

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

Thursday, April 2, 2020

“TO MAKE, PROCURE, AND DELIVER CRUCIAL MEDICAL SUPPLIES TO OUR DOCTORS, NURSES, AND HEALTHCARE WORKERS, MY ADMINISTRATION IS LEVERAGING THE MIGHT OF AMERICAN MANUFACTURING SUPPLY CHAINS AND INNOVATORS ACROSS THE INDUSTRY, AND ACROSS EVERY INDUSTRY.” - PRESIDENT DONALD J. TRUMP

Topline Briefing Points and Messages

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people is our top priority.
- On March 31, the president extended the nation’s [Slow the Spread](#) campaign until April 30.
 - The American people play a key role in the campaign to help slow the virus’ spread and keep our most high-risk populations safe.
 - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
 - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at www.coronavirus.gov.
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
 - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
 - Additional flights have landed in Chicago on March 30 as well as in Miami on March 31, and Los Angeles on April 1. Additional flights landed in Chicago and Columbus, Ohio early this morning. FEMA has more flights scheduled and is adding more daily.
 - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
 - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.

- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
 - At present, the federal government has 9,961 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 907 available from the Department of Defense.
 - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- In the past 48 hours, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).
- FEMA will notify direct housing occupants in the states of California, Florida, North Carolina and Texas that they would suspend rent payment requirements for the months of April, May and June as a result of the ongoing impacts of COVID-19.
- Thirty states and 12 tribes have issued stay at home orders.

FEMA and HHS Response

- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 19 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
 - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. 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.
- In addition, 31 states and territories have been approved for major disaster declarations to assist with additional needs identified.
 - Those with major declarations approved include: Alabama, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territory of Guam and the Northern Mariana Islands.
- FEMA has obligated over \$3 billion in support of COVID-19 efforts, with major obligations including:
 - \$784 million to New York, obligated on March 22 (\$350 million) and March 28 (\$434 million), for deployable temporary medical treatment facilities.
 - \$468 million to California on March 28 to reimburse expenses.
 - \$244 million to California on March 24 for deployable temporary medical treatment facilities.

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- \$237 million to Texas on March 28 to reimburse expenses.
- \$210 million to Washington on March 23 for deployment of DOD assets to provide acute care medical surge support to decompress existing medical treatment.
- \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
- \$121 million to New York on March 27 to purchase up to 500 million N95 or equivalent masks.
- To date, 95 CDC, state and local public health labs have tested more than 1.2 million individuals.
- It is important that requests for assistance, especially for critical supplies, get 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 FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
 - The 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.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
 - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase will encourage 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 once the COVID-19 response subsides.
 - Additionally, a Request for Information has been issued to the private sector for ventilators.
 - FEMA issued a [request for quotation](#) on March 26, 2020, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on www.sam.gov.
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between February 13 and June 15 to 120 days.
 - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of April 1, 62 state and local agencies, the District of Columbia, one tribe and one U.S. territory have sent a total of 114 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 31 messages to broadcast stations via the Emergency Alert System.
- 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.

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- CDC has 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 United States, monitor their health and practice social distancing.
- CDC has 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.
- 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 also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

FEMA Disaster Response Capacity

- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,390 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
 - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

Federal Funding of National Guard 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.
 - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
 - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved requests from California, Connecticut, Florida, Guam, Illinois, Louisiana, Massachusetts, Maryland, Michigan, New Jersey, New York, Puerto Rico, Washington, and Washington, D.C.
 - Twenty-six requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.

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- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
 - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response 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.
 - A specific request for the 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.
- 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 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.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

Community-Based Testing Sites

- To date, 41 federal Community-Based Testing Sites (CBTS) have screened nearly 41,800 individuals.
- The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
 - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- Federal officials and the U.S. Public Health Service have been working 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 who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

Strategic National Stockpile

- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
 - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
 - This amount is on top of the additional funding HHS received and executed over the last several weeks.
 - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
 - These shipments will be sent across the country with prioritization given to areas in greatest need.
 - As of April 1, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22 million gloves, 132,000 coveralls, 7,640 ventilators and 6,700 federal medical station beds.

FDA Ventilator Guidance

- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
 - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist 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.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

CDC Respirator Guidance

- CDC recognizes that—when N95 supplies 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 the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
 - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

Defense Production Act

- 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.
 - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also 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 Agencies

- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.
- 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.
- 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 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- 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 have 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.
 - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.

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- After the FBI discovered the supplies, HHS used its authority under the Defense Production Act to order that the supplies be immediately furnished to the United States.
- HHS will pay the owner pre-COVID-19 fair market value for the supplies and has already begun distributing the supplies.
- After inspecting the supplies, HHS arranged for the delivery of the PPE to the New Jersey Department of Health, the New York State Department of Health and the New York City Department of Health and Mental Hygiene.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
 - To date, more than 18,500 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking two cruise ships due to arrive in the U.S. on April 2 with a total of more than 2,300 passengers and crew. One additional ship is due to arrive in Florida on April 4.
 - 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 Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 12 mission assignments totaling approximately \$1.1 billion to design and build alternate care sites in Arizona, California, Illinois, Michigan, New Jersey, New York, Washington and Wisconsin. As of April 2, 1,524 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospitals supporting Seattle and New York City. An additional 907 ventilators can be deployed within 72 hours upon receipt of a shipping destination.
- The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced [deferments on all SBA disaster loans from previous disasters](#), effective through Dec. 31.
- The U.S. Department of Labor [announced the 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 Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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.
 - 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's 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's guidance regarding the use of facemasks remains the same.
 - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
 - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

Coping with Stress

- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

Combating Disinformation and Rumors

- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on [FEMA.gov](#). The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](#).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](#) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

How to Help

- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to www.fema.gov and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#). Full details can be found in the solicitation ([Notice ID 70FA2020R00000011](#)).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through fema.gov.
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit www.aabb.org/giveblood.