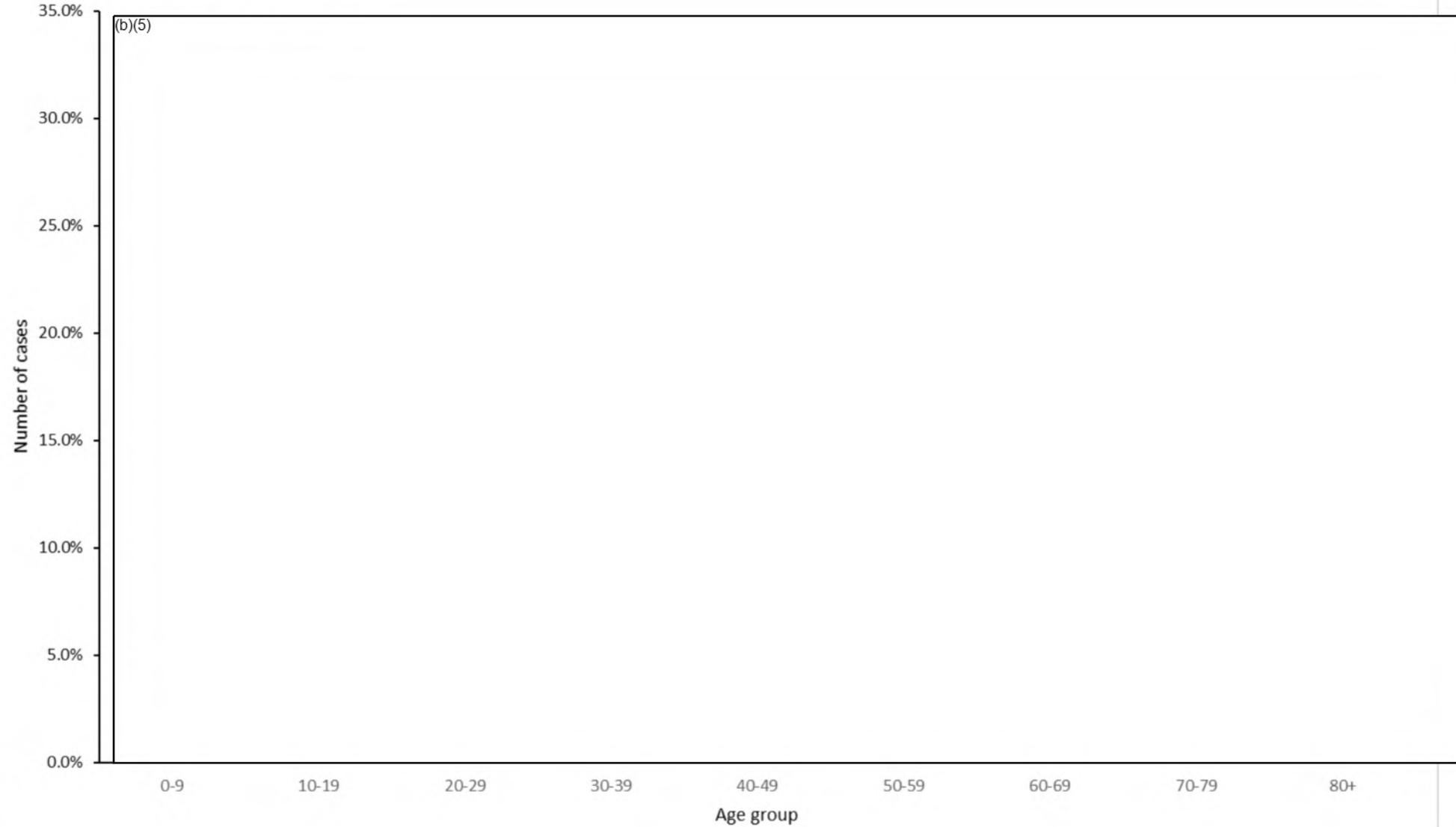
Cases and Deaths by Age Group (parentheses indicate deaths):



Republic of Korea –Confirmed cases by age group as of 3 March

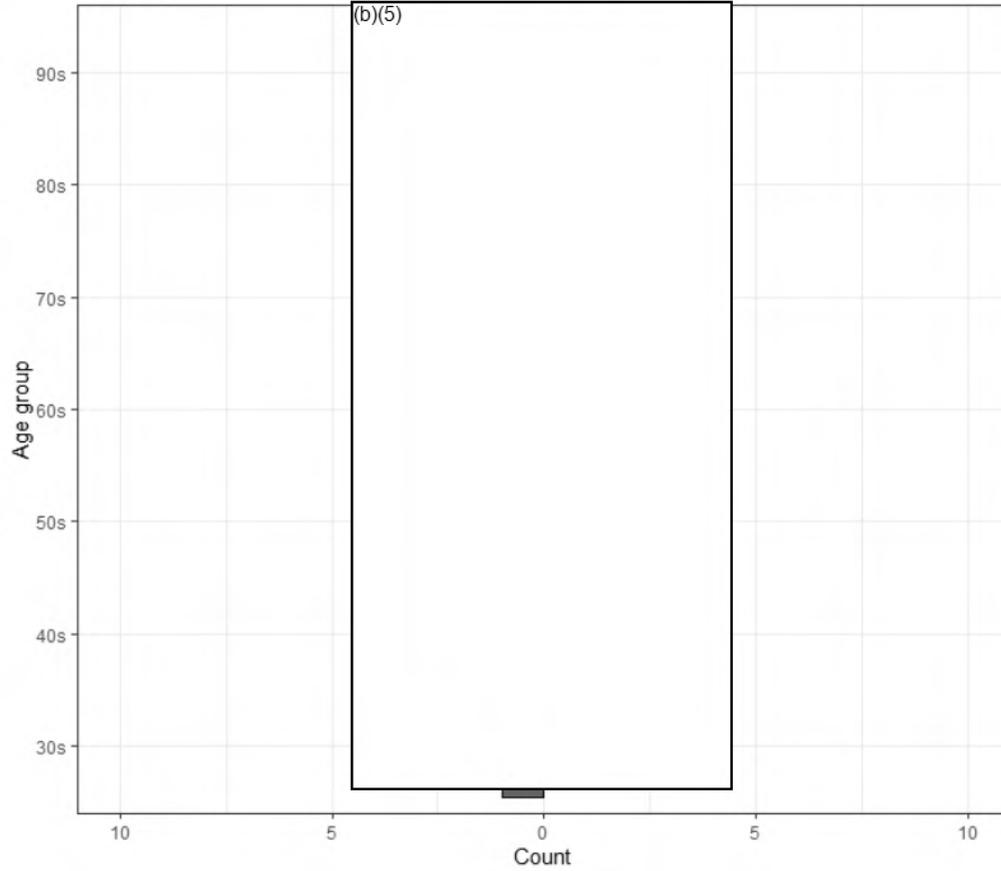
Republic of Korea

Confirmed cases by age group



Republic of Korea - Age distribution of deaths (data as of 3 March)

Confirmed deaths of 2019-nCoV with recorded age and sex
(n = 22)



(b)(5)

Sex
Female
Male

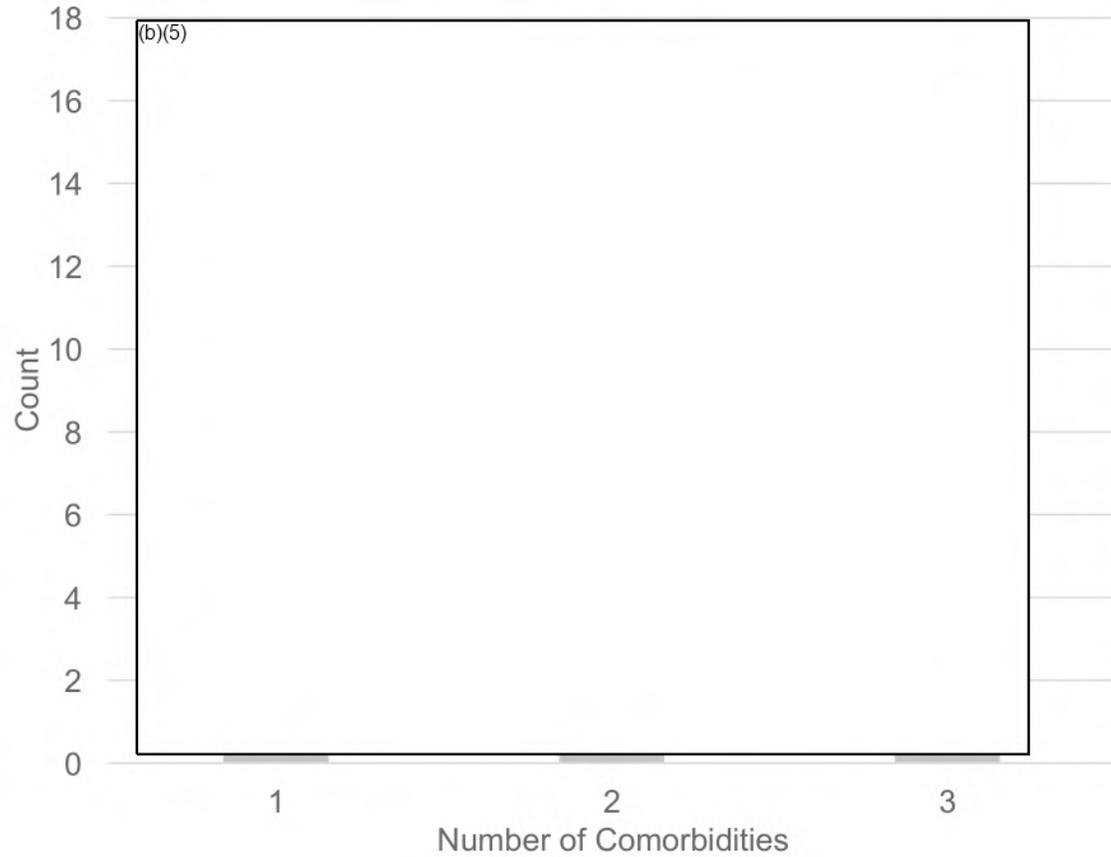
Korea - Comorbidities and underlying conditions (n=22) (data as of 3 March)

Comorbidity	Number	Minimum age	Median age	Maximum age
-------------	--------	-------------	------------	-------------

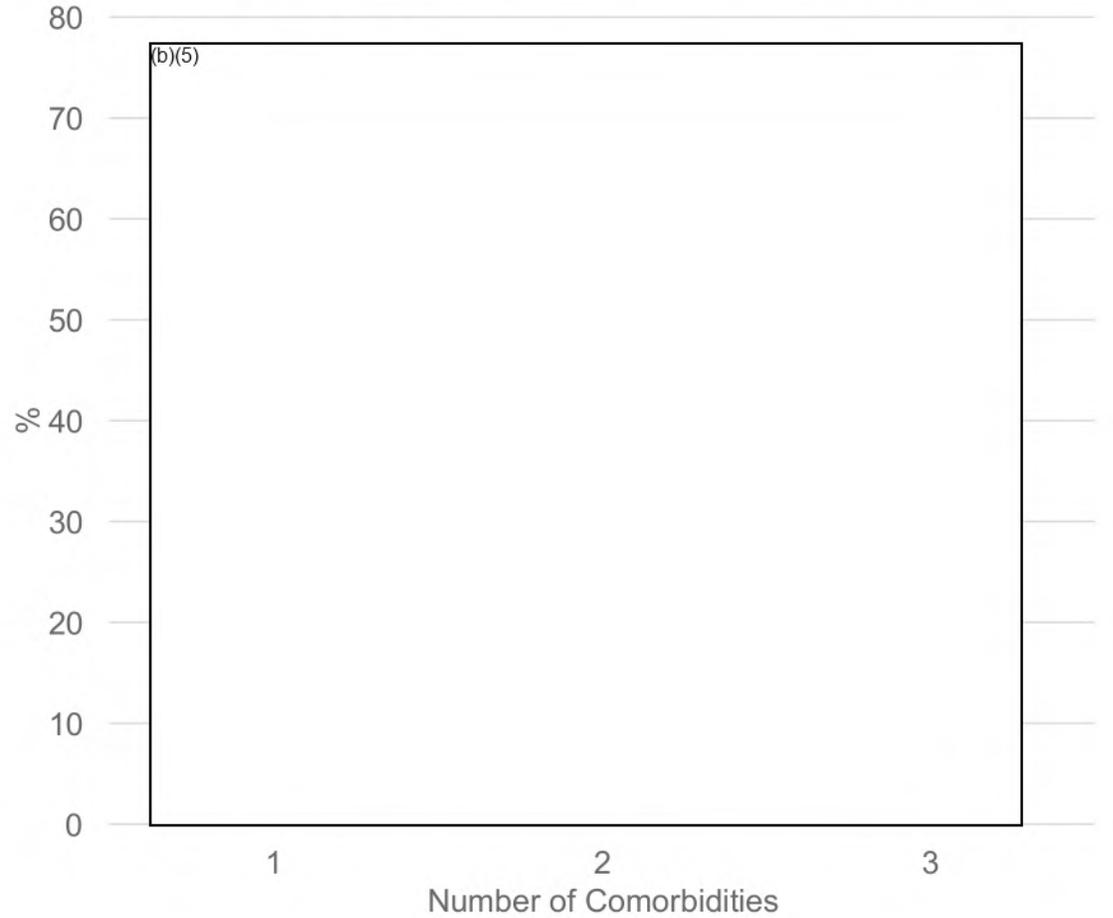
(b)(5)				
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Comorbidities in Republic of Korean Deaths (n=22) as of 3 March

Number of Deaths with different numbers of Comorbidities (n=22)

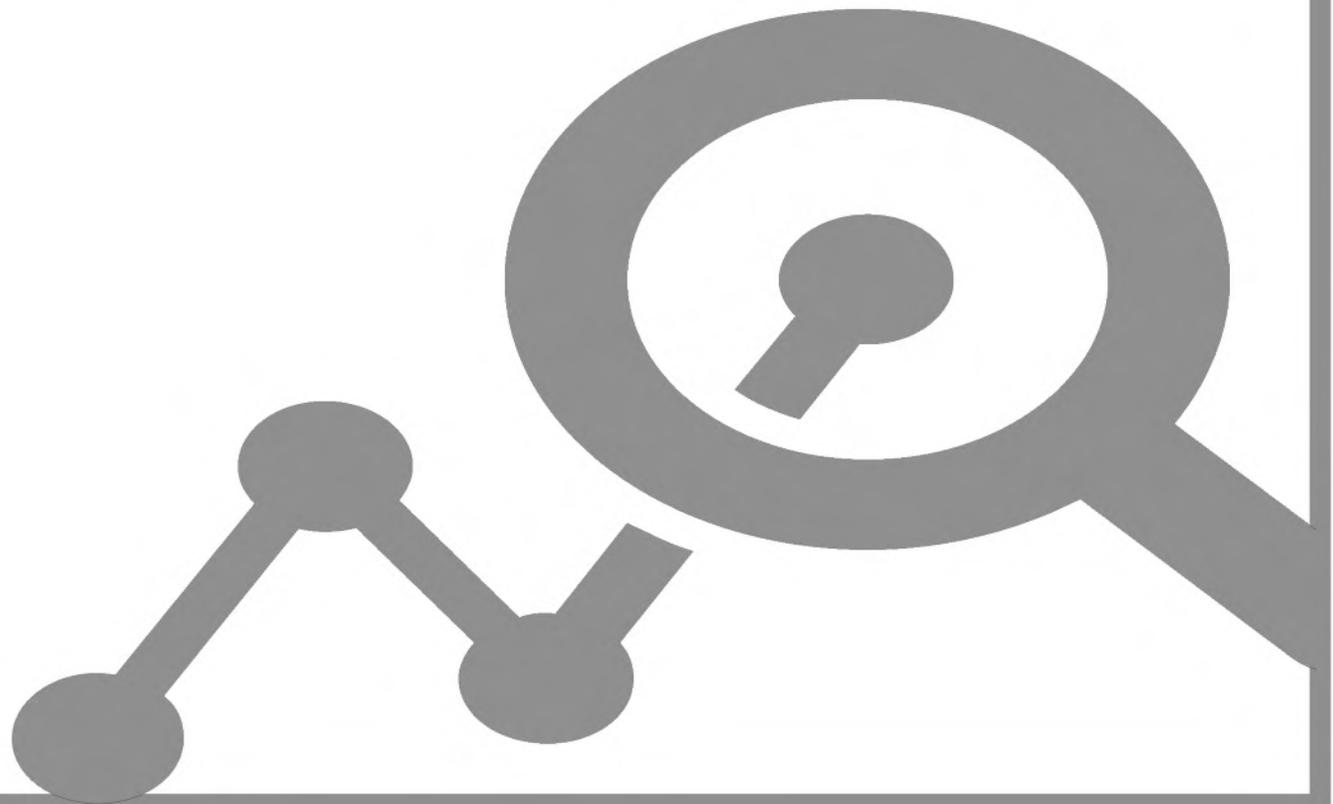


Proportion of Deaths reporting comorbidities (n=22)



Italy

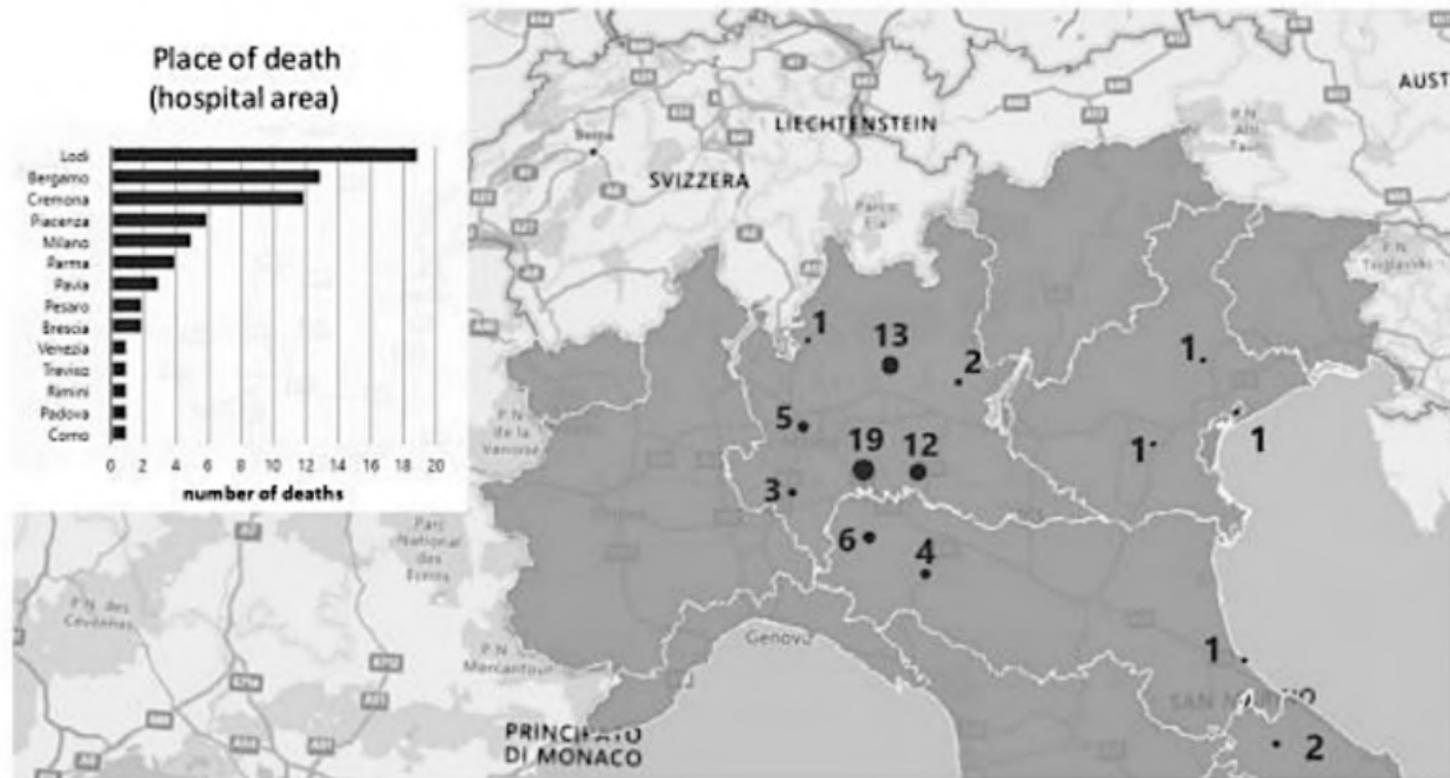
PEPFAR
U.S. President's Emergency Plan for AIDS Relief



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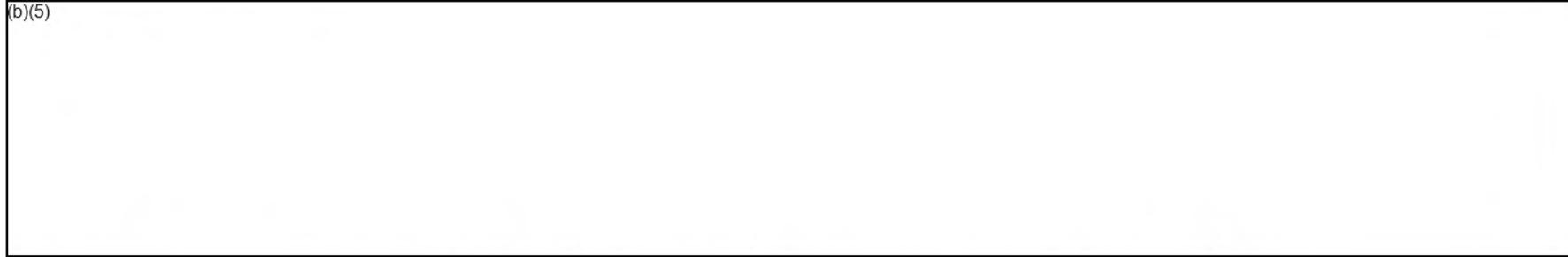
Italian Data

Figure 1. Geographical distribution of deaths



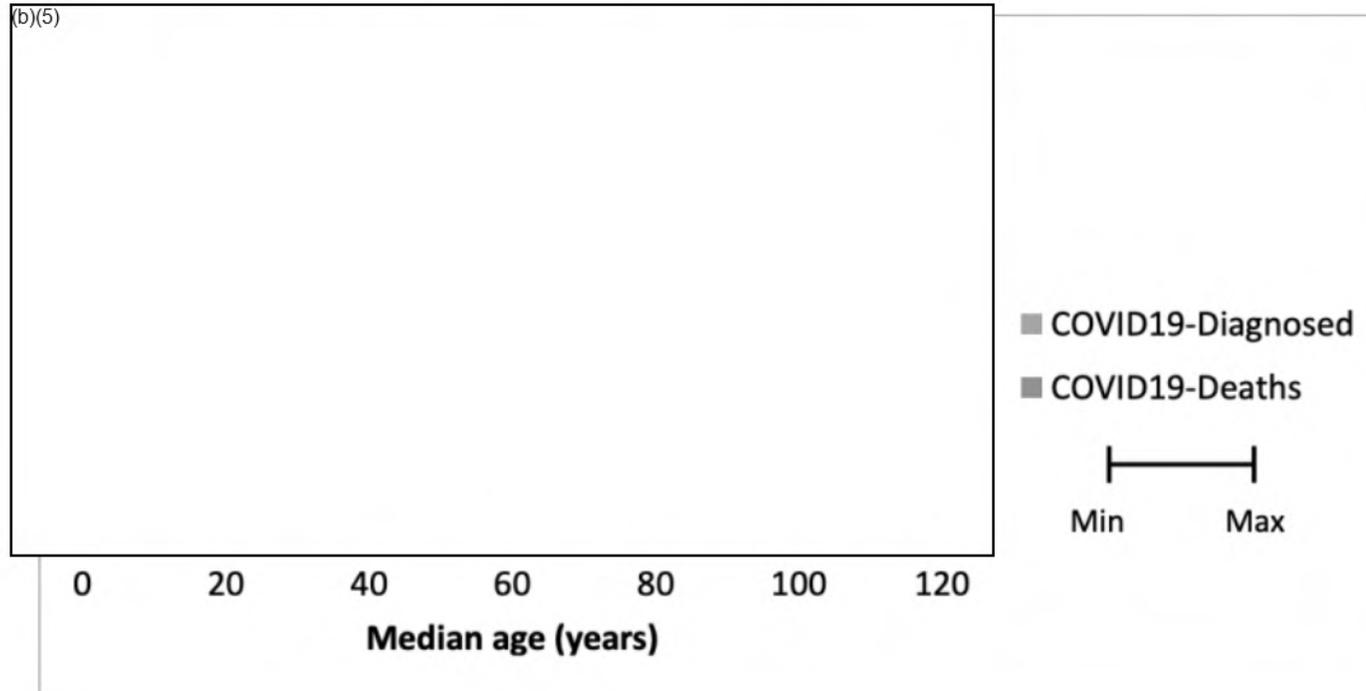
Italy

2. Demographics



Italy median age of infection vs death

Figure 2. Median age of patients with COVID-2019 infection (n=1.527) and patients dying for COVID-2019 infection



Co-morbidities

3. Pre-existing Comorbidities

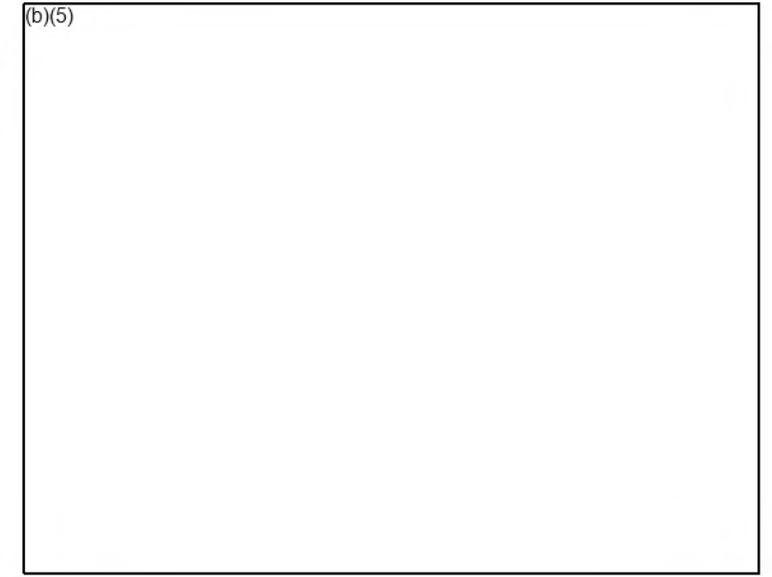
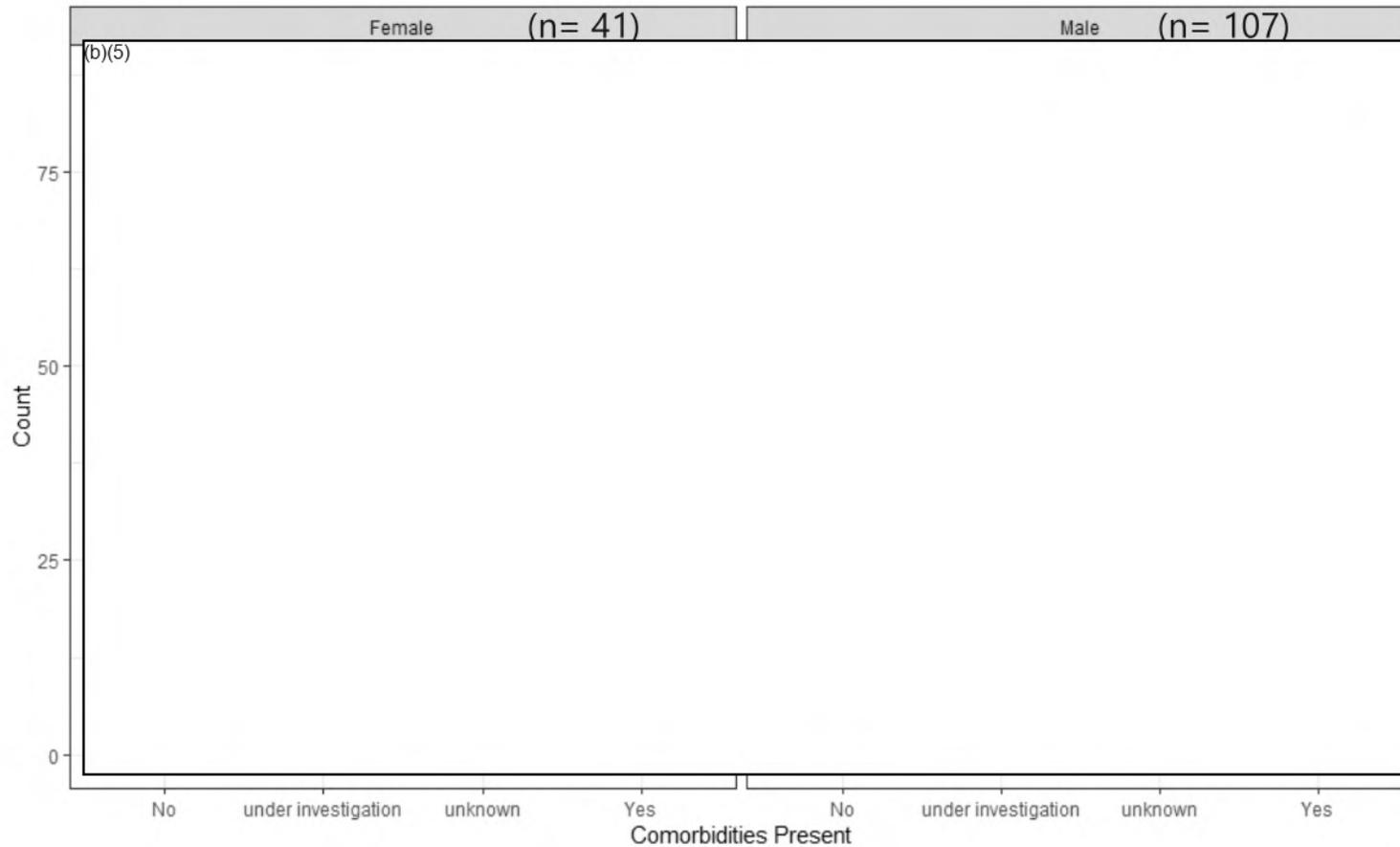
(b)(5)

Table 1. Most common comorbidities observed among patients dying for COVID-2019 infection

(b)(5)	

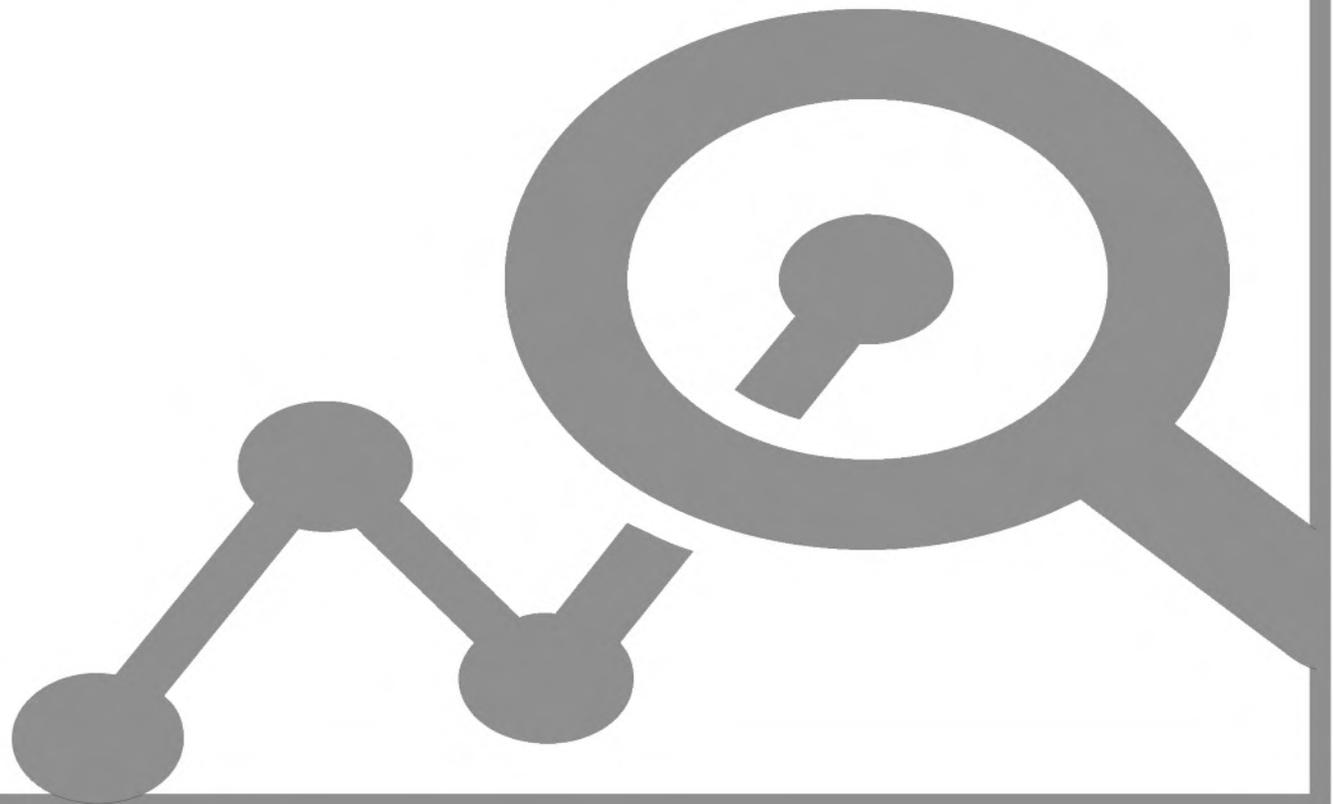
Italy - underlying co-morbidities in deaths by gender (n=148)

Confirmed deaths of 2019-nCoV with recorded data on presence of co-morbidities
(n = 148)



Japan

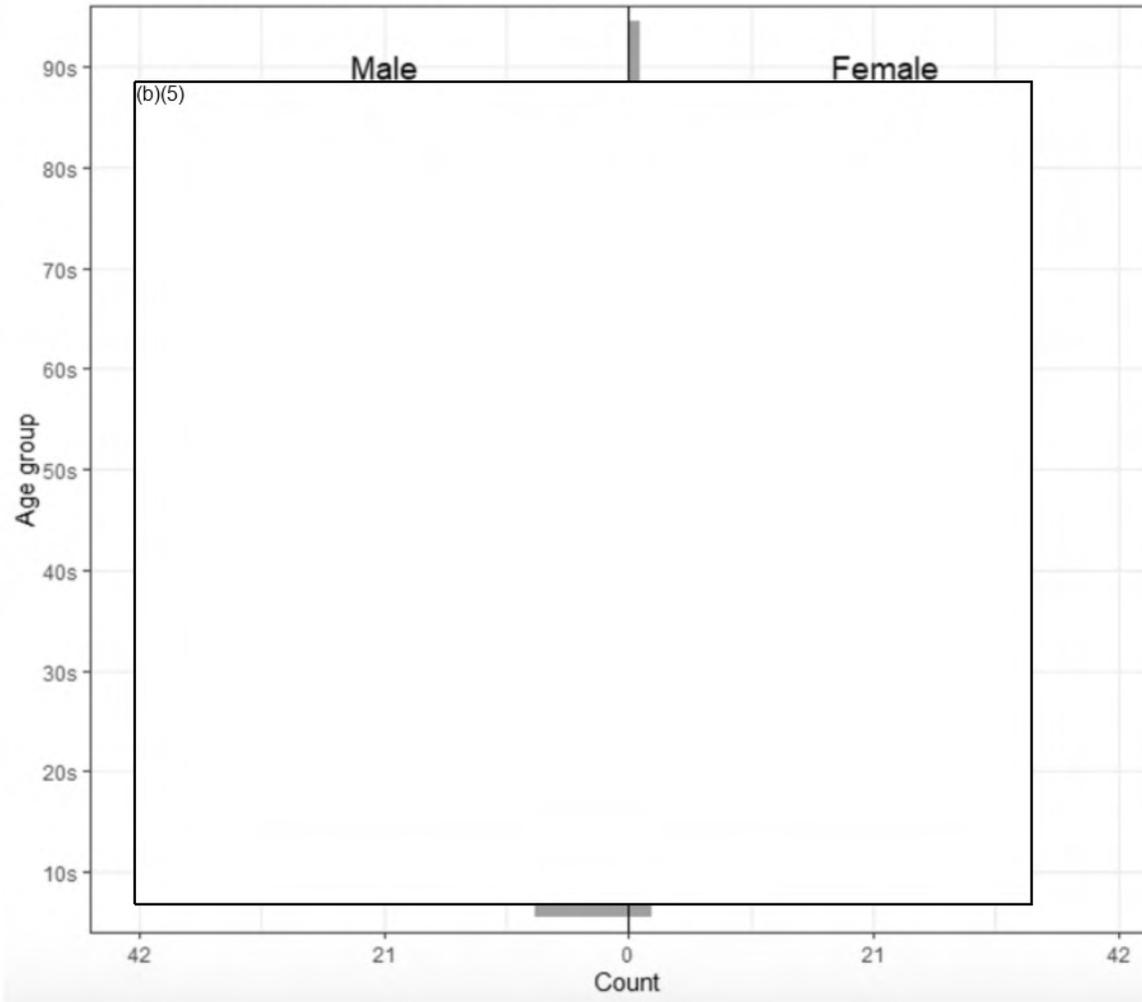
PEPFAR
U.S. President's Emergency Plan for AIDS Relief



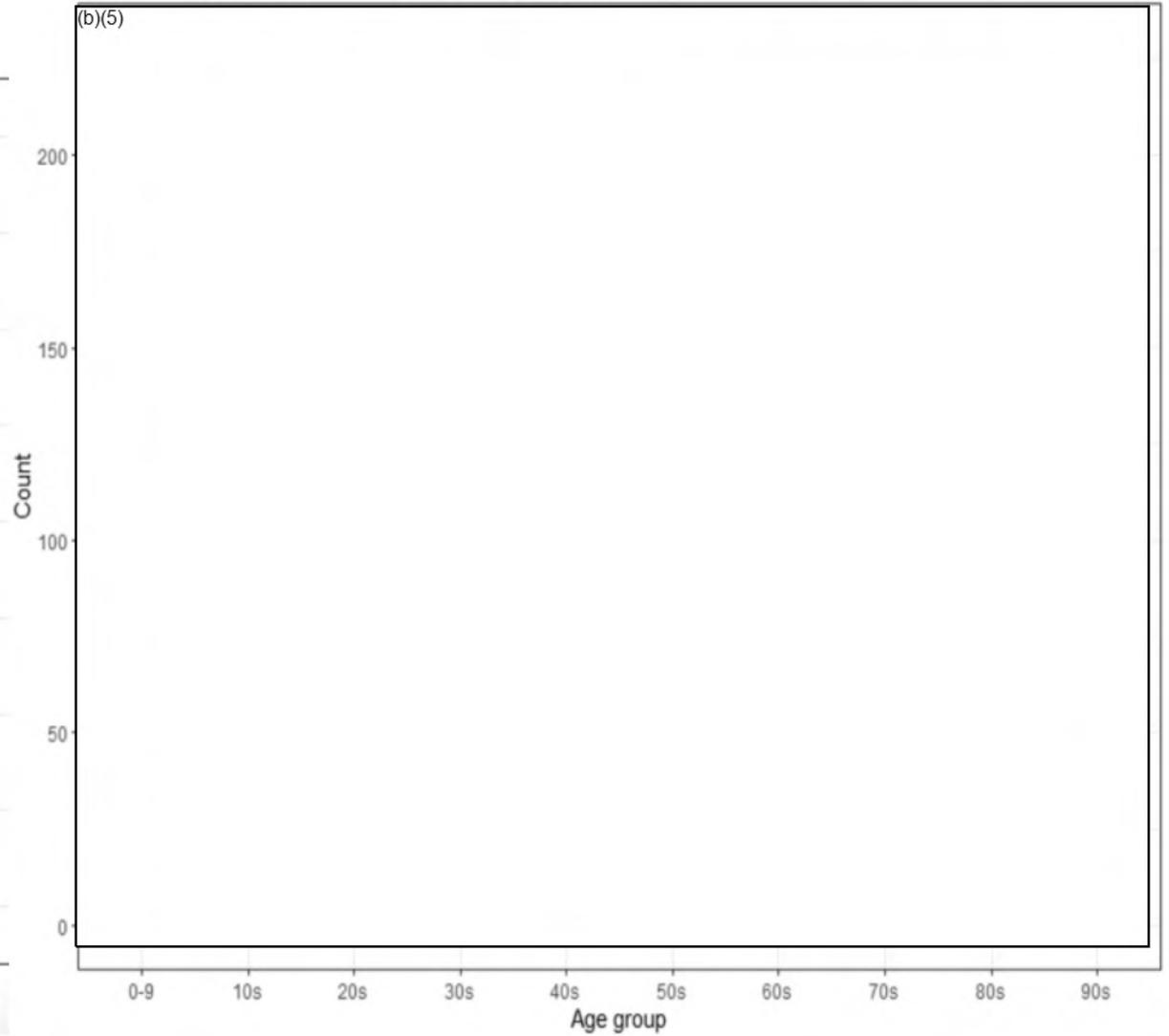
UNCLASSIFIED

Japan

Confirmed cases and deaths of 2019-nCoV with recorded age and sex
(n = 258, male = 166, female = 92)

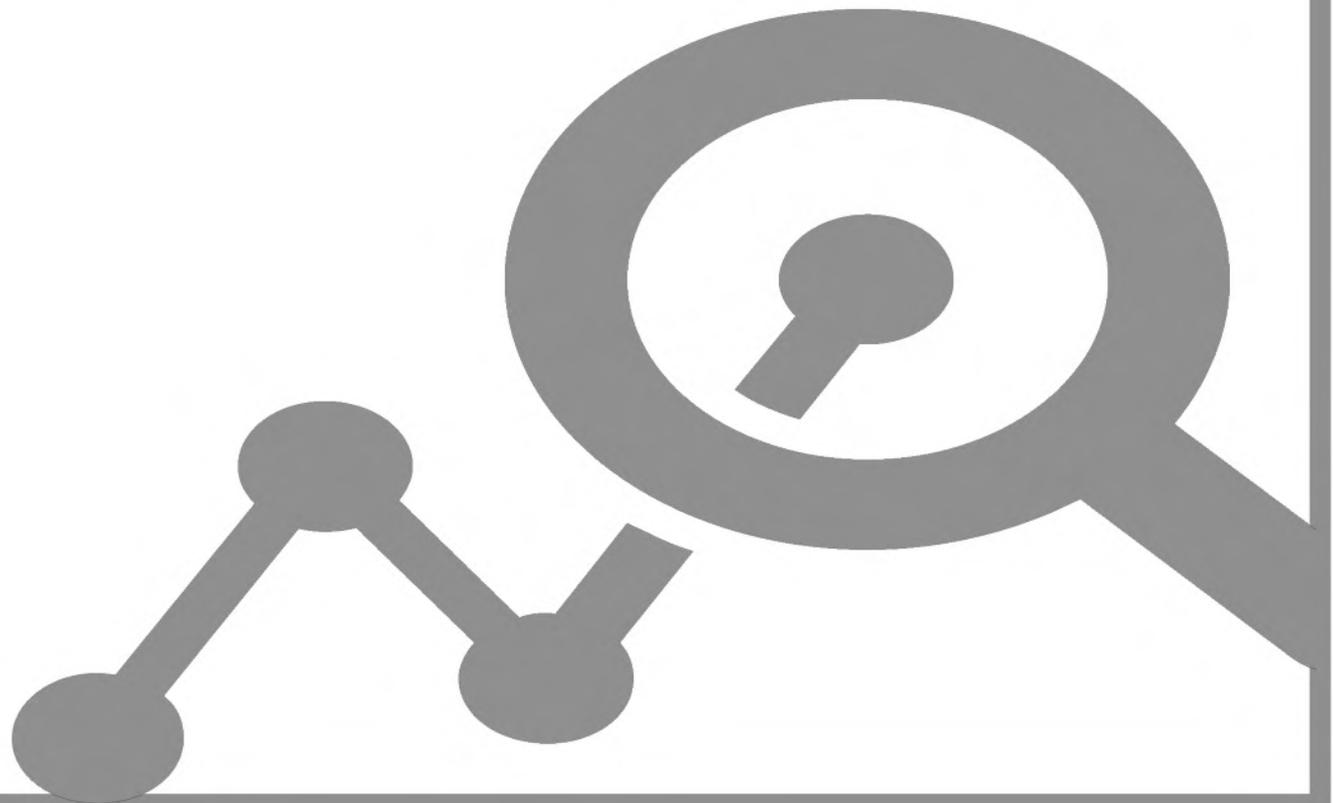


Confirmed cases (n = 531 as of 19th Feb) and deaths (n = 6) of 2019-nCoV with recorded age among persons on the Diamond Princess



China

PEPFAR
U.S. President's Emergency Plan for AIDS Relief



UNCLASSIFIED

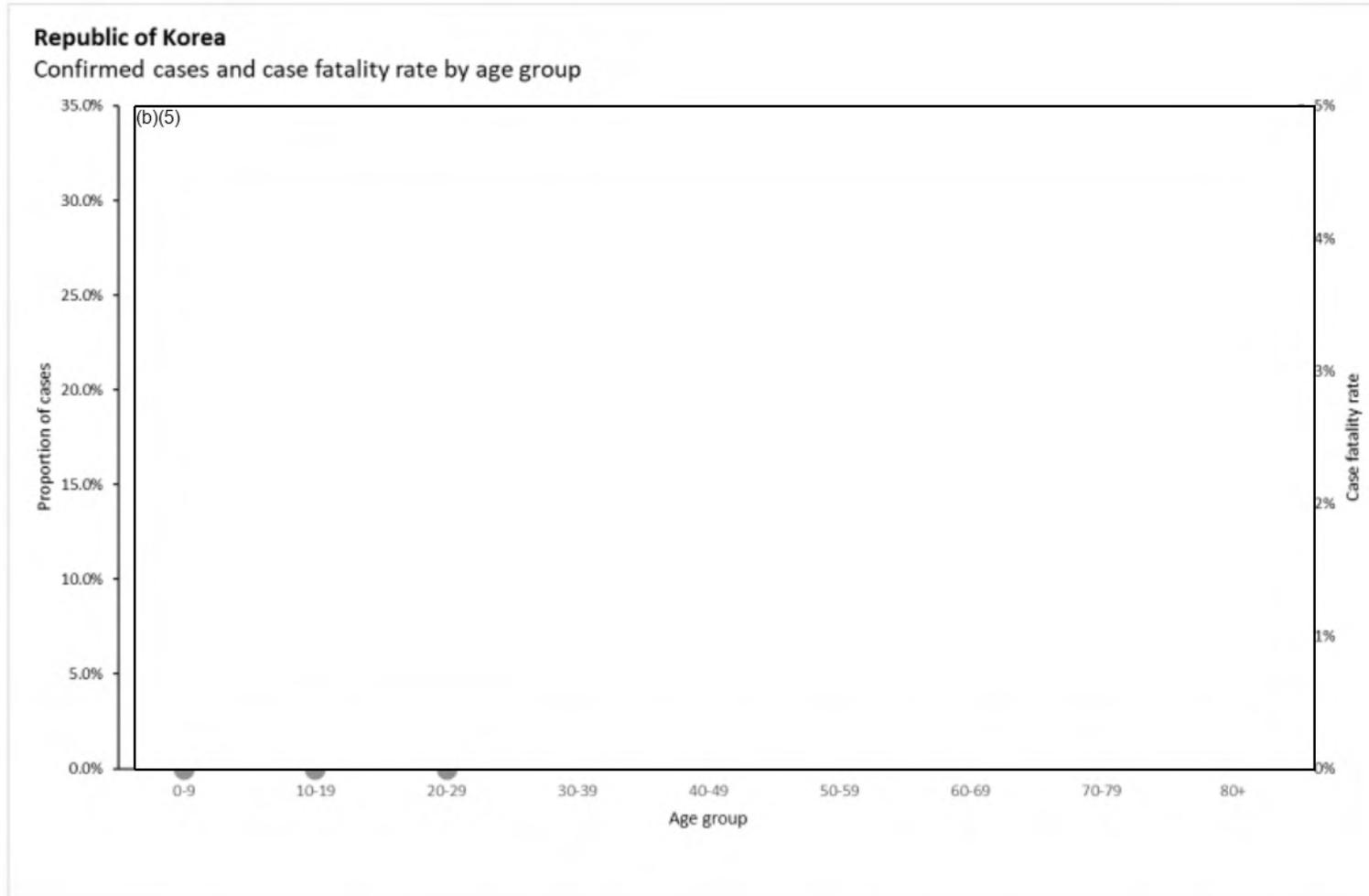
China CDC Epidemiologic Study

TABLE 1. Patients, deaths, and case fatality rates, as well as observed time and mortality cases in Mainland China as of February 11, 2020.

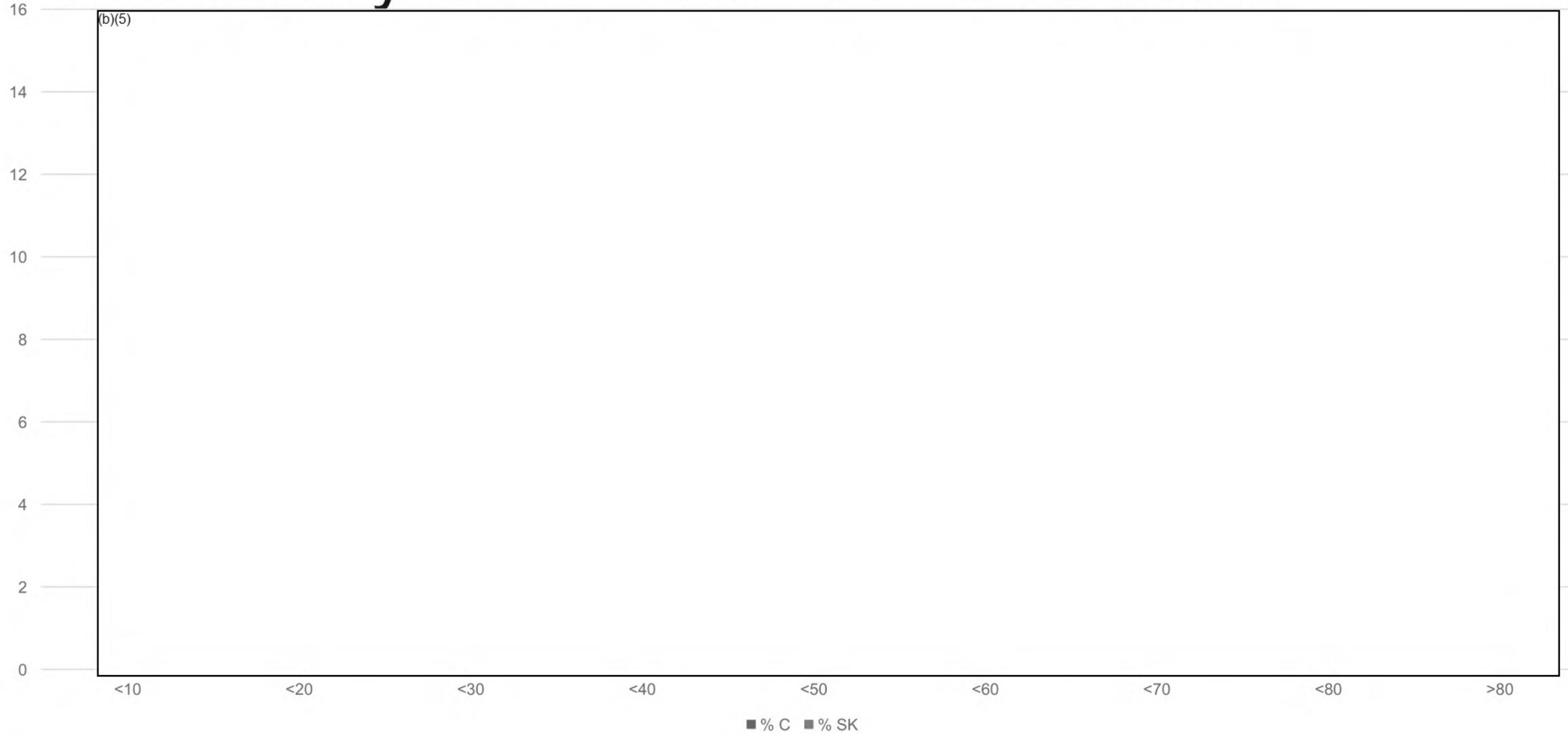
Baseline characteristics	Confirmed cases, N (%)	Deaths, N (%)	Case fatality rate, %
Overall	(b)(5)		
Age, years			
0–9			
10–19			
20–29			
30–39			
40–49			
50–59			
60–69			
70–79			
≥80			
Sex	(b)(5)		
Male			
Female			

The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) – China, 2020. China CDC Weekly.

Korean Case and Case Fatality



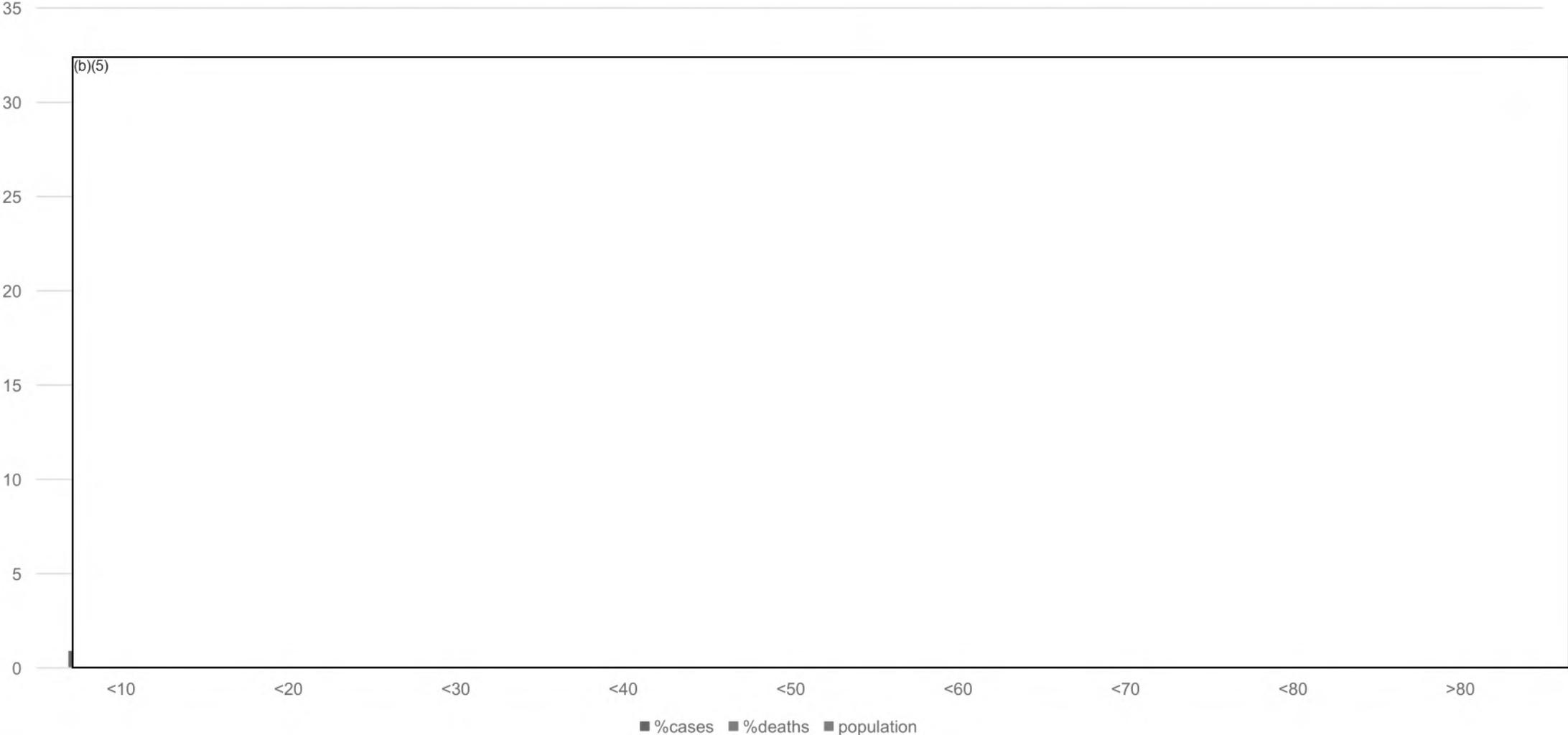
Case fatality rate South Korea vs China



UNCLASSIFIED

COVID-19 cases, mortality and population demographics

South Korea



Estimated Influenza Disease Burden, by Season United States, 2010-11 through 2017-18 Influenza Seasons

Season	Symptomatic Illnesses		Medical Visits		Hospitalizations		Deaths	
	Estimate	95% Cr I	Estimate	95% Cr I	Estimate	95% Cr I	Estimate	95% Cr I
2010-2011	(b)(5)							
2011-2012								
2012-2013								
2013-2014								
2014-2015								
2015-2016								
2016-2017								
Preliminary estimates *	Estimate	95% UI	Estimate	95% UI	Estimate	95% UI	Estimate	95% UI
2017-2018 *	(b)(5)							

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES
[45 CFR 164.512(b)]

Background

(b)(5)

How the Rule Works

(b)(5)

From: RLW
Sent: Sun, 8 Mar 2020 01:57:07 +0000
To: (b)(6)
Cc: Powers, Pamela
Subject: RE: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

That is fine

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) <(b)(6)@va.gov>
Date: Saturday, Mar 07, 2020, 8:56 PM
To: RLW <(b)(6)@va.gov>
Cc: Powers, Pamela <(b)(6)@va.gov>
Subject: Re: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

Tracking. How about a 3:20pm pick up?

Get [Outlook for iOS](#)

From: RLW <(b)(6)@va.gov>
Sent: Saturday, March 7, 2020 8:35:04 PM
To: (b)(6)@va.gov
Cc: Powers, Pamela <(b)(6)@va.gov>
Subject: FW: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/OVP <(b)(6)@vp.eop.gov>
Date: Saturday, Mar 07, 2020, 8:30 PM
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

All -

There will be a **White House Coronavirus Task Force Meeting** on **Sunday, March 8th at 4:00 pm** in the **White House** (b)(6) **Room**. Agenda will be forthcoming.

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)

From: RLW
Sent: Sun, 8 Mar 2020 23:24:52 +0000
To: (b)(6)
Cc: (b)(6) Powers, Pamela
Subject: RE: Fwd: White House Coronavirus Task Force Meeting on 3.9.20 at 4:00pm

The task force meeting will be announced for 4 that afternoon.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Sunday, Mar 08, 2020, 7:23 PM
To: RLW (b)(6) @va.gov>
Cc: (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: Re: Fwd: White House Coronavirus Task Force Meeting on 3.9.20 at 4:00pm

I don't see a conflict?

Get [Outlook for iOS](#)

From: RLW (b)(6) @va.gov>
Sent: Sunday, March 8, 2020 7:21:36 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: Fwd: White House Coronavirus Task Force Meeting on 3.9.20 at 4:00pm

Thank you—wish I could attend.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Sunday, Mar 08, 2020, 7:20 PM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: Fwd: White House Coronavirus Task Force Meeting on 3.9.20 at 4:00pm

We will let them know you will attend and convey regrets to the Jack Keane ceremony.

From: (b)(6) EOP/OVP (b)(6) ovp.eop.gov>
Sent: Sunday, March 8, 2020 7:05:20 PM
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.9.20 at 4:00pm

All –

There will be a **White House Coronavirus Task Force Meeting** on **Monday, March 9th** at **4:00 pm EST**. All materials will be forthcoming.

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)

From: RLW
Sent: Sat, 14 Mar 2020 20:35:50 +0000
To: (b)(6) Powers, Pamela
Subject: RE: [EXTERNAL] Update: White House Coronavirus Task Force

Yes—thank you

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) <(b)(6)@va.gov>
Date: Saturday, Mar 14, 2020, 4:30 PM
To: RLW <(b)(6)@va.gov>, Powers, Pamela <(b)(6)@va.gov>
Subject: RE: [EXTERNAL] Update: White House Coronavirus Task Force

thank you – I'll let security know **next pick up is Monday at 7am**

From: RLW <(b)(6)@va.gov>
Sent: Saturday, March 14, 2020 4:06 PM
To: (b)(6) <(b)(6)@va.gov>; Powers, Pamela <(b)(6)@va.gov>
Subject: FW: [EXTERNAL] Update: White House Coronavirus Task Force
Importance: High

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Date: Saturday, Mar 14, 2020, 4:04 PM
Subject: [EXTERNAL] Update: White House Coronavirus Task Force

Good afternoon,

There will **not** be a **White House Coronavirus Task Force Meeting** tomorrow, **Sunday, March 15, 2020**.

Those who will be joining the Vice President at tomorrow evening's press conference will be emailed separately with more details later this evening.

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)

From: RLW
Sent: Tue, 10 Mar 2020 23:04:07 +0000
To: (b)(6)
Cc: Powers, Pamela
Subject: RE: Fwd: White House Coronavirus Task Force Meeting at 4:00pm

Good

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) <(b)(6)@va.gov>
Date: Tuesday, Mar 10, 2020, 7:03 PM
To: RLW (b)(6) <(b)(6)@va.gov>
Cc: Powers, Pamela (b)(6) <(b)(6)@va.gov>
Subject: Fwd: White House Coronavirus Task Force Meeting at 4:00pm

FYI for tomorrow. Pick up time 3:20pm. Thank you.

Get Outlook for iOS

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Tuesday, March 10, 2020 6:42 PM
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting at 4:00pm

All -

There will be a **White House Coronavirus Task Force Meeting at 4:00pm** on Wednesday, March 11. All materials will be forthcoming.

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)

From: RLW
Sent: Sun, 15 Mar 2020 22:59:16 +0000
To: Powers, Pamela
Subject: FW: Fwd: Updated schedule for you

They went overboard on the schedule—don't have time to do anything else but talk to politicians and I want to listen to the action team and VISNs when I can. With everything else OEI is an afterthought.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6)@va.gov>
Date: Sunday, Mar 15, 2020, 6:52 PM
To: RLW (b)(6)@va.gov>
Cc: Powers, Pamela (b)(6)@va.gov> (b)(6)@va.gov>
Subject: Fwd: Updated schedule for you

Sir - FYI for tomorrow. Let me know if you want any changes. Thank you.

Get [Outlook for iOS](#)

From: (b)(6)@va.gov>
Sent: Sunday, March 15, 2020 6:43 PM
To: (b)(6)
Subject: Updated schedule for you

Monday, March 16, 2020

-
- ▲ **Time** 7:45 AM – 8:15 AM
Subject Daily Sync Meeting
Location SecVA Suite

 - ▲ **Time** 8:30 AM – 9:00 AM
Subject En Route to WH

 - ▲ **Time** 9:00 AM – 10:00 AM
Subject [EXTERNAL] White House Coronavirus Task Force Meeting on 3.16.20 at 9:00am
Location (b)(6) Room

 - ▲ **Time** 10:00 AM – 10:30 AM

Subject En Route to VACO

▲ **Time** 12:00 PM – 12:30 PM
Subject Phone Call w/Rep Wasserman-Schultz
Location SecVA Suite

▲ **Time** 12:30 PM – 1:00 PM
Subject LUNCH
Location SECVA Suite

▲ **Time** 1:00 PM – 1:30 PM
Subject Phone call w/Chairman Takano
Location SecVA Suite
Categories Phone Calls

▲ **Time** At 1:30 PM
Subject Phone Call with Senator Schatz - we call cell number 808-753-(b)(6)
Location SecVA Suite

▲ **Time** 2:00 PM – 2:30 PM
Subject HOLD - Call w/Senator Boozman - he will call us
Location SecVA Suite

▲ **Time** 2:30 PM – 3:00 PM
Subject Phone call with Ranking Member Roe
Location SecVA Suite

▲ **Time** 3:00 PM – 3:30 PM
Subject Phone call with Rep Banks
Location SecVA Suite

▲ **Time** 3:30 PM – 4:00 PM
Subject Phone Call with Rep Lee
Location SecVA Suite

▲ **Time** 4:00 PM – 4:30 PM
Subject Phone Call w/Senator Moran
Location SecVA Suite

▲ **Time** 4:30 PM – 5:00 PM

Subject (b)(6) e: Upcoming Speeches
Location SECVA Suite

From: RLW
Sent: Sun, 15 Mar 2020 22:21:56 +0000
To: (b)(6) Powers, Pamela
Subject: RE: Fwd: White House Coronavirus Task Force Meeting tomorrow at *9:00am*

Don't need a prep. Probably have to cancel the first phone calls.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6)@va.gov>
Date: Sunday, Mar 15, 2020, 6:19 PM
To: RLW (b)(6)@va.gov>, Powers, Pamela (b)(6)@va.gov>
Subject: Fwd: White House Coronavirus Task Force Meeting tomorrow at *9:00am*

Sir - now that the task force meeting is at 9am - do you want any changes to your morning appointments? Do you need a prep? If so - we should probably cancel sync and do a prep. Get [Outlook for iOS](#)

From: (b)(6)@EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Sunday, March 15, 2020 5:53:02 PM
Cc: (b)(6)@EOP/WHO (b)(6)@who.eop.gov>, (b)(6)@EOP/WHO (b)(6)@who.eop.gov>
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting tomorrow at *9:00am*

All -

Tomorrow's **White House Coronavirus Task Force Meeting** will now be held at **9:00am** in the (b)(6) room.

If your principal **cannot** come, please let us know.

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)

From: RLW
Sent: Sat, 14 Mar 2020 20:05:42 +0000
To: (b)(6) Powers, Pamela
Subject: FW: [EXTERNAL] Update: White House Coronavirus Task Force
Importance: High

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/OVP (b)(6) <(b)(6)@vvp.eop.gov>
Date: Saturday, Mar 14, 2020, 4:04 PM
Subject: [EXTERNAL] Update: White House Coronavirus Task Force

Good afternoon,

There will not be a **White House Coronavirus Task Force Meeting** tomorrow, **Sunday, March 15, 2020**.

Those who will be joining the Vice President at tomorrow evening's press conference will be emailed separately with more details later this evening.

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)

From: Kadlec, Robert (OS/ASPR/IO)
Sent: Sat, 21 Mar 2020 11:02:10 +0000
To: Birx, Deborah L. EOP/NSC; Short, Marc T. EOP/OVP; (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6); Cipollone, Pat A. EOP/WHO
Subject: [EXTERNAL] RE: White House Coronavirus Task Force Meeting

Thanks so much Ambassador hope you have a great day. Bob

From: Birx, Deborah L. EOP/NSC <(b)(6)@nsc.eop.gov>
Sent: Saturday, March 21, 2020 6:56 AM
To: Short, Marc T. EOP/OVP <(b)(6)@ovp.eop.gov>; (b)(6) <(b)(6)@nsc.eop.gov>

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Subject: Re: White House Coronavirus Task Force Meeting

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

From: (b)(6) EOP/OVP" (b)(6) @ovp.eop.gov> on behalf of "Short, Marc T. EOP/OVP" (b)(6) @ovp.eop.gov>

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

To: (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

CC: (b)(6)

(b)(6) @ovp.eop.gov>, "Cipollone, Pat A. EOP/WHO"

(b)(6) who.eop.gov>

Subject: White House Coronavirus Task Force Meeting

All -

There will be a **White House Coronavirus Task Force Meeting** on **Saturday, March 21, 2020** at **10:00am**. Seating chart and agenda attached.

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)

From: Birx, Deborah L. EOP/NSC
Sent: Sun, 22 Mar 2020 12:18:38 +0000
To: Short, Marc T. EOP/OVP; (b)(6); EOP/NSC; (b)(6); @hhs.gov; (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6); Cipollone, Pat A.
EOP/WHO (b)(6)
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: TaskForce22March.pptx

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

(b)(5)

(b)(5) Deb

COVID-19 case data – Task Force

22 March

Data as of March 21, 2020

Global data from 21 March and 22 March 0.00 GMT

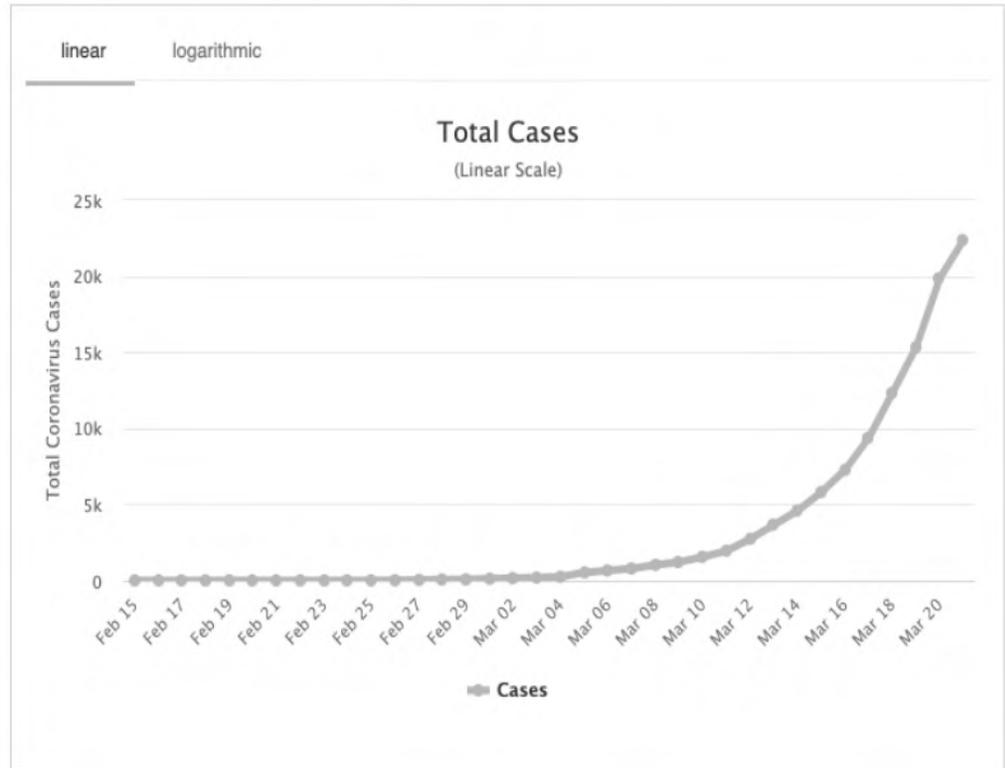
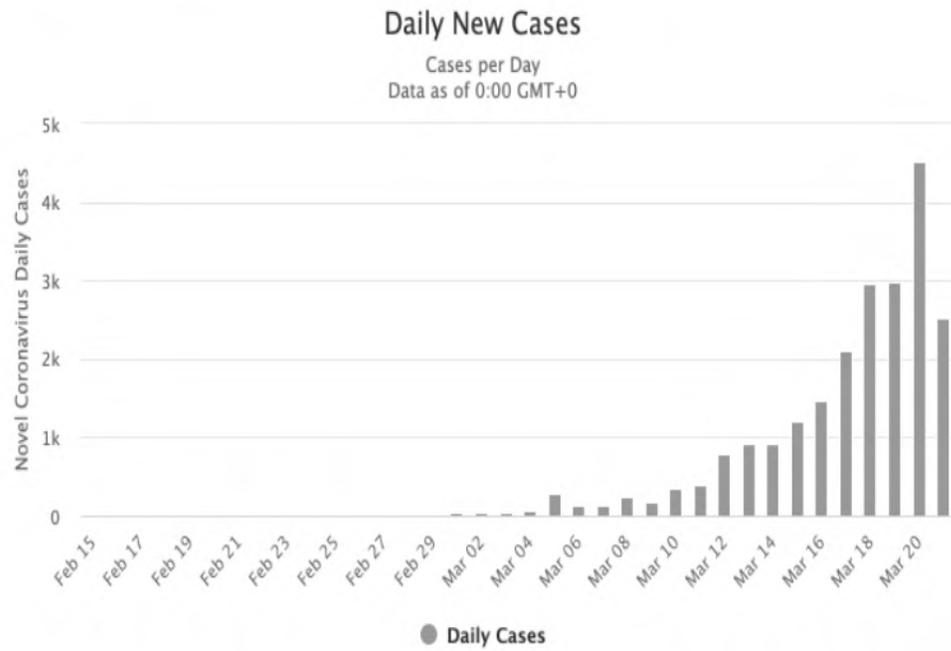
Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,008	+41	3,255	+7	71,740	6,013	1,927	56
Italy	53,578	+6,557	4,825	+793	6,072	42,681	2,857	886
Spain	25,496	+3,925	1,381	+288	2,125	21,990	1,612	545
USA	24,207	+4,824	302	+46	176	23,729	637	73
Germany	22,364	+2,516	84	+16	209	22,071	2	267
Iran	20,610	+966	1,556	+123	7,635	11,419		245
France	14,459	+1,847	562	+112	1,587	12,310	1,525	222
S. Korea	8,799	+147	102	+8	2,612	6,085	59	172
Switzerland	6,863	+1,248	80	+24	131	6,652	141	793
UK	5,018	+1,035	233	+56	93	4,692	20	74
Netherlands	3,631	+637	136	+30	2	3,493	354	212
Austria	2,992	+343	8	+2	9	2,975	15	332
Belgium	2,815	+558	67	+30	263	2,485	288	243
Norway	2,164	+205	7		6	2,151	28	399
Sweden	1,770	+131	20	+4	16	1,734	71	175

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
China	81,054	+46	3,261	+6	72,440	5,353	1,845	56
Italy	53,578		4,825		6,072	42,681	2,857	886
Spain	28,572	+3,076	1,725	+344	2,125	24,722	1,612	611
USA	26,900	+2,693	348	+46	178	26,374	708	81
Germany	23,129	+765	93	+9	209	22,827	2	276
Iran	21,638	+1,028	1,685	+129	7,635	12,318		258
France	14,459		562		1,587	12,310	1,525	222
S. Korea	8,897	+98	104	+2	2,909	5,884	59	174
Switzerland	7,225	+362	80		131	7,014	141	835
UK	5,018		233		93	4,692	20	74
Netherlands	3,631		136		2	3,493	354	212
Belgium	3,401	+586	75	+8	263	3,063	288	293
Austria	3,024	+32	8		9	3,007	15	336
Norway	2,226	+62	7		6	2,213	28	411
Sweden	1,770		20		16	1,734	71	175
			19		14	1,295	1	35

Germany



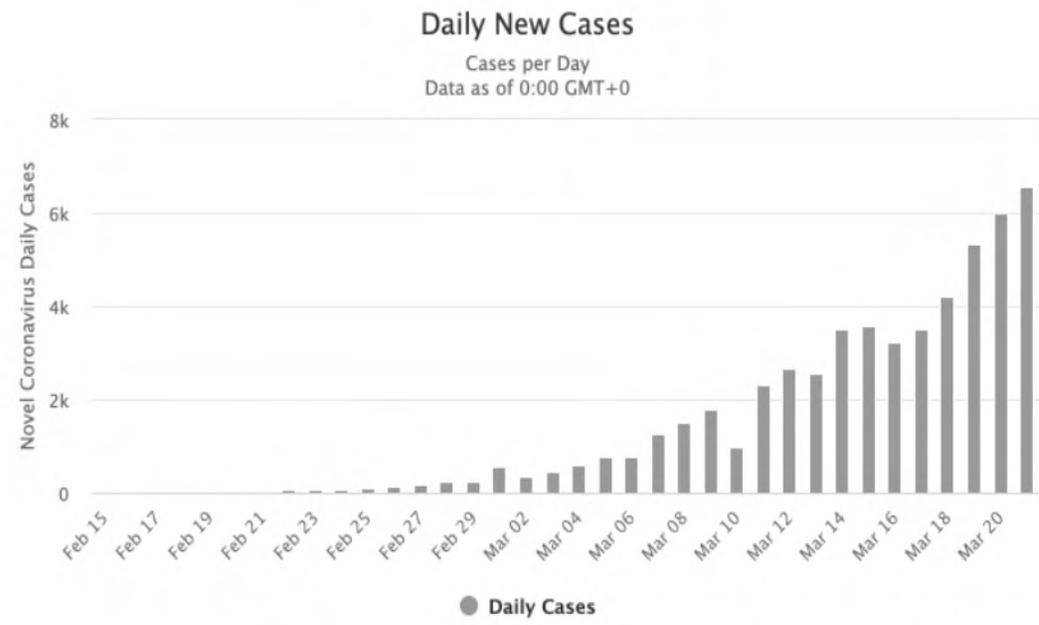
Daily New Cases in Germany



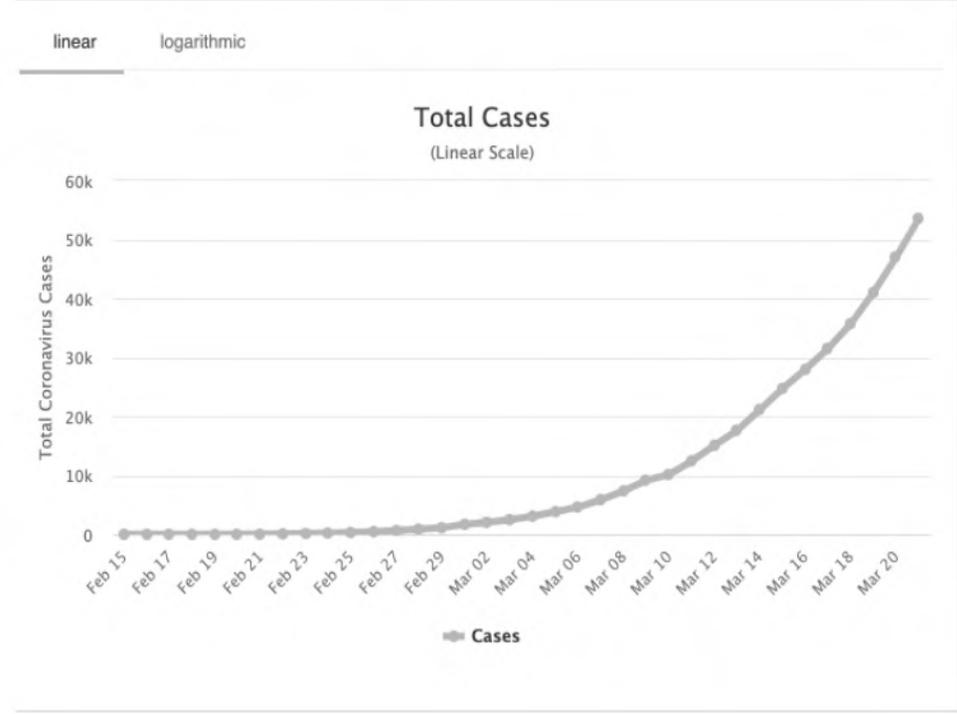
Italy



Daily New Cases in Italy

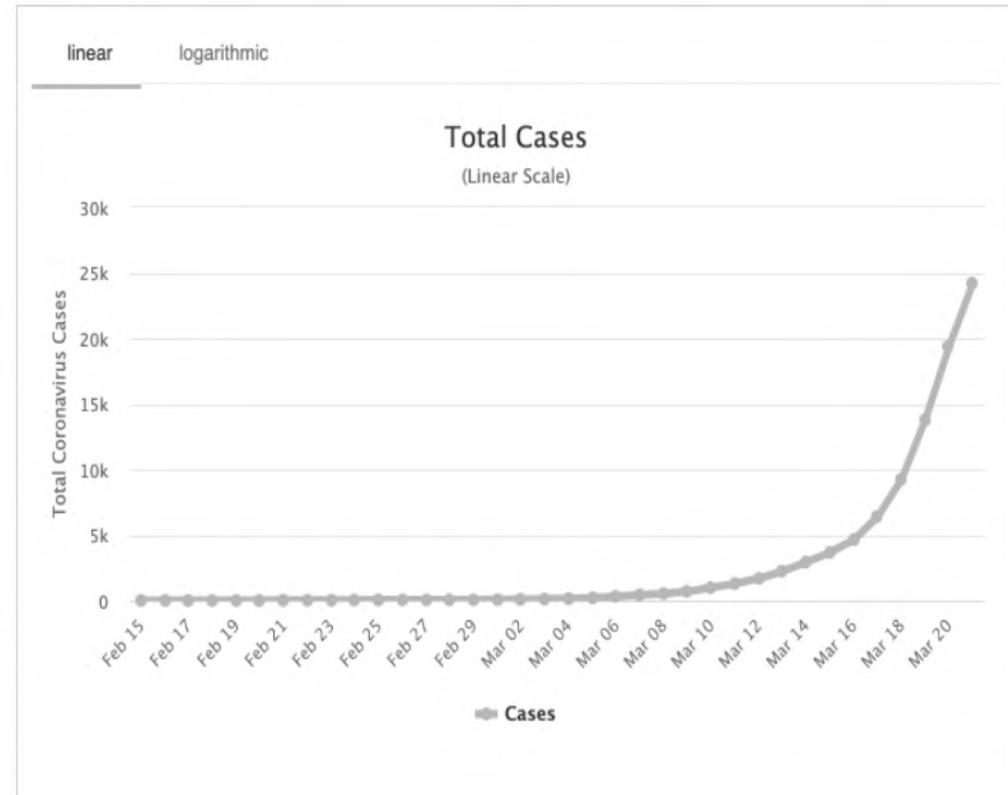


Total Coronavirus Cases in Italy



United States

Daily New Cases in the United States



United States 21 March and 22 March 0.00 GMT

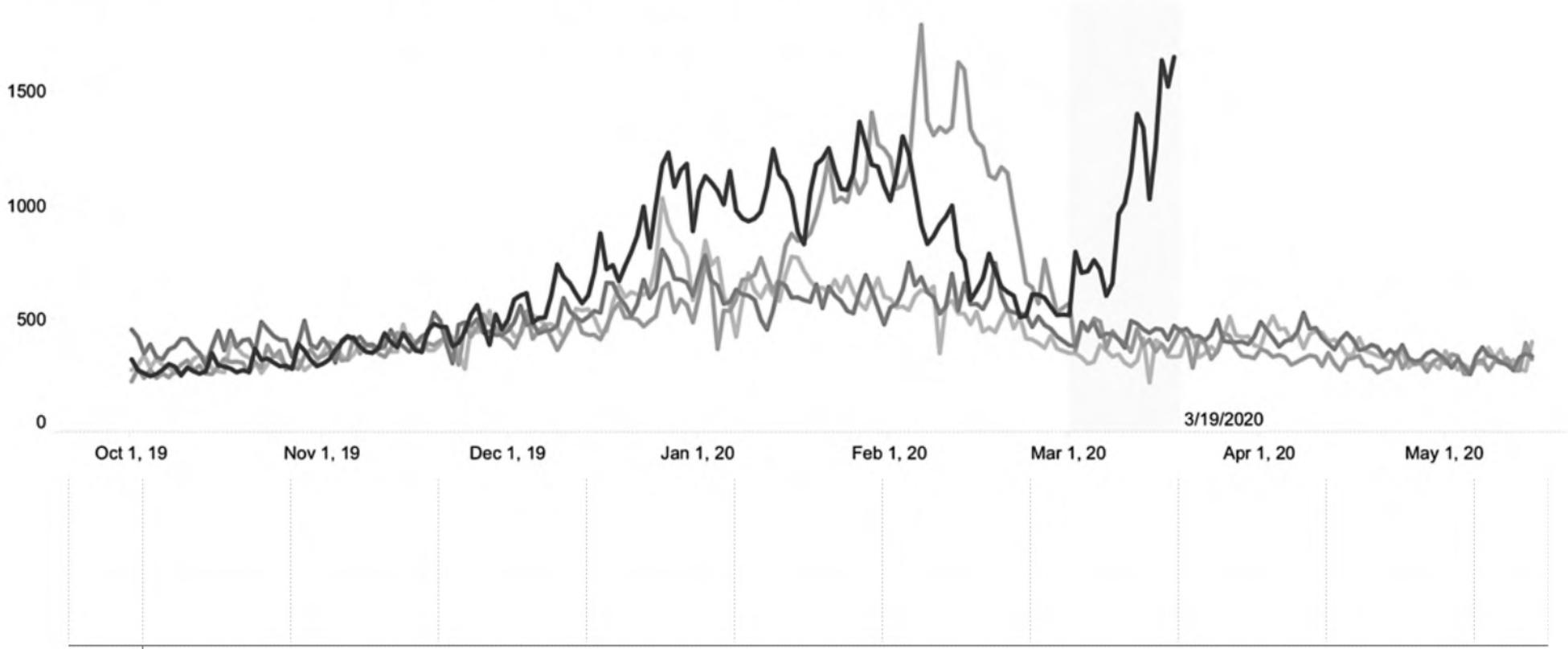
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases
New York	10,372	+1,974	56	+10		10,316
Washington	1,793	+269	94	+11	124	1,575
California	1,391	+184	24	+1	6	1,361
New Jersey	1,327	+437	16	+5		1,311
Michigan	787	+235	5	+2		782
Illinois	753	+168	6	+1	2	745
Florida	659	+96	12	+1		647
Louisiana	585	+48	16	+2		569
Georgia	555	+70	14			541
Massachusetts	525	+112	1		1	523
Colorado	476	+113	5	+1		471
Texas	473	+79	5		4	464
Pennsylvania	391	+88	2	+1		389
Tennessee	371	+138	1	+1		370

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases
New York	12,324	+1,952	76	+20		12,248
Washington	1,793		94		124	1,575
California	1,519	+128	28	+4	6	1,485
New Jersey	1,327		16			1,311
Michigan	808	+21	8	+3		800
Louisiana	763	+178	20	+4		743
Florida	763	+104	13	+1		750
Illinois	753		6		2	745
Texas	559	+86	5		11	543
Georgia	555		20	+6		535
Massachusetts	529	+4	2	+1	1	526
Colorado	476		6	+1		470
Pennsylvania	405	+14	2			403
Tennessee	371		1			370

Flu Surveillance – can see

(b)(5)

Daily Influenza-like Illness + Pneumonia Visits to NYC Emergency Departments: 2016-2020

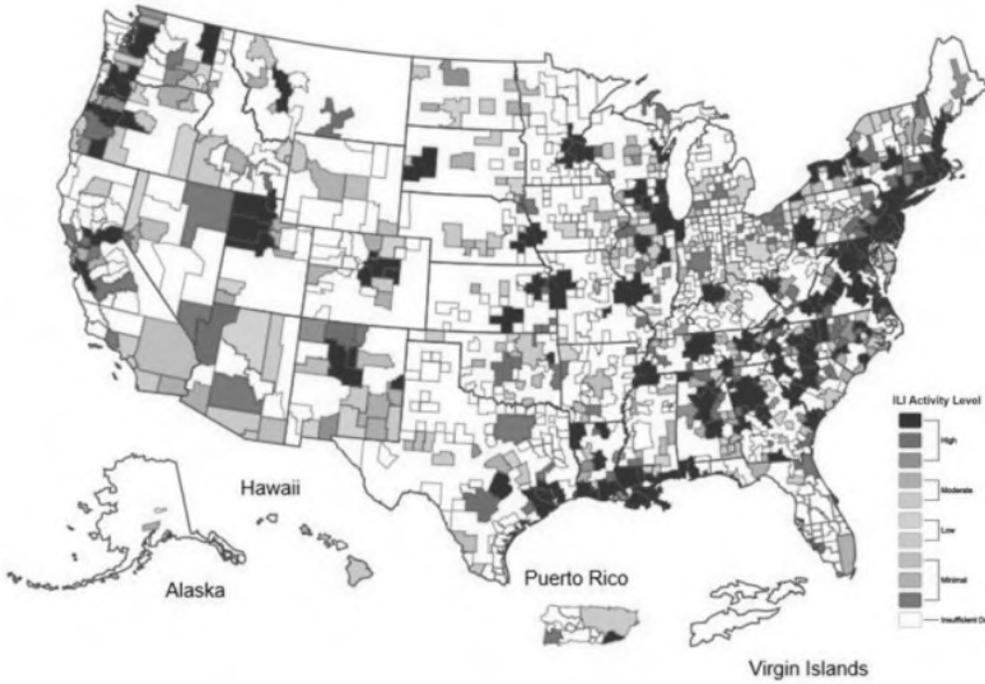


Flu activity and COVID19 activity. Potential to

(b)(5)

(b)(5)

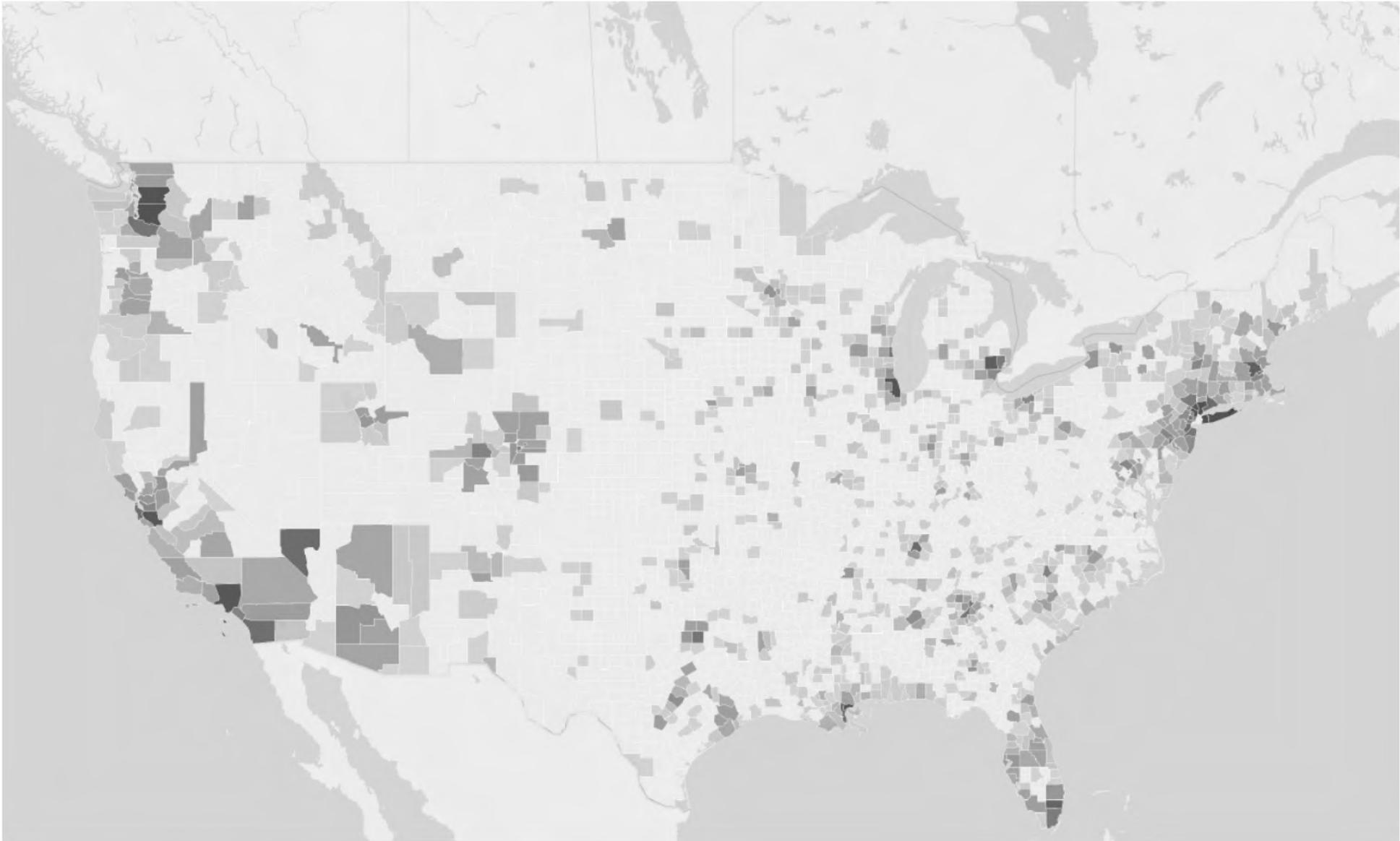
FLU Surveillance



COVID 19 Surveillance

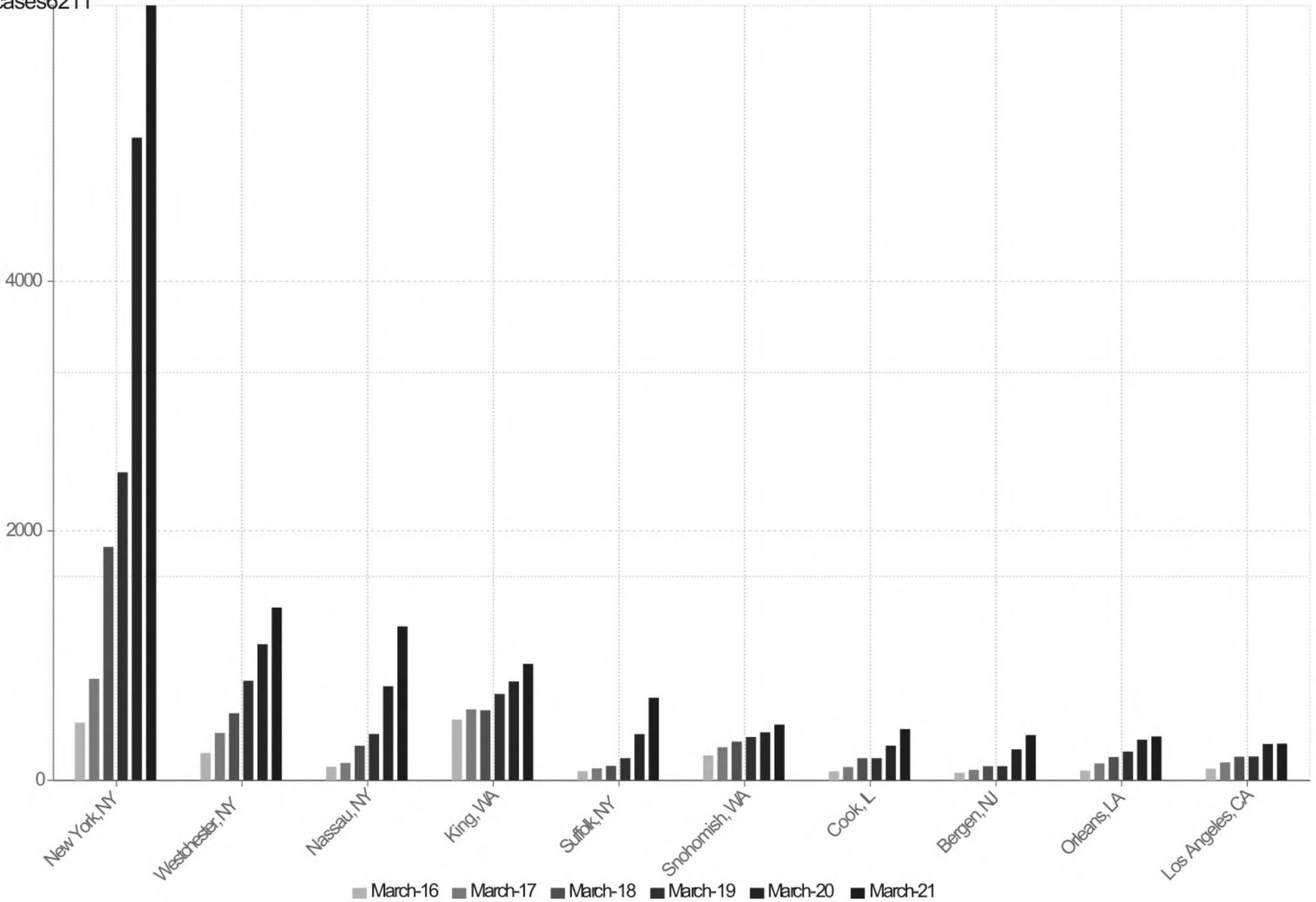


COVID-19 confirmed cases



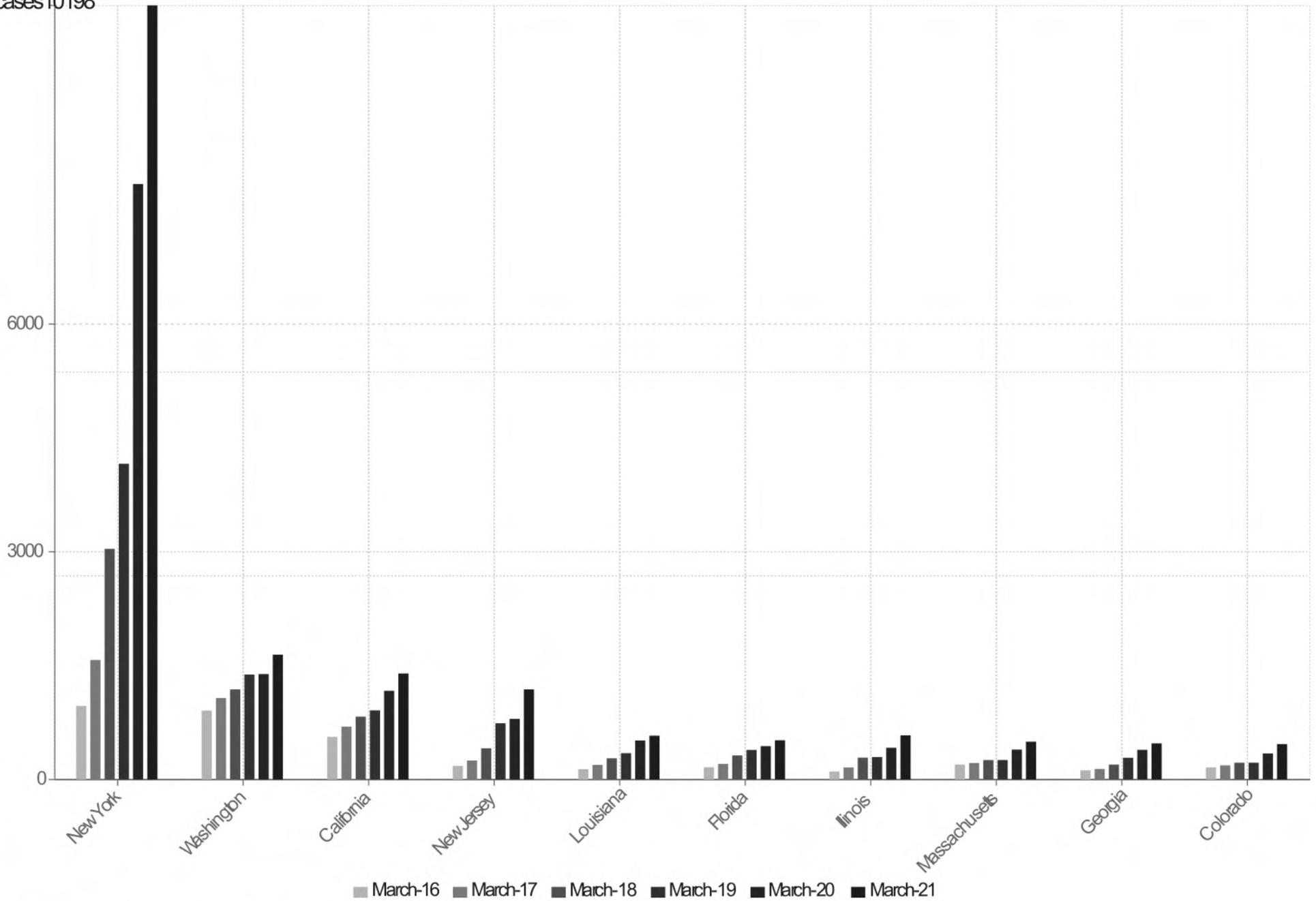
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Counties with the highest number of cases



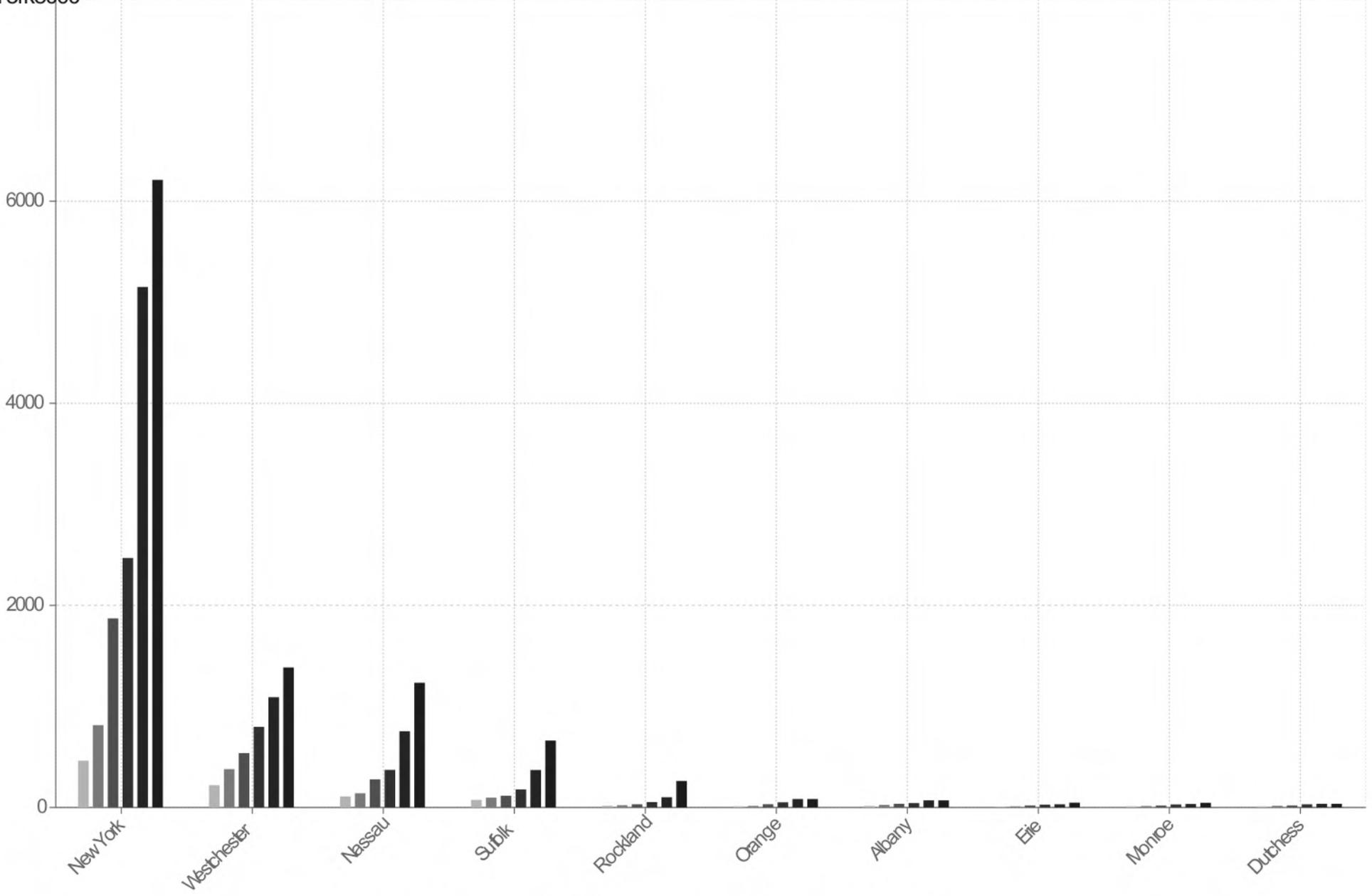
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

States with the highest number of cases 10198



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

New York
8000

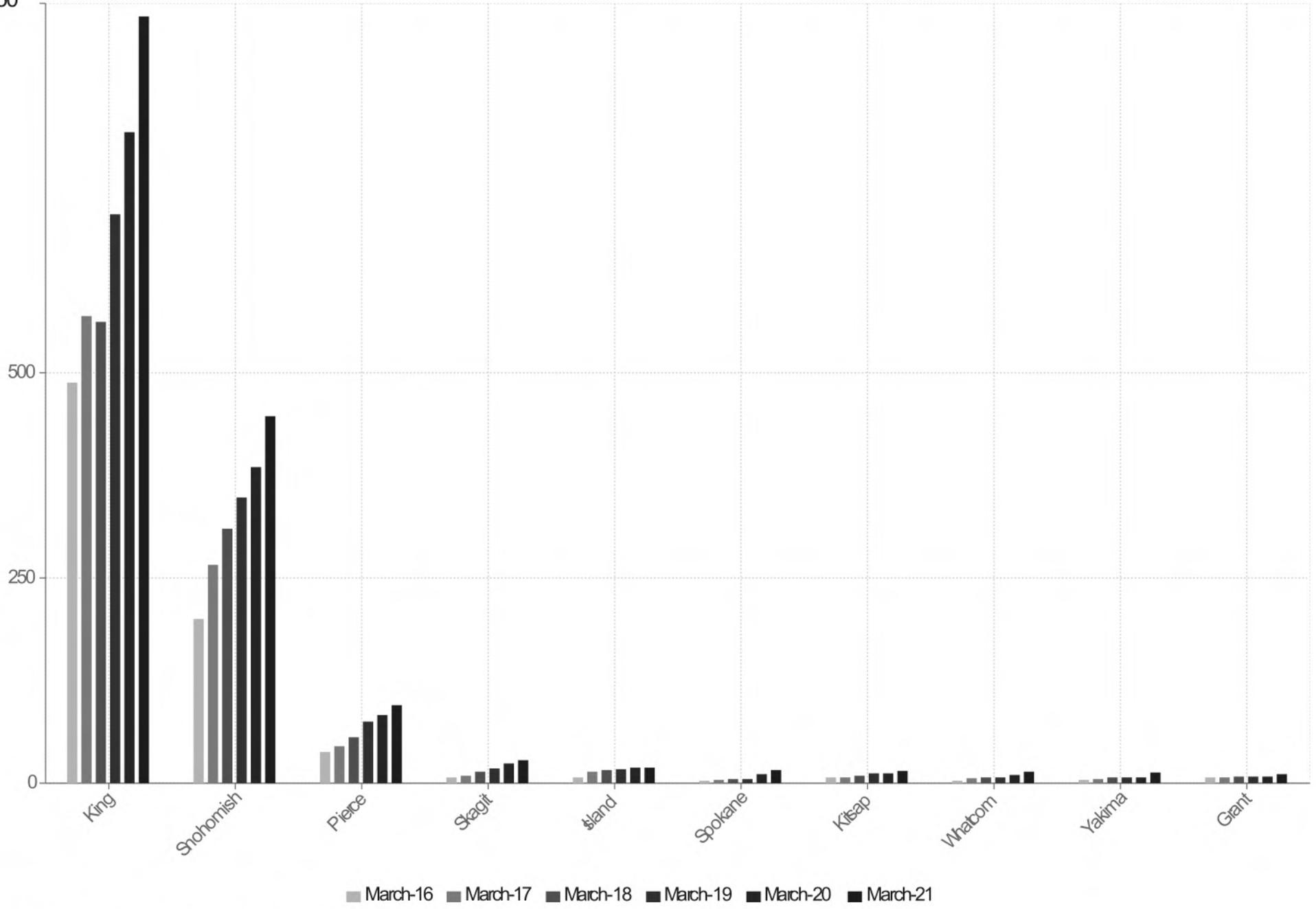


■ March-16 ■ March-17 ■ March-18 ■ March-19 ■ March-20 ■ March-21

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

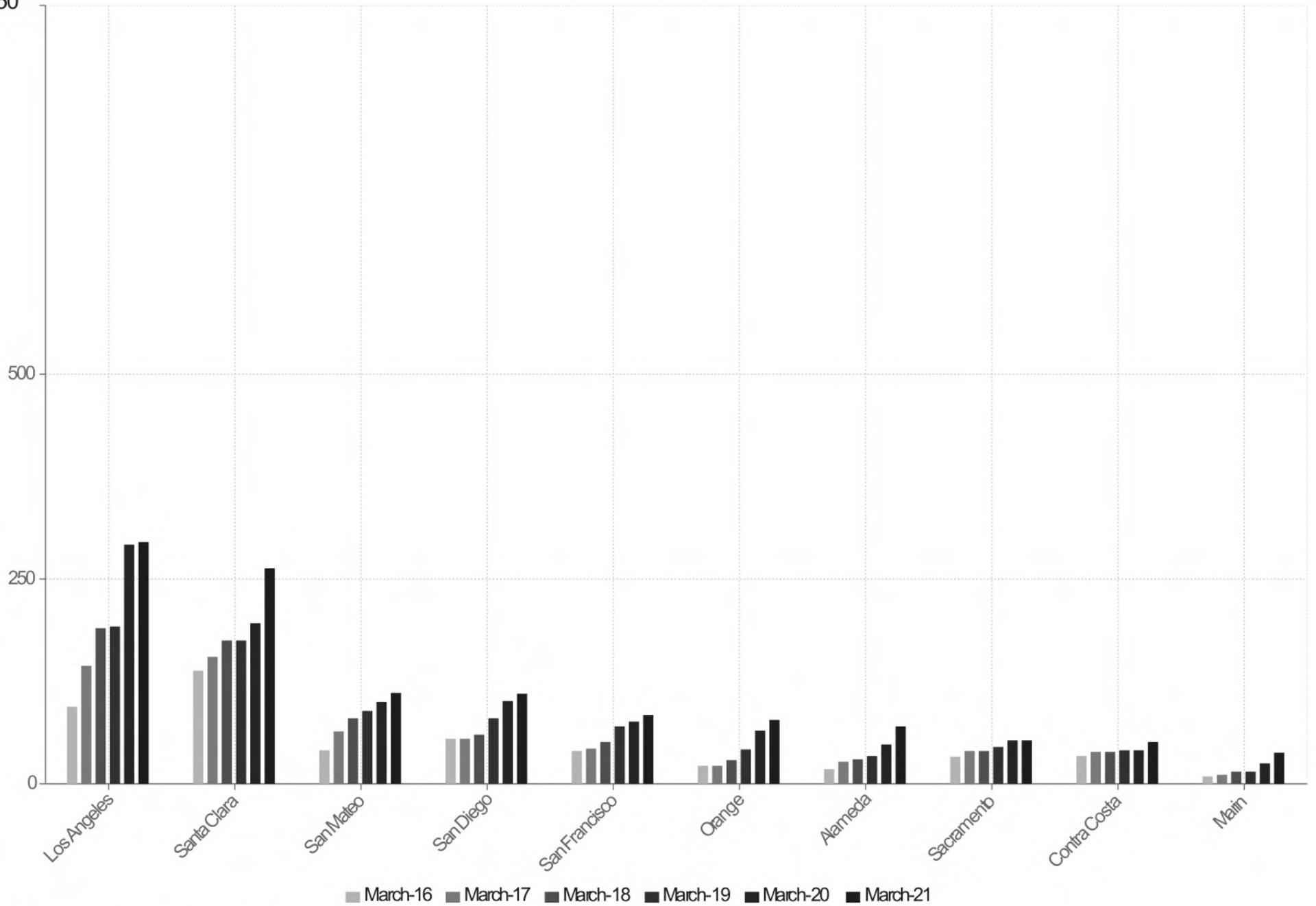
Washington

950

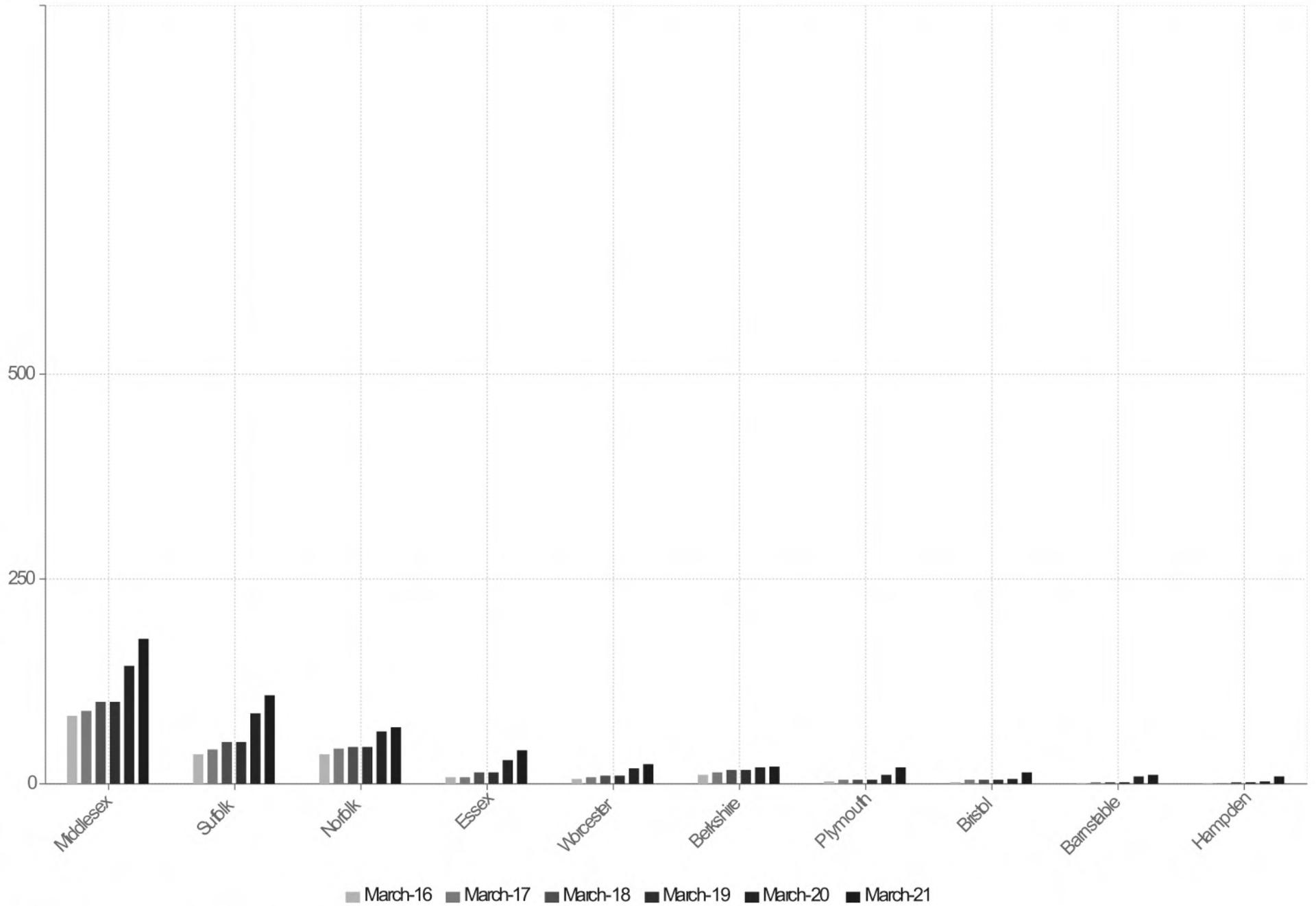


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

California
950

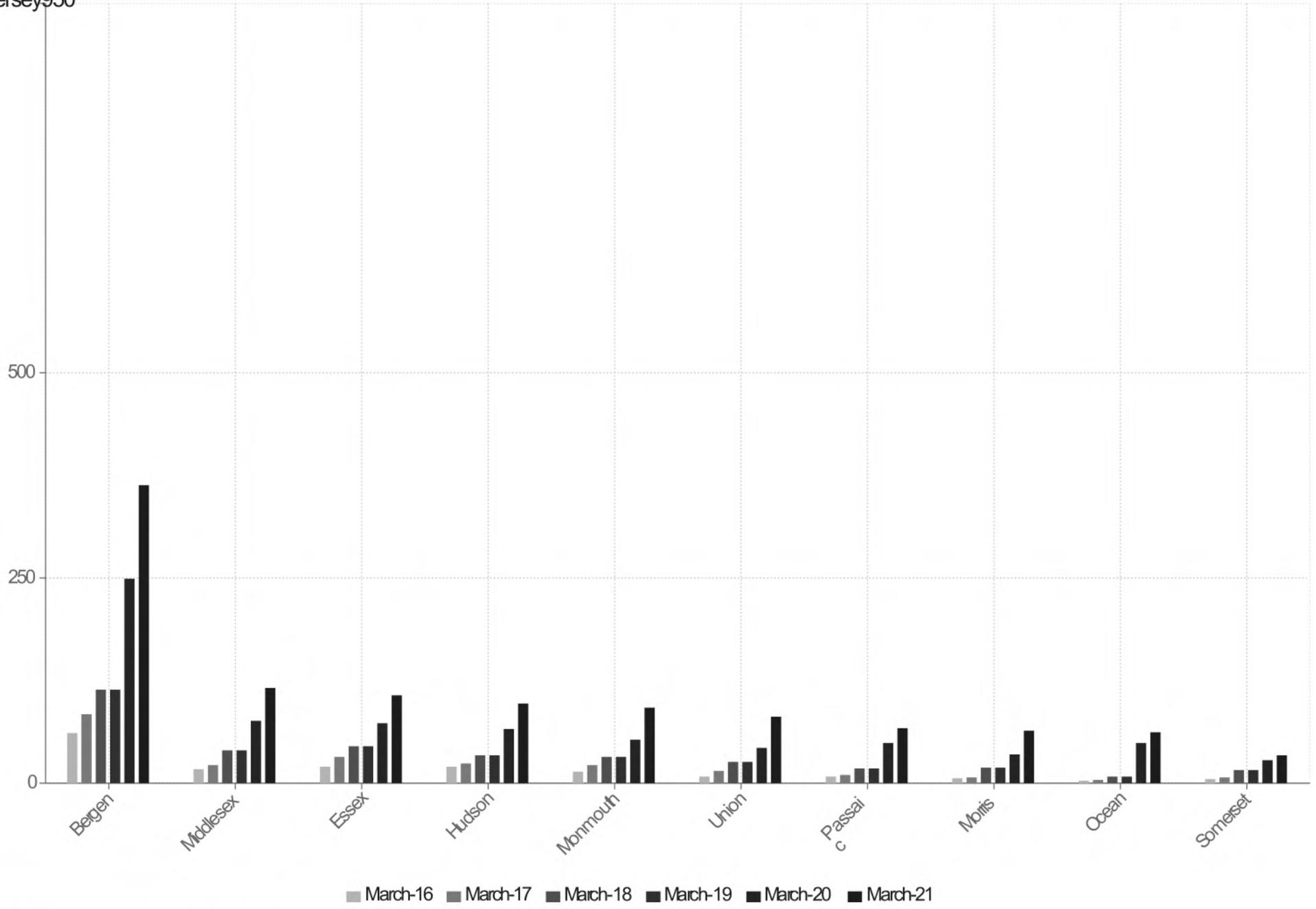


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed



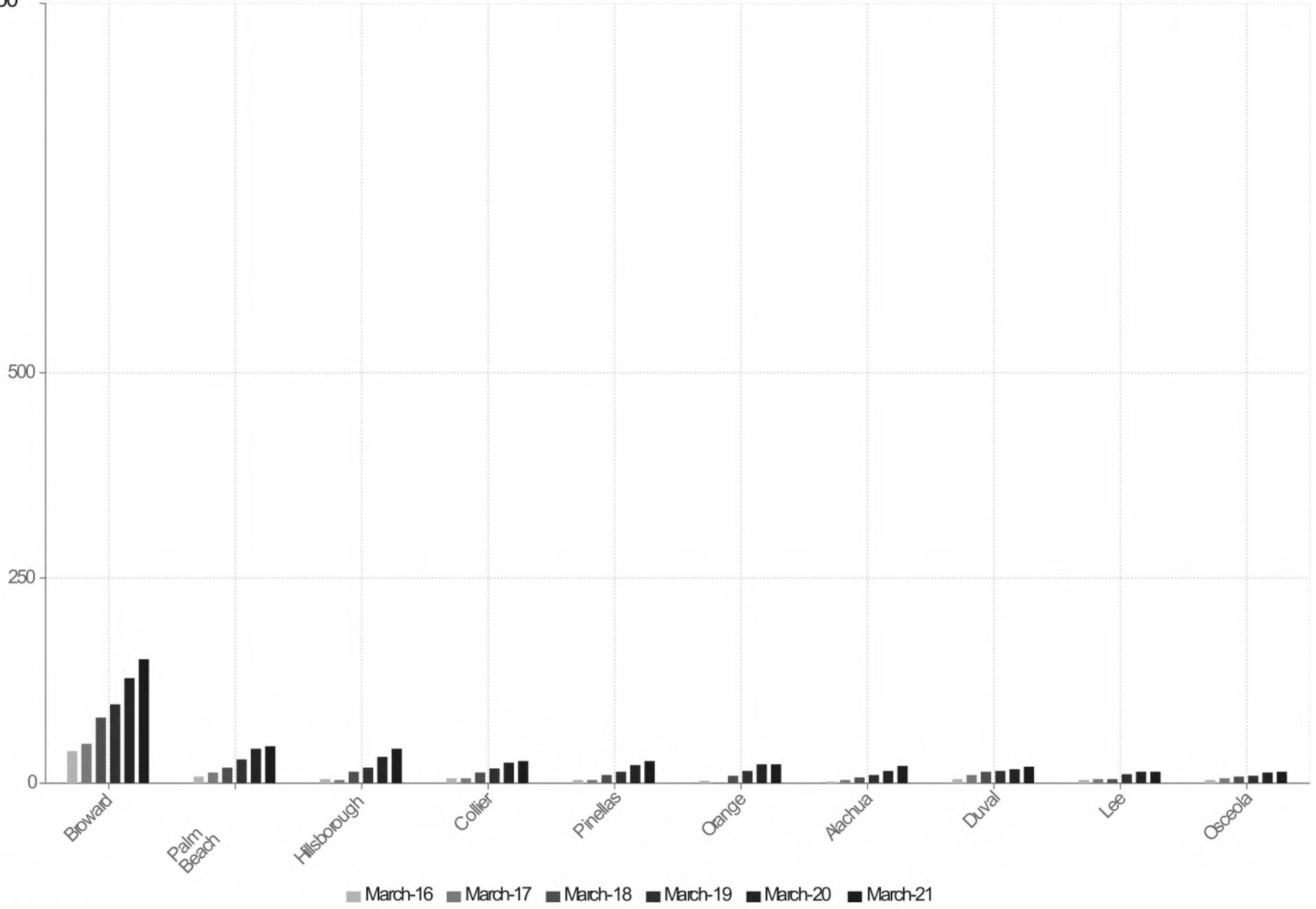
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

New Jersey 950



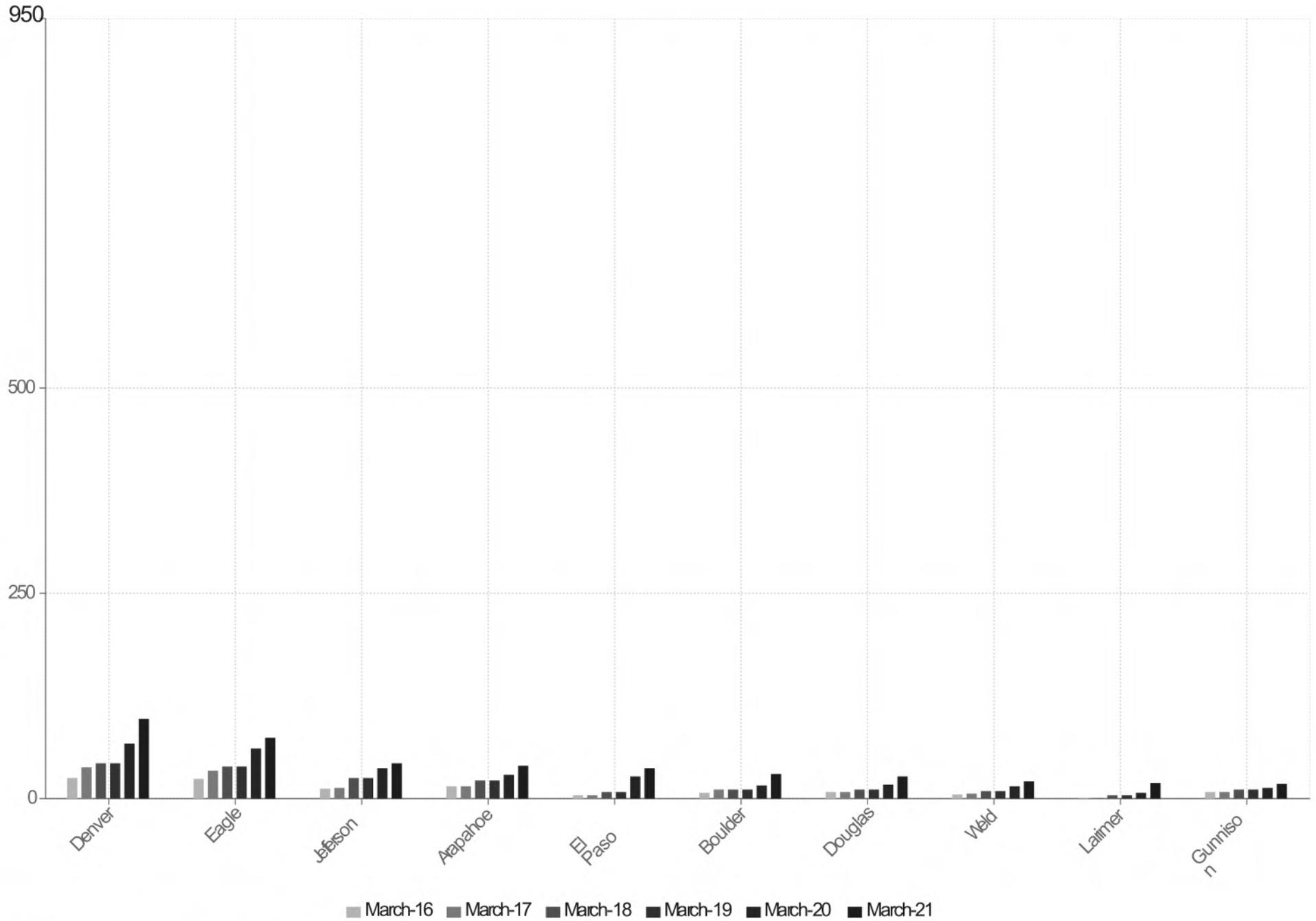
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Florida
950



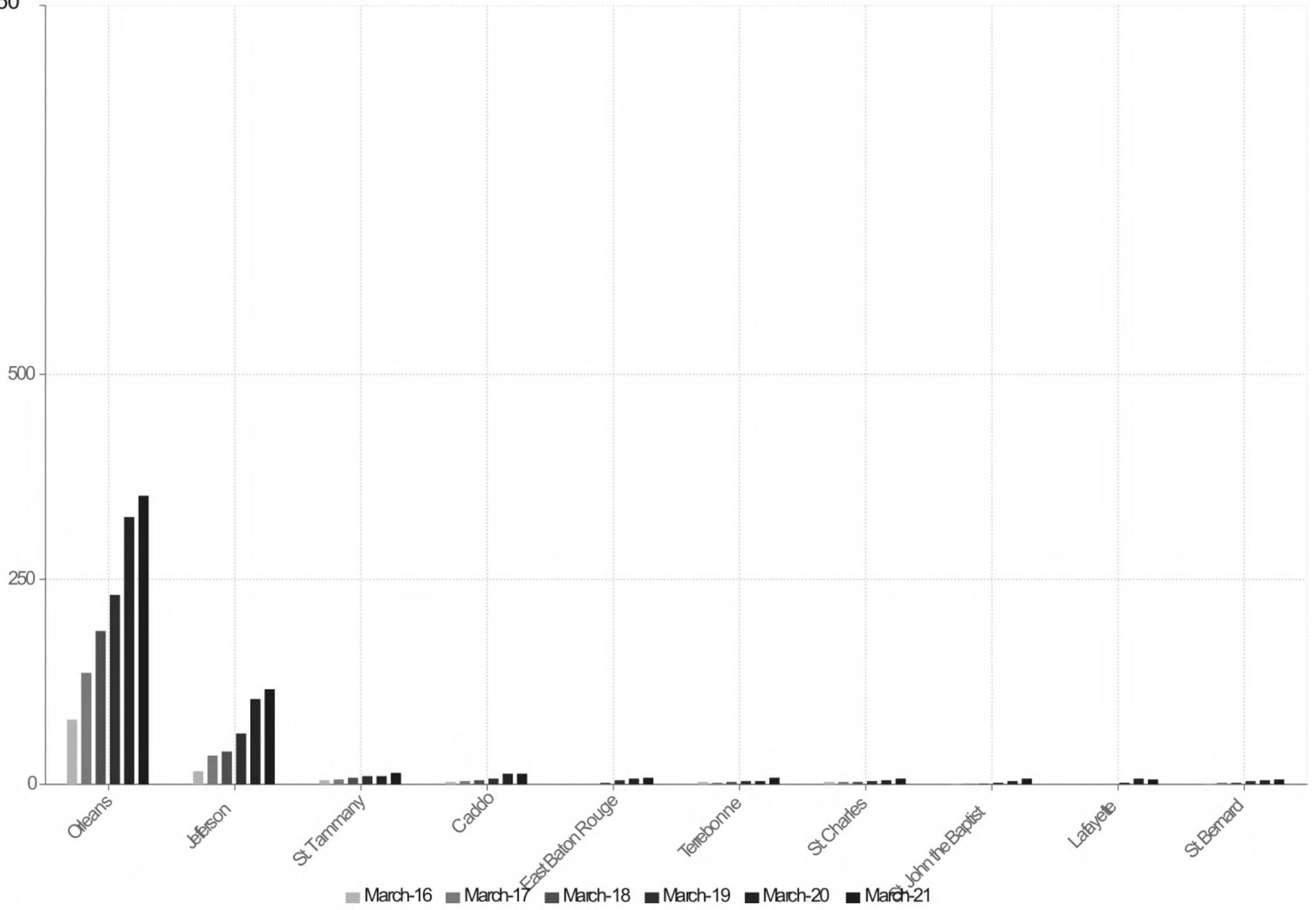
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Colorado



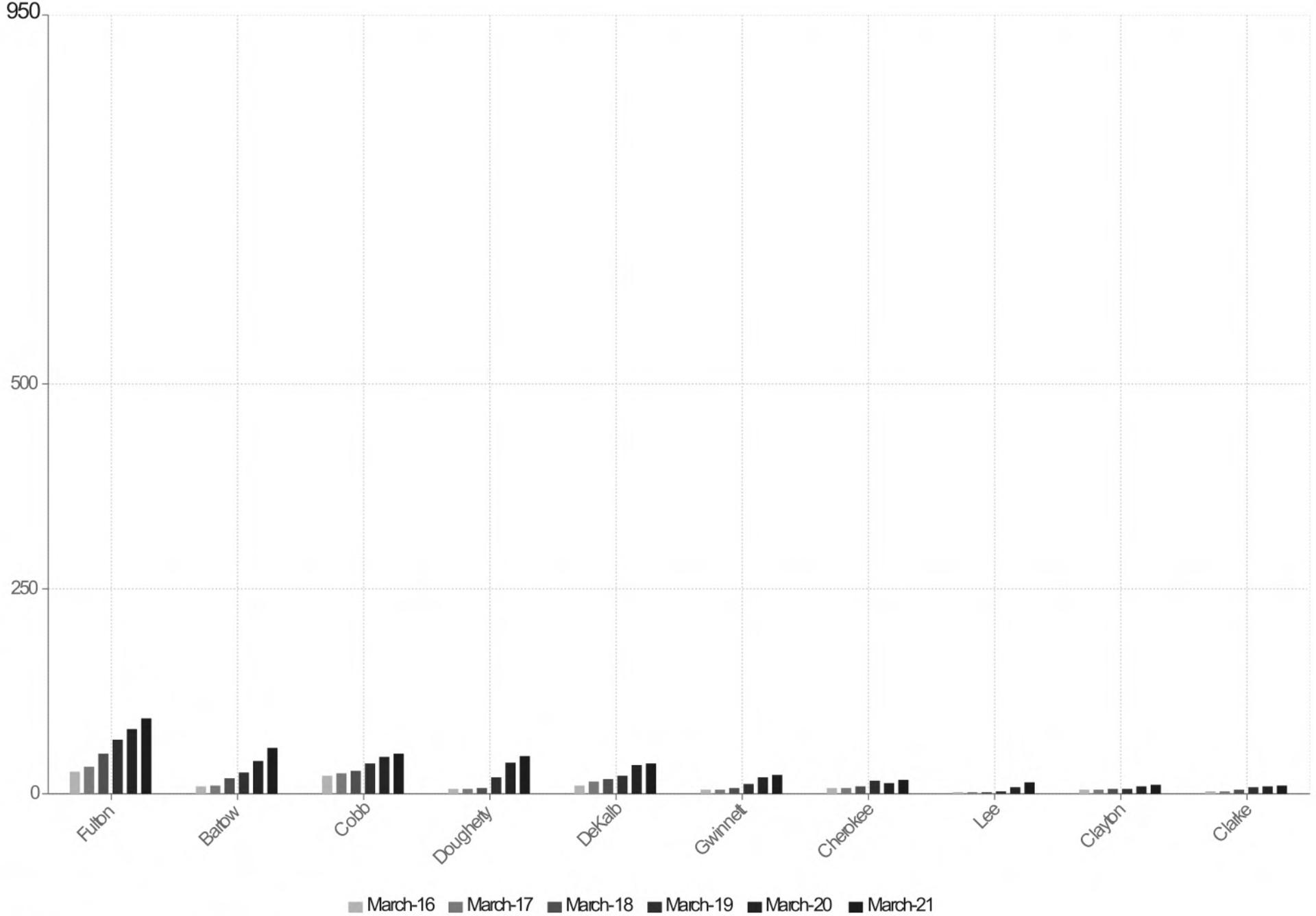
Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Louisiana
950

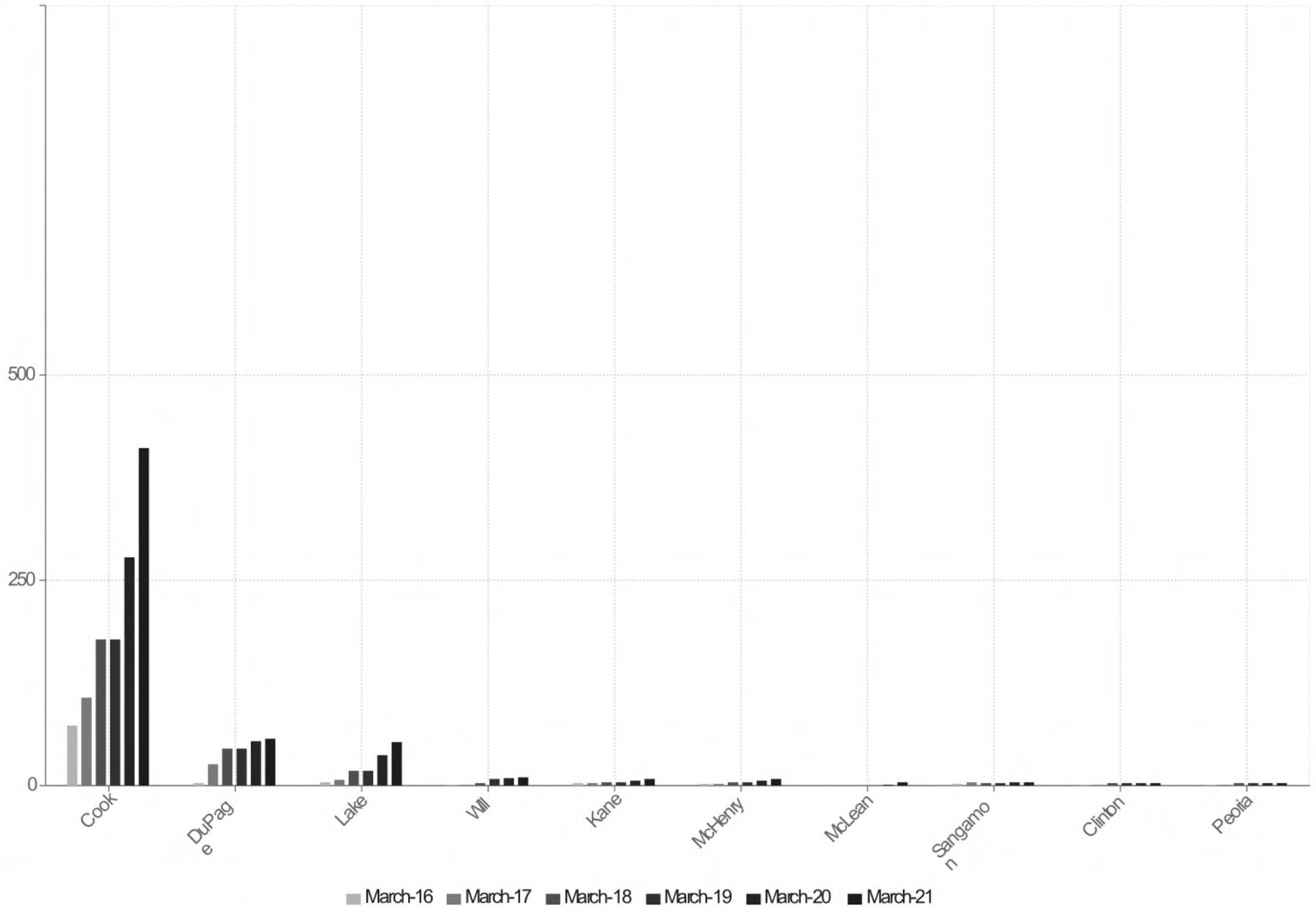


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

Georgia

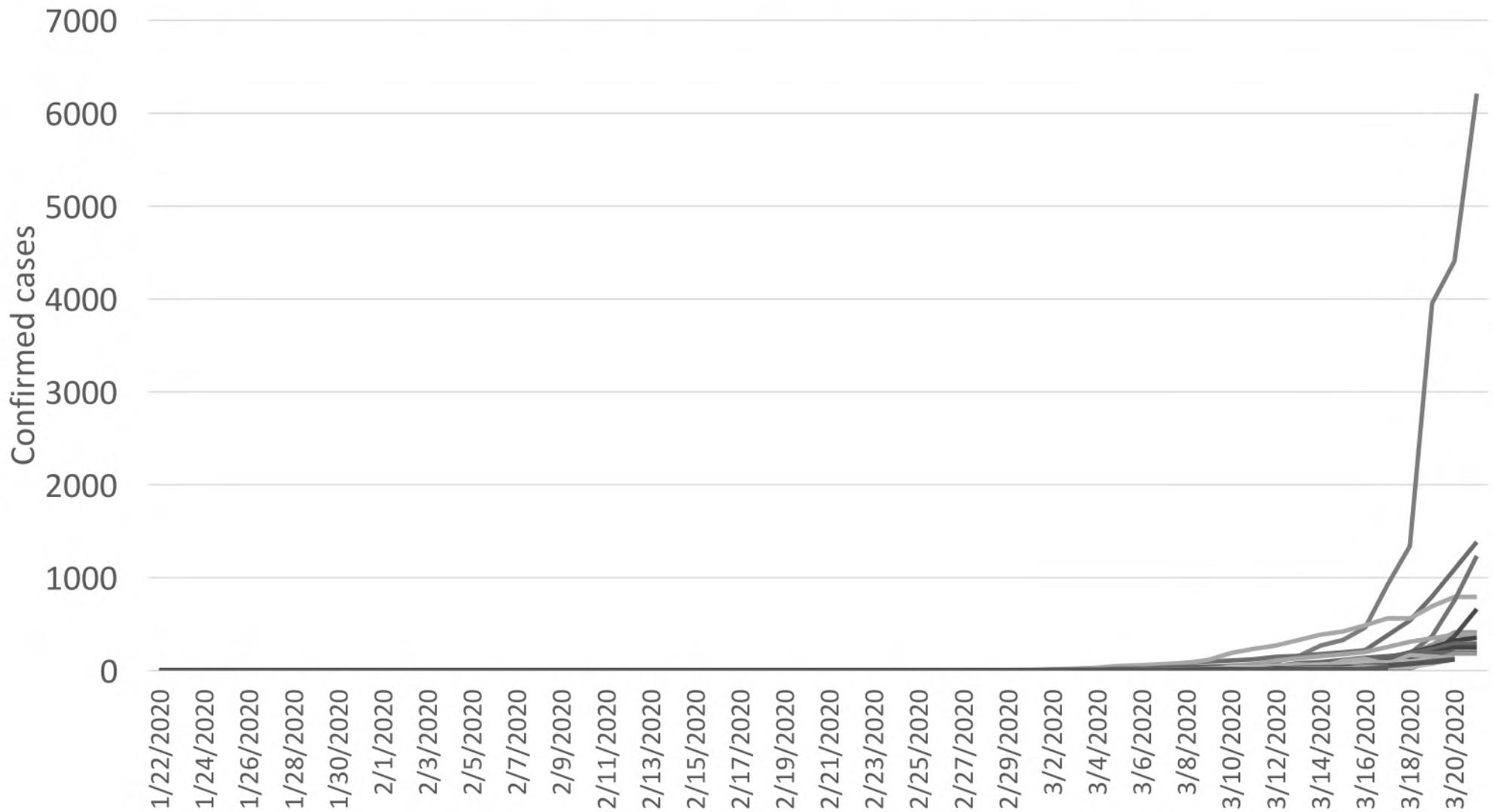


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

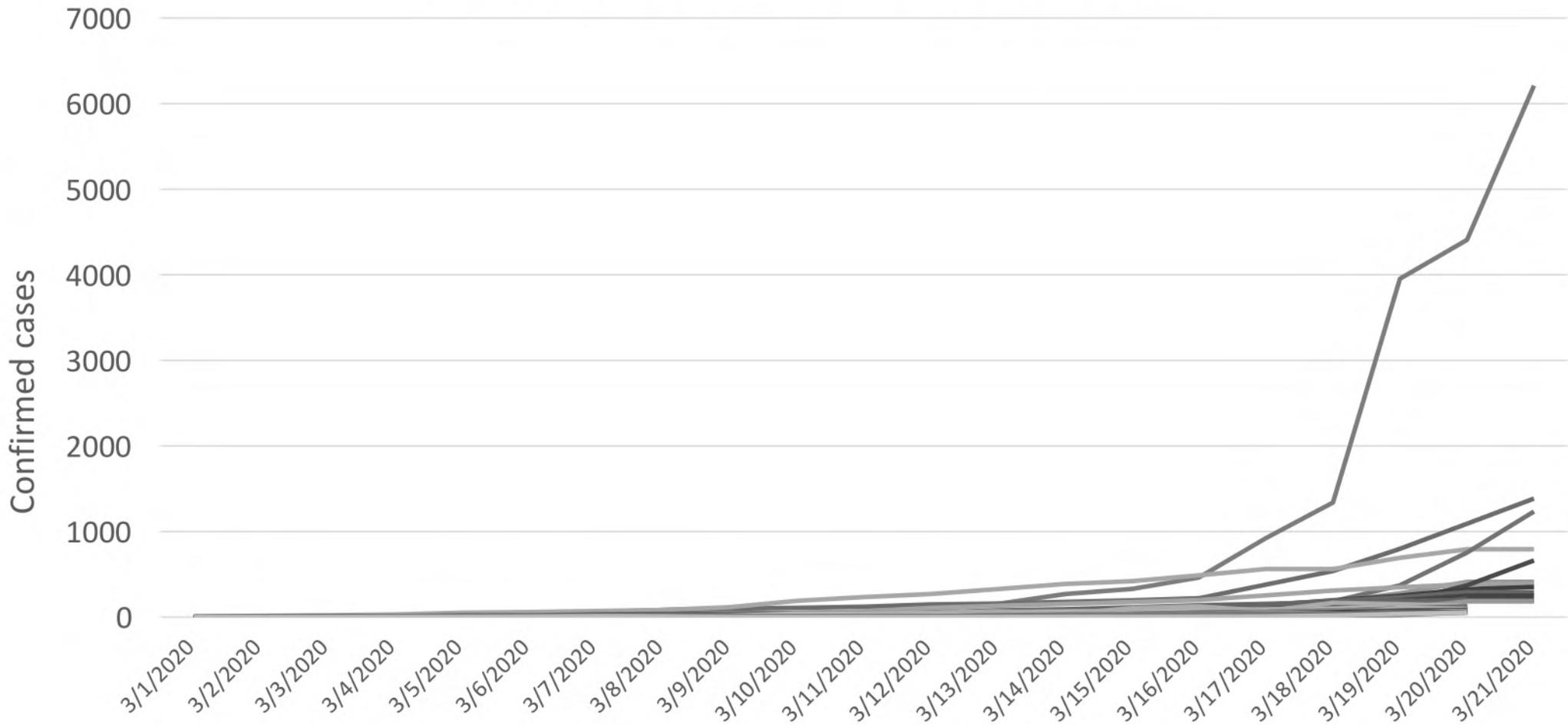


Source: Conference of State Bank Supervisors, as of March 21, 2020. Data sourced from state health department websites; reporting may be incomplete or delayed

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



Trends in Reported Cases Since 3/1/2020



From: (b)(6)
Sent: Tue, 17 Mar 2020 15:56:35 +0000
To: RLW; Powers, Pamela
Subject: RE: Fwd: Social Distancing: TF Meetings Update

I'll work on making sure we are set up to do secure calls.

From: RLW (b)(6)@va.gov>
Sent: Tuesday, March 17, 2020 11:55 AM
To: Powers, Pamela (b)(6)@va.gov>
Cc: (b)(6)@va.gov>
Subject: RE: Fwd: Social Distancing: TF Meetings Update

Sure

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela (b)(6)@va.gov>
Date: Tuesday, Mar 17, 2020, 11:54 AM
To: RLW (b)(6)@va.gov>
Cc: (b)(6)@va.gov>
Subject: Fwd: Social Distancing: TF Meetings Update

Sir, FYI. They may have you call in to many of the meetings to encourage social distancing.

Get [Outlook for iOS](#)

From: (b)(6) OP/OVP (b)(6)@ovp.eop.gov>
Sent: Tuesday, March 17, 2020 11:44:12 AM
To: Powers, Pamela (b)(6)@va.gov>
Subject: [EXTERNAL] Social Distancing: TF Meetings Update

Hi Pam,

In an effort to increase social distancing in The White House, I wanted to inquire whether Secretary Wilkie would be able to call in secure to Task Force meetings moving forward? For certain meetings when he needs to be present we will of course let him know, but wanted to know if you would be open/willing to accommodate.

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-

From: (b)(6)
Sent: Sun, 22 Mar 2020 00:18:10 +0000
To: RLW
Cc: Powers, Pamela
Subject: FW: [EXTERNAL] Confirmation: White House Coronavirus Task Force Call on March 22, 2020 at 3:00 PM Eastern Time

FYI – I will enter all this on to your calendar and ask security to print out and put on your desk. Thank you.

From: Audio Conference Notification <noreply@event-services.com>
Sent: Saturday, March 21, 2020 8:16 PM
To: (b)(6)@va.gov
Subject: [EXTERNAL] Confirmation: White House Coronavirus Task Force Call on March 22, 2020 at 3:00 PM Eastern Time

Dear Robert,

Here is your personalized dial-in information for the audio conference **White House Coronavirus Task Force Call**.

The conference begins at 3:00 PM Eastern Time on March 22, 2020; you may join 10 minutes prior.

Dial-in: 1-877-369-(b)(6) 1-617-668-(b)(6) [Find an Alternate Number](#)
Access Code: (b)(6)
Attendee ID: (b)(6)

(These instructions are unique to you, do not share)

[Add to your calendar](#)

Need assistance with your audio? Please dial 888-796-6118.



From: (b)(6)
Sent: Tue, 3 Mar 2020 13:26:14 +0000
To: (b)(6)@ovp.eop.gov
Cc: Powers, Pamela; (b)(6)
Subject: FW: White House Coronavirus Task Force Principals Meeting - 4:15pm
Attachments: [EXTERNAL] White House Coronavirus Task Force Principals Meeting - 4:15pm

Hi (b)(6) Secretary Wilkie is on official travel today and will not attend today's Principals Meeting. Thank you.

(b)(6)

From: (b)(6) EOP/OVP on behalf of "Short, Marc T. EOP/OVP"
(b)(6) @ovp.eop.gov>

Sent: Tue, 3 Mar 2020 01:49:12 +0000

To: (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Principals Meeting - 4:15pm

All,

There will be a **Coronavirus Task Force Principals Meeting** tomorrow afternoon, Tuesday, March 3, at **4:15 pm** in the **White House** (b)(6) **Room**. Agenda and other materials will be forthcoming.

Thank you,

(b)(6)

Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881 (b)(6)

From: (b)(6)
Sent: Wed, 11 Mar 2020 16:06:57 +0000
To: RLW
Cc: Powers, Pamela
Subject: FW: White House Coronavirus Task Force Meeting at 4:00pm - Preliminary Agenda
Attachments: WHSR Seating Chart WH Coronavirus TF Meeting 3.11.20.pptx, WH Task Force Agenda 3.11.20.docx

FYI

From: (b)(6) EOP/OVP (b)(6) ovp.eop.gov>
Sent: Wednesday, March 11, 2020 11:53 AM
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting at 4:00pm - Preliminary Agenda

Good morning,

This email is being sent to essential staff, assistants, and military aides.

Please see the preliminary agenda (attached) for this afternoon's **White House Coronavirus Task Force Meeting at 4:00 pm.**

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)

DOOR

VTC PARTICIPANTS

SOUTH

A/S Ken
Rapuano HOMELAND
DEFENSE & GLOBAL

SECURITY
Joe Grogan AP / DIR
DOM POLICY
COUNCIL

Dr. Kelvin Droegemeier DIR
/ OSTP
(b)(6) AP / DEP

COUNSEL / NATL SEC
AFFAIRS / LEGAL
ADVISOR / NSC

Pat Philbin DAP / DEP
COUNSEL / EOP

(b)(6) DAP / DIR OPL

(b)(6) SAP / NSC
BATS

Dr. Robert Kadlec A/S HHS

Joel Szabat A. U/S POLICY /
DOT

Larry Kudlow AP /
ECON POLICY

Russ Vought DIR OMB

(b)(6) AP /
DCOS / POL CORD

WEST - WINDOWS



Vice President

NORTH

Sean Conley WH
PHYSICIAN

WH COMMS

(b)(6) DAP /
DIR IGA

Dr. (b)(6) DIR
COORD / CRGO / STATE

Brian Harrison COS / HHS

LTG Kellogg AP / NSA
/ OVP

(b)(6) R
ADVISOR / OVP

Katie Miller SAP
PRESS / OVP

Marc Short AP / COS
OVP

A/S Chad Wolf DHS

Dr. Stephen Hahn
COMMISSIONER FDA

Stephen Biegun, DEP
SEC STATE

Dr. Bob Redfield DIR
/ CDC

Sec. Steven
Mnuchin Treasury

Sec. Alex Azar HHS

Dr. Jerome
Adams Surgeon
General

Seema
Verma ADMINISTRA
TOR / CMS

Sec. Robert Wilkie VA

Sec. Ben
Carson HUD

Dr. Anthony Fauci
DIR NIAID

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

EAST

DOOR

DOOR

Please note: The seating chart below may not reflect the actual seating arrangement in overflow room.

VTC PARTICIPANTS

[Redacted]

(b)(6) DAP / DEP
DIR / IGA

(b)(6) AP for
Domestic Policy

(b)(6) DAP /
COS SR COUNSELOR /
KELLYANNE
CONWAY

(b)(6) DAP /
ADVISOR WH
COUNSEL

Steve Pinkos DEP NSA /
OVP

[Redacted]

(b)(6) HHS

(b)(6) AP / DEP
DIR / OPL

(b)(6) DIR
COUNTERING
BIOLOGICAL
THREATS / NSC

(b)(6) SAP / NSC
RESILIENCE

(b)(6) NSC



Derek Kan EXEC
ASSOC DIR / OMB

[Redacted]

[Redacted]

(b)(6) AP
/ COUNSELOR TO
COS

(b)(6) DIR /
LEG AFFAIRS / OVP

(b)(6) SR. AVISOR SR
ADVISOR / INT'L ECON
AFFAIRS / WHO

(b)(6) OVP

WH Comms

(b)(6) DEP
COUNSEL / OVP

(b)(6)
(b)(6) ASSOC. DIR
/ EXTERNAL AFFAIRS
/ OVP

(b)(6) PRESS / OVP

Kristan Nevins AP /
CAB SEC / CAB
AFFAIRS

(b)(6) AIDE

DOOR



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, March 11, 2020

4:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Ambassador Debi Birx, M.D.
- IV. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- V. (b)(5) – Matthew Pottinger, Assistant to the President and Deputy National Security Advisor
- VI. (b)(5) – Matthew Pottinger, Assistant to the President and Deputy National Security Advisor & Steven Biegun, Deputy Secretary (Dept. of State) & Dr. Bob Redfield, Director of CDC
- VII. (b)(5) – Russ Vought, Director (OMB)
- VIII. **Concluding Remarks** – Vice President Pence

From: (b)(6)
Sent: Sun, 15 Mar 2020 22:52:50 +0000
To: RLW
Cc: Powers, Pamela (b)(6)
Subject: Fwd: Updated schedule for you

Sir - FYI for tomorrow. Let me know if you want any changes. Thank you.

Get Outlook for iOS

From: (b)(6) <(b)(6)@va.gov>
Sent: Sunday, March 15, 2020 6:43 PM
To: (b)(6)
Subject: Updated schedule for you

Monday, March 16, 2020

-
- ▲ **Time** 7:45 AM – 8:15 AM
Subject Daily Sync Meeting
Location SecVA Suite
-
- ▲ **Time** 8:30 AM – 9:00 AM
Subject En Route to WH
-
- ▲ **Time** 9:00 AM – 10:00 AM
Subject [EXTERNAL] White House Coronavirus Task Force Meeting on 3.16.20 at 9:00am
Location (b)(6) Room
-
- ▲ **Time** 10:00 AM – 10:30 AM
Subject En Route to VACO
-
- ▲ **Time** 12:00 PM – 12:30 PM
Subject Phone Call w/Rep Wasserman-Schultz
Location SecVA Suite
-
- ▲ **Time** 12:30 PM – 1:00 PM
Subject LUNCH
Location SECVA Suite
-
- ▲ **Time** 1:00 PM – 1:30 PM

Subject Phone call w/Chairman Takano
Location SecVA Suite
Categories Phone Calls

▲ **Time** At 1:30 PM
Subject Phone Call with Senator Schatz - we call cell number 808-753-(b)(6)
Location SecVA Suite

▲ **Time** 2:00 PM – 2:30 PM
Subject HOLD - Call w/Senator Boozman - he will call us
Location SecVA Suite

▲ **Time** 2:30 PM – 3:00 PM
Subject Phone call with Ranking Member Roe
Location SecVA Suite

▲ **Time** 3:00 PM – 3:30 PM
Subject Phone call with Rep Banks
Location SecVA Suite

▲ **Time** 3:30 PM – 4:00 PM
Subject Phone Call with Rep Lee
Location SecVA Suite

▲ **Time** 4:00 PM – 4:30 PM
Subject Phone Call w/Senator Moran
Location SecVA Suite

▲ **Time** 4:30 PM – 5:00 PM
Subject (b)(6) re: Upcoming Speeches
Location SECVA Suite

From: (b)(6)
Sent: Tue, 10 Mar 2020 18:53:19 +0000
To: RLW
Cc: Powers, Pamela (b)(6)
Subject: FW: TIME UPDATE: White House Coronavirus Task Force Meeting on Tuesday, March 10th at **3:30 pm**
Importance: High

Sir – Look like they moved the Task Force Meeting today to 3:30pm. Departure time now 3:10pm. Thank you.

From: (b)(6) EOP/OVP (b)(6) <ovp.eop.gov>
Sent: Tuesday, March 10, 2020 2:50 PM
Subject: [EXTERNAL] TIME UPDATE: White House Coronavirus Task Force Meeting on Tuesday, March 10th at **3:30 pm**
Importance: High

Good evening all,

There will be a **White House Coronavirus Task Force Meeting on Tuesday, March 10th at 3:30 pm**. Preliminary agenda and finalized seating chart attached.

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)

From: (b)(6)
Sent: Fri, 13 Mar 2020 20:57:20 +0000
To: RLW;Powers, Pamela
Subject: FW: Important Update: White House Coronavirus Task Force

FYI

From: (b)(6) EOP/OVP (b)(6) <ovp.eop.gov>
Sent: Friday, March 13, 2020 4:55 PM
Subject: [EXTERNAL] Important Update: White House Coronavirus Task Force

All -

With the President's address to the nation this afternoon, the Task Force is (b)(5)

(b)(5)

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)

From: (b)(6)
Sent: Sun, 15 Mar 2020 17:18:26 +0000
To: RLW; Powers, Pamela
Cc: (b)(6)
Subject: FW: White House Coronavirus Task Force Meeting on 3.16.20 at 10:00am
Importance: High

Will adjust your calendar accordingly.

From: (b)(6) EOP/OVP (b)(6) ovp.eop.gov>
Sent: Sunday, March 15, 2020 12:40 PM
Cc: (b)(6) EOP/WHO (b)(6) @who.eop.gov> (b)(6) OP/WHO (b)(6) @who.eop.gov>
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.16.20 at 10:00am
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** tomorrow, **Monday, March 16 at 10:00am** in the (b)(6) room. All materials will be forthcoming.

We ask that all RSVPs are submitted to (b)(6) and myself no later than **5:00pm tonight**.

Please note: Only those with a designated seat will be authorized to join the meeting.

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)

From: (b)(6) EOP/OVP
Sent: Tue, 24 Mar 2020 21:13:49 +0000
To: (b)(6) EOP/OVP; Kate@mail.house.gov; (b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: WHSR JFK Seating Chart - 3.25.20.pptx, 03.25.20 WH Coronavirus Task Force Agenda v. 2.docx, Taskforce25March.pptx
Importance: High

Good afternoon,

There will be a **White House Coronavirus Task Force Meeting** on **Wednesday, March 25th** at **3:00pm**. Please see agenda and seating chart attached.

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)

SOUTH

VTC PARTICIPANTS

Dr. Bob Redfield

Pat Cipollone

Jared Kushner

Kellyanne Conway

Sec. Ben Carson

Russ Vought

Hope Hicks

A/S Chad Wolf

WEST - WINDOWS



Vice President

NORTH

WH Press

Joe Grogan

Katie Miller

Marc Short

Sec. Steven Mnuchin

Sec. Alex Azar

Dr. Anthony Fauci

Amb. Debi Birx, M.D.

DOOR

EAST

DOOR

DOOR

VTC PARTICIPANTS

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]



(b)(6)

[Redacted]

Pat Philbin

[Redacted]

Brian Harrison

[Redacted]

[Redacted]

[Redacted]

(b)(6)

[Redacted]

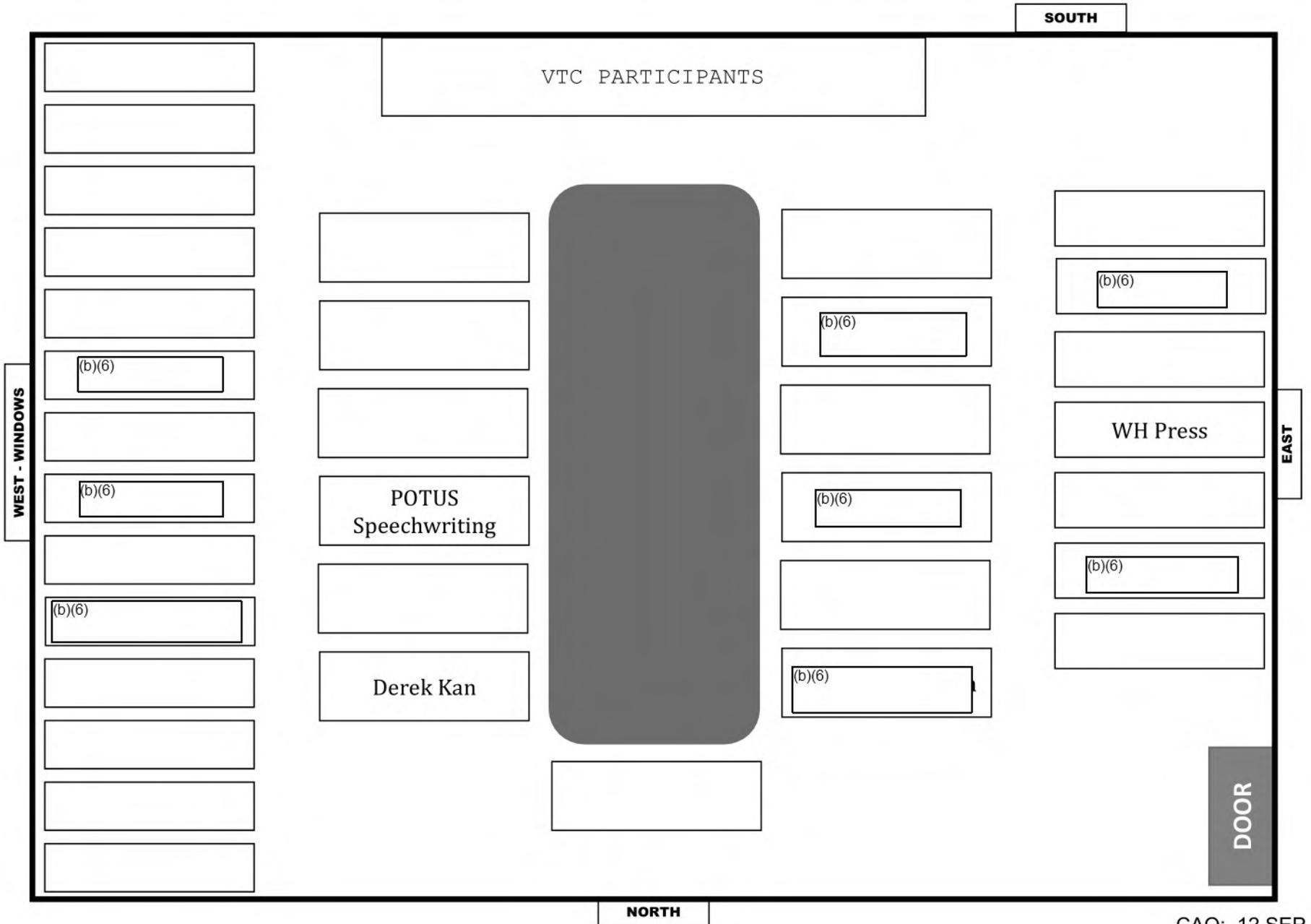
Kristan Nevins

[Redacted]

(b)(6)

(b)(6)
SR
ADVISOR / OVP

DOOR





OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, March 25, 2020
3:00pm EST

I. Opening Remarks – Vice President Pence

II. (b)(5) – Dr. Debi Birx, M.D.

III. (b)(5) Admiral Giroir (HHS)

IV. (b)(5) – Dr. Bob Redfield, Director (CDC) &
Dr. Birx, M.D.

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

V. (b)(5) Administrator Pete Gaynor (FEMA), Admiral John Polowczyk (FEMA)
& Jared Kushner

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

VI. (b)(5) Secretary Steven Mnuchin (Dept. of Treasury)

VII. Concluding Remarks – Vice President Pence

COVID-19

Italy continues to

(b)(5)

(b)(5)

GLOBAL

Now **Yesterday** Search:

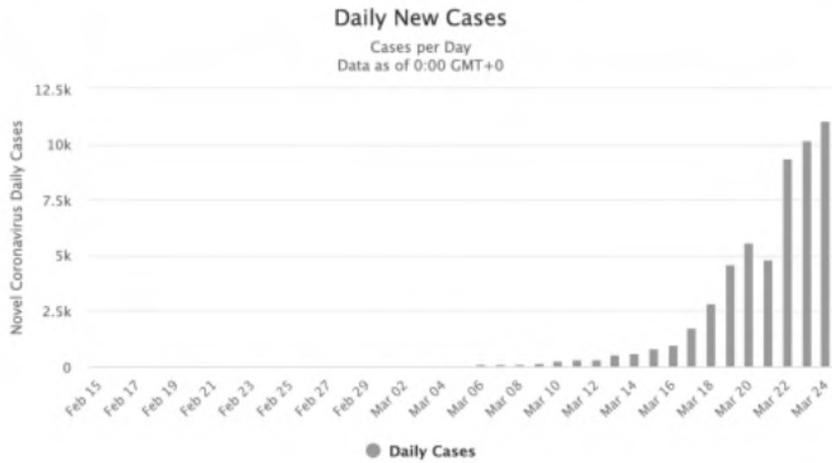
Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Tot Deaths/ 1M pop
China	81,171	+78	3,277	+7	73,159	4,735	1,573	56	2
Italy	69,176	+5,249	6,820	+743	8,326	54,030	3,393	1,144	113
USA	54,881	+11,100	780	+225	379	53,722	1,175	166	2
Spain	42,058	+6,922	2,991	+680	3,794	35,273	2,636	900	64
Germany	32,991	+3,935	159	+36	3,290	29,542	23	394	2
Iran	24,811	+1,762	1,934	+122	8,913	13,964		295	23
France	22,304	+2,448	1,100	+240	3,281	17,923	2,516	342	17
Switzerland	9,877	+1,082	122	+2	131	9,624	141	1,141	14
S. Korea	9,037	+76	120	+9	3,507	5,410	59	176	2
UK	8,077	+1,427	422	+87	135	7,520	20	119	6
Netherlands	5,560	+811	276	+63	2	5,282	435	324	16
Austria	5,283	+809	28	+7	9	5,246	22	587	3
Belgium	4,269	+526	122	+34	461	3,686	381	368	11
Norway	2,866	+241	12	+2	6	2,848	44	529	2

Now **Yesterday** Search:

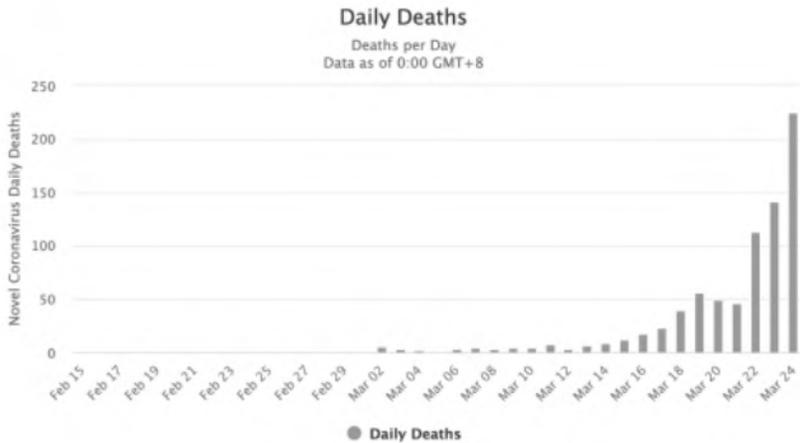
Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Tot Deaths/ 1M pop
China	81,218	+47	3,281	+4	73,650	4,287	1,399	56	2
Italy	69,176		6,820		8,326	54,030	3,393	1,144	113
USA	54,941	+60	784	+4	379	53,778	1,175	166	2
Spain	42,058		2,991		3,794	35,273	2,636	900	64
Germany	33,927	+936	171	+12	3,299	30,457	23	405	2
Iran	24,811		1,934		8,913	13,964		295	23
France	22,304		1,100		3,281	17,923	2,516	342	17
Switzerland	10,171	+294	135	+13	131	9,905	141	1,175	16
S. Korea	9,137	+100	126	+6	3,730	5,281	59	178	2
UK	8,077		422		135	7,520	20	119	6
Netherlands	5,560		276		2	5,282	435	324	16
Austria	5,448	+165	30	+2	9	5,409	26	605	3
Belgium	4,269		122		461	3,686	381	368	11
Norway	2,868	+2	13	+1	6	2,849	44	529	2

USA

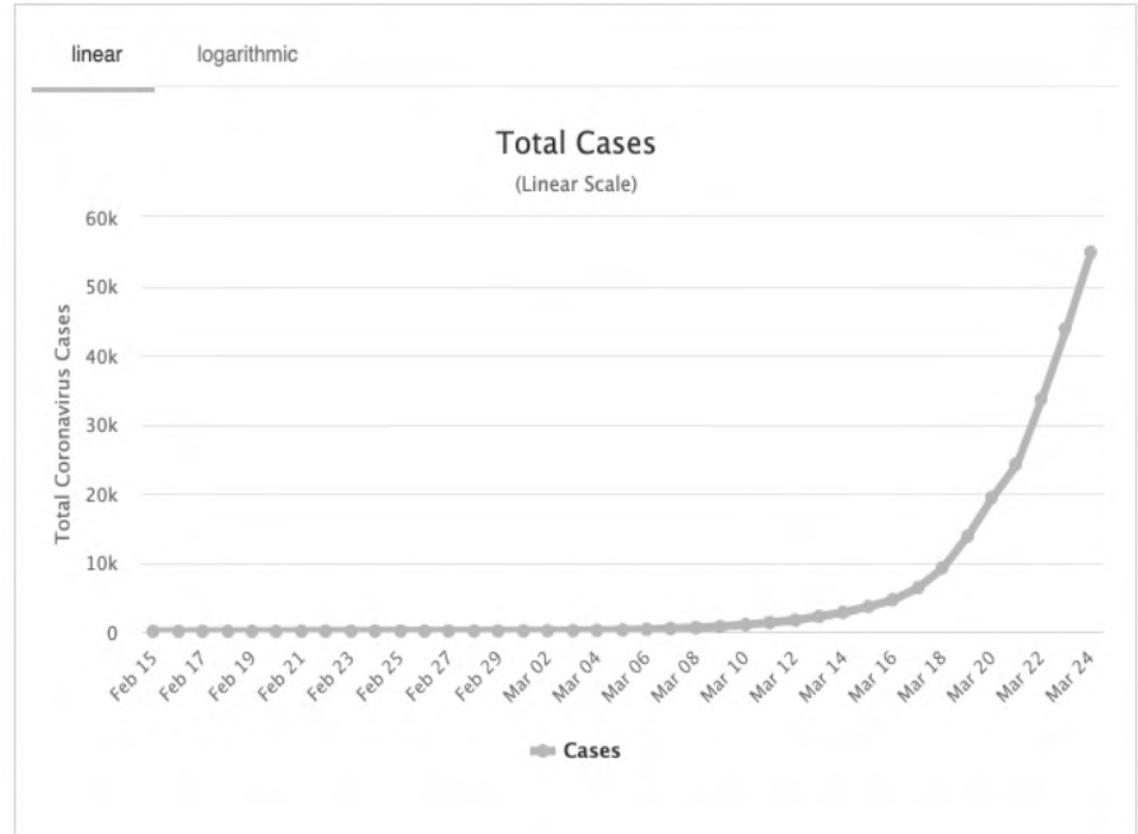
Daily New Cases in the United States



Daily New Deaths in the United States

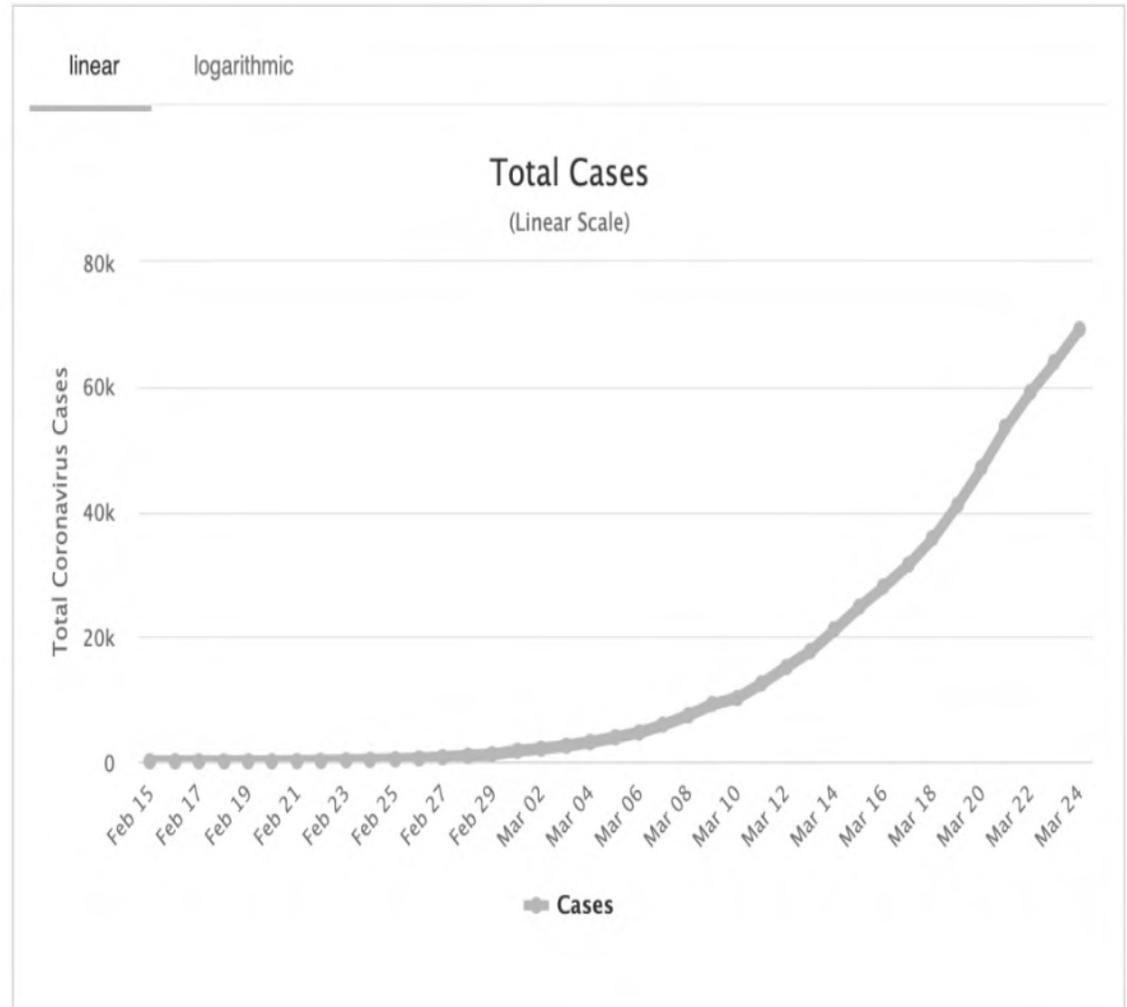


Total Coronavirus Cases in the United States

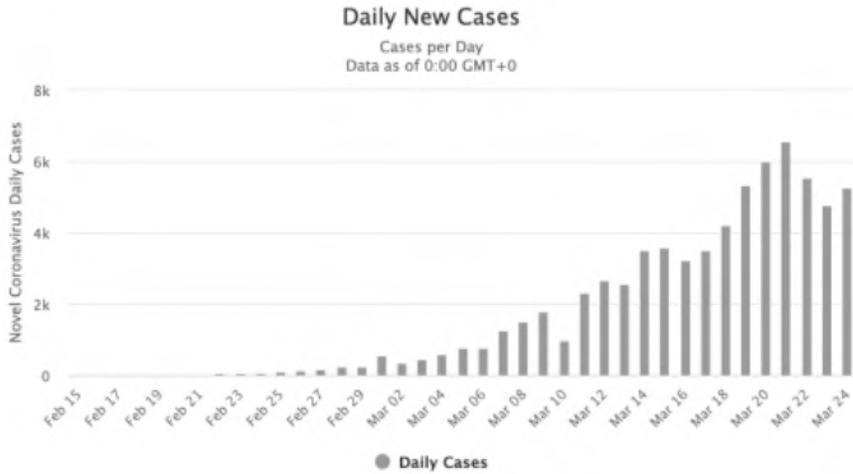


Italy

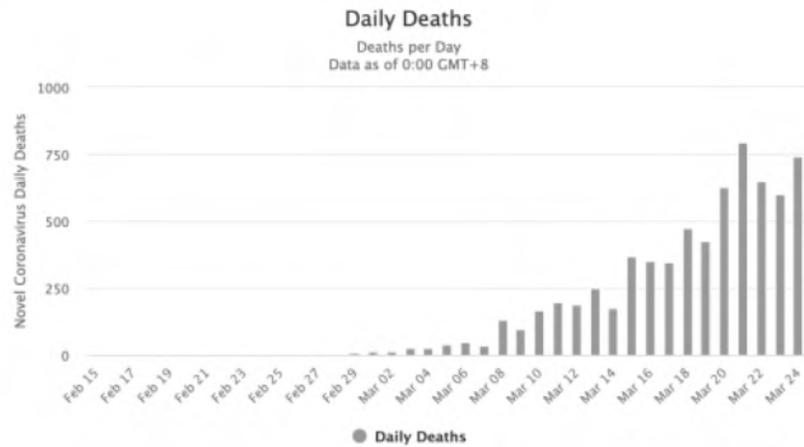
Total Coronavirus Cases in Italy



Daily New Cases in Italy

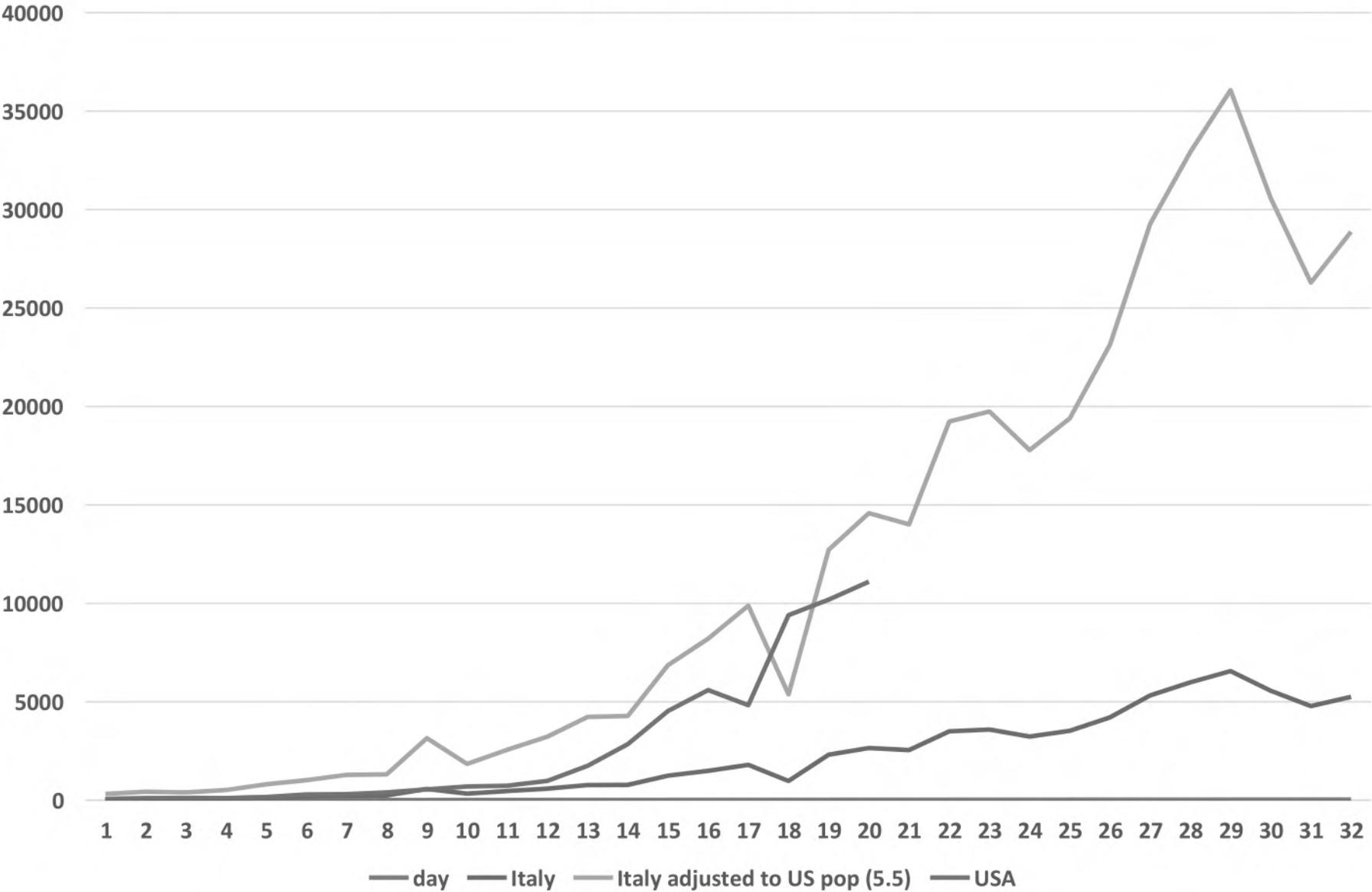


Daily New Deaths in Italy



Italy Epidemic Profile Normalized to USA

Italy comparad to the USA



USA

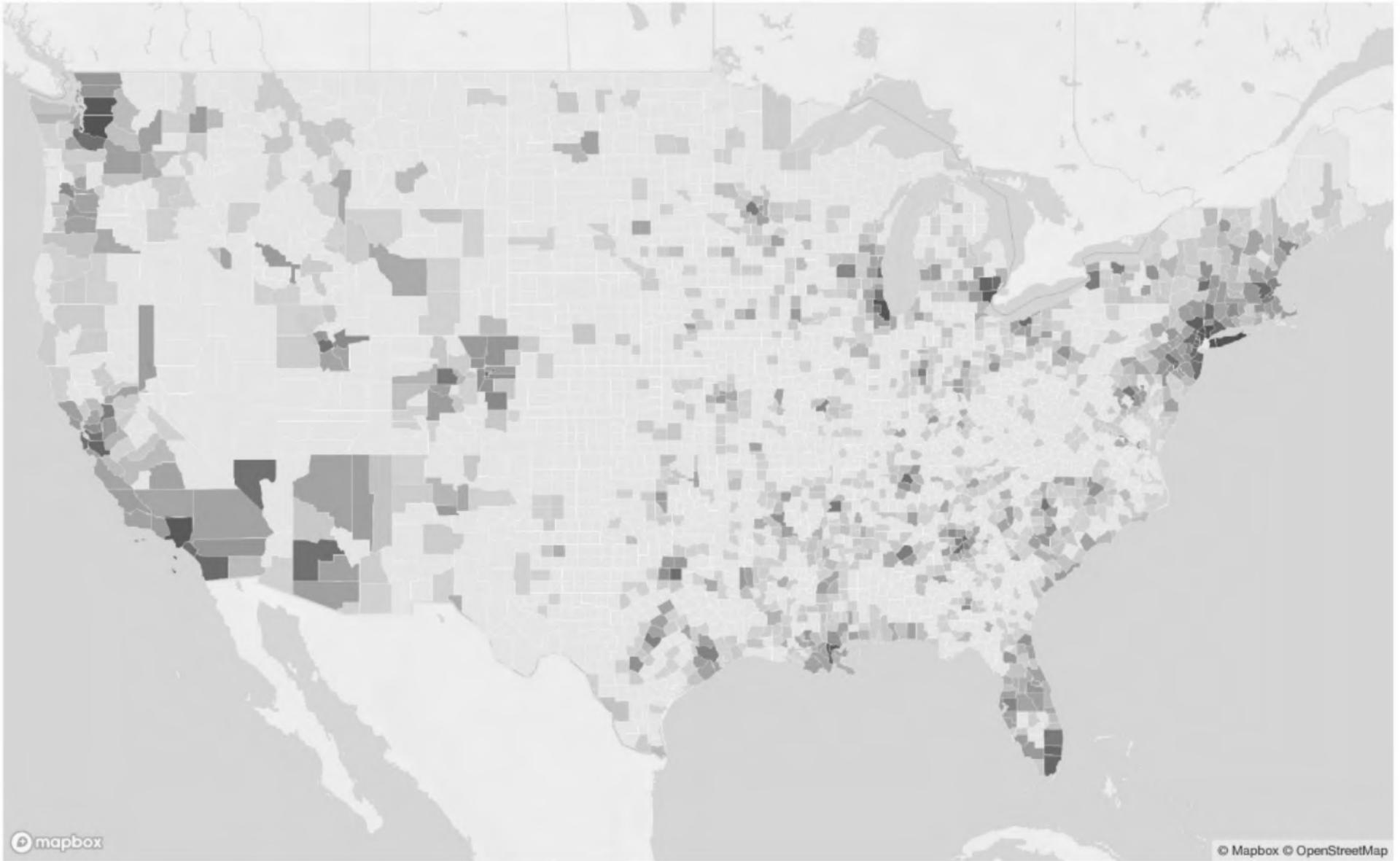
Now

Yesterday

Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases
New York	26,348	+5,473	271	+114	25,969
New Jersey	3,675	+831	44	+17	3,631
California	2,566	+433	51	+11	2,507
Washington	2,469	+248	123	+13	2,222
Michigan	1,791	+463	24	+9	1,767
Illinois	1,535	+250	16	+4	1,517
Florida	1,467	+240	20	+2	1,447
Louisiana	1,388	+216	46	+11	1,342
Massachusetts	1,159	+382	11	+2	1,147
Georgia	1,097	+294	38	+12	1,059
Texas	1,023	+217	12	+3	1,000
Colorado	912	+192	11	+4	901
Pennsylvania	851	+207	7	+1	844
Tennessee	773	+158	2		771

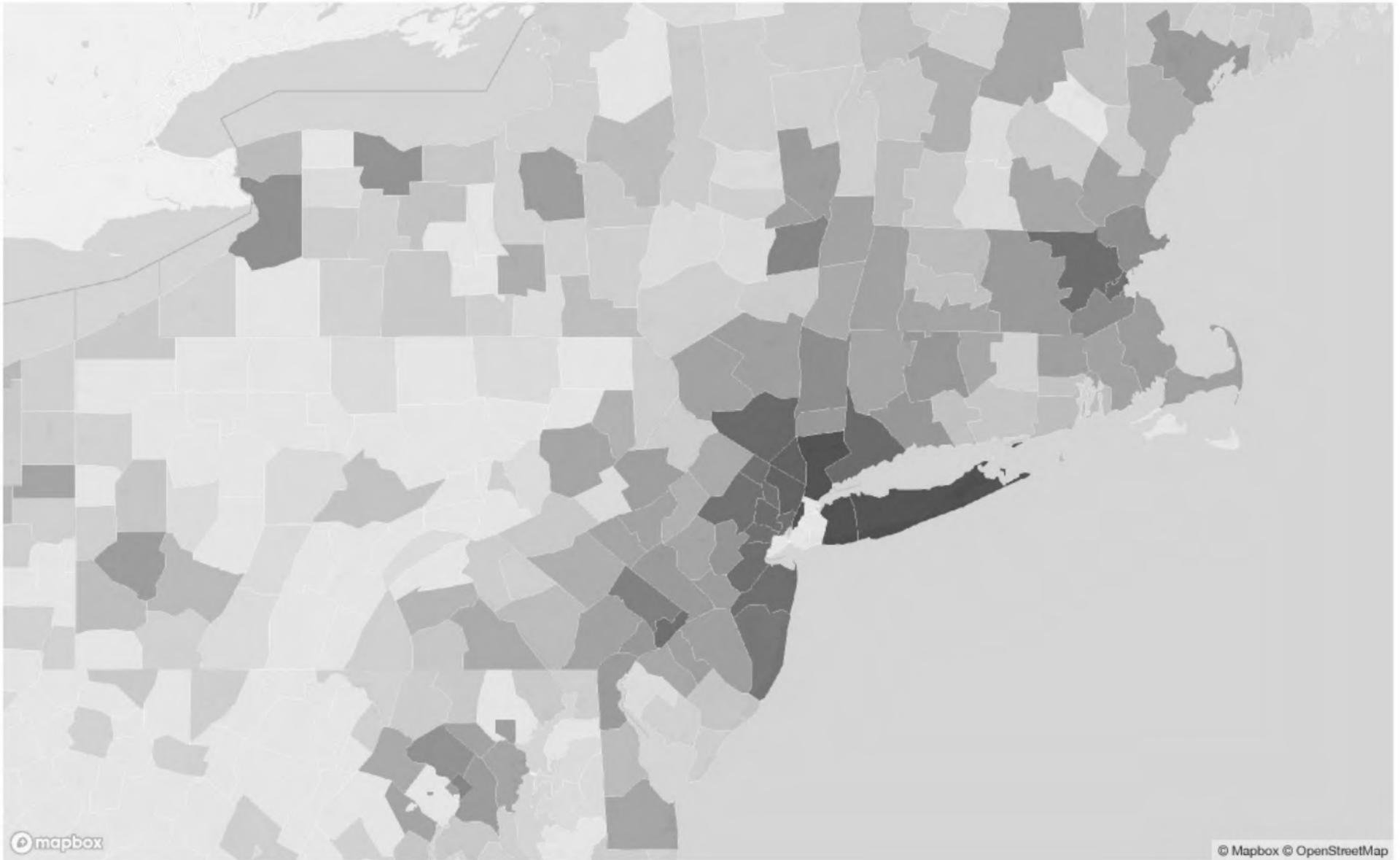
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases
New York	26,348		271		25,969
New Jersey	3,675		44		3,631
California	2,617	+51	55	+4	2,554
Washington	2,469		123		2,222
Michigan	1,791		24		1,767
Illinois	1,535		16		1,517
Florida	1,467		20		1,447
Louisiana	1,388		46		1,342
Massachusetts	1,159		11		1,147
Georgia	1,097		38		1,059
Texas	1,023		12		1,000
Colorado	912		11		901
Pennsylvania	851		7		844
Tennessee	773		2		771
Connecticut	618		12		606



Confirmed Cases



Source: [Conference of State Bank Supervisors](#), as of 18:28 March 23, 2020.
Data sourced from state health department websites; reporting may be incomplete or delayed



Total Confirmed Cases near NYC



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

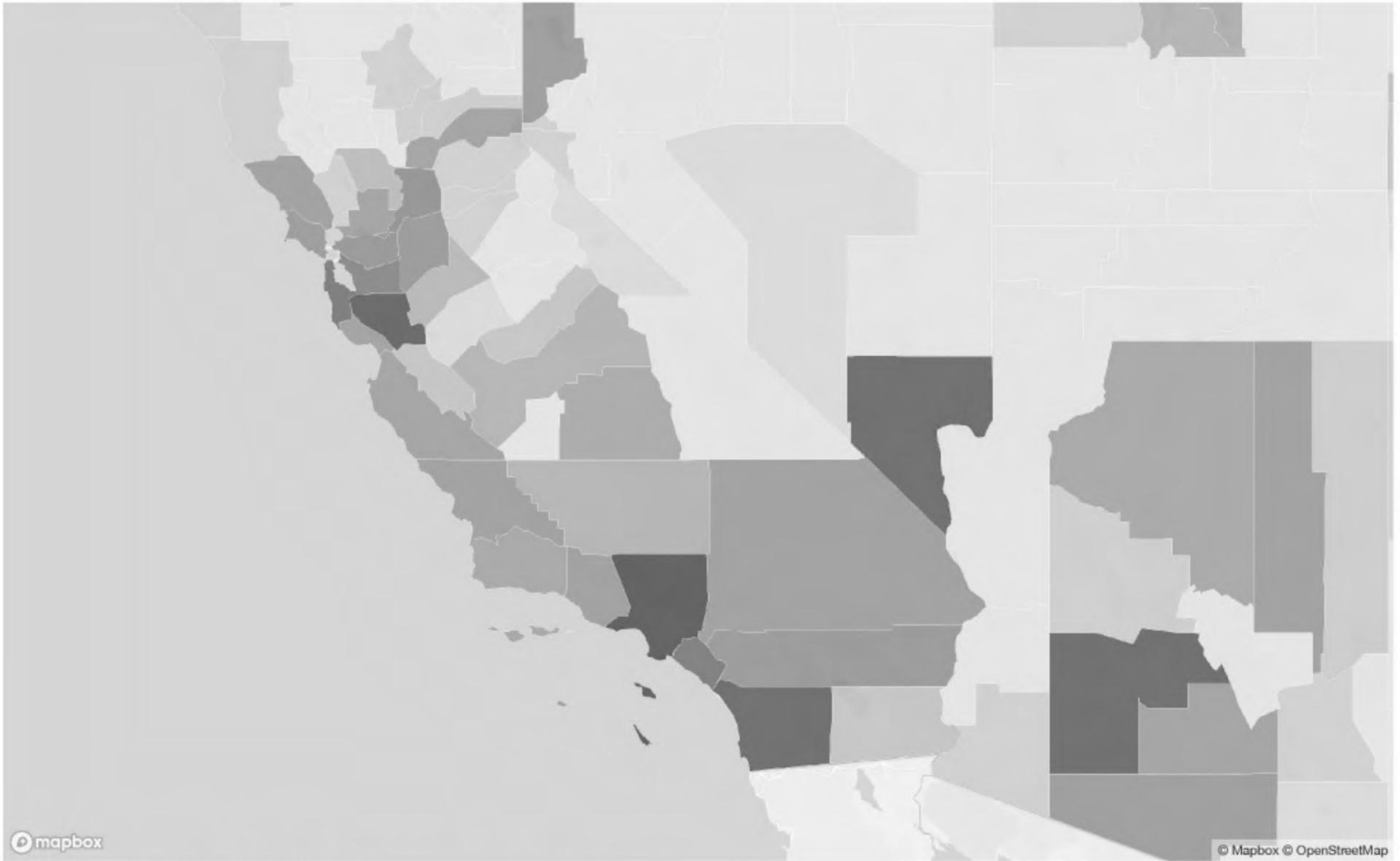


Percent Increase for Counties with 20+ reported cases near NYC - daily increase, March 24, 2020

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting



Total Confirmed Cases in Southern California



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting



Percent Increase for Counties with 20+ reported cases in Southern California - daily increase, March 24, 2020

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting



Total Confirmed Cases near Washington State

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting



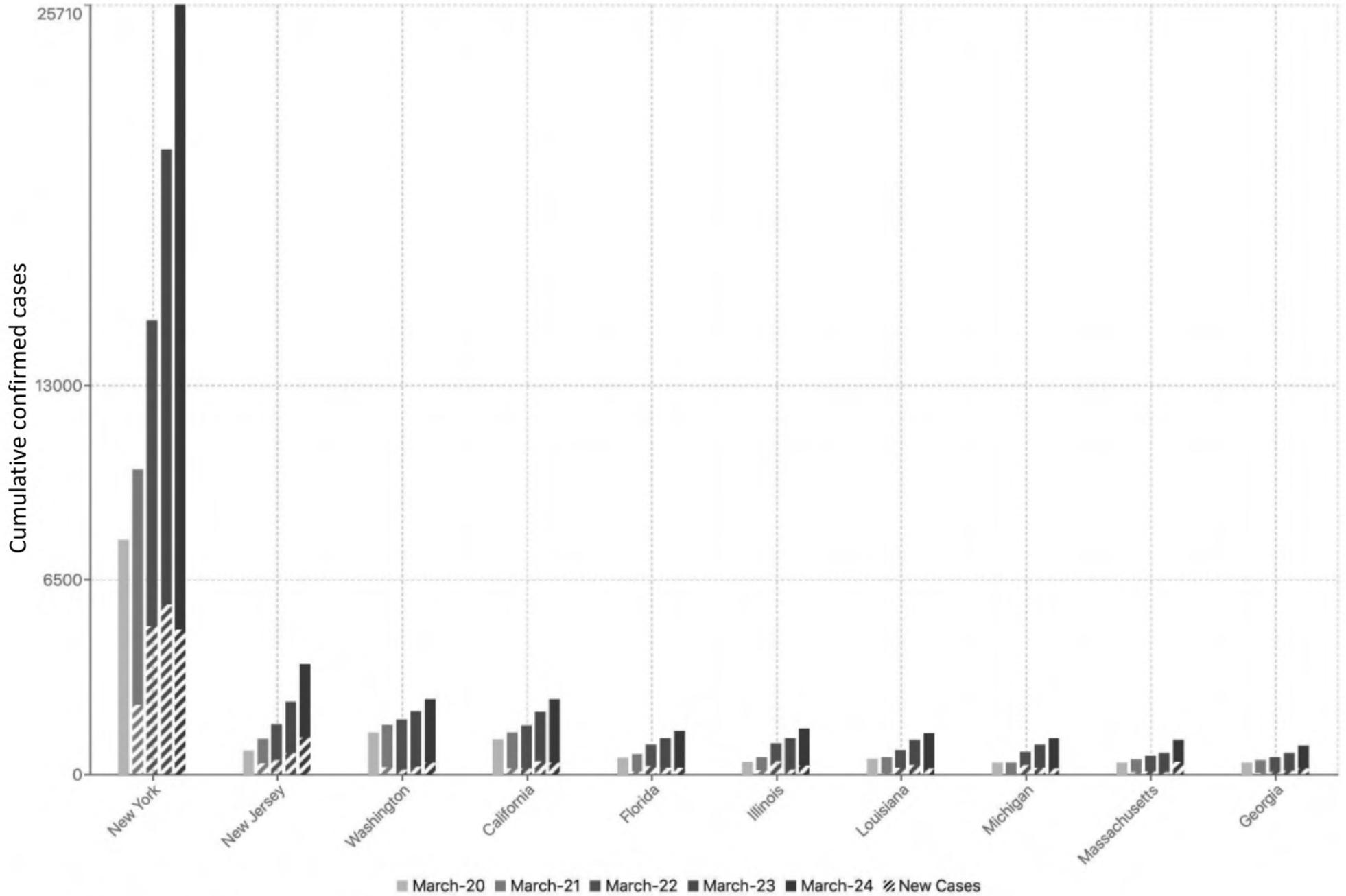
Percent Increase for Counties with 20+ reported cases near Washington State - daily increase, March 24, 2020

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

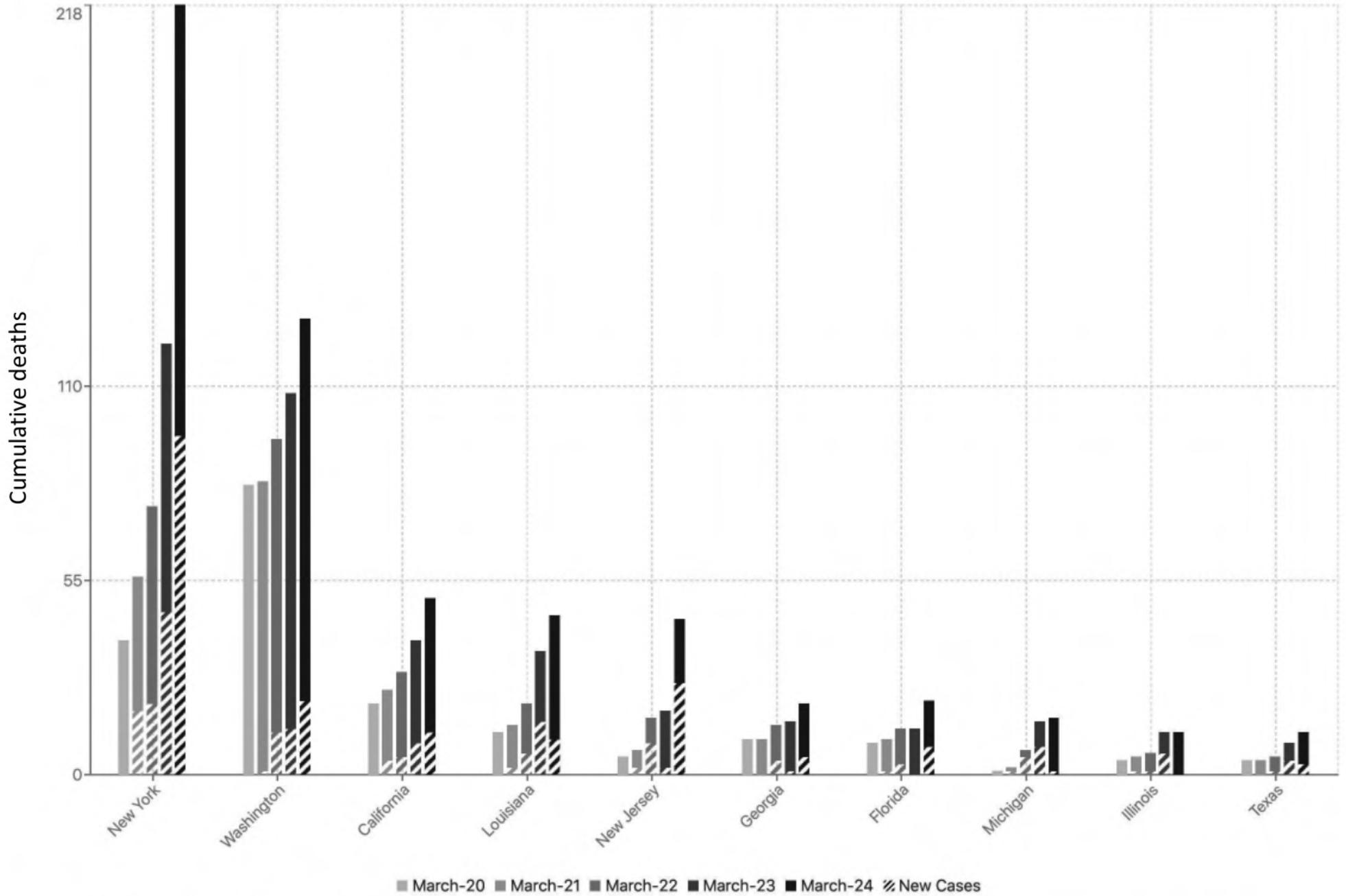
States with the highest number of cases



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

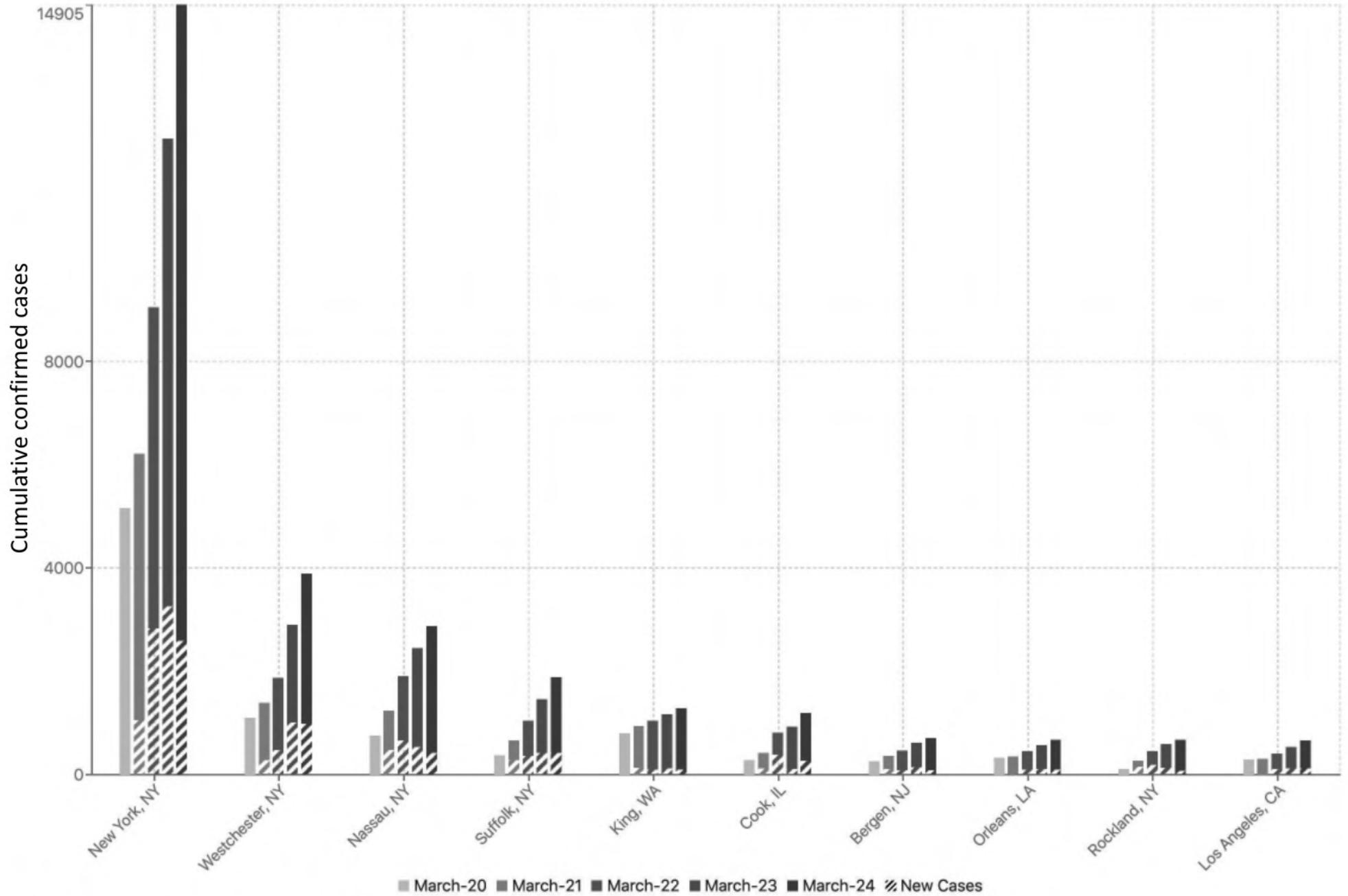
States with the highest number of deaths



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

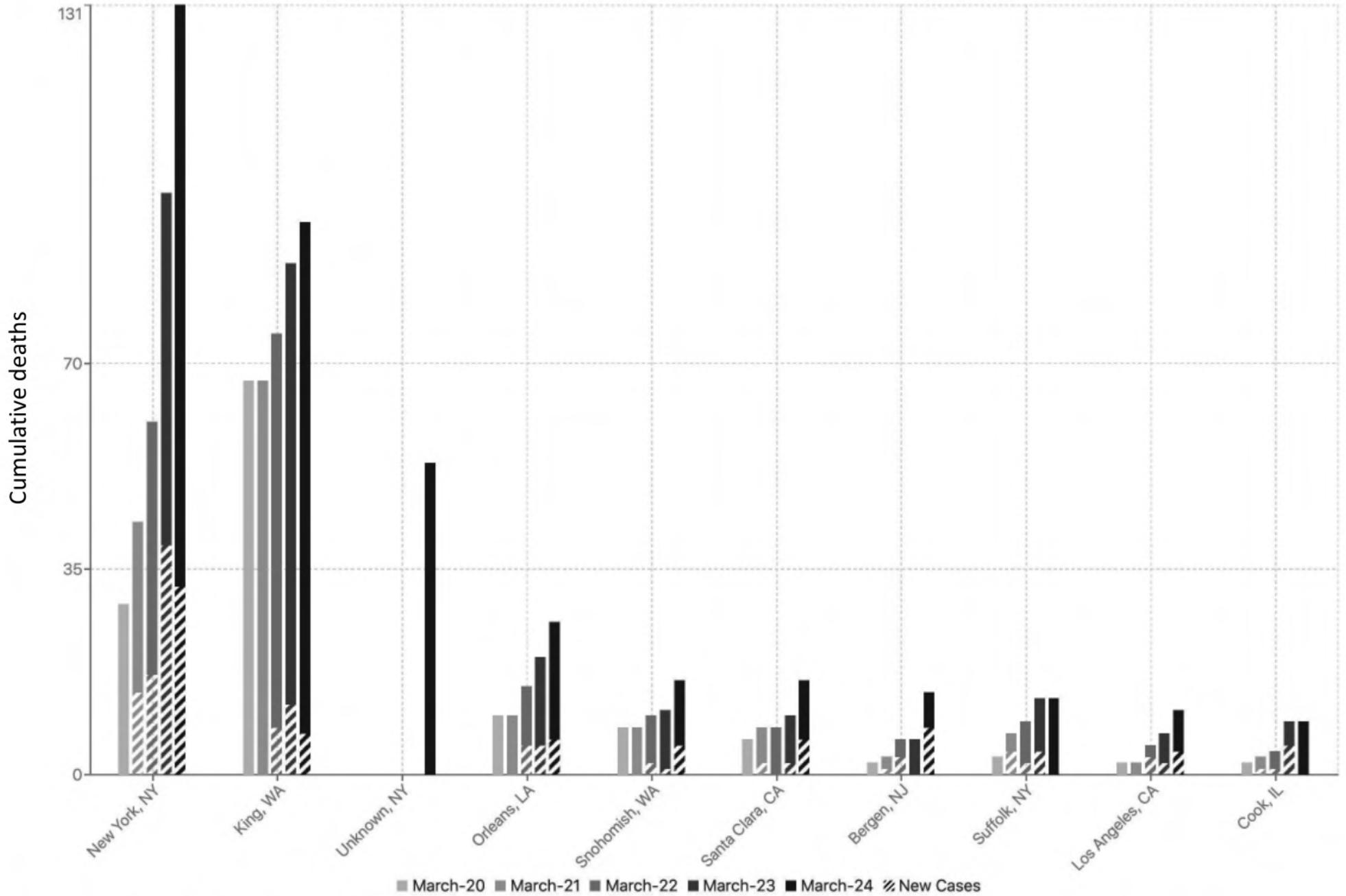
Counties with the highest number of cases



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

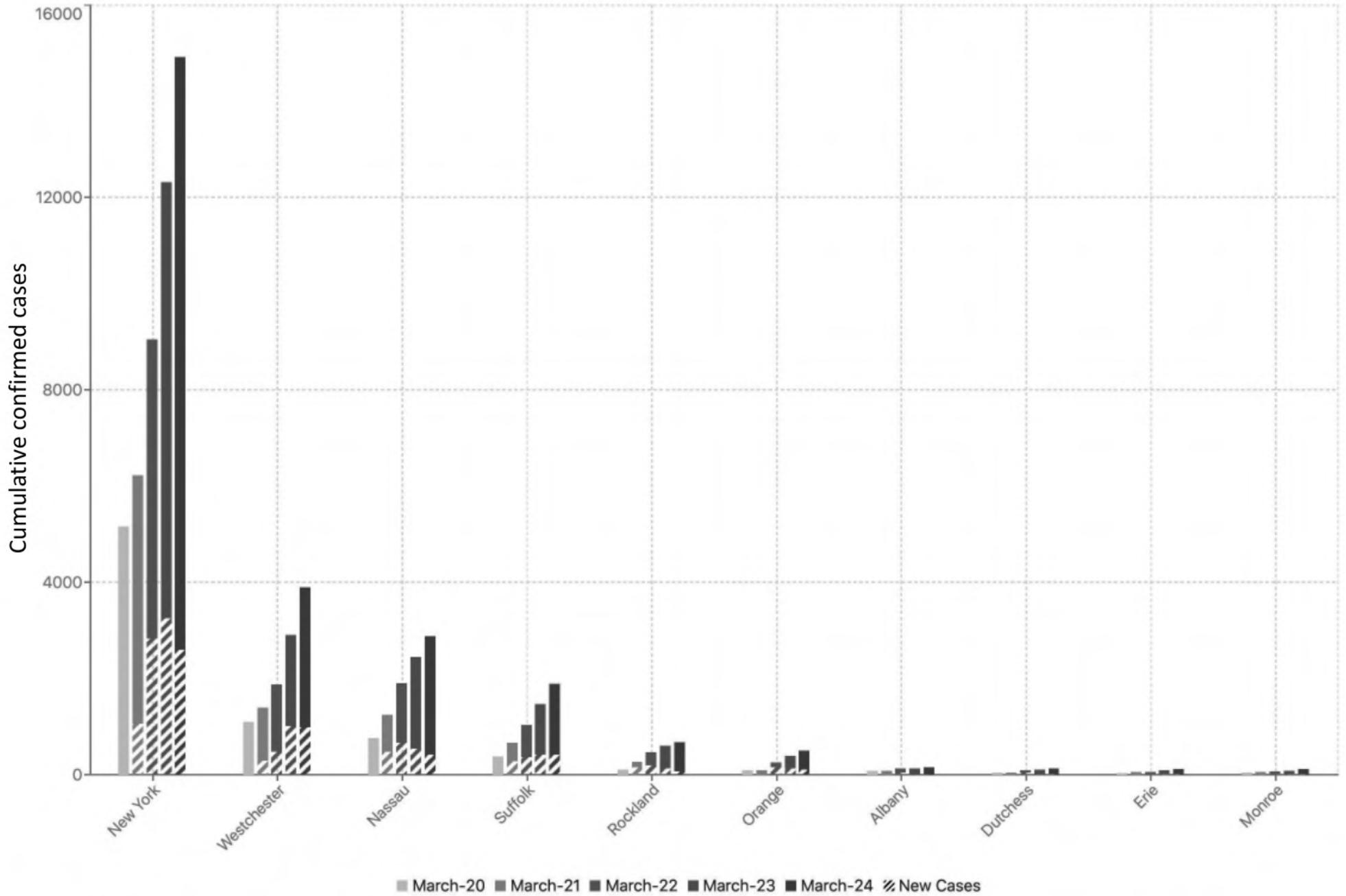
Counties with the highest number of deaths



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

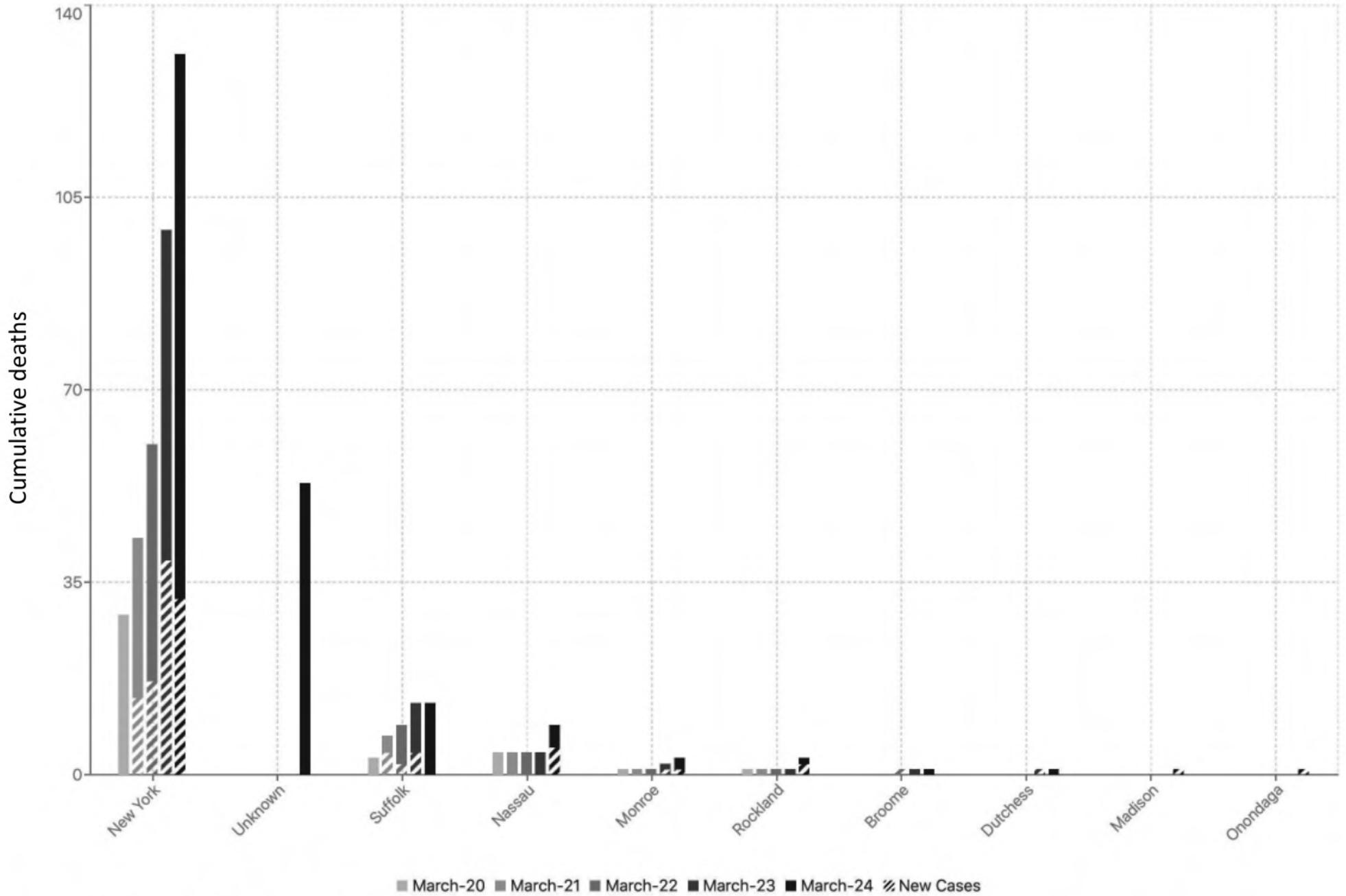
New York



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

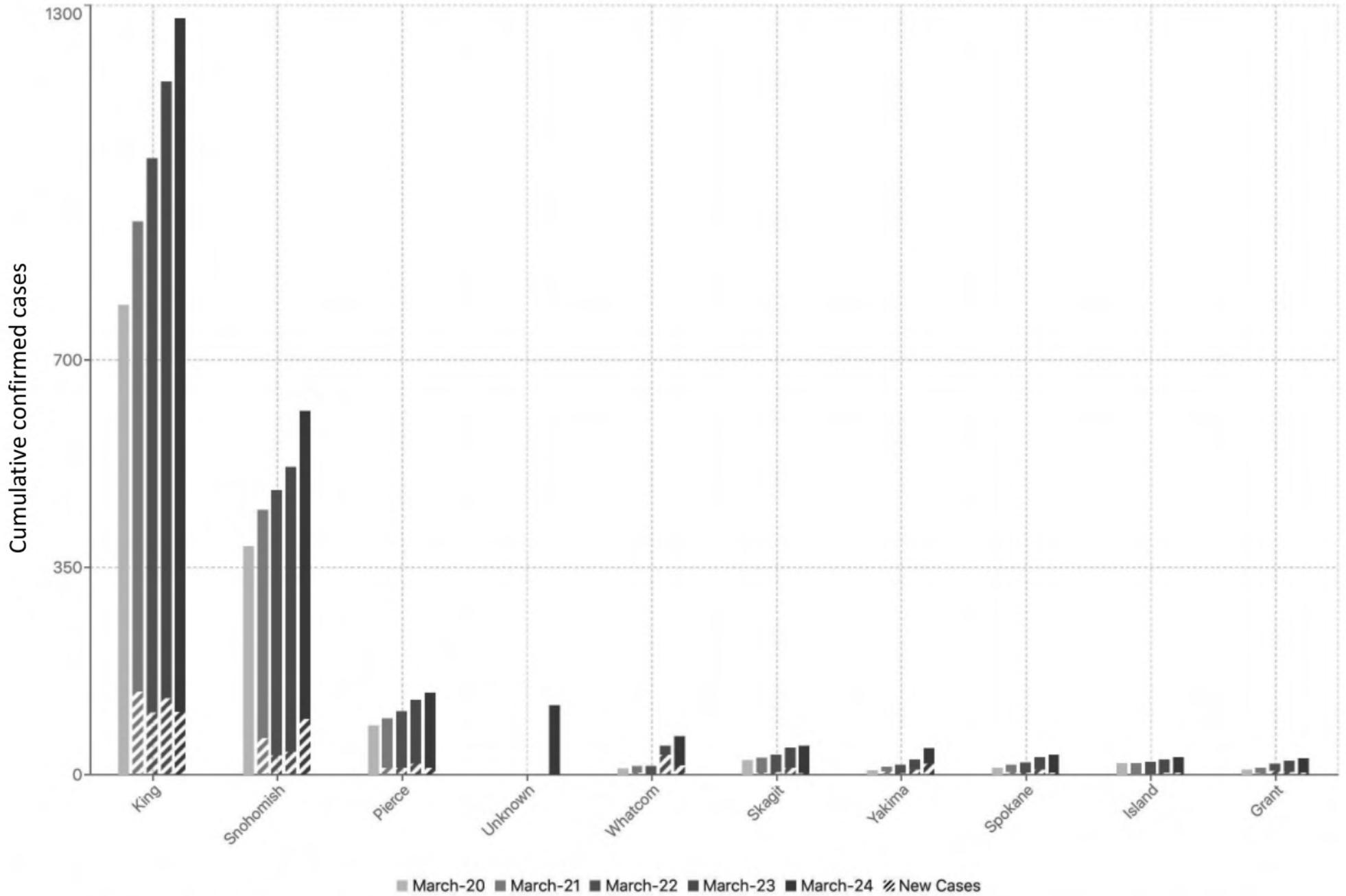
New York



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

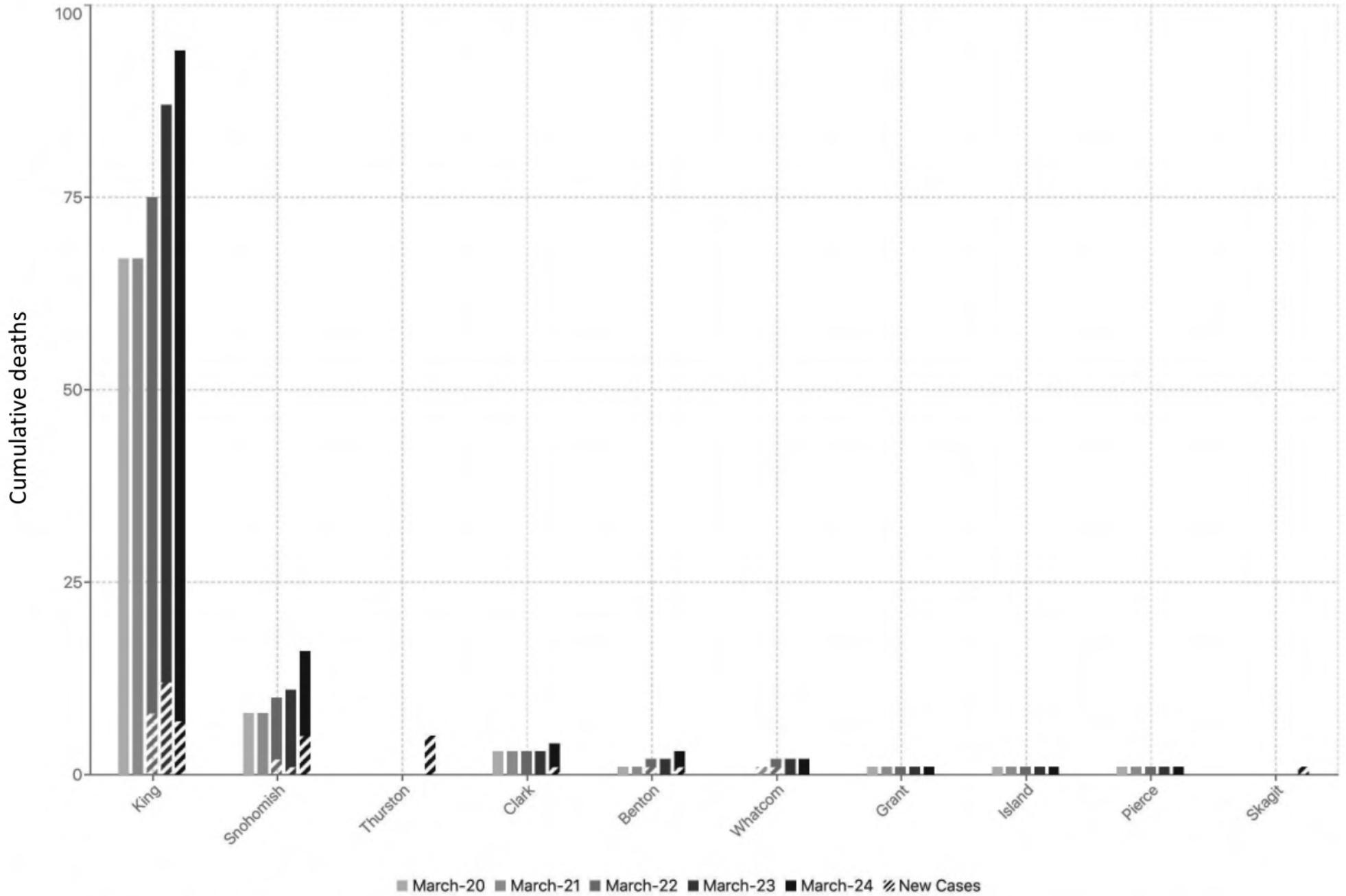
Washington



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

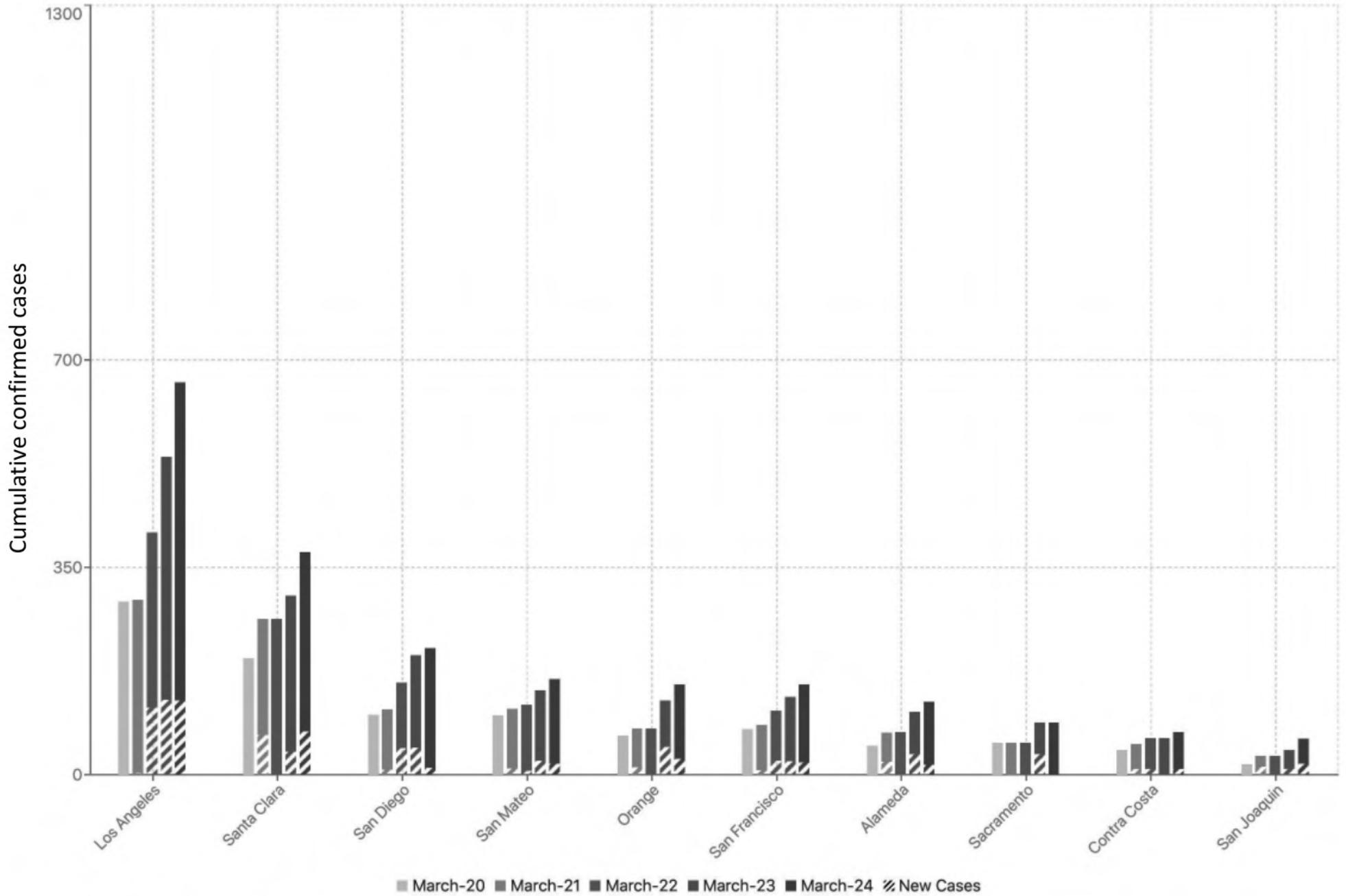
Washington



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

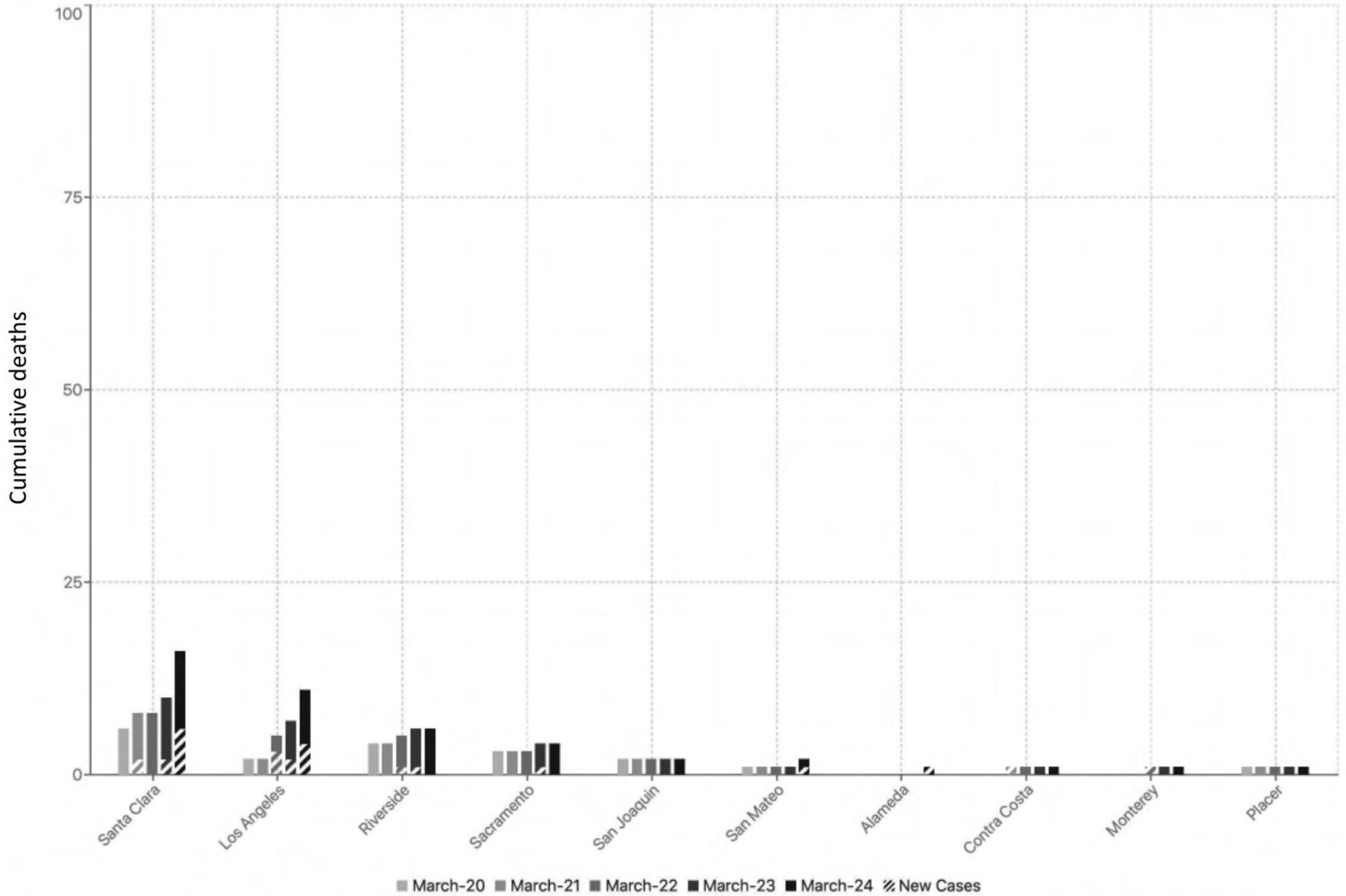
California



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

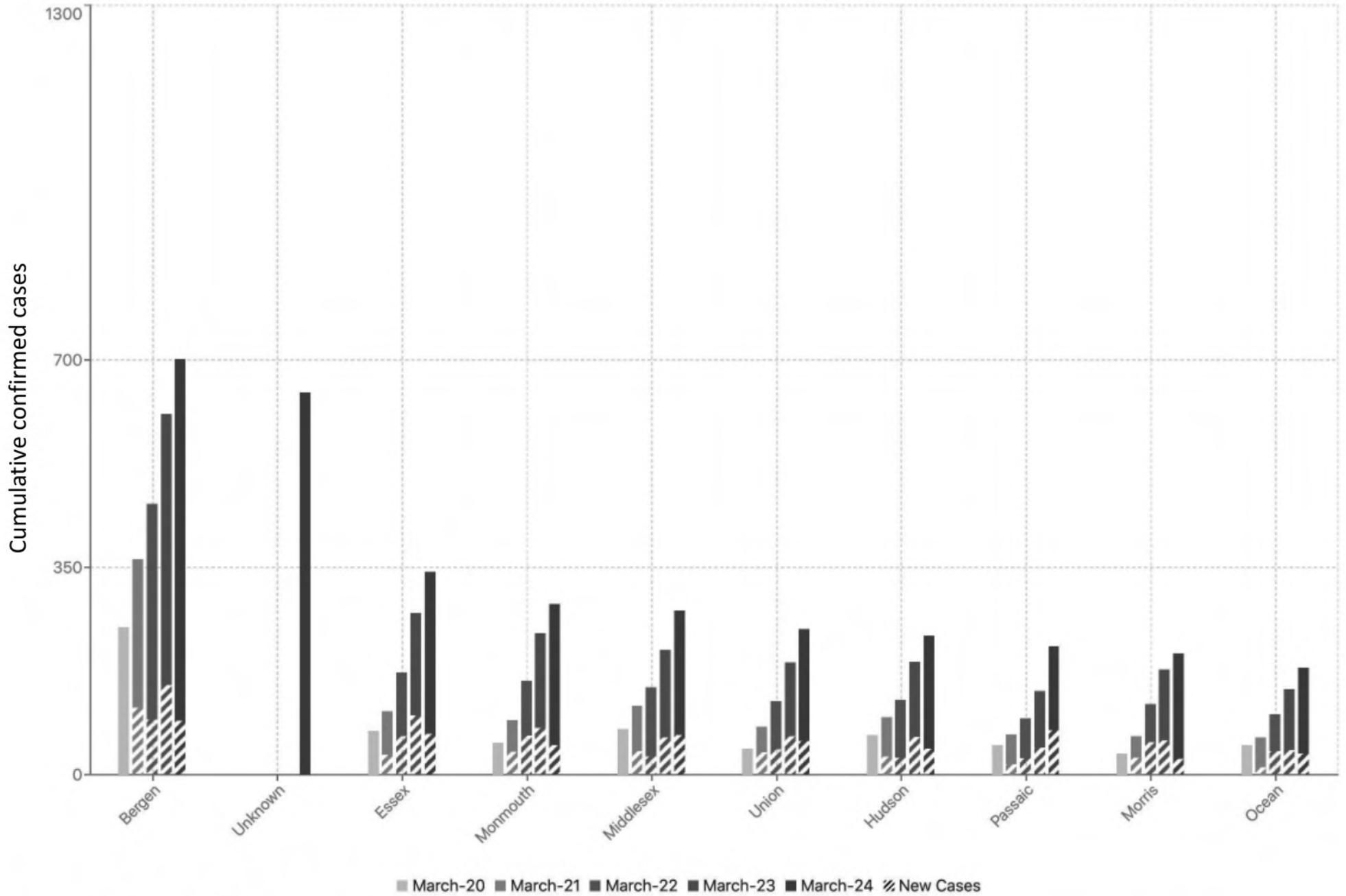
California



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

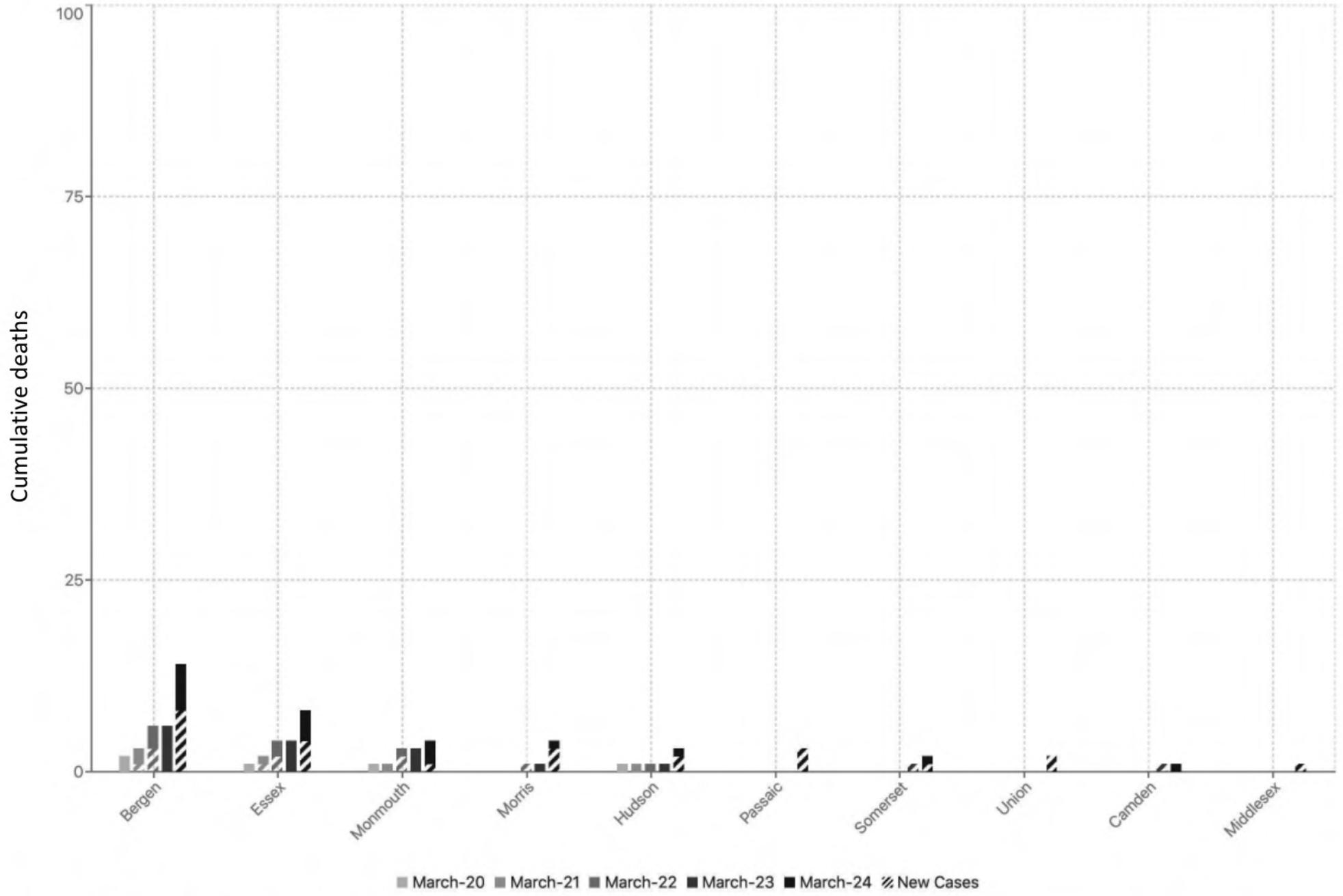
New Jersey



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

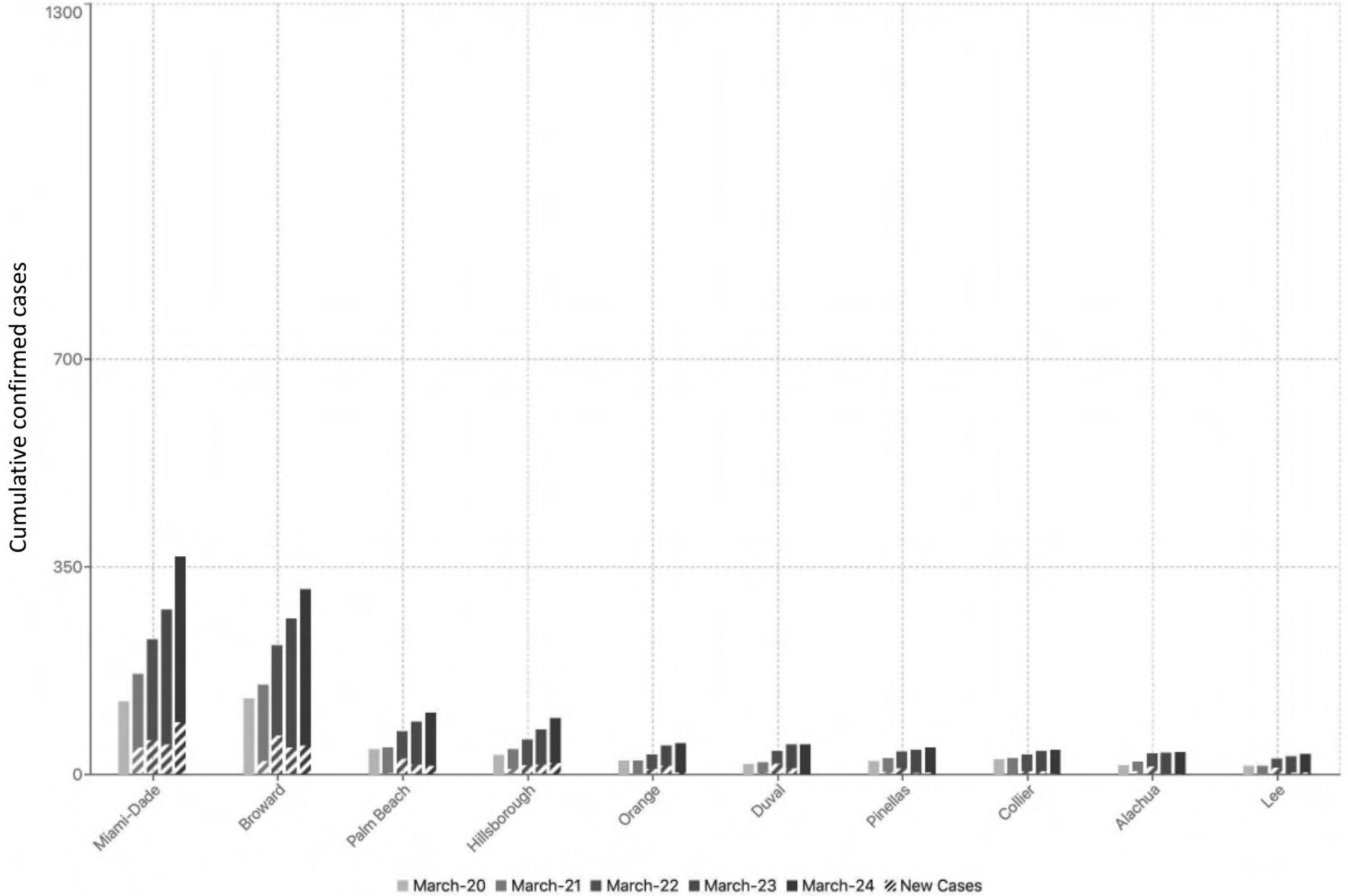
New Jersey



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

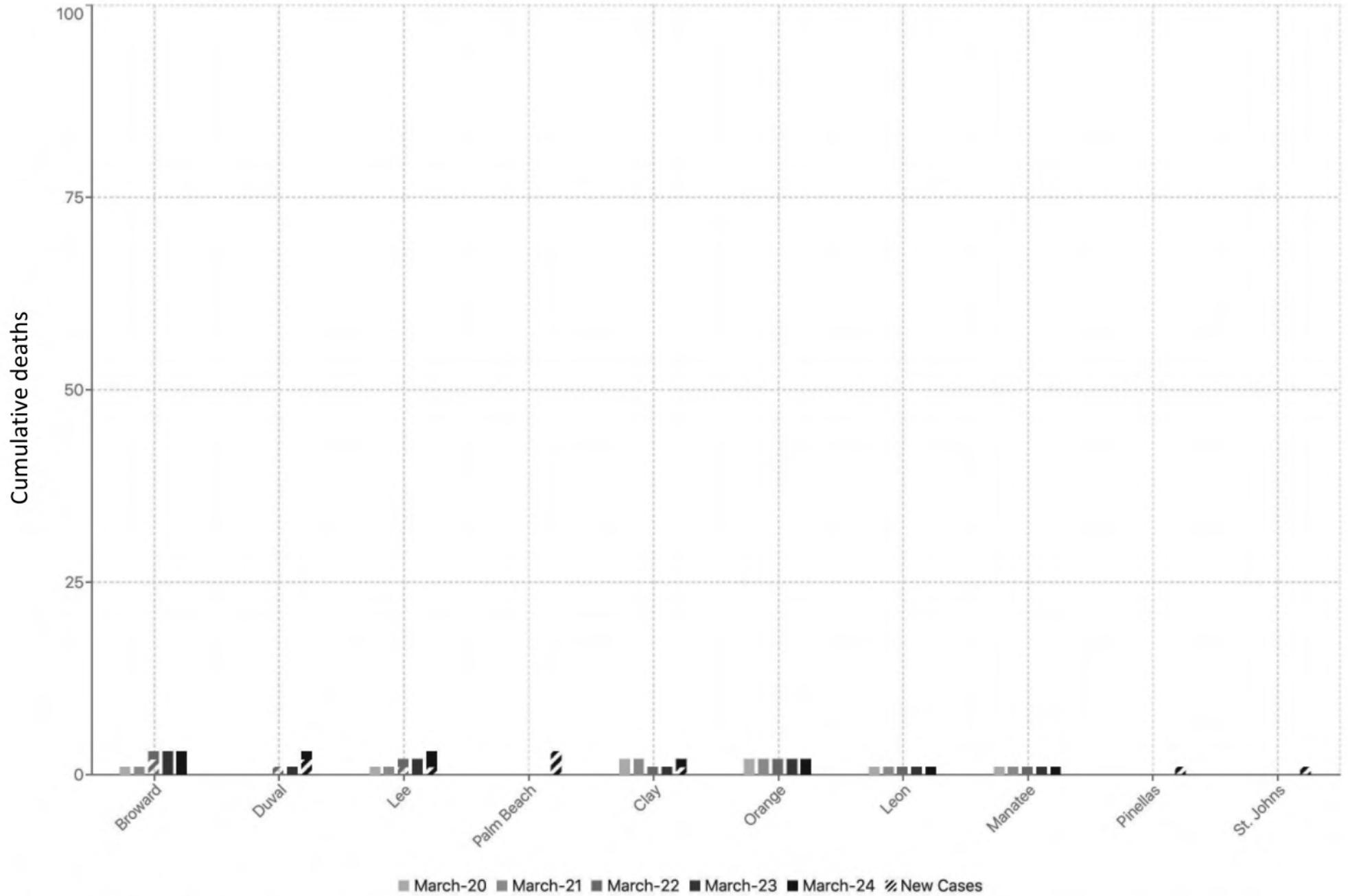
Florida



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

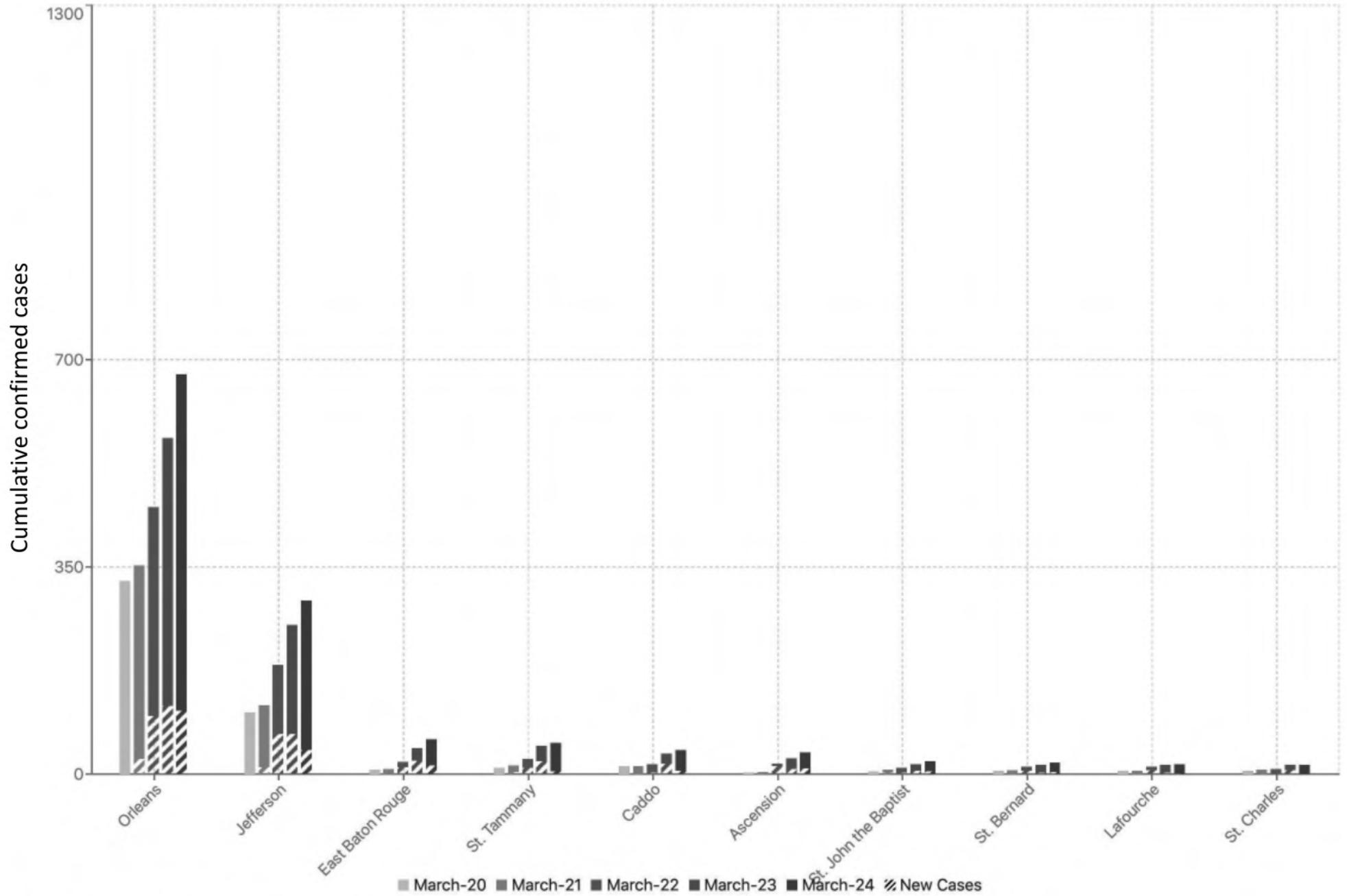
Florida



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

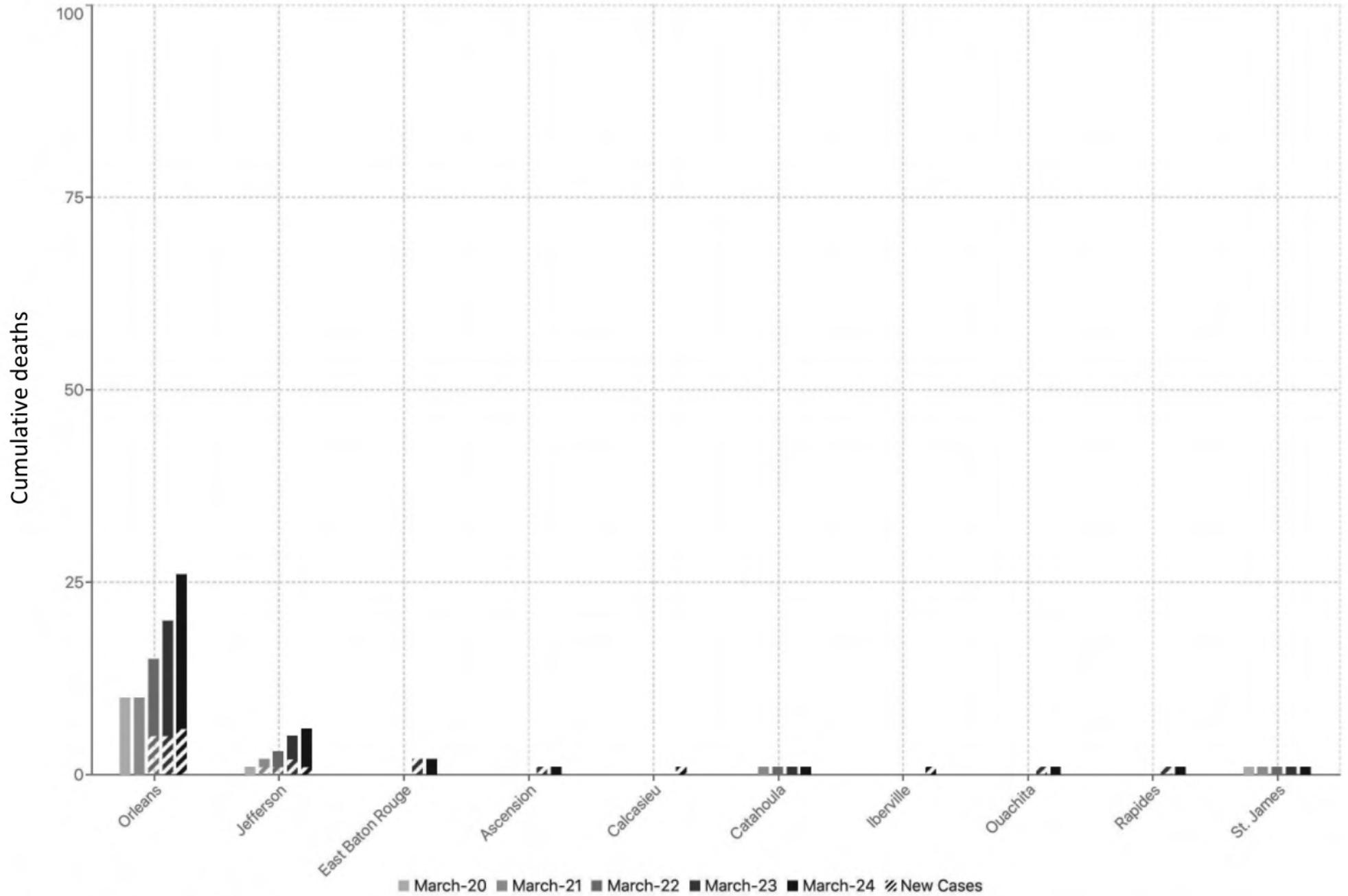
Louisiana



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

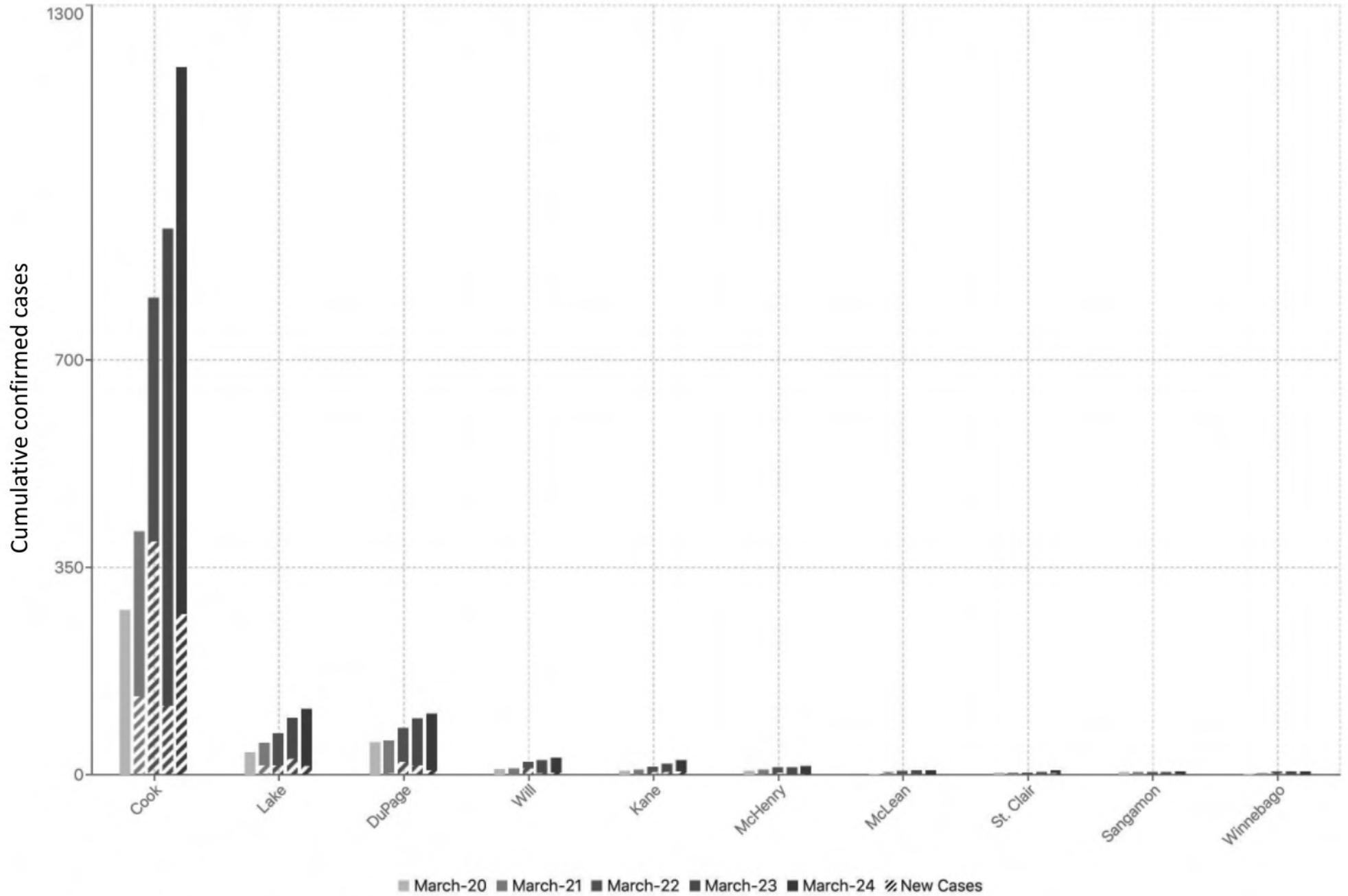
Louisiana



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

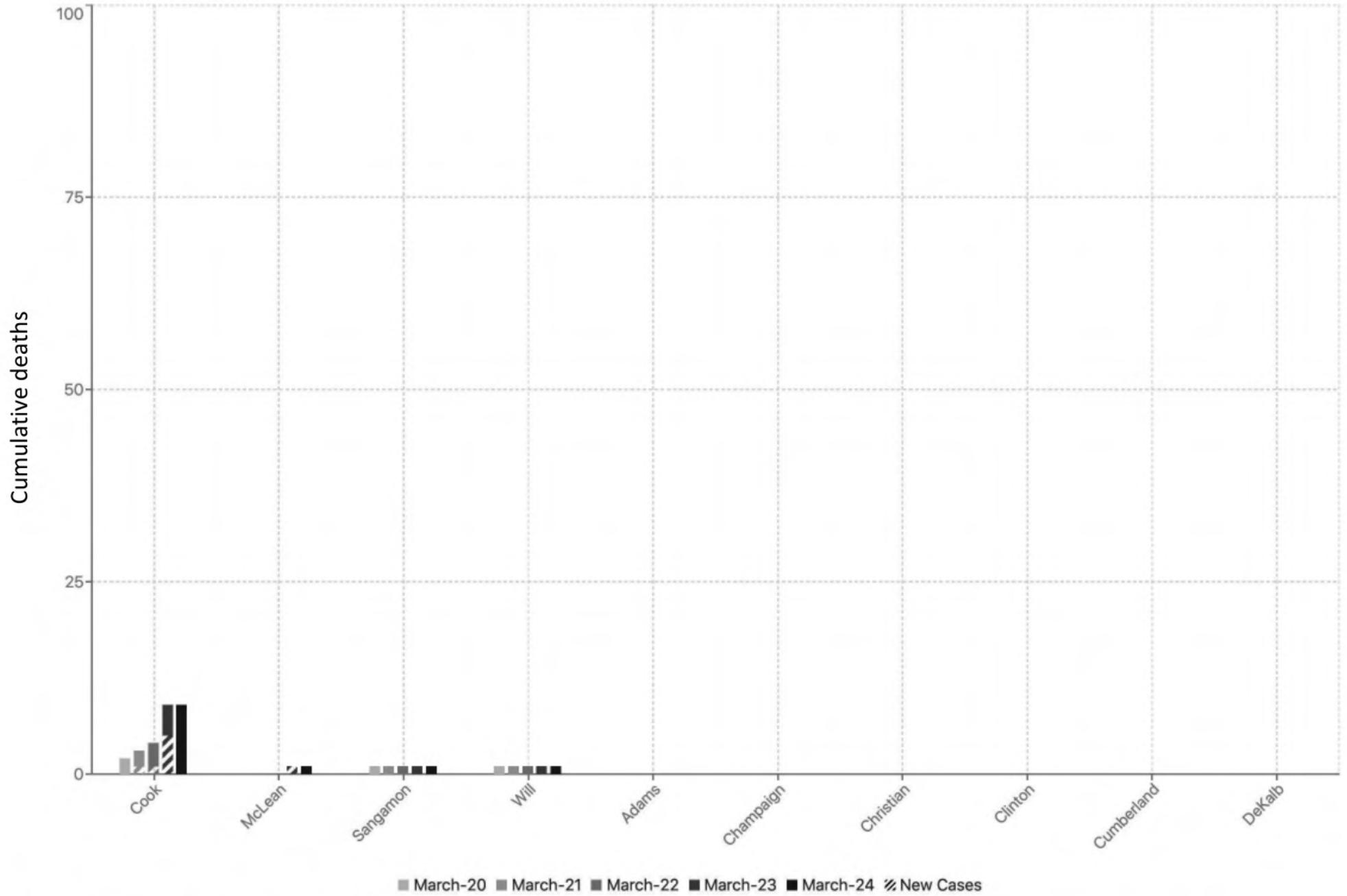
Illinois



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

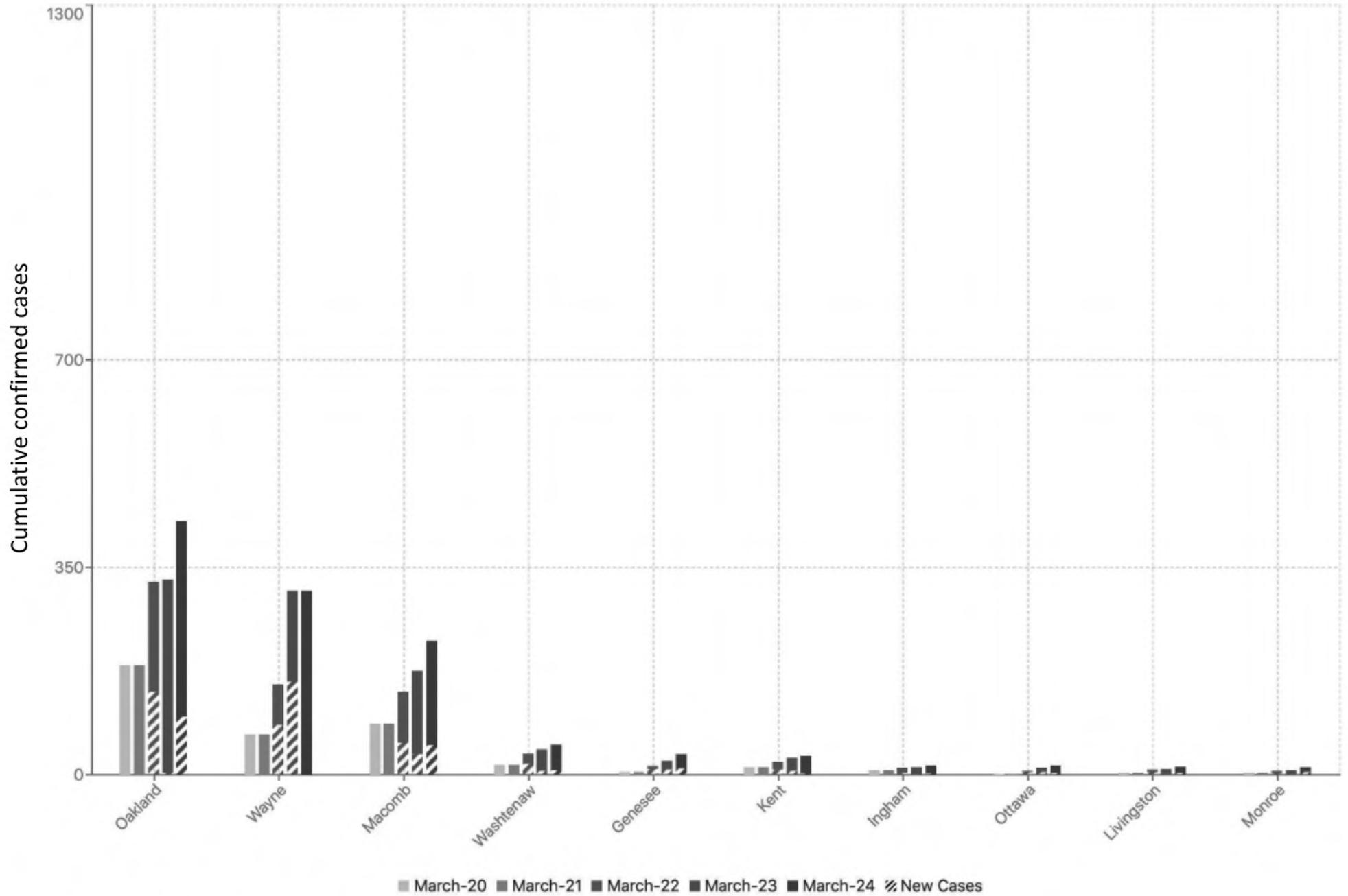
Illinois



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

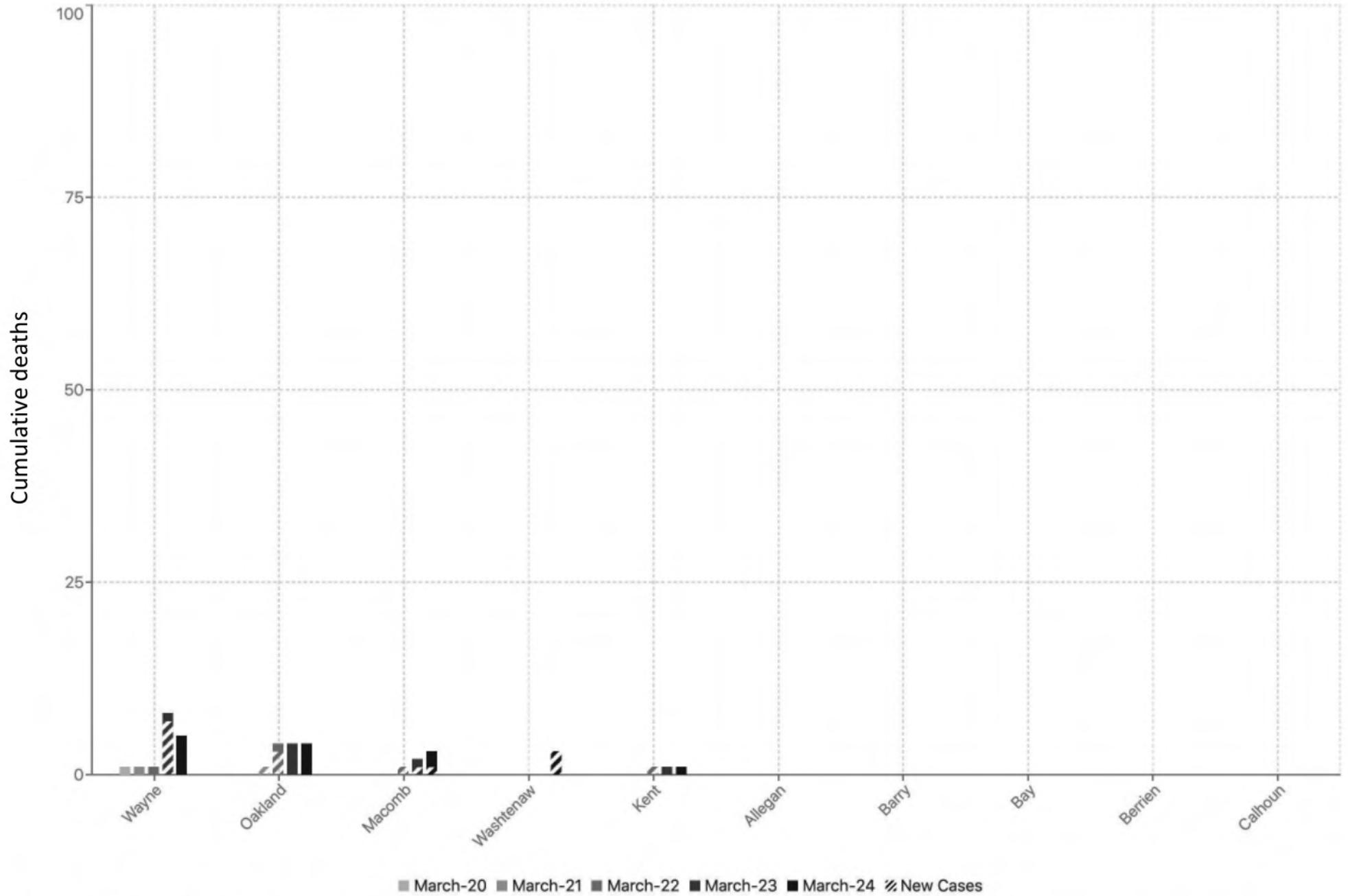
Michigan



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

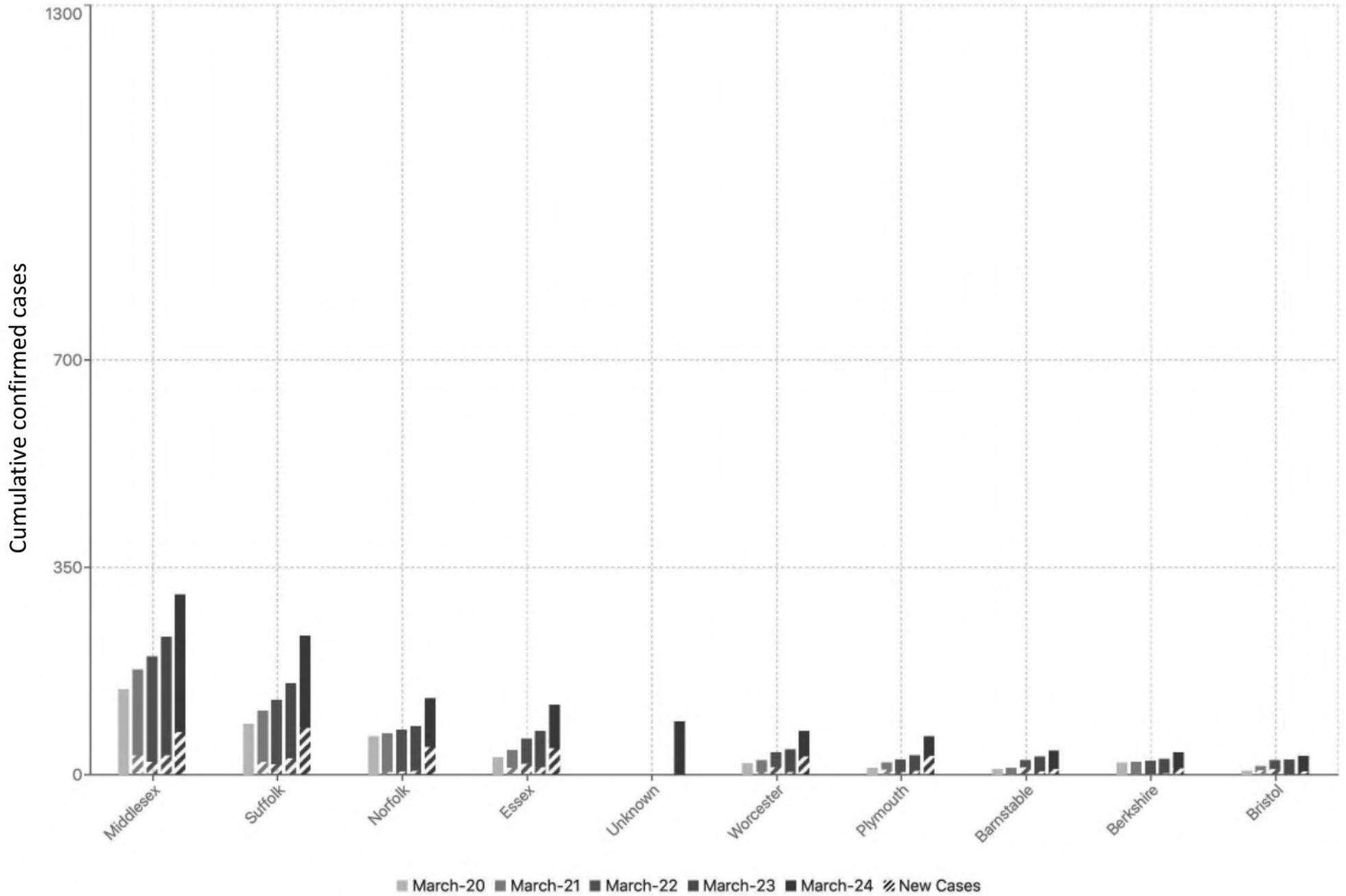
Michigan



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

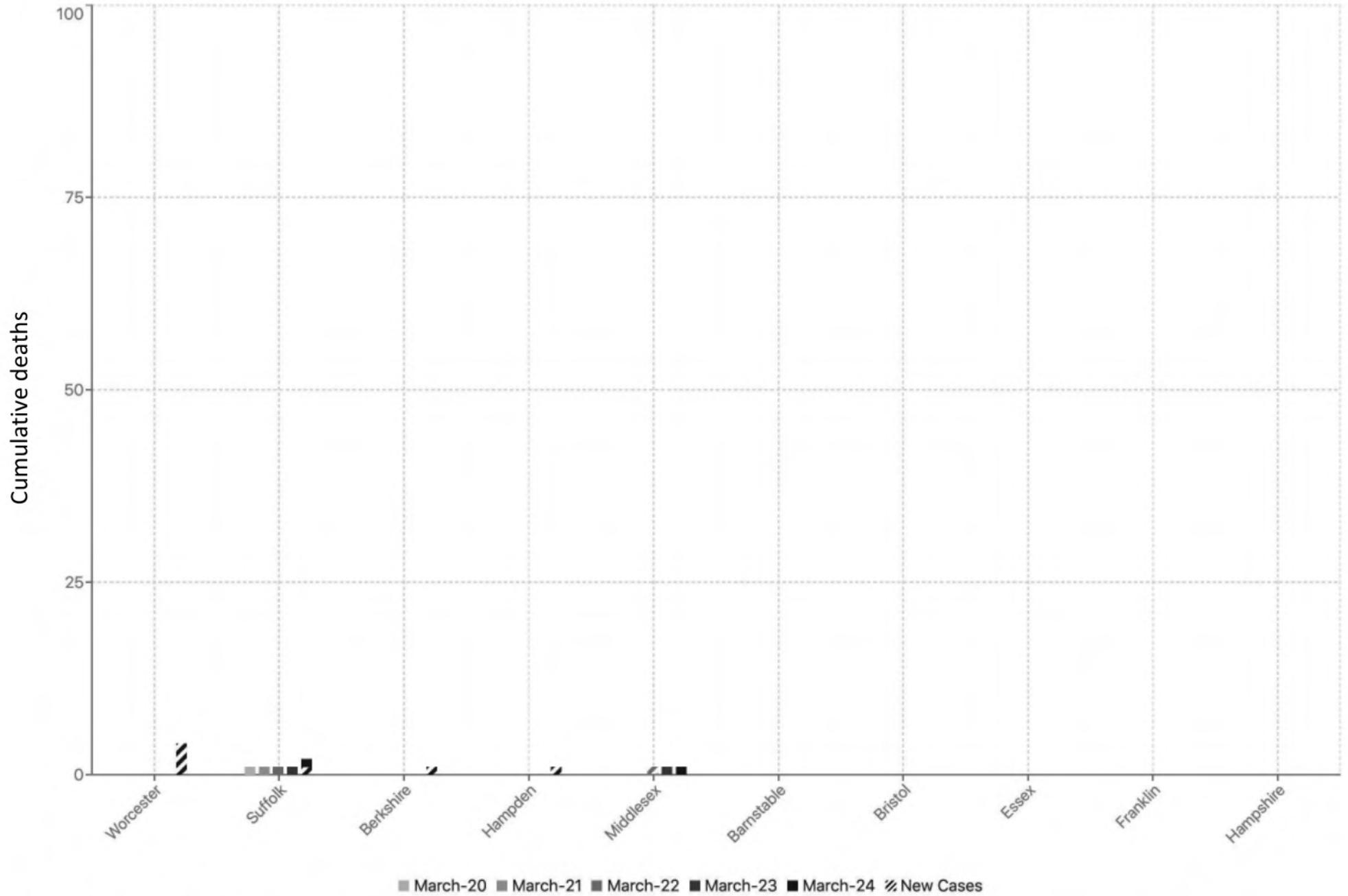
Massachusetts



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

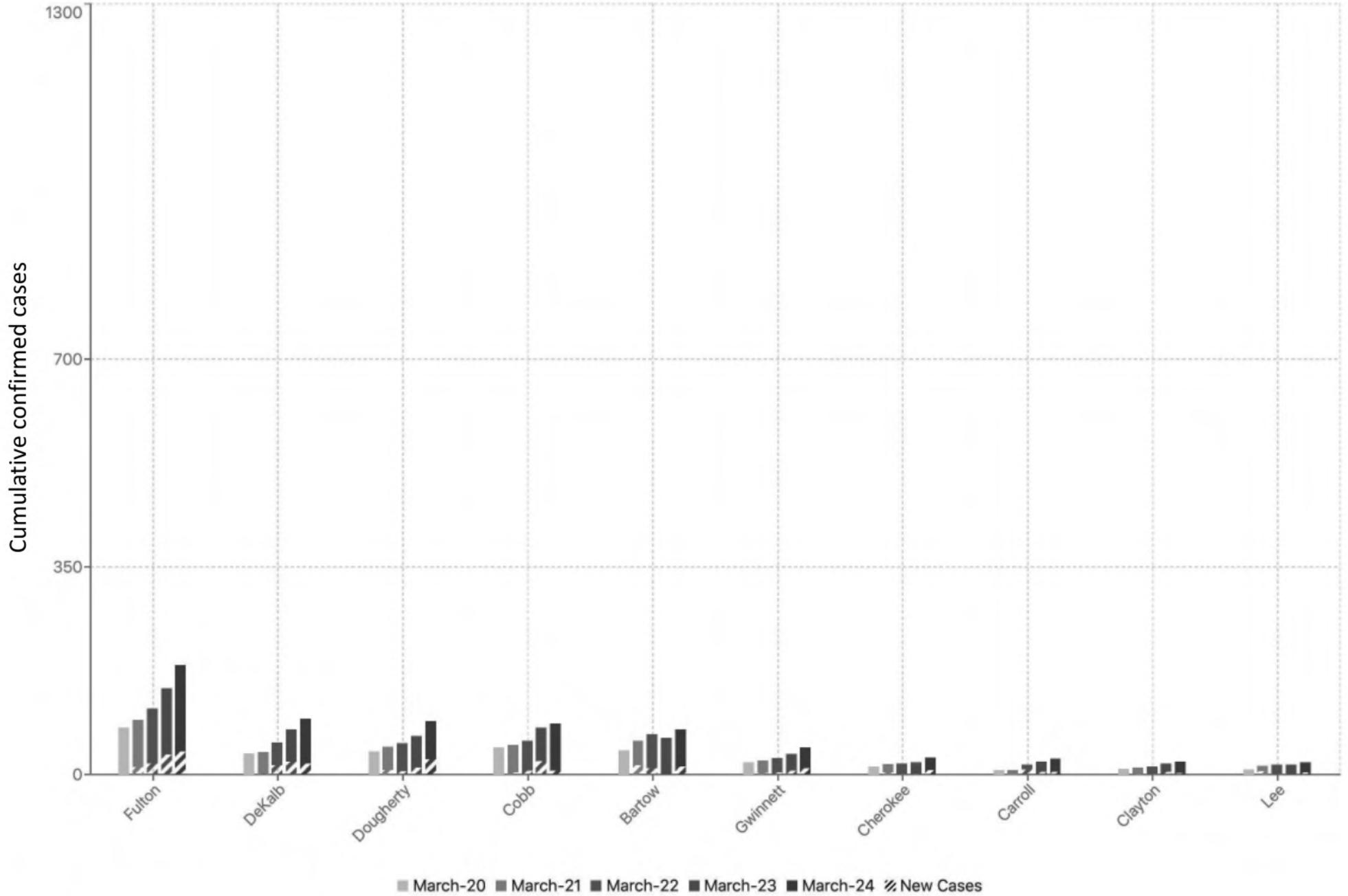
Massachusetts



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

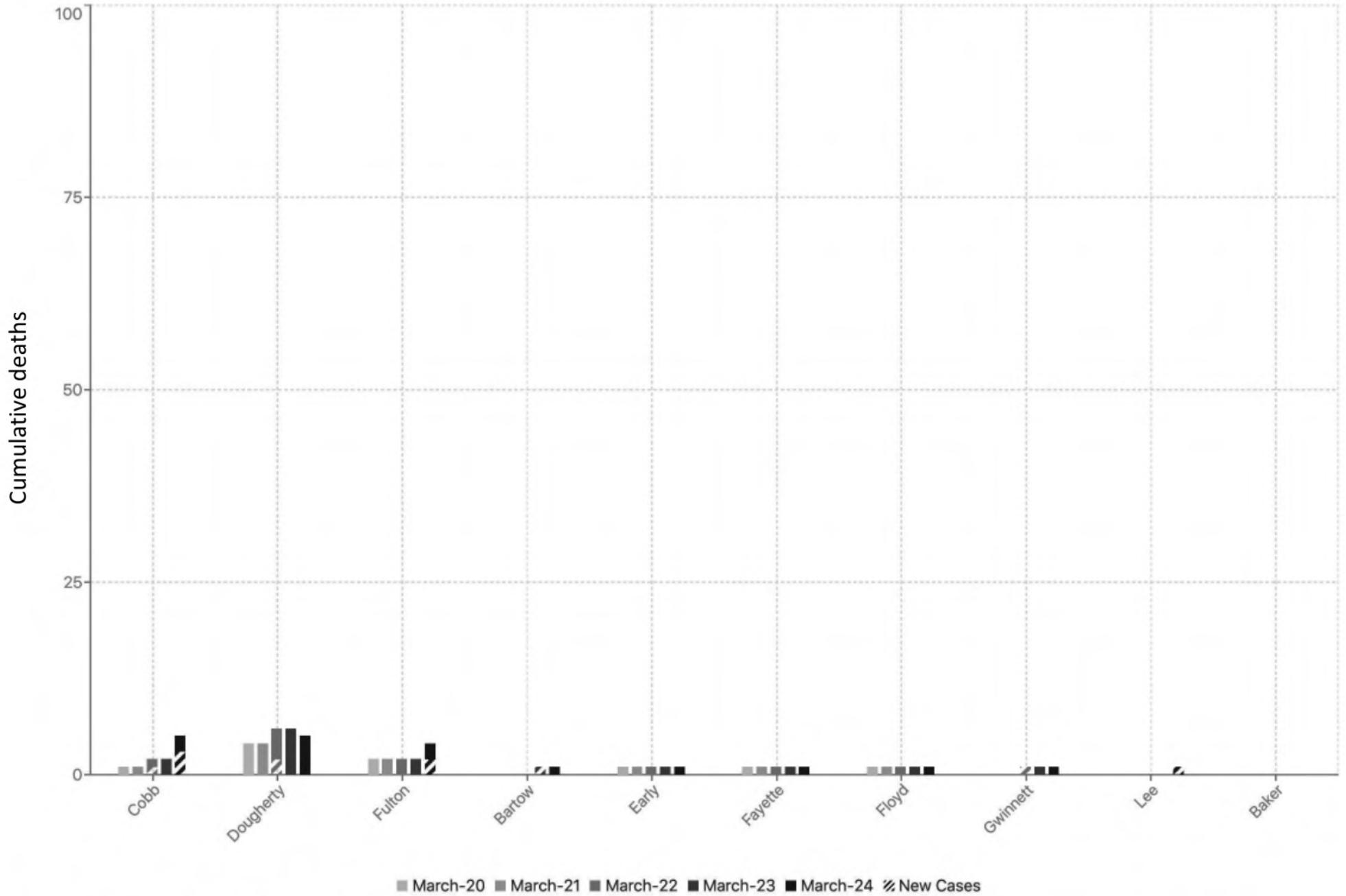
Georgia



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking Project Data sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

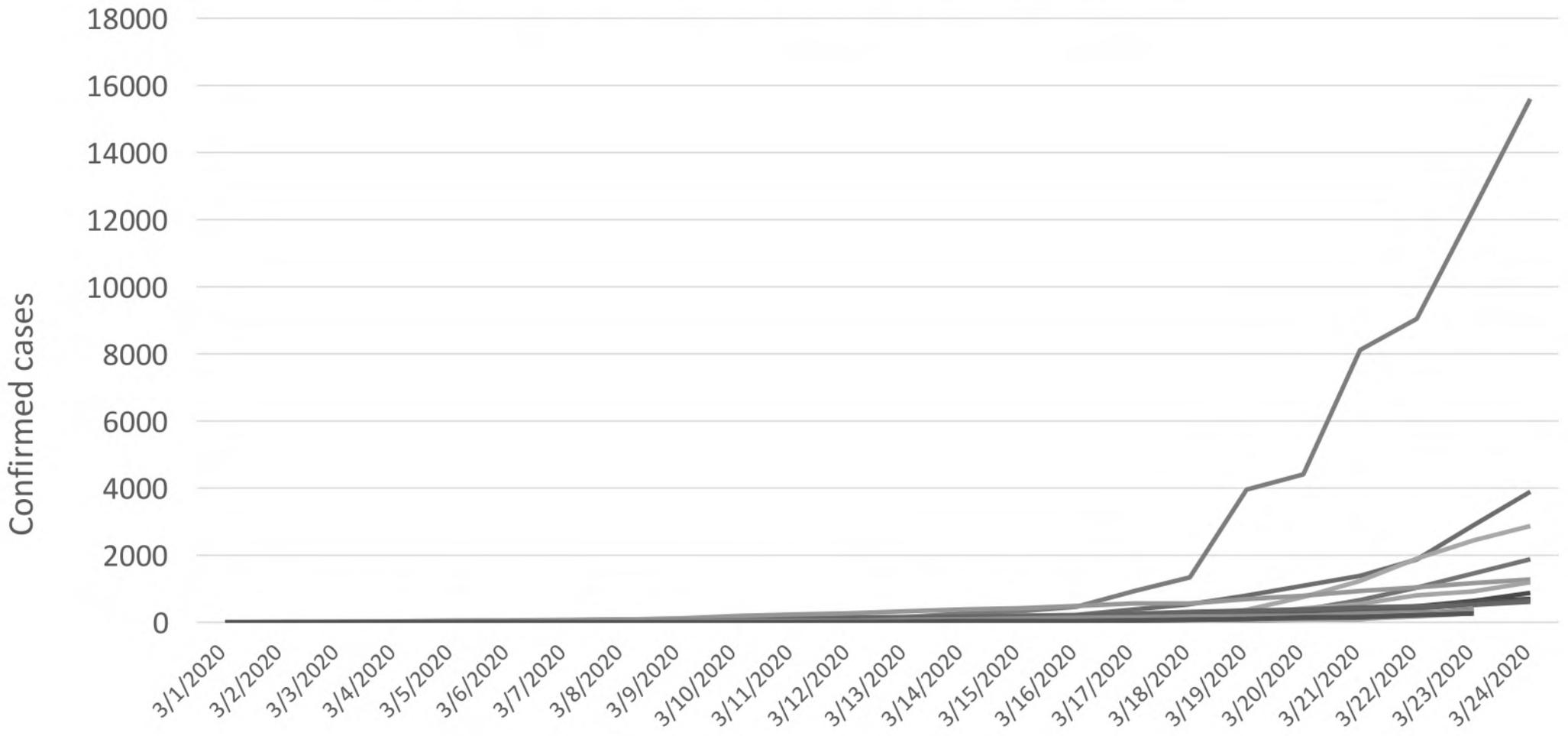
Georgia



Source: [Conference of State Bank Supervisors](#), as of 17:58 March 24, 2020.

Verification from the COVID Tracking ProjectData sourced from state health departments, news reports, and other sources; numbers may conflict with other figures due to delayed or incomplete reporting

Trends in Reported Cases Since 3/1/2020



Source: <http://usafacts.org/> as of 3/24/2020

From: Short, Marc T. EOP/OVP
Sent: Tue, 3 Mar 2020 00:14:04 +0000
To: Short, Marc T.

EOP/OVP: (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] white house coronavirus task force principals meeting - 4:15pm + Updated Agenda + Updated Final Seating Chart

Attachments: White House Coronavirus Task Force Agenda 03.03.2020 1600.docx, WHSR JFK Seating Chart - White House Coronavirus Task Force Meeting 3.3.20 - 0415 v.2.pptx

Importance: High

All,

There will be a **Coronavirus Task Force Principals Meeting** this afternoon, Tuesday, March 3, at **4:15 pm** in the **White House** (b)(6) **Room**. Updated agenda and seating chart attached.

Please note: The attached seating chart has been approved by The White House. No changes are expected.

Thank you,

(b)(6)

Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday March 3, 2020
4:15pm EST

- I. **Opening Remarks** – Vice President Pence
- II. (b)(5) Seema Verma, Administrator
for the Centers for Medicare and Medicaid Services (CMS)
- III. (b)(5) Steve Biegun, Deputy Secretary
(Dept. of State) & Matt Pottinger, Assistant to the President and Deputy
National Security Advisor
- IV. (b)(5) – Russ Vought, Director (OMB) & Matt
Pottinger, Assistant to the President and Deputy National Security Advisor
- V. (b)(5) – Russ Vought, Director (OMB) & Matt
Pottinger, Assistant to the President and Deputy National Security Advisor &
(b)(6) SAP and Senior Director for Border and Transportation Security
National Security Council
- VI. (b)(5) Russ Vought, Director (OMB)
- VII. **Concluding Remarks** – Vice President Pence

SOUTH

VTC PARTICIPANTS

(b)(6) NSC
RESILIENCE

Dr. Kelvin Droege
Dir. OSTP

Joel Szabat, Act. U/S
DOT

Dr. Robert Kadlec A/S
HHS

(b)(6) AP Adv.
WH Counsel

(b)(6) SC BATS

(b)(6) AP
DCOS POL CORD

Rob Blair AP/SR
ADVISOR EOP COS

Matt Pottinger AP/DEP
NSA

Larry Kudlow AP
DIRNEC

Kenneth Rapuano
ASST. SEC DEF

Russ Vought DIR OMB

WEST - WINDOWS

Joseph Grogan AP
DIR DOM POL

Dr. Anthony Fauci
DIR NIAID

Dr. Robert Redfield
DIR CDC

Mick Mulvaney EOP
COS

Sec. Ben Carson
HUD

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

Vice President

Dr. Stephen Hahn
Commissioner - FDA

Stephen Biegun, DEP
SEC STATE

Ken Cuccinelli ACT
DEP SEC DHS

Seema Verma Admin
CMS

Sec. Alex Azar
HHS

Sec. Steven Mnuchin
Treasury

Brian Bulatao U/S
MGMT STATE

Kristan Nevins AP WH
CAB AFFAIRS

(b)(6) PRESS
/ OVP

Katie Miller SAP
PRESS / OVP

Brian Harrison COS
HHS

LTG Kellogg AP NSA /
OVP

(b)(6) SR
ADVISOR OVP

Marc Short AP COS
OVP

DOOR

EAST

DOOR

NORTH

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b)(6) DEP
LEG. Adv. / NSC

[Redacted]

[Redacted]

(b)(6)
(HHS)

Matt Morgan

[Redacted]

[Redacted]

(b)(6)

(b)(6)

[Redacted]

[Redacted]

(b)(6) (FDA)

(b)(6)

(b)(6)

[Redacted]

(b)(6) (b)(6)
(b)(6) AP /
IGA

(b)(6)

Derek Kan (OMB)

[Redacted]

DOOR

From: Short, Marc T. EOP/OVP
Sent: Tue, 3 Mar 2020 23:20:45 +0000
To: Short, Marc T.

EOP/OVP: (b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Principals Meeting - 4:30pm
Attachments: WHSR JFK Seating Chart - White House Coronavirus Task Force Meeting 3.4.20 - FINAL.pptx, Global Level 2 Health Advisory March 4 (004) (002).docx, White House Coronavirus Task Force Agenda 03.04.20 1630.docx

All,

There will be a **Coronavirus Task Force Principals Meeting** today, Wednesday, March 4, at **4:30 pm** in the **White House** (b)(6) **Room**. Agenda, seating chart, and supplemental material(s) attached.

Please note: The attached seating chart has been approved by The White House. No changes are expected.

Thank you,

(b)(6)

Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)

SOUTH

VTC PARTICIPANTS

(b)(6) NSC
RESILIENCE

Dr. Jerome Adams US
SURGEON GENERAL

Gary Rasicot ACT. A/S
CWMD DHS

Dr. Robert Kadlec A/S
HHS

Pat Philbin, DAP / DEP
COUNSEL

(b)(6) NSC BATS

(b)(6) AP
DCOS POL CORD

Rob Blair AP/SR
ADVISOR EOP COS

Matt Pottinger AP/DEP
NSA

Larry Kudlow AP
DIRNEC

Carl Risch A/S
CONSULAR AFFAIRS

Russ Vought DIR OMB

Robert Wilkie SEC
DEP VET AFF

Dr. Anthony Fauci
DIR NIAID

Dr. Robert Redfield
DIR CDC

Mick Mulvaney EOP
COS

Sec. Ben
Carson HUD

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

Vice President

Dr. Stephen Hahn
COMMISSIONER FDA

Stephen Biegun, DEP
SEC STATE

Ken Cuccinelli ACT
DEP SEC DHS

Seema
Verma ADMIN CMS

Sec. Alex Azar HHS

Sec. Steven
Mnuchin Treasury

Joe Grogan AP / DIR
DOM POLICY
COUNCIL

Brian Bulatao U/S
MGMT STATE

Jessica Ditto DAP &
DEPT DIR COMMS/
WHO

LTG Kellogg AP NSA /
OVP

Brian Harrison COS
HHS

Olivia Troye SR
ADVISOR OVP

Katie Miller SAP
PRESS / OVP

Marc Short AP / COS
OVP

WEST - WINDOWS

NORTH

DOOR

EAST

DOOR

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b)(6) AP /
DEP DIR IGA

(b)(6)

(b)(6) DEP
LEG. Adv. / NSC

[Redacted]

(b)(6)
(b)(6) ADVISOR
COS/ EOP

(b)(6)
(HHS)

Matt MorganDAP /
DEP COS / OVP

(b)(6)
(b)(6) ADVISOR COS
/ OVP

(b)(6) DV.
COMMISSIONER /
FDA

(b)(6) R OPL

(b)(6)
(b)(6) ASSOC.
DIR / EXTERNAL
AFFAIRS / OVP

Kristan NevinsAP/
WH CAB AFFAIRS

(b)(6) U/S
POLICY / DOT

Dr. Kelvin
DroegemeierDIR /
OSTP

(b)(6) DIR /
LEG AFFAIRS / OVP

Sean Conley,
Physician / POTUS

(b)(6) DAP
/ IGA

(b)(6)
(b)(6) PRESS /
OVP

(b)(6) NR.
ADVISOR SR
ADVISOR / INT'L
ECON AFFAIRS /
WHO

Steve PinkosDEP
NSA / OVP

Derek Kan (OMB)

DOOR

The CDC has issued a Level 1 Global Travel Watch in response to COVID-19. Please visit the CDC page for more information about this notice and for more information about COVID-19.

Due to the CDC's Level 1 Global Travel Watch, the Department of State has issued a Global Level 2 Health Advisory advising U.S. citizen travelers and those residing abroad to exercise increased caution due to COVID-19.

You are encouraged to visit travel.state.gov to view individual country Travel Advisories for the most urgent threats to safety and security. Please also visit the website of the relevant U.S. embassy or consulate to see information on entry restrictions, foreign quarantine policies, and urgent health information provided by local governments.

Travelers are urged to enroll in the [Smart Traveler Enrollment Program \(STEP\)](#) to receive Alerts and make it easier to locate you in an emergency. The Department uses these Alerts to convey information about terrorist threats, security incidents, planned demonstrations, natural disasters, etc. In an emergency, please contact the nearest U.S. Embassy or Consulate or call the following numbers: 1(888) 407-4747 (toll-free in the United States and Canada) or 1 (202) 501-4444 from other countries.

For further information:

- Consult the [CDC website](#) for the most up-to-date information.
- For the most recent information on what you can do to reduce your risk of contracting COVID-19 please see the [CDC's latest recommendations](#).
- Check with your airlines or cruise lines regarding any updated information about your travel plans and/or restrictions.
- Visit our Embassy webpages on COVID-19 for information on conditions in each country.
- Visit the [Department of Homeland Security's website](#) on the latest travel restrictions to the U.S.
- Seek medical care right away if you believe you may have COVID-19 (or similar symptoms) or were exposed to someone who may have COVID-19 in the last six weeks.

Approved: CA/OCS: (b)(6) (xx)
Drafted: OCS/ACS/EUR: (b)(6) ext (b)(6) cell 443-254 (b)(6)
Cleared:

M	(b)(6)	(OK)
P		(OK)
D		(OK)
S		(OK)
M		(OK)
C		(OK)
D		(OK)
M		(OK)
A		(OK)
W		(OK)
N		(OK)
E		(OK)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, March 4, 2020
4:30pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Dan Jernigan, Director of the Influenza Division in the National Center for Immunization and Respiratory Diseases (NCIRD) (CDC) & Dr. Marty Cetron, Director for the Division of Global Migration and Quarantine (CDC)
- III. (b)(5)s – Bob Salesses, Deputy Assistant Secretary of Defense for Homeland Defense Integration and DSCA (DOD)
- IV. (b)(5) – Matt Pottinger, Assistant to the President and Deputy National Security Advisor & Steve Biegun, Deputy Secretary (Dept. of State)
- V. (b)(5) – Larry Kudlow, Assistant to the President for Economic Policy & Director of the National Economic Council
- VI. (b)(5) International/Foreign/Domestic/Entry/Exit) – (b)(6) SAP and Senior Director for Border and Transportation Security National Security Council & Ken Cuccinelli, Acting Deputy Secretary (DHS) & Gary Rasicot, Acting Assistant Secretary, Countering Weapons of Mass Destruction (DHS)
- VII. **Concluding Remarks** – Vice President Pence

From: Short, Marc T. EOP/OVP
Sent: Thu, 5 Mar 2020 00:14:36 +0000
To: Short, Marc T.

EOP/OVP (b)(6)

(b)(6)

(b)(6)

(b)(6)

ney, Sean P. CDR

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] [EXTERNAL] White House Coronavirus Task Force Principals Meeting - 3:30pm EST + Agenda + Seating Chart

Attachments: White House Coronavirus Task Force Agenda 3.5.20.docx, WHSR JFK Seating Chart - White House Coronavirus Task Force Meeting 3.5.20 1530.pptx

Importance: High

All,

There will be a **White House Coronavirus Task Force Principals Meeting** on **Thursday, March 5**, at **3:30 pm EST** in the **White House** (b)(6) **Room**. Agenda and seating chart attached.

Please note: Due to scheduled travel, the Vice President will convene this meeting over the phone. All principals not accompanying the Vice President on tomorrow's trip will be expected to attend the meeting in person.

Thank you,

(b)(6)

Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, March 5, 2020
3:30pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Ann Schuchat, Principal Deputy Director of the Centers for Disease Control and Prevention (CDC)
- III. (b)(5) Ken Cuccinelli, Acting Deputy Secretary (DHS) & Gary Rasicot, Acting Assistant Secretary, Countering Weapons of Mass Destruction (DHS)
- IV. (b)(5) – Larry Kudlow, Assistant to the President for Economic Policy & Director of the National Economic Council
- V. **Concluding Remarks** – Vice President Pence

SOUTH

VTC PARTICIPANTS

Matt Morgan DAP / DEP
COS / OVP

(b)(6) AP
DCOS POL CORD

Pat Philbin, DAP / DEP
COUNSEL

(b)(6) AP /
DEP COUNSEL NSA /
NAT'L SEC COUNCIL

LEGAL ADVISOR
(b)(6) SAP / NSC
BATS

(b)(6) AP /
NSC RESILIENCE

Matt Pottinger AP/DEP
NSA

Rob Blair AP/SR
ADVISOR EOP COS

Dr. Robert Kadlec A/S
HHS

Joel Szabat A-U/S
POLICY / DOT

Gary Rasicot A-A/S
CWMD / DHS

Jim Goyer SAP / DEP
DIR / OPL

Russ Vought DIR /
OMB

Dr. Anthony Fauci
DIR NIAID

Larry Kudlow AP /
DIR NEC

Joe Grogan AP / DIR
/ DOM POLICY
COUNCIL

Robert Wilkie SEC
DEP VET AFF

Sec. Ben
Carson HUD

LTG Kellogg AP /
NSA / OVP

Dr. Jerome Adams US
SURGEON GENERAL

Ken Rapuano A/S
HOMELAND DEFENSE
& GLOBAL SECURITY

Stephen Biegun, DEP
SEC STATE

Ken Cuccinelli ACT
DEP SEC DHS

Sec. Steven
Mnuchin Treasury



Sec. Alex Azar HHS

(b)(6)
(b)(6) ADVISOR
COS / EOP

(b)(6) DAP &
DEPT DIR COMMS/
WHO

(b)(6) Press
Secretary / OVP

Kristan Nevins AP/
WH CAB AFFAIRS

Dr. Kelvin
Droegemeier DIR / OSTP

Dr. Charles
Rosenfarb U/S MGMT
STATE

(b)(6) DEP
ADMIN / CMS

Brian Harrison COS
HHS

DOOR

EAST

DOOR

WEST - WINDOWS

NORTH

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]



[Redacted]

(b)(6) ADV.
COMMISSIONER /
FDA

[Redacted]

Steve Pinkos DAP/
DEP NSA / OVP

(b)(6)
(b)(6) ADVISOR COS
/ OVP

(b)(6) SAP /
DEP DIR IGA

(b)(6) DIR /
HHS

(b)(6) AP/ SR DIR
COUTNER PROLIFERA

(b)(6) DAP
/ IGA

(b)(6) DEP LEG. Adv. /
NSC

TI (b)(6) ASE
AVISOR SR
ADVISOR / INT'L
ECON AFFAIRS /
WHO

[Redacted]

[Redacted]

Derek Kan EXEC
ASSOC DIR / OMB

DOOR

From: Short, Marc T. EOP/OVP
Sent: Tue, 10 Mar 2020 22:36:56 +0000
To: Short, Marc T.

EOP/OVP: (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.11.20 at 4:00pm
Attachments: WH Task Force Agenda 3.11.20.docx, WHSR Seating Chart WH Coronavirus TF Meeting 3.11.20.pptx

All -

There will be a **White House Coronavirus Task Force Meeting at 4:00pm** on Wednesday, March 11. Preliminary agenda and seating chart attached.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, March 11, 2020
4:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Ambassador Debi Birx, M.D.
- IV. (b)(5) – Matthew Pottinger, Assistant to the President and Deputy National Security Advisor
- V. (b)(5) – Russ Vought, Director (OMB)
- VI. **Concluding Remarks** – Vice President Pence

DOOR

VTC PARTICIPANTS

SOUTH

A/S Ken
Rapuano HOMELAND
DEFENSE & GLOBAL
SECURITY
Joe Grogan AP / DIR
DOM POLICY
COUNCIL

(b)(6) AP / WH
PRESS

(b)(6) DAP / DIR IGA

Joel Szabata-U/S POLICY /
DOT

(b)(6) R
COORD / CRCU / STATE

Brian Harrison COS / HHS

LTG Kellogg AP / NSA
/ OVP

(b)(6) SR
ADVISOR / OVP

Katie Miller SAP
PRESS / OVP

Marc Short AP / COS
OVP

A/S Chad Wolf DHS

Dr. Stephen Hahn
COMMISSIONER FDA

Stephen Biegun, DEP
SEC STATE

Dr. Bob Redfield DIR
/ CDC

Sec. Steven
Mnuchin Treasury

Sec. Alex Azar HHS



Dr. Jerome
Adams Surgeon
General

Seema
Verma ADMINISTRA
TOR / CMS

Sec. Robert Wilkie VA

Sec. Ben
Carson HUD

Dr. Anthony Fauci
DIR NIAID

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

(b)(6) DAP / DIR OPL
(b)(6) / DEP
COUNSEL / NATL SEC
AFFAIRS / LEGAL
ADVISOR / NSC

Pat Philbin DAP / DEP
COUNSEL / EOP

Matt Pottinger AP / DEP
NAT'L SECURITY ADVISOR

(b)(6) SAP / NSC
BATS

Dr. Robert Kadlec A/S HHS

Kellyanne Conway AP/
SENIOR COUNSELOR

Larry Kudlow AP /
ECON POLICY

Russ Vought DIR OMB

Christopher Liddell AP /
DCOS / POL CORD

WEST - WINDOWS

Vice President

NORTH

EAST

DOOR

DOOR

Please note: The seating chart below may not reflect the actual seating arrangement in overflow room.

VTC PARTICIPANTS

[Redacted]

(b)(6) DAP / DEP
DIR / IGA

(b)(6) SAP for
Domestic Policy

(b)(6) DAP /
COS SR COUNSELOR /
KELLYANNE

CONWAY
May Davis DAP /
ADVISOR WH
COUNSEL

Steve Pinkos DEP NSA /
OVP

[Redacted]

(b)(6) HHS

(b)(6) SAP / DEP
DIR / OPL

(b)(6) DIR
COUNTERING
BIOLOGICAL
THREATS / NSC

(b)(6) SAP / NSC
RESILIENCE

(b)(6) NSC



Derek Kan EXEC
ASSOC DIR / OMB

[Redacted]

Dr. Kelvin Droegemeier DIR
OSTP

(b)(6) DAP
/ COUNSELOR TO
COS

(b)(6) DIR /
LEG AFFAIRS / OVP

(b)(6) SNR. AVISOR SR
ADVISOR / INT'L ECON
AFFAIRS / WHO

(b)(6) OVP

(b)(6) AP / WH
Comms

(b)(6) DEP
COUNSELOR / OVP

(b)(6) ASSOC. DIR
/ EXTERNAL AFFAIRS
/ OVP

(b)(6) PRESS / OVP

Sean Conley WH PHYSICIAN

Kristan Nevins AP /
CAB SEC / CAB
AFFAIRS

(b)(6) P AIDE

DOOR

From: Short, Marc T. EOP/OVP
Sent: Fri, 20 Mar 2020 16:24:51 +0000
To: Short, Marc T. EOP/OVP; (b)(6)

(b)(6)

(b)(6)

Cc: Hoosier Calendar; (b)(6) EOP/OVP; Cipollone, Pat A. EOP/WHO
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: WHSR JFK Seating Chart - 3.21.20.pptx, WH Coronavirus Task Force Agenda
3.21.20 1000 est.docx
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Saturday, March 21, 2020** at **10:00am**. Seating chart and agenda attached.

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)

DOOR

VTC PARTICIPANTS

SOUTH

WH Press

ADM Brett Giroir

A/S Chad Wolf

Secretary Carson

Katie Miller

Marc Short

Dr. Bob Redfield

Pete Gaynor

Jared Kushner

Sec. Alex Azar



Mark Meadows

Dr. Anthony Fauci

Amb. Debi Birx, M.D.

Vice President

Pat Cipollone

Joe Grogan

Dr. Stephen Hahn

Hope Hicks

Kellyanne Conway

Dr. Jerome Adams

Russ Vought

WH COUNSEL

WEST - WINDOWS

EAST

DOOR

NORTH

DOOR

VTC PARTICIPANTS

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

(b)(6)

(b)(6)

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]



(b)(6)

[Redacted]

Pat Philbin

[Redacted]

Brian Harrison

[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

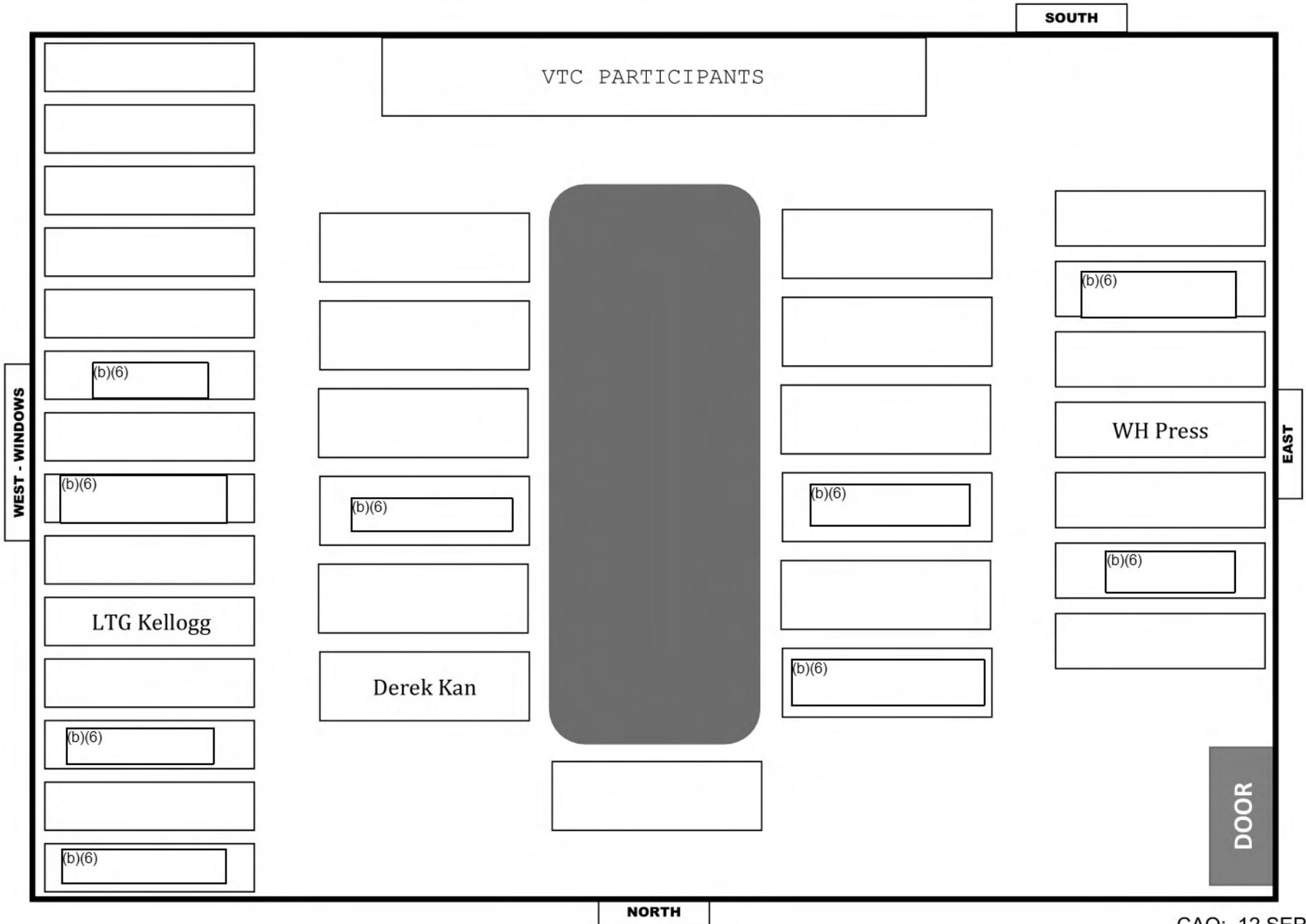
Kristan Nevins

[Redacted]

(b)(6)

(b)(6) SR
ADVISOR / OVP

DOOR





OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Saturday, March 21, 2020
10:00 am EST

I. Opening Remarks – Vice President Pence

(b)(5)

II. (b)(5) – Dr. Bob Redfield, (CDC)

(b)(5)

III. (b)(5) – Ambassador Debi Birx, M.D.

IV. (b)(5) – Admiral Brett Giroir (HHS) & Jared Kushner

V. (b)(5) – Secretary Alex Azar (HHS)

(b)(5)

(b)(5)

VI. Concluding Remarks – Vice President Pence

From: Short, Marc T. EOP/OVP
Sent: Sun, 15 Mar 2020 16:40:29 +0000
To: Short, Marc T. EOP/OVP (b)(6)

(b)(6)

(b)(6)

Cc: Hoosier Calendar (b)(6) EOP/OVP
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.16.20 at 9:00am

All -

There will be a **White House Coronavirus Task Force Meeting** tomorrow, **Monday, March 16 at 9:00 am** in the (b)(6) **Room**. All materials will be forthcoming.

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)

From: Short, Marc T. EOP/OVP
Sent: Sun, 8 Mar 2020 01:27:54 +0000
To: Short, Marc T.

EOP/OVP: (b)(6)

(b)(6)

(b)(6)

CC: (b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm
Attachments: WH JFK Seating Chart - 3.8.2020.pptx, WH Coronavirus Task Force Agenda
3.8.20 1600.docx
Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting** on **Sunday, March 8th at 4:00 pm** in the **White House** (b)(6) **Room**. Agenda and seating chart attached.

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)

DOOR

EAST

DOOR

SOUTH

WEST - WINDOWS

VTC PARTICIPANTS

Ken

Rapuno A/S

DEFENSE /
HOMELAND
DEFENSE &

GLOBAL
SECURITY

Dr. Stephen Hahn
COMMISSIONER
FDA

Stephen Biegun, DEP
SEC STATE

Chad Wolf A/S DHS

Sec. Alex Azar HHS



Vice President

NORTH

(b)(6) EP
LEGAL ADIVOSR / NSC

Kristan Nevins AP / CAB
SEC / CAB AFFAIRS

(b)(6) SAP /
DEP DIR IGA

(b)(6) DIR /
BUREAU OF MEDICAL
SERVICES / STATE
LTG Kellogg AP / NSA
/ OVP

(b)(6) SR
ADVISOR / OVP

Katie Miller SAP
PRESS / OVP

Marc Short AP / COS
OVP

Dr. Robert Kadlec A/S
HHS

Dr. Anthony Fauci
DIR NIAID

Seem
Verma ADMINISTRATOR / CMS

Sec. Robert Wilkie
VA

Sec. Ben
Carson HUD

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

(b)(6) AP /
DEP COUNSEL NSA /
NSC LEGAL ADVISOR
Joe Grogan AP / DIR
DOM POLICY
COUNCIL

Joel Szabat A. U/S POLICY /
DOT

Matt Pottinger AP/DEP
NSA

(b)(6) AP/
NSC RESILIENCE

(b)(6) AP / NSC
BATS

(b)(6) AP
/ DCOS / POL CORD

(b)(6) DAP / DIR
OPL

(b)(6) DEP COMM
OPERATIONS /

Gary Rasicot CWMD /
DHS

Russ Vought DIR OMB

Brian Harrison COS /
HHS

DOOR

VTC PARTICIPANTS

[Redacted]

Col (b)(6)
OSTP

Sean Conley,
Physician / POTUS

(b)(6) ADV.
COMMISSIONER /
FDA

(b)(6)
(b)(6) ASSOC. DIR
/ EXTERNAL AFFAIRS
/ OVP

[Redacted]

[Redacted]

[Redacted]

(b)(6) HHS

(b)(6) DPL

(b)(6)

Derek Kan EXEC
ASSOC DIR / OMB



[Redacted]

[Redacted]

Matt Morgan DAP /
DEP COS / OVP

(b)(6) SAP for
Domestic Policy

(b)(6) DIR /
LEG AFFAIRS / OVP

(b)(6) NR.
ADVISOR SR
ADVISOR / INT'L
ECON AFFAIRS /
WHO

[Redacted]

[Redacted]

[Redacted]

(b)(6) DEP
COUNSEL / OVP

(b)(6) ADVISOR
COS / OVP

(b)(6) PRESS /
OVP

Steve Pinkos DEP
NSA / OVP

DOOR



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Sunday, March 8, 2020
4:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Dr. Bob Kadlec, Assistant Secretary for Preparedness and Response (HHS)
- IV. (b)(5) – Matt Pottinger, Assistant to the President and Deputy National Security Advisor & (b)(6) Special Assistant to the President and Senior Director for Border and Transportation Security (NSC)
- V. (b)(5) – Ambassador Debi Birx, M.D.
- VI. (b)(5) – Ambassador Debi Birx, M.D.
- VII. (b)(5) – Vice President Pence & Ambassador Debi Birx, M.D.
- VIII. **Concluding Remarks** – Vice President Pence

From: Short, Marc T. EOP/OVP
Sent: Wed, 11 Mar 2020 22:18:36 +0000
To: Short, Marc T.

EOP/OVP; (b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6) A. IMAJ USA WHIMU/WHIMU; (b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: WH Task Force Agenda 3.12.20.docx, WHSR Seating Chart WH Coronavirus TF Meeting 3.12.20.pptx
Importance: High

Good evening all,

There will be a **White House Coronavirus Task Force** at **3:00 pm** in the **White House Room**. All materials will be forthcoming. (b)(6)

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, March 12, 2020
3:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Dr. Bob Kadlec, Assistant Secretary for Preparedness and Response (HHS)
- IV. (b)(5) – (b)(6) Special Assistant to the President and Senior Director for Border and Transportation Security National Security Council (NSC) & Chad Wolf, Acting Secretary (DHS)
- V. (b)(5) – Chad Wolf, Acting Secretary (DHS)
- VI. (b)(5) – Russ Vought, Director (OMB)
- VII. **Concluding Remarks** – Vice President Pence

DOOR

VTC PARTICIPANTS

SOUTH

A/S Ken
Rapuano
HOMELAND
DEFENSE & GLOBAL
SECURITY

Dr. Richard Stone
EXEC
IN CHARGE / VA

(b)(6) AP / DIR OPL

(b)(6) AP / DCOS /
POL CORD

Pat Philbin
DAP / DEP
COUNSEL / EOP

Matt Pottinger
AP / DEP
NAT'L SECURITY ADVISOR

(b)(6) AP / NSC
BATS

Dr. Robert Kadlec
A/S HHS

Joe Grogan
AP / DIR DOM
POLICY COUNCIL

Dr. Kelvin Droegemeier
DIR OSTP

(b)(6) AP / DIR
IGA

Joel Szabata
A-U/S POLICY /
DOT

WEST - WINDOWS



Vice President

NORTH

WH Press

RADM Erica Schwartz
DEP
SURGEON GENERAL

D (b)(6) SR
COORD / CRCU / STATE

Brian Harrison
COS / HHS

LTG Kellogg
AP / NSA
/ OVP

(b)(6) SR
ADVISOR / OVP

Katie Miller
SAP
PRESS / OVP

Marc Short
AP / COS
OVP

Russ Vought
DIR OMB

A/S Chad Wolf
DHS

Stephen Biegun,
DEP
SEC STATE

Dr. Bob Redfield
DIR
/ CDC

Sec. Steven
Mnuchin
Treasury

Sec. Alex Azar
HHS

Dr. Stephen Hahn
COMMISSIONER
FDA

Larry Kudlow
AP /
ECON POLICY

Seema
Verma
ADMINIST
RATOR / CMS

Sec. Ben
Carson
HUD

Dr. Anthony Fauci
DIR NIAID

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

EAST

DOOR

DOOR

Please note: The seating chart below may not reflect the actual seating arrangement in overflow room.

VTC PARTICIPANTS

[Redacted]

(b)(6) / OVP
DAP

/ COS SR
COUNSELOR /
KELLYANNE

(b)(6) ADVISOR TO
COMMISSIONER / FDA

(b)(6) PRESS / OVP

(b)(6) PAIDE

[Redacted]

[Redacted]

(b)(6) SAP/
NSC RESILIENCE

(b)(6) DAP /
ADVISOR WH
COUNSEL

(b)(6) ADVISOR /
POLICY & STRATEGY /
NSC

(b)(6) NSC



[Redacted]

[Redacted]

(b)(6) HHS

(b)(6) DIR /
LEG AFFAIRS / OVP

(b)(6) SR. AVISOR SR
ADVISOR / INT'L ECON
AFFAIRS / WHO

(b)(6) SAP for
Domestic Policy

Derek Kan EXEC
ASSOC DIR / OMB

WH Comms

(b)(6) h DEP
COUNSEL / OVP
DIR

COUNTERING
BIOLOGICAL
(b)(6) NSC

(b)(6) ASSOC. DIR
/ EXTERNAL AFFAIRS
/ OVP

WH PHYSICIAN

Kristan Nevins AP /
CAB SEC / CAB
AFFAIRS

(b)(6) VP

DOOR

From: Short, Marc T. EOP/OVP
Sent: Mon, 16 Mar 2020 17:46:31 +0000
To: Short, Marc T. EOP/OVP; Kate@mail.house.gov; (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting - Agenda + Seating Chart
Attachments: WHSR JFK Seating Chart - 3.17.20.pptx, WH Coronavirus Task Force 3.17.20.docx
Importance: High

Good afternoon all,

There will be a **White House Coronavirus Task Force Meeting** tomorrow morning at **9:00 am** in the **White House** (b)(6) **Room**. Seating chart attached. Agenda will be forthcoming.

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)

SOUTH

VTC PARTICIPANTS

Dr. Jerome Adams Surgeon General

Jared Kushner AP / SENIOR ADVISOR

A/S Chad Wolf DHS

Sec. Robert Wilkie VETERANS AFFAIRS

Sec. Steven Mnuchin Treasury

Sec. Alex Azar HHS

Vice President

Dr. Stephen Hahn COMMISSIONER FDA

Seema Verma ADMINISTRATOR / CMS

Mark Meadows COS

Sec. Ben Carson HUD

Dr. Anthony Fauci DIR NIAID

Amb. Debi Birx, M.D. WH Coronavirus Resp. Coordinator

Stephen Miller AP / SENIOR ADVISOR POLICY / EOP

(b)(6) AP / SENIOR ADVISOR / DIGITAL STRATEGY / EOP

Kellyanne Conway AP / SENIOR COUNSELOR

Pat Philbin DEP COUNSEL TO POTUS

Matt Pottinger AP / DEP NSA

Joe Grogan AP / DIR DOM POLICY COUNCIL

Hope Hicks AP / COUNSELOR TO POTUS

(b)(6) AP / DCOS / POL CORD

Russ Vought DIR OMB

NORTH

WEST - WINDOWS

DOOR

EAST

DOOR

[Redacted]

(b)(6) AP / DIR IGA

A/Commissioner Mark Morgan CBP

WH Press

LTG Keith Kellogg AP / NSA / OVP

(b)(6) SR ADVISOR / OVP

Katie Miller SAP PRESS / OVP

Marc Short AP / COS OVP

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b)(6) DAP /
ECONOMIC PLCY

[Redacted]

(b)(6) ADVISOR /
POLICY & STRATEGY
/ NSC

(b)(6) PRESS / OVP
(b)(6)

(b)(6) DAP /
DEP POLICY
COORDINATOR

(b)(6) POTUS
SPEECHWRITER

(b)(6) DIR /
LEG AFFAIRS / OVP

(b)(6) ASSOC. DIR
/ EXTERNAL AFFAIRS
/ OVP

(b)(6) DAP /
ADVISOR WH

(b)(6) DAP / DIR
OPL

(b)(6) AP for
Domestic Policy

Kristan Nevins AP /
CAB SEC / CAB
AFFAIRS

(b)(6) DAP /
COS SR COUNSELOR /
KELLYANNE
CONWAY

(b)(6) POTUS
SPEECHWRITER

(b)(6) SAP / NSC
BATS

(b)(6) DEP
COUNSEL / OVP

(b)(6) ADVISOR TO
THE COMMISSIONER /
FDA

Brian Harrison COS /
HHS

DOOR



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, March 17, 2020
9:00 am EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Acting Secretary Chad Wolf, Department of
Homeland Security
- III. (b)(5) – Russ Vought, Director (OMB)
- IV. **Concluding Remarks** – Vice President Pence

From: Short, Marc T. EOP/OVP
Sent: Tue, 17 Mar 2020 19:03:25 +0000
To: Short, Marc T. EOP/OVP; (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting - Agenda - Seating Chart - Materials

Attachments: WH Task Force Agenda 3.18.20 0900.docx, WHTF WHSR Seating Chart 3.18.20.pptx, (b)(5) 3.18.docx

Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting at 9:00 am** in the White House (b)(6) Room on **Wednesday, March 18, 2020**. Agenda, materials, and final seating chart attached.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, March 18, 2020
9:00 am EST

- I. **Opening Remarks** – Vice President Pence
- II. (b)(5) – Ambassador Debi Birx, M.D.
- III. (b)(5) – Dr. Bob Redfield, Director of the Centers for
Disease Control and Prevention
- IV. (b)(5) – Joe Grogan, Assistant to the
President, Director of the Domestic Policy Council
- V. (b)(5) – Pete Gaynor, Administrator of FEMA (DHS)
- VI. **Concluding Remarks** – Vice President Pence

DOOR

EAST

DOOR

VTC PARTICIPANTS

SOUTH

WEST - WINDOWS

[Redacted]

[Redacted]

(b)(6) IR / IGA

LTG Keith Kellogg AP / NSA / OVP

WH Press

(b)(6) R ADVISOR / OVP

Katie Miller SAP PRESS / OVP

Marc Short AP / COS OVP

Pete Gaynor ADMINISTRATOR / FEMA

Jared Kushner AP / SENIOR ADVISOR

Sec. Robert Wilkie VETERANS AFFAIRS

Dr. Bob Redfield Director / CDC

A/S Chad Wolf DHS

Sec. Alex Azar HHS



Vice President

Dr. Stephen Hahn Commissioner / FDA

Joe Grogan AP / DIR DOM POLICY COUNCIL

Seema Verma ADMINISTRATOR / CMS

Mark Meadows COS

Sec. Ben Carson HUD

Amb. Debi Birx, M.D. WH Coronavirus Resp. Coordinator

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Pat Philbin DEPT COUNSELOR / POTUS

(b)(6) AP / SENIOR ADVISOR / DIGITAL STRATEGY / EOP

Kellyanne Conway AP / SENIOR COUNSELOR

Dr. Jerome Adams US Surgeon General

Hope Hicks AP / COUNSELOR TO POTUS

(b)(6) AP / DCOS / POL CORD

Russ Vought DIR OMB

NORTH

Please Note: Seating chart in overflow room may not reflect exact seating locations.

VTC PARTICIPANTS

DOOR

[Redacted]

[Redacted]

(b)(6)

Dr. Bob Kadlec

(b)(6)

(b)(6)

[Redacted]

[Redacted]

(b)(6)

POTUS Speechwriting

(b)(6)

(b)(6)



Brian HarrisonCOS / HHS

[Redacted]

[Redacted]

(b)(6)

A/S Joel Szabat

(b)(6)

(b)(6)

[Redacted]

(b)(6)

WH Press

(b)(6)

Kristan Nevins

(b)(6)

(b)(6)

DOOR

(b)(5)

Joe Grogan and Seema Verma

QUESTION FOR CONSIDERATION:

(b)(5)

(b)(5)

BACKGROUND:

(b)(5)

(b)(5)

Option 1:

(b)(5)

- (b)(5)
-
-

Option 2:

(b)(5)

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

(b)(5)

From: Short, Marc T. EOP/OVP
Sent: Sun, 8 Mar 2020 23:04:18 +0000
To: Short, Marc T.

EOP/OVP; (b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.9.20 at 4:00pm - Agenda - Seating Chart

Attachments: WH Coronavirus Task Force Agenda 3.9.20.docx, WH Coronavirus Task Force Seating Chart 3.9.20.pptx

All -

There will be a **White House Coronavirus Task Force Meeting** on **Monday, March 9th at 4:00 pm EST**. Agenda and seating chart attached.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Monday, March 9, 2020
4:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Dr. Bob Kadlec, Assistant Secretary for Preparedness and Response (HHS)
- IV. (b)(5) – Steve Biegun, Deputy Secretary, Department of State & Dr. Bob Redfield, Director of CDC
- V. (b)(5) – Ambassador Debi Birx, M.D. & Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- VI. (b)(5) – Pat Philbin, Deputy Assistant to the President and Deputy Counsel to the President
- VII. **Concluding Remarks** – Vice President Pence

DOOR

EAST

DOOR

VTC PARTICIPANTS

SOUTH

WEST - WINDOWS

WH Physician

(b)(6) DAP / DEP DIR / COMMS / EOP

(b)(6) AP / DEP DIR IGA

(b)(6) DAP / DIR OPL

(b)(6) DIR / BUREAU OF MEDICAL SERVICES / STATE LTG Kellogg AP / NSA / OVP

Olivia Troye SR ADVISOR / OVP

Katie Miller SAP PRESS / OVP

Marc Short AP / COS OVP

Pat Philbin DAP / DEP COUNSEL / EOP

Dr. Jerome Adams US Surgeon General

Dr. Bob Redfield DIR / CDC

Dr. Stephen Hahn COMMISSIONER FDA

Stephen Biegun, DEP SEC STATE

Sec. Steven Mnuchin Treasury

Sec. Alex Azar HHS



Vice President

Chad Wolf A/S DHS

Seem Verma ADMINISTRATOR / CMS

Sec. Ben Carson HUD

Sec. Robert Wilkie VA

Dr. Anthony Fauci DIR NIAID

Amb. Debi Birx, M.D. WH Coronavirus Resp. Coordinator

Ken Rapuano A/S DEFENSE / HOMELAND DEFENSE & GLOBAL SECURITY / DOM POLICY COUNCIL

Joel Szabata U/S POLICY / DOT

Matt Pottinger AP/DEP NSA
(b)(6) COUNSEL / NATL SEC AFFAIRS / LEGAL ADVISOR / NSC

(b)(6) SAP / NSC BATS

(b)(6) AP / DCOS / POL CORD

Dr. Robert Kadlec A/S HHS

(b)(6) DEP COMM OPERATIONS /

Larry Kudlow AP / ECON POLICY

Russ Vought DIR OMB

Brian Harrison COS / HHS

NORTH

DOOR

VTC PARTICIPANTS

[Redacted]

Dir (b)(6) DIR / OSTP

(b)(6) DAP / COS SR COUNSELOR / KELLYANNE CONWAY

(b)(6) ADV. COMMISSIONER / FDA

(b)(6) ASSOC. DIR / EXTERNAL AFFAIRS / OVP

Kristan Nevins AP / CAB SEC / CAB AFFAIRS

[Redacted]

(b)(6) HHS

(b)(6) SAP / DEP DIR / OPL

(b)(6) SAP / SR DIR COUNTERPROLIF

(b)(6) SAP / NSC RESILIENCE

(b)(6) NSC



Derek Kan EXEC ASSOC DIR / OMB

[Redacted]

[Redacted]

(b)(6) SAP for Domestic Policy

(b)(6) DIR / LEG AFFAIRS / OVP

(b)(6) SEN. ADVISOR SR ADVISOR / INT'L ECON AFFAIRS / WHO

Steve Pinkos DEP NSA / OVP

[Redacted]

Matt Morgan DAP / DEP COS / OVP

(b)(6) DEP COUNSEL / OVP

(b)(6) ADVISOR COS / OVP

(b)(6) PRESS / OVP

(b)(6) DAP / ADVISOR WH COUNSEL

DOOR

From: (b)(6) EOP/OVP
Sent: Thu, 26 Mar 2020 20:40:50 +0000
To: (b)(6) EOP/OVP;randal@mail.house.gov;Grogan, Joseph J.

(b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting

All -

There will be a **White House Coronavirus Task Force Meeting** on **Friday, March 27th** at **3:00pm** in the White House (b)(6) Room. All materials will be forthcoming.

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)

From: RLW
Sent: Tue, 24 Mar 2020 21:10:48 +0000
To: RLW
Subject: WH Coronavirus Task Force Meeting

From: RLW
Sent: Fri, 27 Mar 2020 20:51:45 +0000
To: RLW
Subject: HOLD: WH Coronavirus Task Force Mtg

From: Short, Marc T. EOP/OVP
Sent: Thu, 19 Mar 2020 18:48:12 +0000
To: Short, Marc T.

EOP/OVP; (b)(6)

(b)(6)

(b)(6)

Cc: Hoosier Calendar
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus Task Force Agenda 3.20.20 0900.docx
Importance: High

All -

There will be a **White House Task Force Meeting** on **Friday, March 20, 2020** at **9:00am**. Agenda attached. Seating chart will be forthcoming.

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)



OFFICE OF THE VICE PRESIDENT

WASHINGTON

DRAFT

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, March 20, 2020

9:00 am EST

I. Opening Remarks – Vice President Pence

- (b)(5)

II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention

III. (b)(5) – Ambassador Debi Birx, M.D.

IV. (b)(5) Admiral Giroir (HHS) & Jared Kushner

V. (b)(5) Secretary Azar (HHS)

- (b)(5)
-

VI. (b)(5) – Acting Secretary Chad Wolf (DHS) & Deputy Secretary Steve Biegun (Dept. of State)

VII. (b)(5) – Deputy Secretary Steve Biegun (Dept. of State)

VIII. (b)(5) Deputy Secretary David Norquist (DOD)

IX. (b)(5) Russ Vought (OMB)

X. Concluding Remarks – Vice President Pence

From: Short, Marc T. EOP/OVP
Sent: Wed, 18 Mar 2020 18:33:02 +0000
To: Short, Marc T. EOP/OVP;randal@mail.house.gov;Grogan, Joseph J.

(b)(5)

(b)(5)

Cc: (b)(5) Hoosier Calendar;Cipollone, Pat A. EOP/WHO
Subject: [EXTERNAL] White House Coronavirus Task Force Meeting
Attachments: WHTF WHSR Seating Chart 3.19.20.pptx, WH Coronavirus Task Force Agenda 3.19.20 0900.docx
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Thursday, March 19, 2020 at 9:00 am**. Preliminary agenda and seating chart attached.

Thank you,

(b)(5)

Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(5)

SOUTH

VTC PARTICIPANTS

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Pat Philbin DEP COUNSEL / POTUS

Hope Hicks AP / COUNSELOR TO POTUS

Dr. Bob Kadlec A/S ASPR

Kellyanne Conway AP / SENIOR COUNSELOR

Dr. Jerome Adams US Surgeon General

Russ Vought DIR OMB

(b)(6) / DCOS / POL CORD

(b)(6) AP / SENIOR ADVISOR / DIGITAL STRATEGY / EOP

WEST - WINDOWS

Dr. Stephen Hahn Commissioner / FDA

Joe Grogan AP / DIR DOM POLICY COUNCIL

Mark Meadows COS

Sec. Ben Carson HUD

Dr. Anthony Fauci DIR NIAID

Amb. Debi Birx, M.D. WH Coronavirus Resp. Coordinator



Vice President

NORTH

Pete Gaynor ADMINISTRATOR / FEMA

Seema Verma ADMINISTRATOR / CMS

Jared Kushner AP / SENIOR ADVISOR

Sec. Robert Wilkie VETERANS AFFAIRS

A/S Chad Wolf DHS

Sec. Alex Azar HHS

[Redacted]

[Redacted]

(b)(6) IR / IGA

LTG Keith Kellogg AP / NSA / OVP

WH Press

(b)(6) SR ADVISOR / OVP

Katie Miller SAP PRESS / OVP

Marc Short AP / COS OVP

DOOR

EAST

DOOR

Please Note: Seating chart in overflow room may not reflect exact seating locations.

VTC PARTICIPANTS

DOOR

[Redacted]

(b)(6)

(b)(6)

Dr. Bob Kadlec

(b)(6)

(b)(6)

[Redacted]

[Redacted]

(b)(6)

POTUS Speechwriting

(b)(6)

(b)(6)



Brian HarrisonCOS / HHS

[Redacted]

[Redacted]

(b)(6)

A/S Joel Szabat

(b)(6)

(b)(6)

[Redacted]

(b)(6)

WH Press

(b)(6)

Kristan Nevins

(b)(6)

(b)(6)

DOOR



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, March 19, 2020
9:00 am EST

I. Opening Remarks – Vice President Pence

II. (b)(5) – Ambassador Debi Birx, M.D.

III. (b)(5) – Dr. Bob Redfield, Director of the Centers for
Disease Control and Prevention

IV. (b)(5) – Ambassador Debi Birx, M.D.

V. Concluding Remarks – Vice President Pence

From: (b)(6) EOP/OVP
Sent: Sat, 21 Mar 2020 22:52:15 +0000
To: (b)(6) EOP/OVP;randal@mail.house.gov;Grogan, Joseph J.

(b)(6)

(b)(6)

Cc: (b)(6) OP
Subject: [EXTERNAL] White House Coronavirus Task Force Call
Attachments: White House Coronavirus Task Force Agenda 3.22.20 v.2.docx
Importance: High

Good afternoon,

There will be a **White House Coronavirus Task Force Call** on **today** at **3:00pm EST**. Agenda attached.

-

Please note: Only principals should register for tomorrow's call. An RSVP list is being generated to verify participants.

Once the call begins, we kindly ask that you mute your phone unless you are speaking.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Sunday, March 22, 2020
3:00pm EST

I. Opening Remarks – Vice President Pence

II. (b)(5) Ambassador Debi Birx, M.D.

○ (b)(5)

(b)(5) – Dr. Anthony Fauci (NIH) & Dr. Bob Redfield,
Director (CDC)

III. (b)(5) – Admiral Brett Giroir (HHS) & Jared Kushner

IV. (b)(5) Secretary Alex Azar (HHS)

○ (b)(5)
○

V. (b)(5)

Administrator Pete Gaynor (FEMA) & White House Counsel

VI. (b)(5) Administrator Pete Gaynor (FEMA)

VII. Concluding Remarks – Vice President Pence

From: RLW
Sent: Mon, 16 Mar 2020 15:11:09 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meeting

From: Short, Marc T. EOP/OVP
Sent: Mon, 9 Mar 2020 22:55:52 +0000

To: Short, Marc T. EOP/OVP; Pinkos, Stephen M. EOP/OVP; (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc:

(b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting at 4:00pm on 3/10/20

Attachments: WH Task Force Agenda 3.10.20.docx, WHSR JFK Seating Chart - VPOTUS COVID19 Meeting 3.10.2020.pptx

Good evening all,

There will be a **White House Coronavirus Task Force Meeting** on **Tuesday, March 10th at 4:00 pm**. Preliminary agenda and finalized seating chart attached.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, March 10, 2020
4:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Ambassador Debi Birx, M.D.
- IV. (b)(5) – Matthew Pottinger, Assistant to the President and Deputy National Security Advisor & Steven Biegun, Deputy Secretary (Dept. of State) & Dr. Bob Redfield, Director of CDC
- V. (b)(5) – Russ Vought, Director (OMB)
- VI. **Concluding Remarks** – Vice President Pence

DOOR

VTC PARTICIPANTS

SOUTH

EAST

DOOR

Sean Conley WH
PHYSICIAN

WH COMMS

(b)(6) AP /
DEP DIR IGA

(b)(6) A/S CONSULAR
AFFAIRS / STATE

Brian Harrison COS / HHS

LTG Kellogg AP / NSA
/ OVP

(b)(6) R
ADVISOR / OVP

Katie Miller SAP
PRESS / OVP

Marc Short AP / COS
OVP

Chad Wolf A/S DHS

Dr. Stephen Hahn
COMMISSIONER FDA

Stephen Biegun, DEP
SEC STATE

Dr. Bob Redfield DIR
/ CDC

Sec. Steven
Mnuchin Treasury

Sec. Alex Azar HHS



Vice President

Dr. Jerome
Adams Surgeon
General

Seema
Verma ADMINISTRA
TOR / CMS

Sec. Robert Wilkie VA

Sec. Ben
Carson HUD

Dr. Anthony Fauci
DIR NIAID

Amb. Debi Birx, M.D.
WH Coronavirus Resp.
Coordinator

(b)(6) / DIR OPL

Joe Grogan AP / DIR
DOM POLICY
COUNCIL

Dr. Kelvin Droegemeier DIR
/ OSTP

(b)(6) P / DEP
COUNSEL / NATL SEC
AFFAIRS / LEGAL

ADVISOR / NSC
Pat Philbin DAP / DEP
COUNSEL / EOP

Matt Pottinger AP/DEP NSA

(b)(6) SAP / NSC
BATS

Dr. Robert Kadlec A/S HHS

Joel Szabat A. U/S POLICY /
DOT

Larry Kudlow AP /
ECON POLICY

Russ Vought DIR OMB

(b)(6) AP /
DCOS / POL CORD

WEST - WINDOWS

NORTH

DOOR

VTC PARTICIPANTS



(b)(6) AP for Domestic Policy

(b)(6) DAP / COS SR COUNSELOR / KELLYANNE CONWAY

(b)(6) DAP / ADVISOR WH COUNSEL

(b)(6) ADV. COMMISSIONER / FDA

(b)(6) dNSC

Steve Pinkos DEP NSA / OVP

(b)(6)

(b)(6) HHS

(b)(6) SAP / DEP DIR / OPL

(b)(6) SAP / SR DIR

(b)(6) SAP / NSC RESILIENCE

(b)(6) NSC

Derek Kan EXEC ASSOC DIR / OMB

(b)(6)

(b)(6) AP / COUNSELOR TO COS

(b)(6) AP / DEP DIR

(b)(6) DIR / LEG AFFAIRS / OVP

(b)(6) SNR. AVISOR SR ADVISOR / INT'L ECON AFFAIRS / WHO

(b)(6) ADVISOR COS / OVP

(b)(6)

(b)(6) DEP COUNSEL / OVP

(b)(6) ASSOC. DIR / EXTERNAL AFFAIRS / OVP

(b)(6) PRESS / OVP

Kristan Nevins AP / CAB SEC / CAB AFFAIRS

(b)(6) VP AIDE

DOOR

From: RLW
Sent: Tue, 10 Mar 2020 13:13:13 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meeting

From: RLW
Sent: Mon, 16 Mar 2020 19:28:07 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meeting

From: RLW
Sent: Tue, 10 Mar 2020 13:13:47 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meeting

From: RLW
Sent: Tue, 10 Mar 2020 13:14:14 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meeting

From: Short, Marc T. EOP/OVP
Sent: Fri, 13 Mar 2020 21:05:39 +0000
To: Short, Marc T.
EOP/OVP;randal@mail.house.gov (b)(6)

(b)(6)

(b)(6)

@sd.mil;Hicks, Hope C.

EOP/WHO;Conway, Kellyanne E. EOP/WHO

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting on 3.14.20 at 10:00am

Attachments: WH Coronavirus TF Agenda 3.14.20.docx, WHSR Seating Chart WH Coronavirus TF Meeting 3.14.20.pptx

Importance: High

All,

There will be a **White House Coronavirus Task Force Meeting** on **Saturday, March 14** at **10:00 am**. Preliminary agenda and seating chart attached.

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)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Saturday, March 14, 2020
10:00 am EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention & Deputy Secretary Stephen Biegun, Department of State
- IV. (b)(5) – Acting Secretary Chad Wolf, Department of Homeland Security
- V. **Concluding Remarks** – Vice President Pence

DOOR

VTC PARTICIPANTS

SOUTH

[Redacted]

[Redacted]

Kellyanne Conway AP / SENIOR COUNSELOR

WH Press

Dr. Jerome Adams Surgeon General

(b)(6) SR ADVISOR / OVP

Katie Miller SAP PRESS / OVP

Marc Short AP / COS OVP

Dr. Stephen Hahn COMMISSIONER FDA

Jared Kushner AP / SENIOR ADVISOR

A/S Chad Wolf DHS

Sec. Robert Wilkie VETERANS AFFAIRS

Sec. Steven Mnuchin Treasury

Sec. Alex Azar HHS



President

Seema Verma ADMINISTRATOR / CMS

Sec. Ben Carson HUD

Mark Meadows

Dr. Anthony Fauci DIR NIAID

Amb. Debi Birx, M.D. WH Coronavirus Resp. Coordinator

Vice President

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Hope Hicks AP / COUNSELOR TO POTUS

Pat Philbin DAP / DEP COUNSEL / EOP

Matt Pottinger AP / DEP NAT'L SECURITY ADVISOR

Joe Grogan AP / DIR DOM POLICY COUNCIL

Larry Kudlow AP / ECON POLICY

(b)(6) AP / DCOS / POL CORD

Russ Vought DIR OMB

WEST - WINDOWS

EAST

DOOR

NORTH

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]

(b)(6) POTUS
SPEECHWRITER

(b)(6) DAP / DIR
IGA

(b)(6) DAP /
ADVISOR WH

(b)(6) P /
COS SR COUNSELOR /
KELLYANNE
CONWAY

[Redacted]

[Redacted]

[Redacted]

(b)(6) ADVISOR /
POLICY & STRATEGY /
NSC

(b)(6) DAP / DIR OPL

Brian Harrison COS / HHS



[Redacted]

[Redacted]

[Redacted]

(b)(6) DIR /
LEG AFFAIRS / OVP

(b)(6) AP for
Domestic Policy

(b)(6) AP / NSC
BATS

[Redacted]

[Redacted]

(b)(6) PRESS / OVP
(b)(6)

(b)(6) ASSOC. DIR
/ EXTERNAL AFFAIRS
/ OVP

Kristan Nevins AP /
CAB SEC / CAB
AFFAIRS

(b)(6) DEP
COUNSEL / OVP

(b)(6) VP

[Redacted]

DOOR

From: RLW
Sent: Mon, 16 Mar 2020 18:32:38 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meeting

From: RLW
Sent: Wed, 18 Mar 2020 20:11:30 +0000
To: RLW
Subject: HOLD - Coronavirus Task Force Meetings

From:

(b)(6) EOP/OVP

Sent:

Thu, 26 Mar 2020 20:40:53 +0000

To:

Hurst, Natalie R. EOP/OVP;randal@mail.house.gov;Grogan, Joseph J.

(b)(6)

(b)(6)

Cc:

(b)(6) EOP/OVP;Cipollone, Pat A. EOP/WHO

Subject:

[EXTERNAL] White House Coronavirus Task Force Meeting

Attachments:

Taskforce27Mar.ppt, WH Coronavirus Task Force Seating Chart 3.27.20
1500.pptx, WH Coronavirus TF Agenda 3.27.20.docx

Importance:

High

All -

There will be a **White House Coronavirus Task Force Meeting** on **Friday, March 27th** at **3:00pm** in the White House (b)(6) Room. Materials attached.

Thank you,

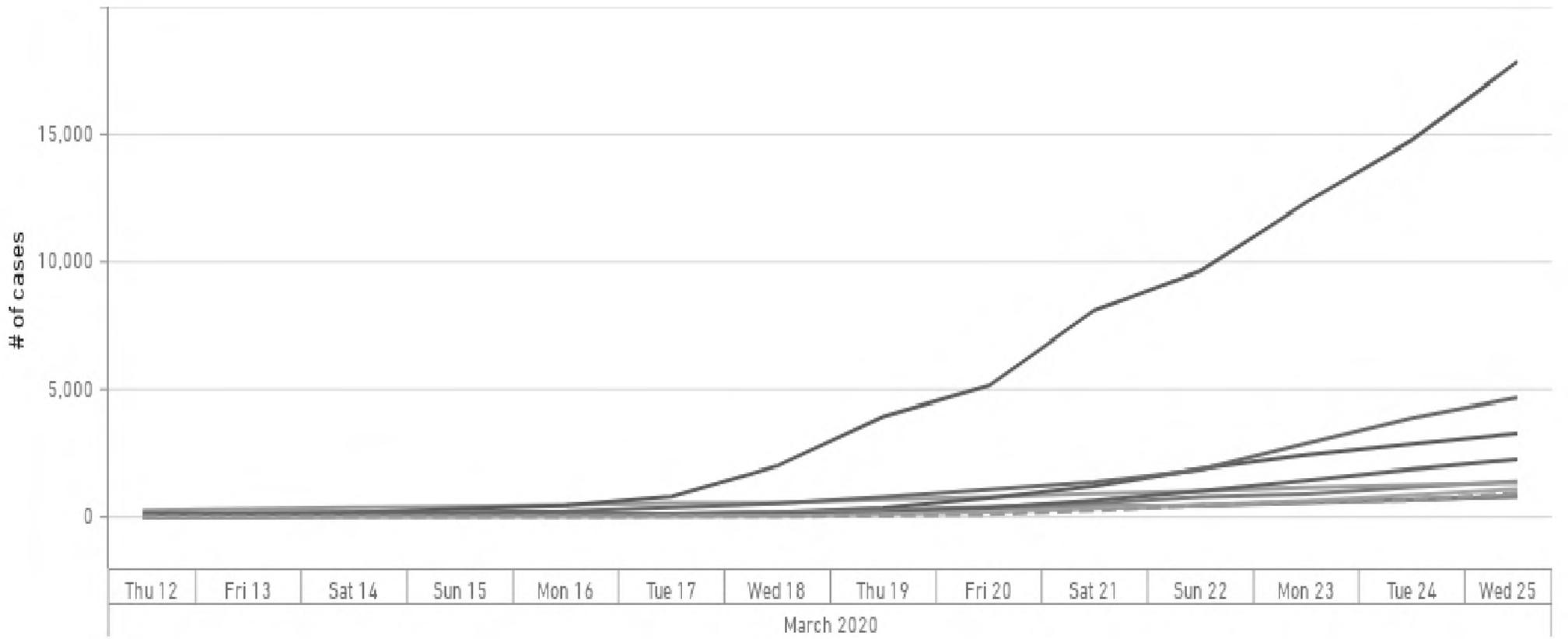
(b)(6)

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

COVID-19

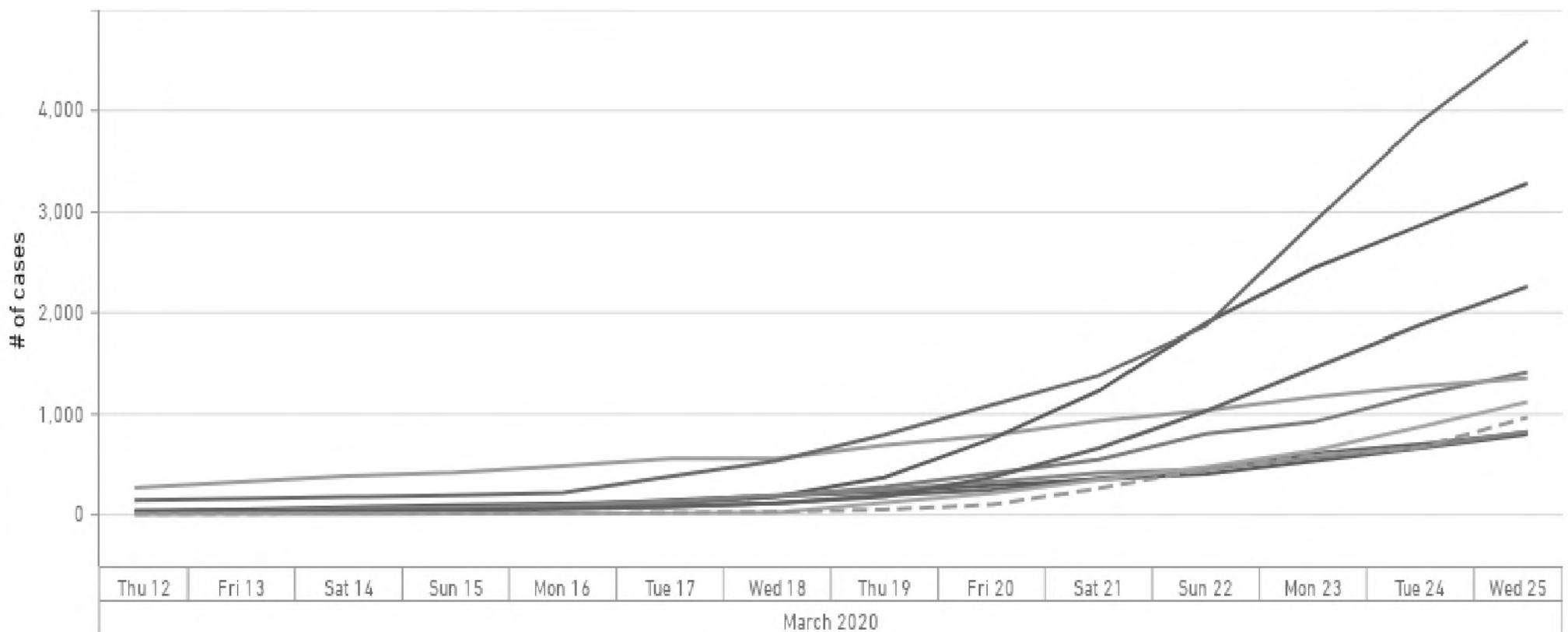
Data as of March 26, 2020

Cumulative confirmed cases, top 10 counties



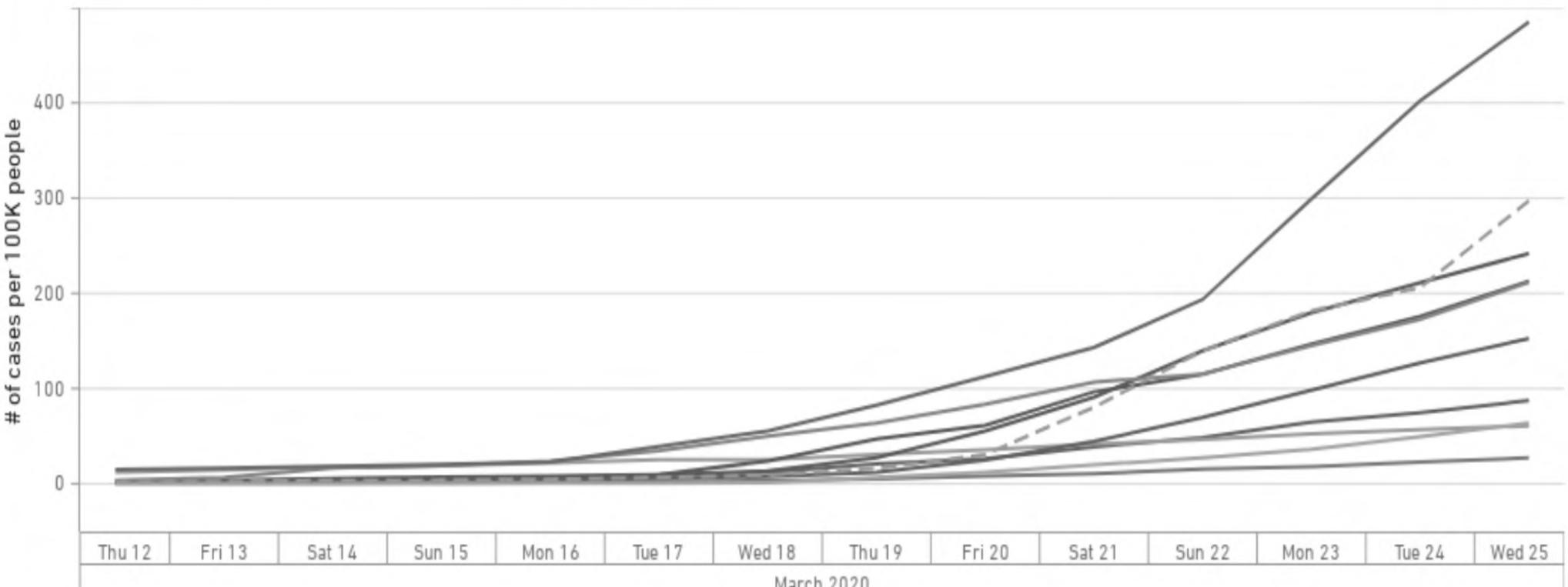
- Counties
- Bergen, NJ
 - Cook, IL
 - King, WA
 - Nassau, NY
 - New York, NY
 - Orleans, LA
 - Suffolk, NY
 - Wayne, MI
 - Westchester, NY
 - Rockland, NY (highest % growth rate)

Cumulative confirmed cases, top 10 counties, excluding New York City



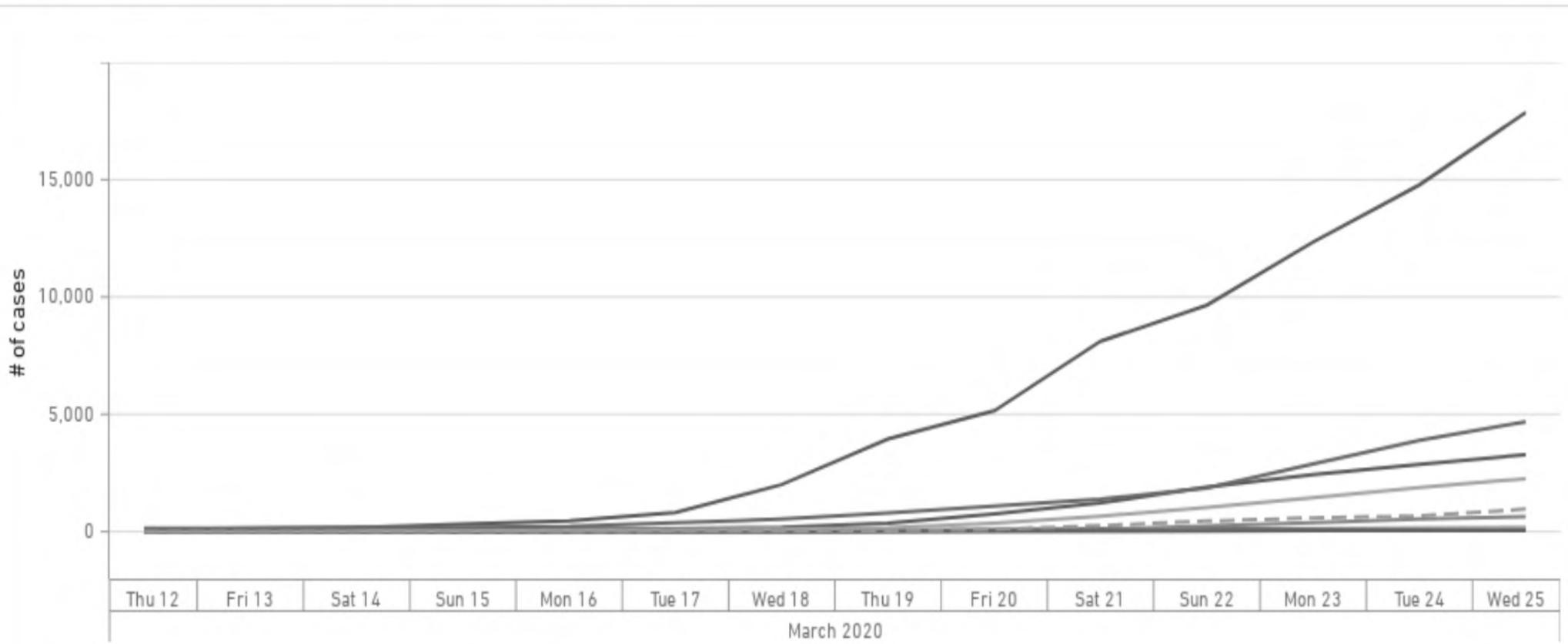
- Counties
- Bergen, NJ
 - Cook, IL
 - King, WA
 - Los Angeles, CA
 - Nassau, NY
 - Orleans, LA
 - Suffolk, NY
 - Wayne, MI
 - Westchester, NY
 - Rockland, NY *(highest % growth rate)*

Cumulative confirmed cases per 100,000 people, top 10 counties



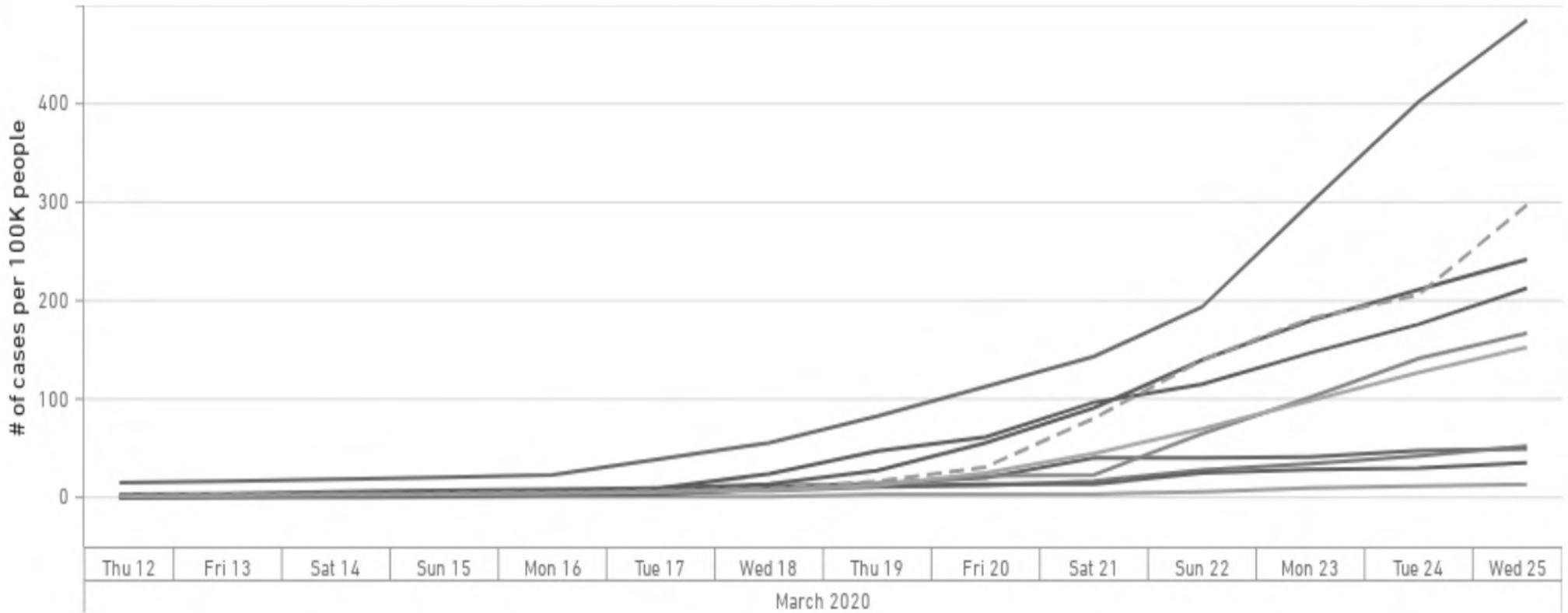
- Counties
- Bergen, NJ
 - Cook, IL
 - King, WA
 - Nassau, NY
 - New York, NY
 - Orleans, LA
 - Suffolk, NY
 - Wayne, MI
 - Westchester, NY
 - Rockland, NY (highest % growth rate)

Cumulative confirmed cases in New York state, top 20 counties



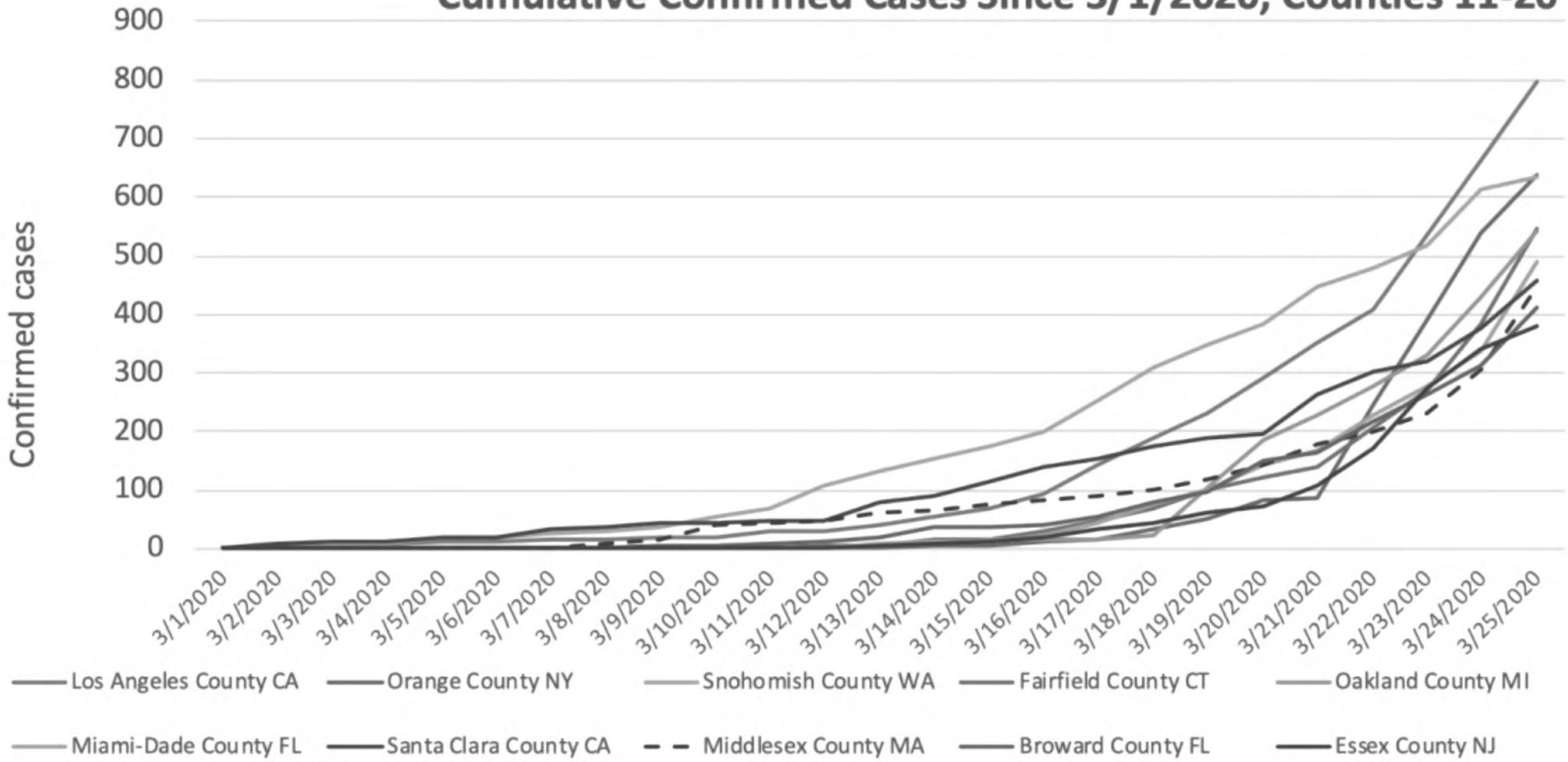
- Counties
- Albany, NY
 - Dutchess, NY
 - Erie, NY
 - Nassau, NY
 - New York, NY
 - Orange, NY
 - Schenectady, NY
 - Suffolk, NY
 - Westchester, NY
 - Rockland, NY (highest % growth rate)

Cumulative confirmed cases per 100,000 people in New York state, top 20 counties



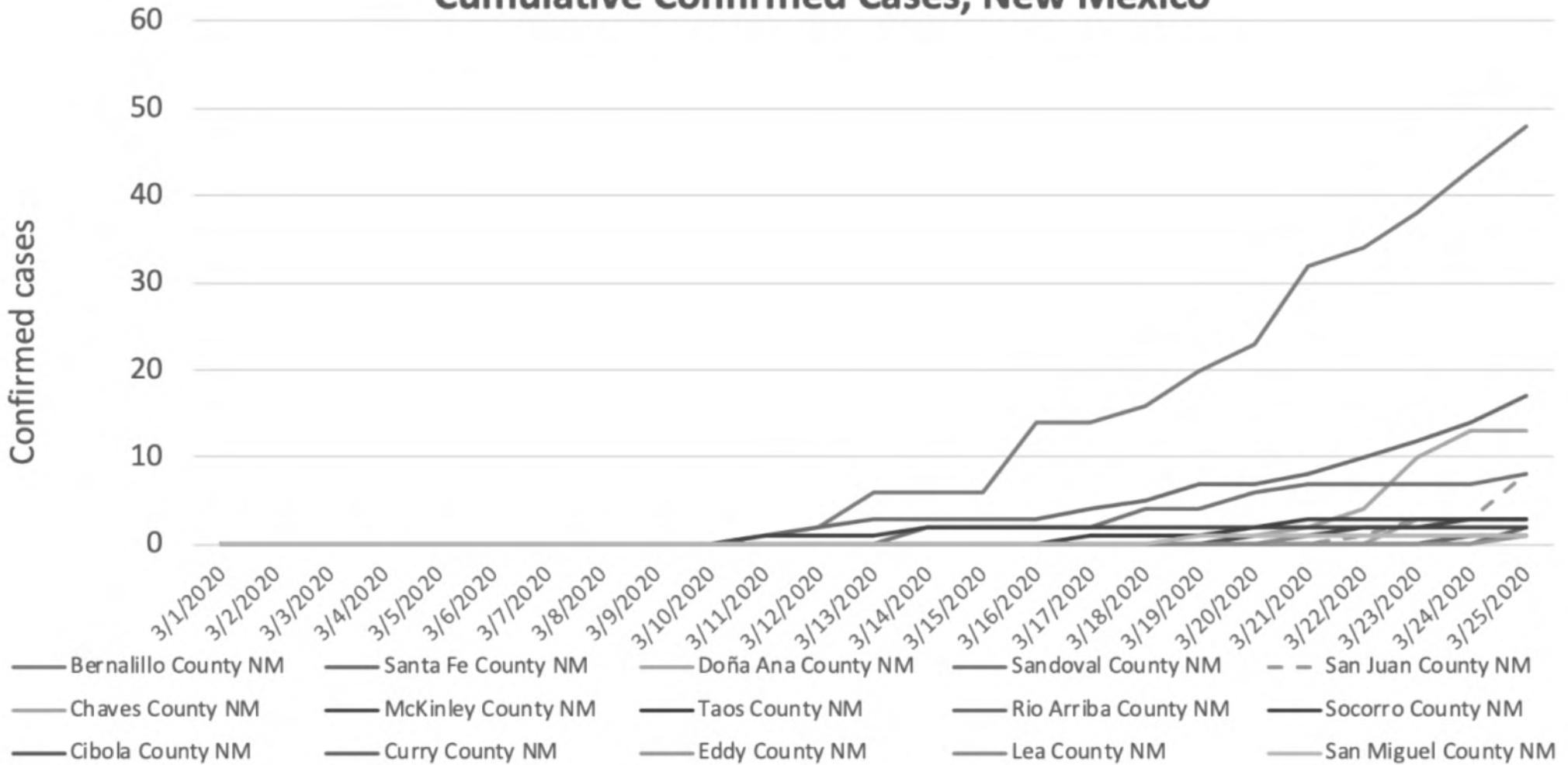
- Counties
- Albany, NY
 - Dutchess, NY
 - Erie, NY
 - Nassau, NY
 - New York, NY
 - Orange, NY
 - Schenectady, NY
 - Suffolk, NY
 - Westchester, NY
 - Rockland, NY *(highest % growth rate)*

Cumulative Confirmed Cases Since 3/1/2020, Counties 11-20



Source: <http://usafacts.org/> as of 3/25/2020

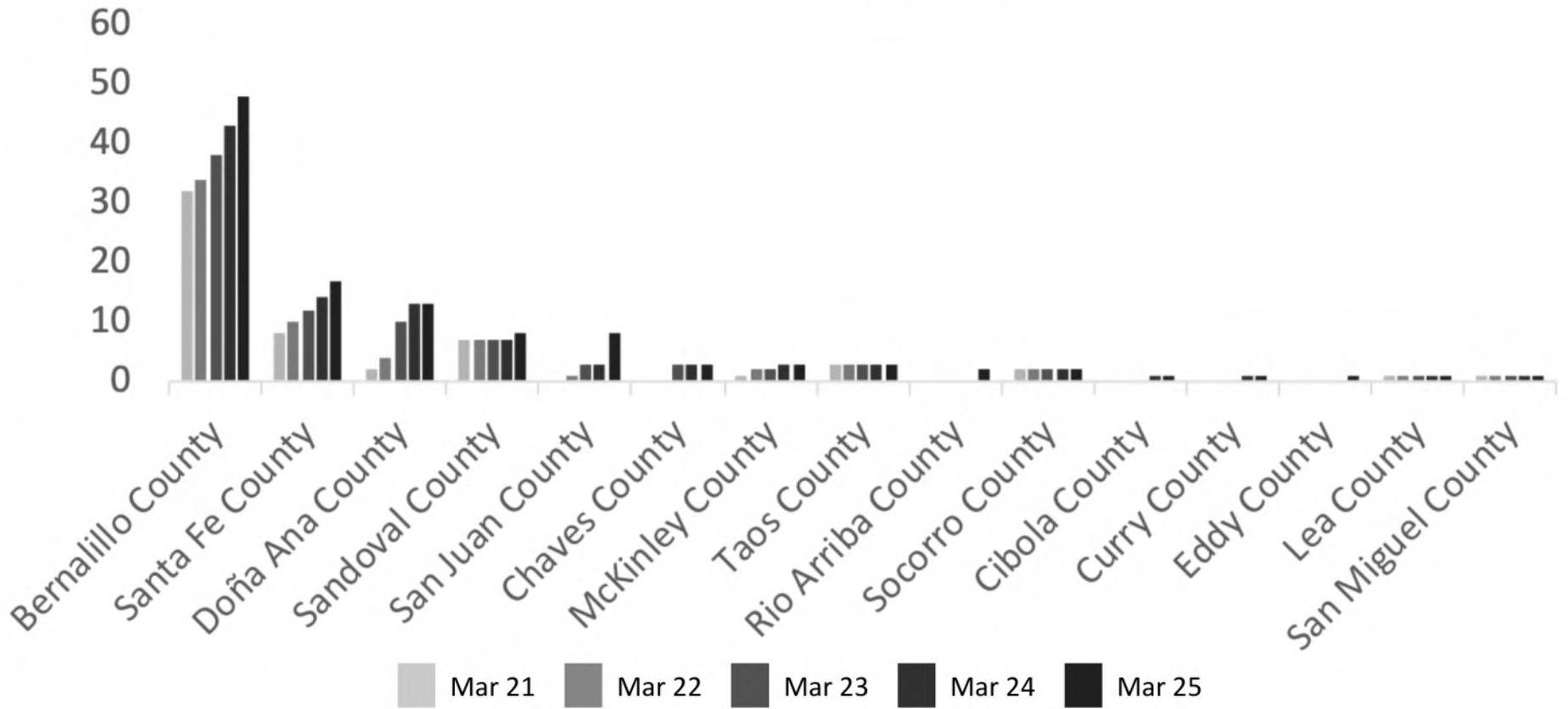
Cumulative Confirmed Cases, New Mexico



Source: <http://usafacts.org/> as of 3/25/2020

New Mexico

Reported confirmed cases



Source: USAFacts.org

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases
New York	38,977	+6,011	466	+100	36,994
New Jersey	6,876	+2,474	81	+19	6,795
California	4,015	+1,017	82	+17	3,921
Washington	3,207	+619	147	+15	2,936
Michigan	2,856	+561	60	+17	2,791
Illinois	2,538	+673	26	+7	2,510
Florida	2,484	+507	29	+6	2,455
Massachusetts	2,417	+579	25	+10	2,391
Louisiana	2,305	+510	83	+18	2,222
Pennsylvania	1,687	+560	16	+5	1,671
Georgia	1,643	+256	56	+9	1,587
Texas	1,588	+433	20	+5	1,557
Colorado	1,430	+344	24	+5	1,406
Tennessee	1,098	+192	3		1,095
Connecticut	1,012	+137	21	+2	991
	867	+163	15	+4	852

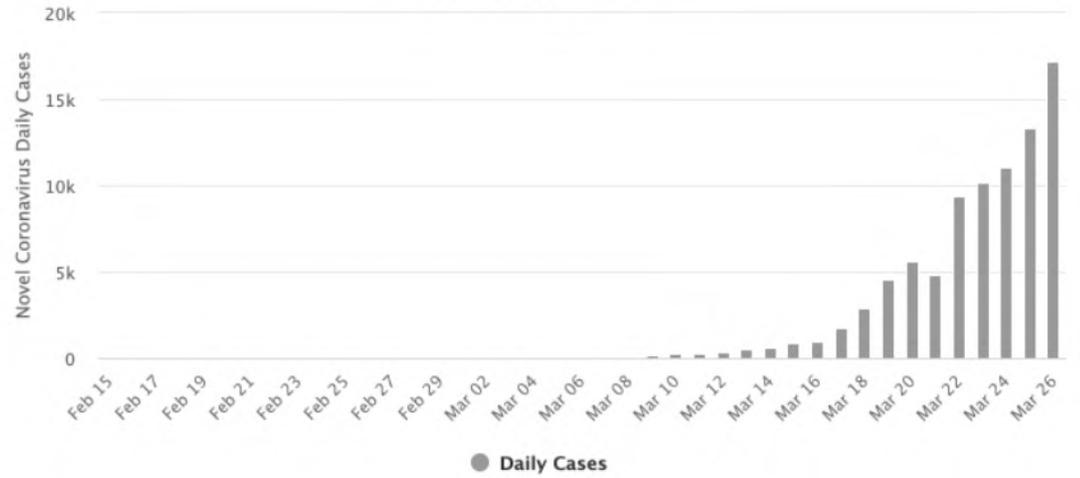
Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop
USA	85,435	+17,224	1,295	+268	1,868	82,272	2,122	258
China	81,285	+67	3,287	+6	74,051	3,947	1,235	56
Italy	80,589	+6,203	8,215	+712	10,361	62,013	3,612	1,333
Spain	57,786	+8,271	4,365	+718	7,015	46,406	3,166	1,236
Germany	43,938	+6,615	267	+61	5,673	37,998	23	524
Iran	29,406	+2,389	2,234	+157	10,457	16,715	2,746	350
France	29,155	+3,922	1,696	+365	4,948	22,511	3,375	447
Switzerland	11,811	+914	192	+39	131	11,488	141	1,365
UK	11,658	+2,129	578	+115	135	10,945	163	172
S. Korea	9,241	+104	131	+5	4,144	4,966	59	180
Netherlands	7,431	+1,019	434	+78	3	6,994	761	434
Austria	6,909	+1,321	49	+18	112	6,748	96	767
Belgium	6,235	+1,298	220	+42	675	5,340	605	538
Canada	4,043	+634	39	+3	228	3,776	120	107
Turkey	3,629	+1,196	75	+16	26	3,528	136	43

USA

Daily New Cases in the United States

Daily New Cases

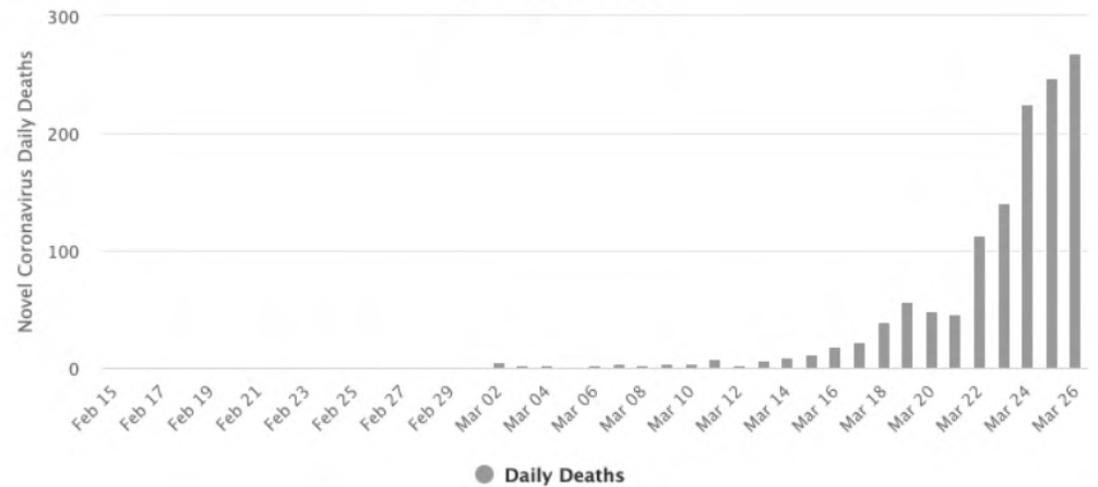
Cases per Day
Data as of 0:00 GMT+0



Daily New Deaths in the United States

Daily Deaths

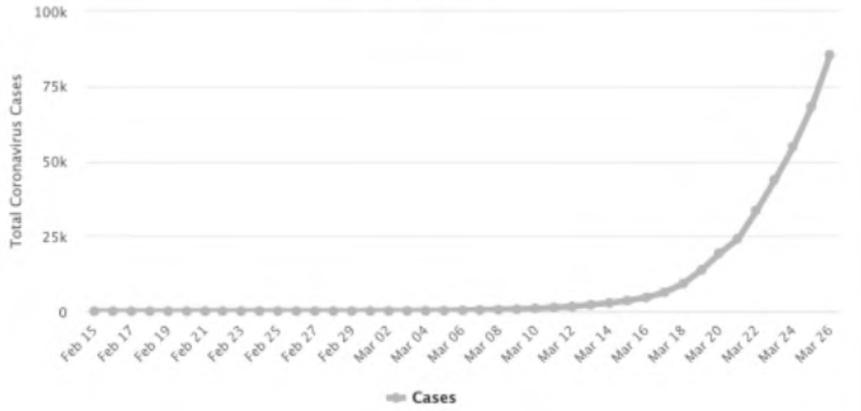
Deaths per Day
Data as of 0:00 GMT+8



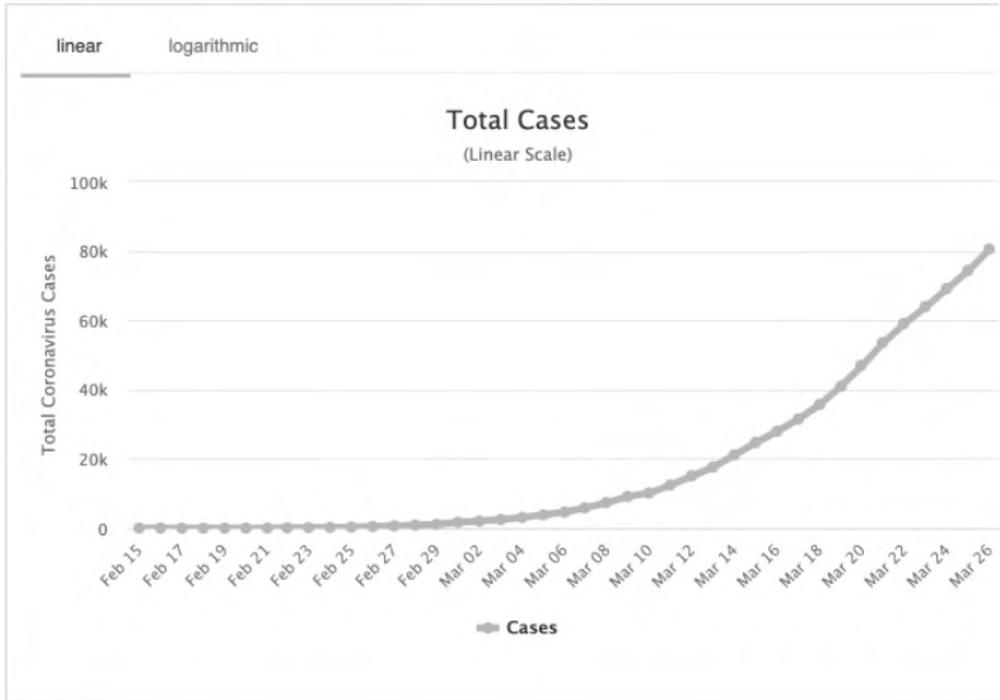
Total Coronavirus Cases in the United States

Total Cases (Linear Scale)

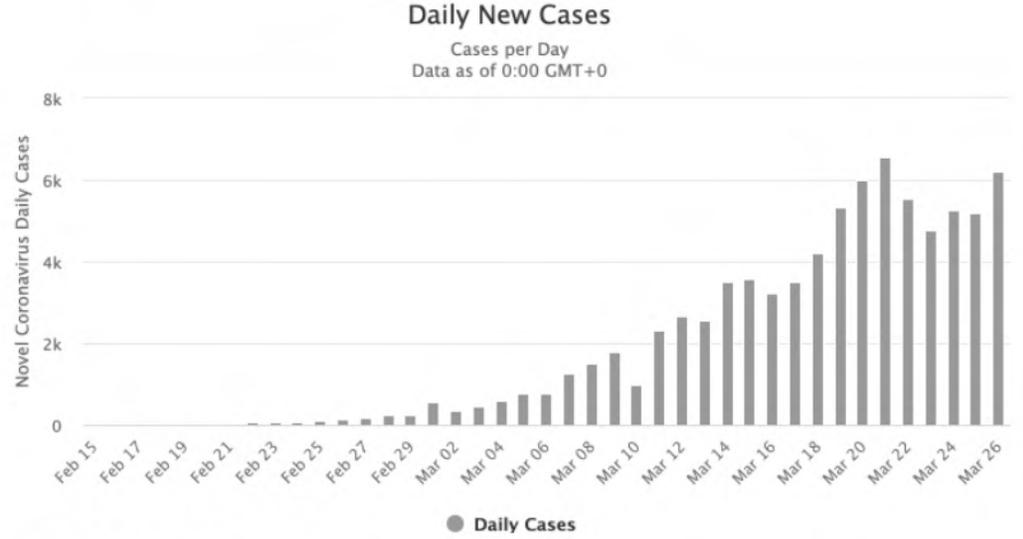
linear logarithmic



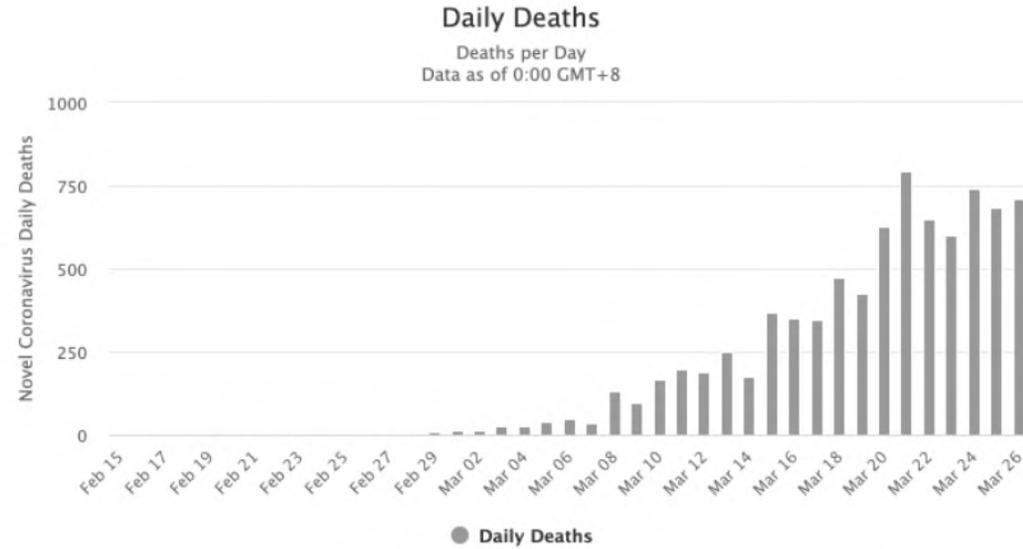
Total Coronavirus Cases in Italy



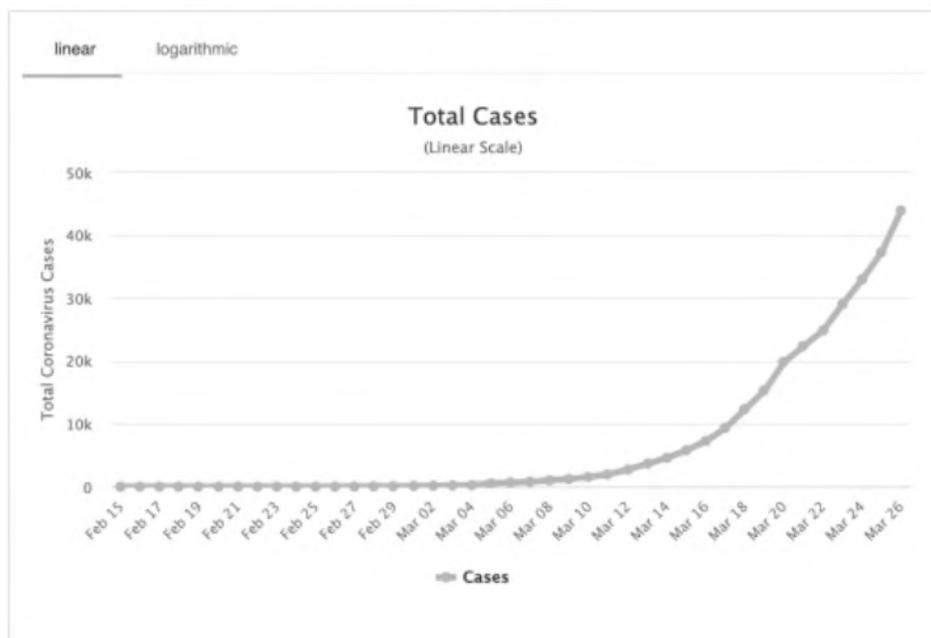
Daily New Cases in Italy



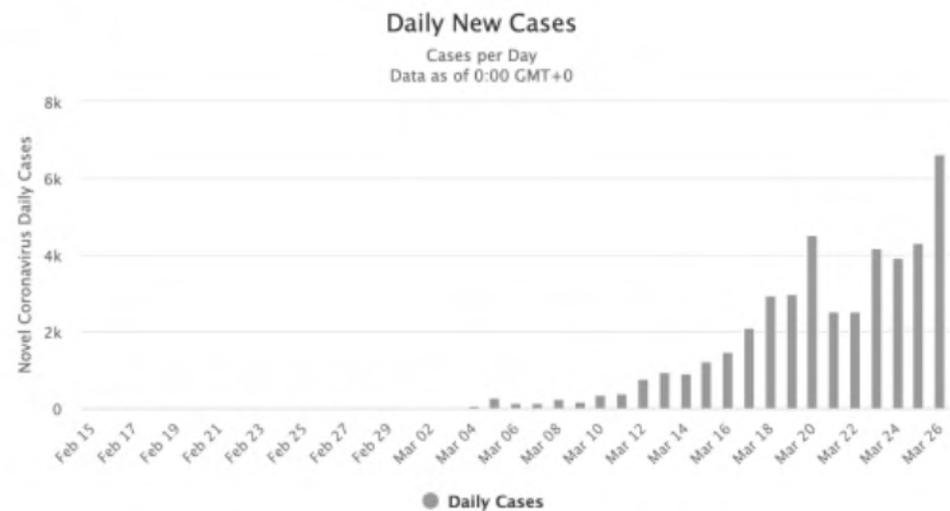
Daily New Deaths in Italy



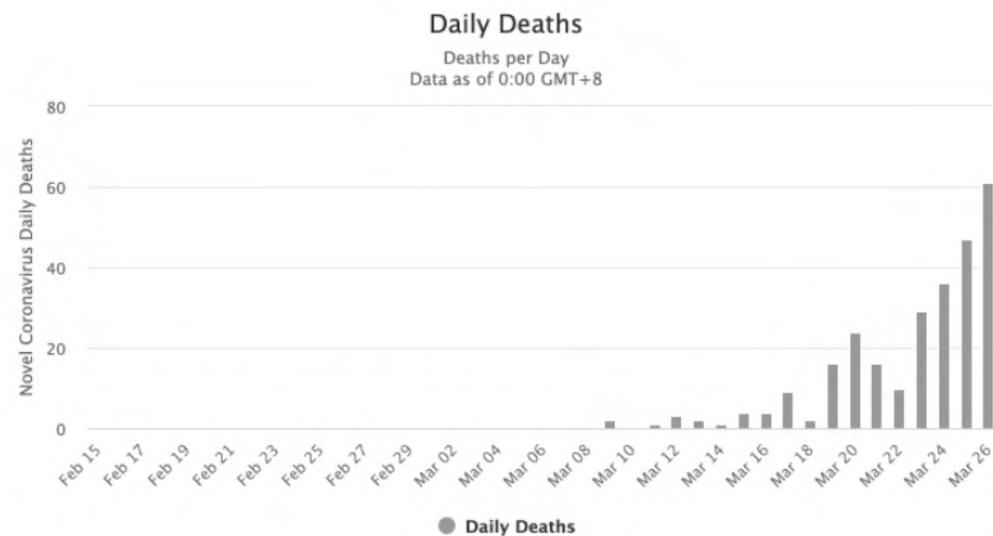
Total Coronavirus Cases in Germany

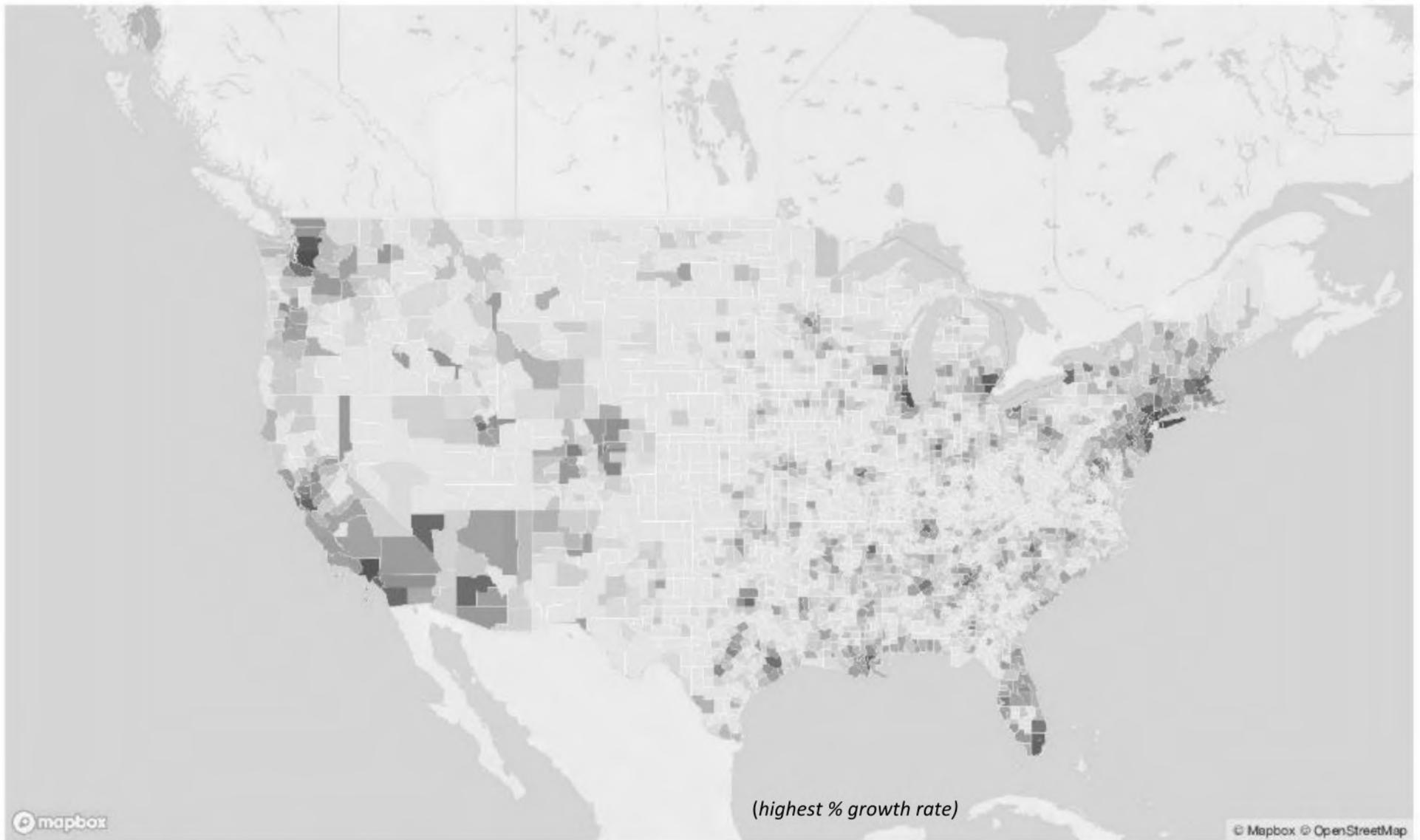


Daily New Cases in Germany

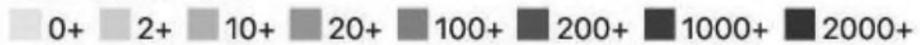


Daily New Deaths in Germany



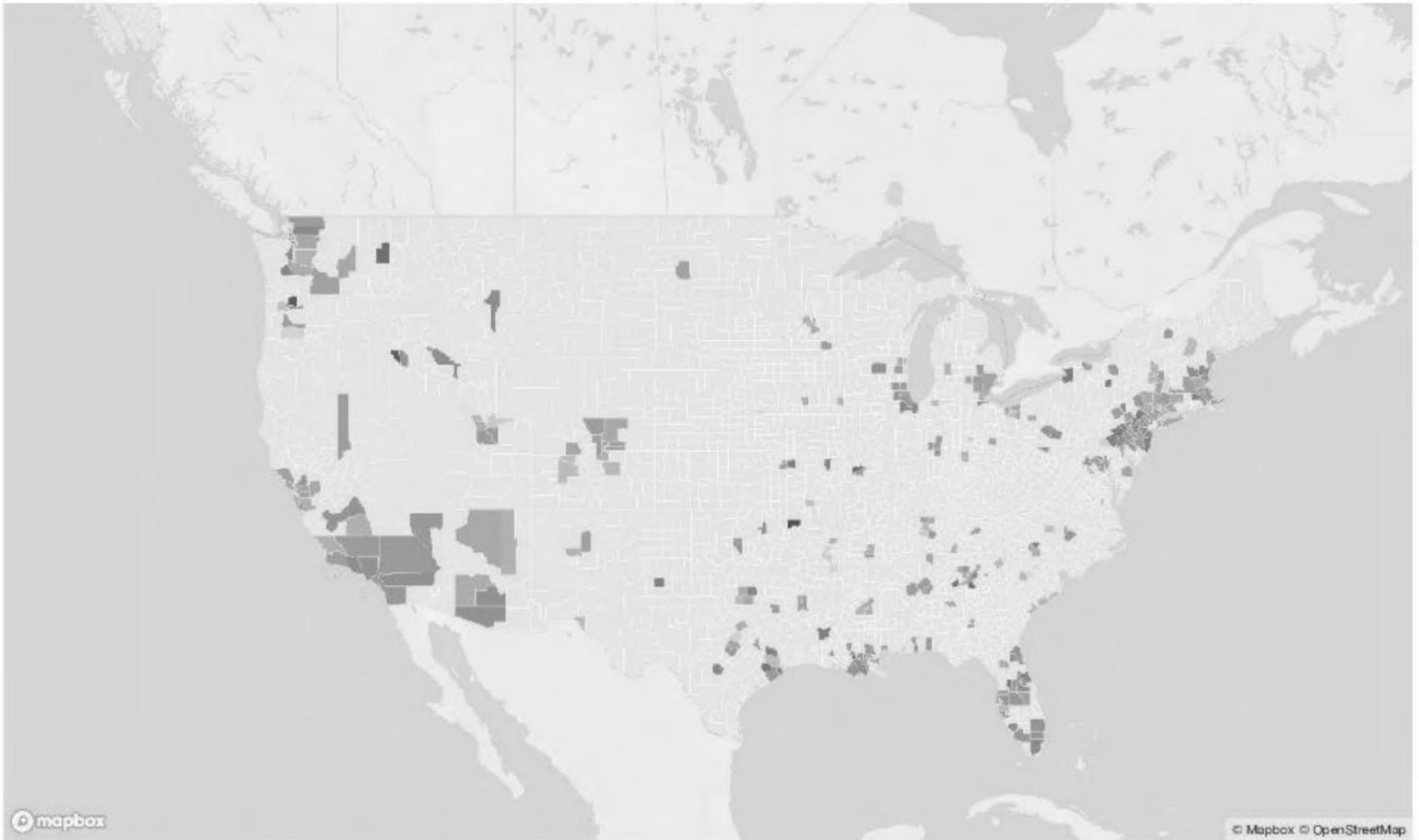


Total Confirmed Cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

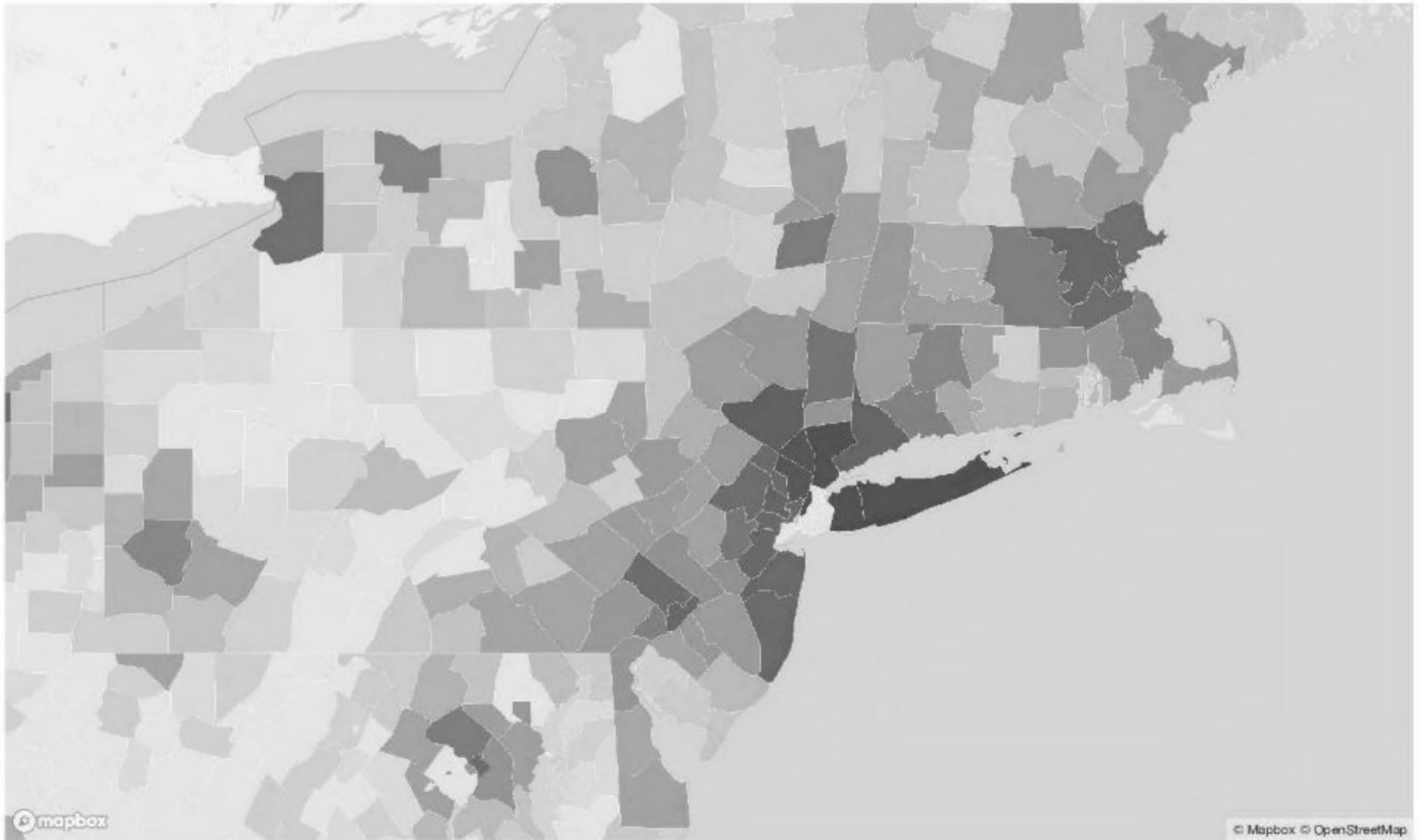


Percent Increase for Counties with 20+ reported cases

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Total Confirmed Cases near NYC

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

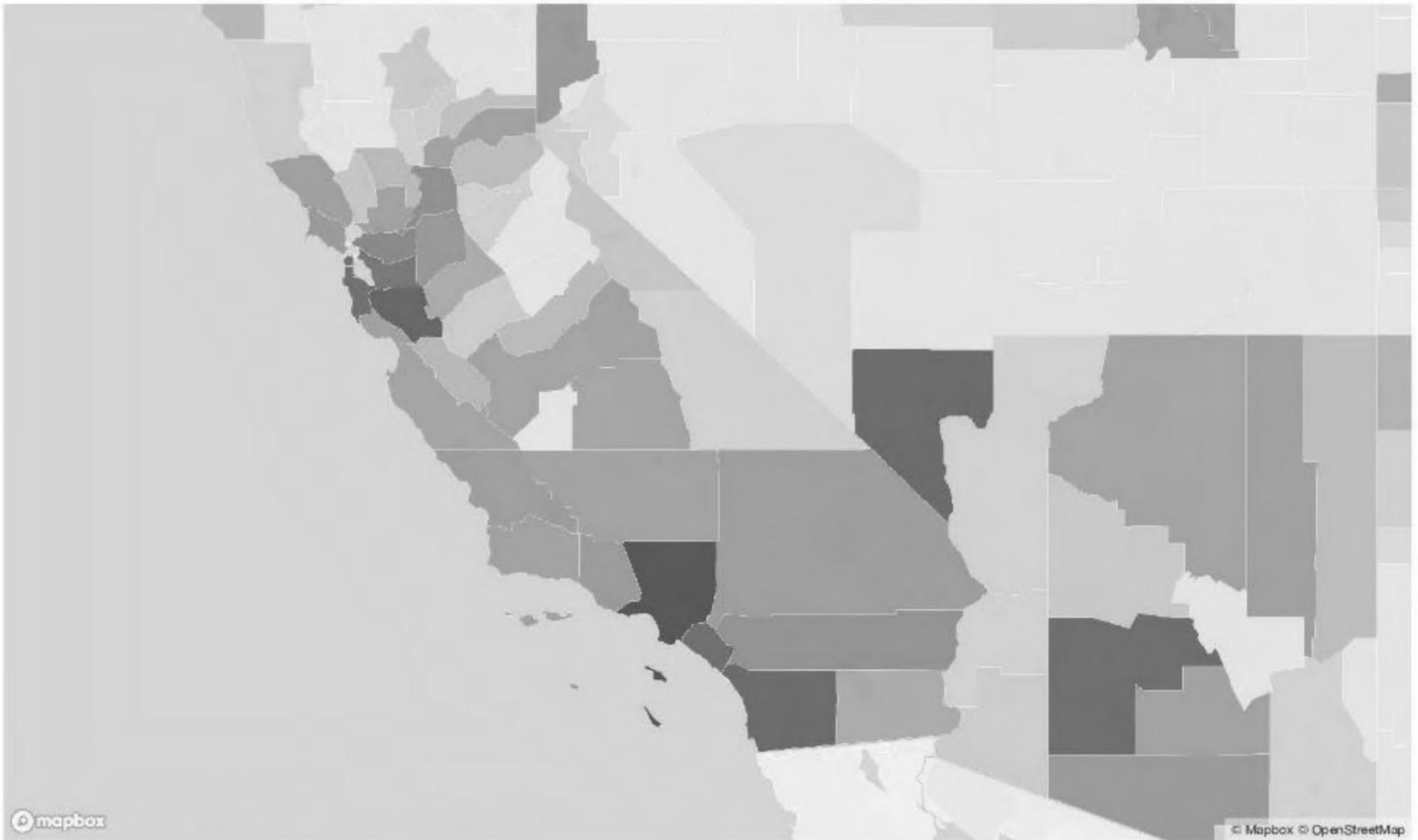


Percent Increase for Counties with 20+ reported cases near NYC

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

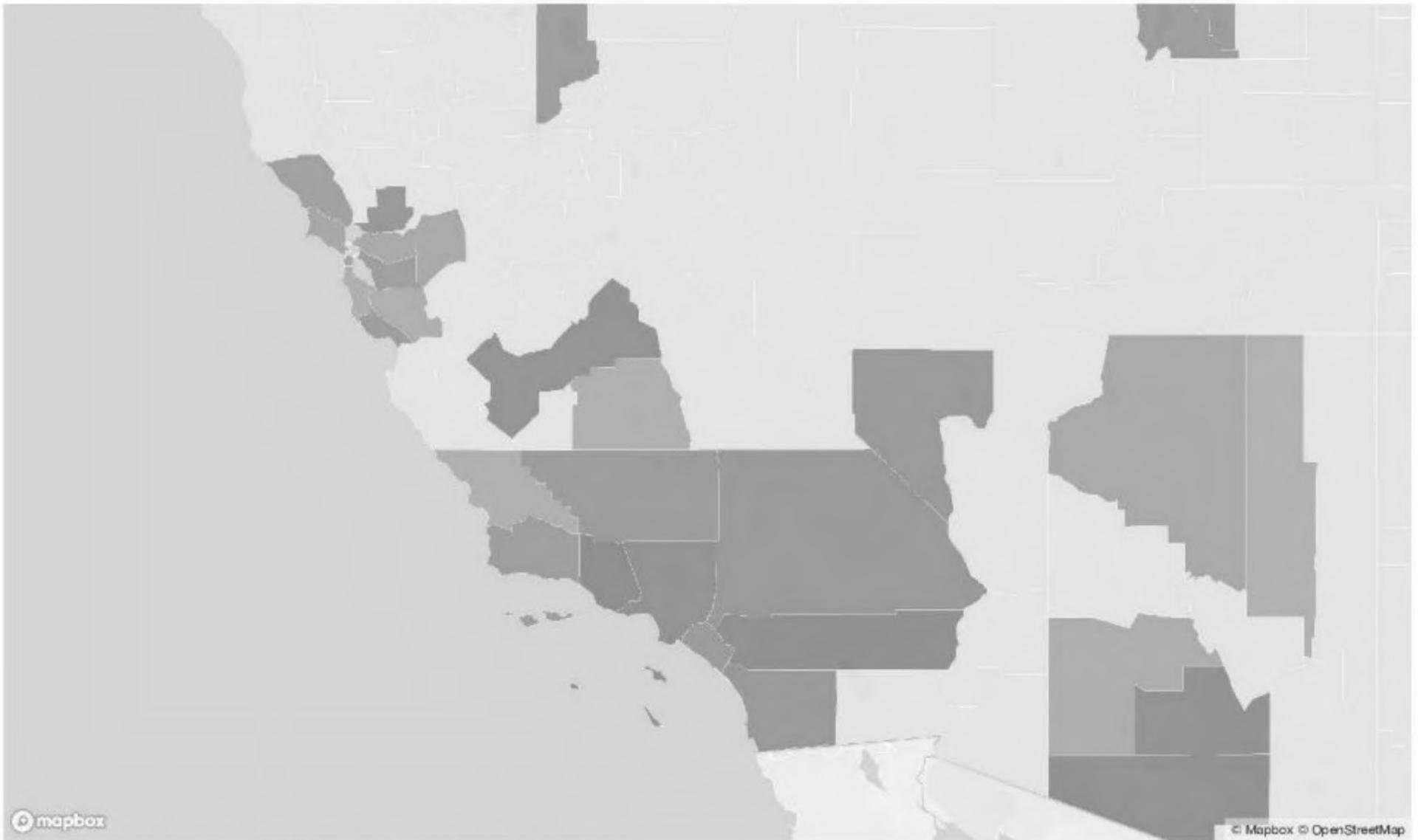


Total Confirmed Cases in Southern California

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

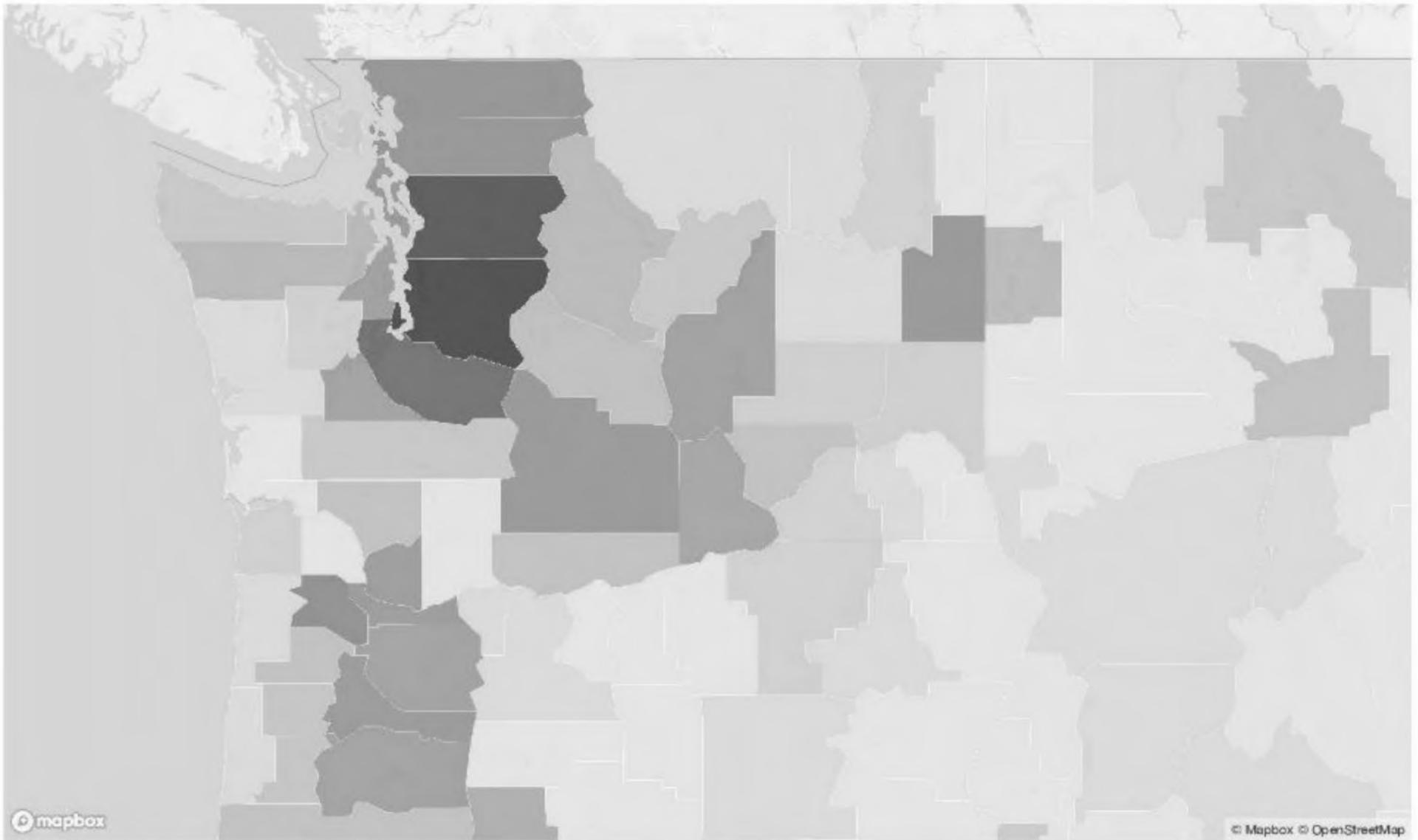


Percent Increase for Counties with 20+ reported cases in Southern California

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Total Confirmed Cases near Washington State

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Percent Increase for Counties with 20+ reported cases near Washington State

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

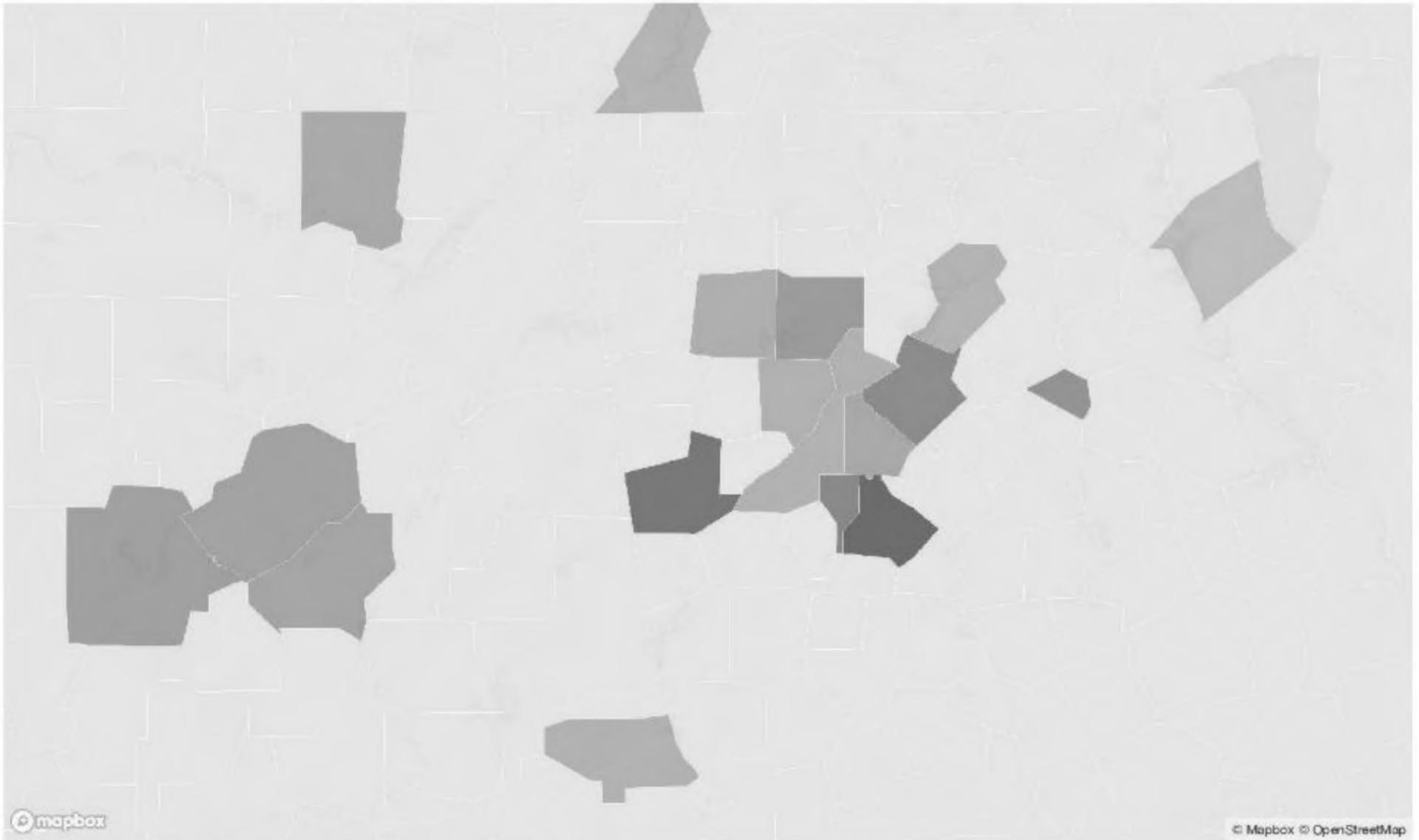


Total Confirmed Cases near Atlanta Area

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Percent Increase for Counties with 20+ reported cases near the Atlanta Area

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



Total Confirmed Cases near New Orleans Area

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

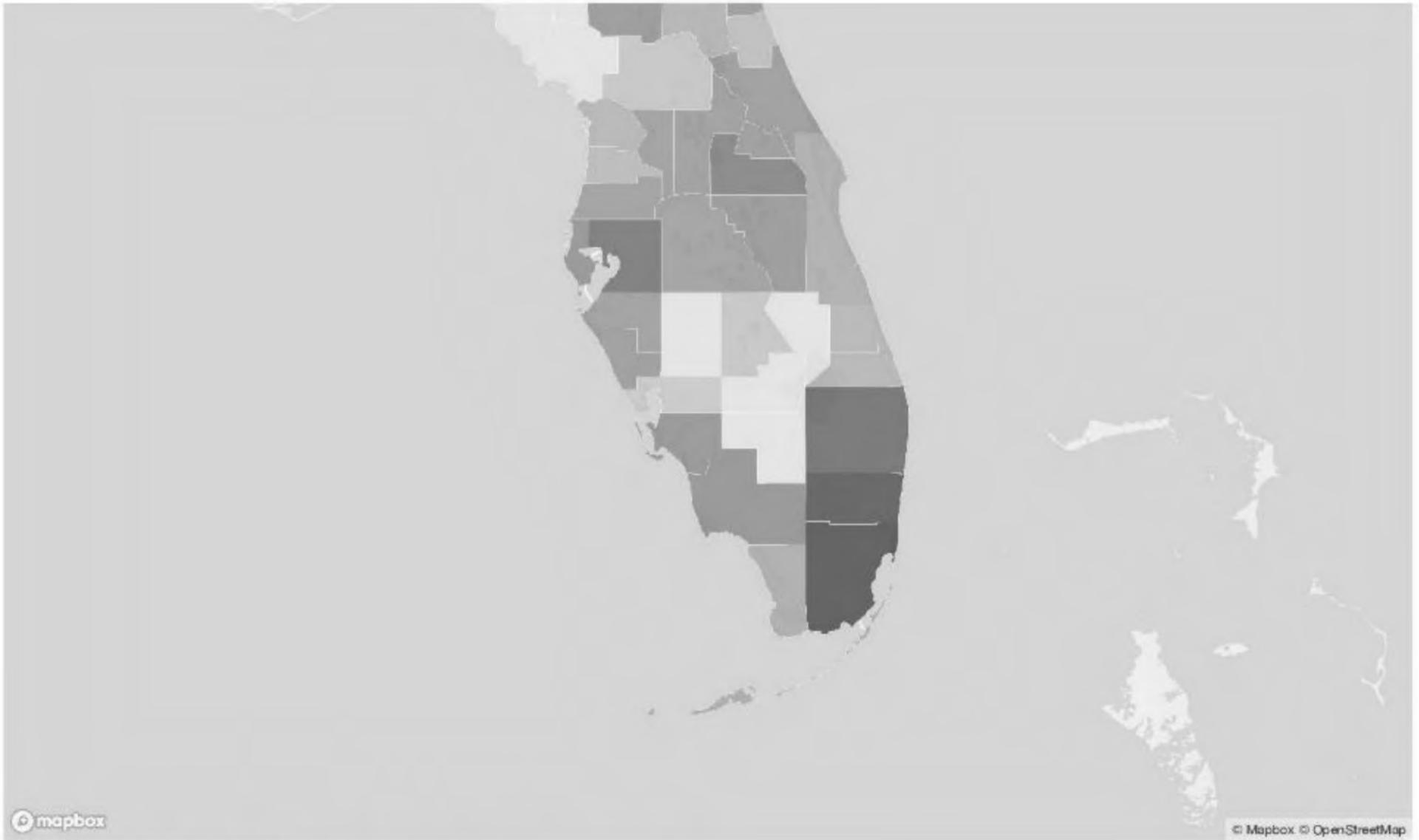


Percent Increase for Counties with 20+ reported cases near the New Orleans Area

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

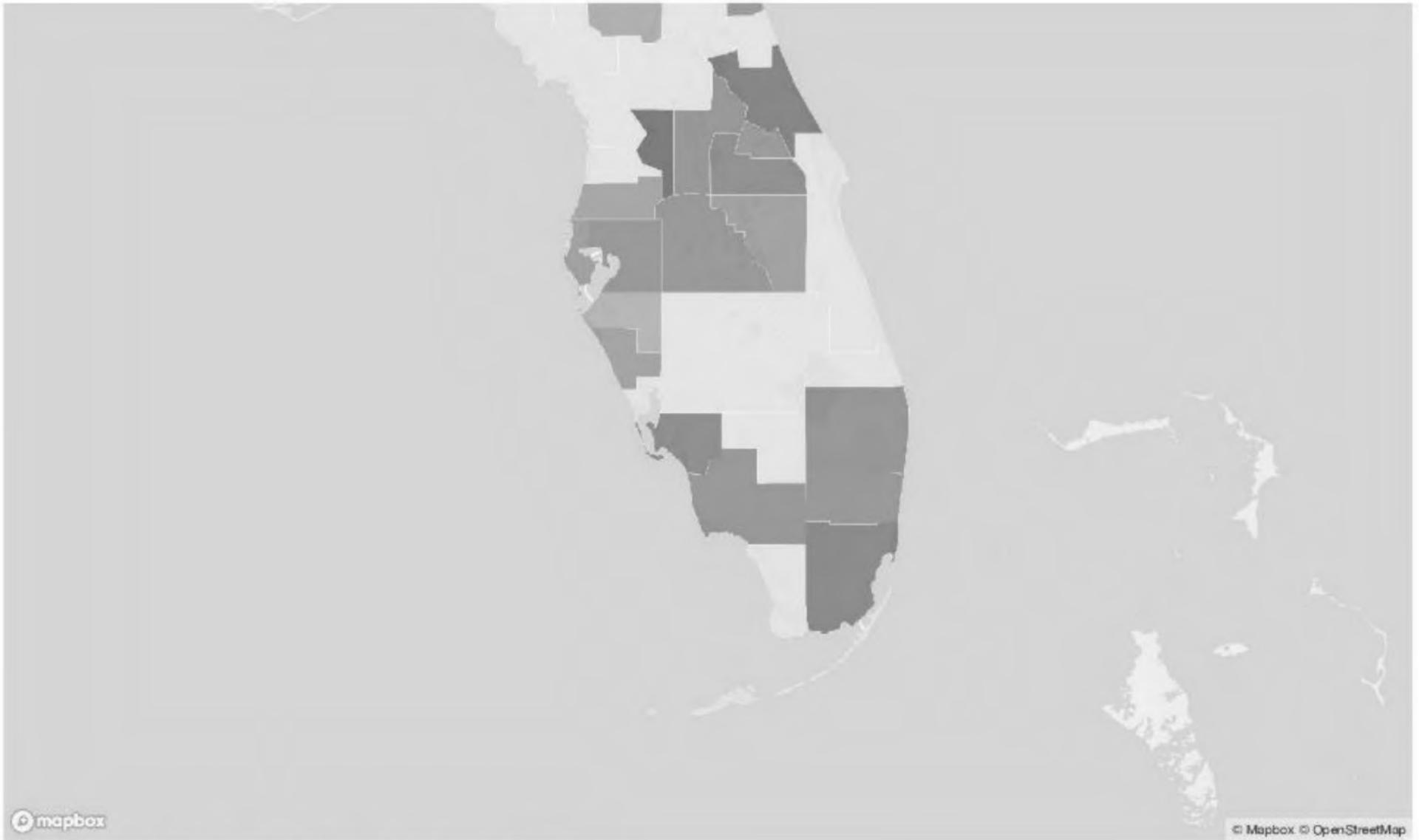


Total Confirmed Cases near Miami Area

0+ 2+ 10+ 20+ 100+ 200+ 1000+ 2000+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting



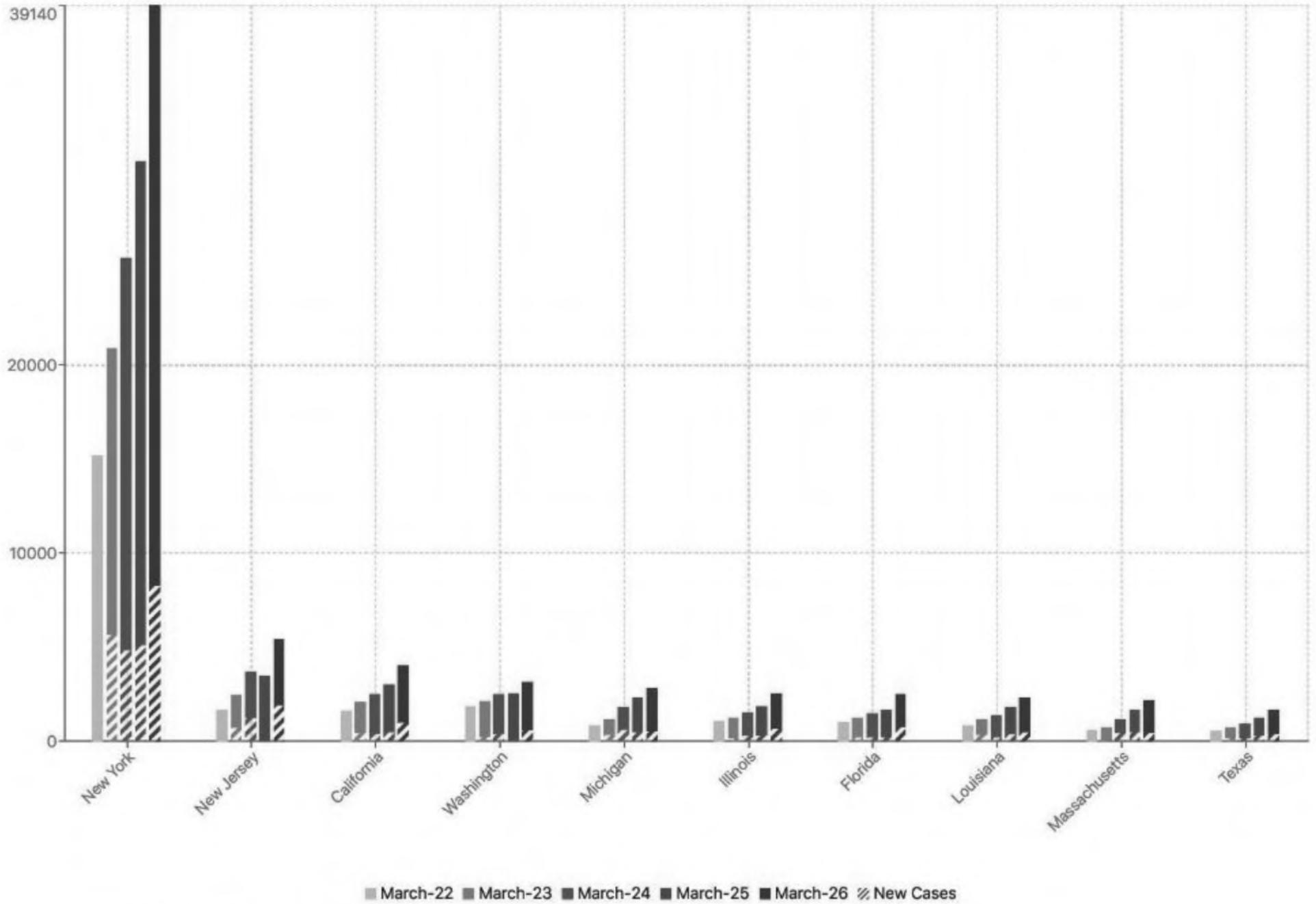
Percent Increase for Counties with 20+ reported cases near the Miami Area

0+ 5+ 10+ 25+ 50+ 100+ 200+ 400+

Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

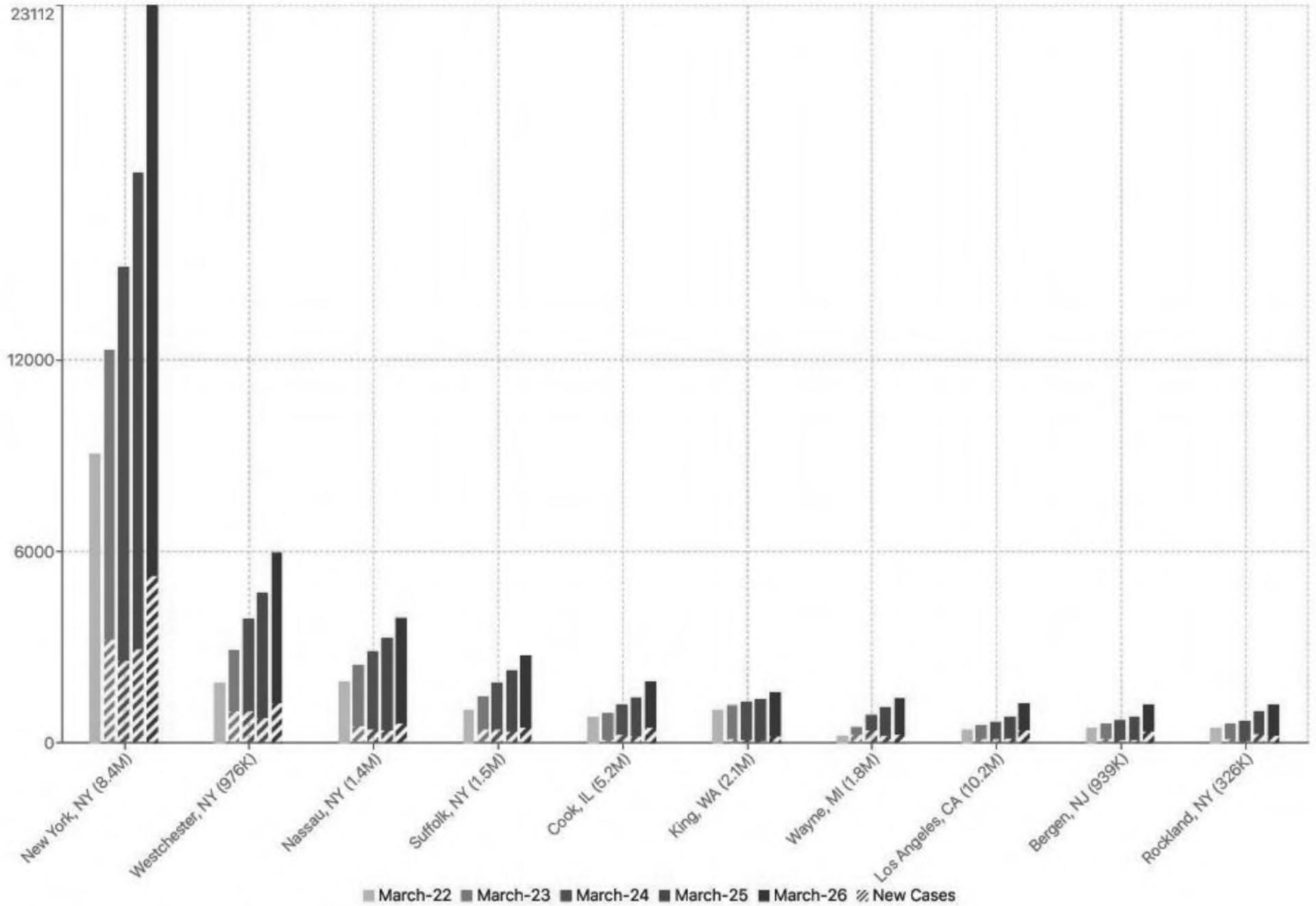
States with the highest number of cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

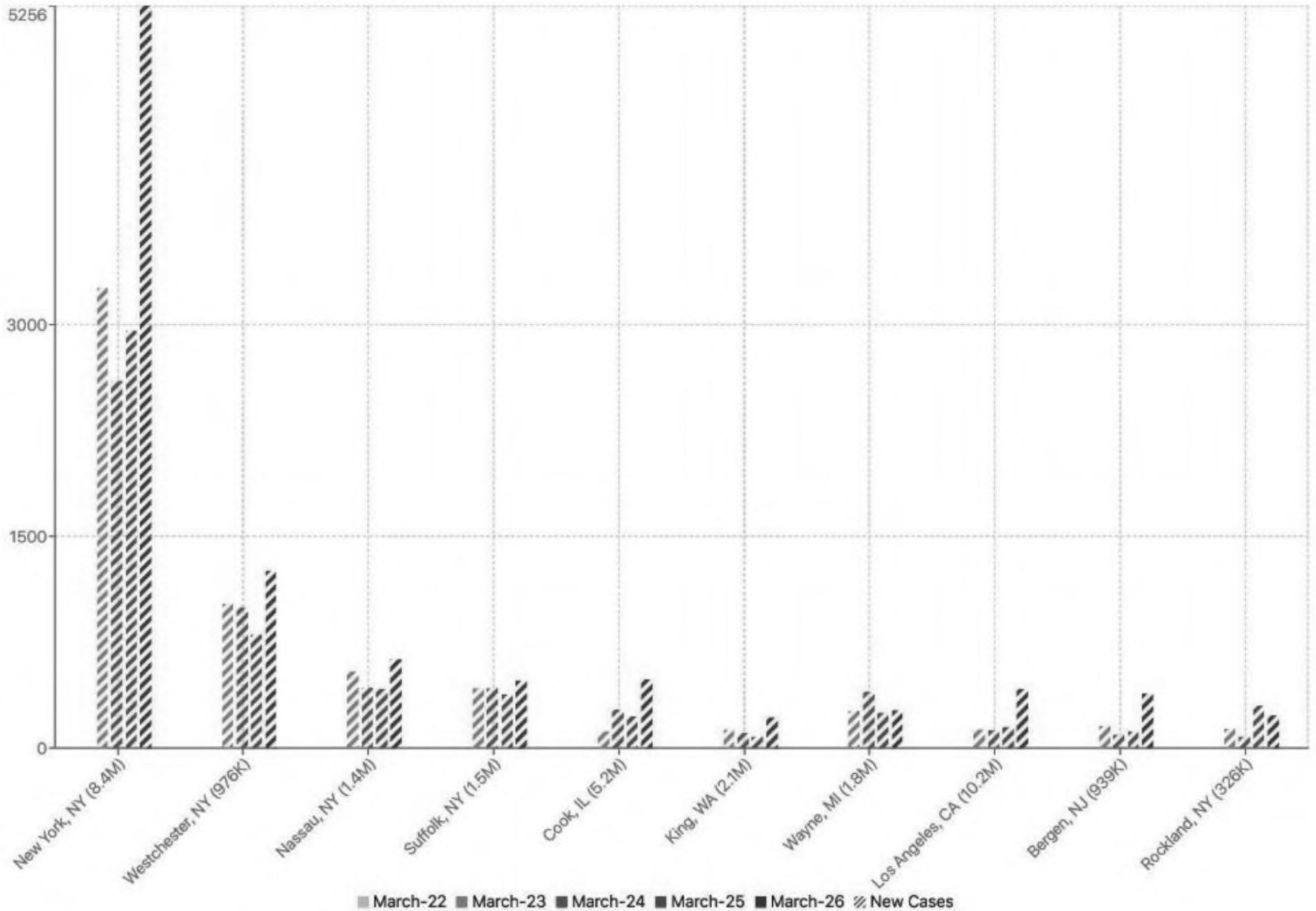
Counties with the highest number of cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

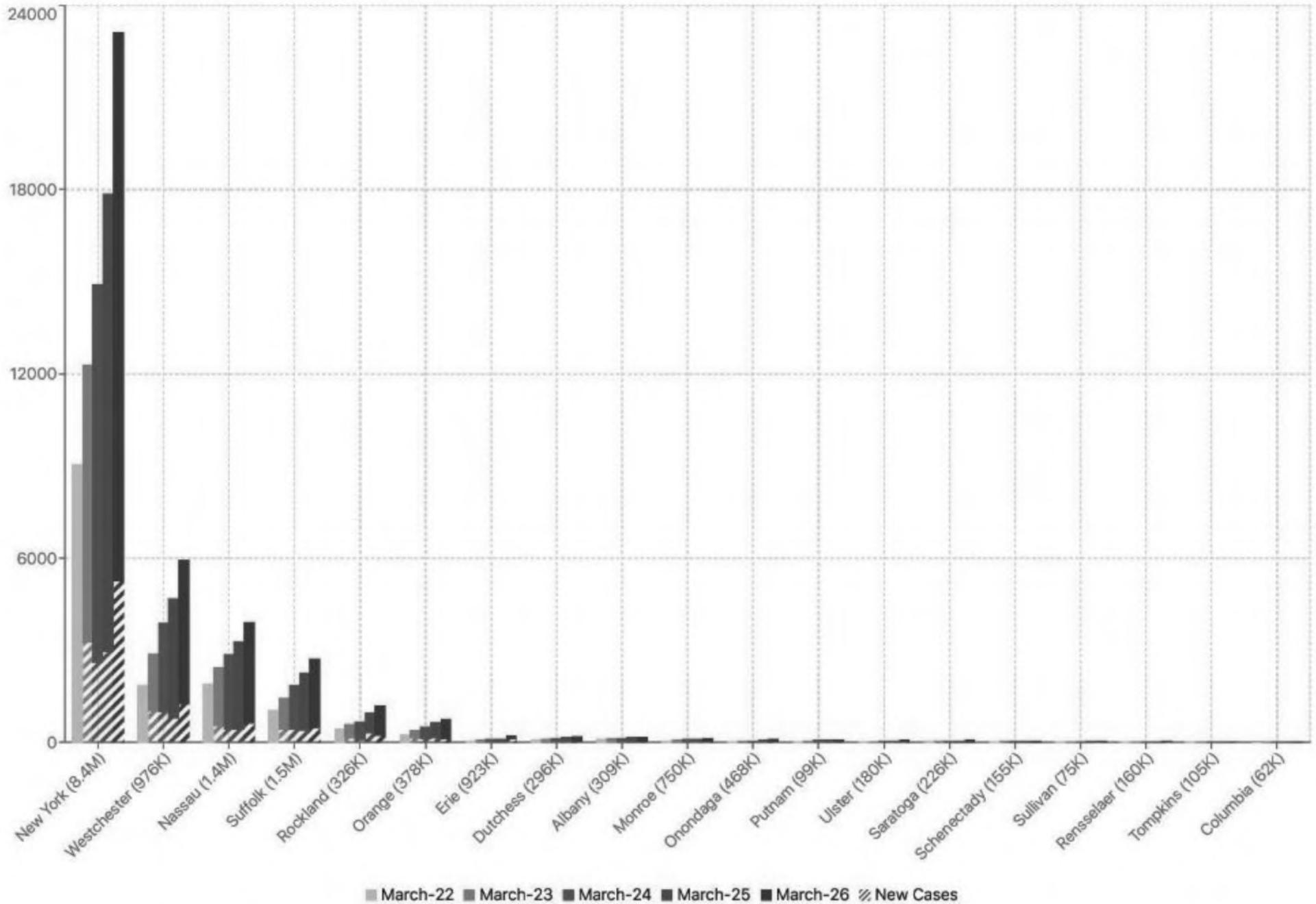
Counties with the highest number of cases (24 hours change)



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

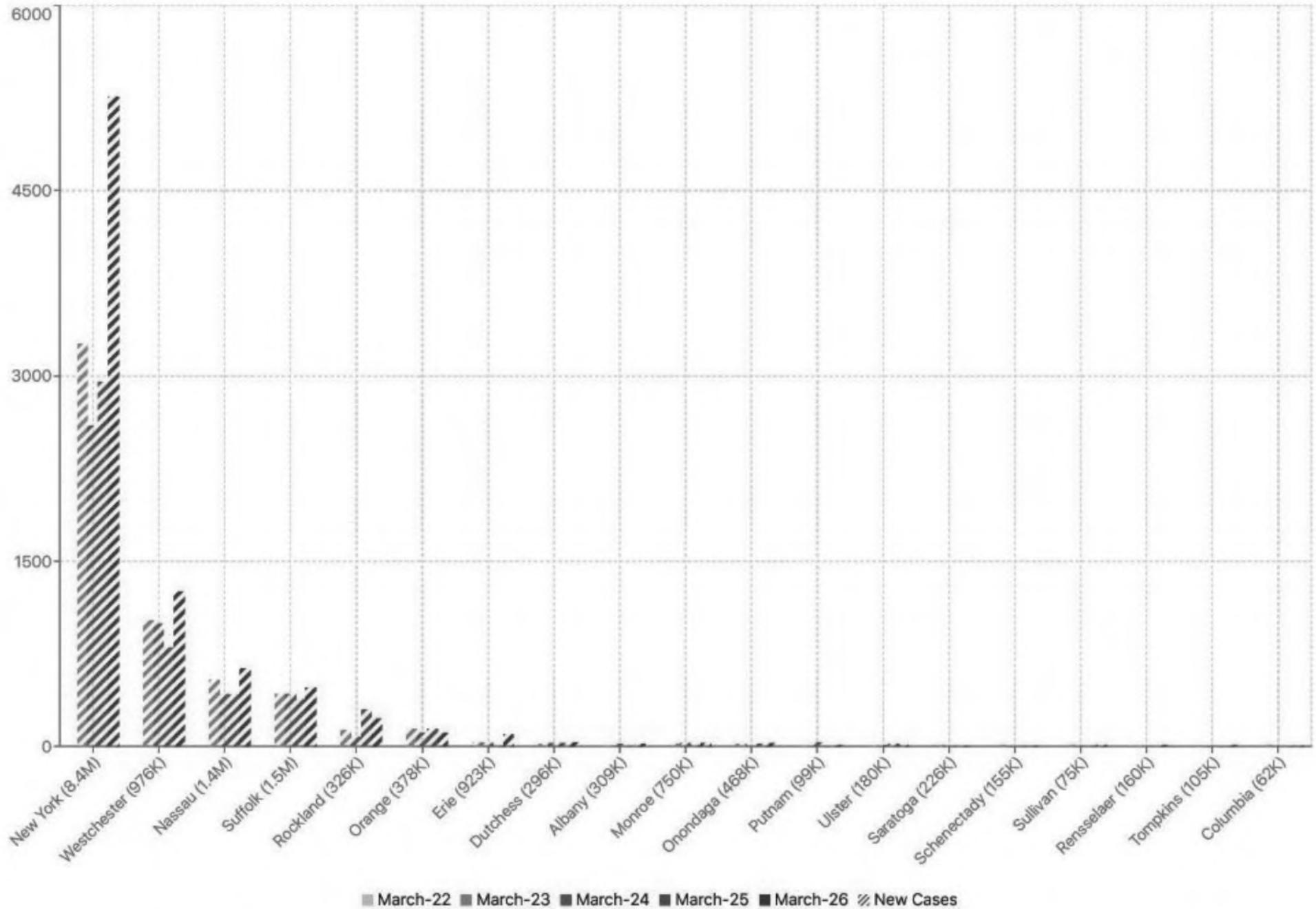
New York counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

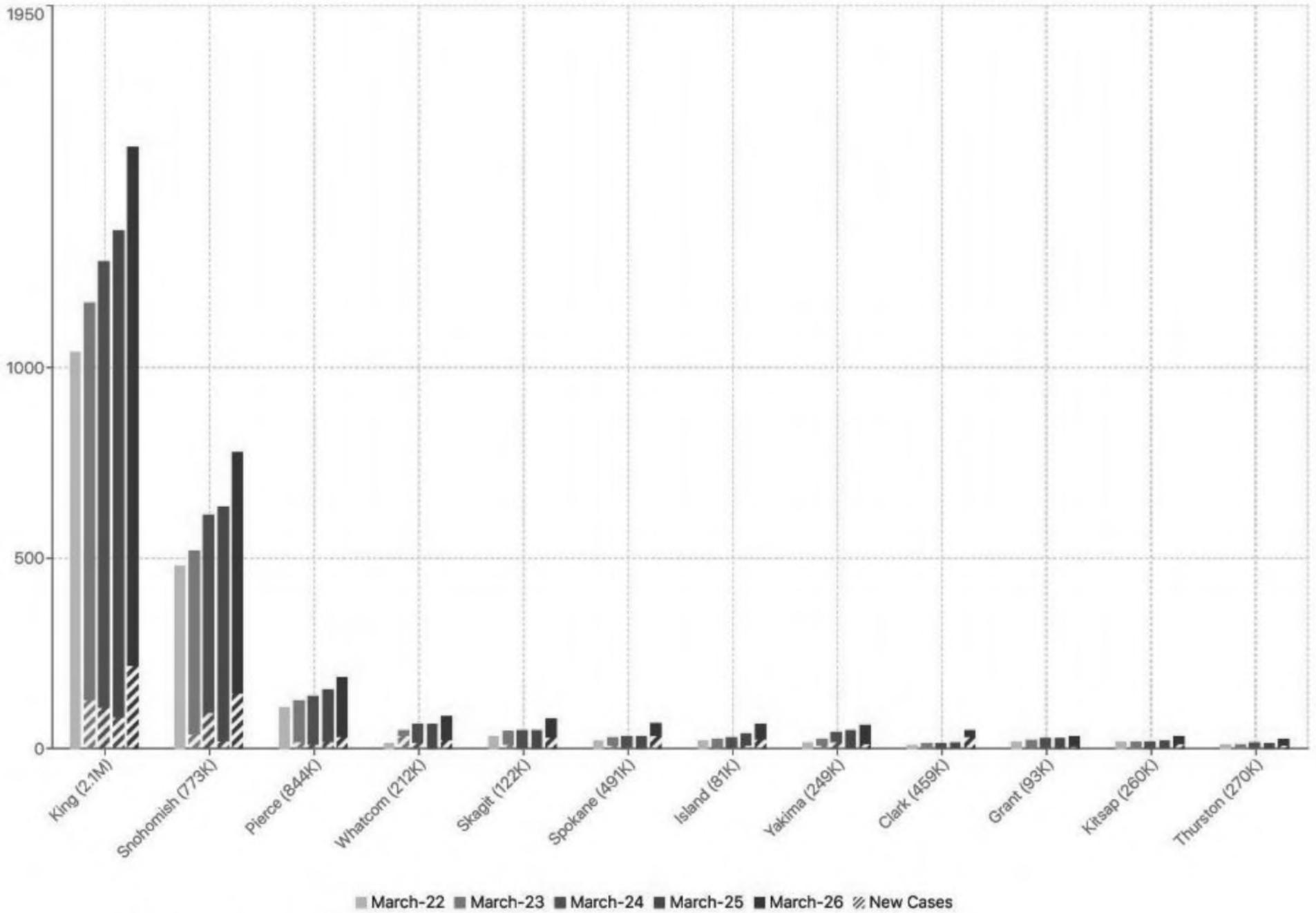
New York counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

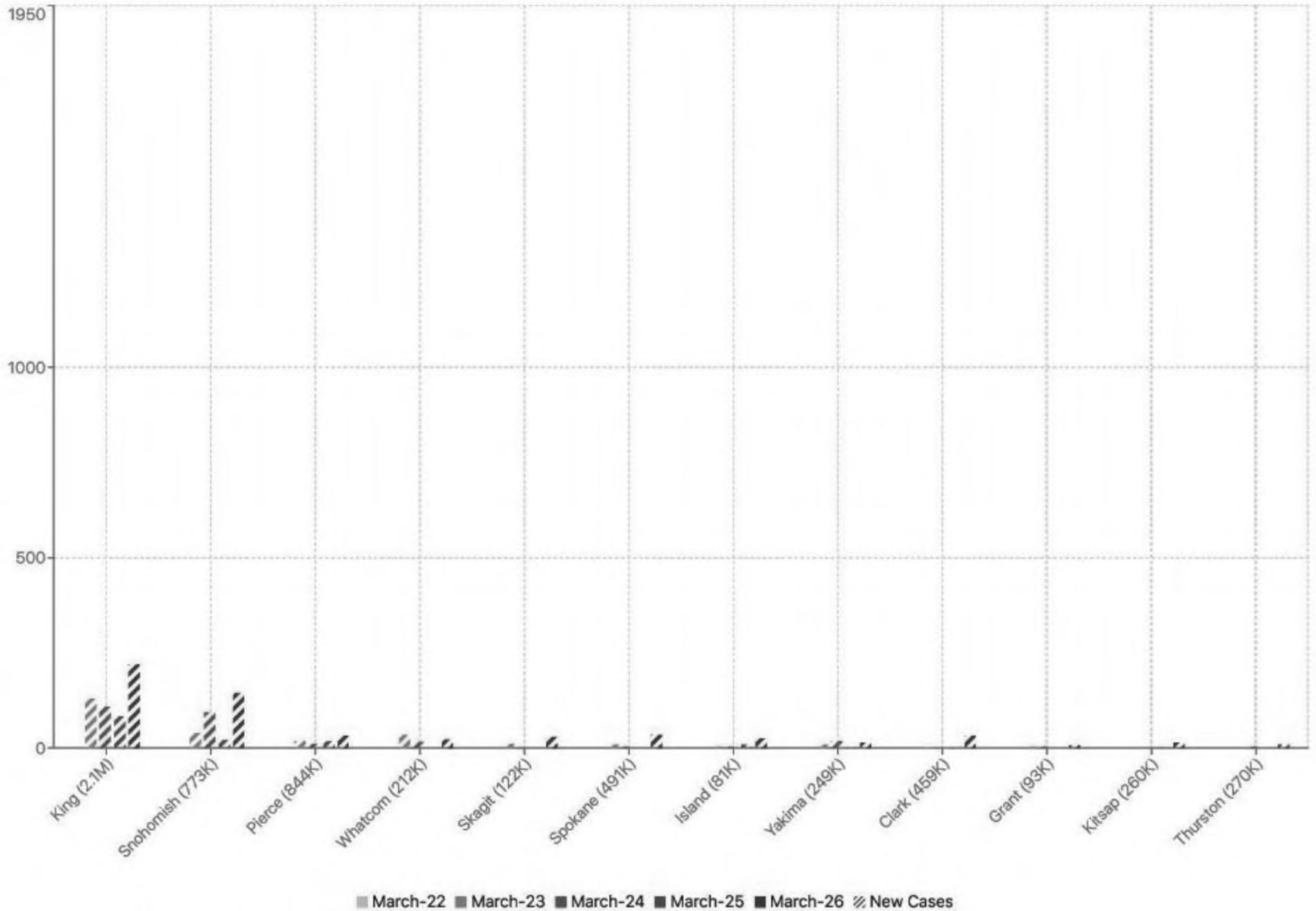
Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

Washington counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

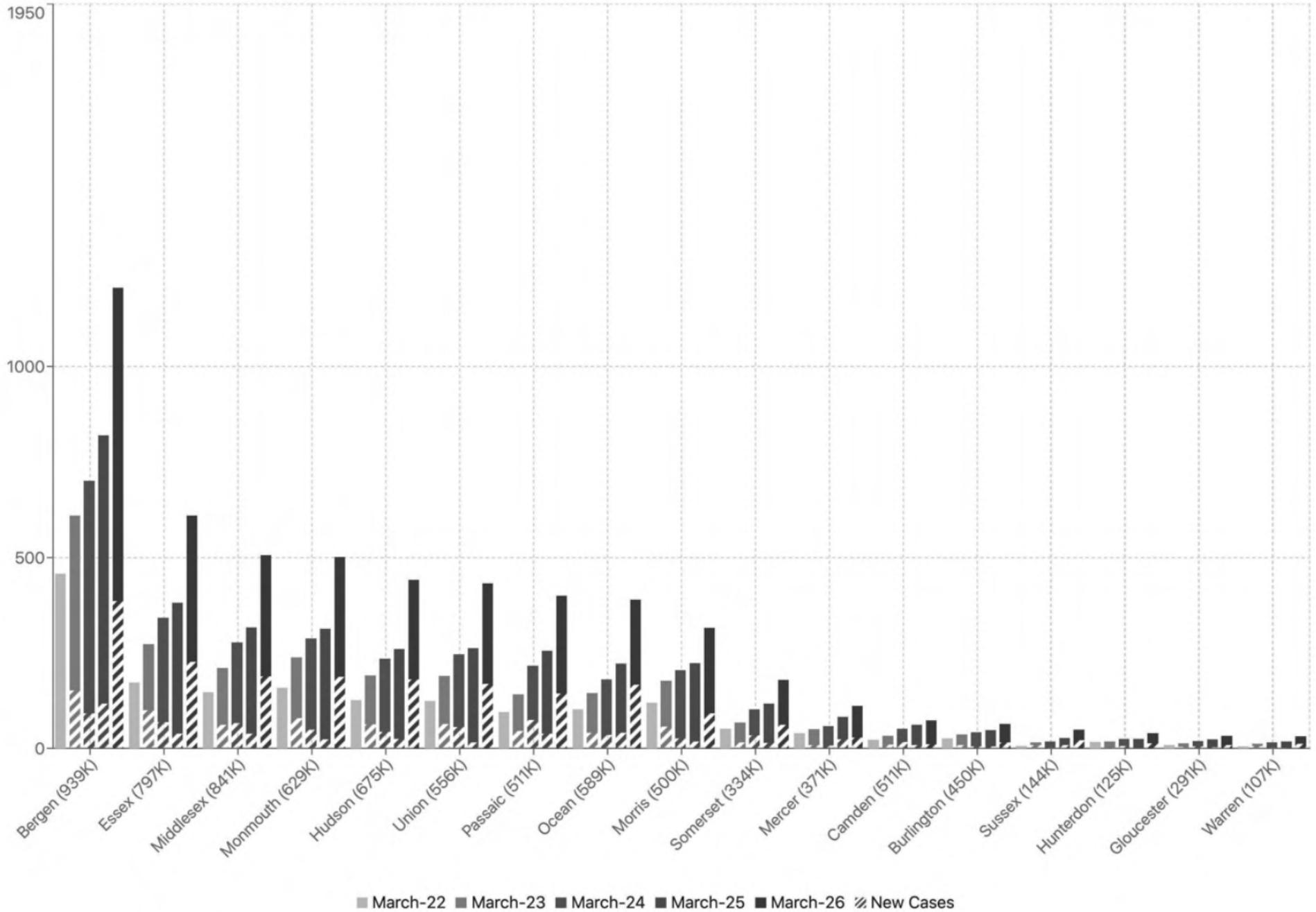
Washington counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

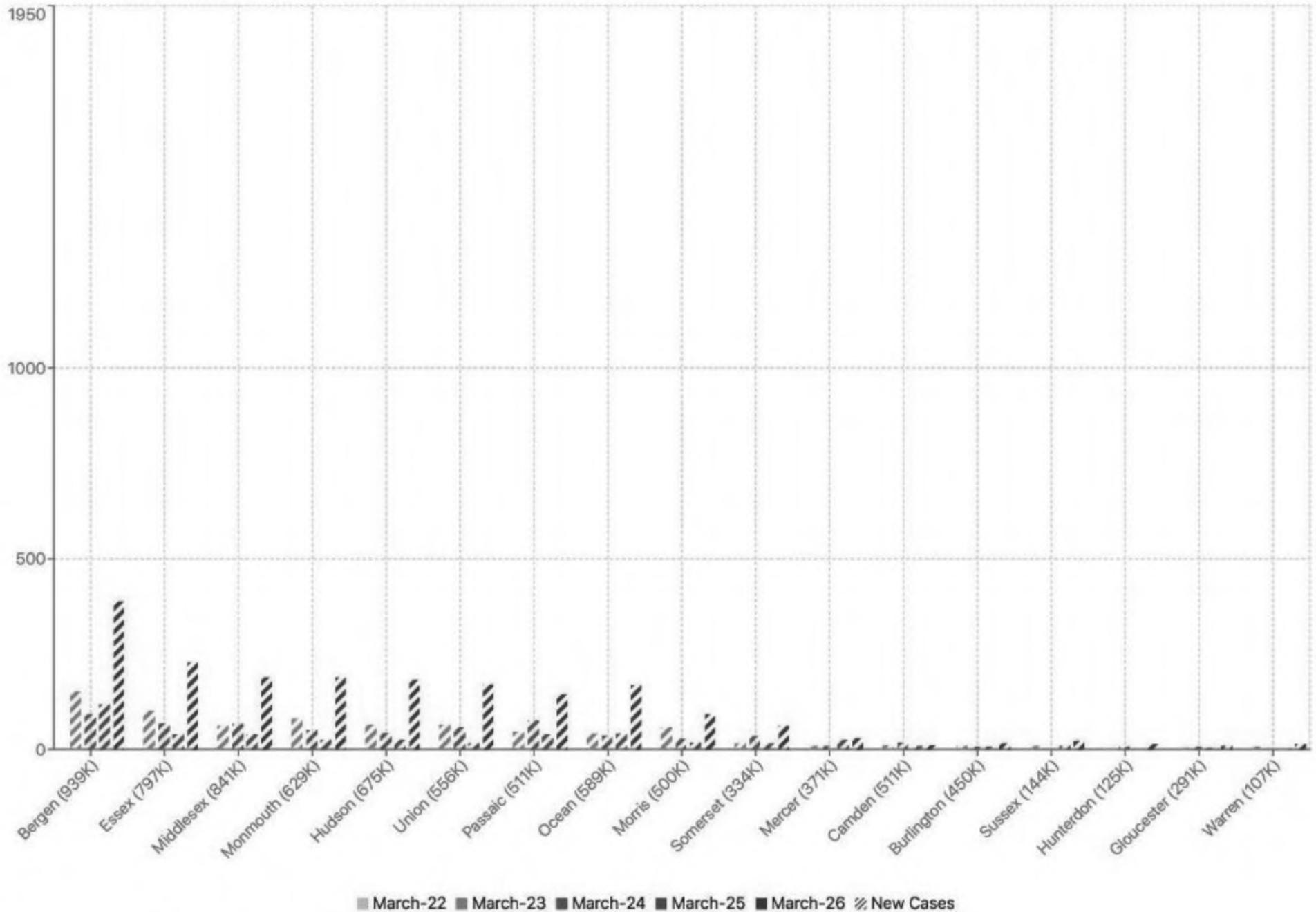
New Jersey counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

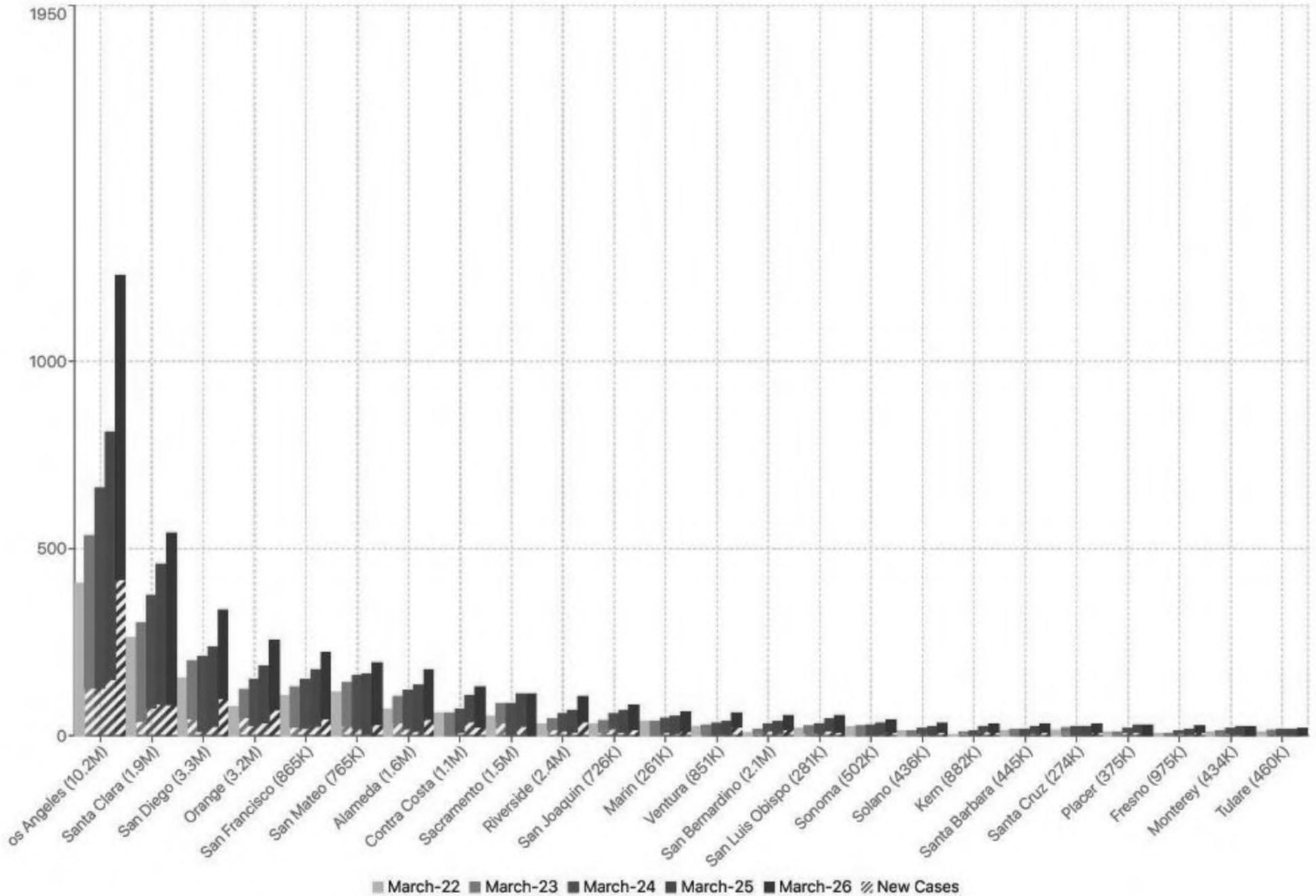
New Jersey counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

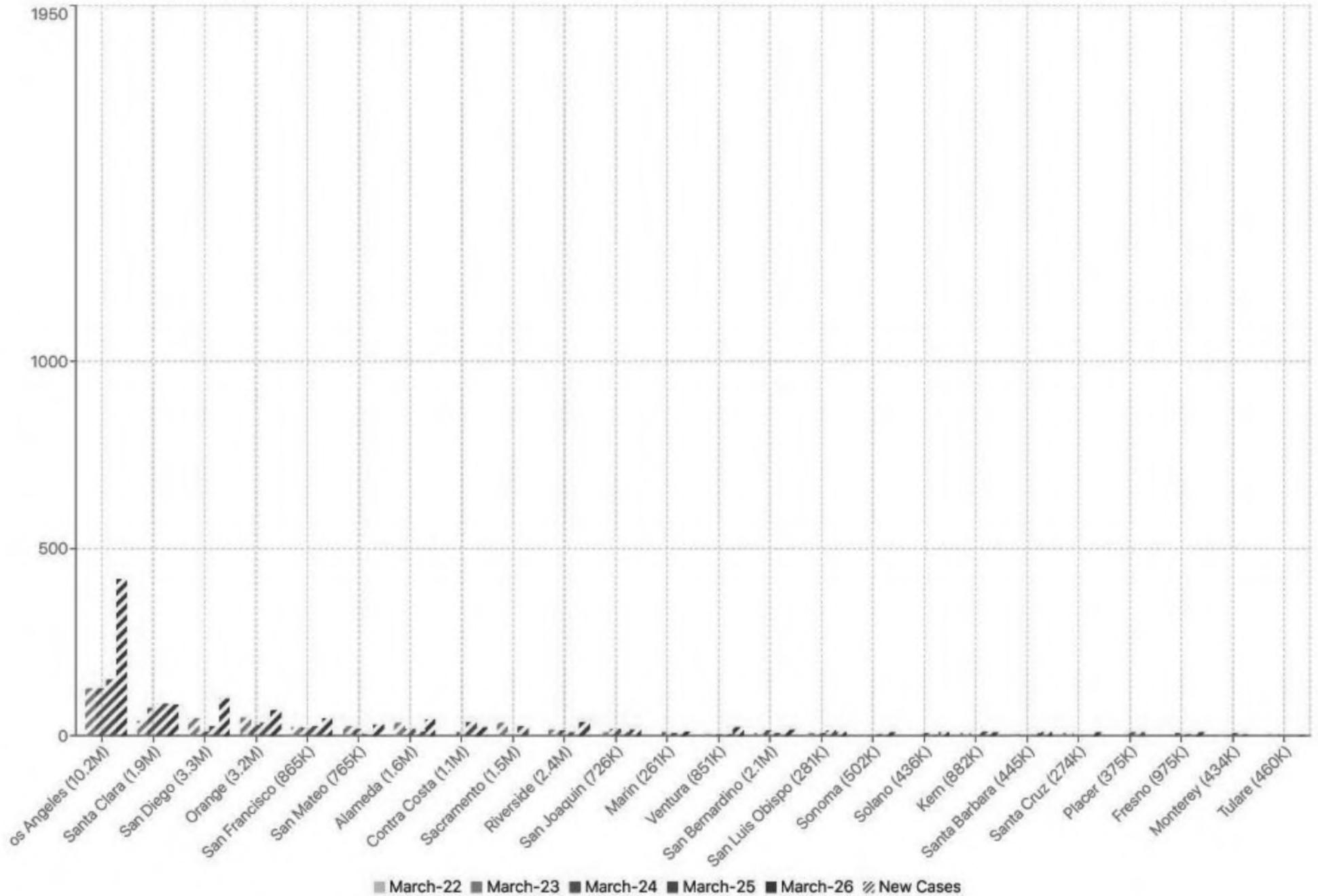
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California counties with 20+ confirmed cases



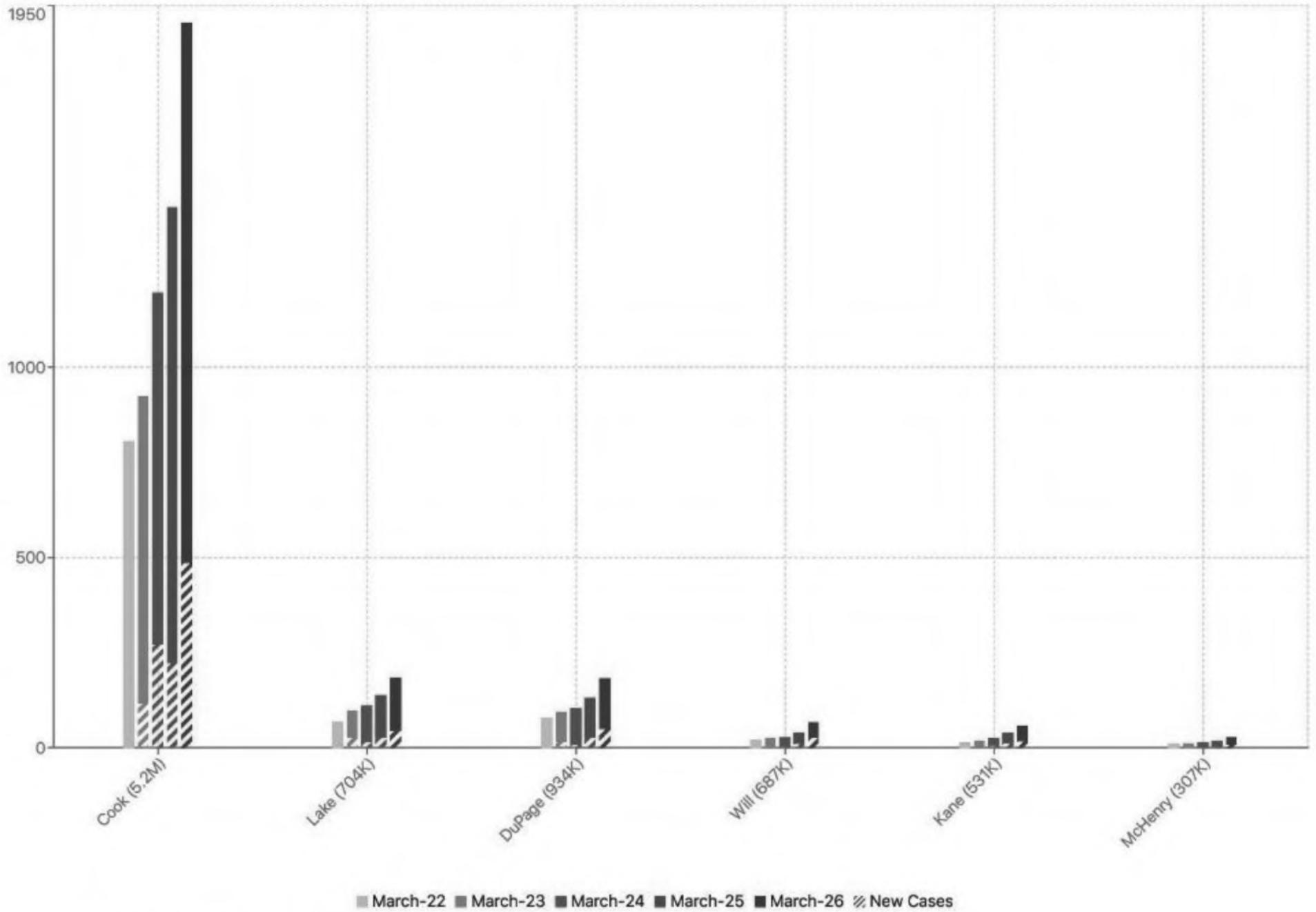
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
 Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

California counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
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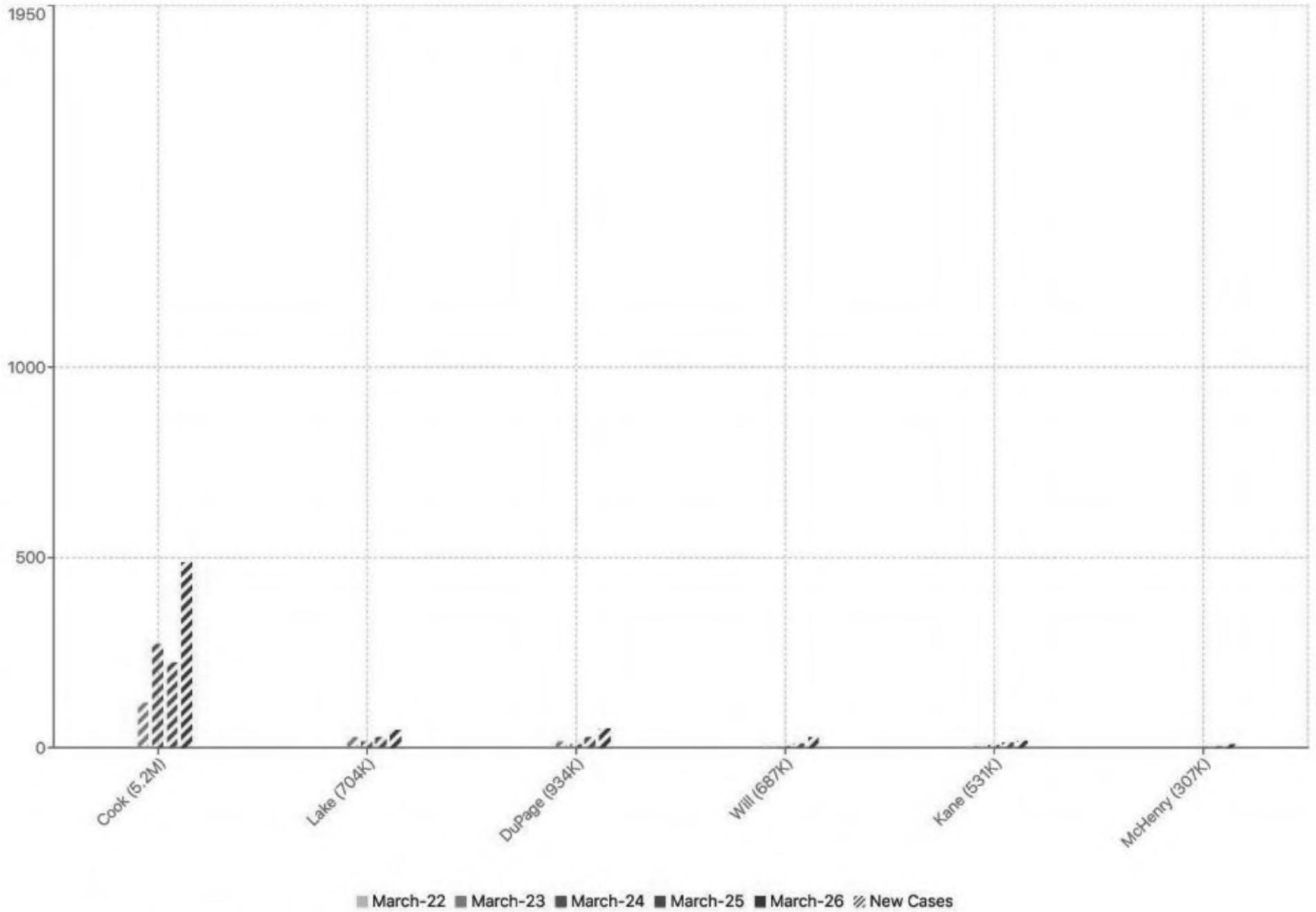
Illinois counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

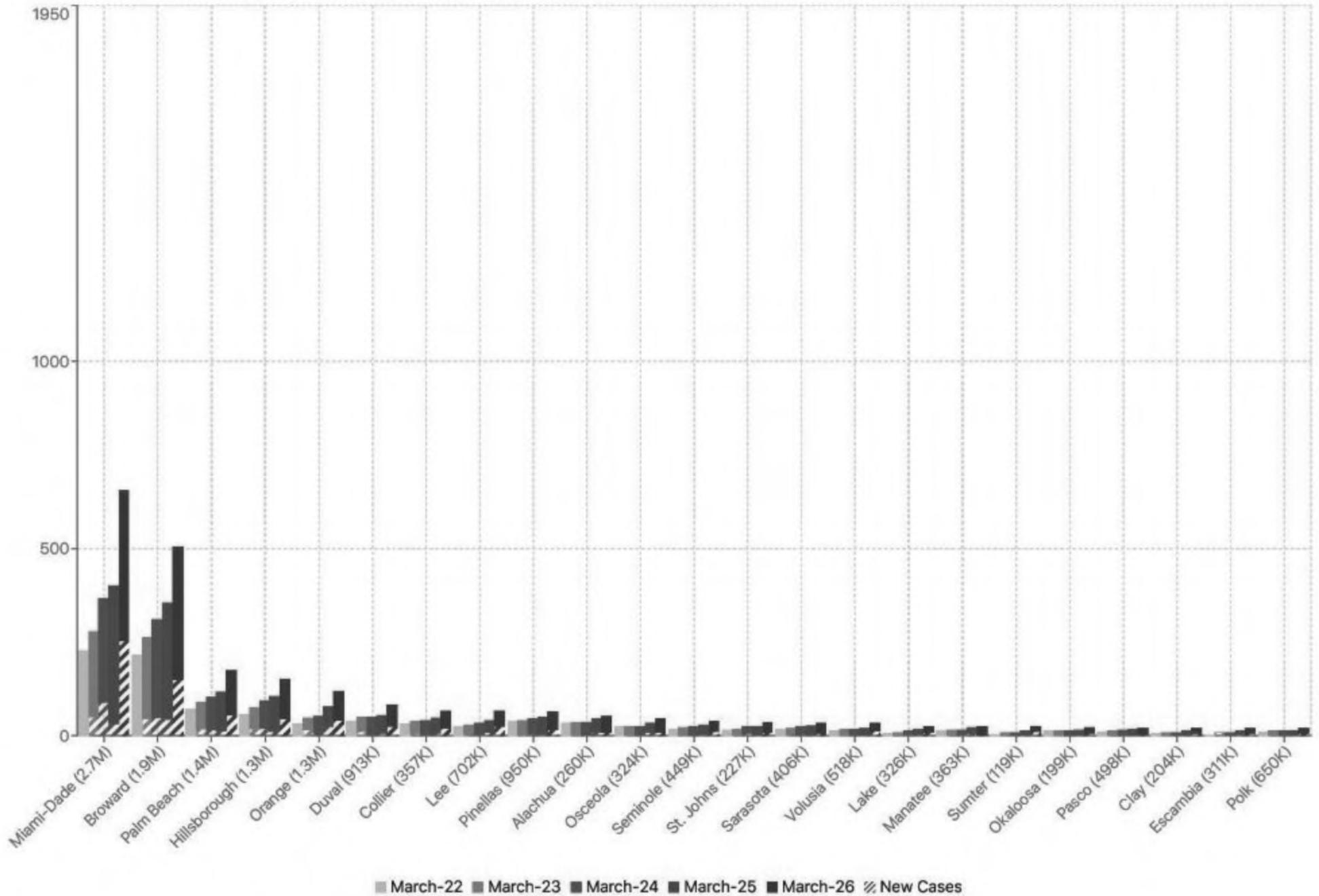
Illinois counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

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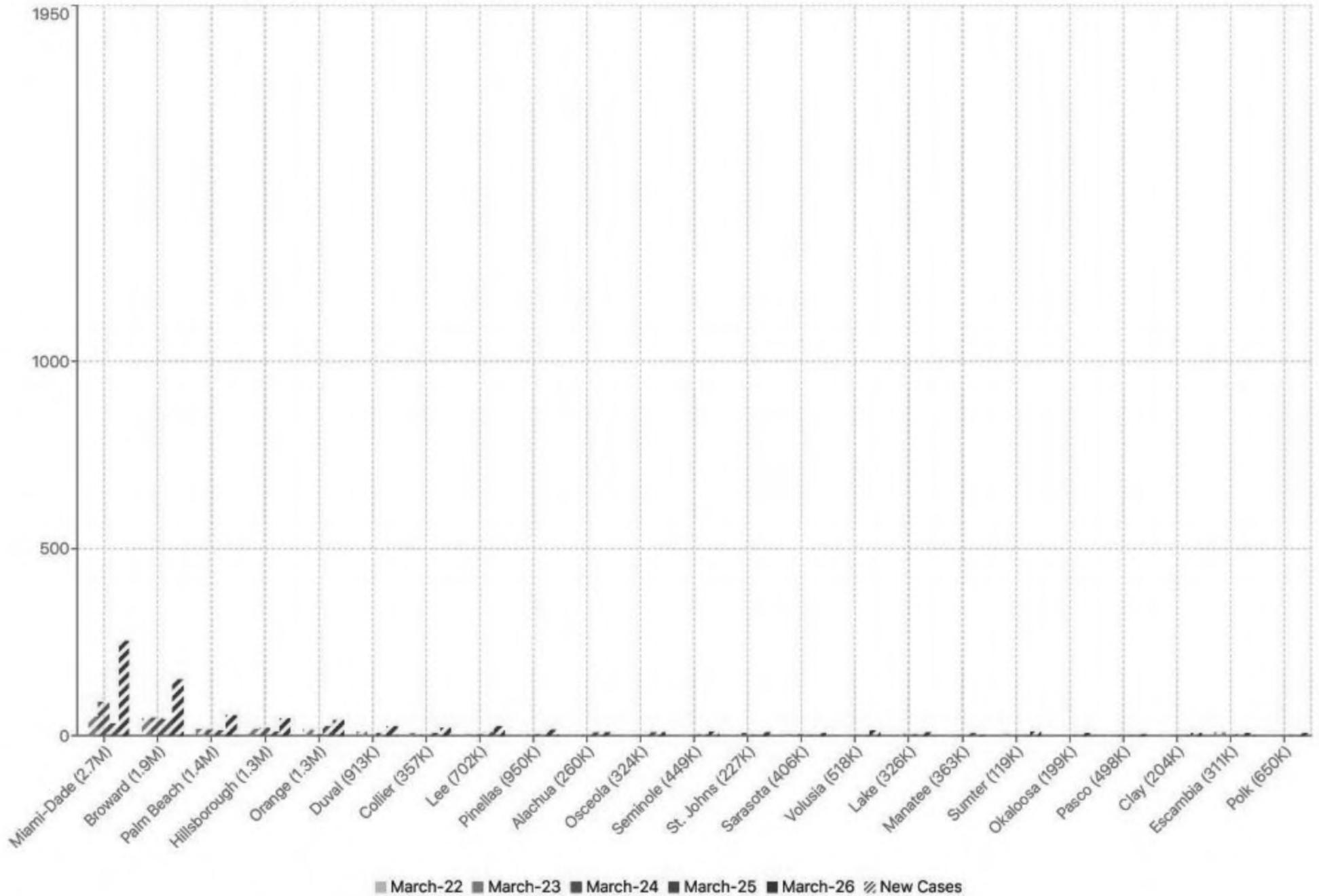
Florida counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

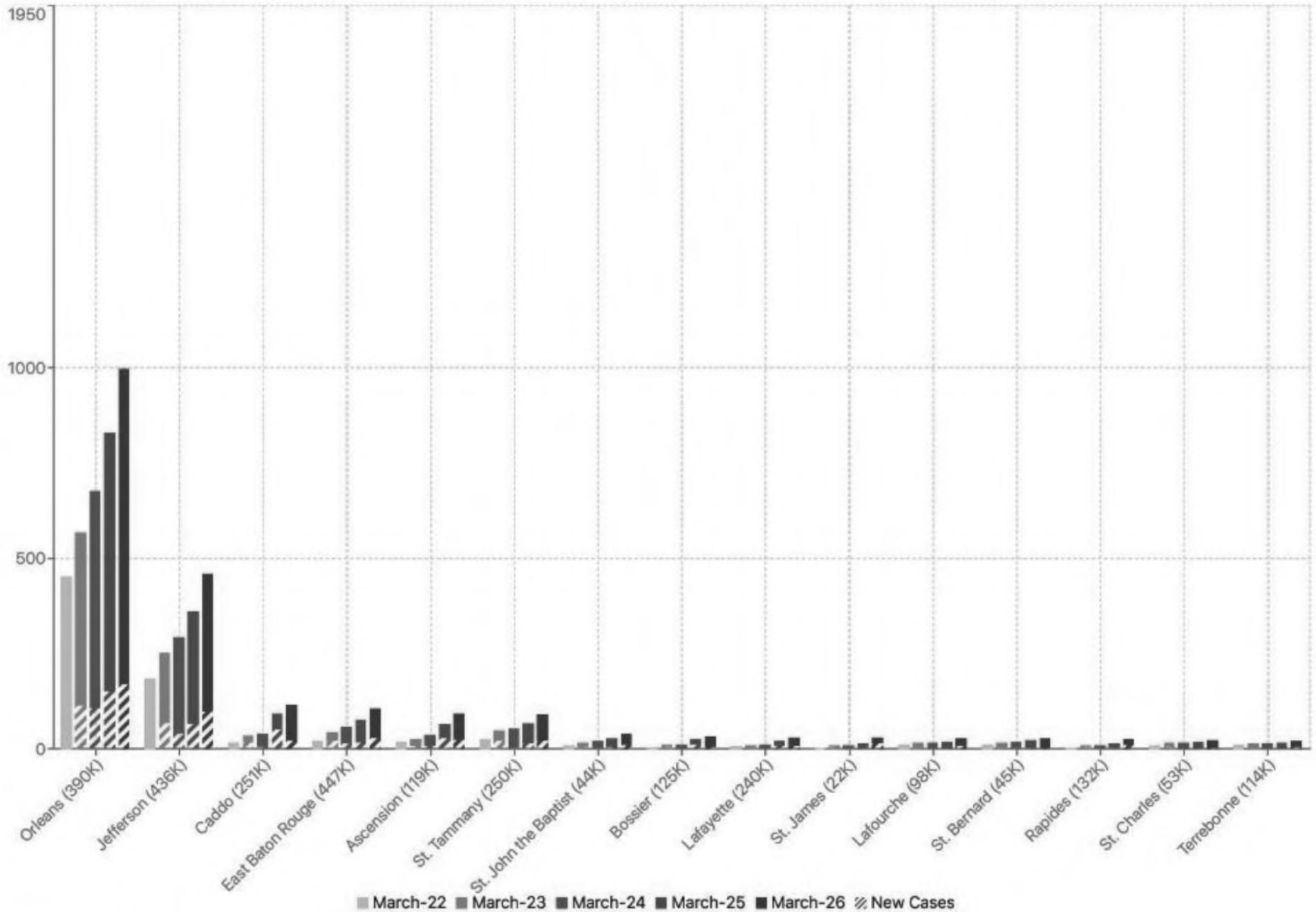
Florida counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

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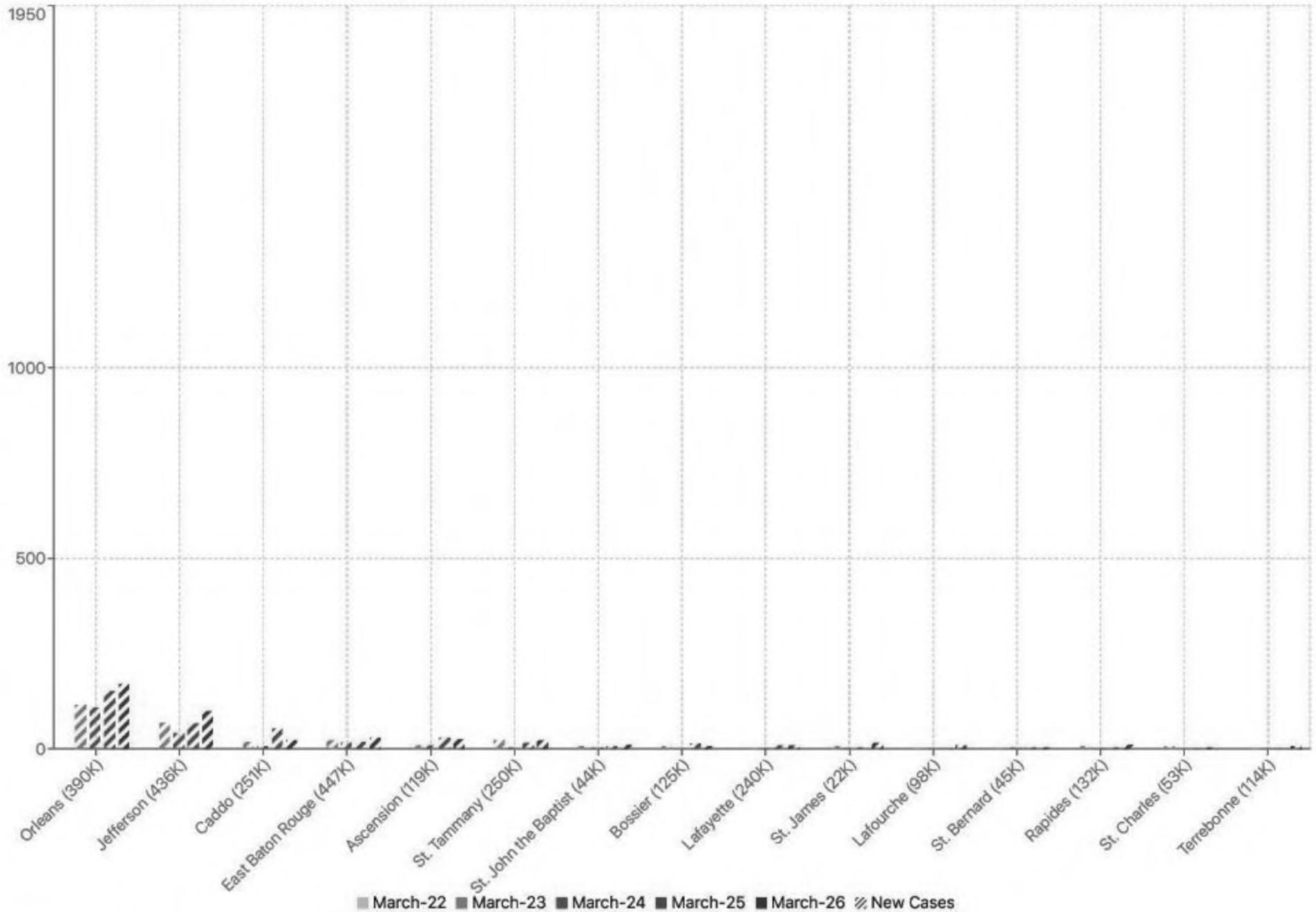
Louisiana counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

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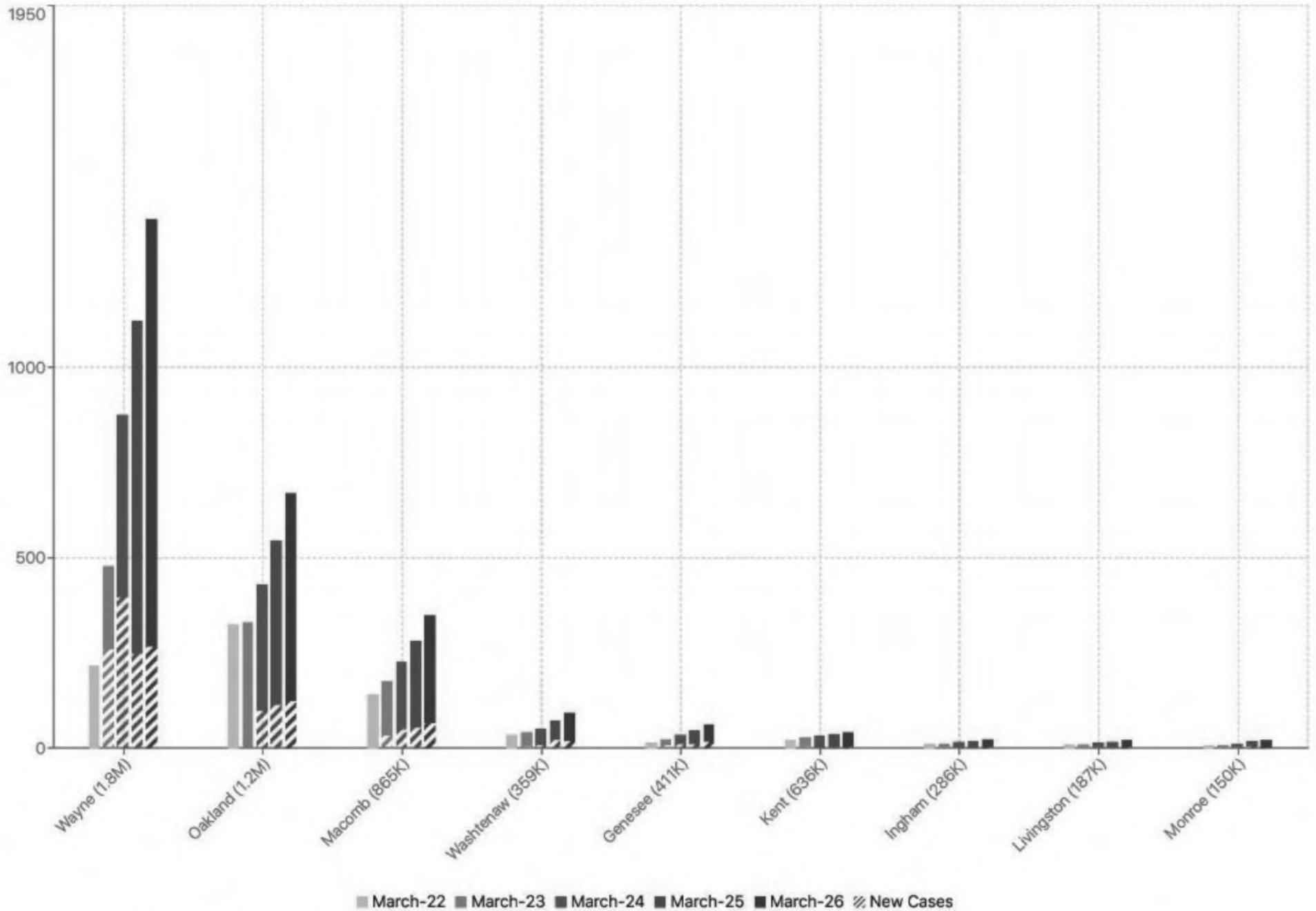
Louisiana counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

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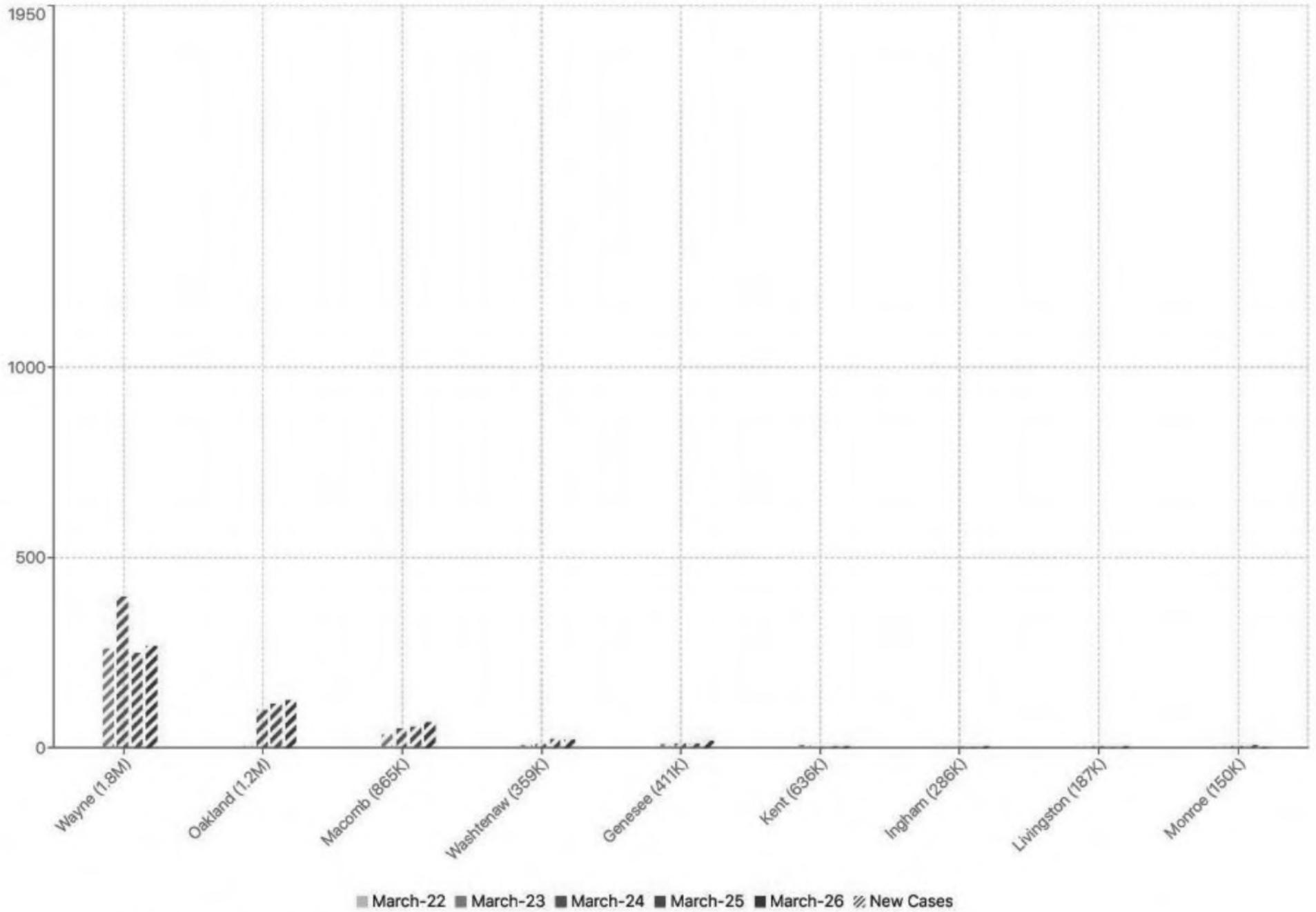
Michigan counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

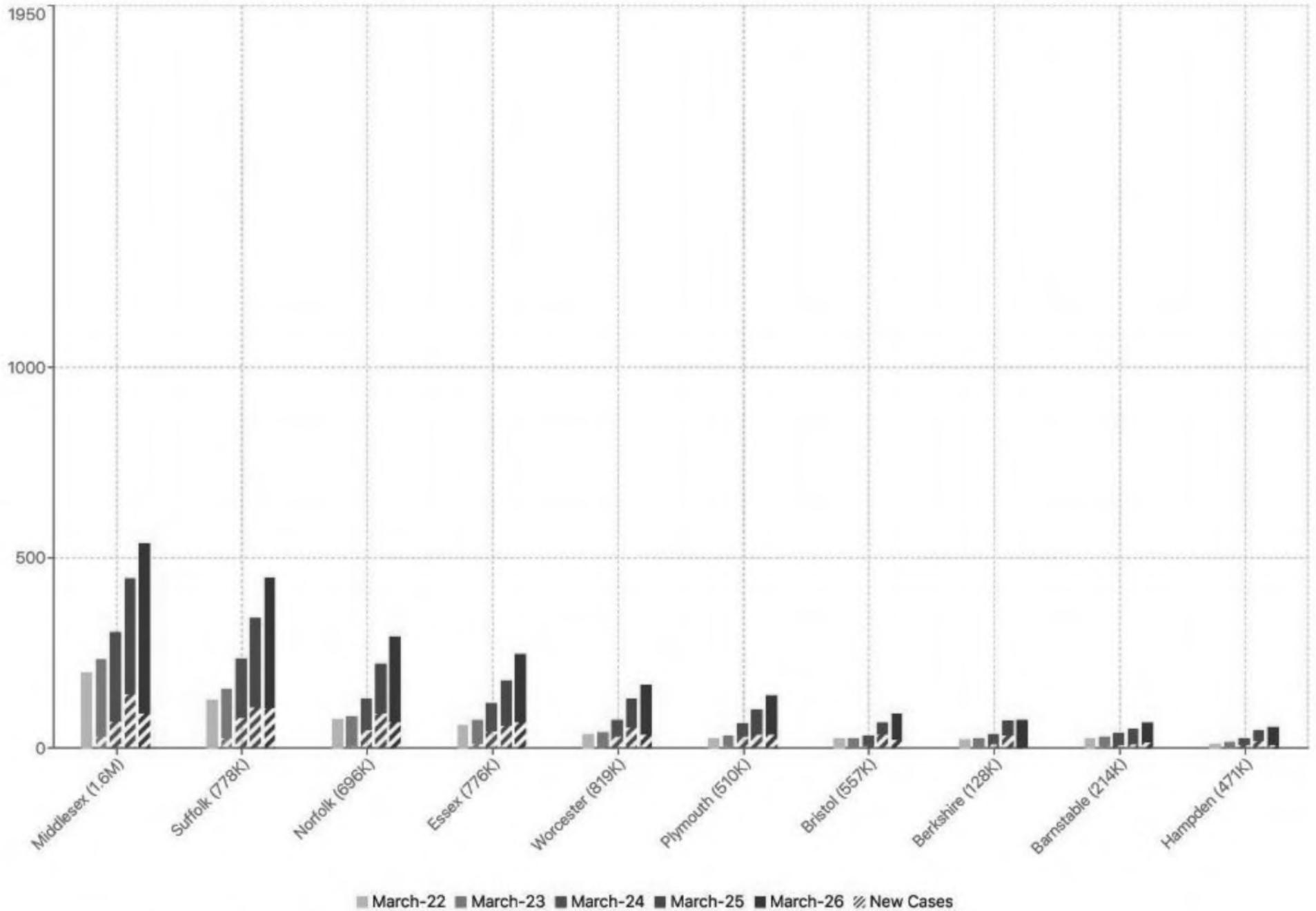
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Michigan counties with 20+ confirmed cases



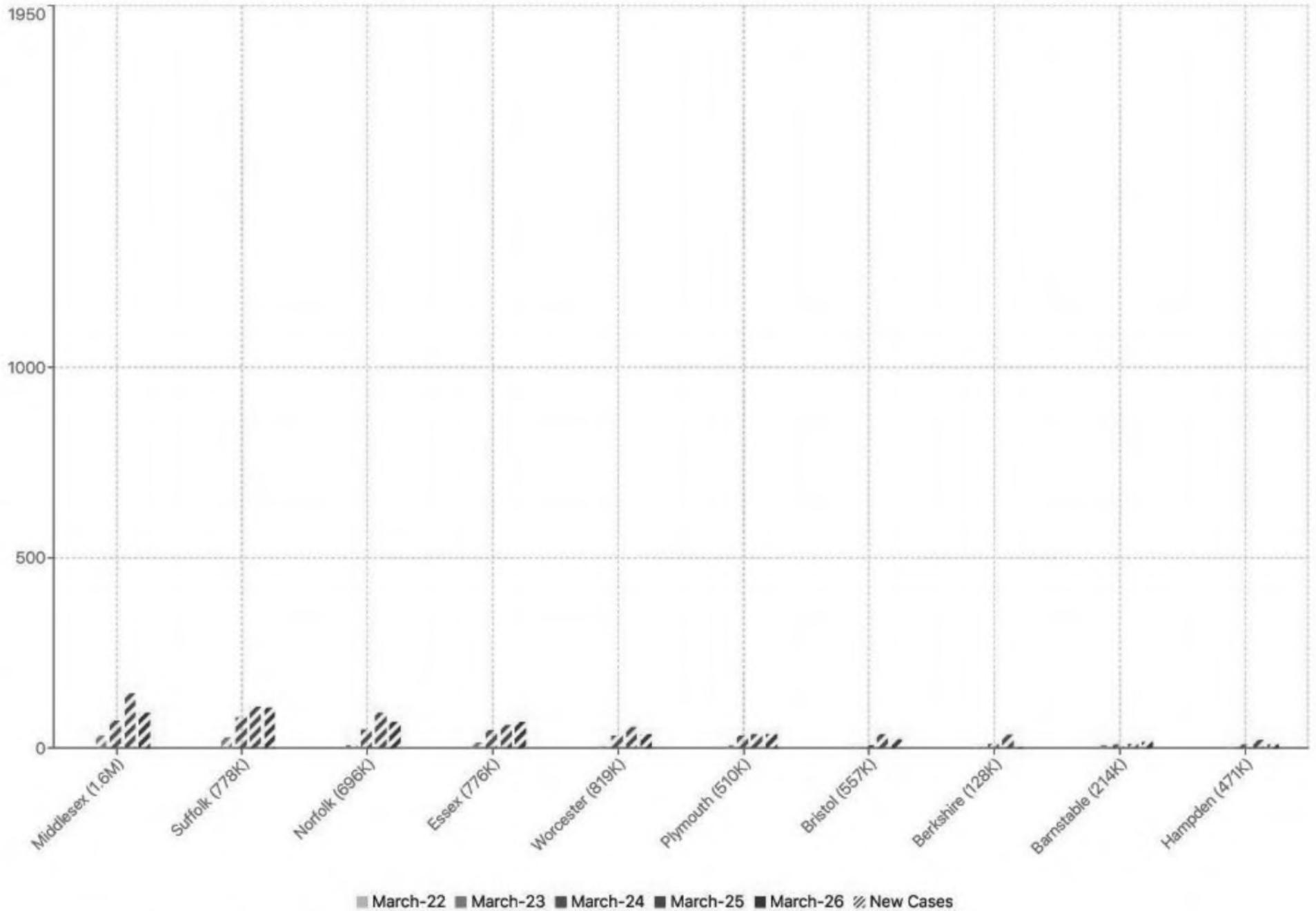
Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
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Massachusetts counties with 20+ confirmed cases



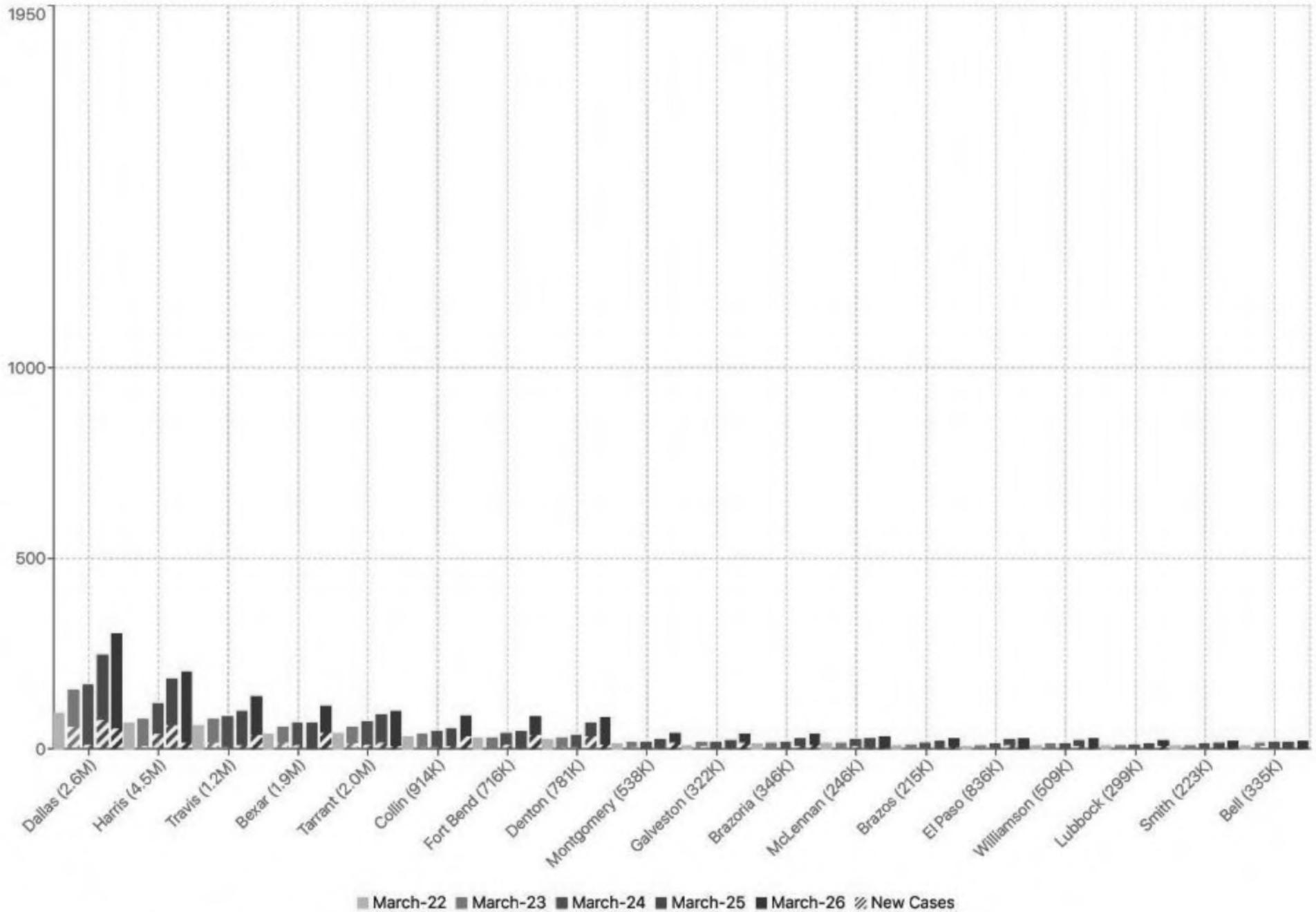
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Massachusetts counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.
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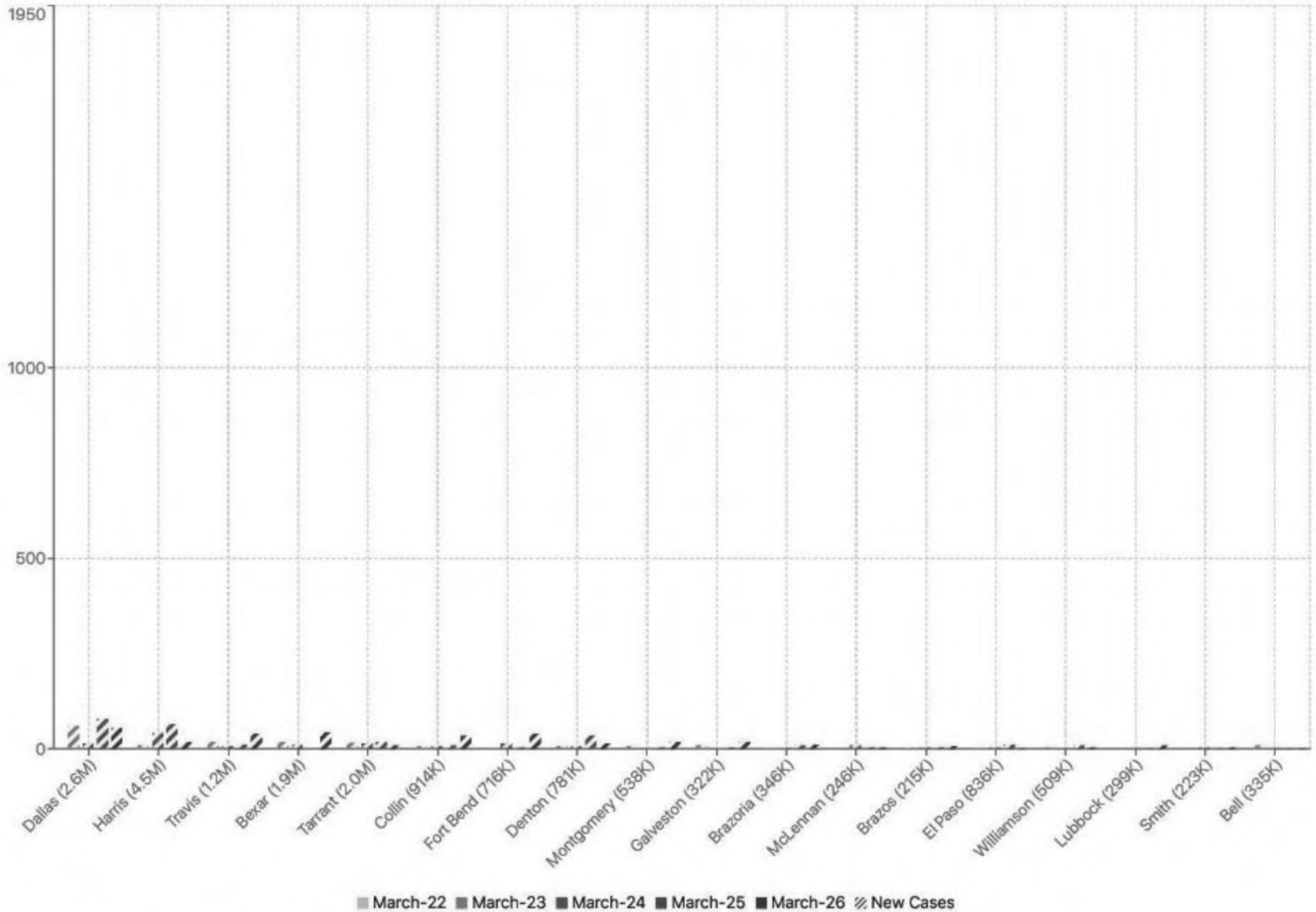
Texas counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

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Texas counties with 20+ confirmed cases



Source: [Conference of State Bank Supervisors](#), as of 23:49 March 26, 2020.

Data sourced from state health department websites; reporting may be incomplete or delayed. Death data is inconsistent and delayed in reporting

SOUTH

VTC PARTICIPANTS

DOOR

Mark Meadows

WH Press

Joe Grogan

Katie Miller

Marc Short

Dr. Jerome Adams

Dr. Bob Redfield

A/S Chad Wolf



Dr. Stephen Hahn

Dr. Anthony Fauci

Amb. Debi Birx, M.D.

Vice President

NORTH

Kellyanne Conway

(b)(6)

Stephen Miller

Pat Cipollone

Russ Vought

(b)(6)

Hope Hicks

WEST - WINDOWS

EAST

DOOR

DOOR

VTC PARTICIPANTS

(b)(6)

Brian Harrison

(b)(6)



(b)(6)

(b)(6)

Pat Philbin

(b)(6)

(b)(6)

(b)(6)

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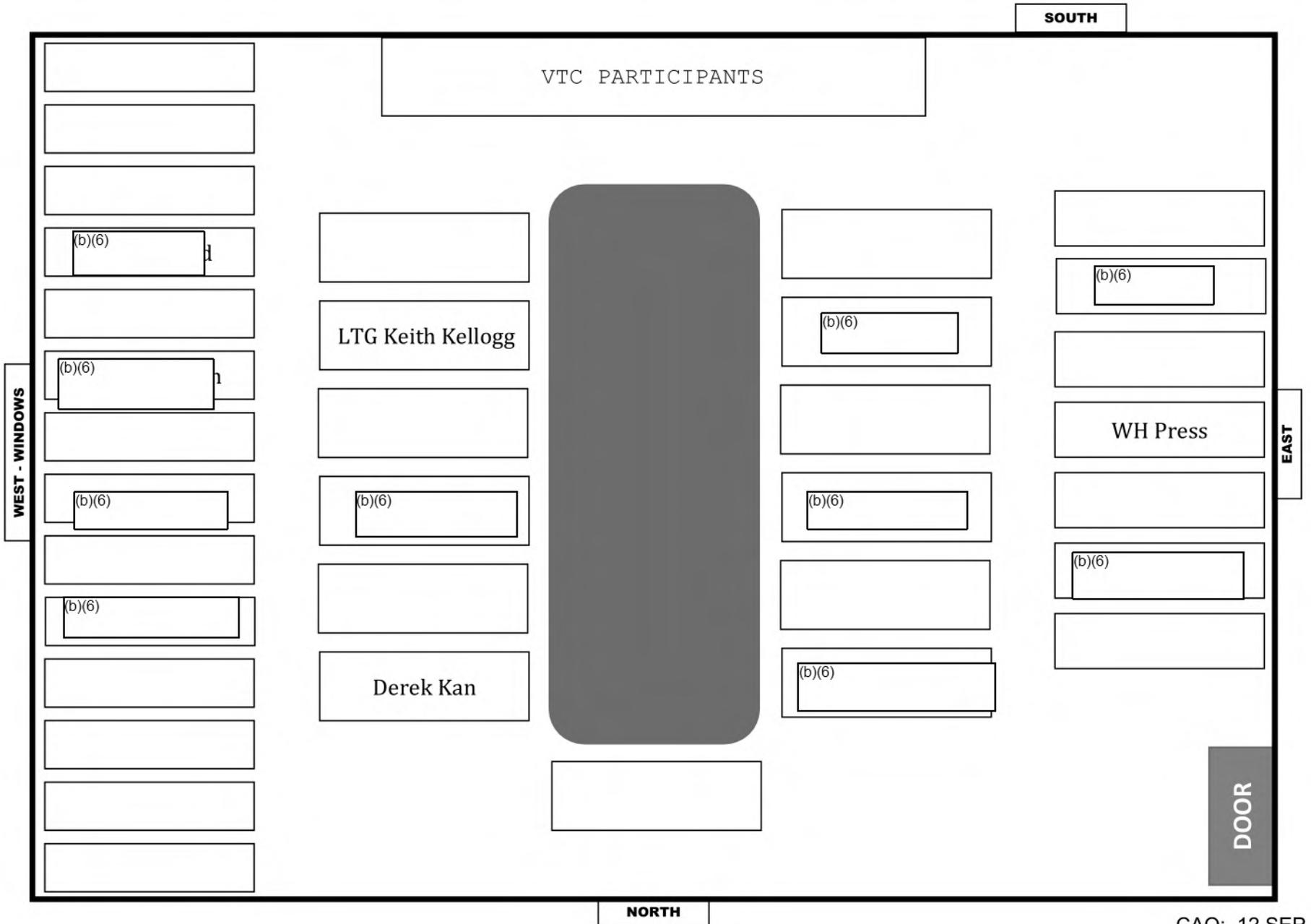
Kristan Nevins

(b)(6)

(b)(6)

(b)(6) SR
ADVISOR / OVP

DOOR





OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, March 27, 2020
3:00pm EST

I. Opening Remarks – Vice President Pence

II. (b)(5) – Dr. Debi Birx, M.D.

III. (b)(5) (b)(6)

IV. (b)(5) – Admiral Giroir (HHS)

V. (b)(5) – Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

VI. (b)(5) Dr. Stephen Hahn,
Commissioner (FDA)

(b)(5)

VII. Concluding Remarks – Vice President Pence

From: Short, Marc T. EOP/OVP
Sent: Sat, 7 Mar 2020 00:15:08 +0000
To: Short, Marc T.
EOP/OVP; (b)(6)@dot.gov; (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: [EXTERNAL] White House Coronavirus Task Force Meeting 03.07.20 at 1600 - Agenda + Seating Chart

Attachments: WH Coronavirus Task Force Agenda 3.7.30.docx, WHSR JFK Seating Chart - VPOTUS COVID19 Meeting 3.7.20.pptx

Importance: High

Good evening all,

There will be a **White House Coronavirus Task Force meeting at 4:00 pm on Saturday, March 7, 2020**. Agenda and seating chart attached.

- **Please Note: Only those traveling with the Vice President will be allowed to call-in.**

Thank you,

(b)(6)
Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)



OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Saturday, March 7, 2020
4:00pm EST

- I. **Opening Remarks** – Vice President Pence & Ambassador Debi Birx, M.D.
- II. (b)(5) – Dr. Bob Redfield, Director of the Centers for Disease Control and Prevention
- III. (b)(5) – Dr. Bob Kadlec, Assistant Secretary for Preparedness and Response (HHS)
- IV. (b)(5) – Matt Pottinger, Assistant to the President and Deputy National Security Advisor & (b)(6) Special Assistant to the President and Senior Director for Border and Transportation Security (NSC)
- V. **Concluding Remarks** – Vice President Pence

SOUTH

VTC PARTICIPANTS

WH LEGAL

Matt Morgan DAP / DEP COS / OVP

(b)(6) AP / DEP DIR / OPL

Joel Szabat A-A/S Policy / DOT

(b)(6) AP / NSC RESILIENCE

(b)(6) SAP / NSC BATS

(b)(6) AP / DCOS / POL CORD

Larry Kudlow AP / DIR NEC

Matt Pottinger AP/DEP NSA

(b)(6) P / DEP COUNSEL NSA / NSC LEGAL ADVISOR

Russ Vought DIR OMB

Brian Harrison COS / HHS

Dr. Robert Kadlec A/S HHS

Dr. Anthony Fauci DIR NIAID

Seema Verma Administrator / CMS

Sec. Robert Wilkie VA

Sec. Ben Carson HUD

Sec. Alex Azar HHS

Amb. Debi Birx, M.D. WH Coronavirus Resp. Coordinator

Joe Grogan AP / DIR DOM POLICY COUNCIL

Taliaferro VICE DIRECTOR / OPERATIONS ;

JOINT STAFF / DOD Dr. Jerome Adams US Surgeon General

Stephen Biegun, DEP SEC STATE

Dr. Stephen Hahn COMMISSIONER FDA

Sec. Steven Mnuchin Treasury

WH COMMS

(b)(6) AP / DEP DIR IGA

(b)(6) PRESS / OVP

(b)(6) DIR / BUREAU OF MEDICAL SERVICES STATE

(b)(6) DEP COMM OPERATIONS / USCG

Gary Rasicot CWMD / DHS Dr. Anand Shah DEP

COMMISSIONER / MEDICAL &

(b)(6) FDA NR. ADVISOR / HOMELAND / OVP

NORTH

WEST - WINDOWS

DOOR

EAST

DOOR

DOOR

VTC PARTICIPANTS

[Redacted]

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b)(6) HHS

[Redacted]

[Redacted]

(b)(6) PL

(b)(6) AP for Domestic Policy

(b)(6)

Dr. Kelvin Droegemeier
DIR / OSTP

(b)(6) DIR / LEG AFFAIRS / OVP

(b)(6) ADVISOR COS / OVP

Colin Rom ADV. COMMISSIONER / FDA

(b)(6)

(b)(6) NR. ADVISOR SR

Sean Conley, Physician / POTUS

(b)(6) DEP LEG. Adv. / NSC

Derek Kan EXEC ASSOC DIR / OMB

ADVISOR / INT'L ECON AFFAIRS / WHO

Steve Pinkos DEP NSA / OVP

DOOR

From: (b)(6)@ovp.eop.gov
Sent: Sun, 8 Mar 2020 12:41:50 +0000
To: Short, Marc T. EOP/OVP; Powers, Pamela; Stone, Richard A., MD;(DHS); (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6); VHA USH Meeting Requests; (b)(6)
(b)(6) EOP/OVP
Subject: White House Coronavirus Subtask Force Call at 10:00 am

Call in number - thank you.

Get Outlook for iOS

From: (b)(6)@ovp.eop.gov <(b)(6)@ovp.eop.gov> on behalf of Short, Marc T.

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

Sent: Sunday, March 8, 2020 9:18:39 AM

To: (b)(6)

Cc: (b)(6)@ovp.eop.gov>

Subject: [EXTERNAL] White House Coronavirus Subtask Force Call at 10:00 am

When: Sunday, March 8, 2020 10:00 AM-10:30 AM.

Where: Participant Dial-In: 1(888) 330-(b)(6) | Access Code: (b)(6)

All,

There will be a **White House Coronavirus Subtask Force Call at 10:00 am** in preparation for this afternoon's Task Force Meeting at 4:00 pm est. This call will be chaired by (b)(6)

Call-In Information:

Participant Dial-In: 1(888) 330-(b)(6)

Access Code: (b)(6)

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)