Coronavirus Pandemic Whole-of-America Response

Thursday, May 28, 2020

“If we do the kinds of things that we’re putting in place now – to have the workforce, the system and the will to do the kinds of things that are the clear and effective identification, isolation and contact tracing – we can prevent this “second wave’ that we’re talking about.”

– Dr. Anthony Fauci

Topline Briefing Points and Messages

▪ As of May 27, FEMA has made 1,575 deliveries of medical supplies to nursing homes to all 53 states and territories. FEMA is coordinating two shipments totaling a 14-day supply of personal protective equipment to all 15,400 Medicaid and Medicare-certified nursing homes. The shipments are meant to supplement existing efforts to provide equipment to nursing homes.

▪ As of May 28, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 92 million N95 respirators, 144.3 million surgical masks, 12.5 million face shields, 31.2 million surgical gowns, and over 1 billion gloves.

▪ To support the Administration’s Testing Blueprint, FEMA is working to source and procure testing material – specifically, testing swabs and transport media.

  □ FEMA has procured and delivered 9.9 million swabs and 5.5 million units of media so far in the month of May.

  □ The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized plans.

▪ As of May 27, CDC, state, and local public health labs and other laboratories have tested more than 15.1 million samples.

  □ As of May 22, the FDA has issued 113 individual emergency use authorizations (EAU) for test kit manufacturers and laboratories, including 12 antibody tests and 1 antigen test.

By the Numbers

▪ All 50 states, five territories, the Seminole Tribe of Florida, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.

  □ To date, there are 75 tribes working with FEMA, with one tribe that is a direct recipient with a major disaster declaration and an emergency declaration, 41 tribes that are direct recipients with emergency declarations and 33 tribes that are recipients under state declarations.

  □ 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.

▪ As of May 27, 214,300 samples were processed at federally run Community Based Testing Sites and 404,408 samples were processed at public-private partnership testing sites.
DAILY BRIEFING POINTS: CORONAVIRUS PANDEMIC WHOLE-OF-AMERICA RESPONSE

- Out of 41 original Community Based Testing Sites, 14 continue to operate as federally run sites, 20 have transitioned to state management, and seven have closed in consultation with the states. One additional federally run site is operational.
- HHS has established a public-private partnership with pharmacy and retail companies to accelerate testing. To find locations, visit the COVID-19 Community-Based Testing Site page.
- Under the CBTS public-private partnership, there are currently 415 live sites in 47 states and Washington, D.C. conducting testing.

- Combined, FEMA and HHS have obligated $99.7 billion in support of COVID-19 efforts.
- The federal government has approximately 16,401 total ventilators available in the Strategic National Stockpile. HHS issued the Department of Defense a fulfillment letter for the ventilator agreement releasing 1,082 ventilators back to the Department of Defense.
- As of May 27, FEMA and HHS have provided 10,709 ventilators from the Strategic National Stockpile and the Defense Department to states, tribes and territories.
- In support of the U.S. Department of Veterans Affairs and our nation’s veterans, FEMA has coordinated shipments of more than 6.4 million respirator masks, 500,000 surgical masks, more than 3.3 million gloves, 424,000 face shields and 30,000 surgical gowns to facilities across the country.
- FEMA has 2,961 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of May 27, FEMA has obligated $6.2 billion in support of COVID-19 efforts. This support includes:
  - Temporary Medical Facilities including medical personnel, mortuary and ambulance services: $2.4 billion
  - PPE including medical supplies and pharmaceuticals: $1.6 billion
  - National Guard: $1.4 billion
  - Public Assistance Emergency Protective Measures (Non-PPE): $620 million
  - Commodities: $27 million
  - Crisis Counseling: $15 million
- As of May 28, 93 agencies across 29 states, the District of Columbia, two tribes and one U.S. territory have sent a total of 277 alerts containing information on COVID-19 to cell phones and other wireless devices via the WEA system, and 63 alerts to radios/televisions via EAS.
- To date, the President has approved 50 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Through this order, the federal government will fund 100 percent of the cost for T-32 National Guard orders through June 24.
  - As of May 27, 40,217 National Guard troops have activated in T-32 duty status and 942 troops have activated in State Active Duty status to help with testing and other response efforts.
- As of May 25, the CDC has 5,073 personnel supporting the outbreak response.
- The U.S. Public Health Service Commissioned Corps has deployed more than 3,470 officers in support of nation-wide efforts to mitigate the virus’ potential spread.
DAILY BRIEFING POINTS: CORONAVIRUS PANDEMIC WHOLE-OF-AMERICA RESPONSE

- As of May 27, 580 USACE personnel are activated to support the COVID-19 mission, with more than 500 personnel engaged in additional response efforts.

- To date, FEMA, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are processing and distributing over 159.1 million cloth face coverings for critical infrastructure workers.

Supply Chain Task Force

- 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 Project Airbridge.

- As of May 28, Project Air Bridge has completed 176 flights with an additional 50 scheduled, or in transit, for a total of approximately 226 flights.
  - Three flights landed yesterday, May 27: two in Chicago and one in Pittsburgh.
  - Four flights are scheduled to land today, May 28: two in Chicago, one in Pittsburgh and one in New York City (JFK).
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays or cancellations.

- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 through May 27:
  - Nearly 1.4 million N95 respirators
  - 937 million gloves
  - 107.8 million surgical masks
  - 25.9 million surgical gowns
  - More than 2.4 million thermometers
  - More than 2 million face shields
  - 771,200 coveralls
  - 109,000 stethoscopes
  - 370,000 oxygen masks
  - More than 160,000 cannulas

- Two non-Airbridge flights carrying FEMA-procured 3M masks landed in Columbus, OH yesterday, May 27. Since April 12, 47 non-airbridge flights carrying over 52 million FEMA-procured masks and respirators from 3M have landed in the U.S.

- One non-Airbridge flights of FEMA-procured gowns from Hanes landed yesterday, May 27, in Newark. Three flights are scheduled to land today, May 28: two in New York City (JFK) and one in Los Angeles. Since May 20, 11 non-airbridge flights carrying more than 500,000 gowns have landed in the U.S.
  - FEMA-procured items, including 3M masks and Hanes gowns, are inventoried upon arrival before being distributed to prioritized areas determined by FEMA and HHS.

- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS and CDC, the National Resource Prioritization Cell combines these data streams, analyzes the available...
COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.

- The team of experts works through this process every seven days to ensure resource prioritization recommendations are driven by the best available or most current data.

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**FEMA and HHS Response**

**FEMA**

- **On May 26, FEMA announced** that the federal government will distribute non-contact infrared thermometers to support phased reopening of the Nation’s workplaces and restarting of the American economy.
  - The thermometers should be used in accordance with [CDC guidance for businesses and employers](https://www.cdc.gov/coronavirus/2019-ncov/worksafe/businesses-and-employers.html) and [OSHA guidance for preparing workplaces](https://www.osha.gov//coronavirus/2019-ncov/2019-ncov-outbreak-guidance.html) for identifying potentially ill individuals including employees, customers, vendors or other visitors.
  - FEMA will coordinate initial distribution and delivery to state, tribal and territorial locations in late May 2020.
  - Local governments can make requests of states, with states making requests of FEMA Regions through the FEMA Resource Request Form (RRF) process.

- **On May 26, FEMA announced** it will continue the temporary suspension on rent for disaster survivors in California, Florida and Texas who are living in FEMA temporary housing. The suspension applies to rent only. FEMA will mail a letter to all affected occupants to inform them of the rent suspension.

- **On May 20, FEMA released** [COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season](https://www.ready.gov/coronavirus) to help emergency managers and public health officials best prepare for disasters, while continuing to respond to and recover from COVID-19.

- **On May 12, FEMA released guidance** to state, local, tribal and territorial governments that outlines how they may be able to request reimbursement through FEMA Public Assistance Program for costs associated with keeping Alternate Care Sites open. This includes temporary and expanded facilities that may be minimally operated when COVID-19 cases decrease.

- **On May 12, FEMA released an Exercise Starter Kit** to help organizations facilitate their own internal workshops based on reconstitution planning principles and the White House’s [Guidelines for Opening Up America Again](https://www.whitehouse.gov/coronavirus/2019-ncov/opening-america-again).

- As of **May 13, crisis counseling service grants have been made available to a total of 45 states and the District of Columbia to support programs providing free, confidential counseling through community-based outreach and educational services.

- **On May 4, FEMA announced** $200 million in supplemental funding from the CARES Act for grants through its Emergency Food and Shelter Program.
  - Combined with the $120 million in annual funding appropriated by Congress, a total of $320 million will be distributed beginning in early June to human service organizations assisting those in need throughout the country.

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

- **On May 22, HHS announced** it began distributing billions in additional relief funds to skilled nursing facilities to help combat the devastating effects of the pandemic. This funding will be
used to support nursing homes suffering from significant expenses or lost revenue attributable to COVID-19.

▪ **On May 22.**, HHS announced $500 million in payments from the Provider Relief Fund to the Indian Health Service and tribal hospitals, clinics and urban health centers to support the tribal response to COVID-19. Combined with previous funding, this distribution brings the total amount of new resources to the Indian health system to $2.4 billion dollars.

▪ **On May 21.**, HHS announced a collaboration between the company AstraZeneca and the Biomedical Advanced Research and Development Authority (BARDA) to accelerate the development and manufacturing of an investigational vaccine, AZD1222. HHS and AstraZeneca will make at least 300 million doses of the vaccine, the first of which will be delivered as early as this October.
  - Phase 3 clinical studies are set to begin this summer.
  - This vaccine is the fourth vaccine candidate to receive BARDA support for late-state development and manufacturing under Operation Warp Speed.

▪ **On May 20.**, the Health Resources and Services Administration announced $225 million in funding through the Paycheck Protection Program and Health Care Enhancement Act to Rural Health Clinics for COVID-19 testing. These investments will support over 4,500 Rural Health Clinics across the country with expanding access to testing in rural communities.

▪ As of **May 20.** the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has a [COVID-19 Medical Countermeasure Portfolio](https://www.hhs.gov/ash/2019-ncov/about/medical-countermeasures/index.html) that includes development of 32 products supported under public-private partnerships.
  - Of these, 17 are diagnostics, seven are treatments, four are vaccines, and two rapidly deployable capabilities to help protect the American people from COVID-19.

▪ **On May 19.**, HHS announced a partnership with a team of private industry partners, led by Phlow Corporation, to expand pharmaceutical manufacturing in the United States for use in producing medicines needed during the COVID-19 response and future public health emergencies.

▪ **On May 18.**, HHS announced $11 billion in funding to states, territories and tribes to support testing for COVID-19. This funding is part of the Administration’s efforts to ensure that states, territories, and tribes have the resources necessary to meet their testing goals as they begin to reopen.

▪ **On May 15.** President Trump announced Operation Warp Speed. The goal of this national program is to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics.
  - Operation Warp Speed is a public-private partnership between components of HHS, the Department of Defense, private firms and other federal agencies.
  - The program aims to have substantial quantities of a safe and effective vaccine available for Americans by January 2021.

▪ **On May 13.** the Substance Abuse and Mental Health Services Administration announced $40 million in emergency funding for a grant program to suicide prevention. The grant funding is intended to help with the increase in mental health needs as a result of COVID-19.

▪ **On May 13.** HHS, through the Health Resources and Services Administration awarded $15 million in CARES Act funding to 159 organizations across five health workforce programs to increase telehealth capabilities in response to the COVID-19 pandemic.

Learn more at fema.gov/coronavirus
On May 9, HHS announced the allocation plan for the drug remdesivir. The Assistant Secretary for Preparedness and Response (ASPR) expects supplies of the drug to be delivered to all 50 states, five territories, the Veterans Health Administration and the Indian Health Service by the end of the week.

- Gilead Sciences, Inc. is donating approximately 607,000 vials of the experimental drug over the next six weeks.
- State health departments will distribute the doses to appropriate hospitals within their states.

On May 7, HHS, through the Health Resources and Services Administration (HRSA), awarded nearly $583 million to 1,385 HRSA-funded health centers in all 50 states, the District of Columbia, and eight U.S. territories to expand COVID-19 testing.

On May 7, HHS announced the deployment of 50 portable kidney dialysis machines and supplies to New York City and Long Island Intensive Care Units (ICU) to provide surge capacity for facilities caring for patients with COVID-19, which has caused acute kidney injury and therefore required dialysis in some ICU cases.

On May 1, HHS announced $40 million of available funding for the development and coordination of a strategic network of national, state, territorial, tribal and local organizations to deliver important COVID-19 related information to minority, rural, and socially vulnerable communities hardest hit by the pandemic.

On May 1, HHS began processing payments from the Provider Relief Fund to hospitals with large numbers of COVID-19 inpatient admissions through April 10, as well as to rural providers in support of the national response to COVID-19.

- These payments are being distributed to healthcare providers who have been hardest hit by the virus. Facilities admitting large numbers of COVID-19 patients received $12 billion and providers in rural areas received $10 billion.
- An additional $50 billion is being distributed throughout the healthcare system to help address the impact of COVID-19 to the entire healthcare system.
- $61 billion has been delivered to healthcare providers within 40 days of the passage of the CARES Act.

On April 30, HHS through the Health Resources and Services Administration, awarded $20 million to increase telehealth access and infrastructure for providers and families to help prevent and respond to COVID-19.

On April 29, the National Institutes of Health announced positive results of a trial using remdesivir: patients with advanced COVID-19 and lung involvement who received remdesivir recovered, on average, faster than similar patients who received placebo.

On April 29, the National Institutes of Health announced a new initiative, Rapid Acceleration of Diagnostics; aimed at speeding innovation, development, and commercialization of COVID-19 testing technologies and funded by $1.5 billion from federal stimulus.

Centers for Disease Control and Prevention

- On May 22, FEMA, HHS and the CDC announced release of a tool to support state, local, tribal, and territorial government officials with needed data as they continue to adjust community mitigation measures.
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- **On May 22**, the CDC released recommendations for communities of faith. The guidance is meant to help prevent exposures to COVID-19 in facilities used by communities of faith and to keep their staff and attendees as healthy as possible as they exercise their faith.

- **On May 20**, the CDC released a set of documents for summer camps, schools, youth sports organizations, institutes of higher education, and restaurants and bars that are open. The health considerations documents provide concrete, actionable resources on four categories of safeguard for these businesses and organizations.

- CDC has expanded its Caring for Children web resources with resources for parents including Help Children Learn at Home and Help Stop the Spread of COVID-19 in Children. This web section also includes a new page with important information about Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19.

- The CDC published a document summarizing CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again. This document lays out approaches that state, local, territory and tribal authorities as well as businesses, and other institutions can use to assess when to move from one phase to another.

- **On May 13**, President Trump and the CDC released guidance for colleges and universities on how to develop, implement and maintain a plan to ensure the health and safety of students, faculty and staff.

- **On May 6**, CDC published a report on COVID-19 in correctional and detention facilities.
  - CDC recommends that facility administrators, with the support of local health departments and partners, prepare for potential transmission, implement prevention measures and follow guidance for the management of suspected and confirmed COVID-19 cases to prevent further transmission.

- CDC continues to recommend that everyone use a cloth face covering in public settings where other social distancing measures are difficult to maintain.

- **On April 28**, the Centers for Disease Control and the Environmental Protection Agency issued guidance on cleaning and disinfecting spaces when reopening America; the guidance offers step by step instructions on how Americans can reduce risk of exposure to COVID-19 and stay safe in public spaces, workplaces, businesses, schools, and homes.

Food and Drug Administration (FDA)

- **On May 22**, the FDA and the U.S. Department of Agriculture, released recommendations to help address shortages of personal protective equipment, cloth face coverings, disinfectants, and sanitation supplies in the food and agriculture industry during the COVID-19 pandemic.

- FDA published a new blog post on the Coronavirus Treatment Acceleration Program. The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.

- **On May 16**, the FDA announced the authorization of an at-home sample collection kit for COVID-19 diagnostic testing. The emergency use authorization was issued to Everlywell, Inc. for the Everlywell COVID-19 Test Home Collection Kit.

- **On May 11**, the FDA released new guidance to improve the efficiency of clinical trials. These guidance documents aim to make the process for submitting applications to initiate studies for new drugs and biological products more efficient and outline recommendations for ways to design clinical trials to evaluate safety and effectiveness of these medical products for COVID-19.
On May 9, the FDA issued the first emergency use authorization for a COVID-19 antigen test, a new category of tests designed for rapid detection of the virus that causes COVID-19.

- Antigen tests can play a critical role in the fight against COVID-19 due to their ability to be produced at a lower cost than other tests. Antigen tests can also potentially scale to test millions of Americans a day due to their simpler design.

On May 8, the FDA authorized the first diagnostic test with the option of using home-collected saliva samples for COVID-19 testing.

On May 1, the FDA issued an emergency use authorization for the investigational antiviral drug remdesivir for the treatment of suspected or laboratory-confirmed COVID-19 in adults and children hospitalized with severe disease.

On April 28, the FDA issued a new video resource explaining Emergency Use Authorizations (EUAs), one of several tools FDA uses to help make important medical products available quickly during public health emergencies like the COVID-19 pandemic.

- EUAs provide more timely access to drugs, diagnostic tests and/or other critical medical products that can help diagnose, treat and/or prevent COVID-19.

Other Federal Agencies

As of May 25, U.S. Small Business Administration (SBA) has approved 430,906 Economic Injury Disaster Loan applications resulting in $37.8 billion in disaster loan funds available to assist businesses and their employees. The SBA has also approved over 4.4 million Paycheck Protection Program applications resulting in $511.2 billion available to assist businesses and their employees.

On May 21, the USDA announced that it is making $1 billion in loan guarantees available to help rural businesses meet their working capital needs during the coronavirus pandemic. Additionally, agriculture providers that are not eligible for USDA Farm Service Agency loans may receive funding under USDA Business & Industry Cares Act Program provisions included in the CARES Act.

On May 20, the U.S. Department of Treasury and the SBA announced that the second round of funding for the Paycheck Protection Program processed 4.2 million loans to small businesses since it launched on April 27. Including the previous funding bill, more than $670 billion is available for the loan program in total, and $520 billion in loans have been made.

On May 19, President Trump announced efforts to support the nation’s farmers, ranchers and food supply chain. The USDA will provide up to $16 billion in direct payments as part of the Coronavirus Food Assistance Program, which will deliver relief to America’s farmers and ranchers impacted by COVID-19.

On May 19, U.S. Department of Labor’s Occupational Safety and Health Administration announced revised policies for enforcing requirements with respect to coronavirus as economies reopen in states throughout the country. The revised enforcement policies help to ensure employers are taking action to protect their employees.

On May 14, President Trump announced continued efforts to ensure a fully stocked, resilient national stockpile and the strong domestic industrial base needed to confront COVID-19.

On May 13, the DHS Science and Technology Directorate released a predictive modeling tool to estimate natural decay of the virus that causes COVID-19 under a range of temperatures and relative humidity. The tool is designed to assist response efforts and estimate the environmental persistence of the virus under certain combinations of temperatures and humidity.
On May 13, the FBI and CISA issued a warning to organizations researching COVID-19 of the likely targeting and network compromise by the People’s Republic of China. The guidance warned healthcare, pharmaceutical and research sectors working on COVID-19 response that they are the prime targets of activity and should protect their systems.

On May 11, President Trump announced additional efforts to ensure that every state, territory and tribe has the resources they need to meet the robust testing plans described in the President’s Guidelines for Opening up America Again and the Testing Blueprint unveiled by the President on April 27.

On May 9, the U.S. Department of Agriculture announced $3 billion in contracts to buy dairy, meat, and produce from U.S. farmers, ranchers, and specialty growers; the goods will be provided to support food lines and kitchens and the Farmers to Families Food Box Program.

On May 6, the Department of Labor awarded an additional $10 million in Dislocated Worker Grants in response to the coronavirus public health emergency. The funding is from the CARES Act and is intended to help address the workforce-related impacts of COVID-19. This brings the total amount of Dislocated Worker Grants awarded to states and territories to $171 million.

On May 5, the Treasury Department began distributing $4.8 billion in critical funds from the CARES Act to tribal governments.

- The CARES Act provides a total of $8 billion to address coronavirus preparedness, response, and recovery for American Indians and Alaska Natives.
- The Administration has allocated over $1 billion through the Indian Health Service (IHS), to support tribes, tribal organizations, and Urban Indian Organizations in their coronavirus response efforts.

On May 5, CISA, along with the United Kingdom’s National Cyber Security Centre (NCSC), released a joint advisory to international healthcare and medical research organizations providing an update on ongoing malicious cyber activity and new cyber threats related to COVID-19.