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

Wednesday, April 29, 2020

“WE SUFFER WITH ONE HEART, BUT WE WILL PREVAIL. WE ARE COMING BACK, AND WE’RE COMING BACK STRONG. NOW THAT OUR EXPERTS BELIEVE THAT THE WORST DAYS OF THE PANDEMIC ARE BEHIND US, AMERICANS ARE LOOKING FORWARD TO THE SAFE AND RAPID REOPENING OF OUR COUNTRY.”

- President Donald Trump

Topline Briefing Points and Messages

- On April 27, President Trump unveiled the Opening Up America Again Testing Overview and Testing Blueprint designed to facilitate state development and implementation of the robust testing plans and rapid response programs described in the President’s Guidelines for Opening Up America Again.
  - The President’s Testing Blueprint sets forth the partnership between federal, state, local, and tribal governments, along with the private-sector and professional associations, all of which will play important roles in meeting the Nation’s testing needs.

- To support the Administration’s Testing Blueprint, FEMA, at the direction of the White House Coronavirus Task Force, is working to source and procure testing material – specifically, testing swabs and transport media.
  - 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 reopening and testing plans.
  - Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution.
  - Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs.

- As of April 27, CDC, state, and local public health labs and other laboratories have tested more than 5.6 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the International Reagent Resource (IRR) to help public health labs access free diagnostics supplies and reagents.

- 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.
  - To date, the FDA has issued 50 individual emergency use authorizations for test kit manufacturers and laboratories.
DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of April 28, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 75 million N95 respirators, 107.7 million surgical masks, 7.2 million face shields, 15.3 million surgical gowns, 814.8 million gloves, 10,153 ventilators and 8,450 federal medical station beds.

- On April 27, the Small Business Administration relaunched the Paycheck Protection Program after distributing $350 billion in loans to 1.6 million businesses earlier this month. Including last week’s funding bill, more than $670 billion is available for the loan program in total.

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 April 28, Project Air Bridge has completed 95 flights with an additional 22 scheduled, or in transit, for a total of approximately 117 flights.
  - Six flights landed yesterday, April 28: four in Chicago and two in Los Angeles.
  - Five flights are scheduled to land today, April 29: two in Chicago, one in Baltimore, one in Los Angeles and one in New York.
  - 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.

- The Air Bridge program delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.

- 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 to April 28:
  - More than 768,000 N95 respirators
  - More than 751 million gloves
  - 71.5 million surgical masks
  - 10 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
  - More than 195,000 coveralls
  - 109,000 stethoscopes

- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately $750,000 to $800,000, depending on the carriers and cargo being air lifted.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. 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.
DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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.

- Additionally, three flights of FEMA-procured 3M masks are scheduled to land today, April 29: two in New York and one in Chicago.
  - Since April 20, 24 flights carrying a total of more than 21.7 million FEMA-procured masks and respirators have landed. The masks are inventoried at a warehouse and then distributed to prioritized areas as 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 Centers for Disease Control and Prevention (CDC), FEMA’s National Resource PrioritizationCell 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 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.

- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - 22 systems have been delivered: three to Texas, two to New York and California and one each to Colorado, Connecticut, Florida, Georgia, Illinois, Maryland, Massachusetts, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Rhode Island, Washington and the District of Columbia. Systems are en route to Alabama, Arizona, Arkansas, Idaho, Kansas, Kentucky, Louisiana, Montana, Nevada, New Mexico, North Dakota, Oregon, Pennsylvania, Tennessee, Texas, and Virginia.
  - Additional units are planned for deployment across the U.S. by early May.

By the Numbers

- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.6 million samples.
  - As of April 28, 128,278 samples have been tested at Community Based Testing Sites.
- FEMA and HHS combined have obligated $51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- The federal government has approximately 11,681 total ventilators available: 10,599 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of April 26, FEMA and HHS have provided or are currently shipping 10,653 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 4.3 million respirator masks, 1 million surgical masks, 1.5 million gloves, and 14,000 face shields to facilities across the country. An additional 1 million surgical masks and 28,000 gowns are shipping this week.
FEMA currently has 3,141 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 April 24, FEMA has obligated $5.8 billion in support of COVID-19 efforts.

As of April 27, 84 agencies across 28 states, the District of Columbia, one tribe and one U.S. territory have sent 210 alerts with information on COVID-19 via the Wireless Emergency Alert system; 51 alerts to broadcast stations via the Emergency Alert System.

To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.

Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.

More than 36,900 National Guard troops have activated in T-32 duty status and 1,956 troops have activated in State Active Duty status to help with testing and other response efforts.

The CDC has 3,977 personnel supporting the outbreak response.

The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus’ potential spread.

To date, the U.S. Department of Veterans Affairs has made more than 1,400 acute and intensive care hospital beds across the nation available to non-veteran patients, if necessary.

The U.S. Army Corps of Engineers has awarded 34 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, the Navajo Nation, New Jersey, New Mexico, New York, Oklahoma, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.

As of April 29, 1,495 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, 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, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are distributing cloth face coverings for critical infrastructure workers as part of a multi-prong approach to re-open American economic activity while continuing to limit spread of COVID-19.

As of April 27, 37.6 million cloth face coverings are being processed and distributed to state, local, tribal, private sector, and federal entities.

The federal government will provide additional face coverings in production to states, territories and tribes for distribution, with priority to emergency services, food production and distribution, and other sectors that support community lifelines.

FEMA and HHS are also providing face coverings to federal departments and agencies with mission essential functions to promote health and safety in the workplace and in their execution of public-facing missions.
FEMA

- **On March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 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 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 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.

- **On April 25**, FEMA announced that more than $5.1 million dollars in crisis counseling service grants have been made available to five states to support programs providing free, confidential counseling through community-based outreach and educational services.

- **On April 23**, FEMA announced an additional $100 million in funding for the Assistance to Firefighters Grant Program. This supplemental funding will provide financial assistance directly to eligible fire departments, non-affiliated emergency medical service organizations and State Fire Training Academies for critical PPE and supplies needed to respond to COVID-19. The application period begins April 28.

- **On April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.

- **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.
  - This guidance is a follow-on to the Administrator’s first letter to emergency managers 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 bulletin outlining best practices 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.

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 suspending rent for disaster survivors living in FEMA-purchased 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 request for quotation for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on www.sam.gov.

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

On April 27, HHS, through the Health Resources and Services Administration (HRSA), launched a new COVID-19 Uninsured Program Portal, allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after Feb. 4 to submit claims for reimbursement.

On April 24, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced an additional $250 million in emergency COVID-19 funding for the grants have been to increase access to and to improve the quality of community mental and substance use disorder (SUD) treatment services through the expansion of Certified Community Behavioral Health Clinics (CCBHC).

As of April 24, 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 that includes development of 26 products supported under public-private partnerships.

- Of these, 15 are diagnostics, seven are treatments, three are vaccines, and one is a rapidly deployable capability to help protect the American people from COVID-19.
- To date, BARDA has obligated $39.8 million for diagnostics, $334.9 million for treatments, more than $979.3 million for vaccines.

On April 23, HHS, through the through the Health Resources and Services Administration, awarded nearly $5 million to Poison Control Centers across the country to improve their capacity to respond to increased calls due to the COVID-19 pandemic.

- As more Americans heed cleaning recommendations to combat exposure to COVID-19, the nation’s Poison Control Centers are seeing sharp increases in calls related to cleaners and disinfectants.

On April 22, HHS launched Telehealth.hhs.gov. The site is a central source of information on telehealth resources and tools for patients and providers.

On April 21, HHS announced $955 million in grants from the Administration for Community Living to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.

On April 20, the Substance Abuse and Mental Health Services Administration under HHS began releasing $110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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 General Motors, Philips and GE rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.

- 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.

- 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.

- Also on **March 24**, 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.

- On **March 24**, ASPR **announced $100 million** in funding to aid U.S. healthcare systems in preparing quickly for a surge in COVID-19 patients. The support directly benefits the National Special Pathogen System, 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations for direct funding to hospitals.

- HHS identified **$80 million dollars specifically for tribes**, tribal organizations, and tribal health service providers.

Centers for Disease Control and Prevention

- The nation’s **Slow the Spread** campaign continues through **April 30**. CDC recommends that everyone use a cloth face covering in community settings to help reduce the spread of COVID-19.

- CDC continues to encourage use of 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 **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) **released targeted guidance** to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.

- On **April 8**, CDC issued **additional guidance** to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On April 3, CDC launched COVIDView, a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.

**Food and Drug Administration (FDA)**

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- 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.
- FDA has granted more than 71 Emergency Use Authorizations of commercially available diagnostic tests, including 41 molecular diagnostic tests, 21 laboratory-developed tests, seven antibody tests, and two repurposed treatments (chloroquine, hydroxychloroquine).
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can decontaminate 4 million N95 masks per day.
- On April 27, the FDA released two new fact sheets for the food and agriculture sector outlining guidelines on use of disposable facemasks and cloth coverings, as well as summarizing key steps employers and coworkers can take to stay open, continue to slow the spread and support continuity of essential operations.
- During the April 24 White House Press Briefing, FDA Commissioner Dr. Stephen Hahn announced approval the first COVID-19 home collection test kit.
- On April 21, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.
- On April 16, the FDA announced an expansion of testing options through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- 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 FDA announced a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS 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.
- On March 28, 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.
- The FDA released food shopping information to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.
Other Federal Agencies

- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit aabb.org.

- As of April 23, the USCG has facilitated the safe discharge of over 275,000 passengers from more than 125 cruise ships as a result of the orderly shutdown of the cruise industry. The Coast Guard will continue to work with CDC, state and local authorities to manage the cruise ships in US waters.

- On April 17, U.S. Department of Agriculture announced the Coronavirus Food Assistance Program, an immediate relief program that provides $16 billion in direct support to farmers and ranchers as well as $3 billion to purchase and distribute fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits.

- On April 17, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the Essential Critical Infrastructure Workers guidance to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.


- On April 17, the U.S. Department of Education announced 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 21, the Department of Education is planning to announce an additional $6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.

- On April 9, 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.

- 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.