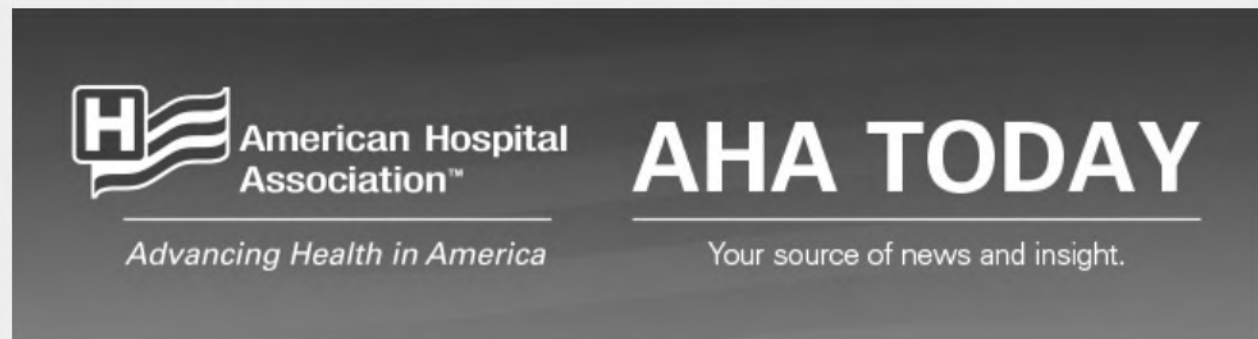


**From:** Wilkie, Robert L., Jr.  
**Sent:** Mon, 23 Mar 2020 22:07:23 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Coronavirus News: Legislation Update, New FDA and CMS Guidance

**From:** AHA Today  
**Sent:** Monday, March 23, 2020 5:19:07 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Coronavirus News: Legislation Update, New FDA and CMS Guidance

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March 23, 2020 | [www.aha.org/news](http://www.aha.org/news)

## Coronavirus News: Legislative Update, FDA Guidance on Ventilators and New CMS Resources



**Chair File: Cybersecurity Tips for Keeping Patients Safe in Response to COVID-19.** AHA Board Chair Melinda Estes, M.D., recognizes the heroic, nonstop work of our nation's hospitals and health systems, physicians, caregivers and staff that continues across the country, as care teams race to treat patients affected by the novel coronavirus (COVID-19) and make every effort to contain its spread.

Estes also highlights another battle that is underway to block attempts by cyber criminals to exploit our current situation for financial gain or worse, interrupt patient care. [Read more.](#)

**Negotiations continue on COVID-19 legislation.** Leaders from the Senate and administration continue to negotiate a third spending package related to COVID-19. Senate Majority Leader Mitch McConnell has introduced the Coronavirus Aid, Relief, and Economic Security (CARES) Act (S. 3548); however, the Senate legislative language does not reflect a bipartisan agreement. House Speaker Nancy Pelosi has said that the House

Democrats may release their own package to reflect their priorities. [See the summary](#) for provisions included in the legislation introduced by McConnell.



**FDA releases guidance to mitigate ventilator supply disruptions.** In response to the COVID-19 outbreak, the Food and Drug Administration yesterday released [updated guidance](#) to provide flexibility and expand the availability of ventilators and other respiratory devices to treat patients during the public health emergency. In addition, FDA released a [letter](#) to supplement the updated guidance that provides recommendations directed at providers.

**FEMA releases updated COVID-19 advisory.** The Federal Emergency Management Agency today released a [COVID-19 pandemic advisory](#) describing in general terms what actions it is taking, how community-based testing sites will be managed, and information about the Defense Production Act. [Read more in this AHA update](#), which includes information on the extended public assistance deadline and links to fact sheets.

**AHA president praises health care workers, highlights need for supplies on CBS' Face the Nation.** Hospitals and health systems need additional federal funding to combat COVID-19, AHA President and CEO Rick Pollack said Sunday on CBS' Face the Nation. "The most immediate thing we need is personal protective equipment — the masks, the gowns, the goggles, that type of equipment — to protect our health care heroes that are on the front lines." On the program, Pollack also recognized "the unbelievable work that's going on in our hospitals by the doctors, nurses and other health care workers. Their dedication and their efforts are ones that we should all very much appreciate." [View the full segment from Sunday's program.](#)

**Department of Labor urged to define 'health care provider.'** The AHA has [asked](#) the Department of Labor to accurately define "health care provider" as it promulgates regulations implementing key sections of the recently-enacted Families First Coronavirus Response Act and clarify how this policy will be operationalized, including how it interacts with state law. "We applaud Congress and the Administration for steps already taken to assist hospitals as they help combat this public health emergency and ask that you provide further assistance to ensure that an adequate workforce will be available to care for our communities."

**Federal and state resources for reporting price gouging available.** The Department of Justice has established a website, hotline and email for [reporting](#) price gouging and fraud. The National Center for Disaster Fraud is coordinating the effort and will triage complaints to the appropriate federal and/or state authorities. In a memo to United States Attorneys, Attorney General Barr reiterated that "[t]he pandemic is dangerous enough without wrongdoers seeking to profit from public panic and this sort of conduct cannot be

tolerated." Many state attorneys general also have authority to investigate and prosecute price gouging and can be contacted directly with a complaint as well. A listing of state laws that cover or relate to price gouging can be found [here](#).

**CMS offers regulatory relief across its quality measurement programs.** The Centers for Medicare & Medicaid Services yesterday [granted](#) a range of data reporting exceptions and extensions across its quality reporting and value-based payment programs for hospitals, post-acute care facilities and clinicians to relieve provider burden during the COVID-19 crisis. Specifically, the agency made it optional to submit data for the fourth quarter of 2019 (October through December) and first two quarters of 2020 (January through March, and April through June). In addition, CMS will not use data from Jan. 1 through June 30, 2020 to calculate performance in its quality reporting and value-based purchasing programs.

**FDA authorizes first point-of-care diagnostic test for COVID-19.** The FDA Saturday issued the first emergency use authorization for a [point-of-care COVID-19 diagnostic](#), which the maker plans to make available to qualified health care providers and CLIA-certified labs by March 30. "Point-of-care testing means that results are delivered to patients in the patient care settings, like hospitals, urgent care centers and emergency rooms, instead of samples being sent to a laboratory," said FDA Commissioner Stephen Hahn, M.D. "With today's authorization, there is now an option for testing at the point of care, which enables patient access to more immediate results." For information, see the provider [factsheet](#).

To accommodate patient access to certain drugs, FDA also [said](#) it does not intend to enforce Risk Evaluation and Mitigation Strategy requirements for certain laboratory testing or imaging studies during the COVID-19 emergency.

**CMS releases suite of Medicaid/CHIP waiver tools.** CMS Sunday released a series of COVID-19 checklists and tools for states to use for their Medicaid and Children's Health Insurance Programs. CMS says that, used together, these new resources form a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program.

The following tools are now available:

- [1115 Waiver Opportunity and Application Checklist](#)
- [1135 Waiver Checklist](#)
- [1915\(c\) Appendix K Template](#)
- [Medicaid Disaster State Plan Amendment Template](#)

Furthermore, CMS is providing states the option to request these waivers and other authorities be made effective retroactively, to at least March 1, 2020, the effective date of President Trump's national emergency declaration.

**CMS releases FAQs on Medicare provider enrollment relief for COVID-19.** CMS has released [frequently asked questions](#) regarding enrollment relief for Medicare providers in light of COVID-19. Among other areas, the FAQs include information on CMS's newly established Medicare provider enrollment hotlines, Medicare billing privileges and how CMS is exercising its 1135 waiver authority.

**New COVID-19 MS-DRG assignment.** As requested by AHA, CMS today issued a

corrected announcement regarding the Medicare Severity-Diagnosis Related Group Grouper to recognize the new ICD-10-CM diagnosis code, U07.1, for COVID-19. The initial MS-DRG assignment posted March 20 would have resulted in significant reimbursement reductions for hospitals. The ICD-10 MS-DRG Grouper assigns each case into an MS-DRG based on the reported diagnosis and procedure codes and demographic information (age, sex and discharge status). The ICD-10 MS-DRG Grouper software package to accommodate this new code, Version 37.1 R1, is effective for discharges on or after April 1, 2020.

**Americans join nightly tribute to frontline health care workers.** The first Americans Sunday joined a nightly movement that began in Europe to show support and gratitude to the nurses, physicians and other health care workers caring for patients during the COVID-19 pandemic. Participants pause at 8 p.m. local time for a moment of appreciation, some even going to a balcony or window to clap for those who risk their lives to fight this battle. AHA is amplifying the movement, #Solidarityat8, on all its social handles, including [@ahahospitals](#).

**Report: Prospective COVID-19 treatments at risk of shortage.** A report by Premier, Inc., indicates dramatic spikes in demand for two antimalarial drugs that may influence positive COVID-19 outcomes. According to the report, demand for chloroquine and hydroxychloroquine increased significantly between March 1-17, placing them at risk of supply shortages. Some of the drugs' makers, including Teva and Bayer, have since announced that they will donate millions of tablets for these drugs to hospitals for further testing.

**FCC exempts COVID-19 communications from prohibition on automated calls, text messages.** The Federal Communications Commission March 20 issued a ruling confirming that the COVID-19 pandemic qualifies as an "emergency" under the Telephone Consumer Protection Act. Under this exception, hospitals, health care providers, state and local health officials, and other government officials may make automated calls and send automated text messages to wireless telephone numbers to communicate information about COVID-19, as well as mitigation measures without violating federal law. The TCPA, enacted in 1992 and subsequently updated by the FCC, is intended to restrict telemarketing calls and the use of automatic telephone dialing systems or prerecorded voice messages.

## COVID-19 Events & Educational Opportunities

### Register now: March 24 COCA call on underlying medical conditions and people at higher risk for COVID-19

.....  
The Centers for Disease Control and Prevention Clinician Outreach and Communication Activity (COCA) will host a call at 2 p.m. ET on which presenters will focus on current information about people who are higher risk for COVID-19 complications because of their age or underlying medical conditions, particularly those that are not well-controlled. [View more information and register here.](#)

## Register now: APHA webinar on COVID-19 social distance

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The American Public Health Association March 25 at 3 p.m. ET will host a webinar on which medical and emergency experts will share the science on social distancing as well as strategies to support it. In addition, presenters will explore how findings from past pandemics — as well as the current one — can shape responses today. Presenters include Nancy Messonnier, M.D., director of CDC's National Center for Immunization and Respiratory Diseases and other experts. [View more information and register.](#)



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**From:** (b)(6)  
**Sent:** Thu, 26 Mar 2020 18:26:24 +0000  
**To:** RLW  
**Subject:** [EXTERNAL] FW: HHS says protective equipment, ventilators, chloroquine are scarce or subject to potential hoarding

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**From:** POLITICO Pro Health Care <politicoemail@politicopro.com>  
**Sent:** Thursday, March 26, 2020 2:18 PM  
**To:** (b)(6)@riponsociety.org>  
**Subject:** HHS says protective equipment, ventilators, chloroquine are scarce or subject to potential hoarding

### **HHS says protective equipment, ventilators, chloroquine are scarce or subject to potential hoarding**

By David Lim

03/26/2020 02:17 PM EDT

The federal government announced Wednesday night that face masks, gloves, ventilators and the malaria drug chloroquine phosphate are “necessary to respond to the spread” of coronavirus and are subject to measures to prevent hoarding.

The announcement by HHS came in response to an executive order from President Donald Trump that aims to prohibit individuals from hoarding or price gouging of crucial supplies during the coronavirus pandemic. Trump has praised chloroquine and other drugs as treatments for coronavirus based on anecdotal evidence, but the FDA has not determined any drug is a safe or effective treatment for the virus.

“HHS and FEMA will continue working closely together to monitor and address shortages of necessary medical products, and we look forward to working closely with the Department of Justice on hoarding prevention measures,” HHS Secretary Alex Azar said in a statement.

Attorney General William Barr told reporters Tuesday that the Department of Justice is already seeing evidence of hoarding and price gouging. The government has established a national task force that is working to prevent people from “manipulating the market and ultimately deriving windfall profits,” he said.

“We are designating in each of our 93 United States Attorney’s Offices a lead prosecutor who will be responsible in that district for pursuing these cases,” Barr said. “We have already initiated investigations of activities that are disrupting the supply chain and suggestive of hoarding,” he added.

Other products designated for protection by Azar include certain disinfecting devices,

sterilization services, particulate filters and a second malaria drug, hydroxychloroquine.

*To view online:*

<https://subscriber.politicopro.com/health-care/whiteboard/2020/03/hhs-says-protective-equipment-ventilators-chloroquine-are-scarce-or-subject-to-potential-hoarding-3978537>

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**From:** (b)(6)  
**Sent:** Mon, 30 Mar 2020 00:03:57 +0000  
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**Subject:** [EXTERNAL] Fwd: FDA issues emergency authorization of anti-malaria drug for coronavirus care

(b)(6)

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**From:** POLITICO Pro Health Care <politicoemail@politicopro.com>  
**Date:** March 29, 2020 at 8:01:06 PM EDT  
**To:** (b)(6)@riponsociety.org  
**Subject:** FDA issues emergency authorization of anti-malaria drug for coronavirus care  
**Reply-To:** "POLITICO subscriptions" <reply-fe971c727160017c75-553241\_HTML-775930271-1376319-356244@politicoemail.com>

### **FDA issues emergency authorization of anti-malaria drug for coronavirus care**

By Dan Diamond

03/29/2020 08:00 PM EDT

The Food and Drug Administration on Sunday issued an emergency use authorization for hydroxychloroquine and chloroquine, decades-old malaria drugs championed by President Donald Trump for coronavirus treatment despite scant evidence.

The agency allowed for the drugs to be "donated to the Strategic National Stockpile to be distributed and prescribed by doctors to hospitalized teen and adult patients with COVID-19, as appropriate, when a clinical trial is not available or feasible," HHS said in a statement, announcing that Sandoz donated 30 million doses of hydroxychloroquine to the stockpile and Bayer donated 1 million doses of chloroquine.

The move was supported by the White House, part of a larger Trump-backed effort to speed the use of anti-malaria drugs as a potential therapy for a virus that has no proven treatment or cure. FDA already has allowed New York state to test administering the medication to seriously ill patients, and some hospitals have added it to their treatment protocols.

"Let's see how it works," Trump said at a press briefing on Sunday, referencing New York state's efforts. "It may. It may not."

Career scientists have been skeptical of the effort, noting the lack of data on the drug's efficacy



for coronavirus care and worried that it would siphon medication away from patients who need it for other conditions, calling instead for the agency to pursue its usual clinical trials.

Three officials told POLITICO that FDA's planned move would facilitate more access to the drug by allowing more manufacturers to produce or donate it.

Hydroxychloroquine, which is already available commercially in the United States, is commonly used to treat malaria, lupus and rheumatoid arthritis. The drug also has been touted as a therapy for coronavirus by an unusual assortment of investors, TV correspondents and even some advisers to the White House — including some advocates who overstated their claims and credentials — and been championed by guests on Fox News.

However, a growing number of lupus and arthritis patients have complained that they've been unable to fill their prescriptions amid ongoing shortages, and reports have emerged that some physicians are hoarding the drug for themselves. Federal officials also have privately complained that Trump's focus on anti-malaria drugs has distracted from efforts to investigate more promising therapies.

Trump has pushed to experiment with new therapies and not wait on the usual clinical protocols, given the unprecedented nature of the coronavirus pandemic. Asked by a POLITICO reporter whether his agencies should wait for more evidence on anti-malaria drugs, the president on Friday stressed the need for speed, alluding to disagreements with infectious-disease specialist Anthony Fauci — one of several officials who has privately counseled the president not to rush on unproven medicines.

“I think Tony would disagree with me ... [but] we have a pandemic, we have people dying now,” Trump said, adding that he'd recently spoken with FDA and been frustrated by the agency's pace.

“They indicated that we'll start working on it right away. It could take a year,” the president said. “I said what do you mean a year? We have to have it tonight.”

*To view online:*

<https://subscriber.politicopro.com/health-care/article/2020/03/fda-issues-emergency-authorization-of-anti-malaria-drug-for-coronavirus-care-1906077>

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**From:** Wilkie, Robert L., Jr.  
**Sent:** Tue, 31 Mar 2020 18:59:32 +0000  
**To:** RLW  
**Subject:** FW: use of hydroxychloroquine at the VA

**From:** (b)(6)  
**Sent:** Tuesday, March 31, 2020 2:59:31 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** use of hydroxychloroquine at the VA

I am writing this to urge you to investigate why our own VA PBM is sending out information discouraging providers and pharmacists from trying hydroxychloroquine with veterans or healthcare workers and to find out why we don't have a clinical trial started for veterans. I have been a pharmacist at the Minneapolis VA for 5 years and I think it is unethical how this is being handled by the PBM. We are partnered with the University of Minnesota and they have a trial started but veterans are not being included. I understand why more information is needed but I am afraid many veterans are going to die before the national PBM group will make any changes to their just released document titled

### **Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19**

**- FREQUENTLY ASKED QUESTIONS -**

**MARCH 30, 2020**

**VA PHARMACY BENEFITS MANAGEMENT SERVICES [PBM] AND CENTER FOR MEDICATION SAFETY**

**I sincerely thank you for your time,**  
(b)(6) **Clinical Pharmacist**  
**Outpatient pharmacy**  
**Minneapolis VA**

**From:** Wilkie, Robert L., Jr.  
**Sent:** Tue, 31 Mar 2020 19:13:54 +0000  
**To:** RLW  
**Subject:** FW: Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19 - FREQUENTLY ASKED QUESTIONS 033020  
**Attachments:** HCQ and CQ Safety for COVID-19 Frequently Asked Questions\_FINAL.pdf

**From:** (b)(6)  
**Sent:** Tuesday, March 31, 2020 3:13:53 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** FW: Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19 - FREQUENTLY ASKED QUESTIONS 033020

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**From:** (b)(6)@va.gov  
**Sent:** Tuesday, March 31, 2020 11:45 AM  
**To:** VHAMIN Medical Staff <VHAMINMedicalStaff@va.gov>; VHAMIN APRN <VHAMINAPRN@med.va.gov>; VHAMIN Physician Assistant <VHAMINPhysicianAssistant@va.gov>; VHAMIN Pharmacists <VHAMINPharmacists@va.gov>; VHAMIN Pharmacy Technicians <VHAMINPharmacyTechnicians@va.gov>; Research, IRBMN <Research.IRBMN@va.gov>  
**Cc:** (b)(6)@va.gov  
**Subject:** FW: Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19 - FREQUENTLY ASKED QUESTIONS 033020

Please see the attached information from our national VA Pharmacy Benefits Management Service and Medication Safety Teams related to Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19. Dated March 30, 2020.

At this time at our Minneapolis VAHCS, both of these medications require staff Infectious Disease approval for use in COVID-19.

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**From:** (b)(6)@va.gov  
**Sent:** Monday, March 30, 2020 5:55 PM  
**To:** VHAPBM Drug Safety Alert <DrugSafetyAlert@va.gov>  
**Subject:** Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19 - FREQUENTLY ASKED QUESTIONS 033020  
**Importance:** High

#### **ACTIONS**

- **Facility Director** (or physician designee): Forward this document to the Facility Chief of Staff (COS).

- **Facility COS and Chief Nurse Executives:** Forward this document to all appropriate providers and health care staff (e.g., **Primary Care Physicians, Infectious Disease Specialists, Pulmonologists, Critical Care Providers, ER Providers, and Pharmacists, including contract providers, etc.**). In addition, forward to the Associate Chief of Staff (ACOS) for Research and Development (R&D). Forward to other VA employees as deemed appropriate.
- **ACOS for R&D:** Forward this document to Principal Investigators (PIs) who have authority to practice at the facility and to your respective Institutional Review Board (IRB).

**NO FEEDBACK REQUIRED**

## Hydroxychloroquine/Chloroquine Safety During Off-Label Use for COVID-19

### - FREQUENTLY ASKED QUESTIONS -

MARCH 30, 2020

VA PHARMACY BENEFITS MANAGEMENT SERVICES [PBM] AND CENTER FOR MEDICATION SAFETY [VAMedSAFE]

**Q: Is hydroxychloroquine (HCQ) or chloroquine (CQ) approved for treatment of the 2019 novel Coronavirus (COVID-19)?**

**A:** No. No therapy is currently FDA-approved for prophylactic or post-exposure treatment of the 2019 novel Coronavirus (COVID-19). HCQ is indicated for the prophylaxis and treatment of malaria, as well as the treatment of autoimmune diseases (rheumatoid arthritis and systemic lupus erythematosus).<sup>1</sup> CQ is indicated for the treatment of malaria and amebiasis.<sup>2</sup>

**Q: What is the mode of action of HCQ/CQ in the treatment of COVID-19?**

**A:** CQ and HCQ are 4-aminoquinoline drugs. HCQ is a derivative of CQ. Due to similar structures, it is suggested that HCQ and CQ inhibit virus infection by elevating endosomal pH required for virus/cell fusion and disrupting the glycosylation of cellular receptors (i.e., ACE2) needed for virus-receptor binding. Activity of CQ and HCQ against COVID-19 was discovered in vitro; HCQ was found to be more potent in activity than CQ in vitro.<sup>3-6</sup>

**Q: What data are available for the use of HCQ/CQ in the treatment of COVID-19?**

**A:** Evidence from peer-reviewed randomized clinical trials is lacking. Limited efficacy findings are available at: [Literature Summary on Investigational and Off-Label Medications for COVID-19](#).<sup>7</sup> Further studies are needed.

**Q: What are the options for use of HCQ/CQ in the treatment of COVID-19 within the VA?**

**A:** Ideally, use of treatments for COVID-19 would be in the context of a clinical trial. However, in the absence of such a trial, considerations for off-label use should occur using the best available information, in consultation with Infectious Diseases and/or other facility designated experts, and only AFTER evaluating the potential benefits and risks associated with the treatment, customized to the needs of the patient. Discussion of these risks/benefits should be in consultation with the patient, family and consistent with the VA's Criteria for Use and prioritization criteria for HCQ/CQ.<sup>7</sup>

**Q: Why did VA develop Criteria for Use and prioritization criteria for HCQ/CQ for the off-label treatment of COVID-19 within the system?**

**A:** To ensure that if this therapy is used off-label, it is prescribed in the safest way based on the limited efficacy data; and to ensure that if supply is limited, there is some standardization of use.

**Q: What are the inclusion criteria for use of HCQ/CQ for the off-label treatment of COVID-19 within the VA?**

**A:** The patient should meet the following criteria to receive HCQ or CQ for treatment of COVID-19 within the VA according to Criteria for Use:<sup>8</sup>

- The provider has discussed with the patient and/or family the potential risks and benefits, the fact that this treatment is off-label and based on limited data, and attests that they agree to proceed with treatment.
- **AND** -
- Severe disease (e.g. PaO<sub>2</sub>/FiO<sub>2</sub> < 300, O<sub>2</sub> Saturation < 90% on room air, need for significant supplemental oxygen, requirement for invasive or non-invasive mechanical ventilation).
- **OR** -
- Hospitalization due to COVID-19 with at least 2 of the following high-risk criteria for poor outcomes due to COVID-19:
  - Age > 60 years (especially over 70 years)
  - Cardiovascular disease (CHF, CAD, arrhythmia)
  - Chronic pulmonary disease
  - Diabetes mellitus
  - Immunosuppression

**Q: What are the dosing considerations associated with the use of HCQ/CQ in the treatment of COVID-19?**

**A:** Optimal dosing and duration of HCQ/CQ for COVID-19 are unknown. Therapeutic index is narrow; the toxic dose is as little as 3-5 times the therapeutic dose. An overdose of HCQ/CQ can cause acute toxicity and death.<sup>1-2</sup>

- Within the VA, Criteria for Use recommends the following dosing for off-label treatment of COVID-19<sup>8</sup>:
  - HCQ: 400mg twice daily for 1 day, followed by 200mg twice daily x 4 more days.  
*Note: if given with azithromycin, 200mg three times daily for 10 days would also be appropriate.*
  - CQ: 500mg twice daily for 10 days.
- Compared to CQ, HCQ is preferred based on improved in vitro activity and safety but CQ is an appropriate option if HCQ is not available.
- HCQ/CQ tablets may be crushed to prepare suspensions for NG/OG administration.<sup>9</sup>

See Table 1 (page 2) for additional dosing considerations.

**Q: Are there any contraindications against the use of HCQ or CQ?**

**A:** Yes - pre-existing retinopathy of the eye and known hypersensitivity to 4-aminoquinoline compounds.<sup>1-2</sup>

**Q: What are the potential risks associated with HCQ/CQ use?**

**A:** Both CQ and HCQ have known safety profiles with side effects that include, but are not limited to:<sup>1-2</sup>

- Cardiac risks: QT prolongation and arrhythmia
- Neuro/psychiatric risks: seizures, delirium, anxiety, depression, psychosis
- Hypersensitivity reactions: rash/pruritis, erythema multiforme
- Hypoglycemia: sometimes profound
- Hematologic: hemolytic anemia with G6PD deficiency
- Gastrointestinal side effects: nausea, abdominal pain and diarrhea
- Possibility that HCQ/CQ may worsen long term outcomes due to immune modulating and anti-inflammatory properties of CQ in vivo.<sup>10</sup>

See Table 2 (page 2) for additional details. While some risks would only be expected with chronic therapy (i.e., cardiomyopathy, retinopathy), safety in this population (i.e., sick, possibly critically-ill patients) HAS NOT BEEN ESTABLISHED.

**Q: What are the monitoring recommendations for cardiotoxicity associated with the use of HCQ/CQ within the VA?**

**A:** QT should be monitored prior to initiation and drug avoided if QT > 490 msec. Ideally patients should be on telemetry, and if tele QTc is concordant to EKG QTc, telemetry can be used for further QTc monitoring.

- For patients not on telemetry, a repeat EKG should be taken after starting HCQ/CQ and considered daily if risk factors.
- Discontinue all other QT prolonging agents, if possible.
- If QTc increases by > 50 msec, or absolute QTc > 500 msec, discontinuation should be strongly considered.
- Of note, other modifiable risk factors (K<sup>+</sup>, Mg<sup>++</sup>) should be monitored and controlled for.
- **Azithromycin may prolong the QTc and has been shown to increase the risk of sudden cardiac death.**<sup>8</sup>

**Q: What drugs should be reviewed for interactions prior to administration of HCQ/CQ?**

**A:** A comprehensive medication review should assess for the following concurrent medications (among others): medications that prolong the QT interval, (including but not limited to Class 1A, 1C, III antiarrhythmics, certain antidepressants, antipsychotics, fluoroquinolones, macrolides, 5-HT<sub>3</sub> receptor antagonists) due to increased risk of QT prolongation; drugs metabolized by CYP2D6 (i.e., beta-blockers, antipsychotics, antidepressants) as HCQ/CQ inhibits CYP2D6 and may increase levels of these drugs; antacids due to the potential to reduce the activity of HCQ/CQ (administration should be separated by 4 hours).<sup>1-2</sup> See Table 3 (page 2) for additional details.

Table 1. Dosing considerations for the use of hydroxychloroquine or chloroquine.<sup>1-2</sup>

	HYDROXYCHLOROQUINE (PLAQUENIL®)   [HCQ]	CHLOROQUINE (ARALEN®)   [CQ]
<b>DOSING CONSIDERATIONS</b>	<ul style="list-style-type: none"> <li>Daily doses should not exceed 6.5 mg (salt form)/kg ideal (lean) body weight.</li> <li>Using absolute body weight could result in an overdosage.</li> <li>Exceeding the recommended daily dose increases risks of retinal toxicity and cardiac arrhythmias.</li> <li>One 200 mg tablet is equivalent to 155 mg base.</li> </ul>	<ul style="list-style-type: none"> <li>Daily dose of chloroquine phosphate should not exceed 2.3 mg/kg of actual body weight.</li> <li>Exceeding the recommended daily dose increases risks of retinal toxicity and cardiac arrhythmias.</li> <li>Each 500 mg tablet contains the equivalent of 300 mg base.</li> </ul>
<b>OVERDOSE</b>	<ul style="list-style-type: none"> <li>Symptoms may occur within 30 minutes and include: headache, drowsiness, visual disturbances, cardiovascular collapse, hypokalemia and convulsions, rhythm and conduction disorders, including QT interval prolongation, torsade de pointes, ventricular tachycardia, ventricular fibrillation, width-increased QRS complex, PR interval prolongation, bradyarrhythmias, nodal rhythm, atrioventricular block, followed by sudden potentially fatal respiratory and cardiac arrest.</li> <li>Treatment is symptomatic and supportive with observation (e.g., ECG monitoring). The ECG may reveal atrial standstill, nodal rhythm, prolonged intraventricular conduction time, and progressive bradycardia leading to ventricular fibrillation and/or arrest.</li> </ul>	<ul style="list-style-type: none"> <li>Symptom onset possible within minutes, including nausea, vomiting, headache, drowsiness, visual disturbances, cardiovascular collapse, convulsions, hypokalemia, rhythm and conduction disorders including QT prolongation, torsade de pointes, ventricular tachycardia and ventricular fibrillation, followed by sudden potentially fatal respiratory and cardiac arrest. Extrapramidal disorders may occur.</li> <li>Treatment is symptomatic with immediate evacuation of the stomach by emesis or gastric lavage followed by activated charcoal. Care should include cardio-respiratory and hemodynamic support, monitoring of potassium along with management of arrhythmias and convulsions, as necessary.</li> </ul>

Table 2. Risks associated with the use of hydroxychloroquine or chloroquine and precautions to consider.<sup>1-2</sup>

SYSTEM	RISK	PRECAUTION
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>Cardiomyopathy (Life-threatening and fatal)</li> <li>Electrocardiogram (ECG) Changes and Potential for Cardiac Arrhythmias (Serious and fatal outcomes, including ventricular arrhythmias, heart blocks, ventricular fibrillation, QTc prolongation, and torsade de pointes)</li> <li>The magnitude of QT, PR or QRS prolongation is dose-dependent.</li> </ul>	<ul style="list-style-type: none"> <li>Not recommended in patients with baseline QTc prolongation (e.g., congenital or acquired Long QT Syndrome), second- or third-degree atrioventricular block.</li> <li>Electrolyte imbalances (e.g. hypokalemia/hypomagnesemia/hypocalcemia) must be corrected prior to use.</li> <li>Caution in patients with risk factors for torsade de pointes, including, but not limited to: female gender; age ≥ 65 years; baseline prolongation of the QT/QTc interval; presence of genetic variants affecting cardiac ion channels or regulatory proteins, especially congenital long QT syndromes; family history of sudden cardiac death at &lt;50 years of age; cardiac disease (e.g., myocardial ischemia or infarction, congestive heart failure, cardiomyopathy, conduction system disease); history of arrhythmias; electrolyte disturbances or conditions leading to electrolyte disturbances (e.g., persistent vomiting, eating disorders); bradycardia; acute neurological events (e.g., intracranial or subarachnoid hemorrhage, stroke, intracranial trauma); diabetes mellitus; autonomic neuropathy</li> <li>Concomitant use with other QTc, PR or QRS interval prolonging drugs should be avoided or undertaken with particular caution.</li> <li>If cardiotoxicity is suspected, discontinue use promptly.</li> </ul>
<b>Endocrine/Metabolism</b>	Severe hypoglycemia (+/- antidiabetic drugs)	Concomitant antidiabetic therapy may enhance hypoglycemic effects. Closely monitor glucose while on therapy. Lower dose of antidiabetic drugs/insulin as needed
<b>Hematologic</b>	Bone marrow depression	Caution in patients with blood disorders or glucose-6-phosphate dehydrogenase deficiency due to hemolytic anemia (less concern with HCQ than CQ), leukopenia.
<b>Hepatic</b>	Abnormal LFTs and fulminant hepatic failure	Caution in hepatic disease or alcoholism, in whom a reduction in dosage may be necessary, or in conjunction with known hepatotoxic drugs.
<b>Neurologic/Psychiatric</b>	Muscular weakness, extrapyramidal reactions, suicidal behavior/ideation, seizures	Caution or avoid in patients with history of seizures.
<b>Ophthalmologic</b>	Irreversible retinal damage	Retinal toxicity is largely dose-related.
<b>Renal</b>	Potential for adverse events with renal impairment due to long half-life	Caution in renal dysfunction.
<b>Skin</b>	Exacerbation of psoriasis or porphyria; Erythema multiforme (uncommon) and rash/pruritis (common)	Not recommended in psoriasis or porphyria due to possible exacerbation. Recommend discontinuation in setting of severe skin reactions.

Table 3. Drugs that may interact with hydroxychloroquine or chloroquine.<sup>1-2</sup>

DRUGS	INTERACTION
<b>CYP2C8 and CYP3A4 inhibitors</b> (i.e., ketoconazole, itraconazole, erythromycin, aprepitant, fluconazole, clopidogrel, teriflunomide, letermovir)	HCQ/CQ is a <b>substrate of CYP2C8, 3A4</b> - Co-administration may increase HCQ/CQ levels.
<b>Drugs metabolized by CYP2D6</b> (i.e., beta-blockers, antipsychotics, antidepressants)	HCQ/CQ <b>inhibits CYP2D6</b> - May increase levels of drugs metabolized by CYP2D6.
<b>Antacids</b>	May reduce absorption of HCQ/CQ. Administer 4-hours apart.
<b>Antidiabetic Drugs and Insulin</b>	May enhance hypoglycemic effect; decrease in dose of antidiabetic drugs/insulin may be required.
<b>Cyclosporine</b>	Levels may increase since HCQ/CQ <b>inhibits CYP3A4</b> .
<b>Digoxin</b>	May result in increased serum digoxin levels; monitor digoxin levels closely in concomitant treatment.
<b>Drugs that prolong the QRS and/or QT interval and other arrhythmogenic drugs</b> including, but not limited to, Class IA, IC and III antiarrhythmics; certain antidepressants, antipsychotics, and anti-infectives (i.e., fluoroquinolones, macrolides); domperidone; 5-hydroxytryptamine (5-HT) <sub>3</sub> receptor antagonists; kinase inhibitors; histone deacetylase inhibitors beta-2 adrenoceptor agonists	Cardiotoxic effects. <b>Note: Azithromycin may prolong the QTc and has been shown to increase the risk of sudden cardiac death.</b> Documented in outpatients (not in context of COVID); risk was greatest in those with the highest baseline CV. <b>Overuse can also lead to C.difficile and antibiotic resistance.</b>
<b>Drugs that affect electrolytes</b> including, but not limited to, loop, thiazide, and related diuretics, laxatives and enemas, amphotericin B, high dose corticosteroids, and proton pump inhibitors	Cardiotoxic effects.
<b>Tamoxifen/Drugs known to induce retinal toxicity</b>	Concomitant use is not recommended due to retinal toxicity.

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**From:** Wilkie, Robert L., Jr.  
**Sent:** Wed, 1 Apr 2020 12:33:18 +0000  
**To:** RLW  
**Subject:** FW: Covid-19 research opportunity

**From:** (b)(6)  
**Sent:** Wednesday, April 1, 2020 8:33:16 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** (b)(6) Wilkie, Robert L., Jr.  
**Subject:** Covid-19 research opportunity

Dear Mr. Secretary:

The Covid-19 epidemic has generated many questions regarding the mechanism of the infection and possible means of reducing its severity.

To name a few:

1. the possibility that commonly used antihypertensive medications (Losartan, Valsartan) may increase the expression of the angiotensin II receptors, that are the specific binding site of Covid-19 to the lung.
2. Vitamin D (frequently measured by primary care providers) acts as an immune modulator, and is likely low in the winter time among the elderly.
3. Hydroxychloroquine, commonly used to treat rheumatologic disorders (probably used by thousands of veterans) may have an antiviral or even an immunomodulatory effect.

The VA is a relatively closed system much like what Nordic European countries have. This improves the quality of the sampling for any medical study. CPRS, our electronic medical record system is very rich in data. I propose that all CPRS records of all Covid-19 patients seen at the VA, along with 2 age/sex/location matched controls, be uploaded to a HIPAA compliant repository so that we could have the capacity to request a VA statistician to search the database in real time to test these and other possible associations.

It is very likely that in the future Machine Learning will be used to comb over the electronic medical records left by this epidemic and may find missed opportunities to reduce the burden of Covid-19 in our veterans. We do not need to wait, we could start now.

Sincerely,

(b)(6) MD  
VISN-8

**From:** (b)(6)  
**Sent:** Thu, 2 Apr 2020 23:23:36 +0000  
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**Subject:** [EXTERNAL] FW: No 'magic pill': The fight over unproven drugs for coronavirus

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**Subject:** No 'magic pill': The fight over unproven drugs for coronavirus

### **No 'magic pill': The fight over unproven drugs for coronavirus**

By Sarah Oweremohle

04/02/2020 07:04 PM EDT

The Food and Drug Administration's rush to greenlight unproven malaria medicines to fight the coronavirus may derail clinical trials of other potential cures for the deadly virus.

Right now, dozens of potential therapies — from antivirals to antibodies taken from the blood of coronavirus survivors — are being tested in people. The first results from these studies could come within months if drugmakers enroll the thousands of patients needed to complete the research.

But with the malaria drugs chloroquine and hydroxychloroquine available by prescription from any doctor, and the president touting them as coronavirus treatments at his daily briefings, enlisting volunteers to enroll in clinical trials of other potential therapies may be a tough sell.

Researchers are concerned that clear answers on the efficacy of dozens of other medicines, which will only come from clinical trials, could be delayed by the fervor. Online hype of the malaria drugs, along with the president's endorsement, is already fueling drug shortages. The FDA added both chloroquine and hydroxychloroquine to its shortage list this week, after prescriptions spiked as much 7,000 percent in March.

The Trump administration is also considering authorizing another unproven coronavirus treatment for emergency use. The drug, a Japanese flu medicine called Avigan, has been publicly endorsed by Japanese Prime Minister Shinzo Abe. But it is not approved by the FDA, and the agency has rejected it in the past over concerns about side effects.

An emergency authorization from the FDA could clear the way for off-label use before U.S. clinical trials even begin — raising the question of how research could catch up.

“We have to use science to save ourselves, not hunches,” said Mildred Solomon, president of the bioethics thinktank Hastings Center. “If we lead people into a frenzy of stockpiling something

they've got their hopes in, how are we ever going to get the knowledge we need to get ourselves out of this problem?"

Only by running randomized clinical trials of experimental treatments will scientists and doctors find a cure for the coronavirus, says Holly Fernandez Lynch, a bioethicist at the University of Pennsylvania. Such trials are the gold standard for getting answers, because doctors cannot cherry-pick who gets a dose of the drug being studied or which results to share.

Drugmakers are also struggling to balance ongoing clinical trials of experimental coronavirus treatments with the flood of requests for emergency access to those potential therapies. Gilead, which developed the experimental antiviral drug remdesivir, said late last month that it would temporarily stop granting requests for compassionate use, a pathway to access experimental medicines outside of clinical trials.

"In recent weeks, there has been an exponential increase in compassionate use requests," the company said, adding that the system was not designed for use in a pandemic. "Enrollment in clinical trials is the primary way to access remdesivir to generate critical data that inform the appropriate use of this investigational medicine."

It is not clear whether remdesivir or other potential therapies are effective against the coronavirus. The data for chloroquine and hydroxychloroquine is limited and mixed. Small early studies out of France have been questioned because of how scientists analyzed their results — and the lead researcher's history of manipulating data. One subsequent Chinese study found no benefit at all, while another, posted online this week but not peer-reviewed, suggests that hydroxychloroquine speeds recovery in patients with mild symptoms.

Regulators in other nations are treading cautiously when it comes to potential coronavirus drugs. Chloroquine and hydroxychloroquine should only be used to treat the virus in clinical trials and in severe cases, the European Medicines Agency said in a statement this week. The European counterpart to the FDA noted that both compounds can have serious side effects, particularly when combined with other drugs.

The Trump administration's push to make experimental therapies widely available for use outside of clinical trials have earned swift criticism from patient groups accusing the FDA of folding to political pressure. In one case, the group Patients Over Pharma has publicly urged FDA Commissioner Stephen Hahn to act based on the best science rather than political calculus.

Reports of chloroquine and hydroxychloroquine shortages across the country also raises the question of who should be prioritized to receive a medicine that has been around for years. Some have likened the potential quandary to how health care providers are using ventilators and who should be prioritized in those situations. But the comparison doesn't quite match up, said one senior HHS official who points to early data and big questions about the drugs' effectiveness.

"If it's about ventilators, there is no question in my mind what the positive benefit is," the official said. "Here, I do agree that there is an issue of triage and who gets access and who doesn't — but I'm still not convinced it matters."

Representatives for HHS Assistant Secretary for Preparedness and Response Robert Kadlec, who

manages the national stockpile that will dole out the now millions of chloroquine pills in the supply, did not respond to questions about how the agency would prioritize certain groups or balance between trials and off-label use.

Even with the infusion of donated pills into the government's stockpile, the federal attention on chloroquine has fueled shortages already happening around the country, said David Karp, a Texas doctor and president-elect of the American College of Rheumatology, a group of providers that treats people with lupus and arthritis — who have used the drugs for years to manage their symptoms.

Interest in the drugs soared once they were discussed on the White House briefing stage. “Very quickly the supply in local pharmacies went down to zero,” Karp said, adding that pharmacies and hospitals all over the country have struggled to secure supplies. “I haven't talked to any rheumatologist who hasn't had a patient call their office and say ‘I can't find any of my medication.’”

“With it being in the news, suddenly people say ‘I should get this so in case I need it, I have it,’” said American College of Physicians president Robert McLean, a rheumatologist who has prescribed the drug for years to treat lupus and arthritis. The doctors' group sent a letter to Trump late Monday warning of low supplies fueled by the coronavirus frenzy.

“There is clearly a looming shortage,” said McLean.

Sen. Elizabeth Warren (D-Mass.) wrote to Hahn on Thursday demanding answers on how the agency will stem shortages.

There is also concern among doctors and researchers about how quickly potential risks, unknown side effects or just ineffectiveness could be sorted out with off-label use that does not feed central databases or published trials.

Drugmakers are shielded from liability if their products end up not working or causing harm through a measure activated when the president declared a public health emergency, known as the PREP Act. One of the ways to get that shield is an emergency use nod from the FDA. Discussions about the PREP Act and potential emergency authorizations had been going on for at least a week before the Sunday announcement, one official said.

Health experts warn that even if chloroquine and hydroxychloroquine work against Covid-19 — and many have questioned the data so far — no one medicine will be the answer to an outbreak that has already killed more than 30,000 worldwide and infected at least 174,000 in the U.S. alone.

“We still are going to have to do physical distancing. That is the proven method here, not a magic pill,” said Solomon.

But even as health officials around the president — like top infectious disease doctor Anthony Fauci — have warned that social distancing guidelines may need to stay in place much longer, the president has been optimistic about reopening the economy. By Sunday, Trump scaled back from a hope that distancing would be over by Easter, saying instead that tactics should stay in

place through April. Some states, like Virginia, have put rules in place until June.

“Quite frankly if you look across infectious disease history, its extremely rare that we ‘defeat’ a virus,” said longtime rheumatologist McLean. “You learn how to manage it.”

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### **Trump's 'Hail Mary' drug push rattles his health team**

By Dan Diamond, Nancy Cook

04/06/2020 08:47 PM EDT

Top health officials are increasingly unsettled by President Donald Trump's continued championing of an unproven drug in the fight against the coronavirus pandemic, even as some of the president's political and policy advisers and outside allies cheer him on.

A growing number of senior Trump appointees have moved toward viewing hydroxychloroquine, a pill typically used to treat malaria and lupus, as a potential salve for the Covid-19 outbreak — adding it to the national stockpile, urging manufacturers to ramp up its production and sending huge shipments of the drug to hospitals and pharmacies in hot zones like New York City where doctors are free to prescribe it to patients.

Trump has become an avid promoter of the drug from the White House podium. "What really do we have to lose?" he told reporters over the weekend. "It is a very strong, powerful medicine. It does not kill people. We have some very good results and some very good tests," he added, glossing over concerns from some of his own officials, who fear that the evidence of the drug's efficacy is anecdotal at best.

The nation's top infectious disease expert, Anthony Fauci, has repeatedly warned in public and private that no definitive evidence exists about the drug. Behind the scenes, career health officials have raised even stronger warnings about the risk to some Americans' heart health and other complications, but been warned not to publicly speak out and potentially contradict Trump,

said two officials.

The divide highlights widening tensions in the Trump administration between protecting the American public against the spread of the coronavirus and reopening the economy as soon as possible. The president and many of his economic, policy and political advisers within the White House are trying to overrule scientific experts who increasingly worry that touting the drugs could harm Americans and cost valuable time to research other treatments. Interviews with more than a dozen officials for this story highlighted tensions within the administration that are occupying increasing amounts of time among health officials and drawing attention away from other critical issues.

Many health experts have worried about creating shortages for proven uses of the drug for patients with other conditions. And some have issued explicit warnings against widespread use of the drug. “I would not prescribe it,” Patrice Harris, the president of the American Medical Association, [told CNN](#) on Sunday. “You could lose your life. It’s unproven.”

Trump’s focus on the drugs — driven by his faith in scant evidence that they work to speed recovery from Covid-19 — has increasingly warped his administration’s response. Health officials have been told to [prioritize the anti-malaria drugs](#) over other projects that scientists believe have [more potential](#) to fight the outbreak.

The rush to focus on unproven drugs also comes after months of lost opportunities to contain the spread of the outbreak. “There’d be less focus on [hydroxychloroquine] now if we had planned better then,” said one official, who added that the drug is seen by some career scientists as a “Hail Mary” effort to find a Covid-19 cure.

Trump is as enthusiastic about the drug in private as he is in public, said one senior administration official. He talks about the drug so often, another official added, because he views it as a potential therapy for the coronavirus when people have no other options.

“He thinks that it’s the drug that’s going to get everyone back to work. Do you have a supply?” joked one Republican close to the White House.

At one point, Trump heard there was some promise in its performance, and he just seized on it, said another White House official.

That approach has been amplified by officials such as trade adviser Peter Navarro, one of the economic aides Trump trusts. “You’ve got Dr. Navarro and he’s pretty much facing off against the medical expertise of the administration ... who say let’s take our time, let’s be cautious and let’s do more trials and let’s do more tests,” said a person familiar with the deliberations of the coronavirus task force. “He’s not a lonely voice in the wilderness but he’s the loudest voice in the wilderness.”

The administration is already taking major steps to make the drug more available, said one senior administration official — signaling the debate is more settled internally than outsiders may realize.

The Trump administration has worked with pharmaceutical companies to locate tens of millions

of doses of hydroxychloroquine and chloroquine, issuing emergency use authorizations last week that would allow Americans to use the drugs and beginning to now deploy the treatment to retail pharmacies.

On Saturday, the coronavirus task force voted to send a surge of hydroxychloroquine to hospitals and pharmacies in the hot zones of the virus in the coming weeks — with the caveat that it can only be prescribed by physicians for their patients.

Trump discussed other potential treatments in a similarly hopeful manner during Monday night's briefing at the White House, when he acknowledged that a vaccine was still a ways off but that U.S. pharmaceutical companies were working hard on therapeutics. The president held a call earlier Monday with top executives from Amgen, Genentech, Gilead and Regeneron.

“The vaccines are going to be always a little bit later because of the testing period,” Trump said Monday. “But therapeutics, getting the kind of things that I heard about today, talking to these brilliant companies and brilliant people on the phone, it was fantastic. It was such an incredible conversation.”

Officials generally describe three camps inside the administration on the hydroxychloroquine debate: One group of Trump devotees, like Navarro and other policy advisers and outside allies, who fully support the president's belief that the drugs represent a viable path to rapidly controlling the outbreak.

“In peacetime, the traditional model of ‘wait until all of the clinical trials are done and there is full FDA approval’ may well be the appropriate position, but when you are in the fog of war and you are facing mass casualties, you need to think about leaning more forward and assuming additional risk,” said Navarro, assistant to the president for trade and manufacturing and the Defense Production Act policy coordinator.

“The reality is, this is a drug that has been around for a long time, and there is one point of view — and it appears to have considerable support within the medical and scientific community — that hydroxychloroquine may have both therapeutic and prophylactic efficacy,” he said.

Meanwhile, officials in a second group such as Surgeon General Jerome Adams and FDA Commissioner Stephen Hahn are willing to entertain the possibility that the drugs work — given the lack of other existing treatments — but stress that the decision should be made between a doctor and a patient.

“There are some accounts, some stories out there regarding hydroxychloroquine helping,” Adams told “Fox News Sunday,” adding that the drug has already been on the market. “So we feel a little bit better regarding its safety than we do about a completely novel drug, even though this is being used at much higher dosages.”

Finally, a third group of officials — like Fauci — have repeatedly taken a tougher line against widespread use of the drugs, urging the president to wait on what clinical trials will reveal. Officials also have grown concerned about the president's advocacy of combining hydroxychloroquine and zithromax, a treatment that some frontline providers have attempted but



could significantly raise the risk of cardiac problems.

White House spokesperson Hogan Gidley downplayed the differences between Trump and Fauci. “There is no daylight between them on this issue as both men have been clear about the need to consult your doctor before taking hydroxychloroquine or any other drug,” he said in a statement.

Two officials said that Fauci and another top health adviser, White House coronavirus coordinator Deborah Birx, have been boxed in as they work to keep the president’s ear on public health measures like social distancing.

They also have lacked robust allies: CDC Director Robert Redfield, who’s been minimized in recent weeks, and other career scientists, have also struggled to effectively warn the president away from his focus on hydroxychloroquine, the officials said. White House officials, in particular, hold Redfield and the CDC responsible for the country’s lag in producing an adequate number of tests for the coronavirus.

Just as Trump’s top political advisers have tried to cast him as a wartime president during the coronavirus outbreak, they and some of his top policy aides are now trying to characterize the debate over hydroxychloroquine in the same vein.

“In this fog of war and broader strategic chess game, President Trump is doing exactly what he should be doing — and history is likely to be strongly on his side when all is said and done,” Navarro said about the push to use the drug.

But the debate alone has caused significant frustration in the medical field, with doctors saying that Trump is amplifying shoddy science while ignoring the risks. “Public figures should refrain from promoting unproven therapies to the public,” physicians in the *Annals of Internal Medicine* [argue](#). “The hasty and inappropriate interpretation of the literature by public leaders has potential to do serious harm.”

*Daniel Lippman contributed to this report.*

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**To:** RLW  
**Subject:** FW: [EXTERNAL] Projected death toll dramatically lowered after anti-malaria drug approved

**From:** Americans for Limited Government  
**Sent:** Wednesday, April 8, 2020 11:16:04 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] Projected death toll dramatically lowered after anti-malaria drug approved



For Immediate Release  
April 8, 2020

Contact: Rick Manning  
Phone: 703-383-0880

## **Projected death toll dramatically lowered after anti-malaria drug approved**

April 8, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement reacting to the IHME’s death toll projections to 60,415 to 81,766:

“Projections on the number of cases of COVID-19 are far less important than the actual deaths from the China-originated virus. Now, the most influential projection of future deaths from the disease has lowered that guess again. Just one week ago on April 1, the death projection was 93,651, it was lowered on April 4 to 81,766 and just one week into April the projection is now at 60,415.

“While the public health care bureaucrats will attribute the precipitous drop in the all-important death projections to social distancing, the model assumed that social distancing would be implemented in its projections.

“What has significantly changed in the past week was President Trump’s successfully convincing the Food and Drug Administration to allow the anti-malaria drug, hydroxychloroquine and other antivirals to be prescribed to treat the disease on March 31. While correlation does not necessarily mean causation, it is significant that doctors across the nation have been given the go-ahead to use this treatment and many are reporting success that should not be discounted.

Those governors who are restricting the use of this medicine need to reevaluate that political decision in order to help save as many of the lives of their constituents as possible.

“President Trump has put the health of Americans first and has risked his economic legacy to protect American lives. Now, as the death projections continue to collapse, Americans for Limited Government urge the country to come behind President Trump as he looks toward restarting the economy. The great news that we are winning the war against the COVID-19 virus will hopefully lead to our economy re-opening around the country not suffering as a hot spot by May 1.”

To view online: <https://getliberty.org/2020/04/projected-death-toll-dramatically-lowered-after-anti-malaria-drug-approved/>

Interview Availability: Please contact Americans for Limited Government at 703-383-0880 ext. 1 or at [media@limitgov.org](mailto:media@limitgov.org).

###

*Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at [www.getliberty.org](http://www.getliberty.org) and [www.dailytorch.com](http://www.dailytorch.com).*

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Americans for Limited Government  
10332 Main Street # 326  
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United States

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**From:** Wilkie, Robert L., Jr.  
**Sent:** Wed, 8 Apr 2020 16:30:10 +0000  
**To:** RLW  
**Subject:** FW: [EXTERNAL] After Chinese coronavirus, we need to make essential items in America based on strategic need—and enough of them

**From:** Americans for Limited Government  
**Sent:** Wednesday, April 8, 2020 12:23:27 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] After Chinese coronavirus, we need to make essential items in America based on strategic need—and enough of them



**April 8, 2020**

*Permission to republish original opeds and cartoons granted.*

**After Chinese coronavirus, we need to make essential items in America based on strategic need—and enough of them**

*There are many lessons for our country to learn from the Chinese coronavirus both from a public health perspective as well as the capacity of the federal and state governments to critically impact the well-being of the U.S. economy negatively as is being seen by the closures that are driving unemployment to the moon. Travel restrictions work. It also highlights the need for transparency from China, where Beijing they did not immediately bring this virus to everyone's attention, particularly deadly to the elderly and those with underlying conditions. This experience also serves as a strong warning against economy-killing policies like the Green New Deal and universal income that would similarly drive up unemployment. But the first and foremost lesson is that in a national emergency or a world war, global supply chains are profoundly dangerous and can be deadly. After the Chinese coronavirus pandemic, and in the phase four legislation now under consideration by President Trump and Congress, as well as any executive actions necessary under existing law, the federal government needs to require that essential items be made here in America, and enough of them. This is an important discussion. Markets support a nation's economic well-being, but they do not determine national interests, and sometimes what's cheaper or more cost efficient is not necessarily in the national interest or protects the lives of the American people.*

### **Video: Trump can act now to expand \$350 bil. of small business relief, he doesn't need to wait for Pelosi**

*Eight weeks of lending via the Payroll Protection Plan is already saving hundreds of thousands of small businesses while the economy is closed, but they will likely still require support after the economy reopens and unemployment stops rising, with average recoveries since 1948 taking at least 16 months after labor market bottoms are felt. President Trump should extend Emergency Incident Disaster Loans by waiving collateral requirements to small businesses to provide a safety net for a minimum of 12 months, in addition to the no-collateral, forgivable Payroll Protection Plan already being given. It might not be a good bet to assume companies have collateral on hand for a longer term loan they might need.*

### **Video: Tons of new debt, is \$350 billion enough for small businesses? Plus, 2020 election talk.**

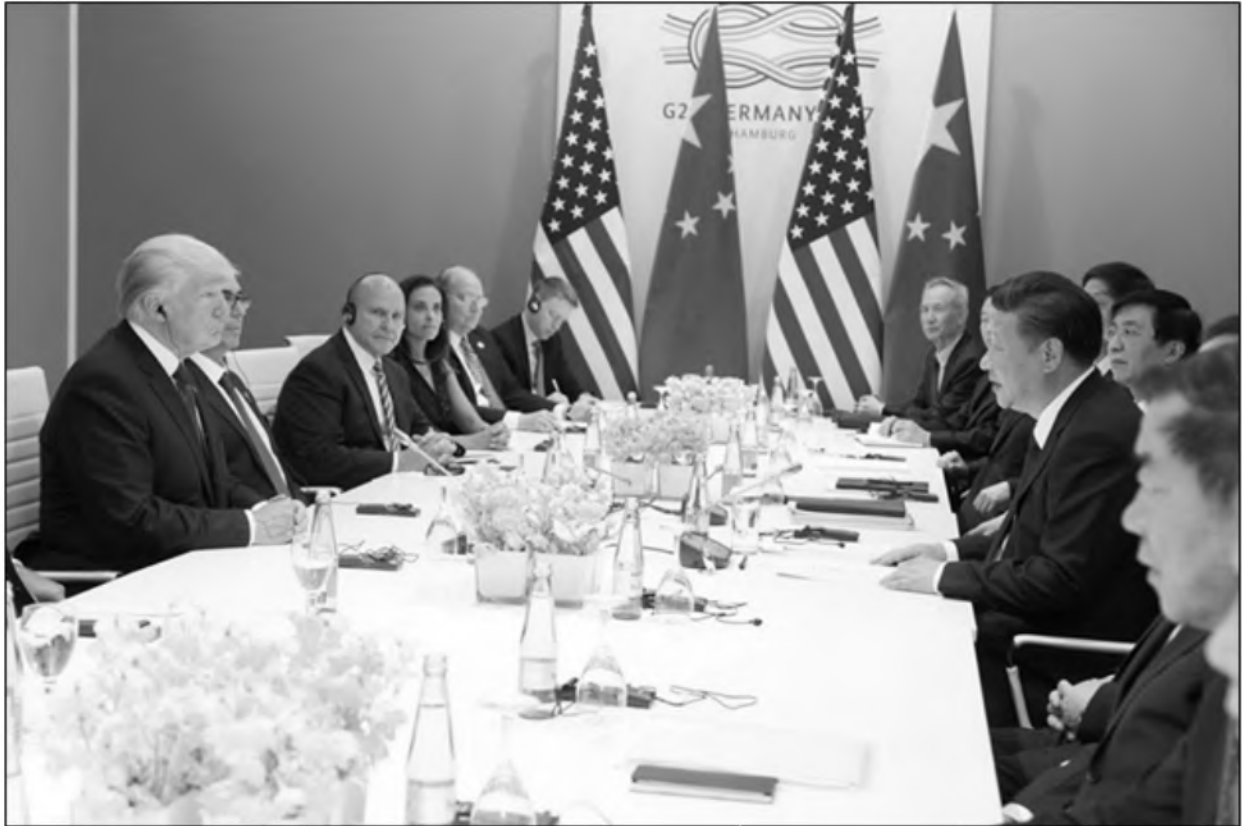
*The cost of the Chinese coronavirus outbreak is proving to be astronomical.*

### **Projected death dramatically after anti-malaria drug approved**

*Americans for Limited Government President Rick Manning: “Projections on the number of cases of COVID-19 are far less important than the actual deaths from the China-originated virus. Now, the most influential projection of future deaths from the disease has lowered that guess again. Just one week ago on April 1, the death projection was 93,651, it was lowered on April 4 to 81,766 and just one week into April the projection is now at 60,415. While the public health care bureaucrats will attribute the precipitous drop in the all-important death projections to social distancing, the model assumed that social distancing would be implemented in its projections. What has significantly changed in the past week was President Trump’s successfully convincing the Food and Drug Administration to allow the anti-malaria drug, hydroxychloroquine and other antivirals to be prescribed to treat the disease on March 31. While correlation does not necessarily mean causation, it is significant that doctors across the nation have been given the go-ahead to use this treatment and many are reporting success that should not be discounted. Those governors who are restricting the use of this medicine need to reevaluate that political decision in order to help save as many of the lives of their constituents as possible.”*

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**After Chinese coronavirus, we need to make essential items in America based on strategic need—and enough of them**



Source: *Whitehouse.gov*.

By Robert Romano

There are many lessons for our country to learn from the Chinese coronavirus both from a public health perspective as well as the capacity of the federal and state governments to critically impact the well-being of the U.S. economy negatively as is being seen by the closures that are driving unemployment to the moon.

We're learning that with these deadly novel coronaviruses and flus that pass from animals to humans overseas, early identification is essential and that immediate travel restrictions can be effective in slowing the spread to U.S. shores. This experience will have long term implications for sectors of the economy like the airline industry, since we know this won't be the last time this happens. An early call like the one made President Donald Trump to close travel to China on Jan. 31 that may have saved hundreds of thousands of lives.

It also highlights the need for transparency from China. For a country bent on being the world's supplier, Beijing sure did not help the global community out when they did not immediately bring this virus to everyone's attention, particularly deadly to the elderly and those with underlying conditions. There's a price to be paid for that, and they still have not provided

information about patient zero in Wuhan. The longer they wait, the more public attitudes will set in that the communist government there is simply not a reliable international partner.

This experience also serves as a strong warning against economy-killing policies like the Green New Deal and universal income, which use a combination of prohibitions and incentives by banning the entire carbon-based energy industry and to reduce the need for people to work to earn a living. We can see right now how sharply unemployment can rise when individuals are given enough of an incentive to stay home, with anywhere from 10 million to 13 million jobs lost in less than a month.

But the first and foremost lesson is that in a national emergency or a world war, global supply chains are profoundly dangerous and can be deadly. After the Chinese coronavirus pandemic, and in the phase four legislation now under consideration by President Trump and Congress, as well as any executive actions necessary under existing law, the federal government needs to require that essential items be made here in America, and enough of them.

This is an important discussion. Markets support a nation's economic well-being, but they do not determine national interests, and sometimes what's cheaper or more cost efficient is not necessarily in the national interest or protects the lives of the American people.

We already know about the supply chain shortages now on ventilators. A 2015 paper published in Clinical Infectious Diseases predicted the very supply shortage we are now experiencing. Now with the pandemic upon us, we're having to resort to car manufacturers retrofitting their factories to produce these desperately needed machines.

But many of these machines are already made in the United States, just not enough of them as state governments and hospitals simply did not adequately plan for a respiratory pandemic. Additionally, there was a run on ventilators earlier this year with \$27 million worth in January and February going, believe it or not, to China.

The CDC Strategic National Stockpile, now being tapped, is owed to preparations made during the Bush and Obama administrations following a series of emergencies. It's still might not be enough, or it might be barely enough to meet our needs right now, but it shows that a little planning ahead can go a long way.

Our dependence on foreign manufacturers stretches to many other items. In 2019, Sen. Chuck Grassley (R-Iowa) sent a letter to the Department of Health and Human Services (HHS) Secretary Alex Azar, noting that almost all our medicine comes from China, writing, "Unbeknownst to many consumers... 80 percent of Active Pharmaceutical Ingredients are produced abroad, the majority in China and India; however, the FDA only inspected one in five registered human drug manufacturing facilities abroad last year."



A 2016 National Academy of Science paper noted that 90 percent of our latex gloves are made in Malaysia.

In the 1973 Arab oil embargo, the U.S. learned painfully what foreign dependence on oil could lead to.

It goes on and on. In different areas of economic production, history has shown again and again foreign dependence hurts America badly. In the normal course of business, outsourcing can be cheaper, but in an emergency, those supply chains are instantly taxed and shortages emerge.

And then there's the rare earth mineral shortage that will surely come into play should the U.S. and China ever find itself in a military conflict or even just a trade war. Rare earths are used in smart phones, computers and high-tech military hardware, but for years China has had a global monopoly on their production. The Trump administration fortunately is already addressing this shortfall.

The Pentagon began asking miners to submit plans to develop more U.S. mines and processing facilities last summer. "The overall goal is to secure and assure a viable, domestic supplier (of rare earths) for the long-term," according the Pentagon paper sent to the miners.

To that end, President Donald Trump invoked the 1950 Defense Production Act on July 22 in a proclamation, writing, "the domestic production capability for Samarium Cobalt Rare Earth Permanent Magnets is essential to the national defense. Without Presidential action under section 303 of the Act, United States industry cannot reasonably be expected to provide the production capability for Samarium Cobalt Rare Earth Permanent Magnets adequately and in a timely manner."

The proclamation added, "Further, purchases, purchase commitments, or other action pursuant to section 303 of the Act are the most cost-effective, expedient, and practical alternative method for meeting the need for this critical capability."

By invoking the law, the Defense Department can go ahead and fund directly the construction of rare earth processing facilities in the U.S. and expand mining operations by working with private contractors.

The U.S. consumed about 9,500 metric tons of rare earths in 2018, according to the U.S. Geological Survey, and we are 100 percent reliant on imports of rare earth metals, 80 percent of which comes from China.

According to the U.S. Geological Survey, "The estimated value of rare-earth compounds and metals imported by the United States in 2018 was \$160 million, an increase from \$137 million in 2017." But these numbers do not account for rare earths used in manufacturing in China and then exported.

Despite being in a commanding position for years, the good news is that China has been losing global market share, from 95 percent of global production in 2010 down to 80 percent global market share now, largely because Australia ramped up production, which is now the number two producer in the world at 20,000 metric tons in 2018. Australia also has all of the elements we would be looking for, according to Geoscience Australia. Additionally, a discovery of 16 million tons of rare earth oxides off the coast of Japan last year could supply the minerals for the entire world for centuries.

We have about 1.4 million metric tons of reserves in the U.S., and after years of not mining rare earths, in 2018 the U.S. ramped up production to 15,000 tons of compounds according to the U.S. Geological Survey.

MP Materials, which runs the Mountain Pass site in California's San Bernardino County, the nation's only operational rare earth facility, is currently exporting to China for processing but plans to have its own domestic processing facilities running this year.

But simply sourcing the minerals here is only half the battle. We still need to make these electronics, computers and other military hardware components here, because in the event of war, we will instantly have shortages. But almost all of our high-tech production has been outsourced to Asia. That should change now.

Preparation might also dispel any notions Beijing has about using our dependence to their advantage in trade negotiations, and compel compliance with the new U.S.-China trade deal. In other words, bringing more production back here might actually avert a conflict, because the temptation for China to assert a global strategic monopoly on this line of production to fuel aggression will have been removed. Weakness is provocative.

An overall stronger manufacturing base here in the U.S. might have averted the current coronavirus crisis combined with adequate emergency preparedness locally where it matters the most. It's the combination of the two that is needed. The free market's invisible hand can only allocate what you think you need in a cost-efficient manner in peacetime, but in an emergency or war, that all goes out the window every single time.

There must be a balance between national strategic needs and big business' desire to boost profit margins by cutting production costs. With the Chinese coronavirus, it proved to be deadly. Next time it could be even worse.

While globalist alarmists have been busy warning of Smoot-Hawley depressions for a generation, they were undercutting U.S. strategic interests the whole time. We must say never again. President Trump warned us this would happen in 2016 in so many words. This is the discussion that is urgently needed in any phase four legislation and further executive actions taken authorized under current law.

Fortunately, President Trump is just the right guy for the job to lead that discussion, owing to the fact he was the only national candidate in a generation who had the foresight to emphasize the desperate need for American manufacturing. Globalism and foreign dependence is a sickness, and Trump is the cure.

*Robert Romano is the Vice President of Public Policy at Americans for Limited Government.*

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**Trump can act now to expand \$350 bil. of small business relief, he doesn't need to wait for Pelosi**



To view online: <https://www.youtube.com/watch?v=eVOMjoWTM6o>

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**Tons of new debt, is \$350 billion enough for small businesses? Plus, 2020 election talk.**



To view online: <https://www.youtube.com/watch?v=ujlJeSTyJl0>

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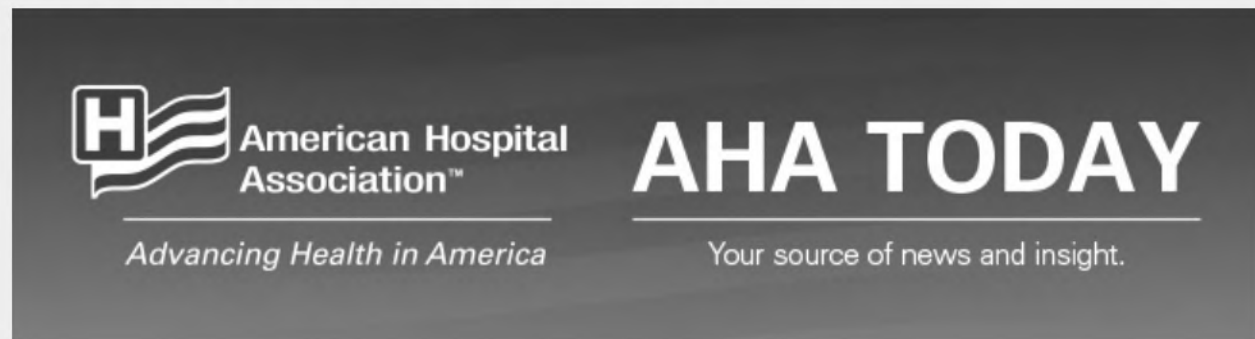
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**From:** Wilkie, Robert L., Jr.  
**Sent:** Thu, 9 Apr 2020 21:14:09 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Coronavirus News: CDC Guidance, FEMA Updates

**From:** AHA Today  
**Sent:** Thursday, April 9, 2020 4:34:01 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Coronavirus News: CDC Guidance, FEMA Updates

[Click here to access a web or mobile friendly version of the newsletter.](#)



April 9, 2020

## Coronavirus News: Behavioral Health Letter, CDC Guidance and New Details on Loan Program

**FCC urged not to limit COVID-19 telehealth program to certain providers.** AHA today urged the Federal Communications Commission to reconsider immediately its decision to limit participation in the COVID-19 Telehealth Program to certain nonprofit or public health care providers, noting that the Coronavirus Aid, Relief, and Economic Security Act included "no such restriction" on the program's \$200 million in funding. Eligibility "should be extended to all types of hospitals and other direct patient care facilities regardless of their size, location or for-profit or not-for-profit status, including but not limited to rural and urban short-term acute-care, long-term acute care, critical access hospitals and skilled nursing facilities," AHA wrote, noting that COVID-19 "does not discriminate" on the basis of income or geography. "Simply put, anyone can be exposed to COVID-19, and the entire healthcare system — from the largest hospitals to individual caregivers — is engaged in the fight against this virus."

**Federal Reserve announces new lending program to enhance support for small- and mid-sized businesses.** The Federal Reserve today announced the terms of both expanded and new "Main Street" lending facilities that would provide loans to a variety of

eligible borrowers, including borrowers that obtain loans through the Paycheck Protection Program administered by the Small Business Administration and larger borrowers with up to 10,000 employees or \$2.5 billion in annual revenues. The Federal Reserve term sheet specifies that these facilities will be available to "businesses" without specifically addressing, or excluding, non-profits. The AHA in an [April 3 letter](#) to the Treasury Secretary and Federal Reserve Chairman urged them to implement this loan program quickly and make it available to hospitals of all ownership types, including municipal, county and other public hospitals.

Lenders under the Main Street program will include U.S. insured depository institutions, U.S. bank holding companies, and U.S. savings and loan holding companies, which will retain a 5% participation in the loans, with the other 95% funded by a Federal Reserve special purpose vehicle. The combined expanded and new Main Street facilities have the capacity to make up to \$600 billion in aggregate loans.

**Administration urged to increase number of doctors in rural, medically underserved areas.** A bipartisan group of senators and representatives this week [urged](#) the administration to resume premium processing for physicians seeking employment-based visas to provide rural communities with access to foreign physicians who have just completed their medical training in the U.S. In March, the U.S. Citizenship and Immigration Services suspended premium processing of all I-129 and I-140 forms, including those needed for Conrad State 30 program waivers, due to the COVID-19 crisis. In a statement, AHA said it supports this effort "because it will increase the number of physicians on the front lines providing care to patients during the ongoing public health emergency."



**AHA requests assistance, guidance for behavioral health providers.** Providers caring for patients with behavioral health disorders face unique challenges in balancing safe public health measures and clinical protocols during the COVID-19 emergency, the AHA today said in a [letter](#) to Health and Human Services Secretary Alex Azar. Specifically, AHA requested guidance on how to apply general guidelines around COVID-19 for this vulnerable patient population, including specialized guidance for inpatient psychiatric facilities, and on providing additional services such as medication management and use of telehealth modalities. It also urged the agency to ensure behavioral health services are appropriately reimbursed and behavioral health clinicians and professionals can receive emergency medical supplies and priority testing; relax staffing ratio requirements and certain restrictions on what tasks practitioners may perform; and preemptively plan for the likely surge of behavioral health patients that will follow the COVID-19 pandemic.

**CDC releases guidance on post-COVID-19 exposure return-to-work, clinical specimen swabs.** The Centers for Disease Control and Prevention has [updated guidance](#) for critical infrastructure workers' return to work following exposure to COVID-19. The

interim guidance, which applies to personnel in 16 different sectors, permits continued work following potential COVID-19 exposure "provided they remain asymptomatic and additional precautions are implemented to protect them and the community." It also details practices workers and employers should follow prior to and during work shifts, including pre-screening, regular monitoring, the use of a face mask for 14 days following last exposure, social distancing, and disinfecting and cleaning work spaces and shared equipment.

CDC also clarified allowances for other swab types using new data and to align with Food and Drug Administration guidance by designating the following as acceptable alternatives to nasopharyngeal swabs:

- oropharyngeal specimen collected by a health care professional;
- nasal mid-turbinate swab collected by a health care professional or by onsite self-collection (using a flocked tapered swab); or
- anterior nares (nasal swab) specimen collected by a health care professional or by onsite self-collection (using a flocked or spun polyester swab).

**FEMA outlines exportation ban on respirators, surgical gloves.** The Federal Emergency Management Agency issued a temporary rule to bar the exportation of some personal protective equipment, including some respirators and surgical masks and gloves. For the duration of the COVID-19 crisis, the following "shall be allocated for domestic use, and may not be exported from the United States" without explicit approval by FEMA:

- N95 and some other filtering facepiece respirators;
- Elastomeric, air-purifying respirators and appropriate particulate filters/cartridges;
- PPE surgical masks; and
- PPE gloves or surgical gloves.

The rule does not apply to powered air-purifying respirators or self-contained breathing apparatus.

**HHS announces ventilator, PPE contracts.** The Department of Health and Human Services yesterday announced a ventilator production contract with Philips for \$646 million. The second such contract under the Defense Production Act, Philips' production schedule allows 2,500 ventilators to be delivered to the Strategic National Stockpile by the end of May, with 43,000 delivered by the end of the year. Five more firms will receive contracts soon. HHS yesterday also announced an agreement with DuPont to deliver 450,000 TYVEK suits, a type of personal protective equipment, to the SNS from a Vietnam manufacturing facility. The U.S. government will ship raw materials to the facility to continue production. DuPont will deliver 450,000 suits this week, and the government has the option to purchase up to 4.5 million more.

**FEMA's Project Air Bridge delivers critical medical equipment to hotspots.** The Federal Emergency Management Agency launched Project Air Bridge on March 29 to speed the delivery of much-needed medical equipment and supplies from overseas manufacturers. The program partners with U.S. medical supply distributors to airlift personal protective equipment from foreign factories. Half of the shipments are sold to COVID-19 hotspots identified by the Centers for Disease Control and Prevention; the other half goes to the distributors' customers. FEMA says that Project Air Bridge reduced shipment time from weeks to days and is expected to undertake about 65 flights over the next 30 days.



**HHS authorizes licensed pharmacists to order and administer COVID-19 tests.** To expand access to COVID-19 testing, the Department of Health and Human Services yesterday issued [guidance](#) authorizing licensed pharmacists to order and administer COVID-19 tests approved by the Food and Drug Administration, including serology tests. The authorization qualifies them for immunity from any related or resulting claims under the Public Readiness and Emergency Preparedness Act.

**NIH launches COVID-19 clinical trial for hydroxychloroquine.** The National Institutes of Health said [today](#) that it began a clinical trial of the safety and effectiveness of hydroxychloroquine for treating COVID-19. The trial is being conducted at Vanderbilt University Medical Center in Nashville and aims to enroll 500 adults who are currently "hospitalized with COVID-19 or in an emergency department with anticipated hospitalization."

**FDA adds COVID-19 consumer FAQs.** The Food and Drug Administration has updated its answers to frequently asked questions from consumers to include [FAQs](#) on blood supply and blood donation safety, convalescent blood plasma and face masks, which may help providers and others communicate with the public.

**AHA podcast on COVID-19 and cybersecurity.** The COVID-19 pandemic has brought with it a rise in cyber threats to hospitals and health systems. On this AHA Advancing Health podcast, John Riggi, AHA senior advisor for cybersecurity and risk, and FBI Cyber Division Senior Executive Herb Stapleton, discuss what is at risk and what can be done to protect against a cyberattack. [Listen to the podcast.](#)

## COVID-19 Events & Educational Opportunities

### Register now: April 10 COVID-19 webinar on utilizing specialized alternate care sites

.....  
The AHA's American Society for Health Care Engineering April 10 at 1 p.m. ET will host a webinar on which experts will discuss the role the patient room environment plays in the healing process and the safety of the staff; clinical requirements of a true airborne infection isolation room; and the advantages and limits of providing a rapidly constructed temporary high-quality patient environment. [View more information and register here.](#)

### Register now: April 14 webinar on rural communities' efforts to manage COVID-19

.....  
The AHA April 14 at 1 p.m. ET will host a webinar with speakers from two rural hospitals sharing their real-time experiences and promising practices as they deliver care to COVID-19-positive patients. The webinar will include an opportunity for questions and answers. [View more information and register here.](#)

## Responding to COVID-19: Stories from the Front Lines



## Therapy dog comforts front-line health care workers

Rose Medical Center in Denver recently brought in a different kind of health care hero: a 1-year-old yellow Labrador. Wynn, a therapy dog in training, makes life a little less stressful for clinicians, staff and emergency responders who need emotional support during the COVID-19 crisis. [Read more.](#)

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## Nursing network nurtures body, mind and spirit

Henry Ford Health System Faith Community Nursing and Health Ministries Network in Detroit created a virtual community in partnership with religious congregations to share COVID-19 resources, real-time spiritual support, mask-making tips and more. [Read more](#) about this group of more than 40 volunteer nurses and health ministers.

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800 10th Street, NW, Suite 400, Washington, DC 20001

**From:** Wilkie, Robert L., Jr.  
**Sent:** Wed, 15 Apr 2020 23:11:55 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Coronavirus: Daily Update

**From:** Morning Consult  
**Sent:** Wednesday, April 15, 2020 7:11:24 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Coronavirus: Daily Update



DAILY UPDATE

## The Latest Data on Coronavirus

As business leaders and policymakers continue to navigate the global coronavirus pandemic, Morning Consult has been tracking the fallout on public sentiment and consumer habits. Every day, we will provide you with the latest data on how the pandemic is transforming the way we live and what that means for businesses, the economy and political institutions.

[SEE THE LATEST](#)

NEW REPORT

**Weathering the Storm: Brand Management in the COVID-19 Era**

The coronavirus pandemic is the most complex and multifaceted threat that brand and business leaders have faced in the 21st century. Our new special report, *Weathering the Storm: Brand Management in the COVID-19 Era*, provides insights into the role consumers want brands to play, actions brands can take, how to manage through difficult economic times, and how brands should communicate & advertise. [Read More.](#)

## NEW DATA

### **COVID-19 Ad Tracker**

Advertising in the age of the coronavirus pandemic must reflect our new reality — consumers still expect to see ads, but better aligned with the boundaries placed around our in-real-life interactions. To see which messages are resonating with consumers, Morning Consult tested a range of ads launched by major brands in response to the pandemic. [Read More.](#)

## CONSUMER BEHAVIOR

### **For Consumers, Brands' Care for Staff Amid Pandemic as Important as Stocked Items**

To lessen the financial blow of the coronavirus, many companies across the country are resorting to employee pay cuts, furloughs, layoffs and other measures. But a new report from Morning Consult serves as a warning sign for executives leading these actions, as consumers are more likely to buy from brands that treat their employees with care amid the pandemic. [Read More.](#)

## TRUST AND APPROVAL

## **As Leaders Mull Reopening Economy, Voters Still Prioritize COVID-19's Health Impacts**

Sixty-four percent of registered voters in an April 10-12 Morning Consult/Politico poll said they were more concerned about the public health impact of COVID-19 than how it is affecting the stock market and unemployment numbers. Three-quarters said they believe it is more important for the government to address the spread of coronavirus than its impact on the economy. [Read More.](#)

TRUST AND APPROVAL

## **Nearly Half of Voters Support Using Drug Touted by Trump as COVID-19 Treatment**

In light of the news that the National Institutes of Health has launched its own research into the effectiveness of hydroxychloroquine, new Morning Consult/Politico data shows almost half of voters support the drug's use as a coronavirus treatment before the NIH concludes its study, but a much smaller percentage would seek out the drug for themselves. [Read More.](#)

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### **Facebook to tell millions of users they've seen 'fake news' about coronavirus**

By Mark Scott

04/16/2020 09:00 AM EDT

LONDON — Millions of Facebook users will soon be told if they saw online posts containing misinformation about the coronavirus pandemic after the social networking giant announced Thursday its latest plans to contain the spread of rumors, half truths and lies connected to the public health crisis.

The move, which will start over the next three weeks, represents a major step by Facebook — an acknowledgment that its efforts to scrub the platform of falsehoods related to the coronavirus have not been sufficient to stop millions of people sharing, liking and engaging with misinformation.

"Through this crisis, one of my top priorities is making sure that you see accurate and authoritative information across all of our apps," Mark Zuckerberg, the company's chief executive, wrote on his Facebook page.

The decision, in part, comes after the campaign group Avaaz discovered that over 40 percent of the coronavirus-related misinformation it found on Facebook — which had already been debunked by fact-checking organizations working with the tech giant — remained on the platform despite the company being told by these organizations that the social media posts were

false.

In total, Avaaz said that these fake social media posts — everything from advice about bogus medical remedies for the virus to claims that minority groups were less susceptible to infection — had been shared, collectively, 1.7 million times on Facebook in six languages.

"Facebook, given its scale, is the epicenter for misinformation," Fadi Quran, Avaaz's campaign director, told POLITICO, adding that the company's efforts to combat the problem had steadily improved since the social network announced it would do all it could to stop the spread of such life-threatening falsehoods.

Facebook said Thursday that its existing steps, including pinning government public health warnings to the top of people's news feeds, had led to 350 million people worldwide clicking through to authoritative sources in search of accurate information.

"Facebook should be proud of this step," added Quran in reference to the company's decision to retroactively notify people they had seen misinformation. "But the step doesn't reflect the full gamut of what we would like to see them do."

As part of its latest push to quell the spread of coronavirus misinformation, Facebook will show people who engaged with false content, which has now been deleted, messages that debunk those claims based on fact-checking efforts by the WHO. That includes claims that 5G mobile networks can spread the disease and rumors that hot climates can render people immune — posts that have since been removed.

The U.N. agency has become a political target after President Donald Trump announced the U.S. was cutting its funding from the WHO.

Facebook would not give a figure on the number of its users who would see the notifications. But as the company said it had removed hundreds of thousands of posts containing misinformation — and because the number of its global users now tops more than 2.2 billion people — it's likely that millions of users will be told they have engaged with some form of coronavirus misinformation.

Despite this latest step, the company will not run similar labels next to more politically motivated content, promoted by global leaders such as Trump and Jair Bolsonaro, Brazil's president, stating that certain medical treatments like hydroxychloroquine may aid recovery from the coronavirus. There is no clear evidence that is the case.

So far, Facebook said that, based on the work of independent fact-checking organizations, it had labeled 40 million Facebook posts with warnings that the content may be false.

"We will need more transparency and better access to data for researchers to fully verify the scope and impact of false content," Vêra Jourová, the European Commission vice president, told POLITICO in a written statement. She welcomed Facebook's latest announcement, but added: "I'm worried to see such high volumes of harmful content and misinformation spread in times of pandemic."



## Fake content not removed

Since the global crisis began in late December, coronavirus misinformation remains widespread on Facebook and its other digital services, Instagram and WhatsApp, often fueled by people's desperate efforts to protect themselves from a global pandemic that, so far, has left almost 140,000 dead.

To check how the social network was handling the flood of false posts, Avaaz tracked 104 claims debunked by fact-checkers to see how quickly they were removed from the platform. Along with its use of artificial intelligence to clamp down on misinformation, Facebook has promoted its work with these independent organizations as a cornerstone of its response to the global pandemic. It is now working with 60 organizations across 50 languages.

While the sample size of its fact-checked reports was relatively small compared with the millions of daily social media posts, Avaaz said that 41 percent of those posts remained online without any warning labels telling people that they contained misinformation.

For English-language posts, that figure fell to 29 percent. But for coronavirus fake reports in both Italian and Spanish, roughly 70 percent of these fact-checked false posts had not been removed from Facebook. In response, the company said it had taken down 17 of the false posts flagged by Avaaz, and it was prioritizing fact-checking work that debunked the most viral forms of digital lies.

While the company subsequently deleted some posts, Quran from Avaaz said identical social media messages, including the same images and texts, had often spread like wildfire globally as others copied the misinformation to share it with their friends and families.

"Facebook takes the 'mother' misinformation down, but its 'babies' stay online," he added.

The campaigning group also said that, on average, it took Facebook a week to remove fact-checked fake reports from its platform after being informed by independent groups the posts contained misinformation. The delay, according to Quran, allowed millions of people to view the falsehoods after the company knew they were bogus.

Clara Jimenez Cruz, a co-founder of Maldita.es, the Spanish fact-checking service, who was not affiliated with Avaaz's report and worked closely with Facebook, said the social networking giant's existing debunking system, which tells told people if they have seen a fake post, was working relatively well. But, she added, misinformation continued to be shared widely and Facebook had to do a better job at promoting fact-checkers' work to those being bombarded with digital lies about the coronavirus.

"We still need them to work on how to increase the reach of what we're doing," she said. "We need to get better at finding related content."

*To view online:*

<https://subscriber.politicopro.com/technology/article/2020/04/facebook-to-tell-millions-of-users->

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**From:** Wilkie, Robert L., Jr.  
**Sent:** Thu, 16 Apr 2020 13:30:19 +0000  
**To:** RLW  
**Subject:** FW: [EXTERNAL] If larger states don't start reopening soon, we might need a bank debt holiday to avert another financial crisis

**From:** Americans for Limited Government  
**Sent:** Thursday, April 16, 2020 9:28:30 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] If larger states don't start reopening soon, we might need a bank debt holiday to avert another financial crisis



**April 16, 2020**

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**If larger states don't start reopening soon, we might need a bank debt holiday to avert another financial crisis with millions of foreclosures**

*Another 5.2 million Americans filed for initial unemployment claims last week, bringing the total number of jobs lost to the Chinese coronavirus and related government closures to anywhere from 21.8 million to 24.8 million jobs lost in about one month. That's already almost triple the number of jobs lost in the 2007-2008 financial crisis and ensuing recession, when 8.3 million Americans had lost their jobs by Dec.2009 and more than 6 million foreclosures occurred between 2007 and 2010. If the same proportion of homes lost to jobs lost holds true today in the event we have a long-term unemployment problem, as many as 15 million to 18 million households could be in jeopardy of falling behind on their mortgage payments right now — through no fault of their own. Many banks are already providing temporary forbearance and deferral options for mortgage payments that must be paid back for any delinquency on a separate payment plan, or outright deferral with the delinquent amounts being added to the mortgage principal. In addition, there is also a moratorium on foreclosures and evictions by the U.S. Treasury and the Federal Reserve, but those who have already lost their jobs are in danger of falling behind on their payments and losing equity in their homes right now. The trouble is if you look at the financial crisis and Great Recession, it took 25 months to lose all the jobs, and 57 months to get them all back. So, banks might be able to defer or reduce payments for a few*

*months, but in the end, if unemployment turns out to be a much longer term problem, then so too will foreclosures eventually become a problem, the current moratorium notwithstanding. The danger comes if the recession lasts longer than anticipated and suddenly homeowners are either way behind on their payments or they lost a ton of equity when the moratorium ends and find themselves upside down if, say, property values plummet during this recession.*

### **Cartoon: Best Buds**

*Joe Biden finally won the coveted Barack Obama endorsement—when he was running unopposed.*

### **Video: 30 mil. small businesses taken hostage by Pelosi, Schumer again. Problem is they'll kill the hostage!**

*House Speaker Nancy Pelosi and Senate Minority Leader Chuck Schumer won't provide small businesses another \$250 billion even if it means tens of millions more jobs are lost. Congress could get this done in a single day, but Pelosi and Schumer want hostages.*

### **Video: Nurse: Proning, or lying face down, & hydroxychloroquine showing good signs in treatment of COVID-19**

*A nurse in Pennsylvania reports that lying Covid-19 patients face down and hydroxychloroquine is helping patients.*

### **Epoch Times: Dem powerbroker David Brock's group got \$100K gift of Chinese internet firm's stock**

*Americans for Limited Government President Rick Manning hopes "every Democrat will blast David Brock's American Bridge over their taking Chinese Communist Party money through an Internet firm intermediary with the same ferocity that they attacked President Trump over the false Russian collusion charges... If Democrats are truly worried about foreign intervention in our elections, they need to shift their focus from Russia to China. Of course, that would be inconvenient, given the family ties to Chinese government interests of their presumptive nominee, Joe Biden."*

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**If larger states don't start reopening soon, we might need a bank debt holiday to avert another financial crisis with millions of foreclosures**



By Robert Romano

Another 5.2 million Americans filed for initial unemployment claims last week, bringing the total number of jobs lost to the Chinese coronavirus and related government closures to anywhere from 21.8 million to 24.8 million jobs lost in about one month, with an effective unemployment rate of 13 to 15 percent.

That's already almost triple the number of jobs lost in the 2007-2008 financial crisis and ensuing recession, when 8.3 million Americans had lost their jobs by Dec.2009 and more than 6 million foreclosures occurred between 2007 and 2010.

If the same proportion of homes lost to jobs lost holds true today in the event we have a long-term unemployment problem, as many as 15 million to 18 million households could be in jeopardy of falling behind on their mortgage payments right now — through no fault of their own. They had great jobs and were making good money to live in a nice home, and now it could all be washed away by the recession onslaught brought on by the virus.

Many banks are already providing temporary forbearance and deferral options for mortgage payments that must be paid back for any delinquency on a separate payment plan, or outright deferral with the delinquent amounts being added to the mortgage principal.

In addition, there is also a moratorium on foreclosures and evictions by the U.S. Treasury and the Federal Reserve, but those who have already lost their jobs are in danger of falling behind on their payments and losing equity in their homes right now. Fortunately the job losses only began a month ago, but already the effects may already be trickling into the financial system that could become a torrent should it go on too long.

The trouble is the amount of time it takes for a recession to run its course, with job losses to recovering those jobs lasting on average 27 months since 1948 — 11 months to lose all the jobs, and 16 months to get them all back. But if you look at the financial crisis and Great Recession, which may be a more relevant example, it took 25 months to lose all the jobs, and 57 months to get them all back. Of note, the past three recessions have progressively taken longer to recover from, at 14 months to 18 months and then 57 months in the last one.

Peak employment	Labor market bottom	Recovery
Dec. 1948: 58.7 million employed	June 1949: 57.1 million employed (6 months)	June 1950: 59 million employed (12 months)
March 1953: 62 million employed	July 1954: 59.6 million employed (16 months)	July 1955: 62.5 million employed (12 months)
July 1957: 64.7 million employed	June 1958: 62.7 million employed (11 months)	April 1959: 64.8 million employed (10 months)
April 1970: 78.9 million employed	June 1970: 78.4 million (2 months)	April 1971: 78.9 million employed (10 months)
July 1974: 87.1 million employed	March 1975: 85.2 million (8 months)	Jan. 1976: 87.4 million employed (10 months)
Feb. 1980: 99.9 million employed	June 1980: 98.7 million (4 months)	Feb. 1981: 100.2 million employed (8 months)
April 1981: 101 million employed	Dec. 1982: 99 million employed (20 months)	July 1983: 101.2 million (7 months)
March 1990: 119.2 million employed	Dec. 1991: 117.5 million (9 months)	Feb. 1993: 119.2 million employed (14 months)
Jan. 2001: 137.8 million employed	Jan. 2002: 135.7 million (12 months)	June 2003: 137.8 million employed (18 months)
Nov. 2007: 146.6 million employed	Dec. 2009: 138 million (25 months)	Sept. 2014: 146.8 million (57 months)

Source: Bureau of Labor Statistics, Monthly Household Survey.

So, banks might be able to defer or reduce payments for a few months, but in the end, if unemployment turns out to be a much longer term problem, then so too will foreclosures eventually become a problem, the current moratorium notwithstanding. The danger comes if the recession lasts longer than anticipated and suddenly homeowners are either way behind on their payments or they lost a ton of equity when the moratorium ends and find themselves upside down if, say, property values plummet during this recession.

For middle and upper middle class households, the expanded unemployment proceeds plus the checks going out, particularly in more expensive states, may still not be enough for millions of households who are already experiencing unemployment. Households whose revolving debt loads were already high will be impacted greatly. The wealthiest could actually be hit the hardest in these circumstances, as unbelievable as that might sound to the lay person, because they will have to simultaneously assume considerable capital losses on equities to get to cash, which are still in practical bear market territory.

Into the mix, we must also consider the very strong possibility that governors of larger states with bigger metropolitan areas, Democrats and Republicans alike, are going to take considerably longer to reopen than smaller states, cities and towns that have flatter curves in terms of the rate of infection by the virus. Longer periods to reopen, then, will undoubtedly mean millions of more unemployed and longer periods of unemployment, too, and therefore even more potential foreclosures than is currently being discussed.

And so we may need a temporary bank holiday to prevent another financial crisis much, much larger than the last one. That is, if we want there to be a middle class when this is over. Not even the wealthy may have enough savings to not work indefinitely because they have larger mortgages, as we learned in 2008. The higher the property values, the bigger the problem. Those of you living in more expensive states who are at risk of losing their jobs or already have know exactly what I'm talking about.

This gives some context to the current anxiety over how and when states might begin reopening. There are very understandable concerns on the public health side, and those on the economic side are equally sobering. But still not knowing when we might reopen definitively for each state is a huge red flag that the potential downstream costs have not been fully contemplated by the federal and state governments.

For example, if in reality we're actually talking months and not weeks to get past this current period for larger states and metro areas where property values are the highest and unemployment will likely be the worst — and maybe even until we get a vaccine for the virus — we need to know that right now.

State governors must be clear about what it will take for them to reopen, because Congress, Treasury and the Federal Reserve must be prepared now, not later, for those contingencies that have yet to be defined.

Under these circumstances, periodically returning to Congress to address these concerns every few weeks when another critical part of the economy breaks could result in millions more households getting behind on their payments, ultimately culminating in another foreclosure crisis when things finally do reopen that will make 2008 look like a blip on the radar. Again, we've already lost triple the jobs compared to the last financial crisis. Expanded unemployment benefits and the checks now going out may not be enough to cover the damage that's already been done, especially in areas with higher costs of living.

Whatever choice we make right now must be both politically and economically sustainable. That has to be the rule. Does the above scenario sound sustainable to anyone? Governor Cuomo? Anyone?

State and local governments have their own problems, where the essence of the crisis is they are rapidly running out of taxpayers to cover the costs of everything on government ledgers, in addition to so many losing their jobs in the private sector to continue servicing their own privately held debts. This toxic combination could collapse not only the financial system but society itself.

This could be an economic suicide pact if the proper measures are not taken.

The U.S. labor force is currently contracting at a rate about 3 to 4 percent *every week!* So, for governments, that means state and local revenues are falling at about the same rate. It appears to be more expensive to leave things closed than to have them open, despite utilizing fewer resources, as unbelievable as that sounds.

Another problem is that currently, Congress is attempting to deal with this emergency on the fiscal side where the administration may have to keep going back to Congress when further assistance is needed, and even then what they're producing out of Congress is actually quite meager despite the gargantuan price tag when balanced against the real need. Consider that, the legislation Congress passed is by far the largest in American history, and might not be enough.

To be sure, the U.S. Treasury and the Federal Reserve should have access to accurate, up-to-the-minute data that will tell them how many households are about to fall behind on their payments and by how much. They need to look at the drop in FICA payments already occurring and then compare the incomes that existed above that but suddenly do not anymore. Similar analysis will probably need to be prepared for municipal bond markets. The shortfalls being experienced or that we're about to experience must be colossal.



Treasury and the Fed should also consider whether the bill Congress already passed, which can be expanded up to \$6 trillion with firepower from the Fed, already would authorize a more aggressive approach and begin making immediate preparations.

If so, then the nation's top financial officials could move towards a bank holiday rapidly. We might need it right away, not just for households, but for a larger portion of debt service than is currently being anticipated. In truth, only the Federal Reserve has the resources to do this. Anecdotally, my student loan payment has been automatically deferred. Officials should consider whether that might be necessary for a larger share of debt payments across the country.

Here are just a few categories of things the Fed might already be looking at potentially covering. Fiscal conservatives may wish to avert their eyes. But if this really is going to go on for months, not weeks as I am reading from state governors right now who are reticent to even think about when we might reopen, then this contingency must at least be considered. The areas most likely to run into trouble are 1) state and local government revenues; 2) municipal bonds; 2) small businesses; 3) larger employers; 4) mortgages both residential and commercial; 5) credit card bills; 6) student loans; and 7) corporate bonds.

Without widespread deferrals amid mass unemployment already approaching Great Depression levels, even if only, say, 25 percent of individuals and entities fell into this category, that would be more than enough to topple the entire financial system.

Again, the U.S. Treasury and the Federal Reserve has access to all the data they need to determine how many households and, yes, municipalities are about to be unable to service payments. It might be wise to consider debt service assistance for the foreseeable future. That's what a bank holiday is. In addition to the already approved expanded unemployment plus the checks going out, debt service assistance might be enough to get households through this crisis without any foreclosures and prevent households from falling behind on their payments in the first place.

Such a program can only possibly be undertaken on the monetary side, in my opinion, because not even the U.S. treasuries market are big enough to cover the gaping hole that has been created by the equivalent of a large asteroid striking the global economy.

In 2008, Congress created the \$700 billion Troubled Asset Relief Program to address what was more like a \$5 trillion problem in mortgage and derivative markets. That is because no matter how big Congress thought the problem was, it was in fact much, much larger than could be politically contemplated. The only way then Federal Reserve Chairman Ben Bernanke was able to stop the bleeding was by effectively taking over the delinquent mortgage markets from both the privately issued mortgage-backed securities plus those held by Fannie Mae and Freddie Mac.

To give this scale to the current crisis, Congress passed a \$2.2 trillion leverageable up to \$6 trillion plan to address what might actually be more like a \$20 trillion problem on the backend.

This has to do with the potential cascading effects of tens of millions of Americans suddenly stopping their payments on debt service, which may already be happening or soon will this month and next month en masse. In the financial crisis, that resulted in bond holders who suddenly stopped receiving principal and interest payments, who in turn suddenly stopped making their own debt service payments to major financial institutions, who in turn had nowhere but the Fed to turn to.

It shouldn't even get that far. The uncertainty in the projection has to do with similar uncertainties about how long the economic shutdown will go on, plus bank exposure in the shadow banking and derivatives markets. It is possible not even the banks know how large the problem is across the system. The only difference appears to be on orders of magnitude. Again, we've already lost triple the jobs compared to the last financial crisis. The orderly liquidation fund in Dodd-Frank won't be enough to cover this on a liquidation basis, nor do I think it should even be considered as an option because it assumes mass defaults.

Now, stemming that tide will be the Fed's ongoing legacy mortgage-backed securities purchase program from the last crisis, where the central bank takes bad debts off of bank's balance sheets. But we shouldn't let it get there, either, because that assumes the foreclosures happen.

This crisis was not the fault of Americans who were working hard and paying all their debts in one of the finest economies in modern history.

In one month, however, again, we have lost almost triple the jobs lost in the Great Recession that took 25 months to be realized beginning in 2007 all the way to the end of 2009. The bill Congress already passed could be adequate to address this since it already provides for the Fed to expand measures as needed up to \$6 trillion without any more votes in Congress required to cover whatever needs to be covered. If so, then the action that could still be urgently needed must come from Treasury and the Federal Reserve.

In addition, 38 million Americans in the labor force are 55 years old and older, and 11 million of those are 65 years old and older, such that even if governors say let's reopen except for older Americans, we're still talking about almost one-quarter of the labor force who will likely be unable to continue working and servicing their debts. And that's the so-called Swedish model. It will likely take years to calculate the true costs of the overall closures impacting a far wider swath of the civil labor force than just the elderly, however.

Now, all of the above is completely dependent on what state governors do very specifically on reopening, and what sorts of treatment become available to mitigate the virus' impact, including any cures that were authorized on an emergency basis by President Trump. Until there is something like that, and we can already anticipate how governors in larger states are

going to proceed, it would be irresponsible of Congress, the U.S. Treasury and the Federal Reserve not to contemplate and prepare for the worst case scenario economically that I fear we are already in. The damage may have already been done. We need to get ahead of this storm. The problem is it is already right over our heads.

*Robert Romano is the Vice President of Public Policy at Americans for Limited Government.*

To view online: <http://dailytorch.com/2020/04/if-larger-states-dont-start-reopening-soon-we-might-need-a-bank-debt-holiday-to-avert-another-financial-crisis-with-millions-of-foreclosures/>

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### Cartoon: Best Buds

By A.F. Branco

**BRANCO** Americans for Limited  
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**Video: 30 mil. small businesses taken hostage by Pelosi, Schumer again. Problem is they'll kill the hostage!**



To view online: <https://www.youtube.com/watch?v=fHc79Qjb5hY>

**Video: Nurse: Proning, or lying face down, & hydroxychloroquine showing good signs in treatment of COVID-19**



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ALG in the News...  
**HOT OFF THE PRESS**

## THE EPOCH TIMES

**Dem powerbroker David Brock's group got \$100K gift of Chinese internet firm's stock**

By Mark Tapscott

Long-time Democratic kingmaker David Brock's American Bridge 21st Century Foundation accepted an anonymous donor's gift of stock in a Chinese internet firm valued at more than \$100,000.

The stock was in Baidu, a big Chinese tech firm closely tied to the Chinese Communist Party (CCP) that provides internet services. Baidu was founded by Robin Li, who is an influential delegate to the CCP's Chinese People's Political Consultative Conference, according to the Washington Free Beacon, which first reported the story.

Baidu is part of a recently formed Chinese government group of tech firms devoted to advancing China's growing activity in developing blockchain digital security technologies, according to Benzinga.

Rick Manning, president of Americans for Limited Government, told The Epoch Times he hopes "every Democrat will blast David Brock's American Bridge over their taking Chinese Communist Party money through an Internet firm intermediary with the same ferocity that they attacked President Trump over the false Russian collusion charges."

"If Democrats are truly worried about foreign intervention in our elections, they need to shift their focus from Russia to China. Of course, that would be inconvenient, given the family ties to Chinese government interests of their presumptive nominee, Joe Biden," he said.

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**From:** Wilkie, Robert L., Jr.  
**Sent:** Sat, 18 Apr 2020 14:43:39 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Our Best Intel: Looking at the Trade-Off Between Economic Growth and Public Health; Our Latest on Consumer Trust, Approval and Behavior; What Young Dems Want in a VP Pick; and More

**From:** Morning Consult  
**Sent:** Saturday, April 18, 2020 10:42:13 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Our Best Intel: Looking at the Trade-Off Between Economic Growth and Public Health; Our Latest on Consumer Trust, Approval and Behavior; What Young Dems Want in a VP Pick; and More

 MORNING CONSULT

# OUR BEST INTEL

A Roundup of Essential Data & Insights

LATEST ON CORONAVIRUS



# WEATHERING THE STORM

Brand Management in the  
COVID-19 Era

This week, Morning Consult released a new report, [Weathering the Storm: Brand Management in the COVID-19 Era](#). The report contains insights into the role consumers want brands to play, actions brands can take, how to manage through difficult economic times, and strategies for how brands should communicate and advertise.

In addition, we also launched a new [COVID-19 Ad Tracker](#), showing consumers' real-time reactions to ads released by major brands in response to the pandemic.

For deeper insight, join us next Tuesday, April 21 for a [webinar](#) discussing findings from the report and how brands can drive situation-sensitive yet purpose-led growth.

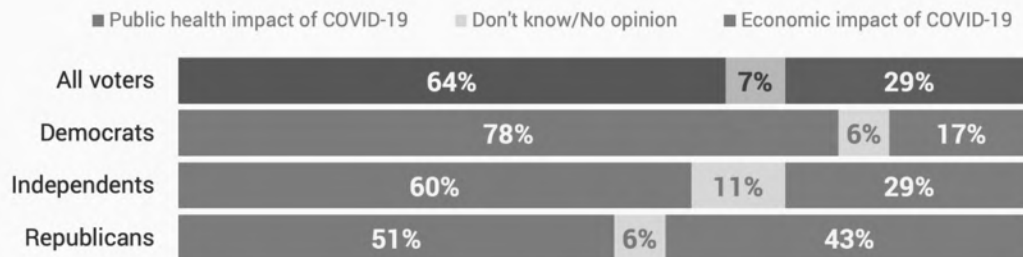
[REGISTER FOR THE WEBINAR](#)

LATEST ON CORONAVIRUS

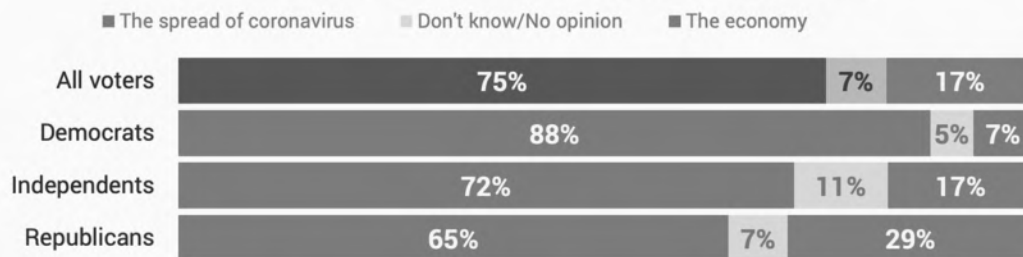


## For Most Voters, Public Health Is a Bigger Concern Than the Economy When It Comes to COVID-19

Generally speaking, would you say you are more concerned about the...



Do you believe it's more important for the government to address...



MORNING CONSULT + POLITICO

Poll conducted April 10-12, 2020, among 1,990 registered voters, with a margin of error of +/-2%.

As the Trump administration and some governors mull strategies for reopening parts of the country and giving the U.S. economy a shot in the arm, polling shows the voting public continues to worry more about the coronavirus pandemic's impact on public health than its economic effect.

**Plus:** Morning Consult Economist John Leer argues that reopening the economy without materially decreasing the number of coronavirus cases is unlikely to stimulate consumer spending or reignite the economy. [Read More.](#)

Other Morning Consult data on **trust** and **approval** includes:

- Almost half of voters support the use of hydroxychloroquine as a coronavirus treatment before the NIH concludes its study into the drug's effectiveness, but a much smaller percentage would seek out the drug for themselves.

- For the first time in Morning Consult polling, more voters disapprove than approve of President Donald Trump's handling of the coronavirus outbreak in the United States.
- Amid record job losses, 56% of adults say they support labor unions, while 77% support workers' right to bargain collectively for pay, health care and time off.

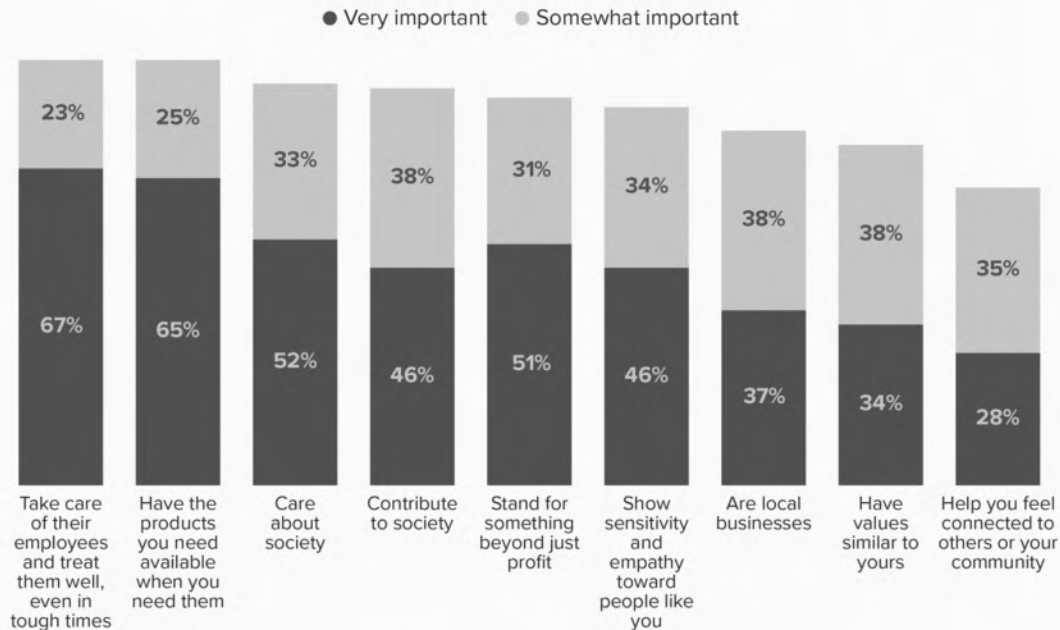
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## LATEST ON CORONAVIRUS

## Employee Treatment Important to Consumers, But So Are Readily Available Items

Share who said each of the following was important for companies from which you purchase goods and services to do:



MORNING CONSULT\*

Poll conducted March 27-29, 2020, among 2,200 U.S. adults, with a margin of error of +/- 2%.

Consumers are more likely to buy from brands that treat their employees with care amid the pandemic, a factor as important to respondents as product availability.

Other Morning Consult data on **consumer behavior** includes:

- Regularly wearing face masks could soon become part of the country's new reality during the pandemic, as social norms shift to help prevent the spread of the coronavirus, but consumers are not willing to spend much on the product. New Morning Consult polling found consumers' ideal price is just \$1.
- Roughly half of adults say they've made no changes in the amount of time they've spent doing various phone-related activities —

including taking photos and recording videos (55 percent), making phone calls (50 percent) and listening to music or podcasts (49 percent) — during the pandemic.

[READ MORE](#)

## BRAND SPOTLIGHT



**46%**

Usage

**44%**

Trust

**47%**

Favorability

Fox News has seen a bump in its usage and trust over the past few weeks, hitting a 52-week high in both.

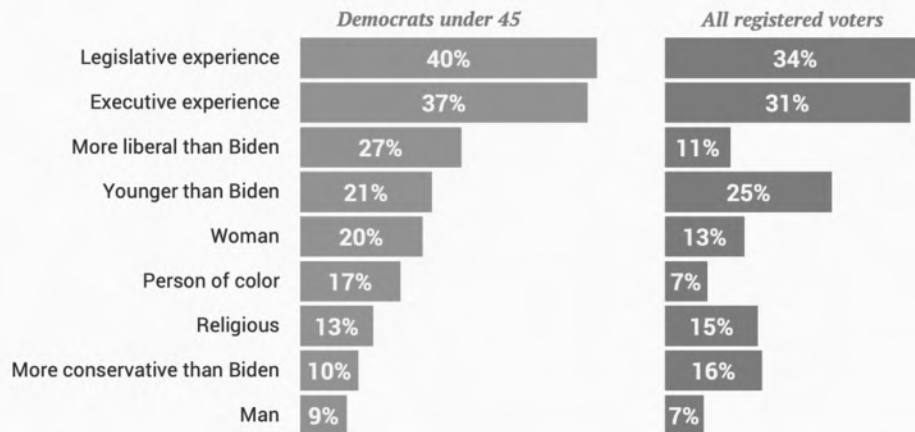
Average usage the week of Apr 6 hit 46%, a three point jump over its previous high of 43%. Trust hit 44%, six points over where it started March and a point higher than its previous 52-week high.

[GET MORE DATA ON FOX NEWS](#)

## POLITICAL INTELLIGENCE

### Younger Democrats More Likely to Want VP to the Left of Biden

Share who say it's very or somewhat important that Joe Biden picks a running mate that embodies the following characteristics:



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Poll conducted April 10-12, 2020, among 1,990 registered voters, 348 of whom were Democrats under the age of 45, with respective margins of error of +/-2% and +/-5%.

Democrats under the age of 45 were more than twice as likely (27 percent) to say it is “very important” that [Biden pick someone more liberal than him](#) compared to older ones (12 percent).

On the Republican side, a potential independent presidential run by ex-Republican Rep. Justin Amash (I-Mich.) [doesn't appear likely to shake up the race](#): 1 percent of voters said they would vote for him if the election were held today, while former Vice President Joe Biden leads President Donald Trump, 46 percent to 42 percent, in the hypothetical contest.

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## OTHER NUMBERS TO KNOW

# 59%

From March 25-30, the American Water Works Association surveyed member utilities and other sector organizations and found that 59 percent of water utilities are either currently having issues accessing PPE or anticipate issues within the next month, up from 33 percent in a March 10-16 survey of the same group. [Read](#)



# 73%

Nearly 3 in 4 social media influencers (73%) say they have shared content related to COVID-19, but about half (48%) think their audiences would prefer normalcy and regular content. [Read](#)



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**Sent:** Tue, 21 Apr 2020 15:45:20 +0000  
**To:** RLW  
**Subject:** 9:10am Interview w/ Raoul Martinez, Fox 5 San Diego, KSWB-TV  
**Attachments:** Quad - Fox 5 San Diego w Raoul Martinez.pptx, SMT San Diego 042220.docx

5 Minute Live TV Interview with Fox 5 San Diego (KSWB-TV)'s Raoul Martinez, Wednesday, April 22 at 9:10 a.m. at the National Press Club



**Raoul Martinez** Before joining FOX 5, Raoul spent six years working at WESH, the NBC affiliate in Orlando, Florida. While there, he was part of an award-winning news team that received a Peabody Award and a Columbia DuPont Award, and also appeared on CNN, The Today Show and MSNBC.

**POTENTIAL QUESTIONS/TOPIC** COVID-19

**Outlet** Fox 5 San Diego (KSWB-TV) FOX 5 San Diego is the local FOX network TV station proudly serving San Diego television viewers and our advertisers with high-quality news, entertainment, sports and more.

**CONTACT INFORMATION** **OUTLET:** Fox 5 San Diego **REPORTER:** Raoul Martinez **Hit time:** 9:10 a.m. **DATE:** Wed, April 22, 9:10 a.m. (EST) **ADDRESS:** National Press Club



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**KEY MESSAGES AND FACTS**  
**SECRETARY WILKIE'S SATELLITE MEDIA INTERVIEW – SAN DIEGO, CALIFORNIA**

**TOP SAN DIEGO VA ISSUES**

The San Diego HCS has handled several local media queries regarding their operational response to COVID-19. Subjects have included:

- The increase in telehealth appointments and Video Connect to continue to serve veterans
- Hydroxychloroquine as a treatment for COVID-19 (**NOTE:** San Diego has **NOT** used this to treat any COVID-19 patients)
- VISN 22's expedited COVID-19 testing (turnaround time went from 5 – 7 days to 1 – 2 days; Long Beach VAMC is doing tests for San Diego)
- Telework options for employees (some employees reported to media not being allowed to telework – multiple queries on this subject)
- PPE/masks/inventory
- Operational changes such as screening, visitor restrictions, postponing elective surgeries

San Diego (SD) has one of the highest rates of veteran suicide in California according to a California Department of Public Health report, which showed 109 San Diego County veterans committed suicide in 2017. Over the last five years, the San Diego HCS has been focused on increasing outreach efforts, such as working with groups like the San Diego Veterans Coalition.

- Over the past few years, the facility has been steadily increasing its number of Suicide Prevention staff.

**LOCAL VA MESSAGES**

VA San Diego's ASPIRE Center is a 40-bed, three-story, 30,000-square-foot residential rehabilitation treatment facility in Old Town, San Diego.

- The center was designed to promote recovery in combat Veterans returning from Iraq and Afghanistan.
- The ASPIRE center provides temporary housing for Veterans who do not need inpatient care but would benefit from rehabilitation services.

VA San Diego has one of largest R&D Programs in the VA. With more than 600 active research projects on veteran health, VA San Diego has been able to attract top quality physicians.

As with the rest of Southern California, veteran homelessness is a considerable problem in the San Diego area due to high housing prices and competitive rental markets, and the lack of affordable housing.

- VA works closely with the city of San Diego on veteran homelessness and provides HUD/VASH vouchers as well as wrap-around support and services for homeless veterans once they find housing.

San Diego is affiliated with the University of California, San Diego School of Medicine and provides training to more than 1,500 medical interns, residents and fellows.

- VA San Diego recently finished construction on a new clinic in South Bay/Chula Vista. It is expected to open in August and will have expanded capacity for appointments and a staff of about 100 will help veterans with primary care, integrated mental health, laboratory and pathology, audiology, tele-medicine, optometry and podiatry services.

- The new Kearny Mesa clinic is expected to open in 2022.

VA San Diego continues to expand the ways in which it can provide superior care for our Veterans. One of these is the increased use of Telehealth.

- VA San Diego Healthcare System currently offers three programs using telehealth: Home Telehealth, Clinical Video Telehealth and Store & Forward.

VA San Diego has a multisite, coordinated Women's Health Program providing comprehensive care to women Veterans. More than 13,000 female Veterans are enrolled for care. Patients are assigned a primary care provider who is responsible for their care and referrals to specialty clinics. This assures patients receive the personalized care they need.

**From:** (b)(6)  
**Sent:** Tue, 21 Apr 2020 20:15:04 +0000  
**To:** RLW  
**Subject:** [EXTERNAL] Fwd: BARDA director leaves to helm NIH coronavirus program

(b)(6)

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**From:** POLITICO Pro Health Care <politicoemail@politicopro.com>  
**Date:** April 21, 2020 at 3:52:16 PM EDT  
**To:** (b)(6)@riponsociety.org>  
**Subject:** **BARDA director leaves to helm NIH coronavirus program**  
**Reply-To:** "POLITICO subscriptions" <reply-fe971c727160017c75-553241\_HTML-775930271-1376319-414793@politicoemail.com>

### **BARDA director leaves to helm NIH coronavirus program**

By Sarah Oweremohle

04/21/2020 03:50 PM EDT

Rick Bright has stepped down as director of the Biomedical Advanced Research and Development Authority to lead a new NIH initiative aimed at speeding up coronavirus vaccine and treatment options.

The NIH program, announced last week, will provide guidance to drugmakers and federal agencies about which vaccine and treatment candidates seem most promising and how to test them quickly. Sixteen companies along with the CDC and FDA have signed on to the project, dubbed ACTIV.

At BARDA, Bright oversaw hundreds of millions of dollars in funding for potential vaccines and treatments, including a vaccine candidate that NIH is developing with Moderna and one from Johnson & Johnson. BARDA also manages a government stockpile of 30 million-plus hydroxychloroquine and chloroquine pills that companies donated after FDA authorized emergency use — a move criticized by some health officials because of scant evidence of the drugs' effectiveness against coronavirus.

Bright joined BARDA a decade ago to head up its influenza division and has led the agency for over three years. He is transferring to NIH "as part of a bold plan to accelerate the development and deployment of novel point-of-care testing platforms," an HHS spokesperson said.

"Dr. Bright brings extensive experience and expertise in facilitating powerful public-private partnerships that advance the health and well-being of the American people," the spokesperson added.

Bright's departure from BARDA was first reported by [Stat News](#).

Gary Disbrow, director of the division of chemical, biological, radiological and nuclear medical countermeasures at HHS, will serve as the acting director of BARDA.

*To view online:*

<https://subscriber.politicopro.com/health-care/whiteboard/2020/04/barda-director-leaves-to-helm-nih-coronavirus-program-3979633>

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**Sent:** Thu, 23 Apr 2020 13:10:01 +0000  
**To:** RLW  
**Subject:** FW: [EXTERNAL] Fwd: Thank You  
**Attachments:** Mercola - How to Improve Zinc Uptake to Boost Immune Health.html, Zinc w-Quinine H2O2 Picture.jpg, TATT Foundation - Itr Donald J Trump 04.19.200 w-watermark.doc

**From:** (b)(6)  
**Sent:** Thursday, April 23, 2020 9:01:38 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] Fwd: Thank You

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**Date:** Thu, Apr 23, 2020 at 7:15 AM  
**Subject:** Fwd: Thank You  
**To:** (b)(6)@va.gov>, (b)(6)@va.gov>, Ramoni, Rachel  
(b)(6)@va.gov>

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**Date:** Wed, Apr 22, 2020 at 9:01 PM  
**Subject:** Fwd: Thank You  
**To:** (b)(6)@va.gov>, (b)(6)@va.gov>, Ramoni, Rachel  
(b)(6)@va.gov>

Hello Sec Bob, Dr (b)(6) & Dr Rachel,

Please forgive my laziness for not restructuring this Email?  
Trying to help Europe and the USA to begin reopening w/  
this Zinc approach...please view both so that you can activate the video link?

My warmest regards,

(b)(6)

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**Date:** Wed, Apr 22, 2020 at 11:21 AM  
**Subject:** Thank You  
**To:** Management <management@danawinner.com>

Dear (b)(6)

Thank you again...this was

fun.

May I share with you our latest effort for dealing w/ COVID-10?

Please see attached? Note: We've suggested to President Trump that he 'Open 100-locations, i.e., 2/ State'

Love you, PS - The video link associated w/ the Zinc paper to follow.

(b)(6)

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## **How to Improve Zinc Uptake to Boost Immune Health**

Analysis by [Dr. Joseph Mercola](#) [Fact Checked](#)

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- April 20, 2020

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### **Story at-a-glance -**

- Your immune system is your first line of defense against infectious diseases, and there are many different ways to boost and improve its function
- Zinc is one nutrient that plays a very important role in your immune system's ability to ward off viral infections, and may play a vastly underrated role in the COVID-19 pandemic
- Zinc is vital for healthy immune function and a combination of zinc with a zinc ionophore (zinc transport molecule) was in 2010 shown to block viral replication of SARS coronavirus in a cell culture within minutes
- Zinc alone is incapable of fully stopping viral replication as it cannot easily enter through the fatty wall of a cell. Getting all the way into the cell is crucial, as this is where the viral replication occurs
- The antimalarial drug hydroxychloroquine appears to work against COVID-19 by improving zinc uptake into cells. Natural zinc ionophores that improve zinc absorption include quercetin and epigallocatechin-gallate (EGCG)

Remarkably, prominent physicians have been paraded in the media saying it's impossible to strengthen your immune system to beat the SARS-CoV-2 virus. It's hard to understand this kind of ignorance still pervades the conventional medical system and that they can get away with criticizing people who offer proof to the contrary.

Your immune system is your first line of defense against all disease, especially infectious disease, and there are many different ways to boost your immune system and improve its function. One nutrient that plays a very important role in your immune system's ability to ward off viral infections is zinc.

In the MedCram video above, Dr. Roger Seheult reviews compelling evidence suggesting the reason the antimalarial drug chloroquine appears so useful in the treatment of COVID-19 is in fact because it improves zinc uptake into the cell. (Hydroxychloroquine (Plaquenil) uses the same pathway as chloroquine, but has a safer side effect profile.<sup>1</sup>)

While the antimalarial drugs chloroquine and hydroxychloroquine act as a zinc ionophore (zinc transport molecule) in that they facilitate zinc absorption in your body, other natural compounds can have the same effect.

## Zinc Binding Compounds Boost Immune System

Zinc may be a vastly underrated player in the COVID-19 pandemic. It is vital for healthy immune function<sup>2</sup> and a combination of zinc with a zinc ionophore (zinc transport molecule) was in 2010 shown to inhibit SARS coronavirus in vitro. In cell culture, it also blocked viral replication within minutes.<sup>3</sup>

In an April 6, 2020, article,<sup>4</sup> consumer advocate, investigator and author Bill Sardi highlighted this decade-old evidence, suggesting conventional medicine could have prevented quite a few COVID-19 cases had everyone put into practice what was already known about zinc and zinc ionophores. Sardi writes:<sup>5</sup>

*“The long-standing bias against natural over patentable synthetic molecules in the practice of medicine has now resulted in the avoidable premature death of thousands of the most vulnerable individuals and the abrupt and near-complete economic collapse of modern society due to an unwarranted over-response by health authorities, political overseers and sensationalist news media.*

*The narrow and archaic vaccine-only paradigm to treat infectious diseases has left human populations vulnerable to a highly transmissible “virus” This unprecedented man-made chaos could have been avoided by putting into practice a remedy described “a decade ago.*

*In 2010 “researchers” reported that the combination of “zinc plus a zinc transport molecule (ionophore) that facilitates zinc’s entry into cells effectively impairs the replication of RNA viruses, like the newly mutated COVID-19 coronavirus, to affect a cure “*

*This prior discovery appears to validate the recent report<sup>6</sup> of Vladimir Zelenko MD, a New York-based physician who has treated 699 consecutive cases of COVID-19 “with complete 100% success. His treatment protocol includes oral zinc, chloroquine as a zinc ionophore and an antibiotic (azithromycin).”*

## COVID-19 and Zinc Deficiency Share Many Symptoms

As noted by Sardi, a majority of the symptoms of COVID-19 “18 symptoms in all” are near-indistinguishable from those of zinc deficiency.<sup>7</sup> Symptoms shared by both include but are not limited to:<sup>8</sup>

Dry cough

Nausea

Fever

Back pain

Abdominal discomfort or cramping	Loss of smell
Atrial fibrillation	Lowered immune function
Reduced lymphocytes (white blood cells)	Increased interleukin-6, indicative of inflammation
Pneumonia	Elevated iron storage

“This calamity could have been avoided without the aid of public health agencies,” Sardi writes, adding:

*“In the present COVID-19 coronavirus epidemic the zinc + ionophore combination could have been employed in a targeted fashion for high-risk groups (elderly, diabetics, smokers, alcohol abusers, immune suppressant and illicit-drug users) as prevention and for curative purposes among patients with severe lung disease.*

*The family of RNA viruses also includes poliovirus and influenza virus. In other words, zinc therapy would also simultaneously address the seasonal flu viruses also in circulation, something public health authorities strangely paid no attention to this flu season.”*

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## Facilitating Zinc Entry Into Cells Is a Crucial Component

Importantly, zinc alone is not capable of fully stopping viral replication, Sardi notes. The reason for this is because zinc is largely insoluble and cannot easily enter through the fatty wall of your cells. Getting all the way into the cell is crucial, as this is where the viral replication occurs.

*“[This] makes the discovery of an ionophore as important as zinc’s primary role in infection control,” Sardi points out, adding,<sup>10</sup> “Such a discovery, if put into practice, would have upset the reigning vaccine paradigm that now predominates in modern medicine. Research dollars would evaporate as a cure for seasonal influenza and coronaviruses would have been found.”*

## Other Natural Zinc Transporters “ Quercetin and EGCG

The good news is drugs like chloroquine and hydroxychloroquine probably would not be necessary either (except for perhaps the most serious cases), as other natural compounds can do the same job.

A comparative study<sup>11</sup> published in 2014 looked at two zinc ionophores: quercetin and epigallocatechin-gallate (EGCG found in green tea), noting many of the biological actions of these compounds may in fact be related to their ability to increase cellular zinc uptake. As explained by the authors:

*Labile zinc, a tiny fraction of total intracellular zinc that is loosely bound to proteins and easily interchangeable, modulates the activity of numerous signaling and metabolic pathways. Dietary plant polyphenols such as the flavonoids quercetin (QCT) and epigallocatechin-gallate act as antioxidants and as signaling molecules.*

*Remarkably, the activities of numerous enzymes that are targeted by polyphenols are dependent on zinc. We have previously shown that these polyphenols chelate zinc cations and hypothesized that these flavonoids might be also acting as zinc ionophores, transporting zinc cations through the plasma membrane.*

*To prove this hypothesis, herein, we have demonstrated the capacity of QCT and epigallocatechin-gallate to rapidly increase labile zinc in mouse hepatocarcinoma Hepa 1-6 cells as well as, for the first time, in liposomes. The ionophore activity of dietary polyphenols may underlay the raising of labile zinc levels triggered in cells by polyphenols and thus many of their biological actions.*

Quercetin is also a potent antiviral in its own right, and both quercetin and epigallocatechin gallate also have the added advantage of inhibiting the 3CL protease<sup>12</sup> – an enzyme used by SARS coronaviruses to infect healthy cells.<sup>13</sup> As explained in a 2020 paper in Nature, 3CL protease is essential for processing the polyproteins that are translated from the viral RNA.

And, according to another 2020 study,<sup>14</sup> the ability of quercetin, epigallocatechin gallate and certain other flavonoids to inhibit SARS coronaviruses is presumed to be directly linked to suppress the activity of SARS-CoV 3CLpro in some cases.

## ~Poor Man's Coronavirus Defense™

In closing, Sardi proposes imitating Zelenko's COVID-19 protocol using natural remedies if you have symptoms of SARS-CoV-2 infection and cannot obtain a prescription for chloroquine/hydroxychloroquine and a Z-Pak:

- A natural antibiotic such as cinnamon extract or oil of oregano
- Quercetin as a zinc ionophore (to enhance zinc entrance into cells)
- Zinc, up to 30 milligrams per day
- Vitamin B3 (niacin), 25 to 50 mg per day, and selenium to further boost bioavailability of zinc

Should zinc turn out to be in short supply, consider eating more zinc-rich foods.<sup>15</sup> Examples include hemp, sesame and pumpkin seeds, cacao powder, cheddar cheese, and seafood such as oysters, Alaskan crab, shrimp and mussels.

## Zinc + Niacin + Selenium Is a Winning Combo

The addition of niacin and selenium appears to be good advice, considering both play a role in the absorption and bioavailability of zinc in the body. For example, a study<sup>16</sup> published in 1991 demonstrated that when young women were on a vitamin B6-deficient diet, their serum zinc declined, suggesting B6 deficiency affected zinc metabolism such that absorbed zinc was not available for utilization.â€

A more in-depth exploration and explanation of both niacin and seleniumâ€™s relationship to zinc is provided in the 2008 paper, â€Zinc, Metallothioneins and Longevity: Interrelationships With Niacin and Seleniumâ€™:<sup>17</sup>

*â€Ageing is an inevitable biological process with gradual and spontaneous biochemical and physiological changes and increased susceptibility to diseases.*

*Some nutritional factors (zinc, niacin, selenium) may remodel these changes leading to a possible escaping of diseases, with the consequence of healthy ageing, because they are involved in improving immune functions, metabolic homeostasis and antioxidant defense.*

*Experiments â€ show that zinc is important for immune efficiency (both innate and adaptive), metabolic homeostasis (energy utilization and hormone turnover) and antioxidant activity (SOD enzyme).*

*Niacin is a precursor of NAD+, the substrate for the activity of DNA repair enzyme PARP-1 and, consequently, may contribute to maintaining genomic stability. Selenium provokes zinc release by metallothioneins (MT), via reduction of glutathione peroxidase.*

*This fact is crucial in ageing because high MT may be unable to release zinc with subsequent low intracellular free zinc ion availability for immune efficiency, metabolic harmony and antioxidant activity.*

*Taking into account the existence of zinc transporters â€ for cellular zinc efflux and influx, respectively, the association between zinc transporters and MT is crucial in maintaining satisfactory intracellular zinc homeostasis in ageing.*

*Improved immune performance, metabolic homeostasis, antioxidant defense occur in elderly after physiological zinc supplementation â€. The association â€zinc plus seleniumâ€™ improves humoral immunity in old subjects after influenza vaccination.â€*

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+ Sources and References

- <sup>1</sup> [Clinical Infectious Diseases, 2020; doi.org/10.1093/cid/ciaa237 Abstract](#)
- <sup>2</sup> [NIH Zinc Fact Sheet](#)
- <sup>3</sup> [PLOS Pathogens November 4, 2010 DOI: 10.1371/journal.ppat.100117](#)
- <sup>4, 5, 9, 10</sup> [Knowledge of Health April 6, 2020](#)
- <sup>6</sup> [The Post Millennial March 30, 2020](#)
- <sup>7, 8</sup> [Knowledge of Health March 31, 2020](#)
- <sup>11</sup> [Journal of Agricultural Food Chemistry August 13, 2014; 62\(32\): 8085-8093](#)
- <sup>12, 14</sup> [Journal of Enzyme Inhibition and Medicinal Chemistry 2020; 35\(1\): 145â€“151](#)
- <sup>13</sup> [Science March 20, 2020; eabb3405](#)
- <sup>15</sup> [World Health Net, Zinc Rich Foods](#)
- <sup>16</sup> [American Journal of Clinical Nutrition December 1991; 54\(6\): 1059-1064](#)
- <sup>17</sup> [Curr. Pharm. Des. 2008; 14\(26\): 2719-2732](#)

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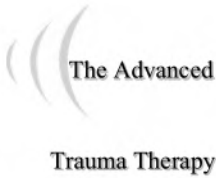


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Foundation  
for Veterans



Mr. Donald J. Trump  
President of the United States of America  
White House  
1600 Pennsylvania Ave.  
Washington, DC 10003

April 19, 2020

Re: COVID-19 Recovery Protocol(s) with Special Augmentation by Zinc and Quinine Water

Dear Mr. President:

Background – Introduction

Fundamentally, now knowing that 95.4% of our chronic diseases have pathogens associated with them, i.e., bacteria, virus, fungi and protozoa. Knowing this, our ability to conquer our chronic diseases is significantly enabled. The COVID-19 virus has been sequenced, giving us a 3rd potential path to victory. There are indeed five (5) modalities to a systematic recovery from the COVID-19 disease a) Inorganic, b) Electronic, & c) Organic. **All five (5) Modalities are to be augmented with Zinc and Quinine water.** Please see below?

Modalities 1 & 2 Inorganic

H<sub>2</sub>O<sub>2</sub> Nebulized (FOOD GRADE ONLY) very low concentration .03% gradually increasing to .3%. This protocol can be done upstream soon after diagnoses. Please see attached Info and video? OR one can use It's simply ClO<sub>2</sub> (chlorine dioxide) dissolved in WHBA (wide hydrogen bond angle) water. The specific details for performing this inorganic formulation requires a chemical reaction of the two (2) components comprised in the MMS Kit described in detail in this 3-ring binder. Included also is the significant technical support for the efficacy of this combination, i.e., a COVID-19 infected patients may be recovered in as little as three (3) hours.

Modality 3 Electronic PEMFs\*

Our colleague at dnafrequencies.com has learned that the COVID-19 has been sequenced (NIH Pub Med), where upon she (Char Boehm) can employ her US Patented method of computing the COVID-19 debilitating frequencies. Now by installing those frequencies via the GB4000 Broadcaster in a room of 20-30 COVID-19 infected patients, within a short period of time, 30-45 minutes their bodies will be exposed to those frequencies and the COVID-19 will be fully debilitated in each patient. \*Pulsed Electromagnetic Frequencies

Modality 4 & 5 Organic Immune System Stimulation

Methylene Blue augmented by Red Light (640 HZ as in a portable sauna (Therasage) Please see attached? This Modality employs the two (2) organic formulations as follows: a) Immuno, previously called Rerum, can be administered orally or by injection. The primary inventor is Marco Ruggiero, MD, PhD. Immuno stimulates the patient's immune system to produce more and very active macrophages which are not inhibited by the COVID-19 enzyme, 'Nagalase' b) Bravo Probiotic yogurt has 43-strains of probiotics to reboot the COVID-19 infected patient's microbiome, whose primary home is in the patient's gut and brain. Bravo is a fermented product employing whole milk, Vitamin D protein and multiple herd colostrum. It is constructed on a frame work of chondroitin sulfate.

Conclusion – Cost & Sources

Some of these modalities are very low cost and can be implemented by most any one at Home. M-1 at less than \$10.00, M-2 less than \$60.00, M-3 approximately \$3,000, M-4 \$1,000, M-5 \$2,700. The sources – M1 Drug or grocery stores, M-2 Amazon, M-3 DNAFrequencies.com & SENERGY.US, M-4 AMAZON & Therasage.com, M-5 Sophia Health Institute

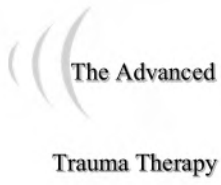
c. Debbie Birx, MD  
Anthony Fiacci, MD

Sincerely yours,

(b)(6)

COVID-19 Disease Recovery Division

(b)(6) MA (b)(6) (b)(6) @gmail.com (617)899-(b)(6)



## **COVID-19 Disease Recovery Division**

60 Commons Drive, S-4, Shrewsbury, MA 01545-4919 [maraisrcd@gmail.com](mailto:maraisrcd@gmail.com) (617)899-0858

**From:** Wilkie, Robert L., Jr.  
**Sent:** Mon, 27 Apr 2020 21:50:11 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Coronavirus News: Updates from HHS, CMS and FDA

**From:** AHA Today  
**Sent:** Monday, April 27, 2020 5:15:59 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Coronavirus News: Updates from HHS, CMS and FDA

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*Advancing Health in America*

**AHA TODAY**

Your source of news and insight.

April 27, 2020

## **Coronavirus News: CMS Updates on Advanced and Accelerated Payment Programs and HHS Announces COVID-19 Uninsured Program Portal**

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**Chair File: Equipping our health care heroes in the battle against COVID-19.** Like the COVID-19 pandemic itself, access to protective gear for front-line health care workers is unevenly spread throughout the country. From the beginning the AHA has worked — and partnered with others — to support our courageous caregivers in every way possible. One example is an effort the AHA launched with a coalition of private and non-profit organizations called Protecting People Everywhere. It's a national exchange that matches PPE donors with the hospitals in greatest need. [Read more in this week's column](#) from AHA Board Chair Melinda Estes, M.D.

**CMS reevaluates Accelerated Payment Program and Suspends Advance Payment Program.** The Centers for Medicare & Medicaid Services April 26 [announced](#) it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program effective immediately. In late March, CMS had expanded the programs to all Medicare providers and suppliers meeting certain eligibility criteria. The programs are intended to provide necessary funds to providers when there is



a disruption in claims submission and/or claims processing. The funds will be recouped by CMS after a certain timeframe, depending on the provider or supplier type.

The agency reports that the programs have thus far provided more than \$100 billion to providers and suppliers during the COVID-19 public health emergency. Specifically, CMS approved more than 21,000 applications totaling \$59.6 billion in payments to Part A providers, including hospitals. CMS approved almost 24,000 applications totaling \$40.4 billion in payments for Part B suppliers, including doctors and other practitioners.

Beginning April 26, CMS will not accept any new applications for the Advance Payment Program, and the agency will be reevaluating all pending and new applications for Accelerated Payments. CMS has previously referred to "accelerated" payments in reference to inpatient prospective payment system hospitals, children's hospitals, cancer hospitals and critical access hospitals and "advance" payments in reference to all other providers and suppliers. CMS states that the reevaluation is in light of the payments made through the Provider Relief Fund distributed by the Department of Health and Human Services.

The AHA had previously urged the agency to make a number of improvements to the accelerated and advance payment programs, including more flexible repayment terms and elimination or substantial reduction in the interest rate. The AHA and other groups last week again urged HHS and CMS to improve the programs.

**HHS launches COVID-19 Uninsured Program Portal.** Health care providers are eligible for reimbursement from the federal government for COVID-19 testing, treatment and related services provided to the uninsured. Starting today, providers, including hospitals and health systems, can register to participate with the Health Resources and Services Administration. This coverage of the uninsured was authorized and funded through the Families First Coronavirus Response Act and the Coronavirus Aid, Relief and Economic Security Act. More information regarding the program, including how to register, can be found here.



**SBA now accepting Paycheck Protection Program loan applications.** The Small Business Administration and Department of the Treasury announced that SBA is now accepting and processing Paycheck Protection Program loan applications. President Trump last week signed the Paycheck Protection Program and Health Care Enhancement Act, which among other provisions, included an additional \$310 billion for the Paycheck Protection Program.

**CMS updates infection control guidance for home health agencies.** CMS last week updated its infection control guidance for home health agencies participating in Medicare

and Medicaid and for religious non-medical health care institutions participating in Medicare. The home health updates include additional information about CMS waivers and regulations; Centers for Disease and Control guidance for optimizing personal protective equipment; CDC return-to-work criteria for health care personnel with confirmed or suspected COVID-19; and recommendations for home health personnel who care for patients in assisted and independent living facilities.

**Postal Service revises mailing standards for certain substances.** The U.S. Postal Service today released a [temporary final rule](#) updating its Hazardous, Restricted and Perishable Mail regulations for Category B infectious substances "to support the rapid deployment" of COVID-19 diagnostic tests through the mail during the public health emergency. In addition to updated packaging instructions, all shippers of COVID-19-related Infectious Substances Category B UN3373 must obtain authorization from the Postal Service prior to mailing, the rule states. "These measures are necessary to ensure that diagnostic kits potentially containing Category B Infectious Substances are packaged, marked and labelled properly to ensure safety and containment throughout transport."

**Survey: Many older adults report delaying medical care.** More than half of U.S. adults aged 70 and older have experienced a disruption in their medical care during the first month of social distancing for COVID-19, according to a [new survey](#) by NORC at the University of Chicago, the SCAN Foundation and John A. Hartford Foundation. An estimated 39% reported delaying or canceling a non-emergency medical treatment and 15% reported delaying or canceling an essential medical treatment. One in four said their health care providers had reached out to them since the outbreak began to check on their well-being outside of a normally scheduled appointment, and one in five reported having a telehealth appointment. Older adults viewed health care professionals and non-elected public health officials as the most trusted sources of information during the pandemic.

**FDA reiterates need for caution in antimalarial treatments' off-label use for treating COVID-19.** The Food and Drug Administration April 24 reminded health care providers of the need to closely monitor patients for serious and potentially life-threatening side effects of hydroxychloroquine and chloroquine when used off-label to treat COVID-19. In a [Drug Safety Communication](#), FDA warned "adverse events were reported from the hospital and outpatient settings for treating or preventing COVID-19, and included QT interval prolongation, ventricular tachycardia and ventricular fibrillation, and in some cases death." FDA encourages health care professionals and patients to report adverse reactions or quality problems with any human drugs to the agency's [MedWatch Adverse Event Reporting program](#).

**CDC unveils surge-capacity tool for hospital administrators, public health officials.** The Centers for Disease Control and Prevention last week released a new tool for estimating surges in demand for hospital-based services related to COVID-19. CDC said the [spreadsheet-based tool](#) can help hospital administrators and public health officials "produce estimates of the number of COVID-19 patients that need to be hospitalized, the number requiring ICU care, and the number requiring ventilator support."

**CMS delays Maternal Opioid Misuse model start date to July 2021.** The Centers for Medicare & Medicaid Services recently announced a six-month delay in implementation of its Innovation Center [Maternal Opioid Misuse \(MOM\) Model](#), due to COVID-19. Awardees now have until July 1, 2021 to screen and enroll beneficiaries in the MOM model, which seeks to address the sometimes-fragmented care of pregnant and postpartum Medicaid beneficiaries who have opioid-use disorders.

**AHA featured in numerous media publications on COVID-19.** The AHA has been featured in numerous media publications, including the Washington Post, Wall Street Journal, Politico and Modern Healthcare, for various COVID-19 content. Some of the articles are focused on how the latest congressional relief package includes funding for hospitals and health systems, the White House announcement of the Dynamic Ventilator Reserve initiative, guidelines on how non-emergency procedures can resume, workforce issues and other topics. [View the roundup here.](#)

## Other News

### Supreme Court rules for insurers in Risk Corridors case

The Affordable Care Act requires the federal government to pay insurers the full amount of their losses under the temporary Risk Corridors Program and insurers who claim losses under the program may sue in federal claims court to recover damages for unpaid amounts, the U.S. Supreme Court ruled today. The ruling reverses several appeals court decisions that found subsequent appropriations riders impliedly "repealed or suspended" the federal government's obligation to pay the full amount of insurers' losses under the program, and remands the cases back to the courts for further proceedings consistent with the opinion. Four health insurers participating in the health insurance exchanges sued the federal government for damages in the case, asserting that their plans were unprofitable during the three-year Risk Corridors Program and the Department of Health and Human Services owes them hundreds of millions of dollars. Associate Justice Sonia Sotomayor delivered today's opinion for the court.

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800 10th Street, NW, Suite 400, Washington, DC 20001

**From:** Wilkie, Robert L., Jr.  
**Sent:** Tue, 28 Apr 2020 02:11:56 +0000  
**To:** RLW  
**Subject:** FW: [EXTERNAL] COVID-19 Forum Digest for Monday April 27, 2020

**From:** AHA Member Community  
**Sent:** Monday, April 27, 2020 10:10:38 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] COVID-19 Forum Digest for Monday April 27, 2020

AHA Member Community



## COVID-19 Forum

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Apr 26, 2020

### Discussions

started 7 days ago, [Akinluwa Demehin](#) (2 replies)

#### COVID-19 Policy and Advocacy Updates and Questions

1 Good evening -- It has been a few days since... [Akinluwa Demehin](#)

1. [Re: COVID-19 Policy and Advocacy Updates and Questions](#)

[Reply to Group  
\[Online\]](#)

[Reply to Group \[E-  
mail\]](#)



Apr 27, 2020 4:56 PM  
[Akinluwa Demehin](#)

Good evening --

It has been a few days since my last updates. A few pieces of policy guidance and other announcements:

- **CMS reevaluates Accelerated Payment Program and Suspends Advance Payment Program.** Last night, CMS [announced](#) it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program effective immediately. In late March, CMS had expanded the programs to all Medicare providers and suppliers meeting certain eligibility criteria. The programs are intended to provide necessary funds to providers when there is a disruption in claims submission and/or claims processing. The funds will be recouped by CMS after a certain timeframe, depending on the provider or supplier type. The agency reports that the programs have thus far provided more than \$100 billion to providers and suppliers during the COVID-19 public health emergency. For more info, check out our [Special Bulletin](#).
- **HHS launches COVID-19 Uninsured Program Portal.** Health care providers are eligible for reimbursement from the federal government for COVID-19 testing, treatment and related services provided to the uninsured. Starting today, providers, including hospitals and health systems, can register to participate with the Health Resources and Services Administration. This coverage of the uninsured was authorized and funded through the Families First Coronavirus Response Act and the Coronavirus Aid, Relief and Economic Security Act. More information regarding the program, including how to register, can be [found here](#). See today's [AHA Special Bulletin](#) for more details.
- **SBA now accepting Paycheck Protection Program loan applications.** The Small Business Administration and Department of the Treasury announced that SBA is now accepting and processing Paycheck Protection Program loan applications. President Trump last week signed the Paycheck Protection Program and Health Care Enhancement Act, which among other provisions, included an additional \$310 billion for the Paycheck Protection Program. For more information, see the Jones Day [updated chart](#) produced for AHA members on comparing the main requirements for the Paycheck Protection Program, Main Street New Loan Facility, Main Street Expanded Loan Facility and FEMA's Public Assistance program.
- **CMS updates infection control guidance for home health agencies.** CMS last week updated its [infection control guidance](#) for home health agencies participating in Medicare and Medicaid and for religious non-medical health care institutions participating in Medicare. The home health updates include additional information about CMS waivers and regulations; Centers for Disease and Control guidance for optimizing personal protective equipment; CDC return-to-work criteria for health care personnel with confirmed or suspected COVID-19; and recommendations for home health personnel who care for

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Thank you again for all you are doing!

-----  
Akin Demehin  
Director, Policy  
ademehin@aha.org  
-----

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Original Message:  
Sent: 04-21-2020 19:08  
From: Akinluwa Demehin  
Subject: COVID-19 Policy and Advocacy Updates and Questions

Good evening --

There were several important policy developments on the policy and advocacy front from today and the past several days.

**First, late this afternoon, the Senate approved by voice vote the Paycheck Protection Program and Health Care Enhancement Act – a \$484 billion COVID-19 relief package – which includes an additional \$75 billion for hospitals, health**

**systems and other health care providers.** The \$75 billion, which is in addition to the \$100 billion included as part of the last COVID-19 package, would reimburse eligible health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19. The package also provides an additional \$25 billion to support efforts to research, develop, validate, manufacture, purchase, administer and expand capacity for COVID-19 tests. It also includes an additional \$310 billion for the Paycheck Protection Program, which makes loan opportunities available for organizations with fewer than 500 employees. The House is expected to take up the package on Thursday and the President has signaled his intent to sign the law. For more information, see our [Special Bulletin](#).

On the regulatory front, several other important guidances and policies were rolled out:

- **FDA temporarily expands hospitals' access to compounded drugs, authorizes non-patient-specific orders.** Specifically, FDA yesterday said that it will temporarily forgo action against 503A compounding pharmacies that provide to hospitals certain compounded drugs without patient-specific prescriptions. The agency's [temporary policy](#) outlines specific criteria that pharmacies and hospitals must meet in addition to some conditions established in section 503A of the Federal Food, Drug, and Cosmetic Act. While the agency recently provided additional guidance for 503B outsourcing facilities, it acknowledged that the flexibilities provided might not be sufficient to meet urgent needs. FDA says this new policy is intended to remain in effect for no longer than the duration of the COVID-19 public health emergency and will be modified as circumstances evolve.
- **FDA yesterday authorized the first diagnostic test with a home collection option for COVID-19.** Specifically, the [FDA re-issued the emergency use authorization](#) for the Laboratory Corporation of America COVID-19 RT-PCR Test to permit testing of samples self-collected by patients at home using LabCorp's Pixel by LabCorp COVID-19 Test home collection kit. LabCorp said the home collection kits should be available in most states in the coming weeks to consumers with a doctor's order.
- **CMS [announced](#) yesterday that clinicians can earn MIPS credit for reporting COVID-19 clinical trials data.** To receive credit for the MIPS COVID-19 Clinical Trials improvement activity, clinicians must attest to participating in the trial and report their findings through a clinical data repository or registry for the duration of the study. Clinicians attesting to the activity will automatically earn half of the maximum score in the MIPS improvement activity category
- **CDC yesterday updated its [FAQs](#) on COVID-19 laboratory testing and reporting.** Topics include accessing laboratory testing, data and reporting,

serology testing and ordering supplies.

- **NIH panel releases COVID-19 treatment guidelines.** A panel of experts convened by the National Institutes of Health today released COVID-19 treatment guidelines for health care providers, which will be updated as new data become available. Based on preliminary and published data, the guidelines include recommendations for two categories of therapy currently under investigation: antivirals, such as chloroquine and remdesivir; and host modifiers/immune-based therapies, such as convalescent plasma. Each recommendation includes a rating for strength of recommendation and for quality of evidence supporting the recommendation. They also include guidance on caring for critically ill patients and using concomitant medications for treatment, such as statins and corticosteroids.

More to come on the legislative package tomorrow. Have a safe evening and day tomorrow.

-----  
Akin Demehin  
Director, Policy  
[ademehin@aha.org](mailto:ademehin@aha.org)

You are subscribed to "COVID-19 Forum" as robert.wilkie@va.gov. To change your subscriptions, go to My Subscriptions. To unsubscribe from this community discussion, go to Unsubscribe.



**From:** Wilkie, Robert L., Jr.  
**Sent:** Wed, 29 Apr 2020 23:13:04 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Coronavirus: Daily Update

**From:** Morning Consult  
**Sent:** Wednesday, April 29, 2020 7:11:39 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Coronavirus: Daily Update



DAILY UPDATE

## The Latest Data on Coronavirus

This [Friday, May 1, at 12:30 PM ET](#), Morning Consult's Victoria Sakal and Joanna Piacenza will be joined by Advertising Week Global CEO Matt Scheckner to discuss new Morning Consult data on how our favorite pastimes will change in the post COVID-19 era, with a special deep-dive into the streaming industry.

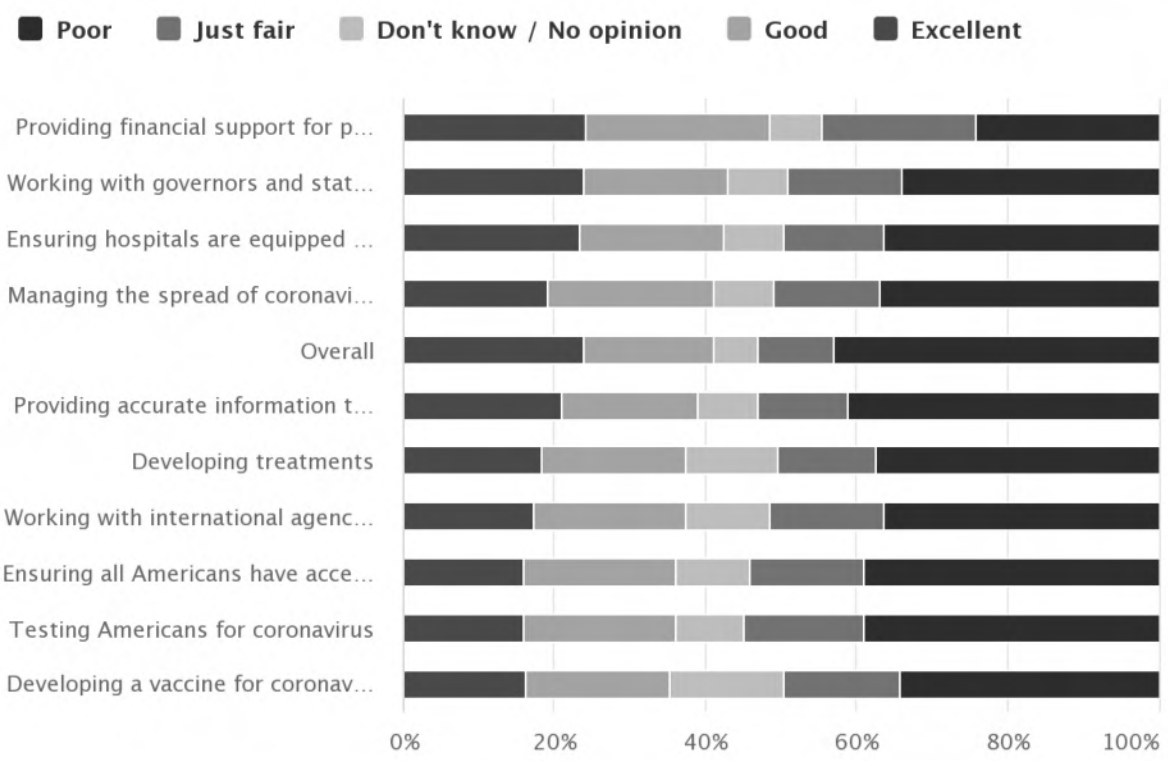
Register for the webinar [here](#).

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### Trump Gets Poor Marks for Efforts on Testing and Vaccine Development

Asked to rate how President Donald Trump is handling a range of coronavirus-related issues, voters gave him the most positive rating on providing financial assistance and the least positive when

comes to developing a vaccine and testing Americans for coronavirus. Just 16 percent of voters say the president is doing an excellent job on testing, while 39 percent say he's doing a poor job. [Read More.](#)



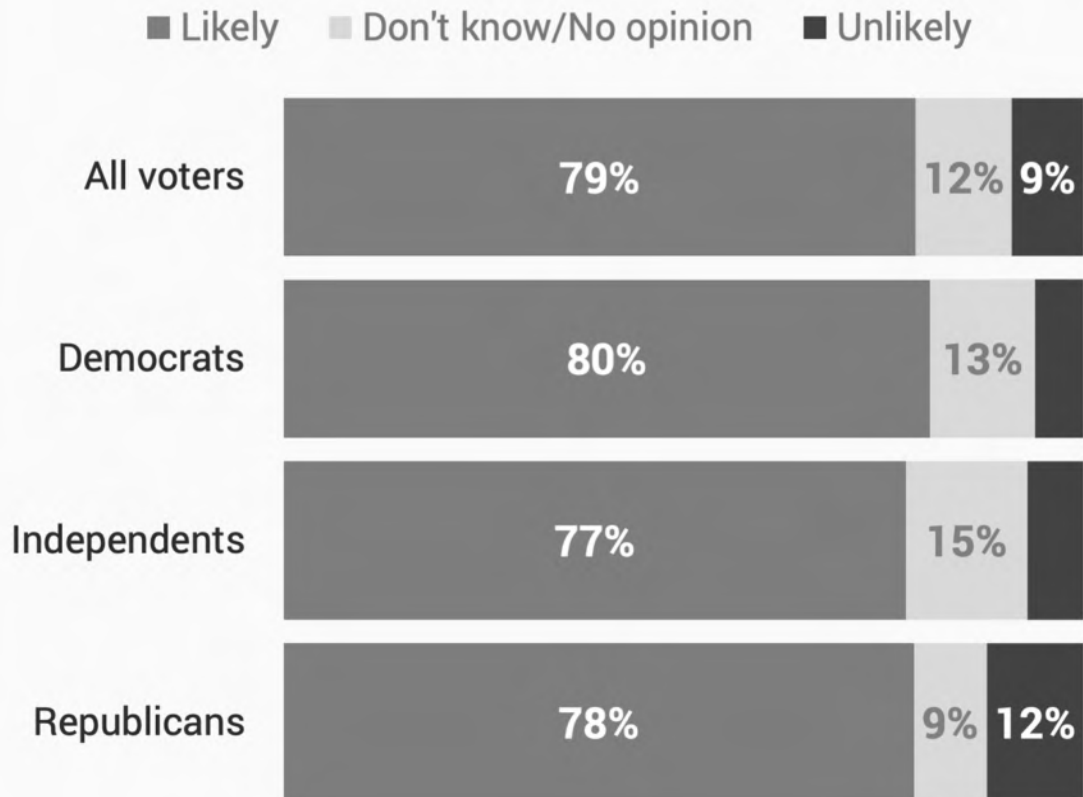
## 79% of Voters Think a Second COVID-19 Wave Is Likely

As the United States continues to battle the public health and economic impacts of the coronavirus pandemic, new data shows most voters expect the country to be hit by another round of COVID cases over the next 12 months.

Seventy-nine percent of voters said they think a second wave of coronavirus cases is likely in the next year, while 9 percent said it is unlikely. That number held largely steady across the political spectrum, with 80 percent of Democrats, 77 percent of independents and 78 percent of Republicans saying they anticipate another wave. [Read More.](#)

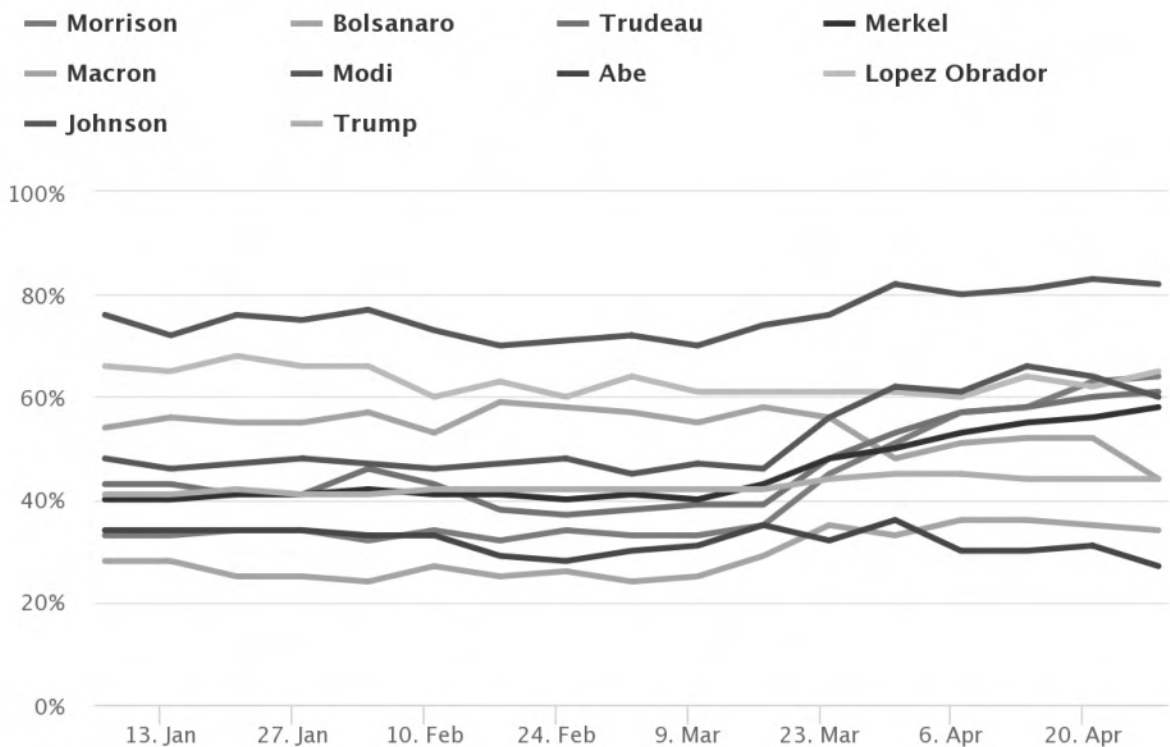
# Nearly 4 in 5 Voters Expect Second Wave of COVID-19

Share of voters who said it is likely that there will be a second wave of cases of the coronavirus in the United States in the next year



## Shinzo Abe's Approval Rating Drops

Japanese Prime Minister Shinzo Abe's approval rating has fallen to 27 percent, down nine points from the end of March, representing the lowest mark among the 10 world leaders Morning Consult tracking. After an initial tide of approval bumps at the onset of the outbreak, a number of world leaders' ratings have begun to hit a wall or slide down. [Read More.](#)



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## Other Things to Know

**Support for Federal Aid to State and Local Governments Is Wide and Bipartis**

Congressional Democrats are backed by broad public support as they push for the next coronavirus spending package to include big funding for state and local governments reeling from the pandemic's strain on their budgets, but polling suggests the attacks from Republican leaders regarding blue-state spending could prove effective with GOP voters. [Read More.](#)

### **As Venues Mull High-Tech Virus Safety Solutions, Fans Prioritize Hand Sanitization**

Individuals who said they attend sporting events at least occasionally point to the addition of hand sanitizer dispensers and communication of venue cleaning practices as the measures most likely to make them more comfortable attending games, according to an April 24-26 survey. About 3 in 4 of those actions would help put them at ease, a larger share than other higher-tech options industry insiders are considering. [Read More.](#)

### **Amid Safety Warnings, 37% of Voters Oppose Hydroxychloroquine for COVID-19 Treatment**

Morning Consult polling conducted earlier this month showed almost half of voters supported the use of hydroxychloroquine for treating the coronavirus as a national health agency launched a study on the drug. But as the Trump administration's health agencies now warn against personal use of hydroxychloroquine, new survey data indicates voter support for it is murky. [Read More.](#)

### **ANALYSIS: Why Stable Consumer Sentiment and Falling PMIs Aren't Mutually Exclusive**

Morning Consult economist John Leer looks at the seeming contradiction between Morning Consult data showing consumer confidence stabilizing in April and other data indicating sharp declines in global business activity in April, which suggested that the outlook of businesses deteriorated more dramatically than that of consumers. Analysis of the data shows that the economic outlooks of consumers and businesses have behaved very similarly since the onset of the coronavirus pandemic. [Read More.](#)

### **Sen. Booker Aims to Curb Price Gouging During Emergencies in New Bill**

Sen. Cory Booker (D-N.J.) is unveiling a bill that would ban price gouging of essential goods and services during emergencies, his office told Morning Consult on Wednesday, with the legislative

be formally introduced when the Senate returns to Washington next week. [Read More.](#)

SEE THE FULL TRACKER



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**From:** RLW  
**Sent:** Thu, 30 Apr 2020 12:26:17 +0000  
**To:** RLW  
**Subject:** Phone Interview w/Jason Rantz Show, KTTH, Seattle  
**Attachments:** 2020 - Seattle Hot Topics SECVA Interview.docx, Jason Rantz KTTH 770 AM on 5  
MAY 2020.pptx

## Key Seattle Issues: April/May 2020

# of Veterans enrolled in Puget Sound Healthcare System (VAPSHCS) – 147,147

# of Veterans in Puget Sound's catchment area – 262,048

### **COVID-19 response:**

- VA Puget Sound Health Care System's ongoing multi-level screening and testing (as needed) of patients, visitors and staff at all care sites continues to mitigate the risk of spreading the virus.
- On the operational side, VA Puget Sound continues to postpone elective surgery cases where a delay will not negatively impact patient outcomes and patients and staff alike have embraced telehealth, with the conversion **of more than 50 percent of its in-person primary care and some specialty care appointments to virtual appointments.**
- Well before admitting its first COVID-19 positive patient, VA Puget Sound Health Care System had fully converted an Intensive Care Unit that was scheduled for renovation to an 18-bed COVID-19 isolation ward in preparation for patients as part of its pandemic response planning. Other efforts include using the American Lake campus Community Living Center to house Veterans awaiting nursing home placement, who no longer meet criteria for hospital admission.
- VA Puget Sound Health Care System has reached out to the State Veterans Homes to provide support and continue to collaborate on the testing of residents and staff at Veterans Home in Port Orchard and Orting. The VA Puget Sound Lab is processing the COVID 19 test samples for the Veterans Homes.
- VA Puget Sound have sent volunteer staff members to sister VA facilities who are in greater need of assistance.
- VA's 3D printing initiative, based at the VA Puget Sound Health Care System, grew out of the efforts of local VA clinical innovators and now includes 33 sites exploring a wide range of clinical applications. This includes pre-surgical planning, orthotics and prosthetics, assistive technology, dental applications, bioprinting and now rapid prototyping and testing in response to COVID-19

### **Veteran Homelessness:**

Veteran homelessness is a considerable problem in the Puget Sound area due to high housing prices and competitive rental markets. It frequent is a topic of conversation.

- The most recent 2019 PIT Count Results continued that downward trend that has shown a 38% decrease in veteran homelessness in King County since 2017, which includes Seattle, despite overall homeless remaining the same or increasing.
  - VA Puget Sound HCS attributes their success in decreasing homelessness to their robust outreach program, increasing outreach staff, HUD-VASH vouchers, and their excellent partnerships with community organizations, federal, state, county and city housing authorities.
- An issue arose late last year, where landlords/housing management companies were discriminating against renting to homeless veterans with HUD-VASH vouchers. The state attorney general's office exposed this in an undercover investigation.



### **Use of Innovative Equipment:**

VA Puget Sound is part of the VHA Innovators Network, which looks for innovative ways to provide superior care and the best health outcomes to our Veterans.

- VA Puget Sound is a leader in 3D Printing. 3D printing solutions help VA radiologists better visualize patient anatomy and disease for diagnosis, surgical and treatment planning—improving health outcomes, reducing time to treatment and enhancing the patient experience.

### **Access to Care:**

Parts of the healthcare system's catchment area are very rural, remote, and/or tribal localities. The facility has increased outreach and has begun new initiatives to reach far-reaching veterans.

- To increase primary care access to underserved Veterans living in the remotest regions of the state, VAPSHCS use the mobile medical unit (MMU) at sites hosted by local tribal organizations, community partners, and VSOs.
- The MMU is also used by the Blind Rehabilitation Program providing rural Veterans enrollment services, eye screenings, and referrals to various tribal communities.
- Construction of the new Silverdale CBOC was delayed due to weather but is now scheduled to open sometime late this year, which will increase access to care for veterans.

### **Staffing, Recruitment, Retention, Vacancies:**

A consistent focus of public and media discussions has been surrounded around the ability for VAPSHCS to recruit qualified professionals and fill vacancies.

- VAPSHCS has had some trouble in the past recruiting and retaining qualified medical professionals. Like the private sector, rural areas and some clinical specialties continue to be a recruiting challenge. The facility has begun aggressive recruitment, to include offering all incentives available such as recruitment, retention and relocation bonuses and tuition reimbursement.
- Media and VSOs have cautioned that vacancy numbers contribute to longer wait times for veterans in the state.

### **Mental Health:**

VA Puget Sound is committed to caring for both the physical and mental health care needs of our Veterans.

- VA Puget Sound's new 220,000 square foot Mental Health and Research Building opened in March 2019. The facility will offer Veterans and their families' outpatient mental health care services in a healing environment.
- In fiscal year 2018, the VA Puget Sound team supported more than 23,000 Veterans with almost 236,500 mental healthcare-related events.

### **Research and Development:**

VA Puget Sound is the 5<sup>th</sup> largest R&D Program in the VA. With more than 600 active research projects on veteran health, this has enabled to VA Puget Sound to become a superior facility in the region.

- Research and development play a vital role in at the VA Puget Sound Health Care System. The facility's R&D program reflects the facility's commitment to providing the highest quality care to our Veterans.

- To ensure veterans receive the care of the highest caliber, VAPSHCS has a close and extensive partnership with the University of Washington; bringing that institution's premier academic medicine program to VA Puget Sound ensures that the facility has the greatest professional staff to offer our veterans.

**Opioids:**

VA Puget Sound is committed to reducing the harms of opioids.

- VA Puget Sound has developed innovative programs to meet the complex needs of Veterans with co-occurring pain, substance use disorder and mental-health concerns. The Opioid Safety Review Board provides opioid-safety recommendations, and Veterans undergoing opioid tapering can engage in the Opioid Safety Program for support.

**Women Veterans:**

VA Puget Sound's Women's Health Program is the largest in VISN 20 with almost 15,000 female Veterans enrolled for care. With 50 women's health primary care providers, the facility can deliver women's health services across all nine of our facilities.

# Interview with Jason Rantz– KTTH 770 AM – Seattle WA



- Jason Rantz is the host of the “Jason Rantz Show.” Started radio at the age of 15 Considered a young and urban conservative voice in the Seattle area. Show is hosted on 770 KTTH, the northwest’s leading conservative station. SECVA interviewed with Jason in October 2018 when in Seattle. Rantz has appeared on FOX News, NBC Nightly News, and 7 additional local outlets. Prides himself on fact checking

## POTENTIAL QUESTIONS Interview:

\*Positive, Negative, Neutral or Unknown  
A big picture view of what the VA is doing re: coronavirus and what are the remaining challenges  
What was done to create the environment where VA employee infection rate is so low (and what can be learned from this for other agencies)  
A chance to clear up some of the media and critic's spin on using hydroxychloroquine in the observational study  
Status of PPE for staff

**TALKING POINTS** VA Puget Sound Healthcare System is following the recommendations of CDC. All facilities are conducting active screening processes, along with restricted access, to prevent the risk of COVID-19. All non-essential procedures have been cancelled. The facility is encouraging Veterans to use VA’s telehealth and virtual care options – 50% of primary care and some specialty care appts have been virtual. VA Puget Sound leads VA in 3D printing – testing use for COVID-19 ICU isolation unit

## RADIO CALL INFO Station: KTTH 770

AM Broadcast: TBD Reporter: (b)(6) DATE: Tuesday, May 5th TIME: 2:30-2:45pm EST (11:30 – 11:45 PST) Phone: Studio call in - (206) 726-(b)(6) Reporter’s cell (if issue) - 206-498-(b)(6) TAPED INTERVIEW BY PHONE

**From:** RLW  
**Sent:** Thu, 30 Apr 2020 14:37:09 +0000  
**To:** RLW  
**Subject:** Phone Interview w/ Krys Boyd, "Think" Show, Dallas NPR  
**Attachments:** 200421 - Event Memo Dallas.doc, 190624 - TEXAS NPR SECVA Interview Pt 1.amr, Quad - Dallas NPR KERA, Krys Boyd.pptx

The Secretary interviewed with this outlet a while back. He actually went to the studio in DC to do the interview as they were broadcasting out of DC that week. We've included a bit of that interview here.

## DALLAS KEY MESSAGES AND FACTS

### TOP DALLAS VA ISSUE (GARLAND HOSPITAL):

- Baylor Scott and White's donation of their 470,000 square foot facility was finalized on April 3, 2020. Dallas VA Executive Staff decided to utilize the facility as a COVID-19 Relief Center. The purpose of the COVID-19 Relief Center is to decongest the Dallas VA Medical Center of non-acute veterans so patients requiring acute care can be cared for in a controlled setting. Data from local and national sources was utilized to determine the best date of activation. The data predicted a surge in the Dallas-Fort Worth area of April 24, 2020. To accommodate this surge, the date to admit the first patient to the Garland facility was set for April 20, 2020, with a goal to accommodate 200 veterans.
- COVID-19 Multidisciplinary Task Force (MTF) was assembled with representation from all VA North Texas Health Care System service lines. The combined theme was echoed through each meeting, "Whatever needs to be done, we will make it happen." Dallas VA received support from national, regional and local leadership to accomplish an unprecedented (in VA) standup.
- While the mission to transition the facility to an outpatient/specialty care setting this Fall/Winter remains in motion, the impending national crisis took priority.
- Dallas VA is currently utilizing the Labor and Delivery (NW) wing of the hospital. The large rooms will accommodate two to three veterans, providing availability for 123 veterans. The second activation on May 4, 2020, of a previous inpatient unit, will accommodate an additional 84 veterans, providing a total of 207 beds. Within a few days, the MTF established admission criteria, for both positive and negative COVID-19 cohorts, with the ability to isolate both groups if need be. Special populations such as our female veterans, psychiatric population and transgender veterans will also be accommodated. The majority of our beds will be provided for our ambulatory veterans, with 30 hospital beds for veterans awaiting nursing home placement. Ensuring continuation of care from the main facility we will provide wound care, physical therapy, imaging, labs, IV therapy, respiratory therapy, mental health care and nutrition and food services. We have appropriate PPE to ensure safe delivery of care for our veterans and staff. We will be utilizing Virtual Video Connect (VVC) for consultations with specialty services as needed. We have established daily courier services from the main facility for food delivery, lab processing and other needs.
- At this time, the "surge date" has not been reached. This is the date it is expected there will be more patients needing care than there are beds. The purpose of the Covid-19 Relief Center is to decongest the Dallas VA Medical Center of lesser-acute veterans so more acute veterans can be cared for in a controlled setting with access to emergent care and services.
- Our senior leaders, facility planners, and interior designers are actively planning the permanent phases of the Garland VA Medical Center. We have had several Veterans visit us during our COVID-19 Relief Center construction and preparations, and we can see there is excitement in the community. We are excited as well and can't wait to start serving our Veterans from our new facility.

- VA North Texas Health Care System took position of the Garland facility on April 3. Congressman Colin Allred issued a news release about the new facility [here](#).
- In June 2019, a bi-partisan group of local U.S. Congressional members including Rep. Colin Allred, Rep. Ron Wright, Rep. Eddie Bernice Johnson, Rep. Kay Granger, Rep. Marc Veasey, Rep. Van Taylor, and Rep. Michael Burgess sent a letter to the Department of Veterans Affairs urging it to convert a now-abandoned Baylor Scott and White Hospital in Garland into a VA health care facility. The issue has received a great deal of local media coverage, including a Dallas Morning News editorial supporting this acquisition.

#### **LOCAL VA MESSAGES**

- In August 2019, the Dallas VAMC opened a new 4,800 square foot Mental Health Annex in Denton to provide key mental health care and options for about 31,000 veterans with a team of 11 psychiatrists, psychologists, physicians, licensed clinical social workers and administrative professionals.
- The Dallas VAMC was among the first to initiate a reoccurring Veteran Tele-Town Hall with more than 1,200 veterans participating in the first one. The system allows for strategically targeting specific populations of veterans, real-time polling questions, caller interaction, and the option for veterans to leave a voice mail. In June 2019, the facility reached 45,000 veterans during three Tele-Townhalls focusing on the Mission Act.
- The Waco VA Regional Office has 19 out-based employees at the Dallas VAMC to provide VA benefits support. The other VARO in Texas is located in Houston.
- Dallas – Fort Worth area is home to four Vet Centers located in Dallas, Arlington, Fort Worth and Mesquite.
- Opened in May 2000, Dallas-Fort Worth National Cemetery has conducted more than 60,000 interments of veterans and eligible dependents. Averaging 19 burials a day, the cemetery has 150 acres developed, 350 undeveloped, and planned construction to add another 150 acres.

#### **VA North Texas Health Care System:**

- 500,000 veterans in a 40-county catchment area with 184,000 veterans enrolled

**VISN OFFICE:** VISN 17 Office in Arlington, TX

**VA HEALTH CARE SYSTEMS:** 7 (Amarillo, Big Spring, Dallas, El Paso, Harlingen, San Antonio, and Temple)

**VA MEDICAL CENTERS:** 5 (Bonham, Dallas, Houston, Kerrville, and Waco)

**VA CLINICS:** 57 (Abilene, Austin, Beaumont, Beeville, Brownwood, Cedar Park, Childress, 3 in Corpus Christi, College Station, Conroe, Dalhart, Dallas, Decatur, Denton, El Paso, Fort Stockton, Fort Worth, Fort Stockton, Galveston, Granbury, Grand Prairie, Greenville, Katy, La

Grange, Lake Jackson, Laredo, Longview, Lubbock, Lufkin, McAllen, New Braunfels, Odessa, Palestine, Plano, Richmond, San Angelo, 10 in San Antonio, Seguin, Sheppard Air Force Base, Sherman, Stamford, Temple, Texas City, Tomball, Tyler, and Victoria)

**VET CENTERS:** 21 (Abilene, Amarillo, Austin, Beaumont, Corpus Christi, 2 in Dallas, El Paso, Harker Heights, 3 in Houston, Laredo, Lubbock, McAllen, Mesquite, Midland, Pantego, 2 in San Antonio, and Westworth Village)

**VETERANS BENEFITS ADMINISTRATION REGIONAL OFFICES:** 2 (Houston and Waco)

**VBA INTAKE SITES:** 10 (Corpus Christi, Dyess Air Force Base, El Paso, Fort Hood, Fort Sam Houston, Goodfellow Air Force Base, and 4 in San Antonio)

**VBA LOAN CENTER:** Houston

**NATIONAL CEMETERIES:** 6 (Dallas, El Paso, Houston, Kerrville, and 2 in San Antonio)

**VA CENTRAL OFFICES:** 2 in Austin (Austin Information Technology Center and Financial Services Center)

# Interview with Kryss Boyd, "Think" Show, KERA 90.1 FM NPR, Dallas, TX

May 7, 10:30-10:45am ET

## HOST INFORMATION: KRYS

**BOYD** Host/managing editor of KERA FM's flagship midday talk show Think since 2006; hosted weekly tv program of same name, 2007-2011. Graduate of Texas Christian University's Bob Schieffer College of Communication. In 1999, news director for Broadcast.com, then Senior Producer of Broadcast News at Yahoo. Joined KERA in 2001, hosting nightly radio talk show Conversations. Wrote/produced documentary & educational tv programs, including critically-acclaimed, nationally broadcast JFK: Breaking the News in 2003. Served producer/co-host of Emmy Award-winning public affairs program On The

Record Living in Dallas. Kryss & her husband have 4 children

**OUTLET INFORMATION:** KERA 90.1 FM NPR Launching in 2006, Think & host Kryss Boyd have earned many awards, including 2012 Public Radio News Directors Inc. 1st place for best call-in show, 2016 Texas AP Broadcasters 2nd place for local talk show, 2013 Regional Edward R. Murrow for breaking news. Think is among most-downloaded local podcasts in public radio system, with ~250,000 downloads each month — more than half of listeners are outside the state. In 2017, Think expanded statewide, connecting newsrooms of Texas' 4 largest public radio stations (Dallas, Austin, San Antonio & Houston). For past 4 years, Think has been invited to broadcast live from NPR headquarters in Washington, D.C.



KRYS BOYD

## POTENTIAL QUESTIONS

Interviewed SECVA in D.C. on June 24, 2020. How is VA dealing with the COVID19 outbreak? Any specific concerns you have? What do you want veterans to know about this situation? How are VA employees coping with this stressful situation? PPE in news & is affecting all hospitals, any comments on that? What do you see as the next challenge in this outbreak? Here in Texas, the shelter-in-place rules are now starting to be relaxed. For example, restaurants are offering some dine-in options. What are your thoughts about this? How do you see this affecting VA? Veterans? Thoughts about using hydroxychloroquine to treat COVID patients? Will VA resume normal operations anytime soon? What does the next step look like?

## CONTACT INFORMATION

PRODUCER: (b)(6)

PHONE: 1-469-998-(b)(6)

Conference ID: (b)(6) Station uses this system for sound quality. BACKUP: 214  
-499-(b)(6) cell, (b)(6)@KERA.org DATE/TIME:  
Thursday, May 7, 10:30-10:45 am ET FORMAT:  
Taped, phone interview



Choose VA

Draft - Pre-Decisional Deliberative Document Internal VA Use Only

VA



U.S. Department of Veterans Affairs



**From:** RLW  
**Sent:** Fri, 1 May 2020 15:08:49 +0000  
**To:** Hutton, James  
**Subject:** FW: VSO Article

Unreal from two VSOs and the the Post.

Sent with BlackBerry Work  
(www.blackberry.com)

---

**From:** RLW (b)(6)@va.gov>  
**Date:** Friday, May 01, 2020, 11:07 AM  
**To:** Syrek, Christopher D. (Chris) (b)(6)@va.gov>, Tucker, Brooks (b)(6)@va.gov>  
**Cc:** Powers, Pamela <(b)(6)@va.gov>  
**Subject:** RE: VSO Article

Unbelievable particularly from (b)(6)

Sent with BlackBerry Work  
(www.blackberry.com)

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**From:** Syrek, Christopher D. (Chris) <(b)(6)@va.gov>  
**Date:** Friday, May 01, 2020, 10:57 AM  
**To:** RLW (b)(6)@va.gov>, Tucker, Brooks <(b)(6)@va.gov>  
**Subject:** VSO Article

See below from post story – lot of VSO criticism in here. We have gone above and beyond with VSOs with weekly briefs directly from the Secretary, so their running to the media is a little frustrating. Especially the criticism on HCO which the Secretary spent 10 mins on during the Wednesday call, and the fourth mission which (b)(6)'s criticism is totally unfounded.

Not sure how much more access or information we can give these guys.

**What VA isn't saying about hydroxychloroquine — and everything else related to coronavirus**

By Alex Horton

The Washington Post

May 1, 2020

<https://www.washingtonpost.com/national-security/2020/05/01/hydroxychloroquine-veterans-trump/?arc404=true>

The Department of Veterans Affairs has sidestepped questions about its response to the coronavirus, veteran service organizations and congressional committees have said, even as the number of deaths at VA hospitals attributed to covid-19 eclipsed 500 on Friday.

Veterans advocates say that in particular, VA has not provided a complete picture concerning the continued use of hydroxychloroquine, an antimalarial drug touted by President Trump that a study showed had no benefit in treating coronavirus patients and was linked to higher rates of death among veterans.

“Veterans need access to as much information as possible. And we need VA to provide that information,” said Chanin Nuntavong, the executive director for government and veteran affairs at the American Legion, a leading veteran service organization.

VA oversees the country’s largest integrated health system with more than 1,200 medical facilities, from sprawling hospitals to strip-mall clinics. Around 9.5 million veterans are enrolled in VA health care — about half of all U.S. veterans.

The agency has acknowledged shortages of personal protective equipment but said that has not impacted patient care. VA spokeswoman Christina Noel also said the agency, following FDA guidelines, permits the use of hydroxychloroquine only “after ensuring veterans and caretakers are aware of potential risks.”

Here are some key issues veterans advocates say VA officials have not addressed.

#### Use of hydroxychloroquine

Much of recent criticism launched at VA has centered on its use of hydroxychloroquine, a fixture in Trump’s briefings and on Fox News as a treatment until a study by VA and academic researchers said it was linked to a higher rate of deaths of veterans who received it.

The results of the study, which included physicians at VA’s Columbia, S.C., hospital, were not part of a randomized, placebo-controlled clinical trial and have not been peer-reviewed or published in academic journals. But they provided researchers with potential new insights into the drug.

Veterans of Foreign Wars said it is “very disturbed” VA is still administering the drug for covid-19 treatment.

“We request the immediate halt of this drug for our veterans until further information on its true impact is determined,” said William Schmitz, the national commander of the veteran service organization.

VA Secretary Robert Wilkie, in an appearance on MSNBC last week, said the study involved a small number of veterans, “sadly those of whom were in the last stages of life.” VA questioned the drug’s efficacy in combating coronavirus infection, but Noel said the agency routinely dispenses it to treat lupus and rheumatoid arthritis.

Wilkie said there were signs the drug “has been working on middle-aged and younger veterans,” an assertion Noel conceded was based on anecdotal accounts.

Jeremy Butler, the chief executive of Iraq and Afghanistan Veterans of America, described the tests as experiments on veterans, a description Noel has rejected.

“The question is how long they continue the experiment and what results they’re using to drive the decision to continue or not,” Butler said.

Wilkie led a call Wednesday with veterans groups, Butler said, adding that the chief health executive at VA, Richard A. Stone, was also on the call but did not address the issue.

Sen. Jon Tester (D-Mont.), the ranking Democrat on the Senate Veterans’ Affairs Committee, sent the agency 11 questions “regarding the efficacy of hydroxychloroquine for covid-19 treatment” but has not received a response, the committee said Thursday.

#### Reaching high-risk veterans

VA’s efforts to reach veterans with preexisting medical conditions to tell them about increased risk of infection have been inconsistent, advocates said. That is a particular concern, they said, for a group that is older than the general population and including service members who were exposed to toxins in war and at home.

Black Americans, a group with higher rates of diabetes, heart disease and lung disease, appear to be dying of covid-19 infections at disproportional rates. More than 2 million black Americans are veterans, according to 2016 VA data, more than half of whom are older than 65.

But in their daily information release, VA has not provided race breakdowns of infections or deaths among its patients, and in recent weeks stopped publishing age demographics of deceased veterans.

VA officials also have not warned Vietnam veterans of additional risks they may face after exposure to defoliants such as Agent Orange, said Rick Weidman, executive director for policy and government affairs at Vietnam Veterans of America.

“We’re the ones with targets on our backs,” Weidman said, listing common ailments among Vietnam veterans, including diabetes, hypertension, ischemic heart disease and lung problems, that have been linked to Agent Orange exposure. “All of those things make us a high risk group.”

In a similar vein, Butler said VA has not explicitly warned veterans of the wars in Iraq and Afghanistan who may have inhaled toxic fumes from burn pits — in which plastic, body parts, bloody uniforms and other items were soaked in jet fuel and set ablaze — about how the virus may affect them.

VA maintains a voluntary registry of veterans who may have been exposed to burn pits, and sent out a coronavirus-specific email to registry members after a Daily Beast story noted the agency had not told them to take any extra precautions.

It is unclear how widespread the emails were. Three veterans in Butler’s office are on the registry, but only one received it, he said.

The agency did not return a request for comment regarding racial demographics of deceased veterans or wartime toxic exposure and coronavirus risk. Its hazard information page has said concerned veterans can consider joining the registry and advises them to wash their hands and socially distance.

#### Mental health and other issues

VA has made strides in providing mental health care during the pandemic, advocates said, such as the distribution of thousands of Facebook Portal devices to help connect veterans with telehealth services and reduce isolation.

And VA's focus on telehealth has positioned the agency well as its physicians cope with remote appointments, Butler said. Wilkie reported on last week's call that VA handled 154,000 remote mental health appointments in March, Butler said, three times the usual amount.

On other issues, VA has been less clear.

Another VA capability, its obligation to back up civilian and military hospitals in times of crisis, dubbed the "fourth mission," treated 135 non-veteran patients, Bloomberg reported April 16.

VA did not provide updated statistics, and it is unclear to veterans groups, Butler said, if that number met the need requested by health officials at other agencies.

If it didn't, he said, "it's a good thing to know, because much of this is planning for the next big thing."

Weidman was more blunt in his assessment.

"VA was totally unprepared for the fourth mission," he said.

Christopher D. Syrek

Deputy Chief of Staff

U.S. Department of Veterans Affairs

Washington, D.C. 20420 | (202) 461-(b)(6)

**From:** Wilkie, Robert L., Jr.  
**Sent:** Sat, 2 May 2020 02:08:02 +0000  
**To:** RLW  
**Subject:** FW: [EXTERNAL] COVID-19 Forum Digest for Friday May 1, 2020

**From:** AHA Member Community  
**Sent:** Friday, May 1, 2020 10:07:12 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] COVID-19 Forum Digest for Friday May 1, 2020

AHA Member Community



## COVID-19 Forum

[Post New Message \[Online\]](#) [Post New Message \[via E-mail\]](#)

Apr 30, 2020

### Discussions

started 11 days ago, [Akinluwa Demehin](#) (3 replies)

#### COVID-19 Policy and Advocacy Updates and Questions

1 Good afternoon - To close out this week,... [Akinluwa Demehin](#)

#### 1. Re: COVID-19 Policy and Advocacy Updates and Questions

[Reply to Group  
\[Online\]](#)

[Reply to Group \[E-  
mail\]](#)



May 1, 2020 4:43 PM  
[Akinluwa Demehin](#)

Good afternoon -

To close out this week, wanted to share a few updates from the Administration:

- **Yesterday, CMS released a number** of new **waivers** related to COVID-19. The waivers apply nationwide and are generally retroactive to March 1, 2020. Check out AHA's Special Bulletin for a **detailed summary**. At a high level, the waivers:
  - Expand access to COVID-19 testing, including serological and antibody tests;
  - Expand flexibility around treatment locations
  - Expand access to telehealth;
  - Allow for additional workforce capacity; and
  - Eliminate certain administrative requirements.
- **HRSA issues new resources on COVID-19 Uninsured Program Portal.** The Health Resources and Services Administration this week hosted webinars for health care providers on the agency's **COVID-19 Uninsured Program Portal**. During the webinars, representatives from HRSA and United Health Group, the portal administrator, reviewed the process for submitting claims through the portal. They also announced the release of a number of new resources, including an **interactive user guide**, a provider **checklist for claims reimbursement**, and guides on **Optum Pay™ direct deposit enrollment** and **alternative payment routing options**. Additional materials will be released in the coming weeks. See the **AHA Special Bulletin** for more details.
- **CMS announced yesterday an independent commission to assess nursing home response to COVID-19.** Made up of industry experts, family members, clinicians, patient advocates and others, the commission will consider three areas: protecting residents from COVID-19 and improving the responsiveness of care; enabling rapid and effective identification and mitigation of COVID-19 transmission; and improving compliance with infection control policies. CMS said the commission would also identify potential innovative approaches to using nursing home data for better coordination between federal, state and local entities. For more information on long-term care facility and nursing home guidance, see CDC's **Preparing for COVID-19: Long-term Care Facilities, Nursing Homes** and CMS's **Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit**.
- **CDC today launched the National Healthcare Safety Network COVID-19 Module Data Dashboard**, which shows the share of inpatient and intensive care unit beds occupied by state as reported by acute care facilities participating in the Patient Impact and Hospital Capacity pathway of the NHSN COVID-19 module. As states move to reopen their economies, CDC also has added county-level data on COVID-19 cases and deaths to its **data tracker** and **webpage** on U.S. cases.

- **AHA joined with other associations today to urge the Department of Justice to match CMS and OIG relief from certain fraud and abuse sanctions.** CMS and IOG-HHS last month followed an AHA request, by announcing certain waivers and that they would forgo sanctions under the Stark Law and the Anti-Kickback Statute to enable hospitals and health systems to efficiently meet the demands of the public health emergency. Today's letter to Barr reinforces AHA's previous request.

And on the Hill:

- **The AHA and American Nurses Association today urged Congress to "act quickly to get needed resources into the health care system,"** so that hospitals, nurses and physicians responding to COVID-19 are able to continue to provide treatments, front-line health care personnel are able to provide care and patients are able to access health care services. The groups urged Congress to provide additional funding to the Public Health and Social Services Emergency Fund, which was enacted to cover expenses for health care providers for preparing and responding to COVID-19 that are otherwise not covered such as lost revenue, and establish a separate fund for health care heroes to support essential front-line workers, including nurses and physicians, both during and after the crisis. They also urged Congress to take additional actions to support access to care, rural communities and the uninsured.

Have a good weekend, and please stay safe.

-----  
Akin Demehin  
Director, Policy  
ademehin@aha.org  
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**[View Thread](#) [Recommend](#) [Forward](#)**

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Original Message:  
Sent: 04-27-2020 16:55  
From: Akinluwa Demehin  
Subject: COVID-19 Policy and Advocacy Updates and Questions

Good evening --

It has been a few days since my last updates. A few pieces of policy guidance and other announcements:

- **CMS reevaluates Accelerated Payment Program and Suspends Advance**

**Payment Program.** Last night, CMS announced it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program effective immediately. In late March, CMS had expanded the programs to all Medicare providers and suppliers meeting certain eligibility criteria. The programs are intended to provide necessary funds to providers when there is a disruption in claims submission and/or claims processing. The funds will be recouped by CMS after a certain timeframe, depending on the provider or supplier type. The agency reports that the programs have thus far provided more than \$100 billion to providers and suppliers during the COVID-19 public health emergency. For more info, check out our [Special Bulletin](#).

- **HHS launches COVID-19 Uninsured Program Portal.** Health care providers are eligible for reimbursement from the federal government for COVID-19 testing, treatment and related services provided to the uninsured. Starting today, providers, including hospitals and health systems, can register to participate with the Health Resources and Services Administration. This coverage of the uninsured was authorized and funded through the Families First Coronavirus Response Act and the Coronavirus Aid, Relief and Economic Security Act. More information regarding the program, including how to register, can be found here. See today's [AHA Special Bulletin](#) for more details.
- **SBA now accepting Paycheck Protection Program loan applications.** The Small Business Administration and Department of the Treasury announced that SBA is now accepting and processing Paycheck Protection Program loan applications. President Trump last week signed the Paycheck Protection Program and Health Care Enhancement Act, which among other provisions, included an additional \$310 billion for the Paycheck Protection Program. For more information, see the Jones Day updated chart produced for AHA members on comparing the main requirements for the Paycheck Protection Program, Main Street New Loan Facility, Main Street Expanded Loan Facility and FEMA's Public Assistance program.
- **CMS updates infection control guidance for home health agencies.** CMS last week updated its infection control guidance for home health agencies participating in Medicare and Medicaid and for religious non-medical health care institutions participating in Medicare. The home health updates include additional information about CMS waivers and regulations; Centers for Disease and Control guidance for optimizing personal protective equipment; CDC return-to-work criteria for health care personnel with confirmed or suspected COVID-19; and recommendations for home health personnel who care for patients in assisted and independent living facilities.
- **FDA reiterates need for caution in antimalarial treatments' off-label use for treating COVID-19.** The Food and Drug Administration April 24 reminded health care providers of the need to closely monitor patients for serious and



potentially life-threatening side effects of hydroxychloroquine and chloroquine when used off-label to treat COVID-19. In a [Drug Safety Communication](#), FDA warned "adverse events were reported from the hospital and outpatient settings for treating or preventing COVID-19, and included QT interval prolongation, ventricular tachycardia and ventricular fibrillation, and in some cases death." FDA encourages health care professionals and patients to report adverse reactions or quality problems with any human drugs to the agency's [MedWatch Adverse Event Reporting program](#).

- **CDC unveils surge-capacity tool for hospital administrators, public health officials.** The Centers for Disease Control and Prevention last week released a new tool for estimating surges in demand for hospital-based services related to COVID-19. CDC said the [spreadsheet-based tool](#) can help hospital administrators and public health officials "produce estimates of the number of COVID-19 patients that need to be hospitalized, the number requiring ICU care, and the number requiring ventilator support."

Thank you again for all you are doing!

-----  
Akin Demehin  
Director, Policy  
[ademehin@aha.org](mailto:ademehin@aha.org)

You are subscribed to "COVID-19 Forum" as (b)(6)@va.gov. To change your subscriptions, go to [My Subscriptions](#). To unsubscribe from this community discussion, go to [Unsubscribe](#).

**From:** Wilkie, Robert L., Jr.  
**Sent:** Sat, 2 May 2020 14:43:18 +0000  
**To:** RLW  
**Subject:** FW: [MARKETING] [EXTERNAL] Our Best Intel: How Our Favorite Pastimes Will Change in a Post-COVID-19 World; How Venues Can Make Patrons Feel Safe After Reopening; Bipartisan Majorities Support Federal Support for States; and More

**From:** Morning Consult  
**Sent:** Saturday, May 2, 2020 10:41:50 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [MARKETING] [EXTERNAL] Our Best Intel: How Our Favorite Pastimes Will Change in a Post-COVID-19 World; How Venues Can Make Patrons Feel Safe After Reopening; Bipartisan Majorities Support Federal Support for States; and More

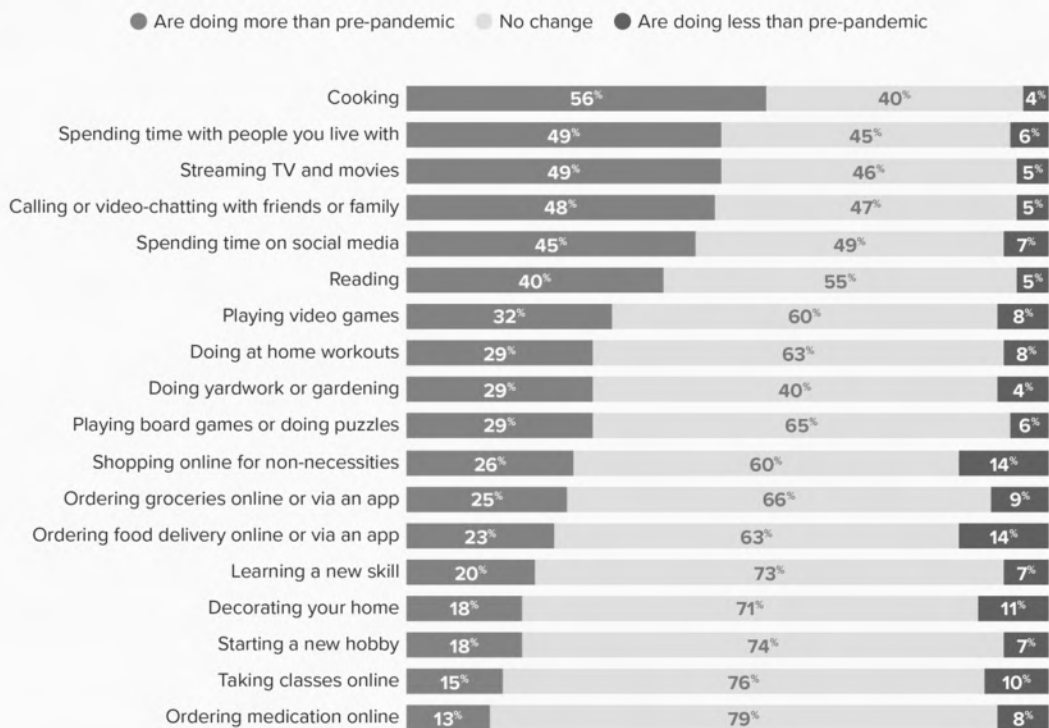
 MORNING CONSULT

# OUR BEST INTEL

A Roundup of Essential Data & Insights

FAVORITED OR FORGOTTEN

## Change in Frequency of Activities Since the COVID-19 Outbreak



MORNING CONSULT\*

Poll conducted April 4-6, 2020, among 2,200 U.S. adults, with a margin of error of +/-2%.

This week, Morning Consult launched [Favorited or Forgotten](#), a new series exploring how consumer behavior will change in a post-COVID-19 world and what business leaders can do to prepare for those changes.

To kick off the series, Morning Consult's Managing Director of Brand Intelligence Victoria Sakal looked into [how our favorite pastimes will change](#).

Streaming movies and TV has been one of the fastest-growing pastimes during the pandemic. The [second analysis in the series](#) looks at how much of this increased usage is likely to outlive social distancing, and what this could mean for the recent crop of upstart streaming services competing for market share. As Morning Consult entertainment reporter Sarah Shevenock points out, [free trials](#) provide an interesting data point here:

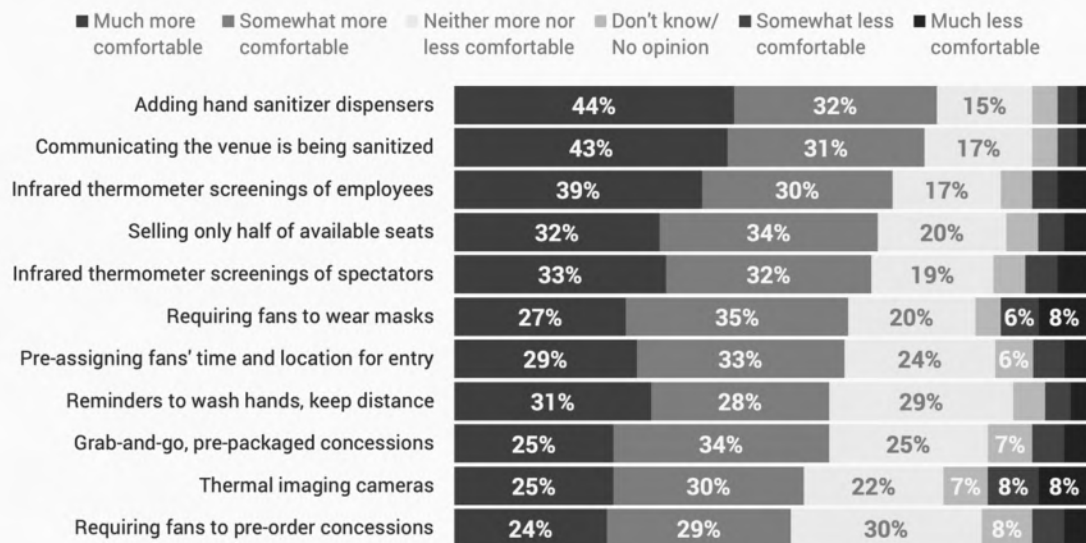
While at least 7 in 10 new subscribers are paying for larger services like Netflix, Amazon Prime Video and Disney+, that figure drops to 52 percent among lesser known platforms such as ESPN+, Quibi, YouTube TV, Apple TV+, Showtime Now, CBS All Access and Sundance Now.

[READ MORE](#)

## LATEST ON CORONAVIRUS

### Sports Fans Take Most Comfort in Low-Tech Venue Safety Measures for Fighting COVID-19

Individuals who said they attend professional or collegiate sporting events at least occasionally were asked how each of the following venue practices would impact their comfort about visiting stadiums and arenas following the COVID-19 pandemic:



**MORNING CONSULT** Poll conducted from April 24-26, 2020 among 1,242 people who attend events at least occasionally, with a margin of error of +/-3%.

As some states and localities begin to reopen public spaces, new data

shows which steps consumers want popular spaces like movie theaters and sports venues to take to make them feel safer. While many sports venues have been exploring high-tech measures like thermal imaging and infrared thermometer screenings, a recent Morning Consult survey shows that [sports fans prioritize hand sanitizer dispensers](#) and communication about sanitizing measures being taken.

Moviegoers also prioritize sanitation. A Morning Consult/The Hollywood Reporter survey shows that the [top steps theaters can take](#) to get people to feel safe returning are to sanitize high touch areas, sanitize seats between movies, and allow for distancing by staggering seats and capping attendance.

Other recent Morning Consult data on **consumer behavior** includes:

- More than a month since President Donald Trump declared a national emergency, new trend data shows that consumers' timeline for when they'll feel comfortable heading back to many public spaces and events [has not budged](#).
- More than half of users are spending [more time on online dating apps or services](#) than they were before the start of the coronavirus crisis.
- Adults who say they are not concerned about climate change are [less likely than the general public](#) to be taking personal actions to mitigate the effects of the coronavirus.
- Support for prioritizing professional and college sports' timely return over having spectators in the stands has [nearly doubled](#) in the past three weeks

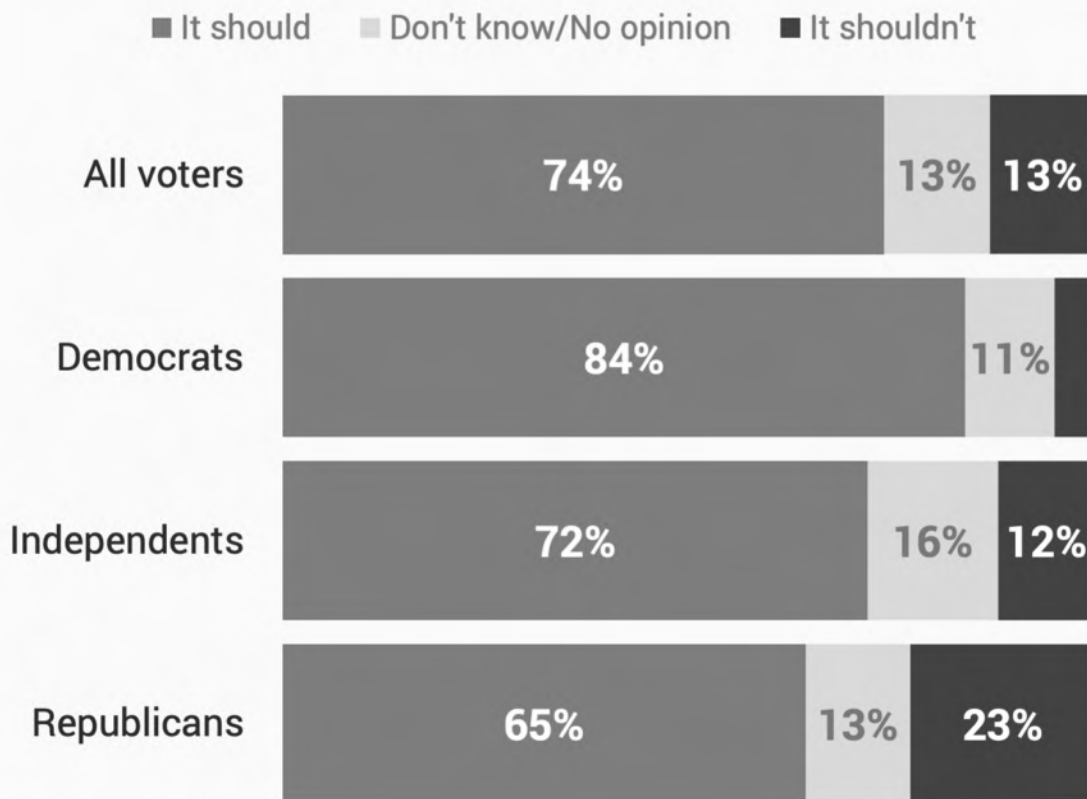
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LATEST ON CORONAVIRUS

# 74% of Voters Say It's the Federal Government's Job to Help States

Voters were asked whether the federal government should be responsible for providing financial support to states during the coronavirus pandemic



MORNING CONSULT + POLITICO

Poll conducted April 24-26, 2020, among 1,991 registered voters, with a margin of error of +/-2%.

A new Morning Consult/Politico poll found 74 percent of registered voters, including 84 percent of Democrats and 65 percent of Republicans, agreed that the federal government should be responsible for [providing financial support to states during the coronavirus pandemic](#).

More recent Morning Consult data on **trust** and **approval** includes:



This email was sent by: Morning Consult  
729 15th St. NW Washington, DC, 20005, US

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**From:** Wilkie, Robert L., Jr.  
**Sent:** Tue, 5 May 2020 13:59:27 +0000  
**To:** RLW  
**Subject:** FW: Retaliation for prescribing hydroxychloroquine

**From:** (b)(6)  
**Sent:** Tuesday, May 5, 2020 9:59:26 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** Retaliation for prescribing hydroxychloroquine

Dear Secretary Wilkie,

I am a physician in Massachusetts at VAMC Bedford who treated four COVID-19 patients with hydroxychloroquine on April 12, 2020. No patient suffered any adverse reactions, but I was told there was "concern" about my treatment, and administration began procedures designed to revoke my clinical privileges.

I see this action by administration as pure political retaliation.

My research has led to a patent (US 8,954,133) owned by the Department of Veterans Affairs. It involves a non-invasive test for Alzheimer's disease, and data submitted to the FDA have been accepted as a protocol (Q190386) on a path hopefully to eventual approval as a *de novo* method.

I sense that administration has enough animus against me that they will not consider how their actions will harm the Department of Veterans Affairs.

VISN 1 has many offices on our campus, and there is much interaction between VISN personnel and our administration. I am not aware of anyone I could approach locally for advice.

I would very much appreciate your recommending someone I could contact to discuss these issues.

Thank you for considering my request.

Sincerely,

(b)(6) MD, PhD, CAPT, USN (RET)



**From:** RLW  
**Sent:** Thu, 7 May 2020 18:21:10 +0000  
**To:** RLW  
**Subject:** FaceTime Interview w/ Mariah Ellis, KOKI-TV, Tulsa, OK Fox  
**Attachments:** 200514- Event Memo Tulsa.doc, Quad - Tulsa, KOKI (Fox, Channel 23), Mariah Ellis.pptx, SECVA Talking Points on CHIPIN for Tulsa (05142020).docx

## **TULSA KEY MESSAGES AND FACTS**

### **TOP TULSA VA COVID 19 ISSUES:**

- Eastern Oklahoma VA Health Care System was one of the first VA's in the country to provide drive-thru testing to veterans. They hosted several COVID 19 drive thru testing events at both Tulsa and Muskogee VA locations on April 15, 21, 29 and 30. On April 15 in Tulsa, a total of 108 veterans were tested. On April 21 approximately 75 people were tested, and then on April 29 and April 30, 50 veterans tested.
- The Eastern Oklahoma VA Health Care System and the Oklahoma City VA Health Care System have been in regular communication with their contracted nursing homes and Oklahoma Department of Veterans Affairs to ensure the health and safety of veterans that reside in nursing homes. Eastern Oklahoma VA Health Care System provided staffing, testing supplies, and PPE to their contracted nursing homes and State Veterans Homes, which resulted in the testing of over 500 hundred of vveterans who reside in nursing homes.
- Eastern Oklahoma has greatly expanded its use of virtual technology to continue to safely serve area veterans.
- The State of Oklahoma is on track for phase two of their COVID 19 reopening plan. On May 15, residents may resume nonessential travel, bars can reopen, and events like weddings, funerals and some organized sports can resume. Residents over 65 must follow the state's stay-at-home order.
- Due to the COVID-19 pandemic, the Eastern Oklahoma VA Health Care System is mailing all non-emergent medications to veterans. For emergency medications, the Muskogee VA is operating an outside pick-up window next to the Primary Care entrance.
- Eastern Oklahoma VA Health Care System continues to use its Veterans Transportation Service (VTS) to transport veterans with scheduled VA appointments and VA community care appointments in both Muskogee and Tulsa. The VTS dispatcher will screen all veterans prior to scheduling a ride and upon arrival.

### **TOP TULSA VA ISSUES:**

- Construction of Eastern Oklahoma's new 180,000 square foot, state of the art, health care center will be completed in May of 2021. The new health care center will improve access to care for Tulsa veterans and significantly expand services to women veterans.

The 170,000-square-foot Ernest Childers VA Health Care Center in Tulsa will sit on 22 acres, have 945 parking spaces, and offer services such as Audiology, Behavioral Health, Dental, Endoscopy, Laboratory, Optometry, Pharmacy, Physical Therapy, Primary Care, Prosthetic and Sensory Aids, Rehabilitation and Recovery Center, Radiology, a Specialty Care Clinic, and a Women's Clinic. This new health care center will replace and consolidate the Ernest Childers VA Outpatient Clinic, Tulsa VA Behavioral Medicine Clinic and Tulsa VA Dental Clinic.

- Oklahoma will host a statewide VBA tele town hall featuring USB Paul Lawrence on Friday, May 15 at 4 p.m. CENTRAL.
- A ribbon-cutting event will take place on Friday, May 15 at the Muskogee VAMC for their new state of the art computerized tomography (CT or CAT-scan) machine. The addition of the new machine has been four years in the making and radiology staff at the medical center have been anxiously anticipating its arrival. The new scanner is the most advanced GE CT unit in the state of Oklahoma achieving significant improvements in all facets of CT imaging. The new machine is a breakthrough that delivers uncompromised image quality and clinical capabilities.
- Eastern Oklahoma's new CHIP-IN Proposal for a new 55-bed hospital in Tulsa was included in the President's Budget Request. VA is currently awaiting appropriation of those funds. The new hospital will allow Eastern Oklahoma to better serve the growing veteran population in the Tulsa community, while expanding services for all veterans in Oklahoma.

## **OKLAHOMA:**

**VA HEALTH CARE SYSTEMS:** 2 (Muskogee and Oklahoma City)

**EASTERN OKLAHOMA VA HEALTH CARE SYSTEM:** 80,573 eligible veterans in a 25-county catchment area with 53,000 veterans enrolled – 65% market penetration

**VA CLINICS:** 17 (Ada, Altus, Ardmore, Blackwell, Enid, Fort Sill, Idabel, Jay, McAlester, Muskogee, 2 in Oklahoma City Stillwater, 3 in Tulsa, and Vinita)

**VET CENTERS:** 3 (Lawton, Oklahoma City, and Tulsa)

**VETERANS BENEFITS ADMINISTRATION REGIONAL OFFICES:** Muskogee

**VBA INTAKE SITES:** 5 (Altus Air Force Base, Enid, 2 in Fort Sill, and Tinker Air Force Base)

**NATIONAL CEMETERIES:** 2 (Elgin and Fort Gibson)

# Interview with Mariah Ellis, KOKI (Fox, Channel 23), Tulsa, OK

Thursday, May 14, 1 p.m. EASTERN



FOX23

**REPORTER INFORMATION:** Mariah Ellis Mariah joined the FOX23 news team in April 2018 as a multimedia journalist. She attended the University of Wyoming and later graduated from Arizona State University's Walter Cronkite School of Journalism and Mass Communication, where she reported for the school's PBS news station. Mariah began her career in her hometown of Cheyenne, Wyoming. She spent two years as a reporter and anchored/ produced the morning show at the CBS affiliate, KGWN. During that time she received an award for her storytelling from the Wyoming Association of Broadcasters. When she's not reporting the news, Mariah enjoys the outdoors, traveling, teaching dance and playing the piano.

**OUTLET INFORMATION:** KOKI (Fox, Ch. 23) KOKI-TV, Channel 23, is a Fox-affiliated television station licensed to Tulsa, OK. The station is owned by Atlanta-based Cox Media Group, as part of a duopoly with MyNetworkTV-affiliate KMYT-TV; it is also sister to local Tulsa radio stations KRMG, KRAV-FM, KWEN and KJSR. FOX23 brings viewers more than 8 hours of live, local news and weather coverage every weekday and a total of more than 50 hours each week so you know what's happening right now, how to prepare for your day ahead and beyond.

**POTENTIAL QUESTIONS** How is VA dealing with the COVID19 outbreak? Any specific concerns you have? What do you want veterans to know about this situation? How are VA employees coping with this stressful situation? PPE in news & is affecting all hospitals, any comments on that? What do you see as the next challenge in this outbreak? Here in Oklahoma, the shelter-in-place rules are now starting to be relaxed. For example, restaurants are offering some dine-in options. What are your thoughts about this? How do you see this affecting VA? Veterans? Thoughts about using hydroxychloroquine to treat COVID patients? Will VA resume normal operations anytime soon? What does the next step look like?

## CONTACT INFORMATION

**REPORTER:** Mariah Ellis CELL: 918-613-

(b)(6) EMAIL: (b)(6)s@fox23.com

**DATE/TIME:** Thursday, May 14, 1 – 1:30 p.m.

**EASTERN FORMAT:** Taped, 15 minute Facetime interview\* She will conduct Facetime interview from her laptop, so will call James Hutton's cell phone directly at: 254-220-(b)(6)



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U.S. Department  
of Veterans Affairs

**TALKING POINTS FOR  
SECRETARY OF VETERANS AFFAIRS**

**TULSA, OKLAHOMA HOSPITAL  
COMMUNITIES HELPING INVEST THROUGH PROPERTY AND IMPROVEMENTS  
NEEDED (CHIP-IN) FOR VETERANS ACTION OF 2016**

- The Department received a proposal from The Board of Regents for the Oklahoma Agricultural and Mechanical Colleges (Oklahoma State University (OSU)/A&M Regents) to donate a site with a building that will be renovated, and a parking garage constructed.
- The donated facilities are intended to support the Muskogee Veterans Affairs Medical Center (VAMC)'s projected inpatient workload in the Tulsa, OK market.
- The project will be executed as a partnership, led by CFM from VA's side, made possible by Public Law 114-294, the Communities Helping Invest through Property and Improvements Needed (CHIP-IN) for Veterans Act of 2016.
- The goal is to follow the Department's first, highly successful, CHIP-IN project in Omaha, Nebraska, with an equally successful partnership to move inpatient hospital services from the Jack C. Montgomery VAMC in Muskogee to Tulsa, which is closer to the majority of Veterans served by the Eastern Oklahoma VA Health Care System (EOVAHCS).
- The move will enhance healthcare provider/staff recruiting and retention and strengthening the existing partnerships with Oklahoma State University (OSU) as well as forging new affiliate partnerships with other academic institutions and community partners.
- VA's total estimated project cost is approximately \$221M and VA's expected contribution to the partnership would be \$120M (included in VA's FY2021 request), with the balance of facilities and/or funding coming from the donor.
- Project Scope: 260,000 square feet inpatient facility that includes 58 medical/surgical, ICU, and medical rehab beds; an emergency department; operating rooms; radiology; and ancillary support.
- The partnership agreement is being prepared for VA's Secretary Wilkie's approval. Upon approval, and Congressional appropriation of the requested \$120M, it will be VA's second CHIP-IN project. Upon VA's Secretary Wilkie's approval, a schedule will be developed in collaboration with OSU/A&M Regents.

**From:** RLW  
**Sent:** Mon, 11 May 2020 14:47:14 +0000  
**To:** RLW  
**Subject:** Interview w/WTOP JJ Green - we call 202-895-(b)(6)  
**Attachments:** Hydroxy-talking points.docx

### **Additional Hydroxychloroquine Talking Points**

- VA has used hydroxychloroquine for years to treat a number of non-COVID related conditions, such as lupus and rheumatoid arthritis, and the bulk of the order referenced will be used for those purposes.
- In certain cases, medical providers and patients want to try hydroxychloroquine to treat COVID-19, and FDA guidance, which VA follows, permits that.
- This is exactly the same principle Congress affirmed when it passed the Right to Try Act.
- VA only permits use of the drug after ensuring Veterans and caretakers are aware of potential risks associated with it, as we do with any other drug or treatment.

#### **From VHA**

- **How much Hydroxychloroquine was purchased by the Veterans Health Administration for use in VA facilities?** Prior to COVID-19, VA dispensed approximately 42,000 tablets of hydroxychloroquine each workday for non-COVID-19 treatments from its Consolidated Mail Outpatient Pharmacies (CMOP) alone. This treatment was primarily for rheumatoid arthritis and lupus. This volume is equivalent to over 1 million doses per month for dispensing and on-hand inventory for CMOP. In anticipation of a national shortage of hydroxychloroquine due to significant public interest, from February 1, 2020 to April 23, 2020 VA purchased approximately 6,339,700 tablets of hydroxychloroquine to ensure we had a sufficient supply to meet non COVID-19 and COVID-19 requirements.
- **What funds were used to purchase these quantities of Hydroxychloroquine?** VA uses medical care funds to purchase pharmaceuticals, including hydroxychloroquine
- **How much in total has VHA spent on Hydroxychloroquine in the wake of the COVID-19 pandemic?** To date, VA has spent approximately \$2 million dollars on hydroxychloroquine for both COVID-19 and non COVID-19 treatments during this time frame.

**From:** RLW  
**Sent:** Fri, 15 May 2020 19:38:33 +0000  
**To:** RLW  
**Subject:** Facetime Interview KPBS – TV (San Diego Public TV) w/REPORTER: Steve Walsh  
**Attachments:** San Diego Hot Topics SECVA Interview - May 2020.docx, San Diego NPR - QUAD  
- Steve Walsh - 89.5 KPBS - MAY 2020.pptx

Thursday, May 21 from 10:30-11. Prep materials to follow. The Secretary has spoken to Mr. Walsh before, but in a radio format.

v/r

(b)(6)

OUTLET: KPBS – TV (San Diego Public TV)  
REPORTER: Steve Walsh  
DATE/TIME: Thursday, May 21, 10:30 a.m. EASTERN  
INTERVIEW TYPE: Facetime



## **Key San Diego Issues: May 2020**

# of Veterans enrolled in San Diego Healthcare System (VASDHCS) – 84,712

# of Veterans in San Diego's catchment area – 247,074

### **COVID-19:**

The San Diego HCS has handled several local media queries regarding their operational response to COVID-19. Subjects have included:

- The increase in telehealth appointments and Video Connect to continue to serve veterans
- The use of hydroxychloroquine to treat COVID-19 (San Diego has NOT used this to treat any COVID-19 patients)
- VISN 22's expedited COVID-19 testing (turnaround time went from 5 – 7 days to 1 – 2 days - Long Beach VA is doing tests for San Diego)
- Telework options for employees (some employees reported to media not being allowed to telework – multiple queries on this subject)
- PPE/masks/inventory
- Operational changes such as screening, visitor restrictions, postponing elective surgeries

### **Hot Topic:**

Temporary accommodations for the homeless will soon end in San Diego and some of the previously utilized shelters have closed permanently, leaving VA to find homes for homeless Veterans as recently reported by Steve Walsh. <https://www.kpbs.org/news/2020/may/14/va-searching-places-house-homeless-vets-convention/>

### **Suicide Prevention:**

San Diego (SD) has one of the highest rates of veteran suicide in California according to a California Department of Public Health report, which showed 109 San Diego County veterans commit suicide in 2017

Over the last five years, the San Diego HCS has been focused on increasing outreach efforts, such as working with groups like the [San Diego Veterans Coalition](#).

- Over the past few years, the facility has been steadily increasing its number of Suicide Prevention staff to address the uptick in suicide rates.
- Every suicide is a tragedy. At the San Diego VA, suicide prevention is everyone's responsibility, not just Suicide Prevention Coordinators.
- The facility is committed to addressing the crisis by treating it with an interdisciplinary approach. Staff from around the facility work to help test new initiatives of reducing veteran suicide risk.
  - Some examples include:
    - Creating caring cards groups in which Veterans create and send positive messages to other Veterans.
    - Working with pharmacy to more broadly advertise the crisis line contact information in waiting rooms, on medication bottle caps, and in prescription inserts.
    - Psychotherapy to directly address suicidal thoughts for Veterans with elevated risk before they begin care for a specific mental health diagnosis.

- Adaptation of couples' psychotherapy to address suicidal thoughts.
- Started weekly, multi-disciplinary review of every suicide attempt and death by suicide to identify trends and opportunities to improve care.

### **Mental Health:**

VA San Diego is committed to caring for both the physical and mental health care needs of our Veterans.

- VA San Diego's ASPIRE Center is a 40-bed, three-story, 30,000-square-foot residential rehabilitation treatment facility located in Old Town, San Diego.
- The center was designed to promote recovery in combat Veterans returning from Iraq and Afghanistan.
- The ASPIRE center provides temporary housing for Veterans who do not need inpatient care but would benefit from rehabilitation services.
- The center includes mental health, vocational and occupational therapies for those Veterans who need them.
- The ASPIRE Center has admitted Veterans for 5 years, serving approximately 90 Veterans each year.

### **Marijuana Research:**

San Diego VAMC is currently conducting the first cannabinoid clinical trial funded by VA.

- It is a double-blind, phase II, drug + psychotherapy trial investigating the therapeutic potential of oral cannabidiol (CBD) as an adjunctive treatment to prolonged exposure therapy in the treatment of PTSD.
- CBD is not "cannabis," but rather a specific cannabinoid. However, CBD is still schedule 1 and requires approval for use from DEA and FDA.
- The study just started enrolling veteran subjects and has its first baseline assessment scheduled for this week.

### **Research and Development:**

VA San Diego has one of largest R&D Programs in the VA. With more than 600 active research projects on veteran health, VA San Diego has been able to attract top quality physicians.

- Research and development play a vital role in at the VA San Diego Health Care System.
  - Research staff stay abreast of medical breakthroughs
  - Research attracts top quality physicians
  - Participation in many large-scale clinical studies
- An issue arose earlier this year, when an investigative reporter obtained an internal VA report, which revealed liver samples were taken from sick veterans without their permission for a study that allegedly provided no benefit to the patients.

### **Veteran Homelessness:**

Like with the rest of Southern California, veteran homelessness is a considerable problem in the San Diego due to high housing prices and competitive rental markets; and the lack of affordable housing. It frequent is a topic of conversation.

- The most recent PIT count results showed a 31% **increase** in veteran homelessness in the county. New PIT count results are not out yet.
- VA works closely with the city of San Diego on veteran homelessness and provides HUD/VASH vouchers as well as wrap-around support and services for homeless veterans once they find housing.
  - Community involvement is widespread in San Diego, helping to combat veteran homelessness.
  - The community has built an area of “tiny houses” for homeless veterans, and a local veteran has started and runs a Veterans Village, housing for homeless veterans. San Diego has always had a large military and veteran presence.

**Access to Care:**

San Diego is affiliated with the University of California, San Diego School of Medicine and provides training to more than 1,500 medical interns, residents and fellows.

- The facility has multiple teaching affiliations for nursing, pharmacy, dental and dietetics – and has one of the largest research programs in the VA.
- The medical center also hosts the VA Center for Excellence for Stress and Mental Health, which is conducting extensive research on PTSD and combat stress.
- VA San Diego recently finished construction on a new clinic in South Bay/Chula Vista.
  - The new facility will have expanded capacity for appointments and a staff of about 100 will help veterans with primary care, integrated mental health, laboratory and pathology, audiology, tele-medicine, optometry and podiatry services.
  - Construction is ongoing with an expected completion date of Spring 2020. Mission Valley Replacement clinic ground breaking is planned for fall 2019.

**Telehealth:**

VA San Diego continues to expand the ways in which it can provide superior care our Veterans. One of these is the increased use of Telehealth services to care for Veterans.

- Telehealth services are available to veterans who live far from the medical center, have health or transportation problems that make it difficult to travel, or Veterans that need nurse case management for chronic health problems that are hard to control.
- VA San Diego Healthcare System currently offers three programs using telehealth: Home Telehealth, Clinical Video Telehealth and Store & Forward.

**Women Veterans:**

VA San Diego has a multisite, coordinated Women’s Health Program providing comprehensive care to women Veterans. More than 13,000 female Veterans are enrolled for care. Patients are assigned a primary care provider who is responsible for their care and referrals to specialty clinics. This assures patients receive the personalized care they need.

# Interview with Steve Walsh – KPBS – San Diego NPR San Diego, CA (Veteran/Military Affairs Reporter)

## POTENTIAL QUESTIONS Interview:

\*Positive, Negative, Neutral or Unknown Reporter is interested in the following topics: COVID-19 Veteran Homelessness “What’s Next” post COVID-19



- Steve Walsh is a respected, investigative reporter. Walsh is a military reporter who delivers stories and features for TV, radio and web. He spent a large portion of his career as a print reporter in Indiana and Chicago. Walsh was an embedded reporter in Iraq twice. Has a serial podcast called “Free The Pendleton 14.” Graduate of Indiana State University.

**TALKING POINTS** Local Issues: Veteran Homelessness: Reporter recently wrote a story about COVID-19 related shelters shutting down soon and what that means for Veterans. The shelters have allowed VA to locate Veterans to assist in providing options for housing. There are enough vouchers to house homeless veterans in the area. COVID-19 by the numbers (as of May 18, 2020): 15 active Veteran cases, 45 convalescent Veteran cases, 7 convalescent employee cases, 1 known death

## RADIO CALL INFO Station: KPBS

Public Radio & TV Broadcast: Daily Reporter:  
KPBS DATE: 5/21/2020 TIME: 10:30 a.m.  
EST Phone: Reporter will call James Hutton  
Cell Reporter’s Cell #: (219)462-



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**VA**



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# Recent stories by Steve Walsh

[Homeless Veterans/COVID-19 – 5/14/20 – VA searching for place to house homeless vets before convention center shelter closes](#)  
[Employee Complaints – 5/3/20 – VA nurses rally for better protection against COVID-19](#)  
[COVID-19 Testing – 4/14/20 – VA rolls out faster COVID-19 test through Southern California](#)  
[Employee Complaints – 4/6/20 – VA nurses say they aren't getting a consistent message about COVID-19](#)  
[Benefits Office Closure – 3/21/20 – VA shuts down benefits offices amid coronavirus concerns](#)



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**From:** Wilkie, Robert L., Jr.  
**Sent:** Sat, 16 May 2020 22:10:00 +0000  
**To:** RLW  
**Subject:** FW: [EXTERNAL] ATTN: Hydroxychloroquine Consequences

**From:** (b)(6)  
**Sent:** Saturday, May 16, 2020 6:08:30 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Wilkie, Robert L., Jr.  
**Subject:** [EXTERNAL] ATTN: Hydroxychloroquine Consequences

Hello Col. Wilkie,  
Why are veterans still being given hydroxychloroquine as a treatment for COVID19 when it's shown to make things worse? This is happening on your watch.

Fix this now, sir.

Respectfully,

(b)(6) h

Former Homeless Decorated War Veteran