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

Tuesday, April 14, 2020

"I THINK EVERY AMERICAN WOULD BE PROUD TO SEE THE PARTNERSHIP THAT THIS PRESIDENT HAS FORGED WITH GOVERNORS ACROSS THE COUNTRY [...] THE FLOW OF RESOURCES FROM AROUND THE WORLD THAT WE 'VE MOVED INTO AREAS THAT HAVE FACED CHALLENGES, I MEAN THIS PRESIDENT HAS DIRECTED US TO ENSURE THAT EVERY STATE HAS WHAT THEY NEED WHEN THEY NEED IT." - VICE PRESIDENT PENCE

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.
- 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>.
- HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
 - In total, combined with contracts with <u>General Motors</u> and <u>Philips</u> rated under the DPA issued last week, HHS has finalized contracts to supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
 - The seven new ventilator contracts announced by HHS this month will provide a total of 137,431 ventilators by the end of 2020.
 - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives."
 - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
 - 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 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 <u>Grants.gov</u> by April 28.
- HHS and FEMA have expanded the items supplied by the <u>International Reagent Resource (IRR</u>) to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge.
 - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs of the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.
 - The expanded list of diagnostic supplies will include supplies to support the three components needed for COVID-19 testing: sample kits, extraction kits and test kits.
- 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.
 - State, local, tribal, and territorial governments with the legal responsibility for protecting life, public health and safety are eligible applicants under emergency and major disaster declarations for the COVID-19 pandemic.
 - Applicants may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the pandemic.

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 13, Project Airbridge has completed 42 flights with an additional 57 scheduled for a total of approximately 99 flights.
 - **Five flights landed on April 13 at distribution hubs in Chicago, Los Angeles and New York.**
 - Today, April 14, three flights are currently scheduled to land: two in Chicago and one in Rockford, Illinois.
 - 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 13:
 - □ 400,000 N95 masks
 - An additional 130,000 N95 respirators were brought in via the airbridge then moved through FEMA's distribution network to meet an immediate need in New York.

- 375 million gloves
- 25.7 million surgical masks
- 5.1 million surgical gowns
- □ 80,000 thermometers
- □ 24,000 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**, 3 flights have been completed to expedite federal government-procured supplies and additional flights are being scheduled.
 - Shipments of approximately 10 million FEMA-procured N95 masks from 3M began over the weekend with the first two flights landing on April 12. An additional flight was scheduled to land on April 13 with a total of 800,000 respirators.
- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 7,500 test kits. Each kit can test 100 people. Flights carrying the test kits are expected to begin arriving this week.
 - The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- 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.
 - 6 systems have been deployed: two to New York and one each to Washington, Massachusetts, Illinois and Ohio.
 - 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, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of April 13, FEMA and HHS have provided or are currently shipping 10,898 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 6,924 total ventilators available: 6,724 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 13, FEMA and HHS have coordinated the delivery of or are currently shipping: 38 million N95 respirators, 32 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 31 million gloves, 212,000 coveralls, 10,898 ventilators and 8,600 federal medical station beds.
- FEMA obligated \$5.2 billion in support of COVID-19 efforts.
 - Obligations on April 11 included \$77.2 million for New York to provide a scalable medical capability to include staff, equipment, and supplies to assist with medical care at alternate care facilities.

- FEMA currently has 2,952 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 13**, 74 agencies across 26 states, the District of Columbia, one tribe and one U.S. territory have sent: 172 text messages via the Wireless Emergency Alert system; 44 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 7 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 24,400 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 2.54 million samples.
 - To date, the federal Community Based Testing Sites have screened more than 95,842 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, 2 territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 26 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 14**, 1,876 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 30 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.
- FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- 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.
- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
 - FEMA issued a request for quotation on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on www.sam.gov.
 - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.
 - As of April 5, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.
- 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.

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

- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots for effective response to the worsening situation in their jurisdictions.
- Beginning April 10, HHS and FEMA are working with states with federal Community-Based Testing Sites 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 <u>awarded more than</u> \$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 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

- On March 31, the president extended the nation's <u>Slow the Spread</u> campaign until April 30.
- CDC released personal protective equipment optimization strategies for healthcare providers to
 optimize resources, deal with limited resources, and make contingency plans or alternative
 strategies when supplies are limited.
- 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 April 3, CDC launched <u>COVIDView</u>, a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- 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 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.
- 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.
- FDA has granted <u>30 Emergency Use Authorizations</u> of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- 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

- President Donald J. Trump signed the bipartisan CARES Act to provide relief to American families, workers, and the heroic healthcare workers on the frontline of this outbreak.
- 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.
- 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.
- On April 13, the U.S. Coast Guard was tracking one remaining cruise ship to arrive in a U.S. port, the PACIFIC PRINCESS with a total of 115 passengers and 368 crew.
- On April 3, President Trump issued "<u>Memorandum on Allocating Certain Scarce or Threatened</u> <u>Health and Medical Resources to Domestic Use</u>" 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.
- The Cybersecurity and Infrastructure Security Agency (CISA) published <u>updated guidance on</u> essential critical infrastructure workers 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 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 March 28, the Office of Personnel Management announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- 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.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct.1, 2021.
- American Red Cross and Advancing Transfusion and Cellular Therapies Worldwide (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.
 - The Red Cross has been asked by the U.S. Food and Drug Administration (FDA) to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need. More information at RedCross.org.

- □ To find where you can donate blood, visit <u>aabb.org</u>.
- 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 Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor <u>announced availability of up to \$100 million for Dislocated Worker</u> <u>Grants</u> to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development issued a moratorium on foreclosures and evictions for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education <u>announced all borrowers with federally held student loans will have zero interest rates for at least 60 days</u>. Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- 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.
 - Grants to students cover expenses such as course materials and technology, food, housing, health care and childcare.
 - In order to access the funds, higher education institutions must provide a signed certification to the department confirming they will distribute the funds in accordance with applicable law. The college or university will then determine which students will receive the cash grants.