

Coronavirus (COVID-19) Pandemic

Whole-of-America Response

Tuesday, April 7, 2020

“EVERYTHING WE HAVE DONE TO THIS POINT HAS BEEN UNPRECEDENTED AND EVERYTHING WE DO IN THE COMING WEEKS AND MONTHS AHEAD FOCUSES ON LIFE-SAFETY AND REDUCING SUFFERING.”

- FEMA ADMINISTRATOR PETE GAYNOR

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 **March 31**, the president extended the nation’s [Slow the Spread](#) campaign until April 30.
 - The American people are critical in the campaign to slow the virus’ spread and keep high-risk populations safe.
 - For updates and information on how to protect yourself, visit www.coronavirus.gov.
- FEMA Project Air Bridge expedites movement of critical supplies, in varying quantities, from the global market to medical distributors in various locations across the U.S.
 - The air bridge was created to reduce the time it takes for U.S. medical supply distributors to receive 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, reducing shipment time from weeks to days.
 - While FEMA schedules daily flights, it does not have detailed visibility on PPE amounts until the cargo is loaded.
 - **As of April 6**, 13 flights have landed, containing critical personal protective equipment (PPE): gloves, gowns, goggles, and masks.
 - Seven flights are scheduled to arrive today, 6 in Chicago and 1 in Los Angeles. This is the greatest number of air bridge flights in a single day since the start of the program.
 - An additional 72 flights are scheduled over the next three weeks.
 - Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
 - Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors’ normal supply chain to their customers in other areas nationwide.
 - HHS and FEMA determine hotspot areas based on CDC data.
- 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.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests.

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- Considering both scarcity of ventilators in the Strategic National Stockpile (SNS) and current capacity of the private sector to meet demand, the federal government has adopted a process to manage federal ventilator resources to ensure the right amount of ventilators are shipped to the to the right states to manage the immediate crisis.
 - The federal government has 8,644 total ventilators available: 8,044 in the Strategic National Stockpile; 600 from the Department of Defense.
- As of **April 6**, FEMA and HHS have provided or are currently shipping, 8,920 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), California (170), Connecticut (50), Florida (200), Georgia (150), Guam (30), Illinois (600), Louisiana (350), Maryland (120), Massachusetts (100), Michigan (700), New Jersey (1,350), New York (4,400), Oregon (140), and Washington (500).
 - 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).
 - Additional allocations in process include a 250-bed Federal Medical Station and a Public Health strike team for Michigan; and a 250-bed Federal Medical Station for the Metro D.C. area.
- Forty states, four territories and 24 tribes have issued stay-at-home orders.

FEMA and HHS Response

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
 - 50 states, the District of Columbia, five territories, and 23 tribes work 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.
- 50 states and territories have been approved for major disaster declarations to assist with additional needs identified.
 - Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Mexico, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Washington and Wisconsin, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- FEMA obligated \$4.3 billion in support of COVID-19 efforts. This week, major obligations include:
 - \$35 million for Tennessee for facility assessments and construction support of alternate medical care facilities.
 - \$29 million for Maryland for site assessment and build of alternate care sites.
 - \$60 million to Washington, D.C. to acquire PPE decontamination equipment.

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- \$54 million to Illinois to provide facility assessments and construction to address medical facility shortages.
- \$60 million to New York to provide equipment, supplies and temporary staff.
- To date, 95 CDC, state, and local public health labs and other laboratories have tested more than 1.79 million samples.
- 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.
 - As of **April 7**, FEMA and HHS have coordinated the delivery of or are currently shipping: 38.8 million N95 respirators, 31.6 million surgical masks, 5.2 million face shields, 4.7 million surgical gowns, 42 million gloves, 144,000 coveralls, 8,920 ventilators and 8,450 federal medical station beds.
 - 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.
- 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 5**, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.
- Any needs that cannot be met by the state or tribe are sent to the respective FEMA regional office, and, then, directed to the National Response Coordination Center (NRCC) for fulfillment.
- Emergency managers and public health officials must continue to report on the following data to FEMA and HHS:
 - Total medical/ hospital beds;
 - Total acute care (ICU) beds;
 - Normal occupancy;
 - Predicted surge occupancy; and
 - Number of ventilators available in your state.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- 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.
- [HHS awarded \\$100 million](#) 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.
- 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.

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- On **March 27**, CDC issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health, and practice social distancing.
 - On **March 17**, CDC issued a Level 3 Travel Health Notice for cruise ship travel. CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- 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 Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **March 28**, the FDA issued an [Emergency Use Authorization \(EUA\)](#) 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 30 Emergency Use Authorizations of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.
- As of **April 6**, 66 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent: 135 text messages via the Wireless Emergency Alert system; 36 messages to broadcast stations via the Emergency Alert System.
- In response to undue financial hardships concerns, FEMA National Flood Insurance Program increased the grace period from 30 to 120 days for policies expiring between February 13 and June 15.
- FEMA maintains a Rumor Control page on FEMA.gov to help American public distinguish between rumors and facts regarding COVID-19 response. The public can help control the spread of rumors by sharing [fema.gov/coronavirus](#).
- FEMA has information on how public and private sector can help. For more information, visit [fema.gov](#).

FEMA Response Capacity

- FEMA currently has 2,593 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- While responding to COVID-19, FEMA maintains its readiness to respond to spring flooding, severe weather, and the 2020 hurricane season.
 - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
 - FEMA can activate the Department of Homeland Security Surge Capacity Force, composed of federal employees from DHS and other agencies.

Strategic National Stockpile

- FEMA planning assumptions acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at state and tribal levels.
 - H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act) allocates \$27 billion for vaccine development, to include \$16 billion designated to replenish the SNS.
 - Under joint direction of FEMA and HHS, the SNS is in the process of deploying remaining personal protective equipment in its inventory.
 - Shipments are being sent nationwide with prioritization given to areas in greatest need.
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CDC Public Guidance

- Following state, tribal, and local officials’ instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
 - [COVID-19 spreads](#) between people who are in close contact with one another—that’s why the CDC recommends staying at least 6 feet away from other people.
 - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
 - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
 - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
 - Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
 - [CDC recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
 - CDC has [recommendations](#) for things you can do to support anxiety and stress management
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CDC Respirator Guidance

- CDC recognizes that—when N95 respirators are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
 - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
 - These measures may include respirator use approved under international standards, similar to NIOSH-approved N95 respirators.
 - CDC has not approved methods to decontaminate disposable respirators prior to reuse.
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Hydroxychloroquine/Chloroquine

- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- FDA issued fact sheets [Emergency Use Authorization of hydroxychloroquine sulfate](#) and [Emergency Use Authorization of chloroquine phosphate](#) to treat certain hospitalized patients

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- Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.

FDA Ventilator Guidance

- On **March 24**, the FDA issued an Emergency Use Authorization (EUA) for Ventilators, which allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
 - Assists health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- FDA provides information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during COVID-19 pandemic.

National Guard Activation Under Title 32

- On **March 22**, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
 - Federally funded under Title 32, governors command their National Guard forces, enabling states to use the additional resources to meet missions necessary in the COVID-19 response.
 - Each state's National Guard is still under the authority of the governor, while working in concert with the Department of Defense.
- The President will consider Title 32 requests from states and territories based on the following:
 - A state or territory must have been approved for a Major Disaster or have submitted a Major Disaster Declaration request to FEMA for review.
 - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
 - Requests for reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
 - The President has approved 25 requests: California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
 - Twenty-three requests are pending approval of federal support for use of National Guard personnel in a Title 32 duty status.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for

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pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.

- Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
- The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.

Community-Based Testing Sites

- Community-Based Testing Sites (CBTS) are integral to enable states, local public health systems and healthcare systems to stop the spread of COVID-19 in their communities.
 - To date, federal Community-Based Testing Sites (CBTS) across 12 states have screened more than 64,000 individuals.
- FEMA/HHS Community-Based Testing Sites (CBTS) Task Force is working with states that have federally supported CBTS locations to transition these sites to become state managed by this Friday, **April 10**.
 - The federal government is poised to ensure states are fully supported until they are ready to take over management of the CBTS program. After transition, states can choose to source testing kits and supplies through their standard ordering process or to request assistance from their FEMA Region.
 - States may also seek majority reimbursement for eligible expenses associated with running their sites through FEMA's Public Assistance program.
 - 11 have transitioned to state-managed facilities and 3 have been closed as determined by the states.
- Federal officials and the U.S. Public Health Service work closely with state, local, and private sector partners to bolster testing capabilities and supplies.
 - It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
 - People without symptoms or known exposure to COVID-19 should not be tested.

Defense Production Act

- On **April 2**, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- On **March 18**, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
 - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On **March 27**, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
 - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.

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- There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- On **March 27**, the President signed an Executive Order on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
 - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
 - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

Other Federal Response

- On **March 27**, President Trump signed the CARES Act into law, allocating \$2 trillion.
- The National Guard is activated in 32 states, with over than 12,300 National Guard troops, to provide medical testing, assessments, logistics, planning and liaison support.
- On **April 3**, the [Small Business Administration Paycheck Protection Program](#) offered nearly \$350 billion in loans to small businesses.
 - More than 17,500 loans valued at over \$5.4 billion were approved on first day of the Paycheck Protection Program.
 - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
 - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- As of **April 6**, the U.S. Coast Guard is monitoring one cruise ship scheduled to arrive in Hawaii on April 13 to refuel and continue to a port on the West Coast. There are 125 passengers and 368 crew members aboard.
 - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On **March 28**, the Office of Personnel Management Announced the COVID-19 Surge Response Program to post rotational opportunities for federal employees to support response.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting status of bed capacity and supplies data to HHS/CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 28**, DHS Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during 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.
- American Red Cross is continuing 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.

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- 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](https://www.redcross.org).
- 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.
- DOJ and HHS partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontlines of New York and New Jersey response.
 - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
- The U.S. Army Corps of Engineers received 27 mission assignments totaling approximately \$1.5 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Idaho, Illinois, Iowa, Kentucky, Maryland, Michigan, Missouri, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Virginia, Washington and Wisconsin.
 - As of **April 6**, more than 1,943 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- 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.
- 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 [announced availability of up to \\$100 million for Dislocated Worker Grants](#) 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 [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Department of Homeland Security [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021.
- The U.S. Postal Service is providing 500,000 N95 respirators that will be divided between New York City, New Jersey, Pennsylvania, and Massachusetts.