UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 19-23590-CIV-BLOOM

HAVANA DOCKS CORPORATION,

Plaintiff,

vs.

ROYAL CARIBBEAN CRUISES LTD.,

Defendant.
_____/

DEFENDANT'S MOTION TO STAY DISCOVERY FOR NINETY DAYS

Defendant Royal Caribbean Cruises Ltd. ("Royal Caribbean"), pursuant to the Court's inherent authority, moves for the entry of an Order staying discovery for ninety days, subject to renewal, because the effect of COVID-19 on the cruise industry and Royal Caribbean has made it virtually impossible, and definitely impractical, for Royal Caribbean to meaningfully participate in the discovery process.

In January 2020, upon joint motion of the parties, the Court stayed discovery in this action pending the resolution of Royal Caribbean's motion for judgment on the pleadings (DE 30).[1] In the time since then, COVID-19 has turned the cruise industry, including Royal Caribbean, upside down.

The U.S. Centers for Disease Control issued "No Sail Orders" to cruise lines (Exhibit 1). Royal Caribbean announced the worldwide suspension of its cruises through April 11, 2020, then

[1] That joint motion also memorialized the parties' "agree[ment] that if Royal Caribbean's motion [for judgment on the pleadings] is denied, they will jointly request an amended scheduling order requesting an enlargement of pre-trial deadlines to ensure that there is ample time for the Parties to complete discovery and develop their cases." The parties are currently in the process of discussing a proposed amended scheduling order to present to the Court.

through May 12 and now, most recently, through June 12 (Exhibit 2). On April 15, 2020, Royal Caribbean terminated or furloughed 26% of its U.S.-based employees due to the economic effects of the pandemic. *See* Jane Wooldridge and Taylor Dolven, *Royal Caribbean Cruises sheds 26% of U.S. workers as coronavirus cancellations continue*, The Miami Herald, www.miamiherald.com/news/business/tourism-cruises/article242023321.html (last visited April 30, 2020).

Two days after those layoffs, on April 17, 2020, the Court entered its omnibus order denying Royal Caribbean's motion for judgment on the pleadings and lifting the stay of discovery (DE 45). Almost immediately, and as was their right, counsel for Plaintiff contacted counsel for Royal Caribbean to propose that Royal Caribbean serve on May 1, 2020 its responses to Plaintiff's pending written discovery requests (the order staying discovery was entered before Royal Caribbean's responses were due). Counsel for Royal Caribbean responded that he would discuss the proposal with the client, but that May 1 seemed impractical in light of the layoffs, which included people from whom responsive information would need to be obtained, and Royal Caribbean's inside counsel being pressed to deal with the emerging and emergency COVID-caused issues that are arising daily. Counsel for Royal Caribbean also stated that his client was likely to request that counsel seek to stay discovery.

Through this Motion, and after having conferred with the client, Royal Caribbean is now seeking a ninety day stay of discovery.

"The District Court has broad discretion to stay proceedings as an incident to its power to control its own docket." *See Clinton v. Jones*, 520 U.S. 681, 706 (1997). This includes the discretion to manage and schedule discovery. *See Perez v. Miami–Dade Cty.*, 297 F.3d 1255, 1263 (11th Cir. 2002). ("[D]istrict courts are entitled to broad discretion in managing pretrial discovery

matters."); *Johnson v. Bd. of Regents of Univ. of Georgia*, 263 F.3d 1234, 1269 (11th Cir. 2001) ("[W]e accord district courts broad discretion over the management of pre-trial activities, including discovery and scheduling.").

Good cause exists for staying discovery for ninety days because, as set out above, COVID-19 has caused Royal Caribbean to redeploy and reallocate its human and economic resources in ways that make it virtually impossible for Royal Caribbean to engage right now in the type of exhaustive discovery that will be required in this action, in which Plaintiff seeks to discover, among other things thousands of pages of document.

The effect that COVID-19 has on cruise lines' ability to participate in discovery has already been recognized in this District:

> Is it rational to expect defense counsel to enlist assistance from cruise ship attorneys and other employees (e.g., to track down documents and information) to adequately prepare the corporate representative when the entire cruise ship industry is on lockdown and thousands of employees have been let go? Of course not.

C.W. v. NCL (Bahamas) Ltd., 19-cv-24441, D.E. 38 (S.D. Fla. Mar. 21, 2020).

Other courts in this District, and in other districts, have stayed discovery due to the effects of the pandemic. *See, e.g., Kleiman v. Wright*, 2020 WL 1472087 at *2 (S.D. Fla. March 26, 2020) (Bloom, J.) (extending discovery deadlines "in light of the COVID-19 global pandemic, the profound logistical issues affecting Florida and New York residents, businesses, and the courts… The Court recognizes the present difficulties of working remotely with limited staff and resources against the COVID-19 backdrop. . . In this setting, it is therefore appropriate to amend the current deadlines."); *C.W.*, D.E. 41 (March 31, 2020) (Altonaga, J.) (staying case "Given the inability to proceed with the orderly progress of the case due to the uncertainty regarding the duration of the restrictions, and to conserve the parties' and judicial resources"); *Mata v. Expedia,* 19-22529, D.E. 122 (S.D. Fla. March 13, 2020) (Altonaga, J.) (staying discovery and administratively closing case

"[g]iven it is impossible to proceed with the orderly progress of the case due to the uncertainty regarding the duration of travel restrictions, and to conserve the parties' and judicial resources"); *Roguerio v. American Airlines*, 19-23965, D.E. 85 (S.D. Fla. April 6, 2020) (Martinez, J.) (granting 60 day renewable stay and administratively closing case "[g]iven the inability to proceed with the orderly progress of the case due to the uncertainty regarding the duration of the restrictions and worldwide pandemic, and to conserve the parties' and judicial resources"); *Garbutt v. Ocwen Loan Servicing, LLC,* 2020 WL 1476159, at *1 (M.D. Fla. Mar. 26, 2020) (staying discovery because "Defendant and its counsel is required to work from home, limiting their ability to access information for discovery . . . Due to the circumstances caused by COVID-19, the Court will stay discovery in this action until June 1, 2020"); *Libutan v. MGM Grand Hotel LLC*, 2020 WL 1434440, at *2 (D. Nev. Mar. 24, 2020) (granting request to stay discovery and all proceedings until June 1, 2020 finding that "the unavailability of witnesses and documents due to the closure of MGM Grand will significantly infringe on both parties' ability to meaningfully participate in the discovery process, which is an appropriate basis for staying proceedings") (citations omitted); *Sears v. Russell Rd. Food & Bev.*, 2020 U.S. Dist. LEXIS 44385, at *4 (D. Nev. Mar. 13, 2020) (finding that due to the "parties' infringed ability to meaningfully participate in the discovery process because of COVID-19, the Court will grant in part the parties' instant motion as to this basis for a stay of discovery).

A ninety day stay of discovery is also appropriate because Royal Caribbean has recently filed a motion, pursuant to 28 U.S.C. §1292(b), asking the Court certify for interlocutory appeal the Court's omnibus order denying Royal Caribbean's motion for judgment on the pleadings, and granting Plaintiff's motion for leave to file an amended complaint (DE 47). Although the filing of a motion seeking relief under §1292(b) does not automatically stay proceedings, the statute

expressly authorizes district courts to order a stay while such a motion is pending. *See* 28 U.S.C. §1292(b) ("[A]pplication for an appeal hereunder shall not stay proceedings in the district court unless the district judge or the Court of Appeals or a judge thereof shall so order."). Staying discovery for ninety days will conserve the time and resources of the parties because it will spare them the time and expense of engaging in discovery while the Court considers the §1292(b) issues.

For these reasons, Royal Caribbean respectfully requests the entry of an order staying discovery for ninety days, subject to renewal upon the parties' filing of a status report at the end of that ninety day period.

Certificate of Counsel

Counsel for Royal Caribbean conferred with counsel for Plaintiff before filing this motion. Counsel for the parties were unable to reach agreement.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 4th day of May 2020, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF System.

By: /s/ Scott D. Ponce

EXHIBIT 1

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

ORDER UNDER SECTIONS 361 & 365 OF THE PUBLIC HEALTH SERVICE ACT (42 U.S.C. §§ 264, 268) AND 42 CODE OF FEDERAL REGULATIONS PART 70 (INTERSTATE) AND PART 71 (FOREIGN): NO SAIL ORDER AND OTHER MEASURES RELATED TO OPERATIONS

Applicability

This Notice of No Sail Order and Other Measures Related to Operations shall apply only to the subset of carriers[1] described below and hereinafter referred to as "cruise ships," except this Order shall not apply to any cruise ship that voluntarily suspends operations for the period of this Order:

> All commercial, non-cargo,[2] passenger-carrying vessels operating in international, interstate, or intrastate waterways and subject to the jurisdiction of the United States with the capacity to carry 250[3] or more individuals (passengers and crew) with an itinerary anticipating an overnight stay onboard or a twenty-four (24) hour stay onboard for either passengers or crew.[4]

General Background

COVID-19 is a communicable disease caused by a novel (new) coronavirus, SARS-CoV-2, that was first identified as the cause of an outbreak of respiratory illness that began in Wuhan, China.

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[1] Carrier is defined by 42 C.F.R. § 71.1 to mean "a ship, aircraft, train, road vehicle, or other means of transport, including military."

[2] Given the substantial risk of person-to-person transmission of COVID-19, as opposed to transmission via indirect contact, this Order is currently limited to passenger, non-cargo vessels.

[3] Based on substantial epidemiological evidence related to congregate settings and mass gatherings, this Order suspends operation of vessels with the capacity to carry 250 individuals or more. Evidence shows that settings as small as nursing homes or movie theaters can proliferate the spread of a communicable disease. As the numbers of passengers and crew onboard a ship increases, certain recommended mitigation efforts such as social distancing become more difficult to implement. In light of the demonstrated rapid spread of this communicable disease in current cruise ship settings, application of this Order to vessels carrying 250 or more individuals is a prudent and warranted public health measure. Moreover, the management of current coronavirus cases in addition to existing seasonal care needs (e.g., influenza) has placed an extreme burden on the public health and healthcare systems and this Order will help avoid further stressing those systems.

[4] This order shall not apply to vessels operated by a U.S. Federal or State government agency. Nor shall it apply to vessels being operated solely for purposes of the provision of essential services, such as the provision of medical care, emergency response, activities related to public health and welfare, or government services, such as food, water, and electricity.

The virus is thought to spread primarily by person-to-person contact through respiratory droplets produced when an infected person coughs or sneezes; it may also spread through contact with contaminated surfaces or objects. Manifestations of severe disease have included severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and multi-organ failure. According to the World Health Organization (WHO), approximately 3.6% of reported COVID-19 cases have resulted in death globally. This mortality rate is higher among the elderly or those with compromised immune systems. Older adults and people who have severe chronic medical conditions like heart, lung, or kidney disease are also at higher risk for more serious COVID-19 illness. Early data suggest older people are twice as likely to have serious COVID-19 illness.

On January 30, 2020, the Director General of the WHO declared that the outbreak of COVID-19 constitutes a Public Health Emergency of International Concern under the International Health Regulations. The following day, the Secretary of the Department of Health and Human Services (HHS) declared that COVID-19 constitutes a public health emergency under the Public Health Service Act. To date, CDC has issued Level 3 Travel Health Notices recommending that travelers avoid all nonessential travel to China, Iran, South Korea, and most of Europe; the U.S. Department of State has issued a global Level 3 Health Advisory directing U.S. citizens to reconsider all travel abroad due to the global impact of COVID-19 and Level 4 Travel Advisories (Do Not Travel) for China, Iran, and certain parts of Italy. In addition, CDC has recommended that travelers, particularly those with underlying health conditions, avoid all cruise ship travel worldwide; the U.S. Department of State has similarly issued guidance that U.S. citizens should not travel by cruise ship at this time. As of March 11, 2020, the President of the United States has suspended entry to the U.S. by most foreign nationals who have recently visited China, Iran, and most of Europe due to COVID-19. On March 11, 2020, the WHO declared the COVID-19 outbreak a pandemic. As of March 13, 2020, there have been over 132,000 cases of COVID-19 globally in over 122 locations resulting in over 4,950 deaths; more than 1,620 cases have been identified in the United States, with new cases being reported daily and over 41 deaths due to the disease. A Presidential Declaration of National Emergency concerning COVID-19 was issued on March 13, 2020.

Global efforts to slow transmission have included drastic control measures with substantial societal and economic impact. Countries such as Russia, Australia, the Philippines, Japan, Israel, and the United States have imposed stringent restrictions on travelers who have recently been in China. Similar travel restrictions have since been imposed on individuals from countries experiencing substantial outbreaks, including Iran, South Korea, and Europe. In many countries, including the United States, citizens, permanent residents, and their close relatives returning from areas known to have high rates of infection are being requested to self-quarantine for 14 days (a period estimated to encompass the incubation period for the virus) following return from countries with sustained community transmission. Despite these unprecedented global efforts at containment, cases of COVID-19 have been shown to rapidly propagate, crossing international borders with ease. For example, the Islamic Republic of Iran has seeded at least 97 COVID-19 cases in 11 other countries, as reported by the WHO, and as of March 9, 2020, the Schengen Area of Europe has exported 201 COVID-19 cases to 53 countries.

In the United States, community transmission has occurred in Washington State, California, and New York. CDC is closely monitoring COVID-19 transmission and is supporting state and local

health departments in conducting contact tracing investigations of confirmed COVID-19 cases identified in the United States. These investigations are complex and resource intensive; persons identified as infected or at-risk can require observation, movement restriction (such as isolation or quarantine), clinical evaluation, and care. Public health authorities in the United States are working concurrently to contain the spread of the disease and mitigate its impact.

Risk of Transmission on Cruise Ships

Cruise ships often involve the movement of a number of people in closed and semi-closed settings. Cruises vary in size, with larger cruises involving populations of more than 4,000 passengers and crew. Like other close-contact environments, cruise ships facilitate transmission of COVID-19.

There are several features of cruise ships that increase the risk of COVID-19 transmission. A hallmark of cruise travel is the number and variety of person-to-person contacts an individual passenger may have daily. The dynamics of passenger-to-passenger, passenger-to-crew, crew-to-passenger, and crew-to-crew intermingling in a semi-closed setting are particularly conducive to SARS-CoV-2 spread, resulting in high transmission rates. Cruises include frequent events that bring passengers and crew close together, including group and buffet dining, entertainment events, and excursions. Cruise ship cabins are small, increasing the risk of transmission between cabinmates. Close quartering is a particular concern for crew, who typically eat and sleep in small, crowded spaces. Infection among crew members may lead to transmission on sequential cruises on the same vessel because crew members may continue working and living onboard the ship from one cruise to the next. Crew from one ship may in turn serve onboard multiple different ships for subsequent voyages, which also has the potential to amplify transmission.

Transmission of COVID-19 on cruise ships may also be amplified by difficulty decontaminating numerous surfaces in common areas. Contamination of frequently touched surfaces, such as door handles and faucets in public toilet rooms, elevator buttons, handrails in stairs and passageways, and utensils/dispensing mechanisms (for beverages) in self-service buffets, etc., is also likely to be a significant factor in transmission. Less obvious examples of frequently touched surfaces, include playing cards, slot machine levers, and chips in the casino; computer keyboards in the internet café; books, puzzles, and games in the library; gym equipment; counters and surfaces in gift shops; and the cruise card used by passengers to pay/register for everything on board and exit/enter the ship in port. The high volume of people on board a cruise ship and wealth of high-touch surfaces make successful control of this method of transmission very difficult.

Moreover, the nature of cruise travel presents additional opportunities for spread of the disease to ports of calls and passengers' home communities. During a cruise, disembarkation of passengers at sequential ports of call under uncontrolled conditions may lead to disease transmission in those ports. Once a cruise concludes, passengers residing in different countries or throughout the United States may require air transportation or other types of common carriers to return home. Return of disembarked infected passengers to their communities could lead to widespread, interstate disease transmission.

Quarantine and isolation measures are difficult to implement effectively onboard a cruise ship and only occur after an infection has already been identified onboard a cruise. If ships are at capacity, it may not be feasible to fully separate ill and well persons onboard the ship, particularly among the crew. Because crew are required to continue working to keep a ship safely operating, effective quarantine for crew is particularly challenging.

Already Observed Impact of Cruise Ship Travel in General and in the U.S.

Cruise ship travel has already been associated with a number of COVID-19 clusters and outbreaks, including on the Diamond Princess (Asia) and the Grand Princess (California to Mexico, California to Hawaii). The threat of spread is not limited to larger cruise ships. An outbreak onboard a Nile River cruise with 171 passengers and crew (29 of which were American citizens) resulted in 45 confirmed COVID-19 cases (3 of which are American citizens). Many of these passengers returned home before any notifications about COVID-19 were provided, potentially spreading the disease to their home communities. Evidence of COVID-19 transmission onboard six similar Nile River cruise ships, each carrying approximately 100 passengers, illustrates that even ships with moderate numbers of passengers and crew onboard carry a substantial risk of disease transmission and outbreak.

The initial stages of the COVID-19 epidemic were marked by the outsized role of a single cruise ship, the Diamond Princess in Yokohama, Japan, which for a period of 18 days was the setting for the largest number of cases outside the original epicenter in China. The outbreak of COVID-19 onboard the Diamond Princess demonstrates the speed and extent of disease transmission that can occur onboard cruise ships. Despite quarantine and isolation efforts, more than 700 cases of infection with the virus that causes COVID-19 were identified among Diamond Princess passengers and crew during the three weeks following the identification of one case of COVID-19 in a person who was symptomatic before leaving the ship. There are several cases of severe disease associated with the Diamond Princess, including at least six deaths. Additionally, approximately half of the infected passengers did not report symptoms at the time their infections were diagnosed.

On March 4, 2020, Placer County, California officials reported the death of a passenger who had been onboard the Grand Princess cruise ship during a voyage from February 11-21, 2020 (Sailing A) and was a confirmed COVID-19 case. As of March 7, 2020, there were 22 presumptive positive cases of COVID-19 among persons who were onboard Sailing A. The Grand Princess left San Francisco for a second sailing on February 21 (Sailing B). Sixty-eight passengers and most of the crew from Sailing A were also on Sailing B. While testing of those who were onboard Sailing B continues, to date, 22 crew and 8 passengers have tested positive for COVID-19. As a result of the outbreak onboard the Grand Princess, the Federal government engaged in a massive effort to disembark and quarantine American passengers from the ship on four military bases to help prevent further transmission to the passengers' home communities. Passengers from Sailing A were from more than 30 U.S. states and 25 countries; Sailing B included passengers from over 50 countries. More than 70 persons from this voyage have reported symptoms and require assessment and evaluation and additional confirmed cases in multiple states/countries are anticipated.

The Director Has Reason to Believe That Cruise Ship Travel May Continue to Introduce, Transmit, or Spread COVID-19

Cruise ship travel markedly increases the risk and impact of the COVID-19 disease outbreak within the United States. Disembarkation of passengers at sequential ports may lead to disease transmission in those ports. Return of disembarked infected passengers to their communities could lead to widespread disease transmission. Cases that have been confirmed to date may have led to secondary transmission, including in a healthcare worker. Furthermore, the passenger population of cruises often includes a substantial number of older adults, meaning there is higher risk for COVID-19 morbidity and mortality. Industry trade publications report that 51% of cruise ship passengers are over the age of 50. The median age of passengers onboard the Grand Princess Sailing B, for example, was 66 and 1,200 passengers on the ship were over age 70. Given these demographics, many cruise passengers are at high risk for severe disease if they become infected.

Beyond the risk to these individuals, the intensive care requirements for cruise ship passengers with severe disease stresses a healthcare system already overburdened and facing a shortage of beds needed for influenza and other seasonal and critical healthcare conditions. The addition of further cruise ship cases place healthcare workers at substantial increased risk. Specifically, these cases divert medical resources away from persons with other medical problems and other COVID-19 cases, consuming precious diagnostics, therapeutics, and protective equipment. Ongoing concerns with cruise ship transmission also draw valuable resources away from the immense Federal, state, and local effort to contain and mitigate the spread of COVID-19. Safely evacuating, triaging, quarantining, and repatriating cruise ship passengers involves complex logistics, incurs financial costs at all levels of government, and diverts resources away from larger efforts to suppress or mitigate the virus.

Coordination Efforts with the Cruise Ship Industry

To address the continued and significant risks and burdens posed by ongoing cruise ship operations, CDC and other Federal agencies have engaged with representatives from Cruise Lines International Association ("CLIA"), the leading industry trade group. To that end, CLIA members and certain individual cruise lines have voluntarily taken steps to try to mitigate the impact of the spread of COVID-19. On March 13, 2020, CLIA and their associated members announced that all member cruise lines would voluntarily suspend cruise ship operations from U.S. ports of call for 30 days as public health officials and the Federal government continue to address COVID-19. The Federal government recognizes the enormity and importance of this action taken by CLIA and the commitment it demonstrates to protecting the health of both cruise ship passengers and the public at large. Following the example set by CLIA members, additional cruise lines have also voluntarily suspended operations from U.S. ports of call. Although the CLIA members and the additional cruise lines implementing a voluntary suspension of operations represent a large majority of the cruise industry, not all cruise lines or ships have announced a voluntary suspension of operations or that they will follow the important example set by CLIA members. This Order is intended to cover and specifically apply to those cruise lines or ships that do not undertake a voluntary suspension of operations. As a result, this Order

specifically excludes from applicability any cruise line or ship that voluntarily suspends operations for the period of this Order, as CLIA members have done.

Findings and Immediate Action

Accordingly, and consistent with 42 C.F.R. § 71.32(b), the Director of CDC ("Director") finds evidence to support a reasonable belief that cruise ships are or may become infected or contaminated with a quarantinable communicable disease.[5] This reasonable belief is based on information from epidemiologic and other data regarding the nature and transmission of COVID-19 on cruise ships from the recent outbreaks onboard the Diamond Princess, Grand Princess, and other cruise ships. As a result, cruise ship passengers may be infected with or exposed to COVID-19 by virtue of having been onboard a cruise ship at a time when cases of COVID-19 are being reported in significant numbers globally and specifically on cruise ships, when testing is available.

The Director also finds that cruise ship travel may exacerbate the global spread of COVID-19. The scope of this pandemic is inherently and necessarily a problem that is international and interstate in nature, and cannot be controlled sufficiently by the cruise ship industry or individual state or local health authorities. Accordingly, under 42 C.F.R. § 70.2, the Director determines that measures taken or likely to be taken by state and local health authorities regarding COVID-19 onboard cruise ships are inadequate to prevent the further interstate spread of the disease.

The Director further determines that this Order provides public health authorities, in concert with the cruise ship industry, the necessary pause in operations to develop and implement an appropriate and robust plan to prevent and mitigate the spread of COVID-19, and acts to prevent the spread of the disease and ensure cruise ship passenger and crew health.

Therefore, in accordance with Sections 361 and 365 of the Public Health Service Act (42 U.S.C. §§ 264, 268) and 42 C.F.R. §§ 70.2, 71.32(b), for all cruise ships not voluntarily suspending operations for the period described below, it is ORDERED:

1. Cruise ship operators shall be allowed to disembark passengers and crew members at ports or stations only as directed by the United States Coast Guard (USCG), in consultation with HHS/CDC personnel and, as appropriate, as coordinated with Federal, state, and local authorities.

2. Cruise ship operators shall not reembark any crew member, except as approved by USCG, in consultation with HHS/CDC personnel, until further notice.

3. Cruise ship operators shall not embark any new passengers or crew, except as approved by USCG, or other Federal authorities as appropriate, in consultation with HHS/CDC personnel.

[5] COVID-19 is a communicable disease for which quarantine is authorized under Section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 C.F.R. §§ 70.1, 71.1, as listed in Executive Order 13295, as amended by Executive Orders 13375 and 13674.

4. Cruise ship operators shall not commence or continue operations (e.g., shifting berths, moving to anchor, or discharging waste), except as approved by USCG, in consultation with HHS/CDC personnel, until further notice.

5. While in port, the cruise ship operator shall observe health precautions as directed by HHS/CDC personnel.

6. The cruise ship operator shall comply with all HHS/CDC, USCG, and other Federal agency instructions to follow CDC recommendations and guidance for any public health actions relating to passengers, crew, ship, or any article or thing on board the ship, as needed, including by making ship's manifests and logs available and collecting any specimens for COVID-19 testing.

7. This order does not prevent the periodic reboarding of the ship by HHS/CDC personnel and/or USCG and/or other Federal, state, or local agencies or the taking on of ships' stores and provisions under the supervision of HHS/CDC personnel and/or USCG.

8. This order does not prevent the ship from taking actions necessary to maintain the seaworthiness or safety of the ship, or the safety of harbor conditions, such as movement to establish safe anchorage, or as otherwise directed by USCG personnel.

This order is effective immediately and shall continue in operation for a period of thirty (30) days, unless rescinded earlier based on public health considerations. This order is subject to renewal and further modifications as needed.

In testimony whereof, the Director, Centers for Disease Control and Prevention, U.S. Department for Health and Human Services, has hereunto set his hand at Atlanta, Georgia, this 14th day of March, 2020.

Robert R. Redfield MD

Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention

documents related to this request for comment. Interested members of the public may comment on any individual document, whether or not addressed in one of the public meetings. The public may also contribute scholarly articles or other information that is appropriate to the topic. The public may also comment on any matter relating to modernization of Electronic Rulemaking Management by commenting on the primary document for this notice, referenced in the docket as Notice-MR–2020–01.

From the home page of *regulations.gov,* search for ''Docket No. GSA–2020–0002; Sequence No. 16.'' Identify the specific document within the docket that you would like to comment on, select the link ''Comment Now,'' and follow the instructions provided at the screen. Attendance at this meeting is not required to provide comments. The public meeting is intended to supplement the background materials in the docket and provide additional insight into specific topics related to Electronic Regulation Management. Transcripts and any presentations from the meeting will be publicly posted to the docket within two weeks in order to enable the public to comment prior to Wednesday, June 3, 2020.

Those in attendance at the meeting will have an opportunity to ask questions or make comments through the chat feature in the web conferencing platform for the virtual public meeting, as time permits. However, the virtual public meeting is not a formal comment process. For formal consideration, all comments must be submitted to *regulations.gov* at the referenced docket. Comments may be submitted by June 3, 2020, on any topic related to Electronic Rulemaking Modernization.

GSA may publicly post all presentations submitted to the public meetings, all transcripts associated with the public meetings, and any comments received to the docket on *regulations.gov* without change. Read the *regulations.gov* notifications below regarding sharing of personally identifiable and/or business confidential information.

In general, GSA is seeking input on the business/mission needs of you or your organization as a participant or interested stakeholder in the rulemaking process. Specifics on proposed services or service improvements, including benefits and costs, would be helpful. Specific suggestions on service management, including performance measures and approaches for ongoing customer engagement would also be helpful.

Comments are also welcome on related technology services, including any specific recommendations for how technology can be applied to achieve specific business needs for regulatory management.

GSA also welcomes any references to existing research, processes, services, or technologies directly related to regulation management or related to functions that can be applied to regulation management.

Please note that comments on individually proposed rulemakings or other agency actions should be addressed to the specific agency and any dockets that they have created for that action. The role of GSA is that of a shared service provider for supporting public participation and government efficiencies in the regulatory process.

Tobias Q. Schroeder,

Director, eRulemaking Program Management Office,Office of Regulation Management, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2020–07943 Filed 4–14–20; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

No Sail Order and Suspension of Further Embarkation; Notice of Modification and Extension and Other Measures Related to Operations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), a component of the Department of Health and Human Services (HHS), announces a modification and extension of the No Sail Order and Other Measures Related to Operations that was previously issued on March 14, 2020—subject to the modifications and additional stipulated conditions set forth in this Order. The Order shall continue in operation until the earliest of the expiration of the Secretary of Health and Human Services' declaration that COVID–19 constitutes a public health emergency; the CDC Director rescinds or modifies the order based on specific public health or other considerations; or 100 days from the date of publication in the **Federal Register**.

DATES: This action is effective on April 15, 2020.

FOR FURTHER INFORMATION CONTACT: Jennifer Buigut, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V18–2, Atlanta, GA 30329. Phone: 404–498–1600. Email: *dgmqpolicyoffice@cdc.gov.*

SUPPLEMENTARY INFORMATION:

On March 14, 2020, the Director of the Centers for Disease Control and Prevention (CDC) issued a No Sail Order and Other Measures Related to Operations. CDC published a notice announcing that Order on March 24, 2020 (85 FR 16628). The March 14, 2020 Order was scheduled to expire April 13, 2020. This notice announces the renewal of the No Sail Order and Other Measures Related to Operations signed by the CDC Director on March 14, 2020—subject to the modifications and additional stipulated conditions as set forth in this Order. This Order shall continue in operation until the earliest of (1) the expiration of the Secretary of Health and Human Services' declaration that COVID–19 constitutes a public health emergency; (2) the CDC Director rescinds or modifies the order based on specific public health or other considerations; or (3) 100 days from the date of publication in the **Federal Register**. The findings and other evidence relied upon in issuing the March 14, 2020 Order are adopted herein by reference. Any ambiguity between the March 14, 2020 Order, as modified by the current Order, shall be resolved in favor of the current Order.

A copy of the order is provided below and a copy of the signed order can be found at *https://www.cdc.gov/quarantine/cruise/index.html.*

U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC)

Order Under Sections 361 & 365 of the Public Health Service Act (42 U.S.C. 264, 268) and 42 Code of Federal Regulations Part 70 (Interstate) and Part 71 (Foreign):

Modification and Extension of No Sail Order and Other Measures Related to Operations

Previous Order and Incorporation by Reference

This Order renews the No Sail Order and Other Measures Related to Operations signed by the CDC Director on March 14, 2020—subject to the modifications and additional stipulated conditions as set forth in this Order. This Order shall continue in operation until the earliest of (1) the expiration of the Secretary of Health and Human Services' declaration that COVID–19

constitutes a public health emergency; (2) the CDC Director rescinds or modifies the order based on specific public health or other considerations; or (3) 100 days from the date of publication in the **Federal Register**. The findings and other evidence relied upon in issuing the March 14, 2020 Order are incorporated herein by reference. Any ambiguity between the March 14, 2020 Order, as modified by the current Order, shall be resolved in favor of the current Order.

Statement of Intent

This Order shall be interpreted and implemented in a manner as to achieve the following paramount objectives:

- Preservation of human life;
- Preventing the further introduction, transmission, and spread of COVID–19 into and throughout the United States;
- Preserving the public health and other critical resources of Federal, State, and local governments;
- Preserving hospital, healthcare, and emergency response resources within the United States; and
- Maintaining the safety of shipping and harbor conditions, including safety of personnel.

Applicability

This Modification and Extension of No Sail Order and Other Measures Related to Operations shall apply only to the subset of carriers [1] described below and hereinafter referred to as ''cruise ships:''

All commercial, non-cargo,[2] passenger-carrying vessels operating in international, interstate, or intrastate waterways and subject to the jurisdiction of the United States with the capacity to carry 250 [3] or more individuals (passengers and crew) with an itinerary anticipating an overnight stay onboard or a twenty-four (24) hour stay onboard for either passengers or crew.[4]

This Order shall additionally apply to any cruise ship that was previously excluded from the March 14, 2020 Order, by virtue of having voluntarily suspended operations.

''Operations'' for purposes of this Order means any action by a cruise ship operator to bring or cause a cruise ship to be brought into or transit in or between any international, interstate, or intrastate waterways (*e.g.,* shifting berths, moving to anchor, discharging waste, making port, or embarking or disembarking passengers or crew) subject to the jurisdiction of the United States.

''Operator'' for purposes of this Order means the Master of the vessel (cruise ship) and any other crew member responsible for cruise ship operations and navigation, as well as any person or entity (including a corporate entity) that authorizes or directs the use of a cruise ship (*e.g.,* as owner, lessee, or otherwise). A cruise ship operator may be either the cruise ship captain or the cruise line to which the cruise ship belongs, or both. The term ''Operator'' as used in this Order further incorporates the terms ''company,'' ''designated person,'' and ''responsible person'' as defined in 33 CFR. § 96.120.

Events Since the Issuance of March 14, 2020 Order

On March 14, 2020, the CDC Director issued a No Sail Order and Other Measures Related to Operations directing cruise ships not voluntarily suspending operations to comply with measures outlined by the CDC and U.S. Coast Guard. This followed a March 13, 2020, announcement by Cruise Lines International Association (CLIA), the leading industry trade group, that its members would voluntarily suspend cruise ship operations. On March 17, 2020, CDC issued a Level 3 Travel Warning that all travelers defer cruise travel worldwide based on widespread ongoing transmission of COVID–19.[5] The suspension of a global tourism industry, such as the cruise line industry, does not happen instantaneously or easily. During the suspense of operations, the cruise line operators worked with both Federal, State, and local governments to disembark of over 250,000 passengers from more than 120 vessels. The cruise line operators continue discussions with Federal, State and local governments regarding the 114 vessels with over 93,000 crew either in or near U.S. ports. However, COVID–19 clusters and outbreaks continue to occur on and in connection with cruise ships.

There are a number of recent incidences of reported COVID–19 spread onboard cruise ships including the Costa *Magica,* Costa *Favolosa,* Celebrity *Eclipse,* Disney *Wonder,* Holland America *Zaandam,* and Celebrity *Coral Princess.* The *Costa Magica* and the *Costa Favolosa,* reported at least 88 ill crew members on board with respiratory symptoms of COVID–19. On March 26, 2020, in coordination with U.S. Coast Guard and public health personnel, four infected crew members were evacuated off the *Magica* and seven from the *Favolosa* for life-critical care at Jackson Memorial Hospital in Miami, Florida. The *Zaandam* cruise ship reported illness consistent with COVID–19 in at least 250 persons onboard—guests and crew members; 76 of these persons remain symptomatic. Four passengers onboard the *Zaandam* have died (one for non-COVID–19 related reasons).[6]

As of April 1, 2020, four crew members onboard the *Eclipse* have tested positive for COVID–19, three of whom remain on the ship. One passenger onboard the *Eclipse* required emergency medical evacuation and is currently hospitalized in San Diego, California after having tested positive for COVID–19. The *Wonder* reported four crew members who have tested positive for COVID–19. Two of the four are now hospitalized, the two others are isolated on the ship; an additional three former passengers (from the last voyage who disembarked) are also positive. Most recently, the *Coral Princess* reported 12 persons (seven passengers and five crew members) onboard who are confirmed positive for COVID–19 and an additional 43 suspected cases in persons with influenza-like illness. As of April 3, 2020, there are four patients on oxygen in the ship's medical center.

There are approximately 50 cruise ships that remain at sea off the East

[1] Carrier is defined by 42 CFR 71.1 to mean, ''a ship, aircraft, train, road vehicle, or other means of transport, including military.''

[2] Given the substantial risk of person-to-person transmission of COVID–19, as opposed to transmission via indirect contact, this Order is currently limited to passenger, non-cargo vessels.

[3] Based on substantial epidemiological evidence related to congregate settings and mass gatherings, this Order suspends operation of vessels with the capacity to carry 250 individuals or more. Evidence shows that settings as small as nursing homes or movie theaters can proliferate the spread of a communicable disease. As the numbers of passengers and crew onboard a ship increases, certain recommended mitigation efforts such as social distancing become more difficult to implement. In light of the demonstrated rapid spread of this communicable disease in current cruise ship settings, application of this Order to vessels carrying 250 or more individuals is a prudent and warranted public health measure. Moreover, the management of current coronavirus cases in addition to existing seasonal care needs (*e.g.,* influenza) has placed an extreme burden on the public health and healthcare systems and this Order will help avoid further stressing those systems.

[4] This order shall not apply to vessels operated by a U.S. Federal or State government agency. Nor shall it apply to vessels being operated solely for purposes of the provision of essential services, such as the provision of medical care, emergency response, activities related to public health and welfare, or government services, such as food, water, and electricity.

[5] CDC, Traveler's Health, *COVID–19 and Cruise Ship Travel,* at: *https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-cruise-ship* (originally posted, March 17, 2020).

[6] ''President of Holland America cruise line pleads for compassion while Florida debates allowing ships to dock,'' Fox News, March 31, 2020, available at: *https://www.foxnews.com/travel/zaandam-holland-america-cruise-president-florida-debate.*

Coast of the United States and in the Bahamas with an estimated 47,800 crew onboard; off the West Coast and Gulf Coast there are approximately 45 cruise ships with an estimated 32,000 crew onboard. Some of these crew are not critical to maintain the seaworthiness or basic safe operation of the cruise ships; many are part of the hotel and hospitality crew. CDC is currently aware of 15 cruise ships at port or anchorage in the United States with known or suspected COVID–19 infection among the crew who remain onboard. CDC is currently tracking two cruise ships with passengers that are expected to make port in the United States.

There are several public health concerns when crew members become ill while onboard these ships and the cruise lines seek the aid of the United States in disembarking them, as has already occurred on numerous occasions. The intensive care requirements for infected crew in need of life-critical care greatly stresses an already overburdened healthcare system facing shortages of masks, test kits, beds, and ventilators needed to respond to COVID–19. The addition of further COVID–19 cases from cruise ships places healthcare workers at substantial increased risk. Moreover, safely evacuating, triaging, and repatriating cruise ship crew involves complex logistics, incurs financial costs at all levels of government, and diverts resources away from larger efforts to suppress or mitigate COVID–19.

Critical Need for Further Cooperation and Response Planning

CDC and other Federal agencies engaged with CLIA representatives in early March. On March 13, 2020, CLIA and their associated members announced that all member cruise lines would voluntarily suspend cruise ship operations from U.S. ports of call for 30 days as public health officials and the Federal government continue to address COVID–19. Several cruise lines followed CLIA's example and similarly voluntarily suspended operations.

CLIA also drafted a response plan, ''On Course: Cruise Industry COVID–19 Response and Protocols'' (hereinafter, ''On Course''). The plan proposed ''industry management of suspected or confirmed cases of COVID–19 without burden on the U.S. government.'' [7] CLIA stated that it could implement this plan within 7 days.[8] In response to a suspected or confirmed case of COVID–19, ''industry would be responsible for transporting the [exposed or infected] individuals in appropriate buses, cars, or ambulances.'' [9] Furthermore, CLIA averred that, ''contracts for predesignated facilities though Global Rescue [a firm with purported experience and expertise in mass medical incidents] [would] receive COVID–19 patients, including arrangements [that] will be executed following plan approval.'' [10] CLIA further stated that it had planned for ''multiple redundancies'' in its response efforts. Specifically, ''CLIA commits to making five ships available for temporary housing purposes. They would be tasked with sailing to any affected ship and taking affected guests and crew aboard for the self-isolation period.'' [11]

On April 3, 2020, CLIA drafted a new response plan, ''Framework: For Cruise Industry Care of Crew and other Persons on Board while Ships Remain Idle during the Global COVID–19 Pandemic'' (hereinafter, ''Framework''). The Framework plan must go further to reduce industry reliance on government and shoreside hospital resources. For example, while the Framework states that a ship will maintain its medical staff, it must provide further details of how the industry will provide for the acute care needs of the critically ill. The Framework must also address industry assistance to COVID–19 affected cruise ships by deploying additional ships for cohort separation of those who are exposed, infected, and in need of hospitalization. Furthermore, laboratory sampling and testing, onboard mitigation and prevention strategies, disinfection protocols, personal protective equipment, repatriation of foreign nationals, and onshore transportation, including through contract medivac helicopter, must be addressed in further detail, including how the industry proposes to acquire, staff, and operationalize this plan, with minimal burden on Federal, State, or local government entities or the healthcare system.

Findings and Immediate Action

Accordingly, and consistent with 42 CFR 70.2, 71.31(b) and 71.32(b), the Director of CDC (''Director'') finds that cruise ship travel exacerbates the global spread of COVID–19 and that the scope of this pandemic is inherently and necessarily a problem that is international and interstate in nature and has not been controlled sufficiently by the cruise ship industry or individual State or local health authorities. As described in the March 14, 2020 Order, cruise ship travel markedly increases the risk and impact of the COVID–19 disease outbreak within the United States. If unrestricted cruise ship passenger operations were permitted to resume, infected and exposed cruise ship cases would place healthcare workers at substantial increased risk. Specifically, these cases would divert medical resources away from persons with other medical problems and other COVID–19 cases, consuming precious diagnostics, therapeutics, and protective equipment. Ongoing concerns with cruise ship transmission would further draw valuable resources away from the immense Federal, State, and local effort to contain and mitigate the spread of COVID–19. Further, the current ongoing non-passenger operation of cruise ships has not sufficiently abated the public health concern, as ship crew become sick and require medical care drawing on otherwise engaged Federal, State, and local resources. As operators of non-U.S. flagged vessels sailing in international waters, it is imperative that the cruise ship industry and cruise lines themselves take responsibility for the care of their crew and do not further tax limited U.S. resources during a public health emergency.

The Director also finds evidence to support a reasonable belief that cruise ships are or may be infected or contaminated with a quarantinable communicable disease.[12] This reasonable belief is based on information from epidemiologic and other data regarding the nature and transmission of COVID–19 on cruise ships, including the information described in the March 14, 2020 Order and evidence from the *Costa Magica, Costa Favolosa, Eclipse, Wonder, Zaandam, Coral Princess,* and other cruise ships. As a result, persons onboard cruise ships may be infected with or exposed to COVID–19 by virtue of being onboard at a time when cases of COVID–19 are being reported in increasingly significant numbers globally [13] and specifically on cruise ships, when testing is available.

Accordingly, under 42 CFR 70.2, the Director determines that measures taken

[7] (On Course, pages 1, 10).

[8] *Id.* at 2.

[9] *Id.* at 1–2.

[10] *Id.* at 7.

[11] *Id.* at 13.

[12] COVID–19 is a communicable disease for which quarantine is authorized under Section 361 of the Public Health Service Act (42 U.S.C. 264) and 42 CFR 70.1, 71.1, as listed in Executive Order 13295, as amended by Executive Orders 13375 and 13674.

[13] Since the March 14, 2020 Order, the number of global cases of COVID–19 reported by the World Health Organization (WHO) has risen from 142,534 to 1,051,635 as of April 4, 2020, with 56,985 deaths. *See* Situation Reports, WHO, *https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports.*

by State and local health authorities regarding COVID–19 onboard cruise ships are inadequate to prevent the further interstate spread of the disease.

This Order is not a rule within the meaning of the Administrative Procedure Act (''APA''), but rather an emergency action taken under the existing authority of 42 CFR 70.2, 71.31(b) and 71.32(b). In the event that this Order qualifies as a rule under the APA, notice and comment and a delay in effective date are not required because there is good cause to dispense with prior public notice and comment and the opportunity to comment on this Order and the delay in effective date.[14] Considering the public health emergency caused by COVID–19 based, among other things, on its continued spread on board cruise ships, it would be impracticable and contrary to the public health, and by extension the public interest, to delay the issuance and effective date of this Order. Similarly, if this Order qualifies as a rule per the definition in the APA, the Office of Information and Regulatory Affairs has determined that it would be a major rule, but there would not be a delay in its effectiveness as the agency has invoked the good cause provision of the APA.

If any provision in this Order, or the application of any provision to any carriers, persons, or circumstances, shall be held invalid, the remainder of the provisions, or the application of such provisions to any carriers, persons or circumstances other than those to which it is held invalid, shall remain valid and in effect.

In accordance with 42 U.S.C. 264(e), this Order shall supersede any provision under State law (including regulations and provisions established by political subdivisions of States), that conflict with an exercise of Federal authority, including instructions by U.S. Coast Guard (USCG) or HHS/CDC personnel permitting ships to make port or disembark persons under stipulated conditions, under this Order.

This Order shall be enforceable through the provisions of 18 U.S.C. 3559, 3571; 42 U.S.C. 243, 268, 271; and 42 CFR 70.18, 71.2.

Therefore, in accordance with sections 361 and 365 of the Public Health Service Act (42 U.S.C. 264, 268) and 42 CFR 70.2, 71.31(b), 71.32(b), for all cruise ships for the period described below, *it is ordered*:

1. As a condition of obtaining controlled free pratique to continue to engage in any cruise ship operations in any international, interstate, or intrastate waterways subject to the jurisdiction of the United States, cruise ship operators shall immediately develop, implement, and within seven (7) days of the signing of this Order operationalize, an appropriate, actionable, and robust plan to prevent, mitigate, and respond to the spread of COVID–19 on board cruise ships.

2. As a condition of obtaining controlled free pratique to continue to engage in any cruise ship operations in any international, interstate, or intrastate waterways subject to the jurisdiction of the United States, the cruise ship operator shall make the plan described in paragraph 1, above, available to HHS/CDC and USCG personnel within seven (7) days of the signing of this Order.

3. An appropriate plan is one that adequately prevents, mitigates, and responds to the spread of COVID–19 on board cruise ships and that, at a minimum, must address the following elements:

a. Onboard surveillance of passengers and crew with acute respiratory illnesses, influenza-like illnesses, pneumonia, and COVID–19, including reporting to HHS/CDC on a weekly basis on overall case counts, methods of testing, and number of persons requiring hospitalization or medical evacuation;

b. Reports on the number of persons onboard the cruise ship and any increase in the numbers of persons with COVID–19 made to HHS/CDC and USCG on a daily basis for as long as the cruise ship is within waters subject to the jurisdiction of the United States.

c. Onboard monitoring of passengers and crew through temperature checks and medical screening, including addressing frequency of monitoring and screening;

d. Training of all crew on COVID–19 prevention, mitigation, and response activities;

e. Protocols for any COVID–19 testing, including details relating to the shore-side transport, administration, and operationalization of laboratory work if onboard laboratory work is not feasible;

f. Onboard isolation, quarantine, and social distancing protocols to minimize the risk of transmission and spread of COVID–19;

g. Onboard medical staffing, including number and type of staff, and equipment in sufficient quantity to provide a hospital level of care (*e.g.,* ventilators, facemasks, personal protective equipment) for the infected without the need for hospitalization onshore;

h. An outbreak management and response plan to provision and assist an affected cruise ship that relies on industry resources, *e.g.,* mobilization of additional cruise ships or other vessels to act as ''hospital'' ship for the infected, ''quarantine'' ship for the exposed, and ''residential'' ship for those providing care and treatment, including the ability to transport individuals between ships as needed;

i. Categorization of affected individuals into risk categories with clear stepwise approaches for care and management of each category;

j. A medical care plan addressing onboard care versus evacuation to on-shore hospitals for critically ill individuals, specifying how availability of beds for critically ill at local hospitals will be determined in advance and how the cruise ship operator will ensure acceptance at local medical facilities to treat the critically ill in a manner that limits the burden on Federal, State, and local resources and avoids, to the greatest extent possible, medivac situations. If medical evacuation is necessary arrangements for evacuation must be made with commercial resources (*e.g.,* ship tender, chartered standby vessel, chartered airlift) and arrangements made with a designated medical facility that has agreed to accept such evacuees. All medical evacuation plans must be coordinated with the U.S. Coast Guard;

k. Detailed logistical planning for evacuating and repatriating, both U.S. citizens and foreign nationals, to their respective communities and home countries via foreign government or industry-chartered private transport and flights, including the steps the cruise ship operator will take to ensure those involved in the transport are not exposed; (the use of commercial flights to evacuate or repatriate individuals, both within or from the United States, is prohibited);

l. The projected logistical and resource impact on State and local government and public health authorities and steps taken to minimize the impact and engage with these authorities; all plans must provide for industry/cruise line management of suspected or confirmed cases of COVID–19 without resource burden on Federal, State, or local governments;

m. Plan execution in all U.S. geographical areas—all plans must be capable of being executed anywhere in international, interstate, or intrastate waterways subject to the jurisdiction of the United States; and

n. Cleaning and disinfection protocols for affected cruise ships.

4. An appropriate plan shall be designed to minimize, to the greatest extent possible, any impact on U.S. government operations or the operations

[14] *See* 5 U.S.C. 553(b)(B), (d)(3).

of any State or local government, or the U.S. healthcare system.

5. The cruise ship operator shall further ensure that the plan is consistent with the most current CDC recommendations and guidance for any public health actions related to COVID–19. Where appropriate, a cruise ship operator may coordinate the development, implementation, and operationalization of a plan with other cruise ship operators, including an industry trade group.

The terms and conditions of the No Sail Order and Other Measures Related to Operations signed on March 14, 2020, as modified and extended by this *order, shall remain in effect*. Consequently, *it remains ordered*:

1. Cruise ship operators shall not be allowed to disembark passengers and crew members at ports or stations, except as directed by the USCG, in consultation with HHS/CDC personnel and, as appropriate, as coordinated with Federal, State, and local authorities.

2. Cruise ship operators shall not reembark any crew member, except as approved by USCG, in consultation with HHS/CDC personnel, until further notice.

3. Cruise ship operators shall not embark any new passengers or crew, except as approved by USCG, or other Federal authorities as appropriate, in consultation with HHS/CDC personnel.

4. Cruise ship operators shall not commence or continue operations (*e.g.,* shifting berths, moving to anchor, or discharging waste), except as approved by USCG, in consultation with HHS/CDC personnel, until further notice.

5. While in port, the cruise ship operator shall observe health precautions as directed by HHS/CDC personnel.

6. The cruise ship operator shall comply with all HHS/CDC, USCG, and other Federal agency instructions to follow CDC recommendations and guidance for any public health actions relating to passengers, crew, ship, or any article or thing on board the ship, as needed, including by making ship's manifests and logs available and collecting any specimens for COVID–19 testing.

7. This order does not prevent the periodic reboarding of the ship by HHS/CDC personnel and/or USCG and/or other Federal, State, or local agencies or the taking on of ships' stores and provisions under the supervision of HHS/CDC personnel and/or USCG.

8. This order does not prevent the ship from taking actions necessary to maintain the seaworthiness or safety of the ship, or the safety of harbor conditions, such as movement to establish safe anchorage, or as otherwise directed by USCG personnel.

This Order is effective upon publication in the **Federal Register** and shall continue in operation until the earliest of (1) the expiration of the Secretary of Health and Human Services' declaration that COVID–19 constitutes a public health emergency; (2) the CDC Director rescinds or modifies the order based on specific public health or other considerations; or (3) 100 days from the date of publication in the **Federal Register**.

Authority

The authority for these orders is Sections 361 and 365 of the Public Health Service Act (42 U.S.C. 264, 268) and 42 CFR 70.2, 71.31(b), 71.32(b).

Robert K. McGowan,

Chief of Staff, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 84 FR 65981, dated December 12, 2019) is amended to reorganize the Center for Preparedness and Response, Deputy Director for Public Health Service and Implementation Science, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the titles and functional statements for *Division of State and Local Readiness (CBCB)* insert the following:

Division of State and Local Readiness (CBCB). The Division of State and Local Readiness (DSLR): (1) Provides program support, technical assistance, guidance, technical integration, and capacity building of preparedness planning across public health, healthcare, and emergency management sectors; and (2) provides fiscal oversight to state, local, tribal, and territorial public health department Cooperative Agreement recipients for the development, monitoring, and evaluation of public health capabilities, plans, infrastructure, and systems to prepare for and respond to terrorism, outbreaks of disease, natural disasters, and other public health emergencies.

Office of the Director (CBCB1). (1) Provides national leadership and guidance that supports and advances the work of state, local, tribal, and territorial public health emergency preparedness programs; (2) coordinates the development of guidelines and standards for programmatic materials within the division to provide technical assistance and program planning at the state, local, tribal, and territorial level; (3) represents and communicates the interests and needs of the state, local, tribal, and territorial jurisdictions on state and local preparedness and response issues; (4) develops and ensures effective partnerships with national stakeholders and preparedness and response partners; (5) provides oversight and management of division contracts, recipient awards and fiscal accountability; and (6) manages the IT strategy and infrastructure to support recipient programmatic and fiscal activities.

Program Implementation Branch (CBCBB). (1) Provides consultation, technical assistance, and training to state, territorial, tribal, and local health departments in management and operation of activities to support public health emergency preparedness programs and recovery, including the infrastructure and systems necessary to manage and use deployed medical countermeasure assets; (2) facilitates partnerships between public health preparedness programs at federal, state, and local levels to ensure their consistency, sharing of promising practices, and integration; (3) collaborates with and supports other divisions in CPR and other national centers across CDC to ensure high quality technical assistance is available to the grantees on preparedness capabilities; (4) monitors programmatic activities of cooperative agreements of state, local, tribal, and territorial organizations to assure program objectives and key performance indicators are achieved, including reviews of Cities Readiness Initiative response plans; (5) provides assistance to state and local governments and public health agencies to prepare for effective responses to large scale public health events; (6) evaluates and identifies gaps in jurisdictional operational readiness and facilitates plans and develops tools to address identified gaps; (7) maintains an

EXHIBIT 2

ROYAL CARIBBEAN CRUISES LTD.

ROYAL CARIBBEAN ANNOUNCES GLOBAL SUSPENSION OF CRUISING

MIAMI, March 14, 2020 – Given global public health circumstances, Royal Caribbean Cruises Ltd. has decided to suspend the sailings of our fleet globally at midnight tonight.

We will conclude all current sailings as scheduled and assist our guests with their safe return home.

As with our announcement yesterday regarding U.S. sailings, we expect to return to service on April 11, 2020.

# # #

Media Contact: corporatecommunications@rccl.com

ROYAL CARIBBEAN CRUISES LTD.

ROYAL CARIBBEAN EXTENDS GLOBAL SUSPENSION OF CRUISING

MIAMI, March 24, 2020 - Given global public health circumstances, Royal Caribbean Cruises Ltd. has decided to extend the suspension of sailings of our global fleet.

We are working with our guests to address this disruption to their vacations, and we are genuinely sorry for their inconvenience. We are also working with our crew to sort out the issues this decision presents for them.

We expect to return to service on May 12, 2020. Because of announced port closures, we expect to return to service for Alaska, Canada and New England sailings July 1, 2020.

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ROYAL CARIBBEAN CRUISES LTD.

MIAMI, April 16, 2020 - Given global public health circumstances, Royal Caribbean Cruises Ltd. has decided to extend the suspension of sailings of our global fleet through June 11, 2020.

We are working with our guests to address this disruption to their vacations, and we are genuinely sorry for their inconvenience.

We expect to return to service on June 12.

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