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

Friday, April 17, 2020

"MY ADMINISTRATION IS DEVOTING EVERY OUNCE OF OUR ENERGY AND EVERY FIBER IN OUR BODIES TO ... CREATE A BORDER, CREATE SOMETHING VERY POWERFUL AGAINST THIS VIRUS, THIS HORRIBLE VIRUS — TO HEAL THE SICK, RESTORE THE FULL FORCE OF THE U.S. ECONOMY, AND DO ALL OF THE THINGS THAT WE'RE DOING."

- PRESIDENT DONALD TRUMP

Topline Briefing Points and Messages

- FEMA, HHS, and our federal partners work with state, local, tribal and territorial governments to execute a whole-of-America response to COVID-19 pandemic and protect the health and safety of the American people.
- On April 16, President Trump released <u>Guidelines for Opening America Up Again</u>, providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
 - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
 - The guidelines were developed by top healthcare experts in government, including at the U.S. Department of Health and Human Services and the Center for Disease Control and Prevention.
- Core state preparedness responsibilities include testing & contact tracing, healthcare system capacity, and plans.
 - State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID-19 outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild).
 - Where appropriate, governors can work on a regional basis to satisfy these criteria and to progress through the phases outlined.
- Governors will continue to manage the situation in each state and develop robust reopening plans, working in close coordination with medical experts and key industries.
 - □ Fully assessing and leveraging the state's entire testing capacity will be important, including roadmap to all locations and types of testing available in the states, and the capacity of state and local labs, hospitals and universities, and private labs.
 - A robust and strategic testing strategy should include a plan to immediately test individuals if there is an outbreak in a community with a focus on vulnerable populations.
- FEMA continues to expedite movement of commercially pre-sourced and commercially procured critical supplies from the global market to medical distributors in various locations across the U.S. through <u>Project Airbridge</u>.

Supply Chain Task Force

- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
 - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of April 17, Project Airbridge has completed 55 flights with an additional 45 scheduled for a total of approximately 100 flights.
 - □ On **April 16**, five flights landed: three in Chicago, one in Atlanta, and one in Seattle.
 - Four flights are tentatively scheduled to land on April 17: two in Chicago and two in Los Angeles.
 - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 15:
 - More than 550,000 N95 masks
 - More than 487 million gloves
 - More than 31 million surgical masks
 - More than 5 million surgical gowns
 - Nearly 81,000 thermometers
 - More than 120,000 face shields
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply
 distributors to get commercially pre-sourced and procured personal protective equipment and
 other critical supplies into the country for their respective customers.
 - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
 - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
 - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
 - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- As of April 13, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million have arrived in the U.S. and additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.

- The Defense Logistics Agency awarded a contract to Battelle Critical Care Decontamination Systems for sixty (60) N95 decontamination system units for the sanitation and reuse of N95 respirators.
 - Six systems were deployed: two to New York and one each to Illinois, Massachusetts, Ohio and Washington.
 - Additional units are planned for deployment across the U.S. by early May. HHS will fulfill state requests through the NRCC.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since April 6, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
 - The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
 - The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburg, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

By the Numbers

- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, four territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 17**, FEMA and HHS have provided or are currently shipping 10,848 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (50), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100),Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (500) and the Federal Bureau of Prisons (20).
 - □ Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
 - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
 - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 8,739 total ventilators available: 8,539 in the Strategic National Stockpile; 200 from the Department of Defense.

- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of **April 17**, FEMA and HHS have ordered, coordinated the delivery of or are currently shipping: 44 million N95 respirators, 32.6 million surgical masks, 5.5 million face shields, 5 million surgical gowns, 36.7 million gloves, 211,000 coveralls, 10,848 ventilators and 8,600 federal medical station beds.
- As of April 16, FEMA has obligated \$5.4 billion in support of COVID-19 efforts.
- FEMA currently has 3,010 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 16**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent: 186 text messages via the Wireless Emergency Alert system; 46 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with seven requests pending approval.
 - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Iowa, Illinois, Kansas, Kentucky, Indiana, Louisiana, Maine, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
 - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
 - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
 - More than 26,300 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 3 million samples.
 - □ To date, the federal Community Based Testing Sites have screened more than 94,598 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to build and staff 62 temporary hospitals and alternate care facilities with 27,363 projected beds in 22 states, two territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 28 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.
 - As of **April 17**, 1,901 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

FEMA and HHS Response

FEMA

- On March 13, President Trump declared a nationwide emergency pursuant to Stafford Act
 - 50 states, the District of Columbia, five territories, and 35 tribes are working directly with FEMA.
 - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
 - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
 - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
 - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA have expanded items supplied by the <u>International Reagent Resource (IRR)</u> to help public health labs access free diagnostics supplies and reagents for COVID-19 testing.
 - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
 - □ The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
 - Emergency managers and public health officials submit requests for ventilators to FEMA/HHS, providing detailed data on total medical/ hospital beds; total acute care (ICU) beds; normal occupancy; predicted surge occupancy; and number of ventilators available in the state.
 - States can send requests outside of the 72-hour window for consideration by the federal government; allocation decisions and/or shipments, however, should not be expected until the state is within the immediate 72-hour window.
 - Hospital administrators across the country are being asked to provide daily reports on testing, capacity, supplies, utilization, and patient flows to facilitate the ongoing public health response.
- On April 15, FEMA Administrator Pete Gaynor issued a letter to the nation's emergency managers
 outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America"
 response to the coronavirus (COVID-19) pandemic.
 - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.

- This guidance is a follow-on to the Administrator's <u>first letter to emergency managers</u> on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On April 15, FEMA's Office of Equal Rights issued a <u>bulletin outlining best practices</u> to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On April 13, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
 - The money is available to all 56 states and territories as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on Grants.gov by April 28.
- On April 12, FEMA issued guidance on the framework, policy details and requirements for
 determining the eligibility for FEMA reimbursement of states purchasing and distributing food to
 meet the immediate needs of those who do not have access to food as a result of COVID-19 and
 to protect the public from the spread of the virus.
- On April 9, FEMA announced that it is <u>suspending rent for disaster survivors</u> living in FEMApurchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a <u>request for quotation</u> for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on <u>www.sam.gov</u>.

U.S. Department of Health and Human Services Agencies and Offices

- On April 13, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
 - Combined with contracts with <u>General Motors</u> and <u>Philips</u> rated under the DPA issued last week, the contracts will provide a total of 137,431 ventilators by the end of 2020.
 - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning April 10, HHS and FEMA are working with states with federal Community-Based
 <u>Testing Sites</u> to clarify whether sites want to continue as they are now, or transition to full state
 control.
- On April 10, HHS began delivering the initial \$30 billion in relief funding to providers in support of
 the national response to COVID-19, with \$26 of the \$30 billion expected to be delivered to
 providers' bank accounts the same day.
- On April 10, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
 - The letter included a set of frequently asked questions that details federal government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information.

- □ The letter also recognizes that many non-federal entities may already be requesting this information from hospitals; therefore, the federal government has done its best to minimize the burden of sharing this data and to reduce further duplication of effort.
- On April 8, HHS, through the Health Resources and Services Administration awarded more than \$1.3 billion to 1,387 health centers. These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On April 6, HHS announced it will release \$186 million in additional CDC funding to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS awarded \$100 million to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified \$80 million dollars specifically for tribes, tribal organizations, and tribal health service providers.
- On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

Centers for Disease Control and Prevention

- The nation's <u>Slow the Spread</u> campaign continues through **April 30**. CDC <u>recommends that everyone use a cloth face covering</u> in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of <u>personal protective equipment optimization strategies</u> for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued <u>additional guidance</u> to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched <u>COVIDView</u>, a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 17, CDC issued a Level 3 <u>Travel Health Notice for cruise ship travel</u>. CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. On April 10, CDC extended guidelines for an additional 100 days.

Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- FDA has granted <u>30 Emergency Use Authorizations</u> of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.

- On April 14, the FDA issued a consumer update: How You Can Make a Difference During the Coronavirus Pandemic, outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the <u>FDA announced</u> a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
 - The U.S. Department of Health and Human Services and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on the development of convalescent plasma and hyperimmune globulin immunotherapies to make safe and effective treatments available.
 - □ These treatments would use SARS-CoV-2 antibodies COVID-19 survivors and are intended to stimulate the immune systems of people currently ill from the virus.
 - If you have fully recovered from COVID-19, <u>you may be able to help patients</u> currently fighting the infection by donating your plasma.
- On March 28, FDA issued an <u>Emergency Use Authorization (EUA)</u> to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

Other Federal Agencies

- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations.
 - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection <u>by donating plasma</u>.
 - The Red Cross has been asked by the FDA to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need.
 - □ To find where you can donate blood, visit <u>aabb.org</u>.
- As of April 16, the U.S. Coast Guard was tracking one cruise ship due to arrive in Los Angeles on April 20 with 111 passengers and 378 crew members onboard. USCG is also tracking 124 cruise ships moored, at anchor, or underway in vicinity of a U.S. port with approximately 9,500 crew members onboard.
- On April 15, the White House announced a collaboration by Schema.org to help Americans find
 the most up-to-date public health guidance through use of standard tags in website code to
 make webpages easier to find in online search engine results.
- On April 15, Immigration and Customs Enforcement Homeland Security Investigations launched Operation Stolen Promise to combat COVID-19 related fraud and other criminal activity.
- As of April 13, the Small Business Administration's <u>Paycheck Protection Program</u> has approved 880,000 Paycheck Protection Program loans for \$217 billion. More than 4,400 lending institutions have participated in making these SBA-backed loans.
- As of April 11, the Department of Defense has deployed more than 320 medical area personnel from the United States Navy and United States Air Force to support New York City and Philadelphia hospitals.

- On April 9, the <u>U.S Department of Education announced</u> more than \$6 billion from the CARES Act
 will be distributed to colleges and universities to provide direct emergency cash grants to college
 students whose lives and educations have been disrupted by the coronavirus outbreak.
- On April 8, CISA and United Kingdom's National Cyber Security Centre issued an activity alert titled, <u>COVID-19 Exploited by Malicious Cyber Actors</u>. This joint alert seeks to address the growing use of COVID-19-related themes by malicious cyber actors and provides resources to help detect and prevent COVID-19 malicious activity on networks.
- On April 3, President Trump issued "Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use" directing DHS and FEMA, in consultation with the HHS, to use the Defense Production Act to keep scarce medical resources within the United States for domestic use. CBP is assisting FEMA in temporarily detaining export shipments of PPE. PPE subject to this policy includes: N95 respirators, and a variety of other respirators; surgical masks; and, surgical gloves.
- On April 2, the U.S. Department of Housing and Urban Development allocated \$3 billion in CARES
 Act funding to communities to address COVID-19. The CARES Act provided a total of \$12 billion
 to HUD.
 - Additional HUD efforts include <u>a moratorium</u> issued on March 18 on foreclosures and evictions for single family homeowners with FHA-insured mortgages for 60 days.
- On March 28, Cybersecurity and Infrastructure Security Agency (CISA) published <u>updated</u> <u>guidance on essential critical infrastructure workers</u> during COVID-19 response and a quick reference of the <u>Do's and Don'ts</u> for employers and employees related to COVID-19 exposures.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
 - The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
 - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- Many telecommunication companies are working with the Federal Communications Commission to "Keep Americans Connected." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor <u>announced availability of up to \$100 million for Dislocated Worker</u>
 Grants to help address the workforce-related impacts related to COVID-19.