

From: Cashour, Curtis
Sent: Sat, 28 Mar 2020 21:00:12 +0000
To: Powers, Pamela; Syrek, Christopher D. (Chris)
Cc: Hutton, James; (b)(6); Wagner, John (Wolf)
Subject: FW: Reporter inquiry: response to COVID-19 emails obtained through public records request
Attachments: 1RE_ Red Dawn Breaking Bad, Start Feb 24(1).pdf

Pam,

Please see the below media inquiry. Are you OK with the following response? Thanks - Curt

All VA facilities are equipped with essential items and supplies to handle an influx of coronavirus cases, and the department is continually monitoring the status of those items to ensure a robust supply chain. To date, no VA medical centers have encountered shortages of COVID-19 related supplies.

For updates on VA patient cases and testing, see here: <https://www.va.gov/coronavirus>

For updates on VA's COVID-19 response, we refer you to the agencies in question.

For questions about the president, we refer you to the White House.

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
[@curtcashour](mailto:(b)(6)@curtcashour)

From: Rachana Pradhan <RachanaP@kff.org>
Sent: Saturday, March 28, 2020 4:02 PM
To: VA Public Affairs <VAPublicAffairs@va.gov>
Subject: [EXTERNAL] Reporter inquiry: response to COVID-19 emails obtained through public records request

Hi all,

I'm a reporter for Kaiser Health News in Washington, DC, a non-profit news organization that partners with major media outlets to publish stories (including the Washington Post, the New York Times, CNN and USA Today). Wanted to reach out because we are writing a story based on emails that we obtained through a public records request in King County, Washington, related to the novel coronavirus AKA COVID-19.

We'll be publishing that a Department of Veterans Affairs official who is a liaison to the CDC raised concerns in late February about a lack of personal protective equipment for medical workers and

strategies to mitigate that, as part of an email chain with several officials across multiple federal agencies. See relevant communications attached.

Could you respond to the following as soon as possible/no later than 5pm today?

As shown in the emails, the concerns about PPE voiced by Department of Veterans Affairs official Carter Mecher, and that officials should assume there would not be enough personal protective equipment for medical personnel, came around the same time as President Trump was saying the threat of the novel coronavirus to the American public was low. Mecher is also a liaison to the CDC. How do you square the sentiments voiced privately here by Mecher about expected lack of PPE with the president's public statements? Did anyone at the VA communicate concerns to the president about PPE supplies for medical workers, and if so, when?

Did VA Secretary Robert Wilkie and/or other senior VA leadership have concerns that the U.S. would not have enough PPE for medical workers as they tried to treat people with COVID-19? If so, when did those concerns first arise?

Was the VA's response to the virus informed by a concern that there would not be enough PPE for workers? If so, please provide examples/policy actions and dates.

Thanks,
Rachana

Rachana Pradhan

National Correspondent, Kaiser Health News

202-347-5270 (w)

703-731-7918 (c)

[@rachanadixit](#)

From: (b)(6)
To: (b)(6)
Subject: RE: Red Dawn Breaking Bad, Start Feb 24
Date: Saturday, February 29, 2020 2:17:16 PM
Attachments: E98E8E2F9E8E468BA4900AC48D861D54.png
86AB93ED6274F88ED489FD2C6ED65F.png
maae001.png

[EXTERNAL Email Notice] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Just heard from (b)(6) that Jeff isn't seeing anything unusual.

Sent from Mail for Windows 10

From: (b)(6)
Sent: Saturday, February 29, 2020 4:10 PM
To: (b)(6)
Cc:
Subject: FW: Red Dawn Breaking Bad, Start Feb 24

Sorry, had wrong email

From: (b)(6)
Sent: Saturday, February 29, 2020 3:08 PM
To: (b)(6) @charter.net
Cc: (b)(6) @METROK.GOV; (b)(6) @METROK.GOV
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Contacting (b)(6)

(b)(6)

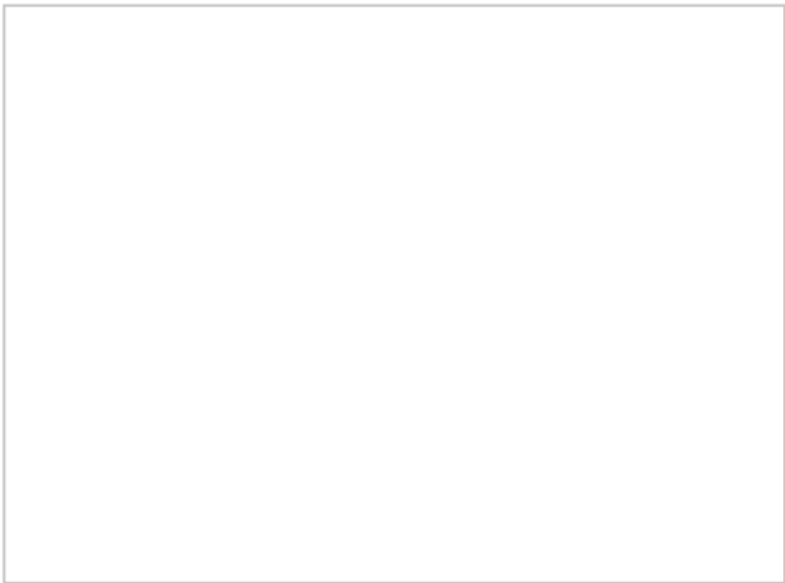
(b)(6) Ph.D.

Director
Galveston National Laboratory
University of Texas Medical Branch
Galveston, TX 77555-0610
(t) 409-266-(b)(6)
(f) 409-266-(b)(6)
(m) 409-785-(b)(6)

From: (b)(6) @charter.net
Sent: Saturday, February 29, 2020 2:09 PM
To: (b)(6) @pm.me
Cc: (b)(6) @unmc.edu; (b)(6) @westernu.edu; (b)(6) @email.unc.edu; (b)(6) @hq.dhs.gov; (b)(6) @cepi.net; (b)(6) @me.com; (b)(6) @state.gov; (b)(6) @state.gov; (b)(6) @hq.dhs.gov; (b)(6) @gmail.com; (b)(6) @OS/ASPR/SPPR; (b)(6) @hhs.gov; (b)(6) @OS/ASPR/SPPR; (b)(6) @hhs.gov; (b)(6) @OS/ASPR/SPPR; (b)(6) @hhs.gov; (b)(6) @CIV USARMY (USA); (b)(6) @iv@mail.mil; (b)(6) @gmail.com; (b)(6) @hq.dhs.gov; (b)(6) @hq.dhs.gov; (b)(6) @hq.dhs.gov; (b)(6) @associates.hq.dhs.gov; (b)(6) M.D.; (b)(6) @mgh.harvard.edu; (b)(6) @UTMB.EDU; (b)(6) @OS/ASPR/BARDA; (b)(6) @hhs.gov; (b)(6) @OS/ASPR/BARDA; (b)(6) @hhs.gov; (b)(6) @OS/ASPR/SPPR; (b)(6) @hhs.gov; (b)(6) @OS/ASPR/IO; (b)(6) @hhs.gov; (b)(6) @OS/ASPR/IO; (b)(6) @hhs.gov; (b)(6) @CDPH; (b)(6) @cdph.ca.gov; (b)(6) @ijgt.org; (b)(6) @ijgt.org; (b)(6) @sdcounty.ca.gov; (b)(6) @hq.dhs.gov; (b)(6) @cbp.dhs.gov; (b)(6) @cbp.dhs.gov; (b)(6) @hhs.gov; (b)(6) @dshs.texas.gov; (b)(6) @hq.dhs.gov; (b)(6) @hhs.gov; (b)(6) @state.gov; (b)(6) @weforum.org; (b)(6) CHFS DPH; (b)(6) @ky.gov; (b)(6) @HHS/OASH; (b)(6) @hhs.gov; (b)(6) OHS, Washington, DC; (b)(6) @usda.gov; (b)(6) OHS, Washington, DC; (b)(6) @usda.gov
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

[WARNING: This email originated from outside of UTMB's email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am also concerned about Seattle (Kings County). Charity, do you have contacts there? Or could someone reach out to (b)(6) from CDC or HHS?
<https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/~media/depts/health/communicable-diseases/documents/influenza/2020/week-08.ashx>
This is week 8 data (so recent data). Compare the 3 graphs. Seeing a mismatch between pathogens by PCR (going down) and syndromic surveillance (flat). Also looking at ED visits and seeing an upward trend in school age kids (ages 5-17) and 45-64 year olds. Something doesn't sit right with me.



Sent from Mail for Windows 10

From: (b)(6)
Sent: Saturday, February 29, 2020 2:58 PM
To: (b)(6)
Cc: (b)(6); (b)(6)@gmail.com; (b)(6); (OS/ASPR/SPPRI); (b)(6); (OS/ASPR/SPPRI); (b)(6); (CIV.USARMY (USA)); (b)(6); (b)(6); (b)(6); (M.D.); (b)(6)@UTMB.EDU; (b)(6); (OS/ASPR/BARDA); (b)(6); (OS/ASPR/BARDA); (b)(6); (OS/ASPR/SPPRI); (b)(6); (OS/ASPR/IO); (b)(6); (OS/ASPR/IO); (b)(6); @cdph; (b)(6); @sdccounty.ca.gov; (b)(6); (b)(6); (b)(6); @dshs.texas.gov; (b)(6); (CHES.DPH); (b)(6); (HHS/OASH); (b)(6); OHS; Washington, DC; (b)(6); OHS, Washington, DC
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

(b)(6) Do you have any contacts in Hawaii? Would really be interested in Week 8 data.

I remember a story of a couple from Japan who were symptomatic while visiting Hawaii and were confirmed to have COVID upon their return to Japan.
<https://bigislandnow.com/2020/02/17/53-self-monitor-for-coronavirus-in-hawaii-after-visiting-japanese-couple-tests-positive/>

My understanding is that Hawaii did not perform testing on anyone (just monitored some contacts from symptoms).

I went to Hawaii's flu surveillance (their latest data is from week 7). My concern is the continued rise in ILI, despite a drop off in influenza in the lab.
https://health.hawaii.gov/docd/files/2018/03/FLU_Influenza_Surveillance.pdf

Sent from Mail for Windows 10

From: (b)(6)
Sent: Saturday, February 29, 2020 1:15 PM
To: (b)(6)
Cc: (b)(6); (OS/ASPR/SPPR); (b)(6); (OS/ASPR/SPPR); (b)(6); CIV.USARMY (USA); (b)(6); @gmail.com; (b)(6); (b)(6); M.D.; (b)(6); @UTMB.EDU; (b)(6); (OS/ASPR/BARDA); (b)(6); (OS/ASPR/BARDA); (b)(6); (OS/ASPR/SPPR); (b)(6); (b)(6); (OS/ASPR/IO); (b)(6); (OS/ASPR/IO); (b)(6); @CDPR; (b)(6); @sdcountry.ca.gov; (b)(6); (b)(6); (HHS/OASH); (b)(6); --OHS; Washington, DC; (b)(6); OHS, Washington, DC
Subject: Re: Red Dawn Breaking Bad, Start Feb 24

Oops. I mixed up the order. It should be -

From travelers: Washington, Illinois, California, Arizona, MA, Wisconsin, Oregon
Unknown origin: California, Oregon, Washington

I did a quick analysis on strategic screening, if we have enough testing power, I would suggest community testing strategically in California, Chicago/Illinois, Oregon, Washington, Boston, Atlanta, New York. It would be great if we can cover more. We have to go beyond contact tracing. It is also good to cover some universities.

(b)(6) @pm.me
<https://newton.isye.gatech.edu/> (b)(6)
mobile: 404-432 (b)(6)

Sent with ProtonMail Secure Email.

----- Original Message -----

On Friday, February 28, 2020 7:55 PM, Dr (b)(6) @pm.me> wrote:

Yes, good for them to ask.

It will be good to know how many are under observation and self quarantine also. Chicago is the first city with the confirmed COVID-19 case in US (from a returning traveler). I have forward the Kaiser data to Ncal and (b)(6) see if they have an answer. I don't know if I can see the Ncal data on their EPIC system. I will see.

----- Original Message -----

On Friday, February 28, 2020 7:49 PM, (b)(6) @charter.net> wrote:

Need someone from HHS or CDC to pick up the phone and reach out to public health in Chicago. I would also reach out to Kaiser in Northern California. How are they explaining this?

Sent from my iPhone

On Feb 28, 2020, at 6:57 PM, (b)(6) @unmc.edu> wrote:

Great pick up (b)(6) How can we confirm? In the absence of diagnostics, I would take an abnormal uptick in ILI syndromic data as a trigger for NPI.

(b)(6) MD, MPH, FIDSA

m: 703.407 (b)(6)

(b)(6) @unmc.edu

From: (b)(6) @charter.net>
Date: Friday, February 28, 2020 at 3:37 PM
To: (b)(6) @westernu.edu>; (b)(6) @email.unc.edu>; (b)(6) @hq.dhs.gov>; (b)(6) @ccpi.net>; (b)(6) @pm.me>
Cc: (b)(6) @me.com>; (b)(6) @state.gov>; (b)(6) @state.gov>

"(b)(6)@hq.dhs.gov>, (b)(6)@gmail.com", (b)(6)@gmail.com>, (b)(6) OS/ASPR/SPPR)"
 (b)(6)@hhs.gov>, (b)(6) OS/ASPR/SPPR" (b)(6)@hhs.gov>, (b)(6) OS/ASPR/SPPR)"
 (b)(6)@hhs.gov>, (b)(6)@com.umaryland.edu>, (b)(6) CIV USARMY (USA)"
 (b)(6)@mail.mil>, (b)(6)@gmail.com>, (b)(6)@hq.dhs.gov>, "(b)(6)
 (b)(6)@hq.dhs.gov>, (b)(6)@hq.dhs.gov>, (b)(6)@hq.dhs.gov>, (b)(6)
 (b)(6)@associates.hq.dhs.gov>, (b)(6)@mah.harvard.edu>, (b)(6)@UTMB.EDU" (b)(6)@utmb.edu>,
 OS/ASPR/BARDA)" (b)(6)@hhs.gov>, (b)(6)@hhs.gov>, (b)(6)
 OS/ASPR/BARDA)" (b)(6)@hhs.gov>, (b)(6) OS/ASPR/SPPR" (b)(6)@hhs.gov>, (b)(6) OS/ASPR/IO)"
 (b)(6)@hhs.gov>, (b)(6) OS/ASPR/IO)" (b)(6)@hhs.gov>, (b)(6)@CDPH" (b)(6)@cdph.ca.gov>,
 (b)(6)@unmc.edu>, (b)(6)@iat.org>, (b)(6)@iat.org>,
 (b)(6)@sdcounty.ca.gov" (b)(6)@sdcounty.ca.gov>, (b)(6)@hq.dhs.gov>, (b)(6)
 (b)(6)@cbp.dhs.gov>, (b)(6)@hq.dhs.gov>, (b)(6)@usis.texas.gov
 (b)(6)@dshs.texas.gov>, (b)(6)@hq.dhs.gov>, (b)(6)@med.cornell.edu>, (b)
 (b)(6)@hhs.gov>, (b)(6)@state.gov>, (b)(6)@weforum.org>, (b)(6) (CHFS
 DPH)" (b)(6)@ky.gov>, (b)(6) (HHS/OASH) (b)(6)@hhs.gov>, (b)(6) OHS, Washington, DC"
 (b)(6)@usda.gov>, (b)(6) OHS, Washington, DC" (b)(6)@usda.gov>
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Non-UNMC email

A couple updates. Noticed that CDC increased the number of confirmed cases of Americans n the US from the cruise ship from 42 to 44.

Looked at ILI for NYC and TX. ILI is trending down. Only odd thing I noticed besides the Kaiser Northern California ILI data on hospitalizations and the data from Chicago below (the ER ESSENCE data %of ER visits for ILI).Instead of falling, it actually increased slightly.

<image001.png>

<image002.png>

National ILI data shows it trending down (down to 5.5%).

<image003.gif>

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)
Sent: Friday, February 28, 2020 11:52 AM
To: (b)(6)
Cc: (b)(6)@gmail.com; (b)(6) OS/ASPR/SPPR; (b)(6) OS/ASPR/SPPR; (b)(6) CIV USARMY (USA); (b)(6) OS/ASPR/SPPR; (b)(6) M.D.; (b)(6)@UTMB.EDU; (b)(6) OS/ASPR/BARDA; (b)(6) OS/ASPR/BARDA; (b)(6) OS/ASPR/SPPR; (b)(6) OS/ASPR/IO; (b)(6) OS/ASPR/IO; (b)(6)@CDPH; (b)(6)@sdcounty.ca.gov; (b)(6)@dshs.texas.gov; (b)(6) (CHFS DPH); (b)(6) (HHS/OASH); (b)(6) OHS, Washington, DC; (b)(6) OHS, Washington, DC
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Estimates of the impact of COVID on VA

In FY2019, VA cared for 6,271,019 unique veterans and had 9,237,638 veteran enrollees.

The Diamond Princess cruise ship outbreak can provide invaluable insights into the potential impact to VA.

Below is a comparison of the US population, the adult population aboard the cruise ship, and the Veteran population.

AGE	US Population 2017	% Distribution	Cruise Ship Passengers & Crew	% Distribution	FY2019 Veterans VetPop	% Distribution
20-29 years	45,489,095	19%	347	9%	932,473	5%
30-39 years	43,204,209	18%	428	12%	1,989,045	10%
40-49 years	40,617,231	17%	334	9%	2,194,505	11%
50-59 years	43,409,050	18%	398	11%	3,169,787	17%
60-69 years	36,824,083	15%	923	25%	3,735,399	19%
70-79 years	21,588,326	9%	1,015	27%	4,405,551	23%
>80 years	12,433,972	5%	227	6%	2,782,943	14%
Total population	243,565,966	100%	3,672	100%	19,209,704	100%

The Veteran population is similar to the cruise population. If anything, the veteran population is even older (so at even higher risk). There were 3,711 passengers and crew aboard the cruise ship (1,045 crew and 2,666 passengers). As of February 28, 2020, there have been 751 confirmed cases of COVID (attack rate of 20%). There have been 6 deaths thus far (lower limit of a case fatality rate of 0.80%). [A timeline of the outbreak is provided at the bottom of this message.] 380 of the confirmed cases were asymptomatic (50.6%). It is estimated that approximately 12-15% of the 751 passengers and crew with confirmed disease required acute care with 36 hospitalized patients reported to be in serious condition (5%).

Given the similarities of the demographics of the cruise ship and veterans, we could project the potential impact on veterans.

Veterans	Population FY2019	Total Infected (20% AR)	Number Asymptomatic (50.6%)	Hospitalizations 12%	ICU Admissions 5%	Deaths CFR 0.80%
All Veterans	19,209,704	3,841,941	1,944,022	461,033	192,097	30,736
Veteran Enrollees	9,237,638	1,847,528	934,849	221,703	92,376	14,780
Veteran Uniques	6,271,019	1,254,204	634,627	150,504	62,710	10,034

Need to place these numbers into perspective.

Acute Inpatient Care	VHA Total
Operating Beds Hospital	15,744
Operating Beds Medicine/Surgery	9,817
Operating Beds ICU	1,692
ADC Hospital	9,805
ADC Medicine/Surgery	6,225
ADC ICU	1,101
ADC On a Ventilator	240
Daily Hospital Admissions	1,641
Daily Admissions Medicine/Surgery	1,226
Daily Admissions/Transfers in ICU	389
Emergency Department Care	
Daily ER Visits	6,874
Outpatient Care (non-ER)	
Daily Clinic Visits	209,336

Annually, VA has:

- 450,000 acute (medical/surgical) admissions
- 140,000 ICU admissions
- 2.5M ER/Urgent Care visits

If we assume that this outbreak will last approximately 3 months, we can then overlay the projected demand upon the usual background utilization over 3 months.

Even if we simply focus on the veteran uniques (veterans who use VA services), we can assume that there might be 3 ER visits for each admission--so roughly 450,000 ER visits, 150,000 hospitalizations, and 63,000 ICU admissions.

Over an average 3 month period, VA would have ~625,000 ER/Urgent care visits, 112,000 acute care admissions, and 35,000 ICU admissions.

Now you understand the challenge.

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Notes
20-Jan	Cruise ship departs from Yokohama Japan			
25-Jan	80 year old passenger disembarks in Hong Kong			
1-Feb	80 year old passenger confirmed to have COVID-19			
	When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger.			
3-Feb	Ship arrives in port of Yokohama Japan			
5-Feb	10 passengers and crew confirmed +	10		
6-Feb	31 more passengers and crew confirmed +	41		
7-Feb	30 more passenger and crew confirmed +	61		
8-Feb	9 more passenger and crew confirmed +	70		
10-Feb	66 more passenger and crew confirmed +	136		439 tested
11-Feb	39 more passenger and crew confirmed +	175		492 tested
12-Feb	28 more passenger and crew confirmed +	203		4 in ICU
13-Feb	15 more passenger and crew confirmed +	218		713 tested
14-Feb	67 more passenger and crew confirmed +	285		927 tested
15-Feb	70 more passenger and crew confirmed +	355		1,219 tested; 73 asymptomatic
	329 American evacuated from cruise ship (14 of the evacuees found to be			

16-Feb	(+) remained on board 61 Americans 44 Americans remained hospitalized in Japan	369		
17-Feb	85 more passenger and crew confirmed +	454		1,723 tested; 19 seriously ill
18-Feb	167 more passenger and crew confirmed +	621		3,011 tested
19-Feb	2 deaths	621	2	
20-Feb	13 more passenger and crew confirmed +	634	2	3,066 tested; 28 seriously ill; 322 asymptomatic
23-Feb	Death reported in Japan		3	
24-Feb	Japan updates total to 691; US reports 36 in US	691	3	
25-Feb	Death reported in Japan; US reports 40 in US; UK 4; Australia 7; Hong Kong 4; Israel 2; Total 744; plus 4 not on ship	734	4	3,894 tested; 35 seriously ill; 380 asymptomatic
26-Feb	US reports total of 42 cases in US; Japan announces that 45 of 813 former passengers have symptoms and will need to be tested; 14 new cases confirmed in the Diamond Princess cruise ship, raising the total to 705 cases inside the ship	750	4	
27-Feb	Australia (+1) 8 cases (repatriated)	751	4	
28-Feb	2 death reported in Japan	751	6	

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)
 Sent: Friday, February 28, 2020 9:26 AM
 To: (b)(6)
 Cc: (b)(6) @gmail.com; (b)(6) OS/ASPR/SPPB; (b)(6) CIV USARMY (USA); (b)(6) OS/ASPR/SPPB; (b)(6) OS/ASPR/SPPB; (b)(6) OS/ASPR/SPPB; (b)(6) M.D.; (b)(6) @UTMB.EDU; (b)(6) OS/ASPR/BARDA; (b)(6) OS/ASPR/BARDA; (b)(6) OS/ASPR/SPPB; (b)(6) OS/ASPR/IO; (b)(6) OS/ASPR/IO; (b)(6) @CDPH; (b)(6) @sdcounty.ca.gov; (b)(6) @dshs.texas.gov; (b)(6) (CHFS DPH); (b)(6) HHS/OASH; (b)(6) OHS, Washington, DC; (b)(6) HS, Washington, DC
 Subject: RE: Red Dawn Breaking Bad, Start Feb 24

I think this data is close enough to convince people that this is going to be bad and we will need to pull the full array of Nis (TLC). All that is left is when (timing).

I went back to our comparison of Philadelphia and St. Louis in 1918. The difference between Philadelphia and St. Louis in terms when they pulled the trigger on NPIs was about two weeks during the course of their individual outbreaks.

In St. Louis, NPIs were put in place 1 week after the first cases at Jefferson Barracks, 5 days after the first death, and 3 days after the first civilian cases in St. Louis. In Philadelphia, NPIs were put in place 3 weeks after the first cases at the Navy Yard, 16 days after the first civilian cases in Philadelphia, 2 weeks after the first death. In the cases of NPIs, timing matters.

We would estimate that the outbreak in Wuhan had about a 2 week head start on the rest of Hubei. So the measures China implemented to slow transmission happened about two later in the course of the outbreak in Wuhan compared to the rest of Hubei Province. That comparison looks a lot like Philadelphia and St. Louis.

So we have a relatively narrow window and we are flying blind.

Looks like Italy missed it.

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)
 Sent: Friday, February 28, 2020 9:14 AM
 To: (b)(6)

cc: (b)(6) @gmail.com; (b)(6) OS/ASPR/SPPRI; (b)(6)
 OS/ASPR/SPPRI; (b)(6) OS/ASPR/SPPRI; (b)(6) CIV.USARMY.MIL; (b)(6)
 (b)(6) @UTMB.EDU; (b)(6) OS/ASPR/BARDA; (b)(6)
 OS/ASPR/BARDA; (b)(6) OS/ASPR/SPPRI; (b)(6) OS/ASPR/IO; (b)(6) OS/ASPR/IO; (b)(6) @CDPH; (b)(6)
 (b)(6) @sdcountry.ca.gov; (b)(6) @dshs.texas.gov;
 (b)(6) (CHFS.DPH); (b)(6) (HHS/OASH); (b)(6)
 OHS, Washington, DC; (b)(6) OHS, Washington, DC
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

This might be of interest. A comparison I ran of the distribution of the US population by age group compared to the passengers and crew aboard the Diamond Princess (surprised nobody ever did this). Except for kids, the cruise ship data tells a lot about adults (really shifted toward the 60-80 year old group).

AGE	US Population 2017	% Distribution	Cruise Ship Passengers & Crew	% Distribution
0-9 years	40,243,098	12%	16	0%
10-19 years	41,910,114	13%	23	1%
20-29 years	45,489,095	14%	347	9%
30-39 years	43,204,209	13%	428	12%
40-49 years	40,617,231	12%	334	9%
50-59 years	43,409,050	13%	398	11%
60-69 years	36,824,083	11%	923	25%
70-79 years	21,588,326	7%	1,015	27%
>80 years	12,433,972	4%	227	6%
Total population	325,719,178	100%	3,711	100%

Here is how the distributions compare when I only look at age ≥ 20 (essentially adults)

AGE	US Population 2017	% Distribution	Cruise Ship Passengers & Crew	% Distribution
20-29 years	45,489,095	19%	347	9%
30-39 years	43,204,209	18%	428	12%
40-49 years	40,617,231	17%	334	9%
50-59 years	43,409,050	18%	398	11%
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>80 years	12,433,972	5%	227	6%
Total population	243,565,966	100%	3,672	100%

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)
 Sent: Friday, February 28, 2020 8:39 AM
 To: (b)(6)
 cc: (b)(6) @gmail.com; (b)(6) OS/ASPR/SPPRI; (b)(6)
 OS/ASPR/SPPRI; (b)(6) OS/ASPR/SPPRI; (b)(6) CIV.USARMY.MIL; (b)(6)
 (b)(6) @UTMB.EDU; (b)(6) OS/ASPR/BARDA; (b)(6)
 OS/ASPR/BARDA; (b)(6) OS/ASPR/SPPRI; (b)(6) OS/ASPR/IO; (b)(6) OS/ASPR/IO; (b)(6) @CDPH; (b)(6)
 (b)(6) @sdcountry.ca.gov; (b)(6) @dshs.texas.gov;
 (b)(6) (CHFS.DPH); (b)(6) (HHS/OASH); (b)(6)
 OHS, Washington, DC; (b)(6) OHS, Washington, DC
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Updated tables

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Notes
20-Jan	Cruise ship departs from Yokohama Japan			
25-Jan	80 year old passenger disembarks in Hong Kong			
1-Feb	80 year old passenger confirmed to have COVID-19 When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger.			
3-Feb	Ship arrives in port of Yokohama Japan			
5-Feb	10 passengers and crew confirmed +	10		
6-Feb	31 more passengers and crew confirmed +	41		
7-Feb	30 more passenger and crew confirmed +	61		
8-Feb	9 more passenger and crew confirmed +	70		
10-Feb	66 more passenger and crew confirmed +	136		439 tested

11-Feb	39 more passenger and crew confirmed +	175		492 tested
12-Feb	28 more passenger and crew confirmed +	203		4 in ICU
13-Feb	15 more passenger and crew confirmed +	218		713 tested
14-Feb	67 more passenger and crew confirmed +	285		927 tested
15-Feb	70 more passenger and crew confirmed +	355		1,219 tested; 73 asymptomatic
16-Feb	329 American evacuated from cruise ship (14 of the evacuees found to be +) remained on board 44 Americans remained hospitalized in Japan	369		
17-Feb	85 more passenger and crew confirmed +	454		1,723 tested; 19 seriously ill
18-Feb	167 more passenger and crew confirmed +	621		3,011 tested
19-Feb	2 deaths	621	2	
20-Feb	13 more passenger and crew confirmed +	634	2	3,066 tested; 28 seriously ill; 322 asymptomatic
23-Feb	Death reported in Japan		3	
24-Feb	Japan updates total to 691; US reports 36 in US	691	3	
25-Feb	Death reported in Japan; US reports 40 in US; UK 4; Australia 7; Hong Kong 4; Israel 2; Total 744; plus 4 not on ship	734	4	3,894 tested; 35 seriously ill; 380 asymptomatic
26-Feb	US reports total of 42 cases in US; Japan announces that 45 of 813 former passengers have symptoms and will need to be tested; 14 new cases confirmed in the Diamond Princess cruise ship, raising the total to 705 cases inside the ship	750	4	
27-Feb	Australia (+1) 8 cases (repatriated)	751	4	
28-Feb	2 deaths reported in Japan	751	6	

Country	Passengers/Crew	Cases Hospitalized in Japan	Cases Confirmed upon Repatriation	Total Confirmed Cases	ICU Admissions	Deaths	% Infected
US	434	44	42	86			20%
Hong Kong	364	55	4	59			16%
Canada	256	47		47			18%
Australia	241	47	8	55			23%
UK	78	6	4	10		1	13%
Italy	35						
South Korea	14						
Israel	11	3	2	5			45%
Japan						5	
Subtotal	1,433	202	60	262			
Total	3,711	691	60	751		6	20%

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From: (b)(6)
 Sent: Friday, February 28, 2020 8:21 AM
 To: (b)(6)
 Cc: (b)(6); (b)(6)@gmail.com; (b)(6); (OS/ASPR/SPPR); (b)(6); (OS/ASPR/SPPR); (b)(6); CIV USARMY (USA); (b)(6); (b)(6); M.D.; (b)(6); @UTMB.EDU; (b)(6); (OS/ASPR/BARDA); (b)(6); (OS/ASPR/BARDA); (b)(6); (OS/ASPR/SPPR); (b)(6); (b)(6); (OS/ASPR/IO); (b)(6); (OS/ASPR/IO); (b)(6); @CDPH; (b)(6); (b)(6); @dshs.texas.gov; (b)(6); (b)(6); (CHFS DPH); (b)(6); HHS/OASH; (b)(6); OHS, Washington, DC; (b)(6); - OHS, Washington, DC
 Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Japan just announce a sixth passenger on the cruise ship has died (British passenger).

So 6/751 = 0.8% CFR. This is now the new lower limit of CFR.

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From: (b)(6)
 Sent: Friday, February 28, 2020 5:20 AM
 To: (b)(6)

cc: (b)(6) @gmail.com; (b)(6) (OS/ASPR/SPPR); (b)(6)
 (OS/ASPR/SPPR); (b)(6) OS/ASPR/SPPR; (b)(6)
 CIV.USARMY (USA); (b)(6)
 (b)(6) UTMB.EDU; (b)(6) OS/ASPR/BARDA; (b)(6)
 OS/ASPR/BARDA; (b)(6) OS/ASPR/SPPR; (b)(6) (Chris); OS/ASPR/IOI; (b)(6) OS/ASPR/IOI; (b)(6) @CDPH; (b)(6)
 (b)(6) @sdcourty.ca.gov; (b)(6) pdshs.texas.gov;
 (b)(6) (CHFS DPH); (b)(6) (HHS/OASH); (b)(6)
 QHS, Washington, DC; (b)(6) QHS, Washington, DC
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Japan announced fifth death of Diamond Princess passenger (70 year old woman). CFR for infected passengers is now 0.67% (this represents the lower limit of CFR). Below are the latest numbers I have (had to make a correction when I learned that the 705 total cases reported by Japan also included the 14 confirmed cases in Americans who were evacuated but not the cases that have appeared in the remaining citizens from the US (28), Australia (8), Hong Kong (4), UK (4), and Israel (2) after they were evacuated.

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Notes
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South Korea	14						
Israel	11	3	2	5			45%
Japan						5	
Subtotal	1,433	202	60	262			
Total	3,711	691	60	751			20%

To: (b)(6)@hq.dhs.gov; (b)(6)@cepi.net; (b)(6)@pm.me; (b)(6)@charter.net
(b)(6)
Cc: (b)(6)@westernu.edu; (b)(6)@me.com; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@hq.dhs.gov; (b)(6)@gmail.com; (b)(6)@gmail.com; (OS/ASPR/SPPR)
(b)(6)@hhs.gov; (b)(6)@OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6)@OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6)@hhs.gov; (b)(6)
(b)(6)@som.umaryland.edu; (b)(6)@CIV.USARMY.USA; (b)(6)@mail.mil; (b)(6)@gmail.com; (b)(6)
(b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@associates.hq.dhs.gov; (b)(6)@M.D.; (b)(6)@mgh.harvard.edu; (b)(6)@UTMB.EDU; (b)(6)
(OS/ASPR/BARDA); (b)(6)@hhs.gov; (b)(6)@hhs.gov; (b)(6)@OS/ASPR/BARDA; (b)(6)@hhs.gov; (b)(6)
(OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6)@OS/ASPR/IO; (b)(6)@hhs.gov; (b)(6)@OS/ASPR/IO; (b)(6)@hhs.gov;
(b)(6)@CDPH; (b)(6)@cdph.ca.gov; (b)(6)@unmc.edu; (b)(6)@igt.org; (b)(6)
(b)(6)@igt.org; (b)(6)@sdcounty.ca.gov; (b)(6)@sdcounty.ca.gov; (b)(6)@hq.dhs.gov; (b)(6)@cbp.dhs.gov;
(b)(6)@hq.dhs.gov; (b)(6)@ds.hs.texas.gov; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@med.cornell.edu; (b)(6)@hhs.gov; (b)(6)@state.gov; (b)(6)@weforum.org;
(b)(6)@CHFS.DPH; (b)(6)@ky.gov; (b)(6)@HHS/OASH; (b)(6)@hhs.gov; (b)(6)@hhs.gov; (b)(6)@OHS, Washington, DC
(b)(6)@usda.gov; (b)(6)@OHS, Washington, DC; (b)(6)@usda.gov
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

A comment: Pangolins are not the animal reservoir. Pangolin -CoV-2020 virus is only 90% identical to SARS-CoV2 while SARS-CoV-2 and bat-CoV-RaTG13 is 96% identical. The paper concludes its not a reservoir... "Although this present study does not support pangolins would be an intermediate host for the emergence of the 2019-nCoV....." at this moment, the most likely origins are bats, and I note that it is a mistake to assume that an intermediate species is needed. ralph

From: (b)(6)@hq.dhs.gov
Sent: Thursday, February 27, 2020 4:20 PM
To: (b)(6)@cepi.net; Dr (b)(6)@pm.me; (b)(6)@charter.net
Cc: (b)(6)@me.com; (b)(6)@state.gov; (b)(6)
(b)(6)@state.gov; (b)(6)@hq.dhs.gov; (b)(6)@email.com; (b)(6)@OS/ASPR/SPPR
(b)(6)@hhs.gov; (b)(6)@OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6)@OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6)
(b)(6)@som.umaryland.edu; (b)(6)@CIV.USARMY.USA; (b)(6)@mail.mil; (b)(6)@gmail.com; (b)(6)
(b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@associates.hq.dhs.gov; (b)(6)@M.D.; (b)(6)@mgh.harvard.edu; (b)(6)@UTMB.EDU; (b)(6)
(b)(6)@email.unc.edu; (b)(6)@hhs.gov; (b)(6)@hhs.gov; (b)(6)@hhs.gov; (b)(6)
(OS/ASPR/BARDA); (b)(6)@hhs.gov; (b)(6)@OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6)@OS/ASPR/IO; (b)(6)@hhs.gov;
(b)(6)@OS/ASPR/IO; (b)(6)@hhs.gov; (b)(6)@CDPH; (b)(6)@cdph.ca.gov; (b)(6)@unmc.edu;
(b)(6)@igt.org; (b)(6)@igt.org; (b)(6)@sdcounty.ca.gov; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@cbp.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@ds.hs.texas.gov; (b)(6)
(b)(6)@hq.dhs.gov; (b)(6)@med.cornell.edu; (b)(6)@hhs.gov; (b)(6)@state.gov;
(b)(6)@weforum.org; (b)(6)@CHFS.DPH; (b)(6)@ky.gov; (b)(6)@HHS/OASH; (b)(6)@hhs.gov;
(b)(6)@OHS, Washington, DC; (b)(6)@usda.gov; (b)(6)@OHS, Washington, DC; (b)(6)@usda.gov
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Updated Master Question List.

Best,

(b)(6)

From: (b)(6)
Sent: Thursday, February 27, 2020 4:15 PM
To: Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Additional information sources:

Forwarding information from one of our BAH team members, (b)(6), PhD, who has been working with colleagues at Harvard/BCH, Oxford, and Northeastern to develop a centralized repository of individual-level information on patients with laboratory-confirmed COVID-19 to include a map/data explorer visualization tool. This information is publicly available with credit to be given to the Open COVID-19 Data Curation Group on any publications/communications. Please feel free to disseminate further to anyone interested. If you have any questions, feel free to reach out. Thank you!

Map/Data Explorer: https://scarpino.shinyapps.io/Emergent_Epidemics_Lab_nCoV2019/ [scarpino.shinyapps.io]

Link to Linelist: https://docs.google.com/spreadsheets/d/1taoHdPiAeniCXNIntNzIz_oRvjh0HsGuJXUJWfE008/edit#gid=0 [docs.google.com]

Twitter Update Notifications: <https://twitter.com/svscarpino/status/1230330483319484417> [twitter.com], <https://twitter.com/MOUGK> [twitter.com]

Summary ([https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30119-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30119-5/fulltext) [thelancet.com])

- Coronavirus disease 2019 (COVID-19) is spreading rapidly across China, and as of Feb 16, 2020, had

been reported in 26 countries globally. The availability of accurate and robust epidemiological, clinical, and laboratory data early in an epidemic is important to guide public health decision-making.¹

- Consistent recording of epidemiological information is important to understand transmissibility, risk of geographic spread, routes of transmission, and risk factors for infection, and to provide the baseline for epidemiological modelling that can inform planning of response and containment efforts to reduce the burden of disease. Furthermore, detailed information provided in real time is crucial for deciding where to prioritise surveillance.
- Line list data are rarely available openly in real time during outbreaks. However, they enable a multiplicity of analyses to be undertaken by different groups, using various models and assumptions, which can help build consensus on robust inference. Parallels exist between this and the open sharing of genomic data.²
- We have built a centralised repository of individual-level information on patients with laboratory-confirmed COVID-19 (in China, confirmed by detection of virus nucleic acid at the City and Provincial Centers for Disease Control and Prevention), including their travel history, location (highest resolution available and corresponding latitude and longitude), symptoms, and reported onset dates, as well as confirmation dates and basic demographics. Information is collated from a variety of sources, including official reports from WHO, Ministries of Health, and Chinese local, provincial, and national health authorities. If additional data are available from reliable online reports, they are included. Data are available openly and are updated on a regular basis (around twice a day).
- We hope these data continue to be used to build evidence for planning, modelling, and epidemiological studies to better inform the public, policy makers, and international organizations and funders as to where and how to improve surveillance, response efforts, and delivery of resources, which are crucial factors in containing the COVID-19 epidemic.
- The epidemic is unfolding rapidly and reports are outdated quickly, so it will be necessary to build computational infrastructure that can handle the large expected increase in case reports. Data sharing will be vital to evaluate and maintain accurate reporting of cases during this outbreak.³

From: (b)(6)@cepi.net
Sent: Thursday, February 27, 2020 1:29 PM
To: D:(b)(6)@nm.me; C:(b)(6)@charter.net
Cc: (b)(6)@westernu.edu; (b)(6)@me.com; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@hq.dhs.gov; (b)(6)@email.com; (b)(6)
(b)(6) OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6) OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6) OS/ASPR/SPPR
(b)(6)@hhs.gov; (b)(6)@som.umaryland.edu; (b)(6) USARMY (USA); (b)(6)@mail.mil; (b)
(b)(6)@gmail.com; (b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@hq.dhs.gov; (b)(6)@associates.hq.dhs.gov; (b)(6) M.D.
(b)(6)@mh.harvard.edu; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; (b)(6) OS/ASPR/BARDA; (b)(6)@hhs.gov; (b)(6)
(b)(6)@hhs.gov; (b)(6) OS/ASPR/BARDA; (b)(6)@hhs.gov; (b)(6) OS/ASPR/SPPR; (b)(6)@hhs.gov; (b)(6)
(b)(6) OS/ASPR/IO; (b)(6)@hhs.gov; (b)(6) OS/ASPR/IO; (b)(6)@hhs.gov; (b)(6)@CDPH; (b)(6)@cdph.ca.gov;
(b)(6)@unmc.edu; (b)(6)@iat.org; (b)(6)@hhs.gov; (b)(6)@iat.org; (b)(6)@sdcounty.ca.gov; (b)(6)
(b)(6)@hq.dhs.gov; (b)(6)@cbp.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@dshs.texas.gov; (b)(6)@hq.dhs.gov; (b)(6)@med.cornell.edu; (b)(6)
(b)(6)@hhs.gov; (b)(6)@state.gov; (b)(6)@weforum.org; (b)(6) CHFS DPH
(b)(6)@ky.gov
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

Excellent editorial from Jeremy Farrar about the near-term funding requirement:

<https://wellcome.ac.uk/news/global-institutions-must-act-urgently-and-decisively-tackle-covid-19> [wellcome.ac.uk]

UK Chief Medical Officer Chris Whitty providing forewarning that schools may need to close for as long as two months:

Chief medical officer: schools could shut for two months in event of pandemic

Chris Whitty has been speaking about measures to reduce risk in the event that coronavirus outbreak reaches pandemic proportions. While noting that such an outcome was just one possibility, he said that there could be a

"social cost" if the virus intensifies seeing mass gatherings reduced and schools closed for more than two months.

He said:

One of the things that's really clear with this virus, much more so than flu, is that anything we do we're going to have to do for quite a long period of time, probably more than two months.

"The implications of that are non-trivial, so we need to think that through carefully.

"This is something we face as really quite a serious problem for society potentially if this goes out of control. It may not but if it does globally then we may have to face that."

Whitty also said that the UK would inevitably be affected in the event of a global epidemic.

If this becomes a global epidemic then the UK will get it, and if it does not become a global epidemic the UK is perfectly capable of containing and getting rid of individual cases leading to onward transmission.

"If it is something which is containable, the UK can contain it. If it is not containable, it will be non-containable everywhere and then it is coming our way."

<https://www.theguardian.com/world/live/2020/feb/27/coronavirus-news-live-updates#block-5e57f5698f086a28115b3d8d> [theguardian.com]

From: Dr (b)(6) @pm.me
Sent: 27 February 2020 17:38
To: (h)(6) @charter.net<
Cc: (h)(6) @westernu.edu>; (h)(6) @cepi.net>; (h)(6) @me.com>; (b)(6) (h)(6) @hq.dhs.gov>; (h)(6) @state.gov>; (h)(6) @state.gov>; (h)(6) (h)(6) @hq.dhs.gov>; (h)(6) @gmail.com (h)(6) OS/ASPR/SPPR (h)(6) @hhs.gov>; (h)(6) OS/ASPR/SPPR (h)(6) @hhs.gov>; OS/ASPR/SPPR (b)(6) @hhs.gov>; (b)(6) @som.umaryland.edu>; (h)(6) CIV USARMY (USA) (h)(6) @mail.mil>; (h)(6) @gmail.com>; (b)(6) @hq.dhs.gov>; (h)(6) (h)(6) @hq.dhs.gov>; (h)(6) @hq.dhs.gov>; (h)(6) associates.hq.dhs.gov>; (h)(6) M.D. (h)(6) @mgh.harvard.edu>; (h)(6) @UTMB.EDU (h)(6) @email.unc.edu>; (h)(6) OS/ASPR/BARDA (h)(6) @hhs.gov>; (h)(6) OS/ASPR/SPPR (b)(6) @hhs.gov>; (h)(6) OS/ASPR/BARDA (h)(6) @hhs.gov>; (h)(6) OS/ASPR/SPPR (b)(6) @hhs.gov>; (b)(6) OS/ASPR/IO (h)(6) @hhs.gov>; (h)(6) OS/ASPR/IO (h)(6) @hhs.gov>; (h)(6) A@CDPH (h)(6) @cdph.ca.gov>; (h)(6) @unmc.edu>; (h)(6) @iqit.org>; (h)(6) @iqit.org>; (h)(6) @sdcounty.ca.gov (h)(6) @hq.dhs.gov>; (h)(6) @chp.dhs.gov>; (h)(6) (h)(6) @hq.dhs.gov>; (h)(6) @dshs.texas.gov (h)(6) @hq.dhs.gov>; (h)(6) (h)(6) @med.cornell.edu>; (h)(6) @hhs.gov>; (h)(6) @state.gov>; (h)(6) @weforum.org>; (b)(6) (h)(6) CHFS DPH (h)(6) @ky.gov>

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

All schools close in Hong Kong until mid April. They are quarantining a huge group of people entering from China, in separate apartment complex.

Colleagues in UK told me that their schools are on the verge of closing also.

(b)(6) @pm.me
<https://newton.isye.gatech.edu> (b)(6) newton.isye.gatech.edu]
mobile: 404-432-(b)(6)

Sent with ProtonMail [protonmail.com] Secure Email.

----- Original Message -----

On Thursday, February 27, 2020 12:14 PM, (h)(6) @charter.net> wrote:

Japan

All schools told to be closed until April: <https://www.japantimes.co.jp/news/20.../#.XlelKkNryik> [japantimes.co.jp]

Prime Minister Abe at the government's headquarters opened shortly after 6:00 pm on March 27, and temporarily closed all elementary schools, junior high schools, and high schools nationwide from March 2 until spring break.

Prime Minister Abe noted that temporary closure of elementary and junior high schools has been taken in Hokkaido and Ichikawa City, Chiba Prefecture, and said, "Efforts have been made to prevent the spread of infection to children in each region. But the last couple of weeks is a very important time. "

He said, "First and foremost, put children's health and safety first, and prepare in advance for the risk of large-scale infection caused by many children and teachers gathering for long hours on a daily basis." He stated that all elementary schools, junior high schools, high schools and special needs schools should be closed temporarily until spring break

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Cc: (b)(6) @email.com; (b)(6)
(b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
CIV USARMY (USA); (b)(6)
(b)(6) @UTMB.EDU; (b)(6) @email.unc.edu; (b)(6) (OS/ASPR/BARDA); (b)(6)
(b)(6) (OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/IO); (b)(6)
(OS/ASPR/IO); (b)(6) @CDPH; (b)(6) @dshs.texas.gov; (b)(6) @sdcouny.ca.gov; (b)(6)
(b)(6) (CHES DPH)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

About time for Japan (was wondering what they were waiting for to pull this trigger)
Japan's Prime Minister Abe asks schools across the country to be closed from Monday to prevent the spread of coronavirus
Hope we are paying attention in the US and especially California.

Even NK is closing schools
North Korea postpones the opening of schools to prevent an outbreak of coronavirus

Add a few more countries to the list:

- Denmark
- Estonia
- Norway
- Romania

The outbreaks in Italy and Iran are much larger than many realize by evidence of the numbers of confirmed cases in international travelers from those areas. Cases in travelers from Italy have present in Israel, England, Denmark and Brazil. Need a pretty large outbreak for that to happen—much larger than the numbers reported.

Iran now reporting 245 cases and 26 deaths. Given the confirmed case in Canada of a traveler from Iran and the time from disease onset to death, this is already a well established and large outbreak in Iran.

Italy and Iran are about where Wuhan was 1 month ago. In a couple of weeks Wuhan was overwhelmed.

Here are some snippets re cases of travelers from Italy:

- Israel confirms 1 new case of coronavirus; an Israeli citizen who recently came back from Italy
- 2 new cases confirmed in England, UK; one of them came back from Italy and the other from Tenerife, Spain
- Denmark's TV2 says one of its reporters has tested positive for coronavirus after going on holiday in northern Italy. He developed symptoms on Wednesday morning.
- The patient is a 61-year-old man in São Paulo. He was in northern Italy from February 9 until February 21.

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(OS/ASPR/IO); (b)(6) @CDPH; (b)(6) @dshs.texas.gov; (b)(6) @sdcouny.ca.gov; (b)(6)
(b)(6) (CHES DPH)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Looked at the age specific data from the cruise ship (focusing on ages <20). Although the numbers are small, the prevalence of disease in school age kids (ages 10-19) is similar to the elderly.

What also caught my eye was the data for young adults (ages 20-49). Since this data is for the entire ship, I suspect that most in this age group are crew. Only 8% of this age group was confirmed to have infection. The total confirmed cases in this analysis was only 619 (we are now up to 744), so perhaps they have since caught up.

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(b)(6) OS/ASPR/IO (b)(6) @CDPH (b)(6) @sdccounty.ca.gov (b)(6)
(b)(6) @dshs.texas.gov (b)(6)
(b)(6) CHES.DPH

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Details below on case in California. From the cruise ship data we would estimate there are 20-50 cases for each ICY admission (assuming ICU admissions in 2%-5% of cases). That ratio was for an aged population. Suspect that ratio might be higher for a general population. And given the time from disease onset to being on a ventilator for at least a week (since at least Feb 19 when the patient arrived at UC Davis), the outbreak has had a good head start. That would suggest we already have a significant outbreak and are well behind the curve. We are now well past the equivalent 5:45 moment at Mann Gulch. You can't outrun it. They need to be thinking NPIs locally (full TLC including school closure).

[I will send something I was looking at re the cruise ship data and kids.]

<https://www.sacbee.com/news/local/article240682311.html> [sacbee.com]

Latest: Coronavirus patient at UC Davis Medical Center since Feb. 19 wasn't tested for days

The Solano County resident who is the nation's first confirmed case of coronavirus from "exposure in the community" has been under the care of UC Davis Medical Center for a week [sacbee.com], according to an internal memo obtained Wednesday night by The Sacramento Bee.

Just before 10 p.m., the hospital published the memo that was sent to employees by UC Davis Health leaders earlier in the day [ucdavis.edu] and outlines the timeline of the patient's admission and disclosed that several employees who were exposed to the patient self-isolate at home "out of abundance of caution."

The patient, whom the U.S. Centers for Disease Control and Prevention confirmed has tested positive the COVID-19 strain, was moved to the Sacramento teaching hospital on Feb. 19, according to the memo sent to staffers by David Lubarsky, the head of the hospital and UC Davis Health's vice chancellor of human health services, and Brad Simmons, the health system's interim CEO.

The patient was transferred to the facility from another hospital, where a medical team had already put the patient on a ventilator.

"The individual is a resident of Solano County and is receiving medical care in Sacramento County. The individual had no known exposure to the virus through travel or close contact with a known infected individual," California Department of Public Health officials said in a news release.

Because physicians at the first hospital suspected the patient had a virus, they issued an order that health care workers should wear personal protective gear when with the patient to guard against exposure to droplets, said the memo, which was first reported by the Davis Enterprise newspaper [davisenterprise.com].

The UCD medical team used the proper infection protocols out of concern that the individual might have coronavirus, according to the memo, and upon the patient's admission, UCD physicians requested that public health officials perform a test to determine whether the person had COVID-19.

"We requested COVID-19 testing by the CDC, since neither Sacramento County nor CDPH is doing testing for coronavirus at this time," the memo says. "Since the patient did not fit the existing CDC criteria for COVID-19, a test was not immediately administered. UC Davis Health does not control the testing process."

On Sunday, the CDC ordered a coronavirus test on the patient, and UC Davis Health officials discovered Wednesday that the patient tested positive for the deadly respiratory illness that causes coughing, fever and shortness of breath. That prompted hospital officials to tell "a small number" of hospital workers to stay home and monitor themselves for possible infection.

"Just as when a health care worker has a small chance of exposure to other illnesses, such as TB or pertussis, we are following standard CDC protocols for determination of exposure and surveillance," the memo said. "So, out of an abundance of caution, in order to assure the health and safety of our employees, we are asking a small number of employees to stay home and monitor their temperature."

"We are handling this in the same way we manage other diseases that require airborne precautions and monitoring," the memo said, adding hospital officials are "in constant communication with the state health department and the CDC and Sacramento County Public Health about the optimal management of this patient and possible employee exposures."

UCD officials did not respond to The Bee's request for comment.

The memo ended: "We are dedicated to providing the best care possible for this patient and continuing to protect the health of our employees who care for them."

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Some updates.

Singapore and Hong Kong continue to hold the line.

Singapore (+2 case) 93 cases/0 deaths /7 in ICU (still 4 kids—none currently hospitalized/2 were asymptomatic

Hong Kong (+6) 91 cases/2 deaths/ 4 critical; 2 serious (1 kid age 16)

Japan 189 cases/3 deaths/13 serious

Explosive growth in South Korea, Italy, and Iran

South Korea 1,596 cases/13 deaths/13 serious; 5 critical

Italy 453 cases/12 deaths

Iran 139 cases/19 deaths

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Update Hubei & Wuhan Hospitalizations per 100,000. Hubei curve is plateauing.

Date	Hubei 2019-nCoV Confirmed Hospital Data							Hubei and Wuhan Cases & Hospitalization Rates				
	Total Current Inpatients	Mild Disease	Severely Ill	Critically Ill	Cum Discharges	Cum Deaths	Cum Inpatients	Hubei Cum cases	Wuhan Cases	Hubei Cum Hospitalization Rate per 100,000	Wuhan Cum Hospitalization Rate per 100,000	%Hubei Cases Hospitalized
1/14/20	6		6				6	41	41	0.01	0.5	
1/15/20	5		5			2	7	41	41	0.01	0.5	
1/16/20	5		5			2	7	45	45	0.01	0.5	
1/17/20	8		8			2	10	62	62	0.02	0.7	
1/18/20	136	100	33	3		3	139	121	121	0.2	1.4	
1/19/20	170	126	35	9		4	174	198	198	0.3	2.4	
1/20/20	239	176	51	12		7	246	270	258	0.4	3.1	
1/21/20						15		375	320	0.0	3.8	
1/22/20	399	304	71	24		17	416	444	390	0.7	4.7	
1/23/20	494	365	106	23	31	24	549	549	495	0.9	5.9	100%

Subject: Re: Red Dawn Breaking Bad, Start Feb 24

(b)(6) ve in the White House Briefing Room now - live feed on WaPo site -
Sent from my iPhone

On 26 Feb 2020, at 23:08, T (b)(6)@time.com> wrote:
Why are CDC numbers (on their website) so low? E.g., 14,000 deaths.

(b)(6)

On Feb 26, 2020, at 5:56 PM, C (b)(6)@hq.dhs.gov> wrote:

Master Question List—things to think about, updated.

Also,

<https://www.washingtonpost.com/health/2020/02/25/cdc-coronavirus-test/> [washingtonpost.com]

From: (b)(6)@charter.net>

Sent: Wednesday, February 26, 2020 3:14 PM

To: Subject: RE: Red Dawn Breaking Bad, Start Feb 24



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Updated cruise ship data including data we can find by country

Country	Passengers/Crew	Cases Hospitalized in Japan	Cases Confirmed upon Repatriation	Total Confirmed Cases	ICU Admissions	Deaths	% Infected
US	434	44	42	86			20%
Hong Kong	364	55	4	59			16%
Canada	256	47		47			18%
Australia	241	47	7	54			22%
UK	78	6	4	10			13%
Italy	35						
South Korea	14						
Israel	11	3	2	5			45%
Japan						4	
Subtotal	1,433	202	59	261			
Total	3,711			744			20%

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Notes
20-Jan	Cruise ship departs from Yokohama Japan			
25-Jan	80 year old passenger disembarks in Hong Kong			
	80 year old passenger confirmed to have COVID-19			
	When results known, certificate of landing			

1-Feb	canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger.			
3-Feb	Ship arrives in port of Yokohama Japan			
5-Feb	10 passengers and crew confirmed +	10		
6-Feb	31 more passengers and crew confirmed +	41		
7-Feb	30 more passenger and crew confirmed +	61		
8-Feb	9 more passenger and crew confirmed +	70		
10-Feb	66 more passenger and crew confirmed +	136		439 tested
11-Feb	39 more passenger and crew confirmed +	175		492 tested
12-Feb	28 more passenger and crew confirmed +	203		4 in ICU
13-Feb	15 more passenger and crew confirmed +	218		713 tested
14-Feb	67 more passenger and crew confirmed +	285		927 tested
15-Feb	70 more passenger and crew confirmed +	355		1,219 tested; 73 asymptomatic
16-Feb	329 American evacuated from cruise ship (14 of the evacuees found to be +) 61 Americans remained on board 44 Americans remained hospitalized in Japan	369		
17-Feb	85 more passenger and crew confirmed +	454		1,723 tested; 19 seriously ill
18-Feb	167 more passenger and crew confirmed +	621		3,011 tested
19-Feb	2 deaths	621	2	
20-Feb	13 more passenger and crew confirmed +	634	2	3,066 tested; 28 seriously ill; 322 asymptomatic
23-Feb	Death reported in Japan		3	
24-Feb	Japan updates total to 691; US reports 36 in US	691	3	
25-Feb	Death reported in Japan; US reports 40 in US; UK 4; Australia 7; Hong Kong 4; Israel 2; Total 744; plus 4 not on ship	744	4	3,894 tested; 35 seriously ill; 380 asymptomatic
26-Feb	US reports total of 42 cases in US; Japan announces that 45 of 813 former passengers have symptoms and will need to be tested	746	4	

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Number of cases from Diamond Princess cruise ship rises to 42 in US (plus 44 in Japan), for total of 86.

<image001.png>

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24

I found a treasure trove of information and analysis of the Diamond Princess cruise ship outbreak. Japan's National Institute of Infectious Diseases published a Field Briefing on Feb 21, 2020
<https://www.niid.go.jp/niid/en/2019-ncov-c.html> [niid.go.jp]

I took the material and built a slide deck.

Take a look.

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Things keep getting more complicated wrt the cruise ship outbreak. Another 45 patients (out of 813 passengers who let off the ship) have developed symptoms and will require testing.

TOKYO: Dozens of passengers allowed off a coronavirus-stricken ship have developed symptoms including fever and will be asked to take tests for the virus, Japan's health minister said Wednesday.

The news came as another death linked to the virus in Japan was reported and the government urged organisers of major events in the next fortnight to consider cancelling or downsizing them to help curb the spread of infections.

The government has contacted 813 former passengers of the Diamond Princess cruise ship and found "45 people had certain symptoms", Health Minister Katsunobu Kato told parliament.

"We asked all of them (who have symptoms) to see a doctor and to take tests."

Around 970 people were allowed off the boat last week after testing negative for the virus, but several have subsequently been diagnosed with the illness.

Japan has come under increasing pressure over its handling of the crisis on the vessel.

Those allowed off the ship after a 14-day quarantine were asked to stay inside, but no formal measures restricting their movement were imposed.

Opposition lawmakers have blamed the government for failing to implement a fresh 14-day quarantine after the passengers left the cruise ship – as was required by countries that repatriated citizens from the boat.

Infections have also continued to rise inside Japan, and Prime Minister Shinzo Abe on Wednesday said hosting large events should be reconsidered.

"In light of the significant infection risks, we will ask that national sporting or cultural events that will attract large crowds be either cancelled, postponed or downsized for the next two weeks," Abe told a cabinet task force meeting on the outbreak.

Concerts cancelled

After the announcement, Nippon Professional Baseball Organization said its unofficial spring games through March 15 would be held in empty stadiums, before the official season opens on March 20.

Some top Japanese musicians, including all-male group Exile and female trio Perfume cancelled concerts, while Tokyo Girls Collection fashion show on Saturday will be held with no audience, according to their organisers.

The virus has also forced professional football, rugby, golf, tennis and other sports to reschedule games or to hold their events with no fans in attendance.

The government has also asked state-operated museums and theatres to consider closing or cancelling shows.

The government has repeatedly said that the coming weeks will be critical in limiting the spread of the virus in Japan.

But its measures have been largely advisory, including recommending that people work from home or commute off-peak.

The recommendations come as the local government in northern Hokkaido announced in its latest update on the virus the death of a local resident, whose name, gender and age were not revealed.

The governor of Hokkaido, where at least 38 people have been diagnosed, said he was requesting local municipalities to close public schools for one week from Thursday.

In Tokyo meanwhile, the regional education board said public high schools may start classes late to spare students travelling on packed commuter trains.

Japan has seen at least 165 infections separate from the outbreak on the cruise ship.

The outbreak has raised fears that the Olympic Games to be hosted in Tokyo this summer could be cancelled, a possibility government officials and organisers have rejected.

"We have not thought about it. We have not heard about it. We have made inquiries, and we were told there is no such plan," Tokyo 2020 CEO Toshiro Muto told reporters.

"Our basic thinking is to conduct the Olympics and Paralympics as planned. That's our assumption."

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24

<https://www.theguardian.com/world/2020/feb/26/wuhan-nurses-plea-international-medics-help-fight-coronavirus> [theguardian.com]

Moving description from the front lines of conditions in Wuhan . . . And a picture of what we will likely face soon . . .

From: (b)(6)@charter.net
Sent: 26 February 2020 04:11
To: (b)(6)@hq.dhs.gov; (b)(6)@cepi.net; (b)(6)@pm.me; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@hq.dhs.gov; (b)(6)@gmail.com; (b)(6) (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) CIV USARMY (USA); (b)(6)@mail.mil; (b)(6)@gmail.com; (b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@associates.hq.dhs.gov; (b)(6) M.D.; (b)(6)@mgh.harvard.edu; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; (b)(6) (OS/ASPR/BARDA); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/BARDA); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/IO); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/IO); (b)(6)@hhs.gov; (b)(6)@CDPH; (b)(6)@cdph.ca.gov; (b)(6)@unmc.edu; (b)(6)@ziqt.org; (b)(6)@ziqt.org; (b)(6)@sdcounty.ca.gov; (b)(6)@hq.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@chp.dhs.gov; (b)(6)@hq.dhs.gov; (b)(6)@dshs.texas.gov; (b)(6)@hq.dhs.gov; (b)(6)@westernu.edu; (b)(6)@hhs.gov; (b)(6)@med.cornell.edu; (b)(6)@hhs.gov; (b)(6)@weforum.org; (b)(6) CHFS DPH; (b)(6)@ky.gov
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Watching ILI in a few key areas--NYC, Chicago, CA, and TX. Week 7 data (week ending Feb 15). Flu is now trending down. This data is a little old (now 10 days old). Week 8 data coming soon.

Chicago

NYC

CA

TX

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(b)(6) (CHES DPH)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

ASTHO sponsored meeting hosted by White House this evening. Good discussion and input from many state and local Public Health Official partners. We are all in this together, and preparedness and response slowly transitions to community mitigation efforts and the frontline boots on the ground.

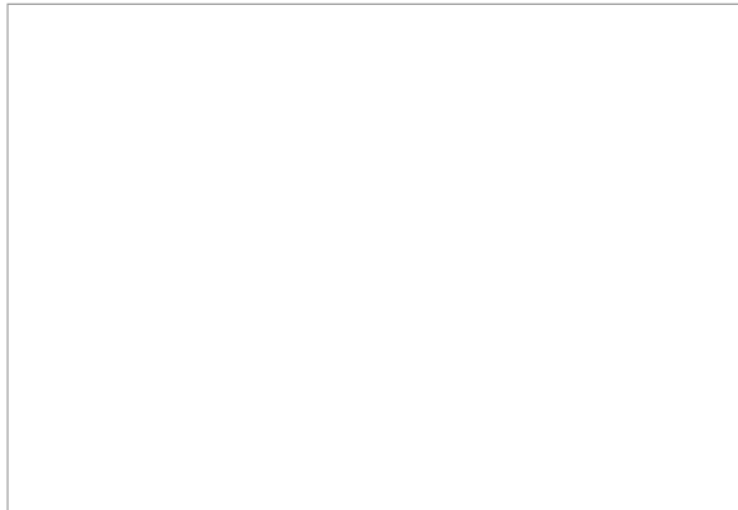
Still only 14 cases *detected*.

Red Dawn Breaking...

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Subject: RE: Red Dawn Breaking Bad, Start Feb 24



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<https://www.sciencemag.org/news/2020/02/coronavirus-infections-keep-mounting-after-cruise-ship-fiasco-japan>
[sciencemag.org]

TOKYO—All but a handful of the passengers of the disease-stricken Diamond Princess cruise ship berthed in Yokohama have disembarked. But for Japan, the saga is far from over. Much of the crew remains on board, enduring another 14 days of quarantine—although this time under conditions that Japanese officials hope will prevent any additional infections.

But there has been another worrisome development: As of today, eight public servants who worked on the ship to support the quarantine have tested positive for COVID-19, and more may follow. Most of the roughly 90 health ministry employees who visited the ship during the first 2-week quarantine that ended on 19 February initially returned to their normal work duties, but in light of the infections, the health ministry yesterday revised its policy and now those potentially exposed to the virus on the Diamond Princess are self-quarantining at home for 14 days, according to a ministry official who asked not to be identified.

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 (OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/IO); (b)(6)
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 (b)(6)@shs.texas.gov; (b)(6)
 (b)(6)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Some updates. Will send the Hubei/Wuhan update later.

Singapore and Hong Kong continue to hold the line. I attached the case studies we did to monitor when they pulled the trigger in NPIs—lessons for us and for others.

Singapore (+1 case) 91 cases/0 deaths /7 in ICU (still 4 kids—none currently hospitalized/2 were asymptomatic

Hong Kong (+4) 85 cases/2 deaths/ 4 critical; 2 serious (still no kids reported)

Japan 170 cases/1 death/7 serious

Explosive growth in South Korea, Italy, and Iran

South Korea 977 cases/11 deaths/6 critical

99 out of 102 people in the psychiatric department of a hospital in South Korea tested positive for coronavirus infection.

<https://www.bloomberg.com/news/articles/2020-02-22/nearly-all-patients-in-south-korean-psychiatric-ward-have-virus> [bloomberg.com]

Yesterday, the Korean government raised the alert level from Orange(Level 3) to Red (Level 4) in order to prepare for a possible nation-wide transmission. It was a proactive decision taking into consideration the pattern and speed of transmission.

Italy 322 cases/11 deaths/114 in hospital; 35 in ICU

Public events in Veneto and Lombardy are banned - All schools in Lombardy and Veneto will be closed - Venice Carnival will be shut down, shows canceled at Milan La Scala

Iran 95 cases/16 deaths

Bahrain 23 cases/0 deaths

Bahrain closes all kindergartens, schools, universities, and training centers in the country for at least 2 weeks to prevent the spread of coronavirus

New countries today

- Algeria
- Austria
- Croatia
- Switzerland

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)

Sent: Tuesday, February 25, 2020 5:47 PM

To: (b)(6)

Cc: (b)(6)@hq.dhs.gov; (b)(6)
 (b)(6)@gmail.com; (b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
 (OS/ASPR/SPPR); (b)(6) CIV USARMY (USA); (b)(6)

(b)(6) M.D.
(b)(6) @UTMB.EDU (b)(6) @email.unc.edu (b)(6) @OS/ASPR/BARDA; (b)(6)
(b)(6) @OS/ASPR/BARDA; (b)(6) @OS/ASPR/SPRTE; (b)(6) @OS/ASPR/O; (b)(6)
(b)(6) @OS/ASPR/O; (b)(6) @CDPH; (b)(6)
(b)(6) @sdcounty.ca.gov; (b)(6)
(b)(6) @dshs.texas.gov; (b)(6)
(b)(6)

Subject: Re: Red Dawn Breaking Bad, Start Feb 24

Big news today from China is the continued drop in new cases (down to just over 500 today) and the number of provinces (>20) with no new cases at all. It remains to be seen if China can hold the line but its interventions ARE working to reduce transmission dramatically and Carter is right that Singapore and Hong Kong are demonstrating the value of an early, rapid, aggressive response. Whether the rest of the world, and the U.S., can mount a similarly effective response I do not know, but China has shown what can be done with NPIs.

-(b)(6) from WEF. Welcome (b)(6)

Sent from my iPhone

On 25 Feb 2020, at 18:14, Dr. Ev (b)(6) @pm.me> wrote:

It is unclear if S. Korea will be able to setup so many temp. beds as China. They're very slow in picking up social distancing and social awareness, proper NPI. Iran is way behind in terms of medical care. I fear they will have very high mortality.

(b)(6) @pm.me

[https://newton.isyc.gatech.edu/\(b\)\(6\)@newton.isyc.gatech.edu](https://newton.isyc.gatech.edu/(b)(6)@newton.isyc.gatech.edu)

mobile: 404-432 (b)(6)

Sent with ProtonMail [protonmail.com] Secure Email.

----- Original Message -----

On Tuesday, February 25, 2020 11:34 AM (b)(6) @charter.net> wrote:

South Korea now has 977 cases and 10 deaths. They are about where Wuhan was on January 25th (so about 1 month behind). Wuhan was overwhelmed less than 2 weeks later. I would expect the same for South Korea with the epicenter being in Seoul.

I think Iran is about at the same point (maybe even a little ahead) of South Korea. Tehran is another very large city that will likely becomes its epicenter.

I see a few hopeful signs. Singapore and Hong Kong have done a great job thus far and have implemented NPIs very early. Both have great surveillance. They are holding the line. They are also small and islands. Japan on the other hand is struggling and hasn't been as aggressive as Singapore and Hong Kong.

The other thing that gives me hope is what I see in Hubei and Wuhan. I realize the data is a little sketchy because China has gone back and forth with the definition of cases, but I tried to smooth that over by looking at cumulative hospitalization rates per 100,000 (like we do for flu). Hubei (and Wuhan is a city within Hubei) reports each day the current number of people in the hospital (# currently in severe condition, # in critical condition), cumulative number of hospital discharges, cumulative deaths, and cumulative cases. From this we can estimate cumulative hospitalizations and then rates. 92% of the cases have been hospitalized (up thru Feb 2nd 100% of the cases they reported were hospitalized). Knowing the number of cases in Wuhan, we have been estimating the number hospitalized assuming a similar % of the cases requiring hospitalization rate for Wuhan (that 92% of the cases are being hospitalized—that number is adjusted each day based on current data). So we really can't back out the Wuhan numbers from the Hubei numbers. The best we can do is compare Hubei totals (including Wuhan) with an estimate of Wuhan. This data is good enough to show that the Chinese appear to be slowing transmission outside of Wuhan (They were late to implement NPIs in Wuhan but were able to implement NPIs earlier in the epidemic outside of Wuhan because the outbreak had about a 2 week head-start in Wuhan).

<E0B38B2300CE43F09DC37BFDDDB81F3C.png>

We need to emulate the blue curve. If I could subtract Wuhan, this curve would be significantly lower.

Remember the goals of NPIs.

<CB432B1C32644B219725D229547BEDDC.png>

Sent: Tuesday, February 25, 2020 8:47 AM

To: (b)(6)

Cc: (b)(6) @hq.dhs.gov; (b)(6)
 (b)(6) @gmail.com; (b)(6) (OS/ASPR/SPPR);
 (b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
 (b)(6) IV USARMY (USA); (b)(6)
 (b)(6)
 V.M.D.; (b)(6) @UTMB.EDU; (b)(6) @email.unc.edu; (b)(6)
 (OS/ASPR/BARDA); (b)(6) (OS/ASPR/BARDA); (b)(6)
 (OS/ASPR/SPPR); (b)(6) (OS/ASPR/IO); (b)(6)
 (OS/ASPR/IO); (b)(6) @CDPH; (b)(6)
 (b)(6) @sdcountry.ca.gov; (b)(6)
 (b)(6) @dshs.texas.gov; (b)(6)
 (b)(6)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

This is extremely troubling that healthcare workers, including medical leaders are contracting the COVID-19 while caring for the infected. I am very worried about the supply-chain regarding all the protective gears, medical supplies and everything that is needed to combat this disease. The demand is rising and there is no guarantee that we can continue with the supply since the supply-chain has been disrupted.

I do not know if we have enough resources to protect all frontline providers.

(b)(6) @pm.me

[\(b\)\(6\)@newton.isye.gatech.edu](https://newton.isye.gatech.edu)

mobile: 404-432-(b)(6)

Sent with ProtonMail [protonmail.com] Secure Email.

----- Original Message -----

On Tuesday, February 25, 2020 8:37 AM, (b)(6) @charter.net wrote:

For those who cannot access Twitter but can access YouTube, here is the video.

<https://www.youtube.com/watch?v=4AX4dbXIsSw> [youtube.com]

Imagine if something like this happened in the US with an equivalent national leader (watching him coughing during a press conference, rubbing his nose, and wiping the sweat from his forehead, and leaning on the podium with one hand while someone else is speaking) and then learning afterwards that he is infected with COVID. That is what has happened in Iran.

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)

Sent: Tuesday, February 25, 2020 8:01 AM

To: (b)(6) @hq.dhs.gov;
 (b)(6) @gmail.com; (b)(6)
 (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
 (OS/ASPR/SPPR); (b)(6) IV USARMY
 (USA); (b)(6)
 (b)(6) M.D.;
 (b)(6) @UTMB.EDU; (b)(6) @email.unc.edu; (b)(6)
 (OS/ASPR/BARDA); (b)(6)
 (OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6)
 (b)(6) (OS/ASPR/IO); (b)(6) (OS/ASPR/IO); (b)(6)
 A@CDPH; (b)(6)
 (b)(6) @sdcountry.ca.gov; (b)(6)
 (b)(6) @dshs.texas.gov; (b)(6)
 (b)(6)
 (b)(6)

Cc: (b)(6)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Modeling isolation and social distancing (not)

Imagine how widespread it must be to see this?

Sent from Mail [go.microsoft.com] for Windows 10

From: (b)(6)
Sent: Tuesday, February 25, 2020 7:20 AM
To: (b)(6) @hq.dhs.gov;
 (b)(6) @gmail.com; (b)(6)
 (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
 (OS/ASPR/SPPR); (b)(6) CIV.USARMY
 (USA); (b)(6)
 (b)(6) M.D.;
 (b)(6) @UTMB.EDU; (b)(6) @email.unc.edu; (b)(6)
 (OS/ASPR/BARDA); (b)(6)
 (OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6)
 (Chris) (OS/ASPR/IO); (b)(6) (OS/ASPR/IO); (b)(6)
 A@CDPH; (b)(6)
 (b)(6) @sdcounty.ca.gov; (b)(6)
 (b)(6) @dshs.texas.gov; (b)(6)
 (b)(6)
 (b)(6)
Cc: (b)(6)
Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Just a word of caution. Here is what those numbers would mean. These are the projections using an attack rate of 30% (could send you the model in Excel and you can plug in whatever attack rate you like). I suspect that those CFRs are inflated because of case ascertainment issues (the actual denominator is much larger). The most recent background annual death data in the US (US Vital Statistics) is from 2017. It is useful to have those numbers of comparison.

I think those CFRs are on the high side., but don't have anything better to offer.

The best data we have for estimating CFR will be from the cruise ship, where we have a circumscribed population. That data is extremely valuable because the cruise ship had a crew of 1,045 (young and health) and 2,666 passengers (elderly). It will be important to look at each group separately. The data that I am aware of (all obtained thru open sources) is shared below this table).

AGE	2017 Census	2017 All Cause Mortality per 100,00	Actual 2017 All Cause Deaths	CFR	Projected 2019-nCoV Deaths	Ratio Projected Deaths to 2017 All Cause Deaths
<1 year	3,853,472	567.0	22,335	0.0%	0	0.00
1-4 years	16,085,388	24.3	3,880	0.0%	0	0.00
5 to 9 years	20,304,238	11.6	2,354	0.0%	0	0.00
10 to 14 years	20,778,454	15.5	3,217	0.2%	12,467	3.88
15 to 19 years	21,131,660	51.5	10,886	0.2%	12,679	1.16
20 to 24 years	22,118,635	95.6	21,139	0.2%	13,271	0.63
25 to 29 years	23,370,460	121.0	28,276	0.2%	14,022	0.50
30 to 34 years	21,972,212	145.4	31,939	0.2%	13,183	0.41
35 to 39 years	21,231,997	173.8	36,901	0.2%	12,739	0.35
40 to 44 years	19,643,373	218.4	42,895	0.4%	23,572	0.55
45 to 49 years	20,973,858	313.2	65,698	0.4%	25,169	0.38
50 to 54 years	21,401,094	488.0	104,444	1.3%	83,464	0.80
55 to 59 years	22,007,956	736.5	162,098	1.3%	85,831	0.53
60 to 64 years	19,987,702	1,050.2	209,908	3.6%	215,867	1.03
65 to 69 years	16,836,381	1,473.5	248,087	3.6%	181,833	0.73
70 to 74 years	12,847,065	2,206.9	283,523	8.0%	308,330	1.09
75 to 79 years	8,741,261	3,517.8	307,498	8.0%	209,790	0.68
80 to 84 years	5,965,290	5,871.7	350,261	14.8%	264,859	0.76
85 years and over	6,468,682	13,573.6	878,035	14.8%	287,209	0.33
Total population	325,719,178	863.8	2,813,503	1.8%	1,764,286	0.63

Attack Rate 30%

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Notes
20-Jan	Cruise ship departs from Yokohama Japan			
25-Jan	80 year old passenger disembarks in Hong Kong			
	80 year old passenger confirmed to have COVID-19			

1-Feb	When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger.			
3-Feb	Ship arrives in port of Yokohama Japan			
5-Feb	10 passengers and crew confirmed +	10		
6-Feb	31 more passengers and crew confirmed +	41		
7-Feb	30 more passenger and crew confirmed +	61		
8-Feb	9 more passenger and crew confirmed +	70		
10-Feb	66 more passenger and crew confirmed +	136		439 tested
11-Feb	39 more passenger and crew confirmed +	175		492 tested
12-Feb	28 more passenger and crew confirmed +	203		4 in ICU
13-Feb	15 more passenger and crew confirmed +	218		713 tested
14-Feb	67 more passenger and crew confirmed +	285		927 tested
15-Feb	70 more passenger and crew confirmed +	355		1,219 tested; 73 asymptomatic
16-Feb	329 American evacuated from cruise ship (14 of the evacuees found to be +) 61 Americans remained on board 44 Americans remained hospitalized in Japan	369		
17-Feb	85 more passenger and crew confirmed +	454		1,723 tested; 19 seriously ill
18-Feb	167 more passenger and crew confirmed +	621		3,011 tested
19-Feb	2 deaths	621	2	
20-Feb	13 more passenger and crew confirmed +	634	2	3,066 tested; 28 seriously ill; 322 asymptomatic
23-Feb	Death reported in Japan		3	
24-Feb	Japan updates total to 691; US reports 36 in US	691	3	
25-Feb	Death reported in Japan	691	4	

Total passengers and crew:

691 cases (~50% asymptomatic) / 28 seriously ill (4%) / 4 deaths (a lagging measure)

So overall, a lower limit CFR of 0.6%--this includes the young healthy crew members and the elderly passengers.

Assuming the number of seriously ill approximates the % of cases requiring ICU care (4%) and the typical mortality rates for patients with pneumonia admitted to the ICU are 15%-50%, then CFR would be estimated to be 0.6%-2% overall. The ICU data is sketchy (last data point I have is from Japan only on Feb 20). If someone has actual numbers of patients admitted to the ICU, just plug in and make your own estimate.

Americans:

Total Americans 434

- 329 evacuated
- 61 remained on board
- 44 in hospitals in Japan

80 cases (44 hospitalized in Japan/36 cases in US)

Media has only reported on a single American who was in the ICU in Japan (that is from Feb 11). There is nothing being reported in the media on current numbers of cases in ICU of Americans in the US or Japan. If anyone has that data (but cannot share it), would suggest you take that number divide it by the number of known American cases (80) to estimate a % of cases requiring ICU care. Multiply that number by 15%-50% to get a range of CFRs.

A while back I shared some estimates based upon the data from the cruise ship and compared to the 2005 HHS projections of a severe pandemic. Just to put those numbers in perspective. The 2005 estimates were that 30% of the population would become ill (30% attack rate); 11% of those who became ill would require hospitalization; 1.6% of those who became ill would require ICU care; and 2% of those who became ill would die.

We are in the ballpark.

Sent from Mail [go.microsoft.com] for Windows 10

(b)(6) (OS/ASPR/EMMO)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

The number of Americans confirmed positives from the cruise ship evacuated to the US was incorrect, it should have been 36

Sent from Mail [gcc01.safelinks.protection.outlook.com] for Windows 10

From: (b)(6)

Sent: Monday, February 24, 2020 1:28 PM

To: (b)(6)@gmail.com; (b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6) CIV USARMY (USA); (b)(6) STATE.GOV; (b)(6) (b)(6)@state.gov; (b)(6) (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; (b)(6) (b)(6) OS/ASPR/BARDA; (b)(6) (OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6) (b)(6) (OS/ASPR/IO); (b)(6) (OS/ASPR/IO); (b)(6) A@CDPH; (b)(6)@state.gov; (b)(6)@sdcounty.ca.gov; (b)(6) (b)(6)@dshtexas.gov; (b)(6) (b)(6) (OS/ASPR/EMMO)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Interesting account from China –

https://www.huffpost.com/entry/coronavirus-covid19-life-china-precautions_n_5e4eaa73c5b6df1e8be3d4d7
[gcc01.safelinks.protection.outlook.com]

From: (b)(6)@charter.net>

Sent: 24 February 2020 18:18

To: (b)(6)@hq.dhs.gov; (b)(6) (b)(6)@cepi.net; (b)(6)@gmail.com; (OS/ASPR/SPPR); (b)(6)@HHS.GOV; (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) (b)(6)@som.umaryland.edu; (b)(6) CIV USARMY (USA); (b)(6)@mail.mil; (b)(6) (b)(6)@state.gov; (b)(6) (STATE.GOV) (b)(6)@state.gov; (b)(6) (b)(6)@hq.dhs.gov; (b)(6) (b)(6)@hq.dhs.gov; (b)(6) (b)(6)@hq.dhs.gov; (b)(6) (b)(6)@associates.hq.dhs.gov; (b)(6) (b)(6)@state.gov; (b)(6)@state.gov; (b)(6) V.M.D. (b)(6)@mh.harvard.edu; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; (b)(6) (OS/ASPR/BARDA) (b)(6)@hhs.gov; (b)(6)@hhs.gov; (b)(6) (OS/ASPR/BARDA) (b)(6)@hhs.gov; (b)(6) (b)(6) (OS/ASPR/SPPR); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/IO); (b)(6)@hhs.gov; (b)(6) (OS/ASPR/IO) (b)(6)@hhs.gov; (b)(6)@CDPH (b)(6)@cdph.ca.gov; (b)(6)@unmc.edu; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@igt.org; (b)(6)@igt.org; (b)(6)@sdcounty.ca.gov; (b)(6) (b)(6)@hq.dhs.gov; (b)(6) (b)(6)@cbn.dhs.gov; (b)(6) (b)(6)@hq.dhs.gov; (b)(6)@dshtexas.gov; (b)(6)@hq.dhs.gov; (b)(6) (b)(6)@med.cornell.edu; (b)(6) (b)(6)@westernu.edu; (b)(6)@pm.me; (b)(6) OS/ASPR/EMMO; (b)(6)@hhs.gov

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Headlines:

Markets In Total Panic Mode As Coronavirus Cases Jump

"It's Total Panic" - Store-Shelves Empty As Virus-Spread Sparks Panic-Buying Food & Masks Across Italy

Sent from Mail [gcc01.safelinks.protection.outlook.com] for Windows 10

From: (b)(6)

Sent: Monday, February 24, 2020 1:01 PM

To: (b)(6) [mailto:(b)(6)]
(b)(6) (OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
(b)(6) (OS/ASPR/SPPR); (b)(6) CIV
USARMY (USA); (b)(6) STATE.GOV;
(b)(6) [mailto:(b)(6)@state.gov];
(b)(6) [mailto:(b)(6)@UTMB.EDU]; (b)(6) [mailto:(b)(6)@email.unc.edu];
(b)(6) (OS/ASPR/BARDA); (b)(6)
(OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6)
(Chris) (OS/ASPR/IO); (b)(6) (OS/ASPR/IO)
A@CDPH; (b)(6) [mailto:(b)(6)@state.gov];
(b)(6) [mailto:(b)(6)@sdcounty.ca.gov]; (b)(6)
(b)(6) [mailto:(b)(6)@dshs.texas.gov]; (b)(6)
(b)(6) (OS/ASPR/EMMO)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

-Singapore +1 over the past 3 days (90 cases/0 deaths) 38 currently hospitalized, 7 in ICU

-Hong Kong now up to 81 cases/2 deaths

-South Korea continues to have explosive growth now up to 833 cases/7 deaths

-Japan is up to 156 cases/2 deaths

According to the Ministry of Health, Labor and Welfare, two new cases of infection have been confirmed on the 24th, including employees of the Ministry of Health, Labor and Welfare and quarantine officers who responded on a cruise ship. 7 staff members of the Ministry of Health, Labor and Welfare and quarantine officers have been confirmed +.

-Italy has 227 cases/7 deaths

-Iran 61 cases/12 deaths

Sent from Mail [gcc01.safelinks.protection.outlook.com] for Windows 10

From: (b)(6)

Sent: Monday, February 24, 2020 12:30 PM

To: (b)(6) [mailto:(b)(6)]
(OS/ASPR/SPPR); (b)(6) (OS/ASPR/SPPR); (b)(6)
(OS/ASPR/SPPR); (b)(6) CIV USARMY
(USA); (b)(6) STATE.GOV;
(b)(6) [mailto:(b)(6)@state.gov]; (b)(6)
(b)(6) [mailto:(b)(6)@UTMB.EDU]; (b)(6) [mailto:(b)(6)@email.unc.edu]; (b)(6)
(b)(6) (OS/ASPR/BARDA); (b)(6)
(OS/ASPR/BARDA); (b)(6) (OS/ASPR/SPPR); (b)(6)
(b)(6) (OS/ASPR/IO); (b)(6) (OS/ASPR/IO); (b)(6)
A@CDPH; (b)(6) [mailto:(b)(6)@state.gov];
(b)(6) [mailto:(b)(6)@sdcounty.ca.gov]; (b)(6)
(b)(6) [mailto:(b)(6)@dshs.texas.gov]; (b)(6)
(b)(6) (OS/ASPR/SPPR); (b)(6)
(b)(6) (OS/ASPR/EMMO)

Subject: RE: Red Dawn Breaking Bad, Start Feb 24

Singapore COVID-19 Guidance Page:

<https://www.gov.sg/article/covid-19-sector-specific-advisories>
[gcc01.safelinks.protection.outlook.com]

Best,

(b)(6)

From: (b)(6)

Sent: Monday, February 24, 2020 12:28 PM

To Subject: Red Dawn Breaking Bad, Start Feb 24

Importance: High

All,

This is a new Red Dawn Email String. Please use this one going forward.

Best,

(b)(6)

(b)(6) MD, MS

Chief Medical Officer

Department of Homeland Security

202-254-(b)(6) (o)

202-821-(b)(6) (c)

(b)(6)@hq.dhs.gov

(b)(6)@dhs.ic.gov

Executive Assistant: (b)(6)

(b)(6)@associates.hq.dhs.gov, 202-254-(b)(6)

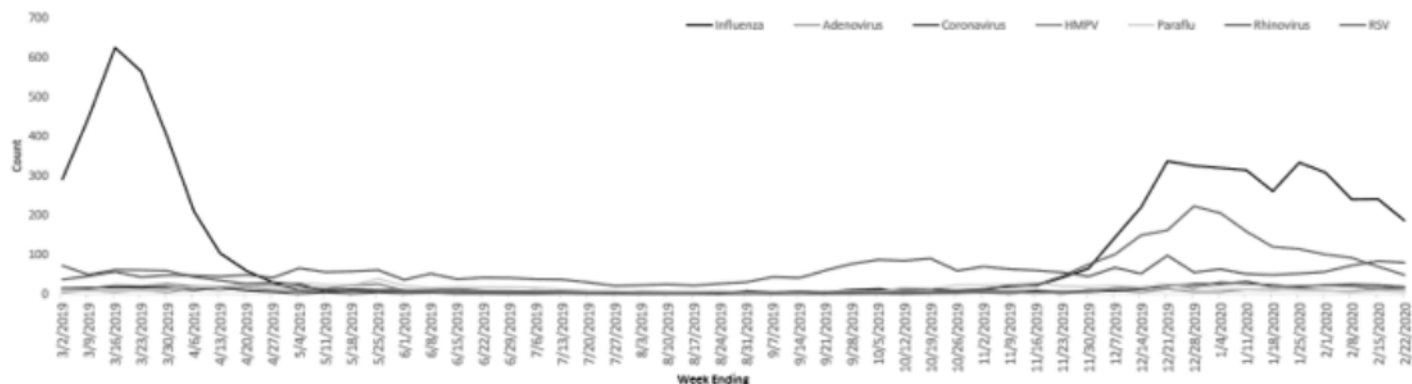
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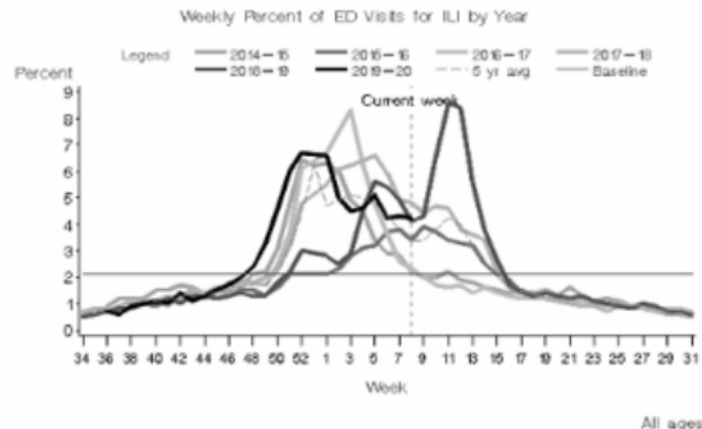
Public Health - Seattle & King County

Summary of Influenza Syndromic and Laboratory Surveillance

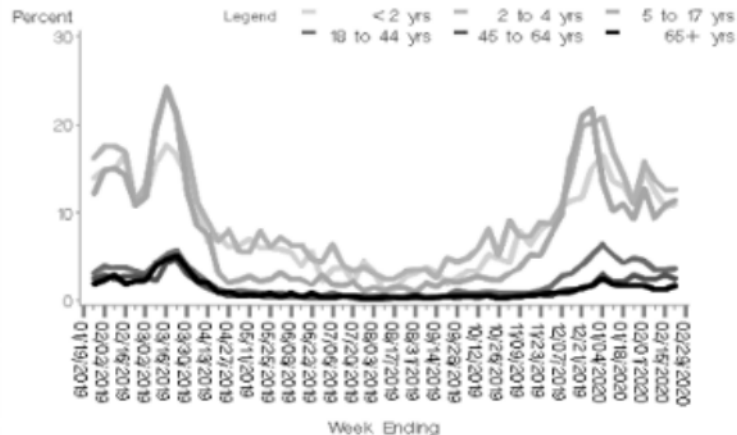
Influenza and other respiratory pathogens, PCR testing only (NREVSS)



King County syndromic surveillance



Weekly Percent of ED Visits for influenza—Like illness By Age Group

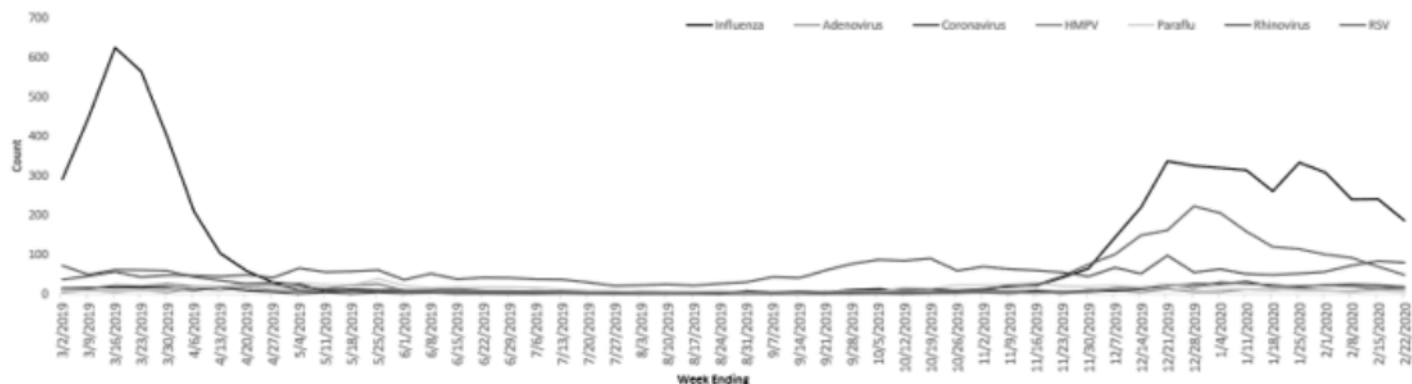


Note: The change from ICD-9 to ICD-10 codes in October 2015 may impact trends.
 Last updated Feb 23, 2020 ; *current week* is week ending Feb 22, 2020
 Baseline: Mean % ILI during non-flu weeks for previous three seasons, adding two standard deviations.
 A non-flu week is a period of 2+ consecutive weeks where each one accounted for <2% of the season's total number of specimens that tested positive for influenza by PCR.

Public Health - Seattle & King County

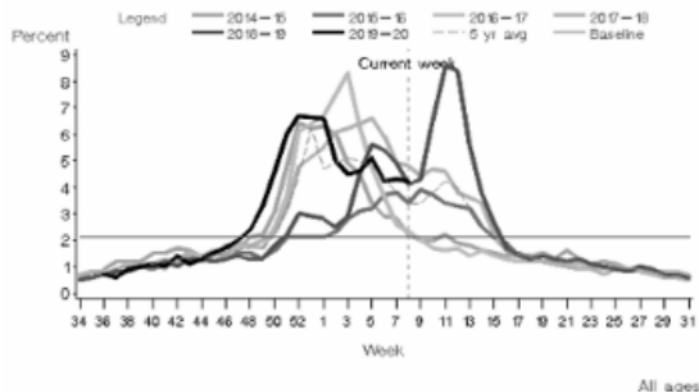
Summary of Influenza Syndromic and Laboratory Surveillance

Influenza and other respiratory pathogens, PCR testing only (NREVSS)

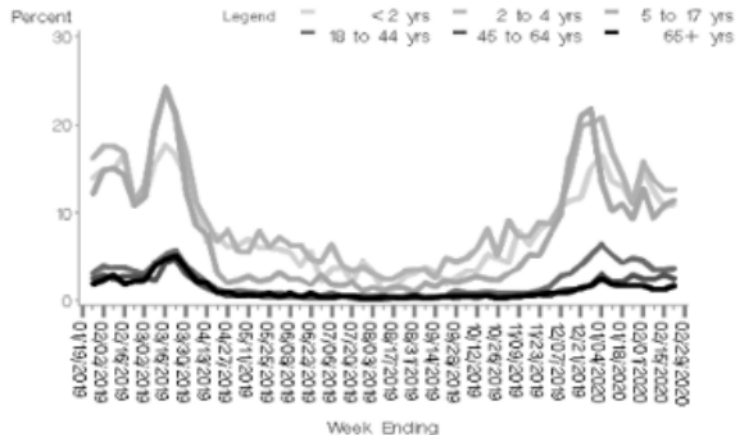


King County syndromic surveillance

Weekly Percent of ED Visits for ILI by Year



Weekly Percent of ED Visits for influenza—Like illness By Age Group



Note: The change from ICD-9 to ICD-10 codes in October 2015 may impact trends.
 Last updated Feb 23, 2020 ; *current week* is week ending Feb 22, 2020
 Baseline: Mean % ILI during non-flu weeks for previous three seasons, adding two standard deviations.
 A non-flu week is a period of 2+ consecutive weeks where each one accounted for <2% of the season's total number of specimens that tested positive for influenza by PCR.

From: Hutton, James
Sent: Tue, 14 Apr 2020 11:38:12 +0000
To: RLW; Powers, Pamela; Syrek, Christopher D. (Chris); Hudson, William A. (OGC); Tucker, Brooks; (b)(6) Cashour, Curtis
Subject: FW: 14 April Veterans Affairs Media Summary and News Clips
Attachments: 200414_Veterans Affairs Media Summary and News Clips.docx, 200414_Veterans Affairs Media Summary and News Clips.pdf

Mr. Secretary,

We had a glitch this morning and several people did not get the clips.

I've attached them on this message.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-(b)(6)
Email: (b)(6)@va.gov
Twitter: @jehutton
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: VA Media Analysis <VAMediaAnalysis@aptiveresources.com>
Sent: Tuesday, April 14, 2020 7:04 AM
To: Hutton, James <(b)(6)@va.gov>
Subject: [EXTERNAL] FW: 14 April Veterans Affairs Media Summary and News Clips

From: VA Media Analysis
Sent: Tuesday, April 14, 2020 4:56 AM
To: VA Media Analysis <VAMediaAnalysis@aptiveresources.com>
Subject: 14 April Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to VAMediaAnalysis@aptiveresources.com and we will direct your request to the appropriate person. Thank you.

VA Media Analysis

www.aptiveresources.com



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Veterans Affairs Media Summary and News Clips

14 April 2020

1. Top Stories

Coronavirus / COVID-19

1 - The New York Times: On Politics: How Trump Fell Short on the Coronavirus (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand. The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus...

[Hyperlink to Above](#)

2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday. The veteran, "in their 70s," died Friday. The department did not report the victim's exact age, nor if the person is male or female.

[Hyperlink to Above](#)

3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic. A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE)...

[Hyperlink to Above](#)

4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday. The eight deaths bring the official COVID-19 death toll at the facility to 24.

[Hyperlink to Above](#)

5 - Stars and Stripes: Marine Corps veteran recovers from coronavirus after eight days on ventilator (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off. Williams, 54, had been in the Department

of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever.

[Hyperlink to Above](#)

6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic. Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma. The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

[Hyperlink to Above](#)

8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet? In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

[Hyperlink to Above](#)

9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans. To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

[Hyperlink to Above](#)

10 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center confirms first COVID-19 case (14 April, Wanya Reese, 281k uvm; Macon, GA)

Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

[Hyperlink to Above](#)

11 - WISN (ABC-12, Video): VA to host virtual town hall to answer claims questions (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits. It will be Tuesday at 4 p.m.

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12 - Argus Leader: Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C. It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020. Had there been any unexpected surprises in those first three months?

[Hyperlink to Above](#)

13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans. Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

[Hyperlink to Above](#)

14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

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15 - Ocala Star-Banner: Coronavirus information for veterans (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County. Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served. The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

[Hyperlink to Above](#)

16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19. According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

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17 - KRNV (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19. According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend. The deaths bring the total number of deaths in the county to three — all involving SNF residents. In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs. The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times's explosive new exposé, "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus."

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1.1 - MSN (New York Times): The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation. Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built.

[Hyperlink to Above](#)

1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times. Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28...

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically. As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

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1.6 - Military Times: Veterans' remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic. Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall. Starting today, department staffers will send letters to tens of

thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care.

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2. Improving Customer Service

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling. While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted...

[Hyperlink to Above](#)

2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic.

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit. The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs. She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law. The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvm; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found. While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion...

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7.2 - Nextgov: Georgia Man Allegedly Tried To Sell \$750M in Nonexistent Masks To Veterans Affairs (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies. On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in "nonexistent respirator masks" to the Veterans Affairs Department.

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1. [Top Stories](#)

Coronavirus / COVID-19

1 - The New York Times: [On Politics: How Trump Fell Short on the Coronavirus](#) (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand

The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus, leaving the administration to play catch-up once it finally acknowledged the need for widespread action.

You may want to get used to hearing the name "Red Dawn," because it'll probably start coming up a lot. That is the self-conferred nickname of a group of public health experts who, starting in January, emailed back and forth as they tracked the virus's global spread and sought to make the Trump administration aware of its threat. On Jan. 28, Dr. Carter Mecher, a senior medical adviser at the Veterans Affairs Department, emailed the group a dire warning: "The projected size of the outbreak already seems hard to believe."

A day later, the country's trade adviser, Peter Navarro, penned a memo warning that the coronavirus could kill up to half a million Americans and cause trillions of dollars in economic losses. The president knew of the memo, despite his later denials; he chose not to immediately act on it. And in mid-February, the health and human services secretary, Alex Azar, unveiled a system to track the virus's spread, but its rollout was delayed for weeks. When health officials finally decided to shift toward warning citizens about the virus's dangers and encouraging people to radically adjust their behavior, the White House dragged its feet for weeks. During all of this, the virus continued to spread.

Joe Biden is turning toward the general election, where he will face new scrutiny of his past. One big new allegation: A former member of Biden's Senate staff said last month that he sexually assaulted her in 1993. Our reporters dug into the accusation, speaking with the accuser, Tara Reade; nearly two dozen of Biden's employees from that time period; and the seven women who along with Reade accused Biden last year of inappropriately kissing, hugging or touching them. Former Senate employees for Biden — including those Reade said she had complained to about his conduct — told The Times that they did not recall seeing or hearing about such an assault. And Biden's team rejected the assault claim outright. "This absolutely did not happen," a deputy campaign manager said. A friend of Reade's confirmed that she had mentioned the episode in 1993, and another said Reade had talked years later about having had a traumatic experience while working for Biden.

[...]

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

[...]

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday.

The veteran, “in their 70s,” died Friday. The department did not report the victim’s exact age, nor if the person is male or female.

The hospital has 26 virus cases, four more than the last VA report Saturday, and is monitoring 82 virus cases on an outpatient basis, 11 more than Saturday. The VA Medical Center in the District cares for veterans from Washington, and parts of Virginia and Maryland.

[...]

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3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic.

A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE) – the same types of PPE that federal agencies are now purchasing to restock a depleted national stockpile. The auctions raise questions about how the federal government coordinated its response to COVID-19, and whether it shared critical information with an agency that oversees surplus supplies that can be utilized during emergencies.

Tracking the government’s auctions

The General Services Administration is a massive agency that purchases billions of dollars in products and services for the federal government. It also helps get rid of surplus, unwanted assets and materials. Federal agencies and state governments get to claim unwanted items first. If they are not interested, the GSA then offers items to the highest bidder through public auctions.

13 Investigates inspected the GSA’s auction website and found several auctions that closed in recent months included PPE that hospitals have been desperately seeking to protect their medical staffs from COVID-19.

The Department of Veterans Affairs Northern Indiana Healthcare System auctioned over 100 PPE kits in mid-January. The auction listing shows the kits included N95 masks, gloves, gowns, hoods, face shields and PAPRs (powered air purifying respirators) that are in high demand by respiratory therapists, doctors and other front line health care workers. The kits had approaching expiration dates, but photos on the GSA auction site show the safety equipment

did not expire until June 2020. The VA Hospital in Marion, Ind., chose to sell the kits anyway. An anonymous bidder won the auction with a bid of \$2,010.

In Denver, the General Services Administration has been auctioning hundreds of cases of surplus N95 masks.

Last May, the GSA auctioned 280 cases of the surplus masks (44,800 masks to be exact). Bidders offered a combined \$12,804, equivalent to 29 cents per mask.

In November, when the GSA auctioned 160 more cases (25,600 masks), the price was relatively stable at 31 cents per mask.

But by February, when the GSA again auctioned 160 cases of N95 masks, prices began to soar. Half of the masks sold on Feb 1, with 80 cases of masks selling for \$22,666 or \$1.77 per mask. The other 80 cases of N95 masks were auctioned at the end of February. The bidding skyrocketed to \$100,100 – a staggering \$7.82 per mask, which is 2,500 percent higher than the identical masks the GSA had sold just a few months earlier.

The GSA told 13 Investigates it decided to cancel its final sale in late February after the auction closed on February 29, retaining the N95 masks and sending them to the Centers for Disease Control and the Department of Homeland Security. And it says the early-February auction took place “prior to the declaration of a crisis in the U.S.” and before the agency knew the N95 masks in question – a model of N95 mask commonly used by construction workers – were also considered acceptable for use in medical settings.

The PPE auctioned in Denver and Marion account for just a tiny fraction of the safety equipment needed by front line medical workers who are treating patients with COVID-19. But government watchdogs say they show a disorganized effort and delayed response by federal agencies to coordinate resources as the pandemic approached.

A red flag

“It’s the old case of ‘Does the right hand know what the left hand is doing when it comes to the federal government?’” said Scott Amey, general counsel of Project On Government Oversight, a government watchdog organization that investigates federal waste. “The rising prices should have been a red flag when people started bidding five, six, seven times higher for these supplies than they were a few months ago. But they were still conducting auctions in early February and in late February, weeks after the CDC came out with advice and this was a pandemic that was potentially spreading to the U.S.”

The CDC confirmed the first case of COVID-19 in the United States on January 20, four days before the Marion VA closed its auction. A week later, CDC director Dr. Robert Redfield wrote the virus posed “a very serious public health threat” in an email to colleagues obtained by ProPublica. By late February, the White House requested \$2.5 billion to deal with the emerging coronavirus emergency. At the same time, the GSA was still conducting PPE auctions.

Several GSA sources who spoke to 13News on the condition of anonymity, because they are not authorized to discuss auctions with the media, said they were personally unaware that auctioned PPE would soon be needed due to a spreading pandemic in the United States.

“It would be very interesting to find out exactly what GSA knew at the time and why they allowed auctions to still go off. The CDC seemed to know about the threat, but was anybody inside GSA

questioning these auctions and asking questions about whether it's a good idea to auction off material that could even possibly be used in the coronavirus fight?" Amey said. "Until we know some of those answers, it will be difficult to tell if GSA was telling the truth or whether they're hiding behind the fact they weren't really prepared and they let materials that could have helped go out the door. I think there should be a review of what GSA knew at the time and how it was handling the crisis."

VA offers different story

Asked about the auction of PPE kits from the VA Medical Center in Marion, a spokeswoman for the VA Northern Indiana Healthcare System told 13 Investigates the VA "decided to sell a small amount of excess equipment that was procured to be used for Ebola treatment and not typically used for COVID-19."

When 13News pointed out all the items listed in the kits are used for COVID-19 response, the spokeswoman then offered a different story.

"We didn't auction off PPE kits. We auctioned off a small number of items from the kits," said VANIHS public information officer Alex Sharpe, adding "Prior to selling these items that were originally found in the kits, we took out essential COVID-19 PPE."

But the GSA auction site offers no disclaimers to indicate VA officials removed any PPE items from the auctioned kits – let alone the vast majority of the items as Sharpe suggested in her statement to 13News. And the VA statement is contradictory to information provided by the GSA, which indicated that government officials could not have known in January and early February that PPE items would need to be retained to help protect health care workers from COVID-19.

The VA did confirm for 13 Investigates that it auctioned PAPRs, stating those devices are "non-essential" for treating coronavirus. Nurses on the front lines of the coronavirus battle disagree.

"You do need the PAPRs, the powered air purifying respirators," said Jean Ross, a registered nurse and co-president of National Nurses United, one of the nation's largest nurse's unions. She says everything that was listed and auctioned by the Northern Indiana VA in January is critical safety equipment now needed by health care workers.

"Absolutely. Those are the types of things we've been asking for – begging for. Getting rid of them is very shortsighted and certainly not having a care for those of us that work at the bedside," she said.

The General Services Administration says it is no longer auctioning off any medical supplies needed to fight coronavirus, and all N95 masks that GSA had in its stockpile have been transferred to agencies that need them.

[...]

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday.

The eight deaths bring the official COVID-19 death toll at the facility to 24.

The state has refused to say how many other veterans have died during the coronavirus crisis, either without being tested or after testing negative. As of Wednesday, 24 others had died, according to internal documents; still more are known to have died since then. That is higher than the typical death rate at the veterans home of about three residents per week.

The number of residents hospitalized from the Paramus site surged to 51 on Monday, up from just eight on Saturday. Those who tested positive for the virus more than doubled to 75 on Monday, from 37 on Saturday.

Kryn Westhoven, a spokesman for the New Jersey Department of Military and Veterans Affairs, called the outbreaks at Paramus and another state-run facility in Menlo Park "an unparalleled crisis."

At his daily briefing, Gov. Phil Murphy said he spoke with U.S. Secretary of Veterans Affairs Robert Wilkie about the "enormous challenges and tragedy" at the veterans homes.

Murphy said he plans to speak with Wilkie again on Tuesday to devise a strategy for how to best handle the outbreak.

The number of Paramus staff members who tested positive for COVID-19 remained the same at 19, with 20 more waiting for test results.

Healthy staffers at the 336-bed facility have said they are overwhelmed trying to take care of sick residents, even with the help of 40 medics deployed to the facility from the Army National Guard.

Meanwhile, several families of residents have said they are having difficulty getting answers about their loved ones' conditions. Visitors have been barred from nursing homes statewide for weeks under an executive order from Murphy to slow the virus's spread.

Westhoven said the facility's staff is trying to test as many patients as possible. "Those residents that are or become symptomatic are tested immediately," he said.

Reps. Josh Gottheimer and Bill Pascrell Jr. sent letters to the U.S. Department of Veterans Affairs on Friday, urging federal officials to probe conditions at the facility and to protect those still living there. It is not known whether they received an official response as of Monday.

Westhoven said his agency is "committed to working with our federal partners to keep veterans in our care safe in this time of unparalleled crisis."

The Paramus veterans home is not alone. Nursing homes have been hit hard by the coronavirus, with about 10% of the state's fatalities coming from those facilities.

Fourteen residents of a state veterans home in Menlo Park have also died from the virus, including nine in the past two days, state officials said.

A veterans home in Vineland has reported no deaths, Murphy said Monday. South Jersey has had far fewer cases of the virus overall.

The daughter of a resident of the Paramus facility said the staff is simply overwhelmed by sick residents and a worker shortage.

The daughter, who requested anonymity, said her mother — who suffers from dementia and tested positive for COVID-19 on Saturday — has not been moved to the facility's Valor wing, where some COVID-19 residents have been cohorted.

"There is no place to put anybody," the daughter said.

Westhoven said the Paramus home is following recent federal guidelines under which COVID-19 residents are separated or cohorted from those who have tested negative.

But he did not address specifically what the staff at the Paramus home was trying to do with patients who display symptoms but have not yet tested positive or negative.

"Symptomatic residents of unknown status can be cohorted," he said. "Residents with no symptoms can be cohorted. Each facility should establish areas in the home to keep cohorted residents together."

The mother at the Paramus home had been coughing uncontrollably for a week before she was tested late last week after news surfaced that 37 residents had died in two weeks, with 10 of those who died testing positive for the virus and the viral status of the others who died unknown.

"The cough was horrific, and they gave her cough medicine," the daughter said. "It got to a point where I was yelling at them to test her."

The test came back positive and her mother was treated almost immediately with hydroxychloroquine, an anti-malaria drug that has shown some promise in small studies with patients but has not been thoroughly vetted as a treatment.

"My mom has no idea what's happening, but there are plenty of veterans there who are lucid," the daughter said. "I can't believe this is happening to our veterans, who put their lives on the line for us."

The daughter said the staff has always been kind and attentive to her mother and sympathizes with what they're dealing with. "There's just not enough staff and nowhere to put the COVID patients," she said. "They moved in the National Guard there. They ought to build a temporary wing."

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5 - Stars and Stripes: [Marine Corps veteran recovers from coronavirus after eight days on ventilator](#) (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off.

Williams, 54, had been in the Department of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever. It was difficult for him to breathe, and he lost his sense of taste. He was alone — his wife, D'Anna, and their three adult children were unable to be with him because of the strict no-visitation policies to prevent the spread of the virus.

"I was worried. They told me there was a possibility that I may not get out of there," Williams said. "Sometimes you go on a ventilator, and sometimes you don't come off."

It was March 26 when Williams was sedated and intubated, a tube inserted into his airway so the ventilator could serve as his lungs. When he woke up, he didn't realize it was April, or that he had defied odds by breathing again without help from a machine.

Williams spent eight days connected to a ventilator and 17 days total at the John L. McClellan Memorial Veterans Hospital. When he was released April 8, and was contagious no longer, medical staff lined the hallways and cheered as he was wheeled out. The hospital posted a video of the moment, describing Williams as their "miracle patient."

Dr. Matt Burns, chief of infectious diseases for the Central Arkansas VA Healthcare System, told a local television station that Williams' recovery was a morale boost for medical staff.

Nationwide, VA hospitals reported 4,097 coronavirus cases as of Monday, and 241 veterans had died of the virus. Some of the hardest hit were facilities in New York City and the surrounding area, as well as New Orleans, Detroit and Washington, D.C.

The Little Rock VA reported 17 cases Monday, and two veterans were hospitalized. One veteran, in his or her 70s, died Sunday at the Little Rock hospital.

Williams was the hospital's first coronavirus patient to be placed on a ventilator for an extended time.

Williams and his family live in Conway, Ark., about 30 miles outside of Little Rock. He coordinates services for student veterans at the University of Central Arkansas, D'Anna Williams is a nurse at the University of Arkansas for Medical Sciences.

Williams has no idea where he contracted the virus, he said. He became ill March 16, when he first felt an extreme case of chills.

"It was like if somebody dumped ice water on you — like bone-breaking chills," Williams said. "I've never experienced that before."

He immediately quarantined himself in the back room of his home. In the following days, he developed a fever, a cough and a headache.

After other tests ruled out the flu, Williams received a coronavirus test March 19. The Little Rock VA informed Williams about his positive test results March 22. By then, he had lost his sense of taste, was short of breath and needed to be admitted to the hospital.

The day Williams went to the Little Rock VA, D'Anna started a two-week quarantine in case she also was infected. She received daily updates from Williams' respiratory therapists and passed the information to their three kids, but no one was allowed to visit him.

D'Anna received an outpouring of support from friends and family, as well as from Marines who served with Williams. He served with an infantry unit — the 3rd Battalion, 9th Marines — in the mid-1990s.

"A lot of my Marine buddies were instrumental in keeping her encouraged and positive," Williams said. "It's a good thing to have good friends and a lot of people praying."

Williams is better, but he still has a long recovery process, he said. He lost mobility and muscle mass during his eight days on the ventilator, and he still must regain lung capacity. He's on oxygen to help him breathe easier.

It's uncertain whether the virus will have a lasting effect. Williams is undergoing physical therapy and will need follow-up appointments with his doctors.

"It's going to be a very slow, slow process," he said.

Williams advised that people follow the guidelines by the Centers for Disease Control and Prevention, including to socially distance themselves, to wash their hands frequently and not to go out unless it's absolutely essential.

"I don't think this virus is discriminating on who it gets," Williams said. "I wouldn't wish this on my worst enemy."

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic.

Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

The centers are abiding by social isolation and distancing guidelines, officials said in a news release.

Veterans with non-urgent health concerns can use telehealth options for scheduled appointments, and are encouraged to call their clinic for more information on how to access telehealth.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma.

The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

To make an appointment call 888-397-8387.

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8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet?

In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

But today, several agencies are looking for current federal employees to temporarily leave their day jobs and take on a short-term detail or assignment to help with their coronavirus response efforts.

Many of them are jobs you could probably do from your couch at home — or whatever chair you've been occupying to telework — and you don't have to be medical professional to help out.

The jobs are listed on Open Opportunities, a subset of USAJobs.gov reserved for temporary details and assignments aimed at current federal employees.

As of Friday, agencies had posted 27 different positions to what the Office of Personnel Management has called the "COVID-19 response program."

Many of the jobs are predictable. No surprise, the Department of Veterans Affairs needs nurses, nurse practitioners, physicians and health technicians. VA is also looking for housekeeping aides and cafeteria workers, which could be a hard sell to current feds.

VA has two missions during the pandemic. Yes, it's treating an increasingly growing population of veterans who have coronavirus, but the VA also serves as the nation's backup health system during a pandemic.

But a few agencies have some particularly interesting opportunities open to current feds. The jobs tell us more about how these agencies are responding to the coronavirus and the capability gaps they're dealing with — even before the pandemic began.

Here are few notable short-term positions.

The Treasury Department is looking for a handful of experienced feds to help stand up a dedicated team to implement the Coronavirus Aid, Relief and Economic Security (CARES) Act.

The position description calls for applicants from a variety of backgrounds, including those with expertise in domestic finance, economic and tax policy and management.

Detailees will help staff the CARES implementation team by writing job descriptions, preparing analysis, hiring staff and developing detail agreements, according to the Treasury job description.

Length: 30-80 days

Location: Washington, D.C., but telework “likely close to 100% in near-term”

Grade: GS-12 through 15

The Small Business administration was the first agency to post a job to the COVID-19 response program.

SBA is looking for at least five contracting officers to develop and make contract awards to support the agency’s coronavirus response efforts.

The job announcement is fairly detailed and describes how contracting detailees will be asked to handle everything from the initiation and recommendation of an award to close-out.

Length: doesn’t say

Location: anywhere

Grade: GS-9 and above, with certain minimum acquisition certification requirements

Besides contracting officers, SBA is also looking for several cloud, oracle and network engineers, plus others with virtual private network (VPN) authentication experience.

“We are seeking individuals with strong expertise in data visualization and telecommunications to help ensure SBA has the infrastructure it needs to successfully deliver critical assistance to our nation’s small businesses,” the description reads.

SBA detailees will manage and create new and existing cloud environments and networks.

Length: more than 90 days

Location: anywhere

Grade: GS-9 and above

FEMA needs data analysts to build dashboards and analyze information related to the coronavirus.

“With the current operational environment of FEMA, data is driving many operations across the country in an effort to protect and support federal response efforts,” the description reads. “Having the ability to manage large sets of data while establishing dashboards, course of actions, trending, and graphical representation is paramount in this environment.”

Length: more than 90 days

Location: anywhere

Grade: GS-11 through 13

Finally, FEMA is looking for a handful of epidemiologists from Department of Homeland Security components to conduct contact tracing within the workforce and coordinate inter-agency responses.

“This work is necessary to minimize exposure and protect the workforce to the greatest extent possible,” the position description reads.

Length: more than 90 days

Location: FEMA said it can provide “social distanced workspace” at the agency’s headquarters in Washington, but there are telework opportunities

Grade: GS-13 through 15

Specifically, FEMA is looking for trained public health professionals to lead the investigation of patterns and the causes of disease to employees. A lead epidemiologist will direct research, contact tracing and data analysis and will make policy recommendations.

Data managers are responsible for collecting and interpreting health data and trends, while investigators will trace contacts who may have encountered sick employees.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans.

To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

“It’s hard being stuck but we dealing with it,” said Army veteran Byron Littleton. He served from 1979 to 1985 and says the stress of military life right back with the COVID-crisis.

“Then when you go to the grocery store the places like that you really have to watch yourself you never know what the next person got,” said Littleton.

“We want our veterans to know that there is always someone who they can reach out to,” said Dr. Erica White, clinical psychologist at Tennessee Valley Healthcare Systems.

Dr. White says it’s never too late to look for help.

To manage stress and anxiety, the U.S. Department of Veteran Affairs suggests:

- Exercise regularly, try to eat well-balanced meals, and get plenty of sleep.
- Limit alcohol.
- Practice breathing exercises and/or meditation. VA has many free mental health apps for Veterans.
- Take breaks from the news.
- Stay connected with others while practicing social distancing.
- Participate in activities or hobbies that you enjoy, or learn a new one.
- Keep your current mental health appointments. VA offers both video and phone telemental health options that do not require you to go to your closest facility in-person should you have a medical concern or need to follow specific social distancing guidelines in your community.
- Learn ways to connect with VA providers using telehealth options and schedule or reschedule your appointment online. If you are requesting a new mental health appointment, please call your local VA and they will work to arrange an appointment for you. If you need same day access for mental health services, call your local VA to request this and you will be connected to care.

"Many of them feel really grateful just to have someone they can talk to about the additional stress they've experienced," said Dr. White.

"Lot being able to see my psychiatrist just talking over the phone is ok but it's just not personal enough," said Littleton. "Some of us come back physically but not mentally."

Dr. White says mental health providers are trying to proactively keep up with veteran patients.

For veterans needing assistance, the Veterans Crisis Line is available at 1-800-273-8255

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10 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center confirms first COVID-19 case (14 April, Wanya Reese, 281k uvm; Macon, GA)

DUBLIN, Ga. — Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

We now know at least one Veteran at the Dublin VA tested positive for COVID-19 last month. In Wilcox County, at least a dozen people have tested positive for the virus at an unnamed nursing home. Monday, we learned how the Carl Vinson VA is handling their first case.

"We had a veteran who tested positive, so that veteran was transferred to the COVID unit," Medical Director of the Carl Vinson VA David Whitmer said.

In March, Medical Director David Whitmer says a veteran tested positive for COVID-19 after getting a limb amputated in Atlanta.

"After a few days of care they have tested negative twice now, so we have been able to return them back to their rooms," Whitmer said.

Right now, Whitmer says the Dublin VA is helping other vets feeling the impact of COVID-19.

"We received a total of 11 veterans from the Atlanta VA as part of their community living center, they are now safely in a new ward we created for those veterans that is an area where we really excel -- geriatric care," Whitmer said.

Whitmer says this is allowing the Atlanta VA to treat more COVID-19 patients. The vets from Atlanta are staying together, and Whitmer says cleaning crews are working to keep everything sanitized.

"We have a terminal cleaning process, this is where we clean every surface in the room," Whitmer said.

Over in Wilcox County, the health department confirmed 14 cases of COVID-19 at a nursing home. The department would not release the name of the home.

Whitmer says none of their employees have tested positive for COVID-19 at the Dublin VA. At least six VA employees in the Albany area have tested positive.

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11 - WISN (ABC-12, Video): [VA to host virtual town hall to answer claims questions](#) (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits.

It will be Tuesday at 4 p.m.

[Click here to join.](#)

Veterans may also call 800-227-7557 to ask questions.

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12 - Argus Leader: [Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care](#) (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C.

It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020.

Had there been any unexpected surprises in those first three months?

"I haven't answered that survey yet," Simoneau said.

Like any other health care organization, the Sioux Falls VA has been working around the clock to prepare as COVID-19, the disease caused by the new coronavirus, continues to spread, with 868 cases confirmed in South Dakota as of April 13 — 654 of them in Minnehaha County.

They've taken the steps that other area hospitals like Sanford and Avera have as they prepare for a surge in cases — canceling non-essential appointments, reducing traffic into the building and screening staff and veterans who must come in for appointments.

Those measures are especially crucial for the system's nursing home, Simoneau said, where they've assigned recreation therapists to help patients deal with the isolation.

But the Sioux Falls VA is also preparing for the "Fourth Mission" of the U.S. Department of Veterans Affairs, Simoneau said — the other three being veterans health care, veterans benefits and national cemeteries.

The VA's website says the Fourth Mission is "to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."

What that means for Sioux Falls is that in a situation where Sanford or Avera were becoming overburdened by COVID-19 patients, Simoneau said, either Mayor Paul TenHaken or Gov. Kristi Noem could put in a request to FEMA that would transform the Sioux Falls VA into a more traditional hospital, able to use excess capacity to care for any patients, not just veterans.

They're preparing for both situations the same, Simoneau said — doubling their ICU beds and preparing 5 times as many medical/surgical beds.

Past that, Simoneau said, they're working on a plan for a tent in front of the hospital that could hold more beds — and would be able to reach out to Illinois, Iowa, Minnesota, Nebraska, North Dakota and Wisconsin, the other states in their Veterans Integrated Service Network, for resources as well.

Simoneau, who's been with the VA for over 30 years, including time in Florida during multiple hurricanes, said the staff she's been working with in Sioux Falls has been great.

She talked about nurses asking how soon they could be trained on new competencies to ensure they could help wherever needed, and said that two-thirds of the system's prosthetics purchasing agents are now helping to order personal protective equipment, no asking required.

The people of Sioux Falls have also helped out, Simoneau said — they've been given face masks, and on Friday she was able to buy pizza for the staff with a gift card that someone had donated.

"They've really rallied around to make sure that the staff here has the support that they need."

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans.

Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at risk who require attention at any of our facilities,” Wilkie said in a statement Monday. Wilkie added that he applauded health care workers and veteran patients for embracing various remote technologies.

Wilkie's statement accompanied the public release of data the agency compiled in three major treatment areas. The largest jump in services were mental health care consultations delivered over the phone. VA handled 154,000 appointments in March, nearly four times the 40,000 appointments conducted in February. In addition, mental health providers completed 34,000 appointments with veterans using VA Video Connect—a web-based application that allows remote face-to-face interactions—70% more than in February.

VA health care providers also doubled the number of telehealth group therapy sessions in March compared to February, handling 2,700 visits. Veteran Affairs practitioners performed 47,000 virtual counseling sessions with veterans in March as well, up 200% from February.

Wilkie said the VA continues performing services for veterans despite an unprecedented crisis that is directly impacting veterans and staff. According to data on VA's coronavirus website dated April 13, 4,097 veterans have tested positive for COVID-19, including 241 who lost their lives to the virus. Meanwhile, 1,530 Veterans Health Administration staff have tested positive for COVID-19, 9 of whom were killed by the virus.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

In our view, the timeline is clear: Like previous administrations, the Trump administration knew for years that a pandemic of this gravity was possible and imminently plausible. Several Trump administration officials raised strong concerns prior to the emergence of COVID-19 and raised alarms once the virus appeared within the United States. While some measures were put in place to prepare the United States for pandemic readiness, many more were dismantled since 2017.

In response to COVID-19, the United States was slow to act at a time when each day of inaction mattered most—in terms of both the eventual public health harms as well as the severe economic costs. The President and some of his closest senior officials also disseminated misinformation that left the public less safe and more vulnerable to discounting the severity of the pandemic. When it came time to minimize the loss of life and economic damage, the United States was unnecessarily underprepared, had sacrificed valuable time, and confronted the pandemic with a more mild response than public health experts recommended. These lapses meant that the United States was ultimately forced to make more drastic economic sacrifices to catch up to the severity of the pandemic than would have otherwise been necessary.

Readers can reach their own conclusions based on these publicly available facts. If we have missed any key information, please notify us by sending an email to lte@justsecurity.org.

TIMELINE

Friday, Jan. 13, 2017: The joint Obama-Trump transition teams run an exercise for pandemic preparedness.

[...]

September 18, 2018: President Trump issues a Presidential Memorandum and National Biodefense Strategy designed to ensure a comprehensive and coordinated approach to biological incidents.

The memorandum establishes a Biodefense Steering Committee, which is chaired by the Secretary of Health and Human Services and includes the Secretary of State, the Secretary of Defense, the Attorney General, the Secretary of Agriculture, the Secretary of Veterans Affairs, the Secretary of Homeland Security, and the Administrator of the Environmental Protection Agency. The memo also directs the Secretary of Health and Human Services (Alex Azar) to create a Biodefense Coordination Team and that the Assistant to the President for National Security Affairs (then John Bolton) will serve as the lead for policy coordination and review.

The National Biodefense Strategy outlines a high-level roadmap of the U.S. response to biological threats and incidents.. The 2018 report identifies the need to “establish manufacturing surge capacity” for diagnostic tests and personal protective equipment in anticipation of a pandemic.

[...]

January 28, 2020: Alex Azar holds a coronavirus press briefing and informs the public that the HHS has been monitoring the virus since December. A Department of Veterans Affairs official circulates a warning to government public health experts about the outbreak.

He says that HHS has been monitoring the virus and preparing a response since December and that he is speaking regularly with the president about the situation.

Dr. Carter Mecher, a senior medical adviser at the Department of Veterans Affairs, emails dozens of his colleagues in government and at universities about the coronavirus.

“The chatter on the blogs is that WHO and CDC are behind the curve. I’m seeing comments from people asking why WHO and CDC seem to be downplaying this. I’m certainly no public

health expert (just a dufus from the VA), but no matter how I look at this, it looks to be bad,” he warns in the email chain later leaked to the N.Y. Times. “The projected size of the outbreak already seems hard to believe, but when I think of the actions being taken across China that are reminiscent of 1918 Philadelphia, perhaps those numbers are correct. ... Any way you cut it, this is going to be bad. You guys made fun of me screaming to close the schools. Now I’m screaming, close the colleges and universities.”

The email chain, dubbed the “the Red Dawn String” by its members based off the 1984 movie about a group of Americans trying to save the United States from a foreign invasion, later includes: Dr. Jerome Adams (Surgeon General of the United States), Dr. Larry G. Padgett (State Department), Dr. Anthony Fauci (NIH), Dr. Robert Kadlec (HHS), Dr. Robert Redfield (HHS), Col. Matthew Hepburn (DARPA, DOD), nine other senior officials at the Department of Health and Human Services, eight senior officials from the Department of Homeland Security, among other academics, private sector employees, former government officials and state officials.

[...]

February 28, 2020: Dr. Carter Mecher emails the Red Dawn email chain and warns that the United States has a narrow window to implement nonpharmaceutical interventions (such as social distancing).

“[W]e have a relatively narrow window” to implement nonpharmaceutical interventions, writes Dr. Mecher, senior medical adviser at the Department of Veterans Affairs, based on data from the 1918 Spanish Influenza. “And we are flying blind,” he adds.

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15 - Ocala Star-Banner: [Coronavirus information for veterans](#) (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County.

Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served.

The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

“Veterans can reach us by phone, fax and email while the building is locked,” said Jeffrey Askew, director of the Marion County Veterans Services Office.

Askew indicated the office can help with copies of discharge documents (DD-214); provide information about Veterans Administration benefits like health care, education, home loans and housing assistance; assist with veteran burial site information for the National Cemetery in Bushnell; handle lost decoration replacement; and perform other services.

He said the stay at home order may affect some services that involve contacts at the St. Petersburg Regional Center for the U.S. Department of Veterans Affairs in Bay Pines.

“Many of our veterans are senior citizens and we are trying to limit their exposure and protect everyone’s health during the COVID-19 crisis,” Askew said.

The Marion County Veterans Service Office can be reached at 671-8422 and veteranservices@marioncountyfl.org. More information and updates on the office’s status can be found at the county government website, marioncounty.fl.org

Meanwhile, Marion County Veterans Helping Veterans is distributing food packages to clients outside the building by prearranged meeting.

Gary Pascale with Marion County Veterans Helping Veterans said the group is assisting established veteran clients and those with emergencies with food distribution on Tuesdays and Thursdays. He said packages of food are prepared in advance after calls to their number at 433-2320 to arrange pickup outside the building.

Pascale said MCVHV is also distributing available foodstuffs from the income qualified TEFAP or The Emergency Food Assistance Program.

According to the USDA Food and Nutrition Service website fns.usda.gov, TEFAP is a federal program that distributes “nutritious, high-quality USDA foods” to “low-income Americans including elderly people.”

Pascale said the group would distribute TEFAP foods “subject to availability” and now only with an advance call.

The U.S. Department of Veterans Affairs North Florida/South Georgia Veterans Health System operates facilities in the area including the VA Community Based Outreach Clinic (CBOC) at 1515 E. Silver Springs Blvd., Ocala, and the Specially Care/Ocala West location at 3307 SW 26th Ave., Ocala, for optometry and audiology services.

The VA also operates The Villages Outpatient Clinic at 8900 SE 165th Mulberry Lane in the Villages and VA medical centers in the area include Malcom Randall VAMC in Gainesville and Lake City VAMC in Lake City.

The VA North Florida/South Georgia Veterans Health System website, northflorida.va.gov, gives a current operating status dated April 1:

“While the hospitals remain in operation, we are urging those who do not require urgent face-to-face medical care, please refrain from coming to the hospital or clinics. If you have symptoms of fever, cough, and shortness of breath, call us at 1-877-741-3400 (VISN 8 Clinical Contact Center) before visiting us. For other concerns, you may be able to access VA care from home by phone or using VA virtual care option,” the website states.

“Effective immediately, visitors are no longer permitted to enter the Malcom Randall or Lake City VAMCs grounds and outlying clinics. We encourage you to use phone calls, text messaging, FaceTime, Google Hangouts, Skype to stay in touch with loved ones. Compassionate exceptions apply,” according to the website.

The website indicates veterans with concerns about prescriptions can call 1-800-349-9457 or 1-800-308-8387 or visit MyHealthVet.

A general COVID-19 information line has been setup at (352) 548-6019, the website states.

The Ocala VA Clinic for primary, mental health, women's health, cardiology and other care can be reached at (352) 369-3320 and the Specialty Care/Ocala West can be reached at (352) 861-3940.

The phone number of The Villages VA Clinic is (352) 674-5000.

The Vet Center at 3300 SW 34th St., Ocala, provides readjustment counseling to veterans who served in listed combat zones.

"Walk-in visits have slowed down slightly naturally by the 'stay at home' order and social distancing restrictions. Our clients are seen remotely via Telehealth for their appointments. ur program has a 24/7 National Call Center (1-877-WAR VETS) staffed with counselors, available to help our Veterans with live counseling any time," Vet Center Director Richard Martin stated in an April 2 email.

"Clients with PTSD generally try to avoid large crowds you would find in stores, malls, etc., and will usually isolate themselves at home vs. going out in public. We all have seen how our communities have changed the social distance restrictions. PTSD may be experienced by different events and circumstances, not necessarily related to self-quarantine," he wrote.

Martin updated that information with an April 8 email: "We are open for any new clients that may want to start services here but we are primarily conducting phone sessions and telehealth video sessions. No current clients are coming here for services primarily to reduce their possible exposure to COVID-19 from other clients that would be coming here if we were still seeing clients in person," he wrote.

"New clients' information is gathered at the door and they are instructed that they will be called by our outreach specialist who will sign them up for services over the phone. Once this virus is under control and we get instructions from our command staff we will see clients as usual," Martin stated in the later email.

Jason White, director of the local chapter of the Houston-based Birdwell Foundation for PTSD , said recently he has seen an increase in calls to the local chapter, which provides support, one-on-one and peer counseling to veterans and first responders suffering from PTSD.

The Birdwell Foundation Facebook page states that in March, chapters in nine states held 611 support groups and held 2,425 one-on-one sessions.

Birdwell staff members across the country were on a "Code Red" level of increased readiness on a "24/7 standby" basis and were increasing checks on clients, White stated in a March 27 email.

He updated information in an April 8 email: "We are seeing people directly on a case by case basis for crisis calls but we have gone virtually via phone, social media, Zoom (and) and other platforms. I would say there is an increase in calls and the need to reach out due to the isolation (and) current state of the Covid pandemic," White stated.

The foundation's Ocala chapter can be contacted through White at jason.white@birdwellfoundation.org or (352)789-5909.

The VA maintains the Veterans Crisis Line, 1-800-273-8255, press 1, to help any veteran who may be "feeling anxious and alone and thinking about suicide" and their family.

The Veterans Crisis Line is also available through text to 838255, and the online connection is veteranscrisisline.net

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

CHARLESTON, S.C. (WCBD) – The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19.

According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

VAMC patients who think they may need to be tested can receive a virtual screening by calling the VA Telephone Advice Program at (843) 789-6400. Employees are directed to "notify their supervisor and VA Employee Health."

Those who qualify for testing will be referred to MUSC, and MUSC will contact individuals with appointment times. Patients will be required to provide a VA ID at the appointment. The groups emphasized that "this is not a self-select drive-through or walk-up service for anyone...individuals who report to the site for specimen collection, but do not have a testing order through the MUSC Health Virtual Urgent Care platform or the VAMC, will not be allowed to enter the secure site."

Ronnie Smith, Charleston's VA Acting Director, said "having designated VA patient and employee appointments will help speed test results for VA patients who often have multiple health conditions and VA healthcare workers as well."

Test results are expected "within 24 hours of the specimen arriving in the lab." MUSC will provide the VAMC with the results, and the VAMC will contact the patient.

According to VAMC, patients should watch for the following symptoms:

- Fever (a measured oral temperature greater than 100.4°F/38.0°C)
- New onset cough or worsening chronic cough
- Sore throat
- New onset shortness of breath or worsening shortness of breath
- New onset headache or worsening headache
- Muscle Aches
- Diarrhea and/or Nausea
- Sudden loss of taste/smell

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17 - KRNV (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19.

According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

VA Video Connect has allowed veterans to consult with healthcare providers via their computer, tablet or phone.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for Veterans at-risk who require attention at any of our facilities,” said Wilkie. “There is no doubt VA’s early embrace of new technology is aiding Veterans and I applaud VA health care workers and Veteran patients for embracing it.”

Veterans looking for help can find the information on their local facility's website or call the Veterans Crisis Line: 1-800-273-8255, and press 1, or text 838255.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

WARSAW — Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend.

The deaths bring the total number of deaths in the county to three — all involving SNF residents.

In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

“We are deeply saddened by these losses and wish the families comfort during this difficult time,” said Chairman Jerry Davis of the Wyoming County Board of Supervisors in his daily update. “I offer my prayers to the families and loved ones who are experiencing this heartbreak.”

Wyoming County has now had 34 confirmed cases, marking an increase of one person since Friday.

“We are working with both state and local health departments, and we continue to work hard to keep our residents and staff safe, said SNF Administrator Dawn James. “We continue to screen all staff prior to entering the building.

“We have implemented the best practices in infection control and use all personal protective equipment recommended by the Centers for Disease Control and Department of Health,” she continued. “Each resident is monitored frequently for a temperature or any associated viral symptoms.” “The priority of Wyoming County Community Health System continues to be the health and safety of our residents, patients, and staff,” McTernan said.

Officials at the VA Western New York Healthcare system had confirmed the two COVID-19 cases among the Batavia VA Medical Center’s 250 employees on Monday.

“In accordance with CDC guidelines and the employees’ clinical status, the individuals are currently in-home isolation, mitigating further risk of transmission to other patients and staff,” said Evangeline Conley, public affairs officer for the VA Western New York Healthcare System.

She said the VA could not provide additional information on the two cases due to privacy concerns.

“Per CDC guidance and VA protocols, individuals with COVID-19 symptoms are immediately isolated to prevent potential spread to others,” she said. On Friday, Conley said two patients at the facility tested positive. Precautionary measures were taken to mitigate the risk of transmission to other patients and staff, and the veterans were being cared for in respiratory isolation by staff who are specially trained on Centers for Disease Control treatment guidelines, including the use of personal protective equipment and infection control techniques.

To further minimize risk for employees and veterans, everyone who enters the VA campus will be pre-screened. In the meantime, three new cases of COVID-19 had been confirmed in Genesee and Orleans counties as of 2 p.m. Monday.

Genesee County has two new positive cases for a total of 76 cases. The two individuals are from Batavia — one of them is in their 30s and another in their 90s.

One of Genesee’s positive cases has been identified as an Erie County resident, therefore the county’s total was decreased by one, officials said in their daily update. None of the positive individuals were on quarantine prior to becoming symptomatic.

Orleans County has one new positive case of COVID-19 for a total of 29. Of the five positive cases over the weekend — including Monday — there are two from Lyndonville, one from Murray, one from Albion and one from Ridgeway.

The ages include one person in their 30s, two individuals in their 50s, one individual in their 60s and one individual in their 70s. One more person has recovered and has been released from mandatory isolation.□

None of the positive individuals were on quarantine prior to becoming symptomatic.

Contact tracing has been initiated for all new cases. Known contacts have already been placed under mandatory quarantine and will be swabbed if they become symptomatic.

In Genesee County, there have been 319 negative cases. The numbers include 50 people in mandatory isolation, 103 under mandatory quarantine, one in precautionary quarantine, one death and 25 who recovered.

In Orleans County there are 242 negative cases, 22 in mandatory isolation, 64 under mandatory quarantine and seven who recovered.

Due to Gov. Andrew Cuomo's executive order dated April 12, 2020 extending the disaster emergency through May 12, both counties are extending the State of Emergency for the same time period. Wyoming County's numbers include:

n A total of 15 cases have been confirmed in the northeast quadrant that includes Warsaw, Perry, Middlebury and Warsaw.

Eight of those have recovered and three have died.

n Nine cases have been confirmed in the northwest quadrant that includes Attica, Bennington, Orangeville and Sheldon. Three of those have recovered.

n Seven cases have been confirmed in the southeast quadrant that includes Castile, Gainesville, Genesee Falls and Pike. Six have recovered.

n Three cases have been confirmed in the southwest quadrant that includes Arcade, Eagle, Java and Wethersfield. All have recovered.

The Livingston County Department of Health reported one new positive case of COVID-19 in Livingston County as of Monday morning, bringing the total number of positive cases to 35. The individual is a female in her 80s who resides in Lima, according to Livingston County Public Health Director Jennifer Rodriguez.

The woman is now under quarantine. The county Department of Health has begun outreach to identify close contacts and potential exposure areas per prescribed New York State regulations, Rodriguez said.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs.

The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

Mental health providers in March provided 34,000 appointments with veterans using VA Video Connect, up 70 percent from February.

Telehealth group therapy conducted more than 2,700 meetings in March, up more than 200 percent from February.

Mental healthcare delivered by phone skyrocketed 280 percent in March, from 40,000 February appointments to more than 154,000 in March.

Vet Centers nationwide held 47,000 virtual mental health appointments in March, up 200 percent from the month prior.

VA said mental healthcare is especially critical given the stresses brought on by the pandemic.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities,” VA Secretary Robert Wilkie said in a statement. “There is no doubt VA’s early embrace of new technology is aiding veterans and I applaud VA healthcare workers and veteran patients for embracing it.”

For more information on scheduling a telehealth appointment, [click here](#).

To reach your local VA staff by phone, [click here](#).

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times’s explosive new exposé, “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.”

AMY GOODMAN: This is Democracy Now!, democracynow.org, The Quarantine Report. I’m Amy Goodman. As the United States surpasses the death toll of any country in the world with more than 22,000 COVID-19 deaths, we begin today’s show looking at what led us to this point. In a minute, we’ll be joined by the lead author of an explosive exposé in The New York Times headlined “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.” But first we go to this video, which is called “Trump’s Coronavirus Calendar.” It was produced by The Recount, capturing the months of downplaying and denial before Trump pivoted to coronavirus crisis mode. It starts on January 22nd.

PRESIDENT DONALD TRUMP: We have it totally under control. It’s one person coming in from China. ... We think we have it very well under control. ...

We pretty much shut it down, coming in from China. ... You know, in April, supposedly it dies, with the hotter weather. ... When it gets warm, historically, that has been able to kill the virus. ... The people are getting better. They’re all getting better. ... And the 15, within a couple of days, is going to be down to close to zero. ... It’s going to disappear one day. It’s like a miracle. It will disappear. ... And you’ll be fine. ...

Now, they’re going to have vaccines, I think, relatively soon. ... Not only the vaccines, but the therapies. Therapies is sort of another word for cure. ... We’re talking about very small numbers in the United States. ... Our numbers are lower than just about anybody. ... It’s really working out, and a lot of good things are going to happen. ... And we are responding with great speed and professionalism. ... It’s going to go away. ... Yeah, no, I don’t take responsibility at all. ... We’re going to all be great. We’re going to be so good. ...

This came up. It — we came up so suddenly. ... This is a pandemic. I felt it was a pandemic long before it was called a pandemic. All you had to do was look at other countries. ...

The coronavirus. You know that, right? Coronavirus. This is their new hoax. We have 15 people in this massive country. And because of the fact that we went early — we went early. We could have had a lot more than that. We're doing great. Our country is doing so great.

AMY GOODMAN: That montage of President Trump was produced by The Recount.

This is how The New York Times began its investigation into Trump's failure to respond to the threat of the coronavirus: quote, "Any way you cut it, this is going to be bad," a senior medical adviser at the Department of Veterans Affairs, Dr. Carter Mecher, wrote on the night of Jan. 28, in an email to a group of public health experts scattered around the government and universities. [He goes on,] 'The projected size of the outbreak already seems hard to believe [unquote].'

"A week after the first coronavirus case had been identified in the United States, and six long weeks before President Trump finally took aggressive action to confront the danger the nation was facing — a pandemic that is now forecast to take tens of thousands of American lives — Dr. Mecher was urging the upper ranks of the nation's public health bureaucracy to wake up and prepare for the possibility of far more drastic action.

"[quote] 'You guys made fun of me screaming to close the schools,' he wrote to the group, which called itself 'Red Dawn,' an inside joke based on the 1984 movie about a band of Americans trying to save the country after a foreign invasion. [Mecher goes on,] 'Now I'm screaming, close the colleges and universities [unquote].'

"His was hardly a lone voice. Throughout January, as Mr. Trump repeatedly played down the seriousness of the virus and focused on other issues, an array of figures inside his government — from top White House advisers to experts deep in the cabinet departments and intelligence agencies — identified the threat, sounded alarms and made clear the need for aggressive action."

Those are the first few paragraphs of this remarkable exposé in The New York Times.

For more on how Trump was slow to absorb the scale of the risk and to act accordingly, we're joined by the lead author of that exposé, Eric Lipton, Pulitzer Prize-winning journalist, investigative reporter for The New York Times. Together with a number of other Times reporters, he wrote this in-depth piece, headlined "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus." His follow-up piece, "The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus."

Eric Lipton, welcome back to Democracy Now! It's great to have you with us. So, take us back to that time, and then we'll talk about why this is so significant today, I mean, reflected in the fact that as we speak today, the U.S. has surpassed any country's death toll in the world. Take us back to those warnings, those first early warnings that scientists and members of his government were issuing.

ERIC LIPTON: Actually, I think you need to go back way before January of 2020, and you go back to — way back to 2006, believe it or not, and you go back to the Bush administration,

when it was during the Bush administration, of George W. Bush, that there were key advisers to President Bush who realized that it was only a matter of time before a significant infectious disease came to the United States, like it happened, you know, shortly after World War I, and it was going to cause widespread illnesses and deaths, and that the United States was not properly prepared for it. And so, it was in 2006 that the United States designed a comprehensive pandemic plan, which has two essential stages, and the stages are containment and mitigation.

And the first stage is containment, in which you attempt to — essentially, like the word sounds, you attempt to contain the infection and prevent it from spreading. And you do that by preventing people who are ill from coming to the United States with it, you know, or if someone is ill, you do what's called contact tracing, in which you identify anyone that's had contact with that individual, and you isolate them until they become better, so that you — just like happened in China after the number of cases began to explode. So that's containment.

But at a certain point, it becomes — there's community spread. And once you have community spread, then you need to switch to mitigation, in which you take steps to — there is no vaccine. And it's called — actually, another term for mitigation is nonpharmaceutical interventions — NPIs, they call it. And the biggest issue here was, on day one, in January of 2020, Carter Mecher, who is a physician, a doctor that works at the Veterans Administration, was already — when he's talking about closing colleges and universities, he's talking about NPIs, these nonpharmaceutical interventions, or mitigation. He's already anticipating that this is going to be necessary.

And that's the most important thing that we have to look back on in the United States right now, is that: When did they move from containment to mitigation, and did they move soon enough? And the answer is, they did not move soon enough to mitigation. And the result is that more people are dying, and there are more illnesses, than would have been necessary if they had shifted to mitigation sooner. And that's the point that Dr. Mecher was making in January of 2020, was we need to be prepared to move to mitigation as soon as there is sufficient evidence that community spread has started. And if you want to understand the biggest failure that is consequential in the United States, it was the slowness with which we moved to mitigation.

AMY GOODMAN: So, let's go to the so-called Red Dawn string of emails, in which infectious disease specialists shared their concerns about the coronavirus very early on. Actually, this one was March 13th. The former adviser to Presidents Bush and Obama, infectious disease specialist James Lawler — I think he was at the University of Nebraska — wrote, quote, "CDC is really missing the mark here. By the time you have substantial ... transmission, it is too late. It's like ignoring the smoke detector and waiting" for your whole house to be on fire before you call the fire department. If you can comment? And go back even further, because his own people, Trump's own people, like Navarro, like Azar, were warning, sounding the alarms in January. In fact, intelligence agencies were saying a pandemic is about to explode on the global scene.

ERIC LIPTON: Right. Well, again, it's like, the thing about mitigation, or nonpharmaceutical interventions, is it's a very simplistic — you know, it's like you would think we're such a — we're so modern, we're so advanced in our science, that we would have to resort to things like closing of schools and businesses and social distancing, which seems so crude, because you would think there would be some treatment or some scientific method. But unfortunately, the reality is, with viruses which the population has no resistance to and that there's no treatment for, going back to the Plague, there really is no solution other than forced-upon isolation.

And so, again, when Dr. James Lawler from University of Nebraska, who was on the National Security Council during the Bush administration, as well, and participated in the drafting of that 2006 pandemic plan and then became an adviser to President Obama on pandemic preparations — what he, again, was upset about with the CDC was when the CDC, in March, said that it questioned the effectiveness of shutting down schools in the United States. That made these pandemic experts so frustrated and so angry, because, again, the fire alarm was going off.

They have a very scientific method, these pandemic infectious disease doctors, where they have — there's like a moment when the first death occurs. From the date that the first death occurs, you have a certain amount of time to institute mitigation, nonpharmaceutical interventions. If you don't do that in that small window, the number of deaths that are going to occur — and basically it's an equation. You can show how many deaths will happen if you don't pull the switch on mitigation by a certain date. And they knew what that date was.

Now, it's not as if you needed to do national mitigation all at once. You didn't. You need to do it by hot spot. When you had the first death in a community or certain number of infectious cases, then you needed to say, "Boom! Time to institute NPIs, social distancing."

And the problem is that the — what these doctors told me when I interviewed them is that the governors, who really have the power to do that, the governors are — you know, it's hard for a governor to get out in front when there's one death in a state the size of Washington state or Oregon or California, when there's a single death or a handful of infections. It's very hard for the governor to tell the citizens of his or her state that we need to shut down the economy on our own. It needs a federal official to come out and say this must happen. You know, now, they don't actually have the power to do that — the president or the surgeon general or the head of the CDC — but they have kind of the platform to call for such a step. And that's what had to happen.

And that's what HHS, the Health and Human Services, wanted the president to do in February. And the president was not willing to do that, and so it sat for several weeks. And then it was up to the governors, one at a time, to make the move. And some of them did it early, like California, and did it early. New York did it later, because they didn't have the federal guidance and kind of backing to say, "Now move. Do it."

AMY GOODMAN: When you look at the numbers — the U.S. said it had its first coronavirus case around the same time as South Korea. Now the U.S. has 50 times more cases, hundred times the fatalities. Look at the population of the U.S. and the world: 4.25% of the world's population — that's less than 5% of the world's population — 30% of the confirmed cases and 20% of the deaths in the world.

So let's go back to those Red Dawn email chain that you've exposed. In an email at the end of January, Dr. James Lawler, the infectious disease doc, wrote, quote, "Great Understatements in History: Napoleon's retreat from Moscow — 'just a little scroll gone bad' Pompeii — 'a bit of a dust storm' — Hiroshima — 'a bad summer heatwave' AND Wuhan — 'just a bad flu season.'"

So these docs were sounding the alarm, but so were President Trump's most trusted advisers. Talk about what Azar had to say, head of Health and Human Services. Talk about what Navarro was saying, saying that this was going to be serious. And talk about who was countering them. It's not that President Trump didn't know. I mean, he no longer had his pandemic task force within the National Security Council, which would have been sounding the alarm. He had that

disbanded back in 2018. But he also had countering forces, like Mnuchin, deeply concerned about the economy and shutting anything down, in fact canceling a doctors' meeting, you write about, when one of the doctors said, you know, "We have to do something about this."

ERIC LIPTON: I think that what the context that this happened is it's the impeachment in January in the Senate is going on, and as this thing is just getting underway in terms of its first infections coming to the United States. And not only that, but it's now an election year in January 2020, and the president is really focused on his reelection, and the single, by far, theme that is going to define his reelection campaign is "Look at the stock market. Look at the incredible rise, the record stock market numbers. Look at the economic growth in the United States."

And also, in January, he was in the midst of finalizing negotiations with China on what they called Phase 1, that was going to try to remove — he was going to try to remove some of the tariffs in the trade war that was going on. That was going to be signed on January 15th, and so, you know — and the ability to reach an agreement with China was central to the stock markets continuing to rise and economic growth recovering, and the farmers being happy because soybeans would be bought by China again.

All of this was in the balance for Trump. So, if he was seriously considering taking steps to shut down businesses, schools, and force social distancing by urging governors to take such steps, he was going to essentially be undermining the economy that was going to be the central theme of his campaign. And that was the last thing that he wanted to do.

But what he didn't realize is that if they allow this infection to bloom in the United States, and then potentially hundreds of thousands of deaths to occur because they never did mitigation, that the economy would have been shut down by the force of the virus itself in an even more devastating way, because the number of deaths would have been in the hundreds of thousands.

And it goes back to the fact that this is an administration that you had an acting chief of staff for over a year who had very little clout across the White House. You had lots of turnover among the top people in the various agencies, acting head of homeland security, I mean, different DOD secretaries, different national security advisers. And you had lots of infighting among these different advisers. You had a secretary of health and human services, Azar, who was not respected by the president, whose voice did not carry much weight in the White House. You had Peter Navarro, who was —

AMY GOODMAN: They called him alarmist?

ERIC LIPTON: Yes. You had Peter Navarro, who was a trade adviser, who was one of the earliest voices of concern. People said, "Oh, it's crazy. He's crazy. We don't want to listen to him in the White House." And so — and then you have a lacking functional process of policymaking, in which the chief of staff is supposed to be the person that considers all these debates and then brings to the president his recommendation, but then Mulvaney, since he had his comments late last year in October that, oh, it was a quid pro quo, was so on the outs that no one was really listening to him, and was about to be fired from his job, which ultimately he was, in the middle of this.

So you had a dysfunctional White House that was unable to make the right policy choice and bring it to the president, and then a president who was so fixated on his reelection that he wasn't in a position to listen to people who were warning that this was a pandemic of historic

proportions that was coming at us and that we had a small window of an opportunity to act decisively to limit the number of deaths.

And then, that result was that in late February, when all of his advisers, all of his medical advisers, from Health and Human Services, CDC, from the Veterans Affairs, had concluded that the United States needed to announce that it was time to shift to mitigation and social distancing, that the moment had come when it was up to the president to endorse this — and that's when he got angry, when someone from the CDC said that was something that was going to have to happen. And the announcement on that was put off by several weeks. Those several weeks were the difference between — there are many people that will have died because of that delay, particularly in New York state, of mitigation.

AMY GOODMAN: I wanted to go to — I mean, you have — Navarro had also recommended the ban on China. And when you talk about travel ban, President Trump's ears perk up. So he did do the travel ban on China, but it was, to say the least, filled with loopholes. Eventually, he would do Europe. But at the same time, every time he says, "Look, I did that early," since he understood the significance of what was taking place early — that was the beginning of what? February. Is that right? If he had started ramping up the testing and the supply chain to ensure that there were PPEs — right? — the personal protective equipment, that doctors and nurses and the janitors in hospitals so severely lack right now, if it had started like it started in Taiwan — they didn't even close the country there. But here, this has led to this absolute catastrophe. The most significant part of it is the massive loss of life.

ERIC LIPTON: Well, I mean, a couple of points you make there. The first was about the, again, two phases here: containment and mitigation. So, relative to the containment phase, the president, in late January, announces the limitation on flights in China. But, as you say, there was a very problematic implementation, in quite a number of ways. And perhaps among them is that there were approximately 400,000 people that came to the United States from China, as my colleague Steve Eder reported recently, that — from the time that we know that the virus was spreading in China to most recently. And 45,000 of them, approximately, came in the period after the president limited flights.

And the problem was that it was not really a — in the world today, it's next to impossible to stop movements of people entirely. And you can't ban American citizens from coming back to the United States. And so American citizens and naturalized citizens were coming into the United States, tens of thousands of them, even after he adopted this limitation. And they weren't, actually, in many cases, doing sufficient testing of those people or requiring isolation of those people for two weeks to ensure that they weren't infected.

So, if you were really going to do a, quote, "travel ban," you needed to have mandatory quarantines, unfortunately, which is a civil liberties issue. You needed to have mandatory quarantines for those people, and you needed to have sufficient testing to make sure that they were not actually bringing the virus in. Neither of those happened. Those people were bringing in many cases of infections. And so, the first stage, containment, containment was a failure. OK?

So, the second stage, then, even during containment, you needed to be working on mitigation, because you know that it's going to spread anyway. The question is: How much will you have? So, during containment, you need to be ramping up all of your preparations, you know, Plan B. You need to have the PPEs. You need to have the ventilators. You need to have the hospitals. You need to have the hospital personnel. But what we learned was that it was — I was working

on a story with my colleague Zolan, who covers the Federal Emergency Management Agency in The New York Times, and Department of Homeland Security. It was March 17th, and we asked the Army Corps of Engineers, "Have you been given any assignments yet to help the United States respond to the pandemic?" And at that point, you know, New York City had had —

AMY GOODMAN: We have 30 seconds, Eric.

ERIC LIPTON: Oh, OK. The Army Corps of Engineers had not been given an assignment as of March 17th, which was extraordinary. So they had not shifted to Plan B until way too late.

AMY GOODMAN: Well, I want to thank you so much for being with us and and end with Dr. Fauci. On Sunday, CNN's Jake Tapper questioned Dr. Anthony Fauci about your New York Times piece.

JAKE TAPPER: Do you think lives could have been saved if social distancing, physical distancing, stay-at-home measures had started third week of February instead of mid-March?

DR. ANTHONY FAUCI: You know, Jake, again, it's the what would have, what could have. It's very difficult to go back and say that. I mean, obviously, you could logically say that if you had a process that was ongoing and you started mitigation earlier, you could have saved lives. Obviously no one is going to deny that.

AMY GOODMAN: So, that was Dr. Anthony Fauci speaking yesterday on Jake Tapper's show on CNN. In response, President Trump retweeted a tweet that ended with "fire Fauci." Eric Lipton, I want to thank you so much for being with us, Pulitzer Prize-winning journalist, investigative reporter for The New York Times.

When we come back, we go to Detroit, the site of the first major U.S. study into whether or not the anti-malarial drug hydroxychloroquine could help prevent the spread of coronavirus, this coming after weeks of President Trump promoting the drug despite warnings from medical experts.

And this latest breaking news: George Stephanopoulos of ABC News has just tested positive for the coronavirus. Stay with us.

[break]

AMY GOODMAN: "Amazing Grace," sung by Italian tenor Andrea Bocelli as he stood on the steps outside the Duomo cathedral, the final song in a concert called "Music for Hope," the cathedral in the region of Italy that's been hardest hit by the coronavirus pandemic.

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1.1 - MSN (New York Times): The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

WASHINGTON — As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation.

Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built. Different threads in the chain were named Red Dawn Breaking, Red Dawn Rising, Red Dawn Breaking Bad and, as the situation grew more dire, Red Dawn Raging. It was hosted by the chief medical officer at the Department of Homeland Security, Dr. Duane C. Caneva, starting in January with a small core of medical experts and friends that gradually grew to dozens.

The “Red Dawn String,” Dr. Caneva said, was intended “to provide thoughts, concerns, raise issues, share information across various colleagues responding to Covid-19,” including medical experts and doctors from the Health and Human Services Department, the Centers for Disease Control and Prevention, the Homeland Security Department, the Veterans Affairs Department, the Pentagon and other federal agencies tracking the historic health emergency.

Here are key exchanges from the emails, with context and analysis, that show the experts’ rising sense of frustration and then anger as their advice seemingly failed to break through to the administration, raising the odds that more people would likely die.

A Veterans Affairs official worried in January that the W.H.O. and C.D.C. were slow to address the spread of the virus.

One of the most active participants in the group was Dr. Carter E. Mecher, a senior medical adviser at the Veterans Affairs Department who helped write a key Bush-era pandemic plan. That document focused in particular on what to do if the government was unable to contain a contagious disease and there was no available vaccine, like with the coronavirus.

The next step is called mitigation, and it relies on unsophisticated steps such as closing schools, businesses, shutting down sporting events or large public gatherings, to try to slow the spread by keeping people away from one another. As of late January, Dr. Mecher was already discussing the likelihood that the United States would soon need to turn to mitigation efforts, including perhaps to “close the colleges and universities.”

A former Bush and Obama adviser compared the outbreak to major disasters in world history.

Dr. James Lawler, an infectious disease doctor at the University of Nebraska who served in the White House under President George W. Bush and as an adviser to President Barack Obama, was also a regular participant in the email chain. He stayed in regular communication with federal officials as the United States attempted to figure out how to respond to the virus. From the beginning he predicted this would be a major public health event.

Experts worried that it would be hard to convince society to order restrictions like school and business closures to slow the spread.

Convincing governors and mayors to intentionally cause economic harm by ordering or promoting mitigation efforts — such as closing businesses — is always a difficult task. That is why it is so important, these medical experts said, for the federal government to take the lead, providing cover for the local officials to kick off the so-called Nonpharmaceutical Interventions, such as school and business closures. Again, this group of doctors and medical experts recognized from early on that this step was all but inevitable, even if the administration was slow to recognize the need.

The Diamond Princess was an early case study of how quickly the virus could spread.

Strong evidence was emerging as of mid-February — with the first cases of Covid-19 already in the United States — that the nation was about to be hit hard. These doctors and medical experts researched how quickly the virus spread on the Diamond Princess cruise ship, which was quarantined in the port of Yokohama, Japan, on Feb. 3 before hundreds of United States citizens on the ship returned home.

Dr. Eva Lee, a researcher at Georgia Institute of Technology who has frequently worked with the federal government to create infectious disease projections, helped the Red Dawn group do modeling, based on the virus spread on the cruise ship. (Dr. Lee is facing sentencing on federal charges that she falsified the membership certificate behind a \$40,000 National Science Foundation grant for unrelated research.)

February was a tipping point for some experts.

The concern these medical experts had been raising in late January and early February turned to alarm by the third week in February. That was when they effectively concluded that the United States had already lost the fight to contain the virus, and that it needed to switch to mitigation. One critical element in that shift was the realization that many people in the country were likely already infected and capable of spreading the virus, but not showing any symptoms. Here Dr. Lee discusses this conclusion with Dr. Robert Kadlec, the head of the virus response effort at the Department of Health and Human Services and a key White House adviser.

Dr. Kadlec and other administration officials decided the next day to recommend to Mr. Trump that he publicly support the start of these mitigation efforts, such as school closings. But before they could discuss it with the president, who was returning from India, another official went public with a warning, sending the stock market down sharply and angering Mr. Trump. The meeting to brief him on the recommendation was canceled and it was three weeks before Mr. Trump would reluctantly come around to the need for mitigation.

This slow pace of action was confusing to the medical experts on the Red Dawn email chain, who were increasingly alarmed that cities and states that were getting hit hard by the virus needed to move faster to take aggressive steps.

A former high-ranking Trump official weighed in with criticisms.

When Mr. Trump gave a speech to the nation on March 11 in which he announced limits on flights from Europe to the United States — but still no move to curb gatherings in cities where the virus had spread — the experts on the email chain grew angry and fearful. Among those questioning Mr. Trump's decision was Tom Bossert, who had previously served as Mr. Trump's homeland security adviser.

Participants were angry the C.D.C. did not push for school closures.

The Red Dawn participants were even more upset when the Centers for Disease Control and Prevention, in mid-March, questioned the value of closing schools, at least for short periods of time. Soon enough, governors ignored this advice, and most schools in the United States were shut. But it happened largely without federal leadership.

See all of the email exchanges.

The New York Times has collected more than 80 pages of these emails, from January through March, based in part on Freedom of Information Act requests to local government officials. Some of the emails were reported on last month by Kaiser Health News. Here is a fuller collection, arranged by The Times in chronological order. This file includes a list of many of the medical experts on the email chains. It also contains related emails from certain state government medical experts who were reaching out to the federal government during the same time period.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

Under the previous policy, LA health care workers treating patients who had tested positive for COVID-19 would receive only a single surgical mask per shift rather than the N95 respirators recommended by the Centers for Disease Control and Prevention. Staffers at the hospital who spoke to BuzzFeed News worried that the new measures could get them or other patients sick. At the time, at least three VA workers had died from COVID-19, a number that has since tripled.

Two days after the publication of the BuzzFeed News report, the policy was overhauled. The new guidelines suggest that workers obtain a new mask when going between positive cases and suspected or negative cases. Some workers had been asked to use the same surgical mask for an entire week, but now will be given one each day.

In an email obtained by BuzzFeed News, Medical Center Director Dr. Steven Braverman apologized to workers for a “failure on my part to effectively communicate with you so that each and every employee knows our operational status and what we’re doing to keep you safe.”

One staff member told BuzzFeed News “that level of honesty surprised me.”

A spokesperson for the hospital system did not return a detailed message Monday seeking comment.

If you're someone who is seeing the impact of the coronavirus firsthand, we'd like to hear from you. Reach out to us via one of our tip line channels.

In his email, Braverman said he and his staff had already been working on a new policy governing the use of masks.

“Prior to us learning about this article, we were developing new guidelines for PPE use with more specificity in an attempt to help you all understand what type of mask to wear under what circumstance,” Braverman wrote. “We’re not making stuff up, and we didn’t change our policies because of a media article.”

Last week, workers began speaking out after Steven Simon, the chief of staff for VA's Greater LA Healthcare System, sent an email to hospital employees informing them that the facility would have to begin to ration masks due to a supply shortage. This directive contradicted an email sent 30 minutes earlier by a top official at VA headquarters in Washington, DC, who said inventory levels were "adequate."

At the time, staff members described the equipment situation as grim. One said workers were sharing equipment from one shift to another, and said they were still asked to count N95 masks the same way that they do narcotic drugs.

Another said that some equipment was being treated with ultraviolet rays — a common disinfectant — so it could be reused. There is scant research on whether UV exposure can kill COVID-19 on surfaces, but it has been effective on other coronaviruses.

Each of the workers asked to remain anonymous because of a VA policy prohibiting employees from speaking to the press.

"There is a lot of conflicting info coming from leadership," one of the staffers said.

Braverman told workers in the email that the LA hospital system had enough N95 masks to last at least four weeks under "surge conditions," when the hospital could be flooded by new patients. Leaders believe they had about a week's worth of surgical masks.

"You can see from the numbers that limiting surgical masks to 1 per day (if not soiled or contaminated) is both safe and responsible," Braverman wrote. "You'll see me walking around with a mask my wife made for me. I'll sew some more myself this weekend from my wife's quilt fabric stash."

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

The checks can total up to \$1,200 per person and are being dispersed through the IRS, which requires eligible households to file a tax return in order to receive their money. But many veterans and their survivors who rely solely on government benefits, such as disability payments from Veterans Affairs, do not typically have to submit a return.

This year, that means they could also fall through the cracks of the stimulus program.

"I served my country. I was ready to go to war," said Dennis Arellano, 61, a Marine Corps veteran who now lives in San Jose. "I think they should consider something about that."

Veterans groups estimate roughly 1.9 million veterans and their survivors could be in this category, based on the number who were in a similar situation during the Great Recession. Advocates argue that the federal government already has bank account information for those

households since they receive veteran's benefits. And they're calling on the VA, IRS and Treasury Department to work together to waive the filing requirement.

"We are gravely concerned that absent quick and decisive action from the Administration, millions of seriously disabled veterans, their survivors and caregivers – who are among the most vulnerable Americans during the ongoing coronavirus health crisis – may never receive this critical financial support," a dozen of the nation's largest veterans service organizations wrote in a letter to Treasury Secretary Steven Mnuchin and VA Secretary Robert Wilkie this month.

On Friday, the IRS launched an online tool that allows households who do not typically file a tax return to submit basic personal information in order to receive their payments quickly. The site specifically encourages disabled veterans and their survivors to fill out the form.

"President Trump, Secretary Mnuchin and the administration are fully committed to providing fast and direct economic impact payments to all Americans entitled to them, and we are particularly sensitive to the needs of our nations' heroes and survivors," a Treasury spokeswoman said.

But the effort falls short of the fix that lawmakers have demanded. Many affected veterans may not have a computer or internet access to submit their information, forcing them to venture out of their homes to a post office to get the necessary forms instead. Earlier this month, Treasury waived the filing requirement entirely for Social Security recipients. Veterans should also be able to receive their payments automatically, they said.

"To put this hurdle in front of them will be wrong," House Veterans Affairs Chairman Mark Takano said of the filing requirement. "They are people who need this stimulus payment the most."

Earlier this month, Takano and other leading House Democrats, including Ways and Means Chairman Richard Neal, urged Treasury to resolve the problem. In the Senate, Democrats called automatic payments "the fastest, most cost-effective way to provide desperately needed help" in a letter to the Trump administration. GOP Sens. Susan Collins of Maine and Kyrsten Sinema of Arizona sent a similar letter, stating "our nation's veterans ... deserve better."

Takano said he spoke recently with a top official at the VA who expressed "eagerness" to resolve the problem by cross-referencing agency databases.

"I believe they can find a solution," he told CNBC. "They've done it before."

In the meantime, Patrick Murray, who handles legislative affairs for the VFW, called the IRS' new online tool a good step in the right direction. The challenge now, he said, is educating veterans about the guidelines for getting payments and the resources available for them as new information is released.

Arellano, the Marine Corp veteran, was not planning to file a tax return this year until he heard about the stimulus. He said that he lives off the \$435 a month that he receives in VA benefits and that he's confused about what paperwork needs to be filled out. But he knows that it would make a big difference -- both financially and mentally.

"I'm alone, you know. So if something happens to me, they're going to open the door and they're going to find me dead," he said. "That's what I'm really, really scared of. If I feel bad, there's nobody I can call."

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times.

Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28 that the World Health Organization and Centers for Disease Control and Prevention "were behind the curve," in responding to the novel coronavirus and swift action was needed to stop it, according to an email thread obtained by the Times through a Freedom of Information Act request.

"You guys made fun of me, screaming to close the schools. Now I'm screaming, close the colleges and universities," wrote Mecher to the group, nicknamed "Red Dawn" for the 1984 movie that pitted actors Patrick Swayze and Charlie Sheen against a foreign enemy invasion. Red Dawn was hosted by Dr. Duane Caneva, chief medical officer at the Department of Homeland Security.

Upon analyzing early data from China, Mecher said it appeared that the virus looked as transmissible as the flu, but with a greater ability to replicate and a case fatality rate comparable to the worst flu season.

"This is really unbelievable ... any way you cut it, this is going to be bad," Mecher wrote.

From Jan. 28 through the middle of March, the email chain grew from a handful of physicians and researchers with the Departments of Homeland Security, Health and Human Services, Defense, VA, academia and the private sector to a group that included dozens others in the federal government. It eventually included Surgeon General of the United States Jerome Adams and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.

Caneva wrote that the chain was started "to provide thoughts, concerns, raise issues, share information across various colleagues responding to COVID-19."

From its inception, two of the most outspoken voices were Mecher and Eva Lee, director of the Center for Operations Research in Medicine and Health Care at the Georgia Institute of Technology.

The group studied the disease spread on the Diamond Princess cruise ship, quarantined in Yokohama, Japan, on Feb. 3. They also discussed the potential for an overwhelmed hospital system in the U.S., and started calling for social distancing on Feb. 9.

"[It's] over 10 to 30 times more deadly than seasonal flu," Lee wrote following an analysis of cases in Hubei. "Moreover, this is only a lower bound because the government basically shut down and isolated the entire infected zone."

By mid-February, Mecher was asking about the strategy for primary care and hospital response, including isolating people at home and encouraging virtual medical appointments and telework. He also inquired about nursing home spread and the lag time of testing.

"We are going to have a devil of time with lab confirmation -- it is just too slow ... that means we are going to have to fly blind early on," Mecher wrote Feb. 20.

That week, the U.S. State Department issued a travel alert recommending that U.S. citizens reconsider any planned travel on cruise ships, and CDC officials said they were seeing community spread of the coronavirus in some Asian countries.

"If you're watching the news, you may be hearing about schools shutting down and businesses closing in countries in Asia to reduce the potential spread of this virus," said Dr. Nancy Messonnier, director of the Center for the National Center for Immunization and Respiratory Diseases. "The day may come where we need to implement such measures in the U.S. communities."

President Donald Trump held two campaign rallies the same week, but did not mention the virus, which had 15 U.S. cases at the time.

By Feb. 28, Mecher was forecasting total veteran deaths from the novel coronavirus, based on how the virus affected Diamond Princess passengers: more than 461,000 veterans ill and 30,736 dead across the U.S., including 221,703 hospitalized and 14,780 in VA facilities over three months.

"Now you understand the challenge," he wrote.

On March 2, Lee, (who has been convicted of falsifying a certificate needed for a \$40,000 grant from the National Science Foundation on other research), said non-pharmaceutical interventions, or NPI, such as school closures, telework, travel restrictions, hand-washing and social isolation should be put in place.

"We need actions, actions and more actions," she wrote.

"Six deaths in Seattle. Seattle missed the window. It is too late for NPI," Mecher responded.

Mecher helped write the 2007 White House National Strategy for Pandemic Influenza under President George W. Bush and served as director for Medical Preparedness Policy on the White House Homeland Security Council under President Barack Obama. He also has served as chief medical officer of the VA's Southeast Network, responsible for VA health services in Georgia, Alabama and South Carolina.

By March 12, Mecher, a self-described "dufus from the VA" in his emails, was still searching for solutions: " I think we ran out of time for Seattle. But there are other cities and communities where we still can make a difference," he wrote. "I don't understand why California and NYC are not acting more aggressively."

As of April 13, the U.S. had nearly 561,000 confirmed cases of COVID-19 and 22,861 deaths.

New York has been the hardest hit, with 188,000 cases and 9,385 deaths and ordered a lockdown on March 20. By contrast, California, where Gov. Gavin Newsom ordered the nation's strictest lockdown measures on March 19, has had roughly 22,000 confirmed cases and 651 deaths.

Within the VA system, 3,754 veterans had tested positive for the coronavirus as of April 11, and 200 have died. It is not known how widespread the impact of the illness has been on the entire veteran population; dozens have died in nursing homes, including 37 at the New Jersey Veterans Home in Paramus, N.J.

The Times story was based on several emails first obtained by Kaiser Health News and a more extensive FOIA search.

Mecher, in one of his last emails obtained by the Times, penned on St. Patrick's Day, said the most difficult message to convey to government and health leaders, as well as the general public, was the need to "take action before the storm arrived and the sun was shining."

"The story line of the articles written about the variation in outcomes in U.S. cities [during the flu pandemic of 1918] is now unfolding and writing itself in real time before our very eyes," he wrote.

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically.

As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

VA officials have offered only partial details of the deaths. Only one death involved a patient younger than 50. Last week, officials noted the first death of a VA patient older than 100, a veteran at New York City's Brooklyn medical center. No other information was given.

New York has become the hardest hit region nationally by the fast spreading virus. The Brooklyn site became the second VA medical center to reach 30 deaths from coronavirus, behind only the VA facility in New Orleans.

Across all VA sites, more than 4,000 patients in VA care have tested positive for COVID-19. That's about 12 percent of all of the cases tested by the department, and more than double what it was on April 2.

In addition to the patient statistics, at least 1,520 VA health care employees have tested positive for the virus. That number has risen more than 400 individuals in a week. Nine employees have died as a result of the illness, all in the last few weeks.

Based on information released by VA health officials, here are the VA medical centers currently dealing with coronavirus cases:

The increases in sick patients come amid growing reports detailing shortages in staffing and protective equipment at sites throughout the veterans health system.

On Monday, the American Federation of Government Employees (which represents 260,000 department employees) blasted VA leadership for their denials of problems at VA sites.

“The lack of PPE being faced by our members isn’t fake news, it’s the truth,” AFGE National President Everett Kelley said in a statement. “And it’s time for the VA to stop trying to silence and discredit the voices of their own employees — caregivers who are crying out for help — and to get to work addressing their concerns and saving lives.”

In past statements, department leaders have promised “an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of this emerging health risk.”

That includes work with the Centers for Disease Control and the possibility of accepting some non-veteran patients at VA medical centers to provide relief to overtaxed local health care systems.

Last week, VA Secretary Robert Wilkie announced during a White House briefing that he would open about 1,500 beds nationwide to communities in need of extra resources, despite the increasing coronavirus numbers within the VA health system.

VA officials have said that opening those areas to non-veteran patients will not hurt delivery of care to any veterans who need it.

Officials also said any veteran with symptoms such as fever, cough or shortness of breath should contact their local VA facility before visiting to determine their next steps.

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1.6 - Military Times: Veterans’ remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic.

Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

Department officials also said the number of mental health appointments conducted through online video chats with physicians rose from about 20,000 in February to 34,000 in March, an increase of 70 percent. Another 2,700 online video group therapy appointments were conducted in March, a nearly 200-percent increase from the previous month.

VA officials have already reported significant increases in use of the Veterans Crisis Line, although they said many of the additional callers are not facing suicidal thoughts. Instead, numerous veterans and family members have called for information on existing resources, or for help obtaining alternative mental health care programs.

In a statement, VA Secretary Robert Wilkie said that the department's "early embrace of new technology" is helping veterans.

"VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities," he said.

The coronavirus outbreak has disrupted numerous VA programs and protocols over the last month, as physicians across the country scramble to deal with a steadily-increasing number of cases.

As of Friday, 200 VA patients have died from the illness and more than 3,500 others tested positive. More than 1,100 VA employees have also contracted the virus, and at least seven have died.

New safety precautions have cancelled thousands of non-essential medical appointments at VA hospitals across the country, although veterans with immediate needs are still being admitted to the facilities.

About 17 veterans a day die by suicide, according to the latest department data available. White House and VA officials had been scheduled to release a new government-wide effort on veteran suicide prevention last month, but that announcement was delayed by the coronavirus outbreak.

Congress set aside \$19.6 billion in emergency funding for VA in their coronavirus stimulus package last month. Of that total, about \$3.1 billion was assigned for new telemedicine efforts within VA, to increase health care access for veterans quarantined at home.

The VA remote mental health care numbers are expected to increase again in April, since many states did not offer stay-at-home recommendations until late in March or early this month.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall.

Starting today, department staffers will send letters to tens of thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care. That move comes over VA objections concerning an ongoing lawsuit over the issue, which could add billions in new costs to the department's budget.

Last fall, the U.S. Court of Appeals for Veterans Claims ruled that the department's current regulation for veterans who seek non-department medical care violates existing federal law. They ordered VA officials to re-examine more than 72,000 rejected claims and update their rules, arguing the department has a responsibility to cover the costs of the unexpected medical visits.

The case centers on veterans whose unpaid emergency room expenses were denied by VA officials under existing policies. The plaintiffs' both had part of their bills paid for by other insurance, but were left with several thousand in personal costs.

VA officials argued in court that they did not need to handle the unpaid balance because the veterans were primarily covered under other insurance plans. The court ruled that violates both existing law and past legal precedent.

A VA Inspector General report last summer found \$716 million in improperly processed payments in cases involving veterans who sought medical care outside the department's health system in 2017, including about \$53 million that should have been refunded under existing rules.

VA officials are considering appealing the ruling, and asked that any action on the cases be postponed until higher courts weigh in on the matter.

But earlier this month, the appeals court rejected that motion and ordered letters be sent out starting April 13. Advocates praised the decision.

"Hundreds of thousands of veterans affected by this class action have suffered far too long and endured severe financial hardships due to VA's wrongful handling of their reimbursement claims," said said Bart Stichman, executive director of the National Veterans Legal Services Program.

VA officials have estimated that full compliance with the court order could cost between \$1.8 billion and \$6.5 billion. Reimbursements may date back to cases decided by the department in 2016.

The ruling also invalidated all VA decisions denying reimbursement for deductibles and co-insurance costs not covered in emergency visits at non-VA facilities.

The letters come as many veterans are facing new debts related to work interruptions and other financial problems related to the ongoing coronavirus pandemic. However, processing of the claims is likely to take several months, and may be stalled further by ongoing legal appeals.

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2. Improving Customer Service

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling.

While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted to shed a light on inappropriate or illegal behavior is allowable, the U.S. Court of Appeals for the Federal Circuit said. Federal whistleblowers have long complained agencies seek to turn the tables on them in an effort to discredit their claims or remove them from their positions.

The case involved Leonard Sistek, who served as a director at a VA facility in Denver. Sistek made multiple disclosures to the VA inspector general protected under whistleblower law, raising concerns about agency spending and “contractual anomalies.” In 2014, Sistek was interviewed by an Administrative Investigation Board examining inappropriate office relationships, during which he realized he was himself subject to an investigation. He notified the IG that he suspected this was in retaliation for his whistleblowing. Later that year, the board cited Sistek for failing to report that a colleague had an “inappropriate sexual relationship” with the colleague’s subordinate, and VA issued a letter of reprimand.

In early 2015, VA rescinded Sistek’s letter and struck it from his record. Later that year, the IG validated two of his claims of department wrongdoing.

Sistek brought a case before the Merit Systems Protection Board, arguing that VA retaliated against him for blowing the whistle. An MSPB administrative judge, however, ruled in VA’s favor, leading him to appeal the decision in the federal circuit court.

To qualify for relief under whistleblower law, employees must demonstrate their agency took a qualifying personnel action such as a denial of an appointment, a pay decision or another “significant change” in duties or working conditions. The MSPB judge ruled, and the appeals court subsequently affirmed, that “a retaliatory investigation, in and of itself, does not qualify as a personnel action eligible for corrective action” under the Whistleblower Protection Act. The court stated further that Congress “acted purposely in excluding retaliatory investigations” from prohibited behavior under the law.

VA was therefore well within its rights to launch an investigation into Sistek, even if it was in retaliation for his disclosures, the court found.

Sistek argued the investigation and subsequent letter of reprimand created a hostile work environment, which amounted to a “significant change” in his working conditions. The court rejected that argument, saying under Sistek’s definition any investigation would create a hostile work environment.

The court noted a retaliatory investigation into an employee who blew the whistle could be subject to additional relief if that employee can prove some other improper personnel action.

Sistek retired from VA in 2018.

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

- A Georgia resident is under arrest for allegedly trying to fraud Veterans Affairs out of \$750 million for personal protective gear used to respond to the coronavirus pandemic. The Justice Department says Christopher Parris tried to sell 125 million nonexistent respirator masks to VA in exchange for large upfront payments. Parris is charged with wire fraud, and faces 20 years in prison and a \$250,000 fine if convicted.

[...]

- The VA is shifting medical personnel to New Orleans to help with the coronavirus response in Louisiana. The department activated its disaster emergency medical personnel system. That system allows VA to ask for volunteers to work in especially hard hit areas. VA is looking for employees who have experience with ventilators and intensive care units. Employees who finish a 14-day deployment in Louisiana will get a five-thousand-dollar award. VA Secretary Robert Wilkie says these deployments are a normal part of the department's disaster response plan.
- Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic. Brazell replaces Melissa Glynn as the enterprise secretary. Glynn briefly served as the point-person for VA's electronic health record modernization. But it's unclear who has that responsibility now. (Department of Veterans Affairs)

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit.

The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

Federal agencies are permitted to extend the excused leave to employees required to telework who have dependent care obligations under certain circumstances. There are a few hoops to jump through: typically, employees are required to exhaust annual leave, sick leave, the paid leave supplied under the Families First Coronavirus Response Act and maxiflex telework schedules before the Temporary Excused Paid Leave comes into play.

Feds are able to request, at least according to one participating agency, 20 hours per pay period capped at four hours per day and 10 hours per week of excused paid leave. The policies

are expected to be evaluated during every pay period that includes mandatory telework due to the coronavirus pandemic.

The excused paid leave provision covers challenges related to school and daycare closures, dependent care lapses, and taking sanitary measures such as cleaning and sheltering-in-place to ensure compliance with local health measures due to the coronavirus pandemic.

Despite the measures that the federal government has taken to ensure that remote work is possible, agency employees say that the excused paid leave provision is not being rolled out evenly, burdening workers who have children and dependents.

FCW has learned, for example, that the Interior Department has so far not extended the benefit to its employees.

At the Environmental Protection Agency, federal employees have apparently been waiting for weeks for a decision to be made.

The American Federation of Government Employees' Deputy General Counsel Cathie McQuiston said that the EPA was considering implementing a temporary paid leave policy for its caretaker employees, but that the agency continued to put off making a final decision despite unions' requests for the provision weeks ago during bargaining sessions.

EPA briefed agency unions on April 9, McQuiston told FCW in an interview, and the paid leave option was discussed.

"They kept saying they were looking into it. We said, 'You've been looking into it for a while. It [feels] like you're trying to run out the clock and let the pandemic be over while you're still thinking about it.'"

Joyce Howell, Vice President of AFGE Local 3631, which represents EPA workers in Philadelphia, echoed the same sentiment.

She said that while EPA has been more flexible on things such as hours of work and start/stop times, they've put up roadblocks when it comes to relieving strapped parents or those who have elderly relatives to care for.

"EPA has not elected to utilize administrative leave or weather/evacuation pay to give relief to caretakers. Our bargaining unit members who are caring for small children, elderly parents and disabled dependents are suffering," she said in an email to FCW. "They have enormous integrity, they put in the work hours for which they are paid. But the net result is sleep deprivation."

Bethany Dreyfuss, the President of AFGE Local 1236, which represents EPA attorneys in the Bay Area, said that part of the issue was that the EPA said it could only make a blanket decision at the national level.

"We're being told it's a national thing and we have to wait for the [Washington] D.C. headquarters to make a decision," she said in an interview. "At the same time, my members are using up sick leave, personal leave, and using leave banks [leave donated by other agency employees] to make up the difference."

Dreyfuss said she had polled her bargaining unit and found that most respondents wouldn't use the leave.

"Any fear that it would be taken advantage of is unfounded. There are a number of people for whom a few hours a week would make an enormous difference, and for some 10 hours a week would be life-changing."

Dreyfuss noted that IRS invoked an evacuation order weeks earlier that allowed their care-burdened federal employees to take temporary leave.

A request for comment to EPA was pending as of publication time.

Employees at the Department of Veterans Affairs report similar concerns.

Sheila Elliott, the President of AFGE Local 2328 in Hampton, Va., said that in addition to ongoing concerns about a lack of personal protective equipment and unsafe working conditions, the VA was slow to implement policies for healthcare providers seeking relief, including parents and caregivers.

"I had one member who had taken temporary leave to take care of her son at home. Her supervisor called her and told her that if she didn't report back to work, she would be terminated."

FCW obtained a March 23 memo from the Veterans Health Administration Executive-in-Charge, Richard Stone, to agency leaders clarifying that no leave was available to excuse employees who were tasked with caring for children or other dependents.

"There is no authority to approve Weather & Safety Leave or Excused Absence for childcare," Stone wrote.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs.

She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

Brazell works to oversee the sufficiency of medical supplies across the department's clinics and health care centers in her current role. Her career includes leadership work with the White House Military Office and the Naval Facilities Command.

"Karen is an excellent choice to lead OEI, which is charged with integrating the operations," said Robert Wilkie, VA secretary.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

WASHINGTON, D.C. (WCBD) – Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law.

The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

The Board of Veterans' Appeals, which "determines whether veterans are entitled to VA disability benefits and other services," only conducts tele-hearings from designated locations. According to Cunningham, many Lowcountry veterans had to travel to Columbia or Savannah and testify from those VA offices. With stay-at-home orders in place in almost every state, a more efficient approach was necessary.

The Act allows veterans to stay home and participate in tele-hearings from their own computers. It also "includes safeguards to ensure that veterans' personal information is protected and that their case is not negatively impacted by taking advantage of this new option."

Cunningham described the legislation as "exemplary of the kind of commonsense advances we can make when both parties come together for the sake of our veterans."

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvw; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found.

While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion, according to an analysis by the Federation for American Immigration Reform (FAIR). The study was exclusively provided first to the Daily Caller News Foundation.

“The War on Terrorism has resulted in more veterans who have experienced overseas combat deployments than at any time since the end of World War II,” the study said, adding that this has resulted in more veterans than ever before needing services from the U.S. government.

“But, due to America’s foolhardy immigration policies, our government is now spending more and more money on services for illegal aliens — foreigners who have no right to be in the U.S. — resulting in a squeeze on resources available for the citizens and lawful immigrants who were prepared to make the ultimate sacrifice for their country,” the study continued.

FAIR looked at where the majority of homeless veterans lived and reported how much taxpayer funding illegal aliens in those localities received.

There were an estimated 37,085 homeless veterans in January 2019, according to the Department of Housing and Urban Development. Over a quarter of these homeless veterans lived in California, another 1,585 lived in Washington, and 1,270 lived in New York.

In California, it’s not always easy for veterans to obtain quality health care, the study found. Veterans in San Jose waited an average of 50 days before landing an appointment with a primary care VA clinic, and the average wait time in Modesto was 95 days, according to the study.

California, however, spends more than \$23 billion on undocumented individuals and their children every year, according to FAIR. In regards to health care, California lawmakers passed legislation in 2019 that sets aside taxpayer-funded health insurance to illegal aliens between the ages of 19 and 25 — an initiative that will likely cost \$98 million in its first year.

Another state home to many homeless veterans has also chosen to prioritize the undocumented community.

State lawmakers in New York — which spends \$7.5 billion on illegal aliens annually — allotted \$27 million in college tuition assistance for the children of illegal aliens in April 2019, but didn’t add several hundred thousand dollars to an initiative that provides university education assistance to the children of disabled and deceased veterans.

“That is perhaps the most egregious example of the way in which flawed immigration policies are putting veterans in competition with illegal aliens,” the authors said of New York’s educational priorities.

Beyond health care and education, the study also highlighted examples of jurisdictions doling out millions in legal assistance for the undocumented.

In Oakland, California, a \$300,000 fund was established in 2018 to help undocumented immigrants fight removal from the country, according to the study. A larger fund was established in Los Angeles, which has so far spent over \$7 million in legal aid to those living unlawfully in the U.S.

Baltimore approved \$200,000 in 2018 to support aliens facing deportation, and Montgomery County, Maryland, has allotted \$370,000, according to the study.

Meanwhile, FAIR found that more than 6,000 veterans committed suicide in 2017, including 491 veterans in California and another 78 in Maryland.

“If states cared more about veterans than illegal aliens, many of those 6,000 Americans may still be with us today,” the study stated.

Altogether, FAIR concluded that there were 14.3 million illegal aliens living in the U.S., posing a financial burden of \$132 billion annually for their health care, educational, and other welfare services. In comparison, there are 19.5 million veterans in the U.S., and their needs will cost the country \$217 billion this fiscal year.

FAIR concluded that, should the illegal population continue to grow, the cost to meet their needs will surpass those of veterans.

“Americans who care about the members of our armed forces should ask, ‘Why are we spending billions of dollars catering to illegal aliens when we aren’t properly taking care of the men and women who risk life and limb to protect us against all enemies foreign and domestic?’” the authors said.

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7.2 - Nextgov: Georgia Man Allegedly Tried To Sell \$750M in Nonexistent Masks To Veterans Affairs (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies.

On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in “nonexistent respirator masks” to the Veterans Affairs Department.

According to a release announcing the charges, Christopher Parris, of Atlanta, told VA he could source 125 million face masks and other personal protective equipment, or PPE, despite allegedly knowing he could not deliver.

“For example, the complaint alleges that Parris promised that he could obtain millions of genuine 3M masks from domestic factories when he knew that fulfilling the orders would not be possible,” the release states. “Parris also allegedly made similar false representations to other entities in an effort to enter into other fraudulent agreements to sell PPE to state governments.”

Parris was charged with wire fraud, which carries a maximum sentence of 20 years in prison and a \$250,000 fine.

“As this case demonstrates, even beyond the typical costs associated with unlawful behavior, COVID-19 scams divert government time and resources and risk preventing front-line responders and consumers from obtaining the equipment they need to combat this pandemic,” Attorney General William Barr said. “The Department of Justice will not tolerate this conduct, especially when it involves this kind of egregious attempt to target and defraud our nation’s treasures—our veterans.”

Previously, the General Services Administration received reports from a customer agency that someone purporting to be a vendor with a schedule contract attempted to sell hand sanitizer and cleaning supplies at exorbitant prices. The agency warned all federal buyers to double-check prices on GSA Advantage and verify vendors in eLibrary.

The Justice Department urged anyone who suspects COVID-19-related fraud to contact the National Center for Disaster Fraud at 866-720-5721 or disaster@leo.gov.

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Veterans Affairs Media Summary and News Clips

14 April 2020

1. Top Stories

Coronavirus / COVID-19

1 - The New York Times: On Politics: How Trump Fell Short on the Coronavirus (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand. The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus...

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday. The veteran, "in their 70s," died Friday. The department did not report the victim's exact age, nor if the person is male or female.

[Hyperlink to Above](#)

3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic. A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE)...

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday. The eight deaths bring the official COVID-19 death toll at the facility to 24.

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5 - Stars and Stripes: Marine Corps veteran recovers from coronavirus after eight days on ventilator (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off. Williams, 54, had been in the Department

of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever.

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic. Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma. The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

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8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet? In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans. To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

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10 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center confirms first COVID-19 case (14 April, Wanya Reese, 281k uvm; Macon, GA)

Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

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11 - WISN (ABC-12, Video): VA to host virtual town hall to answer claims questions (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits. It will be Tuesday at 4 p.m.

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12 - Argus Leader: Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C. It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020. Had there been any unexpected surprises in those first three months?

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans. Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

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15 - Ocala Star-Banner: Coronavirus information for veterans (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County. Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served. The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19. According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

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17 - KRVN (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19. According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend. The deaths bring the total number of deaths in the county to three — all involving SNF residents. In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs. The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times's explosive new exposé, "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus."

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1.1 - MSN (New York Times): The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation. Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times. Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28...

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically. As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

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1.6 - Military Times: Veterans' remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic. Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall. Starting today, department staffers will send letters to tens of

thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care.

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2. **Improving Customer Service**

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling. While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted...

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic.

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit. The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs. She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. Suicide Prevention

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Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

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1. [Top Stories](#)

Coronavirus / COVID-19

1 - The New York Times: [On Politics: How Trump Fell Short on the Coronavirus](#) (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand

The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus, leaving the administration to play catch-up once it finally acknowledged the need for widespread action.

You may want to get used to hearing the name "Red Dawn," because it'll probably start coming up a lot. That is the self-conferred nickname of a group of public health experts who, starting in January, emailed back and forth as they tracked the virus's global spread and sought to make the Trump administration aware of its threat. On Jan. 28, Dr. Carter Mecher, a senior medical adviser at the Veterans Affairs Department, emailed the group a dire warning: "The projected size of the outbreak already seems hard to believe."

A day later, the country's trade adviser, Peter Navarro, penned a memo warning that the coronavirus could kill up to half a million Americans and cause trillions of dollars in economic losses. The president knew of the memo, despite his later denials; he chose not to immediately act on it. And in mid-February, the health and human services secretary, Alex Azar, unveiled a system to track the virus's spread, but its rollout was delayed for weeks. When health officials finally decided to shift toward warning citizens about the virus's dangers and encouraging people to radically adjust their behavior, the White House dragged its feet for weeks. During all of this, the virus continued to spread.

Joe Biden is turning toward the general election, where he will face new scrutiny of his past. One big new allegation: A former member of Biden's Senate staff said last month that he sexually assaulted her in 1993. Our reporters dug into the accusation, speaking with the accuser, Tara Reade; nearly two dozen of Biden's employees from that time period; and the seven women who along with Reade accused Biden last year of inappropriately kissing, hugging or touching them. Former Senate employees for Biden — including those Reade said she had complained to about his conduct — told The Times that they did not recall seeing or hearing about such an assault. And Biden's team rejected the assault claim outright. "This absolutely did not happen," a deputy campaign manager said. A friend of Reade's confirmed that she had mentioned the episode in 1993, and another said Reade had talked years later about having had a traumatic experience while working for Biden.

[...]

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

[...]

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday.

The veteran, "in their 70s," died Friday. The department did not report the victim's exact age, nor if the person is male or female.

The hospital has 26 virus cases, four more than the last VA report Saturday, and is monitoring 82 virus cases on an outpatient basis, 11 more than Saturday. The VA Medical Center in the District cares for veterans from Washington, and parts of Virginia and Maryland.

[...]

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3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic.

A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE) – the same types of PPE that federal agencies are now purchasing to restock a depleted national stockpile. The auctions raise questions about how the federal government coordinated its response to COVID-19, and whether it shared critical information with an agency that oversees surplus supplies that can be utilized during emergencies.

Tracking the government's auctions

The General Services Administration is a massive agency that purchases billions of dollars in products and services for the federal government. It also helps get rid of surplus, unwanted assets and materials. Federal agencies and state governments get to claim unwanted items first. If they are not interested, the GSA then offers items to the highest bidder through public auctions.

13 Investigates inspected the GSA's auction website and found several auctions that closed in recent months included PPE that hospitals have been desperately seeking to protect their medical staffs from COVID-19.

The Department of Veterans Affairs Northern Indiana Healthcare System auctioned over 100 PPE kits in mid-January. The auction listing shows the kits included N95 masks, gloves, gowns, hoods, face shields and PAPRs (powered air purifying respirators) that are in high demand by respiratory therapists, doctors and other front line health care workers. The kits had approaching expiration dates, but photos on the GSA auction site show the safety equipment

did not expire until June 2020. The VA Hospital in Marion, Ind., chose to sell the kits anyway. An anonymous bidder won the auction with a bid of \$2,010.

In Denver, the General Services Administration has been auctioning hundreds of cases of surplus N95 masks.

Last May, the GSA auctioned 280 cases of the surplus masks (44,800 masks to be exact). Bidders offered a combined \$12,804, equivalent to 29 cents per mask.

In November, when the GSA auctioned 160 more cases (25,600 masks), the price was relatively stable at 31 cents per mask.

But by February, when the GSA again auctioned 160 cases of N95 masks, prices began to soar. Half of the masks sold on Feb 1, with 80 cases of masks selling for \$22,666 or \$1.77 per mask. The other 80 cases of N95 masks were auctioned at the end of February. The bidding skyrocketed to \$100,100 – a staggering \$7.82 per mask, which is 2,500 percent higher than the identical masks the GSA had sold just a few months earlier.

The GSA told 13 Investigates it decided to cancel its final sale in late February after the auction closed on February 29, retaining the N95 masks and sending them to the Centers for Disease Control and the Department of Homeland Security. And it says the early-February auction took place “prior to the declaration of a crisis in the U.S.” and before the agency knew the N95 masks in question – a model of N95 mask commonly used by construction workers – were also considered acceptable for use in medical settings.

The PPE auctioned in Denver and Marion account for just a tiny fraction of the safety equipment needed by front line medical workers who are treating patients with COVID-19. But government watchdogs say they show a disorganized effort and delayed response by federal agencies to coordinate resources as the pandemic approached.

A red flag

“It’s the old case of ‘Does the right hand know what the left hand is doing when it comes to the federal government?’” said Scott Amey, general counsel of Project On Government Oversight, a government watchdog organization that investigates federal waste. “The rising prices should have been a red flag when people started bidding five, six, seven times higher for these supplies than they were a few months ago. But they were still conducting auctions in early February and in late February, weeks after the CDC came out with advice and this was a pandemic that was potentially spreading to the U.S.”

The CDC confirmed the first case of COVID-19 in the United States on January 20, four days before the Marion VA closed its auction. A week later, CDC director Dr. Robert Redfield wrote the virus posed “a very serious public health threat” in an email to colleagues obtained by ProPublica. By late February, the White House requested \$2.5 billion to deal with the emerging coronavirus emergency. At the same time, the GSA was still conducting PPE auctions.

Several GSA sources who spoke to 13News on the condition of anonymity, because they are not authorized to discuss auctions with the media, said they were personally unaware that auctioned PPE would soon be needed due to a spreading pandemic in the United States.

“It would be very interesting to find out exactly what GSA knew at the time and why they allowed auctions to still go off. The CDC seemed to know about the threat, but was anybody inside GSA

questioning these auctions and asking questions about whether it's a good idea to auction off material that could even possibly be used in the coronavirus fight?" Amey said. "Until we know some of those answers, it will be difficult to tell if GSA was telling the truth or whether they're hiding behind the fact they weren't really prepared and they let materials that could have helped go out the door. I think there should be a review of what GSA knew at the time and how it was handling the crisis."

VA offers different story

Asked about the auction of PPE kits from the VA Medical Center in Marion, a spokeswoman for the VA Northern Indiana Healthcare System told 13 Investigates the VA "decided to sell a small amount of excess equipment that was procured to be used for Ebola treatment and not typically used for COVID-19."

When 13News pointed out all the items listed in the kits are used for COVID-19 response, the spokeswoman then offered a different story.

"We didn't auction off PPE kits. We auctioned off a small number of items from the kits," said VANIHS public information officer Alex Sharpe, adding "Prior to selling these items that were originally found in the kits, we took out essential COVID-19 PPE."

But the GSA auction site offers no disclaimers to indicate VA officials removed any PPE items from the auctioned kits – let alone the vast majority of the items as Sharpe suggested in her statement to 13News. And the VA statement is contradictory to information provided by the GSA, which indicated that government officials could not have known in January and early February that PPE items would need to be retained to help protect health care workers from COVID-19.

The VA did confirm for 13 Investigates that it auctioned PAPRs, stating those devices are "non-essential" for treating coronavirus. Nurses on the front lines of the coronavirus battle disagree.

"You do need the PAPRs, the powered air purifying respirators," said Jean Ross, a registered nurse and co-president of National Nurses United, one of the nation's largest nurse's unions. She says everything that was listed and auctioned by the Northern Indiana VA in January is critical safety equipment now needed by health care workers.

"Absolutely. Those are the types of things we've been asking for – begging for. Getting rid of them is very shortsighted and certainly not having a care for those of us that work at the bedside," she said.

The General Services Administration says it is no longer auctioning off any medical supplies needed to fight coronavirus, and all N95 masks that GSA had in its stockpile have been transferred to agencies that need them.

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday.

The eight deaths bring the official COVID-19 death toll at the facility to 24.

The state has refused to say how many other veterans have died during the coronavirus crisis, either without being tested or after testing negative. As of Wednesday, 24 others had died, according to internal documents; still more are known to have died since then. That is higher than the typical death rate at the veterans home of about three residents per week.

The number of residents hospitalized from the Paramus site surged to 51 on Monday, up from just eight on Saturday. Those who tested positive for the virus more than doubled to 75 on Monday, from 37 on Saturday.

Kryn Westhoven, a spokesman for the New Jersey Department of Military and Veterans Affairs, called the outbreaks at Paramus and another state-run facility in Menlo Park "an unparalleled crisis."

At his daily briefing, Gov. Phil Murphy said he spoke with U.S. Secretary of Veterans Affairs Robert Wilkie about the "enormous challenges and tragedy" at the veterans homes.

Murphy said he plans to speak with Wilkie again on Tuesday to devise a strategy for how to best handle the outbreak.

The number of Paramus staff members who tested positive for COVID-19 remained the same at 19, with 20 more waiting for test results.

Healthy staffers at the 336-bed facility have said they are overwhelmed trying to take care of sick residents, even with the help of 40 medics deployed to the facility from the Army National Guard.

Meanwhile, several families of residents have said they are having difficulty getting answers about their loved ones' conditions. Visitors have been barred from nursing homes statewide for weeks under an executive order from Murphy to slow the virus's spread.

Westhoven said the facility's staff is trying to test as many patients as possible. "Those residents that are or become symptomatic are tested immediately," he said.

Reps. Josh Gottheimer and Bill Pascrell Jr. sent letters to the U.S. Department of Veterans Affairs on Friday, urging federal officials to probe conditions at the facility and to protect those still living there. It is not known whether they received an official response as of Monday.

Westhoven said his agency is "committed to working with our federal partners to keep veterans in our care safe in this time of unparalleled crisis."

The Paramus veterans home is not alone. Nursing homes have been hit hard by the coronavirus, with about 10% of the state's fatalities coming from those facilities.

Fourteen residents of a state veterans home in Menlo Park have also died from the virus, including nine in the past two days, state officials said.

A veterans home in Vineland has reported no deaths, Murphy said Monday. South Jersey has had far fewer cases of the virus overall.

The daughter of a resident of the Paramus facility said the staff is simply overwhelmed by sick residents and a worker shortage.

The daughter, who requested anonymity, said her mother — who suffers from dementia and tested positive for COVID-19 on Saturday — has not been moved to the facility's Valor wing, where some COVID-19 residents have been cohorted.

"There is no place to put anybody," the daughter said.

Westhoven said the Paramus home is following recent federal guidelines under which COVID-19 residents are separated or cohorted from those who have tested negative.

But he did not address specifically what the staff at the Paramus home was trying to do with patients who display symptoms but have not yet tested positive or negative.

"Symptomatic residents of unknown status can be cohorted," he said. "Residents with no symptoms can be cohorted. Each facility should establish areas in the home to keep cohorted residents together."

The mother at the Paramus home had been coughing uncontrollably for a week before she was tested late last week after news surfaced that 37 residents had died in two weeks, with 10 of those who died testing positive for the virus and the viral status of the others who died unknown.

"The cough was horrific, and they gave her cough medicine," the daughter said. "It got to a point where I was yelling at them to test her."

The test came back positive and her mother was treated almost immediately with hydroxychloroquine, an anti-malaria drug that has shown some promise in small studies with patients but has not been thoroughly vetted as a treatment.

"My mom has no idea what's happening, but there are plenty of veterans there who are lucid," the daughter said. "I can't believe this is happening to our veterans, who put their lives on the line for us."

The daughter said the staff has always been kind and attentive to her mother and sympathizes with what they're dealing with. "There's just not enough staff and nowhere to put the COVID patients," she said. "They moved in the National Guard there. They ought to build a temporary wing."

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5 - Stars and Stripes: Marine Corps veteran recovers from coronavirus after eight days on ventilator (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off.

Williams, 54, had been in the Department of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever. It was difficult for him to breathe, and he lost his sense of taste. He was alone — his wife, D'Anna, and their three adult children were unable to be with him because of the strict no-visitation policies to prevent the spread of the virus.

"I was worried. They told me there was a possibility that I may not get out of there," Williams said. "Sometimes you go on a ventilator, and sometimes you don't come off."

It was March 26 when Williams was sedated and intubated, a tube inserted into his airway so the ventilator could serve as his lungs. When he woke up, he didn't realize it was April, or that he had defied odds by breathing again without help from a machine.

Williams spent eight days connected to a ventilator and 17 days total at the John L. McClellan Memorial Veterans Hospital. When he was released April 8, and was contagious no longer, medical staff lined the hallways and cheered as he was wheeled out. The hospital posted a video of the moment, describing Williams as their "miracle patient."

Dr. Matt Burns, chief of infectious diseases for the Central Arkansas VA Healthcare System, told a local television station that Williams' recovery was a morale boost for medical staff.

Nationwide, VA hospitals reported 4,097 coronavirus cases as of Monday, and 241 veterans had died of the virus. Some of the hardest hit were facilities in New York City and the surrounding area, as well as New Orleans, Detroit and Washington, D.C.

The Little Rock VA reported 17 cases Monday, and two veterans were hospitalized. One veteran, in his or her 70s, died Sunday at the Little Rock hospital.

Williams was the hospital's first coronavirus patient to be placed on a ventilator for an extended time.

Williams and his family live in Conway, Ark., about 30 miles outside of Little Rock. He coordinates services for student veterans at the University of Central Arkansas, D'Anna Williams is a nurse at the University of Arkansas for Medical Sciences.

Williams has no idea where he contracted the virus, he said. He became ill March 16, when he first felt an extreme case of chills.

"It was like if somebody dumped ice water on you — like bone-breaking chills," Williams said. "I've never experienced that before."

He immediately quarantined himself in the back room of his home. In the following days, he developed a fever, a cough and a headache.

After other tests ruled out the flu, Williams received a coronavirus test March 19. The Little Rock VA informed Williams about his positive test results March 22. By then, he had lost his sense of taste, was short of breath and needed to be admitted to the hospital.

The day Williams went to the Little Rock VA, D'Anna started a two-week quarantine in case she also was infected. She received daily updates from Williams' respiratory therapists and passed the information to their three kids, but no one was allowed to visit him.

D'Anna received an outpouring of support from friends and family, as well as from Marines who served with Williams. He served with an infantry unit — the 3rd Battalion, 9th Marines — in the mid-1990s.

"A lot of my Marine buddies were instrumental in keeping her encouraged and positive," Williams said. "It's a good thing to have good friends and a lot of people praying."

Williams is better, but he still has a long recovery process, he said. He lost mobility and muscle mass during his eight days on the ventilator, and he still must regain lung capacity. He's on oxygen to help him breathe easier.

It's uncertain whether the virus will have a lasting effect. Williams is undergoing physical therapy and will need follow-up appointments with his doctors.

"It's going to be a very slow, slow process," he said.

Williams advised that people follow the guidelines by the Centers for Disease Control and Prevention, including to socially distance themselves, to wash their hands frequently and not to go out unless it's absolutely essential.

"I don't think this virus is discriminating on who it gets," Williams said. "I wouldn't wish this on my worst enemy."

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic.

Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

The centers are abiding by social isolation and distancing guidelines, officials said in a news release.

Veterans with non-urgent health concerns can use telehealth options for scheduled appointments, and are encouraged to call their clinic for more information on how to access telehealth.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma.

The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

To make an appointment call 888-397-8387.

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8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet?

In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

But today, several agencies are looking for current federal employees to temporarily leave their day jobs and take on a short-term detail or assignment to help with their coronavirus response efforts.

Many of them are jobs you could probably do from your couch at home — or whatever chair you've been occupying to telework — and you don't have to be medical professional to help out.

The jobs are listed on Open Opportunities, a subset of USAJobs.gov reserved for temporary details and assignments aimed at current federal employees.

As of Friday, agencies had posted 27 different positions to what the Office of Personnel Management has called the "COVID-19 response program."

Many of the jobs are predictable. No surprise, the Department of Veterans Affairs needs nurses, nurse practitioners, physicians and health technicians. VA is also looking for housekeeping aides and cafeteria workers, which could be a hard sell to current feds.

VA has two missions during the pandemic. Yes, it's treating an increasingly growing population of veterans who have coronavirus, but the VA also serves as the nation's backup health system during a pandemic.

But a few agencies have some particularly interesting opportunities open to current feds. The jobs tell us more about how these agencies are responding to the coronavirus and the capability gaps they're dealing with — even before the pandemic began.

Here are few notable short-term positions.

The Treasury Department is looking for a handful of experienced feds to help stand up a dedicated team to implement the Coronavirus Aid, Relief and Economic Security (CARES) Act.

The position description calls for applicants from a variety of backgrounds, including those with expertise in domestic finance, economic and tax policy and management.

Detailees will help staff the CARES implementation team by writing job descriptions, preparing analysis, hiring staff and developing detail agreements, according to the Treasury job description.

Length: 30-80 days

Location: Washington, D.C., but telework “likely close to 100% in near-term”

Grade: GS-12 through 15

The Small Business administration was the first agency to post a job to the COVID-19 response program.

SBA is looking for at least five contracting officers to develop and make contract awards to support the agency’s coronavirus response efforts.

The job announcement is fairly detailed and describes how contracting detailees will be asked to handle everything from the initiation and recommendation of an award to close-out.

Length: doesn’t say

Location: anywhere

Grade: GS-9 and above, with certain minimum acquisition certification requirements

Besides contracting officers, SBA is also looking for several cloud, oracle and network engineers, plus others with virtual private network (VPN) authentication experience.

“We are seeking individuals with strong expertise in data visualization and telecommunications to help ensure SBA has the infrastructure it needs to successfully deliver critical assistance to our nation’s small businesses,” the description reads.

SBA detailees will manage and create new and existing cloud environments and networks.

Length: more than 90 days

Location: anywhere

Grade: GS-9 and above

FEMA needs data analysts to build dashboards and analyze information related to the coronavirus.

“With the current operational environment of FEMA, data is driving many operations across the country in an effort to protect and support federal response efforts,” the description reads. “Having the ability to manage large sets of data while establishing dashboards, course of actions, trending, and graphical representation is paramount in this environment.”

Length: more than 90 days

Location: anywhere

Grade: GS-11 through 13

Finally, FEMA is looking for a handful of epidemiologists from Department of Homeland Security components to conduct contact tracing within the workforce and coordinate inter-agency responses.

“This work is necessary to minimize exposure and protect the workforce to the greatest extent possible,” the position description reads.

Length: more than 90 days

Location: FEMA said it can provide “social distanced workspace” at the agency’s headquarters in Washington, but there are telework opportunities

Grade: GS-13 through 15

Specifically, FEMA is looking for trained public health professionals to lead the investigation of patterns and the causes of disease to employees. A lead epidemiologist will direct research, contact tracing and data analysis and will make policy recommendations.

Data managers are responsible for collecting and interpreting health data and trends, while investigators will trace contacts who may have encountered sick employees.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans.

To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

“It’s hard being stuck but we dealing with it,” said Army veteran Byron Littleton. He served from 1979 to 1985 and says the stress of military life right back with the COVID-crisis.

“Then when you go to the grocery store the places like that you really have to watch yourself you never know what the next person got,” said Littleton.

“We want our veterans to know that there is always someone who they can reach out to,” said Dr. Erica White, clinical psychologist at Tennessee Valley Healthcare Systems.

Dr. White says it’s never too late to look for help.

To manage stress and anxiety, the U.S. Department of Veteran Affairs suggests:

- Exercise regularly, try to eat well-balanced meals, and get plenty of sleep.
- Limit alcohol.
- Practice breathing exercises and/or meditation. VA has many free mental health apps for Veterans.
- Take breaks from the news.
- Stay connected with others while practicing social distancing.
- Participate in activities or hobbies that you enjoy, or learn a new one.
- Keep your current mental health appointments. VA offers both video and phone telemental health options that do not require you to go to your closest facility in-person should you have a medical concern or need to follow specific social distancing guidelines in your community.
- Learn ways to connect with VA providers using telehealth options and schedule or reschedule your appointment online. If you are requesting a new mental health appointment, please call your local VA and they will work to arrange an appointment for you. If you need same day access for mental health services, call your local VA to request this and you will be connected to care.

“Many of them feel really grateful just to have someone they can talk to about the additional stress they’ve experienced,” said Dr. White.

“Lot being able to see my psychiatrist just talking over the phone is ok but it’s just not personal enough,” said Littleton. “Some of us come back physically but not mentally.”

Dr. White says mental health providers are trying to proactively keep up with veteran patients.

For veterans needing assistance, the Veterans Crisis Line is available at 1-800-273-8255

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10 - WMAZ (CBS-13, Video): [Carl Vinson VA Medical Center confirms first COVID-19 case](#) (14 April, Wanya Reese, 281k uvm; Macon, GA)

DUBLIN, Ga. — Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

We now know at least one Veteran at the Dublin VA tested positive for COVID-19 last month. In Wilcox County, at least a dozen people have tested positive for the virus at an unnamed nursing home. Monday, we learned how the Carl Vinson VA is handling their first case.

"We had a veteran who tested positive, so that veteran was transferred to the COVID unit," Medical Director of the Carl Vinson VA David Whitmer said.

In March, Medical Director David Whitmer says a veteran tested positive for COVID-19 after getting a limb amputated in Atlanta.

"After a few days of care they have tested negative twice now, so we have been able to return them back to their rooms," Whitmer said.

Right now, Whitmer says the Dublin VA is helping other vets feeling the impact of COVID-19.

"We received a total of 11 veterans from the Atlanta VA as part of their community living center, they are now safely in a new ward we created for those veterans that is an area where we really excel -- geriatric care," Whitmer said.

Whitmer says this is allowing the Atlanta VA to treat more COVID-19 patients. The vets from Atlanta are staying together, and Whitmer says cleaning crews are working to keep everything sanitized.

"We have a terminal cleaning process, this is where we clean every surface in the room," Whitmer said.

Over in Wilcox County, the health department confirmed 14 cases of COVID-19 at a nursing home. The department would not release the name of the home.

Whitmer says none of their employees have tested positive for COVID-19 at the Dublin VA. At least six VA employees in the Albany area have tested positive.

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11 - WISN (ABC-12, Video): VA to host virtual town hall to answer claims questions (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits.

It will be Tuesday at 4 p.m.

[Click here to join.](#)

Veterans may also call 800-227-7557 to ask questions.

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12 - Argus Leader: Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C.

It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020.

Had there been any unexpected surprises in those first three months?

"I haven't answered that survey yet," Simoneau said.

Like any other health care organization, the Sioux Falls VA has been working around the clock to prepare as COVID-19, the disease caused by the new coronavirus, continues to spread, with 868 cases confirmed in South Dakota as of April 13 — 654 of them in Minnehaha County.

They've taken the steps that other area hospitals like Sanford and Avera have as they prepare for a surge in cases — canceling non-essential appointments, reducing traffic into the building and screening staff and veterans who must come in for appointments.

Those measures are especially crucial for the system's nursing home, Simoneau said, where they've assigned recreation therapists to help patients deal with the isolation.

But the Sioux Falls VA is also preparing for the "Fourth Mission" of the U.S. Department of Veterans Affairs, Simoneau said — the other three being veterans health care, veterans benefits and national cemeteries.

The VA's website says the Fourth Mission is "to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."

What that means for Sioux Falls is that in a situation where Sanford or Avera were becoming overburdened by COVID-19 patients, Simoneau said, either Mayor Paul TenHaken or Gov. Kristi Noem could put in a request to FEMA that would transform the Sioux Falls VA into a more traditional hospital, able to use excess capacity to care for any patients, not just veterans.

They're preparing for both situations the same, Simoneau said — doubling their ICU beds and preparing 5 times as many medical/surgical beds.

Past that, Simoneau said, they're working on a plan for a tent in front of the hospital that could hold more beds — and would be able to reach out to Illinois, Iowa, Minnesota, Nebraska, North Dakota and Wisconsin, the other states in their Veterans Integrated Service Network, for resources as well.

Simoneau, who's been with the VA for over 30 years, including time in Florida during multiple hurricanes, said the staff she's been working with in Sioux Falls has been great.

She talked about nurses asking how soon they could be trained on new competencies to ensure they could help wherever needed, and said that two-thirds of the system's prosthetics purchasing agents are now helping to order personal protective equipment, no asking required.

The people of Sioux Falls have also helped out, Simoneau said — they've been given face masks, and on Friday she was able to buy pizza for the staff with a gift card that someone had donated.

"They've really rallied around to make sure that the staff here has the support that they need."

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans.

Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at risk who require attention at any of our facilities,” Wilkie said in a statement Monday. Wilkie added that he applauded health care workers and veteran patients for embracing various remote technologies.

Wilkie's statement accompanied the public release of data the agency compiled in three major treatment areas. The largest jump in services were mental health care consultations delivered over the phone. VA handled 154,000 appointments in March, nearly four times the 40,000 appointments conducted in February. In addition, mental health providers completed 34,000 appointments with veterans using VA Video Connect—a web-based application that allows remote face-to-face interactions—70% more than in February.

VA health care providers also doubled the number of telehealth group therapy sessions in March compared to February, handling 2,700 visits. Veteran Affairs practitioners performed 47,000 virtual counseling sessions with veterans in March as well, up 200% from February.

Wilkie said the VA continues performing services for veterans despite an unprecedented crisis that is directly impacting veterans and staff. According to data on VA's coronavirus website dated April 13, 4,097 veterans have tested positive for COVID-19, including 241 who lost their lives to the virus. Meanwhile, 1,530 Veterans Health Administration staff have tested positive for COVID-19, 9 of whom were killed by the virus.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

In our view, the timeline is clear: Like previous administrations, the Trump administration knew for years that a pandemic of this gravity was possible and imminently plausible. Several Trump administration officials raised strong concerns prior to the emergence of COVID-19 and raised alarms once the virus appeared within the United States. While some measures were put in place to prepare the United States for pandemic readiness, many more were dismantled since 2017.

In response to COVID-19, the United States was slow to act at a time when each day of inaction mattered most—in terms of both the eventual public health harms as well as the severe economic costs. The President and some of his closest senior officials also disseminated misinformation that left the public less safe and more vulnerable to discounting the severity of the pandemic. When it came time to minimize the loss of life and economic damage, the United States was unnecessarily underprepared, had sacrificed valuable time, and confronted the pandemic with a more mild response than public health experts recommended. These lapses meant that the United States was ultimately forced to make more drastic economic sacrifices to catch up to the severity of the pandemic than would have otherwise been necessary.

Readers can reach their own conclusions based on these publicly available facts. If we have missed any key information, please notify us by sending an email to lte@justsecurity.org.

TIMELINE

Friday, Jan. 13, 2017: The joint Obama-Trump transition teams run an exercise for pandemic preparedness.

[...]

September 18, 2018: President Trump issues a Presidential Memorandum and National Biodefense Strategy designed to ensure a comprehensive and coordinated approach to biological incidents.

The memorandum establishes a Biodefense Steering Committee, which is chaired by the Secretary of Health and Human Services and includes the Secretary of State, the Secretary of Defense, the Attorney General, the Secretary of Agriculture, the Secretary of Veterans Affairs, the Secretary of Homeland Security, and the Administrator of the Environmental Protection Agency. The memo also directs the Secretary of Health and Human Services (Alex Azar) to create a Biodefense Coordination Team and that the Assistant to the President for National Security Affairs (then John Bolton) will serve as the lead for policy coordination and review.

The National Biodefense Strategy outlines a high-level roadmap of the U.S. response to biological threats and incidents.. The 2018 report identifies the need to “establish manufacturing surge capacity” for diagnostic tests and personal protective equipment in anticipation of a pandemic.

[...]

January 28, 2020: Alex Azar holds a coronavirus press briefing and informs the public that the HHS has been monitoring the virus since December. A Department of Veterans Affairs official circulates a warning to government public health experts about the outbreak.

He says that HHS has been monitoring the virus and preparing a response since December and that he is speaking regularly with the president about the situation.

Dr. Carter Mecher, a senior medical adviser at the Department of Veterans Affairs, emails dozens of his colleagues in government and at universities about the coronavirus.

“The chatter on the blogs is that WHO and CDC are behind the curve. I’m seeing comments from people asking why WHO and CDC seem to be downplaying this. I’m certainly no public

health expert (just a dufus from the VA), but no matter how I look at this, it looks to be bad,” he warns in the email chain later leaked to the N.Y. Times. “The projected size of the outbreak already seems hard to believe, but when I think of the actions being taken across China that are reminiscent of 1918 Philadelphia, perhaps those numbers are correct. ... Any way you cut it, this is going to be bad. You guys made fun of me screaming to close the schools. Now I’m screaming, close the colleges and universities.”

The email chain, dubbed the “the Red Dawn String” by its members based off the 1984 movie about a group of Americans trying to save the United States from a foreign invasion, later includes: Dr. Jerome Adams (Surgeon General of the United States), Dr. Larry G. Padget (State Department), Dr. Anthony Fauci (NIH), Dr. Robert Kadlec (HHS), Dr. Robert Redfield (HHS), Col. Matthew Hepburn (DARPA, DOD), nine other senior officials at the Department of Health and Human Services, eight senior officials from the Department of Homeland Security, among other academics, private sector employees, former government officials and state officials.

[...]

February 28, 2020: Dr. Carter Mecher emails the Red Dawn email chain and warns that the United States has a narrow window to implement nonpharmaceutical interventions (such as social distancing).

“[W]e have a relatively narrow window” to implement nonpharmaceutical interventions, writes Dr. Mecher, senior medical adviser at the Department of Veterans Affairs, based on data from the 1918 Spanish Influenza. “And we are flying blind,” he adds.

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15 - Ocala Star-Banner: [Coronavirus information for veterans](#) (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County.

Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served.

The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

“Veterans can reach us by phone, fax and email while the building is locked,” said Jeffrey Askew, director of the Marion County Veterans Services Office.

Askew indicated the office can help with copies of discharge documents (DD-214); provide information about Veterans Administration benefits like health care, education, home loans and housing assistance; assist with veteran burial site information for the National Cemetery in Bushnell; handle lost decoration replacement; and perform other services.

He said the stay at home order may affect some services that involve contacts at the St. Petersburg Regional Center for the U.S. Department of Veterans Affairs in Bay Pines.

“Many of our veterans are senior citizens and we are trying to limit their exposure and protect everyone’s health during the COVID-19 crisis,” Askew said.

The Marion County Veterans Service Office can be reached at 671-8422 and veteranservices@marioncountyfl.org. More information and updates on the office’s status can be found at the county government website, marioncounty.fl.org

Meanwhile, Marion County Veterans Helping Veterans is distributing food packages to clients outside the building by prearranged meeting.

Gary Pascale with Marion County Veterans Helping Veterans said the group is assisting established veteran clients and those with emergencies with food distribution on Tuesdays and Thursdays. He said packages of food are prepared in advance after calls to their number at 433-2320 to arrange pickup outside the building.

Pascale said MCVHV is also distributing available foodstuffs from the income qualified TEFAP or The Emergency Food Assistance Program.

According to the USDA Food and Nutrition Service website fns.usda.gov, TEFAP is a federal program that distributes “nutritious, high-quality USDA foods” to “low-income Americans including elderly people.”

Pascale said the group would distribute TEFAP foods “subject to availability” and now only with an advance call.

The U.S. Department of Veterans Affairs North Florida/South Georgia Veterans Health System operates facilities in the area including the VA Community Based Outreach Clinic (CBOC) at 1515 E. Silver Springs Blvd., Ocala, and the Specially Care/Ocala West location at 3307 SW 26th Ave., Ocala, for optometry and audiology services.

The VA also operates The Villages Outpatient Clinic at 8900 SE 165th Mulberry Lane in the Villages and VA medical centers in the area include Malcom Randall VAMC in Gainesville and Lake City VAMC in Lake City.

The VA North Florida/South Georgia Veterans Health System website, northflorida.va.gov, gives a current operating status dated April 1:

“While the hospitals remain in operation, we are urging those who do not require urgent face-to-face medical care, please refrain from coming to the hospital or clinics. If you have symptoms of fever, cough, and shortness of breath, call us at 1-877-741-3400 (VISN 8 Clinical Contact Center) before visiting us. For other concerns, you may be able to access VA care from home by phone or using VA virtual care option,” the website states.

“Effective immediately, visitors are no longer permitted to enter the Malcom Randall or Lake City VAMCs grounds and outlying clinics. We encourage you to use phone calls, text messaging, FaceTime, Google Hangouts, Skype to stay in touch with loved ones. Compassionate exceptions apply,” according to the website.

The website indicates veterans with concerns about prescriptions can call 1-800-349-9457 or 1-800-308-8387 or visit MyHealthVet.

A general COVID-19 information line has been setup at (352) 548-6019, the website states.

The Ocala VA Clinic for primary, mental health, women's health, cardiology and other care can be reached at (352) 369-3320 and the Specialty Care/Ocala West can be reached at (352) 861-3940.

The phone number of The Villages VA Clinic is (352) 674-5000.

The Vet Center at 3300 SW 34th St., Ocala, provides readjustment counseling to veterans who served in listed combat zones.

"Walk-in visits have slowed down slightly naturally by the 'stay at home' order and social distancing restrictions. Our clients are seen remotely via Telehealth for their appointments. ur program has a 24/7 National Call Center (1-877-WAR VETS) staffed with counselors, available to help our Veterans with live counseling any time," Vet Center Director Richard Martin stated in an April 2 email.

"Clients with PTSD generally try to avoid large crowds you would find in stores, malls, etc., and will usually isolate themselves at home vs. going out in public. We all have seen how our communities have changed the social distance restrictions. PTSD may be experienced by different events and circumstances, not necessarily related to self-quarantine," he wrote.

Martin updated that information with an April 8 email: "We are open for any new clients that may want to start services here but we are primarily conducting phone sessions and telehealth video sessions. No current clients are coming here for services primarily to reduce their possible exposure to COVID-19 from other clients that would be coming here if we were still seeing clients in person," he wrote.

"New clients' information is gathered at the door and they are instructed that they will be called by our outreach specialist who will sign them up for services over the phone. Once this virus is under control and we get instructions from our command staff we will see clients as usual," Martin stated in the later email.

Jason White, director of the local chapter of the Houston-based Birdwell Foundation for PTSD , said recently he has seen an increase in calls to the local chapter, which provides support, one-on-one and peer counseling to veterans and first responders suffering from PTSD.

The Birdwell Foundation Facebook page states that in March, chapters in nine states held 611 support groups and held 2,425 one-on-one sessions.

Birdwell staff members across the country were on a "Code Red" level of increased readiness on a "24/7 standby" basis and were increasing checks on clients, White stated in a March 27 email.

He updated information in an April 8 email: "We are seeing people directly on a case by case basis for crisis calls but we have gone virtually via phone, social media, Zoom (and) and other platforms. I would say there is an increase in calls and the need to reach out due to the isolation (and) current state of the Covid pandemic," White stated.

The foundation's Ocala chapter can be contacted through White at jason.white@birdwellfoundation.org or (352)789-5909.

The VA maintains the Veterans Crisis Line, 1-800-273-8255, press 1, to help any veteran who may be "feeling anxious and alone and thinking about suicide" and their family.

The Veterans Crisis Line is also available through text to 838255, and the online connection is veteranscrisisline.net

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

CHARLESTON, S.C. (WCBD) – The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19.

According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

VAMC patients who think they may need to be tested can receive a virtual screening by calling the VA Telephone Advice Program at (843) 789-6400. Employees are directed to "notify their supervisor and VA Employee Health."

Those who qualify for testing will be referred to MUSC, and MUSC will contact individuals with appointment times. Patients will be required to provide a VA ID at the appointment. The groups emphasized that "this is not a self-select drive-through or walk-up service for anyone...individuals who report to the site for specimen collection, but do not have a testing order through the MUSC Health Virtual Urgent Care platform or the VAMC, will not be allowed to enter the secure site."

Ronnie Smith, Charleston's VA Acting Director, said "having designated VA patient and employee appointments will help speed test results for VA patients who often have multiple health conditions and VA healthcare workers as well."

Test results are expected "within 24 hours of the specimen arriving in the lab." MUSC will provide the VAMC with the results, and the VAMC will contact the patient.

According to VAMC, patients should watch for the following symptoms:

- Fever (a measured oral temperature greater than 100.4°F/38.0°C)
- New onset cough or worsening chronic cough
- Sore throat
- New onset shortness of breath or worsening shortness of breath
- New onset headache or worsening headache
- Muscle Aches
- Diarrhea and/or Nausea
- Sudden loss of taste/smell

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17 - KRNV (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19.

According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

VA Video Connect has allowed veterans to consult with healthcare providers via their computer, tablet or phone.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for Veterans at-risk who require attention at any of our facilities,” said Wilkie. “There is no doubt VA’s early embrace of new technology is aiding Veterans and I applaud VA health care workers and Veteran patients for embracing it.”

Veterans looking for help can find the information on their local facility's website or call the Veterans Crisis Line: 1-800-273-8255, and press 1, or text 838255.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

WARSAW — Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend.

The deaths bring the total number of deaths in the county to three — all involving SNF residents.

In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

“We are deeply saddened by these losses and wish the families comfort during this difficult time,” said Chairman Jerry Davis of the Wyoming County Board of Supervisors in his daily update. “I offer my prayers to the families and loved ones who are experiencing this heartbreak.”

Wyoming County has now had 34 confirmed cases, marking an increase of one person since Friday.

“We are working with both state and local health departments, and we continue to work hard to keep our residents and staff safe, said SNF Administrator Dawn James. “We continue to screen all staff prior to entering the building.

“We have implemented the best practices in infection control and use all personal protective equipment recommended by the Centers for Disease Control and Department of Health,” she continued. “Each resident is monitored frequently for a temperature or any associated viral symptoms.” “The priority of Wyoming County Community Health System continues to be the health and safety of our residents, patients, and staff,” McTernan said.

Officials at the VA Western New York Healthcare system had confirmed the two COVID-19 cases among the Batavia VA Medical Center’s 250 employees on Monday.

“In accordance with CDC guidelines and the employees’ clinical status, the individuals are currently in-home isolation, mitigating further risk of transmission to other patients and staff,” said Evangeline Conley, public affairs officer for the VA Western New York Healthcare System.

She said the VA could not provide additional information on the two cases due to privacy concerns.

“Per CDC guidance and VA protocols, individuals with COVID-19 symptoms are immediately isolated to prevent potential spread to others,” she said. On Friday, Conley said two patients at the facility tested positive. Precautionary measures were taken to mitigate the risk of transmission to other patients and staff, and the veterans were being cared for in respiratory isolation by staff who are specially trained on Centers for Disease Control treatment guidelines, including the use of personal protective equipment and infection control techniques.

To further minimize risk for employees and veterans, everyone who enters the VA campus will be pre-screened. In the meantime, three new cases of COVID-19 had been confirmed in Genesee and Orleans counties as of 2 p.m. Monday.

Genesee County has two new positive cases for a total of 76 cases. The two individuals are from Batavia — one of them is in their 30s and another in their 90s.

One of Genesee’s positive cases has been identified as an Erie County resident, therefore the county’s total was decreased by one, officials said in their daily update. None of the positive individuals were on quarantine prior to becoming symptomatic.

Orleans County has one new positive case of COVID-19 for a total of 29. Of the five positive cases over the weekend — including Monday — there are two from Lyndonville, one from Murray, one from Albion and one from Ridgeway.

The ages include one person in their 30s, two individuals in their 50s, one individual in their 60s and one individual in their 70s. One more person has recovered and has been released from mandatory isolation.□

None of the positive individuals were on quarantine prior to becoming symptomatic.

Contact tracing has been initiated for all new cases. Known contacts have already been placed under mandatory quarantine and will be swabbed if they become symptomatic.

In Genesee County, there have been 319 negative cases. The numbers include 50 people in mandatory isolation, 103 under mandatory quarantine, one in precautionary quarantine, one death and 25 who recovered.

In Orleans County there are 242 negative cases, 22 in mandatory isolation, 64 under mandatory quarantine and seven who recovered.

Due to Gov. Andrew Cuomo's executive order dated April 12, 2020 extending the disaster emergency through May 12, both counties are extending the State of Emergency for the same time period. Wyoming County's numbers include:

n A total of 15 cases have been confirmed in the northeast quadrant that includes Warsaw, Perry, Middlebury and Warsaw.

Eight of those have recovered and three have died.

n Nine cases have been confirmed in the northwest quadrant that includes Attica, Bennington, Orangeville and Sheldon. Three of those have recovered.

n Seven cases have been confirmed in the southeast quadrant that includes Castile, Gainesville, Genesee Falls and Pike. Six have recovered.

n Three cases have been confirmed in the southwest quadrant that includes Arcade, Eagle, Java and Wethersfield. All have recovered.

The Livingston County Department of Health reported one new positive case of COVID-19 in Livingston County as of Monday morning, bringing the total number of positive cases to 35. The individual is a female in her 80s who resides in Lima, according to Livingston County Public Health Director Jennifer Rodriguez.

The woman is now under quarantine. The county Department of Health has begun outreach to identify close contacts and potential exposure areas per prescribed New York State regulations, Rodriguez said.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs.

The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

Mental health providers in March provided 34,000 appointments with veterans using VA Video Connect, up 70 percent from February.

Telehealth group therapy conducted more than 2,700 meetings in March, up more than 200 percent from February.

Mental healthcare delivered by phone skyrocketed 280 percent in March, from 40,000 February appointments to more than 154,000 in March.

Vet Centers nationwide held 47,000 virtual mental health appointments in March, up 200 percent from the month prior.

VA said mental healthcare is especially critical given the stresses brought on by the pandemic.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities,” VA Secretary Robert Wilkie said in a statement. “There is no doubt VA’s early embrace of new technology is aiding veterans and I applaud VA healthcare workers and veteran patients for embracing it.”

For more information on scheduling a telehealth appointment, [click here](#).

To reach your local VA staff by phone, [click here](#).

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times’s explosive new exposé, “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.”

AMY GOODMAN: This is Democracy Now!, democracynow.org, The Quarantine Report. I’m Amy Goodman. As the United States surpasses the death toll of any country in the world with more than 22,000 COVID-19 deaths, we begin today’s show looking at what led us to this point. In a minute, we’ll be joined by the lead author of an explosive exposé in The New York Times headlined “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.” But first we go to this video, which is called “Trump’s Coronavirus Calendar.” It was produced by The Recount, capturing the months of downplaying and denial before Trump pivoted to coronavirus crisis mode. It starts on January 22nd.

PRESIDENT DONALD TRUMP: We have it totally under control. It’s one person coming in from China. ... We think we have it very well under control. ...

We pretty much shut it down, coming in from China. ... You know, in April, supposedly it dies, with the hotter weather. ... When it gets warm, historically, that has been able to kill the virus. ... The people are getting better. They’re all getting better. ... And the 15, within a couple of days, is going to be down to close to zero. ... It’s going to disappear one day. It’s like a miracle. It will disappear. ... And you’ll be fine. ...

Now, they’re going to have vaccines, I think, relatively soon. ... Not only the vaccines, but the therapies. Therapies is sort of another word for cure. ... We’re talking about very small numbers in the United States. ... Our numbers are lower than just about anybody. ... It’s really working out, and a lot of good things are going to happen. ... And we are responding with great speed and professionalism. ... It’s going to go away. ... Yeah, no, I don’t take responsibility at all. ... We’re going to all be great. We’re going to be so good. ...

This came up. It — we came up so suddenly. ... This is a pandemic. I felt it was a pandemic long before it was called a pandemic. All you had to do was look at other countries. ...

The coronavirus. You know that, right? Coronavirus. This is their new hoax. We have 15 people in this massive country. And because of the fact that we went early — we went early. We could have had a lot more than that. We're doing great. Our country is doing so great.

AMY GOODMAN: That montage of President Trump was produced by The Recount.

This is how The New York Times began its investigation into Trump's failure to respond to the threat of the coronavirus: quote, "Any way you cut it, this is going to be bad,' a senior medical adviser at the Department of Veterans Affairs, Dr. Carter Mecher, wrote on the night of Jan. 28, in an email to a group of public health experts scattered around the government and universities. [He goes on.] 'The projected size of the outbreak already seems hard to believe [unquote].'

"A week after the first coronavirus case had been identified in the United States, and six long weeks before President Trump finally took aggressive action to confront the danger the nation was facing — a pandemic that is now forecast to take tens of thousands of American lives — Dr. Mecher was urging the upper ranks of the nation's public health bureaucracy to wake up and prepare for the possibility of far more drastic action.

"[quote] 'You guys made fun of me screaming to close the schools,' he wrote to the group, which called itself 'Red Dawn,' an inside joke based on the 1984 movie about a band of Americans trying to save the country after a foreign invasion. [Mecher goes on.] 'Now I'm screaming, close the colleges and universities [unquote].'

"His was hardly a lone voice. Throughout January, as Mr. Trump repeatedly played down the seriousness of the virus and focused on other issues, an array of figures inside his government — from top White House advisers to experts deep in the cabinet departments and intelligence agencies — identified the threat, sounded alarms and made clear the need for aggressive action."

Those are the first few paragraphs of this remarkable exposé in The New York Times.

For more on how Trump was slow to absorb the scale of the risk and to act accordingly, we're joined by the lead author of that exposé, Eric Lipton, Pulitzer Prize-winning journalist, investigative reporter for The New York Times. Together with a number of other Times reporters, he wrote this in-depth piece, headlined "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus." His follow-up piece, "The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus."

Eric Lipton, welcome back to Democracy Now! It's great to have you with us. So, take us back to that time, and then we'll talk about why this is so significant today, I mean, reflected in the fact that as we speak today, the U.S. has surpassed any country's death toll in the world. Take us back to those warnings, those first early warnings that scientists and members of his government were issuing.

ERIC LIPTON: Actually, I think you need to go back way before January of 2020, and you go back to — way back to 2006, believe it or not, and you go back to the Bush administration,

when it was during the Bush administration, of George W. Bush, that there were key advisers to President Bush who realized that it was only a matter of time before a significant infectious disease came to the United States, like it happened, you know, shortly after World War I, and it was going to cause widespread illnesses and deaths, and that the United States was not properly prepared for it. And so, it was in 2006 that the United States designed a comprehensive pandemic plan, which has two essential stages, and the stages are containment and mitigation.

And the first stage is containment, in which you attempt to — essentially, like the word sounds, you attempt to contain the infection and prevent it from spreading. And you do that by preventing people who are ill from coming to the United States with it, you know, or if someone is ill, you do what's called contact tracing, in which you identify anyone that's had contact with that individual, and you isolate them until they become better, so that you — just like happened in China after the number of cases began to explode. So that's containment.

But at a certain point, it becomes — there's community spread. And once you have community spread, then you need to switch to mitigation, in which you take steps to — there is no vaccine. And it's called — actually, another term for mitigation is nonpharmaceutical interventions — NPIs, they call it. And the biggest issue here was, on day one, in January of 2020, Carter Mecher, who is a physician, a doctor that works at the Veterans Administration, was already — when he's talking about closing colleges and universities, he's talking about NPIs, these nonpharmaceutical interventions, or mitigation. He's already anticipating that this is going to be necessary.

And that's the most important thing that we have to look back on in the United States right now, is that: When did they move from containment to mitigation, and did they move soon enough? And the answer is, they did not move soon enough to mitigation. And the result is that more people are dying, and there are more illnesses, than would have been necessary if they had shifted to mitigation sooner. And that's the point that Dr. Mecher was making in January of 2020, was we need to be prepared to move to mitigation as soon as there is sufficient evidence that community spread has started. And if you want to understand the biggest failure that is consequential in the United States, it was the slowness with which we moved to mitigation.

AMY GOODMAN: So, let's go to the so-called Red Dawn string of emails, in which infectious disease specialists shared their concerns about the coronavirus very early on. Actually, this one was March 13th. The former adviser to Presidents Bush and Obama, infectious disease specialist James Lawler — I think he was at the University of Nebraska — wrote, quote, "CDC is really missing the mark here. By the time you have substantial ... transmission, it is too late. It's like ignoring the smoke detector and waiting" for your whole house to be on fire before you call the fire department. If you can comment? And go back even further, because his own people, Trump's own people, like Navarro, like Azar, were warning, sounding the alarms in January. In fact, intelligence agencies were saying a pandemic is about to explode on the global scene.

ERIC LIPTON: Right. Well, again, it's like, the thing about mitigation, or nonpharmaceutical interventions, is it's a very simplistic — you know, it's like you would think we're such a — we're so modern, we're so advanced in our science, that we would have to resort to things like closing of schools and businesses and social distancing, which seems so crude, because you would think there would be some treatment or some scientific method. But unfortunately, the reality is, with viruses which the population has no resistance to and that there's no treatment for, going back to the Plague, there really is no solution other than forced-upon isolation.

And so, again, when Dr. James Lawler from University of Nebraska, who was on the National Security Council during the Bush administration, as well, and participated in the drafting of that 2006 pandemic plan and then became an adviser to President Obama on pandemic preparations — what he, again, was upset about with the CDC was when the CDC, in March, said that it questioned the effectiveness of shutting down schools in the United States. That made these pandemic experts so frustrated and so angry, because, again, the fire alarm was going off.

They have a very scientific method, these pandemic infectious disease doctors, where they have — there's like a moment when the first death occurs. From the date that the first death occurs, you have a certain amount of time to institute mitigation, nonpharmaceutical interventions. If you don't do that in that small window, the number of deaths that are going to occur — and basically it's an equation. You can show how many deaths will happen if you don't pull the switch on mitigation by a certain date. And they knew what that date was.

Now, it's not as if you needed to do national mitigation all at once. You didn't. You need to do it by hot spot. When you had the first death in a community or certain number of infectious cases, then you needed to say, "Boom! Time to institute NPIs, social distancing."

And the problem is that the — what these doctors told me when I interviewed them is that the governors, who really have the power to do that, the governors are — you know, it's hard for a governor to get out in front when there's one death in a state the size of Washington state or Oregon or California, when there's a single death or a handful of infections. It's very hard for the governor to tell the citizens of his or her state that we need to shut down the economy on our own. It needs a federal official to come out and say this must happen. You know, now, they don't actually have the power to do that — the president or the surgeon general or the head of the CDC — but they have kind of the platform to call for such a step. And that's what had to happen.

And that's what HHS, the Health and Human Services, wanted the president to do in February. And the president was not willing to do that, and so it sat for several weeks. And then it was up to the governors, one at a time, to make the move. And some of them did it early, like California, and did it early. New York did it later, because they didn't have the federal guidance and kind of backing to say, "Now move. Do it."

AMY GOODMAN: When you look at the numbers — the U.S. said it had its first coronavirus case around the same time as South Korea. Now the U.S. has 50 times more cases, hundred times the fatalities. Look at the population of the U.S. and the world: 4.25% of the world's population — that's less than 5% of the world's population — 30% of the confirmed cases and 20% of the deaths in the world.

So let's go back to those Red Dawn email chain that you've exposed. In an email at the end of January, Dr. James Lawler, the infectious disease doc, wrote, quote, "Great Understatements in History: Napoleon's retreat from Moscow — 'just a little scroll gone bad' Pompeii — 'a bit of a dust storm' — Hiroshima — 'a bad summer heatwave' AND Wuhan — 'just a bad flu season.'"

So these docs were sounding the alarm, but so were President Trump's most trusted advisers. Talk about what Azar had to say, head of Health and Human Services. Talk about what Navarro was saying, saying that this was going to be serious. And talk about who was countering them. It's not that President Trump didn't know. I mean, he no longer had his pandemic task force within the National Security Council, which would have been sounding the alarm. He had that

disbanded back in 2018. But he also had countering forces, like Mnuchin, deeply concerned about the economy and shutting anything down, in fact canceling a doctors' meeting, you write about, when one of the doctors said, you know, "We have to do something about this."

ERIC LIPTON: I think that what the context that this happened is it's the impeachment in January in the Senate is going on, and as this thing is just getting underway in terms of its first infections coming to the United States. And not only that, but it's now an election year in January 2020, and the president is really focused on his reelection, and the single, by far, theme that is going to define his reelection campaign is "Look at the stock market. Look at the incredible rise, the record stock market numbers. Look at the economic growth in the United States."

And also, in January, he was in the midst of finalizing negotiations with China on what they called Phase 1, that was going to try to remove — he was going to try to remove some of the tariffs in the trade war that was going on. That was going to be signed on January 15th, and so, you know — and the ability to reach an agreement with China was central to the stock markets continuing to rise and economic growth recovering, and the farmers being happy because soybeans would be bought by China again.

All of this was in the balance for Trump. So, if he was seriously considering taking steps to shut down businesses, schools, and force social distancing by urging governors to take such steps, he was going to essentially be undermining the economy that was going to be the central theme of his campaign. And that was the last thing that he wanted to do.

But what he didn't realize is that if they allow this infection to bloom in the United States, and then potentially hundreds of thousands of deaths to occur because they never did mitigation, that the economy would have been shut down by the force of the virus itself in an even more devastating way, because the number of deaths would have been in the hundreds of thousands.

And it goes back to the fact that this is an administration that you had an acting chief of staff for over a year who had very little clout across the White House. You had lots of turnover among the top people in the various agencies, acting head of homeland security, I mean, different DOD secretaries, different national security advisers. And you had lots of infighting among these different advisers. You had a secretary of health and human services, Azar, who was not respected by the president, whose voice did not carry much weight in the White House. You had Peter Navarro, who was —

AMY GOODMAN: They called him alarmist?

ERIC LIPTON: Yes. You had Peter Navarro, who was a trade adviser, who was one of the earliest voices of concern. People said, "Oh, it's crazy. He's crazy. We don't want to listen to him in the White House." And so — and then you have a lacking functional process of policymaking, in which the chief of staff is supposed to be the person that considers all these debates and then brings to the president his recommendation, but then Mulvaney, since he had his comments late last year in October that, oh, it was a quid pro quo, was so on the outs that no one was really listening to him, and was about to be fired from his job, which ultimately he was, in the middle of this.

So you had a dysfunctional White House that was unable to make the right policy choice and bring it to the president, and then a president who was so fixated on his reelection that he wasn't in a position to listen to people who were warning that this was a pandemic of historic

proportions that was coming at us and that we had a small window of an opportunity to act decisively to limit the number of deaths.

And then, that result was that in late February, when all of his advisers, all of his medical advisers, from Health and Human Services, CDC, from the Veterans Affairs, had concluded that the United States needed to announce that it was time to shift to mitigation and social distancing, that the moment had come when it was up to the president to endorse this — and that's when he got angry, when someone from the CDC said that was something that was going to have to happen. And the announcement on that was put off by several weeks. Those several weeks were the difference between — there are many people that will have died because of that delay, particularly in New York state, of mitigation.

AMY GOODMAN: I wanted to go to — I mean, you have — Navarro had also recommended the ban on China. And when you talk about travel ban, President Trump's ears perk up. So he did do the travel ban on China, but it was, to say the least, filled with loopholes. Eventually, he would do Europe. But at the same time, every time he says, "Look, I did that early," since he understood the significance of what was taking place early — that was the beginning of what? February. Is that right? If he had started ramping up the testing and the supply chain to ensure that there were PPEs — right? — the personal protective equipment, that doctors and nurses and the janitors in hospitals so severely lack right now, if it had started like it started in Taiwan — they didn't even close the country there. But here, this has led to this absolute catastrophe. The most significant part of it is the massive loss of life.

ERIC LIPTON: Well, I mean, a couple of points you make there. The first was about the, again, two phases here: containment and mitigation. So, relative to the containment phase, the president, in late January, announces the limitation on flights in China. But, as you say, there was a very problematic implementation, in quite a number of ways. And perhaps among them is that there were approximately 400,000 people that came to the United States from China, as my colleague Steve Eder reported recently, that — from the time that we know that the virus was spreading in China to most recently. And 45,000 of them, approximately, came in the period after the president limited flights.

And the problem was that it was not really a — in the world today, it's next to impossible to stop movements of people entirely. And you can't ban American citizens from coming back to the United States. And so American citizens and naturalized citizens were coming into the United States, tens of thousands of them, even after he adopted this limitation. And they weren't, actually, in many cases, doing sufficient testing of those people or requiring isolation of those people for two weeks to ensure that they weren't infected.

So, if you were really going to do a, quote, "travel ban," you needed to have mandatory quarantines, unfortunately, which is a civil liberties issue. You needed to have mandatory quarantines for those people, and you needed to have sufficient testing to make sure that they were not actually bringing the virus in. Neither of those happened. Those people were bringing in many cases of infections. And so, the first stage, containment, containment was a failure. OK?

So, the second stage, then, even during containment, you needed to be working on mitigation, because you know that it's going to spread anyway. The question is: How much will you have? So, during containment, you need to be ramping up all of your preparations, you know, Plan B. You need to have the PPEs. You need to have the ventilators. You need to have the hospitals. You need to have the hospital personnel. But what we learned was that it was — I was working

on a story with my colleague Zolan, who covers the Federal Emergency Management Agency in The New York Times, and Department of Homeland Security. It was March 17th, and we asked the Army Corps of Engineers, “Have you been given any assignments yet to help the United States respond to the pandemic?” And at that point, you know, New York City had had —

AMY GOODMAN: We have 30 seconds, Eric.

ERIC LIPTON: Oh, OK. The Army Corps of Engineers had not been given an assignment as of March 17th, which was extraordinary. So they had not shifted to Plan B until way too late.

AMY GOODMAN: Well, I want to thank you so much for being with us and and end with Dr. Fauci. On Sunday, CNN’s Jake Tapper questioned Dr. Anthony Fauci about your New York Times piece.

JAKE TAPPER: Do you think lives could have been saved if social distancing, physical distancing, stay-at-home measures had started third week of February instead of mid-March?

DR. ANTHONY FAUCI: You know, Jake, again, it’s the what would have, what could have. It’s very difficult to go back and say that. I mean, obviously, you could logically say that if you had a process that was ongoing and you started mitigation earlier, you could have saved lives. Obviously no one is going to deny that.

AMY GOODMAN: So, that was Dr. Anthony Fauci speaking yesterday on Jake Tapper’s show on CNN. In response, President Trump retweeted a tweet that ended with “fire Fauci.” Eric Lipton, I want to thank you so much for being with us, Pulitzer Prize-winning journalist, investigative reporter for The New York Times.

When we come back, we go to Detroit, the site of the first major U.S. study into whether or not the anti-malarial drug hydroxychloroquine could help prevent the spread of coronavirus, this coming after weeks of President Trump promoting the drug despite warnings from medical experts.

And this latest breaking news: George Stephanopoulos of ABC News has just tested positive for the coronavirus. Stay with us.

[break]

AMY GOODMAN: “Amazing Grace,” sung by Italian tenor Andrea Bocelli as he stood on the steps outside the Duomo cathedral, the final song in a concert called “Music for Hope,” the cathedral in the region of Italy that’s been hardest hit by the coronavirus pandemic.

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1.1 - MSN (New York Times): The ‘Red Dawn’ Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

WASHINGTON — As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation.

Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built. Different threads in the chain were named Red Dawn Breaking, Red Dawn Rising, Red Dawn Breaking Bad and, as the situation grew more dire, Red Dawn Raging. It was hosted by the chief medical officer at the Department of Homeland Security, Dr. Duane C. Caneva, starting in January with a small core of medical experts and friends that gradually grew to dozens.

The “Red Dawn String,” Dr. Caneva said, was intended “to provide thoughts, concerns, raise issues, share information across various colleagues responding to Covid-19,” including medical experts and doctors from the Health and Human Services Department, the Centers for Disease Control and Prevention, the Homeland Security Department, the Veterans Affairs Department, the Pentagon and other federal agencies tracking the historic health emergency.

Here are key exchanges from the emails, with context and analysis, that show the experts’ rising sense of frustration and then anger as their advice seemingly failed to break through to the administration, raising the odds that more people would likely die.

A Veterans Affairs official worried in January that the W.H.O. and C.D.C. were slow to address the spread of the virus.

One of the most active participants in the group was Dr. Carter E. Mecher, a senior medical adviser at the Veterans Affairs Department who helped write a key Bush-era pandemic plan. That document focused in particular on what to do if the government was unable to contain a contagious disease and there was no available vaccine, like with the coronavirus.

The next step is called mitigation, and it relies on unsophisticated steps such as closing schools, businesses, shutting down sporting events or large public gatherings, to try to slow the spread by keeping people away from one another. As of late January, Dr. Mecher was already discussing the likelihood that the United States would soon need to turn to mitigation efforts, including perhaps to “close the colleges and universities.”

A former Bush and Obama adviser compared the outbreak to major disasters in world history.

Dr. James Lawler, an infectious disease doctor at the University of Nebraska who served in the White House under President George W. Bush and as an adviser to President Barack Obama, was also a regular participant in the email chain. He stayed in regular communication with federal officials as the United States attempted to figure out how to respond to the virus. From the beginning he predicted this would be a major public health event.

Experts worried that it would be hard to convince society to order restrictions like school and business closures to slow the spread.

Convincing governors and mayors to intentionally cause economic harm by ordering or promoting mitigation efforts — such as closing businesses — is always a difficult task. That is why it is so important, these medical experts said, for the federal government to take the lead, providing cover for the local officials to kick off the so-called Nonpharmaceutical Interventions, such as school and business closures. Again, this group of doctors and medical experts recognized from early on that this step was all but inevitable, even if the administration was slow to recognize the need.

The Diamond Princess was an early case study of how quickly the virus could spread.

Strong evidence was emerging as of mid-February — with the first cases of Covid-19 already in the United States — that the nation was about to be hit hard. These doctors and medical experts researched how quickly the virus spread on the Diamond Princess cruise ship, which was quarantined in the port of Yokohama, Japan, on Feb. 3 before hundreds of United States citizens on the ship returned home.

Dr. Eva Lee, a researcher at Georgia Institute of Technology who has frequently worked with the federal government to create infectious disease projections, helped the Red Dawn group do modeling, based on the virus spread on the cruise ship. (Dr. Lee is facing sentencing on federal charges that she falsified the membership certificate behind a \$40,000 National Science Foundation grant for unrelated research.)

February was a tipping point for some experts.

The concern these medical experts had been raising in late January and early February turned to alarm by the third week in February. That was when they effectively concluded that the United States had already lost the fight to contain the virus, and that it needed to switch to mitigation. One critical element in that shift was the realization that many people in the country were likely already infected and capable of spreading the virus, but not showing any symptoms. Here Dr. Lee discusses this conclusion with Dr. Robert Kadlec, the head of the virus response effort at the Department of Health and Human Services and a key White House adviser.

Dr. Kadlec and other administration officials decided the next day to recommend to Mr. Trump that he publicly support the start of these mitigation efforts, such as school closings. But before they could discuss it with the president, who was returning from India, another official went public with a warning, sending the stock market down sharply and angering Mr. Trump. The meeting to brief him on the recommendation was canceled and it was three weeks before Mr. Trump would reluctantly come around to the need for mitigation.

This slow pace of action was confusing to the medical experts on the Red Dawn email chain, who were increasingly alarmed that cities and states that were getting hit hard by the virus needed to move faster to take aggressive steps.

A former high-ranking Trump official weighed in with criticisms.

When Mr. Trump gave a speech to the nation on March 11 in which he announced limits on flights from Europe to the United States — but still no move to curb gatherings in cities where the virus had spread — the experts on the email chain grew angry and fearful. Among those questioning Mr. Trump's decision was Tom Bossert, who had previously served as Mr. Trump's homeland security adviser.

Participants were angry the C.D.C. did not push for school closures.

The Red Dawn participants were even more upset when the Centers for Disease Control and Prevention, in mid-March, questioned the value of closing schools, at least for short periods of time. Soon enough, governors ignored this advice, and most schools in the United States were shut. But it happened largely without federal leadership.

See all of the email exchanges.

The New York Times has collected more than 80 pages of these emails, from January through March, based in part on Freedom of Information Act requests to local government officials. Some of the emails were reported on last month by Kaiser Health News. Here is a fuller collection, arranged by The Times in chronological order. This file includes a list of many of the medical experts on the email chains. It also contains related emails from certain state government medical experts who were reaching out to the federal government during the same time period.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

Under the previous policy, LA health care workers treating patients who had tested positive for COVID-19 would receive only a single surgical mask per shift rather than the N95 respirators recommended by the Centers for Disease Control and Prevention. Staffers at the hospital who spoke to BuzzFeed News worried that the new measures could get them or other patients sick. At the time, at least three VA workers had died from COVID-19, a number that has since tripled.

Two days after the publication of the BuzzFeed News report, the policy was overhauled. The new guidelines suggest that workers obtain a new mask when going between positive cases and suspected or negative cases. Some workers had been asked to use the same surgical mask for an entire week, but now will be given one each day.

In an email obtained by BuzzFeed News, Medical Center Director Dr. Steven Braverman apologized to workers for a “failure on my part to effectively communicate with you so that each and every employee knows our operational status and what we’re doing to keep you safe.”

One staff member told BuzzFeed News “that level of honesty surprised me.”

A spokesperson for the hospital system did not return a detailed message Monday seeking comment.

If you're someone who is seeing the impact of the coronavirus firsthand, we'd like to hear from you. Reach out to us via one of our tip line channels.

In his email, Braverman said he and his staff had already been working on a new policy governing the use of masks.

“Prior to us learning about this article, we were developing new guidelines for PPE use with more specificity in an attempt to help you all understand what type of mask to wear under what circumstance,” Braverman wrote. “We’re not making stuff up, and we didn’t change our policies because of a media article.”

Last week, workers began speaking out after Steven Simon, the chief of staff for VA's Greater LA Healthcare System, sent an email to hospital employees informing them that the facility would have to begin to ration masks due to a supply shortage. This directive contradicted an email sent 30 minutes earlier by a top official at VA headquarters in Washington, DC, who said inventory levels were "adequate."

At the time, staff members described the equipment situation as grim. One said workers were sharing equipment from one shift to another, and said they were still asked to count N95 masks the same way that they do narcotic drugs.

Another said that some equipment was being treated with ultraviolet rays — a common disinfectant — so it could be reused. There is scant research on whether UV exposure can kill COVID-19 on surfaces, but it has been effective on other coronaviruses.

Each of the workers asked to remain anonymous because of a VA policy prohibiting employees from speaking to the press.

"There is a lot of conflicting info coming from leadership," one of the staffers said.

Braverman told workers in the email that the LA hospital system had enough N95 masks to last at least four weeks under "surge conditions," when the hospital could be flooded by new patients. Leaders believe they had about a week's worth of surgical masks.

"You can see from the numbers that limiting surgical masks to 1 per day (if not soiled or contaminated) is both safe and responsible," Braverman wrote. "You'll see me walking around with a mask my wife made for me. I'll sew some more myself this weekend from my wife's quilt fabric stash."

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

The checks can total up to \$1,200 per person and are being dispersed through the IRS, which requires eligible households to file a tax return in order to receive their money. But many veterans and their survivors who rely solely on government benefits, such as disability payments from Veterans Affairs, do not typically have to submit a return.

This year, that means they could also fall through the cracks of the stimulus program.

"I served my country. I was ready to go to war," said Dennis Arellano, 61, a Marine Corps veteran who now lives in San Jose. "I think they should consider something about that."

Veterans groups estimate roughly 1.9 million veterans and their survivors could be in this category, based on the number who were in a similar situation during the Great Recession. Advocates argue that the federal government already has bank account information for those

households since they receive veteran's benefits. And they're calling on the VA, IRS and Treasury Department to work together to waive the filing requirement.

"We are gravely concerned that absent quick and decisive action from the Administration, millions of seriously disabled veterans, their survivors and caregivers – who are among the most vulnerable Americans during the ongoing coronavirus health crisis – may never receive this critical financial support," a dozen of the nation's largest veterans service organizations wrote in a letter to Treasury Secretary Steven Mnuchin and VA Secretary Robert Wilkie this month.

On Friday, the IRS launched an online tool that allows households who do not typically file a tax return to submit basic personal information in order to receive their payments quickly. The site specifically encourages disabled veterans and their survivors to fill out the form.

"President Trump, Secretary Mnuchin and the administration are fully committed to providing fast and direct economic impact payments to all Americans entitled to them, and we are particularly sensitive to the needs of our nations' heroes and survivors," a Treasury spokeswoman said.

But the effort falls short of the fix that lawmakers have demanded. Many affected veterans may not have a computer or internet access to submit their information, forcing them to venture out of their homes to a post office to get the necessary forms instead. Earlier this month, Treasury waived the filing requirement entirely for Social Security recipients. Veterans should also be able to receive their payments automatically, they said.

"To put this hurdle in front of them will be wrong," House Veterans Affairs Chairman Mark Takano said of the filing requirement. "They are people who need this stimulus payment the most."

Earlier this month, Takano and other leading House Democrats, including Ways and Means Chairman Richard Neal, urged Treasury to resolve the problem. In the Senate, Democrats called automatic payments "the fastest, most cost-effective way to provide desperately needed help" in a letter to the Trump administration. GOP Sens. Susan Collins of Maine and Kyrsten Sinema of Arizona sent a similar letter, stating "our nation's veterans ... deserve better."

Takano said he spoke recently with a top official at the VA who expressed "eagerness" to resolve the problem by cross-referencing agency databases.

"I believe they can find a solution," he told CNBC. "They've done it before."

In the meantime, Patrick Murray, who handles legislative affairs for the VFW, called the IRS' new online tool a good step in the right direction. The challenge now, he said, is educating veterans about the guidelines for getting payments and the resources available for them as new information is released.

Arellano, the Marine Corp veteran, was not planning to file a tax return this year until he heard about the stimulus. He said that he lives off the \$435 a month that he receives in VA benefits and that he's confused about what paperwork needs to be filled out. But he knows that it would make a big difference -- both financially and mentally.

"I'm alone, you know. So if something happens to me, they're going to open the door and they're going to find me dead," he said. "That's what I'm really, really scared of. If I feel bad, there's nobody I can call."

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times.

Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28 that the World Health Organization and Centers for Disease Control and Prevention "were behind the curve," in responding to the novel coronavirus and swift action was needed to stop it, according to an email thread obtained by the Times through a Freedom of Information Act request.

"You guys made fun of me, screaming to close the schools. Now I'm screaming, close the colleges and universities," wrote Mecher to the group, nicknamed "Red Dawn" for the 1984 movie that pitted actors Patrick Swayze and Charlie Sheen against a foreign enemy invasion. Red Dawn was hosted by Dr. Duane Caneva, chief medical officer at the Department of Homeland Security.

Upon analyzing early data from China, Mecher said it appeared that the virus looked as transmissible as the flu, but with a greater ability to replicate and a case fatality rate comparable to the worst flu season.

"This is really unbelievable ... any way you cut it, this is going to be bad," Mecher wrote.

From Jan. 28 through the middle of March, the email chain grew from a handful of physicians and researchers with the Departments of Homeland Security, Health and Human Services, Defense, VA, academia and the private sector to a group that included dozens others in the federal government. It eventually included Surgeon General of the United States Jerome Adams and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.

Caneva wrote that the chain was started "to provide thoughts, concerns, raise issues, share information across various colleagues responding to COVID-19."

From its inception, two of the most outspoken voices were Mecher and Eva Lee, director of the Center for Operations Research in Medicine and Health Care at the Georgia Institute of Technology.

The group studied the disease spread on the Diamond Princess cruise ship, quarantined in Yokohama, Japan, on Feb. 3. They also discussed the potential for an overwhelmed hospital system in the U.S., and started calling for social distancing on Feb. 9.

"[It's] over 10 to 30 times more deadly than seasonal flu," Lee wrote following an analysis of cases in Hubei. "Moreover, this is only a lower bound because the government basically shut down and isolated the entire infected zone."

By mid-February, Mecher was asking about the strategy for primary care and hospital response, including isolating people at home and encouraging virtual medical appointments and telework. He also inquired about nursing home spread and the lag time of testing.

"We are going to have a devil of time with lab confirmation -- it is just too slow ... that means we are going to have to fly blind early on," Mecher wrote Feb. 20.

That week, the U.S. State Department issued a travel alert recommending that U.S. citizens reconsider any planned travel on cruise ships, and CDC officials said they were seeing community spread of the coronavirus in some Asian countries.

"If you're watching the news, you may be hearing about schools shutting down and businesses closing in countries in Asia to reduce the potential spread of this virus," said Dr. Nancy Messonnier, director of the Center for the National Center for Immunization and Respiratory Diseases. "The day may come where we need to implement such measures in the U.S. communities."

President Donald Trump held two campaign rallies the same week, but did not mention the virus, which had 15 U.S. cases at the time.

By Feb. 28, Mecher was forecasting total veteran deaths from the novel coronavirus, based on how the virus affected Diamond Princess passengers: more than 461,000 veterans ill and 30,736 dead across the U.S., including 221,703 hospitalized and 14,780 in VA facilities over three months.

"Now you understand the challenge," he wrote.

On March 2, Lee, (who has been convicted of falsifying a certificate needed for a \$40,000 grant from the National Science Foundation on other research), said non-pharmaceutical interventions, or NPI, such as school closures, telework, travel restrictions, hand-washing and social isolation should be put in place.

"We need actions, actions and more actions," she wrote.

"Six deaths in Seattle. Seattle missed the window. It is too late for NPI," Mecher responded.

Mecher helped write the 2007 White House National Strategy for Pandemic Influenza under President George W. Bush and served as director for Medical Preparedness Policy on the White House Homeland Security Council under President Barack Obama. He also has served as chief medical officer of the VA's Southeast Network, responsible for VA health services in Georgia, Alabama and South Carolina.

By March 12, Mecher, a self-described "dufus from the VA" in his emails, was still searching for solutions: "I think we ran out of time for Seattle. But there are other cities and communities where we still can make a difference," he wrote. "I don't understand why California and NYC are not acting more aggressively."

As of April 13, the U.S. had nearly 561,000 confirmed cases of COVID-19 and 22,861 deaths.

New York has been the hardest hit, with 188,000 cases and 9,385 deaths and ordered a lockdown on March 20. By contrast, California, where Gov. Gavin Newsom ordered the nation's strictest lockdown measures on March 19, has had roughly 22,000 confirmed cases and 651 deaths.

Within the VA system, 3,754 veterans had tested positive for the coronavirus as of April 11, and 200 have died. It is not known how widespread the impact of the illness has been on the entire veteran population; dozens have died in nursing homes, including 37 at the New Jersey Veterans Home in Paramus, N.J.

The Times story was based on several emails first obtained by Kaiser Health News and a more extensive FOIA search.

Mecher, in one of his last emails obtained by the Times, penned on St. Patrick's Day, said the most difficult message to convey to government and health leaders, as well as the general public, was the need to "take action before the storm arrived and the sun was shining."

"The story line of the articles written about the variation in outcomes in U.S. cities [during the flu pandemic of 1918] is now unfolding and writing itself in real time before our very eyes," he wrote.

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically.

As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

VA officials have offered only partial details of the deaths. Only one death involved a patient younger than 50. Last week, officials noted the first death of a VA patient older than 100, a veteran at New York City's Brooklyn medical center. No other information was given.

New York has become the hardest hit region nationally by the fast spreading virus. The Brooklyn site became the second VA medical center to reach 30 deaths from coronavirus, behind only the VA facility in New Orleans.

Across all VA sites, more than 4,000 patients in VA care have tested positive for COVID-19. That's about 12 percent of all of the cases tested by the department, and more than double what it was on April 2.

In addition to the patient statistics, at least 1,520 VA health care employees have tested positive for the virus. That number has risen more than 400 individuals in a week. Nine employees have died as a result of the illness, all in the last few weeks.

Based on information released by VA health officials, here are the VA medical centers currently dealing with coronavirus cases:

The increases in sick patients come amid growing reports detailing shortages in staffing and protective equipment at sites throughout the veterans health system.

On Monday, the American Federation of Government Employees (which represents 260,000 department employees) blasted VA leadership for their denials of problems at VA sites.

“The lack of PPE being faced by our members isn’t fake news, it’s the truth,” AFGE National President Everett Kelley said in a statement. “And it’s time for the VA to stop trying to silence and discredit the voices of their own employees — caregivers who are crying out for help — and to get to work addressing their concerns and saving lives.”

In past statements, department leaders have promised “an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of this emerging health risk.”

That includes work with the Centers for Disease Control and the possibility of accepting some non-veteran patients at VA medical centers to provide relief to overtaxed local health care systems.

Last week, VA Secretary Robert Wilkie announced during a White House briefing that he would open about 1,500 beds nationwide to communities in need of extra resources, despite the increasing coronavirus numbers within the VA health system.

VA officials have said that opening those areas to non-veteran patients will not hurt delivery of care to any veterans who need it.

Officials also said any veteran with symptoms such as fever, cough or shortness of breath should contact their local VA facility before visiting to determine their next steps.

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1.6 - Military Times: Veterans’ remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic.

Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

Department officials also said the number of mental health appointments conducted through online video chats with physicians rose from about 20,000 in February to 34,000 in March, an increase of 70 percent. Another 2,700 online video group therapy appointments were conducted in March, a nearly 200-percent increase from the previous month.

VA officials have already reported significant increases in use of the Veterans Crisis Line, although they said many of the additional callers are not facing suicidal thoughts. Instead, numerous veterans and family members have called for information on existing resources, or for help obtaining alternative mental health care programs.

In a statement, VA Secretary Robert Wilkie said that the department's "early embrace of new technology" is helping veterans.

"VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities," he said.

The coronavirus outbreak has disrupted numerous VA programs and protocols over the last month, as physicians across the country scramble to deal with a steadily-increasing number of cases.

As of Friday, 200 VA patients have died from the illness and more than 3,500 others tested positive. More than 1,100 VA employees have also contracted the virus, and at least seven have died.

New safety precautions have cancelled thousands of non-essential medical appointments at VA hospitals across the country, although veterans with immediate needs are still being admitted to the facilities.

About 17 veterans a day die by suicide, according to the latest department data available. White House and VA officials had been scheduled to release a new government-wide effort on veteran suicide prevention last month, but that announcement was delayed by the coronavirus outbreak.

Congress set aside \$19.6 billion in emergency funding for VA in their coronavirus stimulus package last month. Of that total, about \$3.1 billion was assigned for new telemedicine efforts within VA, to increase health care access for veterans quarantined at home.

The VA remote mental health care numbers are expected to increase again in April, since many states did not offer stay-at-home recommendations until late in March or early this month.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall.

Starting today, department staffers will send letters to tens of thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care. That move comes over VA objections concerning an ongoing lawsuit over the issue, which could add billions in new costs to the department's budget.

Last fall, the U.S. Court of Appeals for Veterans Claims ruled that the department's current regulation for veterans who seek non-department medical care violates existing federal law. They ordered VA officials to re-examine more than 72,000 rejected claims and update their rules, arguing the department has a responsibility to cover the costs of the unexpected medical visits.

The case centers on veterans whose unpaid emergency room expenses were denied by VA officials under existing policies. The plaintiffs' both had part of their bills paid for by other insurance, but were left with several thousand in personal costs.

VA officials argued in court that they did not need to handle the unpaid balance because the veterans were primarily covered under other insurance plans. The court ruled that violates both existing law and past legal precedent.

A VA Inspector General report last summer found \$716 million in improperly processed payments in cases involving veterans who sought medical care outside the department's health system in 2017, including about \$53 million that should have been refunded under existing rules.

VA officials are considering appealing the ruling, and asked that any action on the cases be postponed until higher courts weigh in on the matter.

But earlier this month, the appeals court rejected that motion and ordered letters be sent out starting April 13. Advocates praised the decision.

"Hundreds of thousands of veterans affected by this class action have suffered far too long and endured severe financial hardships due to VA's wrongful handling of their reimbursement claims," said said Bart Stichman, executive director of the National Veterans Legal Services Program.

VA officials have estimated that full compliance with the court order could cost between \$1.8 billion and \$6.5 billion. Reimbursements may date back to cases decided by the department in 2016.

The ruling also invalidated all VA decisions denying reimbursement for deductibles and co-insurance costs not covered in emergency visits at non-VA facilities.

The letters come as many veterans are facing new debts related to work interruptions and other financial problems related to the ongoing coronavirus pandemic. However, processing of the claims is likely to take several months, and may be stalled further by ongoing legal appeals.

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2. Improving Customer Service

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling.

While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted to shed a light on inappropriate or illegal behavior is allowable, the U.S. Court of Appeals for the Federal Circuit said. Federal whistleblowers have long complained agencies seek to turn the tables on them in an effort to discredit their claims or remove them from their positions.

The case involved Leonard Sistek, who served as a director at a VA facility in Denver. Sistek made multiple disclosures to the VA inspector general protected under whistleblower law, raising concerns about agency spending and “contractual anomalies.” In 2014, Sistek was interviewed by an Administrative Investigation Board examining inappropriate office relationships, during which he realized he was himself subject to an investigation. He notified the IG that he suspected this was in retaliation for his whistleblowing. Later that year, the board cited Sistek for failing to report that a colleague had an “inappropriate sexual relationship” with the colleague’s subordinate, and VA issued a letter of reprimand.

In early 2015, VA rescinded Sistek’s letter and struck it from his record. Later that year, the IG validated two of his claims of department wrongdoing.

Sistek brought a case before the Merit Systems Protection Board, arguing that VA retaliated against him for blowing the whistle. An MSPB administrative judge, however, ruled in VA’s favor, leading him to appeal the decision in the federal circuit court.

To qualify for relief under whistleblower law, employees must demonstrate their agency took a qualifying personnel action such as a denial of an appointment, a pay decision or another “significant change” in duties or working conditions. The MSPB judge ruled, and the appeals court subsequently affirmed, that “a retaliatory investigation, in and of itself, does not qualify as a personnel action eligible for corrective action” under the Whistleblower Protection Act. The court stated further that Congress “acted purposely in excluding retaliatory investigations” from prohibited behavior under the law.

VA was therefore well within its rights to launch an investigation into Sistek, even if it was in retaliation for his disclosures, the court found.

Sistek argued the investigation and subsequent letter of reprimand created a hostile work environment, which amounted to a “significant change” in his working conditions. The court rejected that argument, saying under Sistek’s definition any investigation would create a hostile work environment.

The court noted a retaliatory investigation into an employee who blew the whistle could be subject to additional relief if that employee can prove some other improper personnel action.

Sistek retired from VA in 2018.

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

- A Georgia resident is under arrest for allegedly trying to fraud Veterans Affairs out of \$750 million for personal protective gear used to respond to the coronavirus pandemic. The Justice Department says Christopher Parris tried to sell 125 million nonexistent respirator masks to VA in exchange for large upfront payments. Parris is charged with wire fraud, and faces 20 years in prison and a \$250,000 fine if convicted.

[...]

- The VA is shifting medical personnel to New Orleans to help with the coronavirus response in Louisiana. The department activated its disaster emergency medical personnel system. That system allows VA to ask for volunteers to work in especially hard hit areas. VA is looking for employees who have experience with ventilators and intensive care units. Employees who finish a 14-day deployment in Louisiana will get a five-thousand-dollar award. VA Secretary Robert Wilkie says these deployments are a normal part of the department's disaster response plan.
- Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic. Brazell replaces Melissa Glynn as the enterprise secretary. Glynn briefly served as the point-person for VA's electronic health record modernization. But it's unclear who has that responsibility now. (Department of Veterans Affairs)

[...]

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit.

The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

Federal agencies are permitted to extend the excused leave to employees required to telework who have dependent care obligations under certain circumstances. There are a few hoops to jump through: typically, employees are required to exhaust annual leave, sick leave, the paid leave supplied under the Families First Coronavirus Response Act and maxiflex telework schedules before the Temporary Excused Paid Leave comes into play.

Feds are able to request, at least according to one participating agency, 20 hours per pay period capped at four hours per day and 10 hours per week of excused paid leave. The policies

are expected to be evaluated during every pay period that includes mandatory telework due to the coronavirus pandemic.

The excused paid leave provision covers challenges related to school and daycare closures, dependent care lapses, and taking sanitary measures such as cleaning and sheltering-in-place to ensure compliance with local health measures due to the coronavirus pandemic.

Despite the measures that the federal government has taken to ensure that remote work is possible, agency employees say that the excused paid leave provision is not being rolled out evenly, burdening workers who have children and dependents.

FCW has learned, for example, that the Interior Department has so far not extended the benefit to its employees.

At the Environmental Protection Agency, federal employees have apparently been waiting for weeks for a decision to be made.

The American Federation of Government Employees' Deputy General Counsel Cathie McQuiston said that the EPA was considering implementing a temporary paid leave policy for its caretaker employees, but that the agency continued to put off making a final decision despite unions' requests for the provision weeks ago during bargaining sessions.

EPA briefed agency unions on April 9, McQuiston told FCW in an interview, and the paid leave option was discussed.

"They kept saying they were looking into it. We said, 'You've been looking into it for a while. It [feels] like you're trying to run out the clock and let the pandemic be over while you're still thinking about it.'"

Joyce Howell, Vice President of AFGE Local 3631, which represents EPA workers in Philadelphia, echoed the same sentiment.

She said that while EPA has been more flexible on things such as hours of work and start/stop times, they've put up roadblocks when it comes to relieving strapped parents or those who have elderly relatives to care for.

"EPA has not elected to utilize administrative leave or weather/evacuation pay to give relief to caretakers. Our bargaining unit members who are caring for small children, elderly parents and disabled dependents are suffering," she said in an email to FCW. "They have enormous integrity, they put in the work hours for which they are paid. But the net result is sleep deprivation."

Bethany Dreyfuss, the President of AFGE Local 1236, which represents EPA attorneys in the Bay Area, said that part of the issue was that the EPA said it could only make a blanket decision at the national level.

"We're being told it's a national thing and we have to wait for the [Washington] D.C. headquarters to make a decision," she said in an interview. "At the same time, my members are using up sick leave, personal leave, and using leave banks [leave donated by other agency employees] to make up the difference."

Dreyfuss said she had polled her bargaining unit and found that most respondents wouldn't use the leave.

"Any fear that it would be taken advantage of is unfounded. There are a number of people for whom a few hours a week would make an enormous difference, and for some 10 hours a week would be life-changing."

Dreyfuss noted that IRS invoked an evacuation order weeks earlier that allowed their care-burdened federal employees to take temporary leave.

A request for comment to EPA was pending as of publication time.

Employees at the Department of Veterans Affairs report similar concerns.

Sheila Elliott, the President of AFGE Local 2328 in Hampton, Va., said that in addition to ongoing concerns about a lack of personal protective equipment and unsafe working conditions, the VA was slow to implement policies for healthcare providers seeking relief, including parents and caregivers.

"I had one member who had taken temporary leave to take care of her son at home. Her supervisor called her and told her that if she didn't report back to work, she would be terminated."

FCW obtained a March 23 memo from the Veterans Health Administration Executive-in-Charge, Richard Stone, to agency leaders clarifying that no leave was available to excuse employees who were tasked with caring for children or other dependents.

"There is no authority to approve Weather & Safety Leave or Excused Absence for childcare," Stone wrote.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs.

She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

Brazell works to oversee the sufficiency of medical supplies across the department's clinics and health care centers in her current role. Her career includes leadership work with the White House Military Office and the Naval Facilities Command.

"Karen is an excellent choice to lead OEI, which is charged with integrating the operations," said Robert Wilkie, VA secretary.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

WASHINGTON, D.C. (WCBD) – Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law.

The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

The Board of Veterans' Appeals, which "determines whether veterans are entitled to VA disability benefits and other services," only conducts tele-hearings from designated locations. According to Cunningham, many Lowcountry veterans had to travel to Columbia or Savannah and testify from those VA offices. With stay-at-home orders in place in almost every state, a more efficient approach was necessary.

The Act allows veterans to stay home and participate in tele-hearings from their own computers. It also "includes safeguards to ensure that veterans' personal information is protected and that their case is not negatively impacted by taking advantage of this new option."

Cunningham described the legislation as "exemplary of the kind of commonsense advances we can make when both parties come together for the sake of our veterans."

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvm; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found.

While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion, according to an analysis by the Federation for American Immigration Reform (FAIR). The study was exclusively provided first to the Daily Caller News Foundation.

“The War on Terrorism has resulted in more veterans who have experienced overseas combat deployments than at any time since the end of World War II,” the study said, adding that this has resulted in more veterans than ever before needing services from the U.S. government.

“But, due to America’s foolhardy immigration policies, our government is now spending more and more money on services for illegal aliens — foreigners who have no right to be in the U.S. — resulting in a squeeze on resources available for the citizens and lawful immigrants who were prepared to make the ultimate sacrifice for their country,” the study continued.

FAIR looked at where the majority of homeless veterans lived and reported how much taxpayer funding illegal aliens in those localities received.

There were an estimated 37,085 homeless veterans in January 2019, according to the Department of Housing and Urban Development. Over a quarter of these homeless veterans lived in California, another 1,585 lived in Washington, and 1,270 lived in New York.

In California, it’s not always easy for veterans to obtain quality health care, the study found. Veterans in San Jose waited an average of 50 days before landing an appointment with a primary care VA clinic, and the average wait time in Modesto was 95 days, according to the study.

California, however, spends more than \$23 billion on undocumented individuals and their children every year, according to FAIR. In regards to health care, California lawmakers passed legislation in 2019 that sets aside taxpayer-funded health insurance to illegal aliens between the ages of 19 and 25 — an initiative that will likely cost \$98 million in its first year.

Another state home to many homeless veterans has also chosen to prioritize the undocumented community.

State lawmakers in New York — which spends \$7.5 billion on illegal aliens annually — allotted \$27 million in college tuition assistance for the children of illegal aliens in April 2019, but didn’t add several hundred thousand dollars to an initiative that provides university education assistance to the children of disabled and deceased veterans.

“That is perhaps the most egregious example of the way in which flawed immigration policies are putting veterans in competition with illegal aliens,” the authors said of New York’s educational priorities.

Beyond health care and education, the study also highlighted examples of jurisdictions doling out millions in legal assistance for the undocumented.

In Oakland, California, a \$300,000 fund was established in 2018 to help undocumented immigrants fight removal from the country, according to the study. A larger fund was established in Los Angeles, which has so far spent over \$7 million in legal aid to those living unlawfully in the U.S.

Baltimore approved \$200,000 in 2018 to support aliens facing deportation, and Montgomery County, Maryland, has allotted \$370,000, according to the study.

Meanwhile, FAIR found that more than 6,000 veterans committed suicide in 2017, including 491 veterans in California and another 78 in Maryland.

“If states cared more about veterans than illegal aliens, many of those 6,000 Americans may still be with us today,” the study stated.

Altogether, FAIR concluded that there were 14.3 million illegal aliens living in the U.S., posing a financial burden of \$132 billion annually for their health care, educational, and other welfare services. In comparison, there are 19.5 million veterans in the U.S., and their needs will cost the country \$217 billion this fiscal year.

FAIR concluded that, should the illegal population continue to grow, the cost to meet their needs will surpass those of veterans.

“Americans who care about the members of our armed forces should ask, ‘Why are we spending billions of dollars catering to illegal aliens when we aren’t properly taking care of the men and women who risk life and limb to protect us against all enemies foreign and domestic?’” the authors said.

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7.2 - Nextgov: [Georgia Man Allegedly Tried To Sell \\$750M in Nonexistent Masks To Veterans Affairs](#) (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies.

On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in “nonexistent respirator masks” to the Veterans Affairs Department.

According to a release announcing the charges, Christopher Parris, of Atlanta, told VA he could source 125 million face masks and other personal protective equipment, or PPE, despite allegedly knowing he could not deliver.

“For example, the complaint alleges that Parris promised that he could obtain millions of genuine 3M masks from domestic factories when he knew that fulfilling the orders would not be possible,” the release states. “Parris also allegedly made similar false representations to other entities in an effort to enter into other fraudulent agreements to sell PPE to state governments.”

Parris was charged with wire fraud, which carries a maximum sentence of 20 years in prison and a \$250,000 fine.

“As this case demonstrates, even beyond the typical costs associated with unlawful behavior, COVID-19 scams divert government time and resources and risk preventing front-line responders and consumers from obtaining the equipment they need to combat this pandemic,” Attorney General William Barr said. “The Department of Justice will not tolerate this conduct, especially when it involves this kind of egregious attempt to target and defraud our nation’s treasures—our veterans.”

Previously, the General Services Administration received reports from a customer agency that someone purporting to be a vendor with a schedule contract attempted to sell hand sanitizer and cleaning supplies at exorbitant prices. The agency warned all federal buyers to double-check prices on GSA Advantage and verify vendors in eLibrary.

The Justice Department urged anyone who suspects COVID-19-related fraud to contact the National Center for Disaster Fraud at 866-720-5721 or disaster@leo.gov.

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From: Powers, Pamela
Sent: Tue, 14 Apr 2020 11:43:12 +0000
To: (b)(6)
Subject: Fwd: 14 April Veterans Affairs Media Summary and News Clips
Attachments: 200414_Veterans Affairs Media Summary and News Clips.docx, 200414_Veterans Affairs Media Summary and News Clips.pdf

Please print.

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From: Hutton, James (b)(6)@va.gov>
Sent: Tuesday, April 14, 2020 7:38:12 AM
To: RLW (b)(6)@va.gov>; Powers, Pamela (b)(6)@va.gov>; Syrek, Christopher D. (Chris) (b)(6)@va.gov>; Hudson, William A. (OGC) (b)(6)@va.gov>; Tucker, Brooks (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>
Subject: FW: 14 April Veterans Affairs Media Summary and News Clips

Mr. Secretary,

We had a glitch this morning and several people did not get the clips.

I've attached them on this message.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461 (b)(6)
Email: (b)(6)@va.gov
Twitter: @jehutton
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: VA Media Analysis <VAMediaAnalysis@aptiveresources.com>
Sent: Tuesday, April 14, 2020 7:04 AM
To: Hutton, James (b)(6)@va.gov>
Subject: [EXTERNAL] FW: 14 April Veterans Affairs Media Summary and News Clips

From: VA Media Analysis
Sent: Tuesday, April 14, 2020 4:56 AM
To: VA Media Analysis <VAMediaAnalysis@aptiveresources.com>
Subject: 14 April Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to VAMediaAnalysis@aptiveresources.com and we will direct your request to the appropriate person. Thank you.

VA Media Analysis
www.aptiveresources.com



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Veterans Affairs Media Summary and News Clips

14 April 2020

1. Top Stories

Coronavirus / COVID-19

1 - The New York Times: On Politics: How Trump Fell Short on the Coronavirus (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand. The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus...

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday. The veteran, "in their 70s," died Friday. The department did not report the victim's exact age, nor if the person is male or female.

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3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic. A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE)...

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday. The eight deaths bring the official COVID-19 death toll at the facility to 24.

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5 - Stars and Stripes: Marine Corps veteran recovers from coronavirus after eight days on ventilator (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off. Williams, 54, had been in the Department

of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever.

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic. Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma. The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

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8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet? In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans. To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

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10 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center confirms first COVID-19 case (14 April, Wanya Reese, 281k uvm; Macon, GA)

Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

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11 - WISN (ABC-12, Video): VA to host virtual town hall to answer claims questions (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits. It will be Tuesday at 4 p.m.

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12 - Argus Leader: Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C. It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020. Had there been any unexpected surprises in those first three months?

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans. Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

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15 - Ocala Star-Banner: Coronavirus information for veterans (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County. Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served. The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19. According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

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17 - KRNV (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19. According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend. The deaths bring the total number of deaths in the county to three — all involving SNF residents. In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs. The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times's explosive new exposé, "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus."

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1.1 - MSN (New York Times): The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation. Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times. Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28...

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically. As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

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1.6 - Military Times: Veterans' remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic. Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall. Starting today, department staffers will send letters to tens of

thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care.

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2. Improving Customer Service

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling. While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted...

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic.

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit. The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs. She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law. The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvm; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found. While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion...

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7.2 - Nextgov: Georgia Man Allegedly Tried To Sell \$750M in Nonexistent Masks To Veterans Affairs (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies. On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in "nonexistent respirator masks" to the Veterans Affairs Department.

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1. [Top Stories](#)

Coronavirus / COVID-19

1 - The New York Times: [On Politics: How Trump Fell Short on the Coronavirus](#) (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand

The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus, leaving the administration to play catch-up once it finally acknowledged the need for widespread action.

You may want to get used to hearing the name "Red Dawn," because it'll probably start coming up a lot. That is the self-conferred nickname of a group of public health experts who, starting in January, emailed back and forth as they tracked the virus's global spread and sought to make the Trump administration aware of its threat. On Jan. 28, Dr. Carter Mecher, a senior medical adviser at the Veterans Affairs Department, emailed the group a dire warning: "The projected size of the outbreak already seems hard to believe."

A day later, the country's trade adviser, Peter Navarro, penned a memo warning that the coronavirus could kill up to half a million Americans and cause trillions of dollars in economic losses. The president knew of the memo, despite his later denials; he chose not to immediately act on it. And in mid-February, the health and human services secretary, Alex Azar, unveiled a system to track the virus's spread, but its rollout was delayed for weeks. When health officials finally decided to shift toward warning citizens about the virus's dangers and encouraging people to radically adjust their behavior, the White House dragged its feet for weeks. During all of this, the virus continued to spread.

Joe Biden is turning toward the general election, where he will face new scrutiny of his past. One big new allegation: A former member of Biden's Senate staff said last month that he sexually assaulted her in 1993. Our reporters dug into the accusation, speaking with the accuser, Tara Reade; nearly two dozen of Biden's employees from that time period; and the seven women who along with Reade accused Biden last year of inappropriately kissing, hugging or touching them. Former Senate employees for Biden — including those Reade said she had complained to about his conduct — told The Times that they did not recall seeing or hearing about such an assault. And Biden's team rejected the assault claim outright. "This absolutely did not happen," a deputy campaign manager said. A friend of Reade's confirmed that she had mentioned the episode in 1993, and another said Reade had talked years later about having had a traumatic experience while working for Biden.

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

[...]

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday.

The veteran, “in their 70s,” died Friday. The department did not report the victim’s exact age, nor if the person is male or female.

The hospital has 26 virus cases, four more than the last VA report Saturday, and is monitoring 82 virus cases on an outpatient basis, 11 more than Saturday. The VA Medical Center in the District cares for veterans from Washington, and parts of Virginia and Maryland.

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3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic.

A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE) – the same types of PPE that federal agencies are now purchasing to restock a depleted national stockpile. The auctions raise questions about how the federal government coordinated its response to COVID-19, and whether it shared critical information with an agency that oversees surplus supplies that can be utilized during emergencies.

Tracking the government’s auctions

The General Services Administration is a massive agency that purchases billions of dollars in products and services for the federal government. It also helps get rid of surplus, unwanted assets and materials. Federal agencies and state governments get to claim unwanted items first. If they are not interested, the GSA then offers items to the highest bidder through public auctions.

13 Investigates inspected the GSA’s auction website and found several auctions that closed in recent months included PPE that hospitals have been desperately seeking to protect their medical staffs from COVID-19.

The Department of Veterans Affairs Northern Indiana Healthcare System auctioned over 100 PPE kits in mid-January. The auction listing shows the kits included N95 masks, gloves, gowns, hoods, face shields and PAPRs (powered air purifying respirators) that are in high demand by respiratory therapists, doctors and other front line health care workers. The kits had approaching expiration dates, but photos on the GSA auction site show the safety equipment

did not expire until June 2020. The VA Hospital in Marion, Ind., chose to sell the kits anyway. An anonymous bidder won the auction with a bid of \$2,010.

In Denver, the General Services Administration has been auctioning hundreds of cases of surplus N95 masks.

Last May, the GSA auctioned 280 cases of the surplus masks (44,800 masks to be exact). Bidders offered a combined \$12,804, equivalent to 29 cents per mask.

In November, when the GSA auctioned 160 more cases (25,600 masks), the price was relatively stable at 31 cents per mask.

But by February, when the GSA again auctioned 160 cases of N95 masks, prices began to soar. Half of the masks sold on Feb 1, with 80 cases of masks selling for \$22,666 or \$1.77 per mask. The other 80 cases of N95 masks were auctioned at the end of February. The bidding skyrocketed to \$100,100 – a staggering \$7.82 per mask, which is 2,500 percent higher than the identical masks the GSA had sold just a few months earlier.

The GSA told 13 Investigates it decided to cancel its final sale in late February after the auction closed on February 29, retaining the N95 masks and sending them to the Centers for Disease Control and the Department of Homeland Security. And it says the early-February auction took place “prior to the declaration of a crisis in the U.S.” and before the agency knew the N95 masks in question – a model of N95 mask commonly used by construction workers – were also considered acceptable for use in medical settings.

The PPE auctioned in Denver and Marion account for just a tiny fraction of the safety equipment needed by front line medical workers who are treating patients with COVID-19. But government watchdogs say they show a disorganized effort and delayed response by federal agencies to coordinate resources as the pandemic approached.

A red flag

“It’s the old case of ‘Does the right hand know what the left hand is doing when it comes to the federal government?’” said Scott Amey, general counsel of Project On Government Oversight, a government watchdog organization that investigates federal waste. “The rising prices should have been a red flag when people started bidding five, six, seven times higher for these supplies than they were a few months ago. But they were still conducting auctions in early February and in late February, weeks after the CDC came out with advice and this was a pandemic that was potentially spreading to the U.S.”

The CDC confirmed the first case of COVID-19 in the United States on January 20, four days before the Marion VA closed its auction. A week later, CDC director Dr. Robert Redfield wrote the virus posed “a very serious public health threat” in an email to colleagues obtained by ProPublica. By late February, the White House requested \$2.5 billion to deal with the emerging coronavirus emergency. At the same time, the GSA was still conducting PPE auctions.

Several GSA sources who spoke to 13News on the condition of anonymity, because they are not authorized to discuss auctions with the media, said they were personally unaware that auctioned PPE would soon be needed due to a spreading pandemic in the United States.

“It would be very interesting to find out exactly what GSA knew at the time and why they allowed auctions to still go off. The CDC seemed to know about the threat, but was anybody inside GSA

questioning these auctions and asking questions about whether it's a good idea to auction off material that could even possibly be used in the coronavirus fight?" Amey said. "Until we know some of those answers, it will be difficult to tell if GSA was telling the truth or whether they're hiding behind the fact they weren't really prepared and they let materials that could have helped go out the door. I think there should be a review of what GSA knew at the time and how it was handling the crisis."

VA offers different story

Asked about the auction of PPE kits from the VA Medical Center in Marion, a spokeswoman for the VA Northern Indiana Healthcare System told 13 Investigates the VA "decided to sell a small amount of excess equipment that was procured to be used for Ebola treatment and not typically used for COVID-19."

When 13News pointed out all the items listed in the kits are used for COVID-19 response, the spokeswoman then offered a different story.

"We didn't auction off PPE kits. We auctioned off a small number of items from the kits," said VANIHS public information officer Alex Sharpe, adding "Prior to selling these items that were originally found in the kits, we took out essential COVID-19 PPE."

But the GSA auction site offers no disclaimers to indicate VA officials removed any PPE items from the auctioned kits – let alone the vast majority of the items as Sharpe suggested in her statement to 13News. And the VA statement is contradictory to information provided by the GSA, which indicated that government officials could not have known in January and early February that PPE items would need to be retained to help protect health care workers from COVID-19.

The VA did confirm for 13 Investigates that it auctioned PAPRs, stating those devices are "non-essential" for treating coronavirus. Nurses on the front lines of the coronavirus battle disagree.

"You do need the PAPRs, the powered air purifying respirators," said Jean Ross, a registered nurse and co-president of National Nurses United, one of the nation's largest nurse's unions. She says everything that was listed and auctioned by the Northern Indiana VA in January is critical safety equipment now needed by health care workers.

"Absolutely. Those are the types of things we've been asking for – begging for. Getting rid of them is very shortsighted and certainly not having a care for those of us that work at the bedside," she said.

The General Services Administration says it is no longer auctioning off any medical supplies needed to fight coronavirus, and all N95 masks that GSA had in its stockpile have been transferred to agencies that need them.

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday.

The eight deaths bring the official COVID-19 death toll at the facility to 24.

The state has refused to say how many other veterans have died during the coronavirus crisis, either without being tested or after testing negative. As of Wednesday, 24 others had died, according to internal documents; still more are known to have died since then. That is higher than the typical death rate at the veterans home of about three residents per week.

The number of residents hospitalized from the Paramus site surged to 51 on Monday, up from just eight on Saturday. Those who tested positive for the virus more than doubled to 75 on Monday, from 37 on Saturday.

Kryn Westhoven, a spokesman for the New Jersey Department of Military and Veterans Affairs, called the outbreaks at Paramus and another state-run facility in Menlo Park "an unparalleled crisis."

At his daily briefing, Gov. Phil Murphy said he spoke with U.S. Secretary of Veterans Affairs Robert Wilkie about the "enormous challenges and tragedy" at the veterans homes.

Murphy said he plans to speak with Wilkie again on Tuesday to devise a strategy for how to best handle the outbreak.

The number of Paramus staff members who tested positive for COVID-19 remained the same at 19, with 20 more waiting for test results.

Healthy staffers at the 336-bed facility have said they are overwhelmed trying to take care of sick residents, even with the help of 40 medics deployed to the facility from the Army National Guard.

Meanwhile, several families of residents have said they are having difficulty getting answers about their loved ones' conditions. Visitors have been barred from nursing homes statewide for weeks under an executive order from Murphy to slow the virus's spread.

Westhoven said the facility's staff is trying to test as many patients as possible. "Those residents that are or become symptomatic are tested immediately," he said.

Reps. Josh Gottheimer and Bill Pascrell Jr. sent letters to the U.S. Department of Veterans Affairs on Friday, urging federal officials to probe conditions at the facility and to protect those still living there. It is not known whether they received an official response as of Monday.

Westhoven said his agency is "committed to working with our federal partners to keep veterans in our care safe in this time of unparalleled crisis."

The Paramus veterans home is not alone. Nursing homes have been hit hard by the coronavirus, with about 10% of the state's fatalities coming from those facilities.

Fourteen residents of a state veterans home in Menlo Park have also died from the virus, including nine in the past two days, state officials said.

A veterans home in Vineland has reported no deaths, Murphy said Monday. South Jersey has had far fewer cases of the virus overall.

The daughter of a resident of the Paramus facility said the staff is simply overwhelmed by sick residents and a worker shortage.

The daughter, who requested anonymity, said her mother — who suffers from dementia and tested positive for COVID-19 on Saturday — has not been moved to the facility's Valor wing, where some COVID-19 residents have been cohorted.

"There is no place to put anybody," the daughter said.

Westhoven said the Paramus home is following recent federal guidelines under which COVID-19 residents are separated or cohorted from those who have tested negative.

But he did not address specifically what the staff at the Paramus home was trying to do with patients who display symptoms but have not yet tested positive or negative.

"Symptomatic residents of unknown status can be cohorted," he said. "Residents with no symptoms can be cohorted. Each facility should establish areas in the home to keep cohorted residents together."

The mother at the Paramus home had been coughing uncontrollably for a week before she was tested late last week after news surfaced that 37 residents had died in two weeks, with 10 of those who died testing positive for the virus and the viral status of the others who died unknown.

"The cough was horrific, and they gave her cough medicine," the daughter said. "It got to a point where I was yelling at them to test her."

The test came back positive and her mother was treated almost immediately with hydroxychloroquine, an anti-malaria drug that has shown some promise in small studies with patients but has not been thoroughly vetted as a treatment.

"My mom has no idea what's happening, but there are plenty of veterans there who are lucid," the daughter said. "I can't believe this is happening to our veterans, who put their lives on the line for us."

The daughter said the staff has always been kind and attentive to her mother and sympathizes with what they're dealing with. "There's just not enough staff and nowhere to put the COVID patients," she said. "They moved in the National Guard there. They ought to build a temporary wing."

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5 - Stars and Stripes: [Marine Corps veteran recovers from coronavirus after eight days on ventilator](#) (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off.

Williams, 54, had been in the Department of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever. It was difficult for him to breathe, and he lost his sense of taste. He was alone — his wife, D'Anna, and their three adult children were unable to be with him because of the strict no-visitation policies to prevent the spread of the virus.

"I was worried. They told me there was a possibility that I may not get out of there," Williams said. "Sometimes you go on a ventilator, and sometimes you don't come off."

It was March 26 when Williams was sedated and intubated, a tube inserted into his airway so the ventilator could serve as his lungs. When he woke up, he didn't realize it was April, or that he had defied odds by breathing again without help from a machine.

Williams spent eight days connected to a ventilator and 17 days total at the John L. McClellan Memorial Veterans Hospital. When he was released April 8, and was contagious no longer, medical staff lined the hallways and cheered as he was wheeled out. The hospital posted a video of the moment, describing Williams as their "miracle patient."

Dr. Matt Burns, chief of infectious diseases for the Central Arkansas VA Healthcare System, told a local television station that Williams' recovery was a morale boost for medical staff.

Nationwide, VA hospitals reported 4,097 coronavirus cases as of Monday, and 241 veterans had died of the virus. Some of the hardest hit were facilities in New York City and the surrounding area, as well as New Orleans, Detroit and Washington, D.C.

The Little Rock VA reported 17 cases Monday, and two veterans were hospitalized. One veteran, in his or her 70s, died Sunday at the Little Rock hospital.

Williams was the hospital's first coronavirus patient to be placed on a ventilator for an extended time.

Williams and his family live in Conway, Ark., about 30 miles outside of Little Rock. He coordinates services for student veterans at the University of Central Arkansas, D'Anna Williams is a nurse at the University of Arkansas for Medical Sciences.

Williams has no idea where he contracted the virus, he said. He became ill March 16, when he first felt an extreme case of chills.

"It was like if somebody dumped ice water on you — like bone-breaking chills," Williams said. "I've never experienced that before."

He immediately quarantined himself in the back room of his home. In the following days, he developed a fever, a cough and a headache.

After other tests ruled out the flu, Williams received a coronavirus test March 19. The Little Rock VA informed Williams about his positive test results March 22. By then, he had lost his sense of taste, was short of breath and needed to be admitted to the hospital.

The day Williams went to the Little Rock VA, D'Anna started a two-week quarantine in case she also was infected. She received daily updates from Williams' respiratory therapists and passed the information to their three kids, but no one was allowed to visit him.

D'Anna received an outpouring of support from friends and family, as well as from Marines who served with Williams. He served with an infantry unit — the 3rd Battalion, 9th Marines — in the mid-1990s.

“A lot of my Marine buddies were instrumental in keeping her encouraged and positive,” Williams said. “It’s a good thing to have good friends and a lot of people praying.”

Williams is better, but he still has a long recovery process, he said. He lost mobility and muscle mass during his eight days on the ventilator, and he still must regain lung capacity. He’s on oxygen to help him breathe easier.

It’s uncertain whether the virus will have a lasting effect. Williams is undergoing physical therapy and will need follow-up appointments with his doctors.

“It’s going to be a very slow, slow process,” he said.

Williams advised that people follow the guidelines by the Centers for Disease Control and Prevention, including to socially distance themselves, to wash their hands frequently and not to go out unless it’s absolutely essential.

“I don’t think this virus is discriminating on who it gets,” Williams said. “I wouldn’t wish this on my worst enemy.”

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic.

Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

The centers are abiding by social isolation and distancing guidelines, officials said in a news release.

Veterans with non-urgent health concerns can use telehealth options for scheduled appointments, and are encouraged to call their clinic for more information on how to access telehealth.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma.

The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

To make an appointment call 888-397-8387.

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8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet?

In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

But today, several agencies are looking for current federal employees to temporarily leave their day jobs and take on a short-term detail or assignment to help with their coronavirus response efforts.

Many of them are jobs you could probably do from your couch at home — or whatever chair you've been occupying to telework — and you don't have to be medical professional to help out.

The jobs are listed on Open Opportunities, a subset of USAJobs.gov reserved for temporary details and assignments aimed at current federal employees.

As of Friday, agencies had posted 27 different positions to what the Office of Personnel Management has called the "COVID-19 response program."

Many of the jobs are predictable. No surprise, the Department of Veterans Affairs needs nurses, nurse practitioners, physicians and health technicians. VA is also looking for housekeeping aides and cafeteria workers, which could be a hard sell to current feds.

VA has two missions during the pandemic. Yes, it's treating an increasingly growing population of veterans who have coronavirus, but the VA also serves as the nation's backup health system during a pandemic.

But a few agencies have some particularly interesting opportunities open to current feds. The jobs tell us more about how these agencies are responding to the coronavirus and the capability gaps they're dealing with — even before the pandemic began.

Here are few notable short-term positions.

The Treasury Department is looking for a handful of experienced feds to help stand up a dedicated team to implement the Coronavirus Aid, Relief and Economic Security (CARES) Act.

The position description calls for applicants from a variety of backgrounds, including those with expertise in domestic finance, economic and tax policy and management.

Detailees will help staff the CARES implementation team by writing job descriptions, preparing analysis, hiring staff and developing detail agreements, according to the Treasury job description.

Length: 30-80 days

Location: Washington, D.C., but telework “likely close to 100% in near-term”

Grade: GS-12 through 15

The Small Business administration was the first agency to post a job to the COVID-19 response program.

SBA is looking for at least five contracting officers to develop and make contract awards to support the agency’s coronavirus response efforts.

The job announcement is fairly detailed and describes how contracting detailees will be asked to handle everything from the initiation and recommendation of an award to close-out.

Length: doesn’t say

Location: anywhere

Grade: GS-9 and above, with certain minimum acquisition certification requirements

Besides contracting officers, SBA is also looking for several cloud, oracle and network engineers, plus others with virtual private network (VPN) authentication experience.

“We are seeking individuals with strong expertise in data visualization and telecommunications to help ensure SBA has the infrastructure it needs to successfully deliver critical assistance to our nation’s small businesses,” the description reads.

SBA detailees will manage and create new and existing cloud environments and networks.

Length: more than 90 days

Location: anywhere

Grade: GS-9 and above

FEMA needs data analysts to build dashboards and analyze information related to the coronavirus.

“With the current operational environment of FEMA, data is driving many operations across the country in an effort to protect and support federal response efforts,” the description reads. “Having the ability to manage large sets of data while establishing dashboards, course of actions, trending, and graphical representation is paramount in this environment.”

Length: more than 90 days

Location: anywhere

Grade: GS-11 through 13

Finally, FEMA is looking for a handful of epidemiologists from Department of Homeland Security components to conduct contact tracing within the workforce and coordinate inter-agency responses.

“This work is necessary to minimize exposure and protect the workforce to the greatest extent possible,” the position description reads.

Length: more than 90 days

Location: FEMA said it can provide “social distanced workspace” at the agency’s headquarters in Washington, but there are telework opportunities

Grade: GS-13 through 15

Specifically, FEMA is looking for trained public health professionals to lead the investigation of patterns and the causes of disease to employees. A lead epidemiologist will direct research, contact tracing and data analysis and will make policy recommendations.

Data managers are responsible for collecting and interpreting health data and trends, while investigators will trace contacts who may have encountered sick employees.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans.

To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

“It’s hard being stuck but we dealing with it,” said Army veteran Byron Littleton. He served from 1979 to 1985 and says the stress of military life right back with the COVID-crisis.

“Then when you go to the grocery store the places like that you really have to watch yourself you never know what the next person got,” said Littleton.

“We want our veterans to know that there is always someone who they can reach out to,” said Dr. Erica White, clinical psychologist at Tennessee Valley Healthcare Systems.

Dr. White says it’s never too late to look for help.

To manage stress and anxiety, the U.S. Department of Veteran Affairs suggests:

- Exercise regularly, try to eat well-balanced meals, and get plenty of sleep.
- Limit alcohol.
- Practice breathing exercises and/or meditation. VA has many free mental health apps for Veterans.
- Take breaks from the news.
- Stay connected with others while practicing social distancing.
- Participate in activities or hobbies that you enjoy, or learn a new one.
- Keep your current mental health appointments. VA offers both video and phone telemental health options that do not require you to go to your closest facility in-person should you have a medical concern or need to follow specific social distancing guidelines in your community.
- Learn ways to connect with VA providers using telehealth options and schedule or reschedule your appointment online. If you are requesting a new mental health appointment, please call your local VA and they will work to arrange an appointment for you. If you need same day access for mental health services, call your local VA to request this and you will be connected to care.

"Many of them feel really grateful just to have someone they can talk to about the additional stress they've experienced," said Dr. White.

"Lot being able to see my psychiatrist just talking over the phone is ok but it's just not personal enough," said Littleton. "Some of us come back physically but not mentally."

Dr. White says mental health providers are trying to proactively keep up with veteran patients.

For veterans needing assistance, the Veterans Crisis Line is available at 1-800-273-8255

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10 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center confirms first COVID-19 case (14 April, Wanya Reese, 281k uvm; Macon, GA)

DUBLIN, Ga. — Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

We now know at least one Veteran at the Dublin VA tested positive for COVID-19 last month. In Wilcox County, at least a dozen people have tested positive for the virus at an unnamed nursing home. Monday, we learned how the Carl Vinson VA is handling their first case.

"We had a veteran who tested positive, so that veteran was transferred to the COVID unit," Medical Director of the Carl Vinson VA David Whitmer said.

In March, Medical Director David Whitmer says a veteran tested positive for COVID-19 after getting a limb amputated in Atlanta.

"After a few days of care they have tested negative twice now, so we have been able to return them back to their rooms," Whitmer said.

Right now, Whitmer says the Dublin VA is helping other vets feeling the impact of COVID-19.

"We received a total of 11 veterans from the Atlanta VA as part of their community living center, they are now safely in a new ward we created for those veterans that is an area where we really excel -- geriatric care," Whitmer said.

Whitmer says this is allowing the Atlanta VA to treat more COVID-19 patients. The vets from Atlanta are staying together, and Whitmer says cleaning crews are working to keep everything sanitized.

"We have a terminal cleaning process, this is where we clean every surface in the room," Whitmer said.

Over in Wilcox County, the health department confirmed 14 cases of COVID-19 at a nursing home. The department would not release the name of the home.

Whitmer says none of their employees have tested positive for COVID-19 at the Dublin VA. At least six VA employees in the Albany area have tested positive.

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11 - WISN (ABC-12, Video): [VA to host virtual town hall to answer claims questions](#) (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits.

It will be Tuesday at 4 p.m.

[Click here to join.](#)

Veterans may also call 800-227-7557 to ask questions.

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12 - Argus Leader: [Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care](#) (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C.

It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020.

Had there been any unexpected surprises in those first three months?

"I haven't answered that survey yet," Simoneau said.

Like any other health care organization, the Sioux Falls VA has been working around the clock to prepare as COVID-19, the disease caused by the new coronavirus, continues to spread, with 868 cases confirmed in South Dakota as of April 13 — 654 of them in Minnehaha County.

They've taken the steps that other area hospitals like Sanford and Avera have as they prepare for a surge in cases — canceling non-essential appointments, reducing traffic into the building and screening staff and veterans who must come in for appointments.

Those measures are especially crucial for the system's nursing home, Simoneau said, where they've assigned recreation therapists to help patients deal with the isolation.

But the Sioux Falls VA is also preparing for the "Fourth Mission" of the U.S. Department of Veterans Affairs, Simoneau said — the other three being veterans health care, veterans benefits and national cemeteries.

The VA's website says the Fourth Mission is "to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."

What that means for Sioux Falls is that in a situation where Sanford or Avera were becoming overburdened by COVID-19 patients, Simoneau said, either Mayor Paul TenHaken or Gov. Kristi Noem could put in a request to FEMA that would transform the Sioux Falls VA into a more traditional hospital, able to use excess capacity to care for any patients, not just veterans.

They're preparing for both situations the same, Simoneau said — doubling their ICU beds and preparing 5 times as many medical/surgical beds.

Past that, Simoneau said, they're working on a plan for a tent in front of the hospital that could hold more beds — and would be able to reach out to Illinois, Iowa, Minnesota, Nebraska, North Dakota and Wisconsin, the other states in their Veterans Integrated Service Network, for resources as well.

Simoneau, who's been with the VA for over 30 years, including time in Florida during multiple hurricanes, said the staff she's been working with in Sioux Falls has been great.

She talked about nurses asking how soon they could be trained on new competencies to ensure they could help wherever needed, and said that two-thirds of the system's prosthetics purchasing agents are now helping to order personal protective equipment, no asking required.

The people of Sioux Falls have also helped out, Simoneau said — they've been given face masks, and on Friday she was able to buy pizza for the staff with a gift card that someone had donated.

"They've really rallied around to make sure that the staff here has the support that they need."

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans.

Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at risk who require attention at any of our facilities,” Wilkie said in a statement Monday. Wilkie added that he applauded health care workers and veteran patients for embracing various remote technologies.

Wilkie's statement accompanied the public release of data the agency compiled in three major treatment areas. The largest jump in services were mental health care consultations delivered over the phone. VA handled 154,000 appointments in March, nearly four times the 40,000 appointments conducted in February. In addition, mental health providers completed 34,000 appointments with veterans using VA Video Connect—a web-based application that allows remote face-to-face interactions—70% more than in February.

VA health care providers also doubled the number of telehealth group therapy sessions in March compared to February, handling 2,700 visits. Veteran Affairs practitioners performed 47,000 virtual counseling sessions with veterans in March as well, up 200% from February.

Wilkie said the VA continues performing services for veterans despite an unprecedented crisis that is directly impacting veterans and staff. According to data on VA's coronavirus website dated April 13, 4,097 veterans have tested positive for COVID-19, including 241 who lost their lives to the virus. Meanwhile, 1,530 Veterans Health Administration staff have tested positive for COVID-19, 9 of whom were killed by the virus.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

In our view, the timeline is clear: Like previous administrations, the Trump administration knew for years that a pandemic of this gravity was possible and imminently plausible. Several Trump administration officials raised strong concerns prior to the emergence of COVID-19 and raised alarms once the virus appeared within the United States. While some measures were put in place to prepare the United States for pandemic readiness, many more were dismantled since 2017.

In response to COVID-19, the United States was slow to act at a time when each day of inaction mattered most—in terms of both the eventual public health harms as well as the severe economic costs. The President and some of his closest senior officials also disseminated misinformation that left the public less safe and more vulnerable to discounting the severity of the pandemic. When it came time to minimize the loss of life and economic damage, the United States was unnecessarily underprepared, had sacrificed valuable time, and confronted the pandemic with a more mild response than public health experts recommended. These lapses meant that the United States was ultimately forced to make more drastic economic sacrifices to catch up to the severity of the pandemic than would have otherwise been necessary.

Readers can reach their own conclusions based on these publicly available facts. If we have missed any key information, please notify us by sending an email to lte@justsecurity.org.

TIMELINE

Friday, Jan. 13, 2017: The joint Obama-Trump transition teams run an exercise for pandemic preparedness.

[...]

September 18, 2018: President Trump issues a Presidential Memorandum and National Biodefense Strategy designed to ensure a comprehensive and coordinated approach to biological incidents.

The memorandum establishes a Biodefense Steering Committee, which is chaired by the Secretary of Health and Human Services and includes the Secretary of State, the Secretary of Defense, the Attorney General, the Secretary of Agriculture, the Secretary of Veterans Affairs, the Secretary of Homeland Security, and the Administrator of the Environmental Protection Agency. The memo also directs the Secretary of Health and Human Services (Alex Azar) to create a Biodefense Coordination Team and that the Assistant to the President for National Security Affairs (then John Bolton) will serve as the lead for policy coordination and review.

The National Biodefense Strategy outlines a high-level roadmap of the U.S. response to biological threats and incidents.. The 2018 report identifies the need to “establish manufacturing surge capacity” for diagnostic tests and personal protective equipment in anticipation of a pandemic.

[...]

January 28, 2020: Alex Azar holds a coronavirus press briefing and informs the public that the HHS has been monitoring the virus since December. A Department of Veterans Affairs official circulates a warning to government public health experts about the outbreak.

He says that HHS has been monitoring the virus and preparing a response since December and that he is speaking regularly with the president about the situation.

Dr. Carter Mecher, a senior medical adviser at the Department of Veterans Affairs, emails dozens of his colleagues in government and at universities about the coronavirus.

“The chatter on the blogs is that WHO and CDC are behind the curve. I’m seeing comments from people asking why WHO and CDC seem to be downplaying this. I’m certainly no public

health expert (just a dufus from the VA), but no matter how I look at this, it looks to be bad,” he warns in the email chain later leaked to the N.Y. Times. “The projected size of the outbreak already seems hard to believe, but when I think of the actions being taken across China that are reminiscent of 1918 Philadelphia, perhaps those numbers are correct. ... Any way you cut it, this is going to be bad. You guys made fun of me screaming to close the schools. Now I’m screaming, close the colleges and universities.”

The email chain, dubbed the “the Red Dawn String” by its members based off the 1984 movie about a group of Americans trying to save the United States from a foreign invasion, later includes: Dr. Jerome Adams (Surgeon General of the United States), Dr. Larry G. Padgett (State Department), Dr. Anthony Fauci (NIH), Dr. Robert Kadlec (HHS), Dr. Robert Redfield (HHS), Col. Matthew Hepburn (DARPA, DOD), nine other senior officials at the Department of Health and Human Services, eight senior officials from the Department of Homeland Security, among other academics, private sector employees, former government officials and state officials.

[...]

February 28, 2020: Dr. Carter Mecher emails the Red Dawn email chain and warns that the United States has a narrow window to implement nonpharmaceutical interventions (such as social distancing).

“[W]e have a relatively narrow window” to implement nonpharmaceutical interventions, writes Dr. Mecher, senior medical adviser at the Department of Veterans Affairs, based on data from the 1918 Spanish Influenza. “And we are flying blind,” he adds.

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15 - Ocala Star-Banner: [Coronavirus information for veterans](#) (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County.

Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served.

The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

“Veterans can reach us by phone, fax and email while the building is locked,” said Jeffrey Askew, director of the Marion County Veterans Services Office.

Askew indicated the office can help with copies of discharge documents (DD-214); provide information about Veterans Administration benefits like health care, education, home loans and housing assistance; assist with veteran burial site information for the National Cemetery in Bushnell; handle lost decoration replacement; and perform other services.

He said the stay at home order may affect some services that involve contacts at the St. Petersburg Regional Center for the U.S. Department of Veterans Affairs in Bay Pines.

“Many of our veterans are senior citizens and we are trying to limit their exposure and protect everyone’s health during the COVID-19 crisis,” Askew said.

The Marion County Veterans Service Office can be reached at 671-8422 and veteranservices@marioncountyfl.org. More information and updates on the office’s status can be found at the county government website, marioncounty.fl.org

Meanwhile, Marion County Veterans Helping Veterans is distributing food packages to clients outside the building by prearranged meeting.

Gary Pascale with Marion County Veterans Helping Veterans said the group is assisting established veteran clients and those with emergencies with food distribution on Tuesdays and Thursdays. He said packages of food are prepared in advance after calls to their number at 433-2320 to arrange pickup outside the building.

Pascale said MCVHV is also distributing available foodstuffs from the income qualified TEFAP or The Emergency Food Assistance Program.

According to the USDA Food and Nutrition Service website fns.usda.gov, TEFAP is a federal program that distributes “nutritious, high-quality USDA foods” to “low-income Americans including elderly people.”

Pascale said the group would distribute TEFAP foods “subject to availability” and now only with an advance call.

The U.S. Department of Veterans Affairs North Florida/South Georgia Veterans Health System operates facilities in the area including the VA Community Based Outreach Clinic (CBOC) at 1515 E. Silver Springs Blvd., Ocala, and the Specially Care/Ocala West location at 3307 SW 26th Ave., Ocala, for optometry and audiology services.

The VA also operates The Villages Outpatient Clinic at 8900 SE 165th Mulberry Lane in the Villages and VA medical centers in the area include Malcom Randall VAMC in Gainesville and Lake City VAMC in Lake City.

The VA North Florida/South Georgia Veterans Health System website, northflorida.va.gov, gives a current operating status dated April 1:

“While the hospitals remain in operation, we are urging those who do not require urgent face-to-face medical care, please refrain from coming to the hospital or clinics. If you have symptoms of fever, cough, and shortness of breath, call us at 1-877-741-3400 (VISN 8 Clinical Contact Center) before visiting us. For other concerns, you may be able to access VA care from home by phone or using VA virtual care option,” the website states.

“Effective immediately, visitors are no longer permitted to enter the Malcom Randall or Lake City VAMCs grounds and outlying clinics. We encourage you to use phone calls, text messaging, FaceTime, Google Hangouts, Skype to stay in touch with loved ones. Compassionate exceptions apply,” according to the website.

The website indicates veterans with concerns about prescriptions can call 1-800-349-9457 or 1-800-308-8387 or visit MyHealthVet.

A general COVID-19 information line has been setup at (352) 548-6019, the website states.

The Ocala VA Clinic for primary, mental health, women's health, cardiology and other care can be reached at (352) 369-3320 and the Specialty Care/Ocala West can be reached at (352) 861-3940.

The phone number of The Villages VA Clinic is (352) 674-5000.

The Vet Center at 3300 SW 34th St., Ocala, provides readjustment counseling to veterans who served in listed combat zones.

"Walk-in visits have slowed down slightly naturally by the 'stay at home' order and social distancing restrictions. Our clients are seen remotely via Telehealth for their appointments. ur program has a 24/7 National Call Center (1-877-WAR VETS) staffed with counselors, available to help our Veterans with live counseling any time," Vet Center Director Richard Martin stated in an April 2 email.

"Clients with PTSD generally try to avoid large crowds you would find in stores, malls, etc., and will usually isolate themselves at home vs. going out in public. We all have seen how our communities have changed the social distance restrictions. PTSD may be experienced by different events and circumstances, not necessarily related to self-quarantine," he wrote.

Martin updated that information with an April 8 email: "We are open for any new clients that may want to start services here but we are primarily conducting phone sessions and telehealth video sessions. No current clients are coming here for services primarily to reduce their possible exposure to COVID-19 from other clients that would be coming here if we were still seeing clients in person," he wrote.

"New clients' information is gathered at the door and they are instructed that they will be called by our outreach specialist who will sign them up for services over the phone. Once this virus is under control and we get instructions from our command staff we will see clients as usual," Martin stated in the later email.

Jason White, director of the local chapter of the Houston-based Birdwell Foundation for PTSD , said recently he has seen an increase in calls to the local chapter, which provides support, one-on-one and peer counseling to veterans and first responders suffering from PTSD.

The Birdwell Foundation Facebook page states that in March, chapters in nine states held 611 support groups and held 2,425 one-on-one sessions.

Birdwell staff members across the country were on a "Code Red" level of increased readiness on a "24/7 standby" basis and were increasing checks on clients, White stated in a March 27 email.

He updated information in an April 8 email: "We are seeing people directly on a case by case basis for crisis calls but we have gone virtually via phone, social media, Zoom (and) and other platforms.I would say there is an increase in calls and the need to reach out due to the isolation (and) current state of the Covid pandemic," White stated.

The foundation's Ocala chapter can be contacted through White at jason.white@birdwellfoundation.org or (352)789-5909.

The VA maintains the Veterans Crisis Line, 1-800-273-8255, press 1, to help any veteran who may be "feeling anxious and alone and thinking about suicide" and their family.

The Veterans Crisis Line is also available through text to 838255, and the online connection is veteranscrisisline.net

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

CHARLESTON, S.C. (WCBD) – The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19.

According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

VAMC patients who think they may need to be tested can receive a virtual screening by calling the VA Telephone Advice Program at (843) 789-6400. Employees are directed to "notify their supervisor and VA Employee Health."

Those who qualify for testing will be referred to MUSC, and MUSC will contact individuals with appointment times. Patients will be required to provide a VA ID at the appointment. The groups emphasized that "this is not a self-select drive-through or walk-up service for anyone...individuals who report to the site for specimen collection, but do not have a testing order through the MUSC Health Virtual Urgent Care platform or the VAMC, will not be allowed to enter the secure site."

Ronnie Smith, Charleston's VA Acting Director, said "having designated VA patient and employee appointments will help speed test results for VA patients who often have multiple health conditions and VA healthcare workers as well."

Test results are expected "within 24 hours of the specimen arriving in the lab." MUSC will provide the VAMC with the results, and the VAMC will contact the patient.

According to VAMC, patients should watch for the following symptoms:

- Fever (a measured oral temperature greater than 100.4°F/38.0°C)
- New onset cough or worsening chronic cough
- Sore throat
- New onset shortness of breath or worsening shortness of breath
- New onset headache or worsening headache
- Muscle Aches
- Diarrhea and/or Nausea
- Sudden loss of taste/smell

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17 - KRNV (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19.

According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

VA Video Connect has allowed veterans to consult with healthcare providers via their computer, tablet or phone.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for Veterans at-risk who require attention at any of our facilities,” said Wilkie. “There is no doubt VA’s early embrace of new technology is aiding Veterans and I applaud VA health care workers and Veteran patients for embracing it.”

Veterans looking for help can find the information on their local facility's website or call the Veterans Crisis Line: 1-800-273-8255, and press 1, or text 838255.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

WARSAW — Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend.

The deaths bring the total number of deaths in the county to three — all involving SNF residents.

In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

“We are deeply saddened by these losses and wish the families comfort during this difficult time,” said Chairman Jerry Davis of the Wyoming County Board of Supervisors in his daily update. “I offer my prayers to the families and loved ones who are experiencing this heartbreak.”

Wyoming County has now had 34 confirmed cases, marking an increase of one person since Friday.

“We are working with both state and local health departments, and we continue to work hard to keep our residents and staff safe, said SNF Administrator Dawn James. “We continue to screen all staff prior to entering the building.

“We have implemented the best practices in infection control and use all personal protective equipment recommended by the Centers for Disease Control and Department of Health,” she continued. “Each resident is monitored frequently for a temperature or any associated viral symptoms.” “The priority of Wyoming County Community Health System continues to be the health and safety of our residents, patients, and staff,” McTernan said.

Officials at the VA Western New York Healthcare system had confirmed the two COVID-19 cases among the Batavia VA Medical Center’s 250 employees on Monday.

“In accordance with CDC guidelines and the employees’ clinical status, the individuals are currently in-home isolation, mitigating further risk of transmission to other patients and staff,” said Evangeline Conley, public affairs officer for the VA Western New York Healthcare System.

She said the VA could not provide additional information on the two cases due to privacy concerns.

“Per CDC guidance and VA protocols, individuals with COVID-19 symptoms are immediately isolated to prevent potential spread to others,” she said. On Friday, Conley said two patients at the facility tested positive. Precautionary measures were taken to mitigate the risk of transmission to other patients and staff, and the veterans were being cared for in respiratory isolation by staff who are specially trained on Centers for Disease Control treatment guidelines, including the use of personal protective equipment and infection control techniques.

To further minimize risk for employees and veterans, everyone who enters the VA campus will be pre-screened. In the meantime, three new cases of COVID-19 had been confirmed in Genesee and Orleans counties as of 2 p.m. Monday.

Genesee County has two new positive cases for a total of 76 cases. The two individuals are from Batavia — one of them is in their 30s and another in their 90s.

One of Genesee’s positive cases has been identified as an Erie County resident, therefore the county’s total was decreased by one, officials said in their daily update. None of the positive individuals were on quarantine prior to becoming symptomatic.

Orleans County has one new positive case of COVID-19 for a total of 29. Of the five positive cases over the weekend — including Monday — there are two from Lyndonville, one from Murray, one from Albion and one from Ridgeway.

The ages include one person in their 30s, two individuals in their 50s, one individual in their 60s and one individual in their 70s. One more person has recovered and has been released from mandatory isolation.□

None of the positive individuals were on quarantine prior to becoming symptomatic.

Contact tracing has been initiated for all new cases. Known contacts have already been placed under mandatory quarantine and will be swabbed if they become symptomatic.

In Genesee County, there have been 319 negative cases. The numbers include 50 people in mandatory isolation, 103 under mandatory quarantine, one in precautionary quarantine, one death and 25 who recovered.

In Orleans County there are 242 negative cases, 22 in mandatory isolation, 64 under mandatory quarantine and seven who recovered.

Due to Gov. Andrew Cuomo's executive order dated April 12, 2020 extending the disaster emergency through May 12, both counties are extending the State of Emergency for the same time period. Wyoming County's numbers include:

n A total of 15 cases have been confirmed in the northeast quadrant that includes Warsaw, Perry, Middlebury and Warsaw.

Eight of those have recovered and three have died.

n Nine cases have been confirmed in the northwest quadrant that includes Attica, Bennington, Orangeville and Sheldon. Three of those have recovered.

n Seven cases have been confirmed in the southeast quadrant that includes Castile, Gainesville, Genesee Falls and Pike. Six have recovered.

n Three cases have been confirmed in the southwest quadrant that includes Arcade, Eagle, Java and Wethersfield. All have recovered.

The Livingston County Department of Health reported one new positive case of COVID-19 in Livingston County as of Monday morning, bringing the total number of positive cases to 35. The individual is a female in her 80s who resides in Lima, according to Livingston County Public Health Director Jennifer Rodriguez.

The woman is now under quarantine. The county Department of Health has begun outreach to identify close contacts and potential exposure areas per prescribed New York State regulations, Rodriguez said.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs.

The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

Mental health providers in March provided 34,000 appointments with veterans using VA Video Connect, up 70 percent from February.

Telehealth group therapy conducted more than 2,700 meetings in March, up more than 200 percent from February.

Mental healthcare delivered by phone skyrocketed 280 percent in March, from 40,000 February appointments to more than 154,000 in March.

Vet Centers nationwide held 47,000 virtual mental health appointments in March, up 200 percent from the month prior.

VA said mental healthcare is especially critical given the stresses brought on by the pandemic.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities,” VA Secretary Robert Wilkie said in a statement. “There is no doubt VA’s early embrace of new technology is aiding veterans and I applaud VA healthcare workers and veteran patients for embracing it.”

For more information on scheduling a telehealth appointment, [click here](#).

To reach your local VA staff by phone, [click here](#).

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times’s explosive new exposé, “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.”

AMY GOODMAN: This is Democracy Now!, democracynow.org, The Quarantine Report. I’m Amy Goodman. As the United States surpasses the death toll of any country in the world with more than 22,000 COVID-19 deaths, we begin today’s show looking at what led us to this point. In a minute, we’ll be joined by the lead author of an explosive exposé in The New York Times headlined “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.” But first we go to this video, which is called “Trump’s Coronavirus Calendar.” It was produced by The Recount, capturing the months of downplaying and denial before Trump pivoted to coronavirus crisis mode. It starts on January 22nd.

PRESIDENT DONALD TRUMP: We have it totally under control. It’s one person coming in from China. ... We think we have it very well under control. ...

We pretty much shut it down, coming in from China. ... You know, in April, supposedly it dies, with the hotter weather. ... When it gets warm, historically, that has been able to kill the virus. ... The people are getting better. They’re all getting better. ... And the 15, within a couple of days, is going to be down to close to zero. ... It’s going to disappear one day. It’s like a miracle. It will disappear. ... And you’ll be fine. ...

Now, they’re going to have vaccines, I think, relatively soon. ... Not only the vaccines, but the therapies. Therapies is sort of another word for cure. ... We’re talking about very small numbers in the United States. ... Our numbers are lower than just about anybody. ... It’s really working out, and a lot of good things are going to happen. ... And we are responding with great speed and professionalism. ... It’s going to go away. ... Yeah, no, I don’t take responsibility at all. ... We’re going to all be great. We’re going to be so good. ...

This came up. It — we came up so suddenly. ... This is a pandemic. I felt it was a pandemic long before it was called a pandemic. All you had to do was look at other countries. ...

The coronavirus. You know that, right? Coronavirus. This is their new hoax. We have 15 people in this massive country. And because of the fact that we went early — we went early. We could have had a lot more than that. We're doing great. Our country is doing so great.

AMY GOODMAN: That montage of President Trump was produced by The Recount.

This is how The New York Times began its investigation into Trump's failure to respond to the threat of the coronavirus: quote, "Any way you cut it, this is going to be bad," a senior medical adviser at the Department of Veterans Affairs, Dr. Carter Mecher, wrote on the night of Jan. 28, in an email to a group of public health experts scattered around the government and universities. [He goes on,] 'The projected size of the outbreak already seems hard to believe [unquote].'

"A week after the first coronavirus case had been identified in the United States, and six long weeks before President Trump finally took aggressive action to confront the danger the nation was facing — a pandemic that is now forecast to take tens of thousands of American lives — Dr. Mecher was urging the upper ranks of the nation's public health bureaucracy to wake up and prepare for the possibility of far more drastic action.

"[quote] 'You guys made fun of me screaming to close the schools,' he wrote to the group, which called itself 'Red Dawn,' an inside joke based on the 1984 movie about a band of Americans trying to save the country after a foreign invasion. [Mecher goes on,] 'Now I'm screaming, close the colleges and universities [unquote].'

"His was hardly a lone voice. Throughout January, as Mr. Trump repeatedly played down the seriousness of the virus and focused on other issues, an array of figures inside his government — from top White House advisers to experts deep in the cabinet departments and intelligence agencies — identified the threat, sounded alarms and made clear the need for aggressive action."

Those are the first few paragraphs of this remarkable exposé in The New York Times.

For more on how Trump was slow to absorb the scale of the risk and to act accordingly, we're joined by the lead author of that exposé, Eric Lipton, Pulitzer Prize-winning journalist, investigative reporter for The New York Times. Together with a number of other Times reporters, he wrote this in-depth piece, headlined "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus." His follow-up piece, "The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus."

Eric Lipton, welcome back to Democracy Now! It's great to have you with us. So, take us back to that time, and then we'll talk about why this is so significant today, I mean, reflected in the fact that as we speak today, the U.S. has surpassed any country's death toll in the world. Take us back to those warnings, those first early warnings that scientists and members of his government were issuing.

ERIC LIPTON: Actually, I think you need to go back way before January of 2020, and you go back to — way back to 2006, believe it or not, and you go back to the Bush administration,

when it was during the Bush administration, of George W. Bush, that there were key advisers to President Bush who realized that it was only a matter of time before a significant infectious disease came to the United States, like it happened, you know, shortly after World War I, and it was going to cause widespread illnesses and deaths, and that the United States was not properly prepared for it. And so, it was in 2006 that the United States designed a comprehensive pandemic plan, which has two essential stages, and the stages are containment and mitigation.

And the first stage is containment, in which you attempt to — essentially, like the word sounds, you attempt to contain the infection and prevent it from spreading. And you do that by preventing people who are ill from coming to the United States with it, you know, or if someone is ill, you do what's called contact tracing, in which you identify anyone that's had contact with that individual, and you isolate them until they become better, so that you — just like happened in China after the number of cases began to explode. So that's containment.

But at a certain point, it becomes — there's community spread. And once you have community spread, then you need to switch to mitigation, in which you take steps to — there is no vaccine. And it's called — actually, another term for mitigation is nonpharmaceutical interventions — NPIs, they call it. And the biggest issue here was, on day one, in January of 2020, Carter Mecher, who is a physician, a doctor that works at the Veterans Administration, was already — when he's talking about closing colleges and universities, he's talking about NPIs, these nonpharmaceutical interventions, or mitigation. He's already anticipating that this is going to be necessary.

And that's the most important thing that we have to look back on in the United States right now, is that: When did they move from containment to mitigation, and did they move soon enough? And the answer is, they did not move soon enough to mitigation. And the result is that more people are dying, and there are more illnesses, than would have been necessary if they had shifted to mitigation sooner. And that's the point that Dr. Mecher was making in January of 2020, was we need to be prepared to move to mitigation as soon as there is sufficient evidence that community spread has started. And if you want to understand the biggest failure that is consequential in the United States, it was the slowness with which we moved to mitigation.

AMY GOODMAN: So, let's go to the so-called Red Dawn string of emails, in which infectious disease specialists shared their concerns about the coronavirus very early on. Actually, this one was March 13th. The former adviser to Presidents Bush and Obama, infectious disease specialist James Lawler — I think he was at the University of Nebraska — wrote, quote, "CDC is really missing the mark here. By the time you have substantial ... transmission, it is too late. It's like ignoring the smoke detector and waiting" for your whole house to be on fire before you call the fire department. If you can comment? And go back even further, because his own people, Trump's own people, like Navarro, like Azar, were warning, sounding the alarms in January. In fact, intelligence agencies were saying a pandemic is about to explode on the global scene.

ERIC LIPTON: Right. Well, again, it's like, the thing about mitigation, or nonpharmaceutical interventions, is it's a very simplistic — you know, it's like you would think we're such a — we're so modern, we're so advanced in our science, that we would have to resort to things like closing of schools and businesses and social distancing, which seems so crude, because you would think there would be some treatment or some scientific method. But unfortunately, the reality is, with viruses which the population has no resistance to and that there's no treatment for, going back to the Plague, there really is no solution other than forced-upon isolation.

And so, again, when Dr. James Lawler from University of Nebraska, who was on the National Security Council during the Bush administration, as well, and participated in the drafting of that 2006 pandemic plan and then became an adviser to President Obama on pandemic preparations — what he, again, was upset about with the CDC was when the CDC, in March, said that it questioned the effectiveness of shutting down schools in the United States. That made these pandemic experts so frustrated and so angry, because, again, the fire alarm was going off.

They have a very scientific method, these pandemic infectious disease doctors, where they have — there's like a moment when the first death occurs. From the date that the first death occurs, you have a certain amount of time to institute mitigation, nonpharmaceutical interventions. If you don't do that in that small window, the number of deaths that are going to occur — and basically it's an equation. You can show how many deaths will happen if you don't pull the switch on mitigation by a certain date. And they knew what that date was.

Now, it's not as if you needed to do national mitigation all at once. You didn't. You need to do it by hot spot. When you had the first death in a community or certain number of infectious cases, then you needed to say, "Boom! Time to institute NPIs, social distancing."

And the problem is that the — what these doctors told me when I interviewed them is that the governors, who really have the power to do that, the governors are — you know, it's hard for a governor to get out in front when there's one death in a state the size of Washington state or Oregon or California, when there's a single death or a handful of infections. It's very hard for the governor to tell the citizens of his or her state that we need to shut down the economy on our own. It needs a federal official to come out and say this must happen. You know, now, they don't actually have the power to do that — the president or the surgeon general or the head of the CDC — but they have kind of the platform to call for such a step. And that's what had to happen.

And that's what HHS, the Health and Human Services, wanted the president to do in February. And the president was not willing to do that, and so it sat for several weeks. And then it was up to the governors, one at a time, to make the move. And some of them did it early, like California, and did it early. New York did it later, because they didn't have the federal guidance and kind of backing to say, "Now move. Do it."

AMY GOODMAN: When you look at the numbers — the U.S. said it had its first coronavirus case around the same time as South Korea. Now the U.S. has 50 times more cases, hundred times the fatalities. Look at the population of the U.S. and the world: 4.25% of the world's population — that's less than 5% of the world's population — 30% of the confirmed cases and 20% of the deaths in the world.

So let's go back to those Red Dawn email chain that you've exposed. In an email at the end of January, Dr. James Lawler, the infectious disease doc, wrote, quote, "Great Understatements in History: Napoleon's retreat from Moscow — 'just a little scroll gone bad' Pompeii — 'a bit of a dust storm' — Hiroshima — 'a bad summer heatwave' AND Wuhan — 'just a bad flu season.'"

So these docs were sounding the alarm, but so were President Trump's most trusted advisers. Talk about what Azar had to say, head of Health and Human Services. Talk about what Navarro was saying, saying that this was going to be serious. And talk about who was countering them. It's not that President Trump didn't know. I mean, he no longer had his pandemic task force within the National Security Council, which would have been sounding the alarm. He had that

disbanded back in 2018. But he also had countering forces, like Mnuchin, deeply concerned about the economy and shutting anything down, in fact canceling a doctors' meeting, you write about, when one of the doctors said, you know, "We have to do something about this."

ERIC LIPTON: I think that what the context that this happened is it's the impeachment in January in the Senate is going on, and as this thing is just getting underway in terms of its first infections coming to the United States. And not only that, but it's now an election year in January 2020, and the president is really focused on his reelection, and the single, by far, theme that is going to define his reelection campaign is "Look at the stock market. Look at the incredible rise, the record stock market numbers. Look at the economic growth in the United States."

And also, in January, he was in the midst of finalizing negotiations with China on what they called Phase 1, that was going to try to remove — he was going to try to remove some of the tariffs in the trade war that was going on. That was going to be signed on January 15th, and so, you know — and the ability to reach an agreement with China was central to the stock markets continuing to rise and economic growth recovering, and the farmers being happy because soybeans would be bought by China again.

All of this was in the balance for Trump. So, if he was seriously considering taking steps to shut down businesses, schools, and force social distancing by urging governors to take such steps, he was going to essentially be undermining the economy that was going to be the central theme of his campaign. And that was the last thing that he wanted to do.

But what he didn't realize is that if they allow this infection to bloom in the United States, and then potentially hundreds of thousands of deaths to occur because they never did mitigation, that the economy would have been shut down by the force of the virus itself in an even more devastating way, because the number of deaths would have been in the hundreds of thousands.

And it goes back to the fact that this is an administration that you had an acting chief of staff for over a year who had very little clout across the White House. You had lots of turnover among the top people in the various agencies, acting head of homeland security, I mean, different DOD secretaries, different national security advisers. And you had lots of infighting among these different advisers. You had a secretary of health and human services, Azar, who was not respected by the president, whose voice did not carry much weight in the White House. You had Peter Navarro, who was —

AMY GOODMAN: They called him alarmist?

ERIC LIPTON: Yes. You had Peter Navarro, who was a trade adviser, who was one of the earliest voices of concern. People said, "Oh, it's crazy. He's crazy. We don't want to listen to him in the White House." And so — and then you have a lacking functional process of policymaking, in which the chief of staff is supposed to be the person that considers all these debates and then brings to the president his recommendation, but then Mulvaney, since he had his comments late last year in October that, oh, it was a quid pro quo, was so on the outs that no one was really listening to him, and was about to be fired from his job, which ultimately he was, in the middle of this.

So you had a dysfunctional White House that was unable to make the right policy choice and bring it to the president, and then a president who was so fixated on his reelection that he wasn't in a position to listen to people who were warning that this was a pandemic of historic

proportions that was coming at us and that we had a small window of an opportunity to act decisively to limit the number of deaths.

And then, that result was that in late February, when all of his advisers, all of his medical advisers, from Health and Human Services, CDC, from the Veterans Affairs, had concluded that the United States needed to announce that it was time to shift to mitigation and social distancing, that the moment had come when it was up to the president to endorse this — and that's when he got angry, when someone from the CDC said that was something that was going to have to happen. And the announcement on that was put off by several weeks. Those several weeks were the difference between — there are many people that will have died because of that delay, particularly in New York state, of mitigation.

AMY GOODMAN: I wanted to go to — I mean, you have — Navarro had also recommended the ban on China. And when you talk about travel ban, President Trump's ears perk up. So he did do the travel ban on China, but it was, to say the least, filled with loopholes. Eventually, he would do Europe. But at the same time, every time he says, "Look, I did that early," since he understood the significance of what was taking place early — that was the beginning of what? February. Is that right? If he had started ramping up the testing and the supply chain to ensure that there were PPEs — right? — the personal protective equipment, that doctors and nurses and the janitors in hospitals so severely lack right now, if it had started like it started in Taiwan — they didn't even close the country there. But here, this has led to this absolute catastrophe. The most significant part of it is the massive loss of life.

ERIC LIPTON: Well, I mean, a couple of points you make there. The first was about the, again, two phases here: containment and mitigation. So, relative to the containment phase, the president, in late January, announces the limitation on flights in China. But, as you say, there was a very problematic implementation, in quite a number of ways. And perhaps among them is that there were approximately 400,000 people that came to the United States from China, as my colleague Steve Eder reported recently, that — from the time that we know that the virus was spreading in China to most recently. And 45,000 of them, approximately, came in the period after the president limited flights.

And the problem was that it was not really a — in the world today, it's next to impossible to stop movements of people entirely. And you can't ban American citizens from coming back to the United States. And so American citizens and naturalized citizens were coming into the United States, tens of thousands of them, even after he adopted this limitation. And they weren't, actually, in many cases, doing sufficient testing of those people or requiring isolation of those people for two weeks to ensure that they weren't infected.

So, if you were really going to do a, quote, "travel ban," you needed to have mandatory quarantines, unfortunately, which is a civil liberties issue. You needed to have mandatory quarantines for those people, and you needed to have sufficient testing to make sure that they were not actually bringing the virus in. Neither of those happened. Those people were bringing in many cases of infections. And so, the first stage, containment, containment was a failure. OK?

So, the second stage, then, even during containment, you needed to be working on mitigation, because you know that it's going to spread anyway. The question is: How much will you have? So, during containment, you need to be ramping up all of your preparations, you know, Plan B. You need to have the PPEs. You need to have the ventilators. You need to have the hospitals. You need to have the hospital personnel. But what we learned was that it was — I was working

on a story with my colleague Zolan, who covers the Federal Emergency Management Agency in The New York Times, and Department of Homeland Security. It was March 17th, and we asked the Army Corps of Engineers, "Have you been given any assignments yet to help the United States respond to the pandemic?" And at that point, you know, New York City had had —

AMY GOODMAN: We have 30 seconds, Eric.

ERIC LIPTON: Oh, OK. The Army Corps of Engineers had not been given an assignment as of March 17th, which was extraordinary. So they had not shifted to Plan B until way too late.

AMY GOODMAN: Well, I want to thank you so much for being with us and and end with Dr. Fauci. On Sunday, CNN's Jake Tapper questioned Dr. Anthony Fauci about your New York Times piece.

JAKE TAPPER: Do you think lives could have been saved if social distancing, physical distancing, stay-at-home measures had started third week of February instead of mid-March?

DR. ANTHONY FAUCI: You know, Jake, again, it's the what would have, what could have. It's very difficult to go back and say that. I mean, obviously, you could logically say that if you had a process that was ongoing and you started mitigation earlier, you could have saved lives. Obviously no one is going to deny that.

AMY GOODMAN: So, that was Dr. Anthony Fauci speaking yesterday on Jake Tapper's show on CNN. In response, President Trump retweeted a tweet that ended with "fire Fauci." Eric Lipton, I want to thank you so much for being with us, Pulitzer Prize-winning journalist, investigative reporter for The New York Times.

When we come back, we go to Detroit, the site of the first major U.S. study into whether or not the anti-malarial drug hydroxychloroquine could help prevent the spread of coronavirus, this coming after weeks of President Trump promoting the drug despite warnings from medical experts.

And this latest breaking news: George Stephanopoulos of ABC News has just tested positive for the coronavirus. Stay with us.

[break]

AMY GOODMAN: "Amazing Grace," sung by Italian tenor Andrea Bocelli as he stood on the steps outside the Duomo cathedral, the final song in a concert called "Music for Hope," the cathedral in the region of Italy that's been hardest hit by the coronavirus pandemic.

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1.1 - MSN (New York Times): The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

WASHINGTON — As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation.

Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built. Different threads in the chain were named Red Dawn Breaking, Red Dawn Rising, Red Dawn Breaking Bad and, as the situation grew more dire, Red Dawn Raging. It was hosted by the chief medical officer at the Department of Homeland Security, Dr. Duane C. Caneva, starting in January with a small core of medical experts and friends that gradually grew to dozens.

The “Red Dawn String,” Dr. Caneva said, was intended “to provide thoughts, concerns, raise issues, share information across various colleagues responding to Covid-19,” including medical experts and doctors from the Health and Human Services Department, the Centers for Disease Control and Prevention, the Homeland Security Department, the Veterans Affairs Department, the Pentagon and other federal agencies tracking the historic health emergency.

Here are key exchanges from the emails, with context and analysis, that show the experts’ rising sense of frustration and then anger as their advice seemingly failed to break through to the administration, raising the odds that more people would likely die.

A Veterans Affairs official worried in January that the W.H.O. and C.D.C. were slow to address the spread of the virus.

One of the most active participants in the group was Dr. Carter E. Mecher, a senior medical adviser at the Veterans Affairs Department who helped write a key Bush-era pandemic plan. That document focused in particular on what to do if the government was unable to contain a contagious disease and there was no available vaccine, like with the coronavirus.

The next step is called mitigation, and it relies on unsophisticated steps such as closing schools, businesses, shutting down sporting events or large public gatherings, to try to slow the spread by keeping people away from one another. As of late January, Dr. Mecher was already discussing the likelihood that the United States would soon need to turn to mitigation efforts, including perhaps to “close the colleges and universities.”

A former Bush and Obama adviser compared the outbreak to major disasters in world history.

Dr. James Lawler, an infectious disease doctor at the University of Nebraska who served in the White House under President George W. Bush and as an adviser to President Barack Obama, was also a regular participant in the email chain. He stayed in regular communication with federal officials as the United States attempted to figure out how to respond to the virus. From the beginning he predicted this would be a major public health event.

Experts worried that it would be hard to convince society to order restrictions like school and business closures to slow the spread.

Convincing governors and mayors to intentionally cause economic harm by ordering or promoting mitigation efforts — such as closing businesses — is always a difficult task. That is why it is so important, these medical experts said, for the federal government to take the lead, providing cover for the local officials to kick off the so-called Nonpharmaceutical Interventions, such as school and business closures. Again, this group of doctors and medical experts recognized from early on that this step was all but inevitable, even if the administration was slow to recognize the need.

The Diamond Princess was an early case study of how quickly the virus could spread.

Strong evidence was emerging as of mid-February — with the first cases of Covid-19 already in the United States — that the nation was about to be hit hard. These doctors and medical experts researched how quickly the virus spread on the Diamond Princess cruise ship, which was quarantined in the port of Yokohama, Japan, on Feb. 3 before hundreds of United States citizens on the ship returned home.

Dr. Eva Lee, a researcher at Georgia Institute of Technology who has frequently worked with the federal government to create infectious disease projections, helped the Red Dawn group do modeling, based on the virus spread on the cruise ship. (Dr. Lee is facing sentencing on federal charges that she falsified the membership certificate behind a \$40,000 National Science Foundation grant for unrelated research.)

February was a tipping point for some experts.

The concern these medical experts had been raising in late January and early February turned to alarm by the third week in February. That was when they effectively concluded that the United States had already lost the fight to contain the virus, and that it needed to switch to mitigation. One critical element in that shift was the realization that many people in the country were likely already infected and capable of spreading the virus, but not showing any symptoms. Here Dr. Lee discusses this conclusion with Dr. Robert Kadlec, the head of the virus response effort at the Department of Health and Human Services and a key White House adviser.

Dr. Kadlec and other administration officials decided the next day to recommend to Mr. Trump that he publicly support the start of these mitigation efforts, such as school closings. But before they could discuss it with the president, who was returning from India, another official went public with a warning, sending the stock market down sharply and angering Mr. Trump. The meeting to brief him on the recommendation was canceled and it was three weeks before Mr. Trump would reluctantly come around to the need for mitigation.

This slow pace of action was confusing to the medical experts on the Red Dawn email chain, who were increasingly alarmed that cities and states that were getting hit hard by the virus needed to move faster to take aggressive steps.

A former high-ranking Trump official weighed in with criticisms.

When Mr. Trump gave a speech to the nation on March 11 in which he announced limits on flights from Europe to the United States — but still no move to curb gatherings in cities where the virus had spread — the experts on the email chain grew angry and fearful. Among those questioning Mr. Trump's decision was Tom Bossert, who had previously served as Mr. Trump's homeland security adviser.

Participants were angry the C.D.C. did not push for school closures.

The Red Dawn participants were even more upset when the Centers for Disease Control and Prevention, in mid-March, questioned the value of closing schools, at least for short periods of time. Soon enough, governors ignored this advice, and most schools in the United States were shut. But it happened largely without federal leadership.

See all of the email exchanges.

The New York Times has collected more than 80 pages of these emails, from January through March, based in part on Freedom of Information Act requests to local government officials. Some of the emails were reported on last month by Kaiser Health News. Here is a fuller collection, arranged by The Times in chronological order. This file includes a list of many of the medical experts on the email chains. It also contains related emails from certain state government medical experts who were reaching out to the federal government during the same time period.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

Under the previous policy, LA health care workers treating patients who had tested positive for COVID-19 would receive only a single surgical mask per shift rather than the N95 respirators recommended by the Centers for Disease Control and Prevention. Staffers at the hospital who spoke to BuzzFeed News worried that the new measures could get them or other patients sick. At the time, at least three VA workers had died from COVID-19, a number that has since tripled.

Two days after the publication of the BuzzFeed News report, the policy was overhauled. The new guidelines suggest that workers obtain a new mask when going between positive cases and suspected or negative cases. Some workers had been asked to use the same surgical mask for an entire week, but now will be given one each day.

In an email obtained by BuzzFeed News, Medical Center Director Dr. Steven Braverman apologized to workers for a “failure on my part to effectively communicate with you so that each and every employee knows our operational status and what we’re doing to keep you safe.”

One staff member told BuzzFeed News “that level of honesty surprised me.”

A spokesperson for the hospital system did not return a detailed message Monday seeking comment.

If you're someone who is seeing the impact of the coronavirus firsthand, we'd like to hear from you. Reach out to us via one of our tip line channels.

In his email, Braverman said he and his staff had already been working on a new policy governing the use of masks.

“Prior to us learning about this article, we were developing new guidelines for PPE use with more specificity in an attempt to help you all understand what type of mask to wear under what circumstance,” Braverman wrote. “We’re not making stuff up, and we didn’t change our policies because of a media article.”

Last week, workers began speaking out after Steven Simon, the chief of staff for VA's Greater LA Healthcare System, sent an email to hospital employees informing them that the facility would have to begin to ration masks due to a supply shortage. This directive contradicted an email sent 30 minutes earlier by a top official at VA headquarters in Washington, DC, who said inventory levels were "adequate."

At the time, staff members described the equipment situation as grim. One said workers were sharing equipment from one shift to another, and said they were still asked to count N95 masks the same way that they do narcotic drugs.

Another said that some equipment was being treated with ultraviolet rays — a common disinfectant — so it could be reused. There is scant research on whether UV exposure can kill COVID-19 on surfaces, but it has been effective on other coronaviruses.

Each of the workers asked to remain anonymous because of a VA policy prohibiting employees from speaking to the press.

"There is a lot of conflicting info coming from leadership," one of the staffers said.

Braverman told workers in the email that the LA hospital system had enough N95 masks to last at least four weeks under "surge conditions," when the hospital could be flooded by new patients. Leaders believe they had about a week's worth of surgical masks.

"You can see from the numbers that limiting surgical masks to 1 per day (if not soiled or contaminated) is both safe and responsible," Braverman wrote. "You'll see me walking around with a mask my wife made for me. I'll sew some more myself this weekend from my wife's quilt fabric stash."

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

The checks can total up to \$1,200 per person and are being dispersed through the IRS, which requires eligible households to file a tax return in order to receive their money. But many veterans and their survivors who rely solely on government benefits, such as disability payments from Veterans Affairs, do not typically have to submit a return.

This year, that means they could also fall through the cracks of the stimulus program.

"I served my country. I was ready to go to war," said Dennis Arellano, 61, a Marine Corps veteran who now lives in San Jose. "I think they should consider something about that."

Veterans groups estimate roughly 1.9 million veterans and their survivors could be in this category, based on the number who were in a similar situation during the Great Recession. Advocates argue that the federal government already has bank account information for those

households since they receive veteran's benefits. And they're calling on the VA, IRS and Treasury Department to work together to waive the filing requirement.

"We are gravely concerned that absent quick and decisive action from the Administration, millions of seriously disabled veterans, their survivors and caregivers – who are among the most vulnerable Americans during the ongoing coronavirus health crisis – may never receive this critical financial support," a dozen of the nation's largest veterans service organizations wrote in a letter to Treasury Secretary Steven Mnuchin and VA Secretary Robert Wilkie this month.

On Friday, the IRS launched an online tool that allows households who do not typically file a tax return to submit basic personal information in order to receive their payments quickly. The site specifically encourages disabled veterans and their survivors to fill out the form.

"President Trump, Secretary Mnuchin and the administration are fully committed to providing fast and direct economic impact payments to all Americans entitled to them, and we are particularly sensitive to the needs of our nations' heroes and survivors," a Treasury spokeswoman said.

But the effort falls short of the fix that lawmakers have demanded. Many affected veterans may not have a computer or internet access to submit their information, forcing them to venture out of their homes to a post office to get the necessary forms instead. Earlier this month, Treasury waived the filing requirement entirely for Social Security recipients. Veterans should also be able to receive their payments automatically, they said.

"To put this hurdle in front of them will be wrong," House Veterans Affairs Chairman Mark Takano said of the filing requirement. "They are people who need this stimulus payment the most."

Earlier this month, Takano and other leading House Democrats, including Ways and Means Chairman Richard Neal, urged Treasury to resolve the problem. In the Senate, Democrats called automatic payments "the fastest, most cost-effective way to provide desperately needed help" in a letter to the Trump administration. GOP Sens. Susan Collins of Maine and Kyrsten Sinema of Arizona sent a similar letter, stating "our nation's veterans ... deserve better."

Takano said he spoke recently with a top official at the VA who expressed "eagerness" to resolve the problem by cross-referencing agency databases.

"I believe they can find a solution," he told CNBC. "They've done it before."

In the meantime, Patrick Murray, who handles legislative affairs for the VFW, called the IRS' new online tool a good step in the right direction. The challenge now, he said, is educating veterans about the guidelines for getting payments and the resources available for them as new information is released.

Arellano, the Marine Corp veteran, was not planning to file a tax return this year until he heard about the stimulus. He said that he lives off the \$435 a month that he receives in VA benefits and that he's confused about what paperwork needs to be filled out. But he knows that it would make a big difference -- both financially and mentally.

"I'm alone, you know. So if something happens to me, they're going to open the door and they're going to find me dead," he said. "That's what I'm really, really scared of. If I feel bad, there's nobody I can call."

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times.

Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28 that the World Health Organization and Centers for Disease Control and Prevention "were behind the curve," in responding to the novel coronavirus and swift action was needed to stop it, according to an email thread obtained by the Times through a Freedom of Information Act request.

"You guys made fun of me, screaming to close the schools. Now I'm screaming, close the colleges and universities," wrote Mecher to the group, nicknamed "Red Dawn" for the 1984 movie that pitted actors Patrick Swayze and Charlie Sheen against a foreign enemy invasion. Red Dawn was hosted by Dr. Duane Caneva, chief medical officer at the Department of Homeland Security.

Upon analyzing early data from China, Mecher said it appeared that the virus looked as transmissible as the flu, but with a greater ability to replicate and a case fatality rate comparable to the worst flu season.

"This is really unbelievable ... any way you cut it, this is going to be bad," Mecher wrote.

From Jan. 28 through the middle of March, the email chain grew from a handful of physicians and researchers with the Departments of Homeland Security, Health and Human Services, Defense, VA, academia and the private sector to a group that included dozens others in the federal government. It eventually included Surgeon General of the United States Jerome Adams and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.

Caneva wrote that the chain was started "to provide thoughts, concerns, raise issues, share information across various colleagues responding to COVID-19."

From its inception, two of the most outspoken voices were Mecher and Eva Lee, director of the Center for Operations Research in Medicine and Health Care at the Georgia Institute of Technology.

The group studied the disease spread on the Diamond Princess cruise ship, quarantined in Yokohama, Japan, on Feb. 3. They also discussed the potential for an overwhelmed hospital system in the U.S., and started calling for social distancing on Feb. 9.

"[It's] over 10 to 30 times more deadly than seasonal flu," Lee wrote following an analysis of cases in Hubei. "Moreover, this is only a lower bound because the government basically shut down and isolated the entire infected zone."

By mid-February, Mecher was asking about the strategy for primary care and hospital response, including isolating people at home and encouraging virtual medical appointments and telework. He also inquired about nursing home spread and the lag time of testing.

"We are going to have a devil of time with lab confirmation -- it is just too slow ... that means we are going to have to fly blind early on," Mecher wrote Feb. 20.

That week, the U.S. State Department issued a travel alert recommending that U.S. citizens reconsider any planned travel on cruise ships, and CDC officials said they were seeing community spread of the coronavirus in some Asian countries.

"If you're watching the news, you may be hearing about schools shutting down and businesses closing in countries in Asia to reduce the potential spread of this virus," said Dr. Nancy Messonnier, director of the Center for the National Center for Immunization and Respiratory Diseases. "The day may come where we need to implement such measures in the U.S. communities."

President Donald Trump held two campaign rallies the same week, but did not mention the virus, which had 15 U.S. cases at the time.

By Feb. 28, Mecher was forecasting total veteran deaths from the novel coronavirus, based on how the virus affected Diamond Princess passengers: more than 461,000 veterans ill and 30,736 dead across the U.S., including 221,703 hospitalized and 14,780 in VA facilities over three months.

"Now you understand the challenge," he wrote.

On March 2, Lee, (who has been convicted of falsifying a certificate needed for a \$40,000 grant from the National Science Foundation on other research), said non-pharmaceutical interventions, or NPI, such as school closures, telework, travel restrictions, hand-washing and social isolation should be put in place.

"We need actions, actions and more actions," she wrote.

"Six deaths in Seattle. Seattle missed the window. It is too late for NPI," Mecher responded.

Mecher helped write the 2007 White House National Strategy for Pandemic Influenza under President George W. Bush and served as director for Medical Preparedness Policy on the White House Homeland Security Council under President Barack Obama. He also has served as chief medical officer of the VA's Southeast Network, responsible for VA health services in Georgia, Alabama and South Carolina.

By March 12, Mecher, a self-described "dufus from the VA" in his emails, was still searching for solutions: " I think we ran out of time for Seattle. But there are other cities and communities where we still can make a difference," he wrote. "I don't understand why California and NYC are not acting more aggressively."

As of April 13, the U.S. had nearly 561,000 confirmed cases of COVID-19 and 22,861 deaths.

New York has been the hardest hit, with 188,000 cases and 9,385 deaths and ordered a lockdown on March 20. By contrast, California, where Gov. Gavin Newsom ordered the nation's strictest lockdown measures on March 19, has had roughly 22,000 confirmed cases and 651 deaths.

Within the VA system, 3,754 veterans had tested positive for the coronavirus as of April 11, and 200 have died. It is not known how widespread the impact of the illness has been on the entire veteran population; dozens have died in nursing homes, including 37 at the New Jersey Veterans Home in Paramus, N.J.

The Times story was based on several emails first obtained by Kaiser Health News and a more extensive FOIA search.

Mecher, in one of his last emails obtained by the Times, penned on St. Patrick's Day, said the most difficult message to convey to government and health leaders, as well as the general public, was the need to "take action before the storm arrived and the sun was shining."

"The story line of the articles written about the variation in outcomes in U.S. cities [during the flu pandemic of 1918] is now unfolding and writing itself in real time before our very eyes," he wrote.

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically.

As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

VA officials have offered only partial details of the deaths. Only one death involved a patient younger than 50. Last week, officials noted the first death of a VA patient older than 100, a veteran at New York City's Brooklyn medical center. No other information was given.

New York has become the hardest hit region nationally by the fast spreading virus. The Brooklyn site became the second VA medical center to reach 30 deaths from coronavirus, behind only the VA facility in New Orleans.

Across all VA sites, more than 4,000 patients in VA care have tested positive for COVID-19. That's about 12 percent of all of the cases tested by the department, and more than double what it was on April 2.

In addition to the patient statistics, at least 1,520 VA health care employees have tested positive for the virus. That number has risen more than 400 individuals in a week. Nine employees have died as a result of the illness, all in the last few weeks.

Based on information released by VA health officials, here are the VA medical centers currently dealing with coronavirus cases:

The increases in sick patients come amid growing reports detailing shortages in staffing and protective equipment at sites throughout the veterans health system.

On Monday, the American Federation of Government Employees (which represents 260,000 department employees) blasted VA leadership for their denials of problems at VA sites.

“The lack of PPE being faced by our members isn’t fake news, it’s the truth,” AFGE National President Everett Kelley said in a statement. “And it’s time for the VA to stop trying to silence and discredit the voices of their own employees — caregivers who are crying out for help — and to get to work addressing their concerns and saving lives.”

In past statements, department leaders have promised “an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of this emerging health risk.”

That includes work with the Centers for Disease Control and the possibility of accepting some non-veteran patients at VA medical centers to provide relief to overtaxed local health care systems.

Last week, VA Secretary Robert Wilkie announced during a White House briefing that he would open about 1,500 beds nationwide to communities in need of extra resources, despite the increasing coronavirus numbers within the VA health system.

VA officials have said that opening those areas to non-veteran patients will not hurt delivery of care to any veterans who need it.

Officials also said any veteran with symptoms such as fever, cough or shortness of breath should contact their local VA facility before visiting to determine their next steps.

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1.6 - Military Times: Veterans’ remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic.

Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

Department officials also said the number of mental health appointments conducted through online video chats with physicians rose from about 20,000 in February to 34,000 in March, an increase of 70 percent. Another 2,700 online video group therapy appointments were conducted in March, a nearly 200-percent increase from the previous month.

VA officials have already reported significant increases in use of the Veterans Crisis Line, although they said many of the additional callers are not facing suicidal thoughts. Instead, numerous veterans and family members have called for information on existing resources, or for help obtaining alternative mental health care programs.

In a statement, VA Secretary Robert Wilkie said that the department's "early embrace of new technology" is helping veterans.

"VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities," he said.

The coronavirus outbreak has disrupted numerous VA programs and protocols over the last month, as physicians across the country scramble to deal with a steadily-increasing number of cases.

As of Friday, 200 VA patients have died from the illness and more than 3,500 others tested positive. More than 1,100 VA employees have also contracted the virus, and at least seven have died.

New safety precautions have cancelled thousands of non-essential medical appointments at VA hospitals across the country, although veterans with immediate needs are still being admitted to the facilities.

About 17 veterans a day die by suicide, according to the latest department data available. White House and VA officials had been scheduled to release a new government-wide effort on veteran suicide prevention last month, but that announcement was delayed by the coronavirus outbreak.

Congress set aside \$19.6 billion in emergency funding for VA in their coronavirus stimulus package last month. Of that total, about \$3.1 billion was assigned for new telemedicine efforts within VA, to increase health care access for veterans quarantined at home.

The VA remote mental health care numbers are expected to increase again in April, since many states did not offer stay-at-home recommendations until late in March or early this month.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall.

Starting today, department staffers will send letters to tens of thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care. That move comes over VA objections concerning an ongoing lawsuit over the issue, which could add billions in new costs to the department's budget.

Last fall, the U.S. Court of Appeals for Veterans Claims ruled that the department's current regulation for veterans who seek non-department medical care violates existing federal law. They ordered VA officials to re-examine more than 72,000 rejected claims and update their rules, arguing the department has a responsibility to cover the costs of the unexpected medical visits.

The case centers on veterans whose unpaid emergency room expenses were denied by VA officials under existing policies. The plaintiffs' both had part of their bills paid for by other insurance, but were left with several thousand in personal costs.

VA officials argued in court that they did not need to handle the unpaid balance because the veterans were primarily covered under other insurance plans. The court ruled that violates both existing law and past legal precedent.

A VA Inspector General report last summer found \$716 million in improperly processed payments in cases involving veterans who sought medical care outside the department's health system in 2017, including about \$53 million that should have been refunded under existing rules.

VA officials are considering appealing the ruling, and asked that any action on the cases be postponed until higher courts weigh in on the matter.

But earlier this month, the appeals court rejected that motion and ordered letters be sent out starting April 13. Advocates praised the decision.

"Hundreds of thousands of veterans affected by this class action have suffered far too long and endured severe financial hardships due to VA's wrongful handling of their reimbursement claims," said said Bart Stichman, executive director of the National Veterans Legal Services Program.

VA officials have estimated that full compliance with the court order could cost between \$1.8 billion and \$6.5 billion. Reimbursements may date back to cases decided by the department in 2016.

The ruling also invalidated all VA decisions denying reimbursement for deductibles and co-insurance costs not covered in emergency visits at non-VA facilities.

The letters come as many veterans are facing new debts related to work interruptions and other financial problems related to the ongoing coronavirus pandemic. However, processing of the claims is likely to take several months, and may be stalled further by ongoing legal appeals.

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2. Improving Customer Service

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling.

While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted to shed a light on inappropriate or illegal behavior is allowable, the U.S. Court of Appeals for the Federal Circuit said. Federal whistleblowers have long complained agencies seek to turn the tables on them in an effort to discredit their claims or remove them from their positions.

The case involved Leonard Sistek, who served as a director at a VA facility in Denver. Sistek made multiple disclosures to the VA inspector general protected under whistleblower law, raising concerns about agency spending and “contractual anomalies.” In 2014, Sistek was interviewed by an Administrative Investigation Board examining inappropriate office relationships, during which he realized he was himself subject to an investigation. He notified the IG that he suspected this was in retaliation for his whistleblowing. Later that year, the board cited Sistek for failing to report that a colleague had an “inappropriate sexual relationship” with the colleague’s subordinate, and VA issued a letter of reprimand.

In early 2015, VA rescinded Sistek’s letter and struck it from his record. Later that year, the IG validated two of his claims of department wrongdoing.

Sistek brought a case before the Merit Systems Protection Board, arguing that VA retaliated against him for blowing the whistle. An MSPB administrative judge, however, ruled in VA’s favor, leading him to appeal the decision in the federal circuit court.

To qualify for relief under whistleblower law, employees must demonstrate their agency took a qualifying personnel action such as a denial of an appointment, a pay decision or another “significant change” in duties or working conditions. The MSPB judge ruled, and the appeals court subsequently affirmed, that “a retaliatory investigation, in and of itself, does not qualify as a personnel action eligible for corrective action” under the Whistleblower Protection Act. The court stated further that Congress “acted purposely in excluding retaliatory investigations” from prohibited behavior under the law.

VA was therefore well within its rights to launch an investigation into Sistek, even if it was in retaliation for his disclosures, the court found.

Sistek argued the investigation and subsequent letter of reprimand created a hostile work environment, which amounted to a “significant change” in his working conditions. The court rejected that argument, saying under Sistek’s definition any investigation would create a hostile work environment.

The court noted a retaliatory investigation into an employee who blew the whistle could be subject to additional relief if that employee can prove some other improper personnel action.

Sistek retired from VA in 2018.

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

- A Georgia resident is under arrest for allegedly trying to fraud Veterans Affairs out of \$750 million for personal protective gear used to respond to the coronavirus pandemic. The Justice Department says Christopher Parris tried to sell 125 million nonexistent respirator masks to VA in exchange for large upfront payments. Parris is charged with wire fraud, and faces 20 years in prison and a \$250,000 fine if convicted.

[...]

- The VA is shifting medical personnel to New Orleans to help with the coronavirus response in Louisiana. The department activated its disaster emergency medical personnel system. That system allows VA to ask for volunteers to work in especially hard hit areas. VA is looking for employees who have experience with ventilators and intensive care units. Employees who finish a 14-day deployment in Louisiana will get a five-thousand-dollar award. VA Secretary Robert Wilkie says these deployments are a normal part of the department's disaster response plan.
- Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic. Brazell replaces Melissa Glynn as the enterprise secretary. Glynn briefly served as the point-person for VA's electronic health record modernization. But it's unclear who has that responsibility now. (Department of Veterans Affairs)

[...]

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit.

The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

Federal agencies are permitted to extend the excused leave to employees required to telework who have dependent care obligations under certain circumstances. There are a few hoops to jump through: typically, employees are required to exhaust annual leave, sick leave, the paid leave supplied under the Families First Coronavirus Response Act and maxiflex telework schedules before the Temporary Excused Paid Leave comes into play.

Feds are able to request, at least according to one participating agency, 20 hours per pay period capped at four hours per day and 10 hours per week of excused paid leave. The policies

are expected to be evaluated during every pay period that includes mandatory telework due to the coronavirus pandemic.

The excused paid leave provision covers challenges related to school and daycare closures, dependent care lapses, and taking sanitary measures such as cleaning and sheltering-in-place to ensure compliance with local health measures due to the coronavirus pandemic.

Despite the measures that the federal government has taken to ensure that remote work is possible, agency employees say that the excused paid leave provision is not being rolled out evenly, burdening workers who have children and dependents.

FCW has learned, for example, that the Interior Department has so far not extended the benefit to its employees.

At the Environmental Protection Agency, federal employees have apparently been waiting for weeks for a decision to be made.

The American Federation of Government Employees' Deputy General Counsel Cathie McQuiston said that the EPA was considering implementing a temporary paid leave policy for its caretaker employees, but that the agency continued to put off making a final decision despite unions' requests for the provision weeks ago during bargaining sessions.

EPA briefed agency unions on April 9, McQuiston told FCW in an interview, and the paid leave option was discussed.

"They kept saying they were looking into it. We said, 'You've been looking into it for a while. It [feels] like you're trying to run out the clock and let the pandemic be over while you're still thinking about it.'"

Joyce Howell, Vice President of AFGE Local 3631, which represents EPA workers in Philadelphia, echoed the same sentiment.

She said that while EPA has been more flexible on things such as hours of work and start/stop times, they've put up roadblocks when it comes to relieving strapped parents or those who have elderly relatives to care for.

"EPA has not elected to utilize administrative leave or weather/evacuation pay to give relief to caretakers. Our bargaining unit members who are caring for small children, elderly parents and disabled dependents are suffering," she said in an email to FCW. "They have enormous integrity, they put in the work hours for which they are paid. But the net result is sleep deprivation."

Bethany Dreyfuss, the President of AFGE Local 1236, which represents EPA attorneys in the Bay Area, said that part of the issue was that the EPA said it could only make a blanket decision at the national level.

"We're being told it's a national thing and we have to wait for the [Washington] D.C. headquarters to make a decision," she said in an interview. "At the same time, my members are using up sick leave, personal leave, and using leave banks [leave donated by other agency employees] to make up the difference."

Dreyfuss said she had polled her bargaining unit and found that most respondents wouldn't use the leave.

"Any fear that it would be taken advantage of is unfounded. There are a number of people for whom a few hours a week would make an enormous difference, and for some 10 hours a week would be life-changing."

Dreyfuss noted that IRS invoked an evacuation order weeks earlier that allowed their care-burdened federal employees to take temporary leave.

A request for comment to EPA was pending as of publication time.

Employees at the Department of Veterans Affairs report similar concerns.

Sheila Elliott, the President of AFGE Local 2328 in Hampton, Va., said that in addition to ongoing concerns about a lack of personal protective equipment and unsafe working conditions, the VA was slow to implement policies for healthcare providers seeking relief, including parents and caregivers.

"I had one member who had taken temporary leave to take care of her son at home. Her supervisor called her and told her that if she didn't report back to work, she would be terminated."

FCW obtained a March 23 memo from the Veterans Health Administration Executive-in-Charge, Richard Stone, to agency leaders clarifying that no leave was available to excuse employees who were tasked with caring for children or other dependents.

"There is no authority to approve Weather & Safety Leave or Excused Absence for childcare," Stone wrote.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs.

She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

Brazell works to oversee the sufficiency of medical supplies across the department's clinics and health care centers in her current role. Her career includes leadership work with the White House Military Office and the Naval Facilities Command.

"Karen is an excellent choice to lead OEI, which is charged with integrating the operations," said Robert Wilkie, VA secretary.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

WASHINGTON, D.C. (WCBD) – Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law.

The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

The Board of Veterans' Appeals, which "determines whether veterans are entitled to VA disability benefits and other services," only conducts tele-hearings from designated locations. According to Cunningham, many Lowcountry veterans had to travel to Columbia or Savannah and testify from those VA offices. With stay-at-home orders in place in almost every state, a more efficient approach was necessary.

The Act allows veterans to stay home and participate in tele-hearings from their own computers. It also "includes safeguards to ensure that veterans' personal information is protected and that their case is not negatively impacted by taking advantage of this new option."

Cunningham described the legislation as "exemplary of the kind of commonsense advances we can make when both parties come together for the sake of our veterans."

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvw; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found.

While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion, according to an analysis by the Federation for American Immigration Reform (FAIR). The study was exclusively provided first to the Daily Caller News Foundation.

“The War on Terrorism has resulted in more veterans who have experienced overseas combat deployments than at any time since the end of World War II,” the study said, adding that this has resulted in more veterans than ever before needing services from the U.S. government.

“But, due to America’s foolhardy immigration policies, our government is now spending more and more money on services for illegal aliens — foreigners who have no right to be in the U.S. — resulting in a squeeze on resources available for the citizens and lawful immigrants who were prepared to make the ultimate sacrifice for their country,” the study continued.

FAIR looked at where the majority of homeless veterans lived and reported how much taxpayer funding illegal aliens in those localities received.

There were an estimated 37,085 homeless veterans in January 2019, according to the Department of Housing and Urban Development. Over a quarter of these homeless veterans lived in California, another 1,585 lived in Washington, and 1,270 lived in New York.

In California, it’s not always easy for veterans to obtain quality health care, the study found. Veterans in San Jose waited an average of 50 days before landing an appointment with a primary care VA clinic, and the average wait time in Modesto was 95 days, according to the study.

California, however, spends more than \$23 billion on undocumented individuals and their children every year, according to FAIR. In regards to health care, California lawmakers passed legislation in 2019 that sets aside taxpayer-funded health insurance to illegal aliens between the ages of 19 and 25 — an initiative that will likely cost \$98 million in its first year.

Another state home to many homeless veterans has also chosen to prioritize the undocumented community.

State lawmakers in New York — which spends \$7.5 billion on illegal aliens annually — allotted \$27 million in college tuition assistance for the children of illegal aliens in April 2019, but didn’t add several hundred thousand dollars to an initiative that provides university education assistance to the children of disabled and deceased veterans.

“That is perhaps the most egregious example of the way in which flawed immigration policies are putting veterans in competition with illegal aliens,” the authors said of New York’s educational priorities.

Beyond health care and education, the study also highlighted examples of jurisdictions doling out millions in legal assistance for the undocumented.

In Oakland, California, a \$300,000 fund was established in 2018 to help undocumented immigrants fight removal from the country, according to the study. A larger fund was established in Los Angeles, which has so far spent over \$7 million in legal aid to those living unlawfully in the U.S.

Baltimore approved \$200,000 in 2018 to support aliens facing deportation, and Montgomery County, Maryland, has allotted \$370,000, according to the study.

Meanwhile, FAIR found that more than 6,000 veterans committed suicide in 2017, including 491 veterans in California and another 78 in Maryland.

“If states cared more about veterans than illegal aliens, many of those 6,000 Americans may still be with us today,” the study stated.

Altogether, FAIR concluded that there were 14.3 million illegal aliens living in the U.S., posing a financial burden of \$132 billion annually for their health care, educational, and other welfare services. In comparison, there are 19.5 million veterans in the U.S., and their needs will cost the country \$217 billion this fiscal year.

FAIR concluded that, should the illegal population continue to grow, the cost to meet their needs will surpass those of veterans.

“Americans who care about the members of our armed forces should ask, ‘Why are we spending billions of dollars catering to illegal aliens when we aren’t properly taking care of the men and women who risk life and limb to protect us against all enemies foreign and domestic?’” the authors said.

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7.2 - Nextgov: Georgia Man Allegedly Tried To Sell \$750M in Nonexistent Masks To Veterans Affairs (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies.

On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in “nonexistent respirator masks” to the Veterans Affairs Department.

According to a release announcing the charges, Christopher Parris, of Atlanta, told VA he could source 125 million face masks and other personal protective equipment, or PPE, despite allegedly knowing he could not deliver.

“For example, the complaint alleges that Parris promised that he could obtain millions of genuine 3M masks from domestic factories when he knew that fulfilling the orders would not be possible,” the release states. “Parris also allegedly made similar false representations to other entities in an effort to enter into other fraudulent agreements to sell PPE to state governments.”

Parris was charged with wire fraud, which carries a maximum sentence of 20 years in prison and a \$250,000 fine.

“As this case demonstrates, even beyond the typical costs associated with unlawful behavior, COVID-19 scams divert government time and resources and risk preventing front-line responders and consumers from obtaining the equipment they need to combat this pandemic,” Attorney General William Barr said. “The Department of Justice will not tolerate this conduct, especially when it involves this kind of egregious attempt to target and defraud our nation’s treasures—our veterans.”

Previously, the General Services Administration received reports from a customer agency that someone purporting to be a vendor with a schedule contract attempted to sell hand sanitizer and cleaning supplies at exorbitant prices. The agency warned all federal buyers to double-check prices on GSA Advantage and verify vendors in eLibrary.

The Justice Department urged anyone who suspects COVID-19-related fraud to contact the National Center for Disaster Fraud at 866-720-5721 or disaster@leo.gov.

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Veterans Affairs Media Summary and News Clips

14 April 2020

1. Top Stories

Coronavirus / COVID-19

1 - The New York Times: On Politics: How Trump Fell Short on the Coronavirus (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand. The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus...

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday. The veteran, "in their 70s," died Friday. The department did not report the victim's exact age, nor if the person is male or female.

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3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic. A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE)...

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday. The eight deaths bring the official COVID-19 death toll at the facility to 24.

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5 - Stars and Stripes: Marine Corps veteran recovers from coronavirus after eight days on ventilator (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off. Williams, 54, had been in the Department

of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever.

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic. Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma. The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

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8 - Federal News Network: Thinking of joining the fight? Here are 5 interesting coronavirus response jobs (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet? In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans. To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

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10 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center confirms first COVID-19 case (14 April, Wanya Reese, 281k uvm; Macon, GA)

Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

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11 - WISN (ABC-12, Video): VA to host virtual town hall to answer claims questions (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits. It will be Tuesday at 4 p.m.

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12 - Argus Leader: Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C. It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020. Had there been any unexpected surprises in those first three months?

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans. Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

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15 - Ocala Star-Banner: Coronavirus information for veterans (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County. Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served. The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19. According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

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17 - KRVN (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19. According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend. The deaths bring the total number of deaths in the county to three — all involving SNF residents. In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs. The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

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20 - Democracy Now! (Video): What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times's explosive new exposé, "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus."

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1.1 - MSN (New York Times): The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation. Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times. Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28...

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically. As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

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1.6 - Military Times: Veterans' remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic. Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall. Starting today, department staffers will send letters to tens of

thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care.

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2. **Improving Customer Service**

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling. While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted...

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic.

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit. The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs. She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law. The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvm; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found. While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion...

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7.2 - Nextgov: Georgia Man Allegedly Tried To Sell \$750M in Nonexistent Masks To Veterans Affairs (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies. On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in "nonexistent respirator masks" to the Veterans Affairs Department.

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1. [Top Stories](#)

Coronavirus / COVID-19

1 - The New York Times: [On Politics: How Trump Fell Short on the Coronavirus](#) (13 April, Giovanni Russonello, 118.5M uvm; New York, NY)

Where things stand

The United States has now recorded more deaths from the coronavirus than any other country: over 22,000 as of Sunday night. But according to a wide-ranging investigation into President Trump's response that led our front page on Sunday, the White House spent weeks ignoring recommendations from its own health officials to more aggressively confront the virus, leaving the administration to play catch-up once it finally acknowledged the need for widespread action.

You may want to get used to hearing the name "Red Dawn," because it'll probably start coming up a lot. That is the self-conferred nickname of a group of public health experts who, starting in January, emailed back and forth as they tracked the virus's global spread and sought to make the Trump administration aware of its threat. On Jan. 28, Dr. Carter Mecher, a senior medical adviser at the Veterans Affairs Department, emailed the group a dire warning: "The projected size of the outbreak already seems hard to believe."

A day later, the country's trade adviser, Peter Navarro, penned a memo warning that the coronavirus could kill up to half a million Americans and cause trillions of dollars in economic losses. The president knew of the memo, despite his later denials; he chose not to immediately act on it. And in mid-February, the health and human services secretary, Alex Azar, unveiled a system to track the virus's spread, but its rollout was delayed for weeks. When health officials finally decided to shift toward warning citizens about the virus's dangers and encouraging people to radically adjust their behavior, the White House dragged its feet for weeks. During all of this, the virus continued to spread.

Joe Biden is turning toward the general election, where he will face new scrutiny of his past. One big new allegation: A former member of Biden's Senate staff said last month that he sexually assaulted her in 1993. Our reporters dug into the accusation, speaking with the accuser, Tara Reade; nearly two dozen of Biden's employees from that time period; and the seven women who along with Reade accused Biden last year of inappropriately kissing, hugging or touching them. Former Senate employees for Biden — including those Reade said she had complained to about his conduct — told The Times that they did not recall seeing or hearing about such an assault. And Biden's team rejected the assault claim outright. "This absolutely did not happen," a deputy campaign manager said. A friend of Reade's confirmed that she had mentioned the episode in 1993, and another said Reade had talked years later about having had a traumatic experience while working for Biden.

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2 - The Washington Post: Md., D.C. report first inmate deaths; region adds hundreds of known coronavirus cases (Eighth patient dies at the VA hospital in the District) (14 April, Michael Ruane, 60.3M uvm; Washington, DC)

[...]

An eighth patient has died at the VA Medical Center in the District of complications from the novel coronavirus, the Department of Veterans Affairs reported Monday.

The veteran, "in their 70s," died Friday. The department did not report the victim's exact age, nor if the person is male or female.

The hospital has 26 virus cases, four more than the last VA report Saturday, and is monitoring 82 virus cases on an outpatient basis, 11 more than Saturday. The VA Medical Center in the District cares for veterans from Washington, and parts of Virginia and Maryland.

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3 - WTHR (NBC-13, Video): 13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached (13 April, Bob Segall, 2.3M uvm; Indianapolis, IN)

As hospitals scramble to find protective equipment that doctors and nurses need to fight a global crisis, 13 Investigates has learned the federal government actually sold off some of those supplies in the months leading up to the pandemic.

A 13News review of auction websites shows government agencies auctioned tens of thousands of N95 face masks and other personal protective equipment (PPE) – the same types of PPE that federal agencies are now purchasing to restock a depleted national stockpile. The auctions raise questions about how the federal government coordinated its response to COVID-19, and whether it shared critical information with an agency that oversees surplus supplies that can be utilized during emergencies.

Tracking the government's auctions

The General Services Administration is a massive agency that purchases billions of dollars in products and services for the federal government. It also helps get rid of surplus, unwanted assets and materials. Federal agencies and state governments get to claim unwanted items first. If they are not interested, the GSA then offers items to the highest bidder through public auctions.

13 Investigates inspected the GSA's auction website and found several auctions that closed in recent months included PPE that hospitals have been desperately seeking to protect their medical staffs from COVID-19.

The Department of Veterans Affairs Northern Indiana Healthcare System auctioned over 100 PPE kits in mid-January. The auction listing shows the kits included N95 masks, gloves, gowns, hoods, face shields and PAPRs (powered air purifying respirators) that are in high demand by respiratory therapists, doctors and other front line health care workers. The kits had approaching expiration dates, but photos on the GSA auction site show the safety equipment

did not expire until June 2020. The VA Hospital in Marion, Ind., chose to sell the kits anyway. An anonymous bidder won the auction with a bid of \$2,010.

In Denver, the General Services Administration has been auctioning hundreds of cases of surplus N95 masks.

Last May, the GSA auctioned 280 cases of the surplus masks (44,800 masks to be exact). Bidders offered a combined \$12,804, equivalent to 29 cents per mask.

In November, when the GSA auctioned 160 more cases (25,600 masks), the price was relatively stable at 31 cents per mask.

But by February, when the GSA again auctioned 160 cases of N95 masks, prices began to soar. Half of the masks sold on Feb 1, with 80 cases of masks selling for \$22,666 or \$1.77 per mask. The other 80 cases of N95 masks were auctioned at the end of February. The bidding skyrocketed to \$100,100 – a staggering \$7.82 per mask, which is 2,500 percent higher than the identical masks the GSA had sold just a few months earlier.

The GSA told 13 Investigates it decided to cancel its final sale in late February after the auction closed on February 29, retaining the N95 masks and sending them to the Centers for Disease Control and the Department of Homeland Security. And it says the early-February auction took place “prior to the declaration of a crisis in the U.S.” and before the agency knew the N95 masks in question – a model of N95 mask commonly used by construction workers – were also considered acceptable for use in medical settings.

The PPE auctioned in Denver and Marion account for just a tiny fraction of the safety equipment needed by front line medical workers who are treating patients with COVID-19. But government watchdogs say they show a disorganized effort and delayed response by federal agencies to coordinate resources as the pandemic approached.

A red flag

“It’s the old case of ‘Does the right hand know what the left hand is doing when it comes to the federal government?’” said Scott Amey, general counsel of Project On Government Oversight, a government watchdog organization that investigates federal waste. “The rising prices should have been a red flag when people started bidding five, six, seven times higher for these supplies than they were a few months ago. But they were still conducting auctions in early February and in late February, weeks after the CDC came out with advice and this was a pandemic that was potentially spreading to the U.S.”

The CDC confirmed the first case of COVID-19 in the United States on January 20, four days before the Marion VA closed its auction. A week later, CDC director Dr. Robert Redfield wrote the virus posed “a very serious public health threat” in an email to colleagues obtained by ProPublica. By late February, the White House requested \$2.5 billion to deal with the emerging coronavirus emergency. At the same time, the GSA was still conducting PPE auctions.

Several GSA sources who spoke to 13News on the condition of anonymity, because they are not authorized to discuss auctions with the media, said they were personally unaware that auctioned PPE would soon be needed due to a spreading pandemic in the United States.

“It would be very interesting to find out exactly what GSA knew at the time and why they allowed auctions to still go off. The CDC seemed to know about the threat, but was anybody inside GSA

questioning these auctions and asking questions about whether it's a good idea to auction off material that could even possibly be used in the coronavirus fight?" Amey said. "Until we know some of those answers, it will be difficult to tell if GSA was telling the truth or whether they're hiding behind the fact they weren't really prepared and they let materials that could have helped go out the door. I think there should be a review of what GSA knew at the time and how it was handling the crisis."

VA offers different story

Asked about the auction of PPE kits from the VA Medical Center in Marion, a spokeswoman for the VA Northern Indiana Healthcare System told 13 Investigates the VA "decided to sell a small amount of excess equipment that was procured to be used for Ebola treatment and not typically used for COVID-19."

When 13News pointed out all the items listed in the kits are used for COVID-19 response, the spokeswoman then offered a different story.

"We didn't auction off PPE kits. We auctioned off a small number of items from the kits," said VANIHS public information officer Alex Sharpe, adding "Prior to selling these items that were originally found in the kits, we took out essential COVID-19 PPE."

But the GSA auction site offers no disclaimers to indicate VA officials removed any PPE items from the auctioned kits – let alone the vast majority of the items as Sharpe suggested in her statement to 13News. And the VA statement is contradictory to information provided by the GSA, which indicated that government officials could not have known in January and early February that PPE items would need to be retained to help protect health care workers from COVID-19.

The VA did confirm for 13 Investigates that it auctioned PAPRs, stating those devices are "non-essential" for treating coronavirus. Nurses on the front lines of the coronavirus battle disagree.

"You do need the PAPRs, the powered air purifying respirators," said Jean Ross, a registered nurse and co-president of National Nurses United, one of the nation's largest nurse's unions. She says everything that was listed and auctioned by the Northern Indiana VA in January is critical safety equipment now needed by health care workers.

"Absolutely. Those are the types of things we've been asking for – begging for. Getting rid of them is very shortsighted and certainly not having a care for those of us that work at the bedside," she said.

The General Services Administration says it is no longer auctioning off any medical supplies needed to fight coronavirus, and all N95 masks that GSA had in its stockpile have been transferred to agencies that need them.

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4 - NorthJersey.com (Video): At least 8 more die from coronavirus at Paramus veterans home, dozens more hospitalized (13 April, Scott Fallon and Lindy Washburn, 1.3M uvm; Woodland Park, NJ)

The coronavirus has continued to devastate the New Jersey Veterans Home in Paramus in recent days, killing eight more residents since Saturday and sending dozens to the hospital, state officials said Monday.

The eight deaths bring the official COVID-19 death toll at the facility to 24.

The state has refused to say how many other veterans have died during the coronavirus crisis, either without being tested or after testing negative. As of Wednesday, 24 others had died, according to internal documents; still more are known to have died since then. That is higher than the typical death rate at the veterans home of about three residents per week.

The number of residents hospitalized from the Paramus site surged to 51 on Monday, up from just eight on Saturday. Those who tested positive for the virus more than doubled to 75 on Monday, from 37 on Saturday.

Kryn Westhoven, a spokesman for the New Jersey Department of Military and Veterans Affairs, called the outbreaks at Paramus and another state-run facility in Menlo Park "an unparalleled crisis."

At his daily briefing, Gov. Phil Murphy said he spoke with U.S. Secretary of Veterans Affairs Robert Wilkie about the "enormous challenges and tragedy" at the veterans homes.

Murphy said he plans to speak with Wilkie again on Tuesday to devise a strategy for how to best handle the outbreak.

The number of Paramus staff members who tested positive for COVID-19 remained the same at 19, with 20 more waiting for test results.

Healthy staffers at the 336-bed facility have said they are overwhelmed trying to take care of sick residents, even with the help of 40 medics deployed to the facility from the Army National Guard.

Meanwhile, several families of residents have said they are having difficulty getting answers about their loved ones' conditions. Visitors have been barred from nursing homes statewide for weeks under an executive order from Murphy to slow the virus's spread.

Westhoven said the facility's staff is trying to test as many patients as possible. "Those residents that are or become symptomatic are tested immediately," he said.

Reps. Josh Gottheimer and Bill Pascrell Jr. sent letters to the U.S. Department of Veterans Affairs on Friday, urging federal officials to probe conditions at the facility and to protect those still living there. It is not known whether they received an official response as of Monday.

Westhoven said his agency is "committed to working with our federal partners to keep veterans in our care safe in this time of unparalleled crisis."

The Paramus veterans home is not alone. Nursing homes have been hit hard by the coronavirus, with about 10% of the state's fatalities coming from those facilities.

Fourteen residents of a state veterans home in Menlo Park have also died from the virus, including nine in the past two days, state officials said.

A veterans home in Vineland has reported no deaths, Murphy said Monday. South Jersey has had far fewer cases of the virus overall.

The daughter of a resident of the Paramus facility said the staff is simply overwhelmed by sick residents and a worker shortage.

The daughter, who requested anonymity, said her mother — who suffers from dementia and tested positive for COVID-19 on Saturday — has not been moved to the facility's Valor wing, where some COVID-19 residents have been cohorted.

"There is no place to put anybody," the daughter said.

Westhoven said the Paramus home is following recent federal guidelines under which COVID-19 residents are separated or cohorted from those who have tested negative.

But he did not address specifically what the staff at the Paramus home was trying to do with patients who display symptoms but have not yet tested positive or negative.

"Symptomatic residents of unknown status can be cohorted," he said. "Residents with no symptoms can be cohorted. Each facility should establish areas in the home to keep cohorted residents together."

The mother at the Paramus home had been coughing uncontrollably for a week before she was tested late last week after news surfaced that 37 residents had died in two weeks, with 10 of those who died testing positive for the virus and the viral status of the others who died unknown.

"The cough was horrific, and they gave her cough medicine," the daughter said. "It got to a point where I was yelling at them to test her."

The test came back positive and her mother was treated almost immediately with hydroxychloroquine, an anti-malaria drug that has shown some promise in small studies with patients but has not been thoroughly vetted as a treatment.

"My mom has no idea what's happening, but there are plenty of veterans there who are lucid," the daughter said. "I can't believe this is happening to our veterans, who put their lives on the line for us."

The daughter said the staff has always been kind and attentive to her mother and sympathizes with what they're dealing with. "There's just not enough staff and nowhere to put the COVID patients," she said. "They moved in the National Guard there. They ought to build a temporary wing."

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5 - Stars and Stripes: Marine Corps veteran recovers from coronavirus after eight days on ventilator (13 April, Nikki Wentling, 1.1M uvm; Washington, DC)

Before Marine Corps veteran David Williams was to be connected to a ventilator, his doctors told him there was a chance he would never come off.

Williams, 54, had been in the Department of Veterans Affairs hospital in Little Rock, Ark., for four days with the coronavirus, suffering from headaches, dizziness and fever. It was difficult for him to breathe, and he lost his sense of taste. He was alone — his wife, D'Anna, and their three adult children were unable to be with him because of the strict no-visitation policies to prevent the spread of the virus.

"I was worried. They told me there was a possibility that I may not get out of there," Williams said. "Sometimes you go on a ventilator, and sometimes you don't come off."

It was March 26 when Williams was sedated and intubated, a tube inserted into his airway so the ventilator could serve as his lungs. When he woke up, he didn't realize it was April, or that he had defied odds by breathing again without help from a machine.

Williams spent eight days connected to a ventilator and 17 days total at the John L. McClellan Memorial Veterans Hospital. When he was released April 8, and was contagious no longer, medical staff lined the hallways and cheered as he was wheeled out. The hospital posted a video of the moment, describing Williams as their "miracle patient."

Dr. Matt Burns, chief of infectious diseases for the Central Arkansas VA Healthcare System, told a local television station that Williams' recovery was a morale boost for medical staff.

Nationwide, VA hospitals reported 4,097 coronavirus cases as of Monday, and 241 veterans had died of the virus. Some of the hardest hit were facilities in New York City and the surrounding area, as well as New Orleans, Detroit and Washington, D.C.

The Little Rock VA reported 17 cases Monday, and two veterans were hospitalized. One veteran, in his or her 70s, died Sunday at the Little Rock hospital.

Williams was the hospital's first coronavirus patient to be placed on a ventilator for an extended time.

Williams and his family live in Conway, Ark., about 30 miles outside of Little Rock. He coordinates services for student veterans at the University of Central Arkansas, D'Anna Williams is a nurse at the University of Arkansas for Medical Sciences.

Williams has no idea where he contracted the virus, he said. He became ill March 16, when he first felt an extreme case of chills.

"It was like if somebody dumped ice water on you — like bone-breaking chills," Williams said. "I've never experienced that before."

He immediately quarantined himself in the back room of his home. In the following days, he developed a fever, a cough and a headache.

After other tests ruled out the flu, Williams received a coronavirus test March 19. The Little Rock VA informed Williams about his positive test results March 22. By then, he had lost his sense of taste, was short of breath and needed to be admitted to the hospital.

The day Williams went to the Little Rock VA, D'Anna started a two-week quarantine in case she also was infected. She received daily updates from Williams' respiratory therapists and passed the information to their three kids, but no one was allowed to visit him.

D'Anna received an outpouring of support from friends and family, as well as from Marines who served with Williams. He served with an infantry unit — the 3rd Battalion, 9th Marines — in the mid-1990s.

"A lot of my Marine buddies were instrumental in keeping her encouraged and positive," Williams said. "It's a good thing to have good friends and a lot of people praying."

Williams is better, but he still has a long recovery process, he said. He lost mobility and muscle mass during his eight days on the ventilator, and he still must regain lung capacity. He's on oxygen to help him breathe easier.

It's uncertain whether the virus will have a lasting effect. Williams is undergoing physical therapy and will need follow-up appointments with his doctors.

"It's going to be a very slow, slow process," he said.

Williams advised that people follow the guidelines by the Centers for Disease Control and Prevention, including to socially distance themselves, to wash their hands frequently and not to go out unless it's absolutely essential.

"I don't think this virus is discriminating on who it gets," Williams said. "I wouldn't wish this on my worst enemy."

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6 - WDRB (FOX-41, Video): Robley Rex VA Health Care system suspends some visits amid coronavirus spread (13 April, 910k uvm; Louisville, KY)

The VA Medical Center has suspended some services at its local clinics because of the coronavirus pandemic.

Robley Rex said all face-to-face visits are suspended for its Carrollton, Fort Knox, Newburg, Shively and Scottsburg community-based outpatient clinics starting Monday.

The centers are abiding by social isolation and distancing guidelines, officials said in a news release.

Veterans with non-urgent health concerns can use telehealth options for scheduled appointments, and are encouraged to call their clinic for more information on how to access telehealth.

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7 - KOTV (CBS-6, Video): Ernest Childers VA Clinic In Tulsa To Hold Drive-Thru Testing For Veterans (12 April, 718k uvm; Tulsa, OK)

COVID-19 testing is becoming more available for veterans in Oklahoma.

The Ernest Childers VA Clinic in Tulsa will have drive-thru testing on April 15th for veterans who are showing symptoms. The tests are by appointment only and will be scheduled fifteen minutes apart.

To make an appointment call 888-397-8387.

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8 - Federal News Network: [Thinking of joining the fight? Here are 5 interesting coronavirus response jobs](#) (13 April, Nicole Ogrysko, 438k uvm; Chevy Chase, MD)

Teleworkers, is the monotony getting to you yet?

In normal times, temporary details are often a professional development tool, a way to mix it up at your current position, learn something new and make a few more contacts. For members of the Senior Executive Service, rotational assignments are part of the job.

But today, several agencies are looking for current federal employees to temporarily leave their day jobs and take on a short-term detail or assignment to help with their coronavirus response efforts.

Many of them are jobs you could probably do from your couch at home — or whatever chair you've been occupying to telework — and you don't have to be medical professional to help out.

The jobs are listed on Open Opportunities, a subset of USAJobs.gov reserved for temporary details and assignments aimed at current federal employees.

As of Friday, agencies had posted 27 different positions to what the Office of Personnel Management has called the "COVID-19 response program."

Many of the jobs are predictable. No surprise, the Department of Veterans Affairs needs nurses, nurse practitioners, physicians and health technicians. VA is also looking for housekeeping aides and cafeteria workers, which could be a hard sell to current feds.

VA has two missions during the pandemic. Yes, it's treating an increasingly growing population of veterans who have coronavirus, but the VA also serves as the nation's backup health system during a pandemic.

But a few agencies have some particularly interesting opportunities open to current feds. The jobs tell us more about how these agencies are responding to the coronavirus and the capability gaps they're dealing with — even before the pandemic began.

Here are few notable short-term positions.

The Treasury Department is looking for a handful of experienced feds to help stand up a dedicated team to implement the Coronavirus Aid, Relief and Economic Security (CARES) Act.

The position description calls for applicants from a variety of backgrounds, including those with expertise in domestic finance, economic and tax policy and management.

Detailees will help staff the CARES implementation team by writing job descriptions, preparing analysis, hiring staff and developing detail agreements, according to the Treasury job description.

Length: 30-80 days

Location: Washington, D.C., but telework “likely close to 100% in near-term”

Grade: GS-12 through 15

The Small Business administration was the first agency to post a job to the COVID-19 response program.

SBA is looking for at least five contracting officers to develop and make contract awards to support the agency’s coronavirus response efforts.

The job announcement is fairly detailed and describes how contracting detailees will be asked to handle everything from the initiation and recommendation of an award to close-out.

Length: doesn’t say

Location: anywhere

Grade: GS-9 and above, with certain minimum acquisition certification requirements

Besides contracting officers, SBA is also looking for several cloud, oracle and network engineers, plus others with virtual private network (VPN) authentication experience.

“We are seeking individuals with strong expertise in data visualization and telecommunications to help ensure SBA has the infrastructure it needs to successfully deliver critical assistance to our nation’s small businesses,” the description reads.

SBA detailees will manage and create new and existing cloud environments and networks.

Length: more than 90 days

Location: anywhere

Grade: GS-9 and above

FEMA needs data analysts to build dashboards and analyze information related to the coronavirus.

“With the current operational environment of FEMA, data is driving many operations across the country in an effort to protect and support federal response efforts,” the description reads. “Having the ability to manage large sets of data while establishing dashboards, course of actions, trending, and graphical representation is paramount in this environment.”

Length: more than 90 days

Location: anywhere

Grade: GS-11 through 13

Finally, FEMA is looking for a handful of epidemiologists from Department of Homeland Security components to conduct contact tracing within the workforce and coordinate inter-agency responses.

“This work is necessary to minimize exposure and protect the workforce to the greatest extent possible,” the position description reads.

Length: more than 90 days

Location: FEMA said it can provide “social distanced workspace” at the agency’s headquarters in Washington, but there are telework opportunities

Grade: GS-13 through 15

Specifically, FEMA is looking for trained public health professionals to lead the investigation of patterns and the causes of disease to employees. A lead epidemiologist will direct research, contact tracing and data analysis and will make policy recommendations.

Data managers are responsible for collecting and interpreting health data and trends, while investigators will trace contacts who may have encountered sick employees.

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9 - WSMV (NBC-4, Video): Mental health strains veterans in pandemic (13 April, Joshua Cole, 428k uvm; Nashville, TN)

Having to stay inside to stop the spread of Coronavirus can take its toll on people mentally, making some feel depressed or isolated, especially for veterans.

To some veterans, being stuck inside a home can bring back feelings similar to a battle with the uncertainty and stress. As many look to the end of quarantine, mental health providers want veterans to know help us out there.

“It’s hard being stuck but we dealing with it,” said Army veteran Byron Littleton. He served from 1979 to 1985 and says the stress of military life right back with the COVID-crisis.

“Then when you go to the grocery store the places like that you really have to watch yourself you never know what the next person got,” said Littleton.

“We want our veterans to know that there is always someone who they can reach out to,” said Dr. Erica White, clinical psychologist at Tennessee Valley Healthcare Systems.

Dr. White says it’s never too late to look for help.

To manage stress and anxiety, the U.S. Department of Veteran Affairs suggests:

- Exercise regularly, try to eat well-balanced meals, and get plenty of sleep.
- Limit alcohol.
- Practice breathing exercises and/or meditation. VA has many free mental health apps for Veterans.
- Take breaks from the news.
- Stay connected with others while practicing social distancing.
- Participate in activities or hobbies that you enjoy, or learn a new one.
- Keep your current mental health appointments. VA offers both video and phone telemental health options that do not require you to go to your closest facility in-person should you have a medical concern or need to follow specific social distancing guidelines in your community.
- Learn ways to connect with VA providers using telehealth options and schedule or reschedule your appointment online. If you are requesting a new mental health appointment, please call your local VA and they will work to arrange an appointment for you. If you need same day access for mental health services, call your local VA to request this and you will be connected to care.

"Many of them feel really grateful just to have someone they can talk to about the additional stress they've experienced," said Dr. White.

"Lot being able to see my psychiatrist just talking over the phone is ok but it's just not personal enough," said Littleton. "Some of us come back physically but not mentally."

Dr. White says mental health providers are trying to proactively keep up with veteran patients.

For veterans needing assistance, the Veterans Crisis Line is available at 1-800-273-8255

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10 - WMAZ (CBS-13, Video): [Carl Vinson VA Medical Center confirms first COVID-19 case](#)
(14 April, Wanya Reese, 281k uvm; Macon, GA)

DUBLIN, Ga. — Across Central Georgia, the number of COVID-19 cases at nursing homes continue to rise, according to information from the health department. 13WMAZ learned how many cases the Carl Vinson VA has and what other nursing home is seeing a spike in cases.

We now know at least one Veteran at the Dublin VA tested positive for COVID-19 last month. In Wilcox County, at least a dozen people have tested positive for the virus at an unnamed nursing home. Monday, we learned how the Carl Vinson VA is handling their first case.

"We had a veteran who tested positive, so that veteran was transferred to the COVID unit," Medical Director of the Carl Vinson VA David Whitmer said.

In March, Medical Director David Whitmer says a veteran tested positive for COVID-19 after getting a limb amputated in Atlanta.

"After a few days of care they have tested negative twice now, so we have been able to return them back to their rooms," Whitmer said.

Right now, Whitmer says the Dublin VA is helping other vets feeling the impact of COVID-19.

"We received a total of 11 veterans from the Atlanta VA as part of their community living center, they are now safely in a new ward we created for those veterans that is an area where we really excel -- geriatric care," Whitmer said.

Whitmer says this is allowing the Atlanta VA to treat more COVID-19 patients. The vets from Atlanta are staying together, and Whitmer says cleaning crews are working to keep everything sanitized.

"We have a terminal cleaning process, this is where we clean every surface in the room," Whitmer said.

Over in Wilcox County, the health department confirmed 14 cases of COVID-19 at a nursing home. The department would not release the name of the home.

Whitmer says none of their employees have tested positive for COVID-19 at the Dublin VA. At least six VA employees in the Albany area have tested positive.

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11 - WISN (ABC-12, Video): VA to host virtual town hall to answer claims questions (14 April, 270k uvm; Milwaukee, WI)

The Department of Veterans Affairs will host a virtual town hall meeting to answer questions about claims and benefits.

It will be Tuesday at 4 p.m.

[Click here to join.](#)

Veterans may also call 800-227-7557 to ask questions.

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12 - Argus Leader: Sioux Falls VA preps for surge in coronavirus cases, potentially aiding local health care (14 April, Trevor J. Mitchell, 255k uvm; Sioux Falls, SD)

Just a few days ago, Lisa Simoneau got a survey from Washington, D.C.

It asked her about her experience in her new job as the director of the Sioux Falls Veterans Affairs Health Care System, which began on Jan. 5, 2020.

Had there been any unexpected surprises in those first three months?

"I haven't answered that survey yet," Simoneau said.

Like any other health care organization, the Sioux Falls VA has been working around the clock to prepare as COVID-19, the disease caused by the new coronavirus, continues to spread, with 868 cases confirmed in South Dakota as of April 13 — 654 of them in Minnehaha County.

They've taken the steps that other area hospitals like Sanford and Avera have as they prepare for a surge in cases — canceling non-essential appointments, reducing traffic into the building and screening staff and veterans who must come in for appointments.

Those measures are especially crucial for the system's nursing home, Simoneau said, where they've assigned recreation therapists to help patients deal with the isolation.

But the Sioux Falls VA is also preparing for the "Fourth Mission" of the U.S. Department of Veterans Affairs, Simoneau said — the other three being veterans health care, veterans benefits and national cemeteries.

The VA's website says the Fourth Mission is "to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."

What that means for Sioux Falls is that in a situation where Sanford or Avera were becoming overburdened by COVID-19 patients, Simoneau said, either Mayor Paul TenHaken or Gov. Kristi Noem could put in a request to FEMA that would transform the Sioux Falls VA into a more traditional hospital, able to use excess capacity to care for any patients, not just veterans.

They're preparing for both situations the same, Simoneau said — doubling their ICU beds and preparing 5 times as many medical/surgical beds.

Past that, Simoneau said, they're working on a plan for a tent in front of the hospital that could hold more beds — and would be able to reach out to Illinois, Iowa, Minnesota, Nebraska, North Dakota and Wisconsin, the other states in their Veterans Integrated Service Network, for resources as well.

Simoneau, who's been with the VA for over 30 years, including time in Florida during multiple hurricanes, said the staff she's been working with in Sioux Falls has been great.

She talked about nurses asking how soon they could be trained on new competencies to ensure they could help wherever needed, and said that two-thirds of the system's prosthetics purchasing agents are now helping to order personal protective equipment, no asking required.

The people of Sioux Falls have also helped out, Simoneau said — they've been given face masks, and on Friday she was able to buy pizza for the staff with a gift card that someone had donated.

"They've really rallied around to make sure that the staff here has the support that they need."

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13 - Nextgov: Use of VA's Telehealth, Virtual Mental Health Services Skyrocket (13 April, Frank Konkel, 208k uvm; Washington, DC)

The ongoing coronavirus pandemic and federal guidelines directing the vast majority of Americans to stay home forced the Veterans Affairs Department to change the way it provides medical and mental health services to millions of veterans.

Yet data collected by the agency over the month of March regarding telehealth group therapy, remote mental health services and virtual medical appointments with patients are encouraging, according to VA Secretary Robert Wilkie.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at risk who require attention at any of our facilities,” Wilkie said in a statement Monday. Wilkie added that he applauded health care workers and veteran patients for embracing various remote technologies.

Wilkie's statement accompanied the public release of data the agency compiled in three major treatment areas. The largest jump in services were mental health care consultations delivered over the phone. VA handled 154,000 appointments in March, nearly four times the 40,000 appointments conducted in February. In addition, mental health providers completed 34,000 appointments with veterans using VA Video Connect—a web-based application that allows remote face-to-face interactions—70% more than in February.

VA health care providers also doubled the number of telehealth group therapy sessions in March compared to February, handling 2,700 visits. Veteran Affairs practitioners performed 47,000 virtual counseling sessions with veterans in March as well, up 200% from February.

Wilkie said the VA continues performing services for veterans despite an unprecedented crisis that is directly impacting veterans and staff. According to data on VA's coronavirus website dated April 13, 4,097 veterans have tested positive for COVID-19, including 241 who lost their lives to the virus. Meanwhile, 1,530 Veterans Health Administration staff have tested positive for COVID-19, 9 of whom were killed by the virus.

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14 - Just Security: Timeline of the Coronavirus Pandemic and U.S. Response (13 April, Ryan Goodman and Danielle Schulkin, 186k uvm; New York, NY)

What follows is a comprehensive timeline of major U.S. policy events related to the novel coronavirus pandemic. We've focused on the U.S. government's preparation for a pandemic, tracking warning signals of COVID-19, and public and internal responses when the outbreak hit inside the United States.

In our view, the timeline is clear: Like previous administrations, the Trump administration knew for years that a pandemic of this gravity was possible and imminently plausible. Several Trump administration officials raised strong concerns prior to the emergence of COVID-19 and raised alarms once the virus appeared within the United States. While some measures were put in place to prepare the United States for pandemic readiness, many more were dismantled since 2017.

In response to COVID-19, the United States was slow to act at a time when each day of inaction mattered most—in terms of both the eventual public health harms as well as the severe economic costs. The President and some of his closest senior officials also disseminated misinformation that left the public less safe and more vulnerable to discounting the severity of the pandemic. When it came time to minimize the loss of life and economic damage, the United States was unnecessarily underprepared, had sacrificed valuable time, and confronted the pandemic with a more mild response than public health experts recommended. These lapses meant that the United States was ultimately forced to make more drastic economic sacrifices to catch up to the severity of the pandemic than would have otherwise been necessary.

Readers can reach their own conclusions based on these publicly available facts. If we have missed any key information, please notify us by sending an email to lte@justsecurity.org.

TIMELINE

Friday, Jan. 13, 2017: The joint Obama-Trump transition teams run an exercise for pandemic preparedness.

[...]

September 18, 2018: President Trump issues a Presidential Memorandum and National Biodefense Strategy designed to ensure a comprehensive and coordinated approach to biological incidents.

The memorandum establishes a Biodefense Steering Committee, which is chaired by the Secretary of Health and Human Services and includes the Secretary of State, the Secretary of Defense, the Attorney General, the Secretary of Agriculture, the Secretary of Veterans Affairs, the Secretary of Homeland Security, and the Administrator of the Environmental Protection Agency. The memo also directs the Secretary of Health and Human Services (Alex Azar) to create a Biodefense Coordination Team and that the Assistant to the President for National Security Affairs (then John Bolton) will serve as the lead for policy coordination and review.

The National Biodefense Strategy outlines a high-level roadmap of the U.S. response to biological threats and incidents.. The 2018 report identifies the need to “establish manufacturing surge capacity” for diagnostic tests and personal protective equipment in anticipation of a pandemic.

[...]

January 28, 2020: Alex Azar holds a coronavirus press briefing and informs the public that the HHS has been monitoring the virus since December. A Department of Veterans Affairs official circulates a warning to government public health experts about the outbreak.

He says that HHS has been monitoring the virus and preparing a response since December and that he is speaking regularly with the president about the situation.

Dr. Carter Mecher, a senior medical adviser at the Department of Veterans Affairs, emails dozens of his colleagues in government and at universities about the coronavirus.

“The chatter on the blogs is that WHO and CDC are behind the curve. I’m seeing comments from people asking why WHO and CDC seem to be downplaying this. I’m certainly no public

health expert (just a dufus from the VA), but no matter how I look at this, it looks to be bad,” he warns in the email chain later leaked to the N.Y. Times. “The projected size of the outbreak already seems hard to believe, but when I think of the actions being taken across China that are reminiscent of 1918 Philadelphia, perhaps those numbers are correct. ... Any way you cut it, this is going to be bad. You guys made fun of me screaming to close the schools. Now I’m screaming, close the colleges and universities.”

The email chain, dubbed the “the Red Dawn String” by its members based off the 1984 movie about a group of Americans trying to save the United States from a foreign invasion, later includes: Dr. Jerome Adams (Surgeon General of the United States), Dr. Larry G. Padget (State Department), Dr. Anthony Fauci (NIH), Dr. Robert Kadlec (HHS), Dr. Robert Redfield (HHS), Col. Matthew Hepburn (DARPA, DOD), nine other senior officials at the Department of Health and Human Services, eight senior officials from the Department of Homeland Security, among other academics, private sector employees, former government officials and state officials.

[...]

February 28, 2020: Dr. Carter Mecher emails the Red Dawn email chain and warns that the United States has a narrow window to implement nonpharmaceutical interventions (such as social distancing).

“[W]e have a relatively narrow window” to implement nonpharmaceutical interventions, writes Dr. Mecher, senior medical adviser at the Department of Veterans Affairs, based on data from the 1918 Spanish Influenza. “And we are flying blind,” he adds.

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15 - Ocala Star-Banner: [Coronavirus information for veterans](#) (13 April, Andy Fillmore, 173k uvm; Ocala, FL)

There are many resources in Ocala/Marion County.

Even during the COVID-19 lockdown, local professionals and volunteers continue to serve those who served.

The 15,000-square-foot Veterans Resource Center at 2730 E. Silver Springs Blvd., Ocala, is locked and the public is not permitted inside, but the Marion County Veterans Service Office and the non-profit Marion County Veterans Helping Veterans housed inside continue to help veterans.

“Veterans can reach us by phone, fax and email while the building is locked,” said Jeffrey Askew, director of the Marion County Veterans Services Office.

Askew indicated the office can help with copies of discharge documents (DD-214); provide information about Veterans Administration benefits like health care, education, home loans and housing assistance; assist with veteran burial site information for the National Cemetery in Bushnell; handle lost decoration replacement; and perform other services.

He said the stay at home order may affect some services that involve contacts at the St. Petersburg Regional Center for the U.S. Department of Veterans Affairs in Bay Pines.

“Many of our veterans are senior citizens and we are trying to limit their exposure and protect everyone’s health during the COVID-19 crisis,” Askew said.

The Marion County Veterans Service Office can be reached at 671-8422 and veteranservices@marioncountyfl.org. More information and updates on the office’s status can be found at the county government website, marioncounty.fl.org

Meanwhile, Marion County Veterans Helping Veterans is distributing food packages to clients outside the building by prearranged meeting.

Gary Pascale with Marion County Veterans Helping Veterans said the group is assisting established veteran clients and those with emergencies with food distribution on Tuesdays and Thursdays. He said packages of food are prepared in advance after calls to their number at 433-2320 to arrange pickup outside the building.

Pascale said MCVHV is also distributing available foodstuffs from the income qualified TEFAP or The Emergency Food Assistance Program.

According to the USDA Food and Nutrition Service website fns.usda.gov, TEFAP is a federal program that distributes “nutritious, high-quality USDA foods” to “low-income Americans including elderly people.”

Pascale said the group would distribute TEFAP foods “subject to availability” and now only with an advance call.

The U.S. Department of Veterans Affairs North Florida/South Georgia Veterans Health System operates facilities in the area including the VA Community Based Outreach Clinic (CBOC) at 1515 E. Silver Springs Blvd., Ocala, and the Specially Care/Ocala West location at 3307 SW 26th Ave., Ocala, for optometry and audiology services.

The VA also operates The Villages Outpatient Clinic at 8900 SE 165th Mulberry Lane in the Villages and VA medical centers in the area include Malcom Randall VAMC in Gainesville and Lake City VAMC in Lake City.

The VA North Florida/South Georgia Veterans Health System website, northflorida.va.gov, gives a current operating status dated April 1:

“While the hospitals remain in operation, we are urging those who do not require urgent face-to-face medical care, please refrain from coming to the hospital or clinics. If you have symptoms of fever, cough, and shortness of breath, call us at 1-877-741-3400 (VISN 8 Clinical Contact Center) before visiting us. For other concerns, you may be able to access VA care from home by phone or using VA virtual care option,” the website states.

“Effective immediately, visitors are no longer permitted to enter the Malcom Randall or Lake City VAMCs grounds and outlying clinics. We encourage you to use phone calls, text messaging, FaceTime, Google Hangouts, Skype to stay in touch with loved ones. Compassionate exceptions apply,” according to the website.

The website indicates veterans with concerns about prescriptions can call 1-800-349-9457 or 1-800-308-8387 or visit MyHealthVet.

A general COVID-19 information line has been setup at (352) 548-6019, the website states.

The Ocala VA Clinic for primary, mental health, women's health, cardiology and other care can be reached at (352) 369-3320 and the Specialty Care/Ocala West can be reached at (352) 861-3940.

The phone number of The Villages VA Clinic is (352) 674-5000.

The Vet Center at 3300 SW 34th St., Ocala, provides readjustment counseling to veterans who served in listed combat zones.

"Walk-in visits have slowed down slightly naturally by the 'stay at home' order and social distancing restrictions. Our clients are seen remotely via Telehealth for their appointments. ur program has a 24/7 National Call Center (1-877-WAR VETS) staffed with counselors, available to help our Veterans with live counseling any time," Vet Center Director Richard Martin stated in an April 2 email.

"Clients with PTSD generally try to avoid large crowds you would find in stores, malls, etc., and will usually isolate themselves at home vs. going out in public. We all have seen how our communities have changed the social distance restrictions. PTSD may be experienced by different events and circumstances, not necessarily related to self-quarantine," he wrote.

Martin updated that information with an April 8 email: "We are open for any new clients that may want to start services here but we are primarily conducting phone sessions and telehealth video sessions. No current clients are coming here for services primarily to reduce their possible exposure to COVID-19 from other clients that would be coming here if we were still seeing clients in person," he wrote.

"New clients' information is gathered at the door and they are instructed that they will be called by our outreach specialist who will sign them up for services over the phone. Once this virus is under control and we get instructions from our command staff we will see clients as usual," Martin stated in the later email.

Jason White, director of the local chapter of the Houston-based Birdwell Foundation for PTSD , said recently he has seen an increase in calls to the local chapter, which provides support, one-on-one and peer counseling to veterans and first responders suffering from PTSD.

The Birdwell Foundation Facebook page states that in March, chapters in nine states held 611 support groups and held 2,425 one-on-one sessions.

Birdwell staff members across the country were on a "Code Red" level of increased readiness on a "24/7 standby" basis and were increasing checks on clients, White stated in a March 27 email.

He updated information in an April 8 email: "We are seeing people directly on a case by case basis for crisis calls but we have gone virtually via phone, social media, Zoom (and) and other platforms. I would say there is an increase in calls and the need to reach out due to the isolation (and) current state of the Covid pandemic," White stated.

The foundation's Ocala chapter can be contacted through White at jason.white@birdwellfoundation.org or (352)789-5909.

The VA maintains the Veterans Crisis Line, 1-800-273-8255, press 1, to help any veteran who may be "feeling anxious and alone and thinking about suicide" and their family.

The Veterans Crisis Line is also available through text to 838255, and the online connection is veteranscrisisline.net

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16 - WCBD (NBC-2): MUSC, VAMC offer drive-through COVID-19 testing (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

CHARLESTON, S.C. (WCBD) – The Ralph H. Johnson Veterans Affairs Medical Center (VAMC) is coordinating with MUSC to get patients and staff tested for COVID-19.

According to a press release, the VAMC is offering patients and employees experiencing COVID-19 symptoms testing at the MUSC drive-through site in West Ashley.

VAMC patients who think they may need to be tested can receive a virtual screening by calling the VA Telephone Advice Program at (843) 789-6400. Employees are directed to "notify their supervisor and VA Employee Health."

Those who qualify for testing will be referred to MUSC, and MUSC will contact individuals with appointment times. Patients will be required to provide a VA ID at the appointment. The groups emphasized that "this is not a self-select drive-through or walk-up service for anyone...individuals who report to the site for specimen collection, but do not have a testing order through the MUSC Health Virtual Urgent Care platform or the VAMC, will not be allowed to enter the secure site."

Ronnie Smith, Charleston's VA Acting Director, said "having designated VA patient and employee appointments will help speed test results for VA patients who often have multiple health conditions and VA healthcare workers as well."

Test results are expected "within 24 hours of the specimen arriving in the lab." MUSC will provide the VAMC with the results, and the VAMC will contact the patient.

According to VAMC, patients should watch for the following symptoms:

- Fever (a measured oral temperature greater than 100.4°F/38.0°C)
- New onset cough or worsening chronic cough
- Sore throat
- New onset shortness of breath or worsening shortness of breath
- New onset headache or worsening headache
- Muscle Aches
- Diarrhea and/or Nausea
- Sudden loss of taste/smell

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17 - KRNV (NBC-4): Virtual mental health care for veterans up more than 200% amid COVID-19 (14 April, 110k uvm; Reno, NV)

The U.S. Department of Veterans Affairs (VA) says they have seen an increase in virtual mental healthcare use due to COVID-19.

According to the VA, there was a 70 percent increase in veterans using VA Video Connect for their appointments. They also saw mental health calls jumped more than 200 percent in March, compared to February.

VA Video Connect has allowed veterans to consult with healthcare providers via their computer, tablet or phone.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for Veterans at-risk who require attention at any of our facilities,” said Wilkie. “There is no doubt VA’s early embrace of new technology is aiding Veterans and I applaud VA health care workers and Veteran patients for embracing it.”

Veterans looking for help can find the information on their local facility's website or call the Veterans Crisis Line: 1-800-273-8255, and press 1, or text 838255.

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18 - The Daily News: Morning update: Summary of COVID-19 developments Monday in GLOW region (13 April, Matt Surtel, 46k uvm; Batavia, NY)

WARSAW — Two residents at the Wyoming County Skilled Nursing Facility who had COVID-19 died over the weekend.

The deaths bring the total number of deaths in the county to three — all involving SNF residents.

In the meantime, two additional SNF residents are being treated for coronavirus, while the COVID-19 has also been confirmed in two employees at the VA Medical Center in Batavia. The numbers also continued to increase throughout the GLOW region.

“We are deeply saddened by these losses and wish the families comfort during this difficult time,” said Chairman Jerry Davis of the Wyoming County Board of Supervisors in his daily update. “I offer my prayers to the families and loved ones who are experiencing this heartbreak.”

Wyoming County has now had 34 confirmed cases, marking an increase of one person since Friday.

“We are working with both state and local health departments, and we continue to work hard to keep our residents and staff safe, said SNF Administrator Dawn James. “We continue to screen all staff prior to entering the building.

“We have implemented the best practices in infection control and use all personal protective equipment recommended by the Centers for Disease Control and Department of Health,” she continued. “Each resident is monitored frequently for a temperature or any associated viral symptoms.” “The priority of Wyoming County Community Health System continues to be the health and safety of our residents, patients, and staff,” McTernan said.

Officials at the VA Western New York Healthcare system had confirmed the two COVID-19 cases among the Batavia VA Medical Center’s 250 employees on Monday.

“In accordance with CDC guidelines and the employees’ clinical status, the individuals are currently in-home isolation, mitigating further risk of transmission to other patients and staff,” said Evangeline Conley, public affairs officer for the VA Western New York Healthcare System.

She said the VA could not provide additional information on the two cases due to privacy concerns.

“Per CDC guidance and VA protocols, individuals with COVID-19 symptoms are immediately isolated to prevent potential spread to others,” she said. On Friday, Conley said two patients at the facility tested positive. Precautionary measures were taken to mitigate the risk of transmission to other patients and staff, and the veterans were being cared for in respiratory isolation by staff who are specially trained on Centers for Disease Control treatment guidelines, including the use of personal protective equipment and infection control techniques.

To further minimize risk for employees and veterans, everyone who enters the VA campus will be pre-screened. In the meantime, three new cases of COVID-19 had been confirmed in Genesee and Orleans counties as of 2 p.m. Monday.

Genesee County has two new positive cases for a total of 76 cases. The two individuals are from Batavia — one of them is in their 30s and another in their 90s.

One of Genesee’s positive cases has been identified as an Erie County resident, therefore the county’s total was decreased by one, officials said in their daily update. None of the positive individuals were on quarantine prior to becoming symptomatic.

Orleans County has one new positive case of COVID-19 for a total of 29. Of the five positive cases over the weekend — including Monday — there are two from Lyndonville, one from Murray, one from Albion and one from Ridgeway.

The ages include one person in their 30s, two individuals in their 50s, one individual in their 60s and one individual in their 70s. One more person has recovered and has been released from mandatory isolation.□

None of the positive individuals were on quarantine prior to becoming symptomatic.

Contact tracing has been initiated for all new cases. Known contacts have already been placed under mandatory quarantine and will be swabbed if they become symptomatic.

In Genesee County, there have been 319 negative cases. The numbers include 50 people in mandatory isolation, 103 under mandatory quarantine, one in precautionary quarantine, one death and 25 who recovered.

In Orleans County there are 242 negative cases, 22 in mandatory isolation, 64 under mandatory quarantine and seven who recovered.

Due to Gov. Andrew Cuomo's executive order dated April 12, 2020 extending the disaster emergency through May 12, both counties are extending the State of Emergency for the same time period. Wyoming County's numbers include:

n A total of 15 cases have been confirmed in the northeast quadrant that includes Warsaw, Perry, Middlebury and Warsaw.

Eight of those have recovered and three have died.

n Nine cases have been confirmed in the northwest quadrant that includes Attica, Bennington, Orangeville and Sheldon. Three of those have recovered.

n Seven cases have been confirmed in the southeast quadrant that includes Castile, Gainesville, Genesee Falls and Pike. Six have recovered.

n Three cases have been confirmed in the southwest quadrant that includes Arcade, Eagle, Java and Wethersfield. All have recovered.

The Livingston County Department of Health reported one new positive case of COVID-19 in Livingston County as of Monday morning, bringing the total number of positive cases to 35. The individual is a female in her 80s who resides in Lima, according to Livingston County Public Health Director Jennifer Rodriguez.

The woman is now under quarantine. The county Department of Health has begun outreach to identify close contacts and potential exposure areas per prescribed New York State regulations, Rodriguez said.

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19 - Connecting Vets: Veteran mental health appointments online or by phone rise sharply during coronavirus (13 April, Abbie Bennett, Washington, DC)

Thousands of veterans are now getting their mental health care digitally or over the phone, according to the Department of Veterans Affairs.

The coronavirus pandemic has sent much non-emergency healthcare online, and VA data shows a dramatic jump in mental healthcare appointments online or by phone in March.

Mental health providers in March provided 34,000 appointments with veterans using VA Video Connect, up 70 percent from February.

Telehealth group therapy conducted more than 2,700 meetings in March, up more than 200 percent from February.

Mental healthcare delivered by phone skyrocketed 280 percent in March, from 40,000 February appointments to more than 154,000 in March.

Vet Centers nationwide held 47,000 virtual mental health appointments in March, up 200 percent from the month prior.

VA said mental healthcare is especially critical given the stresses brought on by the pandemic.

“VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities,” VA Secretary Robert Wilkie said in a statement. “There is no doubt VA’s early embrace of new technology is aiding veterans and I applaud VA healthcare workers and veteran patients for embracing it.”

For more information on scheduling a telehealth appointment, [click here](#).

To reach your local VA staff by phone, [click here](#).

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20 - Democracy Now! (Video): [What Trump Knew & When He Knew It: NYT on How Trump Ignored COVID-19 Warnings Until It Was Too Late](#) (13 April, New York, NY)

As the United States surpasses the coronavirus death toll of any country in the world with more than 22,000 dead, we look how President Trump led the country to this point with Eric Lipton, lead author of The New York Times’s explosive new exposé, “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.”

AMY GOODMAN: This is Democracy Now!, [democracynow.org](#), The Quarantine Report. I’m Amy Goodman. As the United States surpasses the death toll of any country in the world with more than 22,000 COVID-19 deaths, we begin today’s show looking at what led us to this point. In a minute, we’ll be joined by the lead author of an explosive exposé in The New York Times headlined “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus.” But first we go to this video, which is called “Trump’s Coronavirus Calendar.” It was produced by The Recount, capturing the months of downplaying and denial before Trump pivoted to coronavirus crisis mode. It starts on January 22nd.

PRESIDENT DONALD TRUMP: We have it totally under control. It’s one person coming in from China. ... We think we have it very well under control. ...

We pretty much shut it down, coming in from China. ... You know, in April, supposedly it dies, with the hotter weather. ... When it gets warm, historically, that has been able to kill the virus. ... The people are getting better. They’re all getting better. ... And the 15, within a couple of days, is going to be down to close to zero. ... It’s going to disappear one day. It’s like a miracle. It will disappear. ... And you’ll be fine. ...

Now, they’re going to have vaccines, I think, relatively soon. ... Not only the vaccines, but the therapies. Therapies is sort of another word for cure. ... We’re talking about very small numbers in the United States. ... Our numbers are lower than just about anybody. ... It’s really working out, and a lot of good things are going to happen. ... And we are responding with great speed and professionalism. ... It’s going to go away. ... Yeah, no, I don’t take responsibility at all. ... We’re going to all be great. We’re going to be so good. ...

This came up. It — we came up so suddenly. ... This is a pandemic. I felt it was a pandemic long before it was called a pandemic. All you had to do was look at other countries. ...

The coronavirus. You know that, right? Coronavirus. This is their new hoax. We have 15 people in this massive country. And because of the fact that we went early — we went early. We could have had a lot more than that. We're doing great. Our country is doing so great.

AMY GOODMAN: That montage of President Trump was produced by The Recount.

This is how The New York Times began its investigation into Trump's failure to respond to the threat of the coronavirus: quote, "Any way you cut it, this is going to be bad," a senior medical adviser at the Department of Veterans Affairs, Dr. Carter Mecher, wrote on the night of Jan. 28, in an email to a group of public health experts scattered around the government and universities. [He goes on.] 'The projected size of the outbreak already seems hard to believe [unquote].'

"A week after the first coronavirus case had been identified in the United States, and six long weeks before President Trump finally took aggressive action to confront the danger the nation was facing — a pandemic that is now forecast to take tens of thousands of American lives — Dr. Mecher was urging the upper ranks of the nation's public health bureaucracy to wake up and prepare for the possibility of far more drastic action.

"[quote] 'You guys made fun of me screaming to close the schools,' he wrote to the group, which called itself 'Red Dawn,' an inside joke based on the 1984 movie about a band of Americans trying to save the country after a foreign invasion. [Mecher goes on.] 'Now I'm screaming, close the colleges and universities [unquote].'

"His was hardly a lone voice. Throughout January, as Mr. Trump repeatedly played down the seriousness of the virus and focused on other issues, an array of figures inside his government — from top White House advisers to experts deep in the cabinet departments and intelligence agencies — identified the threat, sounded alarms and made clear the need for aggressive action."

Those are the first few paragraphs of this remarkable exposé in The New York Times.

For more on how Trump was slow to absorb the scale of the risk and to act accordingly, we're joined by the lead author of that exposé, Eric Lipton, Pulitzer Prize-winning journalist, investigative reporter for The New York Times. Together with a number of other Times reporters, he wrote this in-depth piece, headlined "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus." His follow-up piece, "The 'Red Dawn' Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus."

Eric Lipton, welcome back to Democracy Now! It's great to have you with us. So, take us back to that time, and then we'll talk about why this is so significant today, I mean, reflected in the fact that as we speak today, the U.S. has surpassed any country's death toll in the world. Take us back to those warnings, those first early warnings that scientists and members of his government were issuing.

ERIC LIPTON: Actually, I think you need to go back way before January of 2020, and you go back to — way back to 2006, believe it or not, and you go back to the Bush administration,

when it was during the Bush administration, of George W. Bush, that there were key advisers to President Bush who realized that it was only a matter of time before a significant infectious disease came to the United States, like it happened, you know, shortly after World War I, and it was going to cause widespread illnesses and deaths, and that the United States was not properly prepared for it. And so, it was in 2006 that the United States designed a comprehensive pandemic plan, which has two essential stages, and the stages are containment and mitigation.

And the first stage is containment, in which you attempt to — essentially, like the word sounds, you attempt to contain the infection and prevent it from spreading. And you do that by preventing people who are ill from coming to the United States with it, you know, or if someone is ill, you do what's called contact tracing, in which you identify anyone that's had contact with that individual, and you isolate them until they become better, so that you — just like happened in China after the number of cases began to explode. So that's containment.

But at a certain point, it becomes — there's community spread. And once you have community spread, then you need to switch to mitigation, in which you take steps to — there is no vaccine. And it's called — actually, another term for mitigation is nonpharmaceutical interventions — NPIs, they call it. And the biggest issue here was, on day one, in January of 2020, Carter Mecher, who is a physician, a doctor that works at the Veterans Administration, was already — when he's talking about closing colleges and universities, he's talking about NPIs, these nonpharmaceutical interventions, or mitigation. He's already anticipating that this is going to be necessary.

And that's the most important thing that we have to look back on in the United States right now, is that: When did they move from containment to mitigation, and did they move soon enough? And the answer is, they did not move soon enough to mitigation. And the result is that more people are dying, and there are more illnesses, than would have been necessary if they had shifted to mitigation sooner. And that's the point that Dr. Mecher was making in January of 2020, was we need to be prepared to move to mitigation as soon as there is sufficient evidence that community spread has started. And if you want to understand the biggest failure that is consequential in the United States, it was the slowness with which we moved to mitigation.

AMY GOODMAN: So, let's go to the so-called Red Dawn string of emails, in which infectious disease specialists shared their concerns about the coronavirus very early on. Actually, this one was March 13th. The former adviser to Presidents Bush and Obama, infectious disease specialist James Lawler — I think he was at the University of Nebraska — wrote, quote, "CDC is really missing the mark here. By the time you have substantial ... transmission, it is too late. It's like ignoring the smoke detector and waiting" for your whole house to be on fire before you call the fire department. If you can comment? And go back even further, because his own people, Trump's own people, like Navarro, like Azar, were warning, sounding the alarms in January. In fact, intelligence agencies were saying a pandemic is about to explode on the global scene.

ERIC LIPTON: Right. Well, again, it's like, the thing about mitigation, or nonpharmaceutical interventions, is it's a very simplistic — you know, it's like you would think we're such a — we're so modern, we're so advanced in our science, that we would have to resort to things like closing of schools and businesses and social distancing, which seems so crude, because you would think there would be some treatment or some scientific method. But unfortunately, the reality is, with viruses which the population has no resistance to and that there's no treatment for, going back to the Plague, there really is no solution other than forced-upon isolation.

And so, again, when Dr. James Lawler from University of Nebraska, who was on the National Security Council during the Bush administration, as well, and participated in the drafting of that 2006 pandemic plan and then became an adviser to President Obama on pandemic preparations — what he, again, was upset about with the CDC was when the CDC, in March, said that it questioned the effectiveness of shutting down schools in the United States. That made these pandemic experts so frustrated and so angry, because, again, the fire alarm was going off.

They have a very scientific method, these pandemic infectious disease doctors, where they have — there's like a moment when the first death occurs. From the date that the first death occurs, you have a certain amount of time to institute mitigation, nonpharmaceutical interventions. If you don't do that in that small window, the number of deaths that are going to occur — and basically it's an equation. You can show how many deaths will happen if you don't pull the switch on mitigation by a certain date. And they knew what that date was.

Now, it's not as if you needed to do national mitigation all at once. You didn't. You need to do it by hot spot. When you had the first death in a community or certain number of infectious cases, then you needed to say, "Boom! Time to institute NPIs, social distancing."

And the problem is that the — what these doctors told me when I interviewed them is that the governors, who really have the power to do that, the governors are — you know, it's hard for a governor to get out in front when there's one death in a state the size of Washington state or Oregon or California, when there's a single death or a handful of infections. It's very hard for the governor to tell the citizens of his or her state that we need to shut down the economy on our own. It needs a federal official to come out and say this must happen. You know, now, they don't actually have the power to do that — the president or the surgeon general or the head of the CDC — but they have kind of the platform to call for such a step. And that's what had to happen.

And that's what HHS, the Health and Human Services, wanted the president to do in February. And the president was not willing to do that, and so it sat for several weeks. And then it was up to the governors, one at a time, to make the move. And some of them did it early, like California, and did it early. New York did it later, because they didn't have the federal guidance and kind of backing to say, "Now move. Do it."

AMY GOODMAN: When you look at the numbers — the U.S. said it had its first coronavirus case around the same time as South Korea. Now the U.S. has 50 times more cases, hundred times the fatalities. Look at the population of the U.S. and the world: 4.25% of the world's population — that's less than 5% of the world's population — 30% of the confirmed cases and 20% of the deaths in the world.

So let's go back to those Red Dawn email chain that you've exposed. In an email at the end of January, Dr. James Lawler, the infectious disease doc, wrote, quote, "Great Understatements in History: Napoleon's retreat from Moscow — 'just a little scroll gone bad' Pompeii — 'a bit of a dust storm' — Hiroshima — 'a bad summer heatwave' AND Wuhan — 'just a bad flu season.'"

So these docs were sounding the alarm, but so were President Trump's most trusted advisers. Talk about what Azar had to say, head of Health and Human Services. Talk about what Navarro was saying, saying that this was going to be serious. And talk about who was countering them. It's not that President Trump didn't know. I mean, he no longer had his pandemic task force within the National Security Council, which would have been sounding the alarm. He had that

disbanded back in 2018. But he also had countering forces, like Mnuchin, deeply concerned about the economy and shutting anything down, in fact canceling a doctors' meeting, you write about, when one of the doctors said, you know, "We have to do something about this."

ERIC LIPTON: I think that what the context that this happened is it's the impeachment in January in the Senate is going on, and as this thing is just getting underway in terms of its first infections coming to the United States. And not only that, but it's now an election year in January 2020, and the president is really focused on his reelection, and the single, by far, theme that is going to define his reelection campaign is "Look at the stock market. Look at the incredible rise, the record stock market numbers. Look at the economic growth in the United States."

And also, in January, he was in the midst of finalizing negotiations with China on what they called Phase 1, that was going to try to remove — he was going to try to remove some of the tariffs in the trade war that was going on. That was going to be signed on January 15th, and so, you know — and the ability to reach an agreement with China was central to the stock markets continuing to rise and economic growth recovering, and the farmers being happy because soybeans would be bought by China again.

All of this was in the balance for Trump. So, if he was seriously considering taking steps to shut down businesses, schools, and force social distancing by urging governors to take such steps, he was going to essentially be undermining the economy that was going to be the central theme of his campaign. And that was the last thing that he wanted to do.

But what he didn't realize is that if they allow this infection to bloom in the United States, and then potentially hundreds of thousands of deaths to occur because they never did mitigation, that the economy would have been shut down by the force of the virus itself in an even more devastating way, because the number of deaths would have been in the hundreds of thousands.

And it goes back to the fact that this is an administration that you had an acting chief of staff for over a year who had very little clout across the White House. You had lots of turnover among the top people in the various agencies, acting head of homeland security, I mean, different DOD secretaries, different national security advisers. And you had lots of infighting among these different advisers. You had a secretary of health and human services, Azar, who was not respected by the president, whose voice did not carry much weight in the White House. You had Peter Navarro, who was —

AMY GOODMAN: They called him alarmist?

ERIC LIPTON: Yes. You had Peter Navarro, who was a trade adviser, who was one of the earliest voices of concern. People said, "Oh, it's crazy. He's crazy. We don't want to listen to him in the White House." And so — and then you have a lacking functional process of policymaking, in which the chief of staff is supposed to be the person that considers all these debates and then brings to the president his recommendation, but then Mulvaney, since he had his comments late last year in October that, oh, it was a quid pro quo, was so on the outs that no one was really listening to him, and was about to be fired from his job, which ultimately he was, in the middle of this.

So you had a dysfunctional White House that was unable to make the right policy choice and bring it to the president, and then a president who was so fixated on his reelection that he wasn't in a position to listen to people who were warning that this was a pandemic of historic

proportions that was coming at us and that we had a small window of an opportunity to act decisively to limit the number of deaths.

And then, that result was that in late February, when all of his advisers, all of his medical advisers, from Health and Human Services, CDC, from the Veterans Affairs, had concluded that the United States needed to announce that it was time to shift to mitigation and social distancing, that the moment had come when it was up to the president to endorse this — and that's when he got angry, when someone from the CDC said that was something that was going to have to happen. And the announcement on that was put off by several weeks. Those several weeks were the difference between — there are many people that will have died because of that delay, particularly in New York state, of mitigation.

AMY GOODMAN: I wanted to go to — I mean, you have — Navarro had also recommended the ban on China. And when you talk about travel ban, President Trump's ears perk up. So he did do the travel ban on China, but it was, to say the least, filled with loopholes. Eventually, he would do Europe. But at the same time, every time he says, "Look, I did that early," since he understood the significance of what was taking place early — that was the beginning of what? February. Is that right? If he had started ramping up the testing and the supply chain to ensure that there were PPEs — right? — the personal protective equipment, that doctors and nurses and the janitors in hospitals so severely lack right now, if it had started like it started in Taiwan — they didn't even close the country there. But here, this has led to this absolute catastrophe. The most significant part of it is the massive loss of life.

ERIC LIPTON: Well, I mean, a couple of points you make there. The first was about the, again, two phases here: containment and mitigation. So, relative to the containment phase, the president, in late January, announces the limitation on flights in China. But, as you say, there was a very problematic implementation, in quite a number of ways. And perhaps among them is that there were approximately 400,000 people that came to the United States from China, as my colleague Steve Eder reported recently, that — from the time that we know that the virus was spreading in China to most recently. And 45,000 of them, approximately, came in the period after the president limited flights.

And the problem was that it was not really a — in the world today, it's next to impossible to stop movements of people entirely. And you can't ban American citizens from coming back to the United States. And so American citizens and naturalized citizens were coming into the United States, tens of thousands of them, even after he adopted this limitation. And they weren't, actually, in many cases, doing sufficient testing of those people or requiring isolation of those people for two weeks to ensure that they weren't infected.

So, if you were really going to do a, quote, "travel ban," you needed to have mandatory quarantines, unfortunately, which is a civil liberties issue. You needed to have mandatory quarantines for those people, and you needed to have sufficient testing to make sure that they were not actually bringing the virus in. Neither of those happened. Those people were bringing in many cases of infections. And so, the first stage, containment, containment was a failure. OK?

So, the second stage, then, even during containment, you needed to be working on mitigation, because you know that it's going to spread anyway. The question is: How much will you have? So, during containment, you need to be ramping up all of your preparations, you know, Plan B. You need to have the PPEs. You need to have the ventilators. You need to have the hospitals. You need to have the hospital personnel. But what we learned was that it was — I was working

on a story with my colleague Zolan, who covers the Federal Emergency Management Agency in The New York Times, and Department of Homeland Security. It was March 17th, and we asked the Army Corps of Engineers, “Have you been given any assignments yet to help the United States respond to the pandemic?” And at that point, you know, New York City had had —

AMY GOODMAN: We have 30 seconds, Eric.

ERIC LIPTON: Oh, OK. The Army Corps of Engineers had not been given an assignment as of March 17th, which was extraordinary. So they had not shifted to Plan B until way too late.

AMY GOODMAN: Well, I want to thank you so much for being with us and and end with Dr. Fauci. On Sunday, CNN’s Jake Tapper questioned Dr. Anthony Fauci about your New York Times piece.

JAKE TAPPER: Do you think lives could have been saved if social distancing, physical distancing, stay-at-home measures had started third week of February instead of mid-March?

DR. ANTHONY FAUCI: You know, Jake, again, it’s the what would have, what could have. It’s very difficult to go back and say that. I mean, obviously, you could logically say that if you had a process that was ongoing and you started mitigation earlier, you could have saved lives. Obviously no one is going to deny that.

AMY GOODMAN: So, that was Dr. Anthony Fauci speaking yesterday on Jake Tapper’s show on CNN. In response, President Trump retweeted a tweet that ended with “fire Fauci.” Eric Lipton, I want to thank you so much for being with us, Pulitzer Prize-winning journalist, investigative reporter for The New York Times.

When we come back, we go to Detroit, the site of the first major U.S. study into whether or not the anti-malarial drug hydroxychloroquine could help prevent the spread of coronavirus, this coming after weeks of President Trump promoting the drug despite warnings from medical experts.

And this latest breaking news: George Stephanopoulos of ABC News has just tested positive for the coronavirus. Stay with us.

[break]

AMY GOODMAN: “Amazing Grace,” sung by Italian tenor Andrea Bocelli as he stood on the steps outside the Duomo cathedral, the final song in a concert called “Music for Hope,” the cathedral in the region of Italy that’s been hardest hit by the coronavirus pandemic.

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1.1 - MSN (New York Times): The ‘Red Dawn’ Emails: 8 Key Exchanges on the Faltering Response to the Coronavirus (13 April, Eric Lipton, 186M uvm; Redmond, WA)

WASHINGTON — As the coronavirus emerged and headed toward the United States, an extraordinary conversation was hatched among an elite group of infectious disease doctors and medical experts in the federal government and academic institutions around the nation.

Red Dawn — a nod to the 1984 film with Patrick Swayze and Charlie Sheen — was the nickname for the email chain they built. Different threads in the chain were named Red Dawn Breaking, Red Dawn Rising, Red Dawn Breaking Bad and, as the situation grew more dire, Red Dawn Raging. It was hosted by the chief medical officer at the Department of Homeland Security, Dr. Duane C. Caneva, starting in January with a small core of medical experts and friends that gradually grew to dozens.

The “Red Dawn String,” Dr. Caneva said, was intended “to provide thoughts, concerns, raise issues, share information across various colleagues responding to Covid-19,” including medical experts and doctors from the Health and Human Services Department, the Centers for Disease Control and Prevention, the Homeland Security Department, the Veterans Affairs Department, the Pentagon and other federal agencies tracking the historic health emergency.

Here are key exchanges from the emails, with context and analysis, that show the experts’ rising sense of frustration and then anger as their advice seemingly failed to break through to the administration, raising the odds that more people would likely die.

A Veterans Affairs official worried in January that the W.H.O. and C.D.C. were slow to address the spread of the virus.

One of the most active participants in the group was Dr. Carter E. Mecher, a senior medical adviser at the Veterans Affairs Department who helped write a key Bush-era pandemic plan. That document focused in particular on what to do if the government was unable to contain a contagious disease and there was no available vaccine, like with the coronavirus.

The next step is called mitigation, and it relies on unsophisticated steps such as closing schools, businesses, shutting down sporting events or large public gatherings, to try to slow the spread by keeping people away from one another. As of late January, Dr. Mecher was already discussing the likelihood that the United States would soon need to turn to mitigation efforts, including perhaps to “close the colleges and universities.”

A former Bush and Obama adviser compared the outbreak to major disasters in world history.

Dr. James Lawler, an infectious disease doctor at the University of Nebraska who served in the White House under President George W. Bush and as an adviser to President Barack Obama, was also a regular participant in the email chain. He stayed in regular communication with federal officials as the United States attempted to figure out how to respond to the virus. From the beginning he predicted this would be a major public health event.

Experts worried that it would be hard to convince society to order restrictions like school and business closures to slow the spread.

Convincing governors and mayors to intentionally cause economic harm by ordering or promoting mitigation efforts — such as closing businesses — is always a difficult task. That is why it is so important, these medical experts said, for the federal government to take the lead, providing cover for the local officials to kick off the so-called Nonpharmaceutical Interventions, such as school and business closures. Again, this group of doctors and medical experts recognized from early on that this step was all but inevitable, even if the administration was slow to recognize the need.

The Diamond Princess was an early case study of how quickly the virus could spread.

Strong evidence was emerging as of mid-February — with the first cases of Covid-19 already in the United States — that the nation was about to be hit hard. These doctors and medical experts researched how quickly the virus spread on the Diamond Princess cruise ship, which was quarantined in the port of Yokohama, Japan, on Feb. 3 before hundreds of United States citizens on the ship returned home.

Dr. Eva Lee, a researcher at Georgia Institute of Technology who has frequently worked with the federal government to create infectious disease projections, helped the Red Dawn group do modeling, based on the virus spread on the cruise ship. (Dr. Lee is facing sentencing on federal charges that she falsified the membership certificate behind a \$40,000 National Science Foundation grant for unrelated research.)

February was a tipping point for some experts.

The concern these medical experts had been raising in late January and early February turned to alarm by the third week in February. That was when they effectively concluded that the United States had already lost the fight to contain the virus, and that it needed to switch to mitigation. One critical element in that shift was the realization that many people in the country were likely already infected and capable of spreading the virus, but not showing any symptoms. Here Dr. Lee discusses this conclusion with Dr. Robert Kadlec, the head of the virus response effort at the Department of Health and Human Services and a key White House adviser.

Dr. Kadlec and other administration officials decided the next day to recommend to Mr. Trump that he publicly support the start of these mitigation efforts, such as school closings. But before they could discuss it with the president, who was returning from India, another official went public with a warning, sending the stock market down sharply and angering Mr. Trump. The meeting to brief him on the recommendation was canceled and it was three weeks before Mr. Trump would reluctantly come around to the need for mitigation.

This slow pace of action was confusing to the medical experts on the Red Dawn email chain, who were increasingly alarmed that cities and states that were getting hit hard by the virus needed to move faster to take aggressive steps.

A former high-ranking Trump official weighed in with criticisms.

When Mr. Trump gave a speech to the nation on March 11 in which he announced limits on flights from Europe to the United States — but still no move to curb gatherings in cities where the virus had spread — the experts on the email chain grew angry and fearful. Among those questioning Mr. Trump's decision was Tom Bossert, who had previously served as Mr. Trump's homeland security adviser.

Participants were angry the C.D.C. did not push for school closures.

The Red Dawn participants were even more upset when the Centers for Disease Control and Prevention, in mid-March, questioned the value of closing schools, at least for short periods of time. Soon enough, governors ignored this advice, and most schools in the United States were shut. But it happened largely without federal leadership.

See all of the email exchanges.

The New York Times has collected more than 80 pages of these emails, from January through March, based in part on Freedom of Information Act requests to local government officials. Some of the emails were reported on last month by Kaiser Health News. Here is a fuller collection, arranged by The Times in chronological order. This file includes a list of many of the medical experts on the email chains. It also contains related emails from certain state government medical experts who were reaching out to the federal government during the same time period.

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1.2 - BuzzFeed: A Veterans Hospital Changed Its Coronavirus Mask Policy After Employees Complained (13 April, Jason Leopold, Anthony Cormier, and John Templon, 63.1M uvm; New York, NY)

The Veterans Affairs hospital system in Los Angeles has implemented new policies on personal protective equipment for medical personnel treating novel coronavirus patients after BuzzFeed News reported that employees were told they may have to ration their masks.

Under the previous policy, LA health care workers treating patients who had tested positive for COVID-19 would receive only a single surgical mask per shift rather than the N95 respirators recommended by the Centers for Disease Control and Prevention. Staffers at the hospital who spoke to BuzzFeed News worried that the new measures could get them or other patients sick. At the time, at least three VA workers had died from COVID-19, a number that has since tripled.

Two days after the publication of the BuzzFeed News report, the policy was overhauled. The new guidelines suggest that workers obtain a new mask when going between positive cases and suspected or negative cases. Some workers had been asked to use the same surgical mask for an entire week, but now will be given one each day.

In an email obtained by BuzzFeed News, Medical Center Director Dr. Steven Braverman apologized to workers for a “failure on my part to effectively communicate with you so that each and every employee knows our operational status and what we’re doing to keep you safe.”

One staff member told BuzzFeed News “that level of honesty surprised me.”

A spokesperson for the hospital system did not return a detailed message Monday seeking comment.

If you're someone who is seeing the impact of the coronavirus firsthand, we'd like to hear from you. Reach out to us via one of our tip line channels.

In his email, Braverman said he and his staff had already been working on a new policy governing the use of masks.

“Prior to us learning about this article, we were developing new guidelines for PPE use with more specificity in an attempt to help you all understand what type of mask to wear under what circumstance,” Braverman wrote. “We’re not making stuff up, and we didn’t change our policies because of a media article.”

Last week, workers began speaking out after Steven Simon, the chief of staff for VA's Greater LA Healthcare System, sent an email to hospital employees informing them that the facility would have to begin to ration masks due to a supply shortage. This directive contradicted an email sent 30 minutes earlier by a top official at VA headquarters in Washington, DC, who said inventory levels were "adequate."

At the time, staff members described the equipment situation as grim. One said workers were sharing equipment from one shift to another, and said they were still asked to count N95 masks the same way that they do narcotic drugs.

Another said that some equipment was being treated with ultraviolet rays — a common disinfectant — so it could be reused. There is scant research on whether UV exposure can kill COVID-19 on surfaces, but it has been effective on other coronaviruses.

Each of the workers asked to remain anonymous because of a VA policy prohibiting employees from speaking to the press.

"There is a lot of conflicting info coming from leadership," one of the staffers said.

Braverman told workers in the email that the LA hospital system had enough N95 masks to last at least four weeks under "surge conditions," when the hospital could be flooded by new patients. Leaders believe they had about a week's worth of surgical masks.

"You can see from the numbers that limiting surgical masks to 1 per day (if not soiled or contaminated) is both safe and responsible," Braverman wrote. "You'll see me walking around with a mask my wife made for me. I'll sew some more myself this weekend from my wife's quilt fabric stash."

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1.3 - CNBC: How millions of veterans could miss out on coronavirus stimulus checks (13 April, Ylan Mui and Karen James Sloan, 39.7M uvm; Englewood Cliffs, NJ)

As many as 2 million veterans could miss out on the federal stimulus payments that started arriving in Americans' bank accounts this week, prompting outcries from advocates and lawmakers on both sides of the aisle.

The checks can total up to \$1,200 per person and are being dispersed through the IRS, which requires eligible households to file a tax return in order to receive their money. But many veterans and their survivors who rely solely on government benefits, such as disability payments from Veterans Affairs, do not typically have to submit a return.

This year, that means they could also fall through the cracks of the stimulus program.

"I served my country. I was ready to go to war," said Dennis Arellano, 61, a Marine Corps veteran who now lives in San Jose. "I think they should consider something about that."

Veterans groups estimate roughly 1.9 million veterans and their survivors could be in this category, based on the number who were in a similar situation during the Great Recession. Advocates argue that the federal government already has bank account information for those

households since they receive veteran's benefits. And they're calling on the VA, IRS and Treasury Department to work together to waive the filing requirement.

"We are gravely concerned that absent quick and decisive action from the Administration, millions of seriously disabled veterans, their survivors and caregivers – who are among the most vulnerable Americans during the ongoing coronavirus health crisis – may never receive this critical financial support," a dozen of the nation's largest veterans service organizations wrote in a letter to Treasury Secretary Steven Mnuchin and VA Secretary Robert Wilkie this month.

On Friday, the IRS launched an online tool that allows households who do not typically file a tax return to submit basic personal information in order to receive their payments quickly. The site specifically encourages disabled veterans and their survivors to fill out the form.

"President Trump, Secretary Mnuchin and the administration are fully committed to providing fast and direct economic impact payments to all Americans entitled to them, and we are particularly sensitive to the needs of our nations' heroes and survivors," a Treasury spokeswoman said.

But the effort falls short of the fix that lawmakers have demanded. Many affected veterans may not have a computer or internet access to submit their information, forcing them to venture out of their homes to a post office to get the necessary forms instead. Earlier this month, Treasury waived the filing requirement entirely for Social Security recipients. Veterans should also be able to receive their payments automatically, they said.

"To put this hurdle in front of them will be wrong," House Veterans Affairs Chairman Mark Takano said of the filing requirement. "They are people who need this stimulus payment the most."

Earlier this month, Takano and other leading House Democrats, including Ways and Means Chairman Richard Neal, urged Treasury to resolve the problem. In the Senate, Democrats called automatic payments "the fastest, most cost-effective way to provide desperately needed help" in a letter to the Trump administration. GOP Sens. Susan Collins of Maine and Kyrsten Sinema of Arizona sent a similar letter, stating "our nation's veterans ... deserve better."

Takano said he spoke recently with a top official at the VA who expressed "eagerness" to resolve the problem by cross-referencing agency databases.

"I believe they can find a solution," he told CNBC. "They've done it before."

In the meantime, Patrick Murray, who handles legislative affairs for the VFW, called the IRS' new online tool a good step in the right direction. The challenge now, he said, is educating veterans about the guidelines for getting payments and the resources available for them as new information is released.

Arellano, the Marine Corp veteran, was not planning to file a tax return this year until he heard about the stimulus. He said that he lives off the \$435 a month that he receives in VA benefits and that he's confused about what paperwork needs to be filled out. But he knows that it would make a big difference -- both financially and mentally.

"I'm alone, you know. So if something happens to me, they're going to open the door and they're going to find me dead," he said. "That's what I'm really, really scared of. If I feel bad, there's nobody I can call."

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1.4 - Military.com: 'Any Way You Cut it, This is Going to be Bad:' VA Official Sounded Early COVID-19 Warning (13 April, Patricia Kime, 5.5M uvm; San Francisco, CA)

A Department of Veterans Affairs health adviser has emerged as a key sentinel among federal and academic infectious disease experts to sound an alarm on the COVID-19 pandemic, according to emails published Saturday by the New York Times.

Dr. Carter Mecher, the VA's senior adviser to the Office of Public Health, warned as early as Jan. 28 that the World Health Organization and Centers for Disease Control and Prevention "were behind the curve," in responding to the novel coronavirus and swift action was needed to stop it, according to an email thread obtained by the Times through a Freedom of Information Act request.

"You guys made fun of me, screaming to close the schools. Now I'm screaming, close the colleges and universities," wrote Mecher to the group, nicknamed "Red Dawn" for the 1984 movie that pitted actors Patrick Swayze and Charlie Sheen against a foreign enemy invasion. Red Dawn was hosted by Dr. Duane Caneva, chief medical officer at the Department of Homeland Security.

Upon analyzing early data from China, Mecher said it appeared that the virus looked as transmissible as the flu, but with a greater ability to replicate and a case fatality rate comparable to the worst flu season.

"This is really unbelievable ... any way you cut it, this is going to be bad," Mecher wrote.

From Jan. 28 through the middle of March, the email chain grew from a handful of physicians and researchers with the Departments of Homeland Security, Health and Human Services, Defense, VA, academia and the private sector to a group that included dozens others in the federal government. It eventually included Surgeon General of the United States Jerome Adams and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.

Caneva wrote that the chain was started "to provide thoughts, concerns, raise issues, share information across various colleagues responding to COVID-19."

From its inception, two of the most outspoken voices were Mecher and Eva Lee, director of the Center for Operations Research in Medicine and Health Care at the Georgia Institute of Technology.

The group studied the disease spread on the Diamond Princess cruise ship, quarantined in Yokohama, Japan, on Feb. 3. They also discussed the potential for an overwhelmed hospital system in the U.S., and started calling for social distancing on Feb. 9.

"[It's] over 10 to 30 times more deadly than seasonal flu," Lee wrote following an analysis of cases in Hubei. "Moreover, this is only a lower bound because the government basically shut down and isolated the entire infected zone."

By mid-February, Mecher was asking about the strategy for primary care and hospital response, including isolating people at home and encouraging virtual medical appointments and telework. He also inquired about nursing home spread and the lag time of testing.

"We are going to have a devil of time with lab confirmation -- it is just too slow ... that means we are going to have to fly blind early on," Mecher wrote Feb. 20.

That week, the U.S. State Department issued a travel alert recommending that U.S. citizens reconsider any planned travel on cruise ships, and CDC officials said they were seeing community spread of the coronavirus in some Asian countries.

"If you're watching the news, you may be hearing about schools shutting down and businesses closing in countries in Asia to reduce the potential spread of this virus," said Dr. Nancy Messonnier, director of the Center for the National Center for Immunization and Respiratory Diseases. "The day may come where we need to implement such measures in the U.S. communities."

President Donald Trump held two campaign rallies the same week, but did not mention the virus, which had 15 U.S. cases at the time.

By Feb. 28, Mecher was forecasting total veteran deaths from the novel coronavirus, based on how the virus affected Diamond Princess passengers: more than 461,000 veterans ill and 30,736 dead across the U.S., including 221,703 hospitalized and 14,780 in VA facilities over three months.

"Now you understand the challenge," he wrote.

On March 2, Lee, (who has been convicted of falsifying a certificate needed for a \$40,000 grant from the National Science Foundation on other research), said non-pharmaceutical interventions, or NPI, such as school closures, telework, travel restrictions, hand-washing and social isolation should be put in place.

"We need actions, actions and more actions," she wrote.

"Six deaths in Seattle. Seattle missed the window. It is too late for NPI," Mecher responded.

Mecher helped write the 2007 White House National Strategy for Pandemic Influenza under President George W. Bush and served as director for Medical Preparedness Policy on the White House Homeland Security Council under President Barack Obama. He also has served as chief medical officer of the VA's Southeast Network, responsible for VA health services in Georgia, Alabama and South Carolina.

By March 12, Mecher, a self-described "dufus from the VA" in his emails, was still searching for solutions: "I think we ran out of time for Seattle. But there are other cities and communities where we still can make a difference," he wrote. "I don't understand why California and NYC are not acting more aggressively."

As of April 13, the U.S. had nearly 561,000 confirmed cases of COVID-19 and 22,861 deaths.

New York has been the hardest hit, with 188,000 cases and 9,385 deaths and ordered a lockdown on March 20. By contrast, California, where Gov. Gavin Newsom ordered the nation's strictest lockdown measures on March 19, has had roughly 22,000 confirmed cases and 651 deaths.

Within the VA system, 3,754 veterans had tested positive for the coronavirus as of April 11, and 200 have died. It is not known how widespread the impact of the illness has been on the entire veteran population; dozens have died in nursing homes, including 37 at the New Jersey Veterans Home in Paramus, N.J.

The Times story was based on several emails first obtained by Kaiser Health News and a more extensive FOIA search.

Mecher, in one of his last emails obtained by the Times, penned on St. Patrick's Day, said the most difficult message to convey to government and health leaders, as well as the general public, was the need to "take action before the storm arrived and the sun was shining."

"The story line of the articles written about the variation in outcomes in U.S. cities [during the flu pandemic of 1918] is now unfolding and writing itself in real time before our very eyes," he wrote.

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1.5 - Military Times: VA reports big increases in coronavirus deaths, employee cases over the weekend (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Since Veterans Affairs leaders reported the first death of a VA patient from coronavirus in mid-March, the number of positive cases — and fatalities — in the department's health system has risen dramatically.

As of Monday, 241 patients have died from the illness in the VA system. That's an increase of 41 fatalities from Saturday. On March 30, the total death toll was less than 20.

VA officials have offered only partial details of the deaths. Only one death involved a patient younger than 50. Last week, officials noted the first death of a VA patient older than 100, a veteran at New York City's Brooklyn medical center. No other information was given.

New York has become the hardest hit region nationally by the fast spreading virus. The Brooklyn site became the second VA medical center to reach 30 deaths from coronavirus, behind only the VA facility in New Orleans.

Across all VA sites, more than 4,000 patients in VA care have tested positive for COVID-19. That's about 12 percent of all of the cases tested by the department, and more than double what it was on April 2.

In addition to the patient statistics, at least 1,520 VA health care employees have tested positive for the virus. That number has risen more than 400 individuals in a week. Nine employees have died as a result of the illness, all in the last few weeks.

Based on information released by VA health officials, here are the VA medical centers currently dealing with coronavirus cases:

The increases in sick patients come amid growing reports detailing shortages in staffing and protective equipment at sites throughout the veterans health system.

On Monday, the American Federation of Government Employees (which represents 260,000 department employees) blasted VA leadership for their denials of problems at VA sites.

“The lack of PPE being faced by our members isn’t fake news, it’s the truth,” AFGE National President Everett Kelley said in a statement. “And it’s time for the VA to stop trying to silence and discredit the voices of their own employees — caregivers who are crying out for help — and to get to work addressing their concerns and saving lives.”

In past statements, department leaders have promised “an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of this emerging health risk.”

That includes work with the Centers for Disease Control and the possibility of accepting some non-veteran patients at VA medical centers to provide relief to overtaxed local health care systems.

Last week, VA Secretary Robert Wilkie announced during a White House briefing that he would open about 1,500 beds nationwide to communities in need of extra resources, despite the increasing coronavirus numbers within the VA health system.

VA officials have said that opening those areas to non-veteran patients will not hurt delivery of care to any veterans who need it.

Officials also said any veteran with symptoms such as fever, cough or shortness of breath should contact their local VA facility before visiting to determine their next steps.

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1.6 - Military Times: Veterans’ remote mental health appointments skyrocket amid coronavirus outbreak (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

Remote mental health care use among Veterans Affairs patients jumped dramatically last month as normal medical care appointments were disrupted and veterans forced into self-isolation because of the ongoing coronavirus pandemic.

Most significant were mental health care check-ins and consultations conducted over the phone. In February, those totaled about 40,000 appointments. In March, they topped 154,000, a nearly four-fold increase.

Department officials also said the number of mental health appointments conducted through online video chats with physicians rose from about 20,000 in February to 34,000 in March, an increase of 70 percent. Another 2,700 online video group therapy appointments were conducted in March, a nearly 200-percent increase from the previous month.

VA officials have already reported significant increases in use of the Veterans Crisis Line, although they said many of the additional callers are not facing suicidal thoughts. Instead, numerous veterans and family members have called for information on existing resources, or for help obtaining alternative mental health care programs.

In a statement, VA Secretary Robert Wilkie said that the department's "early embrace of new technology" is helping veterans.

"VA is open for business and we continue to provide same-day mental health services and mental health screening for veterans at-risk who require attention at any of our facilities," he said.

The coronavirus outbreak has disrupted numerous VA programs and protocols over the last month, as physicians across the country scramble to deal with a steadily-increasing number of cases.

As of Friday, 200 VA patients have died from the illness and more than 3,500 others tested positive. More than 1,100 VA employees have also contracted the virus, and at least seven have died.

New safety precautions have cancelled thousands of non-essential medical appointments at VA hospitals across the country, although veterans with immediate needs are still being admitted to the facilities.

About 17 veterans a day die by suicide, according to the latest department data available. White House and VA officials had been scheduled to release a new government-wide effort on veteran suicide prevention last month, but that announcement was delayed by the coronavirus outbreak.

Congress set aside \$19.6 billion in emergency funding for VA in their coronavirus stimulus package last month. Of that total, about \$3.1 billion was assigned for new telemedicine efforts within VA, to increase health care access for veterans quarantined at home.

The VA remote mental health care numbers are expected to increase again in April, since many states did not offer stay-at-home recommendations until late in March or early this month.

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1.7 - Military Times: Millions of veterans to get letters this week on potential reimbursements for medical costs (13 April, Leo Shane III, 2.4M uvm; Vienna, VA)

More than one million veterans will soon be receiving instructions from Veterans Affairs officials on how to check if they are eligible for thousands of dollars in medical cost reimbursements as part of a court decision last fall.

Starting today, department staffers will send letters to tens of thousands of veterans who were rejected for financial relief in recent years for bills they received for non-department emergency medical care. That move comes over VA objections concerning an ongoing lawsuit over the issue, which could add billions in new costs to the department's budget.

Last fall, the U.S. Court of Appeals for Veterans Claims ruled that the department's current regulation for veterans who seek non-department medical care violates existing federal law. They ordered VA officials to re-examine more than 72,000 rejected claims and update their rules, arguing the department has a responsibility to cover the costs of the unexpected medical visits.

The case centers on veterans whose unpaid emergency room expenses were denied by VA officials under existing policies. The plaintiffs' both had part of their bills paid for by other insurance, but were left with several thousand in personal costs.

VA officials argued in court that they did not need to handle the unpaid balance because the veterans were primarily covered under other insurance plans. The court ruled that violates both existing law and past legal precedent.

A VA Inspector General report last summer found \$716 million in improperly processed payments in cases involving veterans who sought medical care outside the department's health system in 2017, including about \$53 million that should have been refunded under existing rules.

VA officials are considering appealing the ruling, and asked that any action on the cases be postponed until higher courts weigh in on the matter.

But earlier this month, the appeals court rejected that motion and ordered letters be sent out starting April 13. Advocates praised the decision.

"Hundreds of thousands of veterans affected by this class action have suffered far too long and endured severe financial hardships due to VA's wrongful handling of their reimbursement claims," said said Bart Stichman, executive director of the National Veterans Legal Services Program.

VA officials have estimated that full compliance with the court order could cost between \$1.8 billion and \$6.5 billion. Reimbursements may date back to cases decided by the department in 2016.

The ruling also invalidated all VA decisions denying reimbursement for deductibles and co-insurance costs not covered in emergency visits at non-VA facilities.

The letters come as many veterans are facing new debts related to work interruptions and other financial problems related to the ongoing coronavirus pandemic. However, processing of the claims is likely to take several months, and may be stalled further by ongoing legal appeals.

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2. Improving Customer Service

2.1 - Government Executive: Agencies Can Launch Retaliatory Investigations Into Whistleblowers, Court Rules (13 April, Eric Katz, 574k uvm; Washington, DC)

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling.

While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted to shed a light on inappropriate or illegal behavior is allowable, the U.S. Court of Appeals for the Federal Circuit said. Federal whistleblowers have long complained agencies seek to turn the tables on them in an effort to discredit their claims or remove them from their positions.

The case involved Leonard Sistek, who served as a director at a VA facility in Denver. Sistek made multiple disclosures to the VA inspector general protected under whistleblower law, raising concerns about agency spending and “contractual anomalies.” In 2014, Sistek was interviewed by an Administrative Investigation Board examining inappropriate office relationships, during which he realized he was himself subject to an investigation. He notified the IG that he suspected this was in retaliation for his whistleblowing. Later that year, the board cited Sistek for failing to report that a colleague had an “inappropriate sexual relationship” with the colleague’s subordinate, and VA issued a letter of reprimand.

In early 2015, VA rescinded Sistek’s letter and struck it from his record. Later that year, the IG validated two of his claims of department wrongdoing.

Sistek brought a case before the Merit Systems Protection Board, arguing that VA retaliated against him for blowing the whistle. An MSPB administrative judge, however, ruled in VA’s favor, leading him to appeal the decision in the federal circuit court.

To qualify for relief under whistleblower law, employees must demonstrate their agency took a qualifying personnel action such as a denial of an appointment, a pay decision or another “significant change” in duties or working conditions. The MSPB judge ruled, and the appeals court subsequently affirmed, that “a retaliatory investigation, in and of itself, does not qualify as a personnel action eligible for corrective action” under the Whistleblower Protection Act. The court stated further that Congress “acted purposely in excluding retaliatory investigations” from prohibited behavior under the law.

VA was therefore well within its rights to launch an investigation into Sistek, even if it was in retaliation for his disclosures, the court found.

Sistek argued the investigation and subsequent letter of reprimand created a hostile work environment, which amounted to a “significant change” in his working conditions. The court rejected that argument, saying under Sistek’s definition any investigation would create a hostile work environment.

The court noted a retaliatory investigation into an employee who blew the whistle could be subject to additional relief if that employee can prove some other improper personnel action.

Sistek retired from VA in 2018.

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2.2 - Federal News Network (Audio): Federal agencies on the watch for fraud in coronavirus response (13 April, Eric White, 438k uvm; Chevy Chase, MD)

- A Georgia resident is under arrest for allegedly trying to fraud Veterans Affairs out of \$750 million for personal protective gear used to respond to the coronavirus pandemic. The Justice Department says Christopher Parris tried to sell 125 million nonexistent respirator masks to VA in exchange for large upfront payments. Parris is charged with wire fraud, and faces 20 years in prison and a \$250,000 fine if convicted.

[...]

- The VA is shifting medical personnel to New Orleans to help with the coronavirus response in Louisiana. The department activated its disaster emergency medical personnel system. That system allows VA to ask for volunteers to work in especially hard hit areas. VA is looking for employees who have experience with ventilators and intensive care units. Employees who finish a 14-day deployment in Louisiana will get a five-thousand-dollar award. VA Secretary Robert Wilkie says these deployments are a normal part of the department's disaster response plan.
- Karen Brazell is now VA's new acting assistant secretary for enterprise and integration. She's been VA's principal executive director and chief acquisition officer for two years. VA Secretary Robert Wilkie says Brazell has played a key role in managing the agency's medical supply chain during the coronavirus pandemic. Brazell replaces Melissa Glynn as the enterprise secretary. Glynn briefly served as the point-person for VA's electronic health record modernization. But it's unclear who has that responsibility now. (Department of Veterans Affairs)

[...]

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2.3 - Federal Computer Week: Temporary Excused Paid Leave sounds good but is hard to come by (13 April, Lia Russell, 44k uvm; Vienna, VA)

The federal government is allowing agencies to grant caretaker employees Temporary Excused Paid Leave in limited circumstances during the coronavirus pandemic, but employees at many agencies are experiencing obstacles obtaining the benefit.

The Office of Personnel Management published a fact-sheet last month that advised agencies to grant federal workers flexible work schedules to accommodate any caregiving duties.

Federal agencies are permitted to extend the excused leave to employees required to telework who have dependent care obligations under certain circumstances. There are a few hoops to jump through: typically, employees are required to exhaust annual leave, sick leave, the paid leave supplied under the Families First Coronavirus Response Act and maxiflex telework schedules before the Temporary Excused Paid Leave comes into play.

Feds are able to request, at least according to one participating agency, 20 hours per pay period capped at four hours per day and 10 hours per week of excused paid leave. The policies

are expected to be evaluated during every pay period that includes mandatory telework due to the coronavirus pandemic.

The excused paid leave provision covers challenges related to school and daycare closures, dependent care lapses, and taking sanitary measures such as cleaning and sheltering-in-place to ensure compliance with local health measures due to the coronavirus pandemic.

Despite the measures that the federal government has taken to ensure that remote work is possible, agency employees say that the excused paid leave provision is not being rolled out evenly, burdening workers who have children and dependents.

FCW has learned, for example, that the Interior Department has so far not extended the benefit to its employees.

At the Environmental Protection Agency, federal employees have apparently been waiting for weeks for a decision to be made.

The American Federation of Government Employees' Deputy General Counsel Cathie McQuiston said that the EPA was considering implementing a temporary paid leave policy for its caretaker employees, but that the agency continued to put off making a final decision despite unions' requests for the provision weeks ago during bargaining sessions.

EPA briefed agency unions on April 9, McQuiston told FCW in an interview, and the paid leave option was discussed.

"They kept saying they were looking into it. We said, 'You've been looking into it for a while. It [feels] like you're trying to run out the clock and let the pandemic be over while you're still thinking about it.'"

Joyce Howell, Vice President of AFGE Local 3631, which represents EPA workers in Philadelphia, echoed the same sentiment.

She said that while EPA has been more flexible on things such as hours of work and start/stop times, they've put up roadblocks when it comes to relieving strapped parents or those who have elderly relatives to care for.

"EPA has not elected to utilize administrative leave or weather/evacuation pay to give relief to caretakers. Our bargaining unit members who are caring for small children, elderly parents and disabled dependents are suffering," she said in an email to FCW. "They have enormous integrity, they put in the work hours for which they are paid. But the net result is sleep deprivation."

Bethany Dreyfuss, the President of AFGE Local 1236, which represents EPA attorneys in the Bay Area, said that part of the issue was that the EPA said it could only make a blanket decision at the national level.

"We're being told it's a national thing and we have to wait for the [Washington] D.C. headquarters to make a decision," she said in an interview. "At the same time, my members are using up sick leave, personal leave, and using leave banks [leave donated by other agency employees] to make up the difference."

Dreyfuss said she had polled her bargaining unit and found that most respondents wouldn't use the leave.

"Any fear that it would be taken advantage of is unfounded. There are a number of people for whom a few hours a week would make an enormous difference, and for some 10 hours a week would be life-changing."

Dreyfuss noted that IRS invoked an evacuation order weeks earlier that allowed their care-burdened federal employees to take temporary leave.

A request for comment to EPA was pending as of publication time.

Employees at the Department of Veterans Affairs report similar concerns.

Sheila Elliott, the President of AFGE Local 2328 in Hampton, Va., said that in addition to ongoing concerns about a lack of personal protective equipment and unsafe working conditions, the VA was slow to implement policies for healthcare providers seeking relief, including parents and caregivers.

"I had one member who had taken temporary leave to take care of her son at home. Her supervisor called her and told her that if she didn't report back to work, she would be terminated."

FCW obtained a March 23 memo from the Veterans Health Administration Executive-in-Charge, Richard Stone, to agency leaders clarifying that no leave was available to excuse employees who were tasked with caring for children or other dependents.

"There is no authority to approve Weather & Safety Leave or Excused Absence for childcare," Stone wrote.

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2.4 - ExecutiveGov: Karen Brazell to Lead VA Office of Enterprise Integration on Acting Basis (13 April, Nichols Martin, 13k uvm; Tysons Corner, VA)

Karen Brazell, a U.S. Army veteran, has been appointed to serve as acting assistant secretary of the Office of Enterprise Integration within the Department of Veterans Affairs.

She will concurrently perform duties under her new acting position and her existing role as VA's principal executive director and chief acquisition officer, a job she has held since 2018, the department said Thursday.

Brazell works to oversee the sufficiency of medical supplies across the department's clinics and health care centers in her current role. Her career includes leadership work with the White House Military Office and the Naval Facilities Command.

"Karen is an excellent choice to lead OEI, which is charged with integrating the operations," said Robert Wilkie, VA secretary.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Federal News Network (Audio): A new initiative to prevent veterans suicide during self-isolation (13 April, Tom Temin, 438k uvm; Chevy Chase, MD)

Ten-minute audio: Enforced isolation of the pandemic has made a lot of people a bit lonelier. For veterans already at risk of suicide, the situation deepens the threat. Now the Cerner Corporation, the company developing electronic health records for the Defense and Veterans Affairs departments, has launched a veterans suicide prevention initiative called LifeAid. For more, Federal Drive with Tom Temin turned to the President of Cerner Government Services Travis Dalton.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WCBD (NBC-2): President Trump approves Rep. Cunningham's bill to assist veterans (13 April, Chase Laudenslager, 141k uvm; Mount Pleasant, SC)

WASHINGTON, D.C. (WCBD) – Over the weekend, President Trump signed the VA Tele-Hearing Modernization Act bill, proposed by Joe Cunningham, into law.

The Act addresses COVID-19 related obstacles that could prevent veterans from receiving benefits.

The Board of Veterans' Appeals, which "determines whether veterans are entitled to VA disability benefits and other services," only conducts tele-hearings from designated locations. According to Cunningham, many Lowcountry veterans had to travel to Columbia or Savannah and testify from those VA offices. With stay-at-home orders in place in almost every state, a more efficient approach was necessary.

The Act allows veterans to stay home and participate in tele-hearings from their own computers. It also "includes safeguards to ensure that veterans' personal information is protected and that their case is not negatively impacted by taking advantage of this new option."

Cunningham described the legislation as "exemplary of the kind of commonsense advances we can make when both parties come together for the sake of our veterans."

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7. Other

7.1 - The Daily Caller: Study: States Dole Out Millions For Illegal Aliens While Veterans Struggle (13 April, Jason Hopkins, 5.4M uvm; Washington, DC)

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found.

While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion, according to an analysis by the Federation for American Immigration Reform (FAIR). The study was exclusively provided first to the Daily Caller News Foundation.

“The War on Terrorism has resulted in more veterans who have experienced overseas combat deployments than at any time since the end of World War II,” the study said, adding that this has resulted in more veterans than ever before needing services from the U.S. government.

“But, due to America’s foolhardy immigration policies, our government is now spending more and more money on services for illegal aliens — foreigners who have no right to be in the U.S. — resulting in a squeeze on resources available for the citizens and lawful immigrants who were prepared to make the ultimate sacrifice for their country,” the study continued.

FAIR looked at where the majority of homeless veterans lived and reported how much taxpayer funding illegal aliens in those localities received.

There were an estimated 37,085 homeless veterans in January 2019, according to the Department of Housing and Urban Development. Over a quarter of these homeless veterans lived in California, another 1,585 lived in Washington, and 1,270 lived in New York.

In California, it’s not always easy for veterans to obtain quality health care, the study found. Veterans in San Jose waited an average of 50 days before landing an appointment with a primary care VA clinic, and the average wait time in Modesto was 95 days, according to the study.

California, however, spends more than \$23 billion on undocumented individuals and their children every year, according to FAIR. In regards to health care, California lawmakers passed legislation in 2019 that sets aside taxpayer-funded health insurance to illegal aliens between the ages of 19 and 25 — an initiative that will likely cost \$98 million in its first year.

Another state home to many homeless veterans has also chosen to prioritize the undocumented community.

State lawmakers in New York — which spends \$7.5 billion on illegal aliens annually — allotted \$27 million in college tuition assistance for the children of illegal aliens in April 2019, but didn’t add several hundred thousand dollars to an initiative that provides university education assistance to the children of disabled and deceased veterans.

“That is perhaps the most egregious example of the way in which flawed immigration policies are putting veterans in competition with illegal aliens,” the authors said of New York’s educational priorities.

Beyond health care and education, the study also highlighted examples of jurisdictions doling out millions in legal assistance for the undocumented.

In Oakland, California, a \$300,000 fund was established in 2018 to help undocumented immigrants fight removal from the country, according to the study. A larger fund was established in Los Angeles, which has so far spent over \$7 million in legal aid to those living unlawfully in the U.S.

Baltimore approved \$200,000 in 2018 to support aliens facing deportation, and Montgomery County, Maryland, has allotted \$370,000, according to the study.

Meanwhile, FAIR found that more than 6,000 veterans committed suicide in 2017, including 491 veterans in California and another 78 in Maryland.

“If states cared more about veterans than illegal aliens, many of those 6,000 Americans may still be with us today,” the study stated.

Altogether, FAIR concluded that there were 14.3 million illegal aliens living in the U.S., posing a financial burden of \$132 billion annually for their health care, educational, and other welfare services. In comparison, there are 19.5 million veterans in the U.S., and their needs will cost the country \$217 billion this fiscal year.

FAIR concluded that, should the illegal population continue to grow, the cost to meet their needs will surpass those of veterans.

“Americans who care about the members of our armed forces should ask, ‘Why are we spending billions of dollars catering to illegal aliens when we aren’t properly taking care of the men and women who risk life and limb to protect us against all enemies foreign and domestic?’” the authors said.

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7.2 - Nextgov: Georgia Man Allegedly Tried To Sell \$750M in Nonexistent Masks To Veterans Affairs (13 April, Aaron Boyd, 208k uvm; Washington, DC)

Federal agencies are cracking down on coronavirus-related fraud, including schemes targeting government agencies.

On Friday, the Justice Department announced charges against a 39-year-old Georgia man for allegedly trying to sell more than \$750 million in “nonexistent respirator masks” to the Veterans Affairs Department.

According to a release announcing the charges, Christopher Parris, of Atlanta, told VA he could source 125 million face masks and other personal protective equipment, or PPE, despite allegedly knowing he could not deliver.

“For example, the complaint alleges that Parris promised that he could obtain millions of genuine 3M masks from domestic factories when he knew that fulfilling the orders would not be possible,” the release states. “Parris also allegedly made similar false representations to other entities in an effort to enter into other fraudulent agreements to sell PPE to state governments.”

Parris was charged with wire fraud, which carries a maximum sentence of 20 years in prison and a \$250,000 fine.

“As this case demonstrates, even beyond the typical costs associated with unlawful behavior, COVID-19 scams divert government time and resources and risk preventing front-line responders and consumers from obtaining the equipment they need to combat this pandemic,” Attorney General William Barr said. “The Department of Justice will not tolerate this conduct, especially when it involves this kind of egregious attempt to target and defraud our nation’s treasures—our veterans.”

Previously, the General Services Administration received reports from a customer agency that someone purporting to be a vendor with a schedule contract attempted to sell hand sanitizer and cleaning supplies at exorbitant prices. The agency warned all federal buyers to double-check prices on GSA Advantage and verify vendors in eLibrary.

The Justice Department urged anyone who suspects COVID-19-related fraud to contact the National Center for Disaster Fraud at 866-720-5721 or disaster@leo.gov.

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