

Jim

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 7 Apr 2020 13:42:04 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Greg Folkers (b) (6)
Subject: FW: Keynote Speaker Invitation - 8th International mRNA Health Conference

No!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Conrad, Patricia (NIH/NIAID) [E] (b) (6) > **On Behalf Of** Fauci, Anthony (NIH/NIAID) [E]
Sent: Tuesday, April 7, 2020 9:33 AM
To: NIAID OD AM (b) (6) >
Subject: FW: Keynote Speaker Invitation - 8th International mRNA Health Conference

From: Pardi, Norbert <pnorbert@penmedicine.upenn.edu>
Sent: Tuesday, April 7, 2020 9:07 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Keynote Speaker Invitation - 8th International mRNA Health Conference

Dear Dr. Fauci,

On behalf of the organizing committee, **I am writing to invite you to Keynote the 8th International mRNA Health Conference** (<http://www.mrna-conference.com/>) to be held at the Boston Park Plaza Hotel on Nov 9-10, 2020.

The International mRNA Health Conference is a yearly non-profit event collaboratively organized by Curevac, BioNTech and Moderna. It brings together academic and industry thought leaders in the mRNA design and delivery space to explore the rapidly evolving science, business and regulatory landscape of mRNA medicines. Over the last seven years, this 2-day conference has become the premier destination for industry and academic professionals to network with colleagues, learn about the latest advances in mRNA technology, and to attend scientific presentations given by the most esteemed experts in the field. Notably, it is the only annual conference dedicated solely to mRNA therapeutics.

As a scientist with tremendous experience and the director of NIAID, the organizing committee thought that conference attendees would very much appreciate hearing about your thoughts about mRNA therapeutics, particularly vaccines, and any perspectives you wish to share.

The organizing committee recognizes that your calendar is likely filled years in advance, but we all have our fingers crossed that you might be able to fit this into your busy schedule.

I look forward to hearing from you.

all best wishes,

Norbert

P.S. In the event that the COVID-19 crisis is still curtailing travel in the fall, our backup plan would be to have a completely virtual meeting on the same dates. We plan to make that decision in late August/early September.

Norbert Pardi, Ph.D.

Research Assistant Professor of Medicine

Infectious Disease Division

Perelman School of Medicine

University of Pennsylvania

Philadelphia, PA 19104

PH: 215-746-6552

pnorbert@penndmedicine.upenn.edu

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 7 Apr 2020 13:01:12 +0000
To: Mark Feinberg
Subject: RE: Greetings and an Update: VSV-SARS-CoV-2 Vaccine Development

Thanks, Mark. This e-mail is very informative and helpful.
Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Mark Feinberg (b) (6)
Sent: Saturday, April 4, 2020 4:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Greetings and an Update: VSV-SARS-CoV-2 Vaccine Development

Dear Tony,

I hope you doing well despite your heroically busy schedule and the complexity and magnitude of the critically important issues you are working so hard and effectively to address. You are providing such amazing and valuable leadership in the response to COVID-19 and the world is so fortunate to have you in this key role!

(b) (4)

Please let me know if you have any questions or would like any additional information. I will keep you posted (b) (4).

Be well and hang in there!

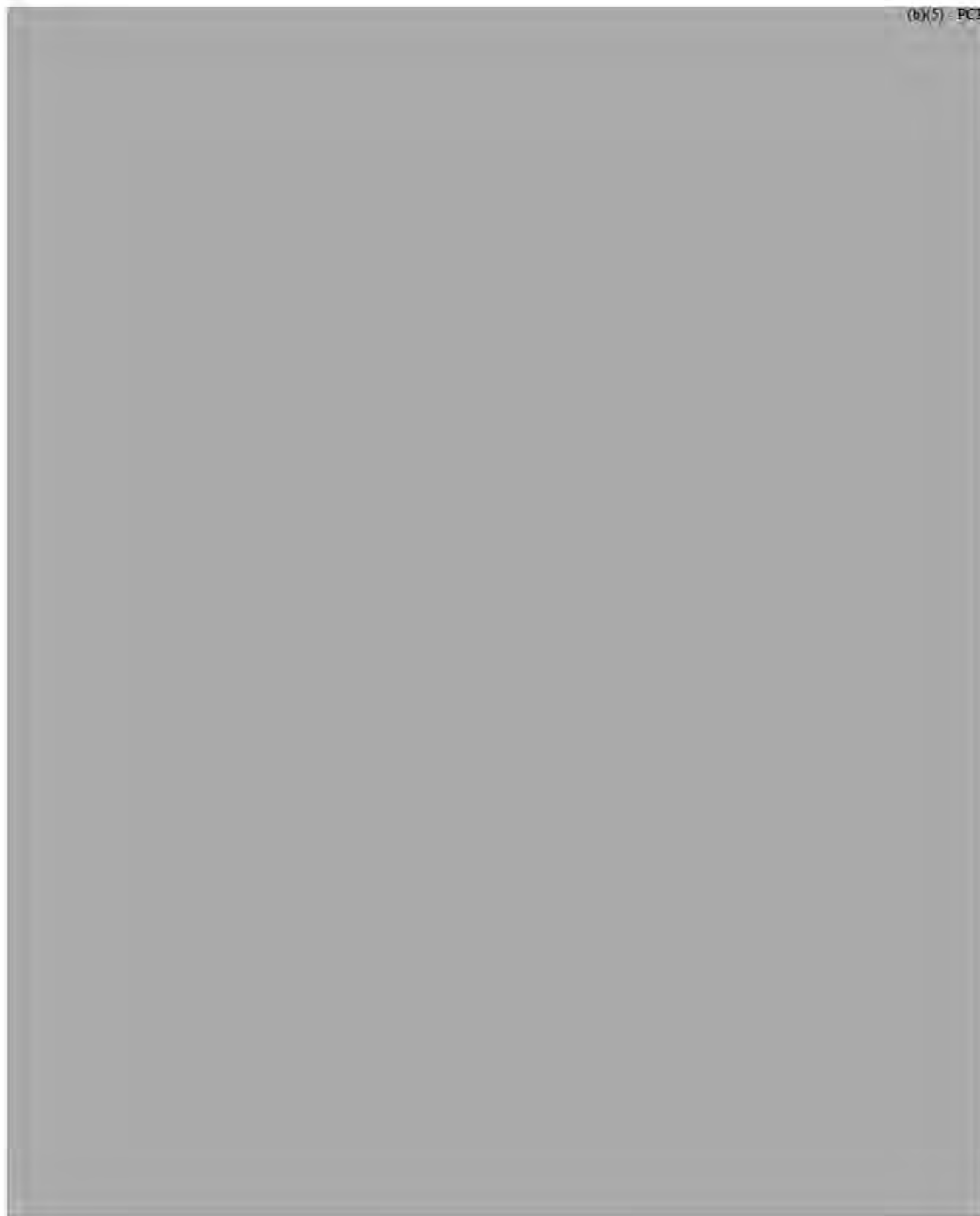
Very best,

Mark

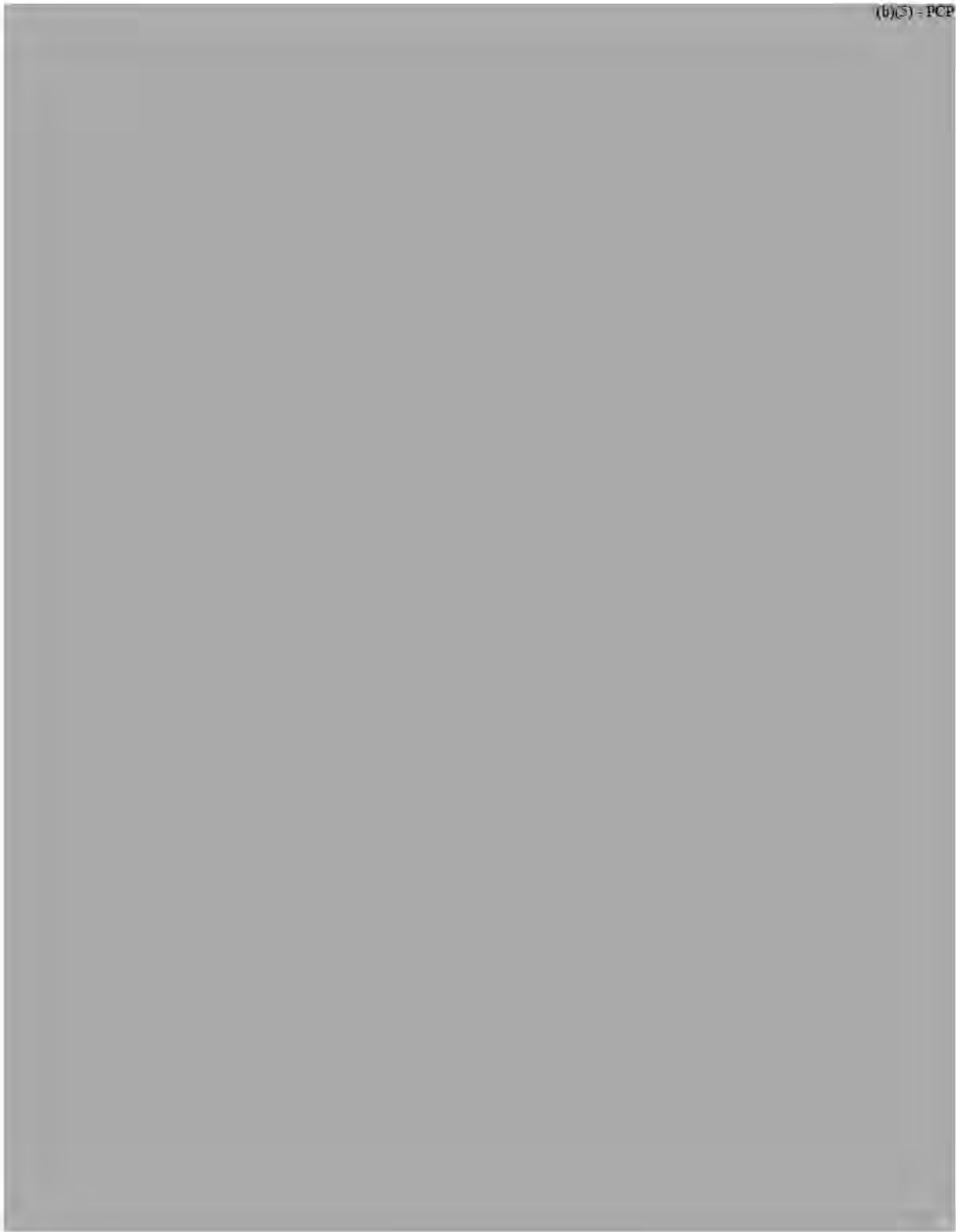
Mark Feinberg, MD, PhD

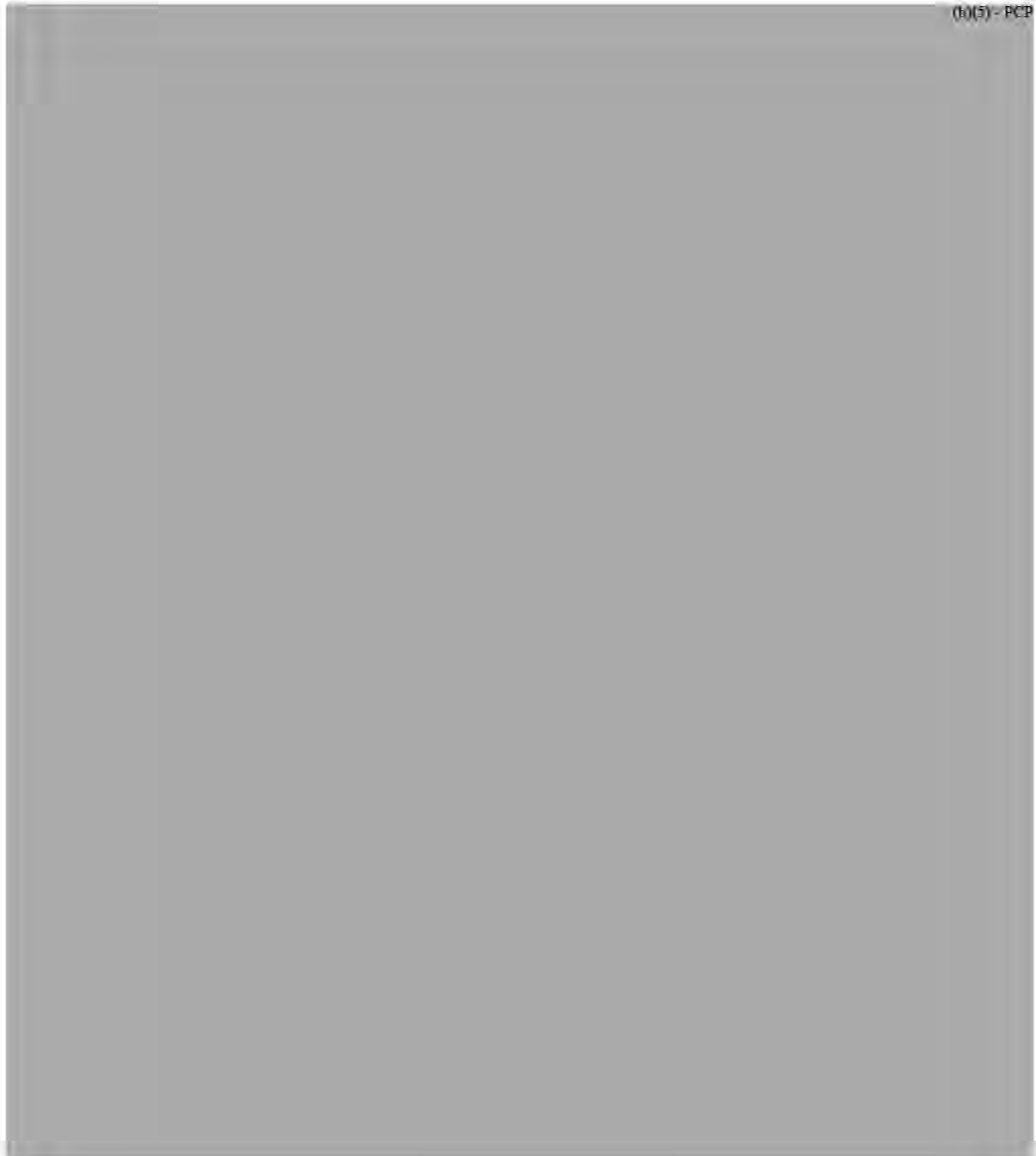
(b) (6)











From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 6 Apr 2020 17:30:06 +0000
To: Anki Wolf
Subject: RE: Elizabeth Glaser

Anki:

Many thanks for your kind note.
Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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-----Original Message-----

From: Anki Wolf (b) (6)>
Sent: Sunday, April 5, 2020 5:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Elizabeth Glaser

Hi Dr. Fauci,

I am (b) (6) you diagnosed with AIDS back in the mid 1980's. It was in those early days of the AIDS epidemic that you were instrumental in diagnosing and researching this dreadful disease.

(b) (6)

My family had been associated with the NCI through my uncle, Lou Wasserman, who was a researcher for a period of time. Lou did much research on polycythemia vera and was a hematologist at Mt. Sinai in NYC. I'm glad that he's no longer around to witness the devastation of Covid-19.

I was impressed with your knowledge at the time of (b) (6) diagnosis and I am even more so in these times of the Covid-19 pandemic. Thanks for being the intelligent and informative face of the facts on the virus. There are many around the country who rely on your wisdom but also on your facts and data.

Stay well, stay healthy, and keep providing the country with what we need to know and do.

Best,

Anki Wolf

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 6 Apr 2020 17:27:18 +0000
To: (b) (6)
Subject: FW: clinical trials of Oral LL-37 on COVID-19
Attachments: LL-37 ethic.pdf, three patients clinical study.pdf, CAS001 Subchronic toxicity experiment.pdf, International research programme(1).pdf, Wanzhu Jin CV.pdf

Any suggestion of what to do with this type of thing? Can you have someone respond to them.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: JINWan-Zhu (b) (6) >
Sent: Sunday, April 5, 2020 11:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; sunok301 (b) (6)
Subject: clinical trials of Oral LL-37 on COVID-19

Dear Dr. Anthony S Fauci:

Thank you very much for your hard work on COVID-19. You are the hero of word!

This is Prof. Wanzhu Jin prof. Institute of Zoology, Chinese Academy of Sciences.

(b) (4)



(b) (4)

Many thanks in advances!

Wanzhu Jin & Gang Sun

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 6 Apr 2020 16:41:38 +0000
To: info@marianneorlando.com
Cc: Grady, Christine (NIH/CC/BEP) [E]
Subject: FW: Fauci superhero

Marianne:

Many thanks for doing and sending this.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Marianne Orlando <info@marianneorlando.com>
Sent: Friday, April 3, 2020 6:55 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank you, sir

Dear Dr. Fauci,

Being a freelance illustrator, I am trying to keep myself productive during this life-altering pandemic by doing a series of COVID-19 inspired drawings.

This is my latest, that I call: "My Personal Superhero."

I dedicated it to you like this: "In his own, quiet way, he is a BadAss:
Disseminating info about this disease calmly and, always, backed by science."

Here is my drawing:



So, Thank you, Sir. You are the voice of reason in what has been a dangerous, frightening situation. You are a real leader.

Thank you,
Marianne Francesca Orlando

Thank you,

Marianne Orlando
Marianne Orlando Illustrations

(b) (6)

cell: (b) (6)

landline: (b) (6)



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ORLANDO *illustrations*

*home, pet and
people portraits
... and more*

info@marianneorlando.com

www.marianneorlando.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 6 Apr 2020 14:57:23 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Request for your support in promoting new WHO recommendation for emergency response operation to provide universal access to mandatory hand hygiene against COVID-19
Attachments: who-interim-recommendation-on-obligatory-hand-hygiene-against-transmission-of-covid-19.pdf

Let us discuss. I am not sure what I should do with this. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: HOYER, Stefan Detlef Leo (b) (6) >
Sent: Monday, April 6, 2020 8:34 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Emanuele CAPOBIANCO (b) (6) >; GORDON, Bruce Allan (b) (6) >; ROGERS, Paul <(b) (6)>
Subject: Request for your support in promoting new WHO recommendation for emergency response operation to provide universal access to mandatory hand hygiene against COVID-19
Importance: High

Dear Dr. Fauci

Please find enclosed the new WHO recommendation on establishing universal access to hand hygiene stations at thresholds of publicly accessible buildings and means of public transport. It is now officially published at : <https://who.int/who-documents-detail/interim-recommendations-on-obligatory-hand-hygiene-against-transmission-of-covid-19> I attach a pdf copy for easy reference.

I would like to request your support in promoting the recommendation as part of an international emergency response operation providing universal access to mandatory hand hygiene and/or sanitation against COVID-19 infections. Provided it is now made available and made obligatory whenever entering

and leaving a facility to which the general public has access, it could become possible to prevent most smear infections by decontaminating all hands prior *and* after each possible contamination, both active or passive. In addition, the measure should massively reduce transmission of other viruses and bacteria currently burdening differential diagnosis of COVID-pneumonias. Based on the excellent experiences made with the acceptability and adherence during Ebola outbreaks, repeated mandatory hand hygiene or sanitation should thus become an almost unconscious routine of everyday life for any person having to leave his or her private home in Corona-affected countries.

I have been asked by senior WHO emergency management to promote the WHO recommendation for rapid implementation with particular focus on current COVID-19 transmission epicenters such as the USA. Providing a systematic access to hand hygiene stations and making their use obligatory prior to entering and whenever leaving any public facility will also provide a safety net whenever current restrictions on movements and commerce are to be progressively reduced. Given the high resource settings in the current COVID-epicentres, and the negligible cost of implementing this public health emergency measure compared to prolonged mass confinement without safe exit strategy, I do presume that the wherewithal to carry it out will not be limiting factor.

Thank you for considering the collaboration in this emergency measure proposed within the USA at the largest possible scale. WHO has requested IFRC to alert the American Red Cross to support large scale implementation should your Government decide to implement the public health measure proposed.

With best wishes for success in all of your endeavours,

Stefan Hoyer

Dr Stefan Leo Hoyer
Medical Officer
Focal Point for Emergencies
Global Malaria Programme

t: [REDACTED] (b) (6) e: [REDACTED] (b) (6)
m: [REDACTED] w: www.who.int/malaria



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 6 Apr 2020 13:40:45 +0000
To: Jameson, James L
Subject: RE: COVID-19 Rx

Thanks, Larry.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Jameson, James L (b) (6) >
Sent: Monday, April 6, 2020 9:35 AM
To: Anthony Fauci (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Re: COVID-19 Rx

Tony,

I completely understand – we are all thinking about you as you help the country navigate this crisis – thanks so much. Let me know if there is any way that I, or people at Penn, can be helpful. Our scientists, several of whom are Coronavirus experts (Susan Weiss, Paul Bates), have coalesced form a Center to focus on potential treatments and immunology related to the virus. I list few below and you might triage to others to f/u further:



(b) (4)

Best regards,
Larry

From: Anthony Fauci (b) (6) >

Date: Monday, April 6, 2020 at 8:25 AM

To: "J. Larry Jameson" (b) (6) >

Cc: Dennis Kasper <(b) (6)>, Joseph Loscalzo

(b) (6) James Shanahan <(b) (6)>

Subject: Re: COVID-19 Rx

Larry:

I am so sorry that I have not gotten back to you and others in so long. I am completely swamped (3 to 4 hours sleep per night just does not work very well) and have not been able to even check my non-NIH (b) (6). I will try my best to catch up soon. Thank for your understanding.

Best regards,
Tony

On Fri, Mar 13, 2020 at 9:33 AM Jameson, James L (b) (6) wrote:

Dennis and Tony,

(b) (4)

Best regards,
Larry

--
Anthony S. Fauci, M.D.
Editor, *Harrison's Principles of Internal Medicine*

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 6 Apr 2020 02:27:39 +0000
To: Barasch, Kimberly (NIH/NIAID) [C]
Cc: Conrad, Patricia (NIH/NIAID) [E]; schoofs@usc.edu
Subject: FW: 2nd try: Mark Schoofs reaching out

Kim:

Please have me call Mark tomorrow.

Thanks,

Tony

From: Mark Schoofs <schoofs@usc.edu>
Sent: Sunday, April 5, 2020 7:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Subject: 2nd try: Mark Schoofs reaching out

Hi Tony,

God knows you are doing the world's most important work right now, but if possible, I would love to talk with you for my COVID-19 project. I promised to keep it under 10 minutes, probably just 5.

My cell: (b) (6)

All best,

Mark

From: Mark Schoofs
Sent: Saturday, March 28, 2020 10:04 AM
To: (b) (6)
Subject: Mark Schoofs reaching out

Hi Tony,

I hope you're hanging in there! If you have 5 minutes — 10 max — I'd like to talk with you for a COVID-19 project I'm working on.

My cell is (b) (6).

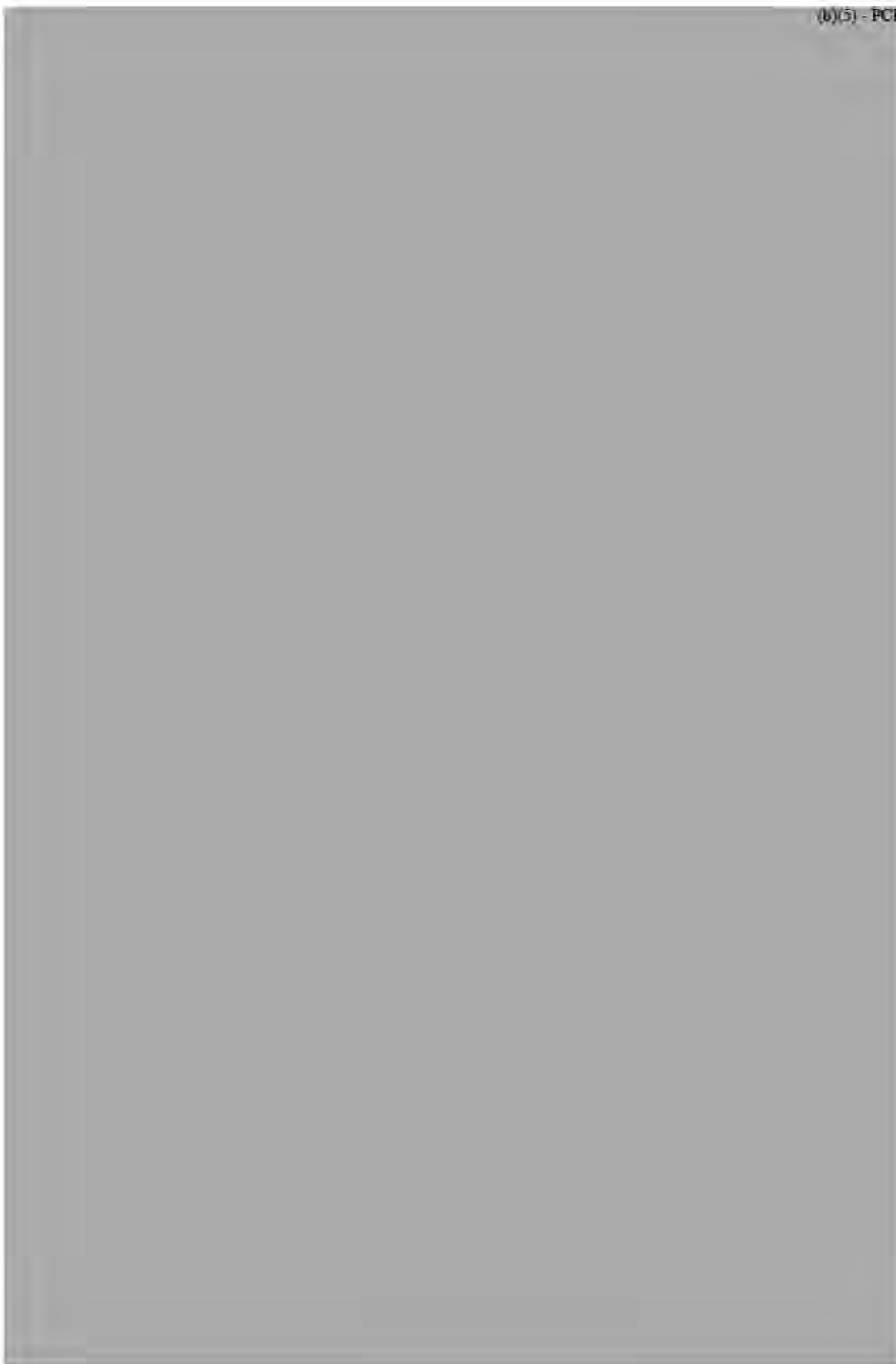
Thank you.

All best,

Mark Schoofs

Visiting Professor of Journalism

University of Southern California



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 5 Apr 2020 15:59:51 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30 MARCH 15:00 CEST
Attachments: Statement on the COVID-19 pandemic and the Extraordinary G20 Leaders' Summit - 1Apr2020 .pdf, GPMB Teleconference 30 March 2020 - Meeting Report 1 Apr 2020.pdf

Please check this out and let me know if there is anything we need to do. Thanks.

From: RIOUX, Amelie (b) (6)
Sent: Sunday, April 5, 2020 11:37 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6) >; Steven T. Smith (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; SMITH, Ian Michael (b) (6)
Subject: FW: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30 MARCH 15:00 CEST

Dear Dr Fauci,

Please find attached the meeting report from the GPMB teleconference on 30 March 2020 and the GPMB co-Chairs' *Statement on the COVID-19 pandemic and the Extraordinary G20 Leaders' Summit on COVID-19*. I apologize, your email was deleted by mistake in the last two messages to the GPMB.

With kind regards,

Amélie
GPMB Secretariat

From: RIOUX, Amelie
Sent: Friday, 3 April 2020 14:18
To: 'VDzau@nas.edu' (b) (6) >; J.Farrar (b) (6) >; 'hfore@unicef.org' (b) (6) >; 'Gao Fu' (b) (6) >; 'Gashumba Diane' (b) (6) >; Ilona Kickbusch (b) (6); 'Skvortsova Veronika' (b) (6) >; 'Vega Morales Jeanette' (b) (6) >
>
Cc: Gro (b) (6) 'As Sy' (b) (6); SMITH, Ian Michael (b) (6) >; SCHWARTLANDER, Bernhard F. (b) (6) >; 'Pate Muhamed' (b) (6)
Subject: RE: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30 MARCH 15:00 CEST

Dear Board Members,

Please find the link to the GPMB co-Chairs' *Statement on the COVID-19 pandemic and the Extraordinary G20 Leaders' Summit on COVID-19* (also attached):

<https://apps.who.int/gpmb/assets/pdf/Statement%20on%20the%20COVID-19%20pandemic%20and%20the%20Extraordinary%20G20%20Leaders'%20Summit%201Apr2020.pdf>

We encourage you to circulate the Statement through your channels. You may wish to use the original hashtag from our report #AWorldatRisk in social media posts.

With kind regards,

Amélie
GPMB Secretariat

This message is being sent to GPMB members and their designated staff in copy.

From: RIOUX, Amelie

Sent: Wednesday, 1 April 2020 16:42

To: 'VDzau@nas.edu' <(b) (6)>; J.Farrar <(b) (6)>;
(b) (6); 'Gao Fu' (b) (6);
(b) (6); 'Gashumba Diane' (b) (6)>; Ilona Kickbusch (b) (6);
'Skvortsova Veronika' (b) (6)>; 'Vega Morales Jeanette' (b) (6);
(b) (6)

Cc: 'Gro' (b) (6); 'As Sy' (b) (6); SMITH, Ian Michael
(b) (6); SCHWARTLANDER, Bernhard F. (b) (6)>; 'Pate Muhamed'
(b) (6)>

Subject: RE: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30 MARCH 15:00 CEST

Dear Board Members,

On behalf of the co-Chairs, please find attached the report from Monday's teleconference.

With kind regards,

Amélie
GPMB Secretariat

This message is being sent to GPMB members and their designated staff in copy.

From: RIOUX, Amelie

Sent: Tuesday, 31 March 2020 09:17

To: 'VDzau@nas.edu' <(b) (6)>; J.Farrar (b) (6);
(b) (6); 'Gao Fu' (b) (6);
(b) (6); 'Gashumba Diane' (b) (6)>; Ilona Kickbusch (b) (6)>;

'Skvortsova Veronika' (b) (6); 'Vega Morales Jeanette' (b) (6);
(b) (6)

Cc: Gro (b) (6); 'As Sy' <(b) (6)>; SMITH, Ian Michael
(b) (6); SCHWARTLANDER, Bernhard F. <(b) (6)>; RYAN, Michael J.
(b) (6); 'Pate Muhamed' <(b) (6)>; 'Godal, Tore' (b) (6);
'Tore Godal' <(b) (6)>; Alveberg, Benedikte Louise (b) (6);
(b) (6)
Scott Dowell
(b) (6) William
Hall (b) (6) 'Teresa Miller de
Vega' <(b) (6)>
'Marston Hilary'
(b) (6)
Carlos Navarro Colorado <(b) (6)>
>; 'Zacharie Gahungu'
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6); 'office-psa@nic.in' <office-psa@nic.in>; Toomas
Palu (b) (6); GPMB Secretariat <gpmbscretariat@who.int>; GABEDAVA, Tsira
(b) (6); 'Steve Landry' (b) (6)

Subject: RE: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30
MARCH 15:00 CEST

MESSAGE ON BEHALF OF THE GPMB CO-CHAIRS DR BRUNDTLAND AND MR SY

Dear GPMB Members,

Many thanks for your contributions to our teleconference, and to Jeremy and Victor for their very helpful report on the GPMB COVID-19 advocacy.

Several of you mentioned that you had additional points that you might wish to make in writing; please do so as soon as possible, copying them to all Board members.

If you have not already nominated a 'sherpa' to represent you in the informal support group that will work with the secretariat, please do so as soon as possible. The secretariat is organizing a teleconference with the informal support group to follow up on the direction given by the Board on the annual report and work plan.

Kind regards,

Gro & As
GPMB Co-chairs

< (b) (6) >; 'Anthony Fauci' (b) (6)
(b) (6) 'Gao Fu' (b) (6)
(b) (6); 'Gashumba Diane' (b) (6); Ilona Kickbusch < (b) (6) >;
'Skvortsova Veronika' (b) (6) 'Vega Morales Jeanette' (b) (6)
(b) (6)
(b) (6)
Cc: Gro < (b) (6) >; 'As Sy' (b) (6); SCHWARTLANDER, Bernhard F.
< (b) (6) >; RYAN, Michael J. (b) (6); 'Pate Muhamed'
(b) (6); 'Godal, Tore' (b) (6); 'Tore Godal' (b) (6)
Alveberg, Benedikte Louise (b) (6)
(b) (6)
(b) (6); Scott Dowell (b) (6)
(b) (6) William Hall < (b) (6) >
(b) (6) 'Teresa Miller de Vega'
(b) (6)
(b) (6) 'Marston Hilary' (b) (6)
(b) (6) >; Carlos
Navarro Colorado (b) (6)
(b) (6) 'Zacharie Gahungu' (b) (6);
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) >; 'office-psa@nic.in' <office-psa@nic.in>; Toomas Palu (b) (6)
GPMB Secretariat <gpmbscretariat@who.int>; GABEDAVA, Tsira (b) (6); 'Steve Landry'
(b) (6) RIOUX, Amelie (b) (6)

Subject: RE: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30 MARCH 15:00 CEST

Dear Board members, dear Colleagues,

Thank you very much to those of you who confirmed your participation in the teleconference on Monday from 15.00-16.00 CET. If you have not done so yet, we would be grateful if you could let us know as soon as possible.

If you cannot attend, the co-Chairs would welcome your written comments in advance of the call.

In preparation for the call, please find attached:

1. Agenda
2. Extraordinary G20 Leaders' Summit Statement on COVID-19 (shared with you earlier)
3. Update on the GPMB urgent COVID-19 funding call from the GPMB COVID-19 sub group
4. Overview of Existing Global Appeals and Funding Mechanisms for COVID-19 (for information)

The call-in details are copied below.

Please note that as several of you have nominated an Alternate to attend on your behalf, the co-chairs will invite Board Members to speak first, followed by Alternates speaking on behalf of Board members.

Given the very limited time, the co-Chairs have asked that keep your interventions as short as possible.

We look forward to the call. Please let us know if you have any questions.

With kind regards,

Ian Smith
GPMB Secretariat

Call-in Details:

By clicking on the link [Access via Web](#), you will find local and toll-free call-in numbers.

Participant access



(b) (4)
Security code: For this conference a Security code is not necessary.



Optional dial-in numbers
international
+41 58 262 07 22 (English) +41 58
262 07 44 (Italiano) +41 58 262
07 11 (Deutsch) +41 58 262 07 33
(Français)



Access via [Web](#)

From: RIOUX, Amelie

Sent: Wednesday, 25 March 2020 14:16

To: (b) (6) Jeremy Farrar' (b) (6)

Anthony Fauci (b) (6); Gao Fu (b) (6);

(b) (6); Gashumba Diane (b) (6); Ilona Kickbusch

(b) (6); Skvortsova Veronika (b) (6); Vega Morales Jeanette

(b) (6)

Cc: (b) (6); As Sy (b) (6); SMITH, Ian Michael (b) (6);

SCHWARTLANDER, Bernhard F. (b) (6) RYAN, Michael J. (b) (6); Pate

Muhammed (b) (6); Godal, Tore < (b) (6); Tore Godal (b) (6);

Alveberg, Benedikte Louise (b) (6)

(b) (6)
(b) (6) 'Teresa Miller de Vega'

(b) (6); 'Marston Hilary'

(b) (6)

(b) (6) Zacharie Gahungu

(b) (6)

(b) (6)

(b) (6)

Toomas Palu (b) (6); GPMB Secretariat (b) (6); GABEDAVA, Tsira
(b) (6)>

Subject: GPMB: MESSAGE ON BEHALF OF THE CO-CHAIRS: PROPOSED BOARD TELECONFERENCE - 30 MARCH 15:00 CEST

MESSAGE ON BEHALF OF THE GPMB CO-CHAIRS DR BRUNDTLAND AND MR SY

Dear Board Members,

We would like to propose to hold a Board teleconference on **Monday 30 March 2020, 15:00-16:00 CEST time**. The purpose of the call will be to update you on the GPMB's COVID-19 advocacy and to discuss next steps. A more detailed agenda and call-in details will be shared shortly.

We would appreciate if you could confirm your participation to Amélie Rioux (b) (6)

Thank you for your continued support and engagement.

With kind regards,

Gro and As

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 5 Apr 2020 01:57:37 +0000
To: Teri McPeak
Subject: RE: Association between Proton Pump Inhibitors and increased risk of Covid-19 death

Thanks, Teresa.

From: Teri McPeak <t.mcpeak@live.ca>
Sent: Saturday, April 4, 2020 5:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Association between Proton Pump Inhibitors and increased risk of Covid-19 death

Dr. Fauci,

There is a wealth of medical research papers about the association between Proton Pump Inhibitors (PPI) and increased risk of community acquired pneumonia. Long term use of PPIs reduce the pH of the stomach from 1 to 5. This reduction in stomach acid reduces the body's ability to fight viruses.

In addition, the lower stomach pH reduce the ability to absorb key nutrients that require gastric acid for breakdown and absorption (calcium, vitamin C & B12, iron, magnesium, potassium, zinc). Lack of proper nutrients lead to a compromised immune system.

Seniors and individuals with chronic illnesses are at higher risk of polypharmacy and dying from Covid-19 due to PPIs. The more medications an individual takes, the more likely they will suffer from acid reflux and thus be prescribed a PPI.

Thank you for your commitment and compassion during the pandemic. God bless you.

Regards,

Teresa McPeak
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 5 Apr 2020 01:54:27 +0000
To: Silver, David (NIH/NCI) [C]
Subject: RE: Question

David:

Thanks for the note. Since they both effected adequate quarantine, they are OK with each other....provided that they practice physical distancing with everyone else, i.e. 6 feet apart and masks when out in situations where they cannot guarantee 6ft distance. With regard to your second question, it is not a question of temperature, it is a question of what surface the virus is on – stainless steel versus cloth, versus cardboard. Each of these have differ time frames of survival of replication competent virus from a couple of hours to about 2 days.

Best regards,
Tony

From: Silver, David (NIH/NCI) [C] (b) (6)
Sent: Saturday, April 4, 2020 9:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Question

Dr. Fauci,

You are doing a great job and I am sure that things must be very challenging.

Please let me know your thoughts on this, although I think I know the answer. (b) (6)

(b) (6) Is it safe for them to see each other at this point?

I was also wondering if it has been determined how long COVID-19 can live in a refrigerator or freezer.

Thank you.

Stay Healthy.

David

David Silver - Contractor
(b) (6)

National Institutes of Health, NCI
Center for Biomedical Informatics and Information Technology (CBIIIT)
9609 Medical Center Dr.

Rockville, MD 20850

From: (b) (6)
Sent: Sat, 4 Apr 2020 15:50:32 -0400
To: anthony trocchi
Subject: Re: An acquaintance from the past

Tony:

Thank you for your note. I hear you!
Best regards,
Tony

> On Apr 4, 2020, at 12:25 PM, anthony trocchi (b) (6) > wrote:

>
>

> Hi Tony, You probably don't remember me, I was (b) (6) husband back when she was at NIH, you came to dinner at our house once. We also hung out in Boulder and drank beer together. I am just a working class guy, but keep up with science and politics for what it is worth. I don't know what you hear from the street level, but from here in NY we are pretty concerned with the risk of Covid-19 and the Federal response to the pandemic. You have been the only reasonable voice in the administration. The leadership from the top is utterly lacking and incompetent and dangerous to the American people. You have had a long and venerable career and I am asking you to stand up to power and speak the harsh truth to the people of this country and the without regard to your personal consequences. We need a unified and professional federal response to this unprecedented crisis. I think you may be the only person of repute and status that has the power to change the course of history. I have spoken with a good friend of mine who is a respected epidemiologist and he said that Covid-19 will infect half the population of the world and those numbers are frightening statistically. My dad was born during the first worldwide modern pandemic and I don't really want to see him leave from this current one. I know I am somewhat out of place writing to you, but one can only do what one can do to influence the events that history arises from. With utmost respect. Tony Trocchi

> Sent from my iPhone

From: (b) (6)
Sent: Sat, 4 Apr 2020 15:42:37 -0400
To: Stuart Coulter
Subject: Re: Early Successes in Clinical Trial on COVID-19 Patients with High Dose IV Vitamin C

Thanks, Stuart. I appreciate your sending me this information. I will pass it on to relevant program people.
Best regards,
Tony

On Apr 4, 2020, at 3:38 PM, Stuart Coulter (b) (6) wrote:

Dear Dr. Fauci,

Early Successes in Clinical Trial on COVID-19 Patients with High Dose IV Vitamin C

Thank you for the invaluable work that you are doing in guiding the United States through the current COVID-19 pandemic.

I hope that you do not mind me contacting you, but I wanted to bring your attention to a clinical trial that is currently taking place in China on COVID-19 patients with high dose IV Vitamin C.

There are reports of some early successes with this treatment and I wondered if this could be a possible stop gap treatment - that could possibly save many lives - while we await the development of suitable drug treatments and a reliable vaccine.

The trial in China is not due to conclude until September of this year, however, previous trials of IV Vitamin C have shown it to be a very safe treatment with little or no adverse side effects. I have read that the Northwell Hospital Group in New York, which operates 23 hospitals, have already started to give this treatment to many of their COVID-19 patients.

This treatment also appears to meet the normally required criteria for a clinic trial. The treatment has been shown to be:

- 1) Effective (Please see the link below to the promising trial results currently taking place in China).
- 2) Safe (The treatment has been shown to be safe in many previous trials going back well over 40 years).
- 3) Correct dosage is understood (The dosage is fully understood - please see the attached Protocol).
- 4) The correct patients to give this treatment to (Virtually everyone in hospital infected with COVID-19).
- 5) The correct time in the illness to give the treatment (As soon as the infected patient comes into hospital).

I hope that you and your team find the details of this clinical trial of some interest. The hospital protocol for this treatment is attached and here is a link to details of the current trial in China along with some other relevant links:

<http://www.orthomolecular.org/resources/omns/v16n18.shtml>

<http://www.orthomolecular.org/resources/omns/v16n19.shtml>

<http://www.orthomolecular.org/resources/omns/v16n07.shtml>

<http://orthomolecular.org/resources/omns/v16n21.shtml>

<https://www.sciencedirect.com/science/article/pii/S2590098620300154?via%3Dihub>

Kind regards,
Stuart Coulter

<Journal Pre-proof - Can early and high intravenous dose of vitamin C prevent and treat coronavirus disease 2019.pdf>

<Protocol - IVAA-COVID19-Hospital-Use-Anderson-03.24.2020.pdf>

From: (b) (6)
Sent: Sat, 4 Apr 2020 12:42:38 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Interview Request: #1 Hiking Podcast

FYI

Begin forwarded message:

From: Zach Davis <zach@thetrek.co>
Date: April 4, 2020 at 12:39:25 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Interview Request: #1 Hiking Podcast

Hey Dr. Fauci-

My name is Zach Davis, I'm the founder and editor-in-chief at The Trek, a media company dedicated to long distance backpackers. Thank you for the tremendous service and leadership you've given this country during a time of great need.

I'm reaching out to inquire about the possibility of your doing a short interview for our flagship podcast, Backpacker Radio, the #1 rated hiking podcast on iTunes. We're putting together an episode related to how COVID-19 has impacted this year's class of backpackers, and would love to feature your expert insight on why social distancing is important, and what the future may hold for our community.

The interview would be about 20-25 minutes, though if you're only available for a shorter period, we'll take what we can get!

Thanks for your time and thank you again for your terrific service to this country.

Happy hiking,

--



Zach Davis

founder || editor-in-chief

[hikerlink](#) | [thetrek.co](#) | [backpacker radio](#)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 4 Apr 2020 16:25:36 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Subject: RE: AFRICA CDC: STATEMENT ON MEDICATIONS TO TREAT NOVEL CORONAVIRUS DISEASE

Good for them!!!

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Saturday, April 4, 2020 12:21 PM
Subject: AFRICA CDC: STATEMENT ON MEDICATIONS TO TREAT NOVEL CORONAVIRUS DISEASE

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 4 Apr 2020 15:18:14 +0000
To: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Excellent start to COVID PPP
Attachments: COVID PPP April 3 actions.docx, Introductory call short bios - 3 Apr 2020 final.docx

Please print out these attachments and put into a folder labelled "COVID-19 Public Private Partnerships" Thanks.

From: Collins, Francis (NIH/OD) [E] <(b) (6)>
Sent: Saturday, April 4, 2020 10:26 AM
To: (b) (6) (OS/IOS) <(b) (6)>
Cc: Harrison, Brian (HHS/IOS) (b) (6); Tabak, Lawrence (NIH/OD) [E]
(b) (6); Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Excellent start to COVID PPP

Hi Mr. Secretary,

Just wanted to let you know – we had a very productive and significant two-hour virtual meeting with leaders of industry, FDA, and NIH yesterday. I attach the bios of those who attended – which includes the heads of R&D of nine major pharmaceutical companies. There is unanimous support for bringing together all of the sectors to accelerate development of therapeutics and vaccines for COVID-19. Tony compared this to what happened in the early 1990s that led to successful antivirals for HIV.

I attach the action items that came out of this meeting. Working groups for each of the four main topics will be rapidly organized. I will keep you posted.

Best, Francis

From: (b) (6)
Sent: Fri, 3 Apr 2020 16:42:08 -0400
To: Cantor, Harvey I., M.D.
Cc: NIAID OD AM
Subject: Re: COVID-19

Harvey:

Thank you for your kind note. It is much appreciated. I will let the team know about your willingness to serve on committees and study sections.

Best regards,

Tony

On Apr 3, 2020, at 1:20 PM, Cantor, Harvey I., M.D.

(b) (6) wrote:

Dear Tony,

In these unsettling times, you are a much-appreciated voice of reason and proponent of rational science.

A great credit to NIH and NIAID...we're all very proud of you.

I know that you have long advocated preparation of viral vaccines against future pandemic threats.

I'm sure that it has been difficult to convince pharmas, charitable agencies and even the government to fund these efforts.

which would include vaccine production and storage for indefinite periods. Perhaps there will be a greater willingness to revisit a cost-benefit analysis of this effort in the near future.

I would be happy to serve on committees, study sections etc. in an effort to increase our ability to identify and fund first-rate

Immunology research that might accelerate innovative, safe and effective approaches to improved viral vaccines going forward.

All very best regards, h.

Harvey Cantor, MD
Baruj Benacerraf Professor of Immunology
Department of Immunology,
Harvard Medical School
Dept. of Cancer Immunology & Virology,
Dana-Farber Cancer Institute

Boston MA 02215

(b) (6)

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From: (b) (6)
Sent: Fri, 3 Apr 2020 16:29:45 -0400
To: Hasenkrug, Kim (NIH/NIAID) [E]
Subject: Re: Thanks from the troops

Kim:
Many thanks for your kind note .
Best regards,
Tony

On Apr 3, 2020, at 1:56 PM, Hasenkrug, Kim (NIH/NIAID) [E]
(b) (6)

Hi Tony, I just want to express my sincere gratitude for all you are doing to get us through this crisis. Everyone I've talked to at RML expresses their deep admiration and appreciation for your strong leadership, and we feel proud to be working for you. We listen to your hoarse voice every day. Personally, I have started two new lines of research to develop and test possible therapeutics for COVID-19. The cooperation and collaboration from everyone I've talked to, both here and around the nation, has been unbelievable. Please take care of yourself and stay strong and healthy for the sake of all of us!

Best regards,

Kim

Kim J Hasenkrug, Ph.D.
Senior Investigator
Chief, Retroviral Immunology Section
Laboratory of Persistent Viral Diseases
Rocky Mountain Laboratories
National Institute of Allergy and Infectious Diseases
National Institutes of Health
903 S. 4th Street
Hamilton, MT 59840
phone (b) (6)

FAX (406)363-9286

(b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 3 Apr 2020 11:07:58 +0000
To: Ghafoor, Azam (NIH/NCI) [E]
Cc: NIAID OD AM
Subject: RE: Help

Thanks for your note. I will circulate to others in NIAID

From: Ghafoor, Azam (NIH/NCI) [E] (b) (6) >
Sent: Thursday, April 2, 2020 11:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Help

Dear Dr. Fauci,

I am thoracic oncologist at the NCI. I wanted to commend you on your tremendous (and exhausting) job on managing and steering our country with the COVID-19 pandemic. If you need additional any personnel to help with any clinical or non-clinical aspects of the current situation, I am more than happy to help. As you know we have scaled down our clinical operations and trials at the NIH CC and so I have more time.

Best regards,

Azam Ghafoor, MD
Assistant Research Physician & Staff Oncologist
Thoracic Oncology Section
Thoracic and GI Malignancies Branch
National Cancer Institute, National Institutes of Health
10 Center Drive, Building 10, Room: 4G-5330
Bethesda, MD 20892

e: a (b) (6)

o: (b) (6)

c: (b) (6)

page ID (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 3 Apr 2020 02:40:47 +0000
To: David Barr
Cc: Giroir, Brett (HHS/OASH); Conrad, Patricia (NIH/NIAID) [E]
Subject: Introduction

David:

I am using this e-mail to introduce you to Adm. Brett Giroir who is the Assistant Secretary for Health at HHS and a key member of the Coronavirus Task Force. I have explained to Brett the issues that you and your colleagues brought up over the phone with me the other night. Brett is willing to get on the phone with the group and go over some of these issues and perhaps help to resolve them. He is waiting to hear from you. Many thanks.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Fri, 3 Apr 2020 02:10:12 +0000
To: Stephen Hahn
Cc: (b) (6)
Subject: FDA release

Steve:

My staff just pointed out to me a proposed FDA press release regarding convalescent plasma and hyperimmune globulin. The press release reads as follows:



I just wanted to bring this to your attention for further consideration. Many thanks.

Best regards,

Tony

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 3 Apr 2020 01:53:59 +0000
To: Emilio Emini
Cc: Conrad, Patricia (NIH/NIAID) [E]; Mascola, John (NIH/VRC) [E]; Erbelding, Emily (NIH/NIAID) [E]; Bright, Rick (OS/ASPR/BARDA); Collins, Francis (NIH/OD) [E] (b) (6); 'Trevor Mundel'
Subject: RE: Connection Request per Bill Gates

Emilio:

Thanks for your note. As I had mentioned to Bill yesterday evening, I am enthusiastic about moving towards a collaborative and hopefully synergistic approach to COVID-19 on the part of NIAID/NIH, BARDA and the BMGF. I will ask John Mascola and Emily Erbelding to connect with you to stay a conversation. Perhaps they can organize a call with you including BARDA. I will try to engage as much as I can given my current circumstances. We look forward to working with you.

Best regards,

Tony

From: Emilio Emini (b) (6)>
Sent: Thursday, April 2, 2020 9:58 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Connection Request per Bill Gates

Tony—I received a note from Trevor and Bill that they connected with you yesterday and they asked me to reach out. I've taken on the role of coordinating the foundation's contributions to the global COVID vaccine efforts, in particular for those approaches that are (or soon will be) in early development. There's an obvious need for coordination among the various primary funders or the focus we need to have given the state of the pandemic will become lost through uncoordinated activities.

Bill tells me that you will take on a central role in coordinating BARDA's funding to the ongoing efforts. And, of course, there are the NIH/VRC activities. I'm reaching out to ask how we can coordinate and cross-inform each other's activities. I am very sensitive to how busy you are and very grateful for your engagement. I see you on TV almost every day, and although you continue to have considerable energy, I am seriously worried about you. The nation and the world absolutely need your leadership.

As a next step we can connect 1:1 briefly or you can pass this on to an appropriate member of your staff.

If you wish, you can always reach out to me directly at any time though my personal mobile at (b) (6)

Please stay well....Emilio

Emilio A. Emini, Ph.D., FCPP, FAAM
Director

TB and HIV Program
Bill & Melinda Gates Foundation

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 2 Apr 2020 23:50:04 +0000
To: Glass, Roger (NIH/FIC) [E]
Subject: RE: COVID-19 in Africa: Tanzania

Thanks, Roger.

From: Glass, Roger (NIH/FIC) [E] (b) (6)
Sent: Thursday, April 2, 2020 6:05 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: COVID-19 in Africa: Tanzania

Tony,

You have a fan club in Tanzania—Julie Makani and Lucio with your textbook!

Keep up the heroic work.

Roger

From: Julie Makani <jmakani@blood.ac.tz>
Sent: Wednesday, April 1, 2020 5:46 PM
To: Glass, Roger (NIH/FIC) [E] (b) (6)
Subject: Re: COVID-19 in Africa: Tanzania

Please pass greetings to Dr Fauci

His authorship on Google Scholar including of Harrison's has been under discussion on social media

Lucio has been writing the chapter on hemolytic anemia

He is heading to Italy for 3 months. He has been incredible. He was leaving his copies with the Sickle cell programme as we plan on getting keen scientists to read them

Stay safe

Prof Julie Makani, T: + (b) (6) E: jmakani@blood.ac.tz

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 2 Apr 2020 21:52:30 +0000
To: Lerner, Andrea (NIH/NIAID) [E]; NIAID OD AM
Subject: RE: My take on masks

Thanks, Andrea

From: Lerner, Andrea (NIH/NIAID) [E] (b) (6)
Sent: Thursday, April 2, 2020 1:01 PM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Subject: My take on masks

Given our discussion this AM, just thought I would summarize my take on masks across varying scenarios:

(b) (5)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 2 Apr 2020 21:14:40 +0000
To: Balasundaram, David (NIH/CSR) [E]
Subject: RE: Correlation between universal BCG vaccination policy and reduced morbidity and mortality for COVID-19: an epidemiological study

Thanks, David.

From: Balasundaram, David (NIH/CSR) [E] (b) (6)
Sent: Wednesday, April 1, 2020 7:19 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Balasundaram, David (NIH/CSR) [E] (b) (6)
Subject: Correlation between universal BCG vaccination policy and reduced morbidity and mortality for COVID-19: an epidemiological study
Importance: High

Dear Dr. Fauci,

I thought that you may be interested in reading this paper (Unless you already know about this of course!). This is obviously a data-driven set of correlative observations, but could be worth looking into.

I salute your outspoken efforts to galvanize this country into action in the midst of so many mixed messages and dragging of feet.

Cheers,

david

David Balasundaram, PhD.,

Scientific Review Officer,

Cell Biology Integrated Review Group,

<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/CBIRG/Pages/default.aspx>

Referral Officer,

Division of Receipt and Referral



6701 Rockledge Drive, Room 5136, Bethesda, MD 20892-7768

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From: (b) (6)
Sent: Thu, 2 Apr 2020 13:29:05 -0400
To: Vollmer, Sebastian
Subject: Re: Estimate of undetected COVID-19 infections

Thanks, Sebastian. Very helpful

> On Apr 2, 2020, at 8:43 AM, Vollmer, Sebastian (b) (6) wrote:
>
> Dear Dr. Fauci,
>
> we have used estimates of COVID-19 age specific infection fatality rates and time from onset to death that were recently published in The Lancet Infectious Disease to estimate COVID-19 detection rates and the true number of infected people (in contrast to confirmed cases that are widely reported) for the 40 most affected countries. We estimate a detection rate of on average six percent and number of cases of a few tenth of millions. We thought you might be interested and have attached the note to this email.
>
> Thanks for doing such a great job in such a difficult time. I lived in Boston for a few year when I was a postdoc and later adjunct professor at the Harvard Chan School of Public Health. My thoughts are with my friends in the United States, particularly in New York.
>
> Warmly,
> Sebastian Vollmer
>
>
>
> <Bommer & Vollmer (2020) COVID-19 detection April 2nd.docx>

From: (b) (6)
Sent: Thu, 2 Apr 2020 13:02:41 -0400
To: Jim West
Subject: Re: THANK YOU TONY!

Jim:

Thank you for your kind note. It is much appreciated.
Best regards,
Tony

On Apr 2, 2020, at 10:08 AM, Jim West (b) (6) >wrote:

Dear Tony,

My name is Jim West and (b) (6)
(b) (6) Most people did not know (b) (6), except his immediate family, close friends and of course Jack Whitescarver. I am writing to congratulate you on the job you are doing with the Coronavirus. There is no doubt in my mind it has been exceedingly stressful for you and your family, and I just wanted to offer my support and reassurance that you are indeed doing a great job. I know (b) (6) could have never handled the stress of all of this, and he would be most proud of the job you are doing.

Take good care of yourself and keep steadfast in what you are doing. You are the true *medical advisor* of the United States during this pandemic, and millions of us are incredibly grateful.

Sincerely yours,

Jim West



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 2 Apr 2020 13:21:29 +0000
To: WAYNE REYNOLDS
Subject: RE: Heads Up - Dr. Fauci Bobblehead with a Cause

Wayne and Catherine:

Thank you for your kind note. Much appreciated. Please stay safe and well so that we can some time soon (I hope) resume our normal lives together.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: WAYNE REYNOLDS (b) (6) >
Sent: Wednesday, April 1, 2020 3:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Grady, Christine (NIH/CC/BEP) [E] (b) (6) >
Subject: Fwd: Heads Up - Dr. Fauci Bobblehead with a Cause

Tony,

You've finally hit the big time. The National Bobblehead Hall of Fame and Museum. Thank you for all you're doing for the country.

Warmest wishes,

Wayne and Catherine

Sent from my iPhone

Begin forwarded message:

From: "Jordan, Mary" <Mary.Jordan@washpost.com>
Date: April 1, 2020 at 3:39:44 PM EDT
To: Wayne Reynolds (b) (6) >
Subject: Fw: Heads Up - Dr. Fauci Bobblehead with a Cause

Who knew there was a National Bobblehead Hall of Fame and Museum!

From: Phil Sklar <phil.sklar@bobbleheadhall.com>
Sent: Wednesday, April 1, 2020 3:34 PM
To: Jordan, Mary <Mary.Jordan@washpost.com>
Subject: Heads Up - Dr. Fauci Bobblehead with a Cause

CAUTION: EXTERNAL SENDER

Hi Mary,

I hope you are staying well during these unprecedented times! I wanted to give you a heads up that we will be unveiling a bobblehead of Dr. Anthony Fauci this Friday, April 3rd. Dr. Fauci has become America's voice of reason as one of the lead members of the White House Coronavirus Task Force. The National Bobblehead Hall of Fame and Museum will be donating \$5 from every Dr. Fauci Bobblehead sold to the American Hospital Association in support of the 100 Million Mask Challenge [icm-tracking.meltwater.com]. The bobbleheads will be available for pre-order on our website beginning on Friday.

Bobbleheads are the ultimate honor, and we think Dr. Fauci deserves it given what he has done and continues to do for our country and the world in the battle against COVID-19. The bobblehead will join a growing number of items including donuts, socks and t-shirts featuring Dr. Fauci. We received a lot of requests for a bobblehead of Dr. Fauci and are excited to be able to use the bobblehead to raise funds for a vital organization that is helping limit the spread of the Coronavirus while making people smile during these unprecedented times.

Let me know if you would like the press release, pictures and graphics in advance of Friday's release. Please hold off on publicizing anything related to the bobblehead until Friday—any time on Friday is okay. Please also let me know if you would like a sample when they arrive or if you have any questions.

Thank you,

Phil

Phil Sklar

Co-Founder and CEO

National Bobblehead Hall of Fame and Museum

Phil.Sklar@bobbleheadhall.com

414-519-2625

www.bobbleheadhall.com [icm-tracking.meltwater.com]

This email was sent to mary.jordan@washpost.com

National Bobblehead Hall of Fame and Museum, PO Box 0982, Milwaukee, WI
53201-0982, US

[Unsubscribe](#) [icm-tracking.meltwater.com]

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 2 Apr 2020 12:59:53 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C]
[REDACTED] (b) (6)
Subject: FW: COVID-19 Planning

Let us discuss.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Tabak, Lawrence (NIH/OD) [E] [REDACTED] (b) (6)
Sent: Wednesday, April 1, 2020 7:35 PM
To: ICDDIR-L@LIST.NIH.GOV; List DEPDIR-L <DEPDIR-L@list.nih.gov>
Cc: NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>
Subject: Re: COVID-19 Planning
Importance: High

Colleagues,

The momentum behind a 4th COVID supplement seems to be building in the Congress even more quickly than we had expected. We have received a TA request to provide rough numbers for NIH efforts **by Friday afternoon**. With regrets for adding more burdens to the intense efforts you are already engaged in, I ask that you submit a rough estimate of the first year and the five year budget for your (i) IC-specific initiative(s) and/or your (ii) proposals to contribute to economic recovery, no later than *Friday April 3 at noon*. This will be non-binding, and you are free to revise it for the submission that we already asked you for by Friday COE. The only thing we need Friday at noon is the budget – the narrative can come later in the day (or the night).

Please use the second page of the template we sent you yesterday to provide this draft budget. Send to me.

I apologize for the impossible turn-around and appreciate all the hard work that will be needed to get us this information by the Friday noon deadline.

Many thanks,
Larry

From: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)>
Date: Tuesday, March 31, 2020 at 4:20 PM
To: "ICDDIR-L@LIST.NIH.GOV" <ICDDIR-L@LIST.NIH.GOV>, List DEPDIR-L <DEPDIR-L@list.nih.gov>
Cc: NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>
Subject: COVID-19 Planning

Colleagues,

Francis is sending out a note shortly to the co-chairs of each of the ten trans-NIH initiatives, asking for their assistance in putting together workplans and budgets for those projects. But in addition to these trans-NIH activities, we invite ICDs to submit a short description of no more than two IC-specific ideas that you believe merit consideration for support in a fourth supplemental bill, should one be put forward. Please use the same template that is being used for the trans-NIH activities, but just check the appropriate tick box. Your submission should include budget estimates for the first year and subsequent outyears (for a total of 5 years). (b) (5)

. Please send these to me by COE, Friday, April 3rd.

Finally, if we are asked about technical assistance regarding economic recovery, please send ideas for that option. As part of this, Mike Lauer and Michael Gottesman will submit estimates on what might be needed for extramural institutions and the IRP to "make them whole". However beyond that there are infrastructure, training, and other requests that would help national economic recovery by creating new jobs (construction, IT, biomedical, etc.) and help prepare the nation for COVID-202X. Please use the same template that will be used for the trans-NIH activities (again, checking the correct box) and include budget estimates for the first year and subsequent outyears (for a total of 5 years). Please send these to me by COE, Friday, April 3rd.

Many thanks,
Larry

From: (b) (6)
Sent: Thu, 2 Apr 2020 07:28:32 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: media inquiry on COVID-19

Begin forwarded message:

From: "stefano.valentino@globalreporter.it" <stefano.valentino@globalreporter.it>
Date: April 2, 2020 at 5:54:54 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: media inquiry on COVID-19

Dear Dr. Fauci,

I am a Brussels-based journalist, member of the European Data Journalism Network (EDJNet), a digital news-making platform that affiliates media outlets across Europe.

I found a quote from you in this article which seems to be quite prophetic: <https://www.theatlantic.com/health/archive/2020/02/covid-vaccine/607000/>

I contact you to have a discussion about the effectiveness of the epidemic outbreak preparedness and response measures put in place by governments, particularly in terms of vaccine development.

I would like to know if we could ave a chat on skype. Or, if you prefer, I can send you some questions by email.

I wait for your kind feedback

Regards

Stefano Valentino

Founder
MobileReporter

Special Investigations Contributor
Vox Europ

Fatto Quotidiano

Fullbright Alumni
Berkley School of Journalism

Memberships:

Italian Press Association

European Data Journalism Network

Italian Science Writers Association

Society of Environmental Journalists

Online News Association

Tel: [REDACTED] (b) (6)

Whatsapp: [REDACTED] (b) (6)

Skype: globalreporter

Twitter: @MOBILEREPORTER

info@mobilereporter.info

www.mobilereporter.info

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 2 Apr 2020 10:58:29 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Possible Interview via FaceBook

fyi

From: Brendan Taglianetti <btaglianetti@milford.nh.gov>
Sent: Thursday, April 2, 2020 6:34 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Possible Interview via FaceBook

Dear Dr. Anthony S. Fauci,

My name is Brendan Taglianetti; I am a Full-Time Advanced EMT provider for Milford Ambulance Service in Milford, NH. I want to help relay your message of COVID-19 information for state of New Hampshire, by conducting a Facebook Live chat with myself to project information and messages to the citizens of New Hampshire. This is a chance for us to chat for around 10 minutes and talk with a first responder to the general public.

I have seen you do interviews with the media/ daytime talk shows, a Facebook live chat with Mark Zuckerberg, and even an Instagram live video with Stephen Curry from the Golden State Warriors.

I run the social media aspect of the department, and I would love to do a 10-15 minute discussion (with information to the public, as well as some question and answer) with you on Facebook (live) to have the general public watch us talk about the pandemic and the next steps, and also maybe take some questions asked of the public watching when they comment. I also will be reaching out to the New Hampshire State Governor Chris Sununu and Dr. Benjamin P. Chan (who is the state's epidemiologist). I would love to have them chat with me, and have you join in on the discussion as well. I have no confirmed with them if they are available yet, but I am putting things in motion.

I know that if I was able to set up a time and date that would work around your busy and important schedule, then I could with ample time promote it. I would love to not only get the town on Milford to watch this, but have the state of New Hampshire and other states nearby tune in. I know this is a long shot and that you have way more important aspects of your job to complete, but I think this an important time to have the public hear you talk.

Please let me know if this could be possible and I would love to set this up, I don't expect to take too much of your time if this can happen. Sometimes in life you just need to ask and see what happens and this is a time where that risk is worth it to have a conversation with you about this pandemic we are facing, especially as we ramp up for starting to "peak" in the number of people affected.

Please let me know if this is possible and tell me if you are interested in doing this with us for the greater good of the general public to keep them informed.

Sincerely,

Brendan J. Taglianetti

Full-Time Advanced EMT/ Field Training Officer

Milford Ambulance Service

66 Elm Street, Milford, NH 03055

Phone: (603) 249-0610 (ext. 275)

Email: btaglianetti@milford.nh.gov

From: (b) (6)
Sent: Wed, 1 Apr 2020 22:15:42 -0400
To: McNeil Jr, Donald G
Subject: Re: Heads Up - Dr. Fauci Bobblehead with a Cause

Yikes!!!

On Apr 1, 2020, at 9:55 PM, McNeil Jr, Donald G <mcneil@nytimes.com> wrote:

I'm ordering one for my office desk and maybe another for (b) (6)
(b) (6)

----- Forwarded message -----

From: **Phil Sklar** <phil.sklar@bobbleheadhall.com>
Date: Wed, Apr 1, 2020 at 3:35 PM
Subject: Heads Up - Dr. Fauci Bobblehead with a Cause
To: <mcneil@nytimes.com>

Hi Donald,

I hope you are staying well during these unprecedented times! I wanted to give you a heads up that we will be unveiling a bobblehead of Dr. Anthony Fauci this Friday, April 3rd. Dr. Fauci has become America's voice of reason as one of the lead members of the White House Coronavirus Task Force. The National Bobblehead Hall of Fame and Museum will be donating \$5 from every Dr. Fauci Bobblehead sold to the American Hospital Association in support of the 100 Million Mask Challenge. The bobbleheads will be available for pre-order on our website beginning on Friday.

Bobbleheads are the ultimate honor, and we think Dr. Fauci deserves it given what he has done and continues to do for our country and the world in the battle against COVID-19. The bobblehead will join a growing number of items including donuts, socks and t-shirts featuring Dr. Fauci. We received a lot of requests for a bobblehead of Dr. Fauci and are excited to be able to use the bobblehead to raise funds for a vital organization that is helping limit the spread of the Coronavirus while making people smile during these unprecedented times.

Let me know if you would like the press release, pictures and graphics in advance of Friday's release. Please hold off on publicizing anything related to the bobblehead until Friday—any time on Friday is okay. Please also let me know if you would like a sample when they arrive or if you have any questions.

Thank you,

Phil

Phil Sklar

Co-Founder and CEO

National Bobblehead Hall of Fame and Museum

Phil.Sklar@bobbleheadhall.com

414-519-2625

www.bobbleheadhall.com

This email was sent to mcneil@nytimes.com

National Bobblehead Hall of Fame and Museum, PO Box 0982, Milwaukee, WI
53201-0982, US

[Unsubscribe](#)

--

Donald G. McNeil Jr.
Science Correspondent
The New York Times

Tel: (b) (6)
mcneil@nytimes.com

Articles: <https://www.nytimes.com/by/donald-g-mcneil-jr>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 1 Apr 2020 19:59:55 +0000
To: Awwad, David (NIH/NIAID) [C]
Attachments: message,, Re message.oft, Re message1.oft, u r hypocrite.oft, Call the National Guard in.oft, message,

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)
Sent: Wed, 1 Apr 2020 17:51:34 -0400
To: Duchin, Jeff
Subject: Re: FEMA Test Kits

Jeff:

Thanks for your note. It was very helpful to me to speak with your group last night. I caused quite a stir at the Task Force meeting when I reported on our telephone conversation. I believe that this fixed the FEMA issue.

Best regards,
Tony

On Apr 1, 2020, at 5:43 PM, Duchin, Jeff (b) (6) >wrote:

Tony,

Thank you for taking some precious time to hear from some of the folks on the ground confronting COVID-19 around the country. I can't tell you how much we all value your engagement and leadership on behalf of the nation. I'd love to get your take on whether you think the types of things described in the recent AEI report are realistic. I have serious doubts.

Quick question – I mentioned the problem we had with FEMA test kits being recalled from us because we did not want to use their call line and lab because too slow, – just wondering if that came up in your meeting today because I just heard the kits were released to us without restrictions on how we use them. So either way, apparently resolved.

Stay well and best regards,

Jeff

Jeffrey S. Duchin, MD
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Professor in Medicine, Division of Infectious Diseases, University of Washington
Adjunct Professor, School of Public Health
401 5th Ave, Suite 1250, Seattle, WA 98104
Tel: (b) (6); Direct: (b) (6); Fax: (206) 296-4803
E-mail: (b) (6)

From: (b) (6)
Sent: Wed, 1 Apr 2020 16:54:57 -0400
To: Kadlec, Robert (OS/ASPR/IO)
Subject: Fwd: (b) (5)

Bob:
See email below. (b) (5)

Thanks,
Tony

Begin forwarded message:

From: "Mascola, John (NIH/VRC) [E]" (b) (6) >
Date: April 1, 2020 at 4:40:39 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Cc: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6), "Erbelding, Emily (NIH/NIAID) [E]" <(b) (6)>, "Marston, Hilary (NIH/NIAID) [E]" (b) (6) >
Subject: (b) (5)

Tony,

(b) (5)

John

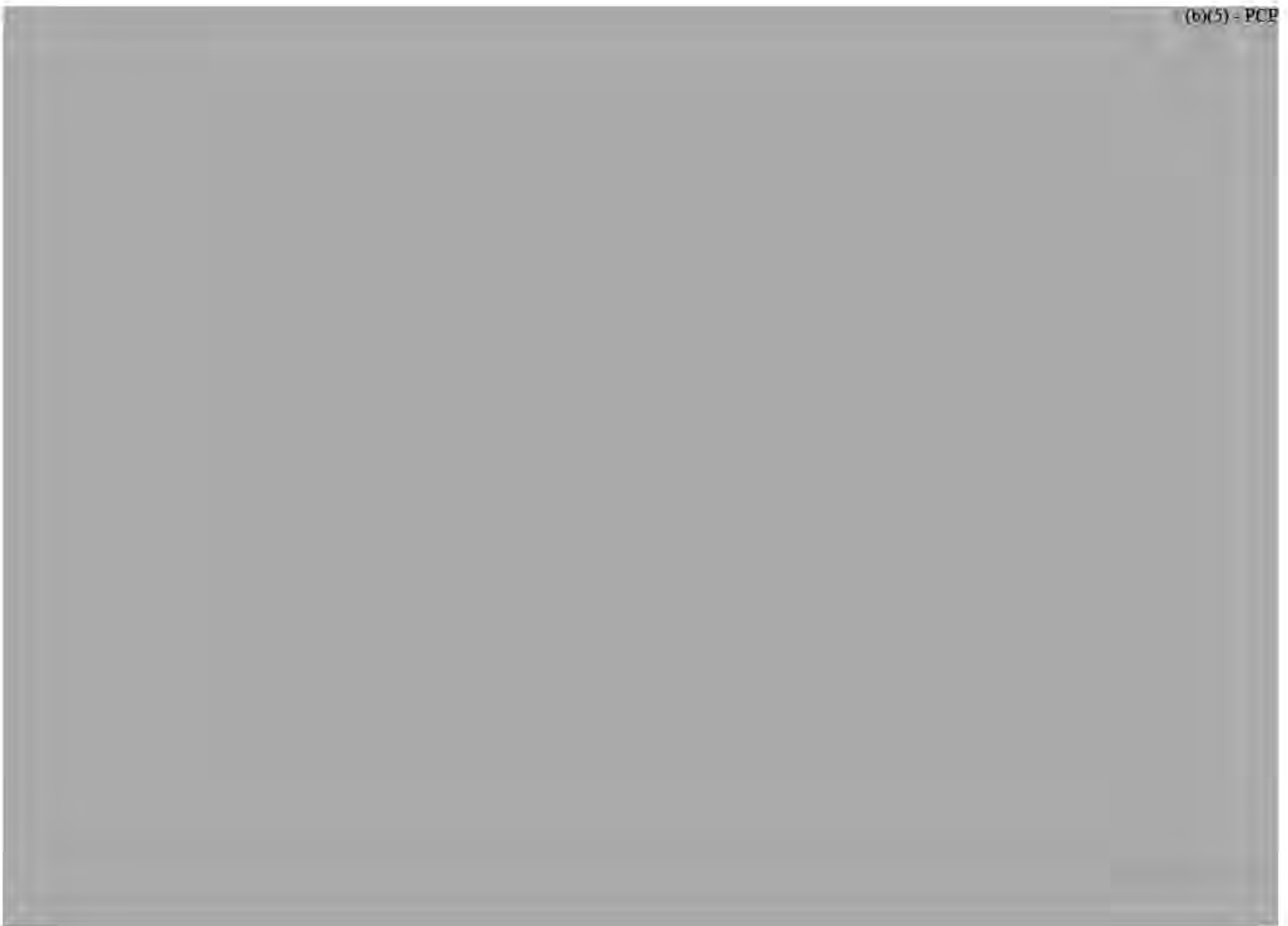
(b) (5)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 1 Apr 2020 16:02:51 +0000
To: Barasch, Kimberly (NIH/NIAID) [C]; Conrad, Patricia (NIH/NIAID) [E]
Subject: [REDACTED] (b)(5) - PCP

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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(b)(5) - PCP



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 1 Apr 2020 16:01:03 +0000
To: Gallo, Robert
Cc: Barasch, Kimberly (NIH/NIAID) [C]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: information

I got it. I will have my staff try to set something up.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Gallo, Robert (b) (6)
Sent: Wednesday, April 1, 2020 11:15 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: RE: information

TONY—this is from me—Bob Gallo

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Wednesday, April 1, 2020 11:08 AM
To: Gallo, Robert (b) (6)
Subject: RE: information

My work with the Coronavirus Task Force and the large volume of incoming emails precludes me or my staff from answering each individual message. I would encourage you to visit www.coronavirus.gov for the latest information and guidance related to COVID-19.

Thank you, and best regards.

Anthony S. Fauci, M.D.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 1 Apr 2020 14:04:37 +0000
To: Berkowitz, Avrahm J. EOP/WHO;Gidley, Hogan H. EOP/WHO
Subject: RE: Quick call

(b) (5)

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Berkowitz, Avrahm J. EOP/WHO (b) (6)>
Sent: Wednesday, April 1, 2020 9:48 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Gidley, Hogan H. EOP/WHO
(b) (6)>
Subject: Quick call

Dr Fauci – can you please jump on a quick call with Hogan about a press inquiry we received at the White House? He is at (b) (6)
(and I am at (b) (6)).
Thank you!
Avi

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 1 Apr 2020 13:22:58 +0000
To: (b) (6)
Subject: RE: FW: Wpost: Fauci socks, Fauci doughnuts, Fauci fan art: The coronavirus expert attracts a cult following

It is not at all pleasant, that is for sure.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)
Sent: Wednesday, April 1, 2020 9:14 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: FW: Wpost: Fauci socks, Fauci doughnuts, Fauci fan art: The coronavirus expert attracts a cult following

Completely surreal (b) (6) Dizzying, even. Can't imagine what it is like for you, especially in the midst of all this.

On Tue, Mar 31, 2020 at 10:58 AM Fauci, Anthony (NIH/NIAID) [E] (b) (6) > wrote:

Truly surrealistic. Hopefully, this all stops soon.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >

Sent: Tuesday, March 31, 2020 10:43 AM

Subject: Wpost: Fauci socks, Fauci doughnuts, Fauci fan art: The coronavirus expert attracts a cult following

Fauci socks, Fauci doughnuts, Fauci fan art: The coronavirus expert attracts a cult following



Doughnuts bearing the likeness of Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, rest on a plate at Donuts Delite in Rochester, N.Y., on March 25. (Shawn Dowd/Rochester Democrat & Chronicle/AP)

By

[Antonia Noori Farzan](#)

March 31, 2020 at 5:15 a.m. EDT

Early last week, Nick Semeraro wanted to find a way to honor Anthony S. Fauci. As the owner of a small doughnut shop in Rochester, N.Y., he had been closely tracking the latest news about the coronavirus pandemic. And night after night, he'd been impressed by how Fauci, the director of the National Institute of Allergy and Infectious Diseases, approached the crisis in a calm, knowledgeable manner.

So, as a tribute, Semeraro put the renowned immunologist's face on a doughnut. Expecting to sell a few hundred, he was shocked when the store sold out day after day, with thousands flying off the shelves. Donuts Delite was besieged with requests to ship the buttercream-frosted creations all over the country, and one Fauci fan drove three hours just to pick up a dozen. Soon, bakeries in Wisconsin and Pennsylvania followed suit, using edible paper to decorate pastries with Fauci's likeness. "We had no idea it was going to blow up this big," Semeraro told CNN. "We didn't know everyone else felt the same way we did."

While Fauci was already a respected scientist before the outbreak, his appearances during White House press briefings have made him a household name and an unlikely celebrity. With his

straightforward demeanor and willingness to contradict President Trump, he's begun to develop the same kind of cult following as Supreme Court Justice Ruth Bader Ginsburg and former special counsel Robert S. Mueller III, who inspired countless "Plank like RBG" tank tops and a bizarre illustrated children's book, respectively.

Even as whole swaths of the global economy collapse, the pandemic has created a robust cottage industry of Fauci-themed merchandise, including bottle openers, magnets and mugs. On Etsy, you can buy "Honk for Dr. Fauci" bumper stickers, prayer candles depicting "St. Fauci" and socks printed with Fauci's face. Graphic T-shirts bear slogans such as "I Need a Hero" and "In Dr. Fauci We Trust."

If so inclined, you can even decorate your home with an "I Heart Dr. Fauci" throw pillow, or purchase a replica of Fauci's jersey from the time he captained the basketball team at Manhattan's Regis High School. Lingua Franca, which sells cashmere sweaters embroidered with resistance-friendly slogans for \$380 and up, recently began taking orders for an army-green "Dr. Fauci Fan Club" knit.

In honor of Fauci's Italian heritage, a clam bar in Long Island named a linguine dish after him this week. (Available for pickup only, "the linguine with white clam sauce shares origins with Fauci, as the sauce itself was invented in the Fauci Family's native Sciacca, Italy," the restaurant claimed in a statement.)

As countless Americans remain glued to the news while trying to stay indoors, a robust Fauci fandom has flourished online. On Facebook, the "Dr. Anthony S. Fauci Fan Club" has over 32,000 members. Thousands more congregate in groups with names such as "Dr. Anthony S. Fauci, the Man, the Myth, the Legend," "Dr. Fauci Speaks, We Listen" and "Dr. Fauci Memes for Social Distance Teens."

An unassuming 79-year-old public servant who has advised six presidents, Fauci has become a "reliable constant in a time of uncertainty," The Washington Post's Ellen McCarthy and Ben Terris reported. But his admirers — and there are a lot of them — worry that it's only a matter of time before he's sidelined by Trump.

When Fauci missed a White House news conference earlier this month, panic erupted on Twitter, along with speculation that he could be sick. There was palpable relief when he resumed his regular position at the podium the following day and appeared to hide some exasperation as Trump referenced "the deep state."

Fauci later explained that he had simply been trying to dislodge a lozenge from his throat. But the much-analyzed "Fauci facepalm" had already become a meme, deployed by liberal members of what's known as the resistance.

Fauci's newfound fame can be partially attributed to his willingness to engage with all forms of media — in recent weeks, he's gone on a Barstool Sports podcast, chatted with basketball star Steph Curry on Instagram Live as Barack Obama listened in, and appeared on "The Daily Show With Trevor Noah." But it also undoubtedly helps that his fans tend to take social distancing seriously and consequently have ample spare time to produce fan art or perform songs written (or modified) in his honor.

On social media, Fauci's virtual fan clubs peruse old photos of the infectious disease expert in search of "comfy turtleneck vibes," stitch his face on embroidery hoops and discuss erecting statues as tribute. They frost his name on cookies and joke about constructing shrines in his honor. Prominent activists and entertainers confess to wanting to marry him, or have him tuck them into bed.

Fauci has remained characteristically modest about his new status as a cult figure. "Well, that's very nice," he responded when McCarthy and Terris mentioned that people all over the country were praying for him. Of course, that means that his fan base has only continued to grow.

"I never met a guy that, worldwide, he is so loved," Semeraro, the Rochester doughnut shop owner, told CNN. "And a month ago, we never knew his first and last name."

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From: [REDACTED] (b) (6)
Sent: Wed, 1 Apr 2020 06:26:32 -0400
To: DMID Word Nerds
Subject: Fwd: Covid-19 comments on UK response
Attachments: image001.png, ATT00001.htm, Covid19, UK pharmavaccine response.pdf, ATT00002.htm, Covid19, UK Urgent Action response.pdf, ATT00003.htm, VACCINEarticle.pdf, ATT00004.htm

Sent from my iPhone

Begin forwarded message:

From: Karl Simpson <[REDACTED] (b) (6)>
Date: April 1, 2020 at 5:46:14 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <[REDACTED] (b) (6)>
Subject: Covid-19 comments on UK response

Dear Dr Fauci

I was just re-reading your January 23 Viewpoint article in JAMA. So little time has passed, but so much has changed, and your comments seem prescient.

I have been working on emergent/re-emergent infectious agents for some time, and authored a 2018 report for the UK government on vaccine responses that was summarised in a Vaccine publication last October attached. As almost everyone else, my attention has been redirected to Covid-19, although monkeypox remains a focus of my interest.

You and your colleagues may be interested in two short documents I produced for the UK government on the 20th and 22nd of March. That also seems long ago now!

As fellow citizen of our planet, I thank you and colleagues for your unstinting efforts to control infectious disease and Covid-19 in particular.

Warmest wishes

Karl

J. Karl Simpson CBIol FRSB
CEO, JKSBIoscience Limited



NIH-0000101



JKSbioscience

2 Midanbury Court, 44 Midanbury Lane

Southampton SO18 4HF, UK

Tel: (b) (6)

Mobile: (b) (6)

Mail: (b) (6)

Website: <http://www.jksbioscience.co.uk>

Skype: (b) (6)

Company Number: 10051396

VAT number: 238 0528 12

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 31 Mar 2020 21:07:00 +0000
To: NIAID OD AM
Subject: FW: Additional data on masks
Attachments: MacIntyre BMI.pdf, Figure 3.jpg

Adding everyone since it was discussed in am meeting. thx

From: Lerner, Andrea (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, March 31, 2020 5:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Folkers, Greg (NIH/NIAID) [E] (b) (6) >; Marston, Hilary (NIH/NIAID) [E]
< (b) (6) > Eisinger, Robert (NIH/NIAID) [E] (b) (6) >; Doepel, Laurie
(NIH/NIAID) [E] (b) (6)
Subject: Additional data on masks

Dr. Fauci,

In addition, I found the attachedd review on masks that addresses use in the community settings. Attached are the paper and figure 3, which summarizes the data from 9 very diverse RCTs (overlapping with what I had sent earlier).

Bottom line: generally there were not differences in ILI/URI/or flu rates when masks were used, although when early use and compliance was taken into account, a few times a difference was seen.

In addition:

This case control study noted that, among SARS patients in Hong Kong without a known source of infection, cases (27.9%) were less likely than uninfected controls (58.7%) to report wearing a mask frequently in public, for what that's worth.

https://wwwnc.cdc.gov/eid/article/10/4/03-0628_article

(b) (5)

Andrea

From: (b) (6)
Sent: Tue, 31 Mar 2020 07:25:55 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Harvard Business School / Wharton Business School

Sent from my iPhone

Begin forwarded message:

From: Arash Farin <arash@arash.tv>
Date: March 30, 2020 at 10:32:04 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Re: Harvard Business School / Wharton Business School

Hi Dr. Fauci,

I just wanted to confirm you received this.

I also just read a great story on you in the WSJ, which discussed your amazing basketball and leadership skills when you were in college. Not surprisingly, even then, your teammates were seeking your advice on leading them through difficult times.

Talk to you soon.

Regards,
Arash

On Sat, Mar 28, 2020, at 7:54 AM, Arash Farin wrote:

Hi Dr. Fauci,

I'm a graduate of both Harvard Business School and The Wharton School, and have truly enjoyed watching the leadership you have shown our nation during these challenging times. Your steady hand, calm demeanor, incisive thoughts, and intellectual rigor, have all been quite comforting to us the last few weeks.

I would like to see if you may have a few minutes to participate in a webcast interview with myself and classmates from Harvard and

Wharton this coming week or next week. We would love to hear your thoughts on dealing with the coronavirus, lessons learned from other countries, and how we can prepare for a potential recurrence, as has been discussed in the media, along with other topics you deem important.

I may also be able to get students from Oxford University to join, as I attended there as well, and I know the UK is dealing with its own set of challenges.

I look forward to hearing from you, and can be reached at (b) (6) or via email (arash@arash.tv).

God bless you, and thank you for everything you have been doing.

Best Regards,
Arash

From: (b) (6)
Sent: Tue, 31 Mar 2020 07:24:50 -0400
To: DMID Word Nerds
Subject: Fwd: VVIP information for diagnostic and therapy for COVID-19- Kindly do not delete

Sent from my iPhone

Begin forwarded message:

From: "anahar ." <anahar@abgenics.in>
Date: March 31, 2020 at 3:38:38 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Fwd: VVIP information for diagnostic and therapy for COVID-19- Kindly do not delete

Dear Sir

We request you to spare a few minutes to read this email.

Abgenics is a life-sciences company (Abgenics Life sciences Pvt Ltd, www.abgenics.in) based in Pune, India conducting pioneering research in the area of drug discovery using camelid antibody against infectious diseases in the past 10 years. Abgenics Life Sciences was founded in 2010 and is managed by Anil Nahar (Entrepreneur) and Dr Sanjiban K Banerjee (Technical). Dr Banerjee has studied and lived in the USA for more than 7 y and worked in the area of infectious diseases all his life. He has conducted extensive research in the area of camelid antibody technology in USA. After returning to India and with an urge to help the people of India in area of infectious diseases. Dr Banerjee in association with Anil Nahar started this venture. Since then, the company has extensively worked and developed novel camelid antibody technology for various infectious diseases causing bacteria (Multi drug resistant) and fungus like Pseudomonas, Staphylococcus Aureus, Candida Albicans and other

important pathogens. Our company is the only company in India working on Camelid antibody platform. Camelid antibody is a very robust and novel technology and can be used to develop drugs against any kind of antigen generated from bacteria and viruses. The specialty of camel antibody, it occurs in nanosize, high temperature and high Ph stable. It has very high affinity towards any antigen. **A video explaining our technology is attached in the email.**

An Abgenics Life science was awarded twice by (b) (4)
(b) (4) USA in the form of research projects to develop technology for



(b) (4)

Corona virus is a spiked virus and the spikes are used by the virus to first attach to and then invade into the host cells. Subsequently the genetic materials, RNA are injected where it hijacks the host replication machinery to multiple and re-infect more cells. If the initial attachment or the fusion of the virus and host membranes can be blocked, the virus replication cycle can be stopped, bringing the infection under control. The spike protein consists of two components, a globular head, S1 that helps the initial attachment and a spiral part S2 that is responsible for membrane fusion which forms the channel for the entry of the

(b) (4)

--

Regards

Anil Nahar

MD

Abgenics Life sciences Pvt Ltd

Kant Helix

Bhoir Colony

Chinchwad

Pune

India

Ph- (b) (6)

--

From: (b) (6)
Sent: Tue, 31 Mar 2020 07:23:59 -0400
To: DMID Word Nerds
Subject: Fwd: New biological disinfection automates, also effective against new Corona virus and multi-resistant germs, from a Florida Company
Attachments: PastedGraphic-1.png, ATT00001.htm, MSDS_Saniswiss_biosanitizer_aHP_P_rev_16032018.pdf, ATT00002.htm, br_automate_aHP_HTA_EN.pdf, ATT00003.htm, br_biosanitizer aHP C_EN2.pdf, ATT00004.htm, ABSA conclusion Kopie.pdf, ATT00005.htm, SHS_23082019_WEB.pdf, ATT00006.htm

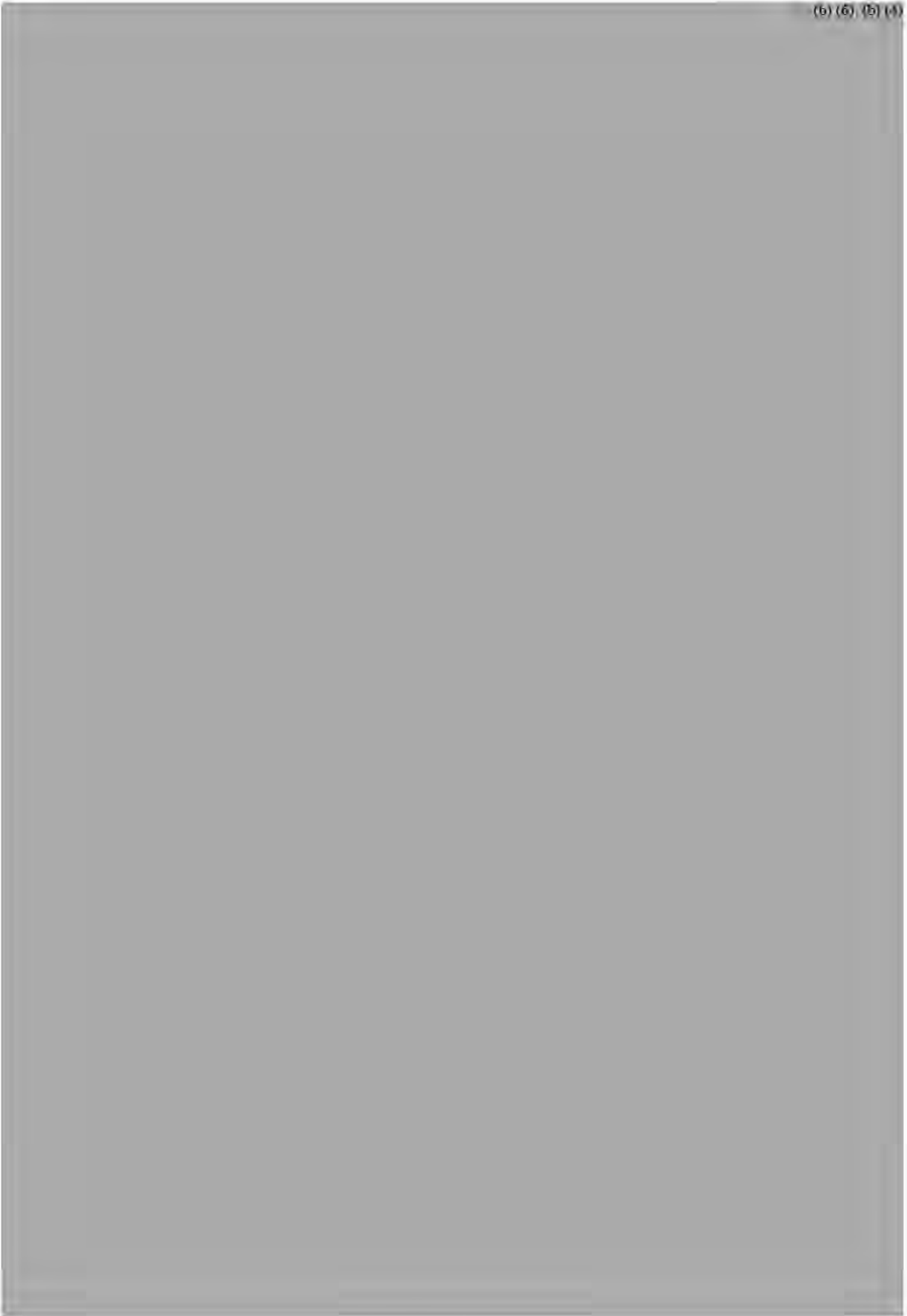
Sent from my iPhone

Begin forwarded message:

From: Alexander Friedrich <a.friedrich@biosanitize.us>
Date: March 31, 2020 at 6:02:53 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: Tayfun Taylor <mr.taylor@mailbox.org>, "ceo@biosanitize.us" <ceo@biosanitize.us>
Subject: New biological disinfection automates, also effective against new Corona virus and multi-resistant germs, from a Florida Company

Dear Mr.Fauci,
I know you're busy. But at this special time for all of us, I just need to write to you. The new Corona Virus is changing the world. It affects all of us in health, social and economic terms. The importance of hygiene and disinfection can be seen especially now in the pandemic.





do not hesitate to contact us.

Yours, sincerely

Alexander Friedrich
Repr. Biosanitize USA

Alexander Friedrich
Repr. Biosanitize USA
contact: a.friedrich@biosanitize.us

Bio-Sanitize USA LCC
12601 New Brittany Blvd
33907 Fort Myers, Florida, USA



Cleaner spaces. Safer places.



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 31 Mar 2020 02:07:49 +0000
To: Moshe Levi
Cc: Graham, Barney (NIH/VRC) [E]
Subject: RE: Question from Georgetown

Moshe:

I am not sure that I can help you with this. I am referring your e-mail to Dr. Barney Graham of the NIAID VRC. Perhaps he can help you.

Best regards,

Tony

From: Moshe Levi (b) (6)
Sent: Monday, March 30, 2020 3:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Question from Georgetown

Dear Tony:

I know that you are busy 7/24 with the current crisis.

BUT I have a question for you or for one of your colleagues.

(b) (4)

Please let me know.

Meanwhile there are not adequate ways to thank you for all you do.

I should have seen that when you were my attending while you were at Cornell as a Visiting Professor Professor around (b) (6)

Moshe

Cell: (b) (6)

--

Moshe Levi, MD
Dean for Research
Professor of Biochemistry and Molecular & Cellular Biology
Georgetown University
3900 Reservoir Road

Med Dent NW 105
Washington, DC 20057

Office: (b) (6)

E-mail: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 31 Mar 2020 02:02:50 +0000
To: David Katz
Subject: RE: COVID-19 -- URGENT (Please do not disregard!)

David:

I know that it is you. I am sorry, but I am getting more than 2000 e-mails pe day. I totally agree with you and this issue is being actively discussed as recently as today at the task Force meeting. I am not sure what you mean by aerial "eradication" procedures that could be practically implemented. There are some data from NIH that indicate that mere speaking without coughing elicits aerosols that travel a foot or two. If that is the case, then perhaps universal wearing of masks in the most practical way to go.

Best regards,
Tony

From: David Katz [REDACTED] (b) (6) >
Sent: Monday, March 30, 2020 5:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Re: COVID-19 -- URGENT (Please do not disregard!)

For God's sake, Tony -- this is me, not simply an unknown "messenger" from the general public! We go back together for many, many years (to our days together at the NIH, remember?). As you may recall, we worked (successfully) during the infamous 1969 "March on Washington", among other historically important events.

Although I am now [REDACTED] (b) (6) I continue to pay careful attention to world events, and this is one that exceeds any others that have occurred in our lifetime!

As I wrote in my previous e-mail, I have become convinced that COVID-19 is behaving as an airborne virus, and, therefore, we should be directing our mitigation efforts toward more comprehensive aerial eradication procedures!

Think about the most recent reports -- namely that imprisoned inmates, and a young baby, have recently been reported as "infected" with this virus.

Person-to-person infection in these circumstances is difficult to explain! But transmission by viable airborne virus could certainly happen!

I look forward to your response, with best wishes,
David

David H. Katz, M.D.
La Jolla, California

On Sun, Mar 29, 2020 at 11:18 AM Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

My work with the Coronavirus Task Force and the large volume of incoming emails precludes me or my staff from answering each individual message. I would encourage you to visit www.coronavirus.gov for the latest information and guidance related to COVID-19.

Thank you, and best regards.

Anthony S. Fauci, M.D.

From: (b) (6)
Sent: Mon, 30 Mar 2020 16:29:31 -0400
To: (b) (6)
Subject: Fwd: Hello from Canada!

Could you please respond to her for both of us. Thanks

Begin forwarded message:

From: "El-Gabalawy, Nadia (PHAC/ASPC)" (b) (6) >
Date: March 30, 2020 at 2:48:41 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Hello from Canada!

Hi Dr. Fauci,

I thought I would reach out to you amidst this crisis; I respect the work you're doing a great deal. (b) (6) Hani El-Gabalawy, did a research sabbatical at NIH (b) (6)

Amazing work that you're doing. I've been following your discussions and scientific innovation regarding COVID-19. I've been working for the federal government in Intelligence for about thirteen years and recently moved to the Canadian Public Health Laboratory Network Secretariat to support the Emergency Operations Centre at the National Microbiology Lab. I've been with the NML for almost my whole career.

Just a quick hello and deep respect for your work. My colleagues and Director have said that we're on the exact same page as you, in terms of your perspective and assessment of the pandemic. Although there is a border between us, know that we are in agreement with your work and I'm thrilled to see you advising the public. There is no better person to do the job.

Kindest regards,

Nadia El-Gabalawy
Team Lead, Support Services, Canadian Network for Public Health Intelligence
Public Health Agency of Canada/Government of Canada
(b) (6)

Chef d'équipe, Services de soutien, Réseau canadien de renseignements sur la santé
publique

Agence de la santé publique du Canada / Gouvernement du Canada

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 30 Mar 2020 12:23:38 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Invitation to be the keynote speaker at an Insurance Medicine Conference in Washington, DC in October.

RSVP sorry no.

From: Pinho, Paulo <Paulo.Pinho@optimumre.com>
Sent: Monday, March 30, 2020 8:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Invitation to be the keynote speaker at an Insurance Medicine Conference in Washington, DC in October.

Dear Dr. Fauci,

I hope this email finds you well. It is abundantly obvious from the countless sifts through data and tallies of cases, interviews and press conferences, social media appearances, etc. that your schedule is crazy these days. As a practicing physician and an American, I am proud to be represented by you and thank you for your efforts on our behalf. I realize with your schedule and with the thousands of emails, this one may not make it, but I wanted to take a shot in the dark.

I am currently the Chief Medical Officer of a reinsurer and am on the planning committee for the American Academy of Insurance Medicine's annual meeting which will be held in DC this year October 18-21. Dr. Michael Osterholm had agreed to speak at the conference back in January as our first keynote speaker on the subject of pandemics, preparedness. I'd heard him speak before at Prudential (I was medical director there and we were a member company of CIDRAP) and his talk mirrored his book which I've also read. Regretfully, 2 weeks ago I received notice from Laurel, his EA, that he is unable to attend the meeting because he needs to travel to London that week for a meeting he is heading. I think that a talk on the topic is a must at any medical meeting and after hearing your pressers and coming to rely on your sage status updates and advice, coupled with the fact that the conference is in DC, I thought I'd give this a shot. Would you be AAIM's keynote speaker this year?

In the midst of the current COVID-19 pandemic, we understand many industry conferences have had to be canceled. We are continuing to closely monitor the trend of the COVID-19 virus, and may have to do the same for the AAIM meeting in October, but if there is an opportunity to gather and learn, we'd like to prepare for it.

The audience is medical directors that work in the life, health, disability and longterm care space. Some are clinically active. Some of them are resources for health emergency planning for their companies. The audience comes mostly from North America, although other countries/continents are well represented.

The purpose of the meeting is really to illustrate novel trends in the industry that will likely impact morbidity and mortality in the near or distant future. We've had talks on CRISPR, marijuana, precision medicine, data analytics. They're not hard core morbidity or mortality focused, but do touch on it.

Given the scope of the meeting and the attendees and industries they represent, I think that a lecture on pandemics, bioterrorism and emerging infectious disease, especially in light of COVID-19, is necessary. I think you would teach new concepts to a team of doctors that would identify with some of the system gaps in our current supply chain and their impact on human health, wellbeing and survival. You'd provide experience and insight on what went wrong and what could be fixed in the future to make us collectively better prepared.

We would be honored to have you speak and I'm glad to continue discussion of logistics with someone else on your team. If you needed more information about scope, I can certainly provide that. We do provide an honorarium and will cover travel and hotel expenses.

Thanks so much in advance for any consideration you might give this request/offer and most of all thank you for your direction, demeanor and dedication at this global time of crisis.

Best,
Paulo

Paulo Bandeira Pinho, MD, FAAP, FACP
Chief Medical Director
OPTIMUM RE INSURANCE COMPANY



+1 214 528-2020, ext. 30984



Paulo.Pinho@optimumre.com



1345 River Bend Drive, Suite 100
Dallas, TX 75247, U.S.A.



optimumre.com



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From: (b) (6)
Sent: Mon, 30 Mar 2020 06:06:00 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Interview with Dr Anthony Fauci in The Times of London

Sent from my iPhone

Begin forwarded message:

From: "Rivalland, Monique" <monique.rivalland@the-times.co.uk>
Date: March 30, 2020 at 4:30:39 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Interview with Dr Anthony Fauci in The Times of London

Dear Anthony,

I'm an editor at The Times of London. I'm getting in touch to discuss the possibility of interviewing you this week for our Saturday Interview slot next weekend. You have an incredibly tricky role in the fight against coronavirus and have spoken with great clarity. We would love to speak to you about your position and predictions for America.

The interview slot in question is the most prestigious in the weekend edition of The Times - a double-page spread reserved each week for the most influential individuals in public life. Former interviewees range from Boris Johnson to Jeremy Farrar.

We would need 40 - 50 minutes of your time before Friday morning, but preferably by Thursday evening. The interview can be conducted over Skype/Google Hangouts/Zoom or whichever method of video chat you prefer.

We would be delighted if you were to consider our request.

Kind regards
Monique

--
Monique Rivalland
Features Editor
THE TIMES

(b) (6)

@MoniqueLouiseR

--

"Please consider the environment before printing this e-mail"

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From: (b) (6)
Sent: Mon, 30 Mar 2020 06:05:28 -0400
To: DMID Word Nerds
Subject: Fwd: Chloroquine is a thromboxane inhibitor: there is a readily available analog

Sent from my iPhone

Begin forwarded message:

From: "Dr. Josh Backon" <backon@mail.huji.ac.il>
Date: March 30, 2020 at 5:52:32 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Chloroquine is a thromboxane inhibitor: there is a readily available analog**

Dear Dr. Fauci,

I'm (b) (6) internist.

I have a suggestion for 2 potent antiviral agents, cheap and readily available, that may prevent viral shedding. No viral shedding? No infectivity. The concept is that EVERYONE should take these items.

First a short bio:

Dr. Josh Backon was affiliated with the Hebrew University Faculty of Medicine for over 33 years. He has a good track record (84+ publications quoted by over 750 other researchers in journal articles https://scholar.google.com/scholar?start=0&q=%22backon++j.%22&hl=en&as_sdt=0,5 and in over 250-300 texts as per <https://www.google.com/search?tbo=p&tbm=bks&q=%22backon+j.+%22&num=100>).

In the 1980's he was Consulting Editor of the Journal of Pediatric Endocrinology, Editor of Reviews in Pure and Applied Pharmacological Sciences, and Associate Editor of the International Journal of Adolescent Medicine and Health. From 1990-2004, he was a consultant

on emergency planning and management at Israel's National Police Headquarters with Nitzav Mishneh Danny Fisher.

Chloroquine, an antimalarial drug, is now being used to treat Covid-19. Its mechanism was found in the 1970's to inhibit thromboxane
https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=chloroquine+thromboxane&btnG= The problem with chloroquine was that it also elevated levels of prostaglandin F2alpha. In 1980, Srivastava, an Indian biochemist working in Denmark found that GINGER is a potent inhibitor of thromboxane synthetase. I wrote a number of papers in the 1980's on use of ginger:
https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=backon+ginger&btnG=

GINGER IS A POTENT ANTIVIRAL

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=ginger+antiviral&oq=gin

THE SECOND ANTIVIRAL AGENT IS TURMERIC [add black pepper since piperine dramatically increases oral bioavailability of turmeric]

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=turmeric+antiviral&oq=tur

Multisite inhibitors for enteric coronavirus: antiviral cationic carbon dots based on curcumin

D Ting, N Dong, L Fang, J Lu, J Bi... - ACS Applied Nano ..., 2018 - ACS Publications
... These results offer theoretical support for the development of CCM-CDs as a hopeful antiviral drug for the treatment of coronavirus infections, including PEDV ... Curcumin (CCM) is a polyphenol compound obtained from turmeric roots...

NAC AND PIPERINE TO INHIBIT INFLAMMATORY CYTOKINES (iNOS, NF KappaB, TNFalpha) INVOLVED IN ARDS

-

Mortality in COVID-19 patients is usually from ARDS (acute respiratory distress syndrome) via inflammatory cytokines. Apart from N-acetylcysteine which was found 3 years ago to elevate atrial natriuretic factor [found by Kiemer in 2001 to zap inflammatory cytokines: iNOS, NF KappaB, and TNFalpha) now piperine in black pepper was found to inhibit inflammatory cytokines [piperine also dramatically increases oral bioavailability of turmeric [which has been used as a potent antiviral]:

N-ACETYLCYSTEINE

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=n-acetylcysteine+%22inflammatory+cytokines%22&btnG=

PIPERINE

https://scholar.google.com/scholar?hl=en&as_sdt=0,5&q=piperine%20inflammatory%20cytokines&btnG=&fbclid=IwAR0kXZxI66JPLFPry2MDTDxOAelgGnmBZdKBw7c1v78Hfi7t0JJnx0Y2zuE

BTW the thromboxane hypothesis explains the increased male to female ratio in infectivity as well as the low incidence in younger people.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1433448/>

Gut. 1987 Oct; 28(10): 1323.
doi: [10.1136/gut.28.10.1323](https://doi.org/10.1136/gut.28.10.1323)

PMCID: PMC1433448
PMID: [18668886](https://pubmed.ncbi.nlm.nih.gov/18668886/)

Ginger and carbon dioxide as thromboxane synthetase inhibitors: potential utility in treating peptic ulceration

Josh Backon

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 30 Mar 2020 02:06:21 +0000
To: Tim Boyd
Subject: RE: You Rock!

Nancy:

Thank you for your kind note.
Best regards,
Tony

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

From: Tim Boyd (b) (6)
Sent: Sunday, March 29, 2020 8:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: You Rock!

Dear Dr. Fauci,


After reading the article about you on the front of the New York Times this morning, I was distressed to learn that you have recently been negatively targeted via social media by members of a certain US political faction. The unfairness of these personal attacks upon you is shocking, and I cannot imagine something so hurtful happening to someone like you who possesses such a depth of knowledge and unimpeachable integrity. You are the affable, truthful and reassuring centre of calm during this deadly coronavirus storm. Your job is difficult enough without people taking verbal pot-shots every time you speak.

I wish you all the best during this trying time. Stay well (and I hope you don't completely lose your voice, too)! I look forward to seeing and hearing more from you on CNN and other media outlets.

Best wishes,
Nancy Hill
(b) (6)
Canada

Sent from my iPhone

(b)(5) - PCP



From: (b) (6)
Sent: Sun, 29 Mar 2020 11:31:58 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E];DMID Word Nerds
Subject: Fwd: Intro to Tony Fauci

From party

Hugh- I thought u responded to Carmona the former Surgeon general?

Sent from my iPhone

Begin forwarded message:

From: Richard Carmona <rcarmona@canyonranch.com>
Date: March 29, 2020 at 9:42:33 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Fwd: Intro to Tony Fauci

Tony, first and foremost.... thank u for ur continued leadership and integrity in the “combat zone”.

I know u r drinking from the proverbial fire hose so I would not send anything ur way if I didn't think it may have merit to address our current challenge with Coronavirus.

I e mail introduced u to this group some time ago. Their science has advanced and in particular there seems to be a potential opportunity to address the sometimes lethal “cytokine storm” in some coronavirus patients as described in the attached e mail. So I forward to you for your consideration as an adjunct.

On a daily basis I receive numerous “ideas” to address coronavirus from many well intended people. A few have merit. Is there a Fed innovation review group that some of these potential ideas could be funneled too?

I pray for you and your family

Be well

Rich

Richard Carmon
a
17th Surgeon General of The United States
Chief of Health Innovations
Distinguished Professor University of Arizona
a

CANYONRANCH.

8600 E. Rockcliff Road | Tucson, AZ 85750

O: 520.749.7754

M: (b) (6)
canyonranch.com

Begin forwarded message:

From: James Thacker <jim_thacker@therimunex.com>

Date: March 29, 2020 at 06:04:40 MST

To: Richard Carmona <rcarmona@canyonranch.com>

Cc: Patricia Maxwell <PMaxwell@canyonranch.com>, "dgrange@ospreyglobalsolutions.com"

<dgrange@ospreyglobalsolutions.com>

Subject: Intro to Tony Fauci

External Sender

Dear Rich,

(b) (4)



I hope you and the family are healthy. As you can tell, I am still kickin ass and takin names. ☐☐

Be well and be safe my Brother! DOL!

Sine Pari,

Jim



James D. Thacker, PhD
President/Founder - Head of Discovery & Science
1250 Sussex TPKE, Unit 647
Mount Freedom, NJ 07970
Cell: (b) (6)
Email: jim_thacker@therimunex.com
URL: www.therimunex.com

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From: (b) (6)
Sent: Sun, 29 Mar 2020 11:25:38 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Phone Interview- COVID19

Sent from my iPhone

Begin forwarded message:

From: "mtorres8@myseneca.ca" <mtorres8@myseneca.ca>
Date: March 29, 2020 at 11:06:49 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: RE: Phone Interview- COVID19

Hi Dr. Fauci,
I'm looking to do a quick 10 minute phone interview on COVID-19. I've seen your interviews on CNN and they are very informative so I think you would be perfect for our podcast.

This would be for a podcast available to faculty and students at Seneca Media Department in Toronto.

Thanks,

Monika Torres
www.senecajournalism.ca

From: (b) (6)
Sent: Sun, 29 Mar 2020 11:24:55 -0400
To: DMID Word Nerds
Subject: Fwd: URGENT ATTN DR FAUCI RE: COVID-19 IDEA FROM AUSTRALIAN GP!
Please just read and see it this has the merit I believe it does!!

Sent from my iPhone

Begin forwarded message:

From: Stevie <stevie@empowerme.enterprises>
Date: March 29, 2020 at 11:18:55 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: URGENT ATTN DR FAUCI RE: COVID-19 IDEA FROM AUSTRALIAN GP! Please just read and see it this has the merit I believe it does!!

Dear Sir,

My GP friend, Dr P'ng is a genius. He has a radical idea for fighting COVID-19. Please find his idea, petition, projections and research attached to the petition. I told him he needed to get this in front of you and Bill Gates. Please consider it. I believe it is viable and the best shot we have. I know you are the expert but I think this is a viable way we can help save millions of lives!

Yours sincerely,

Stephanie

Stephanie Russell-Farnham

Founder & CEO

EmpowerME Enterprises

M (b) (6)

E stevie@empowerme.enterprises

https://www.change.org/p/world-health-organisation-help-defeat-covid-19-save-the-world?recruiter=1066780682&utm_source=share_petition&utm_medium=facebook&utm_campaign=share_petition&utm_term=share_petition&recruited_by_id=40795060-71ab-11ea-a9f8-13e6b487f548&utm_content=starter_fb_share_content_en-au%3Av11

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 29 Mar 2020 11:23:39 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: New Zealand interview request

fyi

From: Pat Brittenden <info@blindfish.media>
Sent: Sunday, March 29, 2020 7:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: New Zealand interview request

Hey Dr Fauci,

Am wondering if you would be interested in having a chat with us in NZ, over Zoom, as we all sit in our houses fighting Coronavirus

I do a podcast which is normally live streamed but we currently have a country wide lockdown and lots of us have moved our gear home to continue providing content for people who are stuck in their homes

the US is like our big brother, we love you guys and would like to connect in solidarity about COVID19 so I'm hoping that maybe you could find us sometime to have a chat over the internet. Some content would also help us give some more content to Kiwi's who have gotten to the end of Netflix ;)

Find out more about the podcast at www.theDOC.nz and more about me at www.patbrittenden.com/about

Can make anytime happen, fingers crossed we'll hear back from 'someone'.

Pat Brittenden
www.theDOC.nz
www.patbrittenden.com/about

(b) (6)

From: (b) (6)
Sent: Sat, 28 Mar 2020 19:01:58 -0400
To: Idonae Lovetruue
Subject: Re: COVID-19 aetiology and treatment for critically ill patients: irinotecan+etoposide

Thank you for your note
AS Fauci

Sent from my iPhone

On Mar 28, 2020, at 6:36 PM, Idonae Lovetruue
<idonae@demiurge.technology> wrote:

Dear Dr. Fauci,

In addition, I'd like to share with you the following clinically relevant genetic differences between patients in the US and in East Asia:



Please find attached dosage recommendation and my team is standing by if you need any further assistance.

Sincerely,
Idonae

Idonae Lovetruue | CEO, Demiurge Technologies AG, Switzerland

www.demiurge.technology

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From: Idonae Lovetrue <idonae@demiurge.technology>

Date: Saturday, 28 March 2020 at 15:53

To: [REDACTED] (b) (6)

Subject: COVID-19 aetiology and treatment for critically ill patients:
irinotecan+etoposide

Dear Dr. Anthony S Fauci,

This is Idonae, CEO at Demiurge Technologies AG, a Swiss AI-biopharma company making accurate and rapid drug discoveries for diseases with limited available clinical data. We are committed to the non-profit dissemination of our COVID-19 discoveries to the public to facilitate the search for COVID-19 effective treatments.

SARS-CoV-2 is fundamentally different from all the other viruses that the world has hitherto known, so treatments must be rationally designed to avoid fueling the adaptive mutation and the latent infection of SARS-CoV-2.

Demiurge is the world's first company that has discovered the detailed aetiology of COVID-19 that consistently explains the clinical features of COVID-19 and the MoA-based scientific rationale of the candidate treatments for COVID-19

(<https://www.preprints.org/manuscript/202003.0341/v1>).

(b) (4)



Thank you for your consideration and my team is standing by for any further assistance.

Sincerely,
Idonae

Idonae Lovetrue | CEO, Demiurge Technologies AG, Switzerland

www.demiurge.technology

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<mime-attachment>

From: (b) (6)
Sent: Sat, 28 Mar 2020 17:58:32 -0400
To: Hallett, Adrienne (NIH/OD) [E]
Cc: Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Wolinetz, Carrie (NIH/OD) [E]; Shapiro, Neil (NIH/OD) [E]; Lauer, Michael (NIH/OD) [E]
Subject: Re: Brad Sherman

Thanks to everyone.

On Mar 28, 2020, at 5:32 PM, Hallett, Adrienne (NIH/OD) [E]
<(b) (6)> wrote:

Thanks Francis. I just spoke to his Deputy Chief of Staff (b) (6)

(b) (5)



I'll share what I see when I see it.
Adrienne

On Mar 28, 2020, at 2:27 PM, Collins, Francis (NIH/OD) [E]
(b) (6);

Hi Adrienne,

I spoke with Brad Sherman (D-CA) yesterday. He had originally reached out to Tony, and Cliff Lane spoke to him Thursday, but I stepped in to try to lift one task off of Tony's plate.

(b) (5)



He said he is sending a letter to Tony and me, asking what we need to go flat out against COVID-19. He wanted to know who from my office his staff could work with. I said you!

Francis

From: (b) (6)
Sent: Sat, 28 Mar 2020 17:31:25 -0400
To: Jiaxian Zhou Wu
Subject: Re: Thank you for your service!

Many thanks for your kind note.

> On Mar 28, 2020, at 4:40 PM, Jiaxian Zhou Wu (b) (6) wrote:

>

>

> Dear Dr.Fauci,

>

> I am writing this email to personally thank you for your invaluable service to our country. The United States of America. This virus, COVID-19, is really dangerous and I am very scared of it. I am really worried about my country, about the countless deaths . Your advice to the president has proven really important to prevent the spread of the disease, however, in this nation, there is another epidemic based on lies and self-interest , now the people behind the fake news are targeting to you, one example is the post of an email that relates to you with the former Secretary of State, Hillary Clinton. This is why I decided to write a letter of support, I am sick of fake news, personal attacks and violation of the First Amendment , the right to have an opinion, to civil servants serving this country.

>

> I am still young but I still want to live in a United country. I ask you to continue your job, I want you to know that most Americans regardless of ideology are grateful of your service and sacrifice . A virus does not understand boundaries nor ideology , I am not an expert on this topic nor the president and politicians. Please guide us with the truth in these dire and dark days.

From: (b) (6) (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 19:43:52 +0000
To: (b) (6)
Subject: RE: medRxiv: Anti-hypertensive Angiotensin II receptor blockers associated to mitigation of disease severity in elderly COVID-19 patients

(b) (6)

Thanks for the note.

(b) (6)

(b) (6)

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)>
Sent: Friday, March 27, 2020 2:37 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: medRxiv: Anti-hypertensive Angiotensin II receptor blockers associated to mitigation of disease severity in elderly COVID-19 patients

Hi Tony,

Thanks for the update. All of this early science is certainly confusing - (b) (6)
(b) (6) Much the same thing that we are
hearing from Am College of Cardiology. I appreciate your keeping me informed.

How are you doing? (b) (6)

Best,

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)

Sent: Friday, March 27, 2020 1:29 PM

To: (b) (6)>

Subject: [EXTERNAL] FW: medRxiv: Anti-hypertensive Angiotensin II receptor blockers associated to mitigation of disease severity in elderly COVID-19 patients

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(b) (6):

See below. The situation continues to get more complicated.

Best,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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Anti-hypertensive Angiotensin II receptor blockers associated to mitigation of disease severity in elderly COVID-19 patients

Yingxia Liu, Fengming Huang, Jun Xu, Penghui Yang, Yuhao Qin, Mengli Cao, Zhaoqin Wang, Xiaohe Li, Shaogeng Zhang, Lu Ye, Jingjun Lv, Jie Wei, Tuxiu Xie, Hong Gao, Kai-Feng Xu, Fusheng Wang, Lei Liu, Chengyu Jiang

doi: <https://doi.org/10.1101/2020.03.20.20039586>

This article is a preprint and has not been certified by peer review [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

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-
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Abstract

Summary Background The novel coronavirus (CoV) severe acute respiratory syndrome (SARS)-CoV-2 outbreak started at the end of 2019 in Wuhan, China, and spread over 100 countries. SARS-CoV-2 uses the membrane protein Angiotensin I converting enzyme 2 (ACE2) as a cell entry receptor. Indeed, it was reported that the balance of Renin-Angiotensin System (RAS), regulated by both ACE and ACE2, was altered in COVID-19 patients. It is controversial, however, whether commonly used anti-hypertensive drugs Angiotensin I converting enzyme inhibitor (ACEI) and Angiotensin II receptor blocker (ARB) shall be continued in the confirmed COVID-19 patients. This study was designed to investigate any difference in disease severity between COVID-19 patients with hypertension comorbidity. The included COVID-19 patients used ACEI, ARB, calcium channel blockers (CCB), beta blockers (BB), or thiazide to treat preexisting hypertension prior to the hospital were compared to patients who did not take any of those drugs. **Methods** In this multicentre retrospective study, clinical data of 511 COVID-19 patients were analyzed. Patients were categorized into six sub-groups of hypertension comorbidity based on treatment using one of anti-hypertension drugs (ACEI, ARB, CCB, BB, thiazide), or none. A meta-analysis was performed to evaluate the use of ACEI and ARB associated with pneumonia using published studies. **Findings** Among the elderly (age>65) COVID-19 patients with hypertension comorbidity, the risk of COVID-19-S (severe disease) was significantly decreased in patients who took ARB drugs prior to hospitalization compared to patients who took no drugs (OR=0.343, 95% CI 0.128-0.916, p=0.025). The meta-analysis showed that ARB use has positive effects associated with morbidity and mortality of pneumonia. **Interpretation** Elderly (age>65) COVID-19 patients with hypertension comorbidity who are taking ARB anti-hypertension drugs may be less likely to develop severe lung disease compared to patients who take no anti-hypertension drugs. **Funding** National Natural Science Foundation of China, Chinese Academy of Medical Sciences

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 19:26:52 +0000
To: Real.Francisco
Subject: RE: A thank you note

Paco:

Thank you for your kind note.

Warm regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
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From: Real.Francisco <freal@cnio.es>
Sent: Saturday, March 28, 2020 3:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: A thank you note

Dear Tony,

please allow me to call you Tony as I feel somewhat close to you (although there is no reason why you should remember me). In early 1981 I was doing a clinical fellowship in Immunology/Oncology at Memorial Sloan-Kettering Cancer Center and wrote to you (b) (6)

(b) (6) During my period at Memorial I worked extensively on AIDS and Kaposi's sarcoma... and ever since - I moved in 1988 to Spain, my home country - I have followed and admired your work.

(b) (6) I always felt close to you and your amazing work. Now, when I see you taking care of your country's action against Covid-19, I am proud to have been attracted and inspired by your work in biomedical research and I am proud of what we - physician-scientists - can do for your societies and for human beings.

From my very modest end as a human being, thanks for your responsible, honest, scientific leadership.

Best wishes, we need people like you

Francisco X. Real (Paco)

Epithelial Carcinogenesis Group
Molecular Oncology Programme
Centro Nacional de Investigaciones Oncológicas
Melchor Fernández Almagro, 3
28029-Madrid (Spain)
Phone +34 917328000 ext 3660
E-mail preal@cnio.es

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 19:00:32 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] (b) (6); Harper, Jill (NIH/NIAID) [E]; McGowan, Robert (Kyle) (CDC/OD/OCS)
Cc: (b) (6)
Subject: FW: Time-Sensitive OSTP Request - Due 12 pm Monday, March 30
Attachments: 2020-03-28_COVID-19 FOAs-Projects.xlsx

Please respond

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Schwetz, Tara (NIH/OD) [E] (b) (6) >
Sent: Saturday, March 28, 2020 2:57 PM
To: ICDDIR-L@list.nih.gov
Cc: List DEPDIR-L <DEPDIR-L@list.nih.gov>; NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>; NIH P&E Principals and Alternates <NIHP&EOfficers@mail.nih.gov>; Walsh, Elizabeth (NIH/OD) [E] (b) (6) >
Subject: Time-Sensitive OSTP Request - Due 12 pm Monday, March 30
Importance: High

Good afternoon,

We received a time-sensitive request from OSTP that we are asking for your help to complete. Apologies in advance for the short turn-around.

Action – Complete the attached template to provide FOAs and projects on “innovation” and COVID-19, specifically focused on the topics described below. If your ICO has no nothing to report, please let us know.

Requestor – OSTP

POCs and Due Date – Please send the completed template to Elizabeth Walsh (Elizabeth.walsh@nih.gov) by noon on Monday, March 30

Timeline –

NIH Receipt Date	Institute Response to OD Due Date	OD Office Review Date	NIH Final Response Due Date
3/28/20	3/30/20	3/30/20	3/30/20

Additional Instructions –

- I pulled all the COVID-19 FOAs from the Guide; however, I did not sort through which ones are relevant to this request. Please submit only those that your IC is the lead on that meet the criteria listed above. Delete any that do not apply.

Attachments –

- Response template (FOAs tab, Grants-Contracts tab)

Do let me know if you have any questions.

Best,

Tara A. Schwetz, PhD

Acting Director, NINR

Associate Deputy Director, NIH

A: Building 1, Room 138

P: (b) (6) | M: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 18:43:17 +0000
To: [REDACTED] (b) (6)
Subject: FW: Washingtonian: You Can Now Buy Anthony Fauci Swag

Geeez

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6) >
Sent: Friday, March 27, 2020 6:11 PM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>; [REDACTED] (b) (6)
Subject: Washingtonian: You Can Now Buy Anthony Fauci Swag

You Can Now Buy Anthony Fauci Swag

T-shirts, mugs, pillows—and, yes, even a Fauci prayer candle.

Written by [Daniella Byck](#)
| Published on March 27, 2020



About Coronavirus 2020

Washingtonian is keeping you up to date on the coronavirus around DC.

More from Coronavirus 2020

Fauci stans, assemble! **Dr. Anthony Fauci**, director of the National Institute of Allergy and Infectious Disease, has emerged as *the* celebrity of the coronavirus crisis. Like others before him (remember Mueller mania?), his prominence has yielded buttons, t-shirts, and gifts, all flaunting the Fauci.



Fauci face socks

Another reason you won't want to wear your shoes inside. \$9.99, [Etsy](#).



“Dr. Anthony Fauci Fan Club” button

Fauci-fy any look with this pin. \$3.16, [Etsy](#).



"I need a hero" T-shirt

Paying homage to Fauci *and* Bonnie Tyler? This shirt is working overtime. \$19.99, [Etsy](#).



“Honk for Dr. Fauci” lawn sign

A social distancing win: Show your support without leaving the house. \$14.95, [*Etsy*](#).



Fauci Prayer Candle

Praying you washed your hands. \$20.20, [Etsy](#).



“Fauci 2020” T-shirt

Finally, a shirt for those White House coronavirus briefings. \$18, [Etsy](#).



“Hope” sweatshirt

Thanks, Fauci. \$18.99, [Amazon](#).



“Keep calm and wash your hands” mug

A little PSA to go with your morning coffee. \$19.95, [Etsy](#).



Dr. Anthony Fauci T-shirt

A perfectly acceptable day-to-evening look in your self-quarantine. \$29.00, [Esty](#).



"I Heart Dr. Fauci" throw pillow

For sweet, scientific dreams. \$20.66, [Redbubble](#).

Keep Up on DC's Latest Fashions with Our Shopping Newsletter

Fashion finds and deals, and the latest trends for you and your home.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 18:26:42 +0000
To: [REDACTED] (b) (6)
Subject: FW: Wpost: How the Vietnam War may have changed Anthony Fauci's life

FYI

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Friday, March 27, 2020 6:15 PM
Subject: Wpost: How the Vietnam War may have changed Anthony Fauci's life

Opinions

How the Vietnam War may have changed Anthony Fauci's life



Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, speaks with the coronavirus task force at the White House on Tuesday. (Jabin Botsford/The Washington Post)

By Ray Greenberg

March 27, 2020 at 3:34 p.m. EDT

Ray Greenberg is a physician epidemiologist, former executive vice chancellor for health affairs at the University of Texas System and the author of "Medal Winners: How the Vietnam War Launched Nobel Careers."

Americans may have the war in Vietnam to thank for Anthony S. Fauci.

An adviser to six presidents and now the trusted public face of the scientific response to the coronavirus pandemic, Fauci has worked at the National Institutes of Health (NIH) for more than a half-century — beginning in 1968 with a group of doctors cheekily known as Yellow Berets.

During the conflicts in Korea and Vietnam, the U.S. military faced a pressing need for physicians. In 1966, during Fauci's senior year at Cornell University Medical College, a military recruiter came to tell the assembled students: "After you finish medical school, every one of you except the two women will either be in the Air Force, the Army, the Navy, or the Public Health Service." The last option, entering the Public Health Service, entailed assignment at the NIH, the Centers for Disease Control or the Indian Health Service.

Those who were selected to serve at the NIH were known officially as clinical associates, but informally they were referred to as Yellow Berets. Whether the designation was born in jest or derision, it was intended as a foil to the Green Berets of the Army Special Forces. Fauci never liked the label because it implied an unwillingness to serve in harm's way. "As a physician," Fauci said, "I felt if I had to go [to Vietnam], I would gladly do my part to try to help."

The competition for the limited number of Yellow Beret slots was so intense that only the best and brightest young physicians were selected. Fauci, the top graduate in his medical school class, was one of seven chosen from 140 applicants to train in his laboratory of interest. As described in my book "Medal Winners: How the Vietnam War Launched Medical Careers," the class of Yellow Berets that entered with Fauci included four future Nobel laureates: Joseph Goldstein, Michael Brown, Harold Varmus and Robert Lefkowitz.

Each new appointee completed two years of clinical training before arriving at the NIH. Their primary responsibility was learning how to conduct basic research under the guidance of a senior scientist. The second job was to care for patients at the NIH Clinical Center. Fauci and his fellow infectious disease colleagues also helped to care for wounded service members at the nearby National Naval Medical Center.

Fauci, who had some research experience in medical school, trained at the NIH for three years under the tutelage of Sheldon Wolff — a pioneer in the relationship between the immune system and infectious diseases. Following a year of additional clinical training back in New York, Fauci returned to the NIH as a senior scientist conducting pioneering work, first on autoimmune conditions, then transitioning to study the newly emerging disease that would become known as AIDS.

When he entered the clinical associate program, Fauci's ambition was to become a medical school professor. Had the Vietnam War not brought him to the NIH, Fauci probably would have remained in academia and the country never would have benefited from his extraordinary public service.

Instead, from his position as director of the National Institute of Allergy and Infectious Diseases, Fauci has helped shape national policies related to HIV, bioterrorism and a series of pandemic threats including avian influenza, H1N1 (swine) influenza, Ebola and severe acute respiratory syndrome. It is hard to imagine any other physician who has had such a sustained and profound impact on the health of our nation.

While Fauci remained at the NIH for his entire professional career, most of his fellow Yellow Berets left Bethesda after their training was completed and headed for jobs at universities. Across the nation, the former Yellow Berets became medical school scientists, department chairs and deans. More than 60 former clinical associates, including Fauci, were elected to the prestigious National Academy of Sciences, and he also was one of the more than 125 Yellow Beret alumni elected to the Institute of Medicine (now the National Academy of Medicine). In addition, Fauci was one of 10 alumni to receive the National Medal of Science.

For all the scars left by the Vietnam War, we should not overlook the fact that in its absence, 50 years later the country would probably not have Anthony Fauci guiding us through our current crisis. Dr. Fauci, we salute you and your fellow Yellow Berets.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 17:52:04 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: RE: Dr. Fauci hits and requests

Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Billet, Courtney (NIH/NIAID) [E] (b) (6)>
Sent: Friday, March 27, 2020 6:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Cc: Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>
Subject: FW: Dr. Fauci hits and requests

(b) (5)

From: Billet, Courtney (NIH/NIAID) [E]
Sent: Friday, March 27, 2020 6:23 PM
To: O'Malley, Devin M. EOP/OVP <(b) (6)>
Subject: RE: Dr. Fauci hits and requests

Devin – (b) (5)

(b) (5)

From: Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Friday, March 27, 2020 6:18 PM

To: O'Malley, Devin M. EOP/OVP (b) (6); Love, Kelly A. EOP/OVP (b) (6); Henning, Alexa A. EOP/WHO <(b) (6)>; Bowman, Lauren K. EOP/WHO (b) (6); Porter, Macaulay V. EOP/OVP (b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Hall, Bill (HHS/ASPA) (b) (6); Murphy, Ryan (OS/ASPA) <(b) (6)>
Subject: RE: Dr. Fauci hits and requests

Thanks, Devin. We have declined and scheduled as you advised. Below is an updated list and schedule.

Friday 3/27

- Pittsburgh, PA (also airs in OH and WV) – Bloomdaddy radio - 634 am live hit completed
- Baton Rouge, LA – Morning News w/ Brian Haldane - 7:05 am live hit completed

Saturday 3/28

Showtime Desus and Mero – taping at 2 p.m. scheduled

Sunday 3/29

CNN State of the Union – live hit 9:15 a.m. scheduled

Monday 3/30

- AppleTV+ Oprah – tape 11:30 a.m. scheduled
- Radio – Rantz show Seattle – 8 p.m. live hit scheduled
- Radio – John/Ken show California – 8:30 p.m. live hit scheduled

Tuesday 3/31

- CBS The Late Show with Stephen Colbert – tape 11 a.m. scheduled
- CNN Coronavirus podcast with Sanjay Gupta – tape 12 noon scheduled
- Wall Street Journal The Journal Podcast – tape 1 p.m. ET

Wednesday 4/1

New York Times The Daily podcast – tape 12 noon scheduled

(b) (5)

Thanks,
Jen

Jennifer Routh [E]

News and Science Writing Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases (NIAID)
NIH/HHS
31 Center Drive Room 7A17C
Bethesda, MD 20892

Direct: (b) (6)
(b) (6)

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From: O'Malley, Devin M. EOP/OVP (b) (6)
Sent: Thursday, March 26, 2020 6:58 PM
To: Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Love, Kelly A. EOP/OVP (b) (6)>; Henning, Alexa A. EOP/ (b) (6)
Bowman, Lauren K. EOP/WHO (b) (6); Porter, Macaulay V. EOP/OVP (b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Hall, Bill (HHS/ASPA) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6)
Subject: RE: Dr. Fauci hits and requests

Yellow means schedule
Green means let's revisit
Crossed out means please decline

From: Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Thursday, March 26, 2020 6:52 PM
To: O'Malley, Devin M. EOP/OVP (b) (6)>; Love, Kelly A. EOP/OVP (b) (6); Henning, Alexa A. EOP/WHO (b) (6); Bowman, Lauren K. EOP/WHO (b) (6)>; Porter, Macaulay V. EOP/OVP (b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Hall, Bill (HHS/ASPA) (b) (6)>; Murphy, Ryan (OS/ASPA) <(b) (6)>
Subject: RE: Dr. Fauci hits and requests

Good evening –

Below is a list of pending hits and requests for Dr. Fauci:

Thursday 3/26

- WTOP – 6:10 a.m. completed
- NPR Morning Edition – 7:07 a.m. completed
- YouTube content creator interviews – 11 a.m. completed.

- The content creators will publish the interviews on YouTube over the next few days. We expect Trevor Noah will publish tonight.
- Instagram Live video with Steph Curry – 1 p.m. completed
- CNN Town Hall – scheduled 8 p.m. live

Friday 3/27

- Pittsburgh, PA (also airs in OH and WV) – Bloomdaddy radio - 634 am live hit scheduled
- Baton Rouge, LA – Morning News w/ Brian Haldane - 7:05 am live hit scheduled

(b) (5)

Jennifer Routh [E]
 News and Science Writing Branch
 Office of Communications and Government Relations
 National Institute of Allergy and Infectious Diseases (NIAID)
 NIH/HHS
 31 Center Drive Room 7A17C
 Bethesda, MD 20892
 Direct: (b) (6)
 (b) (6)

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From: O'Malley, Devin M. EOP/OVP (b) (6)
Sent: Wednesday, March 25, 2020 9:24 PM
To: Routh, Jennifer (NIH/NIAID) [E] (b) (6); Love, Kelly A. EOP/OVP (b) (6); Henning, Alexa A. EOP/WHO (b) (6); Bowman, Lauren K. EOP/WHO (b) (6); Porter, Macaulay V. EOP/OVP (b) (6)
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Hall, Bill (HHS/ASPA) (b) (6); Murphy, Ryan (OS/ASPA) <(b) (6)>
Subject: RE: Dr. Fauci hits and requests

(b) (5)

From: Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, March 25, 2020 5:07 PM
To: O'Malley, Devin M. EOP/OVP (b) (6); Love, Kelly A. EOP/OVP

(b) (6) Henning, Alexa A. EOP/WHO (b) (6)>;
Bowman, Lauren K. EOP/WHO (b) (6)>; Porter, Macaulay V. EOP/OVP
(b) (6)>

Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E]
(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Hall, Bill
(HHS/ASPA) (b) (6)>; Murphy, Ryan (OS/ASPA) (b) (6)

Subject: RE: Dr. Fauci hits and requests

Good evening –

Below is a list of pending hits and requests for Dr. Fauci. Flagging a few new inquiries:

(b) (5)

Wednesday 3/25

- Bob Rose Radio Show - Gainesville FL – 6:33 am live hit – completed
- Bernie and Sid Radio Show – NYC – 7:05 am live hit – completed
- CNN Cuomo – scheduled live hit 9:05 p.m.

Thursday 3/26

- WTOP – scheduled live hit 6:10 a.m.
- NPR Morning Edition – scheduled live hit 7:07 a.m.
- YouTube content creator interviews – scheduled 11 a.m.
- Instagram Live video with Steph Curry – scheduled remote conversation 1 p.m.
- CNN Town Hall – scheduled 8 p.m. live

Podcasts:

(b) (5)

Jennifer Routh [E]
 News and Science Writing Branch
 Office of Communications and Government Relations
 National Institute of Allergy and Infectious Diseases (NIAID)
 NIH/HHS
 31 Center Drive Room 7A17C
 Bethesda, MD 20892
 Direct: (b) (6)

(b) (6)

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From: Routh, Jennifer (NIH/NIAID) [E]
Sent: Tuesday, March 24, 2020 8:00 PM
To: 'O'Malley, Devin M. EOP/OVP' <(b) (6)>; 'Love, Kelly A. EOP/OVP' <(b) (6)>; 'Henning, Alexa A. EOP/WHO' <(b) (6)>; 'Bowman, Lauren K. EOP/WHO' <(b) (6)>; 'Porter, Macaulay V. EOP/OVP' <(b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Hall, Bill (HHS/ASPA) <(b) (6)>; Murphy, Ryan (OS/ASPA) <(b) (6)>
Subject: RE: Dr. Fauci hits and requests

Jennifer Routh [E]
 News and Science Writing Branch
 Office of Communications and Government Relations
 National Institute of Allergy and Infectious Diseases (NIAID)
 NIH/HHS
 31 Center Drive Room 7A17C
 Bethesda, MD 20892
 Direct: (b) (6)

(b) (6)

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From: Routh, Jennifer (NIH/NIAID) [E]

Sent: Tuesday, March 24, 2020 7:48 PM

To: O'Malley, Devin M. EOP/OVP (b) (6); Love, Kelly A. EOP/OVP (b) (6); Henning, Alexa A. EOP/WHO (b) (6); Bowman, Lauren K. EOP/WHO (b) (6); Porter, Macaulay V. EOP/OVP (b) (6);

Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Hall, Bill (HHS/ASPA) (b) (6); Murphy, Ryan (OS/ASPA) <(b) (6)>

Subject: RE: Dr. Fauci hits and requests

(b) (5)

Jennifer Routh [E]
News and Science Writing Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases (NIAID)
NIH/HHS
31 Center Drive Room 7A17C
Bethesda, MD 20892
Direct: (b) (6)
(b) (6)

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From: O'Malley, Devin M. EOP/OVP (b) (6)

Sent: Tuesday, March 24, 2020 7:41 PM

To: Love, Kelly A. EOP/OVP (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Henning, Alexa A. EOP/WHO (b) (6); Bowman, Lauren K. EOP/WHO (b) (6); Porter, Macaulay V. EOP/OVP (b) (6);

Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Hall, Bill (HHS/ASPA) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6);

Subject: RE: Dr. Fauci hits and requests

(b) (5)

From: Love, Kelly A. EOP/OVP (b) (6) >
Sent: Tuesday, March 24, 2020 7:34 PM
To: Routh, Jennifer (NIH/NIAID) [E] (b) (6) >; Henning, Alexa A. EOP/WHO (b) (6); Bowman, Lauren K. EOP/WHO (b) (6); Porter, Macaulay V. EOP/OVP (b) (6)
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Hall, Bill (HHS/ASPA) (b) (6) >; Murphy, Ryan (OS/ASPA) < (b) (6) >; O'Malley, Devin M. EOP/OVP (b) (6) >
Subject: RE: Dr. Fauci hits and requests

(b) (5)

From: Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, March 24, 2020 7:26 PM
To: Love, Kelly A. EOP/OVP (b) (6) >; Henning, Alexa A. EOP/WHO < (b) (6) >
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Hall, Bill (HHS/ASPA) (b) (6) >; Murphy, Ryan (OS/ASPA) (b) (6) >
Subject: Dr. Fauci hits and requests

Good evening –

Below is an updated list of the hits and pending requests for Dr. Fauci. (b) (5)

(b) (5)

Tuesday 3/24

- 7 am firm live hit Chris Stigall Radio Show (Philly) – completed
- WMAL in WDC – completed
- 10 pm live with Laura Ingraham truck from his house - scheduled

Wednesday 3/25

- Bob Rose Radio Show - Gainesville FL – 6:33 am live hit – scheduled
- Bernie and Sid Radio Show – NYC – 7:05 am live hit – scheduled
- WTOP – working to schedule
- NPR Morning Edition – working to schedule

(b) (5)

Jennifer Routh [E]
News and Science Writing Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases (NIAID)
NIH/HHS
31 Center Drive Room 7A17C
Bethesda, MD 20892

Direct: (b) (6)

(b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 17:17:12 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Proposta da un medico ricercatore italiano per arginare l'infezione da Coronavirus

Bob:

Can you figure out a way to get this translated so that we can figure out what he wants and whether we can help him.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: sandragiudici@libero.it <sandragiudici@libero.it>
Sent: Saturday, March 28, 2020 1:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Proposta da un medico ricercatore italiano per arginare l'infezione da Coronavirus
Importance: High

Egregio Professor Fauci,

foreign language

dott.ssa Sandra Liliana Giudici

Oggetto: Proposal from an Italian research doctor to stem the Coronavirus infection

Dear Professor Fauci,

I'm an Italian research doctor, with a qualification in Internal Medicine, who trained at the Polyclinic Hospital of Milan.

(b) (4)

(b) (4)



I'm very grateful for the precious time and for the attention that You will want to devote to my "application hypothesis". Trusting in Your kind reply, I send my best regards.

dr. Sandra Liliana Giudici

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 17:15:57 +0000
To: Janet Tobias
Cc: Conrad, Patricia (NIH/NIAID) [E]; (b) (6)
Subject: FW: Update on Film details, Task Force conversations, etc.

Janet:

Thanks for the note to Patty. We can do some of #4 below. Patty will contact you and we can also chat by phone today to update me on details. As you might imagine, things are very hectic and the most important thing is for me to get my job done. And so we will do what we can but may not be able to do everything that you would like. I look forward to speaking with you later.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Sent: Saturday, March 28, 2020 7:28 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: Update on Film details, Task Force conversations, etc.

Sent from my iPhone

Begin forwarded message:

From: Janet Tobias <janet@ikanamedia.com>
Date: March 28, 2020 at 7:24:48 AM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)>

Cc: "Billet, Courtney (NIH/NIAID) [E]" (b) (6)>, "Routh, Jennifer (NIH/NIAID) [E]" (b) (6)

Subject: Update on Film details, Task Force conversations, etc.

Hi Patty: A few important updates. And a request for this weekend/Sunday.



2) We have been working with John Burklow/Dr. Collins/HHS on access to the Task Force. The Task Force came back to us and asked us for more details about our approach, we gave them a written description of the overall approach of documenting for history the role of the Task Force, it's leadership, NIH, NIAID, and Dr. Fauci. Burklow is working with us on this.

3) Could I have a ten minute phone conversation with Dr. Fauci this weekend, important—I think—to update him on details personally.

4) We would like, if possible to start filming with Dr. Fauci this weekend. Could we film Dr. Fauci exiting his house and going to the live truck for Sunday morning interviews and then going back home or off to the WH. We would then match that in the film with the feed from the truck of him sitting down and get archive from the shows he appears. We are close by. Zac (DP, who Dr. Fauci knows) has been in complete self-quarantine for two weeks before he left New York State and we are now here a week. He is completely good by self-quarantine rules for above filming.

Thanks to the three of you for the work. The communication is life-saving. I have a couple of close friends on the frontline and they asked me to relay how deeply grateful they are for the work you are all doing.

Janet

On Mar 24, 2020, at 3:38 PM, Conrad, Patricia (NIH/NIAID) [E]

(b) (6) wrote:

Hi Janet

I gave him a hardcopy of your email earlier today...he does have it – we had to add some meetings at the WH prior to his Task Force meeting so I know he was a bit distracted..

Will keep trying...

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Janet Tobias <janet@ikanamedia.com>

Sent: Monday, March 23, 2020 9:26 PM

To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>

Subject: Here and working

Hi Patty:

Zac and I are here and situated. I know you are drinking through ten firehoses. I want to preserve sleep and health for Dr. Fauci. But it would be fantastic to have a 15 minute video (with distancing) Q and A in the garden of his house or in the house this week--- what he is working on just scientifically---vaccines, treatments, disease understanding. I want to capture the focus and urgency of the real time scientific work on COVID-19. If we need to we can figure out how to do it with audio, but would love to see if we could do this in 15 minutes on video. Again, anytime this week.

Thanks,

Janet

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 17:00:15 +0000
To: Auchincloss, Hugh (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]
Cc: (b) (6); Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: NIAID-NIBIB discussion
Attachments: COVID_ICD_Tromberg.pptx

Hugh/Emily:

Please handle this and respond to Bruce for me.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Tromberg, Bruce (NIH/NIBIB) [E] (b) (6)
Sent: Saturday, March 28, 2020 10:55 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6)
Cc: Heemskerk, Jill (NIH/NIBIB) [E] (b) (6); George, David (NIH/NIBIB) [E] (b) (6)
Subject: NIAID-NIBIB discussion

Hi Tony, Hugh, and Emily

Hope you are doing well and getting a chance to pause (especially Tony!) after another breathless sprint of a week.

The NIBIB community has unique capacity to design, build, and deploy an array of powerful biomedical technologies. Much of our attention over the past year has been on early disease detection and prevention, and the integration of digital/personal health with conventional medicine. The COVID-19 crisis seems to have many challenges that are ideally matched for our capabilities. With the \$60M NIBIB will receive in the supplement, we are in a unique position to make a contribution.

I am hoping we can meet with you to refine ideas and coordinate as we develop mechanisms to marshal these resources. Your insight will play an essential role in helping us move forward wisely. NIBIB has never received anything remotely like this before and we are in unfamiliar territory. I think it reflects, in part, the confidence---and hope, that people have in advanced technologies to change lives. We are determined to convert these dollars into tangible methods and devices and need your help in optimizing our strategy.

I am forwarding my slide from the science presentation on Wednesday and my follow up email to Francis and Larry to give you a sense of our direction (apologies for the information blast!). We have also been drafting a NOSI with several topic areas that I am adding below...note that we are in the process of condensing and refining these to simplify and more closely resemble our pay plan. I had a great conversation with Francis in a follow up call Thursday and he suggested (b) (5)

[REDACTED]

I look forward to your thoughts/comments and hope we (cc'd NIBIB leadership Jill Heemskerk and David George) can schedule a time to talk. Thank you for considering this, I know you are overflowing with emails and requests! If it's easier to just give me a call, my cell is (b) (6), I can give you the quick "cliff notes" summary.

Best,
Bruce

[REDACTED] (b) (5)

From: "Tromberg, Bruce (NIH/NIBIB) [E]" (b) (6)> on behalf of "Tromberg, Bruce (NIH/NIBIB) [E]" (b) (6)>

Date: Thursday, March 26, 2020 at 7:22 AM

To: "Collins, Francis (NIH/OD) [E]" (b) (6)>, "Tabak, Lawrence (NIH/OD) [E]"

(b) (6)

Subject: Summary thoughts

Hi Francis and Larry,

Thanks for the opportunity to present yesterday.

(b) (5)

(b) (5)

Best,
Bruce

Bruce J. Tromberg, Ph.D.
Director
National Institute of Biomedical Imaging and Bioengineering
National Institutes of Health
Building 31, Room 1C14
Bethesda, MD 20892-2281
(b) (6)
301-480-0679 - FAX
(b) (6)
<http://www.nibib.nih.gov>



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 16:19:28 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Subject: RE: What's new for 'fauci as' in PubMed

thanks

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Saturday, March 28, 2020 11:16 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: What's new for 'fauci as' in PubMed

Will see to that these are on your cv

From: NLM/NCBI efbac <efbac@ncbi.nlm.nih.gov>
Sent: Saturday, March 28, 2020 6:17 AM
To: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Subject: What's new for 'fauci as' in PubMed

This message contains My NCBI what's new results from the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).
Do not reply directly to this message.

Sender's message: Search: fauci as

Sent on Saturday, 2020 March 28
Search: **fauci as**

[View](#) complete results in PubMed (results may change over time).

[Edit](#) saved search settings, or [unsubscribe](#) from these e-mail updates.

PubMed Results

Items 1 - 2 of 2

1 [Covid-19 - Navigating the Uncharted.](#)

Fauci AS, Lane HC, Redfield RR.

N Engl J Med. 2020 Mar 26;382(13):1268-1269. doi: 10.1056/NEJMe2002387. Epub 2020 Feb 28. No abstract available.

PMID: 32109011 [PubMed - indexed for MEDLINE]

[Similar articles](#)

2 [Role of T-cell trafficking in the pathogenesis of HIV disease.](#)

Cicala C, Arthos J, Fauci AS.

Curr Opin HIV AIDS. 2019 Mar;14(2):115-120. doi: 10.1097/COH.0000000000000529. Review.

PMID: 30601238 [PubMed - indexed for MEDLINE]

[Similar articles](#)

From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 14:18:32 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: Updates, In DC

Email below from Janet Tobias.

Robert W. Eisinger, Ph.D.
Special Assistant for Scientific Projects
Immediate Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
31 Center Drive, Room 7A-03
Bethesda MD 20892
Telephone: (b) (6)
Email: (b) (6)

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

From: Janet Tobias <janet@ikanamedia.com>
Sent: Saturday, March 28, 2020 7:27 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: Updates, In DC

Dear Tony: I sent a note to Patty with updates. Task Force in progress (asked for more information) and we have finalized plans for distribution/release of the film for when this is over next year and we all feel good about being together in a theater. Will now push to do tiny bits of filming and audio a couple of times a week.

Thanks for everything and thanks yesterday for talking to the frontline. Close friends there have asked me to pass on their gratitude.

See you soon and follow Chris' advice about taking care of yourself.

Janet

> On Mar 22, 2020, at 10:19 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:
>
> My work with the Coronavirus Task Force and the large volume of incoming emails precludes me or my staff from answering each individual message. I would encourage you to visit www.coronavirus.gov <<http://www.coronavirus.gov>> for the latest information and guidance related to COVID-19.
>
> Thank you, and best regards.
>
> Anthony S. Fauci, M.D.
>
>
>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 28 Mar 2020 12:29:31 +0000
To: Burklow, John (NIH/OD) [E]
Subject: RE: Great videos!

Thanks, John!

From: Burklow, John (NIH/OD) [E] (b) (6)
Sent: Friday, March 27, 2020 6:32 PM
To: Myles, Renate (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E]
(b) (6); Akinso, Woleola (NIH/OD) [E] (b) (6); Olander, Alyson
(NIH/OD) [E] (b) (6); Cox, Todd (NIH/CIT) [E] (b) (6); Rosado, Andrew
(NIH/CIT) [E] (b) (6); Collins, Scott (NIH/CIT) [E] (b) (6); Chen,
Josephine (NIH/CIT) [E] (b) (6); Welch, Will (NIH/CIT) [E] <(b) (6)>; Diane
Baker (b) (6)
(b) (6); Awwad, David (NIH/NIAID) [C] <(b) (6)>; Rice, David (NIH/OD) [E]
<(b) (6)>
Cc: Collins, Francis (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Norris, Andrea
(NIH/CIT) [E] (b) (6); Alboum, Stacie (NIH/CIT) [E] (b) (6); Johnson,
Alfred (NIH/OD) [E] (b) (6); Prince, Scott (NIH/OD) [E] (b) (6); Chew,
Debra (NIH/OD) [E] <(b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)
Billet, Courtney (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E]
(b) (6)

Subject: Great videos!

Congratulations to all of you who made today's COVID-19 videos a tremendous success! I know there were a lot of quickly moving, intricate parts and it went off flawlessly—all remotely, to boot! Everyone worked as a team, under very tight timelines, and thanks to Renate, who orchestrated the FC Home Edition! I know NIH staff will greatly appreciate the videos—they're chockful of content! And special thanks to Dr. Fauci, who took time out of his "leisurely" day to devote more than an hour to the taping—incredible!

You all make us very proud!

John

From: (b) (6)
Sent: Fri, 27 Mar 2020 17:51:23 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Reaching out from Frame/Urgent

Begin forwarded message:

From: Ben Moe <ben@frame.media>
Date: March 27, 2020 at 5:47:50 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Re: Reaching out from Frame/Urgent

Dear Dr. Fauci,

I hope all goes well. I wanted to quickly follow up and see if you might be free for a quick interview on Monday — it would mean so much to include your voice in the piece.

Is there a time on Monday that might work for you? We can jump on the phone for a 5 - 10 minute call if that works better for you.

Best,

Ben

On Thu, Mar 26, 2020 at 5:10 PM Ben Moe <ben@frame.media> wrote:
Dear Dr. Fauci,

I hope this finds you well and thank you for all the work you are doing. I run the digital magazine, Frame, which publishes interactive documentaries made for mobile phones. We are working on a story about the current effort to create a coronavirus vaccine and would love to interview you for the piece.

We've interviewed Regeneron's Chief Scientific Officer, George Yancopoulos, and the piece will tell the story of Regeneron's push to create a coronavirus vaccine in record time. I was hoping you could speak to the broader issue of the often undercovered global threat of diseases and the lack of funding going toward infectious diseases.

Would you potentially be available for a short video interview sometime between 10am - 7pm EST tomorrow? Alternatively, would you be free sometime between 12pm - 2pm or 5pm - 7pm EST on Monday?

Look forward to hearing back and we'd be honored to have your voice in the story.

Here's a brief overview of Frame:

Frame is a newsmagazine that publishes interactive documentaries made for mobile phones. Every Frame story tells a compelling, human story that helps shine a light on a major social or political issue.

Frame stories include interactive features throughout, from maps to timelines, that allow viewers to engage more deeply with the piece. Our stories are delivered through a messaging platform that allows subscribers to have conversations with our journalists and subscribe to news updates on topics they want to follow, all through SMS. Frame has been covered by TechCrunch, Poynter, and Journalism.co.uk, and our investors include Snap Inc.'s Yellow Accelerator.

The very best,

Ben Moe

--

Founder and CEO, Frame
ben@frame.media
@beneliasmoe

--

Founder and CEO, Frame
ben@frame.media
@beneliasmoe

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 27 Mar 2020 17:48:31 +0000
To: Hirsch, Vanessa (NIH/NIAID) [E]
Subject: RE: appreciation

Thanks, Vanessa. I appreciate your note.

Best,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Hirsch, Vanessa (NIH/NIAID) [E] (b) (6)
Sent: Friday, March 27, 2020 10:28 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: appreciation

Hi Tony,

I just wanted to express my appreciation for your sane voice during the Covid-19 crisis. Keep up the good work. I know it has to be exhausting.

Best regards,

Vanessa Hirsch
NHPVS, NIAID, NIH

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 27 Mar 2020 15:57:33 +0000
To: Morens, David (NIH/NIAID) [E]
Cc: Folkers, Greg (NIH/NIAID) [E]
Subject: RE: [REDACTED] (b) (4)

David:

Provided you [REDACTED] (b) (6), if you could do this within the next 2 to 3 weeks, that would be great.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Morens, David (NIH/NIAID) [E] [REDACTED] (b) (6) >
Sent: Friday, March 27, 2020 11:27 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: [REDACTED] (b) (4)

Tony, [REDACTED] (b) (4), so I will start to think about what might work.

Do you have a hoped-for timetable? We are both overwhelmed, but I will try to do at least a bit daily as long as [REDACTED] (b) (6). david

From: Morens, David (NIH/NIAID) [E]
Sent: Friday, March 27, 2020 11:24 AM
To: Narasimhan, Sri Devi (ELS-CMA) <srnarasimhan@cell.com>
Cc: Fauci, Anthony (NIH/NIAID) [E] <AFAUCI@niaid.nih.gov>
Subject: RE: Subject: [REDACTED] (b) (4)

Dear Sri, thank you and we wish you and colleagues well too. These are certainly difficult times for all.

I will discuss again with Tony. [REDACTED] (b) (4)
[REDACTED]. We'll ponder that some more and get back to you later. Thanks, again, and stay safe



David M. Morens, M.D.

CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520



(b) (6) assistants: Kimberly Barasch; Whitney Robinson)

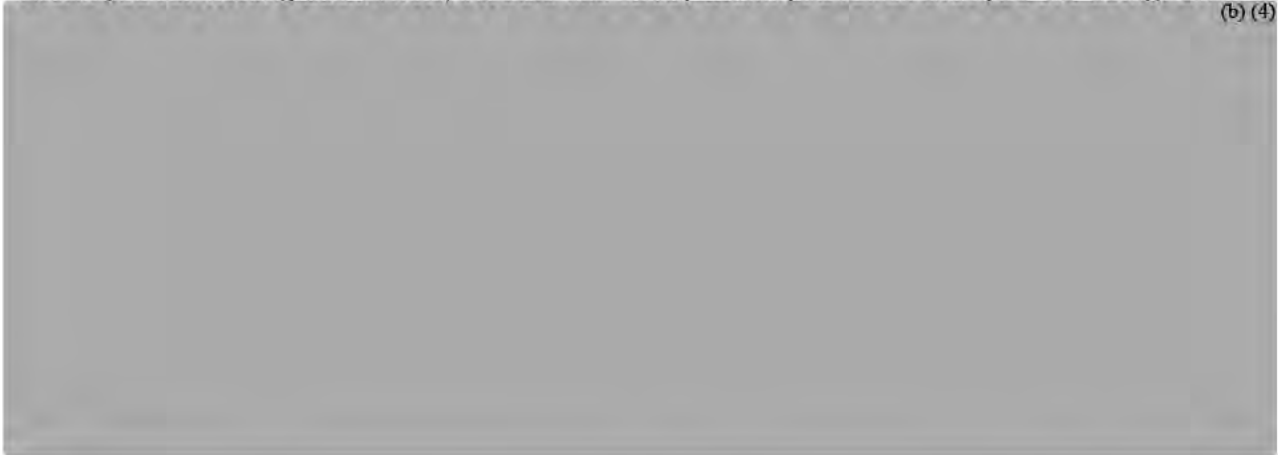
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From: Narasimhan, Sri Devi (ELS-CMA) <>
Sent: Thursday, March 26, 2020 9:23 PM
To: Morens, David (NIH/NIAID) [E] (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E]
Subject: Re: Subject: (b) (4)

Dear Tony and David,

Thank you for writing back. Firstly I would like to say thank you for all that you are doing. On (b) (4)



I hope you, your families and colleagues stay safe and healthy through this. Please take care.

I look forward to staying in touch.

Best wishes,
Sri.

Sri Devi Narasimhan, PhD
Deputy Editor, Cell
Cell Press/Reed Elsevier
50 Hampshire St., Cambridge, MA 02139
srnarasimhan@cell.com

From: Morens, David (NIH/NIAID) [E] (b) (6) >
Sent: Thursday, March 26, 2020 4:53 PM
To: Narasimhan, Sri Devi (ELS-CMA) <srnarasimhan@cell.com>
Subject: Subject: (b) (4)

Dear Sri, we're responding, at long last, to your invitation to Tony Fauci several weeks back, to (b) (4)

First, apologies are in order. We tried to meet about this and get you a quick response the day after you and Tony emailed, but then coronavirus chaos ensued. We had to cancel 5 successive meetings to go over this; in one case minutes before we were to start he got an urgent call to go down to the White House asap, and that was that. Few of us in the office have even seen Tony in recent weeks as he is down at the White House daily from early morning until late at night.

Finally this morning we sat down and had a relaxed discussion. Assuming you are still interested,

(b) (4)

(b) (4)

(b) (4). Crazy times, for sure.

Thank you, I look forward to hearing from you,

<< OLE Object: Picture (Device Independent Bitmap) >>

David M. Morens, M.D.

CAPT, United States Public Health Service

Senior Advisor to the Director

Office of the Director

National Institute of Allergy and Infectious Diseases

National Institutes of Health

Building 31, Room 7A-03

31 Center Drive, MSC 2520

Bethesda, MD 20892-2520



(b) (6)

stants: Kimberly Barasch; Whitney Robinson)

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<< OLE Object: Picture (Device Independent Bitmap) >>

From: Narasimhan, Sri Devi (ELS-CMA) <srnarasimhan@cell.com>

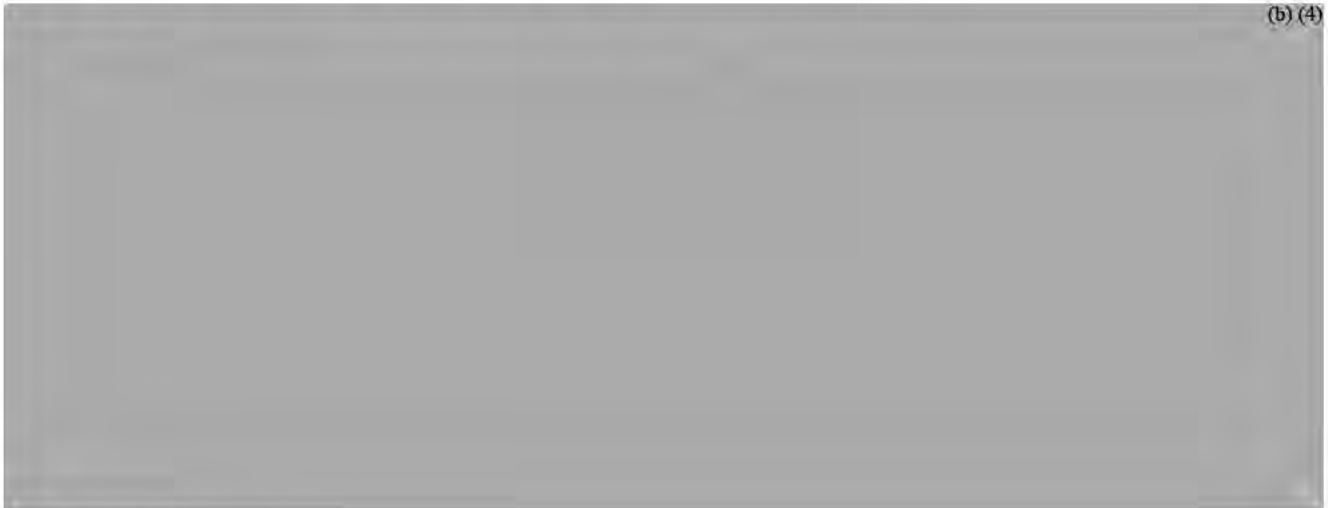
Sent: Monday, January 27, 2020 4:00 PM

To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

Subject: (b) (4)

Dear Tony,

I hope all is well. I had the great pleasure of meeting you in person when you were the keynote speaker at our Cell Symposium on Emerging and Re-emerging Viruses in 2017. You then gave a wonderful talk that covered AIDS to Zika and your experiences across different outbreaks, administrations and the challenges you encountered.



My best wishes,
Sri.

Sri Devi Narasimhan, PhD
Deputy Editor, Cell
Cell Press/Reed Elsevier
50 Hampshire St., Cambridge, MA 02139
srnarasimhan@cell.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 27 Mar 2020 15:56:36 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Offering help to fight the Covid-19
Attachments: Presentation Doc-line.pdf

Please check it out and respond

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Peter Lermen (b) (6)
Sent: Friday, March 27, 2020 11:30 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Offering help to fight the Covid-19

Dear Dr. Fauci,

I don't want you to waste too much time in this stressful situation.

As the doctor in charge of the hygiene of the Berner clinic in Crans-Montana in Switzerland, as well as being in contact with my colleagues in private practice, I see every day how important the need for information and consultation of the population in this situation of insecurity is. At the same time, we are under threat of a shortage of doctors if we have to strictly apply the federal swiss guidelines (Art. 10b and 10c, regulation 2 COVID-19) or if the wave of illness reduces the number of colleagues available for consultations.

(b) (4)

Thank you for your time

Good luck

Best regards,



Peter Lermen
MD internal medicine, internal oncological rehabilitation
Co-President oncoreha.ch

(b) (6)
www.doc-line.ch

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 27 Mar 2020 13:30:18 +0000
To: Mascola, John (NIH/VRC) [E]
Subject: FW: Vir update
Attachments: Vir Barda TechWatch_05Mar20_vF.pptx

Please take a look at this and respond if appropriate.. Too long an e-mail for me to tackle. I have 745 others.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Skip Virgin (b) (6) >
Sent: Tuesday, March 10, 2020 11:33 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Vir update

Tony

My apologies for the slow update. You asked that I get back to you after (b) (4) and so here I am. Notes in sections.

(b) (4)



Any advice welcome

Happy to talk (b) (6)

Be well and thanks for all of your public work to help us prepare. I wish they listened more.

Skip

Herbert W. 'Skip' Virgin M.D., Ph.D.
Executive Vice President, Research
Chief Scientific Officer
Vir Biotechnology
499 Illinois Avenue
San Francisco CA 94158
he/him/his

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 26 Mar 2020 16:19:31 +0000
To: Giroir, Brett (HHS/OASH)
Cc: Kadlec, Robert (OS/ASPR/IO); Birx, Deborah L
(b) (6); Lerner, Andrea (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Redd, Stephen (CDC/DDPHSIS/OD)
Subject: FW: Draft of email for ASF to send to Brett Giroir cc'ing Kadlec
Attachments: IMG_2072.mov

Brett:

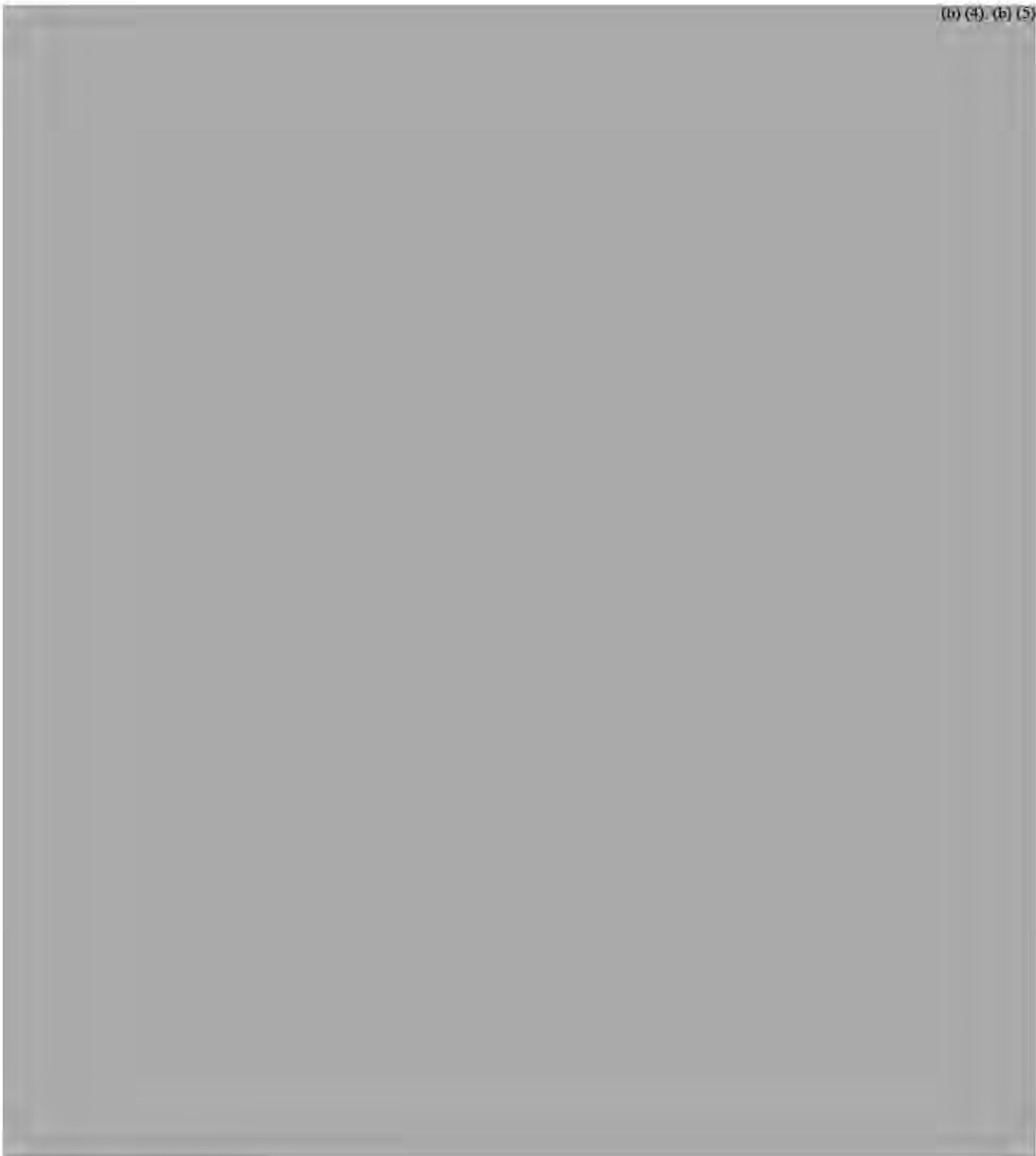
The proposal below was sent to my office by David Margulies (Harvard/Boston Childrens) who is part of a group of prominent physicians and healthcare executives in Boston developing this idea (David Martin of the Brigham, Gary Gottlieb of Partners and others). See this op-ed they wrote in the Boston Globe yesterday regarding their proposal <https://www.bostonglobe.com/2020/03/25/opinion/mass-needs-comprehensive-care-response-coronavirus/>.

(b) (5)

Can you take a look at this and let me know what you think? (b) (5). David Margulies can be contacted directly at (b) (6) or (b) (6) if you need additional information.

Thanks,
Tony

(b) (4), (b) (5)



David Margulies, M.D.

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 26 Mar 2020 13:25:30 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: FOR TASK FORCE Consideration -- Some sound thinking on COVID-19

We have been discussing each and every one of these suggestions and they are all on the table for consideration of implementation.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Sent: Thursday, March 26, 2020 9:08 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: FOR TASK FORCE Consideration -- Some sound thinking on COVID-19
Importance: High

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Sent: Wednesday, March 25, 2020 6:31 PM
To: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Subject: FW: FOR TASK FORCE Consideration -- Some sound thinking on COVID-19
Importance: High

From: Pierce, William <wpierce@apcnworldwide.com>
Sent: Wednesday, March 25, 2020 4:24 PM
To: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Subject: FOR TASK FORCE Consideration -- Some sound thinking on COVID-19
Importance: High

Patty:

I know Tony is the expert, but I thought this memo would be of interest and perhaps of help to him in his battles.

The attached memo is from Dr. Paul Offit (U of Penn) and a colleague of his David Rubin. Tony may know him, I would not be surprised.

But for you, Paul is one of the country's top vaccinologists and virologists. Paul developed a vaccine for a deadly disease. I know him well and he's the real deal. Next to Tony he is my go to science source.

Paul in particular is a highly credible, well known national expert.

They wrote this memo on the 19th of March and it has many suggestions that are incredibly smart and I thought Tony would want to see this immediately. Paul and David are obviously available to talk asap.

Let me know.

Bill

William Pierce
Senior Director

APCO Worldwide
1209 Pennsylvania Ave. N.W.
Suite 300
Washington, DC 20004

(t) +1 202 659 7931 (m) <(b) (6)>

wpierce@apcoworldwide.com
[@apcoworldwide](#)

..... [Learn more about APCO resources available during the COVID-19 outbreak](#)

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William Pierce

APCO Worldwide

(t) +1 202 659 7931 (m) [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 26 Mar 2020 12:44:24 +0000
Bcc: Crew, Page (NIH/NIAID) [E]; Davey, Richard (NIH/NIAID) [E]; Doepel, Laurie (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Higgs, Elizabeth (NIH/NIAID) [E]; Kuriakose, Safia (NIH) [C]; Lerner, Andrea (NIH/NIAID) [E]; Nason, Martha (NIH/NIAID) [E]; Seam, Nitin (NIH/CC/CCMD) [E]; Singh, Kanai (NIH/NIAID) [E]; [REDACTED] (b) (6); Brooks, John T. (CDC/DDID/NCHHSTP/DHPSE); Pau, Alice (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]
Subject: Memo to NIH/CDC/VA Support Staff for the HHS Panel on COVID-19 Treatment Guidelines

Dear colleagues,

The purpose of this email is to thank-you for agreeing to provide support to the HHS COVID19 Treatment Guidelines Panel. As you are aware clinicians are doing their best to navigate a complicated landscape with little to guide them. I realize everyone is very busy and I appreciate you taking on this additional work at a difficult time.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 26 Mar 2020 10:42:30 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Awwad, David (NIH/NIAID) [C]
Subject: FW: BBC News

Let us see if we can do this from my NIH office today during the day.

From: Chris Foote <chris.foote@bbc.co.uk>
Sent: Thursday, March 26, 2020 5:02 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: BBC News

Hello Dr Fauci

I'm the programme editor of The Nine, a nightly news and current affairs programme on the BBC. I was hoping you could spare ten minutes at some point today (March 26) to speak to us over Skype or FaceTime about the US response the Coronavirus pandemic.

If that's possible, I'll ask one of my producers to arrange it at a time convenient for you.

Chris Foote
Senior Journalist
BBC News

+ (b) (6)

<http://www.bbc.co.uk>

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Please note that the BBC monitors e-mails sent or received.

Further communication will signify your consent to this.



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 26 Mar 2020 02:27:28 +0000
To: Joubert, Bonnie (NIH/NIEHS) [E]
Subject: RE: Thank you

Bonnie:

Thanks for the note. Much appreciated.
Best regards,
Tony

From: Joubert, Bonnie (NIH/NIEHS) [E] (b) (6)
Sent: Wednesday, March 25, 2020 9:50 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you

Dear Dr. Fauci,

I just want to say THANK YOU for all that you are doing for the country to address the COVID-19 pandemic. As an epidemiologist at NIEHS, it is inspiring and encouraging to be part of NIH and to have leaders like you involved in the national and global response during this critical time.

Regards,
Bonnie

Bonnie Joubert, MPH, PhD
Population Health Branch
Division of Extramural Research and Training
National Institute of Environmental Health Sciences
Research Triangle Park, NC 27709
Phone: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 17:20:55 +0000
To: Friedmann, Theodore
Subject: RE: George Church interview

Thanks, Ted. I appreciate your note.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Friedmann, Theodore <tfriedmann@health.ucsd.edu>
Sent: Tuesday, March 24, 2020 4:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: George Church interview

Dear Tony: I sent a brief note to my friend Jon Cohen to congratulate him on what I thought was his fine interview with you. In his response, he suggested that I should send a copy to you. I've been a little reluctant to do that because of what I assumed must be a flood of comments and advice that you are getting in your role on the task force. I attach the message to Jon below and I hope that some of the thoughts are useful and maybe a little comforting for you. With my very warmest regards and best wishes,

Ted

Begin forwarded message:

From: Theodore Friedmann <tfriedmann@health.ucsd.edu>
Subject: Re: George Church interview
Date: March 24, 2020 at 12:09:20 PM PDT
To: Jon Cohen <jcohen@aaas.org>

Dear Jon: Greetings from La Jolla. Congratulations on your interview with Tony Fauci. I have to admit that, until a couple of weeks ago, I have been quite critical of Tony's apparent acquiescence with so much dangerous, incorrect and politically motivated misinformation from the administration. I feared that the upside-down explanations from the administration had the effect of destroying the concepts and tenets of epidemiology and even rationalizing a completely wrong concept of communicable disease that holds that it is unnecessary to screen for carriers in an epidemic but only important to screen symptomatic people. That is upside-down from what we all know about dealing with epidemics and has even been endorsed by Trump, Pence and other members of the COVID-19 task force. It seems to have become a new normal concept of communicable disease management. Like so many things in the Trump era, facts and history are thrown out the window and replaced by governmentally espoused but obviously wrong concepts. We assume to be preparing to completely deny established concepts of communicable disease - screen only the prime suspects or the afflicted. In conversations with colleagues here I wondered "where is Tony Fauci?" They suggested that he must be quietly and heroically working hard being the scenes and at his personal peril to educate our leaders rather than correcting them publicly. But I thought that, in desperate times, the public must hear and see clear truth and denials of lies. My concept of heroes are people who act at their personal peril - Rosa Parks, Martin Luther King, Martin Niemöller, Dietrich Bornhoffer. Thankfully, I think that the real Tony Fauci has emerged, obviously to his peril. I wish him good luck and survival. I find myself wondering what the responses will be to Trump's likely premature lifting of isolation and quarantining procedures and if the concept of disobeying illegal and unethical orders will survive the times.

In any event, good interview! By the way, [REDACTED] (b) (6)
[REDACTED]
[REDACTED]. All the best regards,

Ted

On Dec 6, 2018, at 11:17 AM, Jon Cohen <jcohen@aaas.org> wrote:

So good to hear from you and do tell Carl to contact me.

Yes, George has received ample criticism, but my job is to air his views, regardless of what I think. And I like his independent, damn the torpedoes approach. He speaks his mind. As for He, everything about this is bizarre, from ethics to science to PR to regulation.

Best,

Jon

On Dec 6, 2018, at 1:19 PM, Friedmann, Theodore
<tfriedmann@ucsd.edu> wrote:

Hello Jon - Greetings from (b) (6). It has been a long time since
we last connected and talked about gene therapy, etc. and

(b) (6)

I was very interested to read George Church's troublesome responses in your interview with him in Science and to see his ethical evaluation of He's CCR5 editing experiment in China. I'm not as generous to He as George seems to be and I think that this work is clearly unethical. George inexplicably conjures up the sad history of Jess Gelsinger and the effect of his death on the evolution of the field of gene therapy. Happily, he's right about the fact that gene therapy is now proving itself in a growing list of intractable diseases (underscored by the 2015 Japan Prize). That has happened because studies are now much more carefully designed and carried out. But sadly, we are in an environment in which some people conclude that human medical manipulations - gene therapy, genome editing, stem cell therapy - are ethical as long as they "work". The rationale is, "let's do the study and if it works and doesn't kill or otherwise harm, it's OK". It's not a post-factor evaluation that determines if an instance of human experimentation is ethical and permissible - it is the design of a study that determines if it is ethical or not. George should be reminded of that fact and should re-read the Helsinki declarations or similar codes of human experimentation.

In any event, your interview was fascinating. Best regards,

Ted Friedmann

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 16:59:20 +0000
To: (b) (6)
Subject: FW: Developing Control Charts for Covid 3 24 20 with graphs.docx
Attachments: Developing Control Charts for Covid 3 24 20 with graphs.docx

Please take a look at this. What do you think?

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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

From: Steve Sternberg (b) (6)>
Sent: Wednesday, March 25, 2020 8:39 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Developing Control Charts for Covid 3 24 20 with graphs.docx

Tony,

Here are reconfigured charts which factor in the guidance from mathematicians at Rockefeller. As you can see, the trend in the U.S. is visibly worse. If this pattern holds, we're going to see many more deaths before things get better.

We would be grateful for a comment. Could you offer a perspective? We're going to try to publish today.

Steve

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 15:01:21 +0000
To: DELFRAISSY Jean-francois
Cc: (b) (6)
Subject: RE: France situation COVID-19

Jean-Francois:

Thank you for your note. I do not see Yazdan copied on your e-mail, and so please forward this e-mail to him. The NIH position is that we should preferably make drugs available on randomized, controlled clinical trials and not freely distribute them. There is a strong push in the USA, favored by the President, to make certain of these drugs more widely available outside of an RCT using mechanisms such as "compassionate usage". In the USA, as you know, HC (plaquenil) is an approved drug for malaria as well as for certain autoimmune diseases such as SLE. Thus, physicians can prescribe the drug on an "off label" usage. This likely will be the major modality of distribution of this drug in the USA, at least for the foreseeable future.

I am copying Cliff Lane on this e-mail. Please include him on any further correspondence on this subject.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: DELFRAISSY Jean-francois (b) (6)>
Sent: Wednesday, March 25, 2020 10:35 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: DELFRAISSY Jean-francois (b) (6)>
Subject: France situation COVID-19

Hello,

I am once again in service since the global sanitary crisis COVID-19 hit France a couple of weeks ago. I am now leading the Scientific Council for COVID-19, composed of 10 persons, serving the French President , Emmanuel Macron.

The Council was created on March the 10th and we were heavily involved in advisory activities in relation to the President's decision to put the generalized quarantine into force, because we didn't have any better choice.

Firstly

We have a limited number of diagnosis tests, this prevents us from taking up a Korean-like strategy within the next few days. However, by the end of the quarantine (within the following six weeks), we will be able to have a generalisation of the diagnosis test and develop korean-like apps, as well as a strategy for testing and treatment if we have any drugs available by this time. Before this, we will go through a difficult phase in the following weeks, because we won't have enough beds in our care units in some part of France ...

Secondly

On the therapeutic level, Yazdan Yazdanpanah has taken my place and who is now leading REACTing.

Tomorrow morning a french-european medical trial will begin, under the control of the WHO, with 5 arms (placebo/kalatra/kalatra +interferon béta / product of Guilead / hydroxychloroquine alone or in combination for next week).

As you may know, we are currently facing a press buzz since the announcement made by Dr. Raoult about the effectiveness of hydroxy-chloroquine. His data is not particularly convincing. We can distinguish a slight positive signal but it must be confirmed by a well made randomised trial. We also started a monkey-model study with HC and we should have the results by the end of next week. Also a cohort of severe COVID+ patients have been created and some will be treated with HC : we will analyse those results with all the consciousness needed. It will also be possible to do a prevention trial for healthcare

professionals and aging people with HC. I have an enormous political pressure to release HC and to give it to everyone but I am currently resisting...

How is the situation in the USA, especially after Trump's announcement ? What is the NIH position ? What will be put into force ?

Thanks for your answer.

I put Yazdan Yazdanpanah in a copy of this email.

Best regard

Pr. Jean-François Delfraissy

Président | *President*

Comité consultatif national d'éthique pour les sciences de la vie et de la santé

National Ethical Consultative Committee for life sciences and health

Ancien Directeur de l'ANRS | *ANRS former Director*

M (b) (6)

T (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 13:57:28 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: [REDACTED] (b) (4)
PANTHEON

Agree. Skip this and please try to get David back on my morning schedule to start working on the original paper that we had agreed upon.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6) >
Sent: Wednesday, March 25, 2020 9:29 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: [REDACTED] (b) (4)

[REDACTED] (b) (5)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 12:08:27 +0000
To: (b) (6)
Subject: RE: with love from Italy

Rita:

Many thanks for your kind note. It is much appreciated.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: rita.apgar@alice.it (b) (6)
Sent: Wednesday, March 25, 2020 7:58 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: with love from Italy

Dear Doctor Fauci. My name is Rita Apgar and if by chance you noticed my last name, as my father said many years ago, "(b) (6)!" I have lived in Italy for almost 50 years and the sagacious finger of destiny pointed my way to Italy, the true home of my heart, although not a drop of Italian blood flows through it. But the love of Italy and the Italians pumps through my heart every second of my existence.

That sagacious finger of destiny pointed the way, and I followed it in faith to (b) (6) where I had lived. As soon as I set foot for the first time in the house in this funky ghost town of a medieval village, I felt that we belonged together. And, practically speaking, at the time, it was the perfect solution to some weighty personal problems. Heart and mind were in peaceful agreement.

I have a dear friend who is an infectious disease specialist at the hospital in Asti. She is, obviously, extremely busy these days but she took the time to call me Sunday evening and we talked about you. She said to me, "you know, when I was just a graduate student, I was a secret groupie of Dr. Fauci, and once when he was at a meeting or a conference or something (I'm not sure where or when) I was able to ask him a few questions." I was thrilled, of course, since I also try to watch every appearance you make on TV. I will not add anything in this regard.

But I did say to Maria, Doctor Maria Degioanni, "Maria, I want to invite Dr. Fauci to come and visit us for a few days when this crisis is over, God willing and maybe he would come together with (b) (6) who has promised to come and visit again after 20 years. We can put them up in the fancy Relais San Damian above Isolalunga where I live and take them out to dinner at Gente di Mare. Dear Doctor Fauci, I like to joke when people ask how we are doing in this time of Covid-19 by saying : A Name, a guarantee: ISOLAlunga= ISOLAtion! Legend says that the Benedictine monks who got into mischief centuries ago were sent here as punishment to work in the olive groves: long isolation. Today it's the perfect place to be with a view of the Mediterranean as well as the Maritime Alps from the kitchen window and hardly a soul to practice social distancing with! Grazie per esistere as an Italian song goes, "thank you for being you! I would adore getting a reply from you, but realize how miraculous that would be! We would be over the moon if you accepted our invitation, at any time and at the drop of a hat!

Sincerely, Rita Apgar

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 10:27:40 +0000
To: Jon LaPook
Subject: FW: Serology for the novel coronavirus

Try Barney Graham at the NIAID VRC. You have interviewed him more than once.

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

From: Jon LaPook (b) (6)>
Sent: Tuesday, March 24, 2020 2:17 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: RE: Serology for the novel coronavirus

Sigh. Who would you suggest I try to interview?
Thanks,
Jon

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

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, March 24, 2020 1:57 PM
To: Jon LaPook (b) (6)>
Subject: Re: Serology for the novel coronavirus

Lots of talk. Not sure about progress

> On Mar 23, 2020, at 6:27 PM, Jon LaPook (b) (6)> wrote:
>
> Tony,
> Any progress? Obviously, if we had widespread serologic testing, we could identify people with likely immunity, and put them on the front lines.
> Thanks,
> Jon
>
> Jonathan LaPook, M.D.
> Chief Medical Correspondent, CBS News
> Professor of Medicine
> NYU Langone Health
> Twitter @DrLaPook

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 02:26:42 +0000
To: (b) (6)
Subject: FW: Serology for the novel coronavirus

Cliff:

Who is the most knowledgeable about serologies for COVID-19? If you know, could you please respond to Jon.
Thanks,
Tony

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

From: Jon LaPook (b) (6) >
Sent: Tuesday, March 24, 2020 2:17 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: RE: Serology for the novel coronavirus

Sigh. Who would you suggest I try to interview?
Thanks,
Jon

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

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, March 24, 2020 1:57 PM
To: Jon LaPook (b) (6)
Subject: Re: Serology for the novel coronavirus

Lots of talk. Not sure about progress

> On Mar 23, 2020, at 6:27 PM, Jon LaPook (b) (6) > wrote:
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> Any progress? Obviously, if we had widespread serologic testing, we could identify people with likely immunity, and put them on the front lines.
> Thanks,
> Jon
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> Jonathan LaPook, M.D.
> Chief Medical Correspondent, CBS News
> Professor of Medicine
> NYU Langone Health
> Twitter @DrLaPook

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 25 Mar 2020 01:53:06 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: COVID-19 West Virginia Phenomenon

From: Daniel Ries [REDACTED] (b) (6) >
Sent: Tuesday, March 24, 2020 8:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: COVID-19 West Virginia Phenomenon

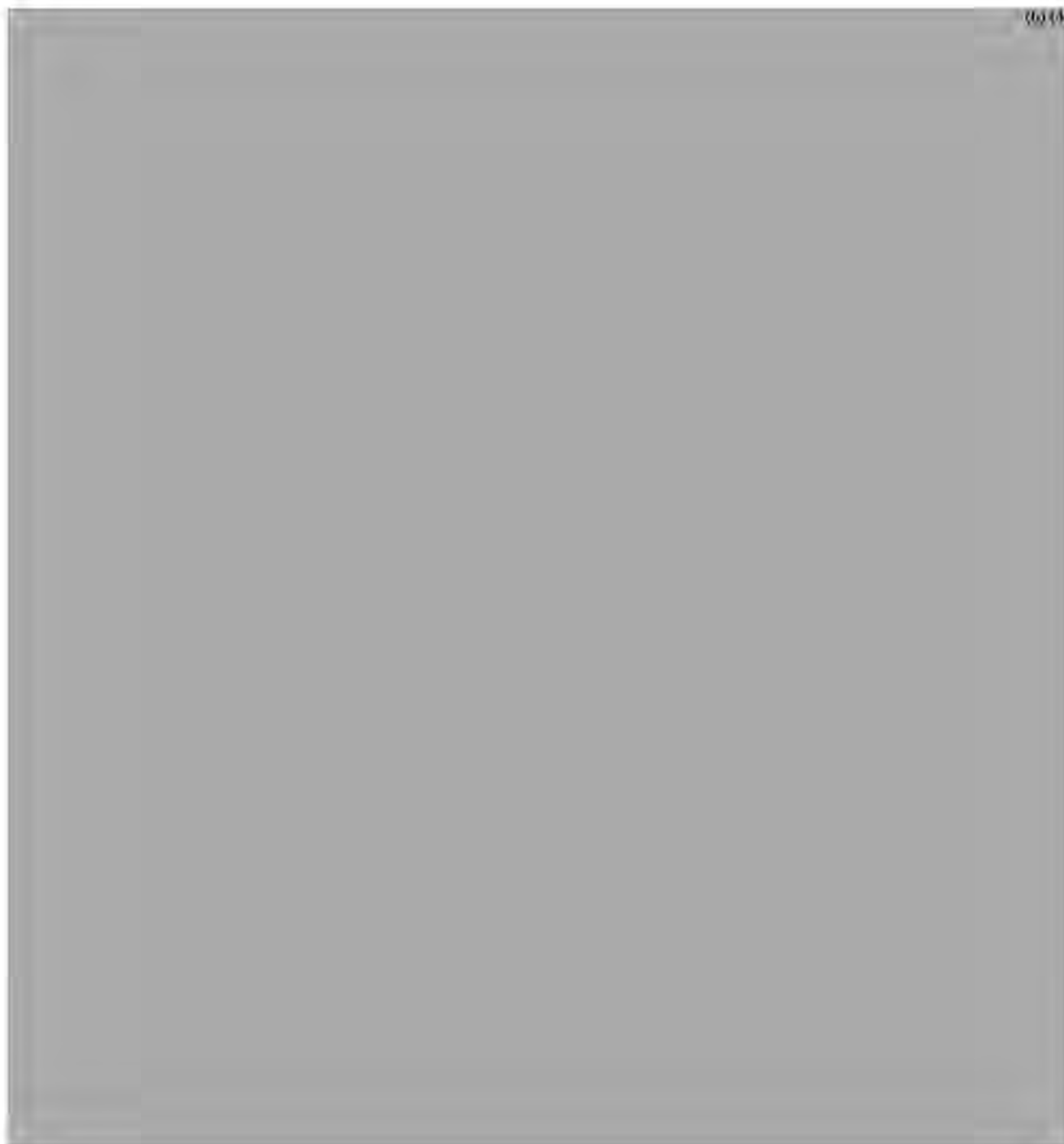
Dear Dr Anthony Fauci

[REDACTED] (b) (4)

Best regards

Daniel Ries
PhD Food Technology
Massey University
NEW ZEALAND

[REDACTED] (b) (4)



From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 17:48:57 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: COVID reagent allocation issue

Email response from Jeremy Berg

Robert W. Eisinger, Ph.D.
Special Assistant for Scientific Projects
Immediate Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
31 Center Drive, Room 7A-03
Bethesda MD 20892
Telephone: (b) (6)
Email: (b) (6)

From: Berg, Jeremy (b) (6)
Sent: Tuesday, March 24, 2020 1:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Lerner, Andrea (NIH/NIAID) [E] (b) (6)
Subject: Re: COVID reagent allocation issue

You are welcome, Tony. We appreciate anything that you can do with regard to the reagent allocation issue. The view from the trenches is pretty stark.

Keep up the good work and do not hesitate to reach out to me if I can be helpful in any way.

Best, Jeremy

Jeremy M. Berg, Ph.D.
University of Pittsburgh
Associate Senior Vice Chancellor for Science Strategy and Planning
in the Health Sciences
Professor of Computational and Systems Biology
Scaife Hall, S304
3550 Terrace Street
Pittsburgh, PA 15213
(b) (6)
(cell)

From: Anthony Fauci (b) (6) >
Date: Tuesday, March 24, 2020 at 1:44 PM
To: Jeremy Berg (b) (6) >
Cc: "Lerner, Andrea (NIH/NIAID) [E]" (b) (6) >
Subject: Re: COVID reagent allocation issue

Thanks, Jeremy

On Mar 23, 2020, at 9:00 PM, Berg, Jeremy (b) (6) > wrote:

Dear Tony: I am sure you are overwhelmed, but I think it is important to share the attached with you (which will be sent to you directly through regular channels). (b) (6) is a pathologist who is in charge of testing in a large medical system in Rochester, New York, who has been extremely concerned and frustrated by the lack of access to reagents for the Roche coronavirus testing platform. They have the platform but cannot use it because of a lack of reagents (which were apparently pre-purchased by Quest, LabCorp, and other national groups). The turnaround time for Quest is approximately 5 days and this is completely useless for making clinical decisions about admission compared with local testing with 24 hour per around time.

Thank you for your attention and for everything that you are doing to help our country through this great challenge.

Best, Jeremy

P.S. I enjoyed the interview with you in *Science* and admire your clarity of purpose.

Jeremy M. Berg, Ph.D.
University of Pittsburgh
Associate Senior Vice Chancellor for Science Strategy and Planning
in the Health Sciences
Professor of Computational and Systems Biology
Scaife Hall, S304
3550 Terrace Street
Pittsburgh, PA 15213
(b) (6)

(b) (6) (cell)
(b) (6)

<Fauci-Rochester-Reagents.pdf>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 16:27:17 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: You may be able to help

Linda is a former NIH Institute Director. Please figure out what she is talking about and respond to her on my behalf

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Birnbaum, Linda (NIH/NIEHS) [V] (b) (6)>
Sent: Tuesday, March 24, 2020 12:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: You may be able to help

Hi Tony,

Thank you for your tireless efforts to clearly communicate about the pandemic, including correcting the President when necessary. You do it in such a non-threatening and respectful style. I think everyone appreciates it.

(b) (6) runs a home health care company in NC and many other states in the nation. He has managed to get some of the largest home care companies as well as the Home Care Association of America (their trade organization) to sign off on this call for guidance for their industry which provides professional care givers, largely CNAs, to those needing assistance with daily living throughout the nation.

I am reaching out hoping that you might know to whom this message should really go.

Thanks again for all you do – and take care of yourself! The nation needs you.

Sincerely, Linda

Linda S. Birnbaum, Ph.D., D.A.B.T., A.T.S
Scientist Emeritus (Retired)
Former Director, National Institute of Environmental Health Sciences
and National Toxicology Program
phone: (b) (6)
cell (b) (6)
e-mail: (b) (6)
personal email: (b) (6)

From: (b) (6)
Sent: Monday, March 23, 2020 10:45 PM
To: Linda Birnbaum (b) (6),>
Subject: Message to Dr. Fauci

Dear Dr. Fauci,

The home care industry cares for tens of millions of our most vulnerable citizens in their homes every day. We provide assistance with activities of daily living and instrumental activities of daily living, which keeps our clients in their homes and in the lowest risk setting. **Our professional Caregivers are able and willing to continue to provide care to clients who test positive for COVID-19 or have been exposed to the virus.**

But we need your help so that home care companies do not face unreasonable liability for providing such care. To that end, we ask for your support in getting a bill through congress like the Public Readiness and Emergency Preparedness Act (PREP Act), 42 USC 247d-6d, that will insulate providers like us from claims related to the care we will be providing in these extraordinary times.

We also ask that you support creating a fund that will provide appropriate personal protective equipment to our caregivers. Our clients should not have to bear the additional burden of the added cost of PPE.

Additionally, we would like you to encourage the CDC to clarify its guidance on caring for COVID-19 patients (found [here](#), [here](#) and [here](#)) that the guidance is applicable to "professional, licensed and insured, home based care agencies."

This clarification will give the industry a workable standard to protect caregivers caring for COVID-19 clients. In essence, it would establish that facemasks and gloves are sufficient PPE to care for COVID-19 clients in the home, and not require its caregivers to comply with the healthcare setting requirements of wearing N95 respirators, eye protection (goggles or face shields) or gowns. This is important as a practical matter because respirators and gowns are not readily available at this time. Moreover, most home care workers are not trained in the proper use of respirators.

Finally, we need your help in pressuring congress to provide day care for the children of our caregivers. If they cannot find adequate care for their children, then our clients will suffer. This is a vital step to keep our clients in their homes.

With your help, home care companies will be able to:

1. Relieve the burden on the healthcare system by keeping our clients out of the hospital; and
2. Adhere to shelter-in-place measures which will flatten the curve of COVID-19's spread.

Warmly,
(b) (6)

On behalf of:

Michael Cocco, Chief Operating Officer and General Counsel, Synergy Home Care

Emma Dickson, Chief Executive Officer and President, Home Helpers

Lisa Foster, Chief Clinical Officer, MGA Homecare

Daniel Gottschalk, Co-owner and President, Genova Health

Margaret Haynes, Chief Operating Officer, Right at Home

Vicki Hoak, Executive Director, Home Care Association of America

Peter Ross, Chief Executive Officer and Co-Founder, Senior Helpers

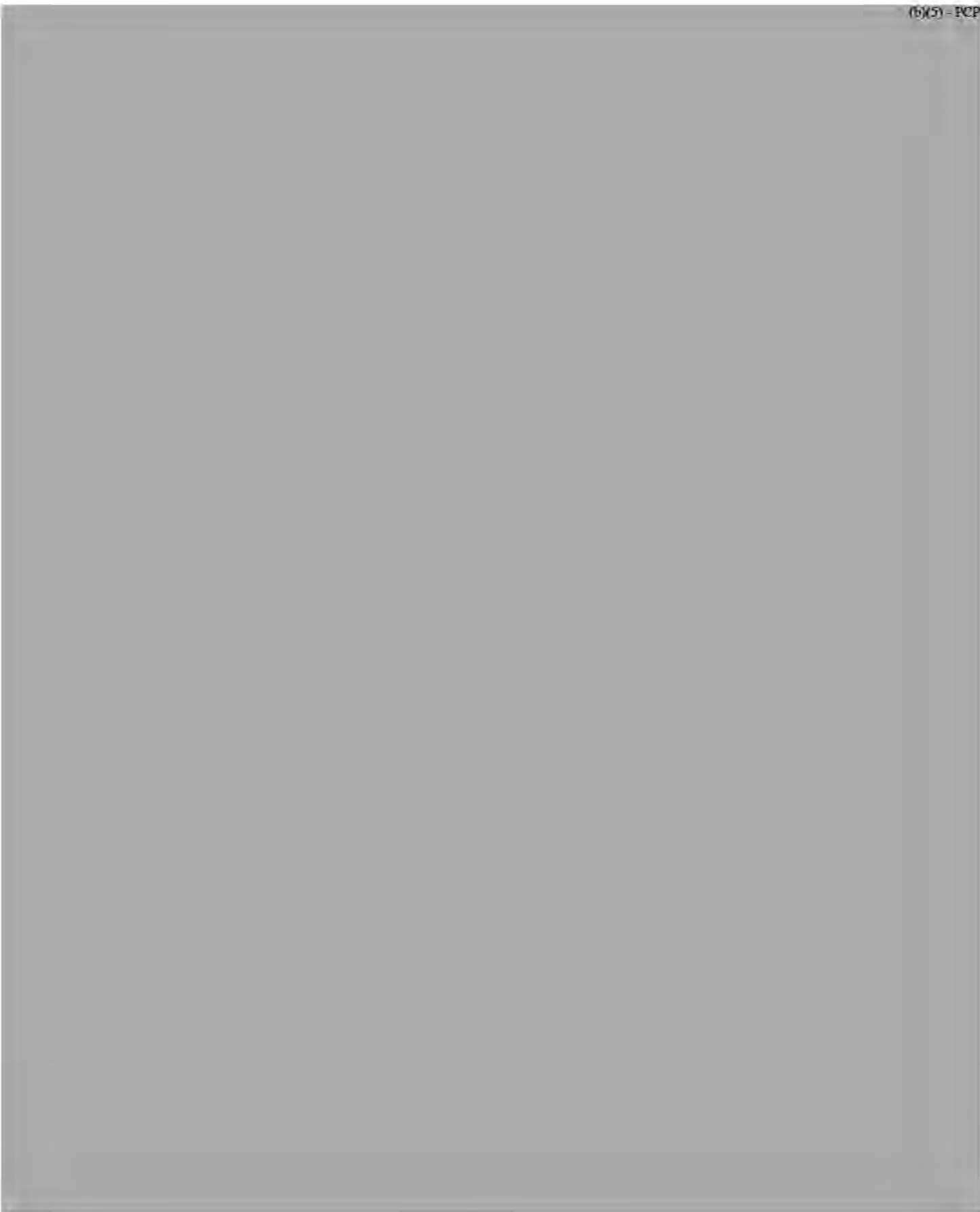
Timothy Ryan, General Counsel, AccentCare, Inc.

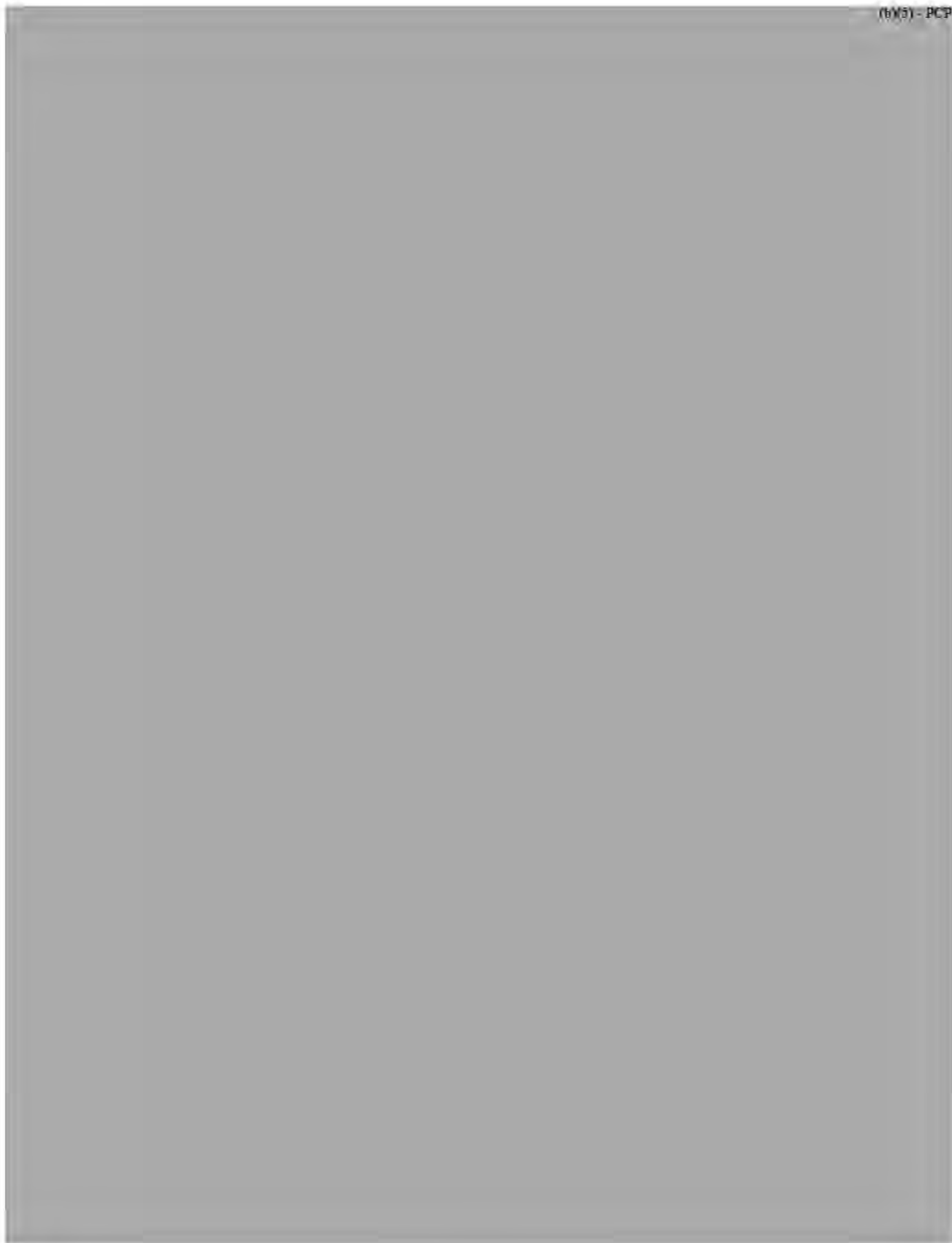
Shelly Sun, Founder, BrightStar Care

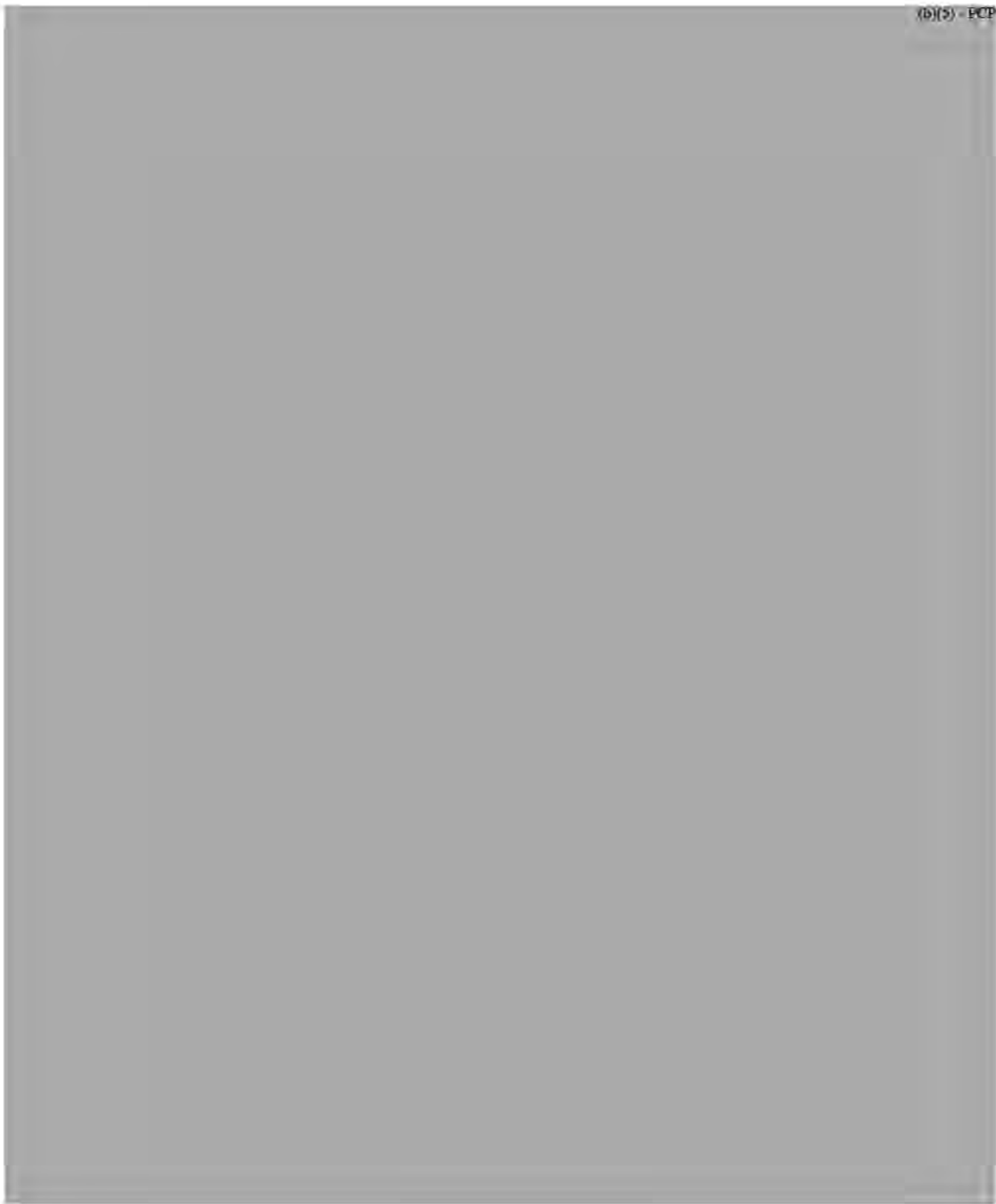
(b) (6)

www.nursecarenc.com

www.livhome.com







From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 15:33:11 +0000
To: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: The global health leaders call, Wednesday 25 March at 13:00 CET
Attachments: (b) (4) Swisscom Call code.pdf

Please print this out for me for possibility doing the call tomorrow. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: RYAN, Michael J. (b) (6)
Sent: Tuesday, March 24, 2020 10:59 AM
To: SHOC <shoc@who.int>; Office of the Director-General <DGOOffice@who.int>; Redfield, Robert R. (CDC/OD) (b) (6)
(b) (6); David Heymann (b) (6); Felicity Harvey (b) (6)
(b) (6); Chris.Elias (b) (6);
(b) (6) J.Farrar (b) (6)
(b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
(b) (6) GREIN, Thomas (b) (6); COX, Paul Michael (b) (6); SCHWARTLANDER, Bernhard F. (b) (6); MINHAS, Raman (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); MAHJOUR, Jaouad (b) (6); FALL, Ibrahima Soce (b) (6); Thomas R. Frieden (b) (6)
(b) (6) Lynn Banks (b) (6); President | Resolve to Save Lives <president@resolvetosavelives.org>; (b) (6); AL-SHORBAJI, Farah (b) (6); Robynn Leidig (b) (6); DRURY, Patrick Anthony (b) (6); Dr VAN KERKHOVE, Maria (b) (6)
(b) (6) cherylc (b) (6); GRAAFF, Peter Jan (b) (6); POOLE, Marcia <(b) (6)>; Tarik Mohammed (b) (6); Carlos Navarro Colorado (b) (6); Ryan Morhard (b) (6)

(b) (6) BRIAND, Sylvie (b) (6); MORGAN, Oliver
(b) (6); Harries, Jenny (b) (6); Awwad, David (NIH/NIAID) [C]
(b) (6); SIMONSON, Stewart (b) (6); SINGER, Peter Alexander
(b) (6) Jayatunga, Wikum <(b) (6)>
(b) (6); Julie.HALL (b) (6); Amelie RIOUX <(b) (6)>
KABIR, Sophia (b) (6)
(b) (6) SHIN, Young-Soo (b) (6);
(b) (6); Feng Ding (b) (6)
(b) (6)

Cc: SHOC <shoc@who.int>; Office of the Director-General <DGOoffice@who.int>; SCHWARTLANDER, Bernhard F. (b) (6); MAHJOUR, Jaouad (b) (6); FALL, Ibrahima Soce (b) (6); GREIN, Thomas (b) (6); MINHAS, Raman (b) (6); COX, Paul Michael (b) (6); AL-SHORBAJI, Farah (b) (6); POOLE, Marcia (b) (6); DRURY, Patrick Anthony (b) (6); GRAAFF, Peter Jan (b) (6); Dr VAN KERKHOVE, Maria (b) (6); KABIR, Sophia (b) (6); FARES, Christine Youssef (b) (6); AYLWARD, Raymond Bruce J. (b) (6); SMITH, Ian Michael (b) (6)

Subject: The global health leaders call, Wednesday 25 March at 13:00 CET

Dear colleagues,

Dr Tedros would like to invite you to the next informal discussion about the ongoing 2019 novel coronavirus.

The teleconference will be hosted on Wednesday, 25 March at 13:00 CET and the dial-in number with a passcode is attached.

If you experience any technical difficulties joining this conference call, please contact the WHO HQ EOC operator at: +41227912490

It would be appreciated if you could kindly confirm your participation to Ms Sophia Kabir, email: kabirso@who.int ; mobile no. (b) (6)

The agenda and background documents will be shared ahead of the call.

Best,

Mike

Dear participant

To join the upcoming teleconference, please call:

From inside WHO

(b) (4)

From others countries please call:

Country	Number	Access Code
Argentina	+54 115 984 12 00	(b) (4)
Australia	+61 280 147 967	
Austria	+43 720 880 876	
Belgium	+32 280 835 50	
Brazil	+55 213 958 07 18	
Bulgaria	+35 924 917 399	
Canada	+1 613 686 43 59	
Chile	+56 225 95 28 26	
China	+86 105 789 7457	
Croatia	+38 51 777 63 03	
Cyprus	+35 72 503 02 78	
Czech Republic	+42 024 601 95 32	
Denmark	+45 699 182 15	
El Salvador	+50 32 113 37 10	
Estonia	+37 26 68 12 68	
Finland	+35 894 270 50 03	
France	+33 1 77 69 68 25	
Germany	+49 698 991 47 25	
Georgia	+99 57 067 773 41	
Greece	+30 211 198 00 81	
Hong Kong	+85 258 084 851	
Hungary	+36 180 881 90	
Ireland	+35 314 845 940	
India	+91 11 712 79 153	
Israel	+97 237 219 661	
Italy	+39 02 479 211 40	
Japan	+81 345 209 476	
Kazakhstan	+771 727 274 71	
Lathvia	+37 16 765 25 76	
Lithuania	+37 052 05 89 83	
Luxembourg	+352 208 801 72	
Malaysia	+603 921 220 20	
Malta	+35 62 778 01 98	
Mexico	+52 554 624 02 27	
Netherlands	+31 108 920 271	
New Zealand	+64 99 25 03 39	
Norway	+47 210 189 41	
Panama	+507 836 51 38	
Peru	+51 17 08 54 63	
Philippines	+632 231 22 15	
Poland	+48 221 168 469	
Portugal	+351 308 800 872	
Puerto Rico	+17 879 05 73 62	
Russia	+749 540 220 27	
Romania	+40 318 107 181	
Singapore	+65 315 813 05	
Slovakia	+42 123 300 69 18	
Slovenia	+38 61 600 49 18	
South Africa	+27 10 590 11 04	
South Korea	+82 707 488 31 02	
Sweden	+46 840 309 949	
Switzerland (English)	+41 58 262 07 22	
Switzerland (Italiano)	+41 58 262 07 44	
Switzerland (Deutsch)	+41 58 262 07 11	

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United Kingdom
United States

+41 58 262 07 33
+34 931 816 661
+99 242 782 22 70
+90 21 290 025 60
+44 203 370 57 19
+1 646 381 08 89

(b) (4)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 15:32:02 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: interview request

Tell them no.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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

From: Raphael De Montferrand <rdemontferrand@rttv.fr>
Sent: Tuesday, March 24, 2020 11:27 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: interview request

dr Faucy,

Hello, my channel is doing a section of its news tonight (at 3:45pm your time) on the coronavirus situation in New York. I wondered if we could interview you over skype. Do you think that might be possible at 3:45pm today your time?

We have a simultaneous translator as we operate in french from our studio in Paris.

Looking forward to hear from you,

Raphaël de Montferrand
RT France
0033608662642

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 14:30:50 +0000
To: [REDACTED] (b) (6)
Subject: FW: Boston Globe: In order to save Dr. Fauci, we must destroy him

Yikes! You have to read this. Things are getting unbelievably crazy.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Tuesday, March 24, 2020 10:16 AM
To: NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; NIAID OD AM <NIAIDODAM@niaid.nih.gov>; NIAID COGCORE <COGCORE@mail.nih.gov>
Subject: Boston Globe: In order to save Dr. Fauci, we must destroy him

In order to save Dr. Fauci, we must destroy him

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, is a study of calm and competence in the middle of a pandemic. Which makes him an endangered species, working as he does for a boss who is notoriously insecure and made his name shouting "You're fired!" on a reality TV show.

By Kevin Cullen Globe Columnist, Updated March 23, 2020, 5:25 p.m.
209



Dr. Anthony Fauci's

calm, reassuring competence in response to the coronavirus pandemic is placing him at serious risk of hearing the words that made his boss famous: You're fired. Jabin Botsford/The Washington Post

Dr. Anthony Fauci is a bum.

A quack, a snake oil salesman.

He got his degrees online, not from Holy Cross and Cornell.

He watches Wheel of Fortune but not Jeopardy.

He's a Yankees fan.

Such character assassination is unsavory but necessary because Fauci's calm, reassuring competence in response to the coronavirus pandemic is placing him at serious risk of hearing the words that made his boss famous: You're fired.

President Trump is watching and listening to the same thing we are, i.e., Fauci going to the podium to rebut with facts the latest outbreak of paranoid anxiety or the president's regularly reckless statements.

Fauci is an oasis of rigor and reason in a barren desert of confusion and fear.

Which, given who he works for, makes him an endangered species.

During the Vietnam War, some US Army officer supposedly suggested that in order to save a village from the Vietcong they had to destroy it.

And so, to save Dr. Fauci, we must destroy him — at least in Trump's eyes.

Now that might sound crazy, but we're dealing with a crazy president in crazy circumstances.

It's not as if there's no relevant precedent here.

Two words: Bill Bratton.

Two other words: Rudy Giuliani. Who happens to be Trump's BFF.

Before Giuliani grew old, deranged, and more qualified to be a spokesman for Miracle Ear than the president's lawyer, he was the reform-minded mayor of New York City.

Rudy rode into Dodge, which is what Times Square resembled at the time, and vowed to clean it up. His hand-picked sheriff was Dorchester's own Bill Bratton.

As police commissioner, Bratton did much to stem violent crime in the nation's biggest city, but even more remarkably got his cops to reduce the incidence of more minor, so-called quality of life crimes that

had made New York less livable, from the tony sections of Manhattan to the Tony Fauci sections of Brooklyn.

Bratton did his job too well. He ended up on the cover of Time magazine, hailed as the guy who pulled the worm out of the Big Apple. He became more popular than the mayor.

This drove Giuliani nuts. Rudy had to be the smartest guy in the room, had to get all the credit. Sound familiar?

So Bratton had to go.

That wasn't Bratton's first rodeo. Long before he landed in New York, he became the face of progressive, modern policing in his hometown, the youngest-ever Boston Police superintendent. Police Commissioner Joe Jordan resented his overly-ambitious No. 2 so he busted Bratton.

The point is, insecure bosses don't like being shown up by smarter, more competent subordinates. Small men make big mistakes.

It may be too late to save Fauci. He just got the star treatment from Maureen Dowd in The New York Times.

There used to be a thing called the Sports Illustrated curse, that after an athlete appeared on its cover his or her career tanked.

Similarly, being in the Trump administration and getting praised by The New York Times is the kiss of death.

Now, normally, you could print something in the Times and chances were the president wouldn't read it. He routinely dismisses the Gray Old Lady as fake news, except when his and his family's lousy books are mass-bought onto the newspaper's bestsellers list. He is not fond of polysyllabic words and prefers to get his news from "Fox & Friends" or whatever white nationalist website his aide Stephen Miller might recommend.

But Trump reads Mo Dowd because they have known each other forever and she writes about him at a nuanced, personal level that drives him especially cuckoo.

We're way past the theoretical here.

Tony Fauci is in real danger, and by extension so are the rest of us who expect — nay, pray for — one person in the White House to be trustworthy and competent in a time of unprecedented crisis.

So, again, repeat after me, Dr. Anthony Fauci is a bum.

Long live the bum.

Kevin Cullen is a Globe columnist. He can be reached at kevin.cullen@globe.com.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 14:13:33 +0000
To: (b) (6)
Subject: RE: Update #2: Traffic Advisory: Street Closures

Thanks

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)
Sent: Tuesday, March 24, 2020 10:01 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: Update #2: Traffic Advisory: Street Closures

A lot of street closures. I don't think it will interfere with your trip downtown, but just in case

From: AlertDC <noreply@everbridge.net>
Sent: Tuesday, March 24, 2020 7:33 AM
To: (b) (6)>
Subject: Update #2: Traffic Advisory: Street Closures

This is an important message from the District of Columbia AlertDC system.

On Tuesday, March 24, 2020, in coordination with the National Park Service, the Metropolitan Police Department will make several street closures beginning at 7:00 a.m. through approximately 8:00 p.m at the following locations:

- The Memorial Bridge
- Lincoln Memorial Circle
- Potomac River Freeway (all exits to Ohio Drive and Independence Avenue)

- Rock Creek Parkway/Potomac Parkway Drive between Virginia Avenue and Independence Avenue, SW (to include Ohio Drive, SW)
- Independence Avenue between Ohio Drive and 14th Street, SW
- 23rd Street between Constitution Avenue and Lincoln Memorial Circle
- Henry Bacon Drive between Constitution Avenue and Lincoln Memorial Circle
- 17th Street between Constitution Avenue, NW and Independence Avenue, SW
- 15th Street between Constitution Avenue, NW and Independence Avenue, SW
- Maine Avenue between Independence and 12th Street, SW
- All vehicular exits to East Potomac Park and West Potomac Park

All street closures and listed times are subject to change based upon prevailing or unexpected conditions.

The public should expect parking restrictions along the street and should be guided by the posted emergency no parking signage. All vehicles that are parked in violation of the emergency no parking signs will be ticketed and towed.

Individuals and groups will encounter delays in the vicinity of this closure. To help flatten the curve, we strongly discourage any Tidal Basin visits because social distancing has not been possible due to visitor volume.

For more information about the District's coronavirus response, visit coronavirus.dc.gov

[Click Here](#) to update your profile.

To stop receiving future email notifications from this organization [**unsubscribe here**](#).

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 24 Mar 2020 14:12:54 +0000
To: Miller, Katie R. EOP/OVP
Cc: Short, Marc T. EOP/OVP; Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]; O'Malley, Devin M. EOP/OVP
Subject: RE: Please advise

I called the reporter and she was very receptive to my corrections of the record and presentation of the facts.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Miller, Katie R. EOP/OVP (b) (6) >
Sent: Tuesday, March 24, 2020 9:37 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Short, Marc T. EOP/OVP (b) (6) >; Conrad, Patricia (NIH/NIAID) [E]
(b) (6) Billet, Courtney (NIH/NIAID) [E] (b) (6) O'Malley, Devin M.
EOP/OVP <(b) (6)>
Subject: Re: Please advise

(b) (5)

Sent from my iPhone

On Mar 24, 2020, at 9:27 AM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
wrote:

Marc/Katie:

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
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From: Abutaleb, Yasmeeen <Yasmeeen.Abutaleb@washpost.com>
Sent: Tuesday, March 24, 2020 9:05 AM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Cc: Parker, Ashley <Ashley.Parker@washpost.com>
Subject: Washington Post fact check on Fauci/scientists story

Hi Patty,

Thanks very much for your help yesterday and hope you're doing well. We're working on a story today about Trump's relationship with the scientific and medical experts in the coronavirus response, including Dr. Fauci. We're reporting this out today but wanted to send you what we've been hearing as we get it so there's ample time to fact check everything today. Here are some points we'd love to discuss with the best person in your office or, better yet, Dr. Fauci himself.

- Fauci was apoplectic about Trump's tweet yesterday saying the cure couldn't be worse than the virus and indicating that he wants to reopen businesses soon.
- Fauci has been forceful privately that unproven drugs should not be advertised to Americans as a panacea (and he of course has publicly spoken about these drugs).
- We are also reporting in a separate story that Larry Ellison is building a website for the federal government that will collect data on the efficacy of remdesivir, chloroquine and hydroxychloroquine. Our understanding is Fauci is vehemently opposed to this idea and has pushed back on it, citing patient privacy concerns with the website and collecting data in this way outside of an approved FDA trial.

Again, we'd love to speak with Dr. Fauci and any others in your office who may have insight into these particular issues and other aspects of the coronavirus response. Please feel free to give me a call on my cell at any time at (b) (6)

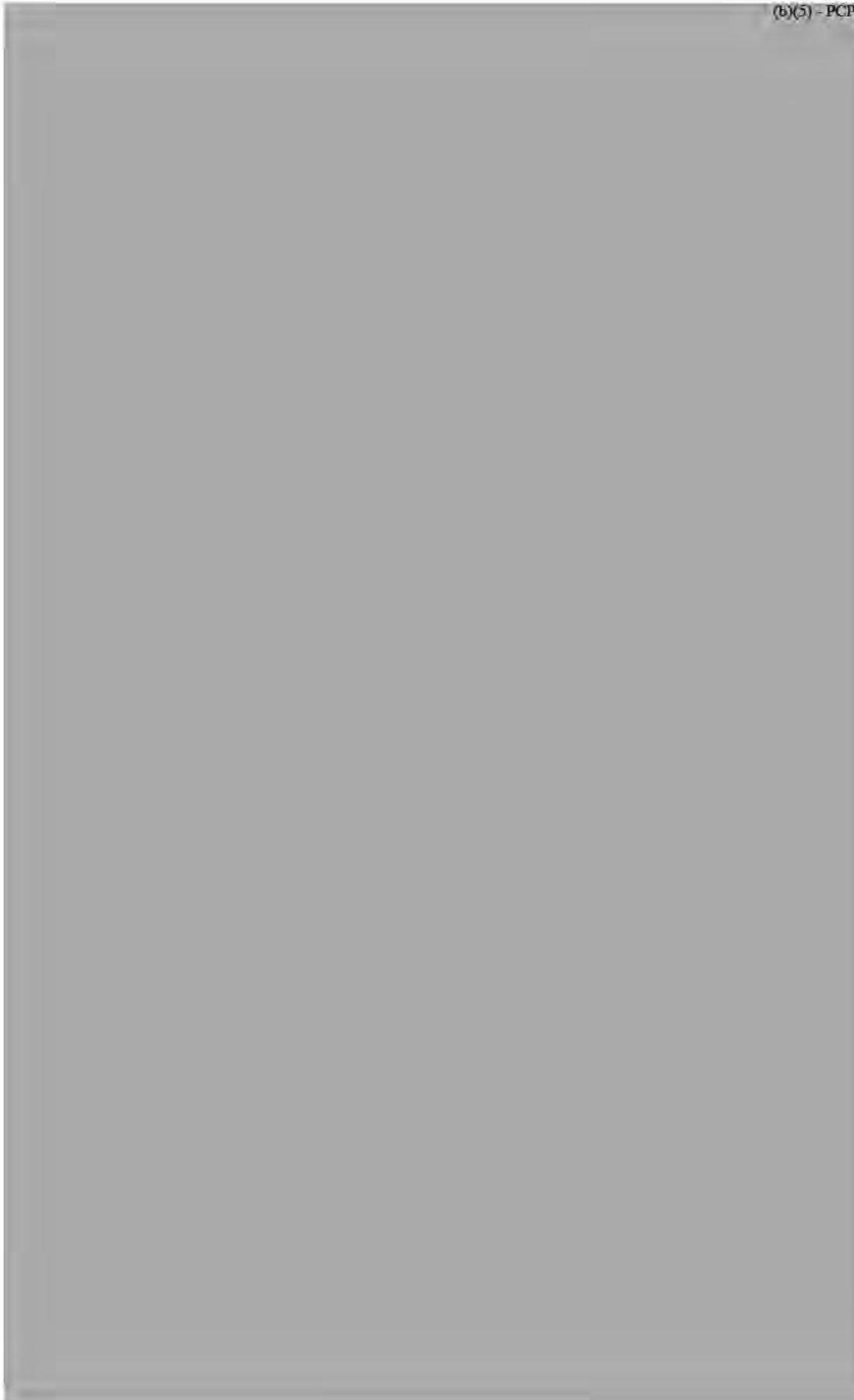
Thanks very much,

Yasmeen Abutaleb
The Washington Post
Health policy reporter
o: 202-334-8387 c: (b) (6)
@yabutaleb7

From: (b) (6)
Sent: Tue, 24 Mar 2020 07:47:49 -0400
To: Pottinger, Matthew F. EOP/WHO
Subject: Re: regarding masks and Covid-19

Very good point.

(b)(5) - PCP



(b)(5) - PCP

From: (b) (6)
Sent: Mon, 23 Mar 2020 15:45:21 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Media Request: NPR's 1A Show

Begin forwarded message:

From: Amanda Williams <amandaw@wamu.org>
Date: March 23, 2020 at 3:41:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: "NIAID NEWS (NIH/NIAID)" <NIAIDNEWS@niaid.nih.gov>
Subject: Media Request: NPR's 1A Show

Hello Dr. Fauci,

I'm a producer with National Public Radio's 1A show and we'd like to invite you to join our program to talk about coronavirus in the near future. We've built our show on answering our 4+ million listeners' questions and we know Americans have a lot of questions for you right now. We don't take live calls, but we do curate input from voicemails and social media.

We would love to have you join us. Please let me know if you are available and interested anytime soon. We are very flexible.

A bit more about 1A: We launched in January 2017 and we're ranked among the top 10 public radio programs on a list that includes Morning Edition, All Things Considered and Marketplace. We reach 4+ million listeners every week and air on more than 365 stations across the country. Our major markets include Chicago, LA, NYC, DC, Atlanta, Boston, Philadelphia, San Francisco, Miami, Houston, Minneapolis and Seattle.

Best,
Amanda

Amanda Williams
Across America Producer
1A, from WAMU and NPR
(b) (6) (c) | @amandwms | the1a.org

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 19:32:28 +0000
To: (b) (6)
Cc: (b) (6)
Subject: Re: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need
Attachments: image002.jpg

Love you all

On Mar 23, 2020, at 3:07 PM, (b) (6) wrote:

So True!

In a message dated 3/23/2020 2:06:15 PM Eastern Standard Time,
(b) (6) writes:

Lots of a very kind and thoughtful and well-earned words of respect coming your way (b) (6)

On Mon, Mar 23, 2020 at 12:35 PM (b) (6) wrote:

That's a very nice piece about you, (b) (6)

I hope you got some rest this weekend. Sending lots of love.

On Sun, Mar 22, 2020 at 6:34 PM Fauci, Anthony (NIH/NIAID) [E]
(b) (6) wrote:

Wow. David Rubenstein (b) (6) used to work for him) was really nice to me.

From: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>
Sent: Sunday, March 22, 2020 11:36 AM
Subject: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

Fauci is the world's leading authority on infectious diseases and the best person in the country to help us deal with the COVID-19 crisis.

David M. Rubenstein

Opinion contributor

Some viewers of the daily White House coronavirus briefings may wonder why everyone increasingly defers to a diminutive, Brooklyn-accented 79-year-old doctor, Tony Fauci.

They do because, as I have learned over many years of talking with and more recently interviewing this man, he is without doubt the world's leading authority on infectious diseases. In any area of human activity or knowledge, there always seems to be one person who is the global gold standard. In the world of infectious diseases that person is Tony Fauci.

So the American people — indeed, people around the globe — should be grateful that Tony has dug into this crisis with the same work-around-the-clock, just-the-facts ma'am style that he has used while serving under and working with six U.S. presidents. He is as apolitical as anyone can be. I have no idea if he is registered with any political party; I suspect though that he is rabidly Independent. His only focus is getting the facts out, providing the best health care treatment and information possible, and saving lives.

A top expert from AIDS to Ebola

Tony Fauci joined the National Institutes of Health in 1968, after completing his medical training at Weill Cornell Medical Center, and he has led the National Institute of Allergy and Infectious Disease since 1984 — 36 years. Hard to believe anyone can run anything that long and still be at the top of his game. But Tony is. During this period, he has dealt with every serious infectious disease challenge — malaria,

Among Tony's best known accomplishments, beyond simply running the institute and training dozens of the world's top infectious disease professionals, has been helping to discover how HIV leads to AIDS and, later, leading the effort to create (at President George W. Bush's direction) the President's Emergency Plan for AIDS Relief (PEPFAR), which has transformed the treatment of HIV/AIDS in Africa, and other parts of the developing world. Millions of lives have been saved by this program alone. More recently, he has been an architect and powerful advocate of President Donald Trump's plan for ending the AIDS epidemic in the U.S. through HIV antiretroviral therapy targeted to disease hotspots.

In his spare time, Tony has been involved with writing or editing more than 1,100 scholarly articles and several textbooks, and, in the process, has become one of the most cited authorities of the entire medical profession.

For these breakthrough activities and his dedicated service (at a government salary) for more than a half century (he worked at NIH for 16 years before assuming his current role), Tony has received, and earned, the Presidential Medal of Freedom and a Lasker Award (called the American Nobel by many).

With this long service and universal acclaim, one might think Tony would let it get to his head, at least a little bit. Not the case, though.

Selfless commitment to public service

He is readily accessible to those who need treatment — he still runs a lab at NIH — or need information. Tony still lives in the same house he bought when he first moved to Washington, and it is there that he and his wife Christine have raised their three talented daughters (though none of them chose to attend medical school).

Until the latest crisis, Tony has often commuted to NIH by Metro, typically after running three miles for his daily exercise. And when he has been invited to make speeches in the Washington area or on Capitol Hill, he invariably turns down a car and driver for the Metro. (This practice has had to change of late for the obvious reasons).

There are, of course, many other dedicated federal servants who also view their commitment to the country and its people over financial rewards. But surely no federal civil servant, in any area, can exceed Tony Fauci's long-term and selfless commitment to this country and the health of its people.

<image002.jpg>

I tried years ago, when Tony was approaching a normal retirement age, to see if he might want after a normal lifetime of federal service, to take some of his considerable skills and knowledge to the private sector. He quickly said no — money did not motivate him, serving the country did. And he stayed at NIH — to the country's good fortune.

If there is any one medical professional who can help the country deal with the COVID-19 crisis, it is Tony Fauci, an example of the best this country has to offer.

He is not a miracle worker. No one is.

But Tony Fauci has the decades of experience needed to understand infectious disease problems and prescribe a treatment that should, in time, provide the requisite comfort, even if, in the short term, the medicine is painful and inconvenient.

David M. Rubenstein is the co-executive chairman of The Carlyle Group.

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(b) (6)

<image002.jpg>





NIH-000275

From: (b) (6)
Sent: Mon, 23 Mar 2020 15:16:17 -0400
To: Barasch, Kimberly (NIH/NIAID) [C]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Meeting on the science of COVID-19, Wed. 3/25, 2 - 5 pm

Please print out for me and have ready in case I do this on Wednesday

Begin forwarded message:

From: "Tromberg, Bruce (NIH/NIBIB) [E]" (b) (6) >
Date: March 23, 2020 at 1:22:18 AM EDT
To: "Collins, Francis (NIH/OD) [E]" (b) (6) >
Cc: "Tabak, Lawrence (NIH/OD) [E]" (b) (6) >, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Re: Meeting on the science of COVID-19, Wed. 3/25, 2 - 5 pm

Hi Francis,

Thanks, I'm looking forward to the meeting. Probably not directly relevant to this upcoming discussion, (b) (5)

(b) (5)

Best,
Bruce

From: "Collins, Francis (NIH/OD) [E]" (b) (6)
Date: Sunday, March 22, 2020 at 9:38 PM
To: "ICDDIR-L@LIST.NIH.GOV" <ICDDIR-L@LIST.NIH.GOV>
Cc: "Tabak, Lawrence (NIH/OD) [E]" (b) (6) "Wolinetz, Carrie (NIH/OD) [E]" (b) (6), "Anderson, James (NIH/OD) [E]" (b) (6), "Parker, Ashley (NIH/OD) [E]" (b) (6), "McManus, Ayanna (NIH/OD) [E]" (b) (6), "Wood, Gretchen (NIH/OD) [E]" (b) (6)
Subject: Meeting on the science of COVID-19, Wed. 3/25, 2 - 5 pm

Colleagues,

I'm glad to hear that most of you are able to join a three-hour virtual meeting on Wednesday March 25 to discuss scientific opportunities in the effort to conquer the COVID-19 pandemic. While NIAID rightly has the lead in this effort for NIH, and is deeply invested in projects in both their intramural and extramural programs, it's clear that a number of other ICs have creative ideas and a strong motivation to try to help with this global crisis. So this certainly seems like a time where we should gather (virtually of course)

to brainstorm together, led by NIAID, and seek to identify any additional areas of contribution that could be subject to acceleration and/or collaboration.

Hilary Marston recently convened a Deputies meeting on this subject, and ICs were then asked to submit examples last Friday of projects they are pursuing in the COVID-19 space. Those were forwarded from Bob Eisinger to me. I have used those submissions, including a detailed list of NIAID projects, to put together a tentative agenda for Wednesday's meeting. That is attached.



There are admittedly a lot of themes and topics here, so this will require some real discipline in the one-slide presentations. I will try to serve as time-keeper – or maybe I'll ask Larry to do that. ☐☐

All IC Directors are invited to have one or two subject matter experts join them for this virtual discussion.

Ashley Parker (b) (6) will be helping me with the logistics and will have further instructions about how the log in will work.

Here's the specific follow up request that needs your immediate attention:

1. If your IC is pursuing a highly relevant project that's not listed here, and that you want the group to hear about, please send me that information ASAP.
2. If your IC is on the draft agenda to make a presentation, please submit your one slide (except for NIAID, who gets more) to me and Ashley by COB Tuesday 3/24. That way we can put the whole set together as a single ppt file.

Many thanks! This should provide a welcome respite from the many other tasks we are all facing right now.

Francis

From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Mon, 23 Mar 2020 19:06:06 +0000
Bcc: Aberg, Judith;Adaora Adimora;Grund, Birgit;Glidden, David;Daar, Eric;Erica Hardy;Gandhi, Rajesh Tim,M.D.;Jason Baker;Jeff Lennox;Johnson, Steven C - ID;Kim, Arthur Y.,M.D.;Marla Keller;Tebas, Pablo (NIH);Susan Davis;Susan Swindells;Susanna Naggie;Tien, Phyllis;Amy Dzierba;Mitchell Levy;Laura Evans;Craig Coopersmith;Greg Martin;Uyeki, Timothy M. (CDC/DDID/NCIRD/ID);Walker, Robert (OS/ASPR/BARDA);Sheikh, Virginia (FDA/CDER);Anne Collier;Francis, Joe (Contact NLM/OD-External); (b) (6)
Subject: Invitation to join the HHS Panel on Guidelines for The Management of COVID-19

Dear Colleague,

At the request of the Office of the Secretary, HHS and in conjunction with the White House Task Force we are creating a COVID-19 management guidelines panel to provide frequently updated information to the public regarding the treatment of patients with COVID-19.

This guidance will be an HHS document, will be updated frequently and will be modeled to some degree after the ART guidelines. The Panel will include academicians and clinicians currently caring for persons with COVID-19 and representatives from multiple US government agencies (CDC, BARDA, FDA, VA, DoD) and professional societies. Cliff Lane, M.D. Henry Masur, M.D. and Trip Gulick, M.D. will co-chair, and Alice Pau, Pharm.D. will be the exec. sec. for this new panel. Those of you who are appointed to represent your federal agencies will be ex-officio. Other federal employees will be voting members.

I would like to invite you to be a member of this new Panel based on your expertise. We anticipate that work will begin this week and we hope to be able to put out the first guidance in 1-2 weeks. We appreciate your willingness to join this very important effort and your work in caring for patients during this pandemic.

The first meeting (by teleconference) will be Tuesday, March 24 at 11:00AM EDT. More details will be provided soon.

Thank-you for considering this and for all you are doing during this most challenging time.

Sincerely,

Anthony S. Fauci, MD
Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 18:38:21 +0000
To: (b) (6)
Cc: (b) (6)
Subject: RE: FW: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

Love you all.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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From: (b) (6) >
Sent: Monday, March 23, 2020 12:35 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: (b) (6)
Subject: Re: FW: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

That's a very nice piece about you, (b) (6)

I hope you got some rest this weekend. Sending lots of love.

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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, March 22, 2020 11:36 AM
Subject: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

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David M. Rubenstein

Opinion contributor

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They do because, as I have learned over many years of talking with and more recently interviewing this man, he is without doubt the world's leading authority on infectious diseases. In any area of human activity or knowledge, there always seems to be one person who is the global gold standard. In the world of infectious diseases that person is Tony Fauci.

So the American people — indeed, people around the globe — should be grateful that Tony has dug into this crisis with the same work-around-the-clock, just-the-facts ma'am style that he has used while serving under and working with six U.S. presidents. He is as apolitical as anyone can be. I have no idea if he is registered with any political party; I suspect though that he is rabidly Independent. His only focus is getting the facts out, providing the best health care treatment and information possible, and saving lives.

A top expert from AIDS to Ebola

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David M. Rubenstein is the co-executive chairman of The Carlyle Group.

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--

Ali Fauci

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 18:14:25 +0000
To: Barry Albertson
Subject: RE: Pooled Smaples

Thanks, Barry.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Barry Albertson <barry@fannocreek.com>
Sent: Monday, March 23, 2020 1:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: FW: Pooled Smaples
Importance: High

Hi Tony,

I'm forwarding an email I just sent to Paul Cieslak, MD.....one of the lead docs at the Oregon Health Authority ((b) (6)); he gives my clinic's Internal Medicine docs an 'ID Update' for my CME Grand Rounds each year) ...with this email note from Dr. David Brandon...hope you remember David....he was with Lynn's & Mort Lipsett's group at The Clinical Center.

...I'd bet a coke you know all about pooled samplingbut wanted to pass it along.

You have no idea how many people tell me that your COVID-19 messages on TV, etc. are top flight, enormously helpful and encouraging for them with the best information, in a sea now of poor information.

Andrew Cuomo is also doing a great job informing all of NY (and the rest of us) about what's going on, and his expectations for the public.

Whatever they're paying you ...it's not enough.

You keep your powder dry, and extra flints in your pocket!

Barry

From: Barry Albertson
Sent: Monday, March 23, 2020 9:49 AM
To: 'Cieslak Paul R'
Subject: Pooled Smamples
Importance: High

Good morning, Paul.

Hope you guys at OHA are holding up OK.

I'm fine, family is fine... (b) (6) is doing lots of telemedicine and seeing actual PEDS patients at Westside Hosp. now a few days a week.

My clinic is still open but pretty quiet... we need to stay open at some level no matter what.

One of my colleagues from the NIH (Dr. David Brandon ...he actually published with Tony Fauci back in the late '70s I believe!)..sent me this email on Saturday morning

I suspect you all know about pooled sampling,.....David did it at the NIH for a study that I have long forgotten about. ...thought I'd pass it along to you

" I just looked up to see if pooled sampling has been used to detect viruses in the past, and found that it has been used in a number of cases including during the HIV scare. I am including a link <https://www.israel21c.org/israelis-introduce-method-for-accelerated-covid-19-testing/> to an article in the lay press reporting on an RT-PCR based test that uses swabs from 30-60 individuals to determine if the pooled sample has Covid-19. The study was successful and they are developing it to test workers in the front line work places such as hospitals. There is a body of literature using this method for other mass screenings."

Then I heard that CEPHEID will be getting their Genexpert instrument validated to measure COVID-19. Turns out we have one in my Lab, use it for Chlamydia & Gonorrhea (we have lots of patients here needing this testing). But as you so well know, having the instrumentation without the collection swabs/M4 media, etc. is a bit like biking up a blind alley. I would hope we'll hear more about this.

Give me a shout if I can do anything to help you allbest tack for me, I believe, is to stay out of your way!
Barry

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 18:09:12 +0000
To: O'Grady, Naomi (NIH/CC/CCMD) [E]
Subject: RE: vent rationing

Naomi:

I am not aware of any efforts on rationing ventilators. They speak of making sure the high priority areas such as NYC get what they need, but there is no talk at this time of "rationing"

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: O'Grady, Naomi (NIH/CC/CCMD) [E] (b) (6)>
Sent: Monday, March 23, 2020 1:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: vent rationing

Hi Tony-

I know you are very busy but I wanted to see if you know of any effort on the part of the federal government to issue guidance on the rationing of ventilators when the time comes? Many of my colleagues in critical care across the country have been asking for some such guidance on a federal level. Both for the guidance itself and to protect themselves from legal liability. Are you aware of any such efforts? Thanks for any insights on this. And thanks for **all** you are doing on the coronavirus effort!
Best regards,
Naomi

Naomi P. O'Grady, MD
Chief, Internal Medicine Services
NIH Clinical Center

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 16:48:31 +0000
To: Dan Hurley
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: 2 questions from NY Times Mag reporter who interviewed you about EV-D68

Dan:

Thanks for the note. The work on an EV-D68 vaccine will continue. The Coronavirus vaccine research is the highest priority. Both come out of Barney Graham's group in our VRC. Best to call Barney about the degree of possible interference. Books are not on my mind right now.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Dan Hurley (b) (6)
Sent: Monday, March 23, 2020 11:46 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Re: 2 questions from NY Times Mag reporter who interviewed you about EV-D68

Hi Dr. Fauci and Patty: In addition to the two items mentioned in my original email, the NY Times Magazine is also interested in publishing an interview with Dr. Fauci. Thank you, Dan Hurley

On Thu, Mar 19, 2020 at 6:04 PM Dan Hurley <(b) (6)> wrote:

Hi Dr. Fauci: I interviewed you by telephone a few months ago for an article in the New York Times Magazine about enterovirus D68, the putative causal agent of acute flaccid myelitis. At the time you said that NIAID was working hard on developing a vaccine for EV-D68. I have two questions:

1. Is work on developing a vaccine against the novel coronavirus interrupting or slowing work on EV-D68? Hard to believe it wouldn't have an effect.

2. When things calm down with COVID-19, would you consider allowing me to write a biography about you, or helping you write a memoir? This pandemic has kind of turned you into the face of medical science in the United States. I'm the author of four prior science books, and have profiled countless scientists in the Times, The Atlantic, and elsewhere. I know this is not the time for such things. I just want to put the idea out there. I hope and pray you do not find it offensive for me suggest such a thing at this time of danger and stress.

Let me know about that EV-D68 vaccine if you can. I'm also reaching out to Barney Graham. Thank you, Dan Hurley

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 14:51:53 +0000
To: (b) (6)
Subject: FW: Dinarello Proposal
Attachments: Dinarello Proposal for COVID-19.doc

Cliff:

(b) (5)

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: charles dinarello (b) (6) >
Sent: Sunday, March 22, 2020 9:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Dinarello Proposal

(b) (6)

I watch CNN almost constantly to listen to your impressive wisdom. The world listens to you.

Shelly would be so proud of you in this world crisis as he was in the HIV-1 crisis. We will not see each other at the National Academy of Sciences meeting end of April, but hopefully next year. I very much enjoyed hearing you place the anecdotal use of chloroquine in its correct context. "Chloroquine is an awfully blunt tool and an indication of our desperation", Peter Libby wrote me recently. Tony, attached is a proposal (b) (4)

I need your guidance. I know you are terribly busy so I am copying Cliff. If there is anyone else who can help me, just forward the attachment.

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 14:48:07 +0000
To: (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: 23-3-2020 FAO Dr Birx and Dr Fauci - Covid-19 Task Force RE:- Favipiravir = Avigan

Please have someone handle.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)
Sent: Monday, March 23, 2020 8:32 AM
To: (b) (6) Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: NST Rogers (b) (6)
Subject: 23-3-2020 FAO Dr Birx and Dr Fauci - Covid-19 Task Force RE:- Favipiravir = Avigan
Importance: High

23-3-2020

Dear Dr Birx and Dr Fauci,

As promised, sorry about the delay.

Please see below two articles relating to Favipiravir which has the brand name Avigan. This appears to have some beneficial effects with regard to the treatment of Covid-19.

I have also included the Wikipedia for Favpiravir.

Good Luck with regard to managing the epidemic/pandemic.

Yours Sincerely

Nicholas Rogers

Favipiravir

Drug

Description

Favipiravir, also known as T-705, Avigan, or favilavir is an antiviral drug being developed by Toyama Chemical of Japan with activity against many RNA viruses. Like certain other experimental antiviral drugs, it is a pyrazinecarboxamide derivative. [Wikipedia](#)

Formula: $C_5H_4FN_3O_2$

ChemSpider ID: 431002

ChemSpider ID: 431002

PubChem CID: 492405

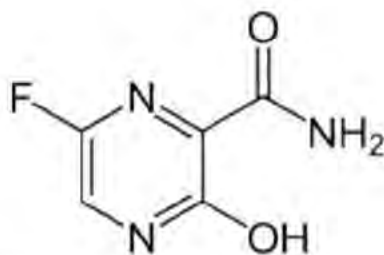
Favipiravir

From Wikipedia, the free encyclopedia

[Jump to navigation](#)[Jump to search](#)

Experimental antiviral drug with activity against many RNA viruses.

Favipiravir



Names


IUPAC name

6-Fluoro-3-hydroxypyrazine-2-carboxamide

Other names

T-705; Avigan; favilavir

Identifiers

CAS Number	• 259793-96-9
3D model (JSmol)	• Interactive image
ChEMBL	• ChEMBL221722
ChemSpider	• 431002
PubChem CID	• 492405
UNII	• EW5GL2X7E0 ✓ ^Y
CompTox Dashboard (EPA)	• DTXSID60948878 

InChI[show]

InChI=1S/C5H4FN3O2/c6-2-1-8-5(11)3(9-2)4(7)10/h1H,(H2,7,10)(H,8,11)

Key: ZCGNOVWYSGBHAU-UHFFFAOYSA-N

InChI=1/C5H4FN3O2/c6-2-1-8-5(11)3(9-2)4(7)10/h1H,(H2,7,10)(H,8,11)

Key: ZCGNOVWYSGBHAU-UHFFFAOYAM

SMILES[show]

Oc1nc(F)nc1C(=O)N

Properties

Chemical formula	C ₅ H ₄ FN ₃ O ₂
Molar mass	157.104 g·mol ⁻¹

Pharmacology

ATC code	J05AX27 (WHO)
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Except where otherwise noted, data are given for materials in their standard state (at 25 °C [77 °F], 100 kPa).

Infobox references

Favipiravir, also known as **T-705**, **Avigan**, or **favilavir** is an antiviral drug being developed by Toyama Chemical (Fujifilm group) of Japan with activity against many RNA viruses. Like certain other experimental antiviral drugs (T-1105 and T-1106), it is a pyrazinecarboxamide derivative. In experiments conducted in animals Favipiravir has shown activity against influenza viruses, West Nile virus, yellow fever virus, foot-and-mouth disease virus as well as other flaviviruses, arenaviruses, bunyaviruses and alphaviruses.^[1] Activity against enteroviruses^[2] and Rift Valley fever virus has also been demonstrated.^[3] Favipiravir has showed limited efficacy against Zika virus in animal studies, but was less effective than other antivirals such as MK-608.^[4] The agent has also shown some efficacy against rabies,^[5] and has been used experimentally in some humans infected with the virus.^[6]

In February 2020, Favipiravir was being studied in China for experimental treatment of the emergent COVID-19 (novel coronavirus disease).^{[7][8]} On March 17, Chinese officials suggested the drug had been effective in treating COVID in Wuhan and Shenzhen.^{[9][10]}

As of 23 March 2020, it seems that Japan and China have issued an export ban on the substance. Japan and China are the only countries in which favirapir is produced and approved as a medical

compound. Some Chinese pharmaceutical companies assure that export rights are still granted via international diplomatic means by the Chinese Ministry of Industry and Information Technology (MIIT).

[]

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- 1Mechanism of action
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- 3Ebola virus trials
- 4Coronavirus disease 2019 (COVID-19)
- 5See also
- 6References

Mechanism of action[edit]

The mechanism of its actions is thought to be related to the selective inhibition of viral RNA-dependent RNA polymerase.^[11] Other research suggests that favipiravir induces lethal RNA transversion mutations, producing a nonviable viral phenotype.^[12] Favipiravir is a prodrug that is metabolized to its active form, favipiravir-ribofuranosyl-5'-triphosphate (favipiravir-RTP), available in both oral and intravenous formulations.^{[13][14]} Human hypoxanthine guanine phosphoribosyltransferase (HGPRT) is believed to play a key role in this activation process.^[15] Favipiravir does not inhibit RNA or DNA synthesis in mammalian cells and is not toxic to them.^[1] In 2014, favipiravir was approved in Japan for stockpiling against influenza pandemics.^[16] However, favipiravir has not been shown to be effective in primary human airway cells, casting doubt on its efficacy in influenza treatment.^[17]

Approval status[edit]

In 2014, Japan approved Favipiravir for treating viral strains unresponsive to current antivirals.^[18] Toyama Chemical initially hoped that Avigan would become a new influenza drug that could replace Tamiflu. However, animal experiments show the potential for teratogenic effects on fetuses, and the approval of production by The Ministry of Health, Labor and Welfare was greatly delayed and the production condition is limited only in an emergency in Japan.^[19]

In March 2015, the US Food and Drug Administration completed a Phase III clinical trial studying the safety and efficacy of Favipiravir in the treatment of influenza.^[20]

On March 15, 2020 the drug was approved in China with the name Favilavir for the treatment of influenza.^[21] The drug was also approved for use in clinical trials for treating coronavirus disease 2019 pneumonia.^[21]

On 22 March, 2020 Italy has approved the drug for experimental use against COVID-19 and has begun conducting trials in 3 regions most affected by the disease.^[22] The Italian Pharmaceutical Agency, however, has reminded the public that the existing evidence in support of this drug is scant and preliminary.^[23]

Ebola virus trials[edit]

Some research has been done suggesting that in mouse models Favipiravir may have efficacy against Ebola. Its efficacy against Ebola in humans is unproven.^{[24][25][26]} During the 2014 West Africa Ebola virus outbreak, it was reported that a French nurse who contracted Ebola while volunteering for MSF in Liberia recovered after receiving a course of favipiravir.^[27] A clinical trial investigating the use of favipiravir against Ebola virus disease was started in Guéckédou, Guinea, during December 2014.^[28] Preliminary results showed a decrease in mortality rate in patients with low-to-moderate levels of Ebola virus in the blood, but no effect on patients with high levels of the virus, a group at a higher risk of death.^[29] The trial design has been criticised by Scott Hammer and others for using only historical controls.^[30] The results of this clinical trial were presented in February 2016 at the annual Conference on Retroviruses and Opportunistic Infections (CROI) by Daouda Sissoko^[31] and published on March 1, 2016 in PLOS Medicine.^[32]

Coronavirus disease 2019 (COVID-19)[edit]

On 17 March 2020, Chinese officials suggested that Favipiravir seemed to be effective in treating COVID-19 in Wuhan and Shenzhen.^{[33][34][35]}

A study on 80 patients comparing it to lopinavir/ritonavir found that it significantly reduced viral clearance time to 4 days, compared to 11 for the control group, and that 91.43% of patients had improved CT scans with few side effects.^{[36][37]}

As of 23 March 2020, it seems that Japan and China have issued an export ban on the substance. Japan and China are the only countries in which favirapir is produced and approved as a medical compound. Some Chinese pharmaceutical companies assure that export rights are still granted via international diplomatic means by the Chinese Ministry of Industry and Information Technology (MIIT).^[citation needed]

See also[edit]

- BCX4430
- Brincidofovir
- FGI-106
- JK-05
- REGN-EB3
- TKM-Ebola
- Triazavirin
- ZMapp

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RNA virus antivirals (primarily J05, also S01AD and D06BB)

Hepatitis C NS3/4A • Asunaprevir

	protease inhibitors (–previr)	<ul style="list-style-type: none"> • Boceprevir[‡] • Ciluprevir[§] • Danoprevir[†] • Faldaprevir[‡] • Glecaprevir • Grazoprevir • Narlaprevir • Paritaprevir • Simeprevir • Sovaprevir[†] • Telaprevir[‡] • Vaniprevir • Vedoprevir[§] • Voxilaprevir
	NS5A inhibitors (–asvir)	<ul style="list-style-type: none"> • Daclatasvir[#] • Elbasvir • Ledipasvir • Odalasvir[†] • Ombitasvir • Pibrentasvir • Ravidasvir[†] • Ruzasvir[†] • Samatasvir[†] • Velpatasvir • Beclabuvir[†] • Dasabuvir[#] • Deleobuvir[§]
	NS5BRNA polymerase inhibitors (–buvir)	<ul style="list-style-type: none"> • Filibuvir[§] • GS-6620[§] • Setrobuvir[§] • Sofosbuvir[#] • Radalbuvir[†] • Uprifosbuvir[†]
	Combination drugs	<ul style="list-style-type: none"> • Elbasvir/grazoprevir • Glecaprevir/pibrentasvir • Ledipasvir/sofosbuvir[#] • Ombitasvir/paritaprevir/ritonavir[#] • Sofosbuvir/daclatasvir • Sofosbuvir/velpatasvir[#] • Sofosbuvir/velpatasvir/voxilaprevir
Picornavirus		<ul style="list-style-type: none"> • <i>viral entry</i>: Pleconaril[†]
Anti-influenza		<ul style="list-style-type: none"> • Baloxavir marboxil

agents	<ul style="list-style-type: none"> • Pimodivir[†] • Umifenovir 	
	<ul style="list-style-type: none"> • <i>adamantane derivatives/M2 inhibitors</i> (Adapromine • Amantadine • Rimantadine) 	
	<ul style="list-style-type: none"> • <i>neuraminidase inhibitors/release phase</i> (Oseltamivir[#] • Zanamivir • Peramivir, Laninamivir[†]) 	
Multiple/genera	Interferon	<ul style="list-style-type: none"> • Interferon alfa 2b • Peginterferon alfa-2a[#] • Peginterferon alfa-2b[#] • EICAR[§] • Favipiravir • Galidesivir[†] • Remdesivir[†] • Mericitabine[†]
	Multiple/unknown	<ul style="list-style-type: none"> • MK-608[§] • NITD008[§] • Moroxydine • Presatovir[†] • Ribavirin[#] • Taribavirin[†] • Triazavirin
<ul style="list-style-type: none"> • [#]WHO-EM • [‡]Withdrawn from market • Clinical trials: <ul style="list-style-type: none"> ○ [†]Phase III ○ [§]Never to phase III 		

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Filoviridae

<i>Ebolavirus</i>	Species	● <i>Bundibugyo ebolavirus</i>
		○ BDBV
		● <i>Reston ebolavirus</i>
		○ RESTV

- *Sudan ebolavirus*
 - SUDV
- *Tai Forest ebolavirus*
 - TAFV
- *Zaire ebolavirus*
 - EBOV
- 1976 Sudan outbreak
- 1976 Zaire outbreak
- 2013–2016 West African Ebola virus epidemic
 - Timeline
 - Reported cases and deaths
 - Responses
 - United Nations Ebola Response Fund
 - Operation United Assistance
 - in Guinea
 - in Liberia
 - in Mali
 - in Nigeria
 - in Sierra Leone
 - in Spain
 - in the US
 - in the UK
 - Ouse to Ouse Tock
 - Womey massacre

Outbreaks

- 2014 DR Congo outbreak
- 2017 DR Congo outbreak
- 2018 Équateur, DR Congo outbreak
- Kivu Ebola epidemic
- BCX4430
- Brincidofovir
- DZNep
- Favipiravir
- FGI-103
- FGI-104
- FGI-106
- JK-05
- Lamivudine
- mAb114
- TKM-Ebola^(failed)
- Triazavirin
- ZMapp

Drug candidates

		<ul style="list-style-type: none"> • Vaccines <ul style="list-style-type: none"> ◦ cAd3-ZEBOV ◦ rVSV-ZEBOV • William Close • Jean-Jacques Muyembe-Tamfum • Peter Piot • Selected patients
	Notable people	<ul style="list-style-type: none"> ◦ Ameyo Adadevoh ◦ Kent Brantly ◦ Pauline Cafferkey ◦ Thomas Eric Duncan ◦ Salome Karwah ◦ Sheik Umar Khan ◦ Matthew Lukwiya ◦ Mayinga N'Seka ◦ Patrick Sawyer
	Popular culture	<ul style="list-style-type: none"> • <i>The Hot Zone</i>(1995 book by Richard Preston) • <i>Outbreak</i>(1995 film) • <i>Ebola Syndrome</i>(1996 film) • <i>Executive Orders</i>(1996 novel) • <i>93 Days</i>(2016 film)
	Miscellaneous	<ul style="list-style-type: none"> • Ebola virus disease • Ebola virus disease treatment research • Ebola River • <i>Marburg marburgvirus</i>
	Species	<ul style="list-style-type: none"> ◦ MARV ◦ RAVV
	Outbreaks	<ul style="list-style-type: none"> • 1967 Marburg virus outbreak in West Germany • 2017 Uganda Marburg virus outbreak
<i>Marburgvirus</i>	Drug candidates	<ul style="list-style-type: none"> • BCX4430 • FGI-103 • FGI-106
	Popular culture	<ul style="list-style-type: none"> • <i>The Hot Zone</i>(1995 book)
	Miscellaneous	<ul style="list-style-type: none"> • Marburg virus disease • Marburg
<i>Cuevavirus</i>	Species	<ul style="list-style-type: none"> • <i>Lloviu cuevavirus</i> (LLOV)
<i>Dianlovirus</i>	Species	<ul style="list-style-type: none"> • Mengla virus (MLAV)

-  Commons
-  Wikispecies

Retrieved from "<https://en.wikipedia.org/w/index.php?title=Favipiravir&oldid=946951189>"

Categories:

- Anti-RNA virus drugs

- Pyrazines
- Carboxamides
- Organofluorides
- Ebola
- Hydroxyarenes
- Experimental drugs

<https://www.theguardian.com/world/2020/mar/18/japanese-flu-drug-clearly-effective-in-treating-coronavirus-says-china>

Guardian Newspaper article dated 18 March 2020 regarding Favipiravir = Avigan (which is the Brand Name) with URL <https://www.theguardian.com/world/2020/mar/18/japanese-flu-drug-clearly-effective-in-treating-coronavirus-says-china>

Japanese flu drug 'clearly effective' in treating coronavirus, says China

Patients given the medicine in Shenzhen turned negative in a median of four days Photograph: John Minchillo/AP

Medical authorities in China have said a drug used in Japan to treat new strains of influenza appeared to be effective in coronavirus patients, Japanese media said on Wednesday.

Zhang Xinmin, an official at China's science and technology ministry, said favipiravir, developed by a subsidiary of Fujifilm, had produced encouraging outcomes in clinical trials in Wuhan and Shenzhen involving 340 patients.

"It has a high degree of safety and is clearly effective in treatment," Zhang told reporters on Tuesday.

Patients who were given the medicine in Shenzhen turned negative for the virus after a median of four days after becoming positive, compared with a median of 11 days for those who were not treated with the drug, public broadcaster NHK said.

In addition, X-rays confirmed improvements in lung condition in about 91% of the patients who were treated with favipiravir, compared to 62% of those without the drug.

Coronavirus: the week explained - our expert correspondents put a week's worth developments in context in one email newsletter

Fujifilm Toyama Chemical, which developed the drug – also known as Avigan – in 2014, has declined to comment on the claims.

Shares in the firm surged on Wednesday following Zhang's comments, closing the morning up 14.7% at 5,207 yen, having briefly hit their daily limit high of 5,238 yen.

Doctors in Japan are using the same drug in clinical studies on coronavirus patients with mild to moderate symptoms, hoping it will prevent the virus from multiplying in patients.

But a Japanese health ministry source suggested the drug was not as effective in people with more severe symptoms. “We’ve given Avigan to 70 to 80 people, but it doesn’t seem to work that well when the virus has already multiplied,” the source told the Mainichi Shimbun.

The same limitations had been identified in studies involving coronavirus patients using a combination of the HIV antiretrovirals lopinavir and ritonavir, the source added.

In 2016, the Japanese government supplied favipiravir as an emergency aid to counter the Ebola virus outbreak in Guinea.

Favipiravir would need government approval for full-scale use on Covid-19 patients, since it was originally intended to treat flu.

A health official told the Mainichi the drug could be approved as early as May. “But if the results of clinical research are delayed, approval could also be delayed.”

<https://asia.nikkei.com/Business/Pharmaceuticals/China-says-Japan-developed-drug-Avigan-works-against-coronavirus2>

Nikkei Asian Review article dated 18th March 2020 regarding Favipiravir = Avigan (which is the Brand Name) with URL <https://asia.nikkei.com/Business/Pharmaceuticals/China-says-Japan-developed-drug-Avigan-works-against-coronavirus2>

China says Japan-developed flu drug works against coronavirus - . Fujifilm Toyoma Chemical developed favipiravir, sold under the brand Avigan.

Coronavirus

China says Japan-developed flu drug works against coronavirus

Fujifilm group member's Avigan to be recommended for treatment

SHIN WATANABE, Nikkei staff writer March 18, 2020 07:50 JST



The Chinese government has been conducting clinical research on a treatment for COVID-19.

© AP



DALIAN, China -- An influenza medicine developed by a Fujifilm Holdings group member is effective against the novel coronavirus, the Chinese government said Tuesday.

The government plans to officially recommend the drug's use for treatment. Fujifilm Toyoma Chemical developed favipiravir, sold under the brand Avigan.

"It has a high degree of safety and is clearly effective in treatment," said Zhang Xinmin, director of the science ministry's China National Center for Biotechnology Development, in a news conference. Fujifilm Toyoma Chemical developed the drug in 2014, and it has been provided to patients in Japan as treatment for the novel coronavirus since February.

Zhejiang Hisun Pharmaceutical signed a patent-licensing agreement for favipiravir with Fujifilm in 2016. The drugmaker received clearance to produce the drug from Chinese authorities in February and can ramp up output of a generic version.

The clinical trial was conducted at hospitals in Wuhan and Shenzhen, with 200 patients participating. Test results for those receiving the drug turned negative in a shorter period, and their pneumonia symptoms improved at a higher rate.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 14:47:18 +0000
To: Beigel, John (NIH) [E]
Cc: (b) (6)
Subject: FW: IFN treatment for COVID-19
Attachments: Manuscript and Supplement.pdf

John:

Please handle this.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Young, Howard (NIH/NCI) [E] (b) (6)>
Sent: Monday, March 23, 2020 9:57 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Beigel, John (NIH) [E]
(b) (6)>
Cc: Eleanor Fish (b) (6)>
Subject: IFN treatment for COVID-19

Dear Drs. Fauci and Beigel

Dr. Fish has asked me to share with you this manuscript that has been submitted (b) (4)

(b) (4)

(b) (4)

Regards,
Howard

From: Eleanor Fish (b) (6) >
Sent: Saturday, March 21, 2020 5:25 PM
To: Young, Howard (NIH/NCI) [E] (b) (6)
Subject: IFN treatment for COVID-19

Dear Howard,
I wanted to share with you our findings from a clinical study (b) (4)

Please keep this confidential.

The manuscript has been submitted for consideration for publication.

*Eleanor N. Fish, PhD, FAAS
UHN Emerita
Professor & Associate Chair
International Initiatives & Collaborations
Dept. Immunology, University of Toronto*

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 13:40:42 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW:

Please handle.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Schur, Peter H., M.D. <(b) (6)>
Sent: Monday, March 23, 2020 9:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject:

Dear Dr Fauci

I am looking for help and informagtion.

I am still working fulltime at Brigham and Women's Hospital (BWH) as a Rheumatologist--although with the pandemic I am currently working from home

I am also the Medical Director of the BWH Clinical Immunology Lab.

We are looking for a company that can provide us with kits to assess IgG and IgM antibodies to COVID-19. Can you, or one of your staff help us find those companies

When I was at WRAIR many years ago (b) (6) they had a walk in -70C freezer with

(b) (4)

Thank you for your help. Applaud what you are doing on TV. Applaud what you are doing for this pandemic

Trust you are well

Peter H Schur MD
Senior Physician Brigham and Women's Hospital
Professor of Medicine Harvard Medical School
Boston MA
Tel: 617-732-5350

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 13:02:15 +0000
To: Stephen Hahn
Subject: FW: Quick Review: Press Conference Open - March 23
Attachments: Press Conference Open - March 23 - with Fauci edits.docx

Here it is

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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(b)(5) - PCP

From: (b) (6)
Sent: Mon, 16 Mar 2020 14:53:22 -0400
To: Adams, Jerome (HHS/OASH); Brett Giroir
Subject: Fwd: Revised social distancing documents - word and powerpoint versions
Attachments: US Social Distancing Recommendations - CDC 1151am_3_16_2020 clean.docx, ATT00001.htm, US Social Distancing Recommendations - CDC 1151am_3_16_2020 track changes.docx, ATT00002.htm, Social Distancing v5 3 16 2020.pptx, ATT00003.htm

FYI

Begin forwarded message:

From: "Schuchat, Anne MD (CDC/OD)" (b) (6)
Date: March 16, 2020 at 12:04:14 PM EDT
To: "Birx, Deborah L. EOP/NSC" (b) (6), "Azar, Alex (OS/IOS)" (b) (6), "Giroir, Brett (HHS/OASH)" (b) (6), "Harrison, Brian (HHS/IOS)" (b) (6), "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), "Kadlec, Robert (OS/ASPR/IO)" (b) (6)
Cc: "Redfield, Robert R. (CDC/OD)" (b) (6), "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6), "Schuchat, Anne MD (CDC/OD)" (b) (6), "Green, Hugh (CDC/OD/OCS)" (b) (6), "Hoo, Elizabeth (CDC/OD/OCS)" (b) (6)
Subject: Revised social distancing documents - word and powerpoint versions

On behalf of Dr Redfield, I am forwarding a revised word document (clean and track changes) and a revised powerpoint with two slides.

These drafts incorporate feedback that Dr Redfield received from the WHTF as well as the emerging evidence-base. Thus we have combined prior advice on yesterday's version that

Anne Schuchat, MD
Principal Deputy Director
Centers for Disease Control and Prevention
Rear Admiral, US Public Health Service (Retired)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 12:37:15 +0000
To: Howard Bauchner;Butler, Jay C. (CDC/DDID/OD);Preeti Malani;Eli Perencevich;Phil Fontanarosa
Cc: Edward Livingston
Subject: RE: Testing - JAMA - Important

Howard/Jay:

I liked Jay's answers to Howard's questions even though there were still some open issues. I will have to leave it to Jay and the CDC to continue with the discussion since I am really swamped. Sorry.

Thanks,
Tony

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>
Sent: Saturday, March 14, 2020 7:48 AM
To: Butler, Jay C. (CDC/DDID/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Preeti Malani <pmalani@med.umich.edu>; Eli Perencevich <Eli-perencevich@uiowa.edu>; Phil Fontanarosa <Phil.Fontanarosa@jamanetwork.org>
Cc: Edward Livingston <Edward.Livingston@jamanetwork.org>
Subject: Re: Testing - JAMA - Important

Thanks Jay

Have also copied Ed –

This is going to become very very important – (b) (4)

This is crossing my desk 4-5 times per day now – and will only get more important (and sadly confusing) – in the weeks to come.

Some questions would focus on public others on HCW (where I am sure general guide; talk with your CMO).

I do love the mention of monopoly – (b) (6)

What you think?

HCB

Howard Bauchner, MD
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

From: "Butler, Jay C. (CDC/DDID/OD)" (b) (6)>

Date: Saturday, March 14, 2020 at 6:42 AM

To: Howard Bauchner <Howard.Bauchner@jamanetwork.org>, Tony Fauci (b) (6)>, Preeti Malani <pmalani@med.umich.edu>, Eli Perencevich <Eli-perencevich@uiowa.edu>, Phil Fontanarosa <Phil.Fontanarosa@jamanetwork.org>

Subject: Re: Testing - JAMA - Important

[Warning External Email]

Good morning, Howard—some answers and non-answers. As is the case for most answers, the most accurate is “it depends”, but I realize that is not helpful in busy clinical settings:

No symptoms – get test positive – can you work

At this point in the pandemic, no. While we do not know what role asymptomatic infection may play in transmission and it is plausible that someone who is NOT coughing and sneezing (or any other respiratory droplet self-generating acts) is going to be less infectious than someone who is, persons known to be infected should self-isolate. This, of course, is particularly important for someone who has closed contact with someone at greater risk of severe illness and health care providers.

Symptoms – test negative – can you work – or do you need 2 negatives – or the test has to be done 2-3-4 days after you develop symptoms

Even before COVID-19, working while ill with a respiratory illness puts others at risk. Particularly during when flu activity is high. Not toughing it out and going into work while sick is more important now than ever and is an important component of social distancing—this is one of the foundational ways that we distribute the impact of the pandemic over as long of a period as possible. (We are all getting good at drawing the two pandemic curves in the air on imaginary x- and y-axes.). One of the critical areas where we need more data is on when someone who is infected becomes test-positive. Presumably, test-positivity would correlate with viral load in the respiratory tract and a + would indicate greater likelihood of infectiousness. But the real challenge of the return-to-work issue lies in your next question:

Test positive – back to work when – do you need negative tests – or just time - ? 2 weeks after first symptoms, first test positive.

Ah, there is the rub—currently, the recommendations vary—CDC has gone with 2 negative swabs 24 hours apart, but we do not believe that positivity during recovery necessarily proves infectiousness. This is a crucial question. We are reviewing the available data, examining at how PCR positivity, cycle threshold, and viral culture line up—the goal is to develop good,

clinical parameters to justify ending precautions, rather than requiring microbiological tests. A Get Out of Isolation Free card, if you will. The hypothesis we are testing is 2 weeks after onset and >72 hours without symptoms. Currently the published recommendations are not satisfying:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

I may have more information on this topic later today.

Finally, in all complex epidemics, there is a tendency to search for a silver bullet—that one thing that will solve all of our problems. When an intervention is in short supply, the bullet turns platinum—“if only we could do x, the problem would be solved”. This was vaccine in 2009 H1N1, naloxone in the opioid crisis, and now testing in coronavirus. Increased access to testing is desperately needed to control the COVID-19 pandemic. However, it is going to take a scientifically and wholistic and systemic approach to mitigate the impact. You have nicely outlined some of the “next questions” that are raised when testing is more widely available.

More to follow.

Best regards,
Jay

Get [Outlook for iOS](#)

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>

Sent: Saturday, March 14, 2020 5:53 AM

To: Butler, Jay C. (CDC/DDID/OD); Fauci, Anthony (NIH/NIAID) [E]; Preeti Malani; Eli Perencevich; Phil Fontanarosa

Subject: Testing - JAMA - Important

Jay/Tony

Some very complicated questions around testing have come up and will only increase.

No symptoms – get test positive – can you work

Symptoms – test negative – can you work – or do you need 2 negatives – or the test has to be done 2-3-4 days after you develop symptoms

Test positive – back to work when – do you need negative tests – or just time - ? 2 weeks after first symptoms, first test positive.

As tests become more widely available this will be devil folks.

Any ideas who can write about this.

Jay – does CDC have specific recommendations.

Sorry to bother on Saturday morning -but would like to get up a VP as soon as Tuesday.

HCB

Howard Bauchner, MD

Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 22 Mar 2020 23:06:12 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Antibody Tests and Follow-on Use of 'Survivors'

From: Estes, Franklin J (Frank) LTC USARMY 335 SIG CMD (USA) (b) (6)
Sent: Sunday, March 22, 2020 12:30 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Antibody Tests and Follow-on Use of 'Survivors'

Dr. Fauci,

I apologize in advance for bugging you but please read and pass along to the appropriate person, if useful.

In the coming weeks, an antibody test for COVID-19 should be available (I suspect). As 'survivors' are identified in the general population and are determined to be largely 'immune' to COVID-19, I think those people should be given the opportunity to administer testing to others in the general population. The employment of VOLUNTEER survivors in the administration of tests would allow immune individuals to quickly learn how to collect samples and deal with potential infected patients face-to-face without fear of jeopardizing their own health or the health of the communities in which they live. This would free up highly trained nurses and doctors from testing and have an exponential benefit as survivors administer tests for infection and tests for antibodies and, thus, identify additional survivors. This would support more aggressive testing to bring about the eventual end of this virus when we try to identify every last infected individual who needs to be quarantined.

Note: I understand we haven't yet determined whether survivors can be re-infected. So early volunteers may be subjected to further sickness. But the rate of re-infection should be less as a percentage than the rate of infection among the general population. And re-infection would likely be less severe.

Note2: Creating a VOLUNTARY REIGSTRY of survivors (those with sufficient antibodies) may have a secondary benefit to businesses. It would allow businesses to quickly hire employees who could come in contact with the general public (thinking of current food delivery, grocery stores, daycare...and later...teachers, anyone in the medical or dental field, other retail businesses).

I do understand my recommendations would generate HIPAA concerns but these are extraordinary times which call for out-of-the-box ideas...and this would all be voluntary.

Thank you for taking a couple of minutes to read this and thank you for managing a very difficult crisis. You and others on your team have saved a lot of lives and we are eternally grateful.

Respectfully,

Frank Estes
(b) (6)
(cell)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 11:17:11 +0000
To: (b) (6) USAR MEDCOM (USA)
Subject: RE: Recommendation

(b) (6)

Thank you for your note.
Best regards,
Tony

From: (b) (6) USAR MEDCOM (USA) (b) (6) >
Sent: Tuesday, March 17, 2020 6:52 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Recommendation

Dr. Fauci,
I am a Nurse Practitioner (b) (6) for the US Army. I have a recommendation as we move through this terrible time in the US as well as the world. To preserve the healthcare workforce why not give 25% of all health workers in the military the trial vaccine? Keep these workers away from patients until which time that the body can build immunity. Let's not expose the entire medical workforce to the COVID-19. The idea is that this 25% can take care of the population (post-vaccine) without worry of getting ill and causing further spread of the disease. If there is possibility of the vaccine, trial age cohorts and demographics could play a crucial part in testing. Thank you for all you are doing to protect the health of our Nation.

Respectfully,
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 23:47:21 +0000
To: Hahn, Stephen
Cc: Redfield, Robert R. (CDC/OD); Birx, Deborah L. EOP/NSC; Lane, Cliff (NIH/NIAID) [E]; (b) (6); Rom, Colin (FDA/OC)
Subject: RE: Treatment Document

Sounds good to me.

Thanks,

Tony

From: Hahn, Stephen (b) (6) >
Sent: Friday, March 20, 2020 7:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Redfield, Robert R. (CDC/OD) (b) (6); Birx, Deborah L. EOP/NSC (b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6); (b) (6); Rom, Colin (FDA/OC) (b) (6) >
Subject: Re: Treatment Document

Tony,

Looks like (b) (5). The group wants to make some more edits and then send out this evening for review. We would like to meet up prior to or after the task force meeting tomorrow. Sound OK?

Steve

Sent from my iPad

On Mar 20, 2020, at 7:06 PM, Hahn, Stephen (b) (6) > wrote:

I have a couple of comments

(b) (5)

I'll await for other comments.

Thanks

Steve

Sent from my iPad

On Mar 20, 2020, at 6:45 PM, Fauci, Anthony (NIH/NIAID) [E]

(b) (6) wrote:

Team:

As per my discussion with Steve a few minutes ago, I have made some changes in the document. (b) (5)

(b) (5)

(b) (5) I am

attaching a tracked version of the document that was your FINAL as well as a clean copy with all of the changes accepted. Please take a look and Steve said that he would like to set up a quick call to discuss after you have had a look. I am very sorry to come in with these changes at this late point, but I really did not get a chance to have a good look at the document as I was in a car.

Thanks,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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<dbInformation for Clinicians on COVID-19 Therapies31hcl - with Fauci and Lane tracked changes showing.docx>

<dbInformation for Clinicians on COVID-19 Therapies31hcl - with Fauci and Lane tracked Clean copy.docx>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 12:58:59 +0000
To: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Respiratory Protection Program: Temporary Suspension of Fit Testing

For my clinical center Certification folder.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Wu, Sarah (NIH/OD/ORS) [E] (b) (6)
Sent: Monday, March 23, 2020 8:56 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Respiratory Protection Program: Temporary Suspension of Fit Testing

Respiratory Protection Program Participants:

Due to the recent COVID-19 outbreak and supply chain shortage, we are temporarily suspending annual fit tests for employees at this time. You will still be required to complete fit testing if:

- you have experienced significant physical changes likely to impact the fit of your respirator such as:
 - substantial weight loss/gain
 - dental surgery
 - cosmetic surgery including the neck area and above
 - an accident
 - a new medical diagnosis
- you are directly involved in the COVID-19 response and are expected to be in close contact with potential COVID-19 patients
- you are emergency response personnel (police, fire department, etc.) required to be on-site throughout this pandemic

If you do not meet these criteria, you are not required to complete your fit test at this time. Please be advised that you will still need to complete the online training despite the suspension of fit testing. *Regular fit testing will resume once the COVID-19 emergency has subsided.*

Any questions concerning the HealthRx website should be directed toward support@healthrx.com. Please visit the manufacturer's websites for details on your particular respirator model. If you have questions about N95 respirators in general, feel free to email nihrespirator@mail.nih.gov. Thank you for your efforts and consideration during this event.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 12:58:16 +0000
To: Karen Backman
Subject: RE: Your Unprecedented Leadership and Professionalism

Karen:

Many thanks for your kind note.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Karen Backman (b) (6)
Sent: Monday, March 23, 2020 8:53 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Your Unprecedented Leadership and Professionalism

Good morning Dr. Fauci,

I am not one to write emails to our leaders in government as I am sure that the message doesn't get to where it always needs to go. At the risk of you possibly seeing this email, you need to know that you are doing an incredible job.

I doubt you will be broadcasting this note but you should know that my husband and I take great comfort in seeing you up on the podium next to our country's leadership on the COVID-19 pandemic. You are a steady voice of reason and the right person for the job. Even when the President doesn't get it quite right, you manage to be professional in your delivery, information and steadfast manner. We can easily look past the President but we listen when you speak.

From the first time I heard you say on a Sunday morning talk show, "If you think we are overacting then we are probably doing the right things." I live in Maine and we are a rural state so we probably won't see the numbers that are elsewhere but we are listening and acting on your words of caution.

I can't imagine how much pressure you are under doing your job but we need more leadership such as yours. How you choose your words so carefully without getting flustered is a gift. I can only hope that you will continue to be the voice to get this country through this unprecedented event.

Stay healthy and keep doing what you're doing as it matters so much to this nation.

Sincerely,

Karen L. Backman

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 12:46:08 +0000
To: (b) (6)
Subject: Confidential
Attachments: Press Conference Open - March 23 - with Fauci edits.docx

Here it is.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 12:25:31 +0000
To: info@mail.mblists.com
Subject: RE: Fill the baseball void: Trivia, A-Rod clinic, classic games

My work with the Coronavirus Task Force and the large volume of incoming emails precludes me or my staff from answering each individual message. I would encourage you to visit www.coronavirus.gov for the latest information and guidance related to COVID-19.

Thank you, and best regards.

Anthony S. Fauci, M.D.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)
Sent: Mon, 23 Mar 2020 07:32:09 -0400
To: DMID Word Nerds
Subject: Fwd: COVID-19- NOVEL DRUG
Attachments: (b) (4) 3_17_2020.pdf, ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: Radka Milanova (b) (6) >
Date: March 23, 2020 at 1:43:46 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: COVID-19- NOVEL DRUG

Dear Dr. Anthony Fauci:

I am involved with a US-based Company Bioxytran

(b) (4)

(b) (4)

I look forward to hearing from you.

Kind regards,

Radka Milanova, Ph.D.

Office: + 604 488 8880

Mobile: (b) (6)

Email: milanova@shaw.ca

This message and any attachments are intended only for the use of the addressee and may contain information that is privileged and confidential. If the reader of the message is not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail and delete the message and any attachments from your system.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 01:37:39 +0000
To: David Rubenstein
Subject: FW: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

David:

You were so very kind to me in this article. Thank you so much.
Warm regards,
Tony

Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

Fauci is the world's leading authority on infectious diseases and the best person in the country to help us deal with the COVID-19 crisis.

David M. Rubenstein
Opinion contributor

Some viewers of the daily White House coronavirus briefings may wonder why everyone increasingly defers to a diminutive, Brooklyn-accented 79-year-old doctor, Tony Fauci.

They do because, as I have learned over many years of talking with and more recently interviewing this man, he is without doubt the world's leading authority on infectious diseases. In any area of human activity or knowledge, there always seems to be one person who is the global gold standard. In the world of infectious diseases that person is Tony Fauci.

So the American people — indeed, people around the globe — should be grateful that Tony has dug into this crisis with the same work-around-the-clock, just-the-facts ma'am style that he has used while serving under and working with [six U.S. presidents](#). He is as apolitical as anyone can be. I have no idea if he is registered with any political party; I suspect though that he is rabidly Independent. His only focus is getting the facts out, providing the best health care treatment and information possible, and saving lives.

A top expert from AIDS to Ebola

Tony Fauci [joined the National Institutes of Health](#) in 1968, after completing his medical training at Weill Cornell Medical Center, and he has led the National Institute of Allergy and Infectious Disease [since 1984](#) — 36 years. Hard to believe anyone can run anything that long and still be at the top of his game. But Tony is. During this period, he has dealt with every serious infectious disease challenge — malaria, Among Tony's best known accomplishments, beyond simply running the institute and training dozens of the world's top infectious disease professionals, has been helping to discover how HIV leads to AIDS and, later, leading the effort to create (at President George W. Bush's direction) the [President's Emergency Plan for AIDS Relief](#) (PEPFAR), which has transformed the treatment of HIV/AIDS in Africa, and other parts of the developing world. Millions of lives have been saved by this program alone. More recently, he has been an architect and powerful advocate of President Donald Trump's [plan for ending](#) the AIDS epidemic in the U.S. through HIV antiretroviral therapy targeted to disease hotspots.

In his spare time, Tony has been involved with writing or editing more than 1,100 scholarly articles and several textbooks, and, in the process, has become one of the most cited authorities of the entire medical profession.

For these breakthrough activities and his dedicated service (at a government salary) for more than a half century (he worked at NIH for 16 years before assuming his current role), Tony has received, and earned, the Presidential Medal of Freedom and a [Lasker Award](#) (called the American Nobel by many). With this long service and universal acclaim, one might think Tony would let it get to his head, at least a little bit. Not the case, though.

Selfless commitment to public service

He is readily accessible to those who need treatment — he still runs a lab at NIH — or need information. Tony still lives in the same house he bought when he first moved to Washington, and it is there that he and his wife Christine have raised their three talented daughters (though none of them chose to attend medical school).

Until the latest crisis, Tony has often commuted to NIH by Metro, typically after running three miles for his daily exercise. And when he has been invited to make speeches in the Washington area or on Capitol Hill, he invariably turns down a car and driver for the Metro. (This practice has had to change of late for the obvious reasons).

There are, of course, many other dedicated federal servants who also view their commitment to the country and its people over financial rewards. But surely no federal civil servant, in any area, can exceed Tony Fauci's long-term and selfless commitment to this country and the health of its people.



I tried years ago, when Tony was approaching a normal retirement age, to see if he might want after a normal lifetime of federal service, to take some of his considerable skills and knowledge to the private sector. He quickly said no — money did not motivate him, serving the country did. And he stayed at NIH — to the country's good fortune.

If there is any one medical professional who can help the country deal with the COVID-19 crisis, it is Tony Fauci, an example of the best this country has to offer.

He is not a miracle worker. No one is.

But Tony Fauci has the decades of experience needed to understand infectious disease problems and prescribe a treatment that should, in time, provide the requisite comfort, even if, in the short term, the medicine is painful and inconvenient.

David M. Rubenstein is the co-executive chairman of The Carlyle Group.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 01:23:55 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; (b) (6)
Subject: FW: Possible agenda for Wednesday
Attachments: COVID-19 TransNIH_032520 hm.docx

Please take the lead in putting together slides for Wednesday. If I can make it (which is uncertain), I will need them to make a presentation.

Thanks, \Tony

From: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Sent: Sunday, March 22, 2020 7:10 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6); Anderson, James (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] <(b) (6)>
Subject: Re: Possible agenda for Wednesday

Thanks for the chance to weigh in. I have it blocked on my calendar and would look forward to the discussion. And I'm happy to pull slides together as outlined.

Here are some minor comments on the agenda, which looks excellent.

Looking forward to it,

Hilary

From: "Collins, Francis (NIH/OD) [E]" (b) (6)
Date: Sunday, March 22, 2020 at 5:09 PM
To: Hilary Marston <(b) (6)>
Cc: "Tabak, Lawrence (NIH/OD) [E]" (b) (6); "Wolinetz, Carrie (NIH/OD) [E]" (b) (6); "Anderson, James (NIH/OD) [E]" (b) (6); Anthony Fauci (b) (6); Henry Lane (b) (6)
Subject: Possible agenda for Wednesday

Hi Hilary,

I've been through the COVID-19 ideas collected from your Deputies meeting, plus reaching out for a few other inputs. What I hope to do is to assemble this into a lively three-hour discussion on Wednesday afternoon (2 - 5 PM). Tony is enthusiastic about our doing this, but his presence is unfortunately doubtful, given all of the other demands he faces. I'm counting on you and Cliff to be there, however – is this etched on your calendars?

Please see attached for my rather rough first attempt at an agenda. It's a lot of topics and the list will probably need to be culled – [REDACTED] (b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

I would want there to be time for discussion in each theme, so that other ideas could be floated.

Please let me know your thoughts, ideally this evening. I'm also asking for input from others who are cc'd here.

Best, Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 00:56:30 +0000
To: Jon LaPook
Subject: RE: Tony, my three minute shpiel on CBS Sunday Morning today.

Very well done as usual.

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

From: Jon LaPook (b) (6)>
Sent: Sunday, March 22, 2020 8:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Tony, my three minute shpiel on CBS Sunday Morning today.

<https://www.cbsnews.com/news/coronavirus-covid-19-social-distancing-how-to-reduce-risk-together/>

Jon

Jonathan LaPook, M.D.
Chief Medical Correspondent, CBS News
Professor of Medicine
NYU Langone Health
Twitter @DrLaPook

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 23 Mar 2020 00:51:49 +0000
To: McNeil Jr, Donald G
Subject: RE: big story of mine just posted

Donald:

You not only got it right, but it was an extraordinarily comprehensive, informative and sobering article. I do not agree with everything that is being done by various countries, and you have indicated that many of these approaches are controversial. However, your reporting of them is accurate and well-articulated. Bottom line is that this is an outstanding article.

Best,

Tony

From: McNeil Jr, Donald G <mcneil@nytimes.com>
Sent: Sunday, March 22, 2020 7:33 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: big story of mine just posted

I would have interviewed you for it, but I know you're busy. I hope you think I got it right....

<https://www.nytimes.com/2020/03/22/health/coronavirus-restrictions-us.html>

—
Donald G. McNeil Jr.
Science Correspondent
The New York Times

Tel: +1 212 556 1142
mcneil@nytimes.com

Articles: <https://www.nytimes.com/by/donald-g-mcneil-jr>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 22 Mar 2020 23:27:37 +0000
To: Murphy, Philip (NIH/NIAID) [E]
Subject: RE: Suggestion

Phil:

Thanks for the note. Very important point.

Best,

Tony

From: Murphy, Philip (NIH/NIAID) [E] (b) (6)
Sent: Sunday, March 22, 2020 7:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Suggestion

Yeoman work, Tony. One suggestion: (b) (5)

(b) (5)
(b) (5)
(b) (5)
(b) (5)

All the best,
Phil

(b) (5)

(b) (5)

Phil

From: [REDACTED] (b) (6)
Sent: Sun, 22 Mar 2020 17:23:08 -0400
To: Cicala, Claudia (NIH/NIAID) [E]
Subject: Re: Your idea about COVID-19

Thanks, Claudia

On Mar 22, 2020, at 5:17 PM, Cicala, Claudia (NIH/NIAID) [E]

[REDACTED] (b) (6)

Dear Tony,

Thank you for taking the time to answer. I want you to know that a huge number of people here and in Italy asked me to pass along a message of support. Thank you for all you are doing.

Take a good care of yourself,
Claudia

Sent from my iPhone

On Mar 22, 2020, at 1:27 PM, Fauci, Anthony (NIH/NIAID) [E]

[REDACTED] (b) (6):

Jim:

[REDACTED] (b) (5)

[REDACTED]

[REDACTED]

■ Needless to say, this is a overwhelmingly compelling public health and scientific issue. Keep me posted.

Thanks,

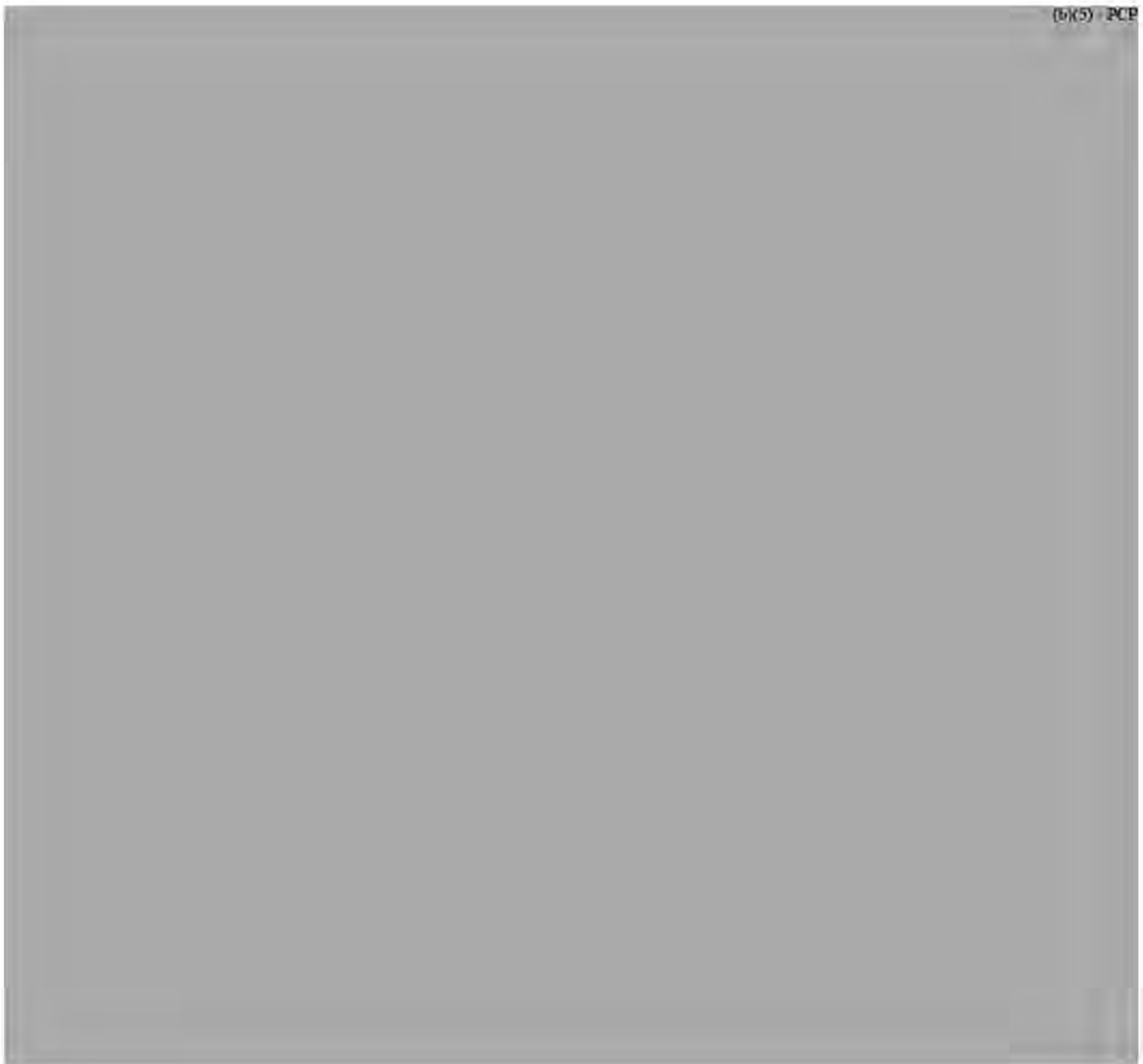
Tony

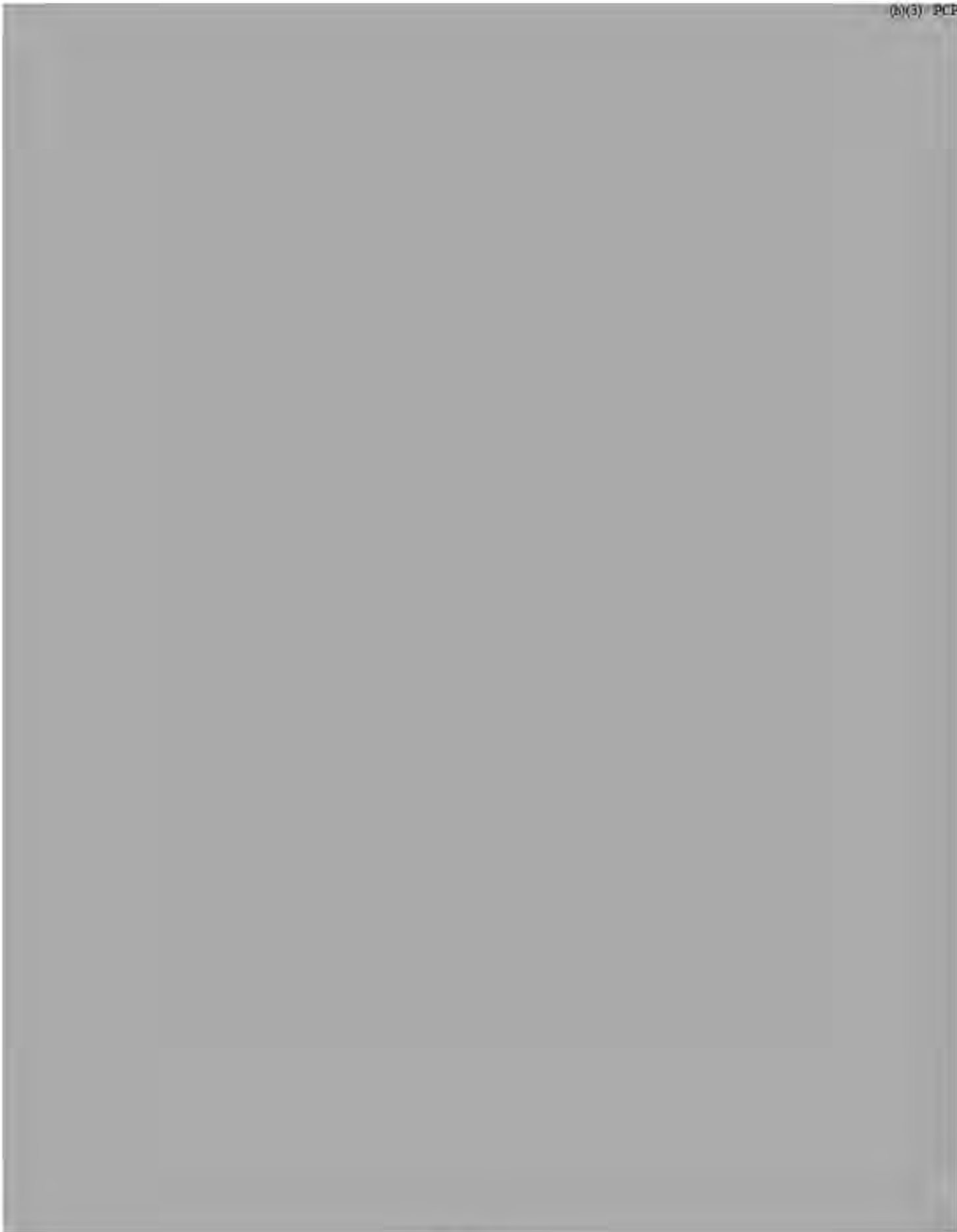
Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 22 Mar 2020 17:29:47 +0000
To: Hallett, Adrienne (NIH/OD) [E]
Subject: RE: Senate Supplemental #3

Thanks!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Hallett, Adrienne (NIH/OD) [E] <(b) (6)>
Sent: Sunday, March 22, 2020 1:21 PM
To: icddir-l@LIST.NIH.GOV
Subject: Senate Supplemental #3

NATIONAL INSTITUTES OF HEALTH NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

For an additional amount for “National Heart, Lung, and Blood Institute”, \$103,400,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally: *Provided*, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

For an additional amount for “National Institute of Allergy and Infectious Diseases”, \$706,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally:

Provided, That not less than \$156,000,000 of the amounts provided under this heading in this Act shall be provided for the study of, construction of, demolition of, renovation of, and acquisition of equipment for, vaccine and infectious diseases research facilities of or used by NIH, including the acquisition of real property: *Provided further*, That such amount is designated by

1. 2 the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

4.

5. 5 NATIONAL INSTITUTE OF BIOMEDICAL

6. 6 IMAGING AND BIOENGINEERING

7. 7 For an additional amount for “National Institute of Biomedical Imaging and Bioengineering”, \$60,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally: *Provided*, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

15.

16. 15 NATIONAL LIBRARY OF MEDICINE

17. 16 For an additional amount for “National Library of Medicine”, \$10,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally: *Provided*, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

HEN20279 S.L.C. 78

1. 1 NATIONAL CENTER FOR ADVANCING

2. 2 TRANSLATIONAL SCIENCES

3. 3 For an additional amount for “National Center for Advancing Translational Sciences”, \$36,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally: *Provided*, That such amount is designated by the Congress as being for an emergency requirement

9. 9 pursuant to section 251(b)(2)(A)(i) of the Balanced Budg-
10. 10 et and Emergency Deficit Control Act of 1985.

11.

12. 11 OFFICE OF THE DIRECTOR

13. 12 For an additional amount for “Office of the Direc-
14. 13 tor”, \$30,000,000, to remain available until September
15. 14 30, 2024, to prevent, prepare for, and respond to
16. 15 coronavirus, domestically or internationally: *Provided*,
17. 16 That these funds shall be available for the Common Fund
18. 17 established under section 402A(c)(1) of the PHS Act: *Pro-*
19. 18 *vided further*, That such amount is designated by the Con-
20. 19 gress as being for an emergency requirement pursuant to
21. 20 section 251(b)(2)(A)(i) of the Balanced Budget and
22. 21 Emergency Deficit Control Act of 1985.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 22 Mar 2020 17:28:59 +0000
To: Haskins, Melinda (NIH/NIAID) [E]
Cc: Crawford, Chase (NIH/NIAID) [E]; Selgrade, Sara (NIH/NIAID) [E]; Mascola, John (NIH/VRC) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Dr. Fauci: Senate Draft COVID-19 Supp

Thanks. [REDACTED] (b) (5).

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Haskins, Melinda (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Sunday, March 22, 2020 1:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Cc: Crawford, Chase (NIH/NIAID) [E] [REDACTED] (b) (6)>; Selgrade, Sara (NIH/NIAID) [E]
[REDACTED] (b) (6)
Subject: Dr. Fauci: Senate Draft COVID-19 Supp

From: (b) (6)
Sent: Sun, 22 Mar 2020 10:58:06 -0400
To: Michela Carluccio
Subject: Re: telmisartan and covid-19

Ms. Carluccio:

Thank you for your note.

(b) (6)

Best regards,
AS Fauci

On Mar 22, 2020, at 9:33 AM, Michela Carluccio

(b) (6) wrote:

Dear Professor Fauci,

sorry for the disturb.

My name is Michela, I contacted her from Italy
and I am (b) (6) years old.

I hope you understand my concern, I will
contact you for advice if possible:

(b) (6)

(b) (6)

Sincerely,

Ms. Michela Carluccio

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 22 Mar 2020 05:29:11 +0000
To: guy@vidaldesigncollaborative.com
Subject: RE: ● Suggestion from former Israel Defense Forces member

My work with the Coronavirus Task Force and the large volume of incoming emails precludes me or my staff from answering each individual message. I would encourage you to visit www.coronavirus.gov for the latest information and guidance related to COVID-19.

Thank you, and best regards.

Anthony S. Fauci, M.D.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 21 Mar 2020 23:02:34 +0000
To: Redfield, Robert R. (CDC/OD)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: TF Agenda for tomorrow (Sunday)
Attachments: White House Coronavirus Task Force Agenda 3.22.20.docx

Bob:

See attached TF Agenda for tomorrow.

(b) (5)

(b) (5)

(b) (5). Many thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: (b) (6)
Sent: Sat, 21 Mar 2020 18:17:02 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Cc: Folkers, Greg (NIH/NIAID) [E]
Subject: Fwd: Positive COVID-19 test result for (b) (6)

Sent from my iPhone

Begin forwarded message:

From: "Holland, Steven (NIH/NIAID) [E]" <(b) (6)>
Date: March 21, 2020 at 4:40:28 PM EDT
To: "McGowan, Colleen (NIH/OD/ORS) [E]" (b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Lanc, Cliff (NIH/NIAID) [E]" <(b) (6)>, "Harper, Jill (NIH/NIAID) [E]" (b) (6)>, "McGowan, John J. (NIH/NIAID) [E]" (b) (6)
Cc: (b) (6)
Subject: Re: Positive COVID-19 test result for (b) (6)

Thanks, Colleen. (b) (6), to bring him into the loop. I am also (b) (6) into this for her knowledge.

Steve

--
Director, Division of Intramural Research
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Bldg. 10/11N248 MSC 1960
Bethesda, MD 20892-1960
(b) (6) voice
301-480-4507 fax
(b) (6) email

Assistant lab: Eva Portillo
(b) (6) email
(b) (6) voice

Assistant to SD: Beth Schmidt

(b) (6)

(b) (6) voice

From: "McGowan, Colleen (NIH/OD/ORS) [E]" <(b) (6)>

Date: Saturday, March 21, 2020 at 4:17 PM

To: Steven Holland (b) (6)>, Anthony Fauci

(b) (6) Henry Lane (b) (6)>, Jill Harper

(b) (6), John J McGowan (b) (6)>

Subject: Positive COVID-19 test result for (b) (6)

I'm writing to share that we have received a positive COVID-19 test result of an (b) (6)

(b) (6) These results just came out of the 2pm test run today.

The (b) (6) supervisor is (b) (6). The person reported being symptomatic on 3/13/2020, contacted OMS on Monday, but didn't get scheduled for testing till Friday 3/20/20. I'm told (b) (6) continued to work (b) (6) even when feeling ill. I'm not permitted to share PHI, but I am told that OMS has notified the employee, and if they haven't done so already, OMS will contact the supervisor with general information regarding the person's general health status. They will not divulge a positive test result for COVID-19, but rather state a general health condition which precludes the staff member from working.

Since (b) (6) is working in (b) (6), I presume (b) (5) (b) (6), but please let me know if this isn't the case. ORF typically closes down the location for 7 days to allow environmental dissipation of contact surface contamination. I know this area is mission critical, so I will help you contact ORF about prioritizing cleaning procedures. We ask that you take great care in keeping that information as confidential as you can.

Thanks
Colleen

Colleen A. McGowan, MHA, FACHE
Director, NIH Office of Research Services
Bldg 31, Room 4B54
Office Phone: (b) (6)

1979 - 2019

LOOKING FORWARD AT 40

OFFICE OF
RESEARCH SERVICES

From: (b) (6)
Sent: Sat, 21 Mar 2020 18:13:55 -0400
To: NIAID Public Inquiries
Subject: Fwd: Jafri_Research Volunteering

Sent from my iPhone

Begin forwarded message:

From: Riaz Jafri (b) (6)>
Date: March 21, 2020 at 5:34:20 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Jafri_Research Volunteering

Hi Dr. Fauci,

Hope you are doing well and thanks for your leadership during this pandemic situation.

I have a medical degree and has experience in basic and clinical research for almost 30 years. Currently in clinical trials, doing studies monitoring. I would like to volunteer during this COVID-19 situations. Please let me know if I can share in anyway.

I appreciate it.

Best regards and be safe..

Dr. Syed R. Jafri

Ph: (b) (6)

Sent from my iPhone

From: (b) (6)
Sent: Sat, 21 Mar 2020 18:13:34 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]
Subject: Fwd: Possible joint collaboration Polish -American Collaboration

Hoping one of you can handle. Taking this out of ASF inbox

If we need to discuss with him let me know.

Sent from my iPhone

Begin forwarded message:

From: Aleksandra Wesołowska (b) (6)>
Date: March 21, 2020 at 6:08:46 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Possible joint collaboration Polish -American Collaboration

Dear Dr Anthony Fauci ,

I am writing in connection to email from Prof Robert Schwartz about possible Polish - American collaboration in the clinical trial focus on treatment patients suffer from COVID-19

As a Polish Medical Research Agency we desire facing this pandemic with NIAID leading vaccine and therapy efforts against SARS-Cov-2.

F. Gray Handley has got in contact with the President of our Agency last week but from that time we have no further information in this pressing issue.

I will be very appreciated if we could discussed with you or your eminent staff any possibility for polish scientists to joint collaboration with NIAID to fight coronavirus for patients all of the world.

I will be personally responsible to hold this topic on behalf of Polish Medical Research Agency.

Thank you for your time and incredible efforts you made to global health and safety.

I remain at your disposal,

Aleksandra Wesołowska, PhD
Senior Research Coordinator



Agencja Badań Medycznych

ul. Moniuszki 1A

00-014 Warszawa

www.abm.gov.pl

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 21 Mar 2020 16:43:19 +0000
To: NIAID OD AM
Subject: FW: Virtual Town Hall with College Students (30+ Schools)?

From: John Monahan <John.Monahan@georgetown.edu>
Sent: Saturday, March 21, 2020 10:11 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Virtual Town Hall with College Students (30+ Schools)?

Tony --

First of all, thank you for all you are doing to lead our country's response during this crisis.

I hesitate to reach out to you with so much on your plate, but I think this idea might help with the national response.

In light of the continuing challenge of engaging young people in social distancing measures, combined with the fact that so many colleges and universities are now teaching online, Georgetown's Global Health Initiative and Institute for Politics and Public Service are considering a "virtual town hall" in which you could speak directly with students at colleges and universities via Zoom (or some other platform) about the collective challenge of COVID-19 and its risk to their health and to other members of their communities.

This could be a unique forum for you, as the most trusted person in the public dialogue, to make the case directly to young people about their vital role in social distancing to flatten the curve in their communities. We would use social media, of course, to push out key segments and messages from this event more broadly.

While Georgetown would organize this "virtual town hall", we would work closely with a network of more than 30 colleges and universities with which our Institute of Politics and Public Service regularly collaborates. We would also reach out to other schools to ensure a geographic reach and a mix of public and private institutions. Of course, our team would work closely with your staff to manage all logistics so as to use your scarce time as efficiently as possible.

Before we go any further in planning or thinking about this, I wanted to see if you would have time to participate or think this is a good idea.

Best!

John

John T. Monahan, JD

Senior Advisor to the President of Georgetown University
Senior Fellow, McCourt School of Public Policy
Senior Scholar, O'Neill Institute for National and Global Health Law
Georgetown University
3307 M Street NW, Suite 202
Washington, DC 20057
202-431-6556

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:48:05 -0400
To: KEN GLEN
Subject: Re: COVID-19

Thank you for your note.
AS Fauci

Sent from my iPhone

On Mar 21, 2020, at 7:43 AM, KEN GLEN (b) (6) wrote:

Good morning, from Vancouver, Canada.

We hope you are keeping yourself, and your families safe.

Your calm approach, and real life experience being shared during the daily briefings is what everyone looking towards the USA for information needs to see.

As in anything, real knowledge, both sharing and accepting is critical to get everyone focused on overcoming the current situation.

We don't see social distancing between everyone at the news conferences, and that is disappointing, we also don't see Donald Trump acquiring the skills and abilities to truly turn over communication and leadership to people such as yourself and your colleagues on the podium.

While that is also disappointing, it has come to be expected, therefore easy to tune out.

Our Global world needs a Global approach of honesty and transparency, we can't afford to get this one wrong due to our normal tribal tendencies.

Best regards, be safe,

Ken & Cathy Glen (b) (6)

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:44:54 -0400
To: Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Provider's question!

From Patty

Can one of u pls take this.

Sent from my iPhone

Begin forwarded message:

From: "Rostami, Nahid" <(b) (6)>
Date: March 20, 2020 at 7:25:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: "Rostami, Nahid" (b) (6)
Subject: Provider's question!

Dear Dr. Fauci,

I am one of the UCSF neonatologist and I have been (b) (6)
(b) (6) I
am (b) (6) now. As you know, in neonatal intensive care unit at least
one parent stays at bedside. Considering the recent coronavirus
outbreak, I am (b) (6) for both potential patient (b) (6)
(b) (6) and staff exposures. I appreciate your advice and
recommendation for (b) (6) who is working
in an intensive care unit. Since I have to go to work, do I need to have
extra percussions besides hand washing? If so, what would you
recommend?

I appreciate your help.

Thanks,

Nahid Rostami

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:42:07 -0400
To: Parks, Donna (djholmes@uidaho.edu)
Subject: Re: Thank you

Thank you for your note.
AS Fauci

Sent from my iPhone

> On Mar 20, 2020, at 8:49 PM, Parks, Donna (djholmes@uidaho.edu) <djholmes@uidaho.edu> wrote:
>
> Dear Dr.Fauci:
>
> I want to thank you and commend you for all you're doing during the COVID-19 pandemic. You are the voice of science and reason - and you seem to be able to get through to President Trump in a subtle way yet with a great deal of integrity. I don't envy you this gig - particularly with an administration that is so hostile to science, reason, and preparedness on the federal level.
>
> I'm still squirming from Trump's latest declarations that hydroxiquinolone could be used for COVID. The more you can explain why this might not be the place to put federal resources right now, the better. Friends of mine are buying it off label in Mexico now, and as a biologist and medical educator I find this alarming.
>
> Thanks. You're the best.
>
> Donna Holmes Parks | djholmes@uidaho.edu
> WWAMI Medical Education Program
> University of Idaho and University of Washington
>
>

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:39:16 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Coronavirus interview

Sent from my iPhone

Begin forwarded message:

From: "Lindenberger, Isaac D." <lindenberger.9@buckeyemail.osu.edu>
Date: March 21, 2020 at 1:19:57 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Coronavirus interview**

Dr. Fauci,

I have Paul Offit coming on my podcast tomorrow to discuss coronavirus, and I would love to have you on after him to talk about your thoughts and what we should do. My friend Nikki Roy recommended you who I have also interviewed for my vaccine show "Straight To The Point." If you're interested we can do an interview at your earliest convenience. My listeners would benefit greatly from it, thank you for your consideration.

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From: (b) (6)
Sent: Sat, 21 Mar 2020 07:38:39 -0400
To: Friedmann, Theodore
Subject: Re: COVID-19 information for the public

Thank you for your note.
AS Fauci

Sent from my iPhone

> On Mar 21, 2020, at 2:01 AM, Friedmann, Theodore <tfriedmann@health.ucsd.edu> wrote:

>

> Dear Tony: I'm sure that you realize how dismayed and saddened many of us are at the inaccurate and harmful comments coming from our political leaders regarding the COVID-19 pandemic. That feeling hit a new height today with the irresponsible and nonsensical announcement from President Trump regarding his claimed effectiveness of chloroquine and hydroxychloroquine. This announcement and many other untruths were delusional, irrational, unscientific and revealed a profoundly harmful and unethical betrayal by President Trump his responsibility to protect the health of the public that puts the republic in severe danger. I was very glad to hear your public comments that countered this horribly dangerous misinformation. I hope that your message falls on receptive ears in the public and leads to a major change in the kind of public announcements that are currently being foisted on the desperate public who depend on knowing and acting based on the truth. Please continue and even expand your role as the truth teller in the who crowded collection of muzzled officials and sycophants who seem to be more devoted to deceiving the public rather than preparing the public for hard truths and solving the logistics failures of masks, availability of testing kits. Please continue your brave and essential role as honest broker that you play valiantly privately during your policy discussions that the public also deserves to know about the wrong and unethical self-serving propaganda that the public is fed by President Trump and some other members of the Corona Virus task force. It is a deadly governmental game. I wish you good luck in alerting the public to this immoral, unethical and deadly plague of governmental misinformation designed to shape political quandaries rather than public welfare. Please continue speaking out about public misinformation.

>

> Ted Friedmann, MD

>

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:38:11 -0400
To: DMID Word Nerds
Subject: Fwd: hypertensive drug - ACE2- inhibitor related and our work
Attachments: A Combinatorial Antihypertensive Drug (Reserpine and Hydrazine) Does Not Cause Severe Depression.pdf, ATT00001.htm, medrxivcognitionandadelphanel.pdf, ATT00002.htm

Sent from my iPhone

Begin forwarded message:

From: "Dr.Jamuna R Subramaniam" <jamuna17@sriramachandra.edu.in>
Date: March 21, 2020 at 2:04:14 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), jamuna subramaniam (b) (6)>
Subject: hypertensive drug - ACE2- inhibitor related and our work

Dear Prof. Anthony Fauci,

Good Morning!

I am Dr. Jamuna R. Subramaniam. I did my Ph.D from Georgetown University and postdoc in Johns Hopkins on neurodegenerative diseases. After returning to India I started working on biogenic amine neurotransmitters. One of the major trajectory of my research career was on an FDA approved, antihypertensive drug. Given the current scenario of ACE2 being the receptor for Covid-19, and the widely used antihypertensive drugs also target the same. I thought of sensitizing you on a very effective antihypertensive drug, adelphane and adelphane esidrex made and sold by Novartis This contains a historical VMAT - biogenic amines loading in synaptic vesicles, molecule, reserpine. Here, in India, a well known Nephrologist, has used this to treat a community of close to 3000 patients for almost two decades. From him and others I have heard that it is a very effective, well tolerated antihypertensive. Reserpine is a historical molecule that it had been used in the Indian system of medicine, Ayurveda. But adelphane has the single specific purified molecule, reserpine, an alkaloid. Now Novartis has stopped making it. One of the reasons being given is reserpine's negative publicity when it was used as an antipsychotic drug. The reason given was a side effect of severe depression. We did a study on these patients on adelphane and find that it had not caused depression. Further, it seems to be retaining cognition in these patients. I could not publish these in big journals as you can understand. I am enclosing these two papers.

As many lives are at stake, I thought I will sensitize you on this. Hope something good will come out of this. I am telling whomever I come across about the same. That is the best I can do. Hope the current scenario will show the living daylight for reserpine and helps the humanity.

Thank you

With regards
Jamuna

--

Dr. Jamuna R. Subramaniam
Associate Professor
Center for Preclinical and Translational Medicine Research
Central Research Facility
Sri Ramachandra Institute of Higher Education and Research
Porur, Chennai 600 116, India
Extn:8170 ; Tel: 91-44-45928500;
Cell: (b) (6)
www.sriramachandra.edu.in

Academic Editor, PLoS One, Public Library of Science, San Francisco, USA

Website:

Pubmed: <https://www.ncbi.nlm.nih.gov/pubmed/?term=Subramaniam+JR>

Research Gate: https://www.researchgate.net/profile/Jamuna_Subramaniam

Google Scholar:

<https://scholar.google.co.in/citations?user=T4Z2VMAAAAJ&hl=en>

Quote: "I remain an Optimist. Not that I can give any evidence that right is going to prosper, but because of my unflinching faith that right should prosper in the end" - Mahatma Gandhi

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:37:38 -0400
To: Mr Chiogna
Subject: Re: The Virucidal Efficacy of Blue light (222 nm) UV light with Respect to CoronaVirus

Thank you for your note.
AS Fauci

Sent from my iPhone

On Mar 21, 2020, at 2:46 AM, Mr Chiogna <jchiogna@holycross.bc.ca> wrote:

Dear Dr. Fauci,

My name is John Chiogna. I work as a Physics teacher in Vancouver British Columbia. Attached below is a short write up on a possible inexpensive means of quickly sanitizing private and public locations such as care facilities, hospitals, schools, churches, government workplaces, arenas, etc.

I'm sure that the efficacy of 222 nm light has been considered by some already. However, I have included some numbers that take into account human safety limits, as well as references to peer-reviewed journals that support my claims. It is my hope that this may make this simple idea more plausible.

Please consider the merits of such an idea and implement it as you wish, thank you.

Yours sincerely,
John Chiogna

 **What is the Virucidal Efficacy of Blue light (2...**

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From: (b) (6)
Sent: Sat, 21 Mar 2020 07:35:58 -0400
To: DMID Word Nerds
Subject: Fwd: Note from a NIH "alumnus" re. SARS-CoV-2

Sent from my iPhone

Begin forwarded message:

From: Robert Wiskocil (b) (6) >
Date: March 21, 2020 at 4:30:43 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Note from a NIH "alumnus" re. SARS-CoV-2

Dear Dr. Fauci,
I used to work in Bob Goldberg's division at the NCI (Bldg 37) from '78-'80. I'm now a rheumatologist in the SF Bay Area.
I'm including a Letter to the Editor (submitted 3.19.20) for the NEJM that proposes a cost-effective therapy for COVID-19. (I've included a slightly longer version with more references):

N-acetyl cysteine for Coronavirus
Robert Wiskocil, MD

Affiliation: Private Practice Rheumatology

Date: March 19, 2020

Telephone Number: (b) (6)

Email: (b) (6)

Abbreviations: N-acetyl cysteine (NAC), porcine epidemic diarrhea virus (PEDV)

In a recent letter to Cell Research, Remdesivir and chloroquine were found to inhibit the SARS CoV-2 (COVID-19) virus activity and replication in Vero cells (1). That study was the basis for current clinical trials involving those medicines.

There might be a more cost-effective treatment for the Coronavirus. I believe it will be sensitive to oral high dose N-acetyl Cysteine

A final common pathway to host destruction (autophagy) in infected cells in both Corona and Rota viral infections involves the PI3K/AKT/mTOR pathway (2,3). This pathway is inhibited by "rapalogues" (like Rapamycin) where the

viral infection is stopped and the host cell survives. N-acetyl-cysteine, a potent anti-oxidant and glutathione precursor, alters the redox state of treated cells and can quench this same pathway (4,5). NAC (N-acetyl cysteine) has been used to rapidly clear Rotavirus diarrheal infections in children (6). Furthermore, the porcine epidemic diarrhea virus (PEDV) coronavirus has been studied in Vero cells. *In vitro*, NAC blocks that particular virus (7), and *in vivo*, NAC blocks intestinal damage caused by this virus (8). NAC likely provides a "redox clamp" on the autophagy pathway this virus exploits.

Since the PEDV coronavirus is effectively blocked in Vero cells by NAC, the SARS-CoV-2 (COVID-19) will likely also be inhibited. This test should be done, and if positive, clinical trials ought to follow.

Doses of 2.4-3.5 g/d of NAC have been used to treat patients with Lupus (4). That dose is well tolerated and inexpensive.

If NAC were effective in symptomatic patients, it could add a cost-effective measure of protection to healthcare workers and exposed individuals.

References:

- 1) Wang, M., Cao, R., Zhang, L. et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. **Cell Res**
- Y Yin et. al. PI3K-AKT-mTOR axis sustains rotavirus infection via the 4E-BP1 mediated autophagy pathway and represents an antiviral target. **Virulence**, 2018 VOL. 9, NO. 1, 83–98
- 3) J Kindrachuk et. al, Antiviral Potential of ERK/MAPK and PI3K/AKT/mTOR Signaling Modulation for Middle East Respiratory Syndrome Coronavirus Infection as Identified by Temporal Kinome Analysis **Antimicrobial Agents and Chemotherapy** February 2015 Volume 59 Number 2 p 1088-1099
- 4) Zhi-Wei Lai, et al, N-Acetylcysteine reduces disease activity by blocking mTOR in T cells of Lupus patients, **Arthritis Rheum**. 2012 September; 64(9): 2937–2946
- 5) C. C. Xu, S. F. Yang, L. H. Zhu, X. Cai, Y. S. Sheng, S. W. Zhu, J. X. Xu, Regulation of N-acetyl cysteine on gut redox status and major microbiota in weaned piglets, **Journal of Animal Science**, Volume 92, Issue 4, April 2014, Pages 1504–1511, <https://doi.org/10.2527/jas.2013-6755>

6) C Guerrero et al. N-Acetylcysteine Treatment of Rotavirus-Associated Diarrhea in Children **Pharmacotherapy**

7) Xu X, Xu Y, Zhang Q, et al. Porcine epidemic diarrhea virus infections induce apoptosis in Vero cells via a reactive oxygen species (ROS)/p53, but not p38 MAPK and SAPK/JNK signaling pathways. **Vet Microbiol.** 2019;232:1–12.

8) Wang L, Zhou J, Hou Y, et al. N-Acetylcysteine supplementation alleviates intestinal injury in piglets infected by porcine epidemic diarrhea virus. **Amino Acids.** 2017;49(12):1931–1943.

I hope you find this helpful!

Sincerely,

(b) (6)

Robert Wiskocil, MD

(b) (6)

From: (b) (6)
Sent: Sat, 21 Mar 2020 07:19:19 -0400
To: PITTMAN, RYAN D
Subject: Re: Preparing for COVID-19 in my Neighborhood

Sent from my iPhone

On Mar 21, 2020, at 12:10 AM, PITTMAN, RYAN D
<rpittman@email.sc.edu>wrote:

Good Evening Dr. Fauci,

My name is Ryan Pittman. I live in (b) (6) South Carolina, right outside of (b) (6). The virus is here. Seeing as this is likely to get worse before it gets better, I want to be prepared to help people in my neighborhood when they start developing symptoms and the hospitals are not ready for them.

How do you recommend I go about doing this. I am prepared to acquire a modest stockpile of supplies to give to those suffering through this, but I am not entirely sure what would be best. The hope is to take your information and pass it on to those in other neighborhoods in the area, so we can come together and help as many people as we can get through this pandemic.

Thank you for your time.

Ryan Pittman, MS

University of South Carolina Department of Statistics

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 21 Mar 2020 02:19:38 +0000
To: Priscilla Kelly
Subject: RE: Thank you from Science

Priscilla:

Thank you for your kind note.
Best regards,
Tony

From: Priscilla Kelly <pkelly@aaas.org>
Sent: Friday, March 20, 2020 9:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you from Science

Dear Tony,

I wanted to send our sincerest thanks from everyone at *Science*, for the superb leadership that you are showing the United States (and the world) during this pandemic. Thank you also for educating the public that the most productive countermeasures will be based on data-driven science. We will continue to do our part here at *Science* to publish the strongest COVID-19 studies to help advance research as rapidly as possible.

All the best,

Priscilla

Priscilla N. Kelly, Ph.D

Biomedicine Editor, *Science*

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 22:45:24 +0000
To: Stephen Hahn; Redfield, Robert R. (CDC/OD); Birx, Deborah L.
EOP/NSC; (b) (6)
Subject: Treatment Document
Attachments: dbInformation for Clinicians on COVID-19 Therapies31hcl - with Fauci and Lane tracked changes showing.docx, dbInformation for Clinicians on COVID-19 Therapies31hcl - with Fauci and Lane tracked Clean copy.docx

Team:

As per my discussion with Steve a few minutes ago, I have made some changes in the document. (b) (5)

(b) (5)

(b) (5) I am attaching a tracked version of the document that was your FINAL as well as a clean copy with all of the changes accepted. Please take a look and Steve said that he would like to set up a quick call to discuss after you have had a look. I am very sorry to come in with these changes at this late point, but I really did not get a chance to have a good look at the document as I was in a car.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 21:08:04 +0000
To: (b) (6)
Subject: therapy
Attachments: dbInformation for Clinicians on COVID-19 Therapies3.docx

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 11:52:45 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Cc: Marston, Hilary (NIH/NIAID) [E]
Subject: RE: Modeling of COVID-19 from Mike Levit

It would be a good idea to get a feel for what our modelling people think about this.
Thanks,
Tony

From: Lerner, Andrea (NIH/NIAID) [E] (b) (6)
Sent: Thursday, March 19, 2020 3:11 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Subject: FW: Modeling of COVID-19 from Mike Levit

Dr. Fauci,

Just re-upping this as your inbox is hopefully less stuffed now. See original email at the bottom from Larry Tabak letting you know about this modeling work.

My summary is below and if you'd like me to ask some NIAID modeling SMEs what they think, let me know.

Andrea

.....

Dr. Fauci—

I took a look at this and here is my impression:

(b) (5)



I would defer to our modeling experts at NIAID as to the validity of his model—let me know if you'd like me to reach out to them. (b) (5).
CC'ing Hilary if she has additional thoughts.

Sincerely,

Andrea

From: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Date: Monday, March 16, 2020 at 10:59 PM
To: "Lerner, Andrea (NIH/NIAID) [E]" (b) (6)>
Subject: FW: Modeling of COVID-19 from Mike Levit

Please take a look and see what you think.

From: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Sent: Friday, March 6, 2020 8:46 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Lauer, Michael (NIH/OD) [E] (b) (6)>
Subject: Modeling of COVID-19 from Mike Levit

Francis, Tony –

Mike Levitt (Nobel prize in Chemistry, 2013) sent the attached modeling of the COVID-19 epidemic to Mike Lauer. I don't know if this will prove useful but wanted to pass it along in case.

He indicated that he was amazed to see how an Excel level analysis could allow him to predict the China epidemic would end as early as 2-Feb and get what he considers the best estimates for case fatality ratio. His first report from 2-Feb is attached as well as his most recent two-part report.

Larry

From: (b) (6)
Sent: Fri, 20 Mar 2020 06:56:52 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: COVID-19 multidisciplinary FAQ article
Attachments: COVID Question_v2.docx, ATT00001.htm

Begin forwarded message:

From: Andreas Kronbichler (b) (6)
Date: March 20, 2020 at 3:50:20 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), (b) (6)
Subject: COVID-19 multidisciplinary FAQ article

Dear Prof. Fauci,

May I briefly introduce myself: My name is Andreas Kronbichler, I am nephrologist based in Austria, and do have an interest in renal autoimmune disease. As such, I know your landmark study about cyclophosphamide use in GPA published in 1971; and I have learned that you were involved in the management of David Fajgenbaum MCD, whose story is so impressive.

I am contacting you and asking you for your help regarding a multidisciplinary FAQ article we would like to write and which does make sense in our eyes, given the rapid spread of this devastating infectious disease.

We would like to invite experts in the field to comment on a selected topic and then summarize this as a paper with hopefully high impact in the field.

If you agree, can you answer this question (around 400 words max.):

Can you describe the pathophysiology and some of the immunological aspects of SARS-CoV-2 infection and COVID-19 disease?

I would be personally very honored to work together with you. A selection of topics is attached to this e-mail.

With best regards,

Andreas Kronbichler M.D. Ph.D.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 10:42:16 +0000
To: Collins, Francis (NIH/OD) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Folkers, Greg (NIH/NIAID) [E]; Myles, Renate (NIH/OD) [E]
Subject: RE: COVID-19 science brainstorm at NIH, and town meeting

Thanks, Francis.

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Friday, March 20, 2020 5:29 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Myles, Renate (NIH/OD) [E] (b) (6)
Subject: RE: COVID-19 science brainstorm at NIH, and town meeting

Thanks, Tony. The town meeting runs from 1 to 2. If your press conference runs late, I'd be glad to have you call in at any other time during that hour – we would squeeze you in!

Francis

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Thursday, March 19, 2020 10:54 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)
Subject: RE: COVID-19 science brainstorm at NIH, and town meeting

Francis:

I was just told by the VP's office that I will have to be at the press conference between 11:00 and 12:30 PM. And so I definitely cannot be at NIH physically at 1:00 PM and if the press conference starts and finishes late, I may not even be able telephone in. My guess is that it will end before 1:00 PM and so I will likely be able to phone in. Let us see how tomorrow unfolds. Regarding the session of IC Directors, this would be fine with me.

Best,
Tony

Patty:

Please let us discuss the phone in logistics if I cannot physically get there.

Thanks,,
Tony

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Thursday, March 19, 2020 9:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: COVID-19 science brainstorm at NIH, and town meeting

Hi Tony,

Nice Facebook session with Zuck! And I heard you were just on CNN, but I missed that one. I did an interview with Sheila Kaplan late this afternoon – and she greatly appreciated your message of apology. I don't think (b) (5).

When we spoke yesterday, you were enthusiastic about the convening of a 2 – 3 hour session of IC Directors and SMEs from their ICs, to brainstorm about additional scientific efforts that could be mounted at NIH to address COVID-19. It looks as if this can be arranged for an early afternoon next week. Obviously there would be nothing better than to have you there in person for this. While I know your schedule is not exactly under your control, is there any 2 – 3 hour period next week that might have a chance of being open for you? If not, who would you want to be the presenter of the current portfolio of NIAID investments? (b) (5)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

We have the NIH virtual Town Meeting at 1 PM tomorrow. Is there any chance you can come to Wilson Hall in person for that? If not, is there a chance you can call in? I will serve as moderator, and after a few minutes of opening remarks, would hope to turn this over to you for ten minutes or so of the unique Fauci perspective. After that, Larry and Alfred will talk for a few minutes about the NIH COVID Response Team, and Jim Gilman will talk about what's happening at the CC. Then we'll open it up to questions, which we can accept in real time from the estimated 20,000 staff who will be logged in. But you wouldn't need to stay for all that – if we could somehow have your participation (either in person or on the phone) from about 1:10 to 1:20, that would be really wonderful. Please let me know if that will be possible.

Sorry about the long e-mail. Get some sleep!

Best, Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 03:01:09 +0000
To: Besser, Richard
Subject: RE: Checking in

Rich:

Thanks for the note. Much appreciated. I hope that all is well with you.
Best regards,
Tony

From: Besser, Richard <rbesser@rwjf.org>
Sent: Thursday, March 19, 2020 3:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Checking in

Hi Tony:

I hope you are well. I want to applaud you and thank you for your incredible leadership in communicating about this pandemic. I wish CDC were standing with you but I know that is not likely to happen. I hope that you will continue to talk about all that is being done to learn what works to mitigate the impact of the pandemic. Your absence these two days has been quite noticeable. If there is anything I can do to support you, please let me know.

Best regards,

Rich

Richard E. Besser, MD, President and CEO
Office (b) (6) | rbesser@rwjf.org
Connect with me on [Twitter](#) | [LinkedIn](#) | [Facebook](#)

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***Please note:** In light of the requests made for increased social distancing related to the coronavirus (COVID-19), we have closed all three RWJF campuses in Princeton, New York City, and Washington until further notice. All RWJF employees are now working remotely, and all in-person meetings are either cancelled or will be conducted virtually. For the most up-to-date information regarding COVID-19 please see resources on [CDC](#), [NIH](#) as well as your state health department websites.*

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 02:39:21 +0000
To: Jonathan E. Shoag
Cc: Elemento, Olivier
Subject: RE: Specimens

Would be much more useful [REDACTED] (b) (5)

From: Jonathan E. Shoag [REDACTED] (b) (6)
Sent: Thursday, March 19, 2020 9:33 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Elemento, Olivier [REDACTED] (b) (6)
Subject: FW: Specimens

Hi Dr. Fauci,

[REDACTED] (b) (5)

All the best,

Jonathan Shoag MD

From: [Denny, Joshua \(NIH/OD\) \[E\]](#)
Sent: Monday, March 16, 2020 6:17 PM
To: [Jonathan E. Shoag](#)
Cc: [Olson, Janet E., Ph.D.](#); [Cicek, Mine](#); [Olivier Elemento](#); [Thibodeau, Steve](#); [Gebo, Kelly \(NIH/OD\) \[G\]](#)
Subject: [EXTERNAL] Re: Specimens

Jonathan -

Thanks for the thoughts and the offer to help. This is indeed something we have discussed [REDACTED] (b) (5)

[REDACTED] I'm copying our chief medical & science officer, Kelly Gebo.

Best,
Josh

On Mar 16, 2020, at 2:16 PM, Jonathan E. Shoag [REDACTED] (b) (6) wrote:

Hi Dr. Denny,

(b) (5)

All the best,

Jonathan Shoag MD

On Mar 16, 2020, at 12:47 PM, Thibodeau, Stephen N., Ph.D.

(b) (6) wrote:

Dear Jonathan

I am one of the Co-PI's of the Biobank for the All of Us Research Program.

Although samples are store here at Mayo,

(b) (5)

(b) (5)

Sorry, the situation is evolving quite rapidly, so no additional information at this point.

Hope this helps.

Steve

From: Jonathan E. Shoag (b) (6)]

Sent: Monday, March 16, 2020 3:35 AM

To: Biobank

Subject: [EXTERNAL] Specimens

To Whom it May Concern,

I imagine someone has thought of this already- but do you know

if

(b) (5)

(b) (5)

I study prostate cancer epidemiology at Weill Cornell, and in discussing this idea with the head of our precision medicine initiative, was informed that the AllofUs specimens reside at Mayo.

All the best,

Jonathan Shoag MD

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 22:16:02 +0000
To: (b) (6)
Subject: RE: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

(b) (6)

All of the therapy stuff is anecdotal. We are trying to get randomized clinical trials done instead of just compassionate use for all of these unproven drugs. (b) (6)

Best regards,
Tony

From: (b) (6) >
Sent: Thursday, March 19, 2020 4:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Re: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

Fascinating - thanks for sharing with me. The question that I have is whether COVID 19 adheres and infects epithelial cells through the same mechanism as SARS did. Why the increased lethality and how to we decrease likelihood of infection?

Just saw today that antiretroviral therapy and malaria agents are being touted as potential therapies - how well founded is this - anything more than anecdotal data to support this?

Hope you are getting a few moments of rest. (b) (6) and do not hesitate to call me if I can help.

Best,
Ken

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Wednesday, March 18, 2020 7:09 PM
To: (b) (6) >
Cc: Lane, Cliff (NIH/NIAID) [E] (b) (6)
Subject: [EXTERNAL] FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

**** ATTENTION: This email originated from outside the MedStar network.**

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The situation gets confusing. See attached brief commentary and e-mail string. As you can see, I was too tired to make any sense of it. However, my deputy (Cliff Lane) notes that this

paper argues the opposite, i.e. that ACE inhibitors might have a benefit and counters the argument to stop ACE inhibitor.s Bottom line is that we really do not know what the effect will be clinically with respect to COVID-19. In any event, (b) (6)

Best,

Tony

From: Lane, Cliff (NIH/NIAID) [E] <(b) (6)>

Sent: Wednesday, March 18, 2020 5:51 PM

To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)

Subject: Re: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

A 2005 paper post-SARS advocating for use of ACE inhibitors to increase ACE2. The opposing argument to stopping ACE inhibitors.

From: Anthony Fauci (b) (6)

Date: Wednesday, March 18, 2020 at 5:22 PM

To: "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>

Subject: FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

I cannot make heads or tails of this. Please take a look and let me know what you think. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Ste McCon (b) (6)

Sent: Wednesday, March 18, 2020 5:09 PM

Subject: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

"Clearly, the potential therapeutic utility of recombinant **ACE2 and angiotensin II receptor-inhibitors. [ARB's ?]**—**already in clinical use for control of blood pressure**—for acute lung injury resulting from viruses and other causes will be a productive field for investigation. This is particularly relevant as we prepare to **confront a potential avian flu pandemic, [COVID-19 ?]** armed with only a limited number of therapeutic options."

Regards,

Stephen D. McConnell, BS, MSc-CCP, CIS

Lipidemiologist - Clinical Application Specialist

Medicare-CMS ACO/MSSP/Direct-Contracting Consultant

Medical Science Liaison

Mobile: (b) (6)

(b) (6)

Sent from my iPhone

MedStar Health is a not-for-profit, integrated healthcare delivery system, the largest in Maryland and the Washington, D.C., region. Nationally recognized for clinical quality in heart, orthopaedics, cancer and GI.

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From: (b) (6)
Sent: Thu, 19 Mar 2020 08:30:51 -0400
To: Holland, Steven (NIH/NIAID) [E]
Subject: Re: Link to Wash post article re: Kim Hasenkrug

He is a good guy, but this is the second time for him

On Mar 19, 2020, at 8:20 AM, Holland, Steven (NIH/NIAID) [E]

(b) (6)

https://www.washingtonpost.com/health/trump-ban-on-fetal-tissue-research-blocks-coronavirus-treatment-effort/2020/03/18/ddd9f754-685c-11ea-abef-020f086a3fab_story.html

Just making you aware of the WP article this morning. This was a surprise to us and I have to believe that Kim was unaware of its preparation or release.

Steve

Director, Division of Intramural Research
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Bldg. 10/11N248 MSC 1960
Bethesda, MD 20892-1960

(b) (6) voice

301-480-4507 fax

(b) (6) email

Assistant lab: Eva Portillo

(b) (6) email

(b) (6) voice

Assistant to SD: Beth Schmidt

(b) (6)

(b) (6) voice

From: Karyl Barron (b) (6)>
Date: Thursday, March 19, 2020 at 7:35 AM
To: Amy Agrawal (b) (6)
Subject: Link to Wash post article re: Kim Hasenkrug

https://www.washingtonpost.com/health/trump-ban-on-fetal-tissue-research-blocks-coronavirus-treatment-effort/2020/03/18/ddd9f754-685c-11ea-abef-020f086a3fab_story.html

From: (b) (6)
Sent: Thu, 19 Mar 2020 08:29:22 -0400
To: Verma, Seema (FDA/CDER) (CTR)
Subject: Fwd: Long term care facilities

See below. As per your prior discussion

Begin forwarded message:

From: Dorothy Franklin (b) (6)
Date: March 19, 2020 at 8:22:24 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Long term care facilities

Based on studies at Kirkland care facility indicating staff were spreading the coronavirus to multiple facilities sharing staff, is there or will there be guidance to require these facilities to retain a dedicated staff only?

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:33:41 +0000
To: Redfield, Robert R. (CDC/OD);Stephen Hahn;Birx, Deborah L. EOP/NSC
Cc: (b) (6);Troye, Olivia EOP/NSC;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Hicks, Hope C. EOP/WHO;kellyanne conway
Subject: FW: NEJM: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19 <http://bit.ly/2x9Iji0>

As per my prior e-mail. The medical people likely are aware of this. It just came out tonight.

(b) (5)

From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Wednesday, March 18, 2020 10:14 PM
Subject: NEJM: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19
<http://bit.ly/2x9Iji0>

Access provided by NIH Library

A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19

List of authors.

- Bin Cao, M.D., et al.

Abstract

Background

No therapeutics have yet been proven effective for the treatment of severe illness caused by SARS-CoV-2.

Methods

We conducted a randomized, controlled, open-label trial involving hospitalized adult patients with confirmed SARS-CoV-2 infection, which causes the respiratory illness Covid-19, and an oxygen saturation (Sao_2) of 94% or less while they were breathing ambient air or a ratio of the partial pressure of oxygen (Pao_2) to the fraction of inspired oxygen (Fio_2) of less than 300 mm Hg. Patients were randomly assigned in a 1:1 ratio to receive either lopinavir–ritonavir (400 mg and 100 mg, respectively) twice a day for 14 days, in addition to standard care, or standard care alone. The primary end point was the time to clinical improvement, defined as the time from randomization to either an improvement of two points on a seven-category ordinal scale or discharge from the hospital, whichever came first.

Results

A total of 199 patients with laboratory-confirmed SARS-CoV-2 infection underwent randomization; 99 were assigned to the lopinavir–ritonavir group, and 100 to the standard-care group. Treatment with lopinavir–ritonavir was not associated with a difference from standard care in the time to clinical improvement (hazard ratio for clinical improvement, 1.24; 95% confidence interval [CI], 0.90 to 1.72).

Mortality at 28 days was similar in the lopinavir–ritonavir group and the standard-care group (19.2% vs. 25.0%; difference, –5.8 percentage points; 95% CI, –17.3 to 5.7). The percentages of patients with detectable viral RNA at various time points were similar. In a modified intention-to-treat analysis, lopinavir–ritonavir led to a median time to clinical improvement that was shorter by 1 day than that observed with standard care (hazard ratio, 1.39; 95% CI, 1.00 to 1.91). Gastrointestinal adverse events were more common in the lopinavir–ritonavir group, but serious adverse events were more common in the standard-care group. Lopinavir–ritonavir treatment was stopped early in 13 patients (13.8%) because of adverse events.

Conclusions

In hospitalized adult patients with severe Covid-19, no benefit was observed with lopinavir–ritonavir treatment beyond standard care. Future trials in patients with severe illness may help to confirm or exclude the possibility of a treatment benefit. (Funded by Major Projects of National Science and Technology on New Drug Creation and Development and others; Chinese Clinical Trial Register number, [ChiCTR2000029308](https://www.clinicaltrials.gov/ct2/show/study?term=ChiCTR2000029308). [opens in new tab.](#))

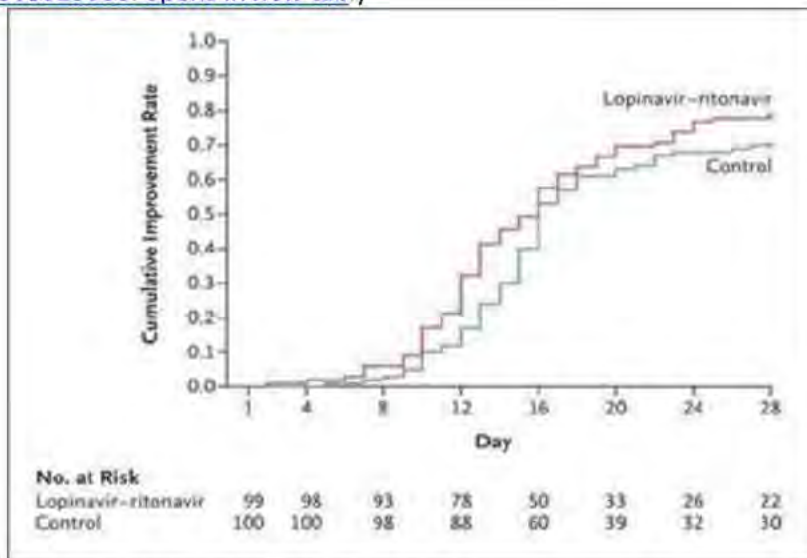


Figure 2. Time to Clinical Improvement in the Intention-to-Treat Population.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:20:05 +0000
To: sheila.kaplan@nytimes.com
Cc: Collins, Francis (NIH/OD) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Coronavirus interview with Dr. Collins

Sheila:

I do not recall getting a request from you. I am completely swamped and so it may have just gotten buried in a pile and I did not see it. I apologize. I am mostly locked into the White House where we must give up our phones and so it makes it very difficult for me to return calls. I talk to Francis all the time and he is very well versed in these issues. He will do a fine job of providing you with the information you need. If you would still like to speak with me later on, we can try to make that work. Again, I am sorry if you felt snubbed.

Best regards,
Tony

From: Kaplan, Sheila <sheila.kaplan@nytimes.com>
Sent: Wednesday, March 18, 2020 4:10:58 PM
To: Myles, Renate (NIH/OD) [E] (b) (6)
Cc: Burklow, John (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E]
(b) (6)
Subject: Re: Coronavirus interview with Dr. Collins

Hi Renate,
Thank you.... We appreciate it. SK

On Wed, Mar 18, 2020 at 3:56 PM Myles, Renate (NIH/OD) [E] <(b) (6)> wrote:

Hi Sheila:

The questions you shared with Amanda were really for Dr. Fauci; he's our spokesperson on all research specific questions. I know he's really backed up and NIAID is doing the best they can with his incredibly packed schedule. The interview with the Atlantic was really intended as a profile, but ended up covering a lot of COVID questions. We can check in with NIAID to see what we can do.

Thanks,

Renate

From: Kaplan, Sheila <sheila.kaplan@nytimes.com>

Sent: Wednesday, March 18, 2020 3:27 PM

To: Myles, Renate (NIH/OD) [E] (b) (6)>; Burklow, John (NIH/OD) [E] (b) (6)>; Fine, Amanda (NIH/OD) [E] <(b) (6)>

Subject: Re: Coronavirus interview with Dr. Collins

Hi there,

Why were we told we could not do an interview, when, after our request, he did one with The Atlantic. You referred us to Dr. Fauci but he isn't talking, either. This doesn't seem fair to us. Can we really not speak to either of them for a story this weekend?

Thanks, SK

On Sun, Mar 15, 2020 at 4:00 PM Kaplan, Sheila <sheila.kaplan@nytimes.com> wrote:

Dear Renate, John and Amanda:

Sheri Fink and I would like to interview Dr. Collins as soon as possible for a story on coronavirus.

Can you please let me know when he might be available.

Thank you,

Sheila

--

Sheila Kaplan

Reporter, Washington Bureau

The New York Times

Office: (202) 862-0312

Cell: (b) (6)

--

Sheila Kaplan

Reporter, Washington Bureau

The New York Times

Office: (202) 862-0312

Cell: (b) (6)

--
Sheila Kaplan

Reporter, Washington Bureau

The New York Times

Office: (202) 862-0312

Cell: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:13:35 +0000
To: Collins, Francis (NIH/OD) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Coronavirus interview with Dr. Collins

Francis:

Go for it. We need all the help we can get. I do not remember getting a request from Sheila. I will write and apologize.

Best,

Tony

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Wednesday, March 18, 2020 9:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Myles, Renate (NIH/OD) [E] (b) (6) >; Burklow, John (NIH/OD) [E] (b) (6)
Subject: FW: Coronavirus interview with Dr. Collins

Hi Tony,

I could use your guidance on press interviews. I understand that only Task Force members are supposed to do television events – and I declined the NewsHour tonight to be consistent with that. But what is your preference for printed press pieces, when you can't do them all? Would it help the cause for me to accept some of those, or is it better to hold off? If I were to engage, I would certainly seek to provide answers that are 100% with what you are doing.

An example is the thread from Sheila Kaplan of the New York Times. I have declined so far – but is this the kind of query that you would like some help with?

Francis

From: Kaplan, Sheila <sheila.kaplan@nytimes.com>
Sent: Wednesday, March 18, 2020 4:10:58 PM
To: Myles, Renate (NIH/OD) [E] (b) (6)
Cc: Burklow, John (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E] (b) (6)
Subject: Re: Coronavirus interview with Dr. Collins

Hi Renate,

Thank you.... We appreciate it. SK

On Wed, Mar 18, 2020 at 3:56 PM Myles, Renate (NIH/OD) [E] (b) (6) > wrote:

Hi Sheila:

The questions you shared with Amanda were really for Dr. Fauci; he's our spokesperson on all research specific questions. I know he's really backed up and NIAID is doing the best they can with his incredibly packed schedule. The interview with the Atlantic was really intended as a profile, but ended up covering a lot of COVID questions. We can check in with NIAID to see what we can do.

Thanks,

Renate

From: Kaplan, Sheila <sheila.kaplan@nytimes.com>

Sent: Wednesday, March 18, 2020 3:27 PM

To: Myles, Renate (NIH/OD) [E] (b) (6)>; Burklow, John (NIH/OD) [E] (b) (6)>; Fine, Amanda (NIH/OD) [E] (b) (6)>

Subject: Re: Coronavirus interview with Dr. Collins

Hi there,

Why were we told we could not do an interview, when, after our request, he did one with The Atlantic. You referred us to Dr. Fauci but he isn't talking, either. This doesn't seem fair to us. Can we really not speak to either of them for a story this weekend?

Thanks, SK

On Sun, Mar 15, 2020 at 4:00 PM Kaplan, Sheila <sheila.kaplan@nytimes.com> wrote:

Dear Renate, John and Amanda:

Sheri Fink and I would like to interview Dr. Collins as soon as possible for a story on coronavirus.

Can you please let me know when he might be available.

Thank you,

Sheila

--

Sheila Kaplan

Reporter, Washington Bureau

The New York Times

Office: (202) 862-0312

Cell: (b) (6)

--

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Cell: (b) (6)

--

Sheila Kaplan

Reporter, Washington Bureau

The New York Times

Office: (202) 862-0312

Cell: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:12:30 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: typo, etc. fixed, (b) (6)

Too long for me to read

From: Erik Nilsen <enilsen@bio-signal.com>
Sent: Wednesday, March 18, 2020 10:11 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: typo, etc. fixed, (b) (6)

Hi Dr. Fauci,

I'm now back in my office. I typed the original message on phone. I just noticed a bunch of typos. Below is a better version.

Regards,

Erik

Dear Dr. Fauci,

You're beyond busy but I hope you read this message.

(b) (4)
I'm only mentioning this so you don't think I'm a paranoid freak. I'm convinced you already know the outbreak is way past the point of containment, and, unfortunately, herd immunity will soon ensue. Then, outbreak 2 will happen shortly after, and, hopefully, not ad infinitum.

I'm writing to make sure you already know or at least suspect everything I'm about to tell you. I need to clear my conscience

because it's possible (albeit unlikely) that some of what tell you is new and possibly useful in, at least, saving lives in the USA.

I'm a physicist and have been modeling this outbreak since January. My panic started minutes after I learned ~5M people left Wuhan around January 22 a few days before the CCP starting locking the country down. The 5M people scattered to 13,000+ cities in China to visit family & friends for the Lunar Festival (Chinese New Year). I've been communicating with quite a few people around the world including an NYU epidemiologist (b) (6). We've both been warning our families, to mostly deaf ears at first, since January. It's been frustrating and exhausting, but, finally, most are as prepared as possible for what's about to happen.

I have lots of information about China due to my business, scientific, friendship, and other ties with many there, including immunologists & virologists at top-tier institutions and laboratories. My WeChat account (like Skype / Whatapp) was blocked by the CCP for 3 days late February / early March, but, after a warning message, it is now unblocked. I'm willing to share with you everything I know, think I know, or seriously suspect.

Here are a few examples:

I'm confident that China stop counting dead COVID-19 infected bodies since ~January 7, 2020. They've been adding fabricated data daily to show (to save face) the world and their own people an impressive flattening of China outbreak curve. It's easy to prove this via data analysis because, for example, improbable coincidences occurred in much of the data. My suspicions were eventually confirmed by at least two of my sources in China ((b) (6)). The data posted by China is not only garbage, it has misled the world into a false sense of security wrt death rate, age vs death, and other things; that is, if people analyzed the world's data including China, the

results are heavily biased towards nonsense, because China's number of cases accounted for the majority of cases worldwide (until a day or so ago).

I want to emphasize that I do not believe China intentionally did this to harm the world. I sincerely believe it was done for saving-face reasons. Saving face is possibly the most powerful motivating force in China. It is the key to understanding how most Chinese think and why they do what they do. China wanted the world to believe that their Herculean quarantining efforts contained the outbreak. However, I don't think this is true, even after spraying ~billions of gallons of "Clorox" all the country. The number of body bags my contacts told me about, even after short 15-minute walks to/from grocery stores in one city during CCP-authorized time slots, suggest the number of deaths is several orders of magnitude larger than what China's posted data indicates. Also, everyone I know in China continues to be in lock down (~6+ weeks now), and several went "silent" since about a week ago. This greatly troubles me because those who went silent live in Wuhan. And, yesterday, the CCP revoked permits/licenses for several Foreign reporters who were trying to learn about the situation in Wuhan and other parts of China. Several of my sources have told me, in coded language, that the situation in at least Wuhan is not under control at all. In my opinion, China continues to be extremely concerned about saving face (first) and their economy (second). Their economy is already suffering terribly, and they can't afford to lose the many large manufacturing and other business agreements with foreign countries. This is why I believe they're trying, and succeeding to convince many, to convince most of their population that the outbreak is under control, and it will soon be ok to return to work -- even though it will not be safe, because of current outbreak and outbreak # 2 that will likely start soon. Citizens are not allowed to travel beyond a few stores and, in special cases, their work office, so even people who live there have no idea what's really going on especially in Hubei province including Wuhan. Also, an H15N outbreak seems to have recently started in

humans in Hunan province (which neighbors Hubei/Wuhan area).

I also have lots of information about USA.

Here is some:

I believe that many COVID-19 deaths were incorrectly labelled at 2019-2020 flu deaths. The spreading in the USA is almost certainly already homogeneous, because it's been going on since last year without any containment whatsoever. Once massive testing finally starts, this truth/reality will, unfortunately, become obvious. It will manifest itself as hyper exponential (hyperbolic) growth starting a day or two after the millions of testing kits arrive and start being used. The hyper exponential dynamics will eventually evolve to a more accurately calibrated exponential curve once the number to tests is large enough to properly sample the population. I don't think Italy is ahead of us. I think we're ahead and by a large amount.

A few other quick bits of info...

The time between infection and death seems to have decreased from about ~20 days (a few months) ago to possibly as short as ~8 days. And, the incubation period seems to be significantly longer. Both, and other data I've looked at, strongly suggest at least one mutation has occurred. This is extremely concerning to me. Another concern is the distribution of deaths vs. age appears to not be as strongly biased, compared to when China data was included, towards older people and/or people with chronic health conditions.

Over the past 15+ years, I've traveled to China multiple times per year. I'm pretty sure you've known this for a while, but I truly believe the outbreak tsunami in the USA is either already happened or is about to happen. As you know, as soon as a surge is sensed, the Tsunami will immediately follow. I believe we missed the containment boat quite a while ago. I've been

closely listening to your comments on TV, and I'm pretty sure you've already come to the same conclusion but don't want to cause mass panic (I understand that).

I'm 99% sure that SARS-CoV-2 been spreading in the USA since late November / early December last year. I

(b) (6)

(b) (6)

(b) (6)

She works at (b) (6) and it's possible that everyone in her office got infected too. Who knows how many people in Alaska got it too, but I suspect many tens of thousands possible much more. (b) (6)

(b) (6) but it has been impossible to get tested. I've called 5 places in Alaska and none wanted me to come it for the test.

I've instructed my family and, recently (after family), close friends to get some Alvesco (ciclesonide) for emergency use only. I've been told by colleagues on the front-line in Japan, China, and Korea, and found several pre-print papers, that it is an effective treatment for late-stage COVID-19 patients. Some patients on ventilators who were approaching death have fully recovered after treatment with ciclesonide; ciclesonide has much smaller particles than other corticosteroids so it reaches deeper into lungs and alveolis) . Also, the treatment seems to be a potent suppressor of virus replication. Recovered patients have tested negative shortly after the treatment. Of course, data is limited so can't be sure the treatment is effective. However, because Alvesco has been shown to be safe for infant - 100+ year-old patients, I'm ok with my family and I having it for emergency use. That is, only if healthcare facilities are unable to accept them or me as a patient to treat with ventilator,

corticosteroids (or whatever the best available treatment is at that time). Having Alvesco in our emergency kits is a much better option than someone avoidably dying because of an overburdened healthcare facility. The other drug I have, and have told my family and some friends to get, is called hydroxychloroquine -- also seem to be effective and safe. But, I think Alvesco is better because it appears to prevent the virus from replicating so infection is wiped out and no longer contagious. Alvesco seems to be two silver bullets in one.

I don't believe in coincidences and I'm not a conspiracy theorist, but there are many things out of Iran that also concern me greatly. That's all I say right now.

If all of this is old news to you, then I would greatly appreciate a response. It can be as short as "yes". Anyway, I had to share this information with you. Now my conscience is clear. My concern is that it's possible you don't have some of the above info, so I decided to send you this message.

I wrote this quickly, so I apologize in advance for any typos, etc.

I truly appreciated your efforts, and I'm now confident that President Trump, you, and everyone else involved is doing everything possible to ensure the best possible outcomes. I was deeply concerned a few weeks ago, when the gravity of the situation seemed to not be fully recognized by several in DC.

Feel free to call me anytime. My cell # is below. If you do call, I will keep anything we discuss confidential (if necessary).

Sincerely,

Erik

Erik A. Nilsen, PhD

 (b) (6) | www.bio-signal.com | [Request a demo or quote](#)



Bio-Signal
Technologies

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:07:41 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Coronavirus interview with Dr. Collins

See yellow highlight. Has Sheila Kaplan tried to get to me and has anyone said that I am "...not talking"? I doubt that.

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Wednesday, March 18, 2020 9:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E]
(b) (6)
Subject: FW: Coronavirus interview with Dr. Collins

Hi Tony,

I could use your guidance on press interviews. I understand that only Task Force members are supposed to do television events – and I declined the NewsHour tonight to be consistent with that. But what is your preference for printed press pieces, when you can't do them all? Would it help the cause for me to accept some of those, or is it better to hold off? If I were to engage, I would certainly seek to provide answers that are 100% with what you are doing.

An example is the thread from Sheila Kaplan of the New York Times. I have declined so far – but is this the kind of query that you would like some help with?

Francis

From: Kaplan, Sheila <sheila.kaplan@nytimes.com>
Sent: Wednesday, March 18, 2020 4:10:58 PM
To: Myles, Renate (NIH/OD) [E] (b) (6) >
Cc: Burklow, John (NIH/OD) [E] <(b) (6)>; Fine, Amanda (NIH/OD) [E]
(b) (6) >
Subject: Re: Coronavirus interview with Dr. Collins

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Sent: Wednesday, March 18, 2020 3:27 PM

To: Myles, Renate (NIH/OD) [E] (b) (6)>; Burklow, John (NIH/OD) [E] (b) (6)>; Fine, Amanda (NIH/OD) [E] (b) (6)

Subject: Re: Coronavirus interview with Dr. Collins

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Thank you,

Sheila

--

Sheila Kaplan

Reporter, Washington Bureau

The New York Times

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Cell: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:05:42 +0000
To: Doug Brust
Subject: RE: Please Help

Doug:

Thanks for the note. I have pushed hard on PPEs and as you may know, the POTUS has involved the Department of Defense to provide 5 million N-95 respirators. Hopefully that will alleviate at least a portion of the PPE shortage. Regarding the bars and beaches, I have been screaming on TV 2 to 5 times per night to tell the younger generation to start taking this seriously. I am very surprised that Gov. DeSantis has not completely closed the bars, even if they serve food. Take out only. I will bring this up at the Task Force meeting tomorrow. Please take care of yourself. You are an indispensable front line warrior.

Best regards,

Tony

From: Doug Brust (b) (6) >
Sent: Wednesday, March 18, 2020 8:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Please Help

Tony-

I know you're ridiculously busy so please do not be upset with me, but I am frustrated and yes angry. Again, I think you have to hear from the front line while formulating policy.

- Today at the RW clinic I dealt with at least 12 URI's with fever.
- We cannot test.
- We have no PPE in clinic.
- We have a case that tested positive for influenza then SARS-CoV-2--this scared me the most given I'm trying to r/o COVID-19 by doing PCR for other respiratory viruses.
- On the drive home just now, the gyms, bar-grilles and restaurants still packed. Yes, bars are closed in Florida--but if they serve food (which they all do).....they're open. Ans, so much for the 50% capacity "suggestion".
- The beaches still full for Spring Break. Look at the pics of St Pete.
- The DOH? This is from the the FL DOH just a few hours ago. Yes, this is TODAY.

"If a cluster of confirmed cases were to be discovered in Florida, the department would move quickly to engage with and isolate any infected individuals to prevent further spread," said Alberto Moscoso, the state health department's spokesman.

I don't have to explain to you how ridiculous that statement is.

- I've written to our DOH and Governor DeSantis three times (including speaking with his staff) asking to close restaurants (aside from take-out), gyms, beaches etc. They are "monitoring". I'm the HIV doc here. I'm it. You know how seriously I take caring for my patients. I have [REDACTED] (b) (6) [REDACTED] I am putting my life on the line so folks can go pump iron, drink beer, have a burger and get a tan.

The band is playing on. Again.

Please help.

With tons of respect and admiration,
Doug

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 01:59:12 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Coronavirus

Please respond to this person.

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

From: Beth Abramson [REDACTED] (b) (6)>
Sent: Wednesday, March 18, 2020 9:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Coronavirus

Wondering whether it has been considered that only the vulnerable population (those over 60 and/or those with underlying health conditions) be isolated? I am a (b) (6) psychiatrist and after contemplating this option was wondering if this could still reduce the risk to healthcare Systems with less disruption to our society. I await your response and appreciate all you are doing. Beth Abramson MD [REDACTED] (b) (6)

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 01:54:06 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Plaquenil Shortage Causing National Health Emergency for Lupus Patients

Please respond.

From: Bruce Wilder (b) (6) >
Sent: Wednesday, March 18, 2020 9:52 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Plaquenil Shortage Causing National Health Emergency for Lupus Patients

(b) (6) When I tried to refill Plaquenil today, I learned that there was a national shortage due to doctors prescribing Plaquenil to their well patients and themselves. Recent news articles have reported its success in preventing and treating the coronavirus. What can you do to protect the life of (b) (6) and the millions of other Americans who depend on this drug to stay alive?

Brenda Wilder

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 01:53:32 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Please read- idea for Mask Shortage

Please take a look and handle.

From: Dusti Rainey <[REDACTED] (b) (6)>
Sent: Wednesday, March 18, 2020 9:51 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Please read- idea for Mask Shortage

I have an idea to HELP with the MASK SHORTAGE!

Please don't disregard this, as this could help our whole country!

I know we are concerned as a nation about a mask shortage and I have an idea to what might help.

I Don't know who to go to that can help implement this and want your input if you think this is a viable aid, then maybe you can help me reach the right people to make the biggest impact, maybe even up to the Coronavirus team in the White House.

I have [REDACTED] (b) (6) & when I first heard about China quarantining 43 million people I got worried about masks, I looked up how to sew a mask for myself & family. I found a site that talked about sewing masks for cancer treatment patients and to use 100% quilting cotton for outside & 100% flannel cotton on inside. I started sewing several. I know they aren't the N95, but they are better than nothing IF needed. My Dr just told me yesterday not to go anywhere without a mask because it's too much of a risk for my health. It got me thinking. What if while people across the country were in home quarantine, ALL those who know how to sew, they sew these masks to donate in their communities. Not for use against Coronavirus, but for other things normal masks are used (food prep, non-sickness medical reasons, etc) then they aren't using up the valuable higher rated masks that are needed for doctors, nurses & first responders fighting Coronavirus. These masks can also be washed as needed again and again which will just keep saving other masks.

During the WH Press Release this morning, Seema expresses the need for masks & Dr Birx explained how the virus is being spread from surfaces, but that it can't survive in fabric. Which means maybe these cloth masks will even help against the spread of the virus.

Either way, if you can help ok for these to be used in some manner vs a medical mask being used will help prolong the need for more masks and hopefully 3M can have more made by then so we never have to experience an lack of masks.

What do you think?

Dusti Bacon

[REDACTED] (b) (6)

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:56:42 -0400
To: John Brouse
Subject: Re: Covid19 treatment

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:02 PM, John Brouse (b) (6) wrote:

Sent from [Mail](#) for Windows 10
Dear Dr. Fauci

I understand that South Korea has been administering Hydroxi Chloroquine, a treatment for Malaria, to her citizens that have contracted Coronavirus. Is America considering this drug to help lessen the symptoms of this virus? This drug may not prevent anyone from getting ill, but may be a viable treatment to speed the recovery of individual afflicted with this disease.

Respectfully,

John Brouse

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:55:14 -0400
To: Holly Kreutter
Subject: Re: airport screenings

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:10 PM, Holly Kreutter (b) (6) wrote:

Dear Dr Fauci,

First of all, thank you for all the hard work you've done to help mitigate the coronavirus outbreak. We're clearly not there yet, but are further along with your efforts.

I'm not sure whom to contact about this, and so am writing you because I'm confident you can get it to the right hands. With regards to the recent closures to Europe and so many Americans coming home, I was at first heartened to hear that all Americans returning would be medically screened and encouraged to/made to quarantine for 14 days. However, I was then disheartened to learn that that hasn't been the case, at least through this past Saturday.

(b) (6) was on business in Amsterdam last week and rushed home last Thursday after hearing on Wednesday evening about President Trump's Friday midnight shutdown. He came in through LAX from Amsterdam, and wasn't asked any medical questions, nor was he asked to quarantine. Then a friend came in through Miami from Paris on Saturday, and was only given a short medical form to fill out, and then let go. No medical check, no temperature screening, no further questions. From touchdown to taxi (plus picking up bags), 45 minutes total.

Having lived in Singapore through SARS, I'm deeply disturbed. We had medical/temperature checks at all airports, and mandatory quarantines for anyone with possible contact with a SARS contact/patient. The virus was quickly and efficiently contained, and the same has been done in Singapore to date with Covid 19.

I was heartened last Friday as I learned that the federal government was onboard, and hearing about significant measures that would be taken *soon*. I must say I've been disheartened as of today, with not enough tests, mask, respirators and ventilators in place. And then hearing of the lack of medical screenings at airports. Please help, as I know you've so desperately been trying to do. And please help to stem any incorrect information going out from our President, information which

gives us hope for a couple of days, and then dashes that and puts many into a frenzied despair. We can cope with what's happening, and will continue to change our behavior per the guidelines, but only with information that's accurate.

Thank you, and keep safe,

Holly Kreutter

Virginia Resident

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:54:24 -0400
To: NIAID Public Inquiries
Subject: Fwd: Volunteer status for current nursing students

Sent from my iPhone

Begin forwarded message:

From: Ivan Bocardo (b) (6) >
Date: March 18, 2020 at 7:16:25 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Volunteer status for current nursing students

Dear Dr. Anthony Fauci,

My name is Ivan Bocardo, and am a (b) (6) U.S. Army Medic (68W) deployed to Afghanistan in 2011-2012. I can send you my resume so you can see my skills and abilities that I can bring to the table. Am currently in nursing school (R.N.) in Rego Park, Queens with a

(b) (6)
My school ((b) (6)) has recieved a request from New York Governor Cuomo's office looking for nursing students to help volunteer. However many students like myself are very hesitant to volunteer for the simple fact that it will interfere with our studies and we will still have to comply with class assignments and class exams and especially with final exams this current semester coming up at the middle to end of April 2020. Yet many of my fellow classmates would love a chance to stand up and deliver help during these trying times. However our school will not except any excuses for lateness or absence even though we are now on an online learning as of this moment. So our greatest fear is that we wont finish this semester and will not be able to start next semester (it starts April 28, 2020 for our school)... basically 2 semesters wasted and it will push back our graduation date and furthermore incur more student loans in order to continue with school.

This is why I am writing to your office if an exception can be made and we can have OTJ (on the job training for nursing) and recieve credit and for our current semester and possibly our next semester. Many of the students I speak about already have a Bachelor's degree (I myself have a B.S. in Biology from (b) (6)) and many are or have worked as Nurse aides in many NYC area local hospitals with many years of excellent experience. Imagine if you are able to approve this for many nursing school students in just the New York City area and Long Island Suburbs. This would be virtually an untapped experienced workforce of literally hundreds perhaps maybe thousands of hands on personnel ready to go to help relieve the over burdened health system workers and provide additional reinforcements due to the coronavirus. In not only my area of New York city but possibly all over the country where we can help providing help and additional assistance and reinforcements

Dr. Fauci, I am humbly asking for special permission, we all will need all the help we can get. Please consider this option as this can be a win/ win situation for not only NYC residents but for other areas of the country hit hard by this crisis. I have spoken to many of my fellow classmates and they all understand the risk and would be willing to share the burden with the

extreme pressures put on the health care system at this time. Many of us including myself would be willing to work on site or what ever site you may need us the most, many us fully understand that we could potentially be away from our families for an extensive unknown period of time which we are ready for and prepared for or possibly put our health on the line too.

I implore you to give us a chance and only ask for special permission for OTJ in order to fully finish our R.N. nursing degree.

Thank you for your time in reading this letter.

You are doing one fine heck of job in providing outstanding information and keeping the public informed

Sincerely,

Ivan Bocardo

Personal Cell phone (b) (6)

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:52:49 -0400
To: Margaret Wilbur
Subject: Re: coronavirus immunity

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:25 PM, Margaret Wilbur <(b) (6)> wrote:

Have we reached a time when it might be useful to prove who is immune to Covid-19? I understand that there is an antibody test already available. If we could identify who is already immune, we could then let those people return to daily life, work safely in essential positions, and feed the economy.

I practiced internal medicine in Cleveland, Ohio for (b) (6). I was amazed on a daily basis by the breakthrough that was PCR testing. Right now old-fashioned antibody tests might make a critical difference to us.

Margaret Wilbur, MD

(b) (6)

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:52:29 -0400
To: Ronald Frank
Subject: Re: Dental offices and the coronavirus IMPORTANT

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 18, 2020, at 7:28 PM, Ronald Frank (b) (6) > wrote:
>
> Dear Dr Fauci,
>
> Firstly, I would like to commend you on your expertise and leadership.
>
> As we develop a comprehensive plan to tackle the coronavirus pandemic, I believe that we have failed to address a critical piece of the puzzle to contain the virus.
>
> I am a physician and urologist, but I am astutely aware of the dental profession. I have a older brother who is a practicing dentist and I have voiced my concerns to him.
>
> Each and everyone of us who has had an appointment with a dentist knows the procedure of pressure irrigation in the mouth resulting in a mist and aerosol of secretions and saliva depositing on the faces of patients, the dentist and on all the surfaces in the treatment rooms. While the dentist wears a face mask, the spray of secretions, in a potential coronavirus carrier, widely contaminates surfaces, other employees and patients.
>
> I pose the question, should dental offices be actively treating patients during this critical phase in the Coronavirus pandemic? Everything which I have mentioned is corroborated by several practicing dentists. Is the he CDC and the NIH obligated to set guidelines and restrictions on dental care during this critical time as we try to get control of increasing numbers of cases. Should the ADA take a stronger stance during this crisis?
>
> I respectfully reserve these decisions and recommendations to you and your colleagues Thank you
>
> Sincerely,
>
> Ronald G. Frank, M.D.
> 1500 Pleasant Valley Way
> Suite 201
> West Orange, New Jersey 07052
> o. 973•731•6600
>
>
> Sent from my iPhone

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:51:14 -0400
To: dalt222
Subject: Re: Plaquenil for Covid 19

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:41 PM, (b) (6) wrote:

Dr Fauci,

I hope all is well with you. I am a Dermatologist practicing in the Metropolitan Detroit area. I have done some literature searching on potential treatments for the novel coronavirus and stumbled across a few case reports from China in 2005 at the time of the SARS outbreak. They detailed some successes in treatment of severe cases with chloroquine. I saw a more recent study showing hydroxychloroquine had better in vitro efficacy than chloroquine. Have you heard of this? Plaquenil is so innocuous, I wonder if we shouldn't just try it.

I think you are doing phenomenal work and really presenting a level, measured and realistic view of this epidemic to the world. Please keep up the great work. It is much appreciated

David A. Altman MD FAAD
Assistant Clinical Professor
Division of Internal Medicine
Michigan State University College
Of Human Medicine

Sent from my Verizon, Samsung Galaxy smartphone

From: (b) (6)
Sent: Wed, 18 Mar 2020 19:50:23 -0400
To: DMID Word Nerds
Subject: Fwd: Interest in collaboration on COVID-19 antibody development

Pls handle

Sent from my iPhone

Begin forwarded message:

From: Dea Shahinas <(b) (6)>
Date: March 18, 2020 at 7:41:40 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: (b) (6)>
Subject: Interest in collaboration on COVID-19 antibody development

Dear Dr. Fauci,

We learned about your research on COVID-19 at NIAID and are interested in collaborating with you in order to fast-track our efforts in developing antibodies against this infection.

We have two decades of experience with single domain antibody (nanobody) technology.

I will provide below a brief summary about our company:

Virotek is a private Canadian biotech with focus on the development of novel biologics for the treatment of viral infections. Our primary focus area has been in the areas of infectious diseases and immuno-oncology in animal and human verticals. (b) (4)

(b) (4)

We are also proposing [REDACTED] (b) (4)

[REDACTED] Please let us know if you are interested and we are happy to arrange for a time to discuss in further detail with you.

Best regards,

Dea Shahinas
Director, R&D
Virotek Inc.

[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 23:09:32 +0000
To: (b) (6)
Cc: (b) (6)
Subject: FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf
Attachments: Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Annotated-YELLOW Nicholls S Peiris M NATURE-Med 9-2005.pdf

(b) (6)

The situation gets confusing. See attached brief commentary and e-mail string. As you can see, I was too tired to make any sense of it. However, my deputy (Cliff Lane) notes that this paper argues the opposite, i.e. that ACE inhibitors might have a benefit and counters the argument to stop ACE inhibitors. Bottom line is that we really do not know what the effect will be clinically with respect to COVID-19. In any event, (b) (6)

Best,

Tony

From: Lane, Cliff (NIH/NIAID) [E] (b) (6)>
Sent: Wednesday, March 18, 2020 5:51 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Re: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

A 2005 paper post-SARS advocating for use of ACE inhibitors to increase ACE2. The opposing argument to stopping ACE inhibitors.

From: Anthony Fauci (b) (6)
Date: Wednesday, March 18, 2020 at 5:22 PM
To: "Lane, Cliff (NIH/NIAID) [E]" (b) (6)
Subject: FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

I cannot make heads or tails of this. Please take a look and let me know what you think. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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From: Ste McCon (b) (6) >

Sent: Wednesday, March 18, 2020 5:09 PM

Subject: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

"Clearly, the potential therapeutic utility of recombinant **ACE2 and angiotensin II receptor-inhibitors**. [ARB's ?]s—**already in clinical use for control of blood pressure**—for acute lung injury resulting from viruses and other causes will be a productive field for investigation. This is particularly relevant as we prepare to **confront a potential avian flu pandemic**, [COVID-19 ?] armed with only a limited number of therapeutic options."

Regards,

Stephen D. McConnell, BS, MSc-CCP, CIS

Lipidemiologist - Clinical Application Specialist

Medicare-CMS ACO/MSSP/Direct-Contracting Consultant

Medical Science Liaison

Mobile: (b) (6)

(b) (6)

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 23:03:32 +0000
To: SWAMINATHAN, Soumya
Cc: Collins, Francis (NIH/OD) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E]
Subject: RE: Confidential and urgent request regarding

Thanks, Soumya.

From: SWAMINATHAN, Soumya (b) (6)
Sent: Wednesday, March 18, 2020 6:49 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)>
Cc: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)
Subject: Re: Confidential and urgent request regarding

Dear Francis

I am sure you have seen the results which came out today, and are inconclusive. The DG announced the launch of the WHO Solidarity trial, which will hopefully provide a definitive answer to all these questions. Many thanks to NIAID for their support.

Warm regards
Soumya

Sent from my iPhone

On 17 Mar 2020, at 18:50, Collins, Francis (NIH/OD) [E] (b) (6) > wrote:

Hi Soumya,

See below. Is it possible for WHO to (b) (4)

(b) (4)

(b) (4)

Thanks for any help you can give.

Francis

From: Hudson, Thomas J (b) (6) >
Sent: Tuesday, March 17, 2020 10:15 AM
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID)

[E] (b) (6)>; Hudson, Thomas J (b) (6)>

Subject: RE: Confidential and urgent request regarding

Dear Francis,

I have not received any response from Dr. Swaminathan to my message sent yesterday

(b) (4)

I expect that we are not the only group trying to get to WHO leaders. A call from Tony or you may be more successful.

In addition to my contact information below, I can be reached via my cell phone: (b) (6)

Tom

THOMAS HUDSON

Senior Vice-President, R&D

Chief Scientific Officer



AbbVie, North Chicago

1 North Waukegan Rd

R473, Building AP9-1

N Chicago, IL 60064

TEL (OFFICE) (b) (6)

EMAIL (b) (6)

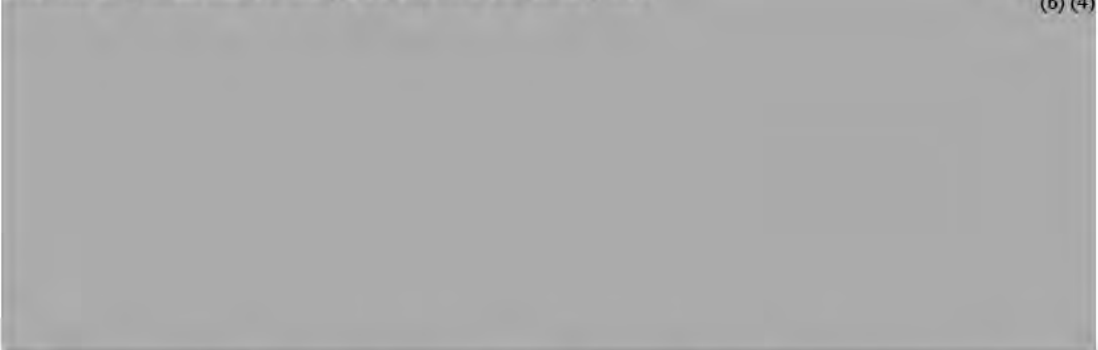
abbvie.com

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From: Collins, Francis (NIH/OD) [E] <(b) (6)>
Sent: Monday, March 16, 2020 8:43 AM
To: Hudson, Thomas J (b) (6)>
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: [EXTERNAL] RE: Confidential and urgent request regarding

Tom,

Thanks again for reaching out. I can only imagine (b) (4)
(b) (4)



The best contacts would be the WHO Chief Scientist Soumya Swaminathan
(b) (6) and potentially Director General Tedros
(b) (6)

Let me know if you hit a roadblock with WHO. I might then want to weigh in too.

Francis

From: Hudson, Thomas J (b) (6)
Sent: Monday, March 16, 2020 9:16 AM
To: Collins, Francis (NIH/OD) [E] (b) (6)>
Subject: RE: Confidential and urgent request regarding

Thank you.

THOMAS HUDSON

Senior Vice-President, R&D
Chief Scientific Officer



AbbVie, North Chicago

1 North Waukegan Rd
R473, Building AP9-1
N Chicago, IL 60064

TEL (OFFICE) (b) (6)

EMAIL (b) (6)

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From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Monday, March 16, 2020 8:14 AM
To: Hudson, Thomas J (b) (6)
Cc: Marston, Hilary (NIH/NIAID) [E] <(b) (6)>
Subject: [EXTERNAL] RE: Confidential and urgent request regarding

Hi Tom,

Got your message, am looking into it, hope to get back to you later today.

Best, Francis

From: Hudson, Thomas J (b) (6)
Sent: Monday, March 16, 2020 9:10 AM
To: Collins, Francis (NIH/OD) [E] (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6) >
Subject: RE: Confidential and urgent request regarding

This follow-up message is a duplicate that I am sending to another e-mail address that I have on file.

Dear Francis,

I am sending this brief note as a request for guidance on an evolving situation with

(b) (4)

(b) (4)

I am reaching out to you to see if you have any suggestions or individuals that we should contact.

Best wishes,

Tom

THOMAS HUDSON

Senior Vice-President, R&D
Chief Scientific Officer



AbbVie, North Chicago

1 North Waukegan Rd
R473, Building AP9-1
N Chicago, IL 60064

TEL (OFFICE) (b) (6)

EMAIL (b) (6)

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(b) (4)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 20:09:47 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Covid-19

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Ann Beloten (b) (6)
Sent: Wednesday, March 18, 2020 4:07 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Covid-19

Dear Dr. Fauci,

I am writing to you because I have a question regarding Covid-19. How come you do not tell the complete truth to the American people regarding this virus? All I hear is the bad facts about it. Why not give people some help and tell us the good facts about it? Good facts such as the number of actual patients is very small compared to the whole population, most people who get it make a full and complete recovery. Are you enjoying the senseless panic you made? Panic where people are hoarding food/goods, stealing full shopping carts from the elderly, losing their jobs/wages, inadequate education now that schools are closed.

The number of people who will actually be sickened by the virus will be dramatically dwarfed by the people who lose their jobs, receive a poor education despite their teachers best efforts and miss out on once in a lifetime events such as weddings, graduations, communions.

What you are doing is not right for the American people!! You need to stop playing GOD and tell the people the complete truth!! The country and the people need to get back to our normal lives NOW!!

Sincerely,

Ann Beloten

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 20:07:28 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Rapid diagnostic support for Covid-19

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Tony Lemmo (b) (6) >
Sent: Wednesday, March 18, 2020 3:52 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Rapid diagnostic support for Covid-19

Hi Dr Fauci,

Hello from (b) (6)

I'm sure you are swamped. I'll be brief. I am CEO of the world's leading provider of dispensing equipment for the diagnostics market, BioDot Inc. We have been around for 25 years and provide enabling technology to virtually every rapid immunoassay and molecular diagnostics company in the world. We are actively involved today with companies around the globe to help commercialize lateral flow point of care products to help fight Covid-19. If there is anybody in your organization or on the task force that could help facilitate getting us involved with companies looking to produce tests - we are here to help! For example we are actively working with Biomedomics to get their LFD test into the community as fast as possible.

We will move heaven and earth to help the country in any way we can.

Thank you for all you have done and best of luck in fighting this pandemic

(b) (6)

Tony

Anthony V. Lemmo, Ph.D
CEO and President

BioDot Inc.
2852 Alton Parkway
Irvine, CA 92606

P (b) (6)

F 949-440-3694

www.biodot.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 20:05:50 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Fabric Face Masks

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: AmiSimms (b) (6) >
Sent: Wednesday, March 18, 2020 4:01 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Fabric Face Masks

Dr Fauci,
Thank you for your guidance and expertise at this difficult time.

My friend and I are quilters. She lives in (b) (6) and I live in (b) (6). She has created a pattern for a fabric face mask. We read Dr. Tufekci's op ed in the NYT yesterday and have been brainstorming together ever since on ways we can help.

<https://www.nytimes.com/2020/03/17/opinion/coronavirus-face-masks.html>

Several years ago I mobilized quilters throughout the US and we raised more than \$1.1 million for Alzheimer's Disease research. All grass roots, all volunteer. There are 7-10 million quilters in the US.

My friend and I would like to make a fabric face mask pattern available at no charge so that quilters, sewers, and crafters can make face masks. We understand these are nowhere near medical grade, but they would be better than nothing at all. (See research cited in link above.) They would be made from fabric scraps and supplies on hand; no trips to the fabric store would be necessary.

At this time there are no masks available to the public at all. Sewing for a cause would give purpose to those of us staying home. Wearing a mask on rare occasions when we do venture outside has the benefits signaling others to step back even if the masks do not protect against transmission of the virus.

We are just two individuals wanting to help. I've been advised by an attorney that sharing this free pattern might open us up to scrutiny from regulatory agencies or possible law suits. We don't want to step on any toes, nor do we want any legal entanglements.

Could the NIH make this pattern available? Or the CDC? There are millions of sewers who would be delighted to step up and help right now. It would be great for morale, and even though it's one step up from nothing, IT IS SOMETHING. This could even be scaled beyond individuals making fabric face masks for themselves. Masks could be sewn for others.

Could we please work with you?

Thank you for your consideration,

Ami Simms (b) (6) and Emanuela D'Amico (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 19:07:06 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Covid-19 symptoms outside of China

Point this person in the right direction

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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

From: W W (b) (6) >
Sent: Wednesday, March 18, 2020 3:05 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Covid-19 symptoms outside of China

Dear Dr. Fauci,

Many insist on coughs as one of the requirements for self-isolation or testing for covid-19. However, I have read about instances where coughs were not experienced by those who tested positive.

Is it possible to share a list of covid-19 symptoms that *exclude* the patients in China and perhaps France due to their fairly high number of smokers? Does coughing remain a symptom? I am concerned about the health of our nursing home residents, as well as the financial well-being of service sector workers.

Thank you,
Winnie

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 18:27:08 +0000
To: Redfield, Robert R. (CDC/OD); Stephen Hahn; Birx, Deborah L. EOP/NSC
Cc: (b) (6); Troye, Olivia EOP/NSC; Short, Marc T. EOP/OVP; Miller, Katie R. EOP/OVP; Hicks, Hope C. EOP/WHO; kellyanne conway
Subject: Follow-up of today's conversation

Folks:



(b) (5). Happy to discuss.

Thanks,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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accept liability for any statements made that are the sender's own and not expressly made on behalf of the NIAID by one of its representatives.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 18 Mar 2020 15:09:54 +0000
To: (b) (6)
Subject: FW: Bloomberg: 99% of Those Who Died From Virus Had Other Illness, Italy Says

Look at the hypertension percentage

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, March 18, 2020 9:52 AM
Subject: Bloomberg: 99% of Those Who Died From Virus Had Other Illness, Italy Says

99% of Those Who Died From Virus Had Other Illness, Italy Says

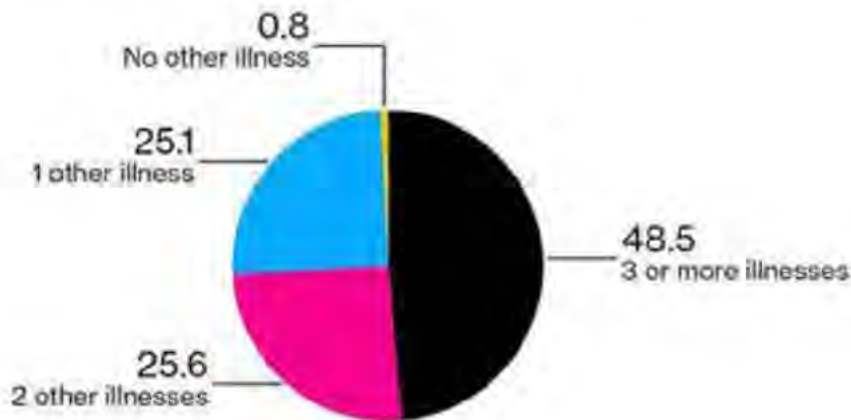
By [Tommaso Ebhardt](#), [Chiara Remondini](#), and [Marco Bertacche](#)
March 18, 2020, 8:56 AM EDT

More than 99% of Italy's coronavirus fatalities were people who suffered from previous medical conditions, according to a study by the country's national health authority.

After deaths from the virus reached more than 2,500, with a 150% increase in the past week, health authorities have been combing through data to provide clues to help combat the spread of the disease.

Prime Minister Giuseppe Conte's government is evaluating whether to extend a nationwide lockdown beyond the beginning of April, daily [La Stampa](#) reported Wednesday. Italy has more than 31,500 confirmed cases of the illness.

Italy Coronavirus Deaths By prior illnesses (%)



Source: ISS Italy National Health Institute, March 17 sample

The new study could provide insight into why Italy's death rate, at about 8% of total infected people, is higher than in other countries.

The Rome-based institute has examined medical records of about 18% of the country's coronavirus fatalities, finding that just three victims, or 0.8% of the total, had no previous pathology. Almost half of the victims suffered from at least three prior illnesses and about a fourth had either one or two previous conditions.

More than 75% had high blood pressure, about 35% had diabetes and a third suffered from heart disease.

The average age of those who've died from the virus in Italy is 79.5. As of March 17, 17 people under 50 had died from the disease. All of Italy's victims under 40 have been males with serious existing medical conditions.

While data released Tuesday point to a slowdown in the increase of cases, with a 12.6% rise, a separate study shows Italy could be underestimating the real number of cases by testing only patients presenting symptoms.

According to the GIMBE Foundation, about 100,000 Italians have contracted the virus, daily Il Sole 24 Ore reported. That would bring back the country's death rate closer to the global average of about 2%.

— With assistance by Karl Maier

From: Folkers, Greg (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 18:13:38 +0000
To: Fauci, Anthony (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]
Subject: RE: Covid-19 coverage in Nature Reviews Immunology

Dear Alexandra,

Thank you for your kind words.

Yes, we can send you references of notable papers

My chief of staff, Greg Folkers (cc'd here), will be my conduit/surrogate.

Regards,

AS Fauci

From: Alexandra Flemming <A.Flemming@nature.com>
Sent: Tuesday, March 17, 2020 10:26 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Covid-19 coverage in Nature Reviews Immunology

Dear Tony,

Thank you again for contributing the fabulous year in review article to Nature reviews Immunology last year!

Given the current pandemic, we can only imagine how incredibly busy you are at the moment. At Nature Reviews Immunology we have decided that we would like to introduce an in-brief section that provides a brief overview of the most notable/important research on SARS-CoV-2, particularly with regards to its immunopathology and vaccine development. To this end, we are recruiting a small number of advisors to point us in the right direction – this would involve no actual writing, just sending us references to the papers as and when they come out. Would you, or a member of your team, be willing to act as an advisor for this project, by sending us between 1-5 references for notable papers per month? We feel that particularly in this fast evolving situation, it is of paramount importance that amongst the deluge of data, scientists are guided towards the most important papers.

I look forward to hearing from you,

With best regards,

Alexandra

Dr Alexandra Flemming

Chief Editor
Nature Reviews Immunology

Nature Research
4 Crinan Street, London N1 9XW, UK

(b) (6)

a.flemming@nature.com
www.nature.com/nri



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From: (b) (6)
Sent: Tue, 17 Mar 2020 10:42:33 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]; Lane, Cliff (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]
Subject: Fwd: Invitation: BIO Coronavirus Collaboration Initiative
Attachments: INVITATION_Fauci BIO COVID19 Virtual Summit 15Mar2020.pdf, ATT00001.htm

Let us discuss and decide one way or another.

Begin forwarded message:

From: Hannah Dorsey <hdorsey@bio.org>
Date: March 16, 2020 at 3:51:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Cc: "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, "Marston, Hilary (NIH/NIAID) [E]" <(b) (6)>, Phyllis Arthur <parthur@bio.org>
Subject: Invitation: BIO Coronavirus Collaboration Initiative

Dear Dr. Fauci,

On behalf of BIO, I would like to invite you to participate in our multi-stakeholder COVID-19 Collaboration Virtual Summit which will take place March 24-25. We are hosting this summit in order to facilitate near-term collaboration among industry, government, academic and non-governmental experts to help confront this growing and unpredictable public health crisis.

We would like you to be a speaker during the Plenary session on March 24th. We would like you to give 5-10 minutes of opening remarks to the Summit participants. Please note that the plenary session of the event will be open to the press, while the remaining sessions will be closed to just invited guests to ensure a robust discussion and maximum collaboration. You are welcome to attend any of the subsequent Breakout sessions scheduled over the two days.

This virtual meeting will take place over two days:

- March 24th: 10:00am – 11:45am – Plenary Session
- March 24th: 12:00pm – 2:30pm – Treatment Break Out Session
- March 25th: 10:00am – 12:30pm – Prevention Break Out Session
- March 25th: 1:00pm – 3:30pm – Diagnostics Break Out Session

Attached is the full invitation to our event from our CEO Jim Greenwood, the full agenda will be to follow. Please let us know if you would be available as a speaker for the Plenary session on March 24th.

Best,
Hannah Dorsey
Coordinator, Health Policy
Biotechnology Innovation Organization (BIO)
1201 Maryland Ave. SW, Ste. 900
Washington, DC 20024
Office: (202) 962-6644
hdorsey@bio.org
www.bio.org

From: (b) (6)
Sent: Tue, 17 Mar 2020 07:30:48 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Updates

Sent from my iPhone

Begin forwarded message:

From: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Date: March 17, 2020 at 7:14:00 AM EDT
To: Janet Tobias <janet@ikanamedia.com>
Subject: RE: Updates

Thanks, Janet. Please continue to work with Patty to make this happen.
Best regards,
Tony

From: Janet Tobias <janet@ikanamedia.com>
Sent: Tuesday, March 17, 2020 7:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Updates

Dear Tony:

Quick updates, we have partnered with Story Syndicate/John Hoffman (who was in charge of First In Human and Alzheimer's and Obesity projects) on the film about your life. This will help us make sure that next year this film has maximum impact and we carry the message widely of "men serving men" and public health. NIH Communications head John Burklow, and the main office, knows and is very supportive and excited about the potential impact. They have worked super closely with John in the past.

We are putting in the request for filming with the Vice President's office and we will work with Patty to figure out how to film your work and NIAID's work on COVID-19, which is important. But safety and

modelling appropriate behavior always first and foremost. Crews on my side tiny and all from Unseen Enemy.

Thanks for everything, every day, and stay healthy,

Janet

PS The Aids project, and the educational partnership with Howard Hughes Medical Insitute continues in good state, just on hold as it should be.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 03:04:31 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Question about COVID-19 Mechanism of Transmission

Please respond.

From: EDWARD EITZEN (b) (6)
Sent: Sunday, March 8, 2020 3:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Question about COVID-19 Mechanism of Transmission

Hi Tony:

Thank you for what you are doing for our country to try and limit the consequences of COVID-19. Many Americans are hanging on your every word, as they should be, and that includes me.

A question about COVID-19 mechanism of spread: The reported reproductive number from China of about 2.6 indicates a likelihood of large droplet spread as the mode of transmission from person to person. My question is - could there be a component of airborne spread (droplet nuclei) with this virus? If super spreaders exist with COVID-19, is airborne spread possible? Knowing the answer to this question would help to inform decisions about PPE and Decontamination in settings such as Emergency Departments. If this is not already known definitively, could NIOSH and some key partners possibly study it in current quarantine settings?

Thanks, Tony. God bless you and your important work!

Best, Ed

Edward Eitzen, M.D., M.P.H.
Senior Partner, Biodefense and Public Health Programs
Martin-Blanck and Associates
2034 Eisenhower Avenue, Suite 270
Alexandria, VA 22314-4678

Office Phone: 719-548-9207
Cell Phone: (b) (6)

Email: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 03:02:00 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Flu statistics

Please respond for me.

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

From: Candace Gunn (b) (6)
Sent: Sunday, March 8, 2020 10:53 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Flu statistics

Dear Dr. Fauci,

First of all, thank you so much for the wonderful job you are doing regarding the information on the coronavirus. You were excellent with Chris Wallace!

Is it possible to give facts on the FLU - number of people who have had it and how many have died - during the past month? I wonder if that might perhaps slow down the media frenzy.

Many thanks for your consideration of my question.

Best regards,

Candace Gunn

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 03:00:44 +0000
To: Anderson, Roy M
Subject: RE: Lancet Commentary on COVID-19

Roy:

Thank you for your kind note. Very nice article! I hope that all is well with you.

Best,

Tony

From: Anderson, Roy M (b) (6) >
Sent: Saturday, March 7, 2020 5:27 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Lancet Commentary on COVID-19

Dear Tony,

I thought the attached may be of interest to you.

You have been doing a very good job in communicating the important issues around this epidemic – well done.

Kind regards,

Roy

Professor Sir Roy Anderson FRS FMedSci
Director
London Centre for Neglected Tropical Disease Research (LCNTDR)
Department of Infectious Disease Research,
Faculty of Medicine
Imperial College London Praed Street
London W2 1PG

Te (b) (6)
(b) (6)

Assistant – (b) (6)
Project Manager – (b) (6)
Manager LCNTDR – (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 02:59:48 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Modeling of COVID-19 from Mike Levit
Attachments: 1.Analysis_of_Coronavirus-2019_Data_Michael_Levitt-v1.pdf,
1.The_Corona_Chronologies. Part II - Rest of the World. Michael_Levitt,Stanford.pdf,
30.The_Corona_Chronologies. Part I - China. Michael_Levitt,Stanford.pdf

Please take a look and see what you think.

From: Tabak, Lawrence (NIH/OD) [E] (b) (6) >
Sent: Friday, March 6, 2020 8:46 PM
To: Collins, Francis (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >
Cc: Lauer, Michael (NIH/OD) [E] (b) (6) >
Subject: Modeling of COVID-19 from Mike Levit

Francis, Tony –

Mike Levitt (Nobel prize in Chemistry, 2013) sent the attached modeling of the COVID-19 epidemic to Mike Lauer. I don't know if this will prove useful but wanted to pass it along in case.

He indicated that he was amazed to see how an Excel level analysis could allow him to predict the China epidemic would end as early as 2-Feb and get what he considers the best estimates for case fatality ratio. His first report from 2-Feb is attached as well as his most recent two-part report.

Larry

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 02:54:15 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Community-Spread Covid-19 Contact Tracking

Take a look and handle.

From: John G. Boland <[REDACTED] (b) (6)>
Sent: Thursday, March 5, 2020 10:00 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Community-Spread Covid-19 Contact Tracking

Dear Dr. Fauci:

Without success, for more than a week, I have tried to reach any techie CDC person about the problem of community-spread Covid-19 contact tracking.

Though your workload is unimaginable, I thought you might personally know and could provide contact information of an appropriate CDC or NIH epidemiologist.

Brief Summary of Conceptskip to End, if obvious***

Had I been to a doctor or ER with a virulent disease, they would immediately have asked where I had been, with whom, and for what duration. With that information, epidemiologists can notify and test those contacts... and their contacts... before their symptoms are evidenced.

This manual contact tracking process is workload intensive, calendar-day wasting, data-poor, and inaccurate.

"Location tracking" can provide the raw data needed to identify potential contacts automatically, early, and thoroughly, from information routinely collected by network providers.

The location, at a date and time, of a vast number of anonymous cell phones, over the preceding two weeks, would be very useful for identifying the index case and subsequent contacts of an individual.

As an illustration, the New York Times published, on 19 December 2019, "Twelve Million Phones, One Dataset, Zero Privacy" about the commercial location tracking industry:

<https://www.nytimes.com/interactive/2019/12/19/opinion/location-tracking-cell-phone.html>

End of Summary

Ignoring the techie and legal details, can you suggest an appropriate contact, while Covid-19 infections in the United States are few?

Your continuing dedication, candor, and data-driven focus are refreshing and very much appreciated, Dr. Fauci.

Best,

John G. Boland

(b) (6)

(24 hr, text or leave msg if no answer)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 02:53:27 +0000
To: Tom Frieden
Subject: RE: FYI

I tried to call you this evening but got voice mail that said you were not accepting calls. Let us try to connect soon.

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

From: Tom Frieden (b) (6)
Sent: Wednesday, March 4, 2020 11:12 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: FYI

<https://thehill.com/policy/healthcare/485604-meet-the-federal-governments-coronavirus-expert>

I know you don't read the papers but "super smart, super able to communicate very clearly, with a very deep ethical commitment to doing the right thing" is exactly what I think, not just what I'm telling the media.

All the best,

Tom

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 02:48:31 +0000
To: Pardis Sabeti
Subject: RE: Planning for a hearing on Global Health Security Team

Pardis:

Sorry that I did not respond sooner. I am getting over 1500 emails per day and this one got lost in the pile. Anything that you can do to help would be welcome.

Best,

Tony

From: Pardis Sabeti <[REDACTED]> (b) (6)
Sent: Tuesday, March 3, 2020 9:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6)
Subject: Fwd: Planning for a hearing on Global Health Security Team

Dear Tony,

I hope that all is well given our current circumstances. I am sure you are very busy, so apologize for the intrusion, but would love your insight if you have a moment.

I just had a very interesting talk today with Wendy Ginsberg on the House Committee on Oversight and Reform, with an opportunity to testify at a hearing next Wednesday (email attached).

While I am very excited for an opportunity to advocate for further funding and operational support for pandemic preparedness, I also recognize that this format may not be the right one to do so. Moreover, I may not be the right person to do so, as I think you, Francis, or Eric Lander would do far better than me.

I imagine they have already asked you to participate, and would just love any insight you might have as to whether I should consider doing this, and if so, how I should proceed. I really only would want to do so if it is a place where I can help the larger infectious disease community and make a positive nonpolitical impact.

Thanks so much for your consideration,

Pardis

----- Forwarded message -----

From: Ginsberg, Wendy <[REDACTED]> (b) (6)>
Date: Mon, Mar 2, 2020 at 8:54 AM
Subject: Planning for a hearing on Global Health Security Team
To: [REDACTED] (b) (6)>

Richard Preston pointed me in your direction, saying you would be the right person to help me think through a potential hearing on codifying the global health security team on the National Security Council.

The hearing (as of right now in my mind) would

1. Examine the lessons learned from the Ebola and other previous outbreaks about how federal government design and operations can facilitate or hinder global health and stemming pandemics;
2. Analyze how eliminating the global health security team has put us several steps behind where we need to be in fighting coronavirus; and
3. Argue for codifying the team and its leadership as part of the larger national security apparatus and avoid kowtowing to outbreak fatigue.

I'm hoping you might be willing to speak with me about your expertise and thoughts in this area. I'm definitely not the expert and I would love someone with your background to ensure I'm getting this story right – and that I have the right people at the witness stand to tell it.

Would you have time to talk today or some time very soon? We are hoping to have this hearing next week.

Yours,

Wendy



Wendy Ginsberg, Ph.D.
Staff Director
House Committee on Oversight and Reform
Subcommittee on Government Operations
(b) (6)

--
Pardis Sabeti, MD, DPhil

Professor, Harvard University & Harvard School of Public Health

Broad Institute of MIT and Harvard

Howard Hughes Medical Institute

Assistant: (b) (6)

Phone: (b) (6)

Website: www.sabetilab.org

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 01:46:44 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Wall Street Journal request

Please decide if we can do this.

From: Willick, Jason <jason.willick@wsj.com>
Sent: Monday, March 16, 2020 9:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Wall Street Journal request

Dear Dr. Fauci,

My name is Jason Willick with the Wall Street Journal. I was wondering if you would be willing to talk to me for the WSJ weekend interview section on pandemics and the coronavirus—the US response but also the broader challenges from infectious disease. I know you are beyond busy, but I thought I'd ask. Let me know if this is a possibility and I can discuss more details.

Jason

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 00:27:13 +0000
To: Michael liu
Subject: RE: Great advice from Chinese expert

Michael:

Thank you for your note. We indeed have learned much from our Chinese colleagues. I appreciate your bringing these issues to our attention.

Best regards,

Tony

From: Michael liu (b) (6) >
Sent: Monday, March 16, 2020 8:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Great advice from Chinese expert

Dear Dr. Fauci,

Dr. Wenhong Zhang, has become very famous in China's war against COVID-19 because of his great excellence in anti-virus. Dr. Zhang is the Director of the Infectious Disease Department of Huashan Hospital in Shanghai. He is very good according to my observation all long. Another great doctor in China is Dr. Nanshan Zhong.

According to Dr. Zhang's video at https://www.thepaper.cn/newsDetail_forward_6537248, COVID-19 can really be prevented with 3 key measures, i.e. to keep social distancing, wash hands frequently and **wear masks**. I strongly suggest American people should wear masks like Chinese, South Korean people, etc., because even China's highest leader, Mr. Jinping Xi, wears masks. If it is difficult for all the US people to do this now, I suggest working staff in airports, supermarkets and other public places should wear masks firstly in order to avoid crossing infection.

Further, Dr. Zhang said, if a person is still infected though he/she takes the above 3 measures carefully, the person must be infected by his/her family members. So I propose the **concentrated isolation** of mild confirmed cases should be considered as I advised yesterday.

I strongly suggest American government should learn precious experience of anti-COVID-19 from and cooperate with the mainland China, Taiwan, South Korea with an open mind. If you need any help to contact with Dr. Zhang, I will do what I can.

I am very confident that the US government will lead American people to win the anti-COVID-19 war by you and other great experts. Science, expertise and great learning are best medicines.

God bless you! God bless America, China and the whole world!

Best regards,

Michael Liu

发件人: Fauci, Anthony (NIH/NIAID) [E] [mailto: (b) (6)]

发送时间: 2020年3月15日 13:28

收件人: Jingming Liu (Michael) < (b) (6)>

主题: Re: Great Advice on How to Avoid Family Spread of COVID-19

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:26 PM, Jingming Liu (Michael) (b) (6) wrote:

Dear Dr. Fauci,

My name is Michael Liu. My family are living in (b) (6) now. I have been following spread of COVID-19 (Corona Virus) closely because such virus is very contagious and dangerous.

If a person is mildly sick with COVID-19, the CDC now suggests the person should “stay home except to get medical care”, i.e. home-isolation, according to <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

However, the home isolation may result in family spread of COVID-19 in certain kinds of families, e.g., parents are infected but their kids are too young to take care of them, adults are infected but their parents are too old and risky to look after them (if they live together), an old husband/wife is infected but the spouse is too vulnerable to take care of him/her, etc. In such scenarios, the home isolation may increase family spread and even community spread risks in the US.

A great method to avoid home-isolation risks is the concentrated isolation, i.e. to isolate mild symptomatic people in a concentrated place instead of their homes.

The concentrated isolation can avoid the above family spread risks, provide professional medical help to isolated people, reduce mental pressure of other family members, etc., so that it can reduce community spread risks. Such method has been proved to be effective by China's war against COVID-19.

The concentrated place can be a hotel, university dorm building, etc., which should be easily managed for medical surveillance.

The concentration isolation may be voluntarily chosen by relevant families at the beginning, and adjusted to apply subject to different conditions.

Hope the above advice helpful!

Best regards,

Michael Liu

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 00:23:16 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Cc: Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]
Subject: RE: offer from Mark Zuckerberg

I will write to or call Mark and tell him that I am interested in doing this. I will then tell him that you will get for him the name of the USG point of contact. I agree it should be Bill Hall who could then turf to the White House Comms if he wishes

From: Billet, Courtney (NIH/NIAID) [E] (b) (6) >
Sent: Monday, March 16, 2020 6:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] < (b) (6) >
Cc: Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6) >; Routh, Jennifer (NIH/NIAID) [E] (b) (6) >
Subject: ASF: offer from Mark Zuckerberg

Per email below, Mark Zuckerberg has extended a few offers to do videos with you that we would be happy to seek clearance on for you to do, if you are amenable. These would have the weight and impact of television – really, more so. Please advise if you want to do and we will seek clearance with VP office and work with Patty to sort out the logistics.

But an even bigger deal is his offer (b) (4)
(b) (6) The sooner we get that offer up the food-chain the better. I gave Bill Hall a heads-up about this opportunity and he is standing by to discuss this with HHS and WH comms, but I didn't want him to do anything without you being aware of the offer. Is it OK if I hand this aspect off to Bill to determine who the best point of contact would be so the Administration can take advantage of this offer, soonest?

Do you plan to call MZ? His cell number is in his message below.

From: Mark Zuckerberg (b) (6)
Sent: Sunday, March 15, 2020 12:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thanks and ideas

Tony:

I wanted to send a note of thanks for your leadership and everything you're doing to make our country's response to this outbreak as effective as possible. I also wanted to share a few ideas of ways we could help you get your message out, but I understand you're incredibly busy, so don't feel a need to reply unless these seem interesting.

This isn't public yet, but we're building a Coronavirus Information Hub that we're going to put at the top of Facebook for everyone (200+ million Americans, 2.5 billion people worldwide) with two goals: (1)

make sure people can get authoritative information from reliable sources and (2) encourage people to practice social distance and give people ideas for doing this using internet tools. This will be live within the next 48 hours.

As a central part of this hub, I think it would be useful to include a video from you because people trust and want to hear from experts rather than just a bunch of agencies and political leaders. This could be done in a number of formats if you're open to it. Probably best would be recording a Q&A where you answer people's top questions, but we'd be open to other formats too.

I'm also doing a series of livestreamed Q&As with health experts to try to use my large following on the platform (100 million followers) to get authoritative information out as well. I'd love to have you do one of these Q&As. This could be the video we put in the Coronavirus Hub or it could be a different thing that we distribute separately, but I think it could be effective as well.

Finally, [REDACTED] (b) (4)

[REDACTED]
[REDACTED]
[REDACTED]

Again, I know you're incredibly busy, so don't feel the need to respond if this doesn't seem helpful. If it's easy to talk live, give me a call anytime on my mobile phone: [REDACTED] (b) (6).

Thanks again for everything you're doing.

Mark

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 00:22:45 +0000
To: Mark Zuckerberg
Cc: Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: RE: Thanks and ideas

Mark:

Thank you for your kind note. I tried to call you, but got voice mail. FYI, my cell phone number is (b) (6). Your idea and proposal sound terrific. I would be happy to do a video for your hub. We need to reach as many people as possible and convince them to take mitigation strategies seriously or things will get much, much worse. Also, your idea about (b) (4) is very exciting. I am copying my Special Assistant, Patty Conrad. Her office number is (b) (6) (b) (6). Please have your people contact her to arrange for the video. I am also copying the Director of my Communications and Government Relations group. She can put your people in contact with the best person who could be the US Government point of contact for (b) (4). Best regards,
Tony

From: Mark Zuckerberg (b) (6) >
Sent: Sunday, March 15, 2020 12:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thanks and ideas

Tony:

I wanted to send a note of thanks for your leadership and everything you're doing to make our country's response to this outbreak as effective as possible. I also wanted to share a few ideas of ways we could help you get your message out, but I understand you're incredibly busy, so don't feel a need to reply unless these seem interesting.

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of these Q&As. This could be the video we put in the Coronavirus Hub or it could be a different thing that we distribute separately, but I think it could be effective as well.

Finally, [REDACTED] (b) (4)

[REDACTED]
[REDACTED]
[REDACTED]

Again, I know you're incredibly busy, so don't feel the need to respond if this doesn't seem helpful. If it's easy to talk live, give me a call anytime on my mobile phone: [REDACTED] (b) (6)

Thanks again for everything you're doing.

Mark

From: (b) (6)
Sent: Mon, 16 Mar 2020 19:40:27 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Coronavirus antibodies

Please handle

Begin forwarded message:

From: Andrew Sprouse (b) (6)
Date: March 16, 2020 at 4:00:44 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Re: Coronavirus antibodies

If millennials are spreading the coronavirus should we allow them to be tested with milder symptoms? Otherwise they have no idea they have it.

On Mar 13, 2020, at 5:27 AM, Fauci, Anthony (NIH/NIAID) [E]
(b) (6)>wrote:

It likely would

On Mar 13, 2020, at 2:58 AM, Andrew Sprouse
(b) (6):

How about human breast milk? Would it have the antibodies as well?

Sent from my iPhone

On Mar 12, 2020, at 7:53 PM,
Andrew Sprouse
(b) (6)>wrote:

Dr. Fauci,

If China is taking patients and using the plasma/antibodies from them to help cure other patients why couldn't we do that to healthy people to give them immunity to the virus?

Andrew

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 23:19:56 +0000
To: Monticone, Giulia
Subject: RE: COVID19 emergency

Your arguments are solid.

From: Monticone, Giulia <(b) (6)>
Sent: Monday, March 16, 2020 7:00 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: COVID19 emergency

Dear Dr. Fauci,

I am a postdoc researcher working at LSU health sciences center In New Orleans. I would like to communicate my concern about the COVID19 in the US.

I am Italian and my partner is Chinese and we have been carefully following the COVID19 spread first in China and now in Italy and Europe. Based on my scientific and personal knowledge I am confident to say that the US is only few weeks ahead of What is happening in Italy now and this could only be stopped if strict measures will be taken in the entire country as soon as possible.

If you have the power, I ask you to please try to convince the government to apply such measures, even if this means to shut down the entire country for some weeks. I know that the economy and money interests are what often prevents to take such decision, but in this case we are talking about life and death and we cannot risk this high price.

We have a very clear example of how severe the COVID19 can be if we do not act on time and this is unfortunately my country at this time. We also have a good example, China, in which very aggressive measures have been applied and, despite some delay in their application at first, they now have reached a strong regression in the virus spread and they gradually can restart the country. China measures were to close every city borders, close working places and every non essential activity. They asked the population to stay at home and go out only for food and health emergencies. I think this is what we should do in US too.

A recent study from Italy in which they tested every person in one Italian city showed that the 50-70% of the people positive for the virus were asymptomatic. This is such an important information that tells us the only way to prevent the spread is to prevent the people from moving because we cannot really know who is carrying the virus. Also, screening is important and should be ideally extended to everyone. https://www.repubblica.it/salute/medicina-e-ricerca/2020/03/16/news/coronavirus_studio_il_50-75_dei_casi_a_vo_sono_asintomatici_e_molto_contagiosi-251474302/

My lab is based in New Orleans where the number of COVID19 cases is now growing fast. However, there is no sign from the university or my institute to close. We are working as usual with only some mild restrictions even if we have colleagues that are at home sick, or worse, that showed up at work coughing. The city mayor applied some restrictions but the people are still celebrating events on the street. Up to today we were acknowledged that we have a presumptive positive case in the building where we live. We are doing what we can as responsible individuals but tomorrow we will go to work again not knowing if we are spreading the virus.

I thank you for reading this email and I hope my arguments are solid and accurate enough to encourage you to take action.

Best wishes,
Giulia

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 21:28:51 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: INTERVIEW QUOTE FOR ESPN FROM YOUR CALL WITH CARLO DEL RIOS

I did not say that they necessarily should actually cancel the tournament, i.e. not play the games. They could still play the tournament and have it televised without having many spectators in the gym. There is a big difference there. And I did not say that all sports should make a similar call

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Sent: Monday, March 16, 2020 3:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: INTERVIEW QUOTE FOR ESPN FROM YOUR CALL WITH CARLO DEL RIOS

PLEASE ADVISE

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Deatricks, Elizabeth (NIH/NIAID) [C] (b) (6)>
Sent: Monday, March 16, 2020 3:19 PM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Cc: NIAID COGCORE <COGCORE@mail.nih.gov>; NIAID Media Inquiries <mediainquiries@niaid.nih.gov>; NIAID FOG <fog@niaid.nih.gov>
Subject: Interview request: ESPN

ESPN
Tisha Thompson
(b) (6)
Tisha.Thompson@espn.com

Deadline: COB today

Hi Patty,

This reporter is writing about the NCAA's reaction COVID-19, and would like confirmation that the following actually occurred:

Dr. Brian Hainline said two members of the NCAA's advisory panel, Dr. Colleen Kraft and Dr. Del Rio, spoke with Dr. Fauci, who said he would back the NCAA in its decision to cancel the tournament. That Dr. Fauci "wholeheartedly" agreed and said to the NCAA reps, "Not only would he back us that this was the right thing to do...he believed that all sports should make a similar call."

The reporter would like a quick call/confirmation this evening, before they publish the story.

From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Mon, 16 Mar 2020 21:17:44 +0000
To: Jon LaPook
Subject: RE: Great news. (b) (6)
(b) (6). Thanks again.

Wonderful!!

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

From: Jon LaPook (b) (6)>
Sent: Monday, March 16, 2020 4:13 PM
To: Fauci, Anthony (NIH/NIAD) [E] <(b) (6)>
Subject: Great news. (b) (6). Thanks again.

Jonathan LaPook, M.D.
Chief Medical Correspondent, CBS News
Professor of Medicine
NYU Langone Health
Twitter @DrLaPook

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 21:17:06 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Treatments that may be useful against the novel coronavirus

Please respond.

From: PEAK (b) (6) >
Sent: Monday, March 16, 2020 4:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Treatments that may be useful against the novel coronavirus

Dear Dr. Fauci:

I am a (b) (6) assistant attorney general of the States of New York and Oregon. I have received some information that may be useful in dealing with the novel coronavirus, but I am not able to evaluate this information personally. It is in an article authored by a former asst. secretary of the US Treasury. I would like to make this information available to you for evaluation, and to that end I am copying it immediately below.

Sincerely,

Robert Roth
Eugene, Oregon

Treatments for Coronavirus That Have Worked in China

[Paul Craig Roberts](#) • March 13, 2020

These are scientific papers showing effective treatments for coronavirus being used in China

Hydroxychloroquine

<https://www.ncbi.nlm.nih.gov/pubmed/32150618>

<https://reader.elsevier.com/reader/sd/pii/S0924857920300820?token=92457EBC4E75F28D02F311F610DB2D48113E501DC04D49C824E6FD819F77BE34A9937B4AEAC0D115710BDB7BCC2175B5>

These research papers show great antiviral promise for both Hydroxychloroquine and Chloroquine. The Chinese have started using them. So should we. The antiviral effects were originally discovered in Europe during SARS, but then forgotten about as SARS was so aggressive it killed the host too quickly and died out. French Prof Raoult and others have helped the Chinese advising them to proceed in this way and they had the good sense to trial it.

Unlike vaccines and costly new antivirals, Hydroxychloroquine and Chloroquine are generally safe, very well tested, cheap and readily available today. They could be a real game changer. Please publish and disseminate. Please also re-refer to the Blaylock cytokine paper to emphasize the importance of vitamin C, D3 etc.

Hydroxychloroquine and Chloroquine

<https://www.ncbi.nlm.nih.gov/pubmed/32150618>

<https://reader.elsevier.com/reader/sd/pii/S0924857920300820?token=92457EBC4E75F28D02F311F610DB2D48113E501DC04D49C824E6FD819F77BE34A9937B4AEAC0D115710BDB7BCC2175B5>

<https://www.ncbi.nlm.nih.gov/pubmed/?term=chloroquine+coronavirus>

(Republished from [PaulCraigRoberts.org](#) by permission of author or representative)

More at Roberts' homepage: https://www.paulcraigroberts.org/wp-content/uploads/2020/03/14_2020.01012.pdf

From: (b) (6)
Sent: Mon, 16 Mar 2020 16:23:09 -0400
To: Luo, Yiming (NIH/NIAMS) [E]
Cc: Kadlec, Robert (OS/ASPR/IO)
Subject: Re: concerns regarding CDC recommendations for COVID-19 prevention in healthcare settings

Yiming:

Thanks for your note. I will forward your email to dr. Robert Kadlec who is in charge of the SNS.

Best regards,
Tony

On Mar 16, 2020, at 2:53 PM, Luo, Yiming (NIH/NIAMS) [E]
(b) (6) wrote:

Dear Dr. Fauci,

My name is Yiming and I am a clinical fellow in rheumatology at NIH/NIAMS. I have colleagues and friends working in community hospitals fighting against COVID-19 and we are deeply concerned regarding the CDC interim recommendations for COVID-19 prevention in healthcare settings saying that "facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand". Currently hospitals in New York City are asking their healthcare providers to wear surgical mask while treating COVID-19

COVID-19 is highly contagious in healthcare settings with a large proportion of healthcare professionals being infected reported in early literature [1]. A recent study suggested that asymptomatic patients can transmit SARS-CoV-2 which puts potentially additional threats to healthcare providers [2].

Although surgical mask can effectively prevent droplet transmission, whether and to what degree SARS-CoV-2 can transmit through aerosol approach is still uncertain. Studies with 2003 SARS virus suggest a high level of concerns for aerosol transmission [3], and a recent unpublished study from MedRxiv revealed that SARS-CoV-2 has similar aerosol stability compared to SARS [4].

Healthcare professionals are our frontline force against the coronavirus emergency and we cannot afford even a slight probability of a large scale infections among healthcare workers due to insufficient personal protective equipment. We hope that accessing the Strategic National Stockpile (SNS) and any potential mass production program are actively being considered to protect, and ultimately, save lives for U.S. people.

Sincerely,

Yiming Luo, MD

- [1] Wang et al, Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA. 2020 Feb 7. Doi: 10.1001/jama.2020.1585.
- [2] Chang et al, Protecting health care workers from subclinical coronavirus infection, Lancet Respir Med. 2020 Mar;8(3):e13. doi: 10.1016/S2213-2600(20)30066-7.
- [3] Jones et al, Aerosol transmission of infectious disease. J Occup Environ Med. 2015 May;57(5):501-8. doi: 10.1097/JOM.0000000000000448.
- [4] Doremalen et al, Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. doi: <https://doi.org/10.1101/2020.03.09.20033217> (MedRxiv)

From: (b) (6)
Sent: Mon, 16 Mar 2020 14:31:15 -0400
To: Redfield, Robert R. (CDC/OD);Deborah Birx
Subject: Fwd: (b) (4)
Algorithm for addressing people with mild upper respiratory symptoms in the age of Covid-19.

This is a (b) (5)

Begin forwarded message:

From: Jon LaPook (b) (6)
Date: March 16, 2020 at 1:52:57 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: (b) (4)
Algorithm for addressing people with mild upper respiratory symptoms in the age of Covid-19.

Hi Tony,

Thank you so much for calling me this morning, and for your terrific help last night trying to think through the issue (b) (4), (b) (6)

Given our discussion this morning, I think it would be very helpful if the task force on coronavirus came up with a clear algorithm for addressing issues related to people having symptoms that could be from a cold, flu, or other virus - and not related to the virus that causes COVID-19.

Let's say there's a hypothetical patient with some combination of sore throat, aches and pain, low grade fever in the 99's by mouth, and cough; there's no shortness of breath. Let's say they are now proactively self-quarantined at home and are in the process of evaluation. Questions include:

1. Who, if any, of the person's contacts within the previous days should be contacted?
2. If it's only "close contacts" – those who were within 6 feet of the person for an extended period of time:
 - a. What's the definition of extended period of time?
 - b. Does any physical touching – such as a hug or handshake – immediately mean there is significant contact?
 - c. How far back from the onset of the person's illness do we need to check for "close contacts?" This gets to the issue of how long before symptoms begin can asymptomatic shedding occur.
3. If no Covid-19 testing is available or the person has been told they are not sick enough for testing: how do we think about the potential risk to that person's contacts, for example, at home or work?

4. If Covid-19 testing is available: before the result is back, what is the advice for a corporation or other entity where the person being tested may have infected others through asymptomatic shedding of virus? Should the possible exposure, even if relatively "low risk", set off any protocol that deals with trying to minimize possible spread of the virus?

Obviously, there are many other specific questions. (b) (4), (b) (6)

Thanks!

Jon

Jonathan LaPook, M.D.
Chief Medical Correspondent, CBS News
Professor of Medicine
NYU Langone Health
Twitter @DrLaPook

From: (b) (6)
Sent: Mon, 16 Mar 2020 14:23:32 -0400
To: Billet, Courtney (NIH/NIAID) [E]
Subject: Fwd: coronavirus vaccine using cow pox-small pox example

Niaid inquiries

Begin forwarded message:

From: nishit sawal <(b) (6)>
Date: March 16, 2020 at 1:39:58 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Auchincloss, Hugh (NIH/NIAID) [E]" <(b) (6)>, "Barasch, Kimberly (NIH/NIAID) [C]" <(b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, "Lerner, Andrea (NIH/NIAID) [E]" <(b) (6)>, "Mascola, John (NIH/VRC) [E]" <(b) (6)>, "Graham, Barney (NIH/VRC) [E]" <(b) (6)>
Subject: coronavirus vaccine using cow pox-small pox example

hi sir,
currently an effective vaccine for covid-19 appears 12-16 months away. in view of rampant spread of disease , we can use the cow pox-small pox idea to minimize the disease mortality.
if general population at large was purposefully infected with human coronavirus strains which classically cause mild URTI's , the chances of them getting infected or more probably getting severely ill with covid-19 would be definitely reduced. we do not need to make a vaccine of these strains - classically they cause mild, self-limiting URTI's.
we have these resources and can do this in a very short period.
think over it - time to innovate like Edward Jenner did.
regards ,
Dr Nishit sawal
Consultant Neurologist
Government Medical College and Hospital
Chandigarh,India

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:45:28 -0400
To: Jethro Pen
Subject: Re: Steven Hilton of Fox News' Covid19 Question to Dr Fauci et al.

Stay tuned

On Mar 16, 2020, at 1:40 PM, Jethro Pen (b) (6) wrote:

Dear Dr Fauci:

Apologies for further burdening your staff at this time of Covid19 crisis, by submitting this question.

Fox News' Host Steven Hilton posed a question to you on his March 15th program: my understanding of it - which my wife and I, (b) (6), believe to be a "good" question - is as follows:

"Given the relative safety of all but the elderly and those whose immune systems are compromised, and that they are far fewer than the rest of the population, why not quarantine only them?"

Mr Hilton says he believes there to be an answer, but it's not yet been given to the public. For what it's worth, I too believe there's an answer. I'm less certain that it's not been given. Below is the link to this matter on the Fox website.

<https://www.foxnews.com/opinion/steve-hilton-on-coronavirus-dr-fauci-officials-must-answer-the-big-question-americans-are-asking>

Thanks for such attention as this may be given. If in the present circumstances, that means none, I get it; nothing further is necessary or expected.

Happy to try to provide anything further which is needed or helpful.

Sincerely,

/s/ Jethro Pen

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:36:16 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: March 26th hearing postponed

Yeah!

Begin forwarded message:

From: "Hallett, Adrienne (NIH/OD) [E]" (b) (6)
Date: March 16, 2020 at 1:23:40 PM EDT
To: "Hodes, Richard (NIH/NIA) [E]" (b) (6)>, "Volkow, Nora (NIH/NIDA) [E]" (b) (6)>, "Sharpless, Norman (NIH/NCI) [E]" (b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) "Bianchi, Diana (NIH/NICHD) [E]" (b) (6)>, "Gordon, Joshua (NIH/NIMH) [E]" (b) (6), "Collins, Francis (NIH/OD) [E]" <(b) (6)>
Cc: "Kelley, Melinda (NIH/NIA/ERP) [E]" (b) (6)>, "Hobin, Jennifer (NIH/NIDA) [E]" <(b) (6)>, "Holohan, MK (NIH/NCI) [E]" (b) (6)>, "Haskins, Melinda (NIH/NIAID) [E]" (b) (6)>, "Kaeser, Lisa (NIH/NICHD) [E]" (b) (6), "Ampofo, Phyllis (NIH/NIMH) [E]" (b) (6) "Mitchell, Michelle (NIH/OD) [E]" (b) (6)>
Subject: March 26th hearing postponed

OMB is putting a hold on sending HHS witnesses to the Hill through the end of March. This will indefinitely postpone our budget hearing.

Thanks for your patience,
Adrienne

Dear Agency Legislative Affairs Teams:

Due to the full Administration mobilization underway, we are placing a temporary hold on sending up government witnesses who are engaged in the coronavirus response. The Executive Branch needs all of its resources directly focused on executing its day-to-day response to coronavirus. We will continue to practice "radical transparency" with Congress

and the American people, but participation in hearings cannot continue to divert resources from our response effort.

This pause is effective immediately. It is intended to last for three weeks, through the end of March, though we will reevaluate if it needs to be extended at a later date.

Importantly, as noted above, this does not only include witnesses for hearings that are explicitly focused on coronavirus, but also, to be determined on a case-by-case basis, witnesses and agencies who are playing vital roles on the Task Force or the broader Administration response, whether or not the hearing topic is coronavirus.

Therefore, please do not accept hearing invitations from Congress for hearings through March if you believe they meet the above criteria. If you already have hearings confirmed that you believe fits this criteria, please notify us immediately. You will likely have to postpone those hearings.

Four corners leadership offices have already been notified of this policy.

Please reach out to OMB if you have any questions, and we will be happy to work with you as we implement this policy.

Thank you.

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:34:42 -0400
To: Billet, Courtney (NIH/NIAID) [E]
Subject: Fwd: A SIMPLE STRATEGY FOR PREVENTING CORONAVIRUS SPREAD

Niaid inquiries

Begin forwarded message:

From: Walter Tengelsen <(b) (6)>
Date: March 16, 2020 at 1:32:43 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: A SIMPLE STRATEGY FOR PREVENTING CORONAVIRUS SPREAD

To: Dr. Anthony S. Fauci, MD, Head of NIAID

From: Walter Tengelsen, Chmn. of MACROSYSTEMS INST.

First,, allow me to thank *and congratulate* you for telling the government, and the press, about our nation's *unpreparedness* for the coronavirus spread. But while we wait for Big Pharma to develop a vaccine for this disease, there is something that could be done NOW to prevent the spread of the virus ... and it wouldn't cost the government anything! Allow me to explain.

Decades ago, when I was a designer in Aerospace, and took my drawings up to the blueprint room for copies, I would always notice the 'aroma' of ammonia in the room. Inquiring about the safety of this constant exposure by the blueprinting staff I was told that there are three groups of people who **don't** get colds: 1) those working in salt mines, 2) those working in sewers, and 3) those working in blueprint rooms! A few decades later I was advised, *by an MD*, that the way to avoid colds is to keep saucers of household **ammonia** in my house rooms (and in the office rooms, if allowed), and that one would not even notice the smell after a few days. Since cold virus transmission is by aerosol particles from the already-infected, and the dilute ammonia fumes are able to

'inactivate' them, **might these ammonia fumes be able to protect us against the coronavirus?**

Admittedly, too much ammonia gas can be very irritating (and even fatal, as in WW!), but evidently people seem to survive and thrive at the just-noticeable gas levels being recommended here. If there is some potential lung damage from ammonia gas, that might be prevented by taking (freeze-dried) stinging nettles **leaf**, a widely recognized lung-cleaning supplement that is recommended by Naturopathic Doctors. But it would seem that the potential benefits of limiting the spread of the coronavirus in our entire population far outweighs the risks of lung damage. Since most homes already have bottles of ammonia (in their laundry area), **this preventive strategy could be implemented immediately**, and would provide the public with the satisfaction of feeling *they* are doing 'their part' in combatting this pandemic ...and protecting themselves and their loved-ones.

NOTE: I am NOT a medical doctor, but an electronic systems engineer and scientist (who takes systems engineering as a license to meddle in all things), but I was the first male family member in 4 generations who did NOT become a pharmacist or physician. I'm emailing my (old address) CV separately, but the email and cell phone number -- (b) (6) still reach me as I'm (b) (6), and then plan to return to my new home in (b) (6) (IF there's no travel restrictions in force)! I can be reached via email or cell phone to explain this preventive strategy further. Meanwhile, good luck on all your efforts to contain this pandemic; the next four weeks or so will be critical!

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:33:40 -0400
To: Carlos del Rio
Subject: Re: FYI...

Thanks, Carlos

On Mar 16, 2020, at 1:31 PM, Del Rio, Carlos (b) (6) >wrote:

Dear super-star friends:

I wanted to give you a heads up about a letter (attached) that myself as well as two AAAS Leshner fellows have been working on. Our goal is to send this with as many signatures as possible to the WH. Most of what we ask for is what you are already doing or going to be doing but we are calling for **enforced social distancing measures, including closing or severely limiting all non-essential business and schools nationwide**. I hope this is useful in our efforts.

Sincerely,

Carlos del Rio, MD, FIDSA

Distinguished Professor for Emory Clinical and Academic Affairs at Grady
Professor of Medicine
Executive Associate Dean for Emory at Grady
Emory University School of Medicine
Professor of Global Health and Epidemiology
Rollins School of Public Health
Co-Director, Emory CFAR
Tel: (b) (6)
Tweeter: (b) (6)
Pronouns: he/him/his

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If you have received this message in error, please contact the sender by reply e-mail message and destroy all copies of the original message (including attachments).

<Open letter from the Infectious Disease scientific and medical community on COVID-19.docx>

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:19:42 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Can existing SARS vaccine be used to possibly limit severity of COVID-19 illness?

Please handle

Begin forwarded message:

From: Benjamin Cintz <(b) (6)>
Date: March 16, 2020 at 1:10:48 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Can existing SARS vaccine be used to possibly limit severity of COVID-19 illness?

Dr. Fauci,

I have read that COVID-19 is closely related to SARS.

I am wondering if the existing SARS vaccine be used to possibly limit the severity of COVID-19 illness in highly at-risk populations?

Thanks,

Ben Cintz

Mobile: (b) (6)

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:12:18 -0400
To: Marston, Hilary (NIH/NIAID) [E]
Subject: Fwd: Coronavirus Antidote
Attachments: Zn2+ Inhibits Coronavirus - 14 March 2020.pdf, ATT00001.htm

People respond

Begin forwarded message:

From: FH Mughal (b) (6)>
Date: March 16, 2020 at 1:05:20 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Fw: Coronavirus Antidote

I'm anxiously waiting for your response. Kindly respond, the soonest - Thank you

----- Forwarded Message -----

From: FH Mughal (b) (6)
To: (b) (6)>
Sent: Sunday, March 15, 2020, 03:54:48 AM PDT
Subject: Coronavirus Antidote

Dear Dr Anthony Fauci and Hilary D. Marston

Kindly enlighten me on the following points:

Can the high temperature (30-35 degrees C) kill the virus?

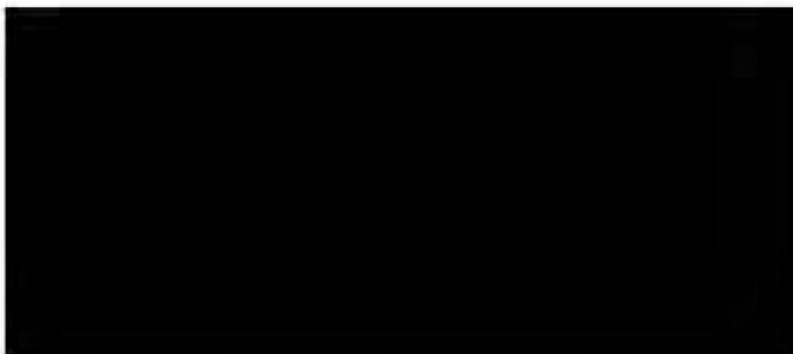
Can the heatwave (40-49 degrees C) kill the virus?

During last heatwave, the temperature in some cities of Pakistan was 47-49 degrees C.

What is the antidote for coronavirus?

In the following link, Pastor Jim Bakker is suggesting that the silver solution can kill the coronavirus within 12 hours. What are your views:

[Coronavirus 'Cure' Claims Get FTC Warning, So Maybe Don't Drink Silver](#)



Coronavirus 'Cure' Claims Get FTC Warning, So Maybe Don't Drink Silver

Thomas Brewster

Science says drinking silver won't cure coronavirus, but companies offering the "cure" are trying to capitalize ...



Coronavirus 'Cure' Claims Get FTC Warning, So Maybe Don't Drink Silver

Thomas Brewster

Science says drinking silver won't cure coronavirus, but companies offering the "cure" are trying to capitalize ...

In the attached paper, the authors say zinc can inactivate the virus. Your comments on silver and zinc, please.

Could I kindly request for an early response, please.

Thank you,

Kind regards,

F H Mughal (Mr)
Karachi, Pakistan

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:04:59 -0400
To: Billet, Courtney (NIH/NIAID) [E]
Subject: Fwd: Hypothesis for reducing fatalities from Coronavirus

NIAID inquiries

Begin forwarded message:

From: Patrick Hackenberry (b) (6).
Date: March 16, 2020 at 12:59:07 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Hypothesis for reducing fatalities from Coronavirus

Dear Dr. Fauci / to whom it may concern:

I am not a medical doctor but I have an idea. I know you have every expert on earth working on this virus. I am watching the attempts to slow the transmission and "flatten the curve."

What if we could reduce the fatality rate ? Wouldn't that be huge and assist in reducing the panic ?

I am hearing that hospitals are going to be short on respirators and that the virus attacks the lungs. My idea - might help people to breath more efficiently.

Summary:

Here is my idea: Doctors need to utilize methods that endurance athletes have used in the past to **increase their red blood cells in order to increase their body's blood-oxygen carrying capacity.**

Further description:

Athletes like Lance Armstrong used blood doping and other ways to increase their Erythropoietin (EPO). This was called cheating in sports. However, the results gave him an advantage because his body could get more (VO-2 max) oxygen with a single breath compared to others. This helped Armstrong to become more "super human." I agree that this should be illegal in sports. However, I think it would be great if a person was fighting for their life to be super human.

There are natural ways to increase your EPO and there are drugs to trick your body into producing more EPO. One of the best natural ways is high altitude training (think Boulder, CO and Kenya marathon runners). Also, the risks involved in increased red blood cell count obviously include stroke, blood clot, heart attack and many others. But I think that if monitored closely and as a last resort this method might help some people to survive this outbreak.

Sincerely,

Patrick Hackenberry

From (b) (6)
(b) (6) cell

I have NO connections to the website(s) or companies below:
Reference the article below from www.hammernutrition.com

By: William Misner, Ph.D.

From 1996 until his retirement in 2006, Dr. Bill worked full-time as Director of Research & Development at Hammer Nutrition. Among his many accomplishments, both academically and athletically, he is an AAMA Board Certified Alternative Medicine Practitioner and the author of "What Should I Eat? A Food-Endowed Prescription For Well Being". - Dr Bill's Full Bio

What is EPO?

Erythropoietin (EPO) is a naturally occurring hormone that stimulates the production of red blood cells (RBC). Erythropoietin is a glycoprotein hormone produced in the kidneys, containing a 165-amino acids structure. Most erythropoietin is produced by the kidney's renal cortex, but some is also produced in the liver (mainly in the fetus), the brain and uterus.

Why is it important?

Erythropoietin production is stimulated by low oxygen levels in interstitial cells of the peritubular capillaries in the kidneys. Following its production in the kidneys, EPO travels to the bone marrow where it stimulates production of red blood cells

(RBC's) [2]. EPO increases the body's blood-oxygen carrying capacity, but only up to a point. An overabundance may compromise health and hinder blood flow dynamics with performance-limiting implications. In the absence of EPO, only a few RBC's are formed by the bone marrow.

Why are RBC's important?

Red blood cells carry iron-rich hemoglobin for up to 120-days, then they die. Unless there is a continual supply of Iron, Vitamin B-12, Vitamin C and Folic acid, anemia and reduced oxygen carrying capacity manifests in two ways:

Low red blood cell count
Malformed red blood cells.

How can one increase their oxygen carrying capacity?

There is a distinct difference between unethical, harmful, EPO-blood doping methods and the safe nutrition that effectively increases individual oxygen-carrying capacity. One can improve their health and oxygen carrying capacity similar to EPO without compromising the athlete's health or integrity. EPO levels up to 48% safely improve performance in males, however beyond this level, the risk of compromised health increases. Look to dietary suggestions below regarding vitamins, minerals, proteins, and avoiding anemia to ensure oxygen carrying capacity.

Can excess EPO be lethal?

Yes. The margin between effective and lethal quantities of EPO is very narrow. EPO use can be LETHAL. Many athletes seeking to derive its performance-enhancing effects have died from incorrectly-administered EPO. Inappropriate use of exogenous EPO can cause elevated hematocrit levels (i.e. thickened blood that is difficult to pump). Elevated EPO increases the risk of heart attack due to the increase in hematocrit. Choosing sustainable, healthy choices is preferred.

Exogenous EPO is totally cleared from the urine within 48 hours of its administration and is cleared from the blood within 72 hours of its administration but its physiological effects prevail for several months).[3] A look at EPO's complex pathway further illustrates a complex physiological process below, see PATHWAYS[4]. Research followed over 7,000 middle-aged men for more than 12 years, and discovered that the risk of diabetes increases proportionate to hematocrit increase.[19] [20]. Men with hematocrits above 48 percent have a 400% increased risk of non-insulin-dependent-diabetes mellitus. The upper recommended levels for a female is slightly lower at 45%.

This nutritional intervention parallels exercise intensity's effect for increasing EPO. Nutritional and training interventions for resolving low EPO levels during iron

supplementation (only prescribed by a physician who should monitor progress) should not be permitted above a reference range of 48% in males and 45% in females. Similar research confirms this report.[21] [22] [23]

Does exercise intensity increase EPO?

It's complicated. Roberts & Smith measured the effects of exercise-induced hypoxia on the physiological production of erythropoietin. Twenty athletes exercised for 3 min at 106-112% maximal oxygen consumption. The fitness of these athletes provides a physiological environment for increasing EPO naturally from short 3-minute all-out intervals. Estimated oxyhemoglobin saturation was measured by reflective probe pulse oximetry (Nellcor N200) and was validated against arterial oxyhemoglobin saturation by CO-oximetry in eight athletes. Serum erythropoietin concentrations, as measured using the INCSTAR Epo-Trac radioimmunoassay, increased significantly by 19-37% at 24 hours post-exercise in 11 participants who also had an arterial oxyhemoglobin saturation $\leq 91\%$. Decreased ferritin levels and increased reticulocyte counts were observed at 96 hours post-exercise. However, no significant changes in EPO levels were observed in nine non-desaturating athletes and eight non-exercise controls. Good agreement was shown between arterial oxyhemoglobin saturation and percent estimated oxyhaemoglobin saturation (limits of agreement = -3.9 to 3.7). They concluded that a short 3 minutes supramaximal exercise period could induce both hypoxemia and increased erythropoietin levels in well-trained individuals. The decline of arterial hypoxemia levels below 91% during exercise appears to be necessary for the exercise-induced elevation of serum erythropoietin levels. Furthermore, reflective probe pulse oximetry was found to be a valid predictor of percent arterial oxyhemoglobin saturation during supramaximal exercise when percent estimated oxyhemoglobin saturation $\geq 86\%$. [9]

What naturally occurring, nutritional building blocks aid in EPO production?

Protein adequacy is a factor in erythropoietin (EPO) production. Inadequate protein nutrition can reduce the EPO produced. The erythroid response to Erythropoietin (EPO) is highly dependent on dietary protein adequacy and quality. The mouse spleen is an erythropoietic organ, which contains an EPO-responsive cell population that can be easily amplified by administration of the hormone. Researchers determined the effect of a protein-free diet offered freely to mice up to two days after injection of r-Hu EPO (1000mU/200 ul) on the response of the above population. Splenic cell suspensions from control and experimental mice were prepared in microwells containing 400 mU r-Hu EPO and appropriate medium. The response to EPO was evaluated in terms of ³H-thymidine uptake. The results obtained indicate that acutely induced protein restriction suppressed the response of the EPO-responsive splenic cell population to EPO when it was imposed on mice immediately after hormone injection, and suggest the appearance of deficient rates of differentiation of erythropoietic units by protein restriction. [11] Adequate dietary protein intake is 1.4-1.7 grams/kilogram body weight per day for an endurance

athlete.

What other nutritional elements and processes affect the natural production of EPO and the body's oxygen carrying capacity?

Dietary Iron. To ensure oxygen carrying capacity, one should take the recommended daily value of iron. Food sources of iron are red meat, liver, and egg yolks. Most flour, bread, and cereals are iron-fortified. If the diet continues to be iron-deficient, only a physician should prescribe and supervise iron supplementation.

Calories. Calories are needed for EPO production. Calorie sufficiency (in spite of exercise expense) is required for optimal EPO-release. If training is causing weight loss, then EPO loss may be occurring. In order to test the hypothesis that the early cessation of erythropoietin (Ep) production during hypobaric hypoxia is induced by lowered food intake, researchers compared the plasma Ep titer of rats after exposure to continuous hypoxia (42.6 kPa = 7000 m altitude) for 4 days in fed or fasted rats after exposure to discontinuous hypoxia. They found that plasma Ep was rather low after 4 days of continuous hypoxia. Their findings showed that fasting lowers the EPO-response to hypoxia in normal rats [12].

Hormone and Glucose. EPO production also has hormonal-dependant roots complexly related to glucose metabolism, and calorie adequacy. The effect of Thyroid-T3 replacement and glucose supplementation on erythropoietin production was investigated in fasted hypoxic rats. It was found that 48 hr of fasting significantly reduced the circulating levels of thyroid hormones and the production of renal and extrarenal erythropoietin in response to hypoxia. These effects of fasting were completely abolished when the animals had free access to 25% glucose solution as drinking water, despite their lack of protein intake. Replacement doses of T3 (0.5 micrograms/100 gm per day) restored erythropoietin production in the fasted animals but also increased the response of the fed controls. To avoid the effect of endogenous T3, the experiments were repeated in thyroidectomized rats. EPO production in athyroid rats was found to be markedly decreased, with values equivalent to those found in normal fasted animals, and were not affected by fasting or glucose supplementation. Replacement doses of T3 increased EPO production in all three groups, but the fasted animals needed five times as much T3 to obtain a response similar to that observed in the fed group. Glucose supplementation enhanced the effect of T3 in the fasted animals but did not completely restore them. These results indicate that caloric deprivation is primarily responsible for the decreased EPO production induced by fasting and that this effect is probably mediated by both a decreased level of T3 and a decreased responsiveness to it.[13] A calorie deficit therefore requires 500% more Thyroid Hormone (T3) to maintain EPO levels. This is a good reason for monitoring calorie intake during high training calorie expense.

Iron absorbtion. Dietary interventions significantly advance nonheme iron absorption rate during EPO production. It is very important to include foods to

enhance nonheme iron absorption, especially when an exercise-induced iron loss is high or when no heme iron is consumed, such as in a vegetarian diet. Absorption of heme iron is very efficient; the presence of red meat increases absorption of non-heme iron +400%. Only 1-7% of the nonheme iron in vegetable staples in rice, maize, black beans, soybeans, and wheat are absorbed consumed alone. Vitamin C improves the rate of absorption of nonheme iron from red meats. Diets that include a minimum of 5 servings of fruits and vegetables daily provide adequate vitamin C to boost nonheme iron absorption. Calcium, polyphenols, tannins from tea, and phytates (a component of plant foods), rice, and grains inhibit the absorption of nonheme iron. Some of the protein found in soybeans inhibits nonheme iron absorption. Most healthy individuals maintain normal iron stores when the diet provides a wide variety of foods. However, if the diet contains large amounts of oxalates and phytates from dark green leafy vegetables and whole cereal grains the absorption of iron decreases due to binding with iron in the gut. High absorption of heme iron is further advanced by foods containing vitamin C in an acid environment found of the stomach. The recommended for daily iron intake is between 10-18 milligrams for adult males and postmenopausal females. Most endurance athletes consume too much iron. Iron is added to breads, cereals, and most packaged foods.

From a computer-generated dietary analysis on 16 endurance athletes and 9 non-athletes, iron intake from their reported food intake was assessed.

The results of this data is as follows:

GROUP

PERCENT DAILY IRON (RDI/RDA)

MALE ENDURANCE ATHLETE

279%

FEMALE ENDURANCE ATHLETE

193%

MALE SEDENTARY

158%

FEMALE SEDENTARY

115%

What are some food combinations that increase the absorption of iron?

How foods are combined may affect iron absorption rate. Excess iron overdose is unhealthy and should be avoided. Common side effects of acute iron overload are gastro-intestinal pain, constipation, nausea, and heartburn. Excess iron levels may generate a continuous low-grade infection. Foods are the best source of iron. The best food source of iron is liver and red meats. These foods contain heme iron, which is better absorbed than non-heme iron. Non-heme iron can be found in dark green, leafy vegetables (spinach, chard and kale) and whole cereal grains (bran and whole wheat bread). Include dark green, leafy vegetables and whole cereal grains in the daily diet. Oxalates and phytates found in dark green leafy vegetables and whole cereal grains decrease the absorption of iron because they bind with iron in the gastrointestinal tract. Iron fortified cereals increase iron from the diet. Anemia may develop on a meat-free diet and/or if the iron store or intake is low.

Red meat contains arachidonic acid, an EPO-precursor nutrient, but it also contains high levels of saturated fats and cholesterol suggesting a little (now and then) is good but too much will harmfully compromise cardiovascular lipid levels. Adding iron to the diet in supplemental form is not recommended except under the supervision of a physician who is monitoring blood serum levels for a specific outcome. It has been shown that eating red meat 1-2 per week may contribute to providing substrates known to regenerate EPO as shown in animal research. The ability of Arachidonic Acid (AA), the bisenoic prostaglandin precursor to stimulate erythropoiesis and Erythropoietin (EP) Production in exhypoxic polycythemic mice and the programmed isolated perfused canine kidney was found to stimulate erythropoiesis when administered to exhypoxic polycythemic mice in the lowest dose tested (50 microgram/kg i.p.). Endogenously synthesized prostaglandins, their intermediates and/or other products of AA metabolism, such as prostacyclin and prostaglandins play an important role in the control EPO production.[14] Hematocrit levels are restored through the supplying dietary or supplemental specific substrates to support the body's natural EPO-producing mechanisms during endurance exercise stress.

SUBSTRATES THAT ASSIST EPO METABOLISM[15]

Acidophilus - 15-30 Billion Count Probiotics
Coenzyme Q10 - 150-300 mg daily
Garlic - 2 cloves or 2 capsules up to 3 x day
Kelp - 100-225 micrograms
Vitamin B6 - 50-100 mg
Vitamin B12 - 200-1,000 mcg
Folic Acid - 800 mcg
Proteolytic enzymes - Bromelain & Papain
Selenium - 200 mcg
Vitamin A - 15,000 IU daily or Beta Carotene - 25,000 IU daily
Vitamin B Complex - 50-100 mg
Vitamin C plus Bioflavonoids - 1-3 grams (divided dose)
Vitamin E - 400 IU daily

Copper - 2 mg

Zinc 40 mg daily ---->(Do not take zinc in amounts over 40 mg daily as it may interfere with metabolism of iron and copper)

More Dietary Recommendations

There is a method to improve iron uptake in the absence of oxalate or phytate rich foods previously mentioned above. If hematocrit, hemoglobin, or ferritin blood lab measures are low, the athlete may add 1-gram of vitamin C to a 3-4 ounce lean cut of red meat cooked in an iron skillet one to two times each week. A complete dietary protocol for cancer patients going through chemotherapy and radiation was published and is applicable to over-trained endurance athletes who present low hematocrit levels.[16]

Conclusion

In normal adults, the kidneys produce EPO, which initiates approximately 90% of natural erythropoietin production. Tissue oxygenation exposure regulates the production of erythropoietin. Less oxygen saturation in the air we inhale (either by altitude or hypoxic interval training) stimulates the kidneys to activate the chemical messengers to instruct the bone marrow to increase the production of EPO to resolve the lack of oxygen exposure. Hypoxia or Anemia stimulates the kidney production of erythropoietin to increase production red blood cells. EPO released from the kidneys increases the rate of red blood cell division and differentiation of specific cells in the bone marrow.

Dietary deficiency of specific foods and micronutrients, hormone imbalance, and lack of specific hypoxic training stress inhibit the endogenous (natural) production of EPO. Additionally, nutritional imbalance from caloric restriction (or exercise related expense), dehydration, fluid intoxication, excess calcium, excess inositol, excess oxalates foods, excess phytic acid from cereal grains, or a lack of hypoxic interval training all inhibit the natural production of EPO also. [17] [18],

Manipulating diet for protein and total calorie adequacy, monitoring hydration, using supplements, timing food combinations, adding weekly hypoxic exercise followed by easy or rest days all increases the release of natural EPO for healthy maximal oxygen carrying capacity. Plus, there are many ways to use diet and wellness to ensure that the body's production of red blood cells is sound and that their oxygen carrying capacity is functioning.

[1] Director of Research & Product Development for HAMMER NUTRITION LTD. 1-800-336-1977, Whitefish, Montana.

[2] Courtesy of From Wikipedia, the free encyclopedia @:
http://en.wikipedia.org/wiki/Main_Page

- [3] In-Tele-Health 2002 (from Hyperhealth Pro CD-ROM)
- [4] Courtesy of Biocarta @
http://www.biocarta.com/pathfiles/h_eponfkbPathway.asp
- [5] CLINICAL PHARMACOLOGY OF PROCRIT@:
http://www.procrit.com/profonly/nephrology/what_is_procrit/clinical_pharmacology.html
- [6] Fisher JW. Pharmacologic modulation of erythropoietin production. *Annu Rev Pharmacol Toxicol.* 1988;28:101-22.
- [7] Plasmapheresis is the process of separating certain cells from the plasma in the blood by a machine; only the cells are returned to the person. Plasmapheresis can be used to remove excess antibodies from the blood.
- [8] Roberts D, Smith DJ, Donnelly S, Simard S., Plasma-volume contraction and exercise-induced hypoxaemia modulate erythropoietin production in healthy humans. *Clin Sci (Lond).* 2000 Jan;98(1):39-45.
- [9] Roberts D, Smith DJ. Erythropoietin concentration and arterial haemoglobin saturation with supramaximal exercise. *J Sports Sci.* 1999 Jun;17(6):485-93.
- [10] Brun JF, Bouchahda C, Chaze D, Benhaddad AA, Micallef JP, Mercier J. The paradox of hematocrit in exercise physiology: which is the "normal" range from a hemorheologist's viewpoint? *Clin Hemorheol Microcirc.* 2000;22(4):287-303.
- [11] Depressed response of the erythropoietin-responsive splenic cell population to erythropoietin in acutely protein restricted mice. *In Vivo.* 1995 Jan-Feb;9(1):71-3.
- [12] Jelkmann W, Kurtz A, Bauer C., Effects of fasting on the hypoxia-induced erythropoietin production in rats. *Pflugers Arch.* 1983 Feb;396(2):174-5.
- [13] Caro J, Silver R, Erslev AJ, Miller OP, Birgegard G., Erythropoietin production in fasted rats. Effects of thyroid hormones and glucose supplementation. *J Lab Clin Med.* 1981 Dec;98(6):860-8.
- [14] Foley JE, Gross DM, Nelson PK, Fisher JW. The effects of arachidonic acid on erythropoietin production in exhypoxic polycythemic mice and the isolated perfused canine kidney. *J Pharmacol Exp Ther.* 1978 Nov;207(2):402-9.
- [15] As with any supplement, always confirm with your physician as to the appropriate level and selection prior to use.
- [16] Nutritional Interventions for Reducing the Negative Side Effects of Chemotherapy, Bill Misner, Ph.D. http://www.cancure.org/Chemo_support.htm

[17] Oxalate-rich foods are: Spinach, Cereals, Green Beans (steamed), Potato (raw), Peanut Butter, Tea (brewed), Celery, Chocolate, Ravioli, and White Bread.

[18] Phytate-rich foods are Grains, Corn, Oats, Rice Bran, Wheat Bran, Legumes, Peanuts, Soybeans, and Seeds.

[19] Catalano C, Muscelli E, Natali A, Mazzoni A, Masoni A, Bernardini B, Seghieri G, Ferrannini E. Reciprocal association between insulin sensitivity and the haematocrit in man. *Eur J Clin Invest.* 1997 Jul;27(7):634-7.

[20] Wannamethee SG, Perry IJ, Shaper AG. Hematocrit and risk of NIDDM. *Diabetes.* 1996 May;45(5):576-9.

[21] Sit D, Kadiroglu AK, Yilmaz ME, Kara IH, Isikoglu B. The prevalence of insulin resistance and its relationship between anemia, secondary hyperparathyroidism, inflammation, and cardiac parameters in chronic hemodialysis patients. *Ren Fail.* 2005;27(4):403-7.

[22] Evrengul H, Dursunoglu D, Kaftan A, Kilicaslan F, Tanriverdi H, Kilic M. Relation of insulin resistance and left ventricular function and structure in non-diabetic patients with essential hypertension. *Acta Cardiol.* 2005 Apr;60(2):191-8.

[23] Amoah AG, Schuster DP, Gaillard T, Osei K. Insulin resistance, beta cell function and cardiovascular risk factors in Ghanaians with varying degrees of glucose tolerance. *Ethn Dis.* 2002 Fall;12(4):S3-10-7.

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:00:10 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: natural course of the coronavirus pandemic

Please handle

Begin forwarded message:

From: Martin Gelbaum (b) (6) >
Date: March 16, 2020 at 12:52:24 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Cc: Martin Gelbaum (b) (6) >
Subject: natural course of the coronavirus pandemic
Reply-To: (b) (6)

2020-03-16

Dear Dr. Fauci,

Thank you very much for courageous and tireless efforts to defeat the coronavirus pandemic.

One of the statements attributed to you puzzled me.

The article

Dr. Anthony Fauci Says He Would Like a 'Dramatic' Reduction of Personal Interactions at Social Gatherings to Fight Coronavirus, by [Donica Phifer, newsweek.com](https://www.newsweek.com/dr-anthony-fauci-says-he-would-like-dramatic-reduction-personal-interactions-social-1492410)

March 15, 2020 02:20 PM

<https://www.newsweek.com/dr-anthony-fauci-says-he-would-like-dramatic-reduction-personal-interactions-social-1492410>

quotes you as saying,

"I've said many times if you just leave it alone and left the virus to its own devices then it'll go way up and it'll come down naturally over a period of several weeks," Fauci said. "Unfortunately for our colleagues in Italy, in France, and certainly in China, that's what happened."

Question: Is the implication that the virus would have stopped spreading rapidly in China even if their government had not instituted drastic measures to curtail the epidemic?

Put another way: Is it not correct that the drastic measures implemented by the Chinese government were very helpful in halting the spread of the virus in China?

From yet another angle: Is it correct that the public health measures adopted in South Korea and Taiwan have proved very effective in controlling the spread of the epidemic?

Thank you very much again for your hard work,
Martin

From: (b) (6)
Sent: Mon, 16 Mar 2020 12:58:37 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: thank you

Please handle

Begin forwarded message:

From: Robyn Cotter (b) (6)
Date: March 16, 2020 at 12:53:29 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: thank you

Hello Dr. Fauci,

(b) (6) I live a very normal life in a Tennessee suburb. We have always kept a modest supply of important survival items in our home, so we are prepared, not panicked. We are carefully following the information and facts regarding the Coronavirus and taking the appropriate safety suggestions.

The reason for my email today is to thank you for your expertise. You must be exhausted from the stress. Not to mention having to continually repeat yourself... and stretch your political diplomacy to the breaking point while walking the fine line between stating facts and debunking myths (or outright lies).

Please know that my family and I thank you for your continued professionalism, swift communication of facts and overall leadership while we ride this rollercoaster with our neighbors and the rest of the world.

Sincerely,
Robyn Cotter

From: (b) (6)
Sent: Mon, 16 Mar 2020 12:56:53 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: [EXTERNAL] Re: Fox News Request for Dr. Fauci

FYI

Begin forwarded message:

From: "Koerber, Ashley" <Ashley.koerber@FOXNEWS.COM>
Date: March 16, 2020 at 12:56:25 PM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)
Cc: "Deatricks, Elizabeth (NIH/NIAID) [C]" (b) (6), "Routh, Jennifer (NIH/NIAID) [E]" (b) (6), "Oplinger, Anne (NIH/NIAID) [E]" (b) (6), "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Hi Patricia,
Would Dr. Fauci be available to join Bret Baier in the 6pm hour one night this week?
I understand he is very busy, but we would accommodate him any night that he is available.
Please get back to me when you can - thanks!
-Ashley

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)
Sent from my iPhone

On Mar 13, 2020, at 15:32, Conrad, Patricia (NIH/NIAID) [E]
(b) (6) wrote:

I am sorry – we cannot make this work. Apologies.

Patricia L. Conrad

Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Baier, Bret <bret.baier@FOXNEWS.COM>
Sent: Friday, March 13, 2020 3:30 PM
To: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Cc: Deatrick, Elizabeth (NIH/NIAID) [C] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Oplinger, Anne (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: RE: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Thank you for considering.

I know Dr. Fauci has been a lot... and will be this weekend... but tonight to wrap the week.. after the national emergency declaration....

We'd love to have him

Bret

Bret Baier
Chief Political Anchor, Fox News Channel
Anchor & Executive Editor "Special Report with Bret Baier"

From: Koerber, Ashley
Sent: Friday, March 13, 2020 3:27 PM
To: 'Conrad, Patricia (NIH/NIAID) [E]' <(b) (6)>
Cc: Deatrick, Elizabeth (NIH/NIAID) [C] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] <(b) (6)>; Oplinger, Anne (NIH/NIAID) [E] (b) (6)>; Baier, Bret

<bret.baier@FOXNEWS.COM>

Subject: RE: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Hi Patricia,

I know this is last minute, but any chance Dr. Fauci can join us in the 6pm hour tonight? Looping in Bret as well.

Please get back to us when you can – thanks!

–Ashley

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Sent: Thursday, March 12, 2020 8:58 AM
To: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>
Cc: Deatrick, Elizabeth (NIH/NIAID) [C] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Oplinger, Anne (NIH/NIAID) [E] (b) (6)>
Subject: RE: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Sorry – will not work.

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>
Sent: Thursday, March 12, 2020 8:55 AM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Cc: Deatrick, Elizabeth (NIH/NIAID) [C] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Oplinger, Anne

(NIH/NIAID) [E] (b) (6)>

Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Hi Patricia,

Would Dr. Fauci be available to join Bret tonight in the 6pm hour?

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 10, 2020, at 11:20, Conrad, Patricia (NIH/NIAID) [E]
(b) (6)>wrote:

Oh – tonight is even worse. I don't think it will work

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>

Sent: Tuesday, March 10, 2020 11:08 AM

To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)

Cc: Deatricks, Elizabeth (NIH/NIAID) [C]

< (b) (6) >; Routh, Jennifer (NIH/NIAID) [E]
(b) (6) >; Oplinger, Anne (NIH/NIAID) [E]
(b) (6) >

Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci @
6pm on Tuesday

I'm asking about tonight.

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 10, 2020, at 10:51, Conrad, Patricia
(NIH/NIAID) [E] < (b) (6) > wrote:

Hi Ashley I don't think we can make this work
tomorrow. If anything changes will let you know.

Sent from my iPhone

On Mar 10, 2020, at 10:49 AM,
Koerber, Ashley
<Ashley.koerber@foxnews.com> wrote:
te:

Hey Patricia,

Just checking on this!

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 9, 2020, at
15:11, Koerber, Ashley

[<Ashley.koerber@foxnews.com>](mailto:Ashley.koerber@foxnews.com)wrote:

Our special is actually 6-8pm tomorrow, so we could do either 6pm hour or 7pm hour.

From: Koerber, Ashley
Sent: Monday, March 9, 2020 11:48 AM
To: Patricia Conrad

(b) (6)

A large rectangular area of the email body is redacted with a solid grey block. The text "(b) (6)" is visible in the top right corner of this redacted area.

Subject: Fox News
Request for Dr. Fauci @
6pm on Tuesday

Hey Patricia,

Would Dr. Fauci be available to join us in the 6pm hour tomorrow (Tuesday) to discuss the latest with COVID-19 from any of the NIH studios? Bret Baier and Martha MacCallum are co-anchoring from New York.

Please get back to me when you can - thanks!

-Ashley

Ashley Koerber Moir

Booking Producer
*Special Report w/
Bret Baier*

Fox News Channel -
DC Bureau

(b) (6) (cell)

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From: (b) (6)
Sent: Mon, 16 Mar 2020 12:55:29 -0400
To: Victoria Baron
Subject: Re: Thank you

Victoria:

I saw it and thanks for sending it.
Best regards,
Tony

> On Mar 16, 2020, at 12:53 PM, Victoria Baron (b) (6) > wrote:

>

> Dear Dr Fauci,

>

> I am a California resident and wanted to take a moment to thank you for your professionalism and integrity during this crisis with the Coronavirus.

>

> It is so evidently clear that you are forced to work "around" the ignorance, ineptness and narcissism of Donald Trump, yet you continue to provide the country with the truth.

>

> I'm guessing that the odds of you actually seeing this email might be slim but I feel better for having sent it. You will be remembered as a hero during a very dark time.

>

> With Appreciation,

>

> Victoria Baron

> (b) (6)

>

> Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 11:54:30 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: press release and "cheat sheet"
Attachments: NIAID press release mRNA Phase 1 FINAL.docx, CONDENSED mRNA phase 1 talking points 3.14 CB.docx

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Billet, Courtney (NIH/NIAID) [E] (b) (6)
Sent: Sunday, March 15, 2020 10:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E]
<(b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6) Routh, Jennifer
(NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>
Subject: ASF: press release and "cheat sheet"

Attached, per discussion.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 11:03:39 +0000
To: Marston, Hilary (NIH/NIAID) [E]; Collins, Francis (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E]
Subject: RE: URGENT: Confidential and urgent request regarding (b) (4)

Thanks!

From: Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Sent: Monday, March 16, 2020 7:00 AM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Re: URGENT: Confidential and urgent request regarding (b) (4)

I will draft something for you today.

(b) (5)

I will send a draft later today.

Best,
Hilary

On Mar 16, 2020, at 5:05 AM, Collins, Francis (NIH/OD) [E] <(b) (6)> wrote:

Hi Tony and Hilary,

See message below from Tom Hudson of Abbvie. (b) (5)

Francis

From: Hudson, Thomas J (b) (6)
Sent: Sunday, March 15, 2020 11:08 PM

To: Collins, Francis (NIH/OD) [E] <[REDACTED] (b) (6)>

Subject: Confidential and urgent request regarding

Dear Francis,

I am sending this brief note as a request for guidance on an evolving situation with

(b) (4)

I am reaching out to you to see if you have any suggestions or individuals that we should contact.

Best wishes,

Tom

THOMAS HUDSON

Senior Vice-President, R&D

Chief Scientific Officer



AbbVie, North Chicago

1 North Waukegan Rd

R473, Building AP9-1

N Chicago, IL 60064

TEL (OFFICE) [REDACTED] (b) (6)

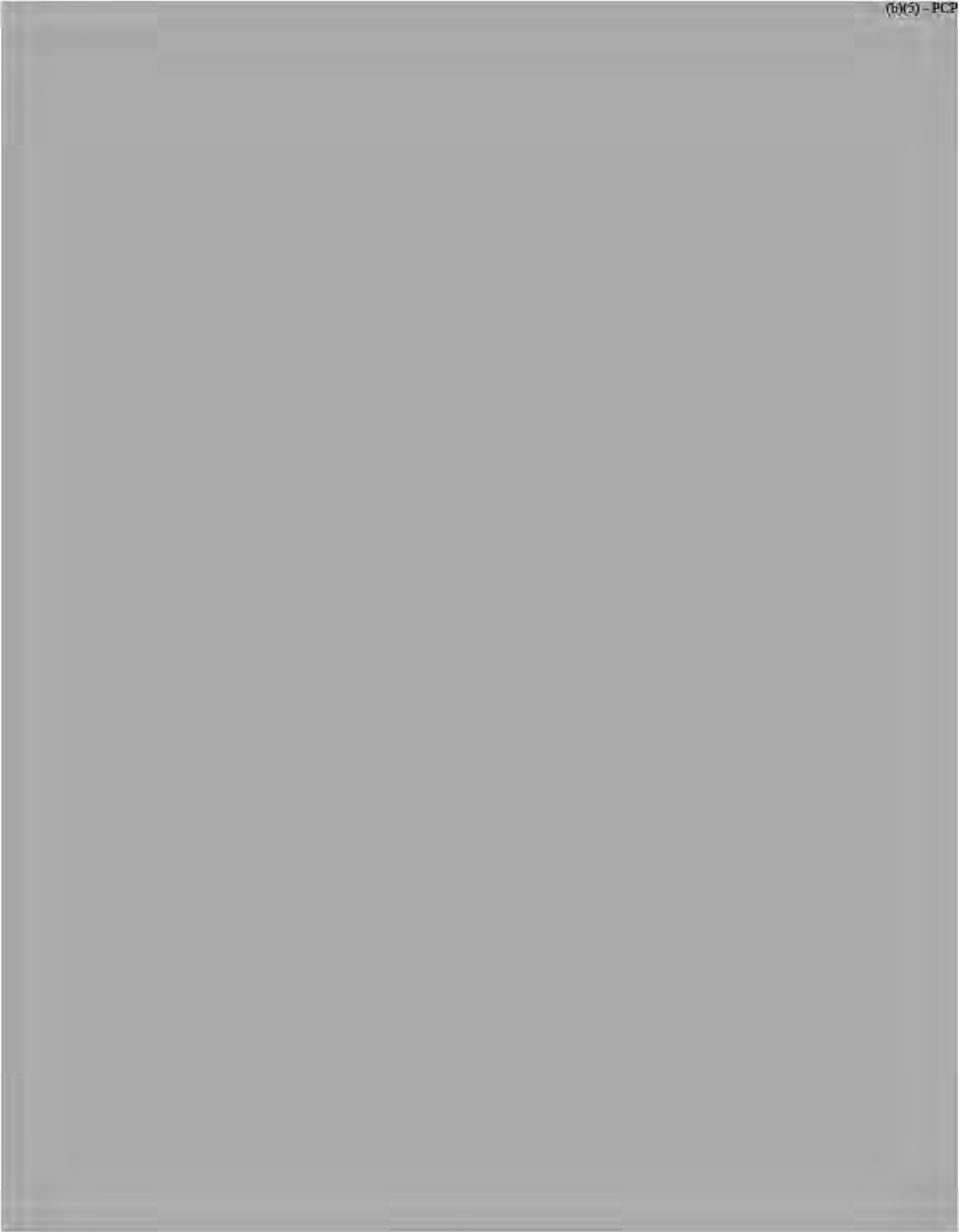
EMAIL ([REDACTED])

b

abbvie.com

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From: (b) (6)
Sent: Mon, 16 Mar 2020 06:09:17 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Dental

Respond

Sent from my iPad

Begin forwarded message:

From: (b) (6)
Date: March 16, 2020 at 5:54:34 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Dental

I ask you to address the explosion of concerns among the dental community in regards to COVID-19. We, the dental community, already high risk personnel, are at an even higher risk at this point and time. Many of those who do not work in the dental community are not aware of how high risk our current situation is. For 8-12 hours a day we are creating aerosols while sitting 8-12 inches from a persons open mouth. These aerosols contain saliva and blood droplets, along with billions of other bacteria and materials. In dentistry, saliva is considered a blood borne pathogen. Although OSHA requires Level 3 masks for all aerosol producing procedures, not all offices are complying. This DOES NOT matter anyway as we know SURGICAL MASKS DO NOT FILTER OUT THE COVID-19 virus. I ask that you suspend non essential dental procedures such as dental cleanings and other procedures that are non-emergent. That we triage patients and accept EMERGENCIES ONLY. We are at such a HIGH risk, not only to ourselves and our families, but a HIGH RISK to spreading this virus COMMUNITY wide. Many of us are taking extra precautions but screening patients, but with a up-to-14 day incubation period, that obviously does not matter.

Please hear our plea to address our concerns. The American Dental Association and the American Dental Hygienists Association has failed us.

Thank you
Alicia Jewell

Sent from my Verizon, Samsung Galaxy smartphone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:04 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Lifting EUA
Attachments: COVID-19 ASM survey comments.docx

Hilary:

Please take a look at this and see if there is anything that we can do here.

Thanks,

Tony

From: Bertuzzi, Stefano (b) (6) >
Sent: Sunday, March 15, 2020 8:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Segal, Allen (b) (6); Melissa Miller
(b) (6) >; Stevens-Garcia, Jonathan (b) (6) >; Watts,
Mary Lee (b) (6)
Subject: Lifting EUA

Hi Tony –

Per our conversation, see the attached email asking FDA to lift the EUA, which would allow CLIA hospital labs to ramp up test capacity significantly. We have sent this letter also to Francis and to Adam Boehler and were on a call with them. Jeff Shuren at FDA also knows, but we think it will be important to take action quickly.

Many thanks, let me know if you need anything else from me at this time.

Sincerely,
Stefano

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:03 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: TytoCare: COVID19 Telehealth Support

From: David Bardan <(b) (6)>
Sent: Sunday, March 15, 2020 9:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Shriya Palekar <Shriyap@tytocare.com>
Subject: TytoCare: COVID19 Telehealth Support
Importance: High

Hi Dr. Fauci – good evening. I represent TytoCare, a company that built the industry's first and only all-in-one medical device that pairs with a virtual exam, going beyond the means of audio and visual. TytoHome, an OTC and FDA approved/cleared device is meant to either synchronously or asynchronously examine a patient with capabilities to capture heart/lung/gastrointestinal sounds, ear/throat/skin exams, and temperature.

Due to the outbreak of COVID-19, Tyto has experienced an influx of orders worldwide to support those that need to be monitored when quarantined. I would like to offer Tyto's assistance here in the U.S. and think through ways and opportunities that the product can make a difference.

Please see a few a couple of examples on how Tyto is making a difference below:

- **Patient Quarantine/Discharge at Home**
 - Design: patients receive TytoHome or have it delivered for remote evaluation by infectious disease specialists
 - Example: [Home Admission Service with TytoCare](#)
- **Create & manage quarantine locations, onsite or offsite**
 - Setup: Patients do a self-exam with TytoClinic while a provider evaluates them from a distance
 - Patient is remotely guided to fully disinfect the device and station before it's returned to staff for a second round disinfection
 - Example: [Nursing Home Triage](#)

Thank you for all that you do during this difficult time.

Thanks,
David

David Bardan
Vice President, Provider Solutions

m: (b) (6)

215 W 40th Street, 9th Floor
New York, NY 10018
www.tytocare.com



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:03 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Leronlimab

Please check out and respond.

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

From: nicholas Agresti [REDACTED] (b) (6)>
Sent: Sunday, March 15, 2020 9:15 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: Leronlimab

Dr. Fauci,

I can't even imagine how busy you are. I am a gastroenterologist in [REDACTED] (b) (6) Georgia. I read about Leronlimab for coronavirus. Any word on results of the clinical trial?

Thank you

Nicholas Agresti MD

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:52:40 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: COVID-19

Please handle

Sent from my iPad

Begin forwarded message:

From: Deb Whitney (b) (6) >
Date: March 15, 2020 at 10:28:48 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: COVID-19

Thank you for your frank speaking about COVID-19. I credit your willingness to stand up and speak aloud that "the emperor has no clothes" ... You have already helped so many through the current pandemic. I know you will understand my concern. But, please help me spread this message as well.

In light of public school closures...these include children and young people from kindergarten through high school. These closures also include preschool programs (Voluntary Pre-K in Florida) for 4-year-olds that are part of a public elementary school.

These school closures do not apply to children whose ages range from infants through preschool (including VPK) receiving care and education in private, corporate, or faith-based centers. My center is one of these, and we are not closing.

This is a business decision.
No kids = No money.
At what price?

We have more than 90 infants, toddlers and young children enrolled at our center, with 20-plus employees on premises throughout the day between the hours of 6:30 am and 6:00 pm. Ours is a 5-Star rated, NAEYC accredited preschool program. I have 17 three-year-old preschool children in my classroom on any given day, with 3 teachers assigned to this room. This is a high quality program.

Please explain how I am supposed to take recommended precautions against COVID-19?

Does social distance apply only to adults? If not, please help me know how to maintain social distance of 3 feet between children and adults at arrival or departure times when I am helping a child with separation from their primary care giver or saying goodbye at the end of the day? How do I maintain social distance between children during center time in the block area, in the

dramatic play area, in the classroom library or computer center, during story time or music circle? Our 3 table surfaces are used for multiple activities through the day including meals—and they seat six children at each table. Friday afternoon, I had 9 children sharing space and materials engaged in cooperative play for an extended period outside in a sandbox that measures 5'x10'...you do the math. Our spacing for cots at nap time is considerably less than 3 feet.

We have no hot water in our classroom for hand washing for children or staff which is considered a safety measure. We are relentless in our efforts to teach hygiene to 3-year-old children who cough, sneeze, vomit upon (and occasionally may spit, bite or lick) each other or a staff member. We work to teach them to use a tissue instead of their hand/arm/shirt to wipe a runny nose...then throw it in the trash and wash their hands again. Believe me when I say a determined child can sing "Happy Birthday" twice in an amazingly short time—definitely less than 20 seconds—all the while whipping through instructions to wash the tops, bottoms and fingers of their hands while they sing. Hand washing is monitored by 3 adults through the day to ensure it happens after each cough, sneeze, nose wipe and use of the bathroom. Hands are washed after sensory play indoors or out, before am snack, lunch, and pm snacks (and sometimes during), and when we transition from outside play. At a minimum, these 17 children are taking turns washing hands (at our single sink) six times during a full day at preschool—before we add in those runny noses, coughs or sneezes.

Avoid touching shared objects...seriously? We work daily to teach these 3-year-olds to share materials and space. Yes, we disinfect our toys regularly and our room daily—but that stuffed animal may move from dramatic play to the reading nook and to a nap cot all in one day and may be held by a different child with each move. Our families send a blanket from home for their child to use through the week at nap time—along with a soft "sleep toy" if this is needed, to sooth their child to sleep. These items are stored in the child's open "cubby box" in the classroom through the week. Do we know how long COVID-19 "lives" on soft surfaces?

I am convinced school closures are necessary at this time to stem community spread of COVID-19. I understand the strain on multiple levels this will inevitably put on families to provide care for and education of their own children for this period. But—young children can contract this virus and can spread it even though they may not demonstrate symptoms themselves. Or, what may be dismissed as allergies or "just a cold" may not be. Young children can carry this virus home to their family and neighborhoods just as easily as a school age child; and, they can certainly bring it into our center from their home. How many of our children in preschool depend upon elderly family members for their care? We have infants as young as 6 weeks old and children through 5 years old at our center. How many young children in care are we willing to expose? How many and which grandparents are we going to risk?

(b) (6)

(b) (6) Forget sporting events, museums, concerts or even worship services--I am worried about going to work on Monday...and uncertain what may happen if I stay home.

Again...

This is a business decision.

No kids = No money
At what price?

--

Respectfully,

Deb Whitney

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:48:23 -0400
To: Glen Goldmark
Subject: Re: Thank you

Glen:

Thank you for your kind note.
Best regards,
Tony

Sent from my iPad

> On Mar 15, 2020, at 10:39 PM, Glen Goldmark (b) (6) > wrote:
>
> Dr. Fauci,
>
> You are my hero! Thank you for being the voice of reason and credibility during the COVID-19 crisis.
>
> All the best,
>
> Glen Goldmark

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:43:39 -0400
To: Emory Ford
Subject: Re: Great Job

Emory;

Thank you for your kind note. It is much appreciated.

Best regards,

Tony

Sent from my iPad

> On Mar 15, 2020, at 10:23 PM, Emory Ford (b) (6) wrote:

>

> Dear Dr. Fauci:

>

> You are doing a great job and a great service to the country. Amid the chaos you are one of few voices that provides clear, accurate information on the coronavirus pandemic.

>

> Please continue providing that service despite the presidents continued effort(s) to spin the situation with misleading and false information. In the end biology wins, the virus ignores political needs and wants.

>

> Emory A. Ford PhD

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:38:20 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: "Leading Through A Time of Crisis In Healthcare" - ZRG Thought Leadership

Sent from my iPhone

Begin forwarded message:

From: Greg Gerson <ggerson@zrgpartners.com>
Date: March 15, 2020 at 7:34:59 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: "Leading Through A Time of Crisis In Healthcare" - ZRG Thought Leadership

Hi Dr. Fauci -

I am reaching out as you have been doing an incredible job as part of the White House Coronavirus Task Force. These are difficult times and you seem to provide the most informative interviews without sending signals of panic to the American public.

Not sure if you remember, but we were in touch years back through many executive clinical leadership searches I conducted during my 18 years at Korn Ferry. I am now leading the hospital/health system practice for ZRG. ZRG is an innovative global boutique firm disrupting the traditional executive search industry.

As a result of the COVID-19 crisis, I am speaking with/interviewing many healthcare leaders (Chief Medical Officers, Hospital CEOs, Leading Scientists, etc.) as part of a thought leadership piece.

The topic is "Leading Through a Time of Crisis in Healthcare". I know you are extremely busy with the task force, but I would very much appreciate if you have some time for an interview/call.

As you know, strong leadership is crucial in times of crisis and we are facing weeks/months of extremely important decisions by our healthcare leaders nationwide.

Do you have any availability over the next few weeks to connect? I will make myself available to meet and/or have a video or phone call at your convenience.

Hope to hear from you soon.

Regards,

Greg

Greg Gerson
Managing Director



ZRG Partners, LLC
Americas | EMEA | Asia Pacific
C: [REDACTED] (b) (6)
O: 215-422-3576



ZRGpartners.com

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From: (b) (6)
Sent: Sun, 15 Mar 2020 19:37:43 -0400
To: Lei Wu
Subject: Re: Please shut down the country NOW

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 7:35 PM, Lei Wu (b) (6) wrote:

Dr. Fauci. This is Lei Harrison. In the coronavirus crisis, as a former (b) (6) I have been calm until now. No one can anymore after seeing the photos of the international airports today where hundreds if not thousands of people standing in line for 5-6 hours and realizing immediately the virus transmission will explode exponentially because of this. I strongly request:

1. Shut down the country NOW. Mobility has to be as low as possible. We have to do the very best RIGHT NOW to break the transmission chain.
2. Please talk to Dr. Zhong Nanshan (钟南山), the Chinese doctor and advisor during the coronavirus crisis. His advice and experience would be of tremendous value for the U.S. now.
3. So far, we've been acting in a reactive instead of proactive fashion. Not anymore. People need to realize that we are entering war time. We need to act fast, in light speed to beat the virus.
4. Healthcare workers need to most strongly protected- treat it as airborne if needed at the hospitals and pharmacies. Supplies of essential protective medical supplies for healthcare workers are equally important as supplies needed for the patients. Make sure supply chain from China is uninterrupted; and have American companies to start making masks, ventilators etc. Plan ahead.

5. Grocery store and restaurants can potentially become a hub too. They need to have high level of hygiene, and ideally no contact with the customers.
6. Garbage and belongs and bodies need to be burned.
7. Safety protocol at the labs, public and private labs that have access to the virus or experimental animals with the virus.
8. Plan ahead. Instruct patient to self-treat or be treated by family at home. If we ever come to it, recruit and train volunteers (how and whom?) to help taking care of patients.

Dr. Fauci. Clock is ticking. It's a race against time. And it's time that every single American takes responsibility. Please lead us through the crisis.

Respectfully,
Lei Harrison

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:37:15 -0400
To: Lori Hall
Subject: Re: Real Estate Appraisals-Coronavirus (COVID-19)

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 7:35 PM, Lori Hall (b) (6) >wrote:

Dr. Fauci,

Thank you for your important work and for educating the public. Earlier today I sent the message below to President Trump. I am writing out of concern both for my husband's safety, others in the industry, and knowing refinances (especially with low rates) will help the American people through this unprecedented time. I understand that our Local and National Government continues to look at all potential solutions, with advice from experts such as yourself. I fully understand this suggestion from one mom and wife might be way too simplistic for banks/lenders to even consider. I am hoping to be ahead of the curve and that it starts/continues what I consider to be a much needed conversation for this industry, for the safety for appraisers and homeowners alike, and for the pipeline for the lenders. It's very much appreciated.

Be Safe. Kindest Regards,
Lori Hall

Dear Mr President,

First, our great appreciation to you and your staff for all you do every day and in keeping our country & citizens safe. We have a family real estate appraisal business (Chicago Metro Area). I handle all service related items from the comfort of my home. However, my husband, William Hall, who is a Certified General Real Estate Appraiser, is out in the field all day performing interior appraisals. I have reached out to all our appraisal management companies with this question to ask their lenders. Considering the abundance of caution everyone is taking and the refinance industry seeing unprecedented volume, is there any talk about lenders moving to exterior only appraisals (and possibly following up after with an interior)? We heard from ServiceLink, a Fidelity company, and they have not heard any word from their national banks/lenders changing to exterior only appraisals at this time. Thank you very much!

God Bless,
Lori Hall

Best Regards,
Lori Hall

***For updated real estate news &more, please visit our website
at: www.alphavalues.net***

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:11:49 -0400
To: Gandam, Shyam Kiran
Subject: Re: Front line physicians in Limbo needing reassurance

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:13 PM, Gandam, Shyam Kiran
(b) (6) wrote:

Dear Dr.Fauci ,

I would like to congratulate you for your excellent work and thank you for leading us in the fight against COVID-19 pandemic.

We are 14 critical care physicians and almost 30 hospitalist physicians at Memorial medical center and HSHS St. John medical center in Springfield Illinois and are the frontline workers in dealing with the situation.

We are developing protocols and creating safety net for the hospitals and community with the help of your guidance.

I would like to bring up an issue plaguing us with concern for years and now even more so. It concerns us and more importantly our helpless families. It might be untimely to bring up this issue but it is very important for us and our families.

(b) (6)
(b) (6) During this pandemic, it's important that
physicians can help other areas in the country in need.
Immigrant work force on Work Visa (H-1 visa) constitutes at least 50% of physicians.

(b) (6)

(b) (6)
(b) (6) Your assistance in bringing up these issues with the president
will help us work with reassurance from government
and help our community with peace of mind.

Again, We thank you for the hard work you and your team are putting to guide us in these tumultuous times.

Regards,
Shyam Kiran Gandam MD
Critical Care Medicine
Associate professor, SIU school of medicine
Springfield Clinic
Springfield, Illinois

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:10:41 -0400
To: ABCDE FGHIJK
Subject: Re: COVID-19 - The necessity of using fluorescent light lamps to prevent or reduce or slow down the spread of coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:15 PM, ABCDE FGHIJK (b) (6) wrote:

Dear Dr. Anthony S. Fauci,

It's critical to disinfect droplets, aerosols and surfaces continuously to prevent or reduce or slow down the spread of COVID-19.

The best way is using UVC ultraviolet light. UVC's wavelength is germicidal and it is capable to inactivate coronavirus by destroying nucleic acids and

disrupting its DNA because Wavelengths between about 200nm and 300nm are strongly absorbed by nucleic acids. The absorbed energy can result in

defects including pyrimidine dimers. These dimers can prevent replication or can prevent the expression of necessary proteins, resulting in the death or

inactivation of the coronavirus.

Fluorescent light lamps emit ultraviolet (UV) light, including UVC ultraviolet light.

I think it's necessary to use fluorescent tube light lamps and CFL (Compact fluorescent lamps) lamps in hospitals, Health centers, stores, supermarkets,

elevators, public lavatory, toilets, restrooms and other public places and should always be on 24 hours a day, 7 days a week in order to be effective.

Research has shown that Fluorescent light lamps must be installed without any glass shade or decorative shade and should be at least 40 watts.

I hope you find the UVC-based continuous disinfection solution helpful.

Thank you for your time and consideration.

Sincerely,

P. Salimi

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:09:44 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: Sia Hersini (b) (6).
Date: March 15, 2020 at 4:15:21 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>

Dear Dr. Fauci,

Many years ago, I did some research on the effect of SIV infection on the Macaque immune response.

I have some thoughts on the current COVID-19 spread and in general about other virus with unknown cure or immunity vaccine.

In research, we have adhered to a scientific method necessary for the protection of the public in the development of new technology and treatment. There are times however when that Boyle method and philosophy should give way to Descartes approach.

The current infection has thus far shown a predilection for causing severe illness in men more than women and in adults over 30 sparing children from mortality. I believe there is a reason for this and it's not because of past exposure to other coronavirus strains. I believe it is because of children being in the middle of or having recently completed their immunization schedule for school. These immunizations are absolutely not providing an immunity to COVID-19, BUT, they are causing an increase in the numbers of gamma delta t cells and NK cells. The children are responding better to a virus with an 5.1 day median incubation period because of the higher values of gd and nk cells. Women have a better gd and nk cell response to the flu and other viral infections which could explain why there is a gender difference in mortality. I would suggest that adults update their vaccines and especially the hep b. Interestingly, the hep viruses illicit a better gd and nk cell response and although most Western countries require hep b for health care workers, the immunization rate in China is only 60% which may explain the high mortality among health care providers.

This has been on my mind for a few days and I felt I should share.

Thank you for your time

Sia

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:09:26 -0400
To: Eliot Robinson
Subject: Re: Prc guidance on coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:15 PM, Eliot Robinson
<eliot@robinsonmanagementservice.com> wrote:

Dr. Fauci,

thank you for all you do.

one of my chinese friends sent me the attached prc guidance on coronavirus. it includes both western medicine as well as traditional medicine approached. On its face, it seems to be complete and very up to date.

I apologise for your having to follow of dear leader trump's instructions to praise him.

thanks

eliot

--

Eliot Steele Robinson
Robinson Management Service
4290 Bella Cascada Street
Las Vegas, NV 89135-2436

(b) (6)(cell) 702-330-9921 (fax)

Eliot@RobinsonManagementService.com

<https://www.RobinsonManagementService.com>

DUNS 079879598 CAGE 7EEU6 JCP 0073645

<Guidance+for+Corona+Virus+Disease+2019 : Prevention,+Control,+Diagnosis+and+Management.pdf>

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:06:03 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Coronavirus

From patty

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Kathleen Quinlan (b) (6) >
Date: March 15, 2020 at 5:16:22 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Coronavirus

Dear Dr. Fauci,

I have a question which has been troubling me since we began checking people's temperatures. (b) (6). I have seen the temperature cutoff is 99.5F. (b) (6) ? I doubt very much that in screening people the question is asked them whether they have taken a medicine for pain or for fever in the last 24 hours. I am a nurse and many people do realize that the common pain relievers also relieve fevers. Should we up our game and do better at screening? You seem to be the wisest person on the government task force for the Coronavirus. I hope this reaches you.

Thanks,
Kathy Quinlan

P.S. Please practice social distancing during the White House briefing, etc. It is hard to watch all of you people bunched around the President and telling the public to stay 6 feet apart. If you do it maybe the others will follow suit.

Sent from my iPad

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:04:54 -0400
To: flippi 333333
Subject: Re: Coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 5:22 PM, flippi 333333 (b) (6) wrote:

Dr. Fauci: Sending all **students home may be increasing the spread of Covid-19** in the US because the young people now off college, middle and high school, see this as a vacation to go out and frequent social businesses, parents are taking kids out to entertain them, and they are traveling to visit friends in other cities and states, all aiding the spread of Covid-19.

Please consider more strict MANDATES TO ENFORCE TEMPORARY CLOSING OF RESTAURANTS, BARS, BOWLING ALLIES, MOVIE THEATERS, MALLS or other places of gathering and TRAVEL ONLY IF IT IS AN EMERGENCY, to mitigate the increasing cases of Covid-19 in the US. People are clearly not taking the advice given to minimize social or public gatherings.

In order for our United States not to follow the same fate as Italy, we need mandated changes asap. Please consider telling **people over 60 or 65 to also stay home from work for a 2-week period.**

Thank you very much for your fine leadership in this critical matter.
Concerned parent and scientist,
Robbin.

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:02:51 -0400
To: Luanne Novak
Subject: Re: Corona virus suggestions

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 5:39 PM, Luanne Novak (b) (6) > wrote:
>
>
> Dear Dr. Fauci:
>
> First, thank you for your honest and forthright testimony and advice during this crisis. Your calm but serious approach is a great comfort to me. (b) (6)
>
> He is a Pharmacologist by training, and taught physiology at the School of Health Professions at Baylor College of Medicine until he retired in January. We have been discussing the COVID-19 situation and he has several suggestions. (b) (6).
>
> 1. Since South Korea got such a quick handle on this situation, could we buy their tests? Since it has taken such a long time for the US to gear up, could we not just buy their system turn-key?
>
> NPR reported that there is a national stockpile of respirators - when will those be released?
> 2. Since China appears to be back online, can the US contract with them to build mechanical respirators to replenish our "strategic reserve"?
>
> I hope that you will continue to be able to speak the truth, and that you stay healthy.
>
> Many thanks,
> Luanne Novak and David Johnson, PhD
> (b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:01:28 -0400
To: Daniel Gutstein
Subject: Re: Daniel Gutstein: Regarding Synagogue Services during the Covid-19 Pandemic

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 5:53 PM, Daniel Gutstein <(b) (6)> wrote:

>
>

> Dear Dr. Fauci,

> I would like to commend you for providing needed doses of stability and reassurance to our nation at this troubled time. Your knowledge and professionalism have been indispensable to the masses. I am an assistant to the rabbi of a Jewish congregation in Chicago which holds services thrice daily. Due to the tight-nit nature of the larger Jewish community, many synagogues in the city and surrounding suburbs have closed indefinitely in order to limit the community spread of the Covid-19 virus. (One person visiting the community from New York and who interacted with numerous individuals has so far tested positive.) Our synagogue is few in parishioners though is an essential sanctum of sustenance and faith to those who make usage of its services. We would like to keep our doors open for the longest duration possible but remain cognizant of the realities of the pandemic. Considering that we gather in a sanctuary of impressive size with usually no more than 20 members who are stationed at a distance apart from one another, would it be responsible to continue services for the remainder of the week and this upcoming Sabbath so long as no specific member of the congregation itself has contracted the virus?

> Thank you.

> Wishing you sustained health and much success,

> Daniel Gutstein

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 23:00:03 +0000
To: Talbert, Patricia Y
Subject: Re: Public Health 101: -- Please listen to my Public Health Cry/Recommendation
Attachments: Outlook-1516124588.jpg

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:14 PM, Talbert, Patricia Y <patricia.talbert@howard.edu> wrote:

Greetings Dr. Fauci,

As you know, we are currently experiencing a public health pandemic, Coronavirus (COVID-19). I am asking that you take a moment to listen to Fareed Zakaria's show that was aired today, Sunday, March 15, 2020, at (<https://www.cnn.com/shows/fareed-zakaria-gps>). Please listen to the message and review the attached chart that was presented on Fareed's show. This is NOT about politics, but instead the people. Therefore, **let's call to action** that the United States of America government officials and leaders call for a mandate similar to other countries, such as China, Italy, and Spain (i.e., now, New York & Illinois) to help reduce the spread of this virus, flatten the curve, reduce the inundation to our healthcare system, (which is about to experience the worst morbidity and mortality outcomes), and work to save lives.

There are too many unknowns for us to continue to go on as status quo. Let's be public health officials and petition to mandate the US Administration to move to action – by putting in place a Mandatory Shutdown of Movement throughout this Country.

Currently, we have approximately (9 airports in the United States) in total chaos, which will be another wave and spread of this virus. We are not proactive; instead, we continue to react late. This is not the public health that I know and have seen throughout the duration of my public health vocation. We have to change this Pandemic, so let's get to work.

#Cry for Pubic Health Action Needed -----**We need this Administration/Government Committee to LockDown the United States of America. This can slow down the spread of this disease, save lives, and maybe within 30 days we can get back on our feet.**

Warm and sincere regards - please push action.

Dr. Pat Talbert

Dr. Pat Y.B. Talbert

Patricia Y. B. Talbert, PhD, MPH, MS, CPHA, CHES, cPHN

Associate Dean of Academic Affairs and Administration

Howard University, College of Nursing and Allied Health Sciences

Health Sciences Executive Suite, Towers 6000

2041 Georgia Avenue NW

Washington DC 20059

Email: patricia.talbert@howard.edu

Howard U: <https://home.howard.edu/>

CNAHS: <https://cnahs.howard.edu/>

Cell#: (b) (6)

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Rev. Martin Luther King, Jr.

"Once a task is just begun, never leave it till it's done. Be the labour great or small, do it well or not at all." Quincy Jones

<Outlook-1516124588.jpg>

<COVID-19 Testing Data 2020.jpeg>



150

THE TIME IS ALWAYS NOW
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1867 - 2017

Excellence in Truth and Service

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:40 -0400
To: Lindley Lee
Subject: Re: Under 10 Minute P-O-C Testing Reported by Colorado

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, Lindley Lee (b) (6) wrote:

Dr. Fauci,

I am not sure you are aware, but there is already a point-of-care solution available for Coronavirus, and the Denver newsrooms have been reporting about it. 9News and FoxNews are all reporting about Aytu BioScience of Englewood, Colorado. The kits have already been used in China, and are immediately available to assist burden the testing time and backlog. Who do we need to inform of this already available option? Thank you.

Regards,

Lindley Lee

(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:19 -0400
To: JOHN Lightbody
Subject: Re: Thank You!

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, JOHN Lightbody (b) (6) wrote:

Dear Dr. Fauci,
Thank you for your service and your honesty.
It is difficult for me to watch you telling the truth with all of the people of the
Trump Administration spouting lies constantly!
Keep up the good work!
Our prayers are with you and those who are working to help this country
deal with this coronavirus.
Sincerely,
Sonja C. Lightbody
(proud (b) (6) Federal employee)
(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:06 -0400
To: Clarence Jones
Subject: Re: A Telemedicine Book to help Doctors & Staff Cope with the COVID-19 Overload

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, Clarence Jones <cjones@winning-newsmedia.com> wrote:

Dr. Fauci:

If your predictions come true, the entire medical system will soon be overwhelmed. Only massive use of telemedicine will be able to cope with the overload.

I'm a former TV reporter, now full-time writer, with nine books in print. One of them - "Webcam Savvy for Telemedicine" -- can help those in the medical community quickly learn how to use this medium. It is available at amazon.com in both print & digital versions. https://smile.amazon.com/Webcam-Savvy-Telemedicine-Clarence-Jones/dp/1546501894/ref=sr_1_fkmr0_1?keywords=webca%2C+savvy+for+telemedicine&qid=1584307097&sr=8-1-fkmr0

I'll attach a PDF copy to this message & also send the same message without an attachment, just in case your system rejects messages with attachments. I can also overnight you a print copy if you'd like. Bulk pricing is available for both print & digital versions.

You've become a rock star in the current crisis. As a long-time on-camera coach, I don't think I could teach you a THING you haven't already mastered. Congratulations.

--

Cheers,
Clarence Jones

(b) (6).

(b) (6)

Landline: (b) (6)

Cell: (b) (6)

website: www.winning-newsmedia.com

--

Books by Clarence Jones in both print and e-book versions:

--

[LED Basics: Choosing and Using the Magic Light](#)

[Sweetheart Scams - Online Dating's Billion-Dollar Swindle](#)

[They're Gonna Murder You - War Stories From My Life at the News Front](#)

[Winning with the News Media - A Self-Defense Manual When You're the Story](#)

[Webcam Savvy - For the Job or the News](#)

[Webcam Savvy - For Telemedicine](#)

[Filming Family History - How to Save Great Stories for Future Generations](#)

[Sailboat Projects - Clever Ideas and How to Make Them](#)

[More Sailboat Projects - Clever Ideas and How to Make Them](#)

<Webcam Savvy for Telemedicine & covers.pdf>

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:57:17 -0400
To: NIAID OD AM
Subject: Fwd: CANCELLATION amfAR Capitol Hill Briefing, Ending the HIV/AIDS Epidemic on Thursday, March 26th

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 15, 2020 at 6:25:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Folkers, Greg (NIH/NIAID) [E]" <(b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)
Subject: CANCELLATION amfAR Capitol Hill Briefing, Ending the HIV/AIDS Epidemic on Thursday, March 26th
Reply-To: (b) (6)

Dear Tony:
amfAR, The Foundation for AIDS Research will be postponing our Capitol Hill Briefing, "Ending the HIV/AIDS Pandemic: Lessons Learned for the Coronavirus Outbreak" planned for Thursday, March 26th, due to the declaration of a National Emergency in our country.

Once the coronavirus public health crisis abates, amfAR will reschedule the briefing and hope that you will be able to speak as planned. At that meeting, you and several other of our nation's leading health officials will address two pandemics - AIDS and COVID-19, and the lessons learned from fighting both of these diseases. We will very much look forward to hearing your perspectives about global initiatives for ending AIDS and the work done to eradicate the coronavirus pandemic. We know your remarks will help provide a roadmap for ending HIV and other infectious disease threats now and in the years ahead.

I was proud to see the contributions of the US Public Health Service highlighted in today's WH briefing. You did an excellent job with your remarks.

Thanks for your work and dedication to safeguarding and advancing global health. Hope we get a chance to catch up soon.

Sincerely,

Susan

Susan Blumenthal, MD, MPA
Senior Policy and Medical Advisor, amfAR
Rear Admiral (ret)
Former US Assistant Surgeon General
First Deputy Asst Secretary for Women's Health

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:56:55 -0400
To: Linda Jones
Subject: Re: Emulating Social Distancing During Press Conference

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 6:25 PM, Linda Jones (b) (6) > wrote:
>
> Thank you so much for all your EXTREMELY IMPORTANT info on COVID-19. You are a national treasure.
> Please emulate Social Distancing during ALL press conferences and the press Corp as well.
> Please be safe and stay well.
> Linda Jones
>
> Sent from my iPad

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:55:37 -0400
To: el
Subject: Re: Coronavirus Cases in New Jersey

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:30 PM, el (b) (6) wrote:

Dear Dr. Fauci,
My apologies if you have already spoken with Mike Maron, but it seems the political machine here in New Jersey is ignoring our own medical experts and I thought it important that your team be aware of how this crisis is manifesting on the front lines:
<https://www.roi-nj.com/2020/03/14/opinion/life-at-the-epicenter-of-n-j-s-coronavirus-outbreak/>
Our family is keeping you and your team in our thoughts and prayers.

With infinite respect for you and the daunting task you face,
Rosanna Galluccio

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:52:24 -0400
To: Eva Sperling MD
Subject: Re: For your urgent attention (COVID-19)

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 15, 2020, at 6:38 PM, Eva Sperling MD (b) (6) wrote:

Dear Dr. Fauci,
Thank you for your leadership during the current COVID-19 crisis. We're writing to ask you to consider spearheading an additional initiative in this effort.

As you know, one of our greatest immediate needs is an adequate supply of **ventilators for use in hospitals**. We will face a severe shortage of this crucial equipment during a surge of COVID-19 hospitalizations. This will create a bottleneck in our ability to deliver care, a situation where we have to triage who should live and who should die. Tragically, we see this happening already in Italy. This is a situation we must avoid.

So we propose to immediately help existing factories to increase production, to convert other existing factories for the production of ventilators and to build new factories to do so.

Some of this will take a long time to accomplish but this pandemic is also predicted to be with us for a long time. We must stay ahead.

We should make an all-out effort to supply our hospitals properly and quickly. We are in a time of war and we must make the commensurate effort now.

We believe we have the knowledge and the resources to do such a thing.

We just need the will, and the leadership.

We're writing to urge you to use your position of leadership to make this happen.

Here is a link to NPR's report on this crucial issue: <https://www.npr.org/sections/health-shots/2020/03/14/815675678/as-the-pandemic-spreads-will-there-be-enough-ventilators>

Thank you,

Eva Sperling, MD
Elisabeth Sperling

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:33:20 -0400
To: Xiaoyang Hua, M.D., Ph.D.
Subject: Re: COVID-19 some suggestions

Thank you for your note

Sent from my iPhone

> On Mar 15, 2020, at 3:17 PM, Xiaoyang Hua, M.D., Ph.D. (b) (6) > wrote:

>

> Dear Dr. Fauci:

> I am writing to you to express my deepest concerns on the COVID-19 outbreak in the USA and would like to share some thoughts with you.

>

> I am a (b) (6) and an otolaryngologist at the Duke Medical Center. I completed my training in Otolaryngology at the University of Iowa in 2019. From 2013 to 2015, I did a research fellowship with Dr. Stanley Perlman, an expert in coronavirus, to study SARS. Before I came to the States, I was an ENT doctor and had worked in the epicenter of the COVID-19 outbreak, Wuhan, China for several years. Many of my friends, neighbors, and colleagues were infected. Some of them have died or are dying. I truly appreciate what you have done to wake the Americans and warn them about this dangerous virus outbreak. I hope we are not repeating the mistakes that the Chinese and Italians have made earlier.

>

> I know many physicians and nurses who have been on the frontlines against this coronavirus outbreak in Wuhan China. Over the past a couple of months, I have been communicating with them about the COVID-19 outbreak. I have obtained much firsthand information about this virus from medical professionals, including the ICU directors of major hospitals in Wuhan. Here I want to share some thoughts with you and hope that I can help prevent the worst in the USA.

>

> For the government:

>

> 1. Close all public schools immediately. My family is in (b) (6). They are yet to decide if they should close the schools after the spring break. This is one example that has concerned me a lot. In the email from the (b) (6) School District, quote: "there are many factors to be considered any time a decision is made to close schools. These factors range from evaluating the consequences of missed instruction to providing meals to students who rely on the school's food service program", this is extremely short-sighted. These factors, as quoted above, will be very minor issues and easier to handle, compared with the potential catastrophic consequences should the virus outbreak be out of control and have paralyzed our already-overwhelmed medical system in the USA. I hope the federal government can issue an administrative order to close the public schools.

>

> 2. Cancel or postpone any large gathering events more than 20 people. Use tele-conference if necessary.

>

> 3. Every county in this country should have contingent plan in place and have one or several isolation facilities/temporary shelters in the remote areas using college dorms or hotels, in preparation of future large outbreaks of COVID-19 in the community.

>

> 4. Work with local or state media to inform the public of the status of basic life necessity (e.g. food, water, tissue paper) and essential medical supplies (including PPE). If there is a shortage, the estimated back-to-stock timeline should be provided. For PPEs, if the shortage cannot be solved within a short period of time, they should be saved for those who truly need them including medical professionals treating patients with COVID-19. All local medical supply businesses should turn in their inventories since the State Emergency has been declared. These timely updates will provide assurance to the public to avoid panic and chaos.

- >
- > 5. Encourage online shopping and drive-thru pick-up including groceries. Help the local businesses to expand their delivering capacities.
- >
- > 6. Provide the public live updates on the outbreak, including the number of confirmed cases, their current clinical status, strategies of tracing their close contacts, as well as the number of total cases being tested. From what I have learned, the more transparent the government is, the less panic the public will be.
- >
- > 7. Issue laws that prohibit intentional spread of COVID-19, irresponsible behaviors that put other innocent people or medical professionals at risk of contracting the virus.
- >
- >
- >
- > For medical professionals:
- >
- > Early January in Wuhan, many patients very likely contracted COVID-19 in the local hospitals when they visited their physicians for other medical conditions. In addition, the medical system in Wuhan China was almost paralyzed at that time. One of major reasons is that many medical professionals were infected and sick. The medical professionals are the backbone in the fight against this virus outbreak. We need to prepare for the worst scenario that this outbreak can last for a few or several months. We need to protect our medical professionals first.
- >
- > 1. Set up a centralized Fever/COVID-19 hotline operated by trained provider/nursing staff. This telephone line can use the current available state information hotline, with expanded functions serving as a gatekeeper and triage mechanism for potential COVID-19 patients to receive guidance on where to seek help before visiting a busy clinic, an urgent care, or a hospital emergency room to minimize the chances of cross-infection and over-whelming large medical centers.
- >
- > 2. Establish designated Fever/COVID-19 clinics or hospitals led by well-trained ID teams (MD, NP), especially in highly populated areas. These clinics will serve as the secondary triage and referral centers for the aforementioned Fever/COVID-19 hotline, plus for primary care clinics that are not equipped with adequate staff and testing tools. These clinics should have adequate staff including physicians and middle level providers, equipped with testing kits to perform COVID-19 test onsite. They should have the capacity of testing drive-through patients, securing airway for ventilation if needed before transferring severe patients to tertiary medical facilities. They should be operated collaboratively with larger healthcare systems like U Iowa, Unity Point, and Mercy who are setting up their own isolated COVID-19 centers for more severe cases.
- >
- > 3. Establish a clear communication and transfer protocol between Fever/COVID-19 hotlines, clinics and treating hospitals for management of suspicious and confirmed cases. For those with mild COVID-19 infection, they should be self-quarantined at home and monitored closely and remotely. If they cannot perform self-quarantine safely, such as living by themselves or in nursing homes, they should be kept in the county isolation facilities (as mentioned above), being monitored there.
- >
- > 4. If drive-through testing is available at CVS or Walgreen, patients with positive results should call the hotline or their PCPs first if clinically stable to receive guidance for self-quarantine, monitoring and follow-up. If they cannot perform self-quarantine safely, they should be kept in the county isolation facilities as mentioned above.
- >
- > 5. Inform the public and other healthcare providers of the availability of these Fever/COVID-19 hotline and clinics, encouraging patients with symptoms to utilize these resources first before visiting clinics, emergency rooms to reduce the chances of cross-infection, and the burden on large medical centers.
- >
- > 6. Encourage medical professionals to call their clinic patients for screening. Allow the medical providers to postpone all non-urgent medical visits for annual checkups, stable and non-urgent chronic conditions et al.
- >
- > 7. Encourage all physicians and healthcare professionals who provide direct patient care to wear personal protective equipment (PPE) such as masks, eye shields and gloves to protect themselves and to minimize the chances of spreading the virus to other patients, if necessary or based on their screening phone calls.

>

>

>

>

>

> Sincerely,

>

>

>

> Kind regards,

> -----

> Xiaoyang Hua, MD/PhD

> Duke Head and Neck Surgery

>

>

>

>

>

>

>

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:08:54 -0400
To: Jon LaPook
Subject: Re: TIME SENSITIVE; from Jon LaPook to Tony Fauci

I would not use an age number, but if you had to I would say 70. I would say "serious" underlying condition. Not sure about ACE inhibitors.

On Mar 15, 2020, at 3:01 PM, Jon LaPook (b) (6) wrote:

Tony,
Since "elderly" means different things to different people (to me, it's 10 years older than me – and I'm (b) (6)), should I give a certain age after which people should voluntarily self-isolate now?
And for underlying conditions, should I say "serious underlying conditions" or leave it vague at "underlying medical conditions?" I think the more specific the better.
And, finally, I'm hearing that it's puzzling that hypertension is such a risk factor and that perhaps people on ACE inhibitors are upregulating receptors for ACE2 in the lung. Any evidence of that? If so, maybe we should switch people off ACE inhibitors for now.
Thanks,
Jon

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, March 15, 2020 2:46 PM
To: Jon LaPook (b) (6) >
Subject: RE: TIME SENSITIVE; from Jon LaPook to Tony Fauci

Jon:
Looks quite good. I suggest that you lean out there and explicitly say that the elderly and certainly those with underlying conditions should voluntarily self-isolate now.
Best regards,
Tony

From: Jon LaPook (b) (6)
Sent: Sunday, March 15, 2020 2:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: TIME SENSITIVE; from Jon LaPook to Tony Fauci

Hi Tony,

I would like to post this widely today, but want your input first. Can you please make suggestions/additions/corrections?

Thanks so much!

Jon

The World Health Organization has declared the Covid-19 outbreak to be a pandemic -- official recognition that the virus respects no borders and now affects masses of people in countries all over the world. And there is no denying the world is changing, in painful ways. We see it in financial markets, where prices are plunging -- and in supermarkets, where customers are stripping shelves bare. All driven by fear, as the number of virus cases grows with each passing day. While we may feel powerless over this threat, we are not. There are important things we can and must do -- and right now.

To borrow a phrase from the war on terror, the coronavirus only has to be right once to infect us. We have to be right every time to prevent it. So, every time you cough or sneeze, use a tissue or the crook of your arm. Every time you think of it, wash your hands -- as frequently as you can. Every time you can, practice "social distancing" -- stay away from others during this outbreak. Social distancing is now being enforced throughout our society. Schools are closing, sporting events of every kind are being canceled. The curtain has even come down on Broadway shows as the Great White Way goes dark.

Despite our best efforts, it's likely many of us will eventually get infected by the virus, since we have no immunity to it. If that's the case, you may ask, does it really matter **when** we get infected? The answer is a resounding yes! And here's why: slowing the spread of coronavirus -- and consequently delaying infections -- can make an enormous difference in our ability to handle the pandemic.

Take a look at this illustration. It appeared in the Economist and is based on a CDC report. The blue curve shows what happens when you do nothing. The number of infections peaks relatively quickly. This can overwhelm a healthcare system that is not prepared to handle such a huge number of patients. Emergency rooms and hospitals can become overloaded. We may see shortages of medical supplies -- including protective gear and breathing machines -- and shortages of healthcare workers, especially if many of them become infected. But look at the yellow curve. It shows what can happen when you slow the epidemic. The outbreak is stretched out. And while it may last longer, the peak number of infections is much lower, putting less stress on the healthcare system and allowing better care for each patient. It also gives scientists more time to develop new treatments and vaccines.

Is there any evidence this works? Absolutely, especially when coupled with the time-proven technique of aggressive testing to find and isolate infected people as early as possible. In China, where there has been strict quarantine and social distancing in the epicenter of the outbreak, new infections have dramatically slowed. In South Korea, where health officials cleverly used drive-through testing, we're also seeing the number of new cases slow down. And there's a history lesson from the 1918 flu pandemic. Back then, Philadelphia held a parade attended by several hundred thousand people. Soon, every hospital bed in the city reportedly was filled with sick patients. Saint Louis, on the other hand, practiced social isolation and saw fewer cases.

So we have work to do, and it won't be easy, because it means changing the way we live our daily lives and how we interact with our neighbors. And we have to start now -- when we can make the most difference.

And here's something we need to keep in mind. We are all in this together. So even as we keep a distance from each other physically, we need to stay close emotionally. Social isolation is bad for your health! If ever there was a time to call or video chat with friends and loved ones. And don't forget to reach out to the elderly --who may be alone and afraid.

Demonstrating grace under pressure is easier said than done. But that is this doctor's prescription for getting through this. And, if we treat each other with kindness and empathy, we **will**.

Jonathan LaPook, M.D.
Chief Medical Correspondent, CBS News
Professor of Medicine
NYU Langone Health

PLEASE NOTE: IF YOU LEAVE ME A MEDICAL MESSAGE AND DO NOT HEAR BACK WITHIN 24 HOURS, PLEASE CALL MY OFFICE AT [646-754-2000](tel:646-754-2000). PLEASE NEVER LEAVE AN EMAIL ABOUT AN URGENT MEDICAL ISSUE.

This message is confidential.

WARNING: THIS EMAIL MAY CONTAIN CONFIDENTIAL MEDICAL INFORMATION
The medical information in this message is confidential and privileged. It is unlawful for unauthorized persons to review, copy, disclose or disseminate confidential information. If the reader of this warning is not the intended email recipient, or the intended recipient's agent, you are hereby notified that you have received this email in error and that review or further disclosure of the information contained

therein is strictly prohibited. If you have received this email message in error, please notify us immediately at 646-754-2000 and delete the original message.

HIPAA regulations require proxy/patient approval before use of electronic media. By requesting and/or agreeing to email correspondence, you are agreeing to use of electronic media for transmission of information.

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:02:52 -0400
To: Liz
Subject: Re: Concern for young 'Vapers' population; this will be serious for them. Vaping was already it's own epidemic.

Good point

> On Mar 15, 2020, at 2:42 PM, Liz (b) (6) wrote:
>
> Hello Dr. Fauci,
>
> I hope you will see this message. The subject line is part of the equation, for Covid-19, in the US which is an unknown. I am highly concerned how It will affect this group. Please let all healthcare systems know to be aware and have this on their radar. We keep hearing it's for older adults but it's for people with compromised lungs among other all pre-existing conditions you've mentioned.
>
> Sincerely,
> Lyzzy Crouse

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:02:32 -0400
To: Schuchat, Anne MD (CDC/OD)
Subject: Fwd: Concern for young 'Vapers' population; this will be serious for them.
Vaping was already it's own epidemic.

This person makes a good point.

Begin forwarded message:

From: Liz (b) (6) >
Date: March 15, 2020 at 2:42:24 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Concern for young 'Vapers' population; this will be serious for them.
Vaping was already it's own epidemic.

Hello Dr. Fauci,

I hope you will see this message. The subject line is part of the equation, for Covid-19, in the US which is an unknown. I am highly concerned how it will affect this group. Please let all healthcare systems know to be aware and have this on their radar. We keep hearing it's for older adults but it's for people with compromised lungs among other all pre-existing conditions you've mentioned.

Sincerely,
Lyzzy Crouse

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 18:33:06 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Tools that may help you

Please handle.

From: Landrigan, David (b) (6)
Sent: Sunday, March 15, 2020 1:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Subject: Tools that may help you

Tony,

It has been about 20 years since you and I talked about SARS and my model that David Williams at WHO used. I didn't know if your old email still worked, so I'm using the directory listing by NIH in addition. I have some ideas to share with you about the use of tools in the current war on covid-19.

Your 'close the bars' statement is right on target with what I was writing when I heard you say it. It was a great illustration counterintuitive to what will work. You could have more correctly said keep the bars open only to those in their twenties and thirties. Five minutes later Mayor DeBlasio said everything is on the table including closing bars and restaurants! Below you will see me argue why there are better approaches and this total closure approach is the wrong move. Selective participation will work in our favor to blunt the curve! Total closure will not work and can work against us!

In a period of two weeks demand for medical treatment can go from 50% of hospital capacity to 200% due to disease progression and binomial expansion. You know the math and ideas, so there's no need to go into them. There is a need to closely consider how available tools are being used to mitigate an overwhelming of the health care system. I can tell you now that what needs to be done isn't being done and that the road we are on now will at most postpone crossing the threshold of 100% capacity. It will not achieve the desired result of distributing cases over a greater time period so that being overwhelmed is avoided.

Consider the curves:

The 'without protective measures' curve is the normal distribution as modeled by the binomial distribution. The 'with protective measures' distribution is what we want to achieve, although that would be foreign to an experimentalist. We don't want the number of cases to exceed capacity as indicated by the horizontal dotted line. If the 'protective measures' are social distancing, school closings, entertainment/sporting cancelations, restaurant closings, and hygiene and similar uniformly applied measures, the 'with' curve should have a shape similar to the 'without' curve, just shifted to the right, unless there is some unpartitioned factor interaction. The flattened curve WILL NOT RESULT because errors should be random and SAMENESS OF TREATMENT PRODUCES SAMENESS OF EFFECT. With UNIFORM application of measures the curve after application will still exceed a height showing the system capacity has been exceeded.

We could expect to flatten the mesokurtic 'without' curve into the platykurtic 'with' curve by systematic time staggering in the use of the protective measures and selectively applying the measures to drive toward herd immunity. As immunity builds toward HIT (Herd Immunity Threshold), there will be greater and greater slowing of infections as the linkages for transmission decrease. There are two points to consider here.

The first point is whether measures should be applied in a uniform and blanket manner. The answer is typically no when the effect is on an existing population because the curve won't flatten. There are two aspects of the application of measures to consider. Is the effect of the application defining the population or is it an effect within a defined population. In the instance of halting all air traffic to the US from China, the population is being defined and altered if influx is allowed and that would both increase the infections and population turbulence. There would be movement away from HIT. Any measure such as people influx, which moves the US away from HIT, is to be avoided.

School, restaurant, and sporting event closings need to be examined in relationship to their impact on an existing, not an increasing population. The actions have many criteria to influence them, but from the viewpoint of keeping the healthcare system from becoming overwhelmed closings that are staggered, variable, and alternating will work to increase movement toward HIT and promote flattening of the 'with' curve.

The second point to consider is whether we can move the US toward HIT by age selective application of available measures. The answer is yes and this could provide the best tool. Susceptibility and strengths of covid-19 infections covary with age. People less than 30 rarely have severe infections and the younger ones may not become infected. People under 40 show a low frequency of severe infection. It will be important to know if there is a large age cohort exempt from infection because that would undermine part of the result from selective application of measures or limit the sampling age because these people wouldn't develop immunity, but might contribute to delaying herd effects. If they develop immunity their contribution can be substantial and they can be kept separated from more vulnerable people until and unless it is established that there isn't a need.

Opening night clubs, sporting events, restaurants, and other places to people in their twenties and thirties will build immunities, break infection transmission links, and move toward HIT with little or no risk to the people or the rest of the herd. Have admission to the venues by existing ID, like a driver's license with age, and have agreement that they do not mingle with vulnerable older people. Leaving the bars open to people in their 20's and 30's will flatten the curve!

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 18:32:34 +0000
To: Birx, Deborah L. EOP/NSC
Subject: RE: [EXTERNAL] CNN question/German vaccine company?

This is the first that I have heard anything about this subject.

From: Birx, Deborah L. EOP/NSC (b) (6) >
Sent: Sunday, March 15, 2020 1:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Fwd: [EXTERNAL] CNN question/German vaccine company?

Do you know anything about this?

Sent from my iPhone

Begin forwarded message:

From: "Miller, Katie R. EOP/OVP" (b) (6)
Date: March 15, 2020 at 1:14:28 PM EDT
To: "Birx, Deborah L. EOP/NSC" (b) (6) >
Subject: Fwd: [EXTERNAL] CNN question/German vaccine company?

Sent from my iPhone

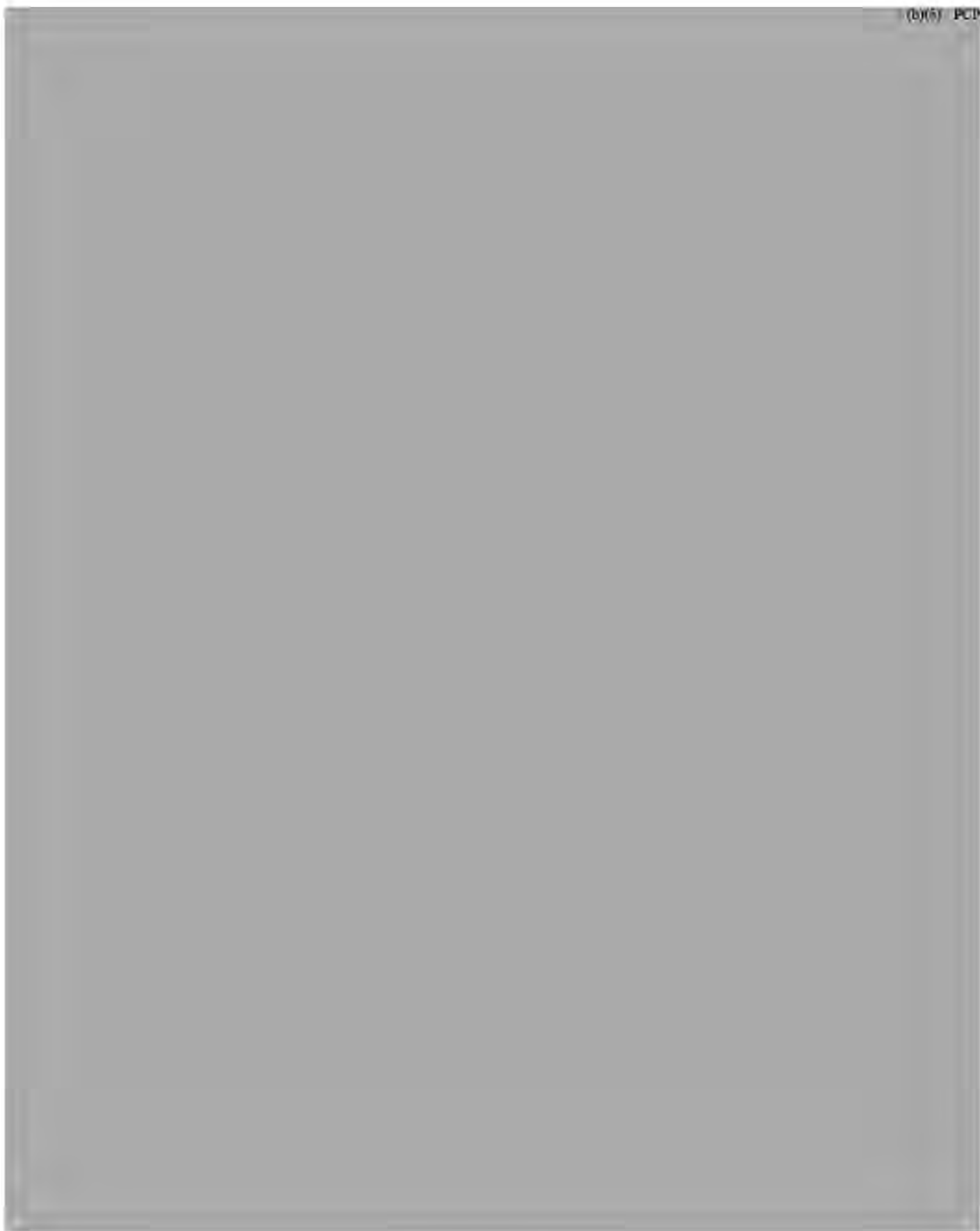
Begin forwarded message:

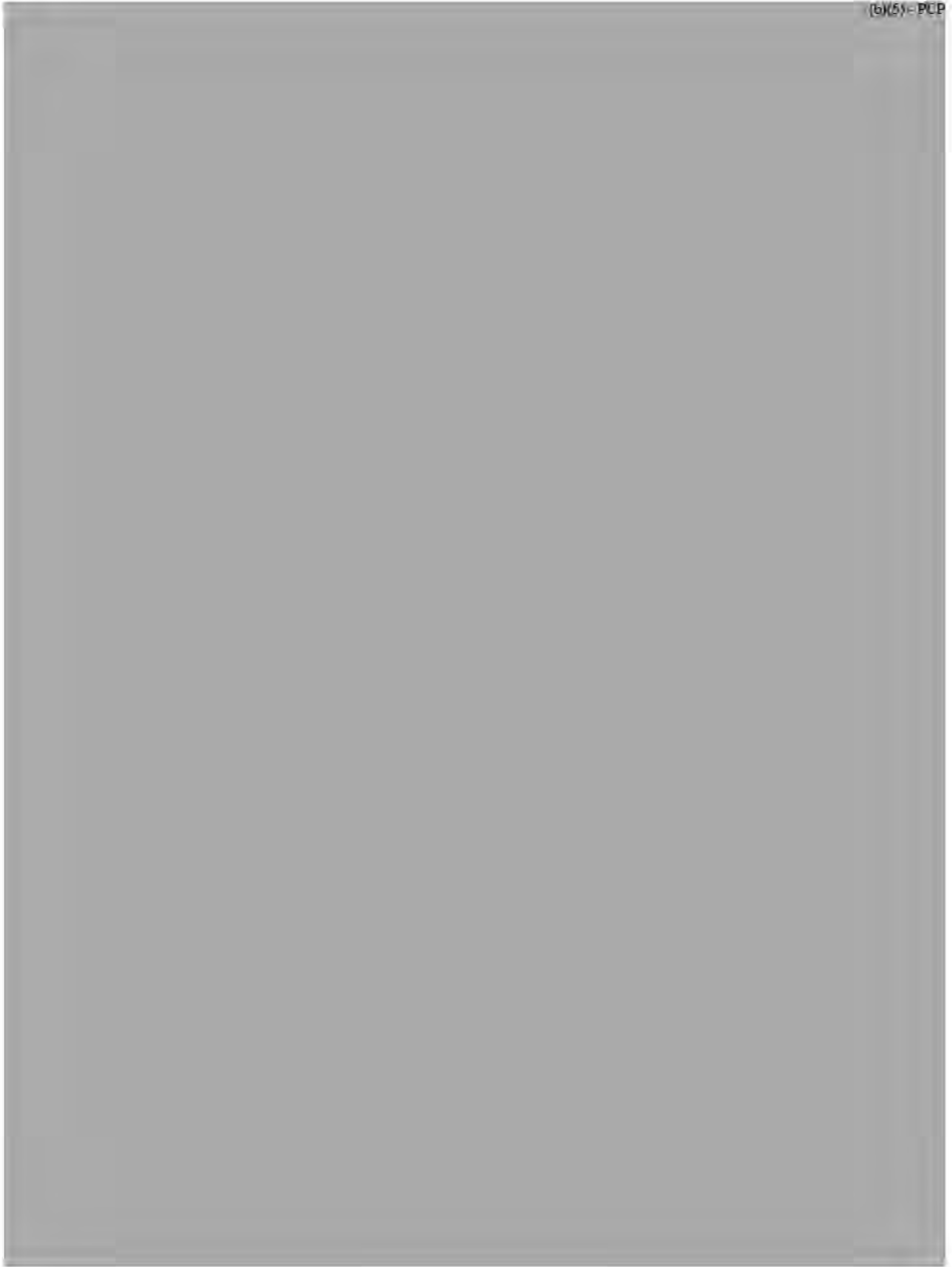
From: "Liptak, Kevin" <Kevin.Liptak@turner.com>
Date: March 15, 2020 at 1:09:32 PM EDT
To: "Miller, Katie R. EOP/OVP" (b) (6) >, "Fetalvo, Ninio J. EOP/OVP" (b) (6) >, DL NSC Press (b) (6) >
Subject: [EXTERNAL] CNN question/German vaccine company?

Afternoon — checking to see whether the White House has any comment on these allegations in German media that President Trump is offering large sums of money to lure a German vaccine maker to the United States? ><https://www.reuters.com/article/us-health-coronavirus-germany-usa-idUSKBN2120IV><

Thanks
Kevin

Kevin Liptak
CNN White House
(b) (6)





From: (b) (6)
Sent: Sun, 15 Mar 2020 13:30:08 -0400
To: Soumya Jayaraj
Subject: Re: Concern about Covid spread in South Padre Island Texas

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:29 PM, Soumya Jayaraj (b) (6) wrote:

Hello Dr. Fauci,

I hope you get to read this and you can do something about it. I am writing from (b) (6). Here at South Padre Island spring break events are going in full swing with no concern whatsoever about coronavirus spread. We do not have positive cases yet in the Rio Grande Valley but this is inviting the disease here.

People come from all over USA, especially students in huge numbers for spring break to SPI. In spite of repeated requests by press and general public the authorities have not shut down the event. I am attaching a couple of articles below . It is very concerning to see the authorities do not seem to understand the gravity of the situation and the importance of social distancing which is the need of the hour. Kindly look into this and please do what you can to put a stop to this.

Please note the crowd is expected to increase next week.

Appreciate your help.

Thanks
Regards
Soumya Jayaraj

<https://www.themonitor.com/2020/03/12/spi-spring-break-continue/>

<https://www.facebook.com/KRGVChristian/videos/195404708568768/>

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:29:23 -0400
To: Daphne Coley
Subject: Re: Confidence in you

Thank you for your note
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 1:22 PM, Daphne Coley (b) (6) wrote:
>
> Dear Dr. Fauci,
>
> Out of this whole mess you are the voice of reason that is most comforting. Your intelligence, calm demeanor and lack of personal agenda (I hope) come through in your explanations of this recent crisis.
>
> I have read how many lives that you saved during the AIDS crisis and laude you for it. I trust, given enough rein, that you can do it for the COVID-19 crisis.
>
> You must be feeling the weight of crushing political and media forces__a real tightrope. Then, of course you do have to worry about the illness itself, which should be your primary concern but might be problematic given the infighting and
> territorial nature of politics.
>
> Anyway, I wanted you to know that you have a real fan in (b) (6). If there are two there are many, many more. Just keep on doing what you do so well and know that you are appreciated by lots of Americans.
>
> Best,
> Daphne Coley

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:28:26 -0400
To: rclavalle
Subject: Re: Thank you!

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:25 PM, rclavalle (b) (6) wrote:

Good afternoon Sir,

Thank you for your continued vigilance in protecting the American people. Your wise guidance regarding a temporary national lockdown may greatly help in reducing the spread of COVID-19.

If this action were to occur it should be in phases:

Phase 1: Federal Quarantine. Effective Immediately until 4 MAY 2020 (or further notice) - ONLY Key and Essential federal employees of all agencies (IC included) should report to work. Everyone else is on administrative leave. While buildings are empty, staff remaining should conduct deep cleaning (air systems, etc.) to ensure a healthy environment when employees come back to work.

Phase 2: Federal recall: Beginning 4 MAY 2020, federal employees are called back to work on an as-needed basis (indefinitely) depending on how the virus trends. Excluding postal workers, that accounts for nearly 2 million full-time employees. There should be a mandatory home-quarantine so people are not out spreading the disease.

Phase 3: Mitigation and recovery. Federal agencies need to produce mitigation measures (crisis action plans) should something of this nature occur in the future. Federal agencies must be ready to respond in an organized manner when a crisis occurs.

Throughout this COVID-19 event, military and law enforcement must have an increased presence to prevent mass hysteria and mob mentality. Increased military and law enforcement presence may help enforce the home quarantine measures and prevent looting and other crimes that tend to occur during crisis events.

The National messages may include the following:

The top priority is the safety and security of the people
We will make decisions based on health guidance and current conditions here and elsewhere
We will get through this together (share resources, express kindness etc.)
We need to care for each other - It is vital it is to unite around this crisis
As a Nation, we need to come together as a community to survive this international disaster
This health crisis is challenging each of us to make sacrifices and implement changes out of the norm.
Ultimately, this crisis is not about us. It's about our responsibility to each other.
Thank you for all you are doing during this difficult time.

Thank you, Sir, for taking the time to review this correspondence.

Best regards,
RC LaValle-McIntosh

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:21:50 -0400
To: Laetitia Moreau
Subject: Re: Alert: ADVIL = killer with COVID19 , references and more

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:16 PM, Laetitia Moreau
(b) (6) wrote:

Estimated doctor Fauci
with covid there are dos and don'ts.
An important DON'T first and a DO here
I heard from France and Europe. USA to be advised.

**Self medication / Unnecessary medication of Advil
&corticoids is highly dangerous with Covid**

4 young adults were in critical conditions in France
with no special reasons except they self medicated on
Advil

https://www.theguardian.com/world/2020/mar/14/anti-inflammatory-drugs-may-aggravate-coronavirus-infection?CMP=share_btn_tw

In French news

<https://www.lefigaro.fr/sciences/coronavirus-alerte-sur-1-ibuprofene-et-autres-anti-inflammatoires-20200314>

French people directly instructed by Health Minister to
avoid Advil

<https://twitter.com/olivierveran/status/1238776545398923264>

Reference articles

<https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930116-8>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30317-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30317-2/fulltext)

Also about Do. I have been sharing about sleep / morning sun and covid.

Sleep protects against virus. We should keep standard time permanently. A good move already in normal times. Covid is an additional reason.

<https://www.ucsf.edu/news/2015/08/131411/short-sleepers-are-four-times-more-likely-catch-cold>

<https://www.ncbi.nlm.nih.gov/pubmed/26118561>

"The impact of daytime light exposures on sleep and mood in office workers." High levels in the morning is associated with reduced sleep onset latency ... and increased sleep quality. [ncbi.nlm.nih.gov/pubmed/2852625](https://www.ncbi.nlm.nih.gov/pubmed/2852625)

Thank you for your work.

Laetitia Moreau

(b) (6)

<>

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 13:19:05 -0400
To: [REDACTED] (b) (6)
Subject: Re: Suggestion for the Coronavirus Task Force

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 12:05 PM, [REDACTED] (b) (6)
[REDACTED] >wrote:

Dear Director Fauci,

While important stores with pharmacies (Walmart, CVS, Walgreens) remain open, many elderly folks are afraid to enter due to the mixing of young and old and the increased risk of coronavirus exposure. I suggest that these stores designate certain hours for for those 60 years of age and older. Now that stores are reducing hours to clean and restock the stores overnight, the best hours might be first thing in the morning. For example for Walmart, the hours designated for those 60 and over could be 6 a.m. to 9 a.m. This could reduce their exposure to younger people who might have the virus but who are asymptomatic (or relatively so). This same idea could be applied to grocery stores.

Best wishes

Alan R. Ertle, MD, MPH, MBA

[REDACTED] (b) (6)

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 13:17:01 -0400
To: Herb
Subject: Re: Coronavirus

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 12:24 PM, Herb [REDACTED] (b) (6) wrote:

You may want to know that [REDACTED] (b) (6)
[REDACTED] I feel that the
information I have might be of interest to your position in this matter. If so, please reply by
return email. Thank you. Herbert E. Johnson

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Sun, 15 Mar 2020 12:02:05 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Request for interview

Sent from my iPhone

Begin forwarded message:

From: Larry Milian <lmilian@slammiami.com>
Date: March 15, 2020 at 10:42:39 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: Larry Milian <lmilian@slammiami.com>
Subject: Request for interview

Dr. Fauci,

My name is Larry "The Amigo" Milian and I am the National General Manager and Program Director for SLAM Radio on Sirius XM 145. I would like to respectfully request to have you on with me on my national morning show to update and discuss Coronavirus.

I will be on air tomorrow starting at 7am est. While my show normally ends at 11am, I have decided to stay on air in order to keep our listeners properly informed.

I would like to thank you in advance. Kindly email me or call me back ((b) (6)) and let me know what might be the best time to come in the air with me.

Larry "The Amigo" Milian
National General Manager/Program Director
SLAM Radio on Sirius XM - Channel 145
LMilian@SLAMMiami.com
(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 11:57:49 -0400
To: Alex Tanner
Subject: Re: Nasal spray

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 15, 2020, at 11:56 AM, Alex Tanner (b) (6) > wrote:
>
> Greetings Dr. Fauci:
>
> Wouldn't some concoction/ratio of bleach to water put in a nose spray bottle help prevent or kill covid-19? What about hydrogen peroxide?
>
> Regards,
> Alex
>
> Charles A Tanner
> (b) (6)
>
> Sent from my iPhone

From: (b) (6)
Sent: Sun, 15 Mar 2020 11:57:34 -0400
To: Deborah Lowery
Subject: Re: Hospitalization of covid-19 positive patients

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 15, 2020, at 11:57 AM, Deborah Lowery (b) (6) > wrote:

>

> Every large US city has several hospitals within city limits. Would it be possible to set up at least one hospital for ONLY covid-19 positive patients requiring hospitalization. This could help prevent transfer of virus to those hospitalized that do not have the virus and could help reduce the need for more personal protective supplies needed for staff, since only those staff at that particular hospital would be taking care of those with covid-19. Thank You for your time.

> Deborah Lowery

From: (b) (6)
Sent: Sun, 15 Mar 2020 10:17:01 -0400
To: Esam.Almarzouq
Subject: Re: God bless you all

Thank you for your kind note.

- > On Mar 15, 2020, at 10:13 AM, Esam.Almarzouq <esam.almarzouq@jsgroup.com.kw> wrote:
- >
- > Dear Dr Anthony
- >
- > My name is Esam AlMarzouq from (b) (6) a country that I am sure you know. My daughter is studying in one of the universities in (b) (6)
- >
- > I just wanted to take the opportunity to say God bless you for all the effort taken by you along with your colleagues in NIAID and President office to contain CoronaVirus. I am confident, with God help we shall all overcome Covid-19 pandemic.
- >
- > All the best wishes to you all
- >
- > Regards
- > Esam AlMarzouq
- > CEO - JS GROUP, private company in the area of general trading and construction in Kuwait

From: (b) (6)
Sent: Sun, 15 Mar 2020 09:28:21 -0400
To: Mary Lane
Subject: Re: Honest Communication

Thanks!

> On Mar 15, 2020, at 9:17 AM, Mary Lane (b) (6) > wrote:
>
> Thank you so much for being honest about the coronavirus. We feel we can trust what you say!
>
> Sent from my iPhone

From: (b) (6)
Sent: Sun, 15 Mar 2020 09:15:29 -0400
To: NIAID Public Inquiries
Subject: Fwd: Indigenous Peoples - Bat Guano Harvesters - COVID-19

Sent from my iPhone

Begin forwarded message:

From: Geoffrey Wilcox (b) (6)
Date: March 15, 2020 at 9:11:50 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Indigenous Peoples - Bat Guano Harvesters - COVID-19

Dear Mr Fauci:

Is it possible to be immune to the virus? What if any research has been done on the indigenous people around the world, including the US, that have harvested guano for centuries?

Geoff Wilcox

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:58:46 +0000
To: Collins, Francis (NIH/OD) [E]
Subject: RE: Draft all hands message
Attachments: Draft_All_Staff_First_NIHStaff_Coronavirus_3.14.20_V2 fsc clean - with minor
Fauci edit.docx

Francis:

It looks fine, but I made one minor edit that is tracked.

Thanks,

Tony

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Saturday, March 14, 2020 9:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Draft all hands message

Hi Tony,

If you have a couple of minutes to review it, please let me know if you see any problems with this draft all-hands message.

FC

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:11:43 +0000
To: Robert Jones
Subject: RE: Avoiding Italy's Coronavirus Disaster

Thank you for the note.

From: Robert Jones <[REDACTED] (b) (6)>
Sent: Saturday, March 14, 2020 8:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Avoiding Italy's Coronavirus Disaster

Dear Dr. Fauci,

Thank you for your leadership. I ask that you take two minutes to read the following article in today's Boston Globe written by an Italian journalist.

<https://www.bostonglobe.com/2020/03/13/opinion/coronavirus-cautionary-tale-italy-dont-do-what-we-did/>

Bottom line: Please consider a lockdown or some form of a lockdown by the end of this week.

Best regards,
Bob Jones

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:00:13 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Covid 19 Minocycline

From: Ramaswamy, Sriram [REDACTED] (b) (6)
Sent: Saturday, March 14, 2020 9:00 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Covid 19 Minocycline

Hi Dr. Fauci,

Pardon the intrusion into your email. I am sure you are super busy spearheading the fight against COVID-19, hence I will cut to the chase. If your research team is looking for ideas to manage this novel virus, perhaps you can consider adjuvant minocycline. Personally I conducted a small proof of concept study with minocycline in veterans with PTSD and am now collaborating with the San Francisco VA for a larger and definitive study. The point I am making that minocycline has potential benefits beyond antibacterial.. I see that there is preliminary evidence that it can slow down viral replication.

Anyway you are the international expert and we all THANK YOU for all that you do!

Best,

Sriram Ramaswamy, MD
Professor of Psychiatry
Vice Chair for Research

Department of Psychiatry
Creighton University School of Medicine
7710 Mercy Road, Suite 601
Omaha, Nebraska 68124-237

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:24:11 -0400
To: Fabien
Subject: Re: Great talk, as usual...

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 3:42 PM, Fabien (b) (6) >wrote:

Dear Professor,
We see you every where at television in France currently.
I fully understand that you have much more urgent to do than answering my previous email and I apologize to have bothered you.
Bon courage...
With all my respect and admiration, for decades,
Fabien Sordet.

Envoyé de mon iPhone

Le 10 mars 2020 à 19:09, Fabien (b) (6) >a écrit ;

Dear Professor Fauci,

Great talk at CROI... Thank you.

I follow your works on HIV for 25 years.

(b) (6) when I stated to work on HIV myself.

This give me the chance to have your email address, but it is not as health care professional that I write you today. Just as human, lambda human...

My parents are a bit older than you.

Imagine for yourself:

If tomorrow, whereas you are already vaccinated against Flu, you have significative start of fever and cough, in an environment

where Covid-19 is epidemic, would you right away take Kaletra and Plaquenil (knowing the fact that if there is a little chance it works, the soonest is the best) ?

Kind Regards,

Dr Fabien Sordet, [REDACTED] (b) (6)

[REDACTED]

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:23:16 -0400
To: Janice Strauss
Subject: Re: Truthful science information

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:04 PM, Janice Strauss <(b) (6)> wrote:
>
> Dr. Fauci,
>
> Thank you for your determination and stamina to inform the American public with science-based updates and information regarding the novel coronavirus.
>
> Without the appropriate data the virus trajectory will leave the country in a state of greater uncertainty and fear. Among many of the public who watch the task force briefings you remain a bulwark against chaos and panic.
>
> When politicians announce policy regarding the virus they may fear accusations of “flip flopping” when a fluid situation requires nimbleness through recalibration or reversal. That instinct is not party-based. However, an honest, neutral agent eschewing disinformation, misinformation, or omissions might better protect the public than a politician concerned with polls, contributions, and election results.
>
> Thank you, Dr. Fauci, for being the honest, neutral agent despite direct or untoward pressure to ignore science-based evidence.
>
> Sincerely,
> Janice Strauss
>
>
>

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:22:43 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Helping to mass produce more dosages of coronavirus vaccines and antibodies at lower cost with potentially greater potency

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Mark Emalfarb (b) (6)
Date: March 14, 2020 at 4:11:01 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Helping to mass produce more dosages of coronavirus vaccines and antibodies at lower cost with potentially greater potency

Dear Dr. Fauci

I don't want to overburden you with a long email, so I'll try and get to the point.

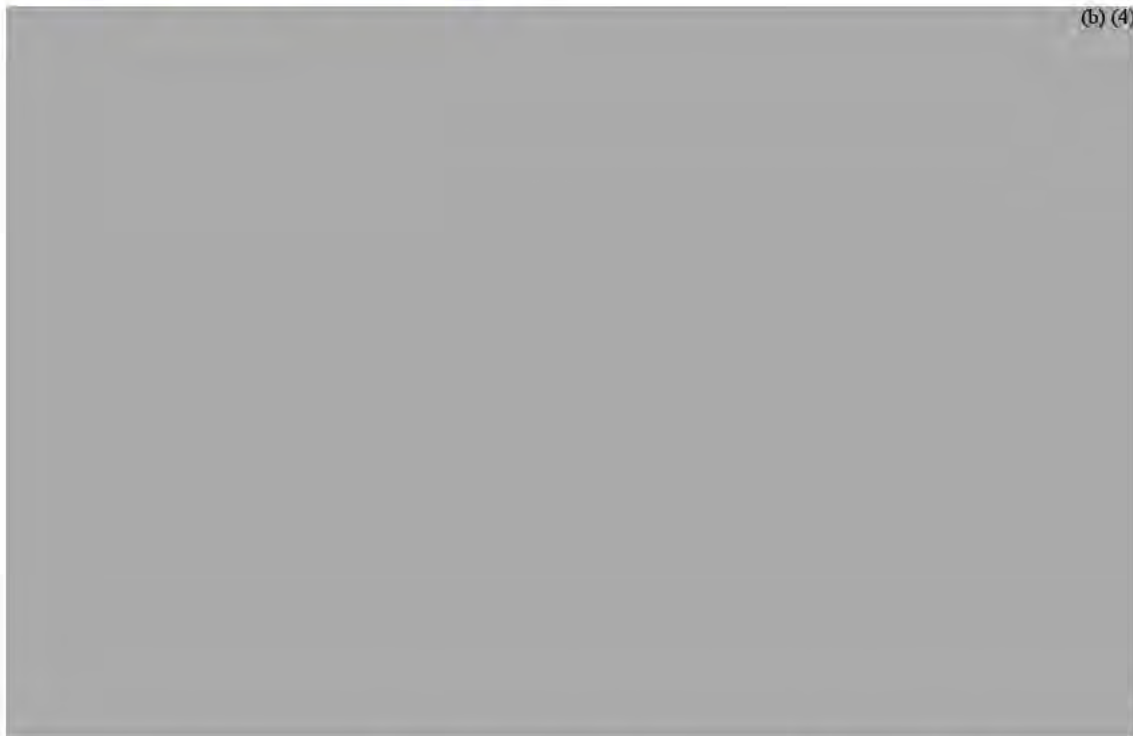
First, we have developed a gene expression system, our C1 cell line which is significantly more efficient than traditional cell lines being used by Big Pharma to manufacture recombinant vaccines and drugs. The hyper productive C1 cells can be grown at flexible commercial scales and are proving to be the most efficient, cost effective way to produce the tens of millions of preventative vaccines and/or antibody treatments the world so desperately needs.

In a collaboration with Sanofi, C1 cells were developed to produce recombinant proteins for use in manufacturing a lower cost better performing influenza vaccine. After conducting a

mice trial Sanofi concluded that the use of our C1 platform resulted in equal or better influenza protection, using a lower amount of vaccine that could be produced at 10-30 times higher productivity levels.

The Original Sanofi Presentation can be found at the following link:

<https://www.dyadic.com/wp-content/uploads/2018/01/Sanofi-Pasteur-C1-Presentation.pdf>



Working together we can “Keep America Safe” by helping to address the immediate coronavirus outbreak, be better prepared for future infectious diseases, pandemic, and epidemic outbreaks, and leveraging this unfortunate situation to advance biopharmaceutical manufacturing to help speed development, lower the cost and improve the performance of

biologic vaccines and drugs such as insulin, seasonal flu and other vaccines and antibodies to make healthcare more accessible and affordable to patients.

I am confident that a meeting with you can be very productive in further stimulating big pharma and other research institutions to speed effective, low cost vaccines and antibodies to market.

Given the severity of the current coronavirus situation, I am prepared to make myself available for a meeting at your convenience.

My cell number is [REDACTED] (b) (6) should you want to reach me quickly.

Sincerely,

Mark Emalfarb
Chief Executive Officer

Mark Emalfarb
CEO
Dyadic International, Inc.

[REDACTED] (b) (6) (Office)
[REDACTED] (b) (6) (Cell)

www.dyadic.com

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:21:17 -0400
To: Richard Lynn
Subject: Re: So proud

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 4:41 PM, Richard Lynn (b) (6) wrote:

So well said Carol.
Be well
Richard

Richard A. Lynn, MD,FACS,RPVI



On Fri, Mar 13, 2020, 5:23 PM Carol Storey-Johnson
<csjohnso@med.cornell.edu> wrote:

Dear Dr. Fauci--

I fully agree with Dr. Lynn's message. I have been following your commentary on the current COVID-19 pandemic. Our Dean, Dr. Augustine Choi, has also been a major positive voice at WCM, communicating frequently with our community and, in his role as an expert in pulmonary diseases, echoing your messages at WCM as we struggle to educate students and trainees and manage the overwhelming questions and administrative issues that present themselves at this time. The measures he has implemented at WCM have been scientifically sound and commensurate with national expert (yours included) recommendations.

As a member of the Board of Directors of the Alumni Association, I am also so proud of your work in this critical time for our nation. I'm sure WCM is appreciative of your representing the quality of your training, career experience, scientific thinking, and academic acumen in your advice to the nation and its people in these challenging times.

The Alumni Association has recognized your work in the past, but your continued efforts speak so well to the excellence in the rigor and standards of the

educational, research, and clinical experience that all of our alumni have had at WCM.

We wish you well and hope that you have continued influence in these matters.

Sincerely,

Carol Storey-Johnson MD
Professor Emerita of Medicine
Weill Cornell Medical College

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From: Richard Lynn (b) (6) >

Sent: Tuesday, March 3, 2020 8:22 AM

To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

Cc: nl121 <nl121@cumc.columbia.edu>; Natasha I Leibel <nl121@columbia.edu>; kathleen foley (b) (6); Carol Storey-Johnson

<csjohnso@med.cornell.edu>; Lewis M Drusin <ldrusin@med.cornell.edu>

Subject: [EXTERNAL] So proud

Dear Tony,

As a member of the Board of Directors of Weill Cornell Med Alumni Association, I am so proud of what you are doing and proud that it all started in Olin Hall and 1300 York Ave.

Drs McDermott, Hook, Kilbourne, Kean and Johnson must have great pride in how you are a voice of science and reason during this crisis.

Stay strong and thank you

Richard (b) (6)

Richard A. Lynn, MD,FACS,RPVI



From: (b) (6)
Sent: Sat, 14 Mar 2020 19:19:57 -0400
To: Jim Edwards
Subject: Re: Nitrile gloves request for COVID19

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:49 PM, Jim Edwards (b) (6) wrote:
>
>
> Dear Dr. Fauci:
>
> Regarding testing by drive through cars, (b) (6)
>
> It has been hard for me to grocery shop during this coronavirus illness because the retailers are allowing the employees and baggers to (b) (6).
>
> I so wish you could address this for us (b) (6)
>
> You do not know how much this would mean to me.
>
> Thank you for your service!
>
> Best Regards,
>
> Robbin Edwards (b) (6)
>
>
>
>
>
>
>
>
>
>

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:19:29 -0400
To: Norm Harris
Subject: Re: Thank you VERY VERY much

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:51 PM, Norm Harris (b) (6) > wrote:
>
>
> For your recent frequent, focused, knowledgeable and understandable assessments and recommendations regarding the COVID-19 pandemic.
>
> A clear and transparent voice makes a very positive difference.
>
> Thank you,
>
> Linda and Norm Harris
> (b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:18:47 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Our Company Offer of Assistance During this Critical Time of the Coronavirus.

Pls handle.
Sent from my iPhone

Begin forwarded message:

From: Kay Savio <(b) (6)>
Date: March 14, 2020 at 4:59:41 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Auchincloss, Hugh (NIH/NIAID) [E]" (b) (6)>,
"McGowan, John J. (NIH/NIAID) [E]" (b) (6)>
Subject: Our Company Offer of Assistance During this Critical Time of the Coronavirus.

Dear Dr. Fauci:

I work for Focus Pointe Global, a Schlesinger Group Clinical Research Company that has a data base of over 6 million participants globally. Our company is the largest of its kind in the world. I wanted to reach out to the NIH & NIAID to see if there is any way our company can be of help during the coronavirus epidemic.

We have the unique ability to survey this panel of participants online or in person, asking various questions getting data back fairly quickly (approximately 2 weeks). Our company utilizes industry leading techniques and can follow this group for years in the future. We have worked with the NIH, CDC & such institutions as Northwestern University, Stanford, Harvard, Battelle, NORC, ICF etc., for many years.

Please contact me if this is of interest and our company can be of help.

Kind Regards,

Kay Savio
VP Client Development & Clinical Research
Focus Pointe Global – A Schlesinger Company
(b) (6) | (b) (6)



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From: (b) (6)
Sent: Sat, 14 Mar 2020 19:16:32 -0400
To: NIAID Public Inquiries
Subject: Fwd: COVID-19 reporting

Sent from my iPhone

Begin forwarded message:

From: G C (b) (6)
Date: March 14, 2020 at 5:18:16 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: COVID-19 reporting

In VA, there is a woman who says she had "the corona" back in November and her husband had it in December.

If this is fact, how can we trust our government when it comes to Public Health?

Sent from my iPad

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:15:18 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Proposal for new treatment of established COVID-19 - CORRECTED EMAIL
Attachments: PastedGraphic-10.tiff, ATT00001.htm

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: "Prof.Shimon Slavin" (b) (6)
Date: March 14, 2020 at 5:36:53 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Proposal for new treatment of established COVID-19 - CORRECTED EMAIL**

I APOLOGISE FOR SOME TYPOS IN MY PREVIOUS EMAIL SENT TO YOU OUT OF SPONTANEOUS ENTHUSIASM. PLEASE CONSIDER THIS CORRECTED VERSION INSTED.

Dear Dr. Fauci,

You may not remember but we have met years back when I was at Stanford University and Training with the late Donald E Thomas to consider cell therapy of HIV based on the use of reduced intensity, non-myeloablative conditioning in preparation for stem cell transplantation to induce tolerance and then apply cell therapy with donor lymphocytes which I have proposed for consideration of treatment of patients with HIV with secondary malignancy.

The purpose of this email is to try and capture your attention in order to consider a new treatment option for COVID-19 that can be applied for patients in need with evidence of disease with no delay. Whereas many companies focus on development of anti-corona vaccine, I believe the more rational approach should be to develop treatment for COVID-19 and then, if the virus will be deleted and/or the disease controlled or modified, vaccination will result without the need for specific corona-specific vaccination which is not yet available and by the time it may be available it may no longer be relevant.

I am serving as the Medical Director of a company in Hungary and we believe that one simple and safe experimental treatment of patients with existing viral disease may already be at hand, (b) (4)

I will greatly appreciate if you could give me a call or have one of your colleagues contact me and then I will be able to discuss the concept in greater details, after I will provide supportive scientific and clinical literature.

I am available 24/7 on my mobile phone listed below.

Shimon Slavin, M.D.
Professor of Medicine
Scientific & Medical Director, Biotherapy International
The Center for Innovative Cancer Immunotherapy & Cellular Medicine
Weizmann Center, 14 Weizmann Street
Floor 15, Suite 1503
Tel Aviv 64239, Israel

Email: (b) (6)
Mobile phone: (b) (6)

NIH-0000619



From: (b) (6)
Sent: Sat, 14 Mar 2020 19:11:42 -0400
To: Alex Amonette
Subject: Re: Thank you for your leadership!

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 5:43 PM, Alex Amonette <(b) (6)> wrote:

Dear Dr. Fauci,

Thank you for your leadership and expertise on the coronavirus and for your other great works. You are a true hero. Thank goodness you are here for all of us right now.

No reply expected.

To your continued good health for many many years to come!

Sincerely,
Alexandra Amonette
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 19:22:47 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Use SARS Drugs

From: [REDACTED] (b) (6)
Sent: Saturday, March 14, 2020 3:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Use SARS Drugs

Dr. Fauci; In germany they found the drug camostat mesilate they used on SARS in 2003 kills the coronavirus in a petri dish. why wouldn't you give it a try? Will drug companies lose too much monies? Makes sense to use an already approved drug with little side effects. God is watching !!!!!!!!!!!!!

From: Folkers, Greg (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 17:49:09 +0000
To: Halula, Madelon (NIH/NIAID) [E]; Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Thank you - It's worth it

Thank you!

From: Halula, Madelon (NIH/NIAID) [E] (b) (6) >
Sent: Monday, March 9, 2020 10:10 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you - It's worth it

Dear Dr. Fauci,
Thank you for being willing to step up publicly and have your life overtaken by the coronavirus.
This can't be easy and is likely to be harder in the coming weeks and months.
Know that we appreciate it and that I am willing to do whatever needs doing to help.

Sincerely,
Madelon Halula

Madelon Halula, PhD
Initiative Coordinator
Email: (b) (6)
Tel: (b) (6)
FAX: 240-627-3466
DHHS NIH NIAID DAIDS
Scientific Programs & Operations Branch
MSC 9831 (rm 8C48)
5601 Fishers Lane
Rockville, MD 20852-9831

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From: (b) (6)
Sent: Sat, 14 Mar 2020 13:15:38 -0400
To: Mike Betts
Subject: Re: Coronavirus response

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 14, 2020, at 12:19 PM, Mike Betts (b) (6) >wrote:

I wanted to convey an idea I had with regard to the coronavirus. It seems to me that trying to contain the virus as we are doing at present will be futile. Since the virus can be present for many days without a person having any symptoms, you would literally need to test everyone at the same time to determine who has it--an impossible task.

I have a different thought. We know that the virus is especially dangerous for the old and/or immunosuppressed. IMO we should be focusing all of our efforts on keeping that group from becoming infected. To do so that group should be encouraged to self-isolate, to limit their social interactions and other groups should be instructed to avoid them. Sort of a reverse-quarantine idea. All testing would be done within those groups and all groups would also be encouraged to continue with the hygienic suggestions they've already received.

The problem right now is that the media has created a panic. Last night my wife and I went to the local Whole Foods and many of the shelves were empty and healthy younger people were wearing masks.

The message is not getting out that the virus is almost solely dangerous to the elderly and immunosuppressed. [Why aren't the demographics being released? That in itself could calm many people.] With my suggestion, exposures to them would be diminished, significantly reducing the number of deaths, as well as

the potential impact on hospitals. Any person outside of that group that was severely affected could be identified and treated. Quarantining otherwise healthy people outside of those groups who finally demonstrate symptoms--like the NBA players--is ridiculous. They are likely to get the sniffles and have also already spread the virus. As long as they're not spreading it to the endangered group we should not worry about it.

In sum, we need to isolate the vulnerable and realize that the mortality rate for people outside of that group is likely lower than the flu.

Of course, while this occurs we are working on finding treatments and vaccines. But sending home workers who have next to no likelihood of being significantly impacted by this virus is ridiculous. The virus hits hardest the old and infirm, two groups that are most likely NOT to even be in the workforce!

To me, this solution is a lot simpler than what is being tried right now and is much more likely of success. To everyone besides the endangered group this virus is literally less dangerous than the flu. There is no reason that anyone outside of the endangered group should have any concern at all and we need to make that clear. Please let me know what you think.

Sincerely,

Michael Betts

(b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 13:14:36 -0400
To: Sharon Ganderson
Subject: Re: Subject. Virus recommendations

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 14, 2020, at 12:42 PM, Sharon Ganderson
<(b) (6)> wrote:

Dear Dr. Fauci:

Thank you for your incredible dedication & expertise in dealing with the coronavirus situation. My concern is that when the President & the virus team and others are seen together they stand close together & shake hands. This has been ill advised by all the medical experts, including you.

I am hoping you and the other experts will strongly advise changes in this behavior in accordance with current recommendations. We need them to set a good example for all.

Many thanks for your help - it is greatly appreciated.

Sharon Fink

(b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 13:12:23 -0400
To: Adrienne DeLucca
Subject: Re: THANK YOU

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 14, 2020, at 1:04 PM, Adrienne DeLucca (b) (6) > wrote:

>

>

> Dear Dr. Fauci:

>

> My name is Adrienne DeLucca and I live in Connecticut. I am a Labor Attorney and represent almost 40,000 public school teachers. You may not read this until months from now as I know you are working tirelessly on the Coronavirus Task Force. I just felt the need to send you a quick note to thank you. Your expertise and presence during interviews and White House briefing has offered me so much comfort at such an anxiety ridden time. I have heard from so many friends and family members who feel the same way about you. Without your involvement we would be lost as yours is the most credible voice that we have come to rely on. Thank you for all you are doing for our country. We are all so lucky to have you. I pray that you and your family stay healthy.

>

> Sincerely,

> Adrienne DeLucca

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:10:59 +0000
To: Celia Lewis
Subject: RE: No BS

Celia and Jim:

Thank you for your kind note.
Berst,
Tony

From: Celia Lewis <(b) (6)>
Sent: Saturday, March 14, 2020 6:44 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: No BS

Dear Dr. Fauci:

My husband and I are both (b) (6) so we've followed a lot of TV news regarding COVID-19.

We want to express our appreciation for your "no BS" presentation of the realities of the disease spread and what we, as a country, can expect.

We hear the politicians and the news anchors, but we find our comfort in the unwavering truth you deliver through the lens of your decades of experience and expertise.

And we thank you, more than you know.

Highest regards,
Celia and Jim Lewis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:09:28 +0000
To: Diane Gaary
Subject: RE: Thank you

Thanks, Diane. I will try your suggestions.

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

From: Diane Gaary (b) (6)
Sent: Saturday, March 14, 2020 7:45 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank you

Dear Dr Fauci,

Thank you.

Your efforts to inform and help all of us during the Covid-19 situation are greatly appreciated.

You are in our prayers.

Sincerely,

Diane Gaary

PS. I am a speaking voice teacher.

If your voice is tired from the constant talking, here are 2 easy suggestions:

- 1) a closed mouthed yawn (as one might do in a boring class) is a quick stretch and tension reliever for the entire vocal mechanism
- 2) 10-20 minutes of constructive rest (on your back with knees bent and head on a book to keep it inline with your spine) will put your spine into a passive traction and give your back and neck muscles a chance to rest and release

I know you don't have much time for this sort of thing, but decreasing your physical stress will help your voice tremendously and help you work even more efficiently.

Once again, Thank you for your knowledge commitment, and integrity.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:05:46 +0000
To: Deb Webster
Subject: RE: Thank you

Deborah:

Thank you for your kind note.

Best,

Tony

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

From: Deb Webster (b) (6)>
Sent: Saturday, March 14, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank you

Dr. Fauci,

I have been so very heartened and impressed with your forthcoming and rational communications and actions around the COVID-19 crisis. This includes your insistence on speaking truth to power and taking more aggressive steps in this combat.

Don't relent, and keep up the great work. We all need you.

I wish you well.

Deborah Webster

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 12:58:29 +0000
To: William Templeton
Subject: RE: Thank you


William. Thank you for your kind note.
Best,
Tony

From: William Templeton (b) (6) >
Sent: Saturday, March 14, 2020 8:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you

I (b) (6) as an Infectious Diseases physician in southern Indiana and Louisville.
During my career I cared for hundreds of individuals with HIV/AIDS and remember well your tireless efforts in this regard.
Even in the midst of the current coronavirus pandemic, your knowledge and expertise continue to prevail- a model for many. There has never been a more important time for dissemination of facts not blind faith.
Again, congratulations !

William C. Templeton, MD

(b)(5) - PCP



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 00:32:38 +0000
To: Bill Canavan
Subject: RE: REGIS v FORDHAM (b) (6)

Billy:

Thank you so much for you note. You brought back a flash of happy memory that was wedged in the bottom of my brain. What a game that was! Billy Canavan and Donnie Walsh versus Tony Fauci and Artie Guarino. You guys were clearly better than we were; yet we won which proved to me then that anything is possible. Thanks again for bringing back such amazing memories. I hope that you are well and I wish you all the best.

Warm regards,

Tony

From: Bill Canavan (b) (6) >
Sent: Friday, March 13, 2020 8:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: REGIS v FORDHAM1958 ...

TONY ...

BEAT CORONAVIRUS THE WAY YOU AND ARTIE BEAT DONNIE AND ME (b) (6) REGARDS ...
BILLY CANAVAN ...

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 17:54:56 +0000
To: Alecia Siuta;Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Thank you and how can I help? From the wife of a hospitalist

Dr. Fauci asked me to thank you for your note

Best,

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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

From: Alecia Siuta (b) (6)>
Sent: Friday, March 13, 2020 1:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Thank you and how can I help? From the wife of a hospitalist

Dr. Fauci,

Thank you so much for being the honest, clear minded medical leader that our country needs right now. You are doing a superb job handling this difficult situation. My (b) (6) a hospitalist in State College, PA is on the front lines of this impending crisis in our community (he is (b) (6) and also works clinically for both internal medicine and pediatrics).

I appreciate the clear and easy to understand campaign to the general public to "flatten the curve" and slow the inevitable spread so that we don't overwhelm the medical community's capacity to care for the seriously ill. I suggest that to add to this campaign (especially given the serious lack of testing; currently he is waiting 4-7 days for test results for hospitalized suspected covid-19 patients) that you make it clear to the American public that they should NOT go to their doctor/hospital/urgent care and instead stay at home, isolate themselves, and make a phone call to their doctor's office or some sort of dept of health hotline.

If everyone with mild/moderate symptoms (and their immediate contacts) are bringing the virus into medical facilities, it greatly increases exposure and puts healthcare workers (and their families and communities) at unnecessary risk. We need to convey to the American public the importance of keeping our healthcare workers from falling ill (and into quarantine) so that they can treat those that absolutely need to be hospitalized. There also should be a mandated no visitor policy for suspected/confirmed patients at every point of care.

I am interested in helping in any way I am able. Please let me know what I can do to increase awareness and spread the vital messages you are trying to convey.

Thank you for your service and sacrifice for the greater good of the American people,

Sincerely,
Alecia Fay Siuta



Sent from my iPhone

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 15:52:12 +0000
To: Lynda Hayashi;Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: drive up covid-19 tests for Washington State

Dr. Fauci wanted me to thank you for your note.

Best,

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892

(b) (6)
301-496-4409 fax

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From: Lynda Hayashi (b) (6)
Sent: Thursday, March 12, 2020 10:17 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: drive up covid-19 tests for Washington State

If South Korea can make this happen why can't we? At least here in the most hardest hit state.
Please make this happen. We're all scared.
Lynda C. Hayashi

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:23:12 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus question - please read

Sent from my iPhone

Begin forwarded message:

From: Zofia Agee (b) (6)>
Date: March 13, 2020 at 8:02:50 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Coronavirus question - please read

Dr. Fauci,

I'm not a medical professional. I'm just someone who is paying attention to what is going on. I'm hearing that in many cases people have died because they developed pneumonia due to coronavirus. Since there is no coronavirus vaccine and won't be for a while can pneumonia be prevented by getting pneumonia vaccination? To me, that seems like a very logical course. I was actually trying to get that vaccine but I was turned away because I do not have any medical history showing that I need it and I'm not 65 yet. Could this be some way to lower the death while working on the vaccine? I have sent this to a few other places/people but not sure I'm reaching the right people, so I'm hoping it will reach you or someone in your office that will read it.).

If we can not cure the virus yet, maybe we could get in front of it and prevent it from being deadly...

Just a thought.

Zofia Agee

--

Zofia Agee

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:18:32 -0400
To: NIAID Public Inquiries
Subject: Fwd: thanks very much for your honesty and clear-eyed scientific integrity about coronavirus! an analysis you might want to read or share

Sent from my iPhone

Begin forwarded message:

From: Jonathan Fritz (b) (6)
Date: March 13, 2020 at 8:31:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: thanks very much for your honesty and clear-eyed scientific integrity about coronavirus! an analysis you might want to read or share

Hello Dr. Fauci,

I would like to thank you for being one of the few honest and trustworthy scientific voices

as the world and the US confront the challenges of coronavirus. I was recently sent this thoughtful statistical analysis and thought you or one of your colleagues might wish to see it.

best wishes, yours, Dr. Jonathan Fritz

<https://medium.com/@tomaspuoyo/coronavirus-act-today-or-people-will-die-f4d3d9cd99ca>

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:16:52 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: NK Cells for COVID-19

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Jeffrey Miller <(b) (6)>
Date: March 13, 2020 at 8:53:29 AM EDT
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Re: NK Cells for COVID-19

Dr. Fauci,

I am working with Ashley Haase and others at Minnesota to think through the feasibility and wisdom of this approach. Let me know your thoughts if you have the time. You look busy lately!

Jeff

On Fri, Mar 13, 2020 at 7:49 AM Julian Adams <(b) (6)> wrote:

Dear Dr Fauci (Tony),

You may remember me from the early 90's as I was the inventor of nevirapine, the first NNRTI. We met several times at NIAID and FDA. I have since turned my scientific interests to cancer research and discovered and developed Velcade for multiple myeloma. And I have changed career paths again, turning to immunotherapy to treat cancer. I am currently the CEO of Gamida Cell with a focus on cellular therapies.

One of our programs is the expansion of allogeneic NK cells. We are collaborating with Dr Jeff Miller at the University of Minnesota and are administering 10-20 billion freshly expanded NK cells in combination with rituximab to patients with NHL. The results are stunning with 8/11 patients

achieving CR or very good PR with a single infusion. (see EBMT abstract below). In addition, the safety profile has been remarkably good since two thirds of our patients have Karnofsky performance <80. (NO CRS or Tumor lysis syndrome or neurotoxicity has been observed)

(b) (4)

I thank you in advance, and look forward to your response, (also copied is Dr Simantov, our Chief Medical Officer)

Warmest regards,

Julian Adams, PhD

EBMT Abstract: (the conference due to have taken place in Madrid is postponed but the abstract is available online)

RESULTS OF A PHASE 1 TRIAL OF GDA-201, NICOTINAMIDE-EXPANDED ALLOGENEIC NATURAL KILLER CELLS (NAM-NK) IN PATIENTS WITH REFRACTORY NON-HODGKIN LYMPHOMA (NHL) AND MULTIPLE MYELOMA

Veronika Bachanova¹, David McKenna¹, Xianghua Luo¹, Todd Defor¹, Murali Janakiram¹, Claudio Brunstein¹, Daniel Weisdorf¹, Erica Warlick¹, Rose Wangen¹, Fiona He¹, Joseph Maakaron¹, Zuzan Cayci¹, Bartosz Grzywacz¹, Guy Brachya², Tony Peled², Jeffrey

Miller¹ University of Minnesota, Masonic Cancer Center, Minneapolis, MN, United States, ²Gamida Cell, Jerusalem, Israel

Background: NK cells have the capacity to kill tumor targets and potential in cancer therapy. Limitations include specificity, persistence after infusion and how to maximize NK cell activity in vivo. We report results of a Phase 1 clinical trial of GDA-201, a cellular product composed of Natural killer (NK) cells from healthy donors expanded ex-vivo with nicotinamide (NAM) and IL-15, a unique ex vivo activation strategy to induce persistence. Prior in vitro studies and pre-clinical models demonstrated that NAM-exposed NK cells exhibit augmented resistance against exhaustion and improved killing function, proliferation, and organ trafficking. We report safety and preliminary efficacy from a phase I trial of GDA-201 in patients (pts) with relapsed or refractory (R/R) NHL or MM.

Methods: Following donor apheresis, CD3-depleted mononuclear cells were cultured for 14-16 days with NAM (5mM) and IL-15 (20ng/ml), resulting in a 40-fold increase in NK cells and increased expression of CD62L from 2.9% to 21%. GDA-201 contained ~98% NK cells, and CD3 content was maintained at <0.5% (<5x10⁵/kg/dose). Pts with R/R B-cell NHL or MM received cyclophosphamide (400mg/m² IV x 3d) and fludarabine (30 mg/m² /d IV x 3d), followed by two doses of GDA-201 (Days 0 and 2) and low-dose IL-2 (6 million units sc). Pts with NHL or MM received rituximab (375 mg/m²) or elotuzumab (10 mg/kg), respectively, x 3 weekly infusions to enhance NK cell targeting through antibody-dependent cellular cytotoxicity (ADCC).

Results: 25 pts were enrolled: 11 with NHL (5 follicular, 5 diffuse large cell lymphoma, 1 mantle cell lymphoma) and 14 with MM, in 3 cohorts of escalating GDA-201 dose; 14 pts received the maximum target dose (median 1.7 x 10⁸ cells/kg, range 1.6-2.0 x 10⁸ cells/kg). There were no dose limiting toxicities. The most common grade 3/4 adverse events were neutropenia and thrombocytopenia, febrile neutropenia (n=2), increased creatinine, hyponatremia, pulmonary edema; all events were transient. There were no neurotoxic events, confirmed CRS, GVHD or marrow aplasia. One patient died of E-coli sepsis.

Among 11 NHL pts, there were 7 CR and 1 PR with an overall response rate of 72%. Median duration of response is 11 months (CR patients) and 3 months (PR patients). In MM patients, 1 patient with extramedullary disease had CR and 4 had SD with median duration 2.5 months. In our previous study using overnight activated NK cells, persistence 7 days after adoptive transfer was limited. Using GDA-201, flow cytometry confirmed

the persistence of donor NAM-NK in peripheral blood up to day 7-10 (day 7 range 2-55% donor NK cells; Figure 1), as well as enhanced in vivo proliferation (median Ki67 99%). In addition, the enhanced expression of the homing receptor CD62L correlated with trafficking to bone marrow and lymph nodes in vivo as confirmed by flow cytometry of biopsied tissues at day 4.

Conclusions: Cellular therapy using GDA-201 with monoclonal antibodies was safe, and demonstrated early evidence of clinical activity in heavily pre-treated pts with advanced NHL and MM. Laboratory studies show that the GDA-201 product shows better persistence. Larger phase II studies are warranted.

Clinical Trial Registry: clinicaltrials.gov NCT03019666

Disclosure: Funding for the trial is provided by Gamida Cell. BMS is providing drug only support.

Veronika Bachanova: Research Funding Gamida Cell , Advisory Board:
Gamida Cell

Julian Adams, Ph.D.

Chief Executive Officer

Gamida Cell

673 Boylston St 4th Fl

Boston, MA 02116

(b) (6)

Heather DiVecchia

Chief of Staff

Gamida Cell Ltd. Cell Therapy Technologies

673 Boylston Street, 4th Floor

Boston, MA 02116

Direct: + (b) (6)

(b) (6)

www.gamida-cell.com

gamida Cell

--

Jeffrey S. Miller, M.D.
Professor of Medicine
Deputy Director, Masonic Cancer Center
Division of Hematology, Oncology and Transplantation, University of Minnesota
Roger L. and Lynn C. Headrick Family Chair in Cancer Therapeutics

Regular Mail:
Division of Hematology, Oncology, and Transplantation
420 Delaware St. SE, Mayo Mail Code 806
Minneapolis, MN 55455

Federal Express or courier delivery:
University of Minnesota Cancer Center, Room 654A
425 E. River Road
Minneapolis, MN 55455

E-mail: (b) (6)
Phone: (b) (6) Fax: 612-626-3941
Hospital Operator: 612-273-3000 beeper# (b) (6)

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From: (b) (6)
Sent: Fri, 13 Mar 2020 09:10:05 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: UV light for COVID-19 prevention

Sent from my iPhone

Begin forwarded message:

From: David Levi (b) (6) >
Date: March 13, 2020 at 9:06:16 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: UV light for COVID-19 prevention

Thank you for all your hard work trying to deal with this horrible pandemic. Please consider ways to get UV light cleaning devices throughout the U.S. that they are currently using in Wuhan, China to attempt to contain this virus. Closed schools and sports venues can be cleaned with UV light while workers wear PPE and sunglasses to protect themselves. This pandemic could be seen as an opportunity to help prevent the spread of other contagious diseases by implementing rational public policy such as UV cleaning when schools and sporting events have concluded. It may also help "flatten the curve" and hopefully rebuild consumer confidence so we can resume activities such as travel and commerce that is vital for the healthy of not only our economy but our citizens.

Thank you again for your work and your time.

Sincerely,

Dr. David Levi

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:09:39 -0400
To: NIAID Public Inquiries
Subject: Fwd: Metrics

Sent from my iPhone

Begin forwarded message:

From: Steve Fisher <(b) (6)>
Date: March 13, 2020 at 9:06:43 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Metrics

Thanks for your hard work on Coronavirus. What we desperately need are specific metrics (available daily to everyone) on the disease. We also need to know how to evaluate them. When will we know if it is getting better? It is really as bad as the media would have us believe? Please set some goals and objectives on the metrics so we know where we are and know when we have won or lost.

Yesterday Rush Limbaugh compared this to data on the Swine Flu in 2009 (60 million cases, 275,000 hospitalizations, 12,500 deaths from your website) and suddenly the Corona virus doesn't sound very bad at all. Yet we have shut down the world economy and done irreparable harm to many lives. Can you explain this? Frankly no one even remembers the Swine Flu epidemic only 10 years ago.

Stephen Fisher

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 07:22:03 -0400
To: Morris Flaum
Subject: Re: Thank you

Thanks, Morris. I appreciate your note

On Mar 13, 2020, at 12:37 AM, Morris Flaum (b) (6) wrote:

Dear Tony,

I had the good fortune of working with you and Harvey Galnick when I was a Clinical Associate at the NIH from 1977-1979.

I am writing to express my deep appreciation for speaking truth to power and being one of the few honest voices in the government at this time of crisis. Your confidence and approach to articulating the issue and ramifications have provided critical information to the American population. Although COVID-19 is a unique event, we would have been much better prepared had you been leading the efforts in dealing with this outbreak.

The US owes you a great deal of gratitude.

Morris Flaum

Morris A Flaum, MD, MBA
Flaum Consultants, LLC
Consultant to the Healthcare Industry

From: (b) (6)
Sent: Fri, 13 Mar 2020 07:18:58 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Trial by fire?

Please handle

Begin forwarded message:

From: Aaron Harber (b) (6)
Date: March 13, 2020 at 6:52:52 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Trial by fire?

Dear Tony,

You're doing a great job under terrible circumstances so I hope you hang in there. I'm sure the President is driving you nuts at times.

I know you're probably far too busy to do yet another program with me (HarberTV.com/Fauci) but, if you can send me a couple of quick answers this morning, that would be great.

1. Do you think it's realistic we could have an effective vaccine for the COVID-19 virus by this Fall? My guess is it will be more like the Fall of 2021 but tell me if I might be wrong.
2. Given that we've known about the probability of a pandemic, why are we so poorly prepared to address it (e.g., masks, testing kits, medical staffing et cetera)? I realize most of the needs rarely occur and when they do, there are extraordinary spikes in demand for certain products and expertise but one would think there are ways to address this far better than we have.
3. Is there anything people should know that is not being emphasized?

Thanks for any response you can send, even if it's a few words. And keep up the good work. You are greatly appreciated.

Best wishes,

Aaron

Aaron@HarberTV.com

P: (b) (6)(+voicemail) C: (b) (6) (+texts)
HarberTV.com/Info + HarberTV.com/Award

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 01:26:08 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Moderna trial

Need less to say, [REDACTED] (b) (5).

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

From: Marston, Hilary (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Sent: Thursday, March 12, 2020 8:23 PM
To: Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6)>
Cc: Stecker, Judy (OS/IOS) [REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>;
Mango, Paul (HHS/IOS) [REDACTED] (b) (6)>; Harrison, Brian (HHS/IOS) <[REDACTED] (b) (6)>; Zebley,
Kyle (HHS/OS/OGA) [REDACTED] (b) (6)>; Richardson, Juliana (HHS/OS/OGA)
[REDACTED] (b) (6)
Subject: Re: Moderna trial

Correct - as of right now, [REDACTED] (b) (5).

Will let you know if there is an unforeseen delay.

On Mar 12, 2020, at 7:19 PM, Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6) wrote:

>
> Hilary,
>
> Paul mentioned that [REDACTED] (b) (5)
>
> Please let us know soonest.
>
> Many thanks!
>
>
>
> Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 10:28:35 +0000
To: (b) (6) (OS/IOS); Giroir, Brett (HHS/OASH)
Cc: Harrison, Brian (HHS/IOS); Stecker, Judy (OS/IOS); Redfield, Robert R. (CDC/OD)
Subject: RE: High Risk from CDC Website

Just checked the CDC guidance, which I had not had the time to read before. **The secretary was correct** Here it is:

(b) (5)

(b) (5)

From: (b) (6) (OS/IOS) (b) (6) >
Sent: Wednesday, March 11, 2020 5:28 AM
To: Giroir, Brett (HHS/OASH) (b) (6) >
Cc: Harrison, Brian (HHS/IOS) (b) (6) >; Stecker, Judy (OS/IOS) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Redfield, Robert R. (CDC/OD) (b) (6)
Subject: Re: High Risk from CDC Website

Thanks Brett. Tony and Bob,

(b) (5)

(b) (5)

On Mar 10, 2020, at 6:59 PM, Giroir, Brett (HHS/OASH) (b) (6) wrote:

<Picture (Device Independent Bitmap) 1.jpg>

Brett P. Giroir, MD
ADM, US Public Health Service

Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 01:59:54 +0000
To: Stecker, Judy (OS/IOS); Redfield, Robert R. (CDC/OD)
Cc: Conrad, Patricia (NIH/NIAID) [E]; McGowan, Robert (Kyle) (CDC/OD/OCS); Lepore, Loretta (CDC/OD/OCS); Murphy, Ryan (OS/ASPA)
Subject: RE: URGENT- (b) (5)

I am ok with this

From: Stecker, Judy (OS/IOS) (b) (6)
Sent: Tuesday, March 10, 2020 9:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6)>; Lepore, Loretta (CDC/OD/OCS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6)>
Subject: URGENT- (b) (5)

I understand you both know what this is regarding. Are you good with this?

(b) (5)

Sent from my iPhone

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:02:09 -0400
To: Bright, Rick (OS/ASPR/BARDA)
Cc: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: IL6 R

Rick;
See below.
Tony

Begin forwarded message:

From: "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>
Date: March 7, 2020 at 11:33:28 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: IL6 R

(b) (5)

If possible, it would be of interest to receive a copy of the Chinese treatment guidelines you reference.
Thanks,

On Mar 7, 2020, at 10:13 PM, Fauci, Anthony (NIH/NIAID) [E]
(b) (6)>wrote:

Please advise.

From: Bright, Rick (OS/ASPR/BARDA) (b) (6)
Sent: Saturday, March 7, 2020 3:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Kadlec, Robert (OS/ASPR/IO) (b) (6)>
Cc: Walker, Robert (OS/ASPR/BARDA) (b) (6); Disbrow, Gary (OS/ASPR/BARDA) (b) (6); Johnson, Robert (OS/ASPR/BARDA) (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Shuy, Bryan (OS/ASPR/IO) (b) (6); Redd, John (OS/ASPR/SPPR) (b) (6)
Subject: Fwd: IL6 R

Dr Fauci,

I know that Dr Kadlec has mentioned the news we heard from genentech about the evaluation of monoclonal antibodies to IL-6 and IL-6R in severely ill COVID-19 patients in China.

Additional information became available yesterday and we learned that China updated Their clinical guidelines to include anti-IL6.

(b) (4)

A large rectangular area of the document is redacted with a solid gray fill.

(b) (5)

A rectangular area of the document is redacted with a solid gray fill.

I welcome your thoughts and would also make our team available for a quick call if you prefer.

Many thanks. I know you are very busy.

Rick

Begin forwarded message:

(b) (4)

A large rectangular area of the document is redacted with a solid gray fill.

(b) (4)

(b) (4)

From: (b) (6)
Sent: Sat, 7 Mar 2020 15:35:47 -0500
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: IL6 R

Sent from my iPhone

Begin forwarded message:

From: "Bright, Rick (OS/ASPR/BARDA)" (b) (6)
Date: March 7, 2020 at 3:18:02 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>
Cc: "Walker, Robert (OS/ASPR/BARDA)" (b) (6)>, "Disbrow, Gary (OS/ASPR/BARDA)" (b) (6)>, "Johnson, Robert (OS/ASPR/BARDA)" (b) (6)>, "Marston, Hilary (NIH/NIAID) [E]" (b) (6)>, "Shuy, Bryan (OS/ASPR/IO)" (b) (6)>, "Redd, John (OS/ASPR/SPPR)" <(b) (6)>
Subject: Fwd: IL6 R

Dr Fauci,

I know that Dr Kadlec has mentioned the news we heard from genentech about the evaluation of monoclonal antibodies to IL-6 and IL-6R in severely ill COVID-19 patients in China.

Additional information became available yesterday and we learned that China updated Their clinical guidelines to include anti-IL6.

(b) (4)

(b) (5)

Many thanks. I know you are very busy.
Rick

Begin forwarded message:

(b) (4)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 02:58:28 +0000
To: Redfield, Robert R. (CDC/OD); Birx, Deborah L. EOP/NSC
Subject: RE: County specific guidance
Attachments: Seattle_Community_Mitigation_3_10 as version final with minor Fauci edits..docx, Santa Clara_Community_Mitigation_3_10 as (002) - with Fauci minor edits.docx

Bob:

They look pretty good. I have made a few minor changes that are tracked in the attached documents.

Best regards,

Tony

From: Redfield, Robert R. (CDC/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 6:39 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Birx, Deborah L. EOP/NSC (b) (6)
Subject: Fwd: County specific guidance

Draft I am reviewing now but wanted you both now so not delay
Get [Outlook for iOS](#)

From: Schuchat, Anne MD (CDC/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 5:58:15 PM
To: Redfield, Robert R. (CDC/OD) (b) (6) >
Cc: Cohn, Amanda (CDC/DDID/NCIRD/OD) (b) (6) >; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6) >; Redd, Stephen (CDC/DDPHSIS/OD) (b) (6) >; Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6) >; Schuchat, Anne MD (CDC/OD) (b) (6) >; McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6) >; Berger, Sherri (CDC/OCOO/OD) (b) (6) >; Warner, Agnes (CDC/OD/OCS) (b) (6) >
Subject: FW: County specific guidance

Dr Redfield: Attached please find

(b) (5)
(b) (5)

Note that if you are trying to send to Debbi Birx she mentioned that things going to her CDC email will not reach her so you may want to include Olivia Troye to make sure to meet your deadline.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:54:45 +0000
To: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD)
Subject: RE: Great talk

Jon:

Thank you for your kind note. It is much appreciated. I hope that you are well.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 1:40 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Great talk

Tony:

Superb presentation on COVID-19 today! (b) (5)

[REDACTED]

[REDACTED] Excellent work with the media, Congress, and scientific community--you have made a great difference for the nation and world in a complex time.

Best,

Jono

From: (b) (6)
Sent: Fri, 13 Mar 2020 06:26:43 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Urgent information about a Corona Virus Management Device
Attachments: Medixair Micro virus report.pdf, ATT00001.htm, Medixair White Paper - 2016 Jan.pdf 1.pdf, ATT00002.htm

Please handle

Begin forwarded message:

From: Ani John (b) (6) >
Date: March 13, 2020 at 3:13:38 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Urgent information about a Corona Virus Management Device

Dear Dr. Fauci

Given the gravity of the corona pandemic, my brother and I are reaching out to make you aware of product that we think could help mitigate the spread of the virus and protect health care workers as well as the public. We have already tried the usual channels to contact the White House and the emergency authorization use division at the FDA but also wanted to bring this to your attention also.

Medixair™, an ultraviolet (UVC) air sterilizer with proven, well established unique patented germicidal technology to effectively and safely eradicate viruses and bacteria up to 99.9%. It is capable of delivering a log6 reduction in microbial concentration, by penetrating the nucleus of microorganisms, disrupting their DNA thus destroying the ability of the organism to reproduce; effectively rendering it harmless.

Medixair™ is a portable unit and can easily be installed in a variety of settings including hospitals, emergency rooms, waiting rooms, dentist offices, cruise ships and airport lounges. In both clinical trials and under in-vitro testing conditions (see attached white paper), Medixair™ has been demonstrated to be highly effective in protecting patients and health care workers from pathogens (e.g. MRSA, Clostridium Difficile) and also by preventing cross infection. Specifically, Medixair™ was tested and found effective for a strain of Coronavirus known as FCoV and thus COVID-19 would have the same susceptibility to eradication with UVC within a relatively short period of time (attached).

Medixair™ has been on the market since 2005 and is fully CE marked to EN standards. Currently it has been safely and effectively used in acute hospitals, dental surgeries, in UK, Malaysia, India, Israel, and Southern Africa.

Please let us know how we can help make these units available for use in the US during this critical period of time.

Kind regards,

Ani John, BSN, MPH, PhD
San Ramon, California

Mathew Kaye,
Manufacturer of Medixair™
Dudley, United Kingdom

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 03:19:54 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Question from Jefferson Health NE Philadelphia

Please respond or refer.

From: Robert Danoff [REDACTED] (b) (6)
Sent: Thursday, March 12, 2020 11:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Question from Jefferson Health NE Philadelphia

Hi Dr. Fauci,

Hope all is well.

Dr. Fauci, we will be setting up COVID-19 testing facilities and I wanted to ask your opinion regarding the following:

Is it ok to expand our testing beyond the current strict testing criteria to include those with lesser symptoms or potential exposure whom we want to rule out Covid-19?

We are concerned that while we isolate those with more severe symptoms who currently qualify for testing, the majority with lesser symptoms would be ambulatory and potentially spreading the illness to others. Plus, it is hard to get someone to isolate for 14 days without providing a diagnosis.

Just as we can test those we suspect for Influenza A, Influenza B and RSV, it would be helpful to be able to test those we suspect with Covid-19, including healthcare workers with no symptoms but with possible exposure.

Thank you for your time and your leadership for our nation's healthcare.

Be well.

Rob

Rob Danoff DO, MS, FCOFP, FAAFP

Program Director, Family Medicine Residency

Program Director, Combined Family Medicine/Emergency Medicine Residency

Jefferson Health - Northeast

Clinical Professor of Family and Community Medicine

Sidney Kimmel Medical College of Thomas Jefferson University

(b) (6)



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 03:18:51 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Varicella vaccine-COVID-19 connection

Please respond.

From: Rose Marie Codling <rosemarie@literacymatters.education>
Sent: Thursday, March 12, 2020 11:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Varicella vaccine-COVID-19 connection

Dr. Fauci,

Is it possible that the varicella vaccine could be playing a role in why children are not presenting with the COVID-19 virus? If the vaccine became common around 1995, we would be seeing little to no infection of children and young adults up to about 25 years old, which seems to be the case. Could something in the varicella vaccine have provided immunity to COVID-19?

Just an idea from a concerned citizen...

Thank you for your remarkable leadership during this crisis.
Sincerely,
Rose Marie Codling

--

Rose Marie Codling, Ph.D.
Educational Consultant



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 01:23:58 +0000
To: Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]
Cc: Erbelding, Emily (NIH/NIAID) [E]
Subject: RE: ASM Recommendations for speeding up COVID-19 testing

I would [REDACTED] (b) (5)

From: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6) >
Sent: Thursday, March 12, 2020 8:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Tabak, Lawrence (NIH/OD) [E]
[REDACTED] (b) (6) >
Cc: Erbelding, Emily (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: FW: ASM Recommendations for speeding up COVID-19 testing

Hi Tony and Larry,

Bit of a story here - [REDACTED] (b) (5)
[REDACTED] (b) (5)

Thoughts would be most welcome.

Francis

From: Collins, Francis (NIH/OD) [E]
Sent: Thursday, March 12, 2020 8:07 PM
To: Bertuzzi, Stefano [REDACTED] (b) (6) >; [REDACTED] (b) (6)
Cc: Erbelding, Emily (NIH/NIAID) [E] [REDACTED] (b) (6); [REDACTED] (b) (6); Miller, Melissa
[REDACTED] (b) (6); Stevens-Garcia, Jonathan [REDACTED] (b) (6) >; Segal,
Allen [REDACTED] (b) (6); McNult, Peggy [REDACTED] (b) (6) >
Subject: RE: ASM Recommendations for speeding up COVID-19 testing

Hi Stefano,

Thanks for this rapid turnaround survey and concise recommendations.

Adam, I'm glad to help with conveying this message to FDA – though we should involve ADM Giroir as well. How would you like to proceed?

Francis

From: Bertuzzi, Stefano (b) (6) >
Sent: Thursday, March 12, 2020 7:57 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Erbelding, Emily (NIH/NIAID) [E] (b) (6); Miller, Melissa (b) (6) >; Stevens-Garcia, Jonathan (b) (6) >; Segal, Allen (b) (6) >; McNult, Peggy (b) (6)
Subject: ASM Recommendations for speeding up COVID-19 testing

Dear Francis and Adam –

Sorry for the slight delay in getting to you the recommendations that ASM collected from clinical lab directors. See attached document.

ASM leaders remain available for any further discussion that may be helpful to solve the current impasse. Please do not hesitate to contact us, we are here to serve as a resource to you.

Sincerely,
Stefano

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:20:57 +0000
To: Tabak, Lawrence (NIH/OD) [E]; Collins, Francis (NIH/OD) [E]
Subject: RE: Time-sensitive

Please be "presumptuous" and go for it. Many thanks.

From: Tabak, Lawrence (NIH/OD) [E] (b) (6) >
Sent: Thursday, March 12, 2020 7:18 PM
To: Collins, Francis (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >
Subject: FW: Time-sensitive

Francis, Tony-

I am certainly willing to do this so that neither of you have to, but I did not want to be presumptuous in case either of you preferred a different spokesperson.
Please let me know how I should respond to Mary.

Thanks
Larry

From: Mary Woolley <mwoolley@researchamerica.org>
Date: Thursday, March 12, 2020 at 10:02 AM
To: "Tabak, Lawrence (NIH/OD) [E]" (b) (6)
Cc: Ellie Dehoney <edehoney@researchamerica.org>
Subject: Time-sensitive

Larry,

I have a favor to ask. Would you or a designee be willing to join a teleconference next week with our alliance members to discuss NIH's efforts to mitigate the negative impact of COVID-19 on federally-funded research? We would need no more than 30 minutes of your time, and can schedule around you. Ideally, though, we could make this happen soon (to state the obvious, everyone is feeling the need for touchpoints right now, and you are a wonderfully calming one for our university members!).

We could arrange the teleconference for as early as this Monday, the 16th: if there is a 30-minute window for you or a designee between 1:00 pm and 3:00 pm on that day or within that same block of time Tuesday, the 17th, we'll commandeer it!

Thank you, Larry, for considering this ask. I'm sure it comes amidst many others.

I would love to close by saying something insightful about the indescribable times we were in, but all I can come up with is "indescribable."

My Best,

Mary

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:10:14 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Feds say Florida has 'community spread' of coronavirus. Florida disagrees.

Check this out and get back to me. Not sure what he is talking about.

From: Robert Tober (b) (6) >
Sent: Thursday, March 12, 2020 6:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Nancy Lascheid (b) (6); Gail Dolan (b) (6); Leslie Lascheid (b) (6)
Subject: Fw: Feds say Florida has 'community spread' of coronavirus. Florida disagrees.

Dear Dr. Fauci,

I am medical director of a charity clinic in Naples, Florida. Although we try to screen pts for cough, fever, sore throat, URI sxs, dyspnea or unusual fatigue, apparently some patients are asymptomatic and neg for these 5 hallmarks but still contagious. There is conflict between what our Florida governor states and what CDC states. Do you believe all of our staff should be in goggles, mask, gown and gloves for AAL PATIENTS that we treat regardless of not meeting one of the 5 screening criteria above. If indeed there is community spread happening, I and many others are sitting ducks. It is not if but when!!
Thanks for any guidance you might be able to provide. I am copying to my administrative staff as well.

Good luck. This is quite the challenge.

Robert Boyd Tober, M.D., FACEP
Medical Director Neighborhood Health Clinic
Naples, Florida 34102
(b) (6)-cell

To: Bob Tober (b) (6)
Sent: Thursday, March 12, 2020, 04:46:08 PM EST
Subject: Feds say Florida has 'community spread' of coronavirus. Florida disagrees.

<https://www.tampabay.com/news/health/2020/03/11/feds-say-florida-has-community-spread-of-coronavirus-florida-disagrees/>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:07:14 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Hi Dr Fauci (re: URGENT: epiqar Systems & Coronavirus 2nd tier events)

Please handle.

From: Jason Ressler (b) (6)
Sent: Thursday, March 12, 2020 6:55 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Hi Dr Fauci (re: URGENT: epiqar Systems & Coronavirus 2nd tier events)

Hi Dr. Fauci,

epiqar (<https://epiqar.com/>) is the only system in the world that can help experienced surgeons continue to support teams of less experienced surgeons worldwide, which we're doing with Coronavirus quarantined surgeons in France & Italy now while we expand to other theaters.

For Coronavirus care we've just developed an easy plug in kit for remote hospital surgeries which US hospitals need to be made aware of before they get overwhelmed the way they are in Italy & China.

Here's an article on **epiqar** from today in [The Hill](#).

Please let me know how we can help your teams.

Thanks,

Jason Ressler
Director, Business Development
ENGAGE/EPIQAR
www.eng.us
www.epiqar.com
The world's first low-cost telementoring, surgeon training and Instant Cloud-archiving Platform
US 888.615.7874
EUROPE 44 2031399059

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:06:46 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: FW: Very urgent Coronavirus (b) (6)

NIAID inquiries, please.

From: Sushama Talwalkar (b) (6) >
Sent: Thursday, March 12, 2020 7:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C]
(b) (6) >
Subject: Very urgent Coronavirus (b) (6)

March 12, 2020

Dr. Fauci,

(b) (6)

Sincerely,
Sushama

Get [Outlook for Android](#)

From: (b) (6)
Sent: Thu, 12 Mar 2020 14:22:38 -0400
To: El-Sadr, Wafaa M.
Subject: Re: Thank you

Thanks, Wafaa

On Mar 11, 2020, at 8:33 PM, El-Sadr, Wafaa M.

(b) (6) wrote:

Adding Tony's correct email address.

Dear Zunyou, John, Ralph and Tony,

Thank you for your superb presentations in the Special COVID-19 Session at the Virtual CROI 2020. As you can imagine, your presentations were very much appreciated by all the audience. There is great thirst for more information at this point in time, which made your presentations particularly timely and impactful.

All the best,
Wafaa

Wafaa El-Sadr, MD, MPH, MPA
Director, ICAP at Columbia University
University Professor of Epidemiology and Medicine
Mathilde Krim-amFAR Professor of Global Health
Tel: (b) (6)
Fax: 212 342 1824
www.icap.columbia.edu

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 14:09:11 +0000
To: O'Donnell, Norah;Fauci, Anthony (NIH/NIAID) [E]
Cc: Verdugo, Adam
Subject: RE: Thursday night

WE are working with Adam. Thank you

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: O'Donnell, Norah <NOD3@cbsnews.com>
Sent: Thursday, March 12, 2020 9:12 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Verdugo, Adam <VerdugoA@cbsnews.com>
Subject: Thursday night

Dear Tony and Patricia,

Hoping for tonight from the White House or in studio. Adam Verdugo has been in touch and hope we can lock down and confirm time.

Thank you 🙏🙏🙏🙏🙏

Norah O'Donnell

On Mar 9, 2020, at 8:53 PM, Fauci, Anthony (NIH/NIAID) [E] wrote:

(b) (6)

External Email

Norah:

Sorry that I took so long to get back to you. Just got out of the White House a little while ago to get to my office where I am now and it is obviously too late. Please copy my assistant, Patty Conrad, (copied here) in future correspondence. I am so swamped with coronavirus "stuff", I rarely get to e-mail until late at night.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: O'Donnell, Norah <NOD3@cbsnews.com>
Sent: Monday, March 9, 2020 10:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Verdugo, Adam <VerdugoA@cbsnews.com>
Subject: Monday night

Dear Dr. Fauci,

You are doing an amazing job helping to educate and inform during this crisis.

Are you available tonight or any night this week to join us for the Evening News?

I am also happy to come to your office.

Thank you for your consideration.

Norah O'Donnell

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 10:48:06 +0000
To: Arthur Ammann
Subject: RE: Art again

Art:

Good idea. I will mention this to CDC during this AM's daily meeting. Hope that you are well.

Best,

Tony

From: Arthur Ammann [REDACTED] (b) (6)
Sent: Wednesday, March 11, 2020 9:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Art again

Tony. So good to see you now on TV in full charge. Your entire expression has changed almost like when I bumped into you in the Washington Metro after you had gotten off the plane with President Bush.

I have an interesting question regarding pneumococcal polysaccharide immunization. One of our staff members phoned. Her father is a physician in France and has many physician acquaintances. She was told that the doctors believe that the older patients who received pneumococcal vaccine have less of a mortality than those who did not get the vaccine.

When we did the studies and got the pneumococcal vaccine approved for the elderly in 1976 there was a battle about who should get it and whether was cost-effective. Since then, other studies have documented the benefit, especially in older people and you probably have received it. It is now routine but I know many elderly individuals have not gotten immunized. Historically, many, if not the majority of deaths from influenza in some of the past epidemics was a result of secondary infection with pneumococcus. I'm not hearing anything about urging people to get immunized with pneumococcal vaccine. The message would need to be clear so they don't confuse pneumococcal secondary infection with primary coronavirus infection. It would be a good idea for people to be urged to get the pneumococcal vaccine. If they had not received it. I'm not seeing any recommendations from the CDC or elsewhere regarding this.

--

Please note: this document has been produced by a voice recognition program and may contain errors or words that are out of context. Please let me know if clarification is required.

Arthur J Ammann M.D.

(b) (6)

www.GlobalStrategies.org

Ethics in Health

<http://ethicsinhealth.org/>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 10:23:36 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: News - Germ/Virus Containment
Attachments: XTI Deck - Key Information OSHA.pdf

Please handle.

From: [REDACTED] (b) (6)
Sent: Thursday, March 12, 2020 6:07 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: News - Germ/Virus Containment
Importance: High

Hi Dr. Fauci,

I have been following the news and some interviews with yourself. I was hoping you would be willing to speak with me about our technology?

Testing for the positive patients and finding a vaccine are essential, but containment is paramount.

We have the only GERM CONTAINMENT TECHNOLOGY of it's kind.

The ongoing Coronavirus and FLU viruses pose a significant threat to public health globally and here in the US.

We have the most powerful solution to minimize infection and maximize protection against SARS, EBOLA, FLU, and all types of germs and viruses.

With local 3rd party tested efficacy of 100%, no other technology anywhere can yield this result or sustainable 24/7/365 protection.

XTIO2 is a world exclusive containment technology with self-cleaning functions that can help minimize the risk of cross-contamination in hospitals, planes, public transportation, elevators, and public places.

XTIO2 technology works by forming an invisible protective layer on mostly ALL material surfaces (plastic, steel, glass, fabric, paper, walls, etc...). It is green, sustainable, and has yielded up to 100% efficacy proven by SGS LABS (US).

I look forward to hearing from you and attached is an information file for your review.

Thank you,

Michael Holbert

Cleancoating LLC
2522 State Rd., BLDG ISPBC
Bensalem, PA 19020

<http://www.cleancoating.us>

Email: (b) (6)

Direct: (b) (6)

Mobile: (b) (6)



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From: (b) (6)
Sent: Wed, 11 Mar 2020 19:14:07 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: CORONAVIRUS DATA SUPPORTING PROACTIVE EFFORT

Begin forwarded message:

From: dennis malone (b) (6) >
Date: March 11, 2020 at 6:35:32 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: CORONAVIRUS DATA SUPPORTING PROACTIVE EFFORT

Slr,

I appreciate the effort of your entire team in identification and resolution of the predicament the chinese government has gotten us into. That said, I believe you might add a more proactive edge by mining existing data. You're going to have to dig deep.

It seems that the common denominator in originating vector, at least by your news releases, is plainly travel-related co-mingling of persons not otherwise in contact. Therefore, I would propose that there is a great trove of existing data waiting to be filtered within the travel manifests' history of US-bound airlines and US-bound cruise vessels. Suggest as a start the collection of every manifest from the last 4 months or so, filtered and compared with principle contractees known to exist in the US, and list every other person on said aircraft/vessel that disembarked on US soil. DO NOT WAIT FOR PEOPLE TO GET SICK - Employ the National Guard and Coast Guard to track these folks and put a swab in their nose. If positive, then contact trace this smaller group. If negative maintain them on the list and force compliant reporting if they develop suspected symptoms.

I know it would seem to be a lot of work. However, I presume your are familiar with the FRAM Oil Filter Guy from the 1970s, where it's better to pay now than later because you're going to pay one way or another. Get a proactive jump on DETECTION, IDENTIFICATION, CONTROL. We're burning daylight.

Respectfully submitted,

Dennis J. Malone
(b) (6)

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 23:10:18 +0000
To: Sharon Cumbie
Subject: Re: Need to add cell phone disinfecting to the hand washing messaging
Attachments: image.png, POSTING.jpg

Thanks!

On Mar 11, 2020, at 6:46 PM, Sharon Cumbie (b) (6) wrote:

Dr. Fauci,

First, thank you for all you are doing to keep the public informed in a clear, direct, and truthful manner. I am writing to offer a suggestion.
The following is a post I just placed on my Facebook page:

It's a 2-step process!!!

We are seeing the ubiquitous pleas for proper hand-washing as a preventative against contracting the corona virus. BUT...I have observed people doing a great job of hand-washing, then picking up their dirty cell phones!! The cell phone should FIRST be wiped down using a disinfecting wipe (do NOT use sprays or household cleaning supplies). After cleaning the phone, THEN do a proper 20 second hand-washing. Now, CARRY ON!

Step 1: <https://www.tomsguide.com/news/how-to-clean-your-phone-to-protect-against-coronavirus?fbclid=IwAR1WHGawAANytkUQSmSV2SM-UcZ57761mAsp-XRkUEKDsLYhcLRKXFBOJio>

Step 2: Proper Hand Washing
<image.png>

Photo message montage:

<POSTING.jpg>

I honestly do not see people disinfecting their cell phones. I am active in our (b) (6) community and am trying to get this information across to people in the community. They have told me it was helpful and something they had not considered. I thought it would be helpful for me to share with you.

Best Regards,
Sharon Cumbie

--

Professor of Nursing (b) (6)
Research and Education Consultant, Certified Nurse Educator
Mental Health Counselor (b) (6)

Skype: (b) (6)



<https://www.facebook.com/MedicalHumour>

From: [REDACTED] (b) (6)
Sent: Wed, 11 Mar 2020 19:08:46 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: Coronavirus

Please handle

Begin forwarded message:

From: Terri Davis [REDACTED] (b) (6)
Date: March 11, 2020 at 7:04:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)
Subject: Coronavirus

Dear Dr. Fauci;

I live in [REDACTED] (b) (6). Last week there was the first incidence of the Coronavirus. The officials in Media gave no true information on the individual but that it was a female. When questioned by the press as to the location in which the individual was - the response was that that information could not be given. I have also heard that it is in a violation of a person's privacy. No one is asking for the person's name or address. If the public were given the general area of the affected person they would probably stay clear of the area. The people directly in the area would be more cautious. Knowing where the person frequented, for example, the market would be pertinent in preventing spread of this virus. There is so much information about this virus that is unknown yet most officials continue to underscore the severity of this virus.

Sincerely,
Terri Davis

Sent from my iPad

From: (b) (6)
Sent: Wed, 11 Mar 2020 19:08:05 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Application for NIH and Dr. Bruce Aylward from W.H.O.

Please handle

Begin forwarded message:

From: David Craig (b) (6) >
Date: March 11, 2020 at 7:05:42 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: Application for NIH and Dr. Bruce Aylward from W.H.O.

Evening Dr. Fauci,

My name is David Craig and I am one of the Founders of the Medsoft Group, a Analytics, Telemetry and Reporting medical platform out of Canada. We would like to offer our solution to the NIH free of charge, much like we have done with Dr. Bruce Aylward and the World Health Organization earlier today.

Our application will track, log and provide a pathway to true two-way real time communication of COVID-19 as citizens around the US report their symptoms on their mobile device. We are currently implementing our technology with our partners at the University of Alberta, but we would like to refocus our immediate attention in helping with the novel coronavirus.

Deployment of our application would allow the NIH to manage and understand potential clusters and outbreaks of the pandemic, taking advantage of the estimated 96% of Americans that use a smart phone to easily record a potential case, providing all stakeholders across the US with the latest information.

Medsoft Group is ready to offer this immediately and without delay. With your cooperation we believe we could be up and running within a week, providing this invaluable tool to better understanding where and what the virus is doing around the country in real time.

Please let me know if you would like to speak further. We would be happy to demonstrate our technology as well as discuss how we would put this ambitious plan into place.

Best,

David Craig
Co-founder & Chief Executive Officer
Medsoft Group Inc.

C: (b) (6) T: (b) (6)
U: www.medsoftgroup.com

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From: (b) (6)
Sent: Wed, 11 Mar 2020 18:35:29 -0400
To: Stephen Chiarello
Subject: Re: Treatment of Corona virus

Thanks, Steve. I will forward to my program staff

> On Mar 11, 2020, at 6:22 PM, Stephen Chiarello (b) (6) wrote:
>
> Anthony:
> This is (b) (6) Stephen Chiarello from (b) (6). I am a board-certified
dermatologist and internist.
>
> Just a brief note and certainly somewhat quixotic: The treatment of toxic epidermal necrolysis With IV vitamin C
and thiamine (benfotexamine) May well stop the cytokine cascade with the coronavirus. This was used Wayback in
the polio epidemic before the vaccine with great success but limited subscription.
> I'll send you the references.
> Sincerely,
> Steve chiarello
>
> Sent from my iPhone

From: (b) (6)
Sent: Wed, 11 Mar 2020 18:34:29 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Treatment of Corona virus

Please handle .

Begin forwarded message:

From: Stephen Chiarello (b) (6) >
Date: March 11, 2020 at 6:22:13 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Treatment of Corona virus

Anthony:

This is (b) (6) Stephen Chiarello from (b) (6) .
I am a board-certified dermatologist and internist.

Just a brief note and certainly somewhat quixotic: The treatment of toxic epidermal necrolysis With IV vitamin C and thiamine (benfotexamine) May well stop the cytokine cascade with the coronavirus. This was used Wayback in the polio epidemic before the vaccine with great success but limited subscription.
I'll send you the references.

Sincerely,
Steve chiarello

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 11:53:45 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: From Whit Clark; possible theory and plausible new thinking about a Coronavirus

Please respond.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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

From: Whit Clark (b) (6)>
Sent: Wednesday, March 11, 2020 7:39 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: From Whit Clark; possible theory and plausible new thinking about a Coronavirus

In Later November, (b) (6)

(b) (6)
(b) (6). After a discussion with my daughter yesterday (an Asst. Principal in (b) (6) area), we theorized that the Coronavirus May well have already been here before the close of 2019. China had likely had the outbreak begin much earlier but never acknowledged it; people traveling to China from the US could have returned and brought the virus with them at a much earlier date. When thinking about the number of people my daughter and I have known that had a bout of respiratory illness with a cough that continued much longer than the typical cold, we are proposing a theory that possibly Corona made its entry here much earlier....and this new expected outbreak may well be more of a continuation and less threatening than possibly theorized at this time. It is just a thought but I thought it was worth sharing. If true, we have already met the disease and the deaths attributed to "normal" flus and respiratory causes in the elderly and previously impaired, may have been caused by Coronavirus. This could be a slightly new twist and could present a slightly lower concern for a new major outbreak. Just a thought....

Whit Clark (William W)
(b) (6)

Sent from my iPhone

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:23:48 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: The Coronavirus

Pls respond

Sent from my iPhone

Begin forwarded message:

From: LAB <(b) (6)>
Date: March 10, 2020 at 11:23:49 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: The Coronavirus

Dear Dr. Fauci,

My name is Sargon Gorjian and I am a research chemist at Clean Plus Chemical in Sydney. Many years ago I was working at Nanosonics company in Sydney on

(b) (4)

(b) (4) I just wanted to share with you my experience with this type of work. I would suggest to have a look at Virox Patents. It will not do any harm. It might be the right way to go.

Sorry to take up your valuable time.

I wish you all the best and good luck!

Regards

Sargon Gorjian

Laboratory Manager

(b) (6)

Stop the spread.

Instant Hand Sanitiser is an alcohol based gel which kills bacteria (99.99%) within 30 seconds, no washing or rinsing required. Tested and approved according to TGA methods. Glycerin moisturiser & Vitamin E.

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From: (b) (6)
Sent: Wed, 11 Mar 2020 06:21:19 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies

Pls respond

Sent from my iPhone

Begin forwarded message:

From: RJ Claymont (b) (6)
Date: March 11, 2020 at 4:22:35 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies

Dr. Fauci -
Just thought I'd bring this article to your attention.
Are your researchers trying Chloroquine?

https://www.jstage.jst.go.jp/article/bst/advpub/0/advpub_2020.01047/_article

Best Regards
RJ Claymont

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:20:35 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: NIH ketone ester for Coronavirus treatment?

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Frank LLosa - KetoneAid (b) (6)
Date: March 11, 2020 at 4:14:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: NIH ketone ester for Coronavirus treatment?

Dear Dr. Fauci

There was a paper recently showing a ketogenic diet helped tame the general flu, in mice.

Meanwhile, there is a drink developed via DARPA and NIH (Dr Veech) that mimics the benefits of the diet. It is called a ketone ester. Even shown to block effects of nuclear bomb style radiation (LD-70 to 100% survival).

Who can I soak to about testing this drink on mice for the general flu , or even humans with Coronavirus symptoms?

Can I send you the paper?

Thank you,

Frank Llosa
CEO KetoneAid
(b) (6)

From: [REDACTED] (b) (6)
Sent: Wed, 11 Mar 2020 06:19:56 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Curevac, meeting with President Trump

Please respond
Sent from my iPhone

Begin forwarded message:

From: Ingmar Hoerr [REDACTED] (b) (6)
Date: March 11, 2020 at 2:20:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <[REDACTED] (b) (6)>
Subject: Curevac, meeting with President Trump

Dear Dr. Fauci,
I am the new CEO of CureVac. Would be good to update you on our efforts on Covid-19 vaccine here in Europe. This is a global challenge, we should learn from each other to act fast and avoid mistakes. I do not accept any barriers from Stephane Bancel just for competitive reasons. Happy to call or to meet personally.
Best regards, Ingmar Hoerr

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From: (b) (6)
Sent: Wed, 11 Mar 2020 06:19:13 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus bioweapon production method

Sent from my iPhone

Begin forwarded message:

From: Adam Gaertner (b) (6)
Date: March 11, 2020 at 6:16:40 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: **Coronavirus bioweapon production method**

Hello Anthony,

This is how the virus was created.

Intervirion Fusion. HIV-luc(ACE2) (500 ng of p24) was mixed with 1,000 ng of p24 of HIV-gfp particles incorporating ASLV-A envelope, SARS-CoV S protein, or both envelopes in PBS at 4°C for 30 min to allow binding. Samples were raised to 37°C for 15 min to allow for conformational rearrangements. Virions were adjusted to the desired pH with 0.1 M citric acid. PBS, TPCK-trypsin (final concentration 10 µg/ml), CTSL, cathepsin B (CTSB) (final concentrations 2 µg/ml) or CTSL buffer alone was then added. Recombinant CTSL (R & D Systems) was preactivated by incubation for 15 min at 10 µg/ml in 50 mM Mes, pH 6.0, on ice. Recombinant CTSB (R & D Systems) was preactivated in 25 mM Mes, 5 mM DTT, pH 5.0, for 30 min at 25°C. After a 10-min incubation at 25°C, proteolysis was halted by the addition of 300 µl of DMEM10 containing leupeptin (25 µg/ml) and STI (75 µg/ml). Virions were then incubated at 37°C for 30 min to allow membrane fusion. 100 µl of the virion mixture was added in quadruplicate to HeLa-Tva cells pretreated for 1 h with leupeptin (20 µg/ml). The cells were spin-infected and incubated at 37°C for 5 h

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:15:22 -0400
To: NIAID Public Inquiries
Subject: Fwd: Prevalence of smoking, and reported mortality rates in COVID-19

Sent from my iPhone

Begin forwarded message:

From: Charles Knight (b) (6)
Date: March 10, 2020 at 10:40:45 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Prevalence of smoking, and reported mortality rates in COVID-19

To whom it may concern:

I assert that the frequency of clinically significant disease, as well as severe disease and mortality of COVID-19 is much higher in smokers, as is the case with any pulmonary infection, such as influenza, or bacterial pneumonia.

This is clearly in addition to that due to the prevalence of elderly and immunocompromised patients; but smoking status overall may be a more significant risk factor for clinically significant disease.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease.

I would suspect that smoking is at least one reason that such a high mortality has recently been seen in Italy, and China, and I expect that mortality rates, as well as rates of clinically significant cases, will also be increased in other populations with increased prevalences of smokers, and strongly associated with the prevalence of smoking in the given population.

Of course, the reporting of severe disease will be modulated by the effectiveness of the given population in containing the virus, as well as the effective reporting of clinical disease within the community, whether severe or not.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease. I think that it should be addressed.

One wonders if it could be a modifiable risk factor, at least in certain patients (such as those who have not smoked for very long).

One also wonders whether this could be another good prognostic factor for limited reported/ clinically significant cases (and thus limited perceived spread) in the United States, obviously in addition to our early, effective containment measures.

Just thought this might be helpful.

Dr. Charles W. Knight, MD

Sent from my iPhone

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:12:10 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Covid-19 patient in hospital without negative pressure room

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 11, 2020 at 3:53:18 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Covid-19 patient in hospital without negative pressure room

Hi Dr. Anthony Fauci,

I saw you on Meet the Press this weekend and you were so awesome! Very informative, calm, assuring but with the right amount of instilling the need for us all to move forward with the appropriate caution for ourselves. It's extremely reassuring to have you leading and guiding us during this time.

I'm emailing you because I work at Kaiser Permanente Hospital in (b) (6). Our administration initially said if any Covid-19 patient came into the hospital needing emergency care and needing to be admitted they would be given an N95 mask and put in a negative pressure room. Now they reversed that decision and said they'd be put in a regular positive pressure roomn even after I showed them the CDC's recommendation for both confirmed and possible Covid-19 cases needing to be placed in negative pressure rooms/AIIR.

Well tonight a possible Covid-19 patient came to the Emergency Room and had to be admitted to the ICU. The patient was given just a regular mask and put in an elevator to the ICU. Management would not confirm if the patient was in a negative pressure room and wouldn't give staff N95 masks. I again showed them the CDC website hospital protocol Covid-19 recommendations but same response. And even was yelled at by the hospital nursing supervisor for asking about it.

I feel this is not safe at all for other patients, visitors and staff if the air is being recirculated not vented outside or through a hepa filter before recirculating back

through the hospital. I don't know what to do. Please help. The hospital main phone number is (b) (6) the Chief of the hospital is (b) (6)

I know you're extremely busy now but any help or guidance is appreciated..even if it's just to confirm that any confirmed or suspected Covid-19 patient needs to be in a negative pressure room. Thanks so much!

Sincerely,

Kara Smalls

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 01:38:17 +0000
To: NIAID OD AM
Subject: Fwd: Cancellation of 2020 Stanford Drug Discovery Symposium

Sent from my iPhone

Begin forwarded message:

From: Joseph Wu <joewu@stanford.edu>
Date: March 10, 2020 at 6:11:52 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: "David L.M. Preston" <preston@stanford.edu>, Amanda Chase <chaseama@stanford.edu>, Sanjay Malhotra <svmalhot@stanford.edu>
Subject: RE: Cancellation of 2020 Stanford Drug Discovery Symposium



Dear Dr. Fauci,

We greatly appreciate your willingness to participate in the 2020 Stanford Drug Discovery Symposium (SDDS). As you undoubtedly know, with the further spread of the novel coronavirus COVID-19, Stanford is taking precautionary measures to minimize any preventable spread of this viral disease. After much consideration, we feel it is in the best interest of our speakers, guests, and community to cancel the April 20-21, 2020, symposium.

We apologize for the inconvenience this may cause in your schedules. We do hope that you will agree to be our guest speaker NEXT year for our April 19-20, 2021. As soon as your schedule allows, please let us know if you would be able to speak at our 2021 SDDS meeting.

Please feel free to contact David Preston preston@stanford.edu or Amanda Chase chaseama@stanford.edu or myself joewu@stanford.edu if you have any questions.

Thank you for your understanding, and we hope to see you next year.

Lastly, THANK YOU for all service to our country and for educating the public about the coronavirus, we're a big fan of yours on all the news media.

Sincerely,

Joseph C. Wu, MD, PhD
Sanjay Malhotra, PhD
Kuldev Singh, MD
Mark Mercola, PhD

Joseph C. Wu, MD, PhD
Director, Stanford Cardiovascular Institute
Simon H. Stertzer, MD, Professor of Medicine & Radiology
Stanford University School of Medicine

265 Campus Drive, Rm G1120B
Stanford, CA 94305-5454
Ph: 650-736-2246; Fax: 650-736-0234
Email: joewu@stanford.edu
Twitter: [@StanfordCVI](https://twitter.com/StanfordCVI)
Lab Website: <http://wulab.stanford.edu>
Stanford CVI: <http://med.stanford.edu/cvi.html>



From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 21:25:59 +0000
To: NIAID OD AM
Subject: FW: Fields Symposium

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 – Room 7A03
Bethesda, Maryland 20892

(b) (6)
301-496-4409 fax

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From: David Knipe <david_knipe@hms.harvard.edu>
Sent: Tuesday, March 10, 2020 5:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Fields Symposium

Dear Tony,

I am sorry to write that we are going to have to cancel the Fields Symposium for April 24th, but we will re-schedule when we can. As you may know, Harvard has cancelled all meetings larger than 100 (and this morning limited that to 25) through at least April 30th. We are sad to have to do this, but we need to help mitigate the spread of the virus. Harvard even told the undergraduates today to go home this weekend and take their classes on line for maybe even the rest of the semester.

Thank you for all you are doing to keep everyone informed about the coronavirus outbreak. We are going to give you the Harvard "Veritas" award when you are next here.

Stay well.

Best regards,

David

David M. Knipe, Ph.D.
Higgins Professor and Head, Program in Virology
Dept. of Microbiology, Blavatnik Institute
Harvard Medical School
NRB Room 950B
77 Avenue Louis Pasteur
Boston, MA 02115
Ph. 617-432-1934
Lab web site: <http://knipelab.med.harvard.edu>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:56:17 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)
Subject: FW: Funding, for Dr. Fauci

Please respond to this person.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Rena Patel (b) (6) >
Sent: Tuesday, March 10, 2020 1:33 PM
To: (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Funding, for Dr. Fauci

Responsiveness to emerging infectious disease threats is important. However, I worry that increasing funding is going away from global health priorities. It appears that the US Ending the HIV Epidemic has already diverted funding within NIH from global work to domestic. Will the NIH response to COVID-19 only worsen funding available for global health?

Thanks,
Rena

Rena Patel, MD, MPH
She/her
Assistant Professor
Division of Infectious Diseases, Dept. of Medicine
International Clinical Research Center, Dept. of Global Health
Email: (b) (6)
Mobile: (b) (6)
Skype: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:46:08 +0000
To: Gary Spinner
Subject: RE: Testing for Covid-19

Gary:

If you have the resources and capability to do it, you should.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Gary Spinner (b) (6)
Sent: Tuesday, March 10, 2020 1:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Testing for Covid-19

Just heard your CROI talk. Thank you so much.

Should we be testing for Covid-19 in patients with flu like symptoms in our Community Health Center by using commercially available tests for patients without history of travel or known contacts? We have two cases thus far in (b) (6) where my center is located.

Gary Spinner
Southwest Community Health Center

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 16:26:19 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: asymptomatic infections of COVID-19
Attachments: thelancetrm-S-20-00427.pdf

Please handle.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: 何勇 (b) (6) >
Sent: Tuesday, March 10, 2020 1:46 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: asymptomatic infections of COVID-19

Dear Prof. Anthony Fauci,

At first, I express regret if I am bothering you in your busy schedule.

I know you care about asymptomatic infection of COVID-19. COVID-19 is spreading rapidly all over the world, especially in Iran and Italy, and possibly even more widely. Asymptomatic infections and healthy carriers are possible sources for transmission. However, such sources of infection cannot be effectively identified due to the symptoms absent. The research evidence is very lacking so far.

(b) (4)

This encourages me to write to you to seek help! I will be most grateful if you could give us some suggestion.

Look forward to hearing from you soon,

With kind regards,

Yours sincerely,

Yong He

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 16:21:12 +0000
To: Hahn, Stephen
Cc: Redfield, Robert R. (CDC/OD);r (b) (6);Cassetti, Cristina (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]; (b) (6);Conrad, Patricia (NIH/NIAID) [E];Graham, Barney (NIH/VRC) [E];Mascola, John (NIH/VRC) [E];Lerner, Andrea (NIH/NIAID) [E];Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Coronavirus test
Attachments: nCoV-ColorimetricLAMP.pdf

Steve:

Let us discuss this when we are together at the 4:00 PM TF meeting.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Roberts, Rich <(b) (6)>
Sent: Tuesday, March 10, 2020 12:05 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Coronavirus test

Dear Tony:

If you can find a few minutes, I would very much like to talk with you briefly about a new diagnostic LAMP test for coronavirus COVID-19 that we have developed here at NEB. I attach a paper now in the MedRxiv that briefly describes the test. It has been used already in Wuhan and because of its simplicity, speed and visual output we think it would be very useful for use here in the US. We have just met with several people at Mass General Hospital and will be working with them for local validation here in MA. The test itself is very inexpensive, does not require any special equipment nor training of technicians. This would appear ideal for the FDA and the CDC to know about, but I have not so far been able to reach

either Stephen Hahn or Robert Redfield. I would emphasize that our goals are to help deal with the humanitarian aspects of the current problems.

I can be reached on my cell at (b) (6) or in my office at the number below.

Rich

Sir Richard J. Roberts Ph.D. F.R.S.
1993 Nobel Laureate in Physiology or Medicine
Chief Scientific Officer
New England Biolabs
240 County Road
Ipswich, MA 01938-2723 USA

Tel: (b) (6)
Fax: (978) 412 9910
email: (b) (6)

Executive Assistant: (b) (6)
Tel: (b) (6)
Fax: (978) 412 9910
email: (b) (6)

From: (b) (6)
Sent: Tue, 10 Mar 2020 11:13:29 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Patented System - COVID-19

From Patty
Pls respond.

Sent from my iPhone

Begin forwarded message:

From: JOHN FLYNN (b) (6) >
Date: March 10, 2020 at 10:49:44 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Patented System - COVID-19

Dear Dr. Fauci,

I know that you are extremely busy, but I would respectfully urge you to take 5 mins. of your time to review the information below as I believe that I have a disruptive technology that can help prevent the spread of COVID-19.

My name is John Flynn. I previously founded a startup medical equipment company that was focused within the area of orthopedics, which I ran for twelve years. I ultimately sold the company to a public competitor, DJO Global. I have worked on different healthcare projects, but have exclusively spent the last twenty months focused on a new medical product within the area of infection prevention. **My goal was to introduce what I believe is a disruptive product to help healthcare facilities to prevent the spread of MDRO's in order to reduce HAI's/SSI's; however, I believe that it can also help to reduce the spread of Coronavirus.**

(b) (4)

(b) (4)

(b) (4) I hope that

you will have an interest in a further discussion.

Respectfully,

John Flynn

Cell: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 10:45:53 +0000
To: Houndsburgh
Subject: RE: Thinking of you

Linda:

Many thanks for your kind note. It is much appreciated.
Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail (b) (6)

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

From: Houndsburgh (b) (6) >
Sent: Monday, March 9, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thinking of you

Dear Dr. Fauci,

You have been a bulwark for me since I was a resident in the 1980s, dealing with the AIDS epidemic at LA County General. For so many years, you have provided expert guidance in a calm, rational manner. As the Coronavirus becomes closer and closer to a pandemic, I know you have so much on your plate (hoarse voice, no?).

I send you my best wishes to stay well yourself during these trying times, and hope that you know how much you have meant, and continue to mean, to all physicians out there. You have given so much.

May God bless you always.

Best,

Linda Schmidt, MD
Internal Medicine

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 10:16:29 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Cc: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Predict the potential outbreak of COVID-2019 in the region based on the age information of reported COVID-2019 infected people
Attachments: COVID2019Prediction20200310.pdf, S1.xlsx

FYI

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

From: (b) (6) >
Sent: Tuesday, March 10, 2020 5:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Predict the potential outbreak of COVID-2019 in the region based on the age information of reported COVID-2019 infected people

Dear Prof. Anthony Fauci

My name is Chao Wu and I am a research staff in national clinical research center for infectious diseases, the first affiliated hospital of college of medicine of Zhejiang University of China.

Based on the public data of COVID-2019 infected people in China, I have developed a simple model to warn the potential outbreak of COVID-2019 in a region based on the age information of reported COVID-2019 infected people.

Hope this could provide useful information for preventing COVID-2019 spreading in US. And hope the two countries can be together to fight with COVID-2019

Best wishes!

Chao Wu
Room 6A1713
Qingchun Branch
The First Affiliated Hospital of College of Medicine of Zhejiang University, Hangzhou

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:20:57 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: FW: Coronavirus Remote Monitoring
Attachments: image001.png, image001.png

Please take a look.

From: ezriel kornel [REDACTED] (b) (6)
Sent: Monday, March 9, 2020 7:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E]
[REDACTED] (b) (6);>
Subject: Fwd: FW: Coronavirus Remote Monitoring

I think this may be a very valuable program. I have no involvement but was sent to me for my input.
Ezriel Kornel, MD

----- Forwarded message -----

From: King, Nicholas <nicholas.king@bernstein.com>
Date: Mon, Mar 9, 2020, 5:07 PM
Subject: FW: Coronavirus Remote Monitoring
To: [REDACTED] (b) (6)

Hi Ed,

I thought you'd find this to be of interest. Greg is a [REDACTED] (b) (6) and I think there may be an opportunity to help health agencies. Do you know anyone that this could be passed along to?

Nicholas King
Vice President – Financial Advisor
T [REDACTED] (b) (6)
nicholas.king@bernstein.com



After Arts Group | [Forbes](#)

From: Greg OKeefe [REDACTED] (b) (6)
Sent: Monday, March 09, 2020 9:05 AM
To: King, Nicholas <nicholas.king@bernstein.com>
Subject: Coronavirus Remote Monitoring

External Email. Use caution when clicking links or opening file attachments.

Nick,

Following up on our conversation this weekend, I am including some information below about our Remote Patient Monitoring platform which we are making available for free to health agencies and organizations participating in the response to COVID-19 in the United States.

Remote Patient Monitoring with FollowApp is a HIPAA-Compliant system that helps health officials to diagnose, contain and treat this highly transmissible viral threat by enabling the effective screening of large numbers of potential patients and to triage/prioritize targeted clinical interventions including the use of test kits.

FollowApp's monitoring dashboard and patient mobile applications (iOS and Android) can be used to deliver two of the keys to an effective response plan: 1) encourage "self-quarantining" (a fundamental epidemiologic tenet) and 2) off-load exploding clinical volume threatening hospital Emergency Departments. Healthcare systems are thus able to maintain important contact with these populations and recommend targeted escalation of care when needed, while decreasing exposure to both clinicians and other patients.

The public perception of the lethality of this global pandemic is fueling panic which, in and of itself, is creating its own logistic issues that are already beginning to overwhelm hospital Emergency Departments. The dilemma for health care systems, then, becomes a question of identifying subpopulations at increased risk while at the same time, keeping these patients out of the hospital.

Please feel free to forward this email along with my contact information (cell (b) (6)) -- I would be happy to provide a demo to anyone who may be interested.

Thank you again,

Greg

—

Greg O'Keeffe
President & CEO
Human Resolution Technologies, LLC
www.PatientMonitoring.com

[LinkedIn](#)

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Virus-free. www.avast.com

For further important information about AllianceBernstein please click here
<http://www.alliancebernstein.com/disclaimer/email/disclaimer.html>



$\left[\frac{A}{B} \right]$

NIH-0000729

BERNSTEIN

$\left[\frac{A}{B} \right]$

NIH-0000730

BERNSTEIN

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:19:50 +0000
To: (b) (6)
Subject: FW: Revised Nursing Home Guidance
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED NIAID.docx

I had my staff review this and their edits/suggestions are incorporated into the attached document.

Best regards,
Tony

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From: CMS (b) (6)
Sent: Sunday, March 8, 2020 9:02 PM
To: (b) (6) Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: Revised Nursing Home Guidance

Would you mind reviewing our updated guidance to nursing homes? This is upgrading the policies around visiting etc. Would like to send this out tomorrow.

Thanks.

Sent from my iPhone

Begin forwarded message:

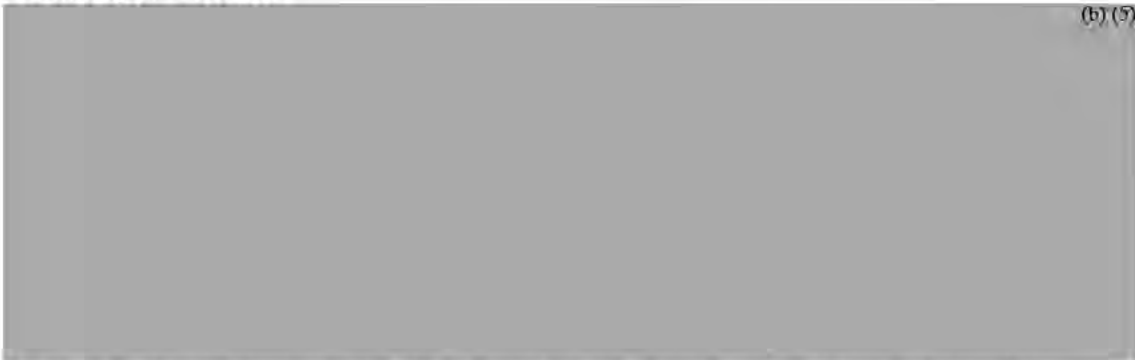
From: "Shulman, Evan T. (CMS/CCSQ)" (b) (6)>
Date: March 8, 2020 at 8:52:14 PM EDT
To: CMS (b) (6)>
Cc: "Hittle, Matthew (CMS/OA)" (b) (6)>, "Brookes, Brady (CMS/OA)" (b) (6), "Moody-Williams, Jean D. (CMS/CCSQ)" (b) (6)>, "Wright, David R. (CMS/CCSQ)" (b) (6)>
Subject: Revised Nursing Home Guidance

Seema,

Attached is the Nursing Home memo with revised guidance (changes are in red/italics). This includes suggestions from Shari and Patti Meier, but they are still reviewing the full document. We sent this to the CDC this afternoon and I just received their feedback (while

on this call). I skimmed through their feedback and while they recommended some changes, they did not suggest any substantive changes.

Summary of revisions:



We've also been in contact with the industry, and believe they will support the revisions. Happy to answer any questions.

Thanks,
Evan

Evan Shulman
Director, Division of Nursing Homes
Quality Safety and Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:11:06 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Coronavirus Case in Munich

Please respond to this person.

From: Rita DiCasagrande Olsen (b) (6)
Sent: Monday, March 9, 2020 9:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Coronavirus Case in Munich

Carissimo Dr. Fauci -

Greetings from Munich, Germany! It's hard to believe so many years have passed since our time working avian influenza preparedness. I have watched every single interview during the past few months and I could not be more relieved to see you at the helm of this new, rapidly evolving crisis.

I know you have very little time, so I will make this quick - hopefully to be followed by a more fulsome and proper hello.

We have a prominent American businessman (age 64) here in Munich who tested positive a little over a week ago after skiing in the Dolomites in Italy. He has a history of respiratory illnesses, including double pneumonias and various other similar complications. In short, he is sedated and intubated, and was placed on ECMO during the past 24 hours. The team is administering ritonavir and lopinavir, as well as broad spectrum antibiotics.

The German doctor here would like to acquire Remdesivir to have on hand if all other treatments fail. Because it is not being tested here, he inquired whether we could access it in the States. Would you be able to point me in the right direction for how, if even possible, we could transfer some to the Munich-based hospital here?

Thank you so much in advance. Any other insights of course are certainly welcome. You continue to be a national treasure. All the best - Rita

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:09:14 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Science of COVID-19 Curriculum?

Please respond to him for me. Try to help him out.

From: michael dispezio [REDACTED] (b) (6)
Sent: Monday, March 9, 2020 9:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Science of COVID-19 Curriculum?

Dr. Fauci,

Twenty years ago, I wrote the US curriculum "The Science of HIV" and we were honored to have you featured in our accompanying television broadcast, which was nominated for an Emmy (Discovery Channel). Years prior to that, I snagged my Masters from BU on some novel, emergent retrovirus called HIV.

Now, its time for me to do my magic and educate this new generation on COVID-19. This is a familiar audience (my people), since most use the science programs I have authored for K-8 for the past 30 years!

How do I best proceed with developing materials in sync with the national needs that demystify the concepts surrounding COVID-19 ? My skillset is in education, but my background in biology and biochem.

Please Google me and/or check out the links below.



<https://www.nsta.org/recommends/ViewProductPrint.aspx?ProductID=12138>

<https://www.hmhco.com/people/michael-dispezio>

Sincerely,

Michael DiSpezio (another [REDACTED] (b) (6))



Virus-free. www.avq.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:58:15 +0000
To: Collins, Francis (NIH/OD) [E]; Trevor Mundel
Cc: Dan Wattendorf; Jennifer Weisman
Subject: RE: COVID-19

Trevor:

Ditto what Francis said. If Bill is seeing the VP tomorrow, he will surely bring it up to me at our 4:00 PM daily Task Force meeting.

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Monday, March 9, 2020 8:25 PM
To: Trevor Mundel (b) (6) >; Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >
Cc: Dan Wattendorf (b) (6) >; Jennifer Weisman
(b) (6)
Subject: RE: COVID-19

Hi Trevor,

Truly interesting opportunity. Tony is doing a media blitz (Sean Hannity on Fox right now) but I'm sure he will check in – and I would imagine that VP Pence will turn to him to decide how to respond to Bill's phone call. Doctor-based testing capability in the US has gone up substantially in the last couple of days – after admittedly a rocky start. But home testing presents a novel detection scheme. I assume from what you say that false negatives are uncommon and false positives are rare?

For Africa, this seems like a technology that ought to be deployed as soon as possible. It astounds me that there are no documented cases in East Africa yet – that defies everything we know about air traffic with China. Providing an opportunity for low-tech testing in Addis, or Kampala, or Nairobi, or Dar es Salaam seems like a highly desirable outcome.

My two cents.

Francis

From: Trevor Mundel (b) (6)
Sent: Monday, March 9, 2020 5:57 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Dan Wattendorf <(b) (6)>; Jennifer Weisman (b) (6)
Subject: COVID-19

Dear Francis, Tony,

I wanted to give you a heads up on a call that Bill will have with Vice President Pence tomorrow around the COVID-19 situation. As you might be aware, we have been running an influenza transmission study in Seattle for the last 2 years. This involves at-home testing for ILI-symptomatic individuals (who log-in via a web app) and collection of nasal swabs, which are then sequenced for a range of respiratory pathogens. Dan can give you more details on this study if you have questions. When the Coronavirus situation arose, we added this to the list of pathogens and hence were able to detect some of the early cases in Washington.

The CDC has been very interested in the approach and at one point we had the highest screening capacity in the US (though only 400 samples per day, so I hope this is no longer true). At the same time, we have developed a COVID-19 at-home screening and information system with robust software that approximates what China was doing but also takes into account the opt-in requirements that are necessary in the US.

We want to propose going beyond the Seattle area- this would be gated only by availability of testing. We can deploy this ready-now system more broadly in the US. Ideally we would also do a parallel outreach to some African countries. I'd be interested in your views and would be happy to jump on a quick call.

Warm regards,
Trevor

Trevor Mundel, MD, PhD
President, Global Health Program

V + (b) (6)

F +1.206.494.7041

E t (b) (6)

(b) (6)

Executive Assistant

Office of the President, Global Health

V

(b) (6)

M

E

(b) (6)

Bill & Melinda Gates Foundation

www.gatesfoundation.org

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:47:56 +0000
To: Del Rio, Carlos
Subject: RE: [External] Re: Nice job in Press Conference
Attachments: SSRN-id3549276.pdf

Not for distribution. It may still be under review

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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

From: Del Rio, Carlos <(b) (6)>
Sent: Monday, March 9, 2020 7:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Re: [External] Re: Nice job in Press Conference

Share the Australian paper when you can. Could not find it.

Carlos del Rio, MD.
Sent from my iPhone

> On Mar 9, 2020, at 7:54 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

>

> Thanks, Carlos.

>

>> On Mar 9, 2020, at 7:21 PM, Del Rio, Carlos (b) (6) wrote:

>>

>>

>>

>> Carlos del Rio, MD.

>> Sent from my iPhone

>>

>>

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>> message (including attachments).

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:30:13 +0000
To: Michael Gerson
Subject: RE: My column, just FYI

Well done!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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

From: Michael Gerson (b) (6)
Sent: Monday, March 9, 2020 5:47 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: My column, just FYI

https://www.washingtonpost.com/opinions/coronavirus-isnt-another-hurricane-katrina-its-worse/2020/03/09/25c302f2-6224-11ea-acc8-80c22bbee96f_story.html

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:26:59 +0000
To: Mark Harrington; Folkers, Greg (NIH/NIAID) [E]
Subject: RE: NYC community letter to Mayor De Blasio on social distancing measures to mitigate COVID-19

Thanks, Mark. Good letter.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Mark Harrington (b) (6) >
Sent: Monday, March 9, 2020 5:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Subject: NYC community letter to Mayor De Blasio on social distancing measures to mitigate COVID-19

Attached.

Hope you're both well.

cheers,

Mark

--

Mark Harrington
Executive Director
Treatment Action Group
90 Broad Street, Suite 2503
New York, NY 10004 USA
(b) (6) - tel.

(b) (6)

mark.harrington@treatmentactiongroup.org

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:56:50 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: Requesting a copy of your article

Pls handle

Sent from my iPhone

Begin forwarded message:

From: Mahendra De Silva (b) (6)
Date: March 9, 2020 at 7:52:52 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Requesting a copy of your article

Dear Dr. Fauci:

Would you be kind enough to send me a copy of this important article (see below)?

Thank you.
Sincerely,
Mahendra De Silva, PhD

January 23, 2020

Coronavirus Infections—More Than Just the Common Cold

Catharine I. Paules, MD¹; Hilary D. Marston, MD, MPH²; Anthony S. Fauci, MD²

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:53:18 -0400
To: Krista Conley
Subject: Re: Terry Beirn

Krista:

Many thanks for your kind note.
Best regards,
Tony

> On Mar 9, 2020, at 7:25 PM, Krista Conley <(b) (6)> wrote:

>

> Good evening Dr. Fauci:

>

> My name is Krista Conley and I was a staff assistant for Senator Kennedy's Labor and Human Resources Committee in 1987. I was supporting the committee on health-related issues until one day, this smart-aleck of a guy walked in and said "You work for me, now."

>

> That was Terry Beirn, and I spent the next year of my life working on the very first legislation for research funding and for anti-discrimination protections. Terry made me better, stronger, more empathetic than I ever thought possible. He worked me relentlessly - and it never felt like work. Those were very tough times, and we never let up, not even to eat.

>

> I fielded a lot of calls from you to Terry, and seeing the coronavirus press conference tonight, I wanted to thank you for your tireless public health efforts. You changed lives to the good for millions - Terry did his bit, too.

>

> It's good to hear your voice at the lectern - makes me feel like we'll get through it. Thank you for always jumping in - Krista Conley

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:43:06 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: The Economist Asks request for Dr. Anthony Fauci

Let us discuss

Begin forwarded message:

From: Sujata Thomas <sujatathomas@economist.com>
Date: March 9, 2020 at 7:41:03 PM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: The Economist Asks request for Dr. Anthony Fauci

Hi,

I just wanted to follow up on this request for The Economist. The interview could happen at Dr. Fauci's convenience.

Thanks for the consideration.

Best,
Sujata

On Thu, 5 Mar 2020 at 08:48, Sujata Thomas
<sujatathomas@economist.com> wrote:
Dear Dr. Fauci,

"The Economist Asks", The Economist's award-winning interview podcast would love to have you join the program this spring.

"The Economist Asks" is the Economist's flagship show, a current, frank and engaging profile-style interview, in a series that includes heads of state, cultural pioneers and business leaders, and hosted by Anne McElvoy.

Anne would like to discuss with you, your thoughts on coronavirus, its spread and the management of this global public health emergency.

We'd record 20 mins of interview, very flexible as to date and location - though we'd love to do it soon - and are open to include subjects you feel

need to be covered. We know you are likely inundated with requests, so if you could connect me with the appropriate person handling your speaking requests, we'd greatly appreciate it.

Economist Radio has over 12 million listens a month worldwide, with a core audience in the US and the UK. Previous guests on "The Economist asks" include Melinda Gates, Tony Blair, Hillary Clinton, Imran Khan, Salman Rushdie, Annie Lennox, Anna Wintour, Darren Aronofsky, David Sedaris, David Mamet, Margaret Atwood, Ursula Burns, Juan Manuel Santos, Christine Lagarde, Jacinda Ardern, Michael Bloomberg, Pussy Riot, Pete Buttigieg among many others. You can listen to previous episodes here acast.com/theeconomistasks.

Thank you for your consideration and hope to hear from you or someone from your office.

Thanks,
Sujata

(b) (6)

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From: (b) (6)
Sent: Mon, 9 Mar 2020 19:25:47 -0400
To: NIAID Public Inquiries
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: (b) (6)

Sent from my iPhone

Begin forwarded message:

From: Laura (b) (6)
Date: March 9, 2020 at 5:48:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Still positive after 30 days

Dear Dr. Fauci,

(b) (6)

Thank you,
Laura Umphries

(b) (6)

Sent from my Verizon, Samsung Galaxy smartphone

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:22:39 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Testing for COVID-19

From patty

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Robert Langston <(b) (6)>
Date: March 9, 2020 at 6:38:20 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Testing for COVID-19

Hello Dr. Fauci,
Are you able to provide false positive and false negative values for patients with
Corona Virus infection and colonization?
Thank you for taking time to read and respond my question.
My regards,
Robert Langston MD

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:21:36 -0400
To: Handley, Gray (NIH/NIAID) [E]
Subject: Fwd: CoV collaboration with Polish Medical Research Agency
Attachments: image001.png

From
Patty. Does asf need to see this

I am trying to empty his emails. Pls advise ASAP

Sent from my iPhone

Begin forwarded message:

From: "Handley, Gray (NIH/NIAID) [E]" (b) (6)
Date: March 9, 2020 at 6:51:14 PM EDT
To: (b) (6)
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6); "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>; "Auchincloss, Hugh (NIH/NIAID) [E]" (b) (6)
Subject: CoV collaboration with Polish Medical Research Agency

Dear Dr. Sierpiński,

Dr. Fauci referred your message to me and other NIAID colleagues with a request that we respond on his behalf so as to avoid further delay. We certainly sympathize with your situation, as we also are working urgently to prevent, control and manage COVID-19 in the United States.

During his visit to NIH in 2018, I was pleased to meet Minister Szumowski and, although I was traveling when you visited Dr. Fauci last year, I am aware that the meeting was productive and that we remain interested in encouraging further U.S.-Poland scientific collaboration. In part, as a result of that meeting, we are also very pleased to be planning an NIH and ABM-sponsored clinical research training workshop in Poland later this year.

As you are likely aware, NIAID is collaborating with a number of organizations to develop vaccines for SARS-CoV-2. We are expecting the first vaccine to start Phase I trials within the next month. As vaccines move through Phase I testing, there may be opportunities to collaborate.

In addition, with NIAID as the regulatory sponsor, we have initiated a randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral

remdesivir in hospitalized adults diagnosed with COVID-19. This adaptive design trial will allow for the addition of new treatment arms as promising new therapeutics for COVID-19 become available. Eventually, this trial may be expanded to include international sites, potentially including some that have been affiliated with our INSIGHT Network in the past. Three sites in Poland have participated in INSIGHT trials:

Site Name: Wroclawskie Centrum Zdrowia (Wroclaw)

Site Leader: Brygida Knysz

Site Name: Wojewodzki Szpital Zakazny (Warsaw)

Site Leader: Andrzej Jerzy Horban

Site Name: Uniwersytecki Szpital Kliniczny (Bialystok)

Site Leader: Robert Flisiak

It might be a good idea to let any Polish sites/investigators considering participation in this trial know that ABM might have available funding to support international collaborative research, if that is the case. This may be important information as Polish scientists interact with other European scientists considering the development of a multi-site clinical trial.

In addition, there may be other opportunities for collaborative research engaging Polish Institutions with access to COVID-19 patients, particularly through the sharing of biological samples and research data. Another approach would be for interested Polish scientists to explore shared interests with U.S. colleagues who are planning to apply for COVID-19 funding in response to current Funding Opportunity Announcements in the NIH Guide to Grants and Contracts. To do what we can to facilitate possible collaborations, we would also welcome receiving additional information on specific COVID-19 research interests, capabilities and activities current in Poland.

Thank you again for reaching out to Dr. Fauci. We look forward to continuing to discuss potential areas of collaboration.

Best regards,

F. Gray Handley

Associate Director for International Research Affairs

National Institute of Allergy and Infectious Diseases

National Institute of Health

U.S. Department of Health and Human Services

Tel: (b) (6)

5601 Fishers Lane, Room 1E50

Fax: 301 480 2954

Bethesda, MD 20892-9802

(b) (6)

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From: Radosław Sierpiński (b) (6) >
Date: March 9, 2020 at 6:42:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Cc: "Gupta, Ranjan (NIH/FIC) [E]" (b) (6)
Subject: CoV collaboration with Polish Medical Research Agency

Dear Doctor Fauci,

I hope this e-mail is finding you well and your efforts in fight against Coronavirus epidemics is giving some effects. As you know in Poland we have currently 15 cases of CoV infection and we are also fighting mostly with general society worries than epidemics. We would like also to take part in research on CoV vaccine or drug and Polish Medical Research Agency is planning to start financing some project on it as soon as possible. Both polish medical universities and institutes are fully prepared to take part in such project.

On behalf of Polish Minister of Health Prof. Lukasz Szumowski I would like to kindly ask you for some support and collaboration options with NIH in this very delicate issue. Maybe NIH can take some advisory role in our scientific project or Polish scientists may take some part in your work bilaterally.

Looking forward to hearing from you,

Radosław Sierpiński MD, PhD
President of Medical Research Agency in Poland

(b) (6)

<image001.png>

Medical Research Agency

ul. S. Moniuszki 1A

00-014 Warszawa

www.abm.gov.pl



AGENCJA
BADAŃ
MEDYCZNYCH



AGENCJA

NIH-000753

MEDYCZNYCH

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 20:13:17 +0000
To: NIAID OD AM
Subject: FW: Opp to speak to U.S. CEO Community
Attachments: CEO overview_updated_5_31_19_ (1) (2).pdf

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Greg Reilly <Greg@theceooforumgroup.com>
Sent: Monday, March 9, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Opp to speak to U.S. CEO Community

Dr. Fauci,

Our national radio and magazine audience is the U.S. CEO community, and this is an invitation to be interviewed for The CEO Show and The CEO Forum Magazine. The opportunity is to deliver your words directly, verbatim, with no reporter's interpretation. [Company Overview attached.]

The line of questioning would be about advice for corporate leaders during a health crisis, such as we are experiencing now with COVID-19 and such that we may experience again in the future.

We could do the 19-minute interview by phone or in person in New York City.

Certainly we honor your service and excellence as a spokesperson.

Our outlets would be effective for your messages specific to business leaders.

Please consider this invitation.

Thank you
Greg Reilly

Greg Reilly | Associate Publisher

(b) (6) | greg@theceooforumgroup.com | www.theceooforumgroup.com



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 18:23:56 +0000
To: Tabak, Lawrence (NIH/OD) [E]
Cc: Marston, Hilary (NIH/NIAID) [E]; (b) (6)
Subject: RE: Appropriations - second supp for coronavirus - professional judgement request

We will have additional needs. Will get back to you today about the amount and what the plan is.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)>
Sent: Monday, March 9, 2020 1:01 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: FW: Appropriations - second supp for coronavirus - professional judgement request
Importance: High

How do you want this approached please?
Thanks
Larry

From: "Mitchell, Michelle (NIH/OD) [E]" (b) (6)>
Date: Monday, March 9, 2020 at 12:43 PM
To: "Tabak, Lawrence (NIH/OD) [E]" (b) (6)>, "Shapiro, Neil (NIH/OD) [E]" (b) (6)>, "Hallett, Adrienne (NIH/OD) [E]" <(b) (6)>, "Higgins, Lauren (NIH/OD) [E]" (b) (6)
Cc: "LaMontagne, Karen (NIH/OD) [E]" (b) (6)>, "Bauer, Jenna (NIH/OD)

[E]" (b) (6) >

Subject: Appropriations - second supp for coronavirus - professional judgement request

Hi everyone,

Jen Cama with DeLauro just reached out to request our professional judgement on a second supplemental for the coronavirus. Below is her question. Would you let me know what I should tell her?

Question: Does NIH, in its professional judgment, recommend any additional funding for coronavirus?

Thanks,

Michelle

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:49:31 -0400
To: Oplinger, Anne (NIH/NIAID) [E]
Subject: Fwd: Media Request: CBC News

From Patty pls decline

Sent from my iPhone

Begin forwarded message:

From: Adam Miller <adam.miller@cbc.ca>
Date: March 9, 2020 at 1:44:59 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Media Request: CBC News

Hi Dr. Fauci,

I'm a senior journalist with the health unit at Canada's public broadcaster, CBC News, and I'm hoping to speak with you for a national story on COVID-19 preparedness in the U.S. and Canada.

I'm wondering if you'd be free for a brief phone interview on how prepared the U.S. has been throughout this outbreak and what further efforts need to be taken.

Thanks, I would only need five minutes of your time by phone.

Best,

Adam

--

Adam Miller
Senior Writer
CBC News
Desk: 416-205-5719
Cell: (b) (6)
Twitter: @adamsmiller



From: (b) (6)
Sent: Mon, 9 Mar 2020 13:23:24 -0400
To: NIAID Public Inquiries
Subject: Fwd: Celiac and Coronavirus

Pls handle

Sent from my iPhone

Begin forwarded message:

From: Tenley Willock (b) (6)>
Date: March 9, 2020 at 1:00:11 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Celiac and Coronavirus

Hello Dr. Fauci,

I am a teacher from (b) (6) in a school district that closed this week due to the virus scare (b) (6) I am (b) (6) years old and I have (b) (6) What is my vulnerability to getting this virus teaching around young children. I know you have mentioned heart issues and chemotherapy. Can you please give me advice?

Thank you so much! Thank you for your hard work!

Sincerely,

Tenley Willock

(b) (6)

From: [REDACTED] (b) (6)
Sent: Mon, 9 Mar 2020 13:22:31 -0400
To: Haskins, Melinda (NIH/NIAID) [E]; Selgrade, Sara (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: Senator Barbara Boxer

Pls advise. Set this up?

Sent from my iPhone

Begin forwarded message:

From: Nicole Burak [REDACTED] (b) (6)
Date: March 9, 2020 at 1:18:11 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >
Subject: Senator Barbara Boxer
Reply-To: [REDACTED] (b) (6)

Dr. Fauci – my name is Nicole Kaneko and I work for Senator Barbara Boxer from California.
I know the Senator is [REDACTED] (b) (6) and she is hoping you may have a few minutes to talk to her via phone regarding an exciting way to test for the COVID-19 virus. Thank you in advance.

Nicole Kaneko
[REDACTED] (b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:19:45 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Virus Transmission

From Patty
Not sure who responded. Can u take this repeat email.

Sent from my iPhone

Begin forwarded message:

From: DANIEL GAGNON (b) (6)
Date: March 9, 2020 at 1:16:07 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Fwd: Virus Transmission

Dr. Fauci:

I appreciated your office calling me last Thursday regarding my email concern below on the **Covid 19** virus epidemic. The fact that China has a larger percentage of smokers in its population may have something to do with the faster spreading of the virus there. Male smokers outnumber females by a huge number and are therefore dying in much higher numbers because of that fact.

Has anyone at CDC looked into when a person is around cigarette smokers that the particles of smoke land onto a person's clothing. That person then comes home with those smoke particles on their clothing and they can be shed when the clothes are removed from their body thus placing the possible virus-laden particles back into the air at home to infect others. Just smell your clothes the next day and you can no doubt smell smoke on them. Has this case in point been looked into as a possible means of spreading the virus? Since a side effect of the virus is the patient developing pneumonia, would giving an elderly person the Prevacid 13 shot help strengthen their immune system before the virus ever strikes them?

I wish you & other virologist God Speed with finding a vaccine that will stop the spread of this epidemic.

Daniel Gagnon
(b) (6)

Begin forwarded message:

From: DANIEL GAGNON (b) (6) >
Subject: Virus Transmission
Date: February 24, 2020 at 3:48:33 PM EST
To: (b) (6)

Hi Dr. Fauci:

I have been a long time admirer of you in the field of modern medicine. This question I have relates to the current Coronavirus circulating around the world. For many years I have informed people that the ways a virus can be passed from person to person isn't always by a sneeze, cough or by touching someones face with their hands. Has anyone in your medical community thought that if someone were smoking and was an infected person that once they expel the smoke particles into the air that those micro smoke particles may contain viruses that were in the respiratory system of an infected person. Everyone I mention this to don't believe that this is possible. What are your thoughts on this matter? If so why hasn't the medical community warned the public about this possibility as I stay away from all establishments that allow smoking on their premises.

Thank you,

Daniel Gagnon

(b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:18:14 -0400
To: Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Question re: coronavirus infection & pneumococcal vaccination

From patty

Can one of you pls respond. Thx

Sent from my iPhone

Begin forwarded message:

From: Manon Cox <(b) (6)>
Date: March 9, 2020 at 1:06:33 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Question re: coronavirus infection & pneumococcal vaccination

Dear Dr. Fauci,

This is Manon Cox, former CEO of Protein Sciences, the developer of Flublok® ,

First of all I would like to thank you for your realistic comments around the ongoing coronavirus outbreak. I am glad to see that not everyone is presenting a "Spanish Flu"- like scenario.

I am reaching out to you b/c I am noticing that so many people including professionals (MD's!) appear to be thinking that people with a coronavirus infection are dying from a cytokine storm whereas my understanding is that pneumonia (whether viral or bacterial) is generally the underlying of the lung failure.

My question to you is: Do we know whether people that have previously received a pneumococcal vaccination might be better protected from death after contracting a severe coronavirus infection? i.e., would it be possible that the coronavirus causes tissue damage resulting in a secondary pneumococcal infection?

I know better than anyone (after working over 15 years on Flublok approval) that it is not realistic to expect a coronavirus anytime soon but if we could message that a pneumococcal vaccine could be beneficial in ultimate outcome it would be good for vaccines in general as we do have pneumovax and Prevnar available.

Thank you for your consideration.

Kind regards, Manon Cox

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:16:15 -0400
To: Oplinger, Anne (NIH/NIAID) [E]
Subject: Fwd: Time for an interview with America Magazine?

This is from patty
Pls decline.

Sent from my iPhone

Begin forwarded message:

From: Kevin Clarke <clarke@americamedia.org>
Date: March 9, 2020 at 1:07:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Time for an interview with America Magazine?

Dear Dr. Fauci,

America magazine is the flagship effort of America Media in New York. We are a ministry of the Jesuits of the United States and Canada. America magazine may be the best known Catholic publication in the United States, publish for more than 100 years.

I realize you must be supremely busy under the circumstances, but I thought I would ask if you could spare a few minutes for an interview in New York, over the phone or on remote via Skype for one of our internet programs to talk about the coronavirus landfall here in the United States, how the public can best respond. We would also love to hear how your faith is helping you cope personally, perhaps how your Jesuit background is assisting your decision-making in this drama.

Let me know if you think anything might be possible.

Thanks,

Kevin Clarke

--

Kevin Clarke
Senior Editor and Chief Correspondent
1212 Sixth Ave, 11th Floor
New York, NY 10036
Phone: [212-515-0130](tel:212-515-0130) (office)

Phone: (b) (6) (mobile)

Phone: (b) (6) (Friday)

Email: clarke@americamedia.org

Web: www.americamedia.org

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<<http://facebook.com/Americamag>> | YouTube <<http://youtube.com/Americamag>> | Tumblr
<<http://americalliterary.tumblr.com/>>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 16:07:16 +0000
To: Alison Galvani
Subject: RE: In press paper about impact of travel restrictions attached

Thanks, Alison.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Alison Galvani (b) (6)
Sent: Tuesday, March 3, 2020 4:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: In press paper about impact of travel restrictions attached

Hi Tony,

It may not be as pertinent as it was when we submitted it, but I thought you might be interested in our modeling on the global spread of COVID-19. It is in press at PNAS.

We also have a paper submitted to them about ICU and ventilator inadequacy in the US. I'd be happy to send it to you now or wait until after the peer-review process.

Thank you for everything you do to lead us through these crises.

All the best,
Alison

--

Alison Galvani, PhD

Director, Yale Center for Infectious Disease Modeling and Analysis (CIDMA)

Burnett and Stender Families Professor of Epidemiology
Yale School of Public Health
Yale School of Medicine
New Haven, CT 06520

(b) (6)

<http://cidma.yale.edu/>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 16:02:31 +0000
To: Jacquelyn (Jackie) Madry-Taylor
Subject: RE: Dr. Marilyn Madry Lightfoote

Thank you.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Jacquelyn (Jackie) Madry-Taylor (b) (6) >
Sent: Tuesday, March 3, 2020 11:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Dr. Marilyn Madry Lightfoote

Good Morning, Dr. Fauci,

I am (b) (6) Dr. Jacquelyn Madry-Taylor. I know she would want me to congratulate you on the outstanding information you are providing the nation about the Coronavirus. The success of (b) (6) career was directly related to you allowing her to work in your labs as she began her career in molecular immunology. Your name was mentioned quite frequently during those early years and throughout her work in the federal government. I, (b) (6) and other family members miss her so much and know that she would be on top of the information about this new virus as you present it. Thank you so much for being such a catalyst for her success and we applaud your efforts in identifying the source of the virus and finding a vaccine.

Sincerely,

Jacquelyn Madry-Taylor, EdD

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 13:18:02 +0000
To: Kate Dickman
Subject: RE: Thank You

Thank you!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Kate Dickman (b) (6) >
Sent: Monday, March 9, 2020 9:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank You

Dear Dr. Fauci,

I have been reading about your efforts to learn quickly about COVID-19, and subsequently educate the American public about its risks. I wanted to say how grateful I am for your expertise, perseverance and candor.

Updates about what Americans should do to keep safe, and understanding what may be deemed risky for personal and community health, are greatly needed in these days of information (and possibly misinformation) overload. Giving American people current information and clear, updated guidance is the best way to create grassroots, coordinated, widespread effort, while the CDC, NIH, and other government health organizations organize the tops-down approaches to regional screening, emergency care, and COVID-19 research/testing for hopeful vaccination or treatment protocols.

I'm very relieved and assured to have strong voices of reason, experience, and merit helping 'us' navigate these murky waters. I'm grateful for your courage.

Thank you again.

Kate Dickman

(b) (6)
resident of (b) (6) Northern California

--
Sent from [Postbox](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 12:57:57 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Containment Measures

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

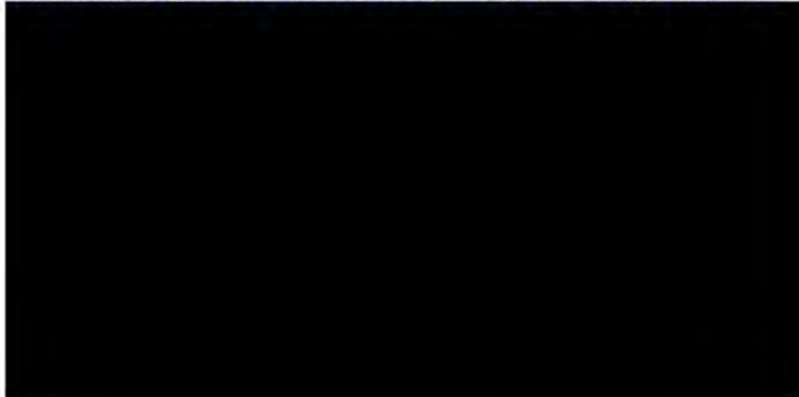
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From: Alex Wolf, Esq. (212)717-2510 <awolf@wolflawyer.com>
Sent: Monday, March 9, 2020 8:43 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Containment Measures

Dear Dr. Fauci,

Why doesn't CDC counsel entire country on need for containment measures as indicated by the following study:

[Rapid Response was Crucial to Containing the 1918 Flu Pandemic](#)



black box appears in original

Rapid Response was Crucial to Containing the 1918 Flu Pandemic

Historical Analyses Help Plan for Future Pandemics

(b) (6)

Would you know whether pulmonary sarcoidosis which has been in remission for years without medication puts one at greater risk of Covid-19 hospitalization as an underlying condition, or would only be higher risk if it was active and one was taking immunosuppressive drugs?

Thank you.

Alexander Wolf, Esq.
60 East 42nd Street
Suite 4600
New York, NY 10165

(b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 06:49:10 -0400
To: Handley, Gray (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Erbelding, Emily (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: CoV collaboration with Polish Medical Research Agency

Gray:

Please work with Emily to see what we can do for this person, if only with advice.

Thanks,

Tony

Begin forwarded message:

From: Radosław Sierpiński (b) (6)
Date: March 9, 2020 at 6:42:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Gupta, Ranjan (NIH/FIC) [E]" (b) (6)
Subject: CoV collaboration with Polish Medical Research Agency

Dear Doctor Fauci,

I hope this e-mail is finding you well and your efforts in fight against Coronavirus epidemics is giving some effects. As you know in Poland we have currently 15 cases of CoV infection and we are also fighting mostly with general society worries than epidemics. We would like also to take part in research on CoV vaccine or drug and Polish Medical Research Agency is planning to start financing some project on it as soon as possible. Both polish medical universities and institutes are fully prepared to take part in such project.

On behalf of Polish Minister of Health Prof. Lukasz Szumowski I would like to kindly ask you for some support and collaboration options with NIH in this very delicate issue. Maybe NIH can take some advisory role in our scientific project or Polish scientists may take some part in your work bilaterally.

Looking forward to hearing from you,

Radosław Sierpiński MD, PhD
President of Medical Research Agency in Poland

(b) (6)



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Medical Research Agency

ul. S. Moniuszki 1A

00-014 Warszawa

www.abm.gov.pl

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 09:57:48 +0000
To: Casseti, Cristina (NIH/NIAID) [E]
Cc: (b) (6)
Subject: FW: Connecting with Tony Fauci
Attachments: Baricitinib as potential treatment for 2019-nCoV acute respiratory disease.pdf

Please take a look and respond

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

From: Collins, Francis (NIH/OD) [E] <(b) (6)>
Sent: Monday, March 9, 2020 5:29 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Austin, Christopher (NIH/NCATS) [E] (b) (6)>
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: FW: Connecting with Tony Fauci

Passing this on in case Bill Chin's idea might be of interest.

Francis

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

From: William Chin (b) (6)>
Sent: Sunday, March 8, 2020 10:48 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Baker, Rebecca (NIH/OD) [E] (b) (6)>; Austin, Christopher (NIH/NCATS) [E] (b) (6)>; Roger Glass (b) (6)
Subject: Connecting with Tony Fauci

Hi Francis et al, I write to get a message to Tony, who clearly is on the COVID-19 front lines of these days and "everywhere." At this early stage, you may agree that it is possible that containment and/or mitigation will not completely solve the current pandemic. Instead, effective treatment or amelioration of the worst complications is necessary. In this spirit, I have an idea that was spurred by a letter in Lancet last month authored by Al Benevolent (attached). In this communication they suggest that baricitinib (Ouminant; a JAK1/2 inhibitor registered by Lilly for the treatment of rheumatoid arthritis), using in silico techniques, might be useful in the treatment advanced COVID-19 pneumonia/ARDS identified. Baricitinib could possibly blunt the cytokine storm seen in the most severely affected patients via inhibition of JAK1/2, but also decrease viral entry in AT2 pulmonary cells and myocardial cells via inhibition of GAK and AAKI. It has a relatively short plasma half-life and hence could be more useful than Roche's tocilizumab/Actemra). Baricitinib has a good safety profile although as a drug to treat autoimmunity it is formally contraindicated in patients with infections, this could be offset by treatment patients with anti-virals such as Gilead's remdesivir, etc. Perhaps you folks have already thought about/discussed its use but if not I'd like a chance to chat about my additional thoughts. Thanks. Bill

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 03:10:28 +0000
To: Glenda Gray;Rancourt, Anne (NIH/NIAID) [E];Dieffenbach, Carl (NIH/NIAID) [E]
Subject: RE: 'You don't want to go to war with a president'

Thanks, Glenda!

From: Glenda Gray <Glenda.Gray@mrc.ac.za>
Sent: Tuesday, March 3, 2020 9:37 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Rancourt, Anne (NIH/NIAID) [E]
(b) (6); Dieffenbach, Carl (NIH/NIAID) [E] (b) (6)
Subject: FW: 'You don't want to go to war with a president'

Dear Tony

Wonderful article, proud to be associated with you

Subject: 'You don't want to go to war with a president'

<https://www.politico.com/news/2020/03/03/anthony-fauci-trump-coronavirus-crisis-118961>

regards
Glenda

Glenda Gray

President & CEO South African Medical Research Council : Executive Management

South African Medical Research Council

Tel: +27 21 9380905 | Cell: (b) (6)
Francie van Zijl Drive, Parow Valley | Cape Town | Western Cape
www.samrc.ac.za



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 03:04:02 +0000
To: Birnbaum, Linda (NIH/NIEHS) [V]
Subject: RE: Thank you

Linda;

Thanks for the note. I would cancel if I were you.
Tony

From: Birnbaum, Linda (NIH/NIEHS) [V] (b) (6)
Sent: Sunday, March 8, 2020 1:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Thank you

Hi Tony,

Just wanted to say thank you as a former colleague and friend for speaking truth to power during this coronavirus crisis.

So, am I right in thinking traveling to California for my major science meeting and some university lectures in a week should be canceled? I am (b) (6)

Thx

Linda

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 02:59:07 +0000
To: Thomas R. Frieden
Subject: RE: FYI - guess which (b) (6) I was thinking of....

Great article. Glad to be the anonymous subject of your discussion. 😊

From: Thomas R. Frieden (b) (6)
Sent: Sunday, March 8, 2020 3:32 PM
To: Deborah Birx (b) (6); Deborah Birx (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6); Redd, Stephen (CDC/DDPHSIS/OD) (b) (6); Schuchat, Anne MD
(CDC/OD) (b) (6)>
Subject: FYI - guess which (b) (6) I was thinking of....

New article re nursing home restrictions and more [here](#).

From: Tom Frieden (b) (6)>
Date: Sunday, March 8, 2020 at 2:35 PM
To: Tom Frieden (b) (6)
Subject: Nursing homes are ground zero for COVID19 -- and what more we can do to save lives in the pandemic

Dear Colleague,

[Two weeks ago](#) it was clear that COVID-19 would become a pandemic, and, sadly it has.

Now the United States is in the [acceleration phase](#) and cases, clusters, and large outbreaks will occur in many parts of the country.

I outline steps we can take to reduce the harms. The core concept to protect the most vulnerable. First, restrict visits to nursing homes. All of us can play a part reducing infections. Medically vulnerable people can protect themselves by reducing social contacts. I'm not sure I'd go quite as far as my good friend Bill Schaffner and say they should become [semi-hermits](#), but that's certainly a helpful frame of reference. Health care needs to get much safer, and ready to surge safely. And we need to stop mass gatherings, consider telework, figure out whether closing schools will help, and more.

Read what I've posted about ground zero in the COVID-19 pandemic in the US [here](#).

I've shared on [Twitter](#) if you'd like to disseminate.

We'll all be working together to protect as many people as quickly as possible.

Thank you,

Tom

Tom Frieden, MD, MPH

President and CEO

(b) (6)†

(b) (6)



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:49:23 +0000
To: Mark Feinberg
Subject: RE: Thanks so much

Mark:

Thanks for the note. Much appreciated.

Bet,

Tony

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

From: Mark Feinberg <(b) (6)>
Sent: Sunday, March 8, 2020 9:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thanks so much

Dear Tony,

I hope you are doing well despite your extraordinarily busy schedule addressing the COVID-19 outbreak.

I just wanted to send you a note to offer sincere thanks and deep admiration for your tremendous efforts to provide the public with clear, insightful and accurate information about this very serious public health threat and for your great leadership in helping to guide efforts to respond to it in the most effective and scientifically grounded way.

Our nation is so fortunate to have your full and expert engagement in this response.

I can only imagine how busy you are and you need not worry about responding to this note. However, I did want to share one voice of appreciation and thanks.

Very best,

Mark

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:37:26 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Countering COVID-19

From: Clayton Conger [REDACTED] (b) (6) >
Sent: Sunday, March 8, 2020 9:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Countering COVID-19

Dr. Anthony Fauci
Director of the National Institute of Allergy and Infectious Diseases

Dear Dr. Fauci:

It occurred to me that if viruses contain an iron atom, perhaps a form of magnetic treatment might stop or reduce the severity of the COVID-19 virus, so I investigated and found that viruses have one atom of iron. My suggestion is that experimentation on victims of the virus be conducted, perhaps by inserting a tiny magnet into their lungs to see if it might gather up the viruses circulating in the victim. Perhaps external application of magnetism would work as well, I'm sure your scientists will have even better approaches to solving this problem. I'm a problem solver, having published a book that solves many of the Earth's problems: "Thinking Outside The Oven -- Concomitant Concepts and Synergistic Solutions for the 21st Century" (available at Barnes & Noble and Amazon). I'm working on a sequel and if you find my idea useful I'll include a chapter on it.

Very respectfully,
Ned Conger

[REDACTED] (b) (6)

C.N. Conger

[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:33:55 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Record a short interview with me for a UPenn course?

Sorry no.

From: Scheyder, Elizabeth C [REDACTED] (b) (6) >
Sent: Sunday, March 8, 2020 6:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Record a short interview with me for a UPenn course?

Dear Dr. Fauci,

I am embarrassed to admit that I was not familiar with your name when I read the story about you in today's NY Times, but I was most impressed by the statement in the first sentence that you are "widely respected for [your] ability to explain science without talking down to [your] audience".

I'm putting together the first offering of CLCH 300: Communicating Science, as part of the University of Pennsylvania's new online Certificate in Climate Change. (<https://lpsonline.sas.upenn.edu/academics/certificates/climate-change>) A brief recorded conversation with you about your strategies for communicating without being patronizing would be most enlightening for my students.

The students in this course will be coming from a wide variety of backgrounds, and potentially from all over the globe. I think they would love to hear from a scientist who is so good at communicating his field of study to different audiences. And let's face it, as soon as you say "NIH" as COVID-19 swirls around the globe, their ears will certainly perk up! I think the students would find our interview very engaging and informative.

The first run of the course will be from May 26 to July 20, 2020, but we can record the interview (online) any time, since I know you are already over-extended right now. I think 15 minutes would be plenty, and I would be happy to send you questions that I plan to use to guide the conversation in advance. If a synchronous conversation is impossible given your schedule, I would be happy to just send you a couple of questions and ask you to use them to guide a 10-15 minute video that you record yourself.

Please let me know what you think of this, and I will send you the syllabus when it's finalized, including where our interview would fit. Then I can begin the process of coordinating this with the Associate Director of our Online Learning Studio.

Sincerely,
Elizabeth

--

Elizabeth C. Scheyder, Ph.D., P.E.
SAS Computing
Senior Instructional Technology Project Leader

& Lecturer in SAS
Williams 441B

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:32:52 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: can you use a miRNA-seq assay to detect covid-19 in blood samples?
Attachments: GSE81852 MERS vs Mock control PCA p=2.1e-8 q=7.79e-7 2 variables 8March2020.tif, GSE81852 MERS vs Mock control Hierarchical clustering heatmap p=2.1e-8 q=7.79e-7 2 variables 8March2020.tif, GSE81852 MERS vs Mock control PCA p=6.4e-7 q=4.2e-5 10 variables 8March2020.tif, GSE81852 MERS vs Mock control Hierarchical clustering heatmap p=6.4e-7 q=4.2e-5 10 variables 8March2020.tif

From: Hellmich, Helen <[REDACTED]> (b) (6)
Sent: Sunday, March 8, 2020 5:52 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: can you use a miRNA-seq assay to detect covid-19 in blood samples?

Dr. Fauci, how are you sir?

Long ago, in the early 90's, I was a post-doctoral fellow in the Laboratory of Viral and Molecular Pathogenesis at NIH. I don't know if the same lab is still there. Now I work on brain injury and Alzheimer's but my interest in viruses and mechanisms of viral pathogenesis has not waned and the recent covid-19 outbreak prompted me to do a little investigation on my own.

My studies of blood microRNA changes after TBI and AD suggest that principal component analysis of distinct changes in circulating miRNAs can identify the patient population. MicroRNA alterations can be measured by real-time PCR which I presume is the basis of the test that is developed for this disease but I am analyzing blood miRNA-seq expression profiles and now it is possible to quickly sequence blood samples in a few hours and get accurate results. Blood gene expression in my studies was more variable (lots of RNases in blood) so I found that microRNAs are much more stable in blood and serum samples.

I attach an example of a PCA/hierarchical clustering heatmap analysis of a GEO dataset for MERs-coV from 2016 <https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE81852>
I performed the PCA and heatmap analyses at two different stringencies and you can see that the patients can be unequivocally distinguished from the controls at very significant p and FDR values.

Just a thought but many clinical centers, hospitals, academic institutions can quickly perform transcriptome-wide sequencing. Blood RNA can be isolated in 1-2 hrs, sequencing libraries made in a few hrs and one miRNA sequencing run can handle up to 48 samples and the data can be quickly analyzed.

Just my two cents on how NIH could accelerate the analysis of new blood samples for this new strain of coronavirus. You could mobilize hundreds of sequencing centers to help in the analysis.

Regards

Helen Hellmich, PhD
Associate Professor
Department of Anesthesiology
University of Texas Medical Branch

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:32:20 +0000
To: Erik Blutinger
Subject: RE: Fighting the fight

Thanks, Erik.

From: Erik Blutinger [REDACTED] (b) (6)
Sent: Sunday, March 8, 2020 7:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Fighting the fight

Tony,

It's been so inspiring seeing you fight tirelessly against COVID-19, sticking to the facts and stepping up to explain on a daily basis.

If there's anything I can do to help from the world of emergency medicine beyond patient care, please let me know. Whether that means taking on a new project or pushing my specialty organization, the American College of Emergency Physicians (ACEP). I sit on their board and keep looking for ideas to help fight this pandemic.

Best wishes,
Erik

Erik J. Blutinger, MD, MSc
Department of Emergency Medicine
Mount Sinai Queens Hospital
(c) [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:30:35 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: COVID-19 model

From: William Schiesser (b) (6)
Sent: Sunday, March 8, 2020 6:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: William Schiesser (b) (6)>
Subject: COVID-19 model

Hello Dr. Fauci,

May I bring to your attention a prototype computer-based mathematical model for COVID-19 dynamics. I will be glad to send some details if you think they would be of interest.

Thank you for your consideration of this query.

W. E. Schiesser, PhD, ScD
http://www.lehigh.edu/~wes1/id_cover2.pdf

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:27:36 +0000
To: (b) (6)
Subject: RE: California DMV Coronavirus exposure danger

I recommend that you keep trying to work with Governor Newsom's office since this is very specific for the state of California.

From: (b) (6) >
Sent: Sunday, March 8, 2020 8:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: California DMV Coronavirus exposure danger

Dear Dr. Fauci,

I am writing to alert you to what I believe is a serious coronavirus health threat in California that is being posed by the California Department of Motor Vehicles.

It has long been the policy of the California DMV that all drivers OVER 70 YEARS OLD must renew their drivers licenses IN PERSON at DMV offices.

DMV offices are notorious for being extremely crowded and requiring long wait times where people are breathing on each other touching each other and undisinfected surfaces and touch screens for hours.

As far as I am aware DMV offices are never sanitized so germs from thousands of people can remain there for weeks on end.

This is obviously a dangerous environment for anyone in the current worldwide coronavirus emergency yet nobody in the news media is reporting on it or even seems aware of the danger. In light of your recent statement warning people over to 60 to avoid crowds this California DMV policy seems to be incredibly irresponsible and even life threatening but nobody is doing anything about it.

(b) (6)
(b) (6). Only one day earlier on March 4 California Governor Gavin Newsom declared a State of Emergency in California to prevent the spread of coronavirus.

I find this situation to be utterly absurd since Newsom is allowing California citizens to be exposed to exactly the kind of coronavirus danger he claims to be preventing and apparently does not even know that the DMV is totally contradicting his emergency declaration, the CDC recommendations, the California State Health Department, the Los Angeles County Health Department, and the Pasadena City Health Department.

(b) (6). I am concerned that nobody seems to see the obvious public health threat. None of the relevant public health agencies have any information about this

on their websites and the California DMV website makes NO MENTION WHATSOEVER of Coronavirus as a health threat in there overcrowded offices.

I would sincerely like to know what you make of this dangerous DMV policy. I also want to tell you that the California DMV is currently advertising on the radio asking even more people to crowd DMV offices in order to get the REAL ID license.

REAL ID further exacerbates the danger by drawing in more than NINE MILLION Californians to leave their germs in DMV offices over the next few months at the exact time we are in the midst of the greatest health emergency of this century and the most important recommendation is to AVOID CROWDS and stay at least six feet away from other people. Try staying six feet away from anyone in a crowded DMV office where hundreds of people are stuffed in like sardines.

Obviously a rational policy would be to suspend the requirement for drivers over 70 to renew in person and simply let them renew by mail until the coronavirus emergency is over. The same should be done for REAL ID. A total suspension to protect public health in a crisis is the only sane thing to do.

If I were the Director of the California DMV I would close all offices immediately and disinfect every inch of them, and not reopen until the coronavirus emergency is over. I would require that all DMV business should be done by mail or internet until the coronavirus threat is over.

Please tell me what you think about all this and I will forward your response to local Pasadena officials since state level officials are almost impossible to contact even in an emergency when they most need to get this kind of information from the public but apparently do not want to know about bad news.

I greatly appreciate your voice of reason in these scary times. I wish the officials of the State of California were as reasonable but they are apparently oblivious to a serious and unnecessary danger being created by one of their own state agencies.

Sincerely

Robert Maine
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:24:37 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: URGENT: (b) (4)
(b) (4)
Attachments: (b) (4)

Please handle.

From: Michael Matin <michael.matin@hdltherapeutics.com>
Sent: Sunday, March 8, 2020 8:01 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: URGENT: (b) (4)
Importance: High

Dear Dr. Fauci:

(b) (4)

Please contact us at your earliest convenience so that we may provide you with further data and information concerning this treatment.

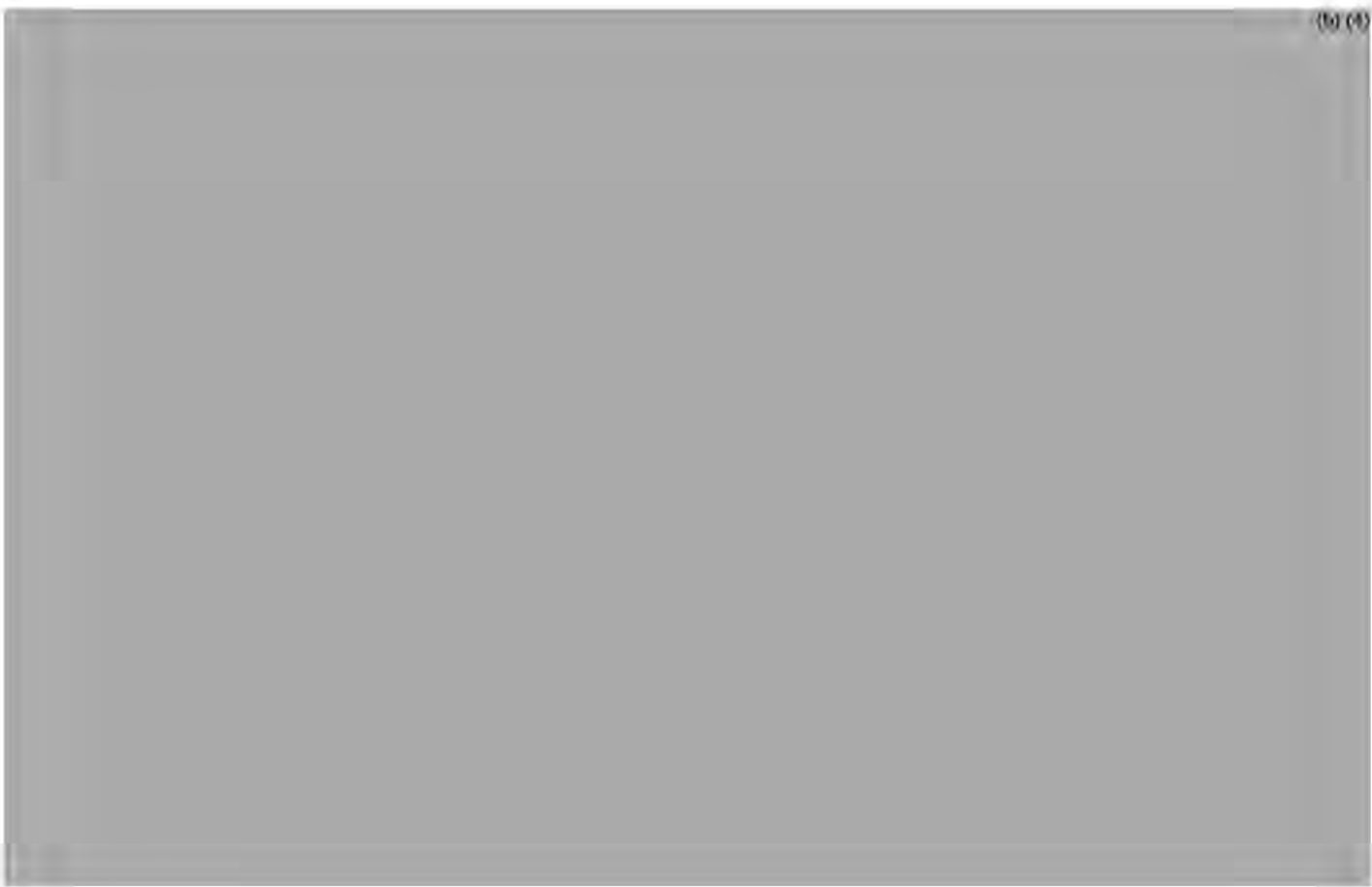
Best,

Michael M. Matin
Chairman & CEO
HDL Therapeutics, Inc.
60HDL Therapeutics 1 21st Street, Suite 300
Vero Beach, FL 32960
(b) (6)

From: (b) (4)
Date: Friday, March 6, 2020 at 6:18 PM
To: (b) (4)
Cc: (b) (4)
(b) (4)
Subject: (b) (4)

Dear (b) (4):





From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:23:24 +0000
To: Krasne, Robert
Subject: RE: Thank you!!!

Bob:

Many thanks for your note.

Best,
Tony

From: Krasne, Robert <rkrasne@steinmancommunications.com>
Sent: Sunday, March 8, 2020 7:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you!!!

Tony,

Thank you for the science-based sanity you are bringing to the COVID-19 challenges. I follow your public comments with great interest (and publish them in our newspapers here in Pennsylvania) and find solace that you are leading the efforts to address this extraordinary health care challenge.

I cannot imagine the challenges you are facing, from disinformation to pure exhaustion, not to mention the scientific challenges that this virus brings. However, if anyone is capable of wrestling these challenges to the ground, it is you.

You have my profound appreciation and admiration.

Best wishes to you, (b) (6) and your family.

Bob

Robert M Krasne | Chief Executive Officer
STEINMAN COMMUNICATIONS
(b) (6) | SteinmanCommunications.com
8 West King St, Lancaster, PA 17603

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:19:21 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Coronavirus Treatment Question

Please handle.

From: Barb E [REDACTED] (b) (6)
Sent: Sunday, March 8, 2020 7:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Coronavirus Treatment Question

3-8-2020

Dr. Anthony S. Fauci;

I have attached an article I read online about a doctor in Taiwan treating patients with Coronavirus, with a combination of anti-viral drugs. Since the treatment helped the patients, I was wondering why they are not treating patients in the United States with those drugs.

Thank you.

Sincerely,
Barbara Eagan

<https://www.yahoo.com/news/cocktail-flu-hiv-drugs-appears-124753996.html>

By Panu Wongcha-um

,
[Reuters](#) February 2, 2020

Cocktail of flu, HIV drugs appears to
help fight coronavirus: Thai
doctors [Reuters](#) February 2, 2020

By Panu Wongcha-um

BANGKOK (Reuters) - Thai doctors have seen success in treating severe cases of the new coronavirus with combination of medications for flu and HIV, with initial results showing vast improvement 48 hours after applying the treatment, they said on Sunday.

The doctors from Rajavithi Hospital in Bangkok said a new approach in coronavirus treatment had improved the condition of several patients under their care, including one 70-year-old Chinese woman from Wuhan who tested positive for the coronavirus for 10 days.

The drug treatment includes a mixture of anti-HIV drugs lopinavir and ritonavir, in combination with flu drug oseltamivir in large doses.

"This is not the cure, but the patient's condition has vastly improved. From testing positive for 10 days under our care, after applying this combination of medicine the test result became negative within 48 hours," Dr. Kriangska Atipornwanich, a lung specialist at Rajavithi, told reporters.

"The outlook is good but we still have to do more study to determine that this can be a standard treatment."

Chinese health officials have already been administering the HIV and flu drugs to fight the coronavirus. The use of the three together in a cocktail seemed to improve the treatment, the Thai doctors said.

Another doctor said that a similar approach in two other patients resulted in one displaying some allergic reaction but the other showed improvement.

"We have been following international practices, but the doctor increased the dosage of one of the drugs," said Somsak Akkslim, director-general of the Medical Services Department, referring to the flu medicine Oseltamivir.

Thailand has recorded 19 cases of coronavirus. Of the Thai patients, eight have recovered and gone home while 11 are still under treatment in hospitals.

Somsak said the health ministry will meet on Monday to discuss the successful treatment in the case of the 70-year-old but said it is still too soon to say that this approach can be applied to all cases.

Initially we will apply this approach only to severe cases," he said.

(Reporting by Panu Wongcha-um; Editing by Peter Graff)

Sent from [Mail](#) for Windows 10



Virus-free. www.avast.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 00:45:58 +0000
To: Collins, Francis (NIH/OD) [E];Erbelding, Emily (NIH/NIAID) [E];Cassetti, Cristina (NIH/NIAID) [E]
Cc: Austin, Christopher (NIH/NCATS) [E];Tabak, Lawrence (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E]; (b) (6);Marston, Hilary (NIH/NIAID) [E]
Subject: RE: ACE2

Emily/Cristina:

Please contact Chris Austin and see if there is anything that we can do to help/coordinate with them.

Thanks,

Tony

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Sunday, March 8, 2020 2:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] < (b) (6) >
Cc: Austin, Christopher (NIH/NCATS) [E] (b) (6) >; Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: FW: ACE2

Hi Tony,

(b) (5)
(b) (5)
(b) (5)
(b) (5)
(b) (5). Can your
team help?

Best, Francis

From: Austin, Christopher (NIH/NCATS) [E] (b) (6) >
Sent: Sunday, March 8, 2020 1:51 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Subject: RE: ACE2

Hi Francis,

Very interesting paper. Larry likely let you know about the enclosed exchange, but enclosed if not.

(b) (5)
(b) (5)

Chris

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Saturday, March 7, 2020 11:07 PM
To: Austin, Christopher (NIH/NCATS) [E] (b) (6)
Subject: RE: ACE2

Structure of the coronavirus spike protein and ACE2 interaction is just out...

From: Collins, Francis (NIH/OD) [E]
Sent: Saturday, March 7, 2020 10:58 PM
To: Austin, Christopher (NIH/NCATS) [E] (b) (6)
Subject: ACE2

Yo Chris,

(b) (5)

[Redacted]

Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 00:37:42 +0000
To: Greg Simon
Cc: Erbelding, Emily (NIH/NIAID) [E]; Casseti, Cristina (NIH/NIAID) [E]
Subject: RE: TXA127 for COVID-19 pneumonia--CONFIDENTIAL

Greg:

Thanks for this. I will bring it to our group. I hope that all is well with you.
Warm regards,
Tony

From: Greg Simon (b) (6) >
Sent: Friday, March 6, 2020 7:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Fwd: TXA127 for COVID-19 pneumonia--CONFIDENTIAL

here is the paper i mentioned from a friend of mine for your consideration. Thank you for all you're doing
Greg

----- Forwarded message -----

From: Rick Franklin (b) (6) >
Date: Mon, Mar 2, 2020 at 5:46 PM
Subject: TXA127 for COVID-19 pneumonia--CONFIDENTIAL
To: Greg Simon (b) (6) >

Here's the paper. Let me know what you think.

Best, Rick

--

Greg Simon

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 23:55:07 +0000
To: Redd, Stephen (CDC/DDPHSIS/OD); Birx, Deborah L ([REDACTED] (b) (6)); Grigsby, Garrett (HHS/OS/OGA); Kadlec, Robert (OS/ASPR/IO); Redfield, Robert R. (CDC/OD)
Cc: Marston, Hilary (NIH/NIAID) [E] [REDACTED] (b) (6); Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: [REDACTED] (b) (5)
[REDACTED]
Attachments: SSRN-id3549276.pdf

Team:
[REDACTED] (b) (5)
Thanks,
Tony

Paper attached.

Dalton, Craig and Corbett, Stephen and Katelaris, Anthea, Pre-Emptive Low Cost Social Distancing and Enhanced Hygiene Implemented before Local COVID-19 Transmission Could Decrease the Number and Severity of Cases. (March 5, 2020). Available at SSRN: <https://ssrn.com/abstract=3549276> or <http://dx.doi.org/10.2139/ssrn.3549276>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 22:56:20 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: For Novel Coronavirus of Antiviral Treatment .

FYI

From: 黑羽硝子 (b) (6) >
Sent: Sunday, March 8, 2020 9:58 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: For Novel Coronavirus of Antiviral Treatment .

Dear Director of NIAID , Anthony S. Fauci MD . :

Potential inhibitors against papain-like protease of novel coronavirus (SARS-CoV-2) from FDA approved drugs
Version 2

Preprint

revised on 20.02.2020, 00:05 and posted on 20.02.2020, 16:51 by Rimanshee Arya Amit Das Vishal Prashar Mukesh Kumar

The cases of 2019 novel coronavirus (SARS-CoV-2) infection have been continuously increasing ever since its outbreak in China last December. Currently, there are no approved drugs to treat the infection. In this scenario, there is a need to utilize the existing repertoire of FDA approved drugs to treat the disease. The rational selection of these drugs could be made by testing their ability to inhibit any SARS-CoV-2 proteins essential for viral life-cycle.

We chose one such crucial viral protein, the papain-like protease (PLpro), to screen the FDA approved drugs in silico. The homology model of the protease was built based on the SARS-coronavirus PLpro structure, and the drugs were docked in S3/S4 pockets of the active site of the enzyme. In our docking studies, sixteen FDA approved drugs, including chloroquine and formoterol, was found to bind the target enzyme with significant affinity and good geometry, suggesting their potential to be utilized against the virus.

FUNDING

Department of Atomic Energy, Government of India

Dear Dr. Fauci :

We are an individual researcher from Taiwan Biochemical Papain, my name is Terry Wang. Without funding support, (b) (4)

(b) (4)

I am willing to participate in the process in the United States.

@@@There are many ways to perform the treatment !

Sincerely,

Terry Wang in Taiwan.

Please contact me :

Email: (b) (6)

Address: (b) (6)

Cell phones : (b) (6)

Line ID (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 18:55:46 +0000
To: Gregg Gonsalves
Subject: RE: We Are Desperate for Advice

Gregg:

Understood. I appreciate your note. I will keep pushing.
Best regards,
Tony

From: Gregg Gonsalves (b) (6)
Sent: Sunday, March 8, 2020 2:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Re: We Are Desperate for Advice

Tony, that part of the message was not directed at you. Peter Staley and I have seen you in action on TV and I've forced (b) (6) to watch you talking about social distancing, since she says the President says she has nothing to worry about. Bob Redfield and Secretary Azar haven't been as forthright as you have.

The main thing that concerns many people I know: the roll-out of testing, surveillance has been botched and we're likely to have cases of COVID in our communities already without knowing it. Meanwhile some corporations, some universities, some other institutions have started to put social distancing into place, with a few municipalities doing the same, but there is no real guidance from CDC on when to act for most of us. There are plenty of instructions about getting prepared, but all seem to point towards waiting until there is an outbreak in one's community to do anything substantial, which seems if you'll excuse my language, ass-backwards, as one you see multiple cases, you're likely to already have widespread community transmission.

I think this piece by Bill Hanage at Harvard explains where a lot of us are right now:

https://www.washingtonpost.com/outlook/coronavirus-testing-united-states/2020/03/05/a6ced5aa-5f0f-11ea-9055-5fa12981bbbf_story.html

Stay well, we need you more than ever (and I mean that from the bottom of my heart). Most of the career civil servants on the email were copied not to chastise, it's the political appointees that most think got us into this mess.

g

From: Anthony Fauci <(b) (6)>
Date: Sunday, March 8, 2020 at 1:50 PM
To: Gregg Gonsalves (b) (6) >
Subject: RE: We Are Desperate for Advice

Gregg:

I am surprised that you included me in your note. I genuflect to no one but science and always, always speak my mind when it comes to public health. I have consistently corrected misstatements by others and will continue to do so. I am including two links from Sunday

Shows today where I am extremely explicit and forceful. I would be happy to chat with you about this.

https://app.criticalmention.com/app/#/clip/public/2beb07d0-f72d-45b9-9ed6-60754bd93fa7?show_sentiment=false

https://app.criticalmention.com/app/#/clip/public/183207e9-e6e1-4164-b1e5-53e0dddbc363?show_sentiment=false

Best regards,
Tony

From: Gregg Gonsalves (b) (6) >
Sent: Sunday, March 8, 2020 11:17 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Jeff Trammell (b) (6) >; Redfield, Robert R. (CDC/OD) (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6) >; Schuchat, Anne MD (CDC/OD) (b) (6) >; Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6) >; Birx, Deborah L. (b) (6) >; Azar, Alex (OS/IOS) (b) (6) >; Redfield, Robert (b) (6) >; Harrison, Brian (HHS/IOS) (b) (6) >

Subject: We Are Desperate for Advice

Dear Tony, Bob and Deb et al,
The AIDS experts among you know me well. We've been first adversaries then colleagues for over 30 years.
They also know I can't keep my mouth shut, which is a virtue and a failing, depending on the context.
Now:
There are thousands of people waiting for advice from our federal government on broader social distancing measures in light of the fact that our failure in early testing and surveillance means the coronavirus is likely already spreading in our communities.
If you thought the ire of AIDS activists 30 years ago was tough, the anger now spreading among researchers, scientists, clinicians *and* activists is going to be a conflagration.
All we see is genuflection in word and deed from most of you to a White House that wants this all to magically go away.
Yes, I know you're all doing your best and behind the scenes our federal government is hard at work. For those I know, I don't doubt your commitment to public service.
But time is running out.
We need vocally, unequivocal leadership now, that offers real guidance to communities about what to do, what might happen next.
Your own legacies will be defined by this moment, what you do and what you don't, what you shy away from saying because you fear for your jobs or your short-term fortunes in the eyes of the President.
The status quo is untenable.
It's going to get people killed by this virus.

Gregg

Gregg Gonsalves PhD
Assistant Professor, Epidemiology of Microbial Diseases
Yale School of Public Health

Associate Professor (Adjunct) and Research Scholar
Yale Law School

Co-Director, Yale Global Health Justice Partnership
Co-Chair, Global Health Studies Faculty Committee, Yale College
Affiliated Faculty, Addiction Medicine
Affiliated Faculty, Jackson Institute for Global Affairs

(b) (6)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 17:06:22 +0000
To: Conley, Sean P. CDR USN WHMO/WHMU
Cc: Munster, Vincent (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; (b) (6); Lerner, Andrea (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Birx, Deborah L (b) (6)
Subject: FW: Stability data - spoke to Vincent.
Attachments: 2020-03-03 Manuscript Stability_MASTER.docx

Sean:

As per our recent conversation, here is a paper that is under review at the NEJM. It is from Dr. Vincent Munster who works in my institute. It confirms what we surmised that after almost two weeks, the chances of viable virus being present in the facility is extremely low based on his studies reported in this paper. Figure 1B in the paper is of particular relevance regarding our discussion of surfaces.

Best regards,

Tony

From: Marston, Hilary (NIH/NIAID) [E] <(b) (6)>
Sent: Saturday, March 7, 2020 3:40 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>
Cc: Lerner, Andrea (NIH/NIAID) [E] (b) (6)
Subject: Stability data - spoke to Vincent.

Talked to Vincent. Attaching his manuscript, under review with NEJM. Vincent is available at (b) (6) if you need him.

How the experiments were done:

Aerosol – A solution of live virus was made and aerosolized in a rotating drum (keeping it in aerosol form); at various time points, air was removed and amount of virus measured (using end-point titration on Vero cells).

Surface – A base solutions of live virus was made and placed on specific surfaces (plastic, etc) and at various time points, coating was taken away and virus contained was titrated.

Note that surface experiments with proteinaceous material (e.g., respiratory secretions) are underway, as are variations in relative humidity and temperature.

How do you interpret aerosol data?

Decay in aerosols occurs over three hours, so if the virus is aerosolized (via aerosol-generating procedures or cough), the moment it drops below a certain threshold, it would be hard to get an infectious dose/infection. Of course we do not actually know the infectious dose, which limits our ability to give firm guidance based on this data.

How do you interpret the surface stability data?

Copper seems to have some virucidal effect, as is seen with other viruses. Plastic and stainless steel don't have much of an effect on the virus itself, and the virus persists for some time. As for cardboard, difficult to interpret because the surface absorbs a good deal, but there is some immediate decay.

Should we be concerned about packages based on your data?

This is of far lower concern than droplet and other fomite transmission. Typical shipping will allow ample time for viral decay, and the cardboard itself seems to have some direct effect on the virus (either through absorption or other effect). For example, in the experiment, Vincent applied 10^5 viral particles/mL and it drops 2 logs to 10^3 immediately, indicating that either due to absorption or direct effect on the virus.

Of course, if a mail carrier coughs on a package and then someone touches it directly after, there may be a risk. The typical shipping situation is likely not a concern.

Why are SARS-CoV-2 vs. SARS-CoV-1 different?

For the cardboard data in particular, there is a difference seen between SARS-CoV-2 and 1, which is likely due to error/variation in surface.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 14:30:13 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: A Coronavirus Deterrent?

From: Ron Jacobs [REDACTED] (b) (6) >
Sent: Sunday, March 8, 2020 10:13 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: A Coronavirus Deterrent?

Would the use of a facial steam inhalator cause nonviability of the virus in someone who had contracted the virus?

Would spending time in a steam room have a similar effect?

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 14:29:44 +0000
To: (b) (6); 'Birx, Deborah L'; Redfield, Robert R. (CDC/OD); Kadlec, Robert (OS/ASPR/IO); Redd, Stephen (CDC/DDPHSIS/OD)
Subject: FW: Hazardous use of Remdesivir in CoV-19
Attachments: COVID19 linee guida trattamento 01MAR.pdf.pdf.pdf

There may be nothing to this, but we should at least be aware.

From: rosario leopardi (b) (6) >
Sent: Sunday, March 8, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Hazardous use of Remdesivir in CoV-19

Dear Dr Fauci,

I am copying below a letter I just sent to the editors of Lancet and NEJM that I think you should also read. It's informal as it is not meant for publication but just as a concern. Since I no longer work as a virologist, I am formally out of the field. I am however active as chief psychiatrist in Stockholm, Sweden. If you have doubts as to my expertise as a virologist or a physician, Dr Bernard Roizman at U of C knows me very well, as Markus Heilig does here in Sweden.

"I have noticed a striking difference in mortality by CoV-19 in different countries. China and Italy have a mortality that's at least 6-fold higher than that in South Korea. So far Germany and Scandinavia, totalling over 1300 cases, have not reported a single death. That's over a 35-40 fold difference.

Looking at the data more closely, I have found that China and Italy have been using the antiviral Remdesivir (Gilead Sciences) extensively on many patients in intensive care, justified as "compassionate use". In the epidemic areas of Italy this drug is now part of treatment guidelines for hospitalised patients, used on every single patient in "critical condition". (see attachment). The "rationale" is simply that the first two cases treated at the Spallanzani Hospital in Rome received this drug, and...well, actually survived.

Remdesivir has never passed a Phase 3 trial, but has already made big headlines in major international newspapers. Neither South Korea nor Germany or Scandinavian countries have yet used this drug.

I understand that this is a (relatively) long shot, but given the number of lives at stake, I would recommend that a carefully scrutiny by the scientific community on the use of this drug is warranted.

I have no conflict of interest.

Thank you for your attention".

Sincerely,

Rosario Leopardi, MD, PhD

Forensic Psychiatry Care Clinic

(b) (6), Sweden

cell: (b) (6)

Sent from [Outlook](#)

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:59:21 -0400
To: Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: BIO Coronavirus Collaboration Initiative March 12th Summit - POSTPONED

Begin forwarded message:

From: Phyllis Arthur <parthur@bio.org>
Date: March 8, 2020 at 9:51:46 AM EDT
To: Phyllis Arthur <parthur@bio.org>
Cc: Jennifer Alton <jenn.alton@pathwaypolicy.com>, Ellen Carlin (b) (6), Amy Walker <awalker@bio.org>, Gregory Frank <gfrank@bio.org>, Hannah Dorsey <hdorsey@bio.org>
Subject: **BIO Coronavirus Collaboration Initiative March 12th Summit - POSTPONED**

Dear Colleagues,

BIO is heartened that so many of you have expressed interest in joining us for the BIO Coronavirus Collaboration Initiative Summit planned for March 12, 2020. Given the evolving circumstances surrounding the COVID-19 outbreak, and after discussions with our Board leadership, we have decided to postpone the BIO Summit so that we can make adequate arrangements to hold the meeting virtually. We made this decision out of an abundance of caution, so as to avoid placing anyone at unnecessary risk of exposure while we work together to improve our nation's ability to respond to this outbreak. We will re-schedule this virtual meeting within the next two weeks using a digital technology that can allow for robust discussion among the participants.

In the interim, we plan to send out a short questionnaire on Monday to all company participants requesting information on your product, technology or service, which we plan to compile in a digital "book" and share with all participants in advance of the meeting. We believe this approach will help to make the meeting more efficient, allowing us to quickly shift to discussions of the

most important shared challenges and potential opportunities that exist between industry members, government leaders and non-government partners.

Please feel free to reach out to me with any questions. We will move quickly to establish a new date for this meeting and appreciate your flexibility in this regard. We look forward to talking with many of you then.

Thanks again for your commitment to enhancing the health and safety of people facing this outbreak around the globe.

Sincerely,

Phyllis A Arthur
Vice President, Infectious Diseases and Diagnostics Policy
Biotechnology Innovation Organization (BIO)
1201 Maryland Ave SW, Suite 900
Washington, D.C. 20024
T: 202-962-6664
C: (b) (6)
parthur@bio.org

**Join us at the 2020 BIO International Convention
June 8-11, 2020 in San Diego, CA**
www.convention.bio.org

Phyllis A Arthur
Vice President, Infectious Diseases and Diagnostics Policy
Biotechnology Innovation Organization (BIO)
1201 Maryland Ave SW, Suite 900
Washington, D.C. 20024
T: 202-962-6664
C: (b) (6)
parthur@bio.org

**Join us at the 2020 BIO International Convention
June 8-11, 2020 in San Diego, CA**
www.convention.bio.org

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:50:00 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: COVID19, ACEIs and ARBs

Please handle

Begin forwarded message:

From: Martin Engman <(b) (6)>
Date: March 8, 2020 at 9:30:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: COVID19, ACEIs and ARBs

Is there any evidence to suggest that patients already on treatment with angiotensin receptor blockers have a better or worse COVID-19 outcome than patients not on these medications? Similar question for initiating ARB treatment once COVID-19 has been diagnosed. And similar questions for ACE inhibitors. Thank you.

ML Engman, MD

(b) (6)
(b) (6)

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:23:28 -0400
To: Kristian G. Andersen
Cc: Jeremy Farrar; Collins, Francis (NIH/OD) [E]; Robert Garry; Edward Holmes; Andrew Rambaut; Ian Lipkin; Chris Emery
Subject: Re: SARS-CoV-2 article to be published in Nature Medicine

Kristian:

Thanks for your note. Nice job on the paper.

Tony

On Mar 6, 2020, at 4:23 PM, Kristian G. Andersen (b) (6) wrote:

Dear Jeremy, Tony, and Francis,

Thank you again for your advice and leadership as we have been working through the SARS-CoV-2 'origins' paper. We're happy to say that the paper was just accepted by Nature Medicine and should be published shortly (not quite sure when).

To keep you in the loop, I just wanted to share the accepted version with you, as well as a draft press release. We're still waiting for proofs, so please let me know if you have any comments, suggestions, or questions about the paper or the press release.

Tony, thank you for your straight talk on CNN last night - it's being noticed.

Best,
Kristian

Kristian G. Andersen, PhD

Associate Professor, [Scripps Research](#)

Director of Infectious Disease Genomics, [Scripps Research Translational Institute](#)

Director, [Center for Viral Systems Biology](#)

The Scripps Research Institute

10550 North Torrey Pines Road, SGM-300A

Department of Immunology and Microbial Science

La Jolla, CA 92037



Assistant: [REDACTED] (b) (6)



<Andersen Coronavirus Nature 2020 Press Release Draft 4.docx>
<Manuscript.pdf>

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:04:10 -0400
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Re: COVID-19 Real Time, Sensitive Detection Breakthrough

Please take care of this yourself. Thanks

On Mar 7, 2020, at 11:30 PM, Lane, Cliff (NIH/NIAID) [E]
<(b) (6)> wrote:

They claim to have an improved diagnostic developed through DoD funding. It is a DNA platform that they claim to have adapted to COVID-19. They provide no data, only claims.

(b) (5)

On Mar 7, 2020, at 10:03 PM, Fauci, Anthony (NIH/NIAID) [E]
(b) (6)> wrote:

Please read this and figure out what the heck he is talking about and act according to your judgment. Only 498 emails to go tonight.

From: (b) (6)
Sent: Saturday, March 7, 2020 4:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: COVID-19 Real Time, Sensitive Detection Breakthrough

Tony--

It has been awhile since we have worked together since my time as the senior SES standing up DTRA (with the help of Josh Lederberg M.D. & Dave Franz DVM who you know), at Argonne/UofChicago establishing your NIAID RBL with Olaf Schneewind M.D., and as the DHS Director of Research reporting to SEC Michael Chertoff & U/S Jay Cohen (RADM-ret). Michael & Jay brought me aboard when Jay was our Chief of Naval Research at ONR and I was ONR's Executive Director & Chief Scientist. I know you have your hands very full with the

COVID-19 threat, so I wanted to give you a heads up that a game changer for enhanced detection of COVID-19 has emerged. Thanks to DARPA & DHS S&T sponsorship in years past of ANDE developing a real time Rapid DNA microfluidics system for human identification, the ANDE group has a breakthrough for detection of COVID-19 and to the future, other emerging threat viruses.

As you may know the ANDE system for human identification (e.g. CT & DHS missions) is mature and now deployed operationally/tactically by CENTCOM, DIA, the IC and used most recently by DHS in their recent test bed in El Paso to demonstrate its effective capabilities to determine family relationship in undocumented minors. Additionally ANDE is in use by law enforcement and by officials responding to mass casualty events (CA 2018 Camp Fire disaster, 2019 Conception dive boat fire, and the very recent 2020 tragic helicopter crash) to ID the victims.

The ANDE system now provides 2 hour turnaround with no special training requirements as a stand-alone system for all the above users. Our warfighters and special operators are using the ANDE system now in field forward operations and it meets MIL specs & is the only system certified for data submission to the DoD ABIS/DIA DNA repository and FBI CODIS data base. The

(b) (4)



executive summary and a more in-depth document for your teams review. Hope the above is helpful and I stand ready to provide any additional information. I have cc'd Jim Davis (ANDE Chief Federal Officer). Additionally since it has been some time since we have worked together I have attached my bio and that of ANDE's Chief Scientific Officer & Founder, Richard Selden M.D., Ph.D.

Tony thanks for considering this in your very busy life now and I will look forward to seeing you again.

Best regards--

Starnes

[Dr. Starnes E. Walker](#)

Member-Homeland Security Experts Group, MITRE

Global Strategy Officer-Defense & Homeland Security/Intelligence

ANDE Corporation

p: (b) (6) m:

e: (b) (6)



Rapid DNA for a Safer World



<CUsersstamDesktopSEW Bio, October 2019.docx>

<CUsersstamDesktopANDE BiosRFS CV 05 March 2020.pdf>

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:41:41 -0400
To: NIAID Public Inquiries
Subject: Fwd: Ems Personnel & Ambulance Teams

Sent from my iPhone

Begin forwarded message:

From: "Nabial, Nasir M" (b) (6)
Date: March 7, 2020 at 10:54:39 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Ems Personnel & Ambulance Teams

Dear Dr. Fauci:

Im a first responder, and I believe an oral vaccine platform is the best delivery method for situations of national emergency like the coronavirus.

If the vaccine is a tablet, we would be able to keep them on our ambulances and get medical authorization whenever the situation arises. First responders can then treat patients before doctors and nurses and also instead of having the patient make an appointment Or having them wait in line for a shot, which can ultimately cause more spread.

This method that will enable the EMS teams of the nation to combat outbreaks because you would allow EMT (Emergency Medical Technicians) and Paramedics to diffuse situations through our Ambulances. This will lead to more control and get a hold of the situations as fast as possible and lower the spread of the virus on our people.

Thank you.

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:40:53 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: from Dr Mike Meyer (CEO - Sensible Biotherapeutics) Finding the answer to halting replication of COVID-19

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Michael Meyer (b) (6) >
Date: March 8, 2020 at 12:28:03 AM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >, philip meyer (b) (6) >, "Perkins, Miriam (NIH/NIAID) [E]" (b) (6) >
Subject: from Dr Mike Meyer (CEO - Sensible Biotherapeutics) Finding the answer to halting replication of COVID-19

DR ANTHONY FAUCI

(b) (6)

Dear Dr. Fauci,

I am a Neurologist and Nuclear Medicine Physician who has a passionate interest in developing antisense medications to treat disease and have formed a drug discovery company here in Buffalo New York (SENSIBLE BIOTHERAPEUTICS, LLC).

(b) (4)

(b) (4)

I very much appreciate any advise you may be able to provide about this project

Sincerely,
Michael A. Meyer MD
cell (b) (6)

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:39:47 -0400
To: NIAID Public Inquiries
Subject: Fwd: Set up county hotline for people to contact if they think they have coronavirus or are sick instead of going to hospital

Sent from my iPhone

Begin forwarded message:

From: rebecca hagenberg (b) (6)
Date: March 8, 2020 at 3:06:34 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Set up county hotline for people to contact if they think they have coronavirus or are sick instead of going to hospital

Dear Sir,

I am sending this message to assist in an idea to help minimize the impact of Coronavirus. Instead of people going to the hospital or urgent care. Each county health department needs to have a direct number of a national number that distributes information to local county government health department. If you are sick and show or exhibit signs of the coronavirus you should call the appropriate number, a technician will come to your home, draw lab specimen needed. Of course if someone is extremely ill they should call 911 and advise 911 they are exhibiting signs of the virus. There should be special protocols in place for how to transport the patient into the hospital as well (to limit exposure to everyone involved. This means finding alternative entrance at hospitals for a suspected coronavirus patient. These patients should be brought in by a least used location of the hospital into a special unit that has a barrier from the rest of the emergency department.

Home lab work will keep someone from sitting in a waiting room for 3_5 hours. The county unit to conduct lab work will act in response much like calling 911 or the police. Each hospital needs to set up an emergency entrance for Coronavirus patients only, and the unit must be sealed from the remainder of the unit. We begin having a coronavirus team that does not cross contaminate to any other unit on the emergency room floor. I am thinking of the best plausible way to minimize outbreak. This helps.

Rebecca Hagenberg
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:34:45 +0000
To: Michael Oldstone
Subject: RE: item

Thanks, Michael. I appreciate your note.

From: Michael Oldstone <mbaobo@scripps.edu>
Sent: Friday, March 6, 2020 2:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: item

Dear Tony

A note to let you know how much over the years I have appreciated your active support of biologic research, public health and your directorship of NIAID. Impressive, intelligent, high integrity and management skills has placed you at the head of the curve. I reached this conclusion from personal observations of your work and style as well as having served as a consultant for NIAID and several other NIH Institutions, WHO, Pasteur and Karolinska.

After nearly 50 years of continuous research from my original AI09484 grant studying viral pathogenesis[acute and persistent infections] using the LCMV model, I decided to close my laboratory. I have had other generous NIH support as well especially for investigations of other negative strand viruses[primarily measles and influenza, Lassa ,arenavirus receptor], Ebola, cytokine storm and autoimmunity. The AI09484 grant was credited by 300 peer reviewed papers, training of 61 postdoctoral fellows[including Rafi Ahmed, Christine Biron, Persephone Borrow, Ray Welsh, Ian Lipkin, Dorian McGavern and other successes including the late Patrick Sissons who was the Reagent Professor of Medicine at Cambridge. Over 85% of these folk are in academic medicine/biology at research institutes or universities.

Good luck and smooth sailing with the current coronavirus pandemic. With your involvement this work is in good hands.

Best wishes
Michael

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:26:22 +0000
To: Liz Cheney
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Greg Folkers
(b) (6)
Subject: RE: Test Kits

Sorry, Liz. In White House all day. Will try to call tomorrow.

From: Liz Cheney (b) (6) >
Sent: Friday, March 6, 2020 2:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Conrad, Patricia (NIH/NIAID) [E]
(b) (6); Haskins, Melinda (NIH/NIAID) [E] (b) (6) >
Subject: Re: Test Kits

Dr. Fauci - Who can I speak with about the status of the test kits? I am also concerned about reports from CDC that there are six states, including Wyoming, with no certified lab in which to conduct tests.

Thank you,
Liz Cheney
(b) (6)

On Tue, 25 Feb 2020 at 10:28 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) > wrote:

Liz:

Thank you for your note. I would have been very happy to provide remarks at the weekly meeting of the Republican Conference. However, I have a late afternoon 2nd panel Congressional Hearing with Secretary Azar followed by a meeting with the President in the Roosevelt Room of the White House, which overlaps with the time frame of your meeting tomorrow. I would be most happy to do this at another time. If you could have your office contact my Special Assistant, Patty Conrad (copied here), she will help arrange setting up something at a mutually convenient time.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
[31 Center Drive](#), MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Liz Cheney (b) (6)
Sent: Tuesday, February 25, 2020 6:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: House GOP Conference Mtg

Dr. Fauci - I am the House Republican Conference Chair and we are holding our weekly mtg at 5 pm tomorrow in the Capitol. I wanted to see if you'd be available to provide remarks and an update on Coronavirus. It is by far the topic in which our members are most Interested, and you would be the best person to provide an update.

I realize this is short notice. If tomorrow doesn't work, let me know if we could arrange another time.

My cell is (b) (6), office is (b) (6)

Thank you,
Liz Cheney

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:23:05 +0000
To: Hilary Rosen
Subject: RE: You!

Hilary:

Thanks for your note. I would postpone it. The situation is very fluid.
best,
Tony

From: Hilary Rosen (b) (6)
Sent: Saturday, March 7, 2020 9:01 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: You!

Tony,

I am so proud of you. It is so comforting to see your face on TV explaining the world of coronavirus. I know it is exhausting for you but it is so important. Your dedication my friend has always been so admirable.

Quick question, CDC isn't giving much guidance on this. Our company has its annual retreat this week. About 80 people coming from NYC and LA meeting in a DC Hotel ballroom for two days with an additional 100 people from DC. SO approximately 180 in total. Would you postpone this if you were me?

xo

Hilary

Hilary Rosen
Vice Chair
SKDKnickerbocker
202.464.6969 w
(b) (6) m

2019 Holmes Report Public Affairs Agency of the Year

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:06:52 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Greg Folkers (b) (6)
Subject: FW: media request from Spain an old journalist friend, Patricia Matey

Cannot do. No time

From: Patricia Matey Corada <pmatey@elconfidencial.com>
Sent: Saturday, March 7, 2020 3:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: media request from Spain an old journalist friend, Patricia Matey

Hi doctor Fauci, Can you remember me. I am a Patricia Matey, oldest journalist of health from Spain. I work in the past in El Mundo, now I am a chief editor in El Confidencial, the first newspaper online in Spain. Can you give me little time for answer some questions. I want to do an article of the coronavirus, but the eyes of science, I read three days ago the article in New York Times by Gina Kolata, the best woman health journalist of the world, I want to do an article without panic and false concept. I send you some questions.

What is really the difference in this coronavirus and the past?
Can one of the mutate, change in one strain more aggressive in short time?
The flu always affects all the countries in same time. Why the new coronavirus only starts in China,
Is because it became from one animal,,,
What are your opinion for the really impact of this virus?
What are your opinion for the press and the paper in this problem.
What are your opinion for the evolution in the next month?

Best regard for all, but best regard for your time



Patricia Matey
Jefa de Alimento
www.elconfidencial.com
Vía de las Dos Castillas, 33. Edificio 7. Planta 1- Oficinas E, F, G, H
28224 Pozuelo de Alarcón (Madrid)
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:03:28 +0000
To: (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: COVID-19 Real Time, Sensitive Detection Breakthrough
Attachments: (b) (4)
[REDACTED]
[REDACTED] CUsersstarnDesktopSEW Bio,
October 2019.docx, CUsersstarnDesktopANDE BiosRFS CV 05 March 2020.pdf

Please read this and figure out what the heck he is talking about and act according to your judgment. Only 498 emails to go tonight.

From: (b) (6)
Sent: Saturday, March 7, 2020 4:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: COVID-19 Real Time, Sensitive Detection Breakthrough

Tony--

It has been awhile since we have worked together since my time as the senior SES standing up DTRA (with the help of Josh Lederberg M.D. & Dave Franz DVM who you know), at Argonne/UofChicago establishing your NIAID RBL with Olaf Schneewind M.D., and as the DHS Director of Research reporting to SEC Michael Chertoff & U/S Jay Cohen (RADM-ret). Michael & Jay brought me aboard when Jay was our Chief of Naval Research at ONR and I was ONR's Executive Director & Chief Scientist. I know you have your hands very full with the COVID-19 threat, so I wanted to give you a heads up that a game changer for enhanced detection of COVID-19 has emerged. Thanks to DARPA & DHS S&T sponsorship in years past of ANDE developing a real time Rapid DNA microfluidics system for human identification, the ANDE group has a breakthrough for detection of COVID-19 and to the future, other emerging threat viruses.

As you may know the ANDE system for human identification (e.g. CT & DHS missions) is mature and now deployed operationally/tactically by CENTCOM, DIA, the IC and used most recently by DHS in their recent test bed in El Paso to demonstrate its effective capabilities to determine family relationship in undocumented minors. Additionally ANDE is in use by law enforcement and by officials responding to mass casualty events (CA 2018 Camp Fire disaster, 2019 Conception dive boat fire, and the very recent 2020 tragic helicopter crash) to ID the victims.

The ANDE system now provides 2 hour turnaround with no special training requirements as a stand-alone system for all the above users. Our warfighters and special operators are using the ANDE system now in field forward operations and it meets MIL specs & is the only system certified for data submission to the DoD ABIS/DIA DNA repository and FBI CODIS data base. The (b) (4)

attached an executive summary and a more in-depth document for your teams review. Hope the above is helpful and I stand ready to provide any additional information. I have cc'd Jim Davis (ANDE Chief Federal Officer). Additionally since it has been some time since we have worked together I have attached my bio and that of ANDE's Chief Scientific Officer & Founder, Richard Selden M.D., Ph.D.

Tony thanks for considering this in your very busy life now and I will look forward to seeing you again.

Best regards--

Starnes

Dr. Starnes E. Walker

Member-Homeland Security Experts Group, MITRE

Global Strategy Officer-Defense & Homeland Security/Intelligence

ANDE Corporation

p: (b) (6) m: (b) (6)

w: www.ANDE.com e: (b) (6)



Rapid DNA for a Safer World

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:00:50 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Corona Virus planning

Please respond.

From: K.A. Traul (b) (6)
Sent: Saturday, March 7, 2020 4:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Corona Virus planning

Dear Dr. Fauci;

I am a toxicologist and have spent time, years ago, working in the arena of oncogenic virology as part of NCI programs. I am very concerned about what I see in the news media about the NIH approach to the COVID-19 pandemic (yes, pandemic) that has arrived in our country. There is much talk about development of a vaccine, however, I believe that this is a long-term strategy. You and I both know, from working as scientists, that the development and trial of an antiviral vaccine is a months-long program, at best. I am surprised, even disappointed, that there seems to be no visible focus on the part of the NIH on the development of anti-viral treatments (drugs etc) . It is my professional opinion that anti-virals would take a shorter time to develop than vaccines, yet it appears that this may be a back burner focus of NIH.

I realize that there are many political pressures on your office and I support your strong efforts to apply science to the resolution of this growing problem. Please do not give short shrift to the potential of antiviral treatments in favor of the longer-term promise of a vaccine.

Respectfully yours,

Karl A. Traul

K.A. Traul, Ph.D.

K.A. Traul Pharmaceutical Consulting

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:59:37 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Interview request

I really do not have time for this.

From: Kopelman, Hannah <Hannah.Kopelman@bmc.org>
Sent: Saturday, March 7, 2020 5:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Ross Kopelman (b) (6)
Subject: Interview request

Dear Dr. Fauci,

My name is Dr. Kopelman. I am currently a resident at Boston Medical Center. I am reaching out because I would like to interview you on my podcast along with (b) (6), on our podcast called MedChatMonday which reaches thousands of millennials a day. We want to discuss Coronavirus. I know you are very busy so any of your time would be appreciated. I want to discuss the implications of Coronavirus, symptoms, understanding of why it has become a global scare, what people should do to combat and lower their risks. Podcast will be done remotely through Skype.

I hope to hear from you soon.

Best regards,
Dr. Hannah Kopelman and Dr. Ross Kopelman

Hannah B. Kopelman

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:58:52 +0000
To: (b) (6)
Cc: Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: One Step COVID-19 test kitS - IMMEDIATE AVAILABILITY
Attachments: DoN SARS-CoV tests 200305.pdf, IFU One Step COVID-19 Test.pdf, 002.png, 0005.jpg, 0099.jpg, 9999.jpg, 0001.png

What do you think of this. Do what you need to do.

From: (b) (6) >
Sent: Saturday, March 7, 2020 6:26 PM
To: vice.president@whitehouse.gov
Cc: secretary@hhs.gov; Hahn, Stephen (FDA) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); secretary@state.gov
Subject: One Step COVID-19 test kitS - IMMEDIATE AVAILABILITY

Dear Mr. Vice President & Task Force Members -

My name is Jeffrey "Scott" Smith. I live in (b) (6) KS. For the past 35 years I have been a Purchasing Agent in the private sector. Much of my career has dealt with China sourcing and supplier development. I have established a wide network of suppliers and contacts throughout China. You can see from my US Passport number (b) (6) that I have traveled to China for the past 20 years... including spending nearly (b) (6) my time in 2018 & 2019 visiting China suppliers. (Thankfully I returned on 15-Nov-2019, prior to the outbreak... (b) (6).)

I was invited by one of my trusted suppliers to offer One Step COVID-19 test kits to the United States. The Guangzhou based supplier has (b) (4) test kits available now for immediate shipment. They can produce (b) (4) kits per week at their factory. Please see the information below and the materials attached for more information. This is a very cost effective test - and provides results in 15 minutes. I will trust you to determine the efficacy of the diagnostics.

To be clear - this is not my business. I will profit in no way from providing these kits to the American healthcare public -- except for the satisfaction of doing my patriotic duty to assist my fellow Americans. I fully understand the gravity and seriousness of this disease. All of my factories in China have, and are, suffering from the effect and fall out. My business in (b) (6) is dealing with the effects of the supply chain disruptions.

I hope that this offer, and availability of a additional test kit pipeline, will help ease the test kit shortage that we are experiencing in the USA. If you and your Procurement

Offices would like more information or would like to secure these test kits, please contact me. I can assist in arranging supplier contacts and immediate air shipments.

I certainly thank you and the many dedicated leaders in the USA for your great work to combat COVID-19 - and for the care that you are showing the American public.

Best regards,

Scott Smith

[REDACTED] (b) (6)

M: [REDACTED] (b) (6) [REDACTED] (b) (6)

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

Subject: One Step COVID-19 test kit

Date: 2020-03-07 2:41 am

From: "Jack Scientek" <info@scientekpower.com>

To: [REDACTED] (b) (6)

Reply-To: <info@scientekpower.com>

Dear Scott,

How are you? It was a great pleasure talking with you on Wechat, As we discussed, I have a friend who works in Wandfo Biotech Company in Guangzhou (a public listing company). They have developed a One Step COVID-19 test kit to screen the Corona virus in only 15 minutes. This test kit is been massively used in China and it's been supplied to Japan, South Korea, Ukraine and Iran to cope with the Corona Virus, It has also been certified by Chinese health organization and EU. I am wondering if you have any connection with any medical organizations, if they need this kit, Wondfo is able to supply. [REDACTED] (b) (4) [REDACTED], Wondfo provide international shipping worldwide. Maybe this can be helpful for some people.

Here below please refer to the most concerned information:

Name of the test kit: One Step COVID-19 Test (Chromatography Assay)

Manufacturer: GuangZhou Wondfo Biotech Co.,Ltd

Name	Quantity	Unit Price	Packages	Carton Measurement	Volume(CBM)	Gross weight(Kgs)
One Step COVID-19 Test Kit	(b) (4)					
One Step COVID-19 Test Kit						
One Step COVID-19 Test Kit						
One Step COVID-19 Test Kit						

Price availability: 1 week

Payment terms: (b) (4)

Delivery term: (b) (4)

Availability: (b) (4)

production capacity (b) (4)

For your information, this testing kit has been supplied to Japan, and south Korea, Iran, Ukraine, their production schedule is very tight, the factory may raise up price a week later.

Other Available documents are attached for your reference.

Best Regards

Jack Jiang



Scientek Electrical Co.,Ltd. | Danzao. | Nanhai District | Foshan,Guangdong | China 528216

☎ 86-189-4246-9075 ☎ (b) (6) 🌐 www.scientekpower.com ✉ info@scientekpower.com

| Mob/WhatsApp/Wechat: + (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:57:55 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: (b) (6)
Subject: RE: NSC inquiry on treatment study

See my changes in Red

From: Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Sent: Saturday, March 7, 2020 6:37 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Lerner, Andrea (NIH/NIAID) [E] (b) (6) >; Eisinger, Robert (NIH/NIAID) [E] (b) (6)
Subject: NSC inquiry on treatment study

Sorry to add to the inbox.

(b) (5),
(b) (5)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:08:47 +0000
To: Gregory Klomp
Subject: RE: COVID-19 treatment

We are pursuing this idea.

From: Gregory Klomp [REDACTED] (b) (6)>
Sent: Saturday, March 7, 2020 8:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: COVID-19 treatment

It seems COVID-19 causes greater problems for the elderly and those with chronic illnesses, as you have said.

Why not try giving those with active disease, or those at risk, gamma-globulin, to ameliorate the effects of the illness?

It would be especially interesting to prepare batches of gamma globulin using the blood (2,000- 3,000 donors) of people who have, or who have recovered from, COVID-19 infection.

There is ample precedent for using Gamma-globulin to prevent or treat viral illnesses (Hepatitis A, B) or diseases of unknown etiology (ie Kawasaki's).

This could be useful especially while we wait for the development of a vaccine.

What do you think?

Gregory Klomp, MD

[REDACTED] (b) (6)

(I trained at Columbia-Presbyterian Hospital
I see you were at Weil Cornell)

From: (b) (6)
Sent: Sat, 7 Mar 2020 17:06:39 -0500
To: NIAID Public Inquiries
Subject: Fwd: From ER Provider, Some Common sense COVID-19 addl. suggestions

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 7, 2020 at 4:08:23 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: From ER Provider, Some Common sense COVID-19 addl. suggestions

Dr. Fauci:

I have been following you and others on CSPAN with appreciation.

1) Please ensure you are all getting adequate sleep.

(There is too much yahoo-machismo in our field) Please put forth recommendations for providers and their employers.

2) I see the CDC warning about herbals, which I agree with except for one: echinacea, just about the only herbal with proven medical usefulness, not as it is recommended on the bottles or websites, but as only a single 2 capsules, on day one of viral illness. Echinacea demarginates the matured bone marrow leukocytes. Used as a "one shot deal"

may decrease COVID-19 duration/severity as eg.: "take right away on day one, drink plenty of water and sleep as long as necessary".

Please at least study the use of Echinacea in this manner for COVID-19. (Google is suddenly missing Echinacea's mechanism/use info, so please have this corrected, if for nothing else to prevent hoarding. One bottle can be for a whole neighborhood and please ask the drug stores to offer "two packs" with proper instructions.

eg.: "take only two as soon as ill with cold or flu and not take more, but to replenish the immune system follow up with fresh fruits and vegetables, etc.

3) Make sure we have enough Ventolin, Proventil available so those with new asthmatic component due to COVID-19 can call their Dr. for RX if they cannot blow out a match, for

instance, and use the drive through instead of goin into the pharmacy. Consider hazmat for drive through testing and Rx pharmacy staff (as in S. Korea). I would be interested in knowing the percent of COVID-19 respiratory sufferers who can stay home but will need Ventolin. 10%? (just a guess from seeing bronchitis in the ER).

4) Ensure all the medical providers with offices, give out their office telephone numbers and have staff trained to triage calls so people can stay home until they are well.

5) Ensure levothyroxine (the US most common Rx) is made in the USA from ingredients made in the USA. Ditto for down the line of the most necessary and common RX, including Ventolin, and the antibiotics that would treat bacterial superinfection of COVID-19 (particularly the ones that can be used at home: macrolides, etc.)

6) Encourage prevention of superinfection with clean respiratory toilet, hydration, chest PT preferred over suctioning, clean environment, including cleaning floors daily. One of the most successful methods of chest PT involves the patient lying on the bed with their face near the floor. Decreasing the load of pulmonary sputum is critical.

7) There is very large number of semi-retired physicians, such as myself who would probably like to be utilized (and paid a little) for telemedicine to assist with triage.

We can do telemedicine at home. I am not set up to do this but will soon be set up and able. We need to know which companies we can trust to hire us.

There should be telemedicine training and tracking coming from the CDC or other state and national governments.

8) Is the 3/3/20 John Kehoe Financial Times article correct? Is it not best to predict mortality so as to more realistically prepare for post-COVID-19 recovery economically and socially and give confidence by being transparent?

I see recovery jobs being the young taking care of the old after most have had it and been cured or succumbed. Then the other half of the people will get it, too...

Is there some stigma attached to the word "infrastructure" that would prevent recovery of our economy?

9) I do not see the recommendations for Flu and both pneumovax vaccines, but the recommendation needs to get out broadly right away.

10) Wuhan had to truck in food...how are we planning? Canned food decreases one's immune system. Fresh fruits and vegetables, frozen or dried are needed.

11) China closed all the theaters...and we should also start closing the use of public places, particularly asking folks in their 60's and older to stay home now.

12) Recommend providers write three month supply of Rx for all patients, to decrease visits out and ensure availability.

13) The closure of schools might spread COVID-19 unless children have food to eat at home and the parents comply.

14) Will census takers spread it? Should the census be postponed or performed via hazmat suit or in another fashion?

This is a long list. Please look into 2-packs of Echinacea with instructions.

Get enough sleep/stay well.

Thank you.

Best regards,

Gretchen Boise, MD

LL (b) (6) (caller must announce who they are)

(b) (6)

From: (b) (6)
Sent: Sat, 7 Mar 2020 16:15:52 -0500
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: Covid-19 Pandemic -- update

FYI. I get 100 of these per day.

Begin forwarded message:

From: David Katz (b) (6)
Date: March 6, 2020 at 7:46:18 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Covid-19 Pandemic -- update

Dear Tony:

As I continue to follow the evolution of this disastrous calamity, I continue to think of possible approaches to dealing with therapeutic options that might be "off the beaten trail" but nonetheless worth considering – especially for those patients who are at high risk for debilitation and, possibly, death. I share one such thought with you here.

Several years ago, recombinant Human Growth Hormone (rHGH) was reported to be significantly effective in restoring/enhancing T cell anti-viral activity in patients infected with HIV (citation below):

Growth hormone resurrects adult human thymus during HIV-1 infection

Kiki Tesselaar, Frank Miedema

J Clin Invest. 2008;118(3):844-847. <https://doi.org/10.1172/JCI35112>.

~~~~~

My thought is that since, in many ways, elderly patients afflicted with COVID-19 fall into a similar category, that treatment with

rHGH might be an effective treatment alternative to employ during this immediate time frame while you are exploring more specific alternatives.

I look forward to your thoughts on this, and best wishes,

David

(PS: I think you have handled yourself magnificently during these incredible press conferences, etc.!)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 19:06:14 +0000  
**To:** Megan B.  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Greg Folkers  
(b) (6)  
**Subject:** RE: Thank you, Dr. Fauci

Ms. Fender:

There is no such a thing right now as "no risk" given the uncertainty of the current situation. However, in the context of what we do know, since you are (b) (6) years old, you have (b) (6)

(b) (6)  
(b) (6)

Go about your usual business. You have no reason to panic.

I hope that this is helpful.

Best regards,  
A.S. Fauci

**From:** Megan B. <(b) (6)>  
**Sent:** Saturday, March 7, 2020 11:10 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: Thank you, Dr. Fauci

Dr. Fauci,

I apologize to reach out, I know how extremely busy you must be. But I have always invested a great deal of trust in you.

(b) (6)

Thank you greatly.

Sincerely,

Megan Fender



On Sun, Feb 9, 2020, 6:27 PM Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

Megan:

Many thanks for your kind words. They are much appreciated.

Best regards,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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**From:** Megan B. (b) (6) >

**Sent:** Sunday, February 9, 2020 4:53 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] < (b) (6) >

**Subject:** Thank you, Dr. Fauci

Dr. Fauci,

As a citizen and mother, I would just like to take a short moment to say thank you for all of your great work and service to the American people. I have admired your work for many years, and appreciated your transparency during the Ebola crisis, as well as this most recent situation. As a citizen, I appreciate that you relay facts, both good and bad, and have established a sense of trust with the people.

(b) (6)  
(b) (6). With the Ebola crisis, and with Coronavirus, I feel better when I see your press conferences and hear all of the work you and your team do to protect both US citizens, and the world community. Friday I was very happy to hear you announce the extreme progress that's been made in just two week's time on the vaccine, and that there have been no roadblocks. This has been done at unprecedented speeds, by what I'm sure are very talented scientists.

Again, thank you for your lifetime of service in disease prevention, and for making citizens like myself feel better knowing we have people like you and your team working tirelessly for the people. (b) (6)  
(b) (6), but I take comfort in knowing we have such great, talented individuals leading our public health system.

Dr. Fauci, you are truly a saint. Thank you for all that you do.

Sincerely,

Megan Fender



**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 13:37:51 -0500  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: a question

Sent from my iPhone

Begin forwarded message:

**From:** Leonard Trudell (b) (6)  
**Date:** March 7, 2020 at 1:34:34 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** a question

Dr. Fauci,

May I suggest a question that you might ask of COVID-19 identified patients? Could you ask them if they had received a current flu shot for this season? Since the COVID-19 corona virus basic construct is a basic flu version with a bio-engineered HIV or other(?) component, is it possible that our flu vaccines might have some degree of protection against this new COVID-19 viral construct? I think it is important to ask this question!

Dr. Len Trudell

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 18:36:42 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: a question

Please have someone respond.

---

**From:** Leonard Trudell (b) (6)  
**Sent:** Saturday, March 7, 2020 1:34 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** a question

Dr. Fauci,

May I suggest a question that you might ask of COVID-19 identified patients? Could you ask them if they had received a current flu shot for this season? Since the COVID-19 corona virus basic construct is a basic flu version with a bio-engineered HIV or other(?) component, is it possible that our flu vaccines might have some degree of protection against this new COVID-19 viral construct? I think it is important to ask this question!

Dr. Len Trudell

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 18:10:15 +0000  
**To:** Richard Carmona  
**Subject:** RE: Kudos

Rich:

Many thanks for your kind note. Much appreciated. I hope that all is well with you.  
Best regards,  
Tony

---

**From:** Richard Carmona (b) (6) >  
**Sent:** Saturday, March 7, 2020 11:56 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Kudos

Tony, as always and for many decades and most importantly now, thank you for being the voice of reason and integrity that emanates from the political swamp to quell uncertainty and fear. Ironically your words now as a "vaccine" against the disease of public fear and uncertainty may be as important as the eventual immunologically derived vaccine against coronavirus you are working on.

Be well,  
Rich Carmona

**Richard Carmona**

17th Surgeon General of The United States  
Chief of Health Innovations  
Distinguished Professor University of Arizona

8600 E. Rockcliff Road | Tucson, AZ 85750

CANYONRANCH.

O: [520.749.7754](tel:520.749.7754)

M: (b) (6)

[canyonranch.com](http://canyonranch.com)

**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 11:19:16 -0500  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: university coronavirus

From patty on asf phone.

Pls handle

Sent from my iPhone

Begin forwarded message:

**From:** (b) (6)  
**Date:** March 7, 2020 at 10:06:21 AM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** university coronavirus

Hello and thank you for all of your tireless efforts in dealing with the coronavirus.

I have a concern about the universities and the spread of this virus. Many schools brought back students from study abroad before the 14 day quarantine was put into place, and even after the quarantine was put in place, many students did not follow the quarantine rules. Also, with shared dorms and apartments it was not possible for student's who returned to campuses and not their homes. By the times schools came up with a plan for quarantining the student's it was well over a week after some were back. Therefore, there is potential for widespread infection.

The vice president said the elderly and those with underlying medical conditions are at risk and should take caution in where they go, avoid crowded places etc..Millions of students have asthma, diabetes, auto-immune disorders, and they do not have a choice other than to go to class. The government does not seemed concerned about the potential spread among campuses and what a disaster this could be. They have voiced why grade schools are not closed (since younger are not at risk s better for them to be at school) but they are ignoring college kids are at risk and the impact of widespread infection on a campus could be huge. Students in (b) (6) colleges travel back and forth to the city all the time, and I am concerned schools are not temporarily closing until more testing is available and we see where this goes. At minimum, giving student's with underlying medical conditions the option to go home and work remotely. Right now they do not have

any option other than to go to class. When questioned they say they are listening to the CDC and state government. (b) (6)  
and students are not following the advice to stay home sick and nobody seems concerned about trying to prevent infection.

Can the government please look at a temporary ban on classes at Universities in states where infection is rapidly spreading, especially knowing there are not enough test available yet. The schools are not taking action on their own and this is a frustrating situation seeing delays in decisions making.

Thank you for your time in consideration in addressing these concerns,

Prefer to remain anonymous for the protection of (b) (6)

Sent from [Mail](#) for Windows 10



**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 11:16:57 -0500  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** Re: Plasmapheresis pediatricians to obtain anti-corona virus antibodies

Sorry this is from patty. I have an iPhone just to manage his emails so some of these are from me. Will add the letter p to the ones I send you so you know they are from me.

Sent from my iPhone

On Mar 7, 2020, at 10:46 AM, Auchincloss, Hugh (NIH/NIAID) [E]  
(b) (6) >wrote:

Tony, as I told Patty yesterday, I am handling all that you send me but I'm not going to fill your inbox with an acknowledgement each time.

Sent from my iPad

On Mar 7, 2020, at 9:15 AM, Fauci, Anthony (NIH/NIAID) [E]  
(b) (6) >wrote:

Pls handle

Sent from my iPhone

Begin forwarded message:

**From:** David Chung (b) (6) >  
**Date:** March 6, 2020 at 12:45:17 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]"  
(b) (6) >  
**Subject:** Plasmapheresis pediatricians to obtain anti-corona virus antibodies

Dr. Fauci,  
I appreciate the efforts of the WHO taking a look into the temperature question. It is helpful to understand the virus and know what to expect. (b) (6) is a professional data analyst of large datasets like census

data, for example. I was wondering if it would be possible to obtain the WHO dataset to see if there were any angles not considered. I am certain that the WHO's biostatisticians know what they are doing, but data is a funny thing. You get the answers to the questions you ask. If the right questions were not asked, you may miss useful information.

Regarding the subject line, if the theory is true that children have some cross-reactive protection due to antibody production to the harmless coronavirus population, that would mean that pediatricians would also carry very high levels of protective antibody. If this is true, then plasmapheresis might provide anti-coronavirus antibody as potential treatment. I do not know enough about plasmapheresis to know if this could be applied to scale but I wanted to pass along the thought. (b) (6)

[REDACTED]

David Chung

On Monday, March 2, 2020, 07:46:51 AM EST, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

Thank you for your careful and well thought out note. Worthy of consideration.

**Anthony S. Fauci, MD**

**Director**

**National Institute of Allergy and Infectious Diseases**

**Building 31, Room 7A-03**

**31 Center Drive, MSC 2520**

**National Institutes of Health**

**Bethesda, MD 20892-2520**

**Phone:** (b) (6)

**FAX: (301) 496-4409**

**E-mail:** (b) (6)

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**From:** David Chung (b) (6)  
**Sent:** Sunday, March 1, 2020 9:44 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Pls advise to allow return air travel only, stop all other air travel

Dear Dr. Fauci,

Thank you for your leadership and guidance in this difficult time. I am a pediatrician in Massachusetts, and as you know, direct-linkage from travel cases are popping up on the East Coast. In order to keep the community viral load down, keeping new cases from moving around the country and the world will delay the spread and amplification of the viral load. According to my observations, hot climates seem to be having a favorable new case rate. Based on the city of Qom versus the experience in Singapore and Australia, it appears that the transition temperature for efficient spread is somewhere above when there are highs around 50 degrees F, similar to H1N1. According to my observations, prior to seasonal flu, the transition temperature was closer to highs of 40 degrees F. This theory should be testable. For example, there are new cases in Kuwait and Bahrain. If I am right, if you tested a subset of these populations, you would find a very high rate of asymptomatic infection, probably 80-90%, because that's how many people it would take to shed small amounts of virus to create a community viral load to make someone sick enough to get tested. If this is true, this bodes well for the virus burning itself out to endemic status relatively quickly. This would be very reassuring data you could provide to reduce panic - if you can tell people you know how long this pandemic is going to last rather than saying that we don't know.

Although some experts may say that restricting travel will only delay the inevitable, this is not a valid statement if the transition temperature for effect spread really is 50 degrees. A delay of significant community spread in the US until highs reach the 50s for the Northeast where the population is the most

dense would have a massive life-saving effect, but if this is to occur, the flight restriction needs to happen now.

Stopping all flights would be impractical and inhumane, but allowing return flights only and stopping all other air travel would be effective. It would have a massive effect on the economy, but so will overwhelming corona virus infection. No one will die because they can't take a vacation or business trip. Financial losses would need to be settled later, so this would require emergency declarations, etc. If you wanted to take it in a step-wise manner, you could start with international flights and then move on to domestic flights if necessary - this would probably be wise and would have a less severe impact on the economy.

Thank you again, and I am sure this is one of thousands of unsolicited emails. I wish you the very best and God grant you wisdom.

Best,

David Chung

Pediatric Associates of Brockton



**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 09:17:55 -0500  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** Fwd: ACE2 neutralizing antibody from R&D Systems  
**Attachments:** SARS-CoV-2 cell entry depends on ACE2 and TMPRSS2 and is blocked by a clinically-proven protease inhibitor.pdf, ATT00001.htm, Crystal structure of the 2019-nCoV spike receptor binding domain bound with ACE2 receptor.pdf, ATT00002.htm

Sent from my iPhone

Begin forwarded message:

**From:** Hung Trinh (b) (6)  
**Date:** March 5, 2020 at 11:04:51 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Subject:** Fwd: ACE2 neutralizing antibody from R&D Systems



**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 09:12:07 -0500  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]  
**Subject:** Fwd: Blog Clearance Request: COVID-19: Potential Implications for Individuals with Substance Use Disorders  
**Attachments:** COVID SUD blog ebe3 ew6 sw2 ndv4 CLEAN.docx, ATT00001.htm

Pls handle

Sent from my iPhone

Begin forwarded message:

**From:** "Volkow, Nora (NIH/NIDA) [E]" (b) (6) >  
**Date:** March 6, 2020 at 4:46:06 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Hobin, Jennifer (NIH/NIDA) [E]" (b) (6) >, "Volkow, Nora (NIH/NIDA) [E]" (b) (6) >  
**Subject: Blog Clearance Request: COVID-19: Potential Implications for Individuals with Substance Use Disorders**

Dear Toni. John Burklow asked NIAID to review a Blog I wrote on the need to evaluate vulnerabilities among patients with substance use disorders to COVID-19. Let me know if u or your staff have concerns or suggestions. I realize u are totally swamped and I apologize for burdening u with it. Best nora

**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 09:11:12 -0500  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** Fwd: JID 2006, 193:1244-1249  
**Attachments:** SARS & gd T cells.pdf, ATT00001.htm

Pls respond if required

Sent from my iPhone

Begin forwarded message:

**From:** MIROSLAV MALKOVSKY (b) (6)  
**Date:** March 6, 2020 at 4:46:28 PM EST  
**To:** "Redfield, Robert R. (CDC/OD)" (b) (6)  
**Cc:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** JID 2006, 193:1244-1249

Dear Bob,

Long time, no see. Our SARS study (JID 2006, 193:1244-1249; see the attachment) showed selective expansions of V $\gamma$ 9V $\delta$ 2 T cells in survivors of SARS-CoV infection. Interestingly, stimulated V $\gamma$ 9V $\delta$ 2 T cells also display an interferon- $\gamma$ -dependent anti-SARS-CoV activity and are able to directly kill SARS-CoV-infected cells. Since it is very easy to activate human V $\gamma$ 9V $\delta$ 2 T cells *in vivo* (e.g., using FDA-approved and relatively non-toxic drugs for treating bone-demineralization) and given the similarities between SARS-CoV and SARS-CoV-2, I thought that it could be potentially useful to bring these facts to your and Tony's attention, in spite of knowing that both of you are probably slightly busier these days than you would like to be.

All the best and good luck with everything,  
Yours as ever,  
Mirek

M. Malkovsky, MD, PhD, FRCPATH  
Professor Emeritus, UW School of Medicine and Public Health  
Mobile: (b) (6)  
Office telephone and fax: (b) (6)  
E-mail: (b) (6)

**From:** (b) (6)  
**Sent:** Sat, 7 Mar 2020 09:07:07 -0500  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** Fwd: Pneumococcus vaccination in relation to coronavirus infection.

Pls respond

Sent from my iPhone

Begin forwarded message:

**From:** Lars Nielsen (b) (6) >  
**Date:** March 6, 2020 at 8:07:37 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Subject:** **Pneumococcus vaccination in relation to coronavirus infection.**

Dear Anthony Fauci,

As I understand the fatal cases of covid-19 develop pneumonia after several days of symptoms of the acute viral infection.

In this way the present conoravirus infection is very like our present and previous fatal influenza virus infections. In the 1918 pandemic many if not most of the fatal cases were caused by bacterial superinfection with hemolytic streptococci and pneumococci. The former is rather seldom now, but the pneumococcal infections are common.

Should we advice persons over >65 y as well as people with chronic diseases with increased risk of fatal coronavirus diseases to be vaccinated against pneumococci now?

My best regards and thank you for your significant contribution to inflammatory medicine and infections.

Lars P. Nielsen, M.D.

Specialist in Medical Microbiology and Virology

Former head of the Danish National Influenza Laboratory.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:25:29 +0000  
**To:** Elizabeth Stevens  
**Subject:** RE: Thank you for staying front and center, and in the public eye re COVID-19

Ms. Stevens:

Thank you for your kind note.  
Best regards,  
A.S. Fauci

---

**From:** Elizabeth Stevens [REDACTED] (b) (6)  
**Sent:** Friday, March 6, 2020 10:30 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Thank you for staying front and center, and in the public eye re COVID-19

Dear Dr. Fauci,

I am so happy to continue seeing you in press conferences and on news broadcasts.

Please keep making those public appearances. Americans need to hear the facts from someone who is trustworthy.

I am sure that tiptoeing around Donald Trump has dramatically complicated your life. I hope that you will find ways to "correct" or "clarify" the constant stream of misstatements that he makes – our lives depend upon it. (Maybe Trump could wear a hazmat suit – to protect his fragile ego from any possible bruising caused by a collision with the truth. Just kidding.)

Seriously, Doctor, it is a huge relief to see and hear you and your expert colleagues. It is to the point that we cannot believe a single word that comes out of Trump's mouth.

Very sincerely,  
Elizabeth Stevens

[REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:23:54 +0000  
**To:** (b) (6)  
**Subject:** FW: (b) (4)

fyi

**From:** Lipkin, Ian W. (b) (6) >  
**Sent:** Saturday, March 7, 2020 8:20 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** (b) (4)

Tony,  
Happy to connect you with Zhu.

(b) (4)

(b) (4)











>>>> With best regards,

>>>>

>>>> Zhu

>>>>

>>>>

>>>> 发件人: Lipkin, Ian W. (b) (6)

>>>> 发送时间: 2020年2月9日 23:01

>>>> 收件人: Zhu Chen

>>>> 抄送: George Gao; zhangzongwei

>>>> 主题: Re: important info

>>>>

>>>> Zhu,

>>>> Please call me on (b) (6)

>>>>

>>>> Ian

>>>>

>>>>

>>>>

>>>> W. Ian Lipkin, MD

>>>> John Snow Professor of Epidemiology and Director

>>>> Center for Infection and Immunity

>>>> Mailman School of Public Health

>>>>

>>>> Professor of Pathology and Neurology

>>>> College of Physicians & Surgeons

>>>> Columbia University

>>>> 722 West 168th Street, 17th Floor

>>>> New York, NY 10032

>>>> Voice: (b) (6)

>>>> Fax: (212) 342-9044

>>>> Email: (b) (6)



>>>>

>>>> Administrative Coordinator

>>>> (b) (6)

>>>> Voice: (b) (6)

>>>> Email: (b) (6)

>>>>

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>>>> On Feb 9, 2020, at 9:43 AM, ZhuChen (b) (6) > wrote:

>>>>

>>>> Dear Ian,

>>>> I have an important info to be shared with you. According to the latest report from the National Health Commission, the number of confirmed cases of NCP (2019-nCoV pneumonia) in other Provinces than Hubei (Wuhan is the capital city) was decreased from 890/day on Feb 3rd to 509/day on Feb 8th. So it is still possible for this outbreak to be basically contained in China.

>>>> Therefore, my suggestion is that we support the current public health policies and strategy to concentrate quality medical human resources and other resources to save more life of severe patients, even though the cost is high, very high. And then, we shall continuously analyze the situation for possible adjustment of policies and measures.

>>>> Best,

>>>> Zhu

>>>>

>>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:23:10 +0000  
**To:** Lorne Brandes  
**Subject:** RE: Coronavirus immunity

We have thought about it.

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

**From:** Lorne Brandes (b) (6)>  
**Sent:** Saturday, March 7, 2020 12:51 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Coronavirus immunity

Hi Dr Fauci,

Has anyone considered the possibility that previous coronavirus infection(s) associated with common colds may result in at least partial immunity to the COVID-19 virus? This may explain why the disease is generally mild in 80% of adults and apparently rare in children (most of whom get more frequent colds than adults). I would be pleased to hear your thoughts.

Sincerely,

Lorne Brandes, MD, FRCPC  
Professor, University of Manitoba (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:21:56 +0000  
**To:** Ann Job  
**Subject:** RE: 2020 Census and COVID-19

Ms. Job:

Thank you for your note.,  
Best regards,  
A.S. Fauci

---

**From:** Ann Job (b) (6) >  
**Sent:** Saturday, March 7, 2020 12:18 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** 2020 Census and COVID-19

Dear Dr. Fauci,

Today I wrote and mailed a letter to both you and Dr. Redfield.

I will not duplicate nor attach it here, but I did want you to make you aware of my letter in case it doesn't reach your desk on Monday. In it I ask you and Dr. Redfield to explore the possibility of using 2020 Census Enumerators as an "on-the-ground army" to help stop COVID-19.

Because as you know better than anyone else that time is of the essence, I thought it useful to give you a heads-up about my letter via this email.

I am probably being naive, but just in case it makes sense to you, I thought it couldn't hurt to write you.

Thank you for being there for us. We really need you.

Yours,

Ann E. Job (pronounced like the Book of Job in the Bible)

(b) (6)  
(iPhone)  
(home)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:13:58 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: A vaccine with anti immunosuppressive properties  
**Attachments:** (b) (6)

Please respond on my behalf

---

**From:** Avraham Halbreich (b) (6) >  
**Sent:** Saturday, March 7, 2020 7:00 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** A vaccine with anti immunosuppressive properties  
**Importance:** Low

Dear Dr Fauci,

Common wisdom tells us that the inability to immunize against HIV, malaria etc. as well as the need to

repeat every year anti flu vaccination result from the excessive, or limitless, genetic variability of the underlying pathogens. While not doubting the reality of this genetic variability, best observed in an orderly manner in the case of HIV, I considered the possibility that these pathogens are endowed with an immunosuppressive capacity that is not inactivated during vaccine production, and that current vaccines do not induce immunity against such

immunosuppression. I applied this reasoning when I worked on an AIDS vaccine in 1991 in Zagury's lab

(Halbreich A et al. (1992) Vaccine Research, 4 :397-412). Indeed, we tested then, in suitably immunized animals, the effect of the various preparations on the cellular response to tuberculin and the capacity of animals to be

immunized against tuberculin and tetanus as a function of the extent of treatment. The immune response to these agents was indeed higher in the presence of HIVION compared to heat inactivated preparations. This HIVION preparation was used on 6 patients in Zaire (Zagury et al. (1992) J Acquired Immune Deficiency Syndromes, 5 :676-681).



Unfortunately, when I tried to make a greater prep for a phase I trial, the viral preparation turned out (too late),

by SDS gel electrophoresis, not to contain any viral protein, due either to degradation or another mishap. I left Zagury's lab soon after and it was impossible for me later to obtain material (either viral or from recombinant protein) to further advance the matter. I do believe that tuning vaccine preparation to counter immunosuppressive effect of the virus (parasite) while preserving its capacity to induce anti viral immunity should resolve the need to revaccinate every year against the same virus. In fact, identifying the épitopes, acting for immunity and those

acting against immunosuppression, at a later stage should allow a better result than we obtained. (It is not yet known whether corona virus also mutates rapidly, but I heard that a woman was reinfected after having recovered from covid-19 infection and this might indicate a capacity of the virus to counteract the host's immune response.

In (b) (6) I have been itching ever since to go back to unfinished projects, but did not find an avenue. Now, with the outburst of the corona virus pandemic this surfaces again.

(b) (6)

Sincerely  
Avraham Halbreich



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:06:00 +0000  
**To:** Anderson, Jennifer (NIH/NIAID) [E]  
**Subject:** RE: unit heads

If I am available, I would be happy to discuss COVID-19

---

**From:** Anderson, Jennifer (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, March 7, 2020 8:03 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Fwd: unit heads

Good morning Dr Fauci

We are - for the moment - scheduled for a Unitheads meeting on Tuesday. Tae Wook is next to present but suggested (see below) that we make it a round table and discuss COVID-19.

Question: IF Unitheads isn't canceled how do you feel about having a Roundtable instead of Tae Wook presenting? Or would you prefer to take a break from Coronavirus for a moment and hear about HIV!

Thanks  
Jen

Sent from my iPhone

Begin forwarded message:

**From:** "Chun, Tae-Wook (NIH/NIAID) [E]" (b) (6)>  
**Date:** March 6, 2020 at 9:53:11 AM EST  
**To:** "Anderson, Jennifer (NIH/NIAID) [E]" (b) (6)>  
**Subject:** Re: unit heads

Can we do round table? I want to talk to him about corona not to mention the MTA will get canceled anyway. If you want me to I will present.

On Mar 6, 2020, at 9:47 AM, Anderson, Jennifer (NIH/NIAID) [E]  
(b) (6) wrote:

Hi Tae Wook,

I think you are up for Unitheads? It's been so long, I've lost track. I think you were supposed to present back on Jan 14<sup>th</sup> but it got canceled and I don't think we've had a presentation since. Im being told we might have a UH on Tuesday – ASF is free so far. Can you present?

Jen

Jennifer M. Anderson, PhD

Deputy Branch Chief

IAMB/OAS/NIAID

Scientific Operations Manager

LIR/DIR/NIAID

9000 Rockville Pike, Bldg. 10 Rm. 6A19A

Bethesda, Maryland 20892

Office Phone : (b) (6)

NIH Cell: (b) (6)

Personal Cell: (b) (6)

FAX: 301-402-4122

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:02:34 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]  
**Subject:** FW: Plasma therapy

FYI

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

**From:** Lipkin, Ian W. [REDACTED] (b) (6)  
**Sent:** Saturday, March 7, 2020 7:50 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Plasma therapy

Tony,

Just reviewed paper [REDACTED] (b) (4) on pilot study of plasma therapy for COVID-19. Sufficiently encouraging that I'd begin collecting plasma for compassionate use as well as larger randomized trial.

Ian

Ian

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 7 Mar 2020 13:02:18 +0000  
**To:** Lipkin, Ian W.  
**Subject:** RE: Plasma therapy

Thanks, Ian

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

From: Lipkin, Ian W. [REDACTED] (b) (6)>  
Sent: Saturday, March 7, 2020 7:50 AM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
Subject: Plasma therapy

Tony,

Just reviewed paper [REDACTED] (b) (4) on pilot study of plasma therapy for COVID-19. Sufficiently encouraging that I'd begin collecting plasma for compassionate use as well as larger randomized trial.

Ian

Ian

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 23:44:54 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Cc:** Crawford, Chase (NIH/NIAID) [E]  
**Subject:** Re: ASF ----- AIPAC reports that two people who attended its conference tested positive for the coronavirus  
**Attachments:** image001.jpg

Yikes!

On Mar 6, 2020, at 6:23 PM, Folkers, Greg (NIH/NIAID) [E]  
<(b) (6)> wrote:

Just fyi – folks from this delegation were in the hallway on the Hill when you and Chase were there

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, March 6, 2020 6:18 PM  
**Subject:** JTA: AIPAC reports that two people who attended its conference tested positive for the coronavirus

AIPAC reports that two people who attended its conference tested positive for the coronavirus

MARCH 6, 2020 5:45 PM  
<image001.jpg>

Outside the American Israel Public Affairs Committee (AIPAC) annual conference in Washington, DC on March, 01, 2020. (Marvin Joseph/The Washington Post via Getty Images)



WASHINGTON (JTA) — The American Israel Public Affairs Committee said that at least two people who attended the lobby's policy conference have tested positive for the coronavirus.

The conference, which ran from Feb. 28-March 2, drew 18,000 activists to Washington.

The AIPAC statement posted late Friday on Twitter said the two people who tested positive are from New York. The outbreak has been especially hard on the Orthodox Jewish community in Westchester County, and AIPAC listed the county's health department as among the authorities with which it is in communication.

The others are the New York Health Department, national health authorities and the District of Columbia Health Department. The statement also said the lobby was consulting with Edward Septimus, a professor of internal medicine at Texas A&M University.

The statement posted on Twitter said an email was going out to all attendees as well as to congressional offices. The conference routinely attracts a majority of Congress members and their staffers.

BY RON KAMPEAS



NIH-000898



**AIPAC 2020**  
TODAY. TOMORROW. TOGETHER.

**From:** (b) (6)  
**Sent:** Fri, 6 Mar 2020 18:35:49 -0500  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: Important & Emergency Nature (COVID-19) Related

Sent from my iPhone

Begin forwarded message:

**From:** Udit Katugampola (b) (6)  
**Date:** March 6, 2020 at 6:29:16 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject:** Important & Emergency Nature (COVID-19) Related

Dear Dr. Fauci,

I saw that you are discussing the steps we need to take to make the impact of COVID-19 a minimum in CNN and decided to write to you what we did as faculty in this aspect.

I believe that prevention is much more important than treatment later. As a preparation for the COVID-19 outbreak, two days ago, I made a personal decision to make all my homework online submission so that we may avoid the spread of the virus anymore.

Students work on homework for hours and can easily spread the virus without knowing it. Once it goes to graders (my TAs), they then spread it to the rest of the class, again without knowing it. Thus, an innocent act can be devastating. So, in simply two-three days it may spread to another 100 new individuals easily.

Graders may act as hubs in this case. The danger is, it may have spread to another hundred or more new individuals even before it comes to a detectable level from any test.

I also want to emphasize the following points:

1. We hear in all news that elderly people are the most vulnerable. But I think it should be corrected as people with immunodeficiency are the most vulnerable and elderly are in that category. Some one who is 10 years old and have diabetic or HIV has the same danger as an elderly person.
2. We should come up with a test such as a pregnancy test, which can be done at home without leaving their homes. This stops further spreading.
3. We should discuss foods that help cure it fast and things that we should not do.

I have shared my thoughts with CNN (Dr. Sanjay Gupta and Anderson Cooper as well). Thank you for your time and everything you do to our community at this critical moment.

Best,

Udita

*Udita Katugampola, Ph.D.*

*Assistant Professor of Mathematics*

*Florida Polytechnic University*

*Office: IST 2015*

Tel: (b) (6)

Email: (b) (6) [edu](#)

Web: <https://sites.google.com/site/uditanalini/>

**From:** (b) (6)  
**Sent:** Fri, 6 Mar 2020 18:32:06 -0500  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: MOSQUITOES

Sent from my iPhone

Begin forwarded message:

**From:** JAMES NUTILE (b) (6)  
**Date:** March 6, 2020 at 5:58:58 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Subject:** MOSQUITOES

Dr. Fauci,

No ones addressing the possibility of the Coronavirus being transferred by mosquitoes this summer. Is that a possibility?

Thank you,  
James Nutile

Sent from my iPhone



**From:** (b) (6)  
**Sent:** Fri, 6 Mar 2020 18:31:39 -0500  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: I am not spam. Possible consideration for Coronavirus

Sent from my iPhone

Begin forwarded message:

**From:** Karen Bender (b) (6) >  
**Date:** March 6, 2020 at 6:07:58 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** I am not spam. Possible consideration for Coronavirus

Good Evening Dr Fauci,

I have an idea for your consideration for the Coronavirus vaccine/treatment. Noting that the virus is attacking our elderly more and knowing their lungs are older and not as functional to fight this infection. Have you considered artificial surfactant to boost lung function. (b) (6)

Perhaps if their lungs are stronger to expand they could fight the virus better. Thank you for listening, My prayers are with our Healthcare Professionals to achieve a treatment/vaccine.  
Karen Bender

**From:** [REDACTED] (b) (6)  
**Sent:** Fri, 6 Mar 2020 18:28:43 -0500  
**To:** Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** Fwd: Kidney Disease (NS-MCD) and Covid-19 Coronavirus

Can one of you take this?

Sent from my iPhone

Begin forwarded message:

**From:** Raja R [REDACTED] (b) (6) >  
**Date:** March 6, 2020 at 6:15:37 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <[REDACTED] (b) (6)>  
**Subject:** Kidney Disease (NS-MCD) and Covid-19 Coronavirus

Dear Dr. Fauci,

I live in the United Kingdom and listen to your recent press briefings from White House. First of all, I want to convey my sincerest thanks to you for providing valuable information to the general public.

I would greatly appreciate it if you can advise on what precautions I should take [REDACTED] (b) (6) in order to safeguard against the Covid-19 corona virus. [REDACTED] (b) (6). Should he try to avoid all social contact, and of course avoid any cruise, air or public transport to prevent him from getting the infection?

I would greatly appreciate your advice on this.

Regards  
Raja

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 15:26:21 +0000  
**To:** Dzau, Victor J.  
**Subject:** RE: URGENT - GPMB COVID-19 FUNDING NOTE

Please leave m name off. Thanks.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Dzau, Victor J. (b) (6)  
**Sent:** Friday, March 6, 2020 10:02 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Alex Harris (b) (6); Jeremy Farrar (b) (6)>  
**Subject:** Re: URGENT - GPMB COVID-19 FUNDING NOTE

Tony,  
I know you are extremely busy. I am following up on GPMB business.  
Given our conversation 3 days ago, would you like to sign on the statement or do you prefer us to leave you name off? Please let us know ASAP.  
Best,  
Victor

On Mar 5, 2020, at 9:31 AM, Alex Harris (b) (6)> wrote:

Dear Board Members,

Thank you for your input on the call yesterday regarding the COVID-19 (b) (4)  
(b) (4)

(b) (4)

With many thanks,

Alex

Alex Harris  
**Head of Global Policy & Advocacy**  
**Wellcome**

T: (b) (6)  
(b) (6)

**G7 leaders and Sherpas**

| Country        | Rep                                   | Sherpa (amendments welcome) | GPMB lead(s)  |
|----------------|---------------------------------------|-----------------------------|---------------|
| Canada         | Justin Trudeau,<br>Prime Minister     | (b) (6)                     |               |
| France         | Emmanuel Macron,<br>President         |                             |               |
| Germany        | Angela Merkel,<br>Chancellor          |                             | Jeremy Farrar |
| Italy          | Giuseppe Conte,<br>Prime Minister     |                             |               |
| Japan          | <u>Shinzō Abe</u> ,<br>Prime Minister |                             |               |
| United Kingdom | Boris Johnson,<br>Prime Minister      |                             | Jeremy Farrar |
| United States  | Donald Trump,                         |                             | Victor Dzau   |

|                |                                                                          |         |                              |
|----------------|--------------------------------------------------------------------------|---------|------------------------------|
|                | President                                                                |         |                              |
| Participants   |                                                                          |         |                              |
| European Union | Charles Michel,<br><u>President of the<br/>European Council</u>          | (b) (6) |                              |
| European Union | Ursula von der Leyen,<br><u>President of the<br/>European Commission</u> |         | Victor Dzau<br>Jeremy Farrar |

#### International financial institutions

| Institution | Leadership | Sherpa/equivalent or<br>suggested contacts | GPMB lead     |
|-------------|------------|--------------------------------------------|---------------|
|             |            | (b) (6), (b) (4)                           | Victor Dzau   |
|             |            |                                            | As Sy         |
|             |            |                                            |               |
|             |            |                                            |               |
|             |            |                                            |               |
|             |            |                                            |               |
|             |            |                                            | Jeremy Farrar |
|             |            |                                            |               |



**From:** Alex Harris

**Sent:** 03 March 2020 23:06

**To:** 'Amelie RIOUX' (b) (6); Dzau, Victor J. (b) (6);  
(b) (6) Jeremy Farrar <(b) (6)>; Anthony  
Fauci (b) (6); Fore Henrietta (b) (6); Gao Fu  
(b) (6); Gashumba Diane <(b) (6)>; Ilona  
Kickbusch (b) (6); Suzuki Yasuhiro <(b) (6)>;  
(b) (6); Vega Morales Jeanette (b) (6);  
VijayRaghavan Krishnaswamy (b) (6); Skvortsova Veronika  
(b) (6);  
**Cc:** Gro Brundtland (b) (6); As Sy (b) (6); Elhadj SY  
(b) (6); Tore Godal <(b) (6)>; Godal, Tore (b) (6);  
(b) (6); SCHWARTLANDER, Bernhard F.  
(b) (6); RYAN, Michael J. (b) (6); Pate Muhamed  
(b) (6); Kanarek, Morgan (b) (6);  
(b) (6);  
(b) (6); 'Sheila Austria'  
(b) (6); William Hall (b) (6); Teresa  
Miller de Vega <(b) (6)>; 'Marston Hilary'  
(b) (6);  
(b) (6); Zacharie Gahungu  
(b) (6);  
(b) (6);  
(b) (6); Toomas Palu (b) (6)

**Subject:** RE: GPMB: COVID-19 FUNDING NOTE

Dear Board Members,

Ahead of the GPMB Board call on Wednesday, I'm pleased to attach a note (on behalf of Jeremy Farrar, Victor Dzau and a small working group) setting out the urgent need for new funding for the global COVID-19 response.

You will have seen the strong announcement today from the World Bank of up to \$12bn to support country response, which we warmly welcome. We are asking for your feedback on the call and (b) (4)

(b) (4)

(b) (4)

We look forward to the discussion.

With best wishes,

Alex

Alex Harris

**Head of Global Policy & Advocacy**  
**Wellcome**

T: (b) (6)

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 15:23:33 +0000  
**To:** Stover, Kathy (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: FOR ASF REVIEW: Draft PR re: Phase 1 mRNA coronavirus vax launch

Looks fine. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Stover, Kathy (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, March 6, 2020 10:20 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** FOR ASF REVIEW: Draft PR re: Phase 1 mRNA coronavirus vax launch

Good morning, Dr. Fauci,

Please find attached for your review a draft press release about the launch of the Phase 1 study of the mRNA COVID-19 vaccine. We are tentatively planning to issue the release on Wed., March 11 once we've received confirmation that the first participant has been vaccinated. For ease of reference, the following is the quote we have crafted for you:

"Finding a safe and effective vaccine to prevent infection with SARS-CoV-2 is an urgent public health priority," said NIAID Director Anthony S. Fauci, M.D. "This Phase 1 study, launched in record speed, is an important first step toward achieving that goal."

Thanks,

Kathy

Kathy Stover  
Branch Chief  
News and Science Writing Branch  
Office of Communications and Government Relations  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
31 Center Drive, Room 7A17F  
Bethesda, MD 20892

(b) (6)

Media line: (301) 402-1663



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 14:50:15 +0000  
**To:** (b) (6)  
**Subject:** FW: Developing Immunity to SARS-CoV-2 and Ivlg

Please respond to this person.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Dr. Art Kamm <art@kammconsultinginc.com>  
**Sent:** Friday, March 6, 2020 7:47 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>  
**Subject:** Developing Immunity to SARS-CoV-2 and Ivlg

Dear Dr. Fauci and Dr. Lane:

I have been following the growing international outbreak of COVID-19 and wanted to share a thought with you, understanding that this may have already been thought of. My early academic research (reference provided, PNAS) involved cancer immunology where it contributed to a growing body of information that certain tumor cells could possess unique surface antigens that could be used for immunologic therapy (<https://www.pnas.org/content/pnas/75/12/5912.full.pdf>). My career then took me to executive and senior executive/corporate officer positions in publicly-held pharmaceutical corporations (Glaxo and Salix, respectively) overseeing R&D of therapeutic agents. My experience has included both pharmaceuticals and biologics.

(b) (6)

Our current understanding of COVID-19 mortality is that it appears to be concentrated in the elderly and those with underlying medical conditions. In healthy individuals (although still early) it appears that many of



those infected with SARS-CoV-2 may remain symptom free or develop mild disease, or recover from more severe illness. Currently there are tens of thousands of individuals who have been identified as having been infected but are considered 'recovered'. That being case it would seem plausible that they have mounted an antibody response to the virus.

The question is whether these individuals are being tested for antibody titre to the virus, and if that is occurring whether they are being approached to donate plasma to move into IgV production. With this illness still in its early stages and being international, I would imagine that such an effort would involve a public/private sector endeavor. Understanding the difficulty in developing a vaccine for 'cold viruses', IVIG may be a way to at least reduce the mortality in our most vulnerable patients. So, the slow start we have had in testing the US population for this virus goes beyond disease prevention - it would certainly be affecting our ability, to some degree, of rapidly developing a more targeted intervention for high risk patients.

Again, you may have already thought of this, but as a concerned citizen having some background and an (b) (6), I wanted to share these thoughts. Understanding your busy schedules, I have copied both the Director and Deputy Director for Clinical Research and Special Projects.

Respectfully submitted,

Arthur R. Kamm, PhD

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 14:48:03 +0000  
**To:** Corey MD, Larry  
**Subject:** RE: A query

Visit where?

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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

**From:** Corey MD, Larry (b) (6) >  
**Sent:** Friday, March 6, 2020 8:18 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** A query

Should i and I the younger Glenda Gray give these 702 talks at CROI on This coming Tuesday in Boston. If I fly East for this Tuesday evening talk are you at all free Wednesday **to come visit** and talk about HIV antibodies ? Or are you so programmed with coronavirus this is not realistic. ?

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 12:56:55 +0000  
**To:** McNeil, Donald (mcneil@nytimes.com)  
**Subject:** FW: NYT: Inside China's All-Out War on the Coronavirus

Donald:

Your interview with Bruce Aylward was the best discussion of COVID-19 that I have seen thus far. Great job!

Best,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Thursday, March 5, 2020 11:19 PM  
**Subject:** NYT: Inside China's All-Out War on the Coronavirus

Q&A

## Inside China's All-Out War on the Coronavirus

Dr. Bruce Aylward, of the W.H.O., got a rare glimpse into Beijing's campaign to stop the epidemic. Here's what he saw.





Dr. Bruce Aylward, leader of the W.H.O. team that visited China to assess the country's response to the coronavirus outbreak. Credit...Salvatore Di Nolfi/Keystone, via Associated Press



By [Donald G. McNeil Jr.](#)

- March 4, 2020

As the leader of the World Health Organization team that visited China, Dr. Bruce Aylward feels he has been to the mountaintop — and has seen what's possible.

During a two-week visit in early February, Dr. Aylward saw how China rapidly suppressed the coronavirus outbreak that had engulfed Wuhan, and was threatening the rest of the country. New cases in China have dropped to about 200 a day, from more than 3,000 in early February. The numbers may rise again as China's economy begins to revive. But for now, far more new cases are appearing elsewhere in the world.

China's counterattack can be replicated, Dr. Aylward said, but it will require speed, money, imagination and political courage.

For countries that act quickly, containment is still possible "because we don't have a global pandemic — we have outbreaks occurring globally," he added.

Dr. Aylward, who has 30 years experience in fighting polio, Ebola and other global health emergencies, detailed in an interview with The New York Times how he thinks the campaign against the virus should be run.

This conversation has been edited and condensed.

**Do we know what this virus's lethality is? We hear some estimates that it's close to the 1918 Spanish flu, which killed 2.5 percent of its victims, and others that it's a little worse than the seasonal flu, which kills only 0.1 percent. How many cases are missed affects that.**

There's this big panic in the West over asymptomatic cases. Many people are asymptomatic when tested, but develop symptoms within a day or two.

In Guangdong, they went back and retested 320,000 samples originally taken for influenza surveillance and other screening. Less than 0.5 percent came up positive, which is about the same number as the 1,500 known Covid cases in the province. (*Covid-19 is the medical name of the illness caused by the coronavirus.*)

There is no evidence that we're seeing only the tip of a grand iceberg, with nine-tenths of it made up of hidden zombies shedding virus. What we're seeing is a pyramid: most of it is aboveground.

Once we can test antibodies in a bunch of people, maybe I'll be saying, "Guess what? Those data didn't tell us the story." But the data we have now don't support it.

**That's good, if there's little asymptomatic transmission. But it's bad in that it implies that the death rates we've seen — from 0.7 percent in parts of China to 5.8 percent in Wuhan — are correct, right?**

I've heard it said that "the mortality rate is not so bad because there are actually way more mild cases."

Sorry — the same number of people that were dying, still die. The real case fatality rate is probably what it is outside Hubei Province, somewhere between 1 and 2 percent.



Patients waiting to be transferred from one hospital in Wuhan to Leishenshan Hospital, a newly built medical center to address the epidemic that is also in Wuhan, China. Credit...Agence France-Presse — Getty Images



**What about children? We know they are rarely hospitalized. But do they get infected? Do they infect their families?**

We don't know. That Guangdong survey also turned up almost no one under 20. Kids got flu, but not this. We have to do more studies to see if they get it and aren't affected, and if they pass it to family members. But I asked dozens of doctors: Have you seen a chain of transmission where a child was the index case? The answer was no.

**Why? There's a theory that youngsters get the four known mild coronaviruses so often that they're protected.**

That's still a theory. I couldn't get enough people to agree to put it in [the W.H.O. report](#).

**Does that imply that closing schools is pointless?**

No. That's still a question mark. If a disease is dangerous, and you see clusters, you have to close schools. We know that causes problems, because as soon as you send kids home, half your work force has to stay home to take care of them. But you don't take chances with children.

**Are the cases in China really going down?**

I know there's suspicion, but at every testing clinic we went to, people would say, "It's not like it was three weeks ago." It peaked at 46,000 people asking for tests a day; when we left, it was 13,000. Hospitals had empty beds.

I didn't see anything that suggested manipulation of numbers. A rapidly escalating outbreak has plateaued, and come down faster than would have been expected. Back of the envelope, it's hundreds of thousands of people in China that did not get Covid-19 because of this aggressive response.

**Is the virus infecting almost everyone, as you would expect a novel flu to?**

No — 75 to 80 percent of all clusters are in families. You get the odd ones in hospitals or restaurants or prisons, but the vast majority are in families. And only 5 to 15 percent of your close contacts develop disease. So they try to isolate you from your relatives as quickly as possible, and find everyone you had contact with in 48 hours before that.

**You said different cities responded differently. How?**

It depended on whether they had zero cases, sporadic ones, clusters or widespread transmission.

First, you have to make sure everyone knows the basics: hand-washing, masks, not shaking hands, what the symptoms are. Then, to find sporadic cases, they do fever checks everywhere, even stopping cars on highways to check everyone.

As soon as you find clusters, you shut schools, theaters, restaurants. Only Wuhan and the cities near it went into total lockdown.

**How did the Chinese reorganize their medical response?**

First, they moved 50 percent of all medical care online so people didn't come in. Have you ever tried to reach your doctor on Friday night? Instead, you contacted one online. If you needed prescriptions like insulin or heart medications, they could prescribe and deliver it.



Grocery delivery to a quarantine area in Wuhan, China. Credit...Agence France-Presse — Getty Images

**But if you thought you had coronavirus?**

You would be sent to a fever clinic. They would take your temperature, your symptoms, medical history, ask where you'd traveled, your contact with anyone infected. They'd whip you through a CT scan ...

**Wait — “whip you through a CT scan”?**

Each machine did maybe 200 a day. Five, 10 minutes a scan. Maybe even partial scans. A typical hospital in the West does one or two an hour. And not X-rays; they could come up normal, but a CT would show the “ground-glass opacities” they were looking for.

*(Dr. Aylward was referring to lung abnormalities seen in coronavirus patients.)*

**And then?**

If you were still a suspect case, you'd get swabbed. But a lot would be told, “You're not Covid.” People would come in with colds, flu, runny noses. That's not Covid. If you look at the symptoms, 90 percent have fever, 70 percent have dry coughs, 30 percent have malaise, trouble breathing. Runny noses were only 4 percent.

**The swab was for a PCR test, right? How fast could they do that? Until recently, we were sending all of ours to Atlanta.**

They got it down to four hours.

**So people weren't sent home?**

No, they had to wait. You don't want someone wandering around spreading virus.

**If they were positive, what happened?**

They'd be isolated. In Wuhan, in the beginning, it was 15 days from getting sick to hospitalization. They got it down to two days from symptoms to isolation. That meant a lot fewer infected — you choke off this thing's ability to find susceptibles.

**What's the difference between isolation and hospitalization?**



With mild symptoms, you go to an isolation center. They were set up in gymnasiums, stadiums — up to 1,000 beds. But if you were severe or critical, you'd go straight to hospitals. Anyone with other illnesses or over age 65 would also go straight to hospitals.

**What were mild, severe and critical? We think of “mild” as like a minor cold.**

No. “Mild” was a positive test, fever, cough — maybe even pneumonia, but not needing oxygen.

“Severe” was breathing rate up and oxygen saturation down, so needing oxygen or a ventilator.

“Critical” was respiratory failure or multi-organ failure.

**So saying 80 percent of all cases are mild doesn't mean what we thought.**

I'm Canadian. This is the Wayne Gretzky of viruses — people didn't think it was big enough or fast enough to have the impact it does.



A sports stadium converted to a makeshift hospital in Wuhan, China. Credit...China Daily/Reuters

**Hospitals were also separated?**

Yes. The best hospitals were designated just for Covid, severe and critical. All elective surgeries were postponed. Patients were moved. Other hospitals were designated just for routine care: women still have to give birth, people still suffer trauma and heart attacks.

They built two new hospitals, and they rebuilt hospitals. If you had a long ward, they'd build a wall at the end with a window, so it was an isolation ward with “dirty” and “clean” zones. You'd go in, gown up, treat patients, and then go out the other way and de-gown. It was like an Ebola treatment unit, but without as much disinfection because it's not body fluids.

**How good were the severe and critical care?**

China is really good at keeping people alive. Its hospitals looked better than some I see here in Switzerland. We'd ask, “How many ventilators do you have?” They'd say “50.” Wow! We'd say, “How many ECMOs?” They'd say “five.” The team member from the Robert Koch Institute said, “Five? In Germany, you get three, maybe. And just in Berlin.”

*(ECMOs are extracorporeal membrane oxygenation machines, which oxygenate the blood when the lungs fail.)*

**Who paid for all of this?**

The government made it clear: testing is free. And if it was Covid-19, when your insurance ended, the state picked up everything.

In the U.S., that's a barrier to speed. People think: "If I see my doctor, it's going to cost me \$100. If I end up in the I.C.U., what's it going to cost me?" That'll kill you. That's what could wreak havoc. This is where universal health care coverage and security intersect. The U.S. has to think this through.

**What about the nonmedical response?**

It was nationwide. There was this tremendous sense of, "We've got to help Wuhan," not "Wuhan got us into this." Other provinces sent 40,000 medical workers, many of whom volunteered.

In Wuhan, our special train pulled in at night, and it was the saddest thing — the big intercity trains roar right through, with the blinds down.

We got off, and another group did. I said, "Hang on a minute, I thought we were the only ones allowed to get off." They had these little jackets and a flag — it was a medical team from Guangdong coming in to help.

**How did people in Wuhan eat if they had to stay indoors?**

Fifteen million people had to order food online. It was delivered. Yes, there were some screw-ups. But one woman said to me: "Every now and again there's something missing from a package, but I haven't lost any weight."



A yoga class being taught online from a studio in Beijing. Credit...Roman Pilipey/EPA, via Shutterstock

**Lots of government employees were reassigned?**

From all over society. A highway worker might take temperatures, deliver food or become a contact tracer. In one hospital, I met the woman teaching people how to gown up. I asked, "You're the infection control expert?" No, she was a receptionist. She'd learned.



**How did technology play a role?**

They're managing massive amounts of data, because they're trying to trace every contact of 70,000 cases. When they closed the schools, really, just the buildings closed. The schooling moved online. Contact tracers had on-screen forms. If you made a mistake, it flashed yellow. It was idiot-proof.

We went to Sichuan, which is vast but rural. They'd rolled out 5G. We were in the capital, at an emergency center with huge screens. They had a problem understanding one cluster. On one screen, they got the county headquarters. Still didn't solve it.

So they got the field team. Here's this poor team leader 500 kilometers away, and he gets a video call on his phone, and it's the governor.

**What about social media?**

They had Weibo and Tencent and WeChat giving out accurate information to all users. You could have Facebook and Twitter and Instagram do that.

**Isn't all of this impossible in America?**

Look, journalists are always saying: "Well, we can't do this in our country." There has to be a shift in mind-set to rapid response thinking. Are you just going to throw up your hands? There's a real moral hazard in that, a judgment call on what you think of your vulnerable populations.

Ask yourself: Can you do the easy stuff? Can you isolate 100 patients? Can you trace 1,000 contacts? If you don't, this will roar through a community.

**Isn't it possible only because China is an autocracy?**

Journalists also say, "Well, they're only acting out of fear of the government," as if it's some evil fire-breathing regime that eats babies. I talked to lots of people outside the system — in hotels, on trains, in the streets at night.

They're mobilized, like in a war, and it's fear of the virus that was driving them. They really saw themselves as on the front lines of protecting the rest of China. And the world.





A medical worker in a hospital in Wuhan working with traditional medicines to treat patients. Credit...Agence France-Presse — Getty Images

**China is restarting its economy now. How can it do that without creating a new wave of infections?**

It's a "phased restart." It means different things in different provinces.

Some are keeping schools closed longer. Some are only letting factories that make things crucial to the supply chain open. For migrant workers who went home — well, Chengdu has 5 million migrant workers.

First, you have to see a doctor and get a certificate that you're "no risk." It's good for three days.

Then you take the train to where you work. If it's Beijing, you then have to self-quarantine for two weeks. Your temperature is monitored, sometimes by phone, sometimes by physical check.

**What's going on with the treatment clinical trials?**

They're double-blind trials, so I don't know the results. We should know more in a couple of weeks.

The biggest challenge was enrolling people. The number of severe patients is dropping, and there's competition for them. And every ward is run by a team from another province, so you have to negotiate with each one, make sure they're doing the protocols right.

And there are 200 trials registered — too many. I told them: "You've got to prioritize things that have promising antiviral properties."

**And they're testing traditional medicines?**

Yes, but it's a few standard formulations. It's not some guy sitting at the end of the bed cooking up herbs. They think they have some fever-reducing or anti-inflammatory properties. Not antivirals, but it makes people feel better because they're used to it.

**What did you do to protect yourself?**

A heap of hand-sanitizer. We wore masks, because it was government policy. We didn't meet patients or contacts of patients or go into hospital dirty zones.

And we were socially distant. We sat one per row on the bus. We ate meals in our hotel rooms or else one person per table. In conference rooms, we sat one per table and used microphones or shouted at each other.

That's why I'm so hoarse. But I was tested, and I know I don't have Covid.



Dr. Aylward offered an elbow in lieu of a handshake during a briefing in Geneva on the W.H.O. mission to China.Credit...Salvatore Di Nolfi/EPA, via Shutterstock

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 12:31:28 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Nicolle Wallace / MSNBC interview request for today or next week...

FYI

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Robinson, Query (NBCUniversal) <query.robinson@msnbc.com>  
**Sent:** Friday, March 6, 2020 7:17 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Nicolle Wallace / MSNBC interview request for today or next week...

Hi Patricia,

This is Query Robinson with Nicolle Wallace at MSNBC's 'Deadline: White House' in New York again.

I am writing to request an interview with Dr. Fauci today during the 4 pm ET or at some point next week if his schedule may allow.

Nicolle is hoping to speak with Dr. Fauci about growing concerns over the spread coronavirus and what the public should be doing now in the wake of this pandemic.

We would gladly have Dr. Fauci join us from the NIH camera if his schedule may allow..

Please let me know if today may be a possibility or if another day next week may be better for the schedule when you may have a moment.

All the best,

Query

Query Robinson

'Deadline: White House' with Nicolle Wallace

[30 Rockefeller Plaza, NY, NY 10112](#)

W – [212-664-3923](#)

C – (b) (6)

[query.robinson@nbcuni.com](mailto:query.robinson@nbcuni.com)

Sent from my iPhone - please overlook any misspellings or grammatical errors



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 11:02:56 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Emergency Preparedness, Coronavirus, and Products from MPI  
**Attachments:** MPI - CloroxPro\_Scrubs\_2019 (1).pdf, MPI - CloroxPro\_LabCoats\_2019.pdf, MPI - PrimeMedical\_Curtains\_Flyer.pdf, MPI - POW\_HOSP\_Barrier\_Protection\_28update29.pdf, MPI - EvaClean Tri Fold 2019.pdf

Please take a look and handle if necessary

**From:** Brad Wicklas (b) (6) >  
**Sent:** Friday, March 6, 2020 3:46 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Emergency Preparedness, Coronavirus, and Products from MPI

Hi Anthony Fauci,

I know you're busy, but I wanted to introduce our Company, Medical Partners International, and talk for a quick minute about what we do and how it can help you. As you know, the CDC has asked all healthcare facilities to prepare for the "worst case scenario" around the Novel Coronavirus. As much of our medical supply manufacturing in the US comes from overseas, it is of critical import to look at potential shortages of key products that will be needed to perform basic IP functions in your facility. We have already seen challenges with N95 masks, and I have heard about potential shortages of items like disinfection wipes. We at MPI have a couple of unique solutions you need to consider:

PureTabs and PureOne NaDCC tablets that are diluted in tap water to create HOCl for surface disinfection. They are currently used in electrostatic sprayers to offer greater coverage around your equipment. If, for some reason, there's a challenge getting the electrostatic sprayers in the future (and we've already seen shortages and delays in getting new units), simply use our NaDCC tablets with spray bottles from your local store to apply the HOCl for disinfection. Our tablets have kill claims for C. diff in four minutes, and like a number of other cleaning agents, we believe we can be effective against the Novel Coronavirus. The problem with the other products out there comes down to availability, particularly of the N95 masks that are required on their IFU's. With our product, an N95 mask is recommended, but not required, which is a huge distinction if you have run out of N95 masks.

Secondly, we have our protective scrubs, lab coats and privacy curtains from Prime Medical. Co-branded with Clorox, these products create a 3 log (99.9%) barrier against bacteria and viruses when washed with bleach. The barrier lasts for 12 weeks,



so there's a dramatically lower chance of passing something along. These are a great protective measure for your staff. The CDC mentioned that sodium hypochlorite (bleach) may be effective against Novel Coronavirus, so it stands to reason that our scrubs will help against unwanted spreading as well.

Finally, we have our Path-O-Wrap, which protects mattresses and gurneys from the harsh chemicals used during cleaning. It also can help dramatically when a catastrophic event happens, as you simply put these on a gurney or mattress and remove them between patients. It was invented by an EMT for just this purpose, and may be exactly what you need for your Emergency Preparedness Program.

We also have other great IP products such as:

- UV Disinfection Boxes to create a "touch-less check-in" to protect staff and patients alike
- HealthySole UV solutions for the bottom of feet for OR and other sensitive areas
- Bowman Cover Your Cough Stations

I have attached a couple of brochures for your review. We can provide you with a quote, or have our local representative bring in samples of some of the products to show. Simply write me back with what you would like more information on. We feel our products will make a difference for your facility; let us know how we can help.

Sincerely,

**Medical Partners International**

Brad Wicklas  
*Managing Partner*

Cell: (b) (6)

Website: [www.bwicklas@medpint.com](mailto:www.bwicklas@medpint.com)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 11:00:51 +0000  
**To:** Corey MD, Larry; Dieffenbach, Carl (NIH/NIAID) [E]  
**Subject:** RE: coronavirus vaccine testing

Anything that works is fine with me.

**From:** Corey MD, Larry (b) (6) >  
**Sent:** Friday, March 6, 2020 12:23 AM  
**To:** Dieffenbach, Carl (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6) >  
**Subject:** coronavirus vaccine testing

I know the VTEU's are first in line but I am sure the HVTN sites would be quite willing to participate in any coronavirus vaccine testing and if you need international populations the sub Saharan African sites will I am sure be interested . so our informal polling of sites revealed enthusiasm.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:07:20 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: SARS CoV entry inhibition for the masses  
**Attachments:** Novel Inhibitors of SARS CoV Entry.pdf

Please handle.

---

**From:** Chris Sorg (b) (6) >  
**Sent:** Wednesday, March 4, 2020 4:24 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: SARS CoV entry inhibition for the masses

Dear Dr. Fauci: I really think you should look at this email trail. I can't seem to

(b) (4)

Respectfully,

John C. Sorg, M.D.

Cell: (b) (6)

**Chris Sorg**

**Hospitalist**

North Arkansas Regional Medical Center  
620 North Main Street, Harrison, AR 72601

Office: (b) (6)



---

**From:** Chris Sorg

**Sent:** Monday, March 2, 2020 1:16 PM

**To:** (b) (6)

**Subject:** FW: SARS CoV entry inhibition for the masses

*Continuing to think outloud.*

(b) (4)

*J.C. Sorg, M.D.*

**Chris Sorg**

**Hospitalist**

North Arkansas Regional Medical Center  
620 North Main Street, Harrison, AR 72601



Office: (b) (6)



**From:** Chris Sorg

**Sent:** Monday, March 2, 2020 12:11 PM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** SARS CoV entry inhibition for the masses

(b) (4)

*Respectfully,*

*J.C. Sorg, M.D.*

*Internal Medicine*

**Chris Sorg**

**Hospitalist**

**North Arkansas Regional Medical Center  
620 North Main Street, Harrison, AR 72601**

Office: (b) (6)



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:06:51 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: Meeting to Assess Evaluation of COVID-19 vaccine candidates for risk of enhanced disease  
**Attachments:** March 12th-Tentative list of questions to be discussed\_JPC mg-sb[16212]-version4March-1239-CLEAN.docx, Draft agenda.Acc Assess ED.4Mar202011\_with annexes.pdf

Please handle. I cannot meet with them.

**From:** Steve Black (b) (6)  
**Sent:** Wednesday, March 4, 2020 4:26 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Robert Chen (b) (6)  
**Subject:** Meeting to Assess Evaluation of COVID-19 vaccine candidates for risk of enhanced disease

Dear Doctor Fauci,

I am writing to you as a member of the SPEAC project which CEPI has funded to assist with the evaluation of the safety of vaccines in their portfolio. As part of this effort, we are assisting with developing preclinical and clinical testing criteria to evaluate the risk of enhanced disease following vaccination with COVID-19 vaccine candidates. As you know, this had been an issue with some prior SARS vaccine candidates.

We are convening a two day virtual meeting of experts via video conference next week on March 12 and 13 between 8 am and 1 pm Eastern time each day. Participants in the meeting are shown in the attached agenda but include Paul Henri Lambert from Geneva and Barney Graham from NIH. The meeting will actively involve the participants on the agenda the first day and on the second day the meeting will be open for several peer reviewers including Stanley Plotkin and Andy Pollard to review and comment on possible small and NHP animal models as well as appropriate immunologic testing to be done in early phase one trials.

I am wanted to make you aware of the meeting so that you could attend all or part as an observer if you wish but also to invite you to consider joining on day two as one of our formal peer reviewers. The goal of the meeting would be to share recommendations with CEPI COVID-19 developers as well as other interested parties.

Any comments you have on the agenda or draft questions for consideration would be greatly appreciated.

I look forward to hearing back from you.

ATTACHMENTS: DRAFT AGENDA; DRAFT QUESTIONS FOR CONSIDERATION

Steve

Steven Black MD

SPEAC Project work package lead for CEPI



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:04:44 +0000  
**To:** (b) (6)  
**Subject:** FW: medRxiv: Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

fyi

---

**From:** Folkers, Greg (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Wednesday, March 4, 2020 4:27 PM  
**Subject:** medRxiv: Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

## Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Xiaohua Chen, Binghong Zhao, Yueming Qu, Yurou Chen, Jie Xiong, Yong Feng, Dong Men, Qianchuan Huang, Ying Liu, Bo Yang, Jinya Ding, Feng Li

doi: <https://doi.org/10.1101/2020.02.29.20029520>

**This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.**

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- [Metrics](#)
- 
- [Preview PDF](#)

### Abstract

**Background:** Although the SARS-CoV-2 viral load detection of respiratory specimen has been widely used for novel coronavirus disease (COVID-19) diagnosis, it is undeniable that serum SARS-CoV-2 nucleic acid (RNAemia) could be detected in a fraction of the COVID-19 patients. However, it is not clear that if the incidence of RNAemia could be correlated with the occurrence of cytokine storm or with the specific class of patients. **Methods:** This study enrolled 48 patients with COVID-19 admitted to the General Hospital of Central Theater Command, PLA, a designated hospital in Wuhan, China. The patients were divided into three groups according to the Diagnosis and Treatment of New Coronavirus Pneumonia (version 6) published by the National Health Commission of China. The clinical and laboratory data were collected. The serum viral load detection and serum IL-6 levels were determined. Except for routine statistical analysis, Generalized Linear Models (GLMs) analysis was used to establish a patient status

prediction model based on real-time RT-PCR Ct value. Findings: The Result showed that cases with RNAemia were exclusively confirmed in critically ill patients group and appeared to reflect the illness severity. Further more, the inflammatory cytokine IL-6 levels were significantly elevated in critically ill patients, which is almost 10-folds higher than those in other patients. More importantly, the extremely high IL-6 level was closely correlated with the incidence of RNAemia ( $R=0.902$ ) and the vital signs of COVID-19 patients ( $R=-0.682$ ). Interpretation: Serum SARS-CoV-2 viral load (RNAemia) is strongly associated with cytokine storm and can be used to predict the poor prognosis of COVID-19 patients. Moreover, our results strongly suggest that cytokine IL-6 should be considered as a therapeutic target in critically ill patients with excessive inflammatory response.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:01:59 +0000  
**To:** James Krellenstein  
**Subject:** RE: 2019-nCoV Testing for Public Health Labs

James:

Thanks for the note. Be assured that I am trying to break this log jam.

Best,  
Tony

**From:** James Krellenstein [REDACTED] (b) (6)  
**Sent:** Wednesday, March 4, 2020 6:46 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Re: 2019-nCoV Testing for Public Health Labs

Tony:

I am loath to contact you given that I am sure you are overwhelmed. However, we are now being contacted by sources at tertiary academic hospitals with CLIA-high complexity clinical labs who are alarmed about their inability to scale up SARS-CoV2 qRT-PCR testing in their facilities in the time frame they feel is necessary, even after Saturday's FDA regulatory guidance and the availability of Integrated DNA Technology's testing reagents. (An example of such an email is below.) I am passing this along with the hopes that if you can do something about it, you will. From an email:

"We have experience bringing up laboratory developed tests. We have never submitted an EUA before. For our current LDTs, they are typically for pathogens that we have some experience with, positive clinical samples are readily available, and/or appropriate control materials (e.g. bacteria, viral genomes) are readily commercially available. None of those are true for SARS-CoV2. There is tremendous concern about deploying a suboptimal test into a challenging environment.

The EUA guidance from FDA is not unreasonable for the validation of a new respiratory virus test, and it gives an accurate picture of the amount of testing that is required to bring on a new test by the lab. Federal law requires us to perform accuracy, reproducibility, analytical sensitivity / LOD, and analytical specificity (cross reactivity) studies. Those studies require positive control material *including* intact virus or RNA. Clinical labs are not prepared to generate RNA transcript, and we don't usually source these ourselves. We can't get the virus without filling out extensive paperwork that requires multiple signatures. Getting control material for validation one of the biggest issues.

Prior to the EUA change, the calculus for our labs was that it would take 3 to 4 weeks to actually validate a test, and then we would submit to the FDA for EUA (a process none of us has ever done), and then we would wait for the FDA to respond (hopefully in the affirmative). I think we all expected the FDA EUA review to be at least 4 weeks. Based on that time-line, many commercial vendors would have reagents available with their own EUAs that would be able to be performed on large automated instruments including potentially STAT. None of the LDT assays (or CDC assay) can be performed STAT or on demand.

With the EUA change, the process to validate the test is still the same and will still take 3 or more weeks. Once validated, we can perform clinical testing (like any other LDT) while we submit the EUA. This would likely allow us to begin testing several weeks before commercial vendors have EUA reagents available based upon our best current information. Most of us expect to transition a commercial EUA at some point.

The recent statement that IDT reagents can be used under the EUA from CDC is misleading. It applies to a very limited number of lots (currently 1, likely 2 soon), it assumes reagents are available, and it requires strict adherence to the CDC protocol using identical extraction methods (2 choices) and amplification / detection methods (1 instrument). It still specifies the use of an N1, N2, and N3 reactions, but CDC has dropped the N3 reaction. The EUA has not yet been updated. Neither of our hospitals have the complete extraction or amplification instruments so we have to do the EUA anyway."

Hope you are coping ok,

James

--

James B. Krellenstein

109 S 5th St,

Brooklyn, NY 11249

(b) (6) (mobile)

(b) (6)

On Sun, Feb 2, 2020 at 7:36 PM James Krellenstein (b) (6) > wrote:

Tony:

I hope this email finds you well. Over the past 48 hours, PrEP4All has received multiple requests from leaders of public health departments and public health practitioners to begin publicly pressuring

CDC/HHS to ensure that properly equipped public health labs (besides CDC's lab in Atlanta) can perform real time reverse transcription PCR (qRT-PCR) testing for 2019 Novel-Coronavirus (2019-nCoV).

Our understanding is that given the public health emergency declared by HHS, an emergency use authorization (EUA) from the FDA is required for public health labs to perform their own lab developed test for 2019-nCoV, even if it is using the CDC's published qRT-PCR protocol and primer/probe sequences (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/rt-pcr-panel-for-detection-instructions.pdf>) , and the lab is capable of handling BSL3+ samples.

We understand the extreme delicateness of this situation, and also that it is outside of our normal wheelhouse. But given the concerns of our colleagues in the public health sector, we thought it was important to give you a heads up regarding this request.

Let us know if there is anyway we can help.

Sincerely,

James Krellenstein  
Data, Science and Policy Committee  
The PrEP4All Collaboration  
109 S 5th St, Brooklyn, NY 11249  
(b) (6)

--  
James B. Krellenstein  
he - him - his

(b) (6)  
(Sent from a mobile device)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:00:31 +0000  
**To:** (b) (6)  
**Subject:** FW: Covid-19 causes CRS (and source of mortality)  
**Attachments:** Ruan2020\_Article\_ClinicalPredictorsOfMortalityD.pdf

FYI

---

**From:** Pavletic, Steven (NIH/NCI) [E] (b) (6) >  
**Sent:** Wednesday, March 4, 2020 10:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: Covid-19 causes CRS (and source of mortality)

Dear Dr Fauci, this is not an area of my expertise, but given the urgency of situation with the Covid-19 and some of our experiences with treating CART induced cytokine release syndrome in cancer patients, just wanted to share this email with you in case you find it of interest. Dr Betts is my brilliant junior BMT colleague at University of Minnesota. I realize this may be old news to you but wanted to share just in case.

Warm regards  
Steve Pavletic

**From:** Brian Betts (b) (6) >  
**Sent:** Wednesday, March 4, 2020 2:06 PM  
**To:** Pavletic, Steven (NIH/NCI) [E] (b) (6) >  
**Subject:** Covid-19 causes CRS (and source of mortality)

Hi Steve,

This is an interesting paper from intensivists in Wuhan. The IF of the journal is 18 too.

Looks like covid-19 causes an IL-6 mediated CRS with myocarditis, which is associated with mortality (more so than the pneumonitis).

This suggests we should be more concerned with getting tocilizumab for critically ill covid-19 patients, rather than tamiflu and ARVT...

Do you have a friend at the CDC that could use this info?

Thanks, Brian

--

**Brian C. Betts MD**  
Associate Professor of Medicine  
Division of Hematology, Oncology and Transplantation  
University of Minnesota

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 03:57:38 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]; Greg Folkers (b) (6)  
**Subject:** FW: COVID-19 event Friday @CSIS Tony March 20, 1:30pm-3:30pm

Let us discuss.

---

**From:** Stephen Morrison <SMorriso@csis.org>  
**Sent:** Thursday, March 5, 2020 7:02 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Samantha Stroman <SStroman@csis.org>  
**Subject:** Re: COVID-19 event Friday @CSIS Tony March 20, 1:30pm-3:30pm

Hi Tony  
Will March 20 work for you?  
Best Steve

On Mar 2, 2020, at 10:07 AM, Stephen Morrison <SMorriso@csis.org> wrote:

Tony

I know the demands on you have skyrocketed, so I am circling back to confirm you are still available on Friday March 20 for the COVID-19 event, and also to seek your advice, as we amend the layout of the event, including possibly having it run a little longer.

I am still hoping you can do a big picture scene setter (15-20 minutes with slides)

- (i) The state of the science surrounding the virus, what we know and do not know,
- (ii) Progression of the outbreak
- (iii) Testing
- (iv) Status of accelerated early work on vaccines, antivirals

We will have a panel that covers China, and we may add a panel on the epicenters in Italy, ROK, Iran

I would like to carve out ample space for discussion of the United States. In your view, is it advisable to put a request forward to Secy Azar or VP Pence? Neither needs a platform to have their voices heard. But perhaps they would see this sort of setting as an opportunity.

If not the Secy or VP, is there anyone else you might propose? I had reached out earlier to Steve Biegun to speak on the foreign policy dimensions, especially regarding China, but have not heard back.

I have separately reached out to the NGA about possibly enlisting a governor to speak.

If you are free and wish to speak by phone about any of this, please let me know.

Best of luck with everything. You seem to be making progress!

Best Steve

Cell [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 03:56:47 +0000  
**To:** MAVILIO Domenico ICH  
**Subject:** RE: Ciao

Domenico:

Thanks for the note. Indeed, this outbreak has changed the lives of many people, including me. I am doing nothing else but coronavirus. I cannot predict when the travel restriction for Northern Italy will be removed. I hope soon, but I doubt that. STAY WELL.

Best regards,

Tony

**From:** MAVILIO Domenico ICH (b) (6)  
**Sent:** Thursday, March 5, 2020 7:49 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Ciao

Hi Tony,

just a short notice to tell you that you are becoming even more popular in Italy as your face and interviews are everywhere on the main Italian broadcasting news and journals.

It seems like to be in USA again for me, as I see you every day and I can tell you are doing well although you must be overwhelmed with all this. I was supposed to be at NIH in tre weeks from now, but I have cancelled the flight and travel due to highest restrictions from CDC and HHS for Italian travellers from Lombardia and Veneto (and I live in Milan).

Can we estimate how long all this will last? Weeks or months according to you knowledge?

Hope to see you soon anyway and I really hope U.S. outbreak will not turn as bad as the Italian one. Indeed, Milan is living a real unprecedented (for modern time) and surrealistic situation with a mix of fear, panic and incredulity among people. It almost seems a movie! The government shut down half country by closing all schools and universities, by not allowing meetings of any kind, by limiting travels in many places and by placing severe restrictions in social life. They even stopped the Fashion week in Milan that is a big thing here.

Maybe too late, but they did it and we hope it will work somehow to reach a plateau in contagious.

have a nice day

Ciao

Domenico

---

Domenico Mavilio, M.D., Ph.D.  
Associate Professor of Translational Medicine

Department of Medical Biotechnologies and Translational Medicine  
Medical School of Milan University, Milan , Italy

**Principal Investigator**

Head, Unit of Clinical and Experimental Immunology  
Humanitas Research Hospital, Rozzano, Milan, Italy

**Adjunct Investigator**

Laboratory of Cardiovascular Regenerative Medicine,  
National Heart, Lung and Blood Institute  
National Institutes of Health, Bethesda, MD, USA

[REDACTED] (b) (6)

Phone: [REDACTED] (b) (6)

Fax: +39 02 8224 5191

emails: [REDACTED] (b) (6)

[REDACTED] (b) (6)

[REDACTED] (b) (6)

webpage: <http://www.humanitas-research.org/category/principal-investigator/mavilio/>

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*Nota di riservatezza. Il presente messaggio, compresi dei relativi allegati, contiene informazioni da considerarsi strettamente riservate, ed è destinato esclusivamente al destinatario sopra indicato, il quale è l'unico autorizzato ad usarlo, copiarlo e, sotto la propria responsabilità, diffonderlo. Chiunque ricevesse questo messaggio per errore o comunque lo leggesse senza esserne legittimato è avvertito che trattenerlo, copiarlo, divulgarlo, distribuirlo a persone diverse dal destinatario è severamente proibito, ed è pregato di notifylo immediatamente al mittente distruggendone l'originale.*

*Grazie*

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*Thank You*



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 03:51:21 +0000  
**To:** Phillips, Kyra  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Hi Tony! Univ of Nebraska.....

Kyra:

Thanks for the note. You would have to go through my Special Assistant, Patty Conrad, who is copied on this e-mail.  
Best,  
Tony

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

From: Phillips, Kyra <Kyra.Phillips@abc.com>  
Sent: Thursday, March 5, 2020 9:30 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
Subject: Re: Hi Tony! Univ of Nebraska.....

Good morning! I made contact and it's in the works! We even have them in our 20/20 special tomorrow night!

Question: do you think you could go live with me from NIH or WH one day next week for our Noon Coronavirus show? It's live steamed so we have millions of viewers. We would take viewer questions (I would give you ahead of time) and you would answer only those you want to.

It's a half hour show, but we would do whatever amount of time your schedule allows.

It would be so impactful for the average viewer.

V/R

Kyra

@KyraPhillips, ABC News  
Investigative Correspondent  
KyraPhillips.Com  
(b) (6)

> On Mar 3, 2020, at 10:32 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

>

> Kyra:

> They very well might let you do it. It is worth a try. The containment there is excellent and there is no evidence of community spread in Omaha.

> Best,

> Tony

>

> -----Original Message-----

> From: Phillips, Kyra <Kyra.Phillips@abc.com>

> Sent: Tuesday, March 3, 2020 6:21 PM

> To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>

> Subject: Hi Tony! Univ of Nebraska.....

>

> Tony,

> Do you think the University of Nebraska would let me in to do a story for ABC News on the therapeutics they are working on?

> Would it even be safe for me to do it?



> Appreciate how you are holding court during this crisis.

> Respectfully,

> Kyra

>

>

> @KyraPhillips, ABC News

> Investigative Correspondent

> KyraPhillips.Com

> (b) (6)

>



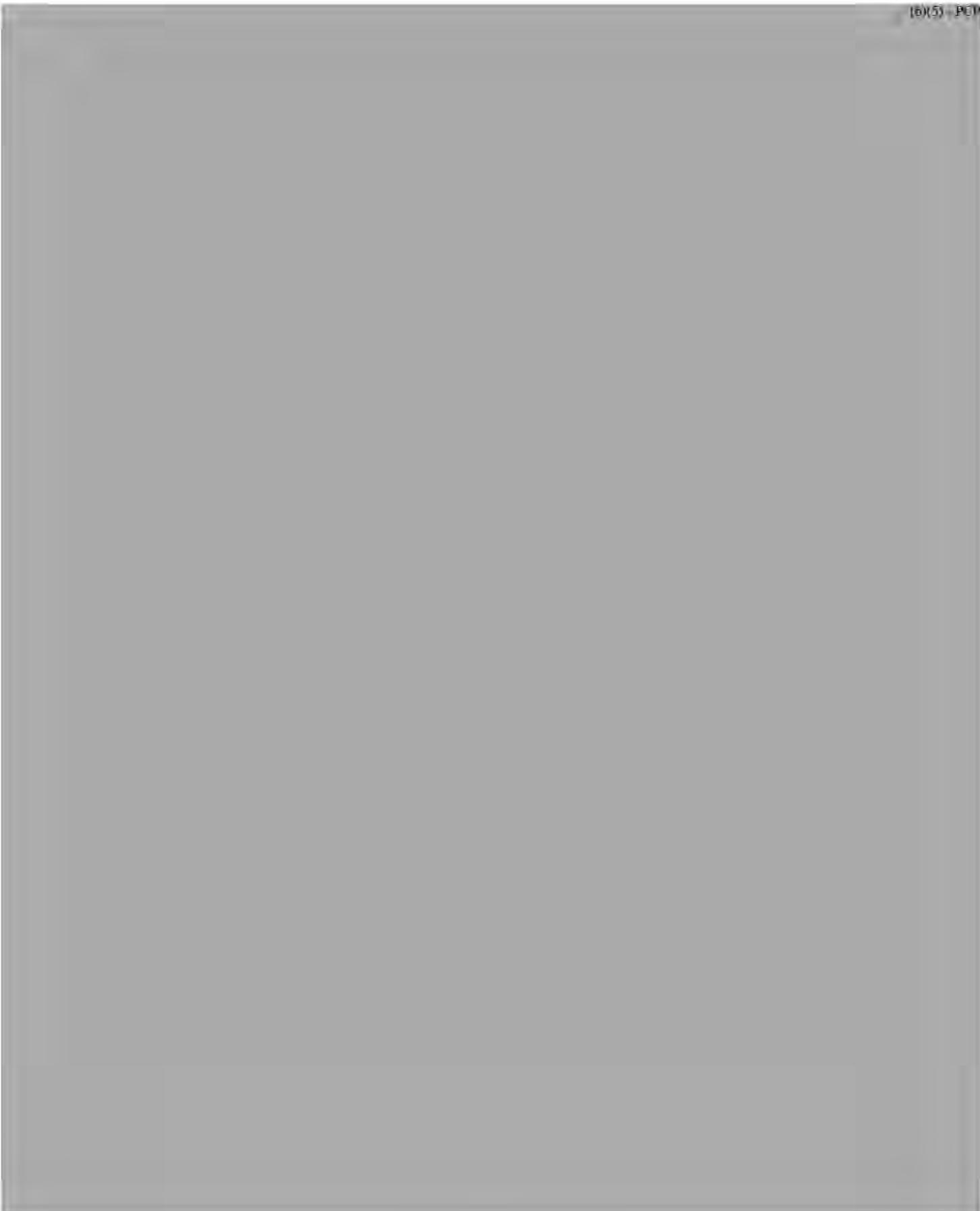
**From:** (b) (6)  
**Sent:** Tue, 10 Mar 2020 14:57:59 -0400  
**To:** Short, Marc T. EOP/OVP  
**Subject:** Re: White House Coronavirus Task Force Meeting at \*\*3:30pm\*\* on 3/10/20

Marc:

I likely will be several minutes late since I have to come down from Bethesda by Metro and the time change threw me off. Sorry.

Tony

> On Mar 10, 2020, at 2:49 PM, Short, Marc T. EOP/OVP <(b) (6)> wrote:  
>  
>  
> <White House Coronavirus Task Force Meeting at \*\*3:30pm\*\* on 3\_10\_20>







**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 10 Mar 2020 15:59:26 +0000  
**To:** Hurst, Natalie R. EOP/OVP  
**Cc:** Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: Important Updates - White House Coronavirus Subtask Force Calls

Natalie:

Please add my Assistant, Dr. Hilary Marston, to the list of invitees to the Subtask Force Calls. She reports directly to me and is my source of de-briefing after the calls. I am copying her on this e-mail. Many thanks.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Hurst, Natalie R. EOP/OVP (b) (6)  
**Sent:** Tuesday, March 10, 2020 11:22 AM  
**Subject:** Important Updates - White House Coronavirus Subtask Force Calls  
**Importance:** High

Good morning all,

I wanted to send a note to clarify the White House Coronavirus Subtask Force Calls moving forward.

There will be a White House Coronavirus Subtask Force Call **every day**, unless otherwise directed by Olivia Troye, Dr. Debi Birx, or me.

- Monday – Friday, the call will take place at **9:00am**
- Saturday – Sunday, the call will take place at **10:00am**

Starting this evening, I will send a new calendar invite for the remainder of this week's calls (Wednesday, March 11 / Thursday, March 12 / Friday, March 13). On Friday, March 13, I will send a calendar invite for this weekend's calls (Saturday, March 14 & Sunday, March 15).

**Looking ahead -**

- Invites for weekday calls will be sent on Sunday nights.
- Invites for weekend calls will be sent on Friday nights.
- **Please note: Call-in numbers for Saturday & Sunday will be different from the number used Mondays - Fridays.**

**\*\* If you would like to be removed from this distribution list, please respond to this email before 5:00 pm tonight, so that you will be removed starting Thursday morning.\*\***

Please do not hesitate to reach out with any questions or concerns.

Thank you,

**Natalie Hurst**

Operations Coordinator, White House Coronavirus Task Force

Executive Assistant to the Chief of Staff

The Office of the Vice President

(b) (6)















**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 8 Mar 2020 01:38:49 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

I need WAVES, please. Thanks.

---

**From:** Hurst, Natalie R. EOP/OVP [REDACTED] (b) (6)  
**Sent:** Saturday, March 7, 2020 8:30 PM  
**Subject:** White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm  
**Importance:** High

All –

There will be a **White House Coronavirus Task Force Meeting** on **Sunday, March 8<sup>th</sup> at 4:00 pm** in the **White House Situation Room**. Agenda will be forthcoming.

Thank you,

**Natalie Hurst**

Operations Coordinator, White House Coronavirus Task Force  
Executive Assistant to the Chief of Staff  
The Office of the Vice President

[REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:03:24 +0000  
**To:** Greg Folkers ( [REDACTED] (b) (6) )  
**Subject:** FW: 2020 03 03 SC POTUS NIH Roundtable. Email #1  
**Attachments:** P20200303SC-0059.jpg, P20200303SC-0066.jpg, P20200303SC-0088.jpg, P20200303SC-0109.jpg, P20200303SC-0123.jpg, P20200303SC-0182.jpg, P20200303SC-0272.jpg

For the file

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**From:** Hansen, Daniel E. EOP/WHO < [REDACTED] (b) (6) >  
**Sent:** Wednesday, March 4, 2020 6:36 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** FW: 2020 03 03 SC POTUS NIH Roundtable. Email #1

Photos from POTUS visit Tuesday NIH For Your Personal Archives

2020 03 03 SC POTUS NIH Roundtable. Email #1

P20200303SC 0088

President Donald J. Trump listens as Dr. Francis Collins, director of the National Institute of Allergy and Infectious Diseases, addresses his remarks during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0066 0109



President Donald J. Trump participates in a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0059 0123 0182

President Donald J. Trump listens as Dr. Anthony S. Fauci, director of the National Institute of Health, addresses his remarks during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0272

President Donald J. Trump answers questions from reporters during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

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Dan Hansen

WH Photo Office









**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 6 Mar 2020 04:02:46 +0000  
**To:** Greg Folkers (b) (6)  
**Subject:** FW: 2020.03.03 WH bSouth Lawn Arrival from NIH and Press gaggle  
**Attachments:** P20200303JB-1347.jpg, P20200303JB-1380.jpg, P20200303JB-1393.jpg, P20200303JB-1473.jpg, P20200303JB-1531.jpg, P20200303JB-1554.jpg, P20200303JB-1606.jpg, P20200303JB-1630.jpg, P20200303JB-1708.jpg, P20200303JB-1742.jpg

For the file

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**From:** Hansen, Daniel E. EOP/WHO (b) (6) >  
**Sent:** Wednesday, March 4, 2020 6:42 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: 2020.03.03 WH bSouth Lawn Arrival from NIH and Press gaggle

**Subject:** 2020.03.03 WH South Lawn Arrival and Press gaggle for Personal Archives

**P20200303JB-1347, 1380, 1393**

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, disembarks Marine One on the South Lawn of the White House after attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

**P20200303JB-1473**

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, listens as Secretary of Health and Human Services Alex Azar answers a reporter's question following President Trump's return from attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

**P20200303JB-1531, 1554, 1606**

President Donald J. Trump, joined by Secretary of Health and Human Services Alex Azar, listens as Dr. Anthony S. Fauci, director of the National Institute of Health answers a reporter's question following President Trump's return from attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

**P20200303JB-1630, 1708**

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, speaks with reporters following his return to the White House after attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

**P20200303JB-1742**



President Donald J. Trump, Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, walk to the Oval Office Tuesday, March 3, 2020, at the White House. (Official White House Photo by Joyce N. Boghosian)

Dan Hansen  
White House Photo Office

(b) (6)





















**From:** (b) (6)  
**Sent:** Mon, 2 Mar 2020 08:32:20 -0500  
**To:** Tabak, Lawrence (NIH/OD) [E]  
**Cc:** Collins, Francis (NIH/OD) [E]; Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Re: TIME SENSITIVE

Larry:  
Let Hilary do this. I am on a conference call.  
Thanks,  
Tony

On Mar 2, 2020, at 8:27 AM, Tabak, Lawrence (NIH/OD) [E]  
(b) (6)>wrote:

Tony –  
Could one of your folks give me a quick read out on this please? (should I reach out to Hilary Marston?). This is the paper that DOE alluded to in the initial conference call we had with OSTP. I will respond informed by your staff's guidance.  
Larry

---

**From:** "Mango, Paul (HHS/IOS)" (b) (6)>  
**Date:** Monday, March 2, 2020 at 8:19 AM  
**To:** Stephen Hahn <(b) (6)>, "Lenihan, Keagan (FDA/OC)" (b) (6)>, Anthony Fauci <(b) (6)>, "Tabak, Lawrence (NIH/OD) [E]" (b) (6)>, "Redfield, Robert R. (CDC/OD)" (b) (6)>, "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6)>, "Berger, Sherri (CDC/OCOO/OD)" (b) (6)>  
**Cc:** "Harrison, Brian (HHS/IOS)" (b) (6)>  
**Subject:** TIME SENSITIVE

Dr Hahn and the FDA team in particular, but with input from relevant SMEs at CDC and NIH, please give the brief attached document and quick read on comment on the usefulness of us setting up a session with the folks at DOE today to discuss further.  
Many thanks

Sent from my iPhone

Begin forwarded message:

**From:** "Harrison, Brian (HHS/IOS)" <(b) (6)>  
**Date:** March 1, 2020 at 6:15:54 AM EST  
**To:** (b) (6) (OS/IOS)" <(b) (6)>  
**Cc:** "Stecker, Judy (OS/IOS)" (b) (6), "Mango, Paul (HHS/IOS)" (b) (6)>  
**Subject:** FW:

With attachment. I've asked CDC, FDA, NIH, and ASPR to review.

---

**From:** Brouillette, Dan (b) (6)  
**Sent:** Friday, February 28, 2020 9:58 PM  
**To:** Harrison, Brian (HHS/IOS) (b) (6)  
**Subject:**

Brian:

As we discussed earlier this evening, here's a preliminary finding from scientists at Oak Ridge National Laboratory using the Summit supercomputer system. We stand ready to assist in any manner helpful to you and Secretary Azar. Very best,

Dan

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

<coronavirus.pdf>



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 24 Feb 2020 11:15:02 +0000  
**To:** Kadlec, Robert (OS/ASPR/IO); Redd, John (OS/ASPR/SPPR); Yeskey, Kevin (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO); Phillips, Sally (OS/ASPR/SPPR)  
**Cc:** Redfield, Robert R. (CDC/OD)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

We really need to discuss this.

---

**From:** Kadlec, Robert (OS/ASPR/IO) (b) (6) >  
**Sent:** Sunday, February 23, 2020 11:31 PM  
**To:** Redd, John (OS/ASPR/SPPR) (b) (6); Yeskey, Kevin (OS/ASPR/IO) (b) (6); Shuy, Bryan (OS/ASPR/IO) <(b) (6)>; Phillips, Sally (OS/ASPR/SPPR) (b) (6) >  
**Cc:** Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Read this! This is unsettling if true efficient spreading in asymptomatics with negative test. Is that possible? Report is intermittent shedding is that true or artifact of poor sample collection or lack of sensitivity of pcr testing?

From Dr Eva Lee GaTech

**"Means of spread** A study from AMA confirmed many of the parameters assumed in our models:

- A 20-year old infected with COVID-19 left Wuhan and went on infecting 5 relatives. When they tested positive, she was finally isolated, but tested negative still, and later tested positive, and remain normal on chest CT with no fever, stomach or respiratory symptoms (cough or sore throat as late as Feb 11 (time of the papert study duration).

So spreading and its wide scope is unavoidable because there exists these very healthy individuals who can spread effectively -- even during incubation period -- while they remain perfectly healthy. It also showcases difficulty in testing -- negative test -- may not be the end of it. "

Sent from my iPhone

Begin forwarded message:

**From:** "Dr. Eva K Lee" (b) (6) >  
**Date:** February 23, 2020 at 7:37:12 AM EST  
**To:** Carter Mecher (b) (6) >  
**Cc:** Richard Hatchett (b) (6) >, Tracey McNamara (b) (6) >, "Caneva, Duane" <(b) (6)>, (b) (6) >, "Dodgen, Daniel (OS/ASPR/SPPR)" <(b) (6)>, "DeBord, Kristin (OS/ASPR/SPPR)" <(b) (6)>, "Phillips, Sally (OS/ASPR/SPPR)" (b) (6) >, David Marcozzi (b) (6) >, "Hepburn, Matthew J CIV USARMY (USA)" (b) (6) >, Lisa Koonin (b) (6) "Walters, William ([STATE.GOV](https://www.state.gov))" (b) (6) >, "HARVEY, MELISSA" (b) (6) >, "WOLFE, HERBERT" (b) (6) >, "Eastman, Alexander" (b) (6) >, "EVANS, MARIEFRED" (b) (6) >, "Callahan, Michael V.,M.D." (b) (6) >, "Johnson, Robert (OS/ASPR/BARDA)" (b) (6) >, "Yeskey, Kevin" (b) (6) >, "Disbrow, Gary (OS/ASPR/BARDA)" (b) (6) >, "Redd, John (OS/ASPR/SPPR)" (b) (6) >, "Hassell, David (Chris) (OS/ASPR/IO)" <(b) (6)>, "Hamel, Joseph (OS/ASPR/IO)" (b) (6) >, "Dean, Charity A@CDPH" (b) (6) >, "Lawler, James V" (b) (6) >, "Kadlec, Robert (OS/ASPR/IO)" (b) (6) >, "Martin, Gregory J" (b) (6) >, "Borio, Luciana" (b) (6) >, "Hanfling, Dan" (b) (6) >, "McDonald, Eric" (b) (6) >, "Wade, David" (b) (6) >, "TARANTINO, DAVID A" (b) (6) >, "WILKINSON, THOMAS" (b) (6) >, "David Gruber" (b) (6) >, "KAUSHIK, SANGEETA" (b) (6) >, Nathaniel Hupert (b) (6) >  
**Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start**  
**Reply-To:** "Dr. Eva K Lee" (b) (6) >

A few things I want to highlight --

**1. Means of spread** A study from AMA confirmed many of the parameters assumed in our models:

- A 20-year old infected with COVID-19 left Wuhan and went on infecting 5 relatives. When they tested positive, she was finally isolated, but tested negative still, and later tested positive, and remain normal on chest CT with no fever, stomach or respiratory symptoms (cough or sore throat as late as Feb 11 (time of the paper study duration).

So spreading and its wide scope is unavoidable because there exists these very healthy individuals who can spread effectively -- even during incubation period -- while they remain perfectly healthy. It also showcases difficulty in testing -- negative test -- may not be the end of it.



2. **Iranian cases**, though mysterious since the origin was not traced to China, may very well show that COVID-19 virus is very adaptable and mutating rapidly.

3. **Long recovery** The long recovery period is troublesome and must be taken seriously by health providers as they prepare for hospitalization. There is not much surge capacity in hospitals. So they must be innovative in the staggering process and isolation is of paramount importance. Government/Local should be readied for supplementing medical tents outside hospitals when needed (clearly extra staff too).

4. **Citizens' view** I was traveling so I did a real-time on-the-road analysis of human behavior and anxiety level. I overheard many people

- (a) asked when CDC would tell us more on what to do.
- (b) wish they could pull their kids out of school but there is no such option as part of the preventive measure (not announced by CDC).
- (c) wish CDC would recommend tele-work options so they don't have to travel and expose themselves and their family to unnecessary risk.
- (d) have no clue what the government is doing to keep the risk low as it is now. What exactly is being implemented to keep it low.

5. **Resource-limited countries** I pray that it would not reach the resource-limited countries like many in Africa (though it seems unavoidable). I cannot imagine the consequence.

6. **What we must do:** We must leverage the knowledge from other countries to better prepare ourselves. Japan's Crisis shows the importance of TIMELY proper isolation and STRATEGIC operations logistics in testing and in quarantine. South Korea (contrasting with Hong Kong, Singapore) demonstrates critical importance of EARLY social distancing and high compliance community NPI intervention. China's latest lockdown of 1/2 billion people truly signifies that gravity and uncharted territory of this virus. No country would take to such extreme measure.

7. **CFR** Since over 90% of influenza is never recorded/known, this COVID-19 seems to fall into similar spirit now, with so many cases of asymptomatic and transmission while incubating. While the true CFR remains unknown, the CFR of tested positive cases should offer a good comparison to the CFR of tested positive flu cases. That gives us a clearer estimate of health-resource burden.

(b) (6)

mobile: (b) (6)

Sent with [ProtonMail](#) Secure Email.

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

On Saturday, February 22, 2020 10:19 PM, Carter Mecher (b) (6) wrote:

Updates

**South Korea (+123 with +2 deaths)—Total cases 556; Total deaths 4**

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

**Singapore (+3)--Total cases 89; Total deaths 0**

**Hong Kong (unchanged)--Total cases 69; Total deaths 2**

**Japan—Total cases 135; Total deaths 1**

Sent from [Mail](#) for Windows 10

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**From:** [Carter Mecher](#)

**Sent:** Saturday, February 22, 2020 6:28 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Roundup this morning.



Singapore and Hong Kong are holding steady—both have implemented NPIs pretty early and have good surveillance.

Things are really accelerating in South Korea. Case count increased to 433 with 2 deaths.

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Report below of COVID hitting Samsung's mobile device factory, which has now been shut down. This is what will happen here. The greatest concern is what this would mean for critical infrastructure sectors (including components of our healthcare system). The strategies I outlined for outpatient clinics could be used by business (most especially CI sectors) to maintain business continuity. It is as simple as the old saying, "Don't put all your eggs in one basket." It is both contingency planning (continuity of operations/continuity of business) and application of NPIs/TLC (especially social distancing in the community supported by home isolation and home quarantine).

We now have COVID in several countries across the ME (Iran, Israel, Egypt, Lebanon, UAE). We added Iran the day before yesterday and 3 countries yesterday (Israel, Egypt and Lebanon). Iran already appears to have a well established outbreak that will be tough to slow down given the estimated size with 5 deaths already (that is where Wuhan was by Jan-20). Japan is also seeing acceleration with local transmission (119 cases).

Italy is another area to watch.

<https://protect2.fireeye.com/url?k=c92f3372-957b2a0e-c92f024d-0cc47adc5fa2-927014023819d8ec&u=https://www.ilgazzettino.it/nordest/...D0yaql09ac4o84> Numerous infected in the hospital of Schiavonia (Padua)

"And unfortunately, what the experts feared since yesterday has occurred, when it was discovered that two patients had been hospitalized for about ten days at the Schiavonia hospital (Padua) without knowing that they had contracted the Coronavirus: since yesterday evening everyone those who attended the hospital were subjected to a swab to detect any infections, and the examination gave positive results in numerous cases. It means that there are other people, probably among those who attended the ward where two patients were hospitalized, who are now positive for the virus and consequently could in turn have spread the infection. Already yesterday evening the Governor of Veneto Luca Zaia ordered the progressive evacuation of the Padua hospital which should take place within 5-6 days."

“The hospital is surrounded by a 'sanitary cordon', with Carabinieri, workers of the Red Cross and Civil Protection. Cardiology chief Giampaolo Pasquetto arrived outside the hospital for a few minutes and reported the results of the swabs 'as far as I have been able to know from my colleagues so far,' he said. The modern structure is located between the towns of Este and Monselice and was recently inaugurated to serve the Euganean Hills area.”

<https://www.reuters.com/article/us-china-health-southkorea-samsung-elec/samsung-electronics-confirms-coronavirus-case-at-phone-factory-complex-in-south-korea-idUSKCN20G0CG>

SEOUL (Reuters) - Samsung Electronics said on Saturday that one coronavirus case had been confirmed at its mobile device factory complex in the southeastern city of Gumi, causing a shutdown of its entire facility there until Monday morning.

Samsung Electronics, the world's top smartphone maker, said the floor where the infected employee worked would be shut down until the morning of Feb. 25.

“The company has placed colleagues who came in contact with the infected employee in self-quarantine and taken steps to have them tested for possible infection,” Samsung said in a news release.

Samsung's factory in Gumi accounts for a small portion of its total smartphone production, and it makes high-end phones, mostly for the domestic market. Samsung produces most of its smartphones in Vietnam and India.

Gumi is close to the city of Daegu, home to a church at the center of South Korea's largest coronavirus outbreak.

South Korea said on Saturday that the number of people infected with the coronavirus in the country had more than doubled to 433.

Samsung said production at its chip and display factories in other parts of South Korea would not be affected.

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**From:** [Carter Mecher](#)



**Sent:** Friday, February 21, 2020 6:52 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Wuhan to add 19 additional hospital (when combined with the other 3 hospitals, this would add 30,000 beds).

Just to put that in perspective.

- There are 2.8 hospital beds in the US per 1,000 population.
- 30,000 beds is about the number of beds we would have for a population of 11 M.

When you add the 30,000 beds plus the 13,348 other beds added (total of 43,300 beds)

- There are 4.5 hospital beds in China per 1,000 population
- 43,300 beds is about the number of beds in China for a population of 9.6 M
- Wuhan will have nearly doubled its bed capacity

How hard would that be for us to double bed capacity in any major US city? (Really isolation beds for mild illness)

<https://www.straitstimes.com/asia/east-asia/coronavirus-wuhan-to-activate-one-more-temporary-hospital-with-3690-beds?fbclid=IwAR1otfl4xNxKIuBRuODJzoTDMJWHueF9gTc06u1IM9nM2u-3VTpohOtFt7s>



WUHAN (XINHUA) – Wuhan, the epicentre of the coronavirus outbreak, plans to build another 19 makeshift hospitals to receive more infected patients, local authorities said Friday (Feb 21).

Upon their completion, all the makeshift hospitals in Wuhan are expected to offer 30,000 beds on Feb 25, said Mr Hu Yabo, deputy mayor of Wuhan at a press briefing on epidemic prevention and control.

To date, Wuhan has converted 13 existing venues into temporary hospitals, with a total of 13,348 beds, and about 9,313 beds have been put into use to treat patients with mild symptoms, said Mr Hu.

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**From:** [Carter Mecher](#)

**Sent:** Friday, February 21, 2020 1:59 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Weekly CDC update looks like flu might be on the downslope (good news). Watching the curves of % positive flu tests and ILI (should track one another as flu is receding). Trouble is the data reported today is for the week ending Feb 15 (so a week old).

Our inpatient nursing sick leave is tracking ILI (current thru 2/20)—nothing unusual

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**From:** [Carter Mecher](#)  
**Sent:** Friday, February 21, 2020 10:54 AM  
**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)  
**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Singapore and Hong Kong are holding the line. Both implemented NPIs early. No change in numbers from Hong Kong and Singapore saw its case count increase by only 1 for the past two days.

Japan reported to have 107 cases. First reported case in young children (see below)

**Hokkaido boy 1st Japan case of coronavirus infection under 10**  
February 21, 2020 (Mainichi Japan)

SAPPORO -- Two elementary school brothers and a woman in her 40s in Hokkaido have been infected with the new coronavirus, with the younger sibling becoming the first infection under 10 in Japan, Hokkaido Gov. Naomichi Suzuki announced on Feb. 21.

Some graphics of the drop off in travel in China (pretty dramatic)

Jan-23

Feb-13

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**From:** [Carter Mecher](#)  
**Sent:** Friday, February 21, 2020 10:28 AM  
**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)  
**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start



<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Here is the best link to track cases in South Korea. South Korea is now up to 204 cases and 1 death (South Korea is where Wuhan was 1 month ago).

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**From:** [Carter Mecher](#)

**Sent:** Friday, February 21, 2020 10:02 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

On a totally different note. Others have been plying with and modifying the notional conops for a healthcare system.

I set up some simple rules:

1. Protect uninfected patients and staff from infectious patients and staff (using all the tools that we have including home isolation and home quarantine, cohorting/physical separation, PPE, telehealth, etc.)
2. Provide acute care for COVID patients (continuum of ER-inpatient care-intensive care)
3. Support mildly ill COVID patients in home isolation--telehealth
4. Support patients in voluntary home quarantine--telehealth

5. Continue to address the usual mix of healthcare needs for patients (from outpatient care to acute care to mental health care to long term care)
  - a. Outpatient clinics and providers focus on wellness to minimize ER visits/hospitalization to unburden the acute care system—leverage telehealth
  - b. Continue to provide acute care and inpatient mental health care (continuum of ER-inpatient care-intensive care) for non-COVID conditions
  - c. Protect high-risk patients in residential/long term care (nursing homes, hospice, long term psychiatry, etc.)

The notional conops divides the healthcare system into hot and safe areas. The hot area is only acute care: ER-acute inpatient care-ICU care. The safe areas include a separate acute care area (ER-acute inpatient care-ICU care), all the outpatient clinics/care, other inpatient care areas such as mental health, as well as long term/residential care (nursing home, hospice, long term psychiatry, etc.).

Triage will not be easy (between hot and safe). Best I could come up with would be: (1) anyone already on home isolation or home quarantine (may need a medical record flag); (2) anyone with ILI (could narrow that down with a negative rapid flu test); (3) anyone with a sick household member with suspected COVID. Could be very difficult for an unconscious/confused, or trauma patient etc., but would probably err on the side of hot and think of additional layered strategies to minimize patient risk within that area (private rooms, patient PPE?). Triage would need to err on the side of keeping the safe area safe.

The mitigation measures are our best tools to reduce community transmission and reduce the probability of an infectious patient getting into a safe area. If we have a breach in a safe inpatient area, it pretty much converts that inpatient area into a hot area. That also means that we have the staff in that area exposed (because of limited availability of PPE, the staff in the safe area would not be PPE—PPE would have been directed to the staff in the hot area). Those staff would likely need to be placed on quarantine. The effect is we now have a much larger hot area with even fewer staff. That would really be a mess.



You have the same problem in the outpatient areas. Have a sick patient slip through and come in contact with a number of the clinic staff (not in PPE), and we now need to quarantine all those staff. In contrast to a breach for the inpatient area, the outpatient area can still operate as a safe area (just minus those staff who would now be on quarantine). But do that a few times and pretty soon you have nobody left to fight. One way I thought about dealing with this scenario is to take the outpatient staff and split them in two. One group works the clinic (physically present) for the usual clinic hours for a 14 day stretch (1 incubation period). Another group works from home (and practices social distancing, etc., really acting as if they are on home quarantine) and leverages telehealth technology to care for patients and help with monitoring those patients in home isolation and home quarantine. After 14 days the groups switch. [All along we monitor employees daily (whether at work or at home) for symptoms or sick household members] In the event of a breach, the groups immediately switch and the group that was working is placed on actual home quarantine (but still continues to work from home leveraging telehealth). That way if a breach does happen, we have a fallback response (that we are constantly practicing) that allows us to sustain outpatient care.

For the inpatient areas, I thought about the lone survivor model (holding back 1 Secretary and staff in the event that the government is decapitated). So think of a small group (would need to think thru what the composition of that team would look like for each area (acute care, inpatient mental health, long term care) that would at least provide the nucleus of the expertise necessary to reconstitute the service in the event of a major breach). This smaller group would vary in team members every 2 weeks and would rotate to work from home for 14 days stretches and practice social distancing (acting as if they were on home quarantine). They could also assist via telehealth (inpatient consultation, etc., while out of the hospital).

Is anyone thinking along these lines (really continuity of operations for the healthcare system)?

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**From:** [Carter Mecher](#)

**Sent:** Friday, February 21, 2020 8:35 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

<https://www.cbc.ca/news/canada/ottawa/diamond-princess-coronavirus-trenton-cornwall-1.5470386>

Canada flies home passengers from cruise line.

Data in article:

47 of 256 Canadians contract

<https://protect2.fireeye.com/url?k=96ebd7bc-cabfcec0-96ebe683-0cc47adc5fa2-16a39afbec00c653&u=https://www.timesofisrael.com/israel...nee-diagnosed/>

Israel confirms first coronavirus case as cruise ship returnee diagnosed  
One of 11 Israelis who arrived in the morning after quarantine aboard Diamond Princess ship tests positive, after entering 14-day isolation at Sheba Medical Center

Trying to track cruises ship passenger/crew by country (data is sketchy)

| Country | Passengers/Crew | Total Confirmed Cases | ICU Admissions | Deaths | % Infected |
|---------|-----------------|-----------------------|----------------|--------|------------|
| US      | 434             | 58                    | 1?             |        | 13%        |



|             |       |     |  |   |     |
|-------------|-------|-----|--|---|-----|
| Hong Kong   | 330   |     |  |   |     |
| Canada      | 256   | 47  |  |   | 18% |
| Australia   | 241   | 48  |  |   | 20% |
| UK          | 78    | 6   |  |   | 8%  |
| Italy       | 35    |     |  |   |     |
| South Korea | 14    |     |  |   |     |
| Israel      | 11    | 1   |  |   | 9%  |
| Japan       |       |     |  | 2 |     |
| Subtotal    | 1,399 | 160 |  |   |     |
| Total       | 3,711 | 634 |  |   | 17% |

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**From:** [Carter Mecher](#)

**Sent:** Friday, February 21, 2020 5:46 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

China has again modified its reporting (first it added clinical cases to lab confirmed cases on Feb-12). Now it is subtracting out those clinical cases and limiting numbers to lab confirmed). Have continued to follow the hospitalization data from Hubei (see below).

Here is the data being reported by Hubei and Wuhan. Data is pretty sketchy prior to Jan-21.

| Hubei 2019-nCoV Confirmed Hospital Data |                          |              |              |                |                |            |                | Hubei and Wuhan Cases & Hospitalization Rates |             |                                            |                                            |                           |
|-----------------------------------------|--------------------------|--------------|--------------|----------------|----------------|------------|----------------|-----------------------------------------------|-------------|--------------------------------------------|--------------------------------------------|---------------------------|
| Date                                    | 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%                      |
| 1/24/20                                 | 658                      | 472          | 129          | 57             | 32             | 39         | 729            | 729                                           | 572         | 1.2                                        | 6.8                                        | 100%                      |
| 1/25/20                                 | 915                      |              | 221          |                | 85             | 52         | 1,052          | 1,052                                         | 618         | 1.8                                        | 7.4                                        | 100%                      |
| 1/26/20                                 | 1,645                    | 1,013        | 563          | 69             | 44             | 76         | 1,423          | 1,423                                         | 698         | 2.4                                        | 8.3                                        | 100%                      |
| 1/27/20                                 | 2,567                    | 1,877        | 563          | 127            | 47             | 100        | 2,714          | 2,714                                         | 1,590       | 4.6                                        | 19.0                                       | 100%                      |
| 1/28/20                                 | 3,349                    | 2,450        | 671          | 228            | 80             | 125        | 3,554          | 3,554                                         | 1,905       | 6.1                                        | 22.8                                       | 100%                      |
| 1/29/20                                 | 4,334                    | 3,346        | 711          | 277            | 90             | 162        | 4,586          | 4,586                                         | 2,261       | 7.8                                        | 27.0                                       | 100%                      |
| 1/30/20                                 | 5,486                    | 4,392        | 804          | 290            | 116            | 204        | 5,806          | 5,806                                         | 2,63        | 9.9                                        | 31.5                                       | 100%                      |



|         |        |        |       |       |        |       |        |        |        |      |       |      |
|---------|--------|--------|-------|-------|--------|-------|--------|--------|--------|------|-------|------|
| 20      |        |        |       |       |        |       |        |        | 9      |      |       |      |
| 1/31/20 | 6,738  | 5,444  | 956   | 338   | 166    | 249   | 7,153  | 7,153  | 3,215  | 12.2 | 38.4  | 100% |
| 2/1/20  | 8,565  | 7,003  | 1,118 | 444   | 215    | 294   | 9,074  | 9,074  | 4,109  | 15.5 | 49.1  | 100% |
| 2/2/20  | 9,618  | 7,917  | 1,223 | 478   | 295    | 350   | 10,263 | 11,177 | 5,142  | 17.5 | 56.4  | 92%  |
| 2/3/20  | 10,990 | 8,857  | 1,557 | 576   | 396    | 414   | 11,800 | 13,522 | 6,384  | 20.2 | 66.6  | 87%  |
| 2/4/20  | 12,627 | 10,107 | 1,809 | 711   | 520    | 479   | 13,626 | 16,678 | 8,351  | 23.3 | 81.6  | 82%  |
| 2/5/20  | 14,314 | 11,230 | 2,328 | 756   | 633    | 549   | 15,496 | 19,665 | 10,117 | 26.5 | 95.3  | 79%  |
| 2/6/20  | 15,804 | 11,802 | 3,161 | 841   | 817    | 618   | 17,239 | 22,112 | 11,618 | 29.5 | 108.3 | 78%  |
| 2/7/20  | 19,835 | 14,640 | 4,188 | 1,007 | 1,113  | 699   | 21,647 | 24,953 | 13,603 | 37.0 | 141.1 | 87%  |
| 2/8/20  | 20,993 | 15,746 | 4,093 | 1,154 | 1,439  | 780   | 23,212 | 27,100 | 14,982 | 39.7 | 153.4 | 86%  |
| 2/9/20  | 22,160 | 16,655 | 4,269 | 1,236 | 1,795  | 871   | 24,826 | 29,631 | 16,902 | 42.4 | 169.3 | 84%  |
| 2/10/20 | 25,087 | 18,743 | 5,046 | 1,298 | 2,222  | 974   | 28,283 | 31,728 | 18,454 | 48.3 | 196.7 | 89%  |
| 2/11/20 | 26,121 | 18,880 | 5,724 | 1,517 | 2,639  | 1,068 | 29,828 | 31,728 | 18,454 | 51.0 | 207.4 | 94%  |
| 2/12/20 | 33,693 | 26,609 | 5,647 | 1,437 | 3,441  | 1,310 | 38,444 | 48,206 | 32,994 | 65.7 | 314.6 | 80%  |
| 2/13/20 | 36,719 | 27,081 | 7,953 | 1,685 | 4,131  | 1,426 | 42,276 | 51,986 | 35,991 | 72.3 | 349.9 | 81%  |
| 2/14/20 | 38,107 | 27,955 | 8,276 | 1,876 | 4,774  | 1,457 | 44,338 | 54,406 | 37,914 | 75.8 | 369.4 | 81%  |
| 2/15/20 | 39,447 | 29,051 | 8,439 | 1,957 | 5,623  | 1,596 | 46,666 | 56,249 | 39,462 | 79.8 | 391.4 | 83%  |
| 2/16/20 | 40,814 | 31,017 | 8,024 | 1,773 | 6,639  | 1,696 | 49,149 | 58,182 | 41,152 | 84.0 | 415.6 | 84%  |
| 2/17/20 | 41,957 | 30,987 | 9,117 | 1,853 | 7,862  | 1,789 | 51,608 | 59,989 | 42,752 | 88.2 | 439.7 | 86%  |
| 2/18/20 | 43,471 | 32,225 | 9,289 | 1,957 | 9,128  | 1,921 | 54,520 | 61,682 | 44,412 | 93.2 | 469.3 | 88%  |
| 2/19/20 | 43,745 | 32,567 | 9,128 | 2,050 | 10,337 | 2,029 | 56,111 | 62,013 | 45,027 | 95.9 | 487.0 | 90%  |
| 2/20/20 | 42,056 | 31,059 | 8,979 | 2,018 | 11,788 | 2,144 | 55,988 | 62,422 | 45,346 | 95.7 | 486.2 | 90%  |



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**From:** [Carter Mecher](#)

**Sent:** Friday, February 21, 2020 5:09 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#)  
(OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#)  
(OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA);  
[Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY,](#)  
[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);  
[Callahan, Michael V., M.D.](#); (b) (6)  
[Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#)  
(OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris)  
(OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler,](#)  
[James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)  
(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade,](#)  
[David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)  
(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More on South Korea (sounds just like what happened at Jefferson Barracks, just outside St. Louis, in 1918, armed with the exact same tools they had more than 100 years ago to control an outbreak). I assume they must also be taking measures within the base to limit spread (keeping infectious individuals apart from those not yet infected with isolation and quarantine and social distancing).

<https://en.yna.co.kr/view/AEN20200221003000325?section=national/defense>

SEOUL, Feb. 21 (Yonhap) -- The military is making all-out efforts to prevent the new coronavirus from spreading further into the barracks, officials said Friday, after the country's first infections in the armed forces were confirmed.

Earlier in the day, a Navy sailor on the southern island of Jeju was confirmed to have contracted COVID-19 in the first such case among service personnel here.

Following the confirmation, the Navy has checked the temperature of all personnel at the base where the infected sailor served and quarantined all those who had contacts with the person, it said.

"We have carried out disinfection work at the base and are devoting all our efforts to preventing the spread of the new virus," the Navy said in a release.

An officer each from the Army and the Air Force were also confirmed to have the virus the same day.

The military is now working to identify personnel who have visited the southeastern city of Daegu and the surrounding North Gyeongsang Province since Feb. 10, as these areas have recently seen a surge in the number of infected people.

More than 5,000 service personnel are estimated to have visited the region during their vacation according to the military's preliminary investigation.

On Thursday night, the defense ministry said all personnel will be barred from vacationing, staying outside their bases and meeting visitors starting Saturday.

The decision was made at a meeting of top defense officials presided over by Defense Minister Jeong Kyeong-doo, during which he called for "extraordinary measures" to contain the spread of the virus.

Amid growing fears over the disease, the government called off a planned ceremony to mark the 60th anniversary of a pro-democracy movement in Daegu, which was designated a "special care zone" over the virus earlier in the day.

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**From:** [Carter Mecher](#)

**Sent:** Thursday, February 20, 2020 9:21 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY](#).



[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);  
[Callahan, Michael V., M.D.](#); (b) (6)  
[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary](#)  
[\(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris](#)  
[\(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler,](#)  
[James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); ['Martin, Gregory J](#)  
(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade,](#)  
[David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)  
(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

## S. Korea reports 52 new virus cases, total now at 156

[Welfare/Medicine](#) 10:37 February 21, 2020

SEOUL, Feb. 21 (Yonhap) -- South Korea reported 52 new cases of the new coronavirus Friday, bringing the total number of infections in the nation to 156, with the potentially fatal illness spreading fast across the country.

The number of COVID-19 infections here has almost tripled in just three days, with most new infections traced to church services in the southeastern city of Daegu.

Of the 52 new cases, 41 are in Daegu, 300 kilometers southeast of Seoul, and the neighboring North Gyeongsang Province. Another three were reported in Seoul, the Korea Center for Disease Control and Prevention (KCDC) said in a statement.

Tour buses are parked at a logistics terminal in Daegu, 300 kilometers southeast of Seoul, on Feb. 20, 2020. Thirty-eight new coronavirus cases were reported in the city on Feb. 21, 2020. (Yonhap)

The spike of infections in Daegu and several cases in Seoul, where routes of infections are not immediately traceable, have prompted health officials to declare that COVID-19 has begun spreading locally.

The KCDC said two new cases were reported in South Gyeongsang Province. In a sign that the virus may broadly spread nationwide, six provinces, including Gyeonggi, Jeju, Chungcheong and North Jolla, each reported one case.

Of the 52 new cases, 39 are linked to the Shincheonji Church of Jesus in Daegu, where the 31st patient, the country's probable "super spreader," attended worship services, the KCDC said.

A 61-year-old South Korean woman, who tested positive for the virus earlier this week, attended worship services at the church on Feb. 9 and this past Sunday.

KCDC Director Jung Eun-kyeong told reporters Thursday that the agency is uncertain whether the woman, known as the 31st patient, was a "super spreader" of the virus but asked 1,001 members of the church to self-isolate to stem the spread of the virus.

The government decided to designate Daegu and neighboring Cheongdo as "special management zones," following the spike in the number of infected people and the nation's first death from the virus.

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**From:** [Carter Mecher](#)

**Sent:** Thursday, February 20, 2020 5:38 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)

(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

From Feb-15 to Feb-20 the number of confirmed cases increased from 355 to 634 (increase of 279). The number of asymptomatics increased from 73 to 322 (increase of 249). So from Feb-15 to Feb-20, 249 of the

279 confirmed cases (89%) were asymptomatic. Seems a little odd. Also, read reports that all passengers and crew have been tested (but reports only note that 3,066 of the 3,711 have been tested).

| 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 +)<br>61 Americans remained on board<br>44 Americans remained hospitalized in Japan | 369 |   |                                                     |
| 17-Feb | 85 more passenger and crew confirmed +                                                                                                                      | 454 |   | 1,723 tested;<br>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;<br>28 seriously ill; 322 asymptomatic |

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**From:** [Carter Mecher](#)

**Sent:** Thursday, February 20, 2020 4:49 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

This is new

- Now 634 cases confirmed on the cruise ship (3,063 tested) (so not all the ship and crew have been tested 3,711)
- Slightly more than half are asymptomatic (previously we heard that 73 of 355 are asymptomatic)
- 28 in serious condition (4.4%)

Japan's Health Minister Katsunobu Kato told Parliament the two people from the Diamond Princess cruise ship who died had "received the best medical treatment" but couldn't be saved after catching the novel coronavirus on board. As of Thursday, 634 passengers and crew members were diagnosed with the virus out of 3,063 tested. Slightly more than half have no symptoms at all, officials said, and many of the remainder have only mild fever or a cough. Among patients who tested positive for the virus, 28 were reported in serious condition Thursday.

Doctors have said the virus can be particularly harmful in elderly patients, and one of the two fatal cases from the Diamond Princess, a Japanese man in his 80s, had pre-existing bronchial asthma and had been treated for angina. The other, a Japanese woman in her 80s without underlying illnesses, came down with a fever on Feb. 5, the same day passengers were told they would be quarantined in their cabins for two weeks, according to health ministry officials. The next day, she started suffering from diarrhea and saw a doctor on board.

She wasn't taken to a hospital until Feb. 12 when she started suffering shortness of breath. Her virus test came back positive the following day, and despite treatment with antiviral drugs normally used to treat HIV infection, she died Thursday.

Asked about the woman's case, health ministry official Hiroshi Umeda said, "I believe it was handled promptly." He said the ship was a difficult environment for medical staff but they worked day and night and tried to prioritize the most serious cases.

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**From:** [Carter Mecher](#)

**Sent:** Thursday, February 20, 2020 11:00 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#);



Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b) (6)  
Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (b) (6)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (b) (6) KAUSHIK, SANGEETA; Nathaniel Hupert  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Keep an eye on South Korea too. Seeing rapid growth in cases in South Korea (see story below)

South Korea now reporting 104 cases and 1 death today. South Korea now implementing NPIs. This story is eerily reminiscent of the actions taken at Jefferson Barracks near St. Louis in 1918.

Also attached are update for Singapore (85 cases; 46 in hospital/4 in ICU; 4 kids, only 1 in hospital) and Hong Kong (69 cases, still no kids reported). Both have implemented NPIs (small increases in cases today). Japan has reported 10 new cases today—total now is 94.

**South Korea reports first virus death as Daegu struggles to contain outbreak**  
<https://protect2.fireeye.com/url?k=3b9075da-67c46ca6-3b9044e5-0cc47adc5fa2-08635f0e31f1241a&u=https://www.stripes.com/news/pacific...break-1.619407>

SEOUL, South Korea — South Korea reported its first coronavirus-linked death Thursday, while the U.S. military tightened restrictions on travel to the southeastern city of Daegu due to an outbreak in infections in the area.

Daegu also urged residents to stay home as the city of 2.5 million people and surrounding areas struggled to contain an outbreak of the pneumonia-like disease.

The Army garrison in Daegu also restricted access and announced that schools and nonessential business would be closed for a second day on Friday.

In an exception to policy, U.S. service members were authorized to wear face masks in uniform “regardless of air quality conditions,” according to the garrison’s Facebook page.

Fast-moving developments this week were a blow to South Korea’s hope that the crisis was easing.

Instead, dozens of new cases were confirmed in recent days, with the total number of infections soaring to 104 on Thursday, according to the Korea Centers for Disease Control and Prevention

U.S. Forces Korea said, “there remains zero confirmed cases of USFK personnel with COVID-19.”

The virus first appeared in December in Wuhan, China, and spread to nearly 30 countries. More than 2,000 people have died — most in mainland China.

A South Korean man in his 60s died Wednesday at a hospital in the southeastern city of Cheongdo and posthumously tested positive for the virus, the KCDC said Thursday. It was South Korea’s first death from the virus.

USFK **raised the risk level for the military community** to moderate on Wednesday and banned all nonessential travel to Daegu due to an outbreak linked to a church near the Army garrison in the city.

On Thursday, USFK added that all travel by American troops to, from and around Daegu requires authorization from their leadership. The precaution was “highly encouraged” for all family members, civilians and contractors as well.

“All off-installation travel for all USFK populations should be minimized to reduce potential contamination,” USFK announced on its website.

U.S. Army Garrison Daegu, about 200 miles southeast of Seoul, also said visitors not performing mission essential or official business would be denied access as it implemented health checks at the gates.

Nonessential personnel were not required to go to work on Friday and most activities would be suspended, including the schools, it said.

The garrison also recommended that members of the military community avoid public places and transportation in the city, including



stores, restaurants and other heavily congested areas until the situation is brought under control.

Self-quarantine measures were ordered for any American troops who had visited the affected New World Church, but garrison commander Col. Edward Ballanco said earlier Thursday that no Americans were known to have done so.

He also urged Americans to avoid a local hospital where the woman believed to have been a carrier was treated.

The garrison also lifted limits on wearing face masks for American troops in uniform, who normally are only allowed to wear them on days with extreme pollution.

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**From:** [Carter Mecher](#)  
**Sent:** Thursday, February 20, 2020 8:20 AM  
**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)  
**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Last thing. Keep a very close eye on Japan. The outbreak is starting to take off there with numbers of cases scattered across the country with no link to known cases. We are also seeing nosocomial transmission (a number of healthcare workers infected). There is also a large number of cases hospitalized in Japan related to the cruise ship, and now the release of large numbers of passengers from the cruise ship into the community. Yesterday they reported a total of 84 cases—caught up to



Singapore. But unlike Singapore, Japan has been slow to implement NPIs. The other concern is that Japan's population is disproportionately aged (it has the highest % age 65 of any country). In Japan, 27% of the population is  $\geq 65$ ; in the US, 15.6% of the population is  $\geq 65$ . And Japan can also claim the largest city in the world (metro Tokyo with 38 M people—pretty much the population of California crammed into an area smaller than the size of Connecticut).

Japan also has the 10<sup>th</sup> largest city in the world (Osaka with 19 M people).

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**From:** [Carter Mecher](#)

**Sent:** Thursday, February 20, 2020 7:15 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6) [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.](#), M.D.; (b) (6)

[Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)

(b) (6) [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6) [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

What has me worried is what happened on the cruise ship is a preview of what will happen when this virus makes its way to the US healthcare system (not to mention institutionalized high-risk populations in the US, like nursing homes). I'm not sure that folks understand what is just over the horizon.

Remember the story about Mann Gulch? We are at the equivalent of about 5:44. I anticipate that when we reach 5:45, there is going to be chaos and panic to get anything in place. I doubt that what we would

then hurriedly put in place will be any better than what they did on that cruise ship. As a consequence, would expect much the same results.

I listened to the discussion yesterday. After listening to James and Michael describe the conditions on and around the cruise ship, I wondered whether anyone in healthcare leadership (outside the expertise at our biocontainment facilities) is thinking about infection control practices for any staff entering areas of a hospital caring for COVID patients (like changing clothes before entering and perhaps wearing scrubs, not bringing personal items into the area like iPhones, iPads, stethoscopes, white coats, purses, briefcases, etc.)? And instituting policies that require all patients to phone for clearance to enter prior to presenting at safe acute and non-acute areas including community based clinics? Are we confident of the infection control practices of acute care staff (that they know the basics of how to don and doff PPE and behavior while in PPE)? Would HCWs in outpatient clinics or long term care facilities be any better prepared than the crew on board the cruise ship or the responders in Japan? I'm no expert in infection control and would defer to the expertise in this group. I was just a little surprised how little this seemed to be a concern for the healthcare leaders gathered yesterday.

I think we are getting close to the point where we need to drop those things that are not critical and focus on the most important things.

We are going to have a devil of time with lab confirmation—it is just too slow (they had a 2 day turnaround on the cruise ship) and we just don't have the capacity for the volume of tests we would anticipate. Charity has stressed this point again and again. That means we are going to have to fly blind early on. Perhaps the best we are going to be able to do in the near term if things begin to accelerate is screen all suspect cases (pretty much anyone with ILI symptoms) with a quick flu test and assume anyone who tests negative is suspected COVID until proven otherwise; and treat everyone who tests positive with Tamiflu. It will prove problematic early on, but as the epidemic barrels along, COVID will displace everything (at that point we will just assume that anyone with a fever or ILI has COVID). The problem is in the beginning. It is going to be so hard to sort things out. Matt, James and others are pushing for more rapid screening—but we just aren't there yet. The consequence is that we will be placing patients with respiratory illness (that is not flu and presumed to be COVID) in areas with actual

COVID patients. I hate to do that, but not sure how it could be avoided early on. But we would only do that for those who are ill enough to be hospitalized. The large number of asymptomatic and mildly ill patients would be under home isolation (so no worries about mixing confirmed and suspected patients). The downside is that we would have larger number of people in isolation and home quarantine than is really necessary (and the consequence of increased workplace absenteeism).

And it is because home isolation and home quarantine are so important, healthcare systems (and not just public health) have to grab a hold of operationalizing those NPIs with both hands. A while back, I created some prescriptions (tongue in cheek), just to underscore that physicians do have a role in isolation and quarantine (it is not limited to public health). We might not have pharmaceuticals available to treat COVID, but why can't we write prescriptions for non-pharmaceuticals? I don't think healthcare leaders appreciate this point. Every COVID patient we admit or see in the ER will require us to follow up with household members to make sure they know to home quarantine (need to do the same anywhere in our system we find a patient who is infected). You could not imagine the pushback I have received when I proposed that we must have an active role—people seem to think that state and local public health is alone responsible for this. I would think public health will be overwhelmed and taking charge of this is our best strategy to keep our safe areas safe.

I would be interested to hear how other healthcare systems and public health leaders are thinking about this.

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**From:** [Carter Mecher](#)

**Sent:** Thursday, February 20, 2020 6:39 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\)](#); [Dodgen, Daniel](#)  
[\(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally](#)  
[\(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#);  
[Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY,](#)  
[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);



Callahan, Michael V., M.D.; (b) (6);  
Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary  
(OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris)  
(OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler,  
James V; Kadlec, Robert (OS/ASPR/IO); Martin, Gregory J  
(b) (6); Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade,  
David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber  
(b) (6); KAUSHIK, SANGEETA; Nathaniel Hupert  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Keeping track of the outbreak aboard the cruise ship. The latest update is the announcement of 2 deaths (both patients in their 80s). An 87-year-old man and an 84-year-old woman, died on the 20th. Both were Japanese (the 87-year-old man was hospitalized on Feb-11 and the 84-year-old woman on Feb-12). So time to death from recognition of infection was 8-9 days. On Feb-12, the total number of confirmed cases was 203. So estimated CFR back dating the denominator to Feb-12 is 1%. Assuming a denominator of 621, the CFR is 0.3%. If deaths are lagging by 8-10 days (and confirmed cases plateau), we should have a pretty good estimate of CFR for the entire group in another week or so. Will need to peel off the number of cases involving the crew member to get a better estimate of CFR in the elderly. These numbers are within the range we have been estimating.

The 2,666 passengers are similar in age (and likely in co-morbidities) to the population we see in a nursing home or residential care facility. The 1,045 crew are a proxy for a young healthy population. It will be important to look at the outcomes separately. One of the concerns is how a 'remake of this movie' could play out in similarly confined populations of elderly frail Americans. Here are the numbers of long term care facilities/programs in the US that care for the frail elderly. A large number of locations and a large number of residents/participants. I know that healthcare leaders were engaged yesterday, is anyone engaging this sector (long term care)? The healthcare leaders seemed more concerned about critical supply shortages (akin to the IV fluid shortage). Listening to them, it felt like their concerns seemed almost divorced from the threat of COVID.

|                  | Number of Facilities / Communities | Number of Agencies / Centers | Number of Beds | Number of Residents | Number of Participants |
|------------------|------------------------------------|------------------------------|----------------|---------------------|------------------------|
| Nursing Homes    | 15,600                             |                              | 1,700,000      | 1,300,000           |                        |
| Residential Care | 28,900                             |                              | 996,100        | 811,500             |                        |
| Hospice Care     |                                    | 4,300                        |                |                     | 1,400,000              |
| Adult Day Care   |                                    | 4,600                        |                |                     | 286,300                |

Source: <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>

The outbreak on the cruise ship should be the wake up call for leaders in long term care (and I would think healthcare overall).

Here is a summary of the cruise ship data (as of Feb 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                                                                                                                                                                                                               |                                      |                             |       |
| 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                                                                                                                                                                                                                                  | 61                                   |                             |       |



|        |                                                                                                                                                             |     |   |                                |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|--------------------------------|
|        | confirmed +                                                                                                                                                 |     |   |                                |
| 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 |   | 73 asymptomatic; 1,219 tested  |
| 16-Feb | 329 American evacuated from cruise ship (14 of the evacuees found to be +)<br>61 Americans remained on board<br>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 |                                |

Data by country is a bit sketchy

| Country   | Passengers | Total Confirmed Cases | ICU Admissions | Deaths |
|-----------|------------|-----------------------|----------------|--------|
| US        | 434        | 58                    | 1              |        |
| Hong Kong | 330        |                       |                |        |
| Canada    | 256        | 32                    |                |        |
| Australia | 241        | 46                    |                |        |
| UK        | 78         | 6                     |                |        |
| Italy     | 35         |                       |                |        |

|             |       |     |  |  |
|-------------|-------|-----|--|--|
| South Korea | 14    |     |  |  |
| Japan       |       |     |  |  |
| Subtotal    | 1,388 | 142 |  |  |

## **New virus cruise ship disembarks and kills two Japanese passengers in hospital**

February 20, 2020 11:38

Two Japanese men and women in their 80s who were hospitalized and treated for the virus were killed on the 20th in a cruise ship passenger who was confirmed to be infected with the new coronavirus. This is the first time a cruise ship passenger has died and three people have been killed in the country.

As of the 19th, 621 cruise ships out of approximately 3,700 crew members and passengers on the cruise ship where outbreaks of the new coronavirus were confirmed were confirmed.

According to government officials, two of them, a 87-year-old man and an 84-year-old woman, died on the 20th.

Both were Japanese and had a basic illness and were confirmed to have been infected with the virus, so it was said that men were hospitalized on the 11th of this month and women on the 12th to be treated.

This is the first time a cruise ship passenger has died.

In addition, three people have been killed in Japan, following the death of a woman in her 80s living in Kanagawa Prefecture on the 13th of this month.

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**From:** [Carter Mecher](#)

**Sent:** Wednesday, February 19, 2020 10:05 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);

Callahan, Michael V., M.D.; (b) (6)  
Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary  
(OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris)  
(OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler,  
James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J  
(b) (6)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade,  
David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber  
(b) (6); KAUSHIK, SANGEETA; Nathaniel Hupert  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More puzzle pieces.

**Italy** <https://protect2.fireeye.com/url?k=c5d05247-b9844b3b-e5d06378-0cc47adc5fa2-e16553f827677d60&u=https://www.journalgazette.net/news/world/20200216/quarantine-ends-for-germans-italy-to-fly-citizens-from-ship>

Italy plans to evacuate 35 Italians from the cruise ship

- 25 Italian crew members (including the ship's captain)
- 15 passengers

**UK** <https://www.telegraph.co.uk/global-health/science-and-disease/coronavirus-news-uk-china-singapore-death-toll-latest/>

UK plans to evacuate British passengers Friday 2/21

78 British passengers on board

4 confirmed COVID the Foreign Office

2 passengers on board say they are infected

**Hong Kong**  
<https://www.japantimes.co.jp/news/2020/02/16/national/science-health/canada-evacuate-passengers-coronavirus-covid19-diamond-princess-cruise-ship/>

There are around 330 Hong Kong residents on board, including 260 holding Special Administrative Region of Hong Kong passports and roughly 70 people with foreign ones.



### South Korea

<https://www.japantimes.co.jp/news/2020/02/18/national/science-health/south-korea-evacuate-diamond-princess/>

The South Korean government is sending a presidential plane to Japan on Tuesday afternoon to evacuate several citizens on a coronavirus-stricken cruise ship docked in Yokohama, a government official said Tuesday.

14 South Koreans — nine passengers and five crew members

### Canada

<https://www.japantimes.co.jp/news/2020/02/18/national/science-health/canada-diamond-princess-covid19/>

Global Affairs Canada had confirmed that 32 out of 256 Canadians on the ship had tested positive.

Canadian passengers are set to be evacuated from the virus-hit boat soon, passengers will be screened before boarding the evacuation aircraft, and those who exhibit symptoms of COVID-19 will be transferred to the Japanese health care system

Australia <https://www.news.com.au/travel/travel-updates/health-safety/unusual-rescue-flight-ahead-for-australian-evacuees-of-the-diamond-princess/news-story/564e590bec70b71825c897df85d0bc24>

Australia evacuated passengers from the cruise ship today.

- ~180 evacuated
- 15 declined evacuation
- 36 confirmed COVID hospitalized in Japan
- 10 newly confirmed had to stay behind

So there were a total of ~241 Australians aboard the ship; 46 tested + (19%)

The story from Australia sounds familiar (see below).

# Australian cruise passengers arrive to Darwin after Diamond Princess virus outbreak ordeal

Feb 20

A rescue mission of Australian cruise ship passengers from Japan has officially landed in Darwin, but the flight wasn't free from drama.

Thousands of people sharing toilets, pools and buffets – is this the petri dish of the sea?

The Qantas coronavirus rescue flight, carrying about 180 citizens and permanent residents on board from Japan, has landed in Australia.

Qantas flight 6032 touched down in Darwin at 8.11am local time, after being slightly delayed from takeoff out of Haneda.

The last-minute drama hit the rescue mission when 10 Australians, who were set to leave the coronavirus-hit Diamond Princess ship and head to the airport, were told they had tested positive to coronavirus and had to stay behind.

About 180 citizens and permanent residents, who have spent the past fortnight on the quarantined cruise ship off the coast of Japan, had [taken up the Federal Government's offer of a seat on the repatriation flight to Australia](#).

They join another 36 Australians who contracted coronavirus on the *Diamond Princess* and are being treated in Japan. About 15 of their relatives declined the offer of repatriation to stay with them.

The Australians on board will be screened for coronavirus five times before they are taken to a quarantine facility at Howard

Qantas boss Alan Joyce praised the crew who took part in the repatriation flight as well as two previous Qantas chartered flights that [brought Australians home from virus epicentre Wuhan](#).

"It took literally thousands of hours to plan complex operations like these," Mr Joyce said at a press conference today.

"The crew were all volunteers and they did us proud."



Yesterday, Australians who were cleared to finally disembark the *Diamond Princess* were driven by bus to Haneda Airport for the chartered flight home.

They first needed to pass a health check to receive an approval of disembarkation notice by Japanese quarantine officials.

They were then screened several more times before they could board the Qantas 747.

On the plane, they had no contact with Qantas crew, who remained upstairs for the flight. Food for passengers was already waiting for them at their seats when they boarded.

If they passed the latest health check, they would have been given “approval of disembarkation” notices by Japanese quarantine officials, which grant them permission to enter Japan.

From Yokohama Port, where the ship was docked, they boarded buses to Haneda Airport.

Brisbane student [Tehya Pfeffer](#), 18, who has been quarantined on the *Diamond Princess* with her grandmother Cathy, was among them.

“At 10.30am (local time, 12.30pm AEDT) we will start to be screened and given luggage tags and wrist bands,” Ms Pfeffer told [news.com.au](#) yesterday.

“At 5pm we have to have our luggage put outside, and at 6pm we will disembark the ship and go through a makeshift customs. This is where we use our wrist bands.

“And then we will take a bus to the airport and at around 12am Thursday we will fly to Darwin.”

On the evacuation flight, cabin crew would not be making direct contact with evacuees.

Meals were already waiting for passengers at their seats when they boarded, and Qantas staff remained upstairs.

All those returning to Australia on the Qantas flight will spend two weeks in quarantine at the Howard Springs facility, in addition to the two weeks in lockdown they’ve had on the ship.

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**From:** [Carter Mecher](#)

**Sent:** Wednesday, February 19, 2020 8:36 PM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); (b) (6)w, [Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David \(Chris\)](#) (OS/ASPR/IO); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

South Korea cases are taking off.

S. Korea reports 31 more cases on 2/20; total now at 82

Singapore, Hong Kong, Japan, and South Korea are the new front lines. Matter of time before travel from those areas will raise concerns.

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**From:** [Carter Mecher](#)

**Sent:** Wednesday, February 19, 2020 4:45 PM

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Was listening to the discussion today. There was a discussion about the shortages of PPE. There was also discussion re NPIs, but I'm not sure that most folks appreciate that the NPIs that have been arrayed as part of the TLC strategy to reduce disease transmission in the community

can be leveraged to create safer compartments or spaces by shunting disease toward the home. By implementing these interventions, one could reduce the likelihood of disease in workplaces (by home isolation and home quarantine-- keeping sick employees at home and keeping employees who are well but potentially infected because someone is sick in their household, at home). Adding in other social distancing measures including social distancing at work, helps to reduce community transmission (adds additional protection to the workplace). The consequence is shunting disease to the home--120 M different compartments in the US, and making the workplace the safe place. That is potentially very important for critical infrastructure. The answer is not PPE for these employees. And why would we expect that employees in these sectors would have any better IPC with the use of PPE than we saw with staff on the Diamond Princess?

Healthcare is a key critical infrastructure. It is different from the other sectors in that it will be attracting patients with COVID like a magnet. It is hard to imagine how one could make healthcare a safe workplace. But it is only hard to imagine how one could do that unless you begin to look a little closer at the different components of the healthcare system and the roles each component might play during this pandemic.

To illustrate this, I took a stab at developing a conops or roadmap to look at the various pieces of the healthcare system. The shunting of disease is really fractal. Just as we can look at shunting disease across a community into one compartment (the home) to make other compartments safer, we can do the same within our healthcare system—shunt disease to the acute care area where COVID patients will be concentrated. What are the strategies to do that?

This conops is notional. It is purposely designed for a severe outbreak with severe disease and assumes that the healthcare system must somehow continue to limp along and continue to care for the background disease we see during normal times (strokes, AMIs, fractures and trauma, appendicitis, other serious infections, CHF, diabetic emergencies, psychotic episodes, preeclampsia, complicated deliveries, end stage renal disease and dialysis, etc.) as well as sustain outpatients with chronic conditions that require monitoring and care to keep them well and out of the ER and out of the hospital.



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**From:** (b) (6)  
**Sent:** Wednesday, February 19, 2020 2:36 PM  
**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)  
**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Update for South Korea (see attached) 51 cases; 1 child

## Colombia confirms first case of Coronavirus - citizen on Japan cruise ship

February 17th, 2020, 09:06 AM

[@Stats Alerts](#)

**BREAKING:** Colombia confirms first case of Coronavirus Colombia confirms first case of coronavirus: citizen was on a Diamond Princess cruise

Sent from [Mail](#) for Windows 10

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**From:** [Carter Mecher](#)  
**Sent:** Wednesday, February 19, 2020 10:05 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)  
**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#)  
(OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#)  
(OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA);  
[Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY,](#)  
[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);  
[Callahan, Michael V., M.D.](#); (b) (6);  
[Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#)  
(OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris)  
(OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler,](#)  
[James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)  
(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade,](#)  
[David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)  
(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Update on HK (65 cases; no children) and Singapore (84 cases; 49 currently hospitalized/4 in ICU; still only 4 children (2 asymptomatic/2 hospitalized).

Sent from [Mail](#) for Windows 10

**From:** [Carter Mecher](#)  
**Sent:** Wednesday, February 19, 2020 8:20 AM  
**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)  
**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#)  
(OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#)  
(OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA);  
[Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY,](#)  
[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);  
[Callahan, Michael V., M.D.](#); (b) (6);  
[Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#)  
(OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris)  
(OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler,](#)  
[James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)  
(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade,](#)  
[David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)  
(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start



As of yesterday, there are 251 Canadians on board the Diamond Princess, of whom 34 have tested positive.

<https://globalnews.ca/news/6567907/c...hip-canadians/>

Canada walks back expected departure date for evacuees of Japanese cruise ship

By Staff The Canadian Press

Posted February 19, 2020 7:47 am

Updated February 19, 2020 7:49 am

Global Affairs says the departure date for a plane that will carry Canadians home from a coronavirus-stricken cruise ship in Japan is yet to be confirmed. Spokeswoman Barbara Harvey says the departure will be settled once final arrangements are made with the Japanese government and the cruise ship company. A news release from the company operating the Diamond Princess cruise ship says the Canadian flight has been "shifted" to early Friday morning.

Sent from [Mail](#) for Windows 10

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**From:** [Carter Mecher](#)

**Sent:** Wednesday, February 19, 2020 8:09 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6) [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6)

[Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)

(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

621 cases on cruise ship (17% of the passengers and crew have been infected).

<https://www.channelnewsasia.com/news...itive-12450498>

79 more people test positive for COVID-19 on Diamond Princess cruise ship  
19 Feb 2020 06:21PM  
(Updated: 19 Feb 2020 06:30PM)

TOKYO: An additional 79 cases of coronavirus have been discovered aboard the Diamond Princess cruise ship in Japan, the health ministry said Wednesday (Feb 19), bringing the total to 621.

Sent from [Mail](#) for Windows 10

**From:** [Carter Mecher](#)

**Sent:** Wednesday, February 19, 2020 6:06 AM

**To:** [Richard Hatchett](#); [Dr. Eva K Lee](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David \(Chris\)](#) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I saw a news story yesterday (WashPost) that testing was completed. So we should know in the next couple of days.

Also saw a story about the 100 or so Americans left behind (44 in hospitals and 61 who declined evacuation).

<https://mainichi.jp/english/articles/20200219/p2g/00m/0in/028000c>



Hard to find data on the status of those still hospitalized in Japan.

James made a very important point yesterday. Although the passengers are elderly (2,666 passengers), the crew members are relatively young (1,045 crew members). James also expected the attack rates to be very high among the crew members (they were housed together in a relatively small space aboard the ship, perfect conditions for explosive disease transmission). So this combined data on passengers (elderly) and crew (young and healthy) will be invaluable in terms of helping understand severity. I would think that Japan also realizes how invaluable this data is. Japan will be in the best position to assess the impact on the crew, since they will know the results of lab screening and hospitalization of all + crew members (as well as the monitoring quarantine of the rest of the crew over the next 14 days). But now that the passengers are being dispersed, it will be important for several nations to share the data on these passengers—it is really our best chance to understand severity (would need collaboration of the US, Canada, Australia, Hong Kong, Japan).

Sent from [Mail](#) for Windows 10

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**From:** [Richard Hatchett](#)

**Sent:** Wednesday, February 19, 2020 4:47 AM

**To:** [Dr. Eva K Lee](#); [Carter Mecher](#)

**Cc:** [Tracey McNamara](#); [Caneva, Duane](#); (b) (6) [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I understand from contacts at WHO that Japan is testing everyone on the Diamond Princess, so we should have a complete accounting of that closed population (and thus a nice dataset to inform severity estimates).

**From:** Dr. Eva K Lee (b) (6)  
**Sent:** 19 February 2020 03:54  
**To:** Carter Mecher (b) (6)  
**Cc:** Tracey McNamara (b) (6); Caneva, Duane (b) (6); Richard Hatchett <(b) (6)>; (b) (6) Dodgen, Daniel (OS/ASPR/SPPR) (b) (6) DeBord, Kristin (OS/ASPR/SPPR) (b) (6); Phillips, Sally (OS/ASPR/SPPR) (b) (6) David Marcozzi <(b) (6)>; Hepburn, Matthew J CIV USARMY (USA) (b) (6); Lisa Koonin (b) (6); Wargo Michael (b) (6); Walters, William ([STATE.GOV](https://www.state.gov)) <(b) (6); HARVEY, MELISSA (b) (6)>; WOLFE, HERBERT (b) (6); Eastman, Alexander (b) (6); EVANS, MARIEFRED (b) (6); Callahan, Michael V., M.D. (b) (6); (b) (6) Johnson, Robert (OS/ASPR/BARDA) (b) (6); Yeskey, Kevin (b) (6) Disbrow, Gary (OS/ASPR/BARDA) <(b) (6)>; Redd, Johnt(OS/ASPR/SPPR) <(b) (6)>; Hassell, David (Chris) (OS/ASPR/IO) <(b) (6)>; Hamel, Joseph (OS/ASPR/IO) (b) (6); Dean, Charity A@CDPH (b) (6); Lawler, James V <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) (b) (6); 'Martin, Gregory J (b) (6) Borio, Luciana (b) (6); Hanfling, Dan (b) (6); McDonald, Eric (b) (6); Wade, David (b) (6); TARANTINO, DAVID A (b) (6); WILKINSON, THOMAS (b) (6); David Gruber (b) (6); KAUSHIK, SANGEETA (b) (6); Nathaniel Hupert (b) (6)  
**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Just talked to a lab director in Hong Kong U. They tested 3,600 passengers and crews on World Dream in 24 hours, all using the definitive RT-PCR test. The tests were performed in government labs. They disembarked everyone after 3 days (all came back negative). And they are still performing contact tracing and monitoring on all at the moment.

old news:

<https://www.scmp.com/news/hong-kong/health-environment/article/3049714/coronavirus-3600-passengers-and-crew-members>

For surveillance, regional hospitals do an initial screening, then suspected cases are tested by a governmental lab for confirmation.

Schools are still closed for another month.

(b) (6)

mobile: (b) (6)

Sent with [ProtonMail](#) Secure Email.

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

On Tuesday, February 18, 2020 7:56 PM, Carter Mecher  
(b) (6) wrote:

Japan inching toward mitigation

## **Abe urges people with cold-like symptoms to avoid work, school**

Today 06:30 am JST [24 Comments](#)



## TOKYO

Prime Minister Shinzo Abe on Tuesday advised people across the country not to go to work or school if they develop cold-like symptoms, as the country grapples with the spread of a new coronavirus originating in China.

Workplaces in the country, known for their long hours, need to encourage people to take days off without hesitation if they do not feel well, Abe said.

"The first thing that I want the people of Japan to keep in mind is to take time off school or work and refrain from leaving the house if they develop cold-like symptoms such as fever," Abe told a meeting of a government task force on the viral outbreak.

Teleworking is an "effective alternative" to help prevent the virus from spreading further, Abe said.

He made the remarks as the government is scrambling to contain the virus that originated in Wuhan, with more people with no obvious link to China getting infected in Japan.

The global outbreak of the disease called COVID-19 has prompted some event organizers in Japan to rethink their plans for hosting mass gatherings.

The number of confirmed cases in Japan has topped 600, including over 500 passengers and crew on the Diamond Princess, a quarantined cruise ship docked at Yokohama near Tokyo with more than 3,000 confined.

The steady rise in infections in various parts of Japan has raised public concern, prompting the health ministry to ask people who develop symptoms such as a temperature of 37.5 C or higher for at least four days to consult local health care centers and go to designated hospitals. The period is set shorter for the elderly, those with underlying conditions and pregnant women.

As Tokyo and other major cities in the country are notorious for packed rush-hour trains, commuters have been encouraged by a government panel of medical experts to go to work earlier or later than usual as the risk of infection is increased in crowds.

On Tuesday, Fujitsu Ltd and Hitachi Ltd said they are expanding teleworking, though Japanese companies overall have been slow to introduce it.

Sent from [Mail](#) for Windows 10

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**From:** [Tracey McNamara](#)

**Sent:** Tuesday, February 18, 2020 4:38 PM

**To:** [Dr. Eva K Lee](#); [Caneva, Duane](#)

**Cc:** [Carter Mecher](#); [Richard Hatchett](#);

(b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#);  
[DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#);  
[Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#);  
[WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);  
(b) (6) [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, Johnt\(OS/ASPR/SPPR\)](#);  
[Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J \(b\) \(6\)](#);  
[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#);  
[WILKINSON, THOMAS](#); [David Gruber \(b\) \(6\)](#); [KAUSHIK, SANGEETA](#);  
[Nathaniel Hupert](#)

**Subject:** RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I must be psychic. This just came out. Like I said – Oxford Nanopore

Sequencers are being sent to  
China!

Tracey

[https://protect2.fireeye.com/url?  
k=0a860669-56d21f15-  
0a863756-0cc47adc5fa2-  
4fc7adc96dfbde59&u=https://glo  
balbiodefense.com/newswire/ox  
ford-nanopore-sequencers-  
have-left-uk-for-china-to-  
support-rapid-near-sample-  
coronavirus-sequencing-for-  
outbreak-surveillance/](https://protect2.fireeye.com/url?k=0a860669-56d21f15-0a863756-0cc47adc5fa2-4fc7adc96dfbde59&u=https://globalbiodefense.com/newswire/oxford-nanopore-sequencers-have-left-uk-for-china-to-support-rapid-near-sample-coronavirus-sequencing-for-outbreak-surveillance/)

To: 'Caneva, Duane'

(b) (6); Carter Mecher

(b) (6); Richard Hatchett

(b) (6); Dr. Eva K Lee

(b) (6)

Cc:

Dodgen, Daniel

(OS/ASPR/SPPR) <(b) (6);

DeBord, Kristin (OS/ASPR/SPPR)

(b) (6); Phillips, Sally

(OS/ASPR/SPPR) (b) (6);

David Marcozzi

(b) (6); Hepburn,

Matthew J CIV USARMY (USA)

(b) (6); Lisa Koonin

(b) (6); Wargo Michael

(b) (6); Walters,



William ([STATE.GOV](mailto:STATE.GOV)) (b) (6);  
HARVEY, MELISSA  
(b) (6); WOLFE,  
HERBERT (b) (6);  
Eastman, Alexander  
(b) (6); EVANS,  
MARIEFRED  
(b) (6);  
Callahan, Michael V., M.D.  
(b) (6);  
Johnson, Robert (OS/ASPR/BARDA)  
(b) (6); Yeskey, Kevin  
(b) (6); Disbrow, Gary  
(OS/ASPR/BARDA) (b) (6);  
Redd, John (OS/ASPR/SPPR)  
(b) (6); Hassell, David (Chris)  
(OS/ASPR/IO) (b) (6);  
Hamel, Joseph (OS/ASPR/IO)  
(b) (6); Dean, Charity  
A@CDPH <(b) (6)>; Lawler,  
James V (b) (6); Kadlec,  
Robert (OS/ASPR/IO) (b) (6);  
'Martin, Gregory J (b) (6)  
(b) (6); Borio, Luciana  
(b) (6); Hanfling, Dan  
(b) (6); McDonald, Eric  
(b) (6); Wade, David  
(b) (6); TARANTINO,  
DAVID A (b) (6);  
WILKINSON, THOMAS  
(b) (6); David  
Gruber (b) (6)  
(b) (6); KAUSHIK,  
SANGEETA <(b) (6)>;  
Nathaniel Hupert (b) (6)  
**Subject:** RE: Red Dawn Breaking, COVID-19  
Collaborative, Feb 16 start

Hello all - Clearly, the most important thing of all is a reliable, real-time diagnostic test that can differentiate between flu and COVID-19. CDCs test kits were recalled because states said they were not working. Now they have to remanufacture the faulty reagent. How long will that take? If and when more kits are available, will they be available in sufficient quantity that all health care providers will have access?

In all of this, I have not heard anyone talk about the Nanopore MinION technology that has been used for Ebola. What gives??? It is field deployable and can be run in-house. Hospital labs can run thousands of samples at once. It gives results of all viruses, bacteria, protozoa, fungi, in 2 hours. We all know this technology is quite promising. Why aren't we going gangbusters to validate this rapid technology and get it to all diagnosticians? If ever there was a time to invest in a diagnostic technology, this is it!

Tracey



**From:** Dr. Eva K Lee <(b) (6)>

**Sent:** Tuesday, February 18, 2020 1:06 PM

**To:** Caneva, Duane (b) (6)

**Cc:** Carter Mecher (b) (6)>; Richard Hatchett (b) (6)>; Tracey McNamara (b) (6);

Dodgen, Daniel (OS/ASPR/SPPR)

(b) (6)>; DeBord, Kristin (OS/ASPR/SPPR) (b) (6)>; Phillips, Sally (OS/ASPR/SPPR) <(b) (6)>; David Marcozzi (b) (6); Hepburn, Matthew J CIV USARMY (USA)

(b) (6)>; Lisa Koonin

(b) (6)>; Wargo Michael

(b) (6) Walters, William (b) (6)>; HARVEY, (b) (6)>; WOLFE, (b) (6); Eastman, (b) (6)>; EVANS, (b) (6)>;

Callahan, Michael V., M.D.

<(b) (6)>;

(b) (6) Johnson, (b) (6);

Robert (OS/ASPR/BARDA) <

Yeskey, Kevin (b) (6)>; Disbrow, Gary

(OS/ASPR/BARDA) <(b) (6)>; Redd,

Johnt(OS/ASPR/SPPR) <(b) (6)>; Hassell,

David (Chris) (OS/ASPR/IO) (b) (6)>;

Hamel, Joseph (OS/ASPR/IO) (b) (6)>;

Dean, Charity A@CDPH (b) (6)>;

Lawler, James V (b) (6)du>; Kadlec,

Robert (OS/ASPR/IO) (b) (6)v>; 'Martin,

Gregory J (b) (6)

Borio, Luciana (b) (6)>; Hanfling, Dan

(b) (6)>; McDonald, Eric

(b) (6)>; Wade, David

<(b) (6)>; TARANTINO, DAVID A

(b) (6)>; WILKINSON,

THOMAS (b) (6);

David Gruber (b) (6)

(b) (6); KAUSHIK, SANGEETA

(b) (6); Nathaniel Hupert

(b) (6)

**Subject:** RE: Red Dawn Breaking, COVID-19  
Collaborative, Feb 16 start

Carter,

Just listened in to our state COVID-19 response effort update. Georgia has no COVID-19 cases yet, and hence they remain in the containment period where they place medium-risk individuals on supervised monitoring of home quarantine, advise them to take temperature daily and report any respiratory symptoms (24/7). Educate them not to show up in ED, or any place without facilitation. To avoid potential disease spread, they are advised to remain at home.

The next stage will be mitigation when a confirmed case is reported. That will initiate the pandemic planning and community-based NPI will be considered. This includes social distancing -- telework, teleclass, etc.

I assume at cities where there are confirmed local COVID-19 cases, the public health leaders have already begun the mitigation phase now and hence are practicing some degree of social distancing and rolling out telework, and various strategies to protect health in the population and to maintain business continuity already. Is that true or they are still waiting to execute their operations?

There are not many tests needed here in Georgia. But rapid robust and reliable testing kits (Tracey's reporting of current bottleneck) remain critical in all communities with positive cases. If we have such means, testing can also be conducted (sampling) on some flu-like cases at strategic selected cities also.

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

On Tuesday, February 18, 2020 2:20 PM, Dr. Eva K Lee

<(b) (6)> wrote:

Duane, Yes. (asymptomatic or mild symptoms) this is the worry at the very start, and it remains the most critical. Hence even 1% of infection for us -- can balloon out of proportion and we can't handle. Shedding not only during infection period, but also post-recovery. It's a very long timeline that we have to deal with. Then you have all the university students. Students travelled to China and came back to school, they asked health service if they needed to quarantine or take any action, the advice -- no need. Those are missed opportunities. Again, seasonal influenza affects 8-10% Americans, 0.7% of those infected required hospitalization, and mortality is roughly 0.1%. So it is easy to "calculate" all these numbers backwards... So 20% of COVID-19 infected may need hospitalization, mortality is 10-30 times higher than seasonal flu. How much can we tolerate before anyone would spring into action? Keep in mind, some begin to infect rapidly upon contracting the virus, the incubation is so short (and so long) and infectious too during that period (with much being unknown).

Carter, I think you will expect heterogeneous approaches from different communities in the overall response strategy, since it depends on the social setting and the demographics and more importantly the local resources. We have to optimize for sure.

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

On Tuesday, February 18, 2020 1:51 PM,  
Caneva, Duane <(b) (6)>  
wrote:

Seems to me a big challenge will be asymptomatic or mild symptoms in kids, spread through the schools, shed to parents who staff both categories acute and non-acute care clinics. If there are several days of asymptomatic shedding, how do you prevent spread to the vulnerable, high risk patients in each category?

Will mild symptoms drive complacent compliance?

---

**From:** Carter Mecher  
<(b) (6)>

**Sent:** Tuesday, February 18, 2020  
1:32 PM

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

**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.



My thinking is evolving in terms of healthcare system response. Initially I described how I would refocus the outpatient clinics away from COVID care and leverage the NPIs of isolation and quarantine to help keep the workplace safe (for the clinic staff and other patients) rather than a strategy that employs PPE. I would only use the outpatient clinic staff to help with telephone/home care support of those patients under home isolation or home quarantine--to help with compliance/adherence to isolation and quarantine, monitoring their health, and optimizing the care of their other chronic medical conditions (to keep them out of the ER and the hospital). But as I thought more about this, it occurs to me that this can be generalized beyond outpatient clinics.

I would think about dividing our healthcare system into two big pieces: (1) acute care (EDs, acute inpatient care, critical care); and (2) non-acute care including outpatient clinics (PC/Family Practice, pediatrics, OB/GYN, medical specialty, surgical specialty, dental, mental health, rehab, etc.), as well as other inpatient areas (inpatient mental health, substance abuse, nursing homes, hospice care, memory care, assisted living, etc.). Inpatient surgery (and I suppose labor and delivery) is part of acute care, but for this outbreak, it probably best belongs bundled with the other non-acute inpatient



areas. I would anticipate that the tripwire for implementing NPIs (community transmission), will also be the trigger for healthcare systems to dial down or turn off elective admissions (primarily surgical) to free up acute care and ICU/monitored beds. The most effective way to protect these non-acute areas is by shunting potential COVID patients away from these areas and either providing this type of care while the patients is hospitalized in acute care or thru telephone care/home care for patients with mild illness receiving care at home. And the most effective way to shunt these patients away from non-acute care areas is thru the implementation of early and aggressive NPIs of isolation of the ill and home quarantine of household contacts (and not fit testing the world and passing out PPE that we don't have).

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---

**From:** [Carter Mecher](#)

**Sent:** Tuesday, February 18, 2020  
11:02 AM

**To:** [Richard Hatchett](#); [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#); (b) (6)

**Cc:** (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#);

DeBord, Kristin  
(OS/ASPR/SPPR); Phillips, Sally  
(OS/ASPR/SPPR); David  
Marcozzi; Hepburn, Matthew J  
CIV USARMY (USA); Lisa  
Koonin; Wargo Michael; Walters,  
William (STATE.GOV);  
HARVEY, MELISSA; WOLFE,  
HERBERT; Eastman, Alexander;  
EVANS, MARIEFRED; Callahan,  
Michael V.,M.D.;

(b) (6)  
Johnson,  
Robert (OS/ASPR/BARDA);  
Yeskey, Kevin; Disbrow, Gary  
(OS/ASPR/BARDA); Redd, John  
(OS/ASPR/SPPR); Hassell, David  
(Chris) (OS/ASPR/IO); Hamel,  
Joseph (OS/ASPR/IO); Dean,  
Charity A@CDPH; Lawler, James  
V; Kadlec, Robert (OS/ASPR/IO);  
'Martin, Gregory J

(b) (6); Borio,  
Luciana; Hanfling, Dan;  
McDonald, Eric; Wade, David;  
TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber

(b) (6);  
KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

More puzzle pieces re the cruise  
ship outbreak.

- About  
2/3rds of  
the  
passengers

have been tested so far (2,404 out of 3,711).

- 61 Americans opted to remain onboard and not be evacuated.

**Japan has completed tests for all passengers and crew aboard the ship as of Monday, but the results for the last batch of tests aren't expected until Wednesday,** the day that the quarantine is slated to end. So far, results are back for 2,404 passengers and crew, out of the 3,711 who were on board the ship when the quarantine began on Feb. 5.

Japanese Health Minister Katsunobu Kato said Tuesday that people who have tested negative for the virus would start leaving on Wednesday, but that the process of releasing passengers and crew won't be finished until Friday, according to [the Washington Post](#).

The remaining 61 American passengers on the DP who opted not to join the evacuation will not be allowed to return to the US until March 4, according to the American embassy in Tokyo. The governments of Australia, Hong Kong and Canada have also said they would evacuate passengers.

Elsewhere, Japan confirmed three more cases of the virus. This time, they were confirmed in Wakayama, a prefecture in eastern Japan.

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---

**From:** [Carter Mecher](#)

**Sent:** Tuesday, February 18, 2020  
10:50 AM

**To:** [Richard Hatchett](#); [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#); (b) (6)

**Cc:** (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James](#)



[V; Kadlec, Robert \(OS/ASPR/IO\);](#)  
['Martin, Gregory J](#)

[\(b\) \(6\); Borio,](#)  
[Luciana; Hanfling, Dan;](#)  
[McDonald, Eric; Wade, David;](#)  
[TARANTINO, DAVID A;](#)  
[WILKINSON, THOMAS; David](#)  
[Gruber](#)

[\(b\) \(6\)](#)  
[KAUSHIK, SANGEETA;](#)  
[Nathaniel Hupert](#)

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

Maybe he was misquoted or it was  
a typo—perhaps what was meant  
was 4 per 100 (and that would be a  
low estimate)

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---

**From:** [Richard Hatchett](#)

**Sent:** Tuesday, February 18, 2020  
10:45 AM

**To:** [Carter Mecher; Caneva,](#)  
[Duane; Tracey McNamara; Dr.](#)  
[Eva K Lee; \(b\) \(6\)](#)

**Cc:** [\(b\) \(6\); Dodgen,](#)  
[Daniel \(OS/ASPR/SPPR\);](#)  
[DeBord, Kristin](#)  
[\(OS/ASPR/SPPR\); Phillips, Sally](#)  
[\(OS/ASPR/SPPR\); David](#)



Marcozzi; Hepburn, Matthew J  
CIV USARMY (USA); Lisa  
Koonin; Wargo Michael; Walters,  
William (STATE.GOV);  
HARVEY, MELISSA; WOLFE,  
HERBERT; Eastman, Alexander;  
EVANS, MARIEFRED; Callahan,  
Michael V.,M.D.;

(b) (6)  
Johnson,  
Robert (OS/ASPR/BARDA);  
Yeskey, Kevin; Disbrow, Gary  
(OS/ASPR/BARDA); Redd, John  
(OS/ASPR/SPPR); Hassell, David  
(Chris) (OS/ASPR/IO); Hamel,  
Joseph (OS/ASPR/IO); Dean,  
Charity A@CDPH; Lawler, James  
V; Kadlec, Robert (OS/ASPR/IO);  
Martin, Gregory J

(b) (6); Borio,  
Luciana; Hanfling, Dan;  
McDonald, Eric; Wade, David;  
TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber

(b) (6);  
KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

Note that 4/100,000 would imply  
that only 440 people have been  
infected.

---

**From:** Carter Mecher  
(b) (6)>

**Sent:** 18 February 2020 15:26

**To:** Caneva, Duane

(b) (6)

Tracey McNamara

<(b) (6)>; Dr.

Eva K Lee (b) (6)

**Cc:** 1 (b) (6)

>; Dodgen,

Daniel (OS/ASPR/SPPR)

<(b) (6)>;

DeBord, Kristin  
(OS/ASPR/SPPR)

<(b) (6)>;

Phillips, Sally (OS/ASPR/SPPR)

(b) (6)>; David

Marcozzi

(b) (6)

>; Hepburn, Matthew J CIV  
USARMY (USA)

(b) (6)

>; Lisa Koonin

(b) (6)>; Wargo

Michael

(b) (6)

Walters, William  
([STATE.GOV](mailto:STATE.GOV))

(b) (6);

HARVEY, MELISSA

(b) (6)>;

WOLFE, HERBERT

(b) (6)

Eastman, Alexander

(b) (6)>

; EVANS, MARIEFRED

(b) (6)

Callahan, Michael  
V.,M.D.

(b) (6)

; Johnson,

Robert (OS/ASPR/BARDA)

(b) (6)>;

Yeskey, Kevin

(b) (6)

Disbrow, Gary  
(OS/ASPR/BARDA)

(b) (6) >; Redd,

John (OS/ASPR/SPPR)

(b) (6) >; Hassell,

David (Chris) (OS/ASPR/IO)

(b) (6) ;

Hamel, Joseph (OS/ASPR/IO)

(b) (6) >; Dean,

Charity A@CDPH

(b) (6) >;

Richard Hatchett

(b) (6) >;

Lawler, James V

(b) (6) ;

Kadlec, Robert (OS/ASPR/IO)

(b) (6) >;

Martin, Gregory J

(b) (6)

>; Borio,

Luciana (b) (6) >;

Hanfling, Dan

(b) (6) ;

McDonald, Eric

(b) (6)

; Wade, David

< (b) (6) >;

TARANTINO, DAVID A

(b) (6) >;

WILKINSON, THOMAS

(b) (6)

David Gruber

(b) (6)

KAUSHIK, SANGEETA

(b) (6) >;

Nathaniel Hupert

(b) (6) >

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

WHO estimates 80% of patient with COVID-19 have mild disease and recover; that implies that 20% have severe disease. WHO estimated that 14% develop pneumonia and 5% are considered critical. [We were estimating that 12% of cases needed hospitalization (so 88% did not) and 2% needed ICU care (with mortality of patients with pneumonia in the ICU generally between 15%-50% so a CFR of 0,3%-1.0%). Also noet his comment on sparing children. The latter comments are reminiscent of the early comments of public health leaders during the 1918 pandemic—always minimizing. I have no idea where an attack rate of 4 per 100,000 comes from.]

<https://www.channelnewsasia.com/news/world/covid-19-coronavirus-who-china-patients-have-mild-disease-12445010>

GENEVA: The new novel coronavirus only causes mild disease for 80 per cent of infected patients, said the World Health Organization on Monday (Feb 17). Speaking to reporters, WHO chief Tedros Adhanom Ghebreyesus said that 14 per cent of patients would have severe diseases such as pneumonia.

"Around five percent of cases are considered critical with possible multi-organ failure, septic shock and respiratory failure and, in some cases, death," he added.

Tedros also said there were "relatively few cases" among children and more research was needed to understand why.

The WHO chief also warned against "blanket measures" over the novel coronavirus outbreak, pointing out the epidemic outside of China was only affecting a "tiny" proportion of the population.

Ryan said that even at the epicentre of the crisis in the city of Wuhan in central Hubei Province, the "attack rate" - a measure of the speed of spread of the virus - was four per 100,000.

"This is a very serious outbreak and it has the potential to grow, but we need to balance that in terms of the number of people infected. Outside Hubei this epidemic is affecting a very, very tiny, tiny proportion of people," he said.

Tedros also referred to an [apparent decline in new cases](#) of the disease in recent days but said that the trend "must be interpreted very cautiously".

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**From:** [Carter Mecher](#)



**Sent:** Tuesday, February 18, 2020  
10:15 AM

**To:** [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

**Cc:** (b) (6);  
(b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#);  
[DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#);

(b) (6);

(b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#);

[Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); ['Martin, Gregory J](#)

(b) (6);

[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6);

[KAUSHIK, SANGEETA](#);  
[Nathaniel Hupert](#)

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

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Update on cruise ship, Japan  
(implementing NPIs) and South  
Korea (evacuating passengers)

<https://www.channelnewsasia.com/news/asia/covid19-japan-virus-testing-complete-quarantine-cruise-ship-12445788>

88 more people test positive for  
COVID-19 on Diamond Princess  
cruise ship.

The new cases take the total  
number of confirmed cases on the  
Diamond Princess to 542 - the  
biggest cluster outside the  
epicentre in China. [Almost 15%  
of the crew and passengers have  
been infected.]

Japan has also confirmed at least  
65 cases domestically, including  
many involving people with no  
history of recent travel to China.  
Authorities have said the virus is  
being transmitted locally now, and  
have asked citizens to avoid  
crowds and non-essential  
gatherings. On Monday, the  
amateur portion of the Tokyo  
Marathon, which had been  
expected to attract some 38,000  
runners, was cancelled. Only elite  
athletes will now be able to take  
part. The public celebration for  
Emperor Naruhito's birthday has

also been scrapped over virus fears.

South Korea will send a presidential aircraft on Tuesday to fly back four nationals and one Japanese spouse, an official told reporters. There are 14 South Koreans on board in total, but the other ten have declined to be evacuated from the ship because they live in Japan, the Yonhap news agency reported.

Vietnam NPIs

<https://protect2.fireeye.com/url?k=5a2fa482-067bbdfe-5a2f95bd-0cc47adc5fa2-a5b86bc1581cf39c&u=https://saigoneer.com/saigon-health/...ue-to-covid-19>

Due to COVID-19: As of February 15, all 63 provinces and cities in Vietnam have extended their school closing time, 56 of which — including Saigon — have announced that schools will be closed until the end of February. Ho Chi Minh City's People Committee proposing students stay at home until the end of March.

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**From:** [Carter Mecher](#)

**Sent:** Tuesday, February 18, 2020  
7:10 AM

**To:** [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

**Cc:** (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#);

(b) (6)

(b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

(b) (6)

[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6);

[KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

---

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

More things to keep an eye on  
(attached links of stories and  
translations of news reports):

Yesterday a 5<sup>th</sup> flight of evacuees  
from Hubei arrived in Japan.  
There were 65 on board and 7  
people were symptomatic (11%).  
Watch for the number of  
confirmed—it will provide a point  
estimate of prevalence of COVID-  
19 in Hubei as of yesterday.  
Sounds like this is the last flight  
Japan will accept.

Yesterday, Japan provided an  
update of all cases in Japan:

- 53 people  
were  
infected in  
Japan and  
travelers  
from China
- 454  
passengers  
and crew  
members on  
cruise ships,  
and
- 13 people  
returned on



charter  
aircraft.

- 520 people  
in total.
- 23 people  
were  
determined  
to be  
seriously ill

Watching for other countries to  
evacuate passengers from cruise  
ship

- 256  
Canadians  
on the  
Diamond  
Princess  
cruise ship
- 32 tested +  
(as of Feb-  
17)
- A plane  
chartered by  
the  
Canadian  
government  
has left for  
Japan to  
evacuate its  
nationals  
aboard a  
virus-hit  
cruise ship  
off  
Yokohama,  
TV Asahi  
reported on  
Tuesday,  
citing a

tweet by  
Canada's  
foreign  
minister

Can't find anything about other  
countries evacuating passengers  
(UK, Hong Kong, Italy, etc.)

Last thing. Am seeing stories  
from Japan re patients going from  
clinic to clinic with resp  
symptoms and fever and being  
confirmed. They are finding  
nosocomial transmission—so  
underscores the concerns outlined  
in the proposal I outlined for re-  
aligning outpatient clinics.

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**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
10:39 PM

**To:** [Caneva, Duane](#); [Tracey  
McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

**Cc:** (b) (6) [Dodgen,  
Daniel \(OS/ASPR/SPPR\)](#);  
[DeBord, Kristin  
\(OS/ASPR/SPPR\)](#); [Phillips, Sally  
\(OS/ASPR/SPPR\)](#); [David  
Marcozzi](#); [Hepburn, Matthew J  
CIV USARMY \(USA\)](#); [Lisa](#)

Koonin; Wargo Michael; Walters,  
William (STATE.GOV);  
HARVEY, MELISSA; WOLFE,  
HERBERT; Eastman, Alexander;  
EVANS, MARIEFRED; Callahan,  
Michael V.,M.D.;

(b) (6)  
; Johnson,  
Robert (OS/ASPR/BARDA);  
Yeskey, Kevin; Disbrow, Gary  
(OS/ASPR/BARDA); Redd, John  
(OS/ASPR/SPPR); Hassell, David  
(Chris) (OS/ASPR/IO); Hamel,  
Joseph (OS/ASPR/IO); Dean,  
Charity A@CDPH; Richard  
Hatchett; Lawler, James V;  
Kadlec, Robert (OS/ASPR/IO);  
'Martin, Gregory J

(b) (6); Borio,  
Luciana; Hanfling, Dan;  
McDonald, Eric; Wade, David;  
TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber

(b) (6)  
KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

I really need help thinking thru the testing piece (screening for COVID-19). How do we protect the staff in outpatient clinics (where all the ILI is typically seen) and conserve PPE by shifting all the mild illness away from clinics and toward patients' homes using telephone care/telehealth and home healthcare and employing home

isolation for those who are infected and voluntary home quarantine for otherwise well (but exposed and potentially infected) household contacts? Having all the suspected patients coming in to clinics to be screened really defeats the purpose. So how would very large numbers of outpatients get screened? Home screening? Drive thru screening? Or creating a free standing screening facility for rapid screening? Has anyone thought this thru (how you screen for disease plus promote adherence/compliance to home isolation and home quarantine and shift outpatient care of patients with mild disease to telephone/home care to protect outpatient clinic staff? Looking for practical solutions.

Just to remind you, here are the estimates of demand (assuming we would need to screen all ILI)—about 88K per day in primary care clinics across the US.

| US Data                   |               |
|---------------------------|---------------|
| US population             | 325,700,000   |
| Hospital Beds             | 924,107       |
| ICU Beds                  | 81,790        |
| Hospital Admissions       | 36,353,946.00 |
| ER Visits                 | 145,600,000   |
| Family Practice/PC Visits | 481,963,000   |
| Total Deaths              | 2,813,503     |
| A Day in the US           |               |
| Hospital Admissions       | 99,600        |

|                                                          |           |
|----------------------------------------------------------|-----------|
| Inpatient Census (85% occupancy)                         | 785,491   |
| ICU Census (85% occupancy)                               | 69,522    |
| ER Visits                                                | 398,904   |
| Family Practice/PC Visits                                | 1,320,447 |
| Deaths                                                   | 7,708     |
| <b>Current Background of Illness Similar to COVID-19</b> |           |
| 2019-20 Flu Season MMWR Week 5 ILI Rate 6.7%             |           |
| 1.4M hospitalizations annually for pneumonia             |           |
| Medicare Average LOS Pneumonia 6 days                    |           |
| 55,672 pneumonia & influenza deaths annually             |           |
| Daily Hospital Admissions Pneumonia                      | 3,836     |
| Hospital Census Pneumonia                                | 23,014    |
| Daily ILI cases seen in ERs                              | 26,727    |
| Daily ILI cases seen in FP/PC clinics                    | 88,470    |
| Daily pneumonia & influenza deaths                       | 153       |

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**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
9:04 PM

**To:** [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

**Cc:** (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally](#)



(OS/ASPR/SPPR); David  
Marcozzi; Hepburn, Matthew J  
CIV USARMY (USA); Lisa  
Koonin; Wargo Michael; Walters,  
William (STATE.GOV);  
HARVEY, MELISSA; WOLFE,  
HERBERT; Eastman, Alexander;  
EVANS, MARIEFRED; Callahan,  
Michael V.,M.D.;

(b) (6)  
; Johnson,  
Robert (OS/ASPR/BARDA);  
Yeskey, Kevin; Disbrow, Gary  
(OS/ASPR/BARDA); Redd, John  
(OS/ASPR/SPPR); Hassell, David  
(Chris) (OS/ASPR/IO); Hamel,  
Joseph (OS/ASPR/IO); Dean,  
Charity A@CDPH; Richard  
Hatchett; Lawler, James V;  
Kadlec, Robert (OS/ASPR/IO);  
'Martin, Gregory J

(b) (6)'; Borio,  
Luciana; Hanfling, Dan;  
McDonald, Eric; Wade, David;  
TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber

(b) (6);  
KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

I tinkered with the strategy for  
integrating outpatient clinics and  
hospitals for the care of COVID-  
19 patients. Proposing this for my  
system.

Sent from [Mail](#) for Windows 10

---

**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
7:17 PM

**To:** [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

**Cc:** (b) (6)

[Dodgen, Daniel \(OS/ASPR/SPPR\)](#);  
[DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#);  
[HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#);  
[EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#);  
[Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#);  
[Kadlec, Robert \(OS/ASPR/IO\)](#);  
[Martin, Gregory J](#)

(b) (6)

[Borio, Luciana](#); [Hanfling, Dan](#);  
[McDonald, Eric](#); [Wade, David](#);  
[TARANTINO, DAVID A](#);  
[WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6);

KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

More details on evacuation of  
American passengers aboard the  
cruise ship.

Total evacuated:  $177 + 151 = 328$

<https://www.usatoday.com/story/travel/cruises/2020/02/17/coronavirus-diamond-princess-evacuees-test-positive-allowed-fly-united-states/4783787002/>

Fourteen evacuees from the [Diamond Princess cruise ship](#) quarantined in Japan were allowed to fly back to the United States Sunday despite testing positive for [coronavirus](#), the U.S. State Department and Health and Human Services said in a joint statement. The evacuees were not symptomatic.

"These individuals were moved in the most expeditious and safe manner to a specialized containment area on the evacuation aircraft to isolate them in accordance with standard protocols," the [statement, published Sunday, read.](#)

The State Department was unaware the individuals had coronavirus when they were being removed from the ship; they had tested negative just a few days before, Robert Kadlec, the assistant secretary for preparedness and response at the U.S. Department of Health & Human Services, said on a phone call with reporters.

"If those results had come back four hours earlier before we'd started to disembark the ship and before these people were evacuees within an evacuation system, then it would've been a different discussion." Dr. William Walters, director of operational medicine at the U.S. Department of State, said on the call.

Kadlec said that individuals received multiple screenings when moving from ship to bus to plane and a more extensive medical assessment upon arrival.

Two charter flights carrying the Diamond Princess passengers landed at military bases in California and Texas overnight, starting the clock on a 14-day quarantine period to ensure those passengers don't have [coronavirus](#). In total, approximately 380 Americans were on board the Diamond Princess ship for the duration of the cruise and quarantine at sea.

**'Something went awry': [Why did US break Diamond Princess coronavirus quarantine?](#)**



One plane carrying American passengers touched down at Travis Air Force Base in northern California just before 11:30 p.m. Sunday local time. A second flight arrived at Lackland Air Force Base in Texas around 2½ hours later, early Monday.

The California flight had 177 people on it, seven of whom tested positive for coronavirus, Walters said. An additional three people were isolated during the flight for fever. Upon arrival, 171 stayed in Travis while six traveled to Omaha.

It's unclear which passengers were transferred there and whether initial tests were positive or whether they were at risk for the virus.

The Texas flight had 151 people board and included the other seven who tested positive for coronavirus. Two additional passengers were isolated on account of fever. All passengers who tested positive for coronavirus then moved on to Omaha.

The aircraft design allowed passengers to sit in isolation thanks to a plastic divider at the tail of the aircraft.

## **13 high-risk passengers await test results at Nebraska Medical Center**



Officials from the University of Nebraska Medical Center and Nebraska Medicine confirmed that they are assessing 13 adults at their quarantine and biocontainment facility in Omaha.

“Late last night at about 2 or 3 a.m., we were asked to bring some individuals here who had either tested positive or had a high likelihood of testing positive because of symptoms they were exhibiting,” said Dr. Chris Kratochvil, the executive director at the University of Nebraska Medical Center’s Global Center for Health Security.

Twelve of them are housed in the quarantine center while one man was transferred to the hospital’s biocontainment unit for testing and observation because of symptoms including cough, fever, shortness of breath, lightheadedness and an undisclosed chronic condition that would make him particularly vulnerable to the COVID-19 virus.

“He is doing good and in stable condition at this time,” reported Shelly Schwedhelm, Nebraska Medicine’s executive director of emergency management and biopreparedness.

She went on to note that “the folks in the quarantine center have all been tested, and we’re waiting for those results.”

She added that the other 12 are isolated in “very nice rooms with WiFi, TV and a small refrigerator

– a lot of the amenities at hotels but with engineering controls” to prevent contaminated air from escaping.

Their test results, which are due back Monday afternoon, will determine whether the patients will be allowed to see their spouses or leave their rooms.

Regardless of whether they test positive or negative, all of the new arrivals will spend at least 14 days in the facility, and any who test positive will likely stay longer, said Dr. Mike Wadman, the co-medical director of the National Quarantine Unit.

Kratochvil says it's possible that they may be asked to take more patients should more of the Diamond Princess passengers now in quarantine at the airbases test positive.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, told the USA TODAY editorial board and reporters Monday that the original idea to keep people safely quarantined on the ship wasn't unreasonable. But even with the quarantine process on the ship, virus transmission still occurred.

"The [quarantine process failed](#)," Fauci said. "I'd like to sugarcoat it and try to be diplomatic about it, but it failed. People were getting infected on that ship. Something went awry in the process of the quarantining on that ship. I don't

know what it was, but a lot of people got infected on that ship."

USA TODAY reached out to Princess Cruises for clarification on how many Americans from the ship have the virus.

Sent from [Mail](#) for Windows 10

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**From:** [Caneva, Duane](#)

**Sent:** Monday, February 17, 2020  
4:51 PM

**To:** [Carter Mecher](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

**Cc:** (b) (6)

[Dodgen, Daniel \(OS/ASPR/SPPR\)](#);  
[DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#);  
[Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel,](#)

Joseph (OS/ASPR/IO); Dean,  
Charity A@CDPH; Richard  
Hatchett; Lawler, James V;  
Kadlec, Robert (OS/ASPR/IO);  
'Martin, Gregory J  
(b) (6)'; Borio,  
Luciana; Hanfling, Dan;  
McDonald, Eric; Wade, David;  
TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber  
(b) (6);  
KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** Re: Red Dawn Breaking,  
COVID-19 Collaborative, Feb 16  
start

+ Bob Glass

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**From:** Carter Mecher  
<(b) (6)>  
**Sent:** Monday, February 17, 2020  
4:47:38 PM  
**To:** Tracey McNamara  
<(b) (6)>; Dr.  
Eva K Lee (b) (6)  
>  
**Cc:** (b) (6)  
>; Caneva,  
Duane  
(b) (6);  
Dodgen, Daniel (OS/ASPR/SPPR)  
<(b) (6)>;  
DeBord, Kristin  
(OS/ASPR/SPPR)

< (b) (6) >;  
Phillips, Sally (OS/ASPR/SPPR)  
(b) (6) >; David  
Marcozzi  
(b) (6)  
>; Hepburn, Matthew J CIV  
USARMY (USA)  
(b) (6)  
>; Lisa Koonin  
(b) (6) Wargo  
Michael  
(b) (6)  
>; Walters, William  
([STATE.GOV](http://STATE.GOV))  
(b) (6) >;  
HARVEY, MELISSA  
(b) (6);  
WOLFE, HERBERT  
(b) (6)  
Eastman, Alexander  
(b) (6) >  
>; EVANS, MARIEFRED  
(b) (6)  
>; Callahan, Michael  
V.,M.D.  
(b) (6)  
>;  
Johnson, Robert  
(OS/ASPR/BARDA)  
(b) (6) >;  
Yeskey, Kevin  
(b) (6) >;  
Disbrow, Gary  
(OS/ASPR/BARDA)  
(b) (6) >; Redd,  
John (OS/ASPR/SPPR)  
(b) (6) Hassell,  
David (Chris) (OS/ASPR/IO)  
(b) (6)  
Hamel, Joseph (OS/ASPR/IO)  
(b) (6) >; Dean,  
Charity A@CDPH  
(b) (6)



Richard Hatchett  
(b) (6) >;  
Lawler, James V  
(b) (6) >;  
Kadlec, Robert (OS/ASPR/IO)  
(b) (6) >;  
'Martin, Gregory J  
(b) (6)  
>; Borio,  
Luciana (b) (6) >;  
Hanfling, Dan  
(b) (6) >;  
McDonald, Eric  
(b) (6)  
>; Wade, David  
(b) (6)  
TARANTINO, DAVID A  
(b) (6) >;  
WILKINSON, THOMAS  
(b) (6)  
David Gruber  
(b) (6)  
>;  
KAUSHIK, SANGEETA  
(b) (6) >;  
Nathaniel Hupert  
(b) (6)  
**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

**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.

A correction. Should not have included breakdown of hospitalized since we have spotty data 9or could have used a range). Only solid data we have is number

confirmed (58), number in hospital (44), and number in ICU ( $\geq 1$ ). Mix of hospital patients is unknown (from the Singapore data the ratio of hospitalized to ICU has ranged from 6:1 to 13:1 from two data points).

So estimates of severity looking only at the American passengers:

~400 total American passengers

58 confirmed to have COVID-19

12 Asymptomatic  
(20%)

46 Symptomatic (80%)  
(44 cases actually hospitalized)

~2% of total  
cases requiring ICU admission (1 case)

Expected mortality  
for patients with  
pneumonia  
admitted to ICU  
(15-50%);  
assuming 2% of  
those who become  
infected with  
COVID-19 require  
ICU care, these  
mortality rates  
equate to a CFR of  
0.3%-1.0%

Sent from [Mail](#) for Windows 10

**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
4:15 PM

**To:** [Tracey McNamara](#); [Dr. Eva K Lee](#)

**Cc:** (b) (6);  
(b) (6) [Caneva, Duane](#); [Dodgen, Daniel](#)  
(OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR);  
[Phillips, Sally](#) (OS/ASPR/SPPR);  
[David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA);  
[Lisa Koonin](#); [Wargo Michael](#);  
[Walters, William](#) (STATE.GOV);  
[HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#);  
[EVANS, MARIEFRED](#); [Callahan, Michael V.](#), M.D.;  
(b) (6);  
(b) (6) [Johnson, Robert](#) (OS/ASPR/BARDA);  
[Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#)  
(OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Richard Hatchett](#);  
[Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO);  
[Martin, Gregory J](#);  
(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#);  
[McDonald, Eric](#); [Wade, David](#);  
[TARANTINO, DAVID A](#);  
[WILKINSON, THOMAS](#); [David Gruber](#);  
(b) (6);  
[KAUSHIK, SANGEETA](#);  
[Nathaniel Hupert](#)

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

Latest data from Singapore (77 cases; 4 children, 2 are asymptomatic) and Hong Kong (60 cases; no children)

More puzzle pieces.

Singapore status:  
<https://protect2.fireeye.com/url?k=f6750fe4-aa211698-f6753edb-0cc47adc5fa2-76d29cc40fd8c03f&u=https://www.moh.gov.sg/news-highligh...tion-confirmed>

### **Update on condition of confirmed cases**

To date, a total of 24 cases have fully recovered from the infection and have been discharged from hospital. Of the 53 confirmed cases who are still in hospital, most are stable or improving. Four are in critical condition in the intensive care unit.

[Ratio of hospitalized to ICU of 53/4 or ~ 13:1] Consistent with estimates in earlier email. [On Feb-12 Singapore reported that 8 patients were in ICU.]



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**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
2:57 PM

**To:** [Tracey McNamara](#); [Dr. Eva K Lee](#)

**Cc:** [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

(b) (6)

[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)



(b) (6);

KAUSHIK, SANGEETA;

Nathaniel Hupert;

(b) (6)

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

Trying to estimate severity by  
bringing a number of pieces  
together.

The Diamond Princess Cruise  
Ship had a crew of 1,745 and  
2,666 passengers (total pf 3,711)  
Approximately 400 of the  
passengers are Americans (11%).  
Several days ago (Feb-13) we  
attempted to estimate disease  
severity using the current data  
being reported by the media  
(number of confirmed cases and  
ICU cases) as well as data on the  
outbreak in Singapore (number of  
confirmed cases, number  
hospitalized, and number in ICU)  
(see attached Word file).

Given the additional information  
becoming available (including  
more specific information being  
reported by the media on the  
numbers of Americans infected), I  
was interested in an updated crude  
estimate of severity (and to see  
how well the early predictions of  
severity matched with what was  
being reported by the media on  
illness in the Americans. See

latest re the cruise ship outbreak below (two stories). We can glean from these stories that the number infected is now up to 454. And 14 positive passengers were included among the Americans who were evacuated to the US. Canada, South Korea, Italy and Hong Kong announced Sunday that they would also arrange charter flights to evacuate their citizens. A few additional pieces of data. News reports yesterday stated that 73 of the 355 confirmed cases from the cruise ship were asymptomatic (20%). Also, yesterday the media quoted Dr. Fauci that the total number of Americans who were confirmed to have COVID yesterday and who remained at hospitals in Japan at 44.

Assuming that this number does not include the 14 confirmed cases that were evacuated, suggests that the total number of Americans with confirmed COVID is 58. An earlier news report from Feb-12 re a couple from California, noted the husband was in the ICU in Japan (so at least 1 American in the ICU). ["...remained in a hospital intensive care unit and has been able to communicate with his family, his wife said in a phone interview from the ship, where she remained in quarantine."

<https://protect2.fireeye.com/url?k=5b014cc3-075555bf-5b017dfc-0cc47adc5fa2-5be62cf1a816fc6d&u=https://web.archive.org/web/20200212093725/https://www.oregister.com/2020/02/11/southern-california-man-on-cruise-sent-to-a-hospital-in-tokyo->

[with-a-high-fever-tested-for-coronavirus/](#) ]

So, piecing all the data together:

The ~400 Americans account for 11% of the 3,711 passengers and crew of the Diamond Princess.

The 58 confirmed cases among Americans account for 12% of the 454 total confirmed COVID cases

Assuming that proportion of asymptomatic cases in Americans is similar to the proportion of asymptomatic cases for the entire ship (73/355 or 20%), we would estimate the number of Americans with asymptomatic infection at ~12. Symptomatics would be 46.

If 2% of cases result in ICU admission (based on earlier estimates on Feb-12 where 4 ICU cases were reported with 203 total confirmed cases), we would expect ~9 ICU cases overall with 454 infected. Media reports from today note 19 of the passengers are “seriously ill, with some of whom treated in intensive care units.” (Would be helpful to quantify “some”—from the earlier data, we would estimate about half that number would require ICU care at some point). For the 54 Americans confirmed to have COVID, we would estimate 1 would require ICU care if 2% of cases required ICU care (we are already aware of at least 1 American who was receiving ICU care in Japan).

So estimates of severity looking only at the American passengers:

~400 total American passengers

58 confirmed to have COVID-19

12 Asymptomatic  
(20%)

46 Symptomatic (80%)

~55% of total cases mildly ill (hospitalized for isolation only) (31 cases)

~25% of total cases acutely ill requiring inpatient care (15 cases)

~2% of total cases requiring ICU admission (1 cases)

Expected mortality for patients with pneumonia admitted to ICU (15-50%); assuming

2%  
of  
those  
who  
become  
infected  
with  
COVID-19  
require  
ICU  
care,  
these  
mortality  
rates  
equated to  
a  
CFR  
of  
0.3%-  
1.0%

Those estimates fit pretty well with the estimates from Feb-13. To firm up these numbers it would be useful to have actual numbers from Japan on ICU admissions, number requiring mechanical ventilation, number in the hospital because they are acutely ill, and number in the hospital because of isolation only (mildly ill or asymptomatic). Also would be helpful to have more granular



information on the Americans (hospital data in Japan including number acutely ill, number needing ICU admission, and number only in the hospital for isolation). Would also be critical to gather/compile the same information from Canada, South Korea, Italy, Hong Kong, and other nations as they also evacuate their citizens. The cruise ship is a circumscribed population where it is possible to get a handle on severity fairly early in an epidemic. The limitation though, is the population on board that ship is elderly (so need to be careful about generalizing to the entire population). But it is the best data we have.

The reason why this is so important is decisions re the implementation of NPIs depend upon severity (the more severe the more intense the NPIs). The sooner we have a more accurate assessment of severity, the better for making plans for NPIs.

#### Story #1

<https://protect2.fireeye.com/url?k=fb4e1b73-a71a020f-fb4e2a4c-0cc47adc5fa2-6b70ca76908c81a4&u=https://www3.nhk.or.jp/news/html/20200217>

[/k10012289341000.html?utm\\_int=news\\_contents\\_news-main\\_001](/k10012289341000.html?utm_int=news_contents_news-main_001)

Translation

New virus cruise ship confirmed  
99 new infections

February 17, 2020 18:54

A new outbreak of the coronavirus was confirmed on February 17, with 99 new passengers and crew members infected on a cruise ship. As a result, 454 passengers and crew members of cruise ships have been infected, of which 19 are severely affected.

According to the Ministry of Health, Labor and Welfare, a total of 99 new passengers, including 85 passengers and 14 crewmembers, were revealed on March 17 on the cruise ship "Diamond Princess" anchored in Yokohama Port. Among them, there are 43 Japanese.

This means that a total of 1723 passengers and crew members were inspected on the cruise ship, and a total of 454 infections were confirmed.

According to the Ministry of Health, Labor and Welfare, 19 of the confirmed individuals are seriously ill, some of whom are being treated in intensive care units.

According to the Ministry of Health, Labor and Welfare, the Ministry of Health, Labor and Welfare said that infections were confirmed one after another on

cruise ships. Need to be analyzed quickly. "

The Ministry of Health, Labor and Welfare has a policy to conduct a virus test on all passengers and crew members remaining on board, and those who have a negative result will be asked to leave the ship after the 19th.

## Story #2

Fourteen people who were evacuated from the Diamond Princess cruise ship and flown back to the United States on charter flights tested positive for [novel coronavirus](#), according to a joint statement from the US Departments of State and Health and Human Services.

The passengers are among the more than 300 people removed from the ship, which is docked off the Japanese port city of Yokohama, Sunday night and [flown to military bases in the United States](#).

US officials were notified that they had tested positive for coronavirus during the evacuation process, after passengers had disembarked the ship, the agencies said in the joint statement Monday. The passengers had been tested two to three days before the

evacuation flights, the statement said.

"After consultation with HHS officials, including experts from the HHS Office of the Assistant Secretary for Preparedness and Response, the State Department made the decision to allow the 14 individuals, who were in isolation, separated from other passengers, and continued to be asymptomatic, to remain on the aircraft to complete the evacuation process," the agencies said.

One charter flight carrying evacuated Americans arrived at Travis Air Force Base near Fairfield, California, around 11:28 p.m. local time Sunday. A second arrived at Joint Base San Antonio-Lackland in San Antonio, Texas at 3:56 a.m. local time Monday.

The passengers who tested positive were isolated from the other passengers during the flights, the statement said. And all passengers are being "closely monitored" throughout the flight.

"Any who become symptomatic will be moved to the specialized containment area, where they will be treated," the statement said.

After the flights land, any passengers that developed symptoms on the flights and those who had already tested positive will be transported to "an appropriate location for continued isolation and care."

The remaining passengers will remain under quarantine for 14 days.

Passengers arriving to Travis Air Force Base will be housed in the same facility as evacuees who arrived from Wuhan earlier this month, a spokesperson for the base told CNN. New evacuees will be kept in a separate area of the Westwind Inn on the base, the spokesperson said.

Before the announcement about the infected flight passengers, some Americans aboard the Diamond Princess said they didn't want to take a chance being evacuated for fear they would be subject to possible infection.

Sacramento resident Matthew Smith told [CNN affiliate KOVR](#) that he would rather deal with issues in Japan than be evacuated and quarantined in the United States.

"We decided we would just face whatever consequences here rather than exposing ourselves to that situation," Smith told the affiliate. "It kind of didn't make any sense if the us was fearful that these were infected people which is why they're going to quarantine them for another 2 weeks to have thrown them all together"

Smith's wife Katherine Codekas was met with some surprise when she told authorities that she and her husband weren't going to go with the other American evacuees, KOVR reported.



"They came back around again and I said no we're not going and they very sincerely wished us luck but there was a little look of surprise on their face," Codekas explained to the affiliate.

"You know, it's not like we're the last helicopter off the roof top in Ho Chi Mihn City," she told KOVR. "We're on a boat and we're watching people go away and people just make different choices about how they want to confront the virus."

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**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
11:00 AM

**To:** [Tracey McNamara](#); [Dr. Eva K Lee](#)

**Cc:** [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

[\(b\) \(6\)](#);

(b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

Attached is Bob Glass' original paper—his co-author was his high-school age daughter.

Here is a link to another paper.

Glass RJ, Glass LM, Beyeler WE, Min HJ. Targeted social distancing designs for pandemic influenza. *Emerg Infect Dis* [serial on the Internet]. 2006 Nov [date cited].  
<http://dx.doi.org/10.3201/eid1211.060255>

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**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
9:59 AM

**To:** [Tracey McNamara](#); [Dr. Eva K Lee](#)

**Cc:** [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

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[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6) ;

KAUSHIK, SANGEETA:

Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

This is the original graph of Bob Glass' data. He modeled the various interventions alone or in combination. Along one axis are the social distancing measures from doing nothing, to just closing schools but allowing kids to mix in the community, to social distancing of kids in the community but keeping schools open, to only social distancing of adults in the community, to closing schools and adults social distancing, to kids and adults social distancing in the community, to closing schools and social distancing of kids in the community, to a combo of all 3. Along the other axis are other interventions including doing nothing, to quarantine (Q), treatment of the ill with antivirals (T), prophylaxis of contacts (P), and various combinations. We observed what we called a "cliff effect" or phase transition or a discontinuity once you closed schools and implemented social distancing among kids. The effect was non-linear and dramatic. As a consequence we began a deep dive to better understand the school environment (including the



transportation system half the school age kids use each day) and school age kids. An unsung hero in all this was Lisa Koonin (who was at CDC at the time). If Richard birthed TLC, Lisa kept the baby alive in the neonatal ICU.

We still have much to learn about this virus. Thus far, it seems to be sparing kids (just like SARS). We have been monitoring the reports from China as well as the detailed data we can see from Hong Kong, Singapore, and Japan—the numbers of kids remain very low and disease appears to be mild. Nonetheless, TLC (and the NPIs) is focused on reducing disease transmission (effectively decreasing  $R_0$ )—the interventions are really agnostic to severity. It is why CDC had to scale the implementation of TLC (later called CMG) to severity. Despite the absence of severe disease in kids, we really are still in the dark in terms of the amount of asymptomatic disease or mild sub-clinical disease in kids because we just haven't been able to look.

I never forgot this graph of the data from Bob Glass and the inflection point that was observed when the combo of closing schools and social distancing of kids was implemented in his model. Although closing schools is complicated by its 2<sup>nd</sup> and 3<sup>rd</sup> order impacts, it is actually a pretty clean intervention in terms



of actually pulling the trigger (much cleaner than the other components of TLC). If this outbreak proves to be as severe as our initial estimates, we should think long and hard before dismissing the early implementation of this strategy (closing schools and social distancing of kids).

Sent from [Mail](#) for Windows 10

---

**From:** [Carter Mecher](#)

**Sent:** Monday, February 17, 2020  
8:57 AM

**To:** [Tracey McNamara](#); [Dr. Eva K Lee](#)

**Cc:** [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[\[REDACTED\]](#); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel,](#)

Joseph (OS/ASPR/IO); Dean,  
Charity A@CDPH; Richard  
Hatchett; Lawler, James V;  
Kadlec, Robert (OS/ASPR/IO);  
'Martin, Gregory J  
(b) (6)'; Borio,  
Luciana; Hanfling, Dan;  
McDonald, Eric; Wade, David;  
TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber  
(b) (6);  
KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

NPIs are going to be central to our response to this outbreak (assuming our estimates of severity prove accurate). This email group has grown since we began (not quite epidemic-level growth, but getting there). Looking ahead, I anticipate we might encounter pushback over the implementation of NPIs and would expect similar concerns/arguments as were raised back in 2006 when this strategy first emerged. It was one of the reasons I shared the updated data on US households from American Community Survey, data on USDA programs for nutritional support (including school meal programs), data on schools and enrollment, and even data on juvenile crime. The data that was gathered back in 2006 on social density in various environments

(homes, offices/workplaces, schools, daycare, etc., is unchanged). For additional background and context, we attached are 3 papers on NPIs and TLC for those who are interested. Richard Hatchett deserves full credit for birthing the idea of TLC (it was actually developed in response to the threat of H5N1 and later adopted for pandemic influenza response). Duane, perhaps you can store these documents on MAX for safe keeping and access?

The first paper is an historical review of the 1918 pandemic (the comparison of Philadelphia and St. Louis is emblematic of the lesson from 1918 that timing matters when deploying NPIs—need to be early). The second paper is modeling work that was done to evaluate these strategies. At the time, modelers were focused on how best to contain an outbreak overseas (really focusing on using antivirals primarily for treatment and prophylaxis). They focused their models to evaluate the effectiveness of various strategies and quantities of antiviral medications required to quench an emerging outbreak. There were 3 groups who were doing this work back then. They each present their data in that paper. A few things to note. In all the model runs, they did not model perfection or 100% adherence (actually far from it). You will see scenarios from 30/60 (meaning 30% compliance and 60% ascertainment) on up to 90/80 ). (See figures 1) Even leaky implementation can reduce overall

attack rates. The modelers also looked at timing of implementation (see figure 3). At the time there was a great deal of skepticism—was hard for people to believe this was possible. Or even if TLC could be effective, was implementation practical given the challenges trying to implement and the 2<sup>nd</sup> and 3<sup>rd</sup> order consequences (especially of closing schools). But the modeling data combined with the historical data was the tipping point. Marty Cetron from CDC and Howard Markel from U of Michigan, published a more extensive historical review of the 1918 pandemic showing much the same. Since then, a group within CDC continued to work on this (collecting additional data from the 2009 pandemic and elsewhere). They published an update of CMG in MMWR in 2017.

<https://protect2.fireeye.com/url?k=3985fc87-65d1e5fb-3985cdb8-0cc47adc5fa2-bb4a28993b5aa9e0&u=https://www.cdc.gov/media/dpk/cdc-24-7/preventing-pandemic-influenza/community-mitigation-guidelines-for-preventing-pandemic-flu.html>

The third paper, is a more recent paper (from 2017) that Richard shared with me. The paper is a little dense, but

I found this paper useful because it provides a vocabulary for strategies that we have raised (Symptom Monitoring vs



Quarantine of potentially infected but symptom-free contacts during an epidemic). This paper identifies those conditions where SM or Q is preferred. Figure 1 is useful for understanding the challenges given the picture that seems to be emerging with this virus. This outbreak seems closer to pandemic flu than SARS in terms of transmission dynamics (and hence the NPIs we would need to employ).

Lastly, another person, Bob Glass at Los Alamos, also did work on this separately from the MIDAS group. He actually began this work as part of a science fair project for his daughter (using social contacts of his daughter and her classmates at school to model disease transmission). He knew someone at VA who forwarded his work to us (chain of transmission). Early on (even before the MIDAS group modeled TLC), we had a “Eureka” moment when we graphed his data in Excel (I can share that single graph to anyone interested). Bob Glass was also interested in trying to determine when you could let up on the NPIs during a pandemic. Here is a story about Bob Glass and that work published in Fast Company

<https://protect2.fireeye.com/url?k=3862f880-6436e1fc-3862c9bf-0cc47adc5fa2-9ce5af31e3c2cd64&u=https://www.fastcompany.com/3058542/the-scientists-who-simulate-the-end-of-the-world> I will see if I can find his work on when to reopen schools. Decisions in terms of



letting up on NPIs could be critical  
down the line.

Sent from [Mail](#) for Windows 10

---

**From:** [Tracey McNamara](#)

**Sent:** Sunday, February 16, 2020  
7:10 PM

**To:** [Carter Mecher](#); [Dr. Eva K Lee](#)

**Cc:** [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

(b) (6)

[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#);

TARANTINO, DAVID A;  
WILKINSON, THOMAS; David  
Gruber

(b) (6)

KAUSHIK, SANGEETA;  
Nathaniel Hupert

**Subject:** Re: Red Dawn Breaking,  
COVID-19 Collaborative, Feb 16  
start

Here is the link to a town hall  
mtg at the Munich Security  
Conference. Shared by Dr  
Christian Haggenmiller ,  
Dorector of the German  
Defense Institute.

[https://protect2.fireeye.com/url  
?k=ec4e0592-b01a1cee-  
ec4e34ad-0cc47adc5fa2-  
c00af41a186719a2&u=https://s  
ecurityconference.org/en/medi  
a/library/asset/townhall-on-the-  
coronavirus-outbreak-  
20200215-1000/](https://protect2.fireeye.com/url?k=ec4e0592-b01a1cee-ec4e34ad-0cc47adc5fa2-c00af41a186719a2&u=https://securityconference.org/en/media/library/asset/townhall-on-the-coronavirus-outbreak-20200215-1000/)

Tracey

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**From:** Dr. Eva K Lee (b) (6)

>

**Sent:** Sunday, February 16, 2020  
3:05:43 PM

**To:** Carter Mecher

(b) (6) >

**Cc:** Caneva, Duane

(b) (6)

Dodgen, Daniel (OS/ASPR/SPPR)

< (b) (6) >;  
DeBord, Kristin  
(OS/ASPR/SPPR)  
(b) (6) >;  
Phillips, Sally (OS/ASPR/SPPR)  
(b) (6) >; David  
Marcozzi  
(b) (6)  
>; Hepburn, Matthew J CIV  
USARMY (USA)  
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>; Lisa Koonin  
(b) (6) Wargo  
Michael  
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Walters, William  
([STATE.GOV](http://STATE.GOV))  
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HARVEY, MELISSA  
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WOLFE, HERBERT  
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Eastman, Alexander  
(b) (6) >  
>; EVANS, MARIEFRED  
(b) (6)  
>; Callahan, Michael  
V., M.D.  
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>;  
Johnson, Robert  
(OS/ASPR/BARDA)  
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Yeskey, Kevin  
(b) (6) >;  
Disbrow, Gary  
(OS/ASPR/BARDA)  
< (b) (6) Redd,  
John (OS/ASPR/SPPR)  
(b) (6) >; Hassell,  
David (Chris) (OS/ASPR/IO)  
< (b) (6)  
Hamel, Joseph (OS/ASPR/IO)

(b) (6)>;  
Tracey McNamara  
<(b) (6)>;  
Dean, Charity A@CDPH  
(b) (6);  
Richard Hatchett  
(b) (6);  
Lawler, James V  
(b) (6)>;  
Kadlec, Robert (OS/ASPR/IO)  
(b) (6)>;  
Martin, Gregory J  
(b) (6)  
Borio,  
Luciana (b) (6)>;  
Hanfling, Dan  
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McDonald, Eric  
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Wade, David  
(b) (6)  
TARANTINO, DAVID A  
(b) (6)  
WILKINSON, THOMAS  
(b) (6)  
David Gruber  
(b) (6)  
KAUSHIK, SANGEETA  
(b) (6)>;  
Nathaniel Hupert  
(b) (6)>  
**Subject:** RE: Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16 start

Hi Carter, great points.

1. Separate current ED/ICU  
patients from COVID-19 is a  
must.

2. Migrating current ED/ICU (non-COVID) patients to other care sites is great idea.

3. Caring for COVID-19 patients:leveraging ED/ICU personnel for high compliance and usage of limited resources (PPE everything that goes with it) is very critical. Strategic usage and minimizing non-medical staff is necessary --- either these operators are well-trained and protected, or they cannot be there.

4. Concentrating care within ED/ICU for COVID-19 ensures rapid learning and sharing of knowledge among workers as they take care of these patients. Clearly from the standpoint of data collection and clinical symptoms recording and organization, it is more feasible and allow for immediate analysis and feedback.

5. Strategic prioritization of limited resources is extremely important. We must do it now, because the supply chain is already being affected and it can go worse.

6. Primary care and call centers are good. If you want to do strategic testing, this is also a good place to involve.



7. So few children are reported among the confirmed positive cases. They may be good spreaders (not necessarily have to be super) and the more vulnerable people would be ones show up with symptomatic disease characteristics (or no/mild symptoms).

Best, Eva

(b) (6)

mobile: (b) (6)

Sent with [ProtonMail](#) Secure Email.

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

On Sunday, February 16, 2020  
4:30 PM, Carter Mecher

<(b) (6)> wrote:

Wanted to bounce  
something off this  
group.

I have been concerned  
about some of the  
preparedness efforts  
of healthcare systems

as they are ramping up their capabilities to care for patients with COVID-19 presenting anywhere in their system. Staff working in ERs and ICUs are pretty familiar with the care of these types of patients and the use of appropriate PPE (standard contact and airborne precautions including eye protection). The staff at the hospitals undergo fit testing for respirators, etc. Staff in outpatient clinics (especially remote community based outpatient clinics) don't typically undergo fit testing for respirators. So ERs and ICUs have muscle memory for isolating patients and providing care to patients with infectious respiratory disease. Community based outpatient clinics do not.

As part of the preparedness efforts, there has been interest in fit testing outpatient clinic staff and supplying these clinics with PPE and establishing procedures for

evaluating COVID-19 patients in the community based clinics. Given the projected shortages of PPE, that just doesn't seem like the most prudent approach.

Rather than expand the care of potential COVID-19 patients to community based outpatient clinics, I would focus on hospital care--ERs and inpatient areas (especially ICUs). I would not pursue fit testing for staff working in outlying clinics. As a strategy, I suggested dividing COVID patients into two categories—(1) those with illness that is mild enough to be cared for at home (self care or care by other family members); or (2) those who are sick enough to be seen in the ER for possible hospitalization. I would refocus the efforts of outlying clinics away from COVID and toward keeping non-COVID patients with the usual mix of acute and chronic illnesses we see from hypertension to CHF to diabetes,

etc., out of the ER and out of the hospital. That is what they can do to help unburden ERs and hospitals for the surge in COVID patients in ERs and hospitals. I would leverage telephone care as much as possible to handle patients with mild disease seeking care related to COVID (and quickly develop algorithms to determine who has mild disease and can be managed by telephone at home and who needs to be evaluated in the ER). Think of it like the program Lisa developed for pandemic influenza (Nurse On Call) on steroids, minus the antiviral piece. Could we repurpose and leverage that program for COVID? Such a strategy would help to conserve our PPE supply (avoid the expansion of fit testing and the redirection of already limited supplies of PPE to outlying clinics) and not ask outlying clinics to do something they don't typically do (that usually doesn't turn out very well). If

the outlying clinics focused on what they normally do (caring for patients with chronic diseases), they could help the ER and hospitals cope with the demands of COVID. I would think about Urgent Care centers in the same way—to help to decompress ERs.

I also think that we need to start thinking about strategies to conserve PPE for hospitals. I'm concerned about the projected burn rates and the supply chains for PPE. Click on Amazon and check out the prices now.

Or click on WalMart (can't pick up any masks from WalMart now). I saw one supplier selling 200 surgical masks on WalMart's site for only \$459.99. Such a deal.

As a conservation strategy, we might think about limiting the amount of staff interacting with infected patients and cohorting patients (even thinking of strategies to minimize need for



housekeeping or food service or lab services from entering areas with COVID patients--think Ebola-like strategies (not out of concern of disease transmission but simply to limit number of staff to conserve PPE). Could do something similar with ERs (akin to what pediatricians do to separate sick call patients from other appointments). I have recommend prioritizing PPE for EDs and ICUs as well as specific inpatient areas where we would likely initially cohort patients, not pursuing fit testing of outpatient clinic staff, and shifting patients with mild COVID disease to telephone care and away from outpatient clinics.

I know several of you are part of large healthcare systems. Am curious how others are approaching this challenge.

I am also resending the questions I posed

for handling sick  
ER/hospital staff or  
staff members with a  
confirmed case of  
COVID in their  
household. Carter

Sent from [Mail](#) for  
Windows 10

---

**From:** [Caneva,  
Duane](#)

**Sent:** Sunday,  
February 16, 2020  
3:24 PM

**To:** [Dodgen, Daniel  
\(OS/ASPR/SPPR\);  
DeBord, Kristin  
\(OS/ASPR/SPPR\);  
Phillips, Sally  
\(OS/ASPR/SPPR\);  
David Marcozzi;  
Hepburn, Matthew J  
CIV USARMY  
\(USA\); Lisa Koonin;  
Wargo Michael;  
Walters, William  
\(STATE.GOV\);  
HARVEY,  
MELISSA; WOLFE,  
HERBERT; Eastman,  
Alexander; EVANS,  
MARIEFRED;  
Callahan, Michael  
V.,M.D.;](#)

(b) (6)

[; Johnson, Robert](#)

[\(OS/ASPR/BARDA\);](#)

[Yeskey, Kevin;](#)

[Disbrow, Gary](#)

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[Redd, John](#)

[\(OS/ASPR/SPPR\);](#)

[Hassell, David \(Chris\)](#)

[\(OS/ASPR/IO\);](#)

[Hamel, Joseph](#)

[\(OS/ASPR/IO\);](#)

[Tracey McNamara;](#)

[Dean, Charity](#)

[A@CDPH; Richard](#)

[Hatchett; Lawler,](#)

[James V; Kadlec,](#)

[Robert](#)

[\(OS/ASPR/IO\);](#)

['Martin, Gregory J](#)

(b) (6)

[\); Borio, Luciana;](#)

[Hanfling, Dan;](#)

[McDonald, Eric;](#)

[Wade, David;](#)

[TARANTINO,](#)

[DAVID A;](#)

[WILKINSON,](#)

[THOMAS; David](#)

[Gruber](#)

(b) (6)

[KAUSHIK,](#)

[SANGEETA; Dr. Eva](#)

[K Lee; Nathaniel](#)

[Hupert; Carter](#)

[Mecher](#)

**Subject:** Re: Red

Dawn Breaking,

COVID-19

Collaborative, Feb 16

start

Sorry for spam.

+ Carrer

Get [Outlook for iOS](#)

**From:** Caneva,  
Duane

**Sent:** Sunday,  
February 16, 2020  
10:21:38 AM

**To:** Dodgen, Daniel  
(OS/ASPR/SPPR)

(b) (6)  
>; DeBord,  
Kristin

(OS/ASPR/SPPR)

(b) (6)  
>; Phillips, Sally  
(OS/ASPR/SPPR)

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David Marcozzi

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>;

Hepburn, Matthew J  
CIV USARMY  
(USA)

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>; Lisa

Koonin

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Wargo Michael

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Walters, William  
([STATE.GOV](#))

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>; HARVEY,  
MELISSA

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HERBERT

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>; Eastman,  
Alexander

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EVANS,  
MARIEFRED

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Callahan, Michael  
V.,M.D.

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>; Johnson, Robert  
(OS/ASPR/BARDA)

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Kevin

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Disbrow, Gary  
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>; Hassell, David  
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Hamel, Joseph  
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>; Tracey  
McNamara

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Charity A@CDPH

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Hatchett

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Lawler,  
James V

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>; Kadlec, Robert



(OS/ASPR/IO)

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; 'Martin,  
Gregory J

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Hanfling, Dan

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; McDonald, Eric

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Wade, David

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TARANTINO,  
DAVID A

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Baric,  
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WILKINSON,  
THOMAS

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>; Hassell,  
David (Chris)

(OS/ASPR/IO)

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>; David Gruber

(b) (6)

KAUSHIK,  
SANGEETA

(b) (6)

Dr. Eva  
K Lee

(b) (6)

Nathaniel Hupert

(b) (6)

>

**Subject:** RE: Red  
Dawn Breaking,  
COVID-19

Collaborative, Feb 16  
start

Some Mark Lipsitch  
Tweets copied.  
Sorry, might not be in  
the right order...

"So far, we have  
conducted tests for  
1,219 individuals. Of  
those, 355 people  
tested positive. Of  
those, 73 individuals  
are not showing  
symptoms," Japan's  
health minister says

**Marc Lipsitch (@mlipsitch)**

[14/02/2020, 17:42](#)

I did actually say the quote that is going around, but the article contained vital context -- we don't know what proportion are symptomatic. Also we have only a rough estimate of what proportion of symptomatic people will have severe outcomes.

[pic.twitter.com/cWzvINSZBm](https://pic.twitter.com/cWzvINSZBm)



**Marc  
Lipsitch  
([@mlipsitch](#))**

[14/02/2020, 17:43](#)

Why do I think a pandemic is likely? The infection is in many parts of China and many countries in the world, with meaningful numbers of secondary transmissions. The scale is much larger than SARS for example (where the US had many introductions and no known onward transmission)



**Marc  
Lipsitch**  
([@mlipsitch](#))

[14/02/2020, 17:45](#)

Why do I think 40-70% infected?  
Simple math models with oversimple assumptions would predict far more than that given the  $R_0$  estimates in the 2-3 range (80-90%). Making more realistic assumptions about mixing, perhaps a little help from seasonality, brings the numbers down



**Marc Lipsitch**  
([@mlipsitch](#))

[14/02/2020, 17:48](#)

pandemic flu in 1968 was estimated to \_symptomatically\_ infect 40% of the population, and in 1918 30%. Those likely had  $R_0$  less than COVID-19. Below is from  
[stacks.cdc.gov/view/cdc/11425](https://stacks.cdc.gov/view/cdc/11425)  
[pic.twitter.com/EMwjEpA49s](https://pic.twitter.com/EMwjEpA49s)



**Marc Lipsitch**  
([@mlipsitch](#))

[14/02/2020, 17:49](#)

What could make this scenario not happen? 1) conditions in Wuhan could be so different in some fundamental way from elsewhere that we are mistaken in expecting further outbreaks to have basic aspects in common. No reason I know of to think that but a formal possibility



**Marc Lipsitch**  
([@mlipsitch](#))

[14/02/2020, 17:53](#)

2) There could be a higher degree of superspreading than has been appreciated ("dispersion in  $R_0$ ") which could mean that many locations outside Wuhan could "get lucky" and escape major onward transmission.

[hopkinsidd.github.io/nCoV-Sandbox/D...](https://hopkinsidd.github.io/nCoV-Sandbox/D...)



**Marc Lipsitch**  
([@mlipsitch](#))

[14/02/2020, 17:53](#)

2) There could be a higher degree of superspreading than has been appreciated ("dispersion in  $R_0$ ") which could mean that many locations outside Wuhan could "get lucky" and escape major onward transmission.

[hopkinsidd.github.io/nCoV-Sandbox/D...](https://hopkinsidd.github.io/nCoV-Sandbox/D...)



**Marc Lipsitch**  
([@mlipsitch](#))

[14/02/2020, 17:55](#)

3) Control measures could be extremely effective in locations that have had time to prepare. Maybe in a few, but seems unlikely that is the case in all, especially countries with stretched health systems.



**Marc Lipsitch**  
([@mlipsitch](#))

14/02/2020, 17:56

4) Seasonal factors could be much more powerful at reducing transmission than we currently expect. That doesn't help the Southern hemisphere, and is not consistent with behavior in China (preprint in queue from [@MauSantillana](#) et al.)

**From:** Caneva,  
Duane

**Sent:** Sunday,  
February 16, 2020  
9:39 AM

**To:** Dodgen, Daniel  
(OS/ASPR/SPPR)

(b) (6)  
>; DeBord,

Kristin  
(OS/ASPR/SPPR)

(b) (6)  
>; Phillips, Sally  
(OS/ASPR/SPPR)

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David Marcozzi  
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Hepburn, Matthew J  
CIV USARMY  
(USA)

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>; Lisa

Koonin

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Wargo Michael  
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>;  
Walters, William  
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HARVEY,  
MELISSA



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HERBERT

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>; Eastman,  
Alexander

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EVANS,  
MARIEFRED

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Callahan, Michael  
V.,M.D.

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; Johnson, Robert  
(OS/ASPR/BARDA)  
(b) (6)

>; Yeskey,  
Kevin

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Disbrow, Gary  
(OS/ASPR/BARDA)  
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Redd, John  
(OS/ASPR/SPPR)  
(b) (6)

>; Hassell, David  
(Chris)  
(OS/ASPR/IO)

(b) (6)  
>; Hamel, Joseph  
(OS/ASPR/IO)

(b) (6)  
>; Tracey  
McNamara

(b) (6)  
>; Dean,  
Charity A@CDPH

(b) (6)  
Caneva,  
Duane

(b) (6)  
>; Richard  
Hatchett

(b) (6)  
>; Lawler,  
James V

(b) (6)  
>; Kadlec, Robert  
(OS/ASPR/IO)

(b) (6)  
>; 'Martin,  
Gregory J

(b) (6)  
(  
(b) (6)

>; Borio, Luciana

(b) (6);  
Hanfling, Dan

(b) (6)>  
; McDonald, Eric

(b) (6)  
>;

Wade, David

(b) (6)  
TARANTINO,  
DAVID A

(b) (6)  
>; Baric,  
Ralph S

(b) (6)  
WILKINSON,  
THOMAS

(b) (6)  
>; Hassell,  
David (Chris)  
(OS/ASPR/IO)

(b) (6)  
David Gruber  
(b) (6)

(b) (6)  
>;

KAUSHIK,  
SANGEETA

(b) (6)  
(b) (6)

**Subject:** Red Dawn  
Breaking, COVID-19  
Collaborative, Feb 16  
start

Purpose: This is a  
new Red Dawn String  
to cut down the size  
from the previous  
string, opportunity to  
provide thoughts,  
concerns, raise issues,  
share information  
across various  
colleagues responding  
to COVID-19.

Including all from  
previous string plus a  
few additional folks.

Duane C. Caneva,  
MD, MS

Chief Medical  
Officer

Department of  
Homeland Security

(b) (6)



Executive Assistant:

(b) (6)



(b) (6)

(U) Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 24 Feb 2020 11:08:54 +0000  
**To:** Gilman, James (NIH/CC/OD) [E]; Tabak, Lawrence (NIH/OD) [E]  
**Cc:** Davey, Richard (NIH/NIAID) [E]  
**Subject:** RE: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

We should probably also include Rick Davey on all communication regarding such patients

---

**From:** Gilman, James (NIH/CC/OD) [E] (b) (6) >  
**Sent:** Monday, February 24, 2020 12:40 AM  
**To:** Tabak, Lawrence (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6) >  
**Subject:** Re: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

Larry

Best POC is Dr Palmore.

Jim

---

**From:** "Tabak, Lawrence (NIH/OD) [E]" (b) (6) >  
**Date:** Sunday, February 23, 2020 at 10:02:41 PM  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), "Gilman, James (NIH/CC/OD) [E]"  
(b) (6) >  
**Subject:** FW: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

Who is P-O-C, related to transfer? Pius

---

**From:** "Kadlec, Robert (OS/ASPR/IO)" (b) (6) >  
**Date:** Sunday, February 23, 2020 at 9:56 PM  
**To:** "Harrison, Brian (HHS/IOS)" <(b) (6)>, "Stecker, Judy (OS/IOS)"  
(b) (6) >, "Mango, Paul (HHS/IOS)" (b) (6) >, "Murphy, Ryan  
(OS/ASPA)" <(b) (6)>, "Arbes, Sarah (HHS/ASL)" (b) (6) >, "Anthony Fauci" (b) (6) >, "Tabak, Lawrence (NIH/OD) [E]"  
(b) (6) "Redfield, Robert R. (CDC/OD)" (b) (6), "McGowan,  
Robert (Kyle) (CDC/OD/OCS)" (b) (6) >  
**Cc:** "Lee, Scott (OS/ASPR/EMMO)" (b) (6) >, "Yeskey, Kevin (OS/ASPR/IO)"  
(b) (6), "Waters, Cicely (OS/ASPR/OEA)" (b) (6), "Shuy,  
Bryan (OS/ASPR/IO)" (b) (6), "Greene, Jonathan (OS/ASPR/EMMO)"  
<(b) (6)>, "Imbriale, Samuel (OS/ASPR/SIIM)" (b) (6),  
"Austin, Meredith (uscg.mil)" (b) (6), "Herrmann, Jack (OS/ASPR/OEA)"  
(b) (6)  
**Subject:** 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB



Initial CDC testing of the 100 individuals repatriated from the Diamond Princess yielded three individuals COVID-19 POS who are currently asymptomatic at Travis. These individuals are being transferred to local hospital for evaluation and admission. Currently ASPR TEAM at Travis is ascertaining

(b) (5)

My team is working the details of transfer via aeromedical aircraft. Dr Kevin Yeskey and CAPT Scott Lee copied here are leading the operational planning  
For 3 courses of action:

(b) (5)

Will advise as these course are pursued in parallel.

WILL NEED A POC at NIH to connect with Dr Yeskey and CAPT Lee ASAP to begin arrangements.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 22 Feb 2020 14:01:20 +0000  
**To:** Grigsby, Garrett (HHS/OS/OGA)  
**Subject:** RE: CDC L2 THN Korea

Thanks, Garrett.

---

**From:** Grigsby, Garrett (HHS/OS/OGA) (b) (6)  
**Sent:** Saturday, February 22, 2020 8:56 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Re: CDC L2 THN Korea

Dr F,

Here it is: (b) (6)

Sent from my iPhone

On Feb 21, 2020, at 9:41 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

Garrett:

Please send me the call in number for tomorrow's call at 11:00 AM

Thanks,

Tony

---

**From:** Grigsby, Garrett (HHS/OS/OGA) (b) (6)  
**Sent:** Friday, February 21, 2020 9:24 PM  
**To:** Phil Ferro (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Zebley, Kyle (HHS/OS/OGA) <(b) (6)>; Harrison, Brian (HHS/IOS) (b) (6) >; Shuy, Bryan (OS/ASPR/IO) <(b) (6)>  
**Subject:** Fwd: CDC L2 THN Korea

Gentlemen,

Can you please circulate this for discussion at the 11am call tomorrow?

Many thanks!!

Sent from my iPhone

Begin forwarded message:

**From:** "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)  
**Date:** February 21, 2020 at 9:01:06 PM EST  
**To:** (b) (6) (OS/IOS) (b) (6), "Harrison, Brian (HHS/IOS)"  
(b) (6), "Grigsby, Garrett (HHS/OS/OGA)"  
(b) (6)>  
**Cc:** "Redfield, Robert R. (CDC/OD)" (b) (6), "Cetron, Marty  
(CDC/DDID/NCEZID/DGMQ)" (b) (6)>  
**Subject:** CDC L2 THN Korea

Per WHTF request CDC L2 THN RoK. Please share w Sec Biegun at DOS. We  
will post when he is ready presumably Sat  
Thks  
MSC

<Coronavirus L2 - South Korea.docx>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 22 Feb 2020 02:40:45 +0000  
**To:** Grigsby, Garrett (HHS/OS/OGA)  
**Subject:** FW: CDC L2 THN Korea  
**Attachments:** Coronavirus L2 - South Korea.docx, ATT00001.htm

Garrett:

Please send me the call in number for tomorrow's call at 11:00 AM

Thanks,

Tony

---

**From:** Grigsby, Garrett (HHS/OS/OGA) (b) (6)  
**Sent:** Friday, February 21, 2020 9:24 PM  
**To:** Phil Ferro (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Zebley, Kyle (HHS/OS/OGA) (b) (6); Harrison, Brian (HHS/IOS) (b) (6)  
Shuy, Bryan (OS/ASPR/IO) (b) (6)  
**Subject:** Fwd: CDC L2 THN Korea

Gentlemen,

Can you please circulate this for discussion at the 11am call tomorrow?

Many thanks!!

Sent from my iPhone

Begin forwarded message:

**From:** "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)  
**Date:** February 21, 2020 at 9:01:06 PM EST  
**To:** (b) (6) (OS/IOS) (b) (6), "Harrison, Brian (HHS/IOS)" (b) (6), "Grigsby, Garrett (HHS/OS/OGA)" (b) (6)  
**Cc:** "Redfield, Robert R. (CDC/OD)" (b) (6), "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)  
**Subject:** CDC L2 THN Korea

Per WHTF request CDC L2 THN RoK. Please share w Sec Biegun at DOS. We will post when he is ready presumably Sat

Thks

MSC

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 21 Feb 2020 10:55:47 +0000  
**To:** Kadlec, Robert (OS/ASPR/IO)  
**Subject:** RE: Good morning

Bob:

No problem. Got you covered.

Best,

Tony

---

**From:** Kadlec, Robert (OS/ASPR/IO) (b) (6)>  
**Sent:** Friday, February 21, 2020 5:53 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Good morning  
**Importance:** High

Tony during today's table top as we walk through the placement I will ask you to walk through the Critical Information Requirements and ask you to highlight what we know, don't know and what we think about the this coronavirus. Let me know if you have any questions . Best Bob



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 20 Feb 2020 21:26:05 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: HHS COVID 19 Response TTX Concept Placemat\_Senior  
Leader\_19Feb2020v2.pptx  
**Attachments:** HHS COVID 19 Response TTX Concept Placemat\_Senior  
Leader\_19Feb2020v2.pptx, ATT00001.htm

Here it is

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Kadlec, Robert (OS/ASPR/IO) <(b) (6)>  
**Sent:** Wednesday, February 19, 2020 6:15 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Fwd: HHS COVID 19 Response TTX Concept Placemat\_Senior Leader\_19Feb2020v2.pptx

Sent from my iPhone

Begin forwarded message:

**From:** "Mackay, Thomas (OS/ASPR/EEAA)" (b) (6)>  
**Date:** February 19, 2020 at 5:55:17 PM EST  
**To:** "Kadlec, Robert (OS/ASPR/IO)" (b) (6), "Yeskey, Kevin (OS/ASPR/IO)" (b) (6)>  
**Cc:** "Ford-Barnes, Arwenithia (OS/ASPR/IO)" (b) (6)>, "Holland, Tara (OS/ASPR/EMMO)" (b) (6)>, "Callahan, Victoria (OS/ASPR/IO) (CTR)" (b) (6)>  
**Subject:** HHS COVID 19 Response TTX Concept Placemat\_Senior  
Leader\_19Feb2020v2.pptx

Gentlemen – attached is the latest version of the Placemat. The reason there are four slides is to give you the option of how the backside is laid out. Slide one and three are identical, the information on slides two and four are also identical just laid out differently. Standing by for corrections as necessary.

v/r Tom

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 20 Feb 2020 04:02:40 +0000  
**To:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Giroir, Brett (HHS/OASH); Shuy, Bryan (OS/ASPR/IO); Schuchat, Anne MD (CDC/OD); Cetron, Marty (CDC/DDID/NCEZID/DGMQ); McGowan, Robert (Kyle) (CDC/OD/OCS); Grigsby, Garrett (HHS/OS/OGA); Zebley, Kyle (HHS/OS/OGA); Redfield, Robert R. (CDC/OD)  
**Subject:** RE: Updated Draft in Track Changes  
**Attachments:** Phases of USG nCoV Response \_WHTF\_13 Feb\_PCC\_Master.Final ASPR Edits - CDC BG.docx

HHS Team:

I have been following these various iterations closely over the past couple of hours and I agree with Dan. It looks like we have actually finally arrived at a good place and a point of comfortable agreement between ASPR and CDC. Am I correct and do we all agree with the latest tracked document (see attached)?

Thanks,  
Tony

---

**From:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)  
**Sent:** Wednesday, February 19, 2020 10:54 PM  
**To:** Giroir, Brett (HHS/OASH) (b) (6); Shuy, Bryan (OS/ASPR/IO) (b) (6); Schuchat, Anne MD (CDC/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6); Zebley, Kyle (HHS/OS/OGA) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)  
**Subject:** RE: Updated Draft in Track Changes

Here with Adm Giroir's input as well. I think we may have arrived?  
Dan.

---

**From:** Giroir, Brett (HHS/OASH) (b) (6)  
**Sent:** Wednesday, February 19, 2020 10:06 PM  
**To:** Shuy, Bryan (OS/ASPR/IO) (b) (6); Schuchat, Anne MD (CDC/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6); Zebley, Kyle (HHS/OS/OGA) (b) (6)  
**Subject:** RE: Updated Draft in Track Changes

(b) (5)

Please include me on the email exchange.

I am happy to point force the issue, which I can and will, but I assume it was an accidental omission

BG

**Brett P. Giroir, MD**  
ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: (b) (6)

---

**From:** Giroir, Brett (HHS/OASH)

**Sent:** Wednesday, February 19, 2020 10:02 PM

**To:** Shuy, Bryan (OS/ASPR/IO) (b) (6); Schuchat, Anne MD (CDC/OD) <(b) (6)>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6); Anthony (NIH/NIAID) Fauci [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6); Zebbley, Kyle (HHS/OS/OGA) (b) (6)>

**Subject:** RE: Updated Draft in Track Changes

**Importance:** High

(b) (5)

**Brett P. Giroir, MD**  
ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: (b) (6)

Begin forwarded message:



**From:** "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>  
**Date:** February 19, 2020 at 9:03:33 PM EST  
**To:** "Schuchat, Anne MD (CDC/OD)" (b) (6)>, "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)>, "Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)" <(b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Cc:** "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6), "Shuy, Bryan (OS/ASPR/IO)" (b) (6)>, "Grigsby, Garrett (HHS/OS/OGA)" (b) (6), "Zebley, Kyle (HHS/OS/OGA)" (b) (6)>  
**Subject: Updated Draft in Track Changes**

Please accept my apologies for the delay I had a competing priority action but please find attached.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 19 Feb 2020 01:38:52 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** RE: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

I am very well aware of their official position and [REDACTED] (b) (5)

---

**From:** Billet, Courtney (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Sent:** Tuesday, February 18, 2020 8:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Cc:** Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6); Conrad, Patricia (NIH/NIAID) [E]  
<[REDACTED] (b) (6)>  
**Subject:** Fwd: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

Making sure you have seen CDC's official update on the ship and efforts with Japan. [REDACTED] (b) (5)

---

**From:** "Hall, Bill (HHS/ASPA)" [REDACTED] (b) (6)>  
**Date:** Tuesday, February 18, 2020 at 4:52:06 PM  
**Subject:** FW: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

---

**From:** MMWR Media List <[MMWR-MEDIA@LISTSERV.CDC.GOV](mailto:MMWR-MEDIA@LISTSERV.CDC.GOV)> On Behalf Of [Media@cdc.gov](mailto:Media@cdc.gov) (CDC)  
**Sent:** Tuesday, February 18, 2020 4:46 PM  
**To:** [MMWR-MEDIA@LISTSERV.CDC.GOV](mailto:MMWR-MEDIA@LISTSERV.CDC.GOV)  
**Subject:** CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

## Media Statement

**For Immediate Release**

**Tuesday, February 18, 2020**

Contact: [CDC Media Relations](#)

(404) 639-3286

## Update on the Diamond Princess Cruise Ship in Japan

We commend the extraordinary efforts by the Government of Japan to institute quarantine measures onboard the *Diamond Princess*. While the quarantine potentially conferred a significant public health benefit in slowing transmission, CDC's assessment is that it may not have been sufficient to prevent transmission among individuals on the ship. CDC believes the rate of new infections on board, especially among those without symptoms, represents an ongoing risk. Therefore, to protect the health of the American public, all passengers and crew of the ship have been placed under travel restrictions, preventing them from returning to the United States for at least 14 days after they had left the *Diamond Princess*.

Currently, there are more than 100 U.S. citizens still onboard the *Diamond Princess* cruise ship or in hospitals in Japan. These citizens have been placed under the restrictions, as have the ship's other passengers and crew.

After disembarkation from the *Diamond Princess*, these passengers and crew will be required to wait 14 days without having symptoms or a positive coronavirus test result before they are permitted to board flights to the United States.

If an individual from this cruise arrives in the United States before the 14-day period ends, they will still be subject to a mandatory quarantine until they have completed the 14-day period with no symptoms or positive coronavirus test results.

Because of their high-risk exposure, there may be additional confirmed cases of COVID-19 among the remaining passengers on board the *Diamond Princess*.

CDC is committed to protecting the health and safety of all Americans. We continue to believe that the risk of exposure to COVID-19 to the general public in the United States is currently low. The U.S. Government is taking these measures to protect the *Diamond Princess* passengers and crew, their loved ones, the traveling public, and communities within the United States.

###

[U.S. Department of Health and Human Services](#)

*CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.*

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 17 Feb 2020 20:16:44 +0000  
**To:** Tabak, Lawrence (NIH/OD) [E]  
**Bcc:** Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: Larry, does NIH have a single point person through which all Coronavirus intel bubbles up?

Larry:

Thanks for the note. [REDACTED] (b) (5)

[REDACTED] (b) (5) The person who usually subs for me when I cannot be on a call or at a meeting is Hilary Marston. She is up to speed on virtually all this stuff and is the name that you should send to Paul. You can tell Paul that he should channel everything through me and I can turf to Hilary when necessary and appropriate. Hilary is right here in my office and is very close to me.

Best,  
Tony

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** [REDACTED] (b) (6)  
**FAX:** (301) 496-4409  
**E-mail:** [REDACTED] (b) (6)

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---

**From:** Tabak, Lawrence (NIH/OD) [E] <[REDACTED] (b) (6)>  
**Sent:** Monday, February 17, 2020 2:56 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** Fwd: Larry, does NIH have a single point person through which all Coronavirus intel bubbles up?

Tony  
Do want this to be one of your folks or me?  
Thanks  
Larry

Sent from my iPhone

Begin forwarded message:

**From:** "Mango, Paul (HHS/IOS)" <(b) (6)>  
**Date:** February 17, 2020 at 2:45:52 PM EST  
**To:** "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)>  
**Subject:** Larry, does NIH have a single point person through which all Coronavirus intel bubbles up?

Larry- we are trying to integrate some of the department communications channels. Dr Fauci is on just about every call, but do you have someone else as well who is representing NIH and would be aware of any developments?

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 15 Feb 2020 18:57:22 +0000  
**To:** Harrison, Brian (HHS/IOS)  
**Subject:** FW: WaPo - fact check on coronavirus story

FYI. See below.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Saturday, February 15, 2020 1:50 PM  
**To:** Oakley, Caitlin B. (OS/ASPA) (b) (6) >  
**Cc:** Stecker, Judy (OS/IOS) (b) (6); Conrad, Patricia (NIH/NIAID) [E]  
(b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: WaPo - fact check on coronavirus story

Caitlin/Judy:

I had a long and good conversation with Yasmeen Abutaleb and went over (and countered) all of the issues that had any negative connotations for the Secretary and/or the President. I spoke on the record and gave her permission to use my quotes as she so wishes. Mission accomplished.

Best regards.,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)



FAX: (301) 496-4409

E-mail: (b) (6)

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---

**From:** Oakley, Caitlin B. (OS/ASPA) (b) (6)

**Sent:** Saturday, February 15, 2020 11:31 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >

**Cc:** Stecker, Judy (OS/IOS) (b) (6); Conrad, Patricia (NIH/NIAID) [E]

(b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6)

**Subject:** FW: WaPo - fact check on coronavirus story

Dr. Fauci—Thank you for the chat. Here is the reporter's contact info and she is expecting your call.

Yasmeen Abutaleb

The Washington Post

Health policy reporter

o: 202-334-8387 c: (b) (6)

[Yasmeen.Abutaleb@washpost.com](mailto:Yasmeen.Abutaleb@washpost.com)

**Caitlin B. Oakley**

Deputy Assistant Secretary, National Spokesperson

Office of the Assistant Secretary for Public Affairs

U.S. Department of Health and Human Services

(b) (6)

---

**From:** Abutaleb, Yasmeen <[Yasmeen.Abutaleb@washpost.com](mailto:Yasmeen.Abutaleb@washpost.com)>

**Sent:** Friday, February 14, 2020 4:40 PM

**To:** Oakley, Caitlin B. (OS/ASPA) (b) (6) >; McKeogh, Katherine (OS/ASPA)

(b) (6)

**Subject:** WaPo - fact check on coronavirus story

Hey Caitlin and Katie,

Happy Friday! I'm working on a story about the coronavirus response, aiming to publish tomorrow. The story is about how President Trump has praised China and President Xi, but that has made some of his advisors uncomfortable given the lack of transparency from China and the inability to get CDC scientists in to the country. We also have some details about the response and the task force, and some disagreements that have arisen. I've listed the points we have in the story that pertain to HHS – would you be able to take a look, let me know if there are any issues and potentially provide a comment? I included some quotes from Sec. Azar's interviews on Friday with CNN and CNBC but also happy to include a quote from the agency.

I realize I'm sending this at the end of the day, so would it be possible for you to get back to me by 1 pm tomorrow? Let me know what works on your end. Thanks so much.

- President Trump has lavished praise on China and its ruler, Xi Jinping, for its handling of the growing coronavirus outbreak – a posture some in his administration are growing increasingly uncomfortable with as his advisors remain concerned about China's transparency and handling of the epidemic.
- Trump's praise towards Xi has irked some advisors, who say those comments and others about how the virus will likely behave reflect how the president is being briefed, underscoring tensions within the administration over its handling of the outbreak and the message it should be sending to the American public.
- Worries about the market and tenuous negotiations with China over a trade deal have played a large role in influencing Trump's friendly posture.
- Trump has told advisors he does not want the administration to do or say anything that would further spook the markets, but remains worried that any large-scale outbreak in the U.S. could hurt his reelection bid.
- For weeks, the administration's messaging was that the threat to the American public remained low and the virus was not spreading within communities. But some advisors pushed for a more balanced message because they expect there to eventually be some community spread as the outbreak grows, and the administration has since adjusted its message to reflect that.
- In an effort to keep Trump calm and restrained, Azar has been briefing the president that "everything is under control, totally under control," which has kept Trump from doing or saying anything drastic.
- HHS officials have also told Trump that the number of infections could go down in the spring when it gets warmer, which is mainly an educated guess.
- Some officials have complained that Trump's comments emanate from his briefings with Azar, who they say has sought to control the response. He has told other doctors, including Anthony Fauci, not to get too far into the details of the virus and outbreak with Trump. Instead, Azar has instructed doctors to let him handle it.
- Azar has also wanted to be the one to announce major updates about the administration's response to the virus. On Thursday, he briefed the Senate Finance Committee that the CDC would use public health labs in five cities that normally test for influenza to also test for coronavirus, taking state health officials by surprise.
- Some officials said the response has become smoother and better coordinated in recent weeks.

Yasmeen Abutaleb  
The Washington Post  
Health policy reporter  
o: 202-334-8387 c: (b) (6)  
@yabutaleb7



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 22 Feb 2020 21:07:26 +0000  
**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Cc:** Redfield, Robert R. (CDC/OD); Cetron, Marty (CDC/DDID/NCEZID/DGMQ); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
**Subject:** RE: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

Sounds good to me. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6)  
**Sent:** Saturday, February 22, 2020 4:06 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Redfield, Robert R. (CDC/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)  
**Subject:** Re: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

(b) (5)  
Sound good?

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Sent:** Saturday, February 22, 2020 3:12:02 PM  
**To:** Redfield, Robert R. (CDC/OD) (b) (6); Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6)>  
**Subject:** FW: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

Folks:

(b) (5)

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)

**Sent:** Saturday, February 22, 2020 10:52 AM

**Subject:** Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

## New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise





Medical workers in protective suits gather Friday at a temporary hospital at Tazihu Gymnasium in Wuhan in central China's Hubei province. (AP)

By

[Anna Fifield,](#)

[Min Joo Kim](#) and

[Simon Denyer](#)

Feb. 22, 2020 at 10:17 a.m. EST

There are new indications that the incubation period for the virus could be longer than the currently believed 14 days, with patients testing positive after much longer quarantine periods. This development came as infections rose in South Korea, Japan, Iran and Italy and the head of the World Health Organization warned that the window for stopping the epidemic was narrowing.

**Here's what we know:**

- Chinese leader Xi Jinping has been advised that the situation in Wuhan “remains grim and complex.”
- South Korea and Japan both reported a sharp spike in cases Saturday, with the number of cases in South Korea doubling in a day. A fifth person died in Iran from the virus, while Italy now has 50 confirmed cases, making it the largest hot spot in Europe.
- China reported only 397 new cases Saturday, as the rate of increase continued to decline, but an additional 109 people have died. There continues to be a [great deal of skepticism about China's numbers](#) as the criteria for diagnosing coronavirus keep changing.
- A team of international epidemic experts had Wuhan added to their itinerary in China, following questions about why they wouldn't go to the center of the coronavirus outbreak that has caused more than 2,000 deaths in the country.
- Scientists in China said they had isolated coronavirus strains in urine, raising the possibility that it might be transmissible that way, as well as through fecal matter and respiratory droplets.



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BEIJING — Scientists are studying reports that the incubation period for coronavirus could be longer than the currently believed 14 days, potentially casting doubt on current quarantine criteria for containing the virus amid an increasingly urgent effort to stop the epidemic from spreading in northeast Asia and across the world.

South Korea and Japan both reported a sharp spike in cases Saturday, while in China, an additional 109 people died and a fifth person died from the virus in Iran. Italian authorities on Saturday said the country was seeing a sudden rise in coronavirus cases, with roughly 50 confirmed in the past two days — an outbreak that represents the largest yet across Europe.

Meanwhile, scientists in China reported indications that the virus might be transmissible through urine. A team of experts from the World Health Organization was due to arrive Saturday in Wuhan, the epicenter of the coronavirus outbreak.

WHO director-general Tedros Adhanom Ghebreyesus on Friday stressed the urgency of containing the spread of the coronavirus, after cases were reported earlier in Iran and Lebanon.

“Although the window of opportunity is narrowing to contain the outbreak, we still have a chance to contain it,” he told reporters in Geneva. “If we don’t, if we squander the opportunity, then there will be a serious problem on our hands.”

Chinese leader Xi Jinping, who has not visited Wuhan since the outbreak began, was briefed that the situation in the city and in surrounding Hubei province “remains grim and complex,” according to a [report](#) by the official Xinhua News Agency published Saturday.

“The nationwide inflection point of the epidemic has not yet arrived,” the report said after a meeting of Communist Party leaders.

China’s National Health Commission reported Saturday that 397 new cases of coronavirus had been diagnosed Friday, taking the total to more than 76,000. The rate of infection outside Hubei appears to have slowed markedly, although there has been a great deal of confusion about the statistics this week as officials have repeatedly changed the criteria for confirming cases.

Among the new cases discovered Friday were a 70-year-old man in Hubei who was confirmed as **infected after 27 days in isolation**, while a man in Jiangxi province tested positive after **14 days of centralized quarantine and five days of isolation** at home. On Thursday, authorities reported that a man in Hubei had tested positive for coronavirus after what appeared to be **a 38-day incubation period** with no symptoms.

### **Coronavirus cases in South Korea skyrocket; cases triple in Japan**

In Seoul, the Korea Centers for Disease Control and Prevention reported Saturday that 229 additional cases of the coronavirus had been detected, taking the total to 433, more than doubling in the space of a day. This makes it the worst-affected country outside China.

“Apart from the Diamond Princess cruise ship, [South] Korea now has the most cases outside China, and we’re working closely with the government to fully understand the transmission dynamics that led to this increase,” Tedros said.

The majority of the new cases have been traced to existing clusters at a church in southern city of Daegu and a hospital in nearby Cheongdo County, according to the KCDC.

The South Korean government has designated Daegu and surrounding North Gyeongsang province as “special care zones” where containment efforts and support will be concentrated.

More than half of South Korea’s cases are connected to Daegu branch of the Shincheonji Church of Jesus the Temple of the Tabernacle of the Testimony.

Since members of the church attended a funeral at nearby Cheongdo Daenam hospital, 111 coronavirus cases have been reported there, including two patients who died from the virus.



The mass infection at the hospital is centered on its locked psychiatric ward, where a confined environment could have aggravated transmissions, said Jung Eun-Kyeong, director of the KCDC. A man in his 40s was found dead at his home in city of Gyeongju, east of Daegu, after becoming infected with the virus. He is the third person to die from the virus in South Korea.

[Trump was not told coronavirus-infected Americans would be flown home from cruise ship](#)

In Japan, the number of coronavirus cases rose to 121 on Saturday, more than tripling in a week. That number excludes the 634 people on board the [Diamond Princess](#) who contracted the virus.

One of the latest cases was a teacher in her 60s at a public junior high school east of Tokyo, who complained of nausea while working. The mayor of Chiba city said the school will be closed until Wednesday, public broadcaster NHK reported.

The teacher had not traveled abroad in the past two weeks and has no record of having been in contact with a known infected person, underlining the fact that the virus is now spreading almost invisibly throughout the country, experts say.

### **Quarantines in effect in parts of Italy amid sudden spike in cases**

As numbers suddenly rose in Italy, the government has scrambled to contain the new outbreak, asking some 50,000 people to stay indoors and suspending all public events — including religious ceremonies and school — in 10 small towns to the south of Milan.

Until a few days ago, Italy had seen only three confirmed infections, including a pair of Chinese tourists. “There is quite an evident contagion, a very strong one,” said Giulio Gallera, health chief of the northern Lombardy region, which has seen the majority of the cases.

Italian officials on Friday attributed the country’s first death to the coronavirus, and on Saturday said that a 77-year-old woman had also tested positive for the virus after being found dead in her home. But Italian authorities said the woman suffered from other health conditions, and were unsure if it was the virus that had killed her.

As of Saturday afternoon, there were 39 confirmed cases in the prosperous Lombardy region, which includes the country’s financial hub, Milan. There were another 12 cases in the neighboring northern region of Veneto.

The regional president of Veneto, Luca Zaia, said it is becoming harder to figure out how the virus is jumping from one place to the next.

“It goes to show you that having other cases of contagion is absolutely possible,” Zaia said.

According to Italian media reports, one of the first people to come down with the virus was a 38-year-old who’d had dinner with somebody who had just come back from China. But some three weeks passed between that dinner and the time the man came down with a fever. In between, he ran a half-marathon, played soccer and traveled to several towns, according to La Repubblica, a major Italian daily.

Iran, meanwhile, announced its fifth death from the virus, raising the country’s overall total confirmed cases to twenty eight.

### **Efforts to clear the Diamond Princess cruise ship continue**

Meanwhile, tests are continuing on the crew members on board the Diamond Princess. At least 74 crew members have so far been found to have the virus.

All of the passengers have now been tested and almost all have left the ship, either to go home if they tested negative, to local hospitals or government facilities if they have the virus, or back to their home countries.

Some passengers were asked to stay on board to serve an additional quarantine if their cabin mate contracted the virus, but this group is also disembarking Saturday to serve out the rest of their quarantine in a government facility, local media reported.

[In China’s ‘war’ on coronavirus, hospitals turn away other patients — with dire results](#)



More than 200 port calls in Japan by international cruise ships have been canceled since the beginning of February due to the coronavirus outbreak, a Kyodo News survey showed Saturday, with the lost revenue from passengers coming ashore dealing another blow to Japan's weak economy.

Controversy continues to simmer about the infection control procedures on board the ship, after a doctor complained on Tuesday about "chaotic" and scary conditions on board.

Six people working on the boat or with the passengers, including four government officials, a medic and an ambulance driver, have contracted the virus.

Media reports questioned why about 90 government officials who worked on the ship have returned to work without being tested for the coronavirus. Asked about this, Health Minister Katsunobu Kato said the government is "trying to confirm what operations staff were involved in specifically."

### **American woman in Malaysia declared free of coronavirus**

The 83-year-old woman who tested positive for the coronavirus when she arrived at Kuala Lumpur airport after disembarking in Cambodia from the MS Westerdam cruise ship has recovered, Malaysia health authorities said Saturday.

The woman "is showing good improvement and signs of recovery, however, she is still being monitored and managed in hospital for a slight cough," Malaysia's director general of health, Noor Hisham Abdullah, said in a [statement](#).

The woman repeatedly tested negative while on board the ship and when she disembarked in Sihanoukville, then twice tested positive while transiting in Kuala Lumpur airport on Feb. 15. That set off a global scramble to track the hundreds of other passengers who had also disembarked then boarded planes bound for home.

The woman was taken to a hospital and given antiviral treatment and supplementary oxygen, and she showed improvement after 72 hours of treatment initiation, Abdullah said. Two more tests, conducted 24 hours apart, both came back negative for coronavirus.

But the U.S. Centers for Disease Control and Prevention cast doubt on whether the woman was ever infected, saying she "never had coronavirus to our knowledge."

"I have confirmed that all the passengers were tested, and they have come back negative for coronavirus, including the person who initially tested positive," USA Today [quoted](#) CDC spokesperson Richard Quartarone as saying. The woman "may have had a respiratory illness, but if she did, it was not covid-19," he said, using the official name for the virus.

Cambodia's Ministry of Health had previously cleared the 747 crew members who were still on board the Westerdam and the 781 passengers who were still in the country of coronavirus infection.

### **Chinese scientists isolate coronavirus strains in urine as WHO prepares visit**

Separately, scientists in China are continuing to study how the virus is transmitted.

A research team led by renowned Chinese pulmonologist Zhong Nanshan had isolated live coronavirus strains in urine samples from infected patients, Zhao Jincun, a respiratory expert at the State Key Laboratory, told reporters in Guangdong on Saturday.

The team of scientists had previously said the virus, in addition to being carried in respiratory droplets, appeared to be transmissible through fecal matter, underscoring the need to practice good hand washing as a preventive measure.

Zhao did not directly say that the virus could be transmitted through urine, simply noting that the strains had been isolated and that this had implications for public health control. They are continuing to work on isolating the virus and on a cure, the Guangzhou Daily reported.

But he said people should pay more attention to personal and family hygiene to prevent the spread of the virus and recommended frequently washing hands, closing the toilet lid before flushing and making sure bathroom drains are not blocked.

WHO experts have also been on an investigative mission in China this week, holding meetings in Beijing and traveling to the provinces of Sichuan and Guangdong. But they had not been scheduled to travel to Wuhan, where the outbreak began at a live animal market and which remains under strict lockdown in an effort to contain the virus.

This had led to speculation that the Chinese government, which has come under fire for its slow response to the outbreak and where medical workers are stretched to the limit, did not want the experts to visit.

But the WHO said late Friday that the experts would be traveling to the center of the outbreak on Saturday, although they gave no further information about their itinerary.

Kim reported from Seoul and Denyer from Tokyo. Lyric Li in Beijing, Akiko Kashiwagi in Tokyo and Chico Harlan and Stefano Pitrelli in Rome contributed reporting.

[Two Beijing hospitals quarantined amid fears coronavirus infections will spike in the capital](#)

[Confusion mounts over China's counting methods as coronavirus numbers swing wildly](#)

[Coronavirus claims lives of two passengers from Diamond Princess cruise ship, Japanese media says](#)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 22 Feb 2020 18:35:29 +0000  
**To:** Mermin, Jonathan (CDC/DDID/NCHHSTP/OD)  
**Subject:** RE: COVID-19

Jono:

Many thanks for your kind note. Much appreciated. I hope that all is well with you.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Mermin, Jonathan (CDC/DDID/NCHHSTP/OD) (b) (6) >  
**Sent:** Saturday, February 22, 2020 1:14 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** COVID-19

Tony:

I just wanted to send you a quick note of compliment. I have seen and heard you speak on COVID-19 over the past few weeks, eloquently, accurately, and as definitively as the data allow. Outstanding work.

Best,

Jono



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 21 Feb 2020 11:59:09 +0000  
**To:** Cetron, Marty (CDC/DDID/NCEZID/DGMQ); Collins, Francis (NIH/OD) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Charles, Julia (CDC/OD/OCS); Eidex, Rachel Barwick (CDC/DDID/NCEZID/DGMQ)  
**Subject:** RE: Infectious disease advice for NSO Asia tour

Thanks, Marty.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6)>  
**Sent:** Friday, February 21, 2020 6:31 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Collins, Francis (NIH/OD) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Charles, Julia (CDC/OD/OCS) (b) (6); Eidex, Rachel Barwick (CDC/DDID/NCEZID/DGMQ) (b) (6)>  
**Subject:** Re: Infectious disease advice for NSO Asia tour

Tony and Francis

Happy to be a POC for Deborah. She can text me (b) (6) and we can arrange a time to speak. My cell reception in EOC not great. Alternatively EOC can track me down (b) (6)

Email pretty clogged these days...

Best,  
MSC

Get [Outlook for iOS](#)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Sent:** Friday, February 21, 2020 5:46:50 AM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)

**Cc:** Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Conrad, Patricia (NIH/NIAID) [E]  
(b) (6)

**Subject:** RE: Infectious disease advice for NSO Asia tour

Francis:

(b) (5)

(b) (5) The best person in the world for this is Marty Cetron at the CDC. I am copying him on this e-mail. Perhaps he can directly get back to you.

Best,  
Tony

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

**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Friday, February 21, 2020 5:21 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: Infectious disease advice for NSO Asia tour

Hi Tony,

See below from Deborah Rutter, the head of the Kennedy Center. (b) (5)

Who would you recommend at NIH or CDC to be a contact?

Francis

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

**From:** Rutter, Deborah F. <DFRutter@Kennedy-Center.org>  
**Sent:** Thursday, February 20, 2020 5:59 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)>  
**Cc:** Ginstling, Gary <GGinstling@Kennedy-Center.org>  
**Subject:** Infectious disease advice for NSO Asia tour

Dear Francis

As you may know, the National Symphony Orchestra has long had an Asia tour on its schedule for March this year, leaving in just two weeks or so. The China portion of the tour was cancelled a few weeks ago but the Japan portion of the trip has been sustained. Now, with increased focus on Japan, some of the members and our management are looking for additional advice on travel concerns and any infectious disease warning/direction. Would you have someone amongst your brilliant colleagues who could be a resource to our team?

I have included Gary Ginstling on this email as he is our Executive Director of the NSO. Thank you so much for any direction you can offer us!

Deborah

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**From:** (b) (6)  
**Sent:** Tue, 18 Feb 2020 15:41:35 -0500  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: Lunch with AMB at Thai Residence on 27 Feb or 4 March

Let us discuss.

Begin forwarded message:

**From:** "Wolfe, Mitchell (CDC/OD)" (b) (6)  
**Date:** February 18, 2020 at 1:08:55 PM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6), (b) (6),  
(b) (6)  
**Subject:** FW: Lunch with AMB at Thai Residence on 27 Feb or 4 March

Tony,

The Thai Ambassador has invited you, and CDC, to lunch at his residence either 27 Feb or 4 March. They didn't have your contact and asked (per below) if I could contact you to ask. Dr. Redfield is in Washington, DC on 27 Feb and I will ask if he wants to attend. If you or your staff can let me know, I will get back with them.

Best regards,

Mitchell Wolfe, MD, MPH  
RADM, USPHS  
Chief Medical Officer, Office of the Director  
Centers for Disease Control and Prevention  
Ph: (b) (6)

**From:** Panupat Chavananikul <panupatc@thaiembdc.org>  
**Sent:** Tuesday, February 18, 2020 12:42 PM  
**To:** Wolfe, Mitchell (CDC/OD) (b) (6)  
**Cc:** Chuliepote Isarankura Na Ayudhaya <chuliepotei@thaiembdc.org>  
**Subject:** Lunch with AMB at Thai Residence on 27 Feb or 4 March

Dear P Mitch krub,  
Ref: invitation for Lunch on 27 Feb OR 4 March

1. Hope all is well with you. Hopefully you had some rest last weekend. Since you were living in Thailand for a while you must be missing authentic Thai food. Ambassador Thani



would like to extend his invitation to you and CDC colleagues to have lunch at Thai residence **either on Thursday 27 Feb or Wednesday 4 March at 12.30 pm**. His residence located at (b) (6) You may invite your colleagues who involve in Coronavirus or Thailand, and please let me know their name and ranking as well as your available date.

For the Embassy 's side, there will be Ambassador + Ms. Chuliepote + me + and some of our colleagues.

2. Also, Ambassador Thani and I attended Dr. Tony Fauci's briefing, organized by NSC, on Feb 6., but unfortunately we didn't have much time to talk to him. Dr. Fauci also received Prince Mahidol award back in 2013. Ambassador would also like to have him join our lunch at his residence as well.

Is it possible that you may reach out to him to see whether he can have lunch with us or not, OR you may provide me his contact details.

Thank you krub & Best wishes,

Panupat (boat)

—  
Mr. Panupat Chavananikul  
Counsellor (Consul)  
Royal Thai Embassy  
Cell (b) (6)  
Work 202 640-5308



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 18 Feb 2020 14:57:27 +0000  
**To:** Redfield, Robert R. (CDC/OD)  
**Subject:** RE: Severity Assessment for U.S. Response - CDC  
**Attachments:** Severity Assessment for U.S. Response - CDC.docx

Bob:

See my minor tracked edits.

Thanks,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Redfield, Robert R. (CDC/OD) (b) (6)  
**Sent:** Tuesday, February 18, 2020 9:35 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: Severity Assessment for U.S. Response - CDC

Take a look ?edits thoughts  
Dr. Robert Redfield

---

**From:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)  
**Sent:** Monday, February 17, 2020 10:48:48 PM  
**To:** Redfield, Robert R. (CDC/OD) (b) (6)  
**Cc:** Schuchat, Anne MD (CDC/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Butler, Jay C. (CDC/DDID/OD) (b) (6)  
**Subject:** Severity Assessment for U.S. Response - CDC

Dr. Redfield:

Here is the severity assessment in response to your request from yesterday. Take a look and see if this addresses your request.

Dan

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 19 Feb 2020 12:03:04 +0000  
**To:** Marks, Peter;Schuchat, Anne MD (CDC/OD)  
**Cc:** Cho, David S (CBER) (FDA/CBER);Munster, Vincent (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: Covid-19 Survival on Surfaces

Peter:

Vincent Munster at NIAID's RML has done work on this. I am copying him on this e-mail.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Marks, Peter (b) (6)>  
**Sent:** Wednesday, February 19, 2020 6:41 AM  
**To:** Schuchat, Anne MD (CDC/OD) (b) (6)>; Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Cc:** Cho, David S (CBER) (FDA/CBER) (b) (6)  
**Subject:** Covid-19 Survival on Surfaces

Dear Anne and Tony,

I am sorry to bother you, but I am hoping that you can direct me to anyone at NIAID or CDC who is working on the survival of Covid-19 on surfaces. This could include shipping boxes, but also on various products and other perishable items. The food safety people here at FDA are quite concerned about the latter, given published reports of differential coronavirus survival on various surfaces.

If it turns out that this has not been evaluated, or is not in the process of being evaluated, we are happy to work on this in our BSL-3 labs, which are now in receipt of the virus.

Thanks so much for any direction that you can provide.

Best Regards,  
Peter



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 15 Feb 2020 12:55:47 +0000  
**To:** Gilman, James (NIH/CC/OD) [E]; Collins, Francis (NIH/OD) [E]; Gottesman, Michael (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Schwetz, Tara (NIH/OD) [E]  
**Cc:** Holland, Steven (NIH/NIAID) [E]; Johnson, Alfred (NIH/OD) [E]; McGowan, Colleen (NIH/OD/ORS) [E]; Schmitt, James (NIH/OD/ORS) [E]  
**Subject:** RE: COVID-19 messaging

(b) (5)

**From:** Gilman, James (NIH/CC/OD) [E] (b) (6)  
**Sent:** Friday, February 14, 2020 11:32 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6); Gottesman, Michael (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Schwetz, Tara (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Holland, Steven (NIH/NIAID) [E] (b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); McGowan, Colleen (NIH/OD/ORS) [E] (b) (6); Schmitt, James (NIH/OD/ORS) [E] (b) (6)  
**Subject:** Re: COVID-19 messaging

(b) (5)

Jim

**From:** "Collins, Francis (NIH/OD) [E]" (b) (6)  
**Date:** Friday, February 14, 2020 at 8:04:30 PM  
**To:** "Gottesman, Michael (NIH/OD) [E]" (b) (6); "Tabak, Lawrence (NIH/OD) [E]" (b) (6); "Schwetz, Tara (NIH/OD) [E]" (b) (6); "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Holland, Steven (NIH/NIAID) [E]" (b) (6); "Johnson, Alfred (NIH/OD) [E]" (b) (6); "McGowan, Colleen (NIH/OD/ORS) [E]" (b) (6); "Schmitt, James (NIH/OD/ORS) [E]" (b) (6); "Gilman, James (NIH/CC/OD) [E]" (b) (6)  
**Subject:** RE: COVID-19 messaging

This seems reasonable. (b) (5)

Looping in Jim Gilman.

FC

**From:** Gottesman, Michael (NIH/OD) [E] (b) (6)  
**Sent:** Friday, February 14, 2020 6:03 PM

**To:** Tabak, Lawrence (NIH/OD) [E] (b) (6)>; Schwetz, Tara (NIH/OD) [E] (b) (6); Collins, Francis (NIH/OD) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Holland, Steven (NIH/NIAID) [E] (b) (6)>; Johnson, Alfred (NIH/OD) [E] (b) (6); McGowan, Colleen (NIH/OD/ORS) [E] <(b) (6)>; Schmitt, James (NIH/OD/ORS) [E] <(b) (6)>  
**Subject:** COVID-19 messaging

We have had many requests for additional guidance concerning staff potentially exposed to COVID-19. OMS has prepared the attached message which has been reviewed by Steve Holland and HR. The intent is to send this from OMS to all hands.  
Michael



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 15 Feb 2020 02:23:37 +0000  
**To:** Holland, Steven (NIH/NIAID) [E]  
**Subject:** RE: COVID-19 messaging  
**Attachments:** COVID-smh - with Fauci edits.docx

Steve:

See my tracked edits.

(b) (5)

(b) (5)

Thanks,  
Tony

---

**From:** Holland, Steven (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, February 14, 2020 9:06 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: COVID-19 messaging

Tony,

Could you please look at the attached and make any edits you think would help.

(b) (5)

(b) (5)

Steve

--

Director, Division of Intramural Research  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
Bldg. 10/11N248 MSC 1960  
Bethesda, MD 20892-1960

(b) (6) voice

301-480-4507 fax

(b) (6) email

Assistant lab: Eva Portillo

(b) (6) email

(b) (6) voice

Assistant to SD: Beth Schmidt

(b) (6)

(b) (6) voice

---

**From:** "Gottesman, Michael (NIH/OD) [E]" (b) (6) >  
**Date:** Friday, February 14, 2020 at 6:12 PM  
**To:** "Schmitt, James (NIH/OD/ORS) [E]" (b) (6)  
**Cc:** "Moss, Bradley (NIH/OD/ORS) [E]" (b) (6), Steven Holland  
(b) (6)  
**Subject:** Re: COVID-19 messaging

(b) (5)

. This can wait until next week.  
Michael

---

**From:** "Schmitt, James (NIH/OD/ORS) [E]" (b) (6)  
**Date:** Friday, February 14, 2020 at 6:07 PM  
**To:** "Gottesman, Michael (NIH/OD) [E]" <(b) (6)>  
**Subject:** FW: COVID-19 messaging

I meant to copy you on this Michael. Jim

---

**From:** Schmitt, James (NIH/OD/ORS) [E]  
**Sent:** Friday, February 14, 2020 6:07 PM  
**To:** Moss, Bradley (NIH/OD/ORS) [E] (b) (6); Bailin, Heike  
(b) (6)  
**Cc:** Newcomer, Derek (NIH/OD/ORS) [E] (b) (6)  
(b) (6); Wheeland, Daniel (NIH/OD/ORF) [E] (b) (6);  
McGowan, Colleen (NIH/OD/ORS) [E] (b) (6); Tosten, Timothy  
(NIH/OD/ORS) [E] <(b) (6)>  
**Subject:** FW: COVID-19 messaging

Hi Brad,

It sounds like Dr. Gottesman wants this sent from OMS to everyone.

I don't know how to do that. Can you help us with this and how soon can it be sent?

I'm heading out of town and won't return to the clinic until Tuesday. Dr. Bailin will be in charge of OMS in my absence.

Jim

James M. Schmitt, M.D., M.S.  
Medical Director  
Occupational Medical Service, DOHS

National Institutes of Health  
10 Center Drive  
Bethesda, MD 20892-1584

(b) (6)

---

**From:** Gottesman, Michael (NIH/OD) [E] <(b) (6)>  
**Sent:** Friday, February 14, 2020 6:03 PM  
**To:** Tabak, Lawrence (NIH/OD) [E] (b) (6)>; Schwetz, Tara (NIH/OD) [E] (b) (6); Collins, Francis (NIH/OD) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Holland, Steven (NIH/NIAID) [E] (b) (6)>; Johnson, Alfred (NIH/OD) [E] (b) (6); McGowan, Colleen (NIH/OD/ORS) [E] (b) (6)>; Schmitt, James (NIH/OD/ORS) [E] (b) (6)>  
**Subject:** COVID-19 messaging

We have had many requests for additional guidance concerning staff potentially exposed to COVID-19. OMS has prepared the attached message which has been reviewed by Steve Holland and HR.

The intent is to send this from OMS to all hands.

Michael

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 15 Feb 2020 02:08:57 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Marston, Hilary (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** RE: Rapid instrument-free NAAT for COVID-19  
**Attachments:** VisbyMedical\_TechWatch\_Feb2020\_nCoV\_NIH.pdf

See attachment as per prior e-mail.

---

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Friday, February 14, 2020 9:08 PM  
**To:** Gary K. Schoolnik (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6) >; Eisinger, Robert (NIH/NIAID) [E] (b) (6) >; Lerner, Andrea (NIH/NIAID) [E] (b) (6); Cassetti, Cristina (NIH/NIAID) [E] (b) (6) >  
**Subject:** RE: Rapid instrument-free NAAT for COVID-19

Gary:

Thanks for the note. I would be happy to discuss this with you. Please have your office contact my Special Assistant, Patty Conrad, (copied here) to set up a mutually convenient time when we can chat.

Best regards,

Tony

---

**From:** Gary K. Schoolnik (b) (6) >  
**Sent:** Friday, February 14, 2020 6:27 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] < (b) (6) >  
**Cc:** Adam de la Zerda < (b) (6) >  
**Subject:** Rapid instrument-free NAAT for COVID-19

Dear Tony,

In addition to my role as a Stanford Medical School professor, I am the Chief Medical Officer of Visby Medical, a relatively new Silicon Valley diagnostics company focused on rapid detection of infectious agents. Visby Medical has developed a rapid (~25 min sample-to-answer) palm-sized, 40 cycle PCR (or RT-PCR) single-use device that does not require an instrument; it is used once, and then discarded or recycled. (b) (4)

(b) (4)  
(b) (4)  
(b) (4) The device is stable at room temperature for up to two years and thus it could be deployed widely.



We are seriously considering using this platform to develop a rapid test to detect COVID-19. Proof of principles that have been achieved toward that end are our demonstration that the device can use two-step RT-PCR to detect influenza A and B in NP swab samples. The main features of the device are described in the brief accompanying PDF.

I write now because we are unsure, if we were to produce a COVID-19 device, how it would be deployed, by whom it would be used and who might be willing to purchase it. I would be very grateful if you might be able to speak briefly with me and my colleagues about these open questions. I am convinced this device can meet a major unmet need in clinical care and disease control for this epidemic and we, as a group, want to make a difference. Your advice would be invaluable as we weigh the risks and benefits of pivoting the company to this application.

With all best wishes; I hope all is well with you and your family.  
gary

Gary Schoolnik, M.D.  
Professor of Medicine  
Stanford Medical School  
Attending Physician (Internal Medicine, Infectious Diseases)  
Stanford University Hospital  
Chief Medical officer  
Visby Medical



**From:** (b) (6)  
**Sent:** Fri, 14 Feb 2020 18:45:53 -0500  
**To:** Julia Belluz  
**Subject:** Re: call

My pleasure!

On Feb 14, 2020, at 6:10 PM, Julia Belluz <julia.belluz@vox.com>wrote:

Thank you so much for making the time to comment at what I know is a crushingly busy time. As usual don't hesitate to ping if you have any further comments or questions! Julia

<https://www.vox.com/2020/2/14/21134473/coronavirus-outbreak-singapore-us-symptoms-pandemic>

Sent from my iPhone

On Feb 14, 2020, at 1:21 PM, Fauci, Anthony (NIH/NIAID) [E]  
<(b) (6)>wrote:

Julia:

I just called you now (7:20 AM Washington, DC time) and got mvoice mail in German that I could not understand. You can call me at (b) (6)

Thanks,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 21:09:40 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Your Expertise requested/COVID-19 Forum

OK. Let us discuss. As long as it is remote...

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, February 14, 2020 3:45 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** FW: Your Expertise requested/COVID-19 Forum

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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**From:** Roache, Christina <(b) (6)>  
**Sent:** Friday, February 14, 2020 3:38 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** Your Expertise requested/COVID-19 Forum

Dear Dr. Fauci,

You have been kind enough to be a panelist on our [Forums at the Harvard T.H. Chan School of Public Health](#), and I wanted to see if you were available to participate remotely in a Forum that we are organizing on **March 2** about **COVID-19**.

The Forum will live stream on the websites of The World and The Forum, as well as on Facebook and YouTube.

The World will send a journalist to moderate and co-promote.

The Forum is called "**The Coronavirus Outbreak: Tracking COVID-19**", presented jointly with **The World from PRX & WGBH**.

Should you agree to participate, we ask that you join us remotely from **11:40am-1pm ET on March 2**; the actual live webcast will be noon-1pm ET.

We have been active in covering this outbreak. We did a [highly successful Facebook Live Q&A](#) last week and are doing another Q&A next week.

As a reminder, Forum webcasts are one-hour long and are panel discussions, typically with 3-4 panelists, plus a moderator. As noted, these discussions are live streamed from our Leadership Studio at our school in front of a studio audience (about 40 seats) and an online audience. Anyone with an Internet connection can watch the live webcasts; no registration or fee is required.



Previous speakers in The Forum series have included Gina McCarthy, former EPA Administrator; Anthony Foxx, then U.S. Secretary of Transportation; Eric Holder, then U.S. Attorney General; Kathleen Sebelius, then U.S. Secretary of Health and Human Services; Gordon Brown, former UK Prime Minister; as well as numerous former governors and key public health policymakers and officials from a range of public and private sector entities.

The Forum live webcasts are also streamed on The Forum website, where they are accompanied by a live chat and online commenting, and on Facebook and YouTube. These webcasts are later posted as on-demand videos to our site and to Harvard's YouTube and iTunesU channels. We also make available podcasts, transcripts and other materials. Collectively, the programs and complementary content have resulted in nearly five million viewer engagements so far, and our website has received visits from more than 200 countries and territories and every U.S. state.

Please share your thoughts when you are able.

Cheers,

Christina Roache  
Associate Director, Production and Web, The Leadership Studio  
Harvard T.H. Chan School of Public Health

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 20:23:04 +0000  
**To:** Clayton, Janine (NIH/OD) [E]  
**Subject:** RE: Sex differences in COVID-19

Not much at this point. [REDACTED]

(b) (5)

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
FAX: (301) 496-4409  
E-mail: [REDACTED] (b) (6)

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---

**From:** Clayton, Janine (NIH/OD) [E] <[REDACTED] (b) (6)>  
**Sent:** Friday, February 14, 2020 3:06 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Sex differences in COVID-19

Hi Tony,

[REDACTED] (b) (5)

Janine

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 20:21:51 +0000  
**To:** Richard Allen Johnson  
**Subject:** RE: 2020.02.14 Friday

Dick:

Thanks for the note. I certainly appreciate your concerns about WHO. Not much sleep for me lately. Just like internship.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Richard Allen Johnson (b) (6)  
**Sent:** Friday, February 14, 2020 3:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Richard Allen Johnson (b) (6)  
**Subject:** 2020.02.14 Friday

Hi, Tony,

I am very distressed by the Face of the WHO. Their public face, their news updates, are of the quality of those of a third world country. I only hope that they function better than their news updates suggest. They need a world class public relations firm.

I am deeply concerned re Covid-19 in India (with a population of 1500 million) and Africa (population 100 million). News reports do not mention anything of this pandemic waiting to happen.

Hope that you are well and getting a good night's rest.

Best,  
Dick

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 18:27:24 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: inhaled buformin for coronavirus  
**Attachments:** [REDACTED] (b) (4)

Please handle.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
FAX: (301) 496-4409  
E-mail: [REDACTED] (b) (6)

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---

**From:** Steven Lehrer [REDACTED] (b) (6) >  
**Sent:** Friday, February 14, 2020 1:17 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >; Erbelding, Emily (NIH/NIAID) [E]  
[REDACTED] (b) (6) >  
**Subject:** [REDACTED] (b) (4) for coronavirus

Dr. Fauci,

[REDACTED] (b) (4)

Steven Lehrer, MD

[REDACTED] (b) (4)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 17:39:33 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: for review: proposed responses for Italian media request

Nice Job. I have made one minor edit in the first response. Otherwise, it is ready to go. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Routh, Jennifer (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, February 14, 2020 12:32 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Subject:** for review: proposed responses for Italian media request

Dr. Fauci –

This is not urgent for today. A reporter from the Italian health website Pazienti.it reached out to you directly with questions about coronavirus vaccine development. I have drafted proposed responses for your review attached and pasted below. I will send the final responses to the reporter attributed to you.

**Coronavirus vaccine: when will it be available? What are the difficulties?**

The National Institutes of Health is on track to test an experimental messenger RNA (mRNA) vaccine in a Phase 1 clinical trial this spring. This first phase of clinical testing will involve giving the vaccine to healthy adults in the United States to see if it is safe and if it can induce an immune response in recipients. It is important to realize that the development of investigational vaccines and the clinical testing to establish their safety and effectiveness takes time. A vaccine against the novel coronavirus will likely not be widely available for at least a year.

**Could the Coronavirus mutate, if a vaccine cannot be found in time?**

We are learning more about the novel coronavirus every day. At this time, we are not aware of any mutations that might affect vaccine development. Based on our experience with other coronaviruses, including SARS-CoV and MERS-CoV, it is unlikely—but not impossible—that the novel coronavirus will mutate in a way that would have an impact on the development of medical countermeasures. We are continuing to monitor this.

**Will the vaccine be the solution against Coronavirus?**

A safe and effective vaccine would be an extremely valuable tool to help stop the spread of infection and prevent future outbreaks. However, proven public health practices of identifying cases, isolating patients, and tracing contacts must continue alongside a vaccination program.

Thanks,

Jen

Jennifer Routh [E]

News and Science Writing Branch

Office of Communications and Government Relations

National Institute of Allergy and Infectious Diseases (NIAID)

NIH/HHS

31 Center Drive Room 7A17C

Bethesda, MD 20892

Direct: (b) (6)

(b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 17:23:43 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: (b) (4)

Please handle. Thanks.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Hardham, John M (b) (6) >  
**Sent:** Friday, February 14, 2020 9:15 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** (b) (4)

Tony:

It was good to see you again at the ASM Biothreats Conference. We had worked together on the Medical Countermeasure Initiative when I was the Medical Officer for the DOD Chem Bio Program (under ASD Andrew Weber) several years ago.

(b) (4)

If you or your staff have any interest, please feel free to reach out to me.

Hope you have a wonderful day!

John

**John M. Hardham, Ph.D.** | Research Director, Global Biologics Research  
Director, Zoetis Center for Transboundary and Emerging Diseases

Zoetis | 333 Portage Street, KZO-300-204.3, Kalamazoo, MI 49007

Office: (b) (6) | Mobile: (b) (6) | (b) (6)

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*First to know...Fast to market*

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 15:52:49 +0000  
**To:** Strauss, Nicole  
**Cc:** Mascola, John (NIH/VRC) [E];Graham, Barney (NIH/VRC) [E];Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: [REDACTED] (b) (4) | [REDACTED] (b) (4)

Nicole:

Thank you for your note and interest. I will copy on this e-mail Drs. John Mascola and Barney Graham of our Vaccine Research Center who are developing the vaccine with Moderna so that they can respond directly to you.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
FAX: (301) 496-4409  
E-mail: [REDACTED] (b) (6)

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---

**From:** Strauss, Nicole [REDACTED] (b) (6)  
**Sent:** Friday, February 14, 2020 10:37 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Cc:** Weisser, Karen [REDACTED] (b) (6)  
**Subject:** [REDACTED] (b) (4) | [REDACTED] (b) (4)

Dear Dr. Anthony Fauci,

[REDACTED] (b) (4)

Best regards,  
Nicole



**Nicole Strauss**

Pipeline Development & Innovation Lead

T: (b) (6) | M: (b) (6)

500 Arcola Road, Collegeville, PA 19426

[Website](#) | [LinkedIn](#)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 14:22:00 +0000  
**To:** Greg Folkers ([REDACTED]) (b) (6)  
**Subject:** NEJM  
**Attachments:** NEJM Editorial - Fauci et al -1st draft - 02-13-2020.docx, nejmoa2001316.pdf

Here it is.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: ([REDACTED]) (b) (6)  
FAX: (301) 496-4409  
E-mail: ([REDACTED]) (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 03:20:06 +0000  
**To:** Embry, Alan (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Institutional request for information

Thanks, Alan.

---

**From:** Embry, Alan (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, February 13, 2020 10:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fried, Linda P.  
(b) (6); Redfield, Robert R. (CDC/OD) (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Goldman, Lee  
(b) (6); Booth, Jane (b) (6); Katznelson, Ira I.  
(b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Eisinger, Robert  
(NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Institutional request for information

Dear Dr. Fried,

Answers to your questions are below.

**1. Is the CDC or NIH overseeing the distribution of the live virus in the U.S.?**

There is an interagency working group convened by the Assistant Secretary for Preparedness and Response overseeing samples, and NIH and CDC are central to this. Virus is being deposited in BEI Resources (a NIAID contract resource) for characterization, growth and distribution. The WA isolate is available now and a Hong Kong isolate may be added soon.

**2. Will you be the sole source of distribution in the U.S., or will institutions be permitted to obtain it directly from other sources?**

Assuming appropriate permits are in place, there is no limitation on an institution obtaining samples directly from BEI or other sources. In a public health emergency, the U.S. government seeks to make isolates available under a Simple Letter Agreement that does not impose IP restrictions on academics or developers (see attached language).

**3. If it can be obtained from other sources, what sources will be permitted? For example, the China or Hong Kong CDC or University of Hong Kong?**

Assuming appropriate permits and safety controls, there is no limitation on from where samples can be obtained. However, there may be intellectual property restrictions from some sources and your technology transfer office would need to negotiate if requested directly.

**4. If you are to be the sole source, when would you expect to have a process for considering requests?**

BEI resources already has a process for sharing in place and is currently sharing the viral isolate obtained from the first Washington case. NIAID anticipates that other viral isolates will be obtained soon, and BEI is committed to making those available to the scientific community as soon as

possible. We (NIAID/ USG) do not expect to be the only source, but will likely be one of the main sources for this research resource based on experience with Zika.

**5. If someone wishes to travel to China to work on the live virus, are there any travel restrictions other than the self isolation/quarantine already in place (and of course subject to change over time)?**

For that, contacting CDC directly would make sense. If you would like us to inquire, we can. For high consequence viruses, use of proper PPE has been a mitigating factor in quarantine consideration.

Please feel free to contact me if you have additional questions.

Thanks,  
Alan

Alan Embry, Ph.D.  
Chief, Respiratory Diseases Branch  
Division of Microbiology and Infectious Diseases, NIAID, NIH  
5601 Fishers Lane, Room 8E31  
Rockville, MD 20892

(b) (6)  
(b) (6)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, February 13, 2020 6:35 PM  
**To:** Fried, Linda P. (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Goldman, Lee  
(b) (6)>; Booth, Jane <(b) (6)>; Katznelson, Ira I.  
(b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Embry, Alan  
(NIH/NIAID) [E] (b) (6); Eisinger, Robert (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: Institutional request for information

Linda:

There is a "sample sharing" working group involving NIH and CDC. I have copied both Hilary Marston and Alan Embry from NIAID who are involved in this group and will ask them by this e-mail to respond to items #1 through 4. Regarding returning travelers from China (item #5) if in Wuhan (Hubei province) within previous 14 days, they submit to institutional quarantine; if in non-Hubei province part of China, then they face self-isolation.

Hope that this is helpful.

Best regards,  
Tony



Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
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---

**From:** Fried, Linda P. (b) (6)  
**Sent:** Thursday, February 13, 2020 12:45 PM  
**To:** Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Goldman, Lee (b) (6); Booth, Jane (b) (6); Katznelson, Ira I. (b) (6)  
**Subject:** Institutional request for information

Dear Drs. Redfield and Fauci,

I am writing on behalf of Columbia University, which has received a request from Dr. Ian Lipkin to transfer live novel coronavirus from Hong Kong to his BSL3 facility at the University. As we evaluate his request, we note that he has approval from a CDC official to import the virus (see attached). However, as we consider the risks and benefits of Dr. Lipkin's proposal, we ask the two of you:

1. Is the CDC or NIH overseeing the distribution of the live virus in the U.S.?
2. Will you be the sole source of distribution in the U.S., or will institutions be permitted to obtain it directly from other sources?
3. If it can be obtained from other sources, what sources will be permitted? For example, the China or Hong Kong CDC or University of Hong Kong?
4. If you are to be the sole source, when would you expect to have a process for considering requests?
5. If someone wishes to travel to China to work on the live virus, are there any travel restrictions other than the self isolation/quarantine already in place (and of course subject to change over time)?

Thank you very much for your help with these important questions as we all try to do our best to contribute solutions to this health crisis.

With best regards,  
Linda

Linda P. Fried, M.D., M.P.H.  
Dean and DeLamar Professor of Public Health  
Professor of Epidemiology  
Mailman School of Public Health  
Professor of Medicine, Vagelos College of Physicians and Surgeons  
Senior Vice President, Columbia University Irving Medical Center  
Columbia University

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 03:00:23 +0000  
**To:** Mansoura, Monique K.  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Andrew W Lo; Casseti, Cristina (NIH/NIAID) [E]  
**Subject:** RE: A proposed solution to finance COVID-19 vaccines - Introducing MIT's Professor Andrew Lo

Thanks, Monique. Please have Andrew send the proposal to Cristina Casseti (copied here) and she can then brief me on it.

Best,  
Tony

---

**From:** Mansoura, Monique K. (b) (6) >  
**Sent:** Thursday, February 13, 2020 10:36 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Andrew W Lo <(b) (6)>  
**Subject:** A proposed solution to finance COVID-19 vaccines - Introducing MIT's Professor Andrew Lo

Dr. Fauci,

The nation again is fortunate to have your leadership for this latest public health emergency. Thank you for all you are doing. I know you are extraordinarily busy, so I'll be brief.

I want to introduce you to [MIT Sloan Professor Andrew Lo](#), a world leader in healthcare finance who has focused much of his work recently on accelerating biomedical innovation via novel financing structures. I have worked with him to explore financial engineering approaches to establish more durable public-private partnerships for medical countermeasures. The persistent challenges you articulated at the Aspen Institute event this week resonate loudly with Andrew and me.

He has proposal for COVID-19 that he would like to present to you. I defer to him to provide further information.

Respectfully,  
Monique

**MONIQUE K. MANSOURA, PH.D., M.B.A.**

Executive Director, Global Health Security and Biotechnology

The MITRE Corporation

202 Burlington Road | Bedford, MA | 01730-1420

Office: (b) (6)

Mobile: (b) (6)

Email: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 02:56:17 +0000  
**To:** Greg Folkers ( [REDACTED] (b) (6) )  
**Subject:** FW: FYI -- images of SARS-CoV-2 now up

Let us make some power point slides from these. Thanks.

---

**From:** Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Sent:** Thursday, February 13, 2020 1:22 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** FYI -- images of SARS-CoV-2 now up

<https://www.niaid.nih.gov/news-events/novel-coronavirus-sarscov2-images>  
<https://www.flickr.com/photos/niaid/albums/72157712914621487>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 02:42:53 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Greg Folkers (b) (6)  
**Subject:** FW: PBS'S FIRING LINE REQUEST // DR. ANTHONY S. FAUCI

Patty: Let us discuss.

Greg: Are they a big deal?

---

**From:** Melanie Starling <melanie@thedocumentarygroup.com>  
**Sent:** Thursday, February 13, 2020 6:39 PM  
**To:** NIAID NEWS (NIH/NIAID) <NIAIDNEWS@niaid.nih.gov>; Fauci, Anthony (NIH/NIAID) [E]  
<(b) (6)>  
**Subject:** PBS'S FIRING LINE REQUEST // DR. ANTHONY S. FAUCI  
**Importance:** High

Good Evening,

Please see below for Dr. Anthony S. Fauci for *PBS'S FIRING LINE WITH MARGARET HOOVER*.

Due to a last minute cancellation, we are crashing on a deadline and need to know if he is able to join us ASAP.

I look forward to hearing your thoughts and all best,  
Melanie

**Melanie Starling**

*Firing Line with Margaret Hoover*

Cell: + (b) (6)

Email: [melanie@thedocumentarygroup.com](mailto:melanie@thedocumentarygroup.com)



Good Evening,

This is Melanie Starling writing on behalf of *PBS'S FIRING LINE WITH MARGARET HOOVER*.

*FIRING LINE* is the rare program in the political landscape that seeks a rigorous and earnest exchange of ideas, with the luxury to let the conversation breathe. Margaret has brought back the spirit of this venerated show, which aired from 1966 to 1999, that is lacking in today's polarized cable news ecosystem – at a time when we need it more than ever. One guest. 30 minutes. Airing to a thoughtful and engaged *PBS* audience.

**We would be honored to have Dr. Anthony S. Fauci join *Firing Line* for an interview.**

Dr. Fauci has dedicated his career to understanding, preventing, and protecting people across the globe from infectious diseases, which is why we would be so honored to share our stage with him at this time. As the coronavirus continues to spread, we are interested in better understanding the deadly virus the world is racing to contain. Equally, we are interested in highlighting any other public health issues or policies close to Dr. Fauci's heart. Most importantly, with our program, we have the luxury of time – where we can truly delve into these issues in a substantive, nuanced manner that is missing in much of today's 24-hour news cycle.

## THE DETAILS FOR TAPING

**TAPE DATE: TARGETING FEBRUARY 19<sup>TH</sup> – EVENING TAPING IS PREFERRED**

**TAPE TIME: 45 MINUTES**

**LOCATION: NYC (WNET STUDIOS NEAR LINCOLN CENTER)**

**TRAVEL, HAIR, & MAKE-UP IS PROVIDED ON REQUEST.**

*FIRING LINE* is carried nationwide on PBS with 99% market pick-up, and is suggested programming for PBS's 8:30 PM ET on Friday nights with multiple airings through the week. On Twitter, we have a growing 2.9M+ monthly impressions. Equally, as you know, PBS remains a coveted home for intellectual, elevated programming – and stands out as a **top 5 outlet to reach persuadable voters**.

## HIGHLIGHT REEL

*FIRING LINE* is produced by the **Oscar-nominated Tom Yellin** at The Documentary Group.

Please reach out to me if there is any interest. We will bend over backwards to get it done.

Thank you in advance for your consideration, and please feel free to reach out to me 24/7 with questions or concerns.

All the best,



Melanie

**Melanie Starling**

*Firing Line with Margaret Hoover*

Cell: (b) (6)

Email: [melanie@thedocumentarygroup.com](mailto:melanie@thedocumentarygroup.com)

**ABOUT FIRING LINE WITH MARGARET HOOVER**

*Firing Line with Margaret Hoover* is a refreshing reprisal of William F. Buckley's iconic PBS program, a smart, civil and engaging contest of ideas. The series maintains the character of the original, providing a platform that is diligent in its commitment to civility and the rigorous exchange of opinion. *Firing Line with Margaret Hoover* comes at a time when meaningful discourse is needed more than ever. Interviews and debates will highlight leading lights from the left and right, complemented by archival footage from the original *Firing Line* to remind viewers of longstanding conservative and liberal arguments, where they've been disproved or reinforced over time. It is an opportunity to engage in the debate about the America that we want to create for the 21st century — and summon Americans of every political persuasion to a rigorous examination of the choices we must make together in the challenging years ahead. Showrunner is Emmy, Dupont and Murrow-winning producer Alyssa Litoff.

**ABOUT MARGARET HOOVER**

Margaret Hoover is an American political commentator. In addition, she is also an author, feminist, and gay rights activist. Currently, she works as a political commentator for CNN.

**HIGHLIGHTS ON FIRING LINE WITH MARGARET HOOVER**

[Speaker Paul Ryan](#), [Sen. Ben Sasse \(R-NE\)](#), [Gov. Chris Christie](#), [Gov. Mitch Daniels](#), [Gov. John Kasich](#), [Gov. Scott Walker](#), [Rep. Alexandria Ocasio-Cortez \(D-NY\)](#), [Rep. Eric Swalwell \(D-CA\)](#), [Stacey Abrams](#), [Donna Brazile](#), [Gretchen Carlson](#), [Caitlyn Jenner](#), [Christine Lagarde](#), [Peter Navarro](#), [Oliver North](#), [Andrew McCabe](#), [Tom Steyer](#), [H.R. McMaster](#), [Rep. Tulsi Gabbard](#), [Ann Coulter](#), [Tony Blair](#), [José Andrés](#), [Rep. Liz Cheney \(R-WY\)](#), [Rep. Jim Clyburn \(D-SC\)](#), [Rep. Pramila Jayapal \(D-WA\)](#), [Sen. Ted Cruz \(R-TX\)](#), [Gen. Jim Mattis](#), [Condoleezza Rice](#), [Andrew Yang](#), [Michael Bloomberg](#), [Michael Moore](#), [Paul Krugman](#), [Amb. Nikki Haley](#), [Adam Schiff \(D-CA\)](#)

**Melanie Starling**

PBS's *Firing Line with Margaret Hoover*

Cell: + (b) (6)

Email: [melanie@thedocumentarygroup.com](mailto:melanie@thedocumentarygroup.com)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 02:36:46 +0000  
**To:** ncalio@airlines.org  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Redfield, Robert R. (CDC/OD); Cetron, Marty (CDC/DDID/NCEZID/DGMQ)  
**Subject:** FW: Coronavirus Task Force  
**Attachments:** Fauci A4A Letter to Coronavirus Task Force .pdf

Nick:

Many thanks for sending this. The CDC would be very interested in your willingness to move in the direction of having complete contact information on passengers available to them. I am copying CDC Director Bob Redfield and his CDC colleague Marty Cetron on this e-mail. I am sure that one of them will contact you about this issue.

Best regards,  
Tony

---

**From:** Calio, Nicholas <ncalio@airlines.org>  
**Sent:** Thursday, February 13, 2020 8:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Coronavirus Task Force

Dear Dr. Fauci,

Please see the attached letter.

Thank you,

Nick Calio



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 14 Feb 2020 02:09:44 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Invitation: 388393 Santos (Coronavirus Preparedness Workshop)

Tell them that I turned down the same invitation and he should turn it down also. It is not a major event

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, February 13, 2020 8:21 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: Invitation: 388393 Santos (Coronavirus Preparedness Workshop)

Please see below. You were invited to this – it was discussed in our daily meeting and we decided to decline it for you. we did decline it. would you recommend the same as they are now asking Dr Collins.

Pls advise.

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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---

**From:** Harris, Kara (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, February 12, 2020 4:18 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Haskins, Melinda (NIH/NIAID) [E]  
(b) (6)  
**Subject:** Invitation: 388393 Santos (Coronavirus Preparedness Workshop)

Hi, Patty -

Exec Sec would like Dr. Fauci's opinion on whether Dr. Collins should accept the attached invitation to speak at an upcoming Coronavirus Preparedness Summit & Workshop being held this June in Washington, DC. The conference is being organized by Syllabusx, a group of "international specialists in public health and emergency planning events and disaster recovery conferences."

Given the nature of the conference topics, do you concur with recommending Dr. Collins decline the invitation and refer to CDC?

Thanks for your input.

Kara

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 23:22:27 +0000  
**To:** Alison Galvani  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Lancet special issue proposal

Alison:

Thanks for the note. I really appreciate your kind invitation, but unfortunately, I will have to decline. My plate is already overflowing and I just cannot take on any additional editorial responsibilities. In addition, I am swamped with coronavirus "stuff" that is not going to end soon. I hope that you understand.  
Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Alison Galvani (b) (6)  
**Sent:** Wednesday, February 12, 2020 2:28 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Lancet special issue proposal

Hi Tony,

I hope you are well.

(b) (4)

Thank you so much for your consideration.

Warmest regards,  
Alison

--

Alison Galvani, PhD

Director, Yale Center for Infectious Disease Modeling and Analysis (CIDMA)  
Burnett and Stender Families Professor of Epidemiology  
Yale School of Public Health  
Yale School of Medicine  
New Haven, CT 06520

(b) (6)

<http://cidma.yale.edu/>



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 23:10:07 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Personal connection

Please set this up (5 minutes) for Monday.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, February 12, 2020 8:58 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: Personal connection

This guy called last night and seemed to know you – let me know if and where you want me to direct him.

Or maybe do a call with you on a quieter day - Monday on Pres day holiday?

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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**From:** Banner, Jon {PEP} <(b) (6)>  
**Sent:** Tuesday, February 11, 2020 9:44 PM  
**To:** (b) (6) Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** Personal connection

Dear Dr. Fauci,

Jon Banner here. You may remember me from my days at ABC News, where I was Executive Producer of World News Tonight with Peter Jennings, Charlie Gibson, and Diane Sawyer. I was also Executive Producer of This Week with George Stephanopoulos and early on I was [George Strait](#)'s producer. Back then, you were the most engaging, eloquent guests on the subject of HIV/AIDS and other life and death issues of our time, and your input was of enormous value to our viewers and the general public.

Today, I am President of the PepsiCo Foundation and EVP of Global Communications for the company. I was hoping you could help us identify an expert to provide similar insight and analysis for our company as we deal with the impact of the Wuhan coronavirus. While we would of course welcome your counsel, I recognize that you have a full plate of critical responsibilities with NIH and don't want to take up too much of your time.

If you have a few minutes for a quick call, I'd love to get your take and catch up. If not, I would deeply appreciate it if you could connect me with another expert over email.

Thanks very much, and hope you are doing well!

Warm regards,

Jon

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 22:47:23 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: Institutional request for information  
**Attachments:** CII 2020 CDC import permit.pdf

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fried, Linda P. (b) (6)  
**Sent:** Thursday, February 13, 2020 12:45 PM  
**To:** Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Goldman, Lee  
(b) (6); Booth, Jane (b) (6); Katznelson, Ira I.  
(b) (6)  
**Subject:** Institutional request for information

Dear Drs. Redfield and Fauci,

I am writing on behalf of Columbia University, which has received a request from Dr. Ian Lipkin to transfer live novel coronavirus from Hong Kong to his BSL3 facility at the University. As we evaluate his request, we note that he has approval from a CDC official to import the virus (see attached). However, as we consider the risks and benefits of Dr. Lipkin's proposal, we ask the two of you:

1. Is the CDC or NIH overseeing the distribution of the live virus in the U.S.?
2. Will you be the sole source of distribution in the U.S., or will institutions be permitted to obtain it directly from other sources?
3. If it can be obtained from other sources, what sources will be permitted? For example, the China or Hong Kong CDC or University of Hong Kong?
4. If you are to be the sole source, when would you expect to have a process for considering requests?

5. If someone wishes to travel to China to work on the live virus, are there any travel restrictions other than the self isolation/quarantine already in place (and of course subject to change over time)?

Thank you very much for your help with these important questions as we all try to do our best to contribute solutions to this health crisis.

With best regards,  
Linda

Linda P. Fried, M.D., M.P.H.  
Dean and DeLamar Professor of Public Health  
Professor of Epidemiology  
Mailman School of Public Health  
Professor of Medicine, Vagelos College of Physicians and Surgeons  
Senior Vice President, Columbia University Irving Medical Center  
Columbia University



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 22:44:12 +0000  
**To:** Stoffels, Paul [JJCUS]  
**Cc:** Riccobene, Kim [JJCUS]; Van Hoof, Johan [JRDBE]; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Eisinger, Robert (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Mascola, John (NIH/VRC) [E]; Erbelding, Emily (NIH/NIAID) [E]  
**Subject:** RE: COVID-19 vaccine development

Paul:

Thanks for the note. I will have Patty Conrad (copied here) try to work something out for Feb. 21<sup>st</sup>. My schedule is at the mercy of the White House and the Congress and so I cannot guarantee anything right now.

Best Regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Stoffels, Paul [JJCUS] (b) (6) >  
**Sent:** Thursday, February 13, 2020 9:42 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Riccobene, Kim [JJCUS] (b) (6); Van Hoof, Johan [JRDBE] (b) (6) >  
**Subject:** COVID-19 vaccine development

Dear Tony,

Four weeks ago our team kicked off the experimental work on the development of a COVID-19 - vaccine.

(b) (4)

(b) (4)

If you have time for a meeting on the 21<sup>st</sup> in the afternoon or a call in the course of the next 10 days, I would much very appreciate.

Feel free to call me or have you assistant connect with my assistant Kim Riccobene to set up a call. I will be in Europe till the 19<sup>th</sup>.

Best regards,

Paul

Paul Stoffels, MD  
Vice Chairman & CSO  
Johnson & Johnson

(b) (6) (Mobile Europe)  
(Office US)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 03:16:08 +0000  
**To:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Run of show - 2/13, 9-10am White House Roundtable on COVID-19

Make sure that this is in my folder.

**From:** Selgrade, Sara (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, February 12, 2020 3:16 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; Conrad, Patricia (NIH/NIAID) [E]  
(b) (6) Barasch, Kimberly (NIH/NIAID) [C] (b) (6) Billet,  
Courtney (NIH/NIAID) [E] (b) (6)  
**Subject:** Run of show - 2/13, 9-10am White House Roundtable on COVID-19

Dr. Fauci,

Please see below for information we have received from HHS thus far regarding tomorrow's briefing on coronavirus at the White House. Patty has submitted your information via the WAVES link for the event. We are checking with HHS ASL to make sure your clearance has been processed.

We will share any additional information as we receive it. Please let me know if you have any questions.

Thanks,  
Sara

White House Congressional Roundtable on Coronavirus  
Date: Thursday, February 13  
Time: 9:00 – 10:00 a.m.  
Location: Roosevelt Room

Run of show:

- Acting Chief of Staff Mulvaney will open the proceedings and briefly frame all that we are doing and why we have asked the Members to assemble (to gain their insight and to seek their wisdom).

- Anne Schuchat will give a brief overview of current status and material issues.
- Anthony Fauci will give a brief explanation of our understanding of the virus and development of countermeasures.
- Brig Gen. Paul Friedrichs of DoD will provide a brief status report on force protection.
- Acting Chief of Staff Mulvaney will open the floor for questions and moderate the proceedings - possible that White House legislative affairs will stand in here (Eric Ueland or Mike McKenna).

Expected participants:

**Members (confirmed RSVPs thus far)**

Senator James Risch  
 Leader McCarthy  
 Rep. Kay Granger  
 Rep. Greg Walden  
 Rep. Nita Lowey

**Briefers**

DHS – Alex Zemek  
 CDC—Dr. Anne Schuchat  
 NIAID—Dr. Tony Fauci  
 ASPR—Dr. Bob Kadlec  
 FDA—Dr. Steve Hahn  
 DHS - Ken Cuccinelli  
 NSC – Anthony Riggiero  
 NSC – Matt Pottinger  
 State – Stephen Biegun (tentative)  
 DOD – Brig Gen. Paul Friedrichs

**From:** (b) (6)  
**Sent:** Wed, 12 Feb 2020 11:02:30 -0500  
**To:** John Lauerman  
**Subject:** Re: Interview

I tried calling but the call would not go through

On Feb 12, 2020, at 6:15 AM, John Lauerman (BLOOMBERG/ NEWSROOM:) <jlauerman@bloomberg.net> wrote:

Hi Dr. Fauci: I saw that you spoke about the lack of major drugmakers stepping up to make coronavirus vaccine, and my colleague James Paton is working on a story about that issue. James's story has to do with a biosecurity initiative related to these types of threats at GSK that was started in 2016 and quickly put on the back burner. I don't know whether you'd want to comment on the company or its activities itself, but would be helpful if you could talk about the importance of getting big drugmakers involved in helping to fill the need for new vaccines. I'm in Geneva right now at the WHO coronavirus science forum, but hope we can talk for a minute or two. Best way to reach me is via Whatsapp, where my number is (b) (6). Please let me know if/when you're free. Thanks and regards, JL

From: John Lauerman (BLOOMBERG/ NEWSROOM:) At: 02/07/20 15:53:34  
To: (b) (6)  
Subject: RE: Interview  
Understood. Hope you get a chance to rest

From: afauci@niaid.nih.gov At: 02/07/20 15:51:39  
To: John Lauerman (BLOOMBERG/ NEWSROOM: )  
Subject: RE: Interview

Sorry John. I am totally tied up right now and besides, I am completely hoarse and can barely speak. Let us try some other time.

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)



FAX: (301) 496-4409

E-mail: (b) (6)

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---

**From:** John Lauerman (BLOOMBERG/ NEWSROOM:)

<jlauerman@bloomberg.net>

**Sent:** Monday, February 3, 2020 8:18 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)

**Subject:** Interview

Hi Dr. Fauci: How are you? I'm writing to see whether we can talk again for a few minutes. We're working on a biggish piece about the larger bio-security issue worldwide and what the coronavirus outbreak tells us about it. What can we do about the weakest links in disease control in poorer nations in Africa, Asia and elsewhere? The WHO today brought up the importance of access to health care along with spending on public health, and clearly this is an issue in poor countries. Is it also important in infectious disease in the US and if so, is it adequately recognized? Companies and research centers have made huge strides in quick development of vaccines and drugs; what can take it to the next level? Is there anything that could be done to attract more companies to this field? What kind of new technologies can help us track new viruses in the community? I've been talking with people using handheld nanopore sequencers to track coronavirus and Ebola; what else is out there? Do we need to do a better job of tracking the movement of people and goods? Also glad to get any other observations. Please give me a call today or tomorrow morning at (b) (6) or let me know when and at what number to call you. Thanks and regards, look forward to hearing from you, JL

---

John Lauerman, Bloomberg News  
3 Queen Victoria Street, London, UK

tel. +44 (0) 2035 251028 cell [REDACTED] (b) (6)

<http://www.bloomberg.com>

<http://www.bloomberg.com/prognosis>



**From:** (b) (6)  
**Sent:** Wed, 12 Feb 2020 10:24:06 -0500  
**To:** Daniel Lucey  
**Subject:** Re: Update IDSA Science Speaks post today # 10: PPE mass production and POLyclonal/mAbs Rx PReP and PEP

Thanks dan

On Feb 12, 2020, at 9:34 AM, Daniel Lucey <(b) (6)>wrote:

Bob K., Tony and Bob (Redfield),

Given the news of health care personnel in Wuhan and Hubei being infected, and acute shortage of PPE for COVID-19, I posted these Q&A s on the ID Society America "Science Speaks" website as the 10th in a series of my updates since January 6th.

The final Question asks and answers that mass production of COVID-19 PPE should occur now.

Dan  
Hong Kong Feb. 12, 2020

<https://sciencespeaksblog.org/2020/02/12/immune-survivors-of-covid-19-protective-antibody-for-treatment-and-prophylaxis/>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 12 Feb 2020 15:23:15 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** Re: Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.  
**Attachments:** image003.jpg, image004.jpg, image005.jpg

Okay. Go with it

On Feb 12, 2020, at 9:38 AM, Folkers, Greg (NIH/NIAID) [E]  
(b) (6) wrote:

Will add  
I would vote for: no slides –  
I would send these three papers (all on director's page) – CoV, Ebola, Ending HIV

<image003.jpg>

Foreign Policy  
<image004.jpg>

<image005.jpg>

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, February 12, 2020 9:11 AM  
**To:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C] (b) (6)  
**Subject:** FW: Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

Kim – pls add all to the folder thx

G – this needs to be added to matrix. IT was a “fireside chat” that we thought would not include slides but see below – they are ok with a few slides

Will need to discuss things to send and topics given the “theme”

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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---

**From:** Marlene Colucci <[mcolucci@businesscouncil.com](mailto:mcolucci@businesscouncil.com)>

**Sent:** Tuesday, February 11, 2020 6:29 PM

**To:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>

**Cc:** Adrienne Ball <[aball@businesscouncil.com](mailto:aball@businesscouncil.com)>; Gillian Auger <[gauger@businesscouncil.com](mailto:gauger@businesscouncil.com)>

**Subject:** Re: Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

Patty,

I wanted to check back with you and Dr. Fauci on a few things in advance of his fireside chat with David Rubenstein on Friday, February 21.

- Are there any articles that Dr. Fauci thinks would be useful to send out to our CEOs in advance of the discussion (it may be something related to the Coronavirus or something that looks at the future of health and what CEOs should be thinking about in the next decade?)

- The theme for our upcoming meeting is "The Next Decade - Major trends in technology, geopolitics, politics, economy and health". I have attached a copy of our Draft CONFIDENTIAL and list of attendees for Dr. Fauci's reference.
- During his discussion with David Rubenstein, are there any slides he would like to use for reference? We do not use a lot of these but thought there might be slides that would aid in his discussion? Just let us know.

Warmest regards,

Marlene

Marlene Colucci

EXECUTIVE  
DIRECTOR



T: 202-298-7650  
C: (b) (6)  
F: 202-785-0296

On Feb 5, 2020, at 9:19 AM, Marlene Colucci  
<[mcolucci@businesscouncil.com](mailto:mcolucci@businesscouncil.com)> wrote:

Thank you Patty for checking. As soon as I can find out whether Dr. Collins will also be a part of the discussion I will work on setting up that call. Ive been pressing their office so fingers crossed!

Marlene

Marlene Colucci

EXECUTIVE  
DIRECTOR



T: 202-298-7650  
C: (b) (6)  
F: 202-785-0296



On Feb 5, 2020, at 9:01 AM, Conrad, Patricia (NIH/NIAID) [E]  
<(b) (6)> wrote:

Good morning:

Dr. Fauci will not be able to attend the dinner the night before but wanted me to thank you for thinking of him.

Best,  
-patty

---

**From:** Marlene Colucci <mcolucci@businesscouncil.com>  
**Sent:** Friday, January 31, 2020 2:00 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); David Rubenstein (b) (6); MaryPat Decker (b) (6)  
**Subject:** Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

Dear Dr. Fauci,

On behalf of our co-chairs for the winter meeting of The Business Council, David Rubenstein of The Carlyle Group and Ginni Rometty of IBM, we would like to formally invite you to participate in our meeting on February 20-21, 2020 in Washington, D.C. The theme of the meeting is "The Next Decade." (See formal invitation attached as well as list of CEO members).

We would like for you to participate in a 50 minute fireside chat with David Rubenstein (and possibly Dr. Francis Collins) to discuss the current coronavirus as well as what we should expect in the next decade. We want to give our CEOs insights into what the next 10 years will bring in terms of detection, diagnosis and treatment of diseases. All conversations are strictly off the record and closed press. We will cover all lodging and transportation.

As you know, The Business Council is comprised of the chief executive officers of the largest global corporations, representing all segments of the economy. We expect at least 150 CEO members, spouses and speakers to be in attendance.



As a participant you and your spouse are also invited to join us for our special reception, dinner and speaker at the REACH (Kennedy Center) on Thursday, February 20 at 6:30pm. It is the best opportunity for you to meet our CEO members and spouses, speakers and other special guests in an informal atmosphere.

If you are interested and available, please let me know. We can also set up a very brief call with you to discuss any additional details and answer any questions you may have. We look forward to hearing from you and would be honored to have you participate with us again.

Warmest regards,

Marlene

Marlene Colucci

EXECUTIVE  
DIRECTOR



T: 202-298-7650  
C: (b) (6)  
F: 202-785-0296

---

**New Online** Views **304,257** Citations **0** Altmetric **2109**

**Viewpoint**

ONLINE FIRST

January 23, 2020

## Coronavirus Infections—More Than Just the Common Cold

Catherine I. Paules, MD<sup>1</sup>, Hilary D. Marston, MD, MPH<sup>2</sup>, Anthony S. Fauci, MD<sup>2</sup>

[Author Affiliations](#) | [Article Information](#)

JAMA. Published online January 23, 2020. doi:10.1001/jama.2020.0757

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ARGUMENT

## On the Front Lines of the Trump Administration's Ebola Response

The United States has mounted a wide-ranging response to the latest deadly outbreak, as only it can.

BY ALBERT A. AZAR II, ROBERT R. REDFIELD, ANTHONY S. FAUCI | NOVEMBER 4, 2013, 1:05 PM



---

## Ending the Human Immunodeficiency Virus Pandemic: Optimizing the Prevention and Treatment Toolkits

Robert W. Elsing, Gregory K. Folkers, Anthony S. Fauci

*Clinical Infectious Diseases*, Volume 69, Issue 12, 15 December 2019, Pages 2212–2217,  
<https://doi.org/10.1093/cid/cir998>

Published: 24 October 2019    [Article history](#)

New Online

Views 304,257

Citations 0

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Viewpoint

ONLINE FIRST

January 23, 2020

# Coronavirus Infections—More Than Just the Common Cold

Catharine L. Paules, MD<sup>1</sup>; Hilary D. Marston, MD, MPH<sup>2</sup>; Anthony S. Fauci, MD<sup>2</sup>

NIH-001935

[➤ Author Affiliations](#) | [Article Information](#)

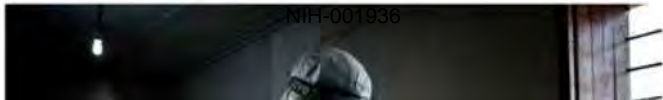
JAMA. Published online January 23, 2020. doi:10.1001/jama.2020.0757

ARGUMENT

# On the Front Lines of the Trump Administration's Ebola Response

The United States has mounted a wide-ranging response to the latest deadly outbreak, as only it can.

BY ALEX H. AZAR II, ROBERT R. REDFIELD, ANTHONY S. FAUCI | NOVEMBER 4, 2018, 1:55 PM



NIH-001936

# Ending the Human Immunodeficiency Virus Pandemic: Optimizing the Prevention and Treatment Toolkits

Robert W Elsinger, Gregory K Folkers, Anthony S Fauci 

*Clinical Infectious Diseases*, Volume 69, Number 12, December 2019, Pages 2212–2217, **NIH-001937**  
<https://doi.org/10.1093/cid/ciz998>

**Published:** 24 October 2019    **Article history** ▼



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 12 Feb 2020 12:04:55 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: epiqar for Coronavirus assistance

Please handle. Thanks.

---

**From:** Daniel Goldberg <daniel@eng.us>  
**Sent:** Tuesday, February 11, 2020 11:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>  
**Subject:** epiqar for Coronavirus assistance

Dr. Fauci,

I wanted to reach out to see if **epiqar** (<https://epiqar.com/>) can help your efforts with the Coronavirus- we are the only system in the world built for remote surgical help & interactive emergency surgeon support over the web browser.

**epiqar** has created the most advanced surgical video collaboration technology, allowing surgeons to consult and train remotely on a low-cost and easy-to-use online surgical collaboration platform and Cloud-archiving system built for the operating room. With the outbreak of Coronavirus, this has become more vital as surgeon mobility and access to critical surgical spaces in need of more help are severely limited, and specialists will not risk entering spreading viral hot zones.

Patient care isn't just a concern with the virus itself, but with the host of medical issues facing patients that will no longer be treated by local specialists easily, and facing caregivers: surgeon involvement from around the world is needed urgently.

Although **epiqar** is an American company, our rollout in recent months has been in France, making selected French institutions the most prepared in the world for remote video care. We obviously weren't anticipating the Coronavirus and now we're dedicated to delivering our technology to where the world needs it asap.

**epiqar's** parent company **ENGAUGE** (<https://eng.us/>) is a state-of-the-art online healthcare company for surgeon training and has served clients such as **Johnson & Johnson, Intuitive Surgical**, and many other of the world largest & smallest medical device companies. **ENGAUGE** has helped surgeons all over the world have access to secure online training that has improved their understanding of the innovations in robotics and many of the latest surgical techniques and medical devices for best patient care.

I've linked a whitepaper below with details of the system's use. Please let me know if you would like to speak further and/or need anything additional.

Thanks,

Danny

[www.epiqar.com](http://www.epiqar.com)

[epiqar | \*\*whitepaper\*\*](#)

Daniel Goldberg

CEO

**ENGAUGE**

[www.eng.us](http://www.eng.us)

[www.epiqar.com](http://www.epiqar.com)

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**EUROPE** 44 2031399059

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 12 Feb 2020 00:16:12 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: AMA news interview request: What to tell your patients about COVID-19

Let us discuss.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Sara Berg <Sara.Berg@ama-assn.org>  
**Sent:** Tuesday, February 11, 2020 4:55 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** AMA news interview request: What to tell your patients about COVID-19

Dear Dr. Fauci,

My name is Sara Berg and I am a senior writer for the AMA. I am reaching out to you today because you have shared a lot of great information about COVID-19 with the JAMA network. I know you are very busy, but I was wondering if you would be available tomorrow or Thursday for a quick phone interview about what to tell patients who suspect they have COVID-19? This would be an AMA news article for physicians about what to tell patients. The CDC has a list of preventive steps:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>.

This would be what physicians should tell patients who suspect they have COVID-19. One tip might be "Call before you come in." Do you think this is something you would be available to participate in?

I look forward to hearing from you.

Thank you,



**Sara Berg**

*Senior Communications Specialist*

[Sara.Berg@ama-assn.org](mailto:Sara.Berg@ama-assn.org)

Office: (312) 464-4104



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 12 Feb 2020 00:13:52 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: 2019 nCoV brief fyi (2+ pages)  
**Attachments:** Brief 2019 nCoV host Se status.doc

Please handle. Thanks.

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)  
**FAX: (301) 496-4409**  
**E-mail:** (b) (6)

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**From:** Michalann Harthill (b) (6)  
**Sent:** Tuesday, February 11, 2020 3:41 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Morens, David (NIH/NIAID) [E] (b) (6)  
**Subject:** 2019 nCoV brief fyi (2+ pages)

Dear Dr. Fauci,

Please find attached, FYI , my synopsis **Emergence of a novel coronavirus (2019-nCoV), Wuhan, Hubei Province, China: human host selenium-deficient status as a possible “driving” etiological determinant.** (2 1/4 pages, ~70 refs, no graphics)

Best regards,  
Michal Harthill  
GHI, Inc., Frederick, MD  
(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 12 Feb 2020 00:05:00 +0000  
**To:** (b) (6)  
**Subject:** FW: take a look at figure 3 of the new nejm paper  
**Attachments:** nejmoa2001316.pdf

See Greg/David comment below.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, February 11, 2020 2:50 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** take a look at figure 3 of the new nejm paper

(b) (5)

Thanks david

**From:** Folkers, Greg (NIH/NIAID) [E]  
**Sent:** Tuesday, February 11, 2020 10:04 AM  
**To:** NIAID OD AM <[NIAIDODAM@niaid.nih.gov](mailto:NIAIDODAM@niaid.nih.gov)>  
**Subject:** this is the nejm paper discussed this a.m.

That asf is opining on

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 23:58:00 +0000  
**To:** NIAID OD AM  
**Subject:** FW: Keynote Invitation: 3/20 CSIS Coronavirus Public Event

This could be good since it is local. Let us discuss.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Stephen Morrison <SMorriso@csis.org>  
**Sent:** Tuesday, February 11, 2020 1:20 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Anna Carroll <ACarroll@csis.org>; Samantha Stroman <SStroman@csis.org>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** Keynote Invitation: 3/20 CSIS Coronavirus Public Event

Dear Dr. Fauci,

I hope this note finds you well. It is my pleasure to invite you to be the opening keynote speaker at a CSIS public event on coronavirus on **Friday, March 20, 1:30-3:30 pm at CSIS** (1616 Rhode Island Avenue NW). The event will focus on the science, economics, and politics of the coronavirus and will feature experts on Chinese and international politics and economics, as well as public health. We would ask you to speak approximately **1:30-2:00 pm**. Your keynote would be followed by a panel discussion and a closing address, and we invite you to stay for as much of the event as you are able. Please find the full draft agenda and speakers for the event below for your reference.

We would be honored to have you participate in this important and timely event. Thank you for your consideration, and please let us know if you would like to discuss further or if we can answer any questions. We look forward to hearing from you.

Best,  
Steve

**Draft Agenda:**

**1:30-2:00 pm – Opening Keynote**

Dr. Anthony Fauci, NIAID

Introduced by Steve Morrison, CSIS Global Health Policy Center

**2:00-2:50 pm – Panel Discussion**

*[The economics/business]* Joyce Chang, JP Morgan (*confirmed*)

*[The politics]* Jude Blanchette, CSIS Freeman Chair in China Studies (*confirmed*)

*[The foreign politics]* Melanie Hart, Center for American Progress (*to be invited*), or Bonnie Glaser, CSIS China Power Project

*[The public health]* Steve Morrison, CSIS Global Health Policy Center (*confirmed*)

Moderator: Scott Kennedy, CSIS Trustee Chair in Chinese Business and Economics

**2:50-3:30 pm – Newsmaker Speech**

Matt Pottinger, NSC (*to be invited*)

Moderator and Follow-up Interview: Bonnie Glaser, CSIS China Power Project

J. Stephen Morrison

Senior Vice President & Director, Global Health Policy Center

Center for Strategic and International Studies (CSIS)

1616 Rhode Island Ave NW

Washington D.C. 20036

(202) 775-3276



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 23:45:51 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Pharmacist's/Prescriber's Letter Review Request - Coronavirus

Please take a look at this and respond for me.

Thanks,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Jennifer Nieman <jnieman@pletter.com>  
**Sent:** Tuesday, February 11, 2020 11:00 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Pharmacist's/Prescriber's Letter Review Request - Coronavirus

Dear Dr. Fauci,

In the March 2020 issues of *Pharmacist's Letter* and *Prescriber's Letter*, we plan to write about coronavirus.

*Pharmacist's* and *Prescriber's Letter* is an independent advisory service for pharmacists and physicians. We are not affiliated with any other group, organization, or company. We are 100% subscriber supported. Our focus is providing practical, unbiased advice to subscribers on issues related to drug therapy. Each month we turn to experts like you to help us pin down the most relevant and important information to share with our readers. Our newsletter is well known for being concise and accurate. You will notice the excerpt we are sending you is relatively short.



We would be most appreciative if you would take just a few moments to review what we have written for accuracy and content. Please share any comments or suggestions for changes you may have on the article.

In order to incorporate your comments into the final *Letter*, please let me hear from you by **Monday, Feb. 17th**. I can be reached by email [jnieman@PLetter.com](mailto:jnieman@PLetter.com) or phone (402) 660-4715.

I look forward to your reply.

## **INFECTION CONTROL**

The ongoing outbreak of the novel coronavirus will raise questions about how to limit the spread of respiratory infections.

Managing this situation is similar to outbreaks of SARS and MERS...since coronaviruses are spread by respiratory secretions.

Put the risk in perspective to calm worried patients...since it doesn't come close to the risk of influenza.

For example, over 35 MILLION U.S. patients got the flu last season...with about 500,000 hospitalizations and 34,000 deaths.

Emphasize getting a flu vaccine each year.

And use this coronavirus outbreak as an opportunity to stress infection control...since there's no treatment or vaccine yet.

Reinforce proper hand hygiene. Educate that handwashing with soap and water is the best way to get rid of germs. Advise washing for 20 seconds...about the time it takes to sing the ABC song.

Or recommend using a hand sanitizer with at least 60% alcohol if handwashing isn't practical. Many products contain this much.

But tell patients to be wary of efficacy claims. For example, hand sanitizers are shown to kill enveloped viruses. Coronaviruses are enveloped viruses...but they aren't specifically studied.

Tell patients to avoid touching their eyes, nose, and mouth.

Clear up confusion about masks. Emphasize that masks are for SICK patients...to help keep their germs from getting into the air.

But discourage surgical masks for most patients withOUT symptoms...there's no evidence they help. They're too loose to limit inhaling germs...and viruses can also get in through the eyes.

If patients ask about N95 respirators, tell them these require fitting and training before use. Save them for healthcare workers.

Caution that unnecessary mask use may contribute to shortages.

Continue to ask patients WITH respiratory symptoms to put a surgical mask on when they come to clinic.

And suggest that sick patients wear a mask at home if in close contact with infants, elderly, or immunocompromised patients.

Tell patients to discard masks when damp...and to use a fresh one at least daily.

Encourage patients to stay home when they're sick.

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
2. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
3. <https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>
4. [https://www.who.int/publications-detail/advice-on-the-use-of-masks-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

Sincerely,

**Jennifer A. Nieman, PharmD, BCPS**

Associate Editor, [TRC Healthcare](#)

**M:** 402-660-4715 **E:** [jnieman@pletter.com](mailto:jnieman@pletter.com) **W:** [TRCHealthcare.com](http://TRCHealthcare.com)

Pharmacist's Letter | Prescriber's Letter | Natural Medicines | Pharmacy Technician's Letter | Pharmacy Technicians University



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 23:06:37 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: 【Dear Prof. Anthony Letter of interview from China Science Daily】

Can we please get someone to fashion answers for me to edit and send to her.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** 韩扬眉 <ymhan@stimes.cn>  
**Sent:** Monday, February 10, 2020 2:54 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** 【Dear Prof. Anthony Letter of interview from China Science Daily】

Dear Prof. Anthony,

I am yangmei Han, a journalist from CHINA SCIENCE DAILY.

China Science Daily

is

a newspaper in Chinese, published by The Chinese Academy of Sciences.

Recently, your article “Coronavirus Infections—More Than Just the Common Cold” mention about vaccines research in NIAID. We are interested and there are some questions and I want to get more informations.

1、What is the current research progress about vaccines in NIAID?

2、What are the factors restricting the development of vaccines ? and did you break through them?

3、What is the standard of vaccine that can be injected to patients? and according your forecasting, how will it work ?

4、Can this vaccines research play a role in the 2019-nCoV? Or as a treatment for a common infectious disease in the future?

5、Does vaccines have side effects ? how can we restrain it ?

6、If vaccines research success in a certain country, Will it be open to the world ? if it will, what conditions will need for open ?

if you could, we would like you reply as soon as possible

Thank you very much

I am looking forward to your reply!

Sincerely yours,  
Yangmei Han (Miss)

--

韩扬眉

中国科学报社采访中心记者

邮箱：[ymhan@stimes.cn](mailto:ymhan@stimes.cn);[576942717@qq.com](mailto:576942717@qq.com)

电话：(b) (6)

地址：北京市海淀区中关村南一条乙中国科学报社

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 20:54:02 +0000  
**To:** Natalie Rahhal  
**Subject:** RE: Interview re: coronavirus patient characteristics

If this is true, which it might not be, there is no clear explanation for why right now. There will likely be studies coming out that say that the relative proportion of male:female is closer to 50:50. Even one of the ones that you quoted was 54%

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
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**From:** Natalie Rahhal <Natalie.Rahhal@mailonline.com>  
**Sent:** Tuesday, February 11, 2020 1:55 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Interview re: coronavirus patient characteristics

Hi Dr Fauci,

I'm sure you're extraordinarily busy right now, but I've seen several studies and reports that coronavirus seems to disproportionately strike men (making up 54-68% of cases, depending on which study you reference). I was wondering if you might have any comments to offer on why this might be?

Thank you,

**Natalie A Rahhal**  
Acting US Health Editor

Daily **Mail**.com  




**Daily Mail Online** | 51 Astor Place, 9<sup>th</sup> floor, New York NY 10003

Tel: +1 212 402 9086

Mobile: (b) (6)

Twitter: <https://twitter.com/natalier78?lang=en>

Email: [Natalie.rahhal@mailonline.com](mailto:Natalie.rahhal@mailonline.com)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 20:10:45 +0000  
**To:** Nabel, Gary /US  
**Subject:** RE: WHO meeting

Gary:

Thanks for the note. [REDACTED] (b) (4)

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
FAX: (301) 496-4409  
E-mail: [REDACTED] (b) (6)

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

From: Nabel, Gary /US [REDACTED] (b) (6)  
Sent: Tuesday, February 11, 2020 1:19 PM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
Subject: RE: WHO meeting

Not a problem. I just wanted you to know that I was willing to help.

[REDACTED] (b) (4)

Best  
Gary

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

From: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
Sent: Monday, February 10, 2020 3:07 PM  
To: Nabel, Gary /US <[REDACTED] (b) (6)>

Subject: [EXTERNAL] RE: WHO meeting

EXTERNAL : Real sender is [REDACTED] (b) (6)

I submitted your name to the group as one of my priority suggestions. I have no idea whom they will select.

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (301) 496-2263

FAX: (301) 496-4409

E-mail: [afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)

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

From: Nabel, Gary /US [REDACTED] (b) (6)

Sent: Monday, February 10, 2020 2:17 PM

To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)

Subject: WHO meeting

Hi Tony

Thanks for taking the time to talk and help with the HIV trispecific work last week. I appreciate your efforts.

While I was there, you mentioned a WHO Coronavirus meeting you thought I should join. I'm happy to attend but have not yet received an invite. Sometimes WHO excludes companies from such meetings, which is unfortunate and to their detriment. In any case, please let me know if I can help in any way.

Best regards

Gary

Sent from my iPhone

**From:** (b) (6)  
**Sent:** Tue, 11 Feb 2020 11:22:43 -0500  
**To:** Martin Blaser  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Cassetti, Cristina (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]  
**Subject:** Re: SARS 2003, Influenza 2009 and the present

Marty:

Thanks for the note. Indeed, immune sera is foremost on our mind as are mAbs. Hope that all is well with you.

Best,  
Tony

On Feb 11, 2020, at 9:55 AM, Martin Blaser  
(b) (6) wrote:

Dear Tony,

I don't mean to bother you, but I have a suggestion, in case you have not considered it.

China will have hundreds of thousands of Coronavirus survivors. Their convalescent (immune) serum is valuable. China should try to collect it and give it as a good-will gesture to people around the world.

For moderately to seriously ill people, Immune serum should save many lives.

If cases start to come here, we also should collect serum from survivors, but hopefully we will be very late in the pandemic, and it is not needed because of all of the other things you are doing.

Thank you for everything you and NIAID are doing!

Best wishes, Marty

(Just as in SARS, the  $R_0$  for nCoV-2019 is higher in hospitals than in the community, but it still is too high in the community).

.  
Martin J. Blaser, M.D.  
Henry Rutgers Chair of the Human Microbiome  
Professor of Medicine and Microbiology – RWJMS  
Director, Center for Advanced Biotechnology and Medicine  
Rutgers University  
679 Hoes Lane West, Room 106A  
Piscataway, NJ 08854

Office Phone: (b) (6)  
Fax: 732-235-5318  
Email: (b) (6)



<https://cabm.rutgers.edu>

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, January 26, 2020 7:16 PM  
**To:** Martin Blaser (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: SARS 2003, Influenza 2009 and the present

Marty:

Many thanks. This is very helpful.  
Best regards,  
Tony

---

**From:** Martin Blaser (b) (6)  
**Sent:** Saturday, January 25, 2020 9:35 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** SARS 2003, Influenza 2009 and the present

Webb G, Blaser MJ, Zhu H, Ardal S, Wu J. Critical role of nosocomial transmission in the Toronto SARS outbreak. *Mathematical Biosciences and Engineering* 2004; 1: 1-13. [PMID: 20369956] [Paper of the year, 2004]

Webb GF, Hsieh Y-H, Wu J, Blaser MJ. Pre-symptomatic influenza transmission, surveillance, and school closings: implications for novel influenza A (H1N1). *Mathematical Modelling of Natural Phenomena* 2010; 5:191-205.

Dear Tony,

Thanks for your JAMA piece on 2019-nCoV. Perhaps I can help in a small way:

In 2003, with SARS, the  $R_0$  was initially considered to be over 2, but in fact that was the conflation of the nosocomial and community rates. In the 2004 paper, we showed that nosocomial rate was much higher, and that the  $R_0$  in the community was between 1 and 2. A lower  $R_0$  in the community accounts for why moderate public health actions could move it toward extinction--and why it propagated in Beijing, but not Shanghai, in Toronto



but not in Vancouver--the Ro in North America became less than one pretty quickly.

To me, one important aspect is the control of respiratory transmission in the hospital, avoiding extensive nebulization/aerosolization, or doing so in negative pressure rooms, as for TB isolation.

(Treating patients with robots is a good idea!)

In the community, standard public health quarantine, contact tracing should be sufficient for starters.

Although hundreds of cases are reported in China, the actual number of infections is likely much higher. The 41 deaths are the tip of the iceberg of not 800 infections (5% fatality rate), but maybe 8,000 infections (0.5%). Although that rate is much better, if the mutating virus becomes very contagious—then the impact could be similar to 1918 flu. That's why containment is so important.—and although draconian, the Chinese government is doing the right thing (as far as we know).

When a new pathogen arrives, children often have mild disease but they are important vectors for transmission in the community, reaching many households. The second paper is the importance of closing schools to minimize transmission—This was for flu with a short (pre-symptomatic) incubation, but may be even more relevant for 2019-nCoV. It is much too early to even think of this in the USA, but it may come to this--and sooner will be better than later, when that time point comes.

Happy to help, any way that I can. Thank you for all you and NIAID are doing!!!

Best wishes , Marty

Martin J. Blaser, M.D.  
Henry Rutgers Chair of the Human Microbiome  
Professor of Medicine and Microbiology – RWJMS  
Director, Center for Advanced Biotechnology and Medicine  
Rutgers University  
679 Hoes Lane West, Room 106A  
Piscataway, NJ 08854

Office Phone: (b) (6)

Fax: 732-235-5318

Email: (b) (6)

<https://cabm.rutgers.edu>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 13:22:53 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Interview / Coronavirus vaccine - Pazienti.it

Have Jen Routh or someone prepare brief responses that I can check. Thanks.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Alessandra Lucivero <alessandra.lucivero@pazienti.it>  
**Sent:** Tuesday, February 11, 2020 5:35 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Camilla Mantegazza <camilla.mantegazza@pazienti.it>; Irene Bocca <irene.bocca@pazienti.it>  
**Subject:** Interview / Coronavirus vaccine - Pazienti.it

Good morning prof. Fauci,  
my name is **Alessandra Lucivero** and I'm the **Editorial Manager of [Pazienti.it](https://www.pazienti.it)**, an Italian health website, followed by over 3 million users every month.

We would like to ask you some **questions related to the Coronavirus vaccine**.  
We will publish the interview in Italian on our blog here: <https://www.pazienti.it/news-di-salute>.

The questions are:

- *Coronavirus vaccine: when will it be available? What are the difficulties?*
- *Could the Coronavirus mutate, if a vaccine cannot be found in time?*
- *Will the vaccine be the solution against Coronavirus?*

I hope you can be kind enough to answer my questions.  
I look forward to hearing from you.

Thank you very much for your time.

Alessandra Lucivero

--  
Alessandra Lucivero  
Responsabile editoriale  
[alessandra.lucivero@pazienti.it](mailto:alessandra.lucivero@pazienti.it)

**pazienti**.it

Il portale della salute dove farsi vedere da uno bravo.



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 13:14:45 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus Auto Termination  
**Attachments:** Retrovirus Auto Termination.PDF

Please handle. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Pali Nazir (b) (6) >  
**Sent:** Tuesday, February 11, 2020 4:32 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) Chun, Tae-Wook (NIH/NIAID) [E]  
(b) (6); Connors, Mark (NIH/NIAID) [E] (b) (6); Lane, Cliff  
(NIH/NIAID) [E] (b) (6); Lusso, Paolo (NIH/NIAID) [E] (b) (6); Sereti, Irini  
(NIH/NIAID) [E] (b) (6)  
**Subject:** Coronavirus Auto Termination

Dear Mrs. / Sir,

We have a solution to the new recent global problem Coronavirus (2019-nCoV).

Best Regards,  
Dr. Pali Nazir



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 13:12:28 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: coronaviruses

Please handle. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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

**From:** (b) (6)  
**Sent:** Tuesday, February 11, 2020 8:01 AM  
**To:** (b) (6)  
(b) (6) Holbrook, Michael  
(NIH/NIAID) [C] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** coronaviruses

Hello,

Working as an occupational physician in France, I would like to draw your attention to the antiviral activity of proton pump inhibitors, including for the Gibbon Ape Leukemia virus, a virus which does not require acidification of endosomes for entry into cells, as is the case with coronaviruses.

Indeed, in 2015 Long et al. (1) found that «...The commonly used proton pump inhibitors, Omeprazole and Esomeprazole were also able to inhibit entry of all PVs tested but at higher drug concentrations than may be achieved in vivo...».

Using omeprazole and esomeprazole magnesium hydrate, prepared in sterile DMSO (Sigma), they concluded that «... OM and ESOM appeared to decrease fluorescence, and therefore increase endosomal pH, only at a concentration of 200µM, higher than that required to inhibit PV entry. Moreover cellular toxicity was observed at this concentration after 24 hours...».

In 2016, Dowall et al. (2) found : «...Whereas omeprazole and esomeprazole demonstrated in vitro activity against EBOV, the results were in line with a previous report using pseudotyped viruses where the values of drug concentration causing 50% inhibition (IC50) were in the region of 50 µM [10]. This suggested that doses required for potent inhibition would be difficult to achieve without concomitant and significant toxicity (the licenced dosing for 40 mg esomeprazole, 20 mg esomeprazole and 20 mg omeprazole generates median maximum plasma concentrations of 1.59–9.61 µM, 0.51–4.78 µM and 0.15–3.51 µM, respectively...».

However, omeprazole is marketed in a non-ionized form and must be ionized (in acidic environment) to be

transformed into an active molecule(3). It is the ionized form which establishes covalent bonds with the SH group of the cysteine of the  $\alpha$  subunit of the proton pump.

The solution used in 2015 by Jason Long et al. was, as in 2016 by Dowall et al., DMSO(Dimethyl Sulfoxide).

DMSO is a polar and aprotic organic solvent with dissociation constant  $pK_a = 35.1$ . This is probably an explanation for the surprising findings from these studies regarding proton pump inhibitors: Inhibition of viruses at 100  $\mu M$  (at 50  $\mu M$  esomeprazole for 4 of the 5 viruses tested) and increase in endosomal pH only at a concentration of 200  $\mu M$ .

This is a situation which, from my point of view, does not reflect the human tissue situation, because in this situation omeprazole can be ionized in the intracellular space but also already in the extracellular space.

Besides, that's probably its advantage: to be ionized and activated where there is an acidic environment.

Without taking into account the tissue situation and the need that omeprazole must be ionized to be transformed into an active molecule, it would not be possible to explain the following publications, since it would be impossible to obtain tissue concentrations required:

- « Proton pump inhibitors as anti vacuolar-ATPases drugs: a novel anticancer strategy » (4)
- « Anti-Rhinovirus activity of lansoprazole, which was probably due to an endosomal anti-acidic mechanism » (5)
- « The use of omeprazole family compounds was associated with a lower probability of influenza-like illness » (6)
- « PPIs exert an antiviral function by effectively inhibiting virus-specific serine proteases » (7)
- « Proton pump inhibitors for chronic obstructive pulmonary disease » (8)
- « The ngH,K-ATPase shares approximately 65% sequence homology with the gH,K-ATPase » (9)
- « Omeprazole blocked another P-type ATPase, ATP7A (Menkes protein) in human epidermal melanocytes » (10)
- « pH-dependent antitumor activity of proton pump inhibitors » (11)
- « V-ATPase as a candidate target molecule or biomarker for cancer treatment and provide a potential role for omeprazole as a chemosensitizer in clear cell carcinoma of the ovary » (12)
- « Proton pump inhibitors such as omeprazole, used clinically to suppress gastric acidity in gastritis, are activated by acidic conditions and tend to decrease intracellular pH and increase the extracellular pH via inhibition of V-ATPases in a covalent interaction » (13)
- « proton pump inhibitors have been shown to be highly effective at inhibiting V-ATPases in vitro » (14)

Specifically at the pulmonary level, we observe concerning proton pump inhibitors:

- « ...Since ATP12A shares approximately 65% identity with the gastric H<sup>+</sup>/K<sup>+</sup>-ATPase (ATP4A), we investigated the potential of using clinically approved ATP4A proton pump inhibitors (PPIs) for their ability to restore ASL pH in CF hAECs. We show that, despite not expressing ATP4A transcripts, acute exposure to the PPI esomeprazole, produced changes in intracellular pH that were consistent with the inhibition of H<sup>+</sup> secretion, but this response was independent of ATP12A. More importantly, chronic exposure of CF hAECs to esomeprazole alkalinized the ASL without disrupting the epithelial barrier integrity, but this increase in ASL pH was consistent with a decrease in mRNA expression of ATP12A. We conclude that PPIs may offer a new approach to restore ASL pH in CF airways, which is independent of CFTR.... » (15)

- « ...On the other hand, even though the gastric H<sup>+</sup>/K<sup>+</sup>-ATPase was not expressed in airway epithelial cells, exposure to esomeprazole acidified the cytosol and increased ASL pH of primary CF hAECs. We show that esomeprazole had a dual mechanism of action: acutely, it induced intracellular acidification in an ATP12A-independent manner but, chronic exposure, which importantly did not have any deleterious effect on epithelial integrity, was linked to decreased ATP12A mRNA levels. These results open up the possibility of repurposing PPIs as a new therapeutic approach for treating CF lung disease... » (15)
- « ...we found that the mRNA of ATP12A, the non-gastric H<sup>+</sup>/K<sup>+</sup>-ATPase, shares 70% identity with the gastric H<sup>+</sup>/K<sup>+</sup>-ATPase, ATP4A mRNA, which translates to around 65% identity in the protein products... » (15)
- « Proton pump inhibitor therapy predisposes to increased risk of developing pneumonia » (16)
- « Na<sup>+</sup>/H<sup>+</sup> Exchangers Are Required for the Development and Function of Vertebrate Mucociliary Epithelia » (17)
- « ATP4a is required for development and function of the *Xenopus* mucociliary epidermis - a potential model to study proton pump inhibitor-associated pneumonia » (18)

#### Regarding coronaviruses and Golgi complex:

- « ...Coronaviruses (CoVs) acquire their envelopes from the endoplasmic reticulum-Golgi intermediate compartment (...), also called the cis-Golgi network (...). The three main envelope proteins (S, M and E) are synthesized in the ER and move to the ERGIC/Golgi region where they orchestrate assembly of virus by interacting with the viral nucleocapsid (...). Once virions have budded into the lumen of the ERGIC, the ~120 nm particles must move through the host secretory pathway to be released from infected cells. Coronaviruses are believed to follow the constitutive secretory pathway for exocytosis, although only a few studies have addressed the release of virions. During infection, a progressive disruption of Golgi structure is observed, with swollen unstacked cisternae late in infection... »
- « ...Weak bases (which disrupt acidification), v-ATPase inhibitors, and expression of a pH activated proton channel all block a number of membrane trafficking steps (...) One mechanism for how luminal pH can affect vesicular trafficking involves a subunit of the membrane sector of the v-ATPase, which has been shown to act as a pH sensor in endosomes. This subunit undergoes a conformational change as the luminal pH drops, which recruits cytoplasmic machinery leading to subsequent vesicle formation... » (19)
- « ...Pharmacological and other manipulations of the pH gradient that result in neutralization of the lumen have all been shown to cause slow trafficking of cargo through the Golgi complex as well as alteration in Golgi morphology... »
- « ...Similar to M2, the infectious bronchitis virus (IBV) coronavirus E protein elicits multiple secretory pathway disruption phenotypes when overexpressed in mammalian cells... » (20)
- « ...The envelope protein (E) of coronaviruses plays an important role in virus assembly (...) Using coronavirus infectious clones, it was shown that the transmissible gastroenteritis virus E protein is essential for virus production, and murine hepatitis virus lacking E protein is viable but extremely debilitated... »
- « ...The exact mechanism of coronavirus release after budding into the endoplasmic reticulum-Golgi intermediate compartment is not known. Large vacuoles containing budded virions are observed in infected cells, presumably en route to the plasma membrane where fusion of the vacuole results in release of virions... » (21, 22)
- « ...It might be worth investigating whether ion-channel inhibitors, such as amantadine, or proton pump inhibitors specifically are able to inhibit this increase in Golgi pH. For now, though, it still remains to be seen whether CoV release is mediated by viroporin ion channel activity or through PPIs with host proteins of the secretory pathway... » (23)
- « V-ATPases are also important for transportation of newly synthesized acid hydrolases from Golgi to lysosomes » (24)

«...cardiotonic steroids ouabain and bufalin, which are known not to affect the transport function of Na<sup>+</sup>,K<sup>+</sup>-ATPase, inhibited infection of cells with MHV, FIPV, Middle East respiratory syndrome (MERS)-CoV, and VSV, but not IAV, when the compounds were present during virus inoculation. Cardiotonic steroids were shown to inhibit entry of MHV at an early stage, resulting in accumulation of virions close to the cell surface and, as a consequence, in reduced fusion. In agreement with an early block in infection, the inhibition of VSV by CTSs could be bypassed by low-pH shock. Viral RNA replication was not affected when these compounds were added after virus entry. The antiviral effect of ouabain could be relieved by the addition of different Src kinase inhibitors, indicating that Src signaling mediated via ATP1A1 plays a crucial role in the inhibition of CoV and VSV infections...» (25)

In conclusion, in order to verify the possible efficacy of omeprazole and esomeprazole in the control of infection by coronaviruses :

The equivalent of the maximum serum concentration that can be obtained in the human body should be used and tested in active (ionized) form in vitro.

Unlike an in vitro test, the human body is an open system, a dissipative system. However, local concentrations of the ionized form should not exceed serum concentrations of the inactive non-ionized form in the absence of active transport.

But the transformation from the non-ionized form to the ionized form could continue until the saturation of the reactions at the cellular level or until the depletion of the transformation capacity from the inactive form to an active form, linked to a change in acidity or the depletion of the inactive form.

As omeprazole can modify or even inhibit the action of the M2 protein of the influenza virus at the cellular level (26), based on a computer simulation test, it would be desirable to check the interaction capabilities of omeprazole with protein E of the coronavirus. Protein E is likely to resemble the protein M2 in its mode of action.

In the absence of a treatment recognized as effective in the context of a coronavirus infection and in the absence of data clearly demonstrating the ineffectiveness of omeprazole, personally, I would be tempted to take omeprazole after being in contact (at a distance of less than 2 to 3 meters) with people at risk of contamination or if I had the first symptoms, hoping for the inhibitory activity of omeprazole on P-type ATPases (27, 28) in the context of coronavirus exocytosis, in analogy to the action "off target on the endosomal vATPase" during endocytosis processes.

This step, if effective, will not prevent infection, but could lessen its importance, slow the process down and give the immune system a complementary option to defend itself...

Personal experience, using omeprazole in the context of seasonal respiratory viral infections since 2007, reminds me of the indication to divide the daily dose into two daily doses (omeprazole 10mg morning and evening is usually already effective for seasonal respiratory viral infections). According to the evolution and the importance of inflammatory state I associate an antihistamine, eg cetirizine.

In the context of the coronavirus, I would be tempted

share the maximum permissible daily dose of omeprazole in 3 divided doses after being in contact with people at risk of contamination at a distance of less than 2 to 3 meters

divide the daily dose of omeprazole into two daily doses in case of minor symptoms

take the daily dose of omeprazole in a single dose if the symptoms worsen with repercussions on the general condition

to resume the daily dose of omeprazole in two daily doses when the symptoms of severity diminish.

The effectiveness of esomeprazole may be greater than omeprazole.



Taking into account the aforementioned publications, it should not be forgotten that omeprazole will reduce secretions at the respiratory level. A positive effect on respiratory secretions during acute viral respiratory diseases which can become negative (by modifying the pH, the ciliary mobility and the volume of secretions) during prolonged use, thus promoting the risk of bacterial pneumonia (29).

The advantages and disadvantages may vary depending on the user phenotype of omeprazole with regard to cytochrome P 450 (30).

Best regards

Johannes Hambura

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 12:52:45 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: WTOP Request

OK by me. Please set it up.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Tuesday, February 11, 2020 7:37 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: WTOP Request

1040 before you depart for aspen event?

Sent from my iPhone

Begin forwarded message:

**From:** "Chesson, Joslyn" <[jchesson@wtop.com](mailto:jchesson@wtop.com)>  
**Date:** February 11, 2020 at 7:16:26 AM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)>  
**Subject:** WTOP Request

Good morning,

Hoping Dr. Fauci has some availability this late morning and early afternoon to discuss the coronavirus and the quarantining on cruise ships.

We have 10:40a, 11:10a, and 12:10pm all open.

Let me know if any of those times work for him!

Thanks,

Joslyn Chesson  
Editor  
WTOP News  
(202) 895-5060



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 12:20:02 +0000  
**To:** Lisa Monaco  
**Subject:** RE: The Coronavirus Shows Why the U.S. Must Make Pandemic Disease a National Security Priority - Lawfare

Lisa:

Thanks for the note and for sending this. Very nice piece! I hope that all is well with you. I miss very much our interactions.

Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
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-----Original Message-----

From: Lisa Monaco <(b) (6)>  
Sent: Monday, February 10, 2020 8:09 PM  
To: Lisa Monaco (b) (6)  
Subject: The Coronavirus Shows Why the U.S. Must Make Pandemic Disease a National Security Priority - Lawfare

In case you missed this, my latest on the coronavirus.

<https://www.lawfareblog.com/coronavirus-shows-why-us-must-make-pandemic-disease-national-security-priority>

Sent from my iPad



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 22:44:53 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: for review: responses for Washington Times  
**Attachments:** responses to Washington Times 2.10.2020 AL - with Fauci tracked changes.docx

See my tracked changes in attached document. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, February 10, 2020 4:07 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Subject:** for review: responses for Washington Times

Dr. Fauci –

The reporter Shen Wu Tan from the Washington Times reached out to us this morning with some questions about 2019-nCoV. I drafted proposed responses to these questions with input from Andrea. Please see attached. Please let me know if you have edits. I will send the final responses back to the reporter, and I will note they are attributed to you.

Thanks,  
Jen

Jennifer Routh [E]  
News and Science Writing Branch  
Office of Communications and Government Relations

National Institute of Allergy and Infectious Diseases (NIAID)

NIH/HHS

31 Center Drive Room 7A17C

Bethesda, MD 20892

Direct: (b) (6)

(b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 20:22:28 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Subject:** FW: Wpost: Q&A with Anthony Fauci: Are we past the point of containment for coronavirus?

Let us discuss.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Monday, February 10, 2020 2:37 PM  
**Subject:** Wpost: Q&A with Anthony Fauci: Are we past the point of containment for coronavirus?

[Opinions](#)

## Q&A with Anthony Fauci: Are we past the point of containment for coronavirus?





A man wears a protective mask while walking in Wuhan, China, on Feb. 10. (Stringer/AFP/Getty Images)



By

[Robert Gebelhoff](#)

Assistant editor and Opinions contributor

Feb. 10, 2020 at 2:22 p.m. EST

*The latest strain of coronavirus continues to rage across China. Its death toll has surpassed 900, [eclipsing the body count](#) from China's SARS outbreak in 2002 and 2003.*

*To get a better sense of the disease and the U.S. government's response to it, we spoke to Anthony S. Fauci, immunologist and director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. Below is a transcript of an interview with Fauci, edited for clarity and brevity.*

**Robert Gebelhoff:** Right off the bat, what makes this virus different?

**Anthony Fauci:** Well, we have to be concerned whenever there's a virus that has — and I'm going to use a big word here — pathogenic potential. ... [The coronavirus] is brand-new, and there's no real underlying experience with it, so the general population is naive with regard to protection. And it has serious potential, because it's already spreading rapidly. It's the unknown aspect of something that already tells you it's a serious problem. We don't know where it's going.

**Gebelhoff:** Are we past the point of containment for this coronavirus?

**Fauci:** No, we're not. The short answer is we're not past the point of containment. But it really does have the potential to turn into a global pandemic. What we have now is a very serious epidemic in China. ... [But outside of China,] there is very little — but some — transmission from person to person. Once you get multiple countries that have sustained transmission from person to person, then it's beyond the situation where you can contain it. You can only mitigate it. In the United States, we are clearly in the containment phase. ... And what we've done is we've identified. We've isolated. And we've done contact-tracing [identifying who might have come in contact with an infected person]. That seems to be successful. But once it starts spreading all over the world ... then it's almost inevitable that it's going to start spreading here.

**Gebelhoff:** The Post [reported](#) last week that China withheld information from the public, including silencing medical professionals, and that this made the spread of the virus worse. How does the United States work with a government that we can't even trust to tell the truth to its people?

**Fauci:** That is an issue. And it's the reason why I have been saying that we need some of our people — CDC, NIH people — there on the ground, both helping and seeing with their own eyes exactly the extent of this. We want to be part of a [World Health Organization] convening group that goes there. But thus far, we've not been able to make that a reality.

**Gebelhoff:** And why's that?

**Fauci:** I don't know. We have asked. We have colleagues — scientific colleagues — in China that we've dealt with for years if not decades. Many of them have trained in the United States. And we know them as friends and as colleagues. They are the ones that are not holding back. ... But they're not the ones that make the official proclamations of what comes out. The solution to the problem in the question you're posing is that we really do want people there, so that we can not only help them but also provide some expertise that might supplement or complement their own expertise.

**Gebelhoff:** What does the United States do if [the coronavirus] does become a pandemic in the developing world?

**Fauci:** Well obviously we will try to help them to contain as best as possible. ... Right now, by definition, it is not truly a global pandemic. It is a very serious outbreak and epidemic in China, but the amount of sustained transmission outside of China is still minimal. ... But there are some countries where it is going to be very difficult to stop the evolution into sustained transmission. Obviously the [World Health Organization] and the global security network that we put up over the years will try to help those countries, but there's no guarantee that we'll be successful.

**Gebelhoff:** On that point, the head of the WHO [has criticized](#) travel bans and restrictions around the world as not helpful to stopping the outbreak. He said it was potentially "increasing fear and stigma." What

**Fauci:** Everyone agrees that travel bans and restrictions are almost never successful in completely stopping something is that invariably going to turn into a pandemic. ... What we are trying to do is to pause temporarily and give China enough time to put the lid on [this virus] to prevent it from becoming global and to give us a little more time to prepare. There's no indication or imagination that if this becomes a global pandemic that travel restrictions are going to mean anything. But they can mean something, as a temporizing activity.

**Gebelhoff:** What should the average person be doing right now about coronavirus?

**Fauci:** It's a good question. 1) They should realize at this point, it is a low risk. And 2) that risk can change, so pay attention to what's going on [and] to the ... announcements coming from the CDC. ... The things that you do for influenza — get vaccinated, wash your hands, avoid crowded places — are exactly the same things that you would do if we did get coronavirus here. So the question is, should we do anything different from what we're already doing? No. Should we all be wearing a mask? Absolutely not.

**Read more:**

[The Post's View: The virus that shook China's system](#)

[Chen Guangcheng: Warning: Chinese authoritarianism is hazardous to your health](#)

[David Ignatius: The coronavirus outbreak shows the vulnerability of the 'Chinese model'](#)

[John M. Barry: Can this virus be contained? Probably not.](#)

[John Pomfret: The coronavirus reawakens old racist tropes against Chinese people](#)



[Robert Gebelhoff](#)



Robert Gebelhoff is an assistant editor for The Post's Opinions section. He has been with The Post since 2015.[Follow](#)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 20:18:24 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: Potential Treatment Strategy to Reduce Mortality Caused by Coronavirus Infection

NIAID inquiries, Please

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** (b) (6)  
**Sent:** Monday, February 10, 2020 3:02 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Potential Treatment Strategy to Reduce Mortality Caused by Coronavirus Infection

Dear Dr. Fauci:

One effective way to get things done is through the individuals like you at the frontline with authorities. I know that you are very busy, and I am sorry to bother you. You probably already knew what I'm going to say and appear to be so relaxed.

With the significant concern for the quick spread of coronavirus infection, I would like to propose a cell-based Immunomodulation strategy to reduce the "cytokine storm", the main pathophysiological cause for the mortality. The scientific rationale regarding this strategy has been partially discussed in an article entitled "Extending the Horizon of Cell Based Immunotherapy by Understanding the Mechanisms of Action of Photopheresis" and other related articles on this topic.

Several potential treatment modality could be derived from this concept if more laboratory and clinical data support this motion, which include : (1) ozone therapy ( withdraw about 50 ml – 100 ml blood from patient in transfusion bag, mixing with small amount of ozone ex vivo and re-infuse back to patient in 30 minutes); (2) Cupping therapy (medically induced subcutaneous hemorrhage by heat and vacuums effects) to expose self antigens to the abundant dendritic cells in the subcutaneous tissue in order to reinforce the self antigen tolerance. The best timing for these interventions in theory would be at the

period of fever, viremia stage. These simple approaches can be incorporated with the other medical treatments and supportive care.

I cannot be certain, but want to help as a holistic physician. Thank you very much for reading this email and providing your insight as well as help.

Sincerely,

Ching Y. Voss, M.D.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 20:10:11 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Invitation to Speak at US-Asia Institute Event: February 26, Washington DC

Sorry. Cannot do. Congressional Hearing.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Zev Moses <zev.moses@usasiainstitute.org>  
**Sent:** Monday, February 10, 2020 2:21 PM  
**To:** Oplinger, Anne (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** Invitation to Speak at US-Asia Institute Event: February 26, Washington DC

Good afternoon,

The US-Asia Institute would like to formally invite Director Dr. Anthony Fauci to speak at an event on February 26 in Rayburn House Office Building, Room 2253, at 1:00 pm. Our formal invitation is attached.

This event will focus on the public health impacts of the novel coronavirus, the facts on the ground, trajectory of the virus, and work to contain the outbreak. The event aims to educate Congressional staff on these topics and to dispel rumors associated with the virus. We believe that Director Dr. Fauci's current research is vital to supporting productive and informative dialogue.

Please let us know if Director Dr. Fauci, or another NIAID representative, is available to participate in this event. We would be honored to host him or others from NIAID and our audience would be extremely interested to learn from your agency's research.

Sincerely,  
Zev Moses

--  
Zev Moses | Director, International & Government Affairs  
US-Asia Institute  
232 East Capitol St. NE  
Washington, D.C. 20003  
202-544-3181  
[www.usasiainstitute.org](http://www.usasiainstitute.org)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 19:19:42 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Invitation to Speak at the March 13-15 Trilateral Commission Meeting in Washington, D.C.  
**Attachments:** Dr. Anthony Fauci - Trilateral Plenary Meeting Speaking Invitation.pdf

Let us discuss. We do not need to bring before the OD AM group. I would like to do this if possible. It is an invitation from Meghan O'Sullivan who was one of the security crew from Bush 43.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Richard Fontaine <rfontaine@trilateral.org>  
**Sent:** Monday, February 10, 2020 11:30 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Meghan O'Sullivan (b) (6) Torrey Taussig <ttaussig@trilateral.org>  
**Subject:** Invitation to Speak at the March 13-15 Trilateral Commission Meeting in Washington, D.C.

Dear Dr. Fauci,

The Trilateral Commission will hold its invitation-only annual plenary meeting in Washington, D.C., on March 13-15, 2020. I would like to invite you to participate in a conversation at the meeting on responding to the coronavirus and global pandemics.

As you may know, the Trilateral Commission was launched by David Rockefeller in 1973 to think through the shared challenges and leadership responsibilities of the three principal industrialized democratic areas of the world: Europe, North American, and Japan (now Asia). Today, the Commission believes its original mission of bringing democratic countries together to tackle international challenges should once again be a major priority for our country and our partners. This year's plenary meeting is a major, three-day gathering of our global membership during which we will explore the theme "Democracy and Capitalism at a Crossroads."

Your participation would make a great difference if you are available. Attached to this email you will find an invitation from North American chair Meghan O'Sullivan. Please do let us know if you have any questions about the event or your potential role in it, and we hope that you are able to accept our invitation.

Best wishes,

Richard

-----

Richard Fontaine  
Executive Director  
Trilateral Commission - North America

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 18:52:31 +0000  
**To:** Strauss, Eric M.  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Heat kills novel Coronavirus

Eric:

**The following is all on background.** Coronaviruses in general tend to circulate and infect predominantly in the winter season (Northern and Southern hemispheres have opposite seasons). We do not know for sure why this is the case; however, many believe that the enclosed spaces in winter (mostly indoor because it is cold) allows better spread of a respiratory borne virus. Also, some viruses tend to thrive in cold, dry weather as opposed to warm, moist weather. Remember, however, that when it is summer here, it is winter in Australia and Argentina. This may be the genesis of the information given to President Xi and President Trump that the virus may "go away" in the warm weather. However, this is a brand new virus with which we have no prior experience and it is entirely conceivable that seasonal changes will not have any impact on the spread.

Hope that this is helpful.

Best,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Strauss, Eric M. <Eric.M.Strauss@abc.com>  
**Sent:** Monday, February 10, 2020 12:27 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Heat kills novel Coronavirus

Dr. Fauci:

We've been seeing a lot about people saying the heat will kill the novel coronavirus? Is this medically sound?

Trump discussed Coronavirus briefly: He said he had a long talk with President Xi two nights ago, and the Chinese president told him "the heat generally kills this kind of virus."

The president claimed the virus will go away in April as the seasons change: "The virus that we're talking about having to do a lot of people. We think that goes away in April with the heat," he said.

---

**Eric M. Strauss, ABC News**

Managing Editor, Medical Unit

[www.ericmstrauss.com](http://www.ericmstrauss.com)

Phone: 212-456-2016

Connect on Social: T/I/F = @ericMstrauss



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 18:08:29 +0000  
**To:** Jon LaPook  
**Subject:** FW: "Coronavirus is airborne, Chinese official confirms"  
**Attachments:** Amoy Gardens and SARS.pdf

Jon:

Thanks for the note. See attachment for our future discussion.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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

From: Jon LaPook (b) (6)>  
Sent: Monday, February 10, 2020 10:08 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Cc: amb@cbsnews.com; Kevin Finnegan <kpf@cbsnews.com>; Alturo Rhymes <RhymesA@cbsnews.com>; Jay Shaylor <Shaylor@cbsnews.com>; CBS LaPook <lapookj@cbsnews.com>  
Subject: "Coronavirus is airborne, Chinese official confirms"

Hi Tony,

I need a Fauci brain dump.

You may have seen this:

[https://www.nzherald.co.nz/world/news/article.cfm?c\\_id=2&objectid=12307276](https://www.nzherald.co.nz/world/news/article.cfm?c_id=2&objectid=12307276)

Is this news? Don't we already know that the virus spread via droplet transmission? This article says aerosol transmission means "it can float a long distance to the air and cause infection later when it is breathed in." That makes it sound like the kind of spread that happens with measles, where the virus can linger in a room and infect somebody 2 hours after somebody with measles leaves the room.

Tomorrow, I will be giving an hour and a half of affiliate debriefings on this virus. So we will be reaching millions of people. I'd love to get the latest and greatest public health message. Incidentally, Howard Zucker and the infectious disease folks at NYU Langone are very concerned about overloading our emergency rooms with patients who have upper respiratory infection symptoms. What is the right message? If somebody calls thinking they have coronavirus, do you tell them to come in – risking infection of others? Do they stay home and wait for symptoms to get worse? Of course, it would be great if you could send them a kit and happen to home testing. But that's nowhere in the near future, right?



Thanks,  
Jon

Jonathan LaPook, M.D.  
Chief Medical Correspondent, CBS News  
Professor of Medicine  
NYU Langone Health  
Twitter @DrLaPook

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 12:54:14 +0000  
**To:** Sciutto, Jim  
**Subject:** RE: Long time, no see!

Jim:

Thanks for the note. All is well here except that I am not getting much sleep - coronavirus 24/7. I look forward to being on your show.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Sciutto, Jim <Jim.Sciutto@cnn.com>  
**Sent:** Monday, February 10, 2020 7:43 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Long time, no see!

Glad to have you on the show today. Looking forward. Hope all is well. Jim

**Jim Sciutto**  
Newsroom Anchor & Chief National Security Correspondent  
CNN  
Email: [jim.sciutto@cnn.com](mailto:jim.sciutto@cnn.com)  
Mobile: (b) (6)  
Twitter: @jimsciutto

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 11:18:00 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Awwad, David (NIH/NIAID) [C]  
**Subject:** FW: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

We did this before, but we cannot do it at 7:30 AM (b) (6). If they want to do it later in the day and we can fit them in, then fine. If not, that is OK too. Not the highest priority

---

**From:** Latika Chugh (WION) <latika.chugh@zeemedia.esselgroup.com>  
**Sent:** Monday, February 10, 2020 6:05 AM  
**To:** Awwad, David (NIH/NIAID) [C] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] (b) (6)>; Oplinger, Anne (NIH/NIAID) [E] (b) (6)>; Richa Sharma (WION) <Richa.sharma@zeemedia.esselgroup.com>  
**Subject:** REQUEST FOR A TV INTERVIEW ON WION TV INDIA

**Dear Anthony S. Fauci,**

**M.D., NIAID Director**

**Greetings from WION!**

I would like to request for **your** time for an interview with us today for **10-15 minutes at 7:30 am Monday, in Maryland, USA via Skype.**

**It's regarding the update in the story of Coronavirus - The World Health Organization chief says there have been 'concerning instances' of onward transmission of coronavirus among people who hadn't been to China.**

Waiting for your confirmation.

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[www.wionews.com](http://www.wionews.com)

Look forward hearing from you .

Regards

Latika Chugh

WION TV , India

---

**From:** Awwad, David (NIH/NIAID) [C] (b) (6)>  
**Sent:** Thursday, February 6, 2020 6:41 PM  
**To:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>; KUMAR SUNNY <[KUMAR.SUNNY@zeemedia.esselgroup.com](mailto:KUMAR.SUNNY@zeemedia.esselgroup.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] (b) (6)>; Oplinger, Anne (NIH/NIAID) [E] (b) (6)>; Richa Sharma (WION) <[Richa.sharma@zeemedia.esselgroup.com](mailto:Richa.sharma@zeemedia.esselgroup.com)>  
**Subject:** RE: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Our pleasure. Thank you again.

David

David Awwad, Contractor  
Customer Services Branch, NIH\NIAID\OCICB  
**NTT DATA Services Federal, LLC**  
**Phone:** (b) (6)  
(b) (6)

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---

**From:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>  
**Sent:** Thursday, February 6, 2020 8:06 AM  
**To:** Awwad, David (NIH/NIAID) [C] <(b) (6)>; KUMAR SUNNY <[KUMAR.SUNNY@zeemedia.esselgroup.com](mailto:KUMAR.SUNNY@zeemedia.esselgroup.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>; Oplinger, Anne (NIH/NIAID) [E] <(b) (6)>; Richa Sharma (WION) <[Richa.sharma@zeemedia.esselgroup.com](mailto:Richa.sharma@zeemedia.esselgroup.com)>  
**Subject:** Re: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

David,  
Many thanks for the Interview.

He really added value in our show.

We look forward to have his presence in future on WION.

Regards  
Latika Chugh

---

**From:** Awwad, David (NIH/NIAID) [C] <(b) (6)>  
**Sent:** Thursday, February 6, 2020 5:00 PM  
**To:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>; KUMAR SUNNY <[KUMAR.SUNNY@zeemedia.esselgroup.com](mailto:KUMAR.SUNNY@zeemedia.esselgroup.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>; Oplinger, Anne (NIH/NIAID) [E] <(b) (6)>; Richa Sharma (WION) <[Richa.sharma@zeemedia.esselgroup.com](mailto:Richa.sharma@zeemedia.esselgroup.com)>  
**Subject:** RE: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Thank you much.

---

**From:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>  
**Sent:** Thursday, February 6, 2020 6:29 AM  
**To:** Awwad, David (NIH/NIAID) [C] <(b) (6)>; KUMAR SUNNY <[KUMAR.SUNNY@zeemedia.esselgroup.com](mailto:KUMAR.SUNNY@zeemedia.esselgroup.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>; Oplinger, Anne (NIH/NIAID) [E] <(b) (6)>; Richa Sharma (WION) <[Richa.sharma@zeemedia.esselgroup.com](mailto:Richa.sharma@zeemedia.esselgroup.com)>  
**Subject:** Re: REQUEST FOR A TV INTERVIEW ON WION TV INDIA



Dear David,

It will be **live** Interview on WION with Dr. Fauci at 7 am Maryland Time for 10 -15 minutes only on Skype.

My colleague **Mr. Sunny** (marked in email) will patch the Skype sharp in 30 minutes from now.

Also, We have send you Skype Request from WION Skype Id some hours ago. I request you to please add us.

Regards  
Latika Chugh

---

**From:** Awwad, David (NIH/NIAID) [C] <(b) (6)>  
**Sent:** Thursday, February 6, 2020 4:54 PM  
**To:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Oplinger, Anne (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Let me know if you would like to connect a couple minutes earlier. I am on standby.

David  
(b) (6) (cell)

David Awwad, Contractor  
Customer Services Branch, NIH\NIAID\OCICB  
**NTT DATA Services Federal, LLC**  
Phone: (b) (6)  
(b) (6)

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**From:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>  
**Sent:** Wednesday, February 5, 2020 9:25 AM  
**To:** Awwad, David (NIH/NIAID) [C] (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C]

(b) (6); Oplinger, Anne (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Thanks  
See you tomorrow

Latika : (b) (6)

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---

**From:** Awwad, David (NIH/NIAID) [C] (b) (6)  
**Sent:** Wednesday, February 5, 2020 7:50:26 PM  
**To:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C]  
(b) (6); Oplinger, Anne (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Skype Handle: Live:niaidithelp or [niaidithelp@outlook.com](mailto:niaidithelp@outlook.com)

David: (b) (6)

Sent from my iPhone

On Feb 5, 2020, at 9:16 AM, Latika Chugh (WION)  
<[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)> wrote:

Yes,

It completely fine with us.

Our Skype Id - wion record. Please share your Skype id with us.

We will be online at **7 AM ET TIME WHICH WILL BE 5:30 PM OUR TIME IN IST.**

Regards  
Latika Chugh  
Producer , Wion  
India

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, February 5, 2020 7:35 PM  
**To:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Awwad, David

(NIH/NIAID) [C] (b) (6)>; Oplinger, Anne (NIH/NIAID) [E]

(b) (6)>

**Subject:** FW: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Dr. Fauci can do a skype interview Thursday morning 7 am – 7:15 am ET by skype. Please let us know asap if that works.

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892

(b) (6)

301-496-4409 fax

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**From:** Latika Chugh (WION) <[latika.chugh@zeemedia.esselgroup.com](mailto:latika.chugh@zeemedia.esselgroup.com)>

**Sent:** Tuesday, February 4, 2020 5:15 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>

**Cc:** Wion Guest Relations <[wion.guestrelations@zeemedia.esselgroup.com](mailto:wion.guestrelations@zeemedia.esselgroup.com)>

**Subject:** REQUEST FOR A TV INTERVIEW ON WION TV INDIA

**Dear Anthony S. Fauci,  
M.D., NIAID Director**

**Greetings from WION!**

World Is One News (WION) is an international English news channel from the Zee Media Group, India's premier television brand. WION is uniquely positioned as the 'Global Voice of India', presenting its own perspective on international issues of critical significance. WION is the preferred channel for most opinion makers across the world as they happily attend our shows bringing in credible viewpoints on many issues. WION is currently available in India, Indonesia, The Republic of Philippines, Australia, Vietnam, Hong Kong, UAE, Malaysia, Singapore and South Africa etc.



WION's shows have featured Indian Political scenario & global leaders speaking on issues facing their country and the world in general.

I would like to request for **your** time for an interview with us anytime soon today for **10-15 minutes**. We usually conduct Interview via **Skype**. Request you to share your Skype Id.

**It's regarding CORONAVIRUS.**

Please let us know when is the best time for you to join us via Skype. Waiting for your confirmation.

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[www.wionews.com](http://www.wionews.com)

Look forward hearing from you .

Regards

Latika Chugh

WION TV , India

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 00:49:33 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: CNN Interview CONFIRMATION: Dr. Anthony Fauci

Thanks.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, February 9, 2020 7:46 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: CNN Interview CONFIRMATION: Dr. Anthony Fauci

Sent from my iPhone

Begin forwarded message:

**From:** "Griffin, Janelle" <[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)>  
**Date:** February 9, 2020 at 5:54:23 PM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Stover, Kathy (NIH/NIAID) [E]" (b) (6), "Routh, Jennifer (NIH/NIAID) [E]" (b) (6), "Akinso, Woleola (NIH/OD) [E]" (b) (6), "Greene, Nyja" <[Nyja.Greene@turner.com](mailto:Nyja.Greene@turner.com)>  
**Subject:** CNN Interview CONFIRMATION: Dr. Anthony Fauci

Hello,

We're all set for tomorrow! ☺

Dr. Fauci is confirmed for a live segment at 10:15a et on Newsroom w/Poppy Harlow & Jim Sciutto.

Please ensure he's seated no later than 10:05a et. (the show is aware that Dr. Fauci has a hard at 10:20a et)

Nyja Greene, cc'd on this email, will be your Atlanta based show point of contact tomorrow.

Any issues or changes please don't hesitate to reach out to her in the morning.

Monday's segment will focus on latest Coronavirus developments: Dr. Fauci covered the SARS outbreak almost 17 years ago- from what he's seeing now with the Coronavirus, how bad do think this could become? How does the Coronavirus compare/contrast with others like Ebola or Zika? How effective are quarantines in situations like this? What, if any, precautions should we be taking right now in America? Any thoughts/talking points you can send over from Dr. Fauci evening would be super helpful.



Patricia- thank you sooo much for all of your help with organizing. We really appreciate it and look forward to Dr. Fauci joining the show.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Saturday, February 8, 2020 1:04 PM  
**To:** Griffin, Janelle <[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)>  
**Cc:** Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] <(b) (6)> Akinso, Woleola (NIH/OD) [E] <(b) (6)>  
**Subject:** Re: CNN Interview Request: Dr. Anthony Fauci

Ok thx

Sent from my iPhone

On Feb 8, 2020, at 12:54 PM, Griffin, Janelle <[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)> wrote:

Great- thank you!

Let's keep things for a segment at 10:15a on Monday.

I'll be back in touch after my 6p show planning conference call Sunday evening.

Thank so much Patricia 😊

---

**From:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Saturday, February 8, 2020 12:53 PM  
**To:** Griffin, Janelle <[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)>  
**Cc:** Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] <(b) (6)> Akinso, Woleola (NIH/OD) [E] <(b) (6)>  
**Subject:** Re: CNN Interview Request: Dr. Anthony Fauci

We can make the 9 am hour work too. Pls let us know ASAP so I can make sure our studio is available. When will you have a final answer?

My cell is (b) (6) and am always on email which is better for me.

Sent from my iPhone

On Feb 8, 2020, at 12:48 PM, Griffin, Janelle  
<[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)> wrote:

That's great- thanks Patricia!  
We'll add him to our calendar for 10:15a et.

If we needed to move him his segment to the 9a et hour would  
that also work?

May I have your cell number for my records?

---

**From:** Conrad, Patricia (NIH/NIAID) [E]

(b) (6)>

**Sent:** Saturday, February 8, 2020 12:46 PM

**To:** Griffin, Janelle <[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)>

**Subject:** Fwd: CNN Interview Request: Dr. Anthony Fauci

Hi Janelle

We can make this work - it would need to be from between 10  
am - 1020 am hard stop.

Will that work?

It would need to be from our NIH Readycam studio with  
Videolink

Let me know if that works

---

**From:** Griffin, Janelle

<[Janelle.Griffin@turner.com](mailto:Janelle.Griffin@turner.com)>

**Sent:** Saturday, February 8, 2020 11:33 AM

**To:** Fauci, Anthony (NIH/NIAID) [E]

(b) (6)

**Subject:** CNN Interview Request: Dr. Anthony

Fauci

**Importance:** High

Good morning Dr. Fauci,

I hope this email finds you doing well.

I'm reaching out on behalf of Newsroom w/Poppy Harlow & Jim Sciutto hoping you can join for an interview.

Are you available to join CNN this Monday

February 10<sup>th</sup> in the 10a et hour?

This would be live for about 5-7 minutes to discuss developments regarding the coronavirus.

Please feel free to contact me via email or at (404) 452-7769 to let me know.

Thanks for your time- I look forward to hearing from you soon.

---

**Janelle Griffin-Butts**

Editorial Producer, **CNN**

Email: [janelle.griffin@turner.com](mailto:janelle.griffin@turner.com) | Twitter:

@janellegCNN

**From:** (b) (6)  
**Sent:** Sun, 9 Feb 2020 16:36:38 -0500  
**To:** autotell|  
**Subject:** Re: Help Re: Novel Rx for Coronavirus

Thanks, Andy.  
Best regards,  
Tony

On Feb 9, 2020, at 4:29 PM, autotell| (b) (6) > wrote:

Thank you my friend, hope it leads to something good for patients and the public. I was at a meeting of the "Philosophical Society of Texas" this week end and meet with a lot of Bush alums like Don Evans and Margaret Spellings etc and Margaret was commenting on the coronavirus scare and how fortunate we are to have you there at NIH looking after us!! If you ever decide to relocate to Texas you have a fan club here!  
All my best  
Andy

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Sent:** Sunday, February 9, 2020 7:24 AM  
**To:** autotell| (b) (6) >  
**Subject:** RE: Help Re: Novel Rx for Coronavirus

Andy:

Thanks for the note. I will take a look at this and more importantly, I will run it by the people here at NIAID who are running the nCoV research initiative. I will get back to you with their and my assessment. I hope that all is well with you. We are doing a lot of late nighters here. Feels like my internship. ☐☐

Best regards,  
Tony

---

**From:** autotell| < (b) (6) t >  
**Sent:** Friday, February 7, 2020 2:50 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Xiaokui Zhang (b) (6) >; Robert Hariri (b) (6) >  
**Subject:** Help Re: Novel Rx for Coronavirus

Tony

Greetings. Always proud to see you at the White House (with Alex) leading the fight against this latest infectious disease threat

(b) (4)

(b) (4)

I trust this email finds my Paisano happy and content as you continue to be a gift to this nation and the world. Please let me know you received this email.  
My best to you and your family. Hope our paths cross soon  
Andy



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 18:23:24 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: Investigational compound remdesivir, developed by UAB and NIH researchers, being used for treatment of novel coronavirus

WOW! I did not know that. Good talking point for press conferences.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, February 9, 2020 1:13 PM  
**Subject:** Investigational compound remdesivir, developed by UAB and NIH researchers, being used for treatment of novel coronavirus

## Investigational compound remdesivir, developed by UAB and NIH researchers, being used for treatment of novel coronavirus

[by Savannah Koplon](#)

- February 07, 2020
- [Print](#)
- [Email](#)



Richard Whitley, M.D., Distinguished Professor at UAB and principal investigator of the U19 grant

The investigational drug remdesivir, developed through research conducted through the [Antiviral Drug Discovery and Development Center](#), or AD3C, and centered at the [University of Alabama at Birmingham](#), is being used to treat select infected patients in the United States and in China who have been affected by the outbreak of novel coronavirus (2019-nCoV).

UAB was awarded a \$37.5 million, [five-year U19 grant](#) from the [National Institute of Allergy and Infectious Diseases Centers of Excellence for Translational Research](#) to study and develop treatment for high-priority emerging infections. Work has been taking place in earnest to develop drugs for emerging influenza, flaviviruses (dengue, West Nile virus and Zika), coronaviruses that cause SARS and MERS, and alphaviruses such as Venezuelan equine encephalitis virus and chikungunya. The grant is a multi-

institutional collaboration to accelerate drug discovery for these emerging infections and is a public-private partnership between academic institutions and Gilead Sciences.

Remdesivir, developed to treat the coronavirus causing MERS, was found to have significant activity against the 2019-nCoV strain when the outbreak began in the Chinese city of Wuhan. Importantly, remdesivir had demonstrated efficacy in treating other medically important coronaviruses MERS and SARS in cell culture and animal models. Based on the compassionate plea requests of treating physicians in the United States, Gilead Sciences released remdesivir for use in a few patients, although the drug has not yet been tested for safety or efficacy in these diseases. "The release of remdesivir for safety and efficacy studies is a major accomplishment for the AD3C – namely the U19 grant – as it shows significant and swift advance of antiviral drugs to help treat and respond to emerging infectious disease outbreaks on an international scale and, importantly, to anticipate the introduction of these infections in the United States," said Richard Whitley, M.D., Distinguished Professor at UAB and principal investigator of the U19 grant.

[WATCH: UAB infectious disease experts provide information on the 2019 novel coronavirus.](#)

Gilead Sciences and supporting researchers and clinicians are working with health authorities from the World Health Organization and in China to establish a placebo-controlled study to determine whether remdesivir is safe and effective in treating 2019-nCoV.

"This is a prime example of how the research we are conducting at UAB plays a critical role in treating patients on a global scale and our contribution of substantial scientific advances."

– Richard Whitley, M.D., UAB Distinguished Professor

"The collaboration between UAB, our colleagues at Southern Research, Vanderbilt University and the University of North Carolina, along with our pharmaceutical partner Gilead Sciences, is indicative of our collaborative approach to respond to outbreaks in real time, and in helping communities worldwide fight 2019-nCoV. This is a prime example of how the research we are conducting at UAB plays a critical role in treating patients on a global scale and our contribution of substantial scientific advances," Whitley continued.

Whitley expressed that the potential for mutation of 2019-nCoV means that UAB's AD3C and partners will need to build backup molecules for potential testing and treatment in the near future.

The World Health Organization has declared the 2019-nCoV outbreak a "public health emergency of international concern."

UAB is the lead institution for AD3C and research conducted; but the team unifies scientists experienced in virology, viral immunology, pathogenesis, medicinal chemistry and translation to human disease from UAB, University of North Carolina, Vanderbilt University, Emory University, Washington University, The University of Texas Medical Branch, Southern Research, the Emory Institute of Drug Discovery, the University of Colorado, Denver, and Oregon Health & Science University.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 18:20:45 +0000  
**To:** Liz Szabo  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Plumbing as possible means of spread of coronaviruses  
**Attachments:** Amoy Gardens and SARS.pdf

Liz:

Thanks for the note. I do not know enough about the plumbing system on the cruise ships to make any meaningful comments, certainly not any comments that could be attributable to me. And so, I will pass on this one, The best person to comment or opine on this would be Mart Cetron of CDC. FYI, in case you do not have it in front of you, I am attaching the original NEJM article on the Amoy Gardens Apartment story in Hong Kong with SARS.

Best regards,  
Tony

---

**From:** Liz Szabo <LSzabo@kff.org>  
**Sent:** Saturday, February 8, 2020 7:21 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Plumbing as possible means of spread of coronaviruses

Hi Dr. Fauci,

I hope you're doing well. I know you must be very busy.

Our editor, Dr. Elizabeth Rosenthal, is wondering whether the new coronavirus might be spreading through plumbing on the cruise ship? She sent me these links, below, about how plumbing played a role in spreading SARS in the Amoy Gardens apartment complex in Hong Kong. Libby lived in China during the SARS outbreaks and remembers that the sinks there don't have the typical U-bend trap that sinks have here, which allows sewer gases and unpleasant odors to come through.

If plumbing is a risk for spreading coronaviruses, what could be done to protect passengers on cruise ships?

I'd love to hear your thoughts on this, even if just by email.

Thanks for your time.

Liz Szabo  
Kaiser Health News  
571-201-9009

<https://www.cbsnews.com/news/leaky-plumbing-linked-to-sars-spread/>

<https://www.cnn.com/2013/02/21/world/asia/sars-amoy-gardens/index.html>

<https://plumbingconnection.com.au/new-report-proves-plumbing-link-to-sars/>

<https://www.infectioncontroltoday.com/personal-protective-equipment/sars-and-plumbing-role-sewage-plays-spreading-disease>

[https://jamanetwork.com/journals/jama/fullarticle/2761044?guestAccessKey=f61bd430-07d8-4b86-a749-bec05bffffb65&utm\\_source=For\\_The\\_Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_content=tfl&utm\\_term=020720](https://jamanetwork.com/journals/jama/fullarticle/2761044?guestAccessKey=f61bd430-07d8-4b86-a749-bec05bffffb65&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=020720)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:59:10 +0000  
**To:** Tabak, Lawrence (NIH/OD) [E]  
**Cc:** Schwetz, Tara (NIH/OD) [E];Erbelding, Emily (NIH/NIAID) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Eisinger, Robert (NIH/NIAID) [E];Lerner, Andrea (NIH/NIAID) [E];Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)  
**Subject:** RE: NCATs request re. Coronavirus

Larry:

(b) (5)

Best,  
Tony

---

**From:** Tabak, Lawrence (NIH/OD) [E] (b) (6) >  
**Sent:** Sunday, February 9, 2020 12:46 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] < (b) (6) >  
**Cc:** Schwetz, Tara (NIH/OD) [E] (b) (6) >  
**Subject:** NCATs request re. Coronavirus

Tony,

(b) (5)

Thanks,  
Larry



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:53:04 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: CNN Anderson Cooper Full Circle Request- Dr. Anthony Fauci

OK. Thanks.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Sunday, February 9, 2020 12:44 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: CNN Anderson Cooper Full Circle Request- Dr. Anthony Fauci

I am working on this.

Sent from my iPhone

Begin forwarded message:

**From:** "Varon, Sophie" <[Sophie.Varon@turner.com](mailto:Sophie.Varon@turner.com)>  
**Date:** February 9, 2020 at 12:30:31 PM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** CNN Anderson Cooper Full Circle Request- Dr. Anthony Fauci

Hello Dr. Fauci and Patricia,

I hope you're both doing well.

I'm reaching out to see if Dr. Fauci could be available for an interview with Anderson Cooper on Monday for his CNN digital program, Full Circle. Full Circle is an interesting platform because it allows us to take live viewer questions. This taped interview would air on Tuesday at 5PM and Anderson could tape tomorrow in the 4PM hour or after 5:45PM.

The topic is of course the Coronavirus.

Thank you for considering this request!

Sophie Varon  
Editorial Producer, CNN AC360  
cell- (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:52:22 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: CNN Anderson Cooper Full Circle Request- Dr. Anthony Fauci

If we can do this, I would be happy to.

**From:** Varon, Sophie <Sophie.Varon@turner.com>  
**Sent:** Sunday, February 9, 2020 12:30 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Subject:** CNN Anderson Cooper Full Circle Request- Dr. Anthony Fauci

Hello Dr. Fauci and Patricia,

I hope you're both doing well.

I'm reaching out to see if Dr. Fauci could be available for an interview with Anderson Cooper on Monday for his CNN digital program, Full Circle. Full Circle is an interesting platform because it allows us to take live viewer questions. This taped interview would air on Tuesday at 5PM and Anderson could tape tomorrow in the 4PM hour or after 5:45PM.

The topic is of course the Coronavirus.

Thank you for considering this request!

Sophie Varon

Editorial Producer, CNN AC360

cell- (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:51:21 +0000  
**To:** Hall, Bill (HHS/ASPA)  
**Subject:** FW: CNNI Interview with Dr. Anthony Fauci,

Bill:

This link below is for an interview that I gave for CNN International this morning. As we all know, it makes such a big difference when the interviewer knows the subject and asks good questions that this interviewer did. Would that they were all like her.

Best regards,  
Tony

---

**From:** Hynds, Joanna (NE) <Joanna.Hynds@turner.com>  
**Sent:** Sunday, February 9, 2020 12:30 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** RE: CNNI Interview Request: Dr. Anthony Fauci,

We are so glad to!

Here is the clip <https://we.tl/t-B0kVJSyQVB>

All the best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** 09 February 2020 16:15  
**To:** Hynds, Joanna (NE) <Joanna.Hynds@turner.com>  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

My pleasure- so glad we could make it work. Please do send us the the video segment

Best ,  
Patty.

Sent from my iPhone

On Feb 9, 2020, at 11:06 AM, Hynds, Joanna (NE) <Joanna.Hynds@turner.com> wrote:

Dear Mr Fauci,

I just wanted to thank you for your accommodation at such short notice for the earlier interview. I do apologise for the miscommunication on my part.

We really enjoyed having you on the show!

Thanks too to Patricia, for helping coordinate this all at last minute.

I hope you both have a great evening.

Many thanks again for your patience and understanding.

If you would like a video segment of your hit I will gladly send you it on request.

Best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** 09 February 2020 14:26  
**To:** Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>  
**Cc:** Pfeifer, Hazel <[Hazel.Pfeifer@turner.com](mailto:Hazel.Pfeifer@turner.com)>; Lovejoy, Hannah (NE) <[Hannah.Lovejoy@turner.com](mailto:Hannah.Lovejoy@turner.com)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

Do you have the hit time and contact info please send ASAP.

Sent from my iPhone

On Feb 9, 2020, at 8:38 AM, Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)> wrote:

Perfect – we really appreciate this.

I will get you these details ASAP.

Does Dr Fauci need a car?

Best,

Joanna



---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** 09 February 2020 13:33  
**To:** Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>  
**Cc:** Pfeifer, Hazel <[Hazel.Pfeifer@turner.com](mailto:Hazel.Pfeifer@turner.com)>; Lovejoy, Hannah (NE) <[Hannah.Lovejoy@turner.com](mailto:Hannah.Lovejoy@turner.com)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

Adding Dr Fauci here

He can come to the WDC CNN studio. Please send us the exact live hit time as well as the studio address and on-site contact name, number and cell number ASAP. Dr Fauci cell is (b) (6) and you have mine.

Thank you.

Sent from my iPhone

On Feb 9, 2020, at 8:21 AM, Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)> wrote:

Dear Patricia,

Just following up from our phone conversation, unfortunately I won't be able to facilitate a StudioGo truck for this interview.

We are still really keen to get Dr Fauci on the show – will he be able to come to the bureau?

I will be able to book him a car if he needs.

Let me know what suits,

Best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** 09 February 2020 13:00  
**To:** Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>  
**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,



For the trick- the location is northwest Washington DC. Near American university.

Sent from my iPhone

On Feb 9, 2020, at 7:51 AM, Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6) > wrote:

Please call me ASAP at [REDACTED] (b) (6) for this request.

Sent from my iPhone

Begin forwarded message:

**From:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >  
**Date:** February 9, 2020 at 7:08:54 AM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" [REDACTED] (b) (6)  
**Subject:** Fwd: CNNI Interview  
**Request:** Dr. Anthony Fauci,

Sent from my iPhone

Begin forwarded message:

**From:** "Hynds, Joanna (NE)" <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>  
**Date:** February 9, 2020 at 6:06:15 AM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >  
**Cc:** "Tejera, Isabel (Intern)" <[isabel.Tejera@turner.com](mailto:isabel.Tejera@turner.com)>, "Lovejoy, Hannah

(NE)"

<[Hannah.Lovejoy@turner.com](mailto:Hannah.Lovejoy@turner.com)>

**Subject: CNNI**

**Interview Request: Dr.  
Anthony Fauci,**

Dear Dr Fauci,

I hope you are well! I  
am reaching out from  
CNN International to  
enquire if you are  
available today to join  
us on **Connect the  
World** at **11aET** to  
discuss the coronavirus.

Might this be a  
possibility? It would be  
great to arrange this.

Background on CNN

- CNN  
International  
reaches more  
than 250  
million  
households  
worldwide  
including in the  
US via DIRECTV.
- CNN  
International is  
the number  
one  
international  
TV news  
channel  
according to all  
major media  
surveys across  
Europe, the  
Middle East and  
Africa, the Asia

Pacific region  
and Latin  
America.

- In September  
2019 [CNN.com](#)  
had 162 million  
unique readers  
globally per  
month and 114  
million mobile  
readers a  
month, leading  
the BBC, Yahoo  
and New York  
Times.

Best,

**Joanna Hynds**

**Planning Desk**

**CNN International**

+ 44 207 693 1640

(office)

+ (b) (6) (cell)

[joanna.hynds@turner.com](mailto:joanna.hynds@turner.com)

<image001.png>

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:34:16 +0000  
**To:** Denise Ober  
**Subject:** RE: HEART WRENCHING QUESTION! ❤️👉

The State Department and CDC travel alerts for China, which advise only absolutely essential travel, do not officially include Hong Kong and so there is no official restriction right now (but this could change), and there is no quarantine requirement upon returning from Hong Kong. However, this all could change quickly. (b) (6)

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

**From:** Denise Ober (b) (6) >  
**Sent:** Saturday, February 8, 2020 3:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** HEART WRENCHING QUESTION! ❤️👉

Dear Dr. Fauci,

I realize this is a long shot for you to answer this email. Please forgive me since I'm sure you are so extremely busy and so very importantly needed at this time. I do apologize for taking even a moment from your high demand schedule. But thought I'd try to reach out anyway in case you did see this.

I saw an interview recently you had with Dr. Baucher posted by JAMA. From your expertise and knowledge about the coronavirus thus far, if you had planned to travel to Thailand mid March via stop over at Hong Kong would you? (b) (6)

Thank you from my concerned heart!  
Thank you for EVERYTHING you do and have done in the past!  
Best to you,  
Denise Ober  
Sent from my iPad

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:26:01 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [C] (b) (6); Barasch, Kimberly (NIH/NIAID) [C]; Greg Folkers (b) (6); Marston, Hilary (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Help Re: Novel Rx for Coronavirus  
**Attachments:** (b) (4) in 2019-CoV Proposal 07Feb2020.docx

Cristina:

This is not just your ordinary person writing to us. This is Dr. Andrew von Eschenbach, former Director of NCI and Former Commissioner of FDA. I have no idea if this proposal has any merit; however, please have someone go over it carefully and put together a response. Also, only if appropriate, and feasible, see if there is any way we can be of assistance to him. Thanks.

Best regards,

Tony

---

**From:** autotell | (b) (6)  
**Sent:** Friday, February 7, 2020 2:50 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Xiaokui Zhang (b) (6); Robert Hariri (b) (6) (b) (6)  
**Subject:** Help Re: Novel Rx for Coronavirus

Tony

Greetings. Always proud to see you at the White House (with Alex) leading the fight against this latest infectious disease threat. (b) (4)

I trust this email finds my Paisano happy and content as you continue to be a gift to this nation and the world. Please let me know you received this email.

My best to you and your family. Hope our paths cross soon

Andy



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 17:17:07 +0000  
**To:** Stover, Kathy (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: FOR ASF REVIEW: Draft responses to questions from Italian news agency

See my edits in red.

---

**From:** Stover, Kathy (NIH/NIAID) [E] (b) (6)>  
**Sent:** Friday, February 7, 2020 2:02 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Subject:** FOR ASF REVIEW: Draft responses to questions from Italian news agency

Hi Dr. Fauci,

Below are draft responses to questions from a reporter with the Italian news agency ANSA. Please let me know if you have any suggested edits, and I'll move it along.

Thanks,  
Kathy

Enrica Battifoglia  
Science and Technology Head Editor  
ANSA news agency (Italian news)  
[Enrica.Battifoglia@ansa.it](mailto:Enrica.Battifoglia@ansa.it)  
Expected place of publication: ANSA Science web page ([www.ansa.it/scienza](http://www.ansa.it/scienza))

Dear Professor Fauci,

I am Enrica Battifoglia of the Italian news agency ANSA, I already have had the pleasure to interview you several times at the AIDS world conferences.

I would like to ask you some questions about Coronavirus 2019-nCoV, to be published on the ANSA Science web page ([www.ansa.it/scienza](http://www.ansa.it/scienza)), the main online science news resource in Italy with over 1.5M contacts each month. I am sure that your clarity and competence will be highly valuable to put some much-needed order among so many contrasting news and data, and would be much appreciated by our readers.

**1. Do the current available data allow to understand the threat level of coronavirus 2019-nCoV in terms of both lethality and diffusion speed, and about the possible evolution scenarios of the disease?**

There is much that we do not know about the novel coronavirus. Currently, there have been more than 37,000 confirmed cases in China, and China has reported more than 800 deaths. As you know, there have been three confirmed cases in Italy to date. **The reported case fatality rate (lethality) among the 37,000 cases that have come to the attention of the health care system is 2%. However, given that there are likely many more cases that are without symptoms or with minimal symptoms, the actual death rate is probably lower than 2%.**

It is impossible to predict how the virus will evolve. It is our hope that the extraordinary containment measures that China has implemented will help **prevent** the outbreak from becoming a global pandemic. But given that the virus is present in 27 countries to date and can be transmitted from person-to-person, it may take a foothold and **evolve into a global pandemic.**

**2) What exactly do we know about its modes of transmission, especially from people who do not yet have the symptoms?**

Again, there is much that we do not know about the novel coronavirus, including its specific transmission abilities. Based on initial findings that have been reported, we suspect its transmission is similar to influenza and other respiratory viruses, namely that is transmitted through respiratory droplets when an infected person coughs or sneezes, and by touching surfaces, such as door handles, that **recently** have virus on them and then touching your face. There have also been reports that the virus **is present in feces and vomit. However, it is still uncertain that the virus can be transmitted through this route.**

Traditionally, most viruses are transmitted when someone has symptoms. With the novel coronavirus; however, there appears to be asymptomatic transmission occurring. We do not know how many cases are being driven by asymptomatic transmission or by those with symptoms. Typically, viruses are largely transmitted by infected people experiencing symptoms.

**3) Are the genetic sequences provided by China enough to start working on a vaccine?**

The genetic sequences provided by China enabled researchers to quickly develop a diagnostic that is being used to determine whether someone is infected with the novel coronavirus. The genetic information has also been useful in work to develop a preventive vaccine. The National Institute of Allergy and Infectious Diseases, part of the U.S. National Institutes of Health, is building on its experience with the SARS and MERS coronaviruses to better understand the virus as well as develop and test rapid point-of-care diagnostics, vaccines and treatments, including broad-spectrum antivirals and antibody therapies. In terms of vaccines specifically, we are



working with the biotechnology company Moderna and the Coalition for Epidemic Preparedness Innovation (CEPI) to develop a “messenger RNA” vaccine for the novel coronavirus. Other countries and companies are working to develop a vaccine as well.

**4) What are the technical times to develop a working vaccine in terms of scientific research, and what are the approx times for the necessary legal certifications, and for industrial production and distribution?**

In terms of our work with Moderna and CEPI to develop a vaccine, we anticipate having an experimental vaccine ready for Phase 1 clinical trials within 2 to 3 months. This Phase 1 clinical trial will involve administering the vaccine to a small number of healthy adults in the United States to see if it is safe and has some ability to induce an immune response. If that is successful and the outbreak has not ended, we will move to a larger Phase 2 clinical trial with the expectation of **proving the efficacy (or not) of the vaccine within 1 to 1.5 years. If efficacious, it will still take additional months to produce enough vaccine to distribute widely..**

In addition to this vaccine, NIAID is also supporting scientists and companies to develop other vaccine candidates.

**5) 2019-nCov is the third Coronavirus aggressive for humans that has appeared in the East in the last 20 years and in 2009 the virus responsible for the flu pandemic too did come from China: what sort of preventive measures could be practicable to reduce the risk of repetition of these events?**

To clarify, the 2009 H1N1 influenza virus was first reported in Mexico, not China.

Viruses affecting humans have occurred throughout history, from the Bubonic Plague to the 1918 flu. We cannot predict what emerging infectious diseases will occur nor prevent the unknown from occurring in the first place. What we can do is learn as much as we can about emerging viruses, so that we can rapidly develop safe and effective point-of-care diagnostics, treatments and vaccines to protect against infection.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 16:41:33 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Cowen Health Care Conference in Boston - China Pharma Market Panel - March 2, 2020 in Boston

Please RSVP no.

---

**From:** Scala, Steve <Steve.Scala@cowen.com>  
**Sent:** Sunday, February 9, 2020 11:39 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Nadeau, Phil <Phil.Nadeau@cowen.com>; Miner, Kathy <Kathy.Miner@cowen.com>; Nedelcovych, Michael <Michael.Nedelcovych@cowen.com>  
**Subject:** Cowen Health Care Conference in Boston - China Pharma Market Panel - March 2, 2020 in Boston

Hi Dr. Fauci

I am a pharmaceutical industry analyst at Cowen and Company, a New York City based investment company that specializes in health care. Each year we host a Health Care Conference in Boston in March that attracts 200+ companies and 1000+ investors. During this year's conference, we had planned to host a one-hour panel discussion on the evolution of and reforms within the China Health Care System and China Pharmaceutical market. However, given global concerns around Coronavirus, we have decided to focus the panel instead on the virus and the outlook for emerging treatments. This perspective is critical to health care companies and therefore the institutions that invest in them.

Our panel will take place during Cowen's 40th Annual Health Care Conference, which will be held at the Marriott Copley Place in Boston on March 2-4, 2020. We plan to host this panel on **Monday morning, March 2<sup>nd</sup>, between 9:05-10:05AM**. Attendees at our conference include institutional investors from insurance companies, mutual funds, pension funds, banks, and other types of funds, mainly in the U.S. and EU.

Cowen would provide you an honorarium for your time during the one-hour panel. **We propose an honorarium of \$1,500**, and we reimburse conference-related travel expenses.

The discussion will be Q&A only and no presentation on your part is requested.

We look forward to hearing from you.

Sincerely,

Steve Scala



In line with best practices suggested for brokerage firms, Cowen has a policy regarding our interaction with subject matter experts such as yourself, and by accepting and participating in this engagement, you agree to the conditions of this policy, including that you will not knowingly disclose any material non-public and/or confidential information; that your current employer permits you to participate in our event; that you are not employed by any of the companies anticipated to be discussed; and that your participation will not cause you to knowingly violate any contract (e.g., employment contract or consulting contract), agreement (e.g., confidentiality agreement) or other duty of confidentiality (e.g., serving on a board of directors) that you may have.

## **COWEN**

### **Steve Scala**

Pharmaceutical Industry Analyst  
Equity Research

Cowen and Company, LLC  
Two International Place, 28<sup>th</sup> Fl.  
Boston, MA 02110  
617-946-3923  
[steve.scala@cowen.com](mailto:steve.scala@cowen.com)  
[www.cowen.com](http://www.cowen.com)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 16:41:04 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Podcast: Newt's World Ep 56: China's Coronavirus <http://bit.ly/2Sud2am>

Definitely for the Director's page

---

**From:** Folkers, Greg (NIH/NIAID) [E] <[REDACTED]> (b) (6)  
**Sent:** Sunday, February 9, 2020 9:45 AM  
**Subject:** Podcast: Newt's World Ep 56: China's Coronavirus <http://bit.ly/2Sud2am>

Is the Coronavirus the next global pandemic or will the disease be eradicated in a short period of time? Newt's guests, Dr. Anthony Fauci and Dr. Peter Daszak, provide the information you need to know about the Coronavirus crisis.



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**From:** (b) (6)  
**Sent:** Sun, 9 Feb 2020 10:53:02 -0500  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]  
**Subject:** Fwd: CNNI Interview Request: Dr. Anthony Fauci,

Done

Begin forwarded message:

**From:** "Hynds, Joanna (NE)" <Joanna.Hynds@turner.com>  
**Date:** February 9, 2020 at 9:49:21 AM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Pfeifer, Hazel" <Hazel.Pfeifer@turner.com>, "Lovejoy, Hannah (NE)" <Hannah.Lovejoy@turner.com>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject:** RE: CNNI Interview Request: Dr. Anthony Fauci,

Hi Patricia,

I have let DC know, Angie will be there to greet him at 10.20a and bring him straight up.

DC Number: +1 202 5100172.

Best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** 09 February 2020 14:42  
**To:** Hynds, Joanna (NE) <Joanna.Hynds@turner.com>  
**Cc:** Pfeifer, Hazel <Hazel.Pfeifer@turner.com>; Lovejoy, Hannah (NE) <Hannah.Lovejoy@turner.com>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

We are good. 1030 am ET his is firm, He will arrive the wdc cnn studio at 820 am ET so if you can have someone meet him at the entrance lobby to get him upstairs quickly that would be helpful.

Sent from my iPhone

On Feb 9, 2020, at 9:39 AM, Hynds, Joanna (NE)  
<[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>wrote:

Hi Patricia,

That would be perfect. I am so sorry on the miscommunication on my part.

We really appreciate you accommodating us at this short notice.

Best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** 09 February 2020 14:35  
**To:** Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>  
**Cc:** Pfeifer, Hazel <[Hazel.Pfeifer@turner.com](mailto:Hazel.Pfeifer@turner.com)>; Lovejoy, Hannah (NE)  
<[Hannah.Lovejoy@turner.com](mailto:Hannah.Lovejoy@turner.com)>; Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)>  
**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

Dr DrFauci can be there for a 1030 am hit

We need to know ASAP if this is firm and what the exact hit time

Sent from my iPhone

On Feb 9, 2020, at 9:26 AM, Hynds, Joanna (NE)  
<[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>wrote:

Just wanted to let you know the Flash Studio will be **DC G Studio**  
**CAM 23**

Our Bureau Address is  
**820 First ST NE**  
**20002 Washington**

Please contact the bureau at **+1-202-898-7911**

Please arrive at 10.40, you will be on around 11 – I will update with exact hit time as soon as I have it.

Best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E]

(b) (6)>

**Sent:** 09 February 2020 13:33

**To:** Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>

**Cc:** Pfeifer, Hazel <[Hazel.Pfeifer@turner.com](mailto:Hazel.Pfeifer@turner.com)>; Lovejoy, Hannah (NE) <[Hannah.Lovejoy@turner.com](mailto:Hannah.Lovejoy@turner.com)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

Adding Dr Fauci here

He can come to the WDC CNN studio. Please send us the exact live hit time as well as the studio address and on-site contact name, number and cell number ASAP. Dr Fauci cell is (b) (6) and you have mine.

Thank you.

Sent from my iPhone

On Feb 9, 2020, at 8:21 AM, Hynds, Joanna (NE) <[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)> wrote:

Dear Patricia,

Just following up from our phone conversation, unfortunately I won't be able to facilitate a StudioGo truck for this interview.

We are still really keen to get Dr Fauci on the show – will he be able to come to the bureau?

I will be able to book him a car if he needs.

Let me know what suits,

Best,

Joanna

---

**From:** Conrad, Patricia (NIH/NIAID) [E]

(b) (6)>

**Sent:** 09 February 2020 13:00

**To:** Hynds, Joanna (NE)

[<Joanna.Hynds@turner.com>](mailto:Joanna.Hynds@turner.com)

**Subject:** Re: CNNI Interview Request: Dr. Anthony Fauci,

For the trick- the location is northwest Washington DC. Near American university.

Sent from my iPhone

On Feb 9, 2020, at 7:51 AM, Conrad, Patricia (NIH/NIAID) [E]

(b) (6)>wrote:

Please call me ASAP at (b) (6) for this request.

Sent from my iPhone

Begin forwarded message:

**From:** "Fauci, Anthony (NIH/NIAID) [E]"

(b) (6)

**Date:** February 9, 2020 at 7:08:54 AM EST

**To:** "Conrad, Patricia (NIH/NIAID) [E]"

(b) (6)

**Subject:** Fwd: CNNI Interview Request: Dr. Anthony Fauci,



Sent from my iPhone

Begin forwarded  
message:

**From:**

"Hynds,  
Joanna  
(NE)"  
<[Joanna.Hynds@turner.com](mailto:Joanna.Hynds@turner.com)>

**Date:**

February  
9, 2020 at  
6:06:15  
AM EST

**To:** "Fauci,  
Anthony  
(NIH/NIAD) [E]"

(b) (6)

**Cc:**

"Tejera,  
Isabel  
(Intern)"  
<[isabel.Tejera@turner.com](mailto:isabel.Tejera@turner.com)>,  
"Lovejoy,  
Hannah  
(NE)"  
<[Hannah.Lovejoy@turner.com](mailto:Hannah.Lovejoy@turner.com)>

**Subject:**

**CNNI  
Interview  
Request:  
Dr.  
Anthony  
Fauci,**

Dear Dr  
Fauci,

I hope you  
are well! I  
am  
reaching  
out from  
CNN  
Internatio  
nal to  
enquire if  
you are  
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today to  
join us on  
**Connect  
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at **11aET**  
to discuss  
the  
coronavir  
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Might this  
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New York Times .

Best,

**Joanna  
Hynds**

**Planning  
Desk  
CNN  
International**  
+ 44 207  
693 1640  
(office)

(b) (6)

(b) (6) (cell)

[joanna.hynds@turner.com](mailto:joanna.hynds@turner.com)

<image001.png>

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England  
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and share  
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W1F 7HS.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 13:05:06 +0000  
**To:** Kaplan, Edward H  
**Cc:** Redfield, Robert R. (CDC/OD); Cetron, Marty  
(CDC/DDID/NCEID/DGMQ); Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Subject:** RE: Coronavirus containment modeling  
**Attachments:** hcms\_Wuhan\_Feb7\_2020\_In\_Press.pdf

Ed:

Many thanks for sending the manuscript. I hope that all is well with you.  
Best regards,  
Tony

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

From: Kaplan, Edward H (b) (6)>  
Sent: Saturday, February 8, 2020 10:13 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Subject: Coronavirus containment modeling

Dear Dr. Fauci,

It has been many years since we corresponded regarding smallpox bioterrorism and vaccination control.

The attached paper on containing a community coronavirus outbreak from a few initial cases via isolation and quarantine might interest you. The news is mostly good - isolation and quarantine can get the transmission rate below epidemic threshold - but the key is rapid detection of infected persons. Also discussed are some ideas for alleviating congestion in the hospital. I hope that you find it helpful.

Best, Ed Kaplan

Edward H. Kaplan, Ph.D.  
William N. and Marie A. Beach Professor of Operations Research Professor of Public Health Professor of  
Engineering Yale School of Management Box 208200 New Haven, Connecticut 06520-8200

Phone: (b) (6)  
e-mail: (b) (6)

<http://faculty.som.yale.edu/EdKaplan/>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 12:40:23 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: CNNI Interview Request: Dr. Anthony Fauci,

I will do this and if they can bring a truck to the house like they did last time, it was great. Let us discuss.

---

**From:** Hynds, Joanna (NE) <Joanna.Hynds@turner.com>  
**Sent:** Sunday, February 9, 2020 6:06 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Tejera, Isabel (Intern) <isabel.Tejera@turner.com>; Lovejoy, Hannah (NE) <Hannah.Lovejoy@turner.com>  
**Subject:** CNNI Interview Request: Dr. Anthony Fauci,

Dear Dr Fauci,

I hope you are well! I am reaching out from CNN International to enquire if you are available today to join us on **Connect the World** at **11aET** to discuss the coronavirus.

Might this be a possibility? It would be great to arrange this.

Background on CNN

- CNN International reaches more than 250 million households worldwide including in the US via DIRECTV.
- CNN International is the number one international TV news channel according to all major media surveys across Europe, the Middle East and Africa, the Asia Pacific region and Latin America.
- In September 2019 [CNN.com](https://www.cnn.com) had 162 million unique readers globally per month and 114 million mobile readers a month, leading the BBC, Yahoo and New York Times.

Best,

**Joanna Hynds**

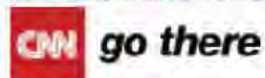
**Planning Desk**

**CNN International**

+ 44 207 693 1640 (office)

+ (b) (6) (cell)

[joanna.hynds@turner.com](mailto:joanna.hynds@turner.com)



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**From:** (b) (6)  
**Sent:** Sun, 9 Feb 2020 07:08:49 -0500  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: CNNI Interview Request: Dr. Anthony Fauci,

Sent from my iPhone

Begin forwarded message:

**From:** "Hynds, Joanna (NE)" <Joanna.Hynds@turner.com>  
**Date:** February 9, 2020 at 6:06:15 AM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Cc:** "Tejera, Isabel (Intern)" <isabel.Tejera@turner.com>, "Lovejoy, Hannah (NE)" <Hannah.Lovejoy@turner.com>  
**Subject:** CNNI Interview Request: Dr. Anthony Fauci,

Dear Dr Fauci,

I hope you are well! I am reaching out from CNN International to enquire if you are available today to join us on **Connect the World** at **11aET** to discuss the coronavirus.

Might this be a possibility? It would be great to arrange this.

Background on CNN

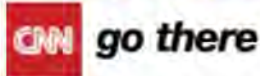
- CNN International reaches more than 250 million households worldwide including in the US via DIRECTV.
- CNN International is the number one international TV news channel according to all major media surveys across Europe, the Middle East and Africa, the Asia Pacific region and Latin America.
- In September 2019 [CNN.com](https://www.cnn.com) had 162 million unique readers globally per month and 114 million mobile readers a month, leading the BBC, Yahoo and New York Times.

Best,

**Joanna Hynds**

**Planning Desk**  
**CNN International**  
+ 44 207 693 1640 (office)  
+ (b) (6) (cell)

[joanna.hynds@turner.com](mailto:joanna.hynds@turner.com)



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 03:33:50 +0000  
**To:** Janet Tobias  
**Subject:** RE: Background question

Janet:

Nothing definite on this. To my knowledge, no one has specifically looked at real cross-reactivity although there have been speculation that because there is about 80-90% homology between nCoV and SARS that there may be some use of the mAbs made against SARS for nCoV. I have not seen any data where people took sera from patients with nCoV and checked if it neutralized SARS and vice versa.

Best,

Tony

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

From: Janet Tobias <janet@ikanamedia.com>  
Sent: Saturday, February 8, 2020 6:27 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
Subject: Background question

Dear Tony: I have a background question as I am wading through reading as much as possible on the 2019 coronavirus. Do we know if the antibodies that can neutralize SARS are also effective against the 2019 coronavirus? I may be completely off track, but just trying to think through some things I am reading.

Janet

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 03:28:39 +0000  
**To:** Lenardo, Michael (NIH/NIAID) [E]  
**Subject:** RE: Hope you're doing well.

Thanks, Mike. Am hanging in there.

---

**From:** Lenardo, Michael (NIH/NIAID) [E] (b) (6) >  
**Sent:** Saturday, February 8, 2020 5:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Hope you're doing well.

Hi Tony,

Was just leaving the lab and saw your car out in front of building 31. Hope you're doing well! I'm sure you're busy with the coronavirus crisis.

You continue to be my inspiration!

Best wishes, Mike

Michael Lenardo M.D.  
NIH Distinguished Investigator  
Chief, Molecular Development of the Immune System Section  
Laboratory of Immune System Biology,  
Director, Clinical Genomics Program,  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
Building 10, Room 11D14  
10 Center Drive, MSC 1892  
Bethesda, MD 20892-1892 USA

Tel: (b) (6) (O); (b) (6) (M)  
FAX: [301-402-8530](tel:301-402-8530)  
Email: (b) (6)

ASSISTANT: Gloria Rodela

Tel: (b) (6)  
Email: (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 8 Feb 2020 20:54:52 +0000  
**To:** (b) (6)  
**Subject:** FW: Invite  
**Attachments:** nejmoa2001316.pdf

Here it is. As discussed, let us re-read and convene sometime tomorrow to outline our approach.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Baden, Lindsey, M.D. <lbaden@nejm.org>  
**Sent:** Saturday, February 8, 2020 12:51 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Invite

Tony,

As I am sure you are aware we recently web released the attached paper providing some initial estimates of key transmission parameters associated with nCoV-2019 virus. It will soon be coming out in a print issue and we would like an editorial to go with it. Might you be willing/interested in authoring such a piece? Our editorials are typically about 800 words with up to 10 references. As soon as you provide it to us we will web release it and then link it with the attached article in an upcoming print issue. Are you interested?

Please confirm no potential COIs.

Thank you for considering,  
Lindsey

*Lindsey R. Baden, MD*  
Deputy Editor  
New England Journal of Medicine



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 8 Feb 2020 17:44:45 +0000  
**To:** Robinson, Sae; Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** naugenstein@wtop.com  
**Subject:** RE: request for info from WTOP's Neal Augenstein

Sae:

I assume that this is taken care of with the interview that I just gave for WTOP today  
Thanks,  
Tony

---

**From:** Robinson, Sae <srobinson@wtop.com>  
**Sent:** Saturday, February 8, 2020 7:57 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: request for info from WTOP's Neal Augenstein

We will call at 11:20 am. Thank you both!

On Feb 8, 2020, at 07:52, Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
wrote:

Dr Fauci can be available for an interview between 11 am ET and 1130 am ET. Please call  
him at (b) (6) back up cell at (b) (6)

What is the exact hit time?

Sent from my iPhone

On Feb 8, 2020, at 7:42 AM, Fauci, Anthony (NIH/NIAID) [E]  
(b) (6) > wrote:

Sae:

Patty will get back to you today.  
Best,  
Tony

---

**From:** Robinson, Sae <srobinson@wtop.com>  
**Sent:** Saturday, February 8, 2020 7:06 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci,

Anthony (NIH/NIAID) [E] (b) (6)

**Subject:** Re: request for info from WTOP's Neal Augenstein

Good morning.

I'd like to follow up on yesterday's inquiry from our reporter Neal.

If Dr. Fauci is available to address the concerns of this cruise ship in Japan with Corona virus (re: air circulation system) today, we'd love him to have him on.

Unfortunately, the first available interview time is after 11 a.m.

If it works, please let me know. This time, we'd like to record an interview to be used for air so we have some flexibility.

Thank you!

Sae Robinson  
WTOP News  
202-895-5060

On Feb 7, 2020, at 12:59, Augenstein, Neal  
<[naugenstein@wtop.com](mailto:naugenstein@wtop.com)> wrote

Begin forwarded message:

**From:** "Conrad, Patricia (NIH/NIAID) [E]"  
(b) (6)>  
**Date:** February 7, 2020 at 12:17:40 PM EST  
**To:** "Augenstein, Neal" <[naugenstein@wtop.com](mailto:naugenstein@wtop.com)>  
**Subject:** RE: request for info from WTOP's Neal Augenstein

Dr Fauci asked that I respond – he is in back to back meeting today up until about 7 pm. If you want to speak with him tomorrow – we might be able to make that work

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director

National Institute of Allergy and Infectious  
Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892

(b) (6)

301-496-4409 fax

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---

**From:** Augenstein, Neal

[<naugenstein@wtop.com>](mailto:naugenstein@wtop.com)

**Sent:** Friday, February 7, 2020 8:29 AM

**To:** Fauci, Anthony (NIH/NIAID) [E]

(b) (6)>

**Subject:** request for info from WTOP's Neal Augenstein

Hi, Dr. Fauci. Hope you're well

Spoke with some passengers aboard the Diamond Princess cruise ship in Japan, where the number of coronavirus cases onboard are jumping. Can we do a brief interview re: thoughts on quarantining on board ship (with, I would assume a closed circulating air system) versus evacuating them?

I'm available at your earliest convenience. Or, if you'd like to just email some thoughts, that'd be great. Thanks and best.

Neal Augenstein

Reporter

103.5FM and wtop.com

Washington, DC

(b) (6) cell

202-895-5060 newsroom

[naugenstein@wtop.com](mailto:naugenstein@wtop.com)

Twitter: @AugensteinWTOP

Skype: WTOPNealAugenstein



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 8 Feb 2020 17:30:45 +0000  
**To:** Awwad, David (NIH/NIAID) [C]; Folkers, Greg (NIH/NIAID) [E]  
**Cc:** NIAID OD AM  
**Subject:** RE: David -- how do we put a link to the Coronavirus public folder on ASF' desktop?

Monday is fine.

---

**From:** Awwad, David (NIH/NIAID) [C] (b) (6) >  
**Sent:** Saturday, February 8, 2020 12:11 PM  
**To:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Cc:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** Re: David -- how do we put a link to the Coronavirus public folder on ASF' desktop?

I will add Monday, unless you want me to connect now.

Sent from my iPhone

On Feb 8, 2020, at 11:42 AM, Folkers, Greg (NIH/NIAID) [E] <(b) (6)> wrote:

<image001.jpg>

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 8 Feb 2020 17:29:51 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Fox and Friends video -- US confirms first American coronavirus death / AS Fauci <http://bit.ly/2tLtgne>

Fyi. It came out well.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, February 8, 2020 11:34 AM  
**Subject:** Fox and Friends video -- US confirms first American coronavirus death / AS Fauci <http://bit.ly/2tLtgne>



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 8 Feb 2020 17:24:25 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** RE: CNN Interview Request: Dr. Anthony Fauci

I believe that we can do this if they do it early in the 10:00 AM segment on Monday. We may also be able to encroach a bit on Diane Rehm's podcast (10:30 ) since I believe that this is taped. I leave this up to you and so please get back to them and work it out if you can. Jim Sciutto (b) (6)). Thanks.

---

**From:** Griffin, Janelle <Janelle.Griffin@turner.com>  
**Sent:** Saturday, February 8, 2020 11:33 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** CNN Interview Request: Dr. Anthony Fauci  
**Importance:** High

Good morning Dr. Fauci,

I hope this email finds you doing well.

I'm reaching out on behalf of Newsroom w/Poppy Harlow & Jim Sciutto hoping you can join for an interview.

Are you available to join CNN this Monday February 10<sup>th</sup> in the 10a et hour?

This would be live for about 5-7 minutes to discuss developments regarding the coronavirus.

Please feel free to contact me via email or at (b) (6) to let me know.

Thanks for your time- I look forward to hearing from you soon.

---

Janelle Griffin-Butts  
Editorial Producer, **CNN**  
Email: [janelle.griffin@turner.com](mailto:janelle.griffin@turner.com) | Twitter: @janellegCNN

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 8 Feb 2020 03:23:51 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Details for "Fox & Friends" Tomorrow (Saturday) LIVE at 8:30am ET

I am OK with their coming to the house without a truck. I will call you in the AM.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, February 7, 2020 7:42 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Fwd: Details for "Fox & Friends" Tomorrow (Saturday) LIVE at 8:30am ET

Am at dinner. Will call u later

Sent from my iPhone

Begin forwarded message:

**From:** "Zuccaro, Alexandra" <[Alexandra.Zuccaro@FOXNEWS.COM](mailto:Alexandra.Zuccaro@FOXNEWS.COM)>  
**Date:** February 7, 2020 at 7:16:21 PM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >  
**Subject:** RE: Details for "Fox & Friends" Tomorrow (Saturday) LIVE at 8:30am ET

They'll be at his house. Sorry, the truck wasn't available, but this will work just as well too!

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, February 7, 2020 6:51 PM  
**To:** Zuccaro, Alexandra <[Alexandra.Zuccaro@FOXNEWS.COM](mailto:Alexandra.Zuccaro@FOXNEWS.COM)>  
**Subject:** [EXTERNAL] Re: Details for "Fox & Friends" Tomorrow (Saturday) LIVE at 8:30am ET

Will they set up outside his house or is this the trick that he goes into it for the interview?

Sent from my iPhone

On Feb 7, 2020, at 6:49 PM, Zuccaro, Alexandra  
<[Alexandra.Zuccaro@foxnews.com](mailto:Alexandra.Zuccaro@foxnews.com)> wrote:

Hi Everyone,



Babu Aryankalayil is set to arrive at (b) (6) around 7:30am/est tomorrow for our interview with Dr. Anthony Fauci. Babu, please give Dr. Fauci a call on his cell about 15 minutes before arrival. The IFB and PL Numbers are below. Please let us know if you have any questions, and please also let us know what REM this will be on.

"Fox & Friends"

DATE: Saturday, February 8<sup>th</sup>

CREW ARRIVAL TIME: 7:30am ET

ADDRESS: (b) (6)

LIVE TALK BACK: 8:35am ET – 8:40am ET with Pete Hegseth, Emily Compagno, & Jason Chaffetz

Satellite Window: 0700-0800

GUEST: Dr. Anthony Fauci

TOPIC: CORONAVIRUS CRUISE SHIP LATEST

GUEST CONTACT: Dr. Anthony Fauci, (b) (6) / Media contact Patricia Conrad cell: (b) (6) cell: (b) (6)

CREW CONTACT: Babu Aryankalayil, (b) (6) / (b) (6)

F&F NYC CONTACTS:

Technical Director: Todd Boone: Phone - (b) (6) email: [todd.boone@foxnews.com](mailto:todd.boone@foxnews.com)

F&F Control Room Contact: Tami Radabaugh, (b) (6) email: [Tami.Radabaugh@FOXNEWS.COM](mailto:Tami.Radabaugh@FOXNEWS.COM)

PL: 800-369-5815, Camera and Tech: (b) (4) Producers: (b) (4)

IFB: 800-369-6719

ACQ and REM Coordinator: 212-301-3200

NY Transmission: 212-301-3100

NY Sat Desk (Bookings) 212-301-3400

A.M. Emergency Contact: Mary Carol Butterfield: Cell: (b) (6) & NYC Greenroom (212) 301-1983 email: [Mary.Butterfield@FOXNEWS.COM](mailto:Mary.Butterfield@FOXNEWS.COM)

Thanks,

Alexandra Zuccaro



**"Fox & Friends"**

Fox News Channel

1211 Avenue of the Americas, 2nd Floor

New York, NY 10036

Cell: [REDACTED] (b) (6)

[Alexandra.Zuccaro@FOXNEWS.COM](mailto:Alexandra.Zuccaro@FOXNEWS.COM)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 20:20:58 +0000  
**To:** Mellors, John W  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** Re: Important Brief Conversation  
**Attachments:** image001.gif

I know. Glad we could work it out

On Feb 7, 2020, at 11:48 AM, Mellors, John W (b) (6) > wrote:

Dear Tony,  
Approval received from DHHS. The shipment of remdesivir to China is on it's way.  
No need to connect.  
Thanks,  
John

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Sent:** Thursday, February 6, 2020 7:04:53 PM  
**To:** Mellors, John W (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] < (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C] (b) (6)  
**Subject:** RE: Important Brief Conversation

John:  
Please give me office a call tomorrow and they will set up a time to connect us.  
Best,  
Tony

**From:** Mellors, John W (b) (6)  
**Sent:** Thursday, February 6, 2020 5:38 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Mellors, John W (b) (6) >  
**Subject:** Important Brief Conversation

Dear Tony, Cliff

Could we speak briefly about an important international coronavirus trial that is in jeopardy?

My mobile phone number is (b) (6)

John

John W. Mellors, M.D.  
Chief, Division of Infectious Diseases  
Distinguished Professor and Endowed Chair for Elimination of HIV and AIDS  
University of Pittsburgh School of Medicine  
Scaife Hall, Suite 818  
3550 Terrace Street  
Pittsburgh, PA 15261

Tel: (b) (6)

Fax: 412 383-7982

E-mail: (b) (6)

Visit our Division website: <http://www.dept-med.pitt.edu/ID/>

Read the "ID Pitt Stop" blog: <https://idpittstop.wordpress.com>

Like us

[<image001.gif>](#)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 15:37:53 +0000  
**To:** (b) (6)  
**Subject:** RE: NIH position on travel to Singapore???

Go to CDC website. There are no travel alerts for Singapore and so for now it is OK to travel there.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** (b) (6)  
**Sent:** Friday, February 7, 2020 9:03 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Fwd: NIH position on travel to Singapore???

jim lynch is asking for sources of info for travel advice re: coronavirus. (b) (6) is planning to go to Singapore. any suggestions?

----- Forwarded message -----

**From:** James L (b) (6)>  
**Date:** Thu, Feb 6, 2020 at 8:16 AM  
**Subject:** NIH position on travel to Singapore???  
**To:** (b) (6)

Hi (b) (6)

(b) (6) is scheduled to travel to Singapore on March 9th for a week.

What is the best source of up-to-date information and travel recommendations related to the coronavirus?

Thanks

Jim

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 10:46:54 +0000  
**To:** NIAID OD AM  
**Subject:** FW: Royal Society of Medicine london

Let us discuss.

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

**From:** Ian Hosein (b) (6)  
**Sent:** Friday, February 7, 2020 5:20 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Royal Society of Medicine london

Hello Dr Fauci,

By way of introduction, I was Jim MacLowry's last fellow at the NIH and have been working in the UK since then as a medical microbiologist and hospital epidemiologist.

I am the lead medical microbiologist at the Royal Society of Medicine in the UK and was wondering about your availability please to speak at a conference on emergent Coronavirus threats to be held at the RSM on November 24th coming?

The RSM is a unique educational charity here and we have councils covering all aspects of healthcare. The program is still developing but I wanted to check on your availability quickly- we have an academic fund to which I can apply to cover your trip but will need to do so soon.

It was both exciting and inspirational being a senior staff fellow at the NIH - my background is international;

(b) (6) and the international perspectives at the NIH were so encouraging. All non- American fellows recognised the national strategic remit of the NIH for the US , but I have often wondered if an assessment has ever been made of how fellows like myself have brought the spirit of that institution to other nations.

With kind regards,

Ian

Ian K Hosein MD FCAP FRCPath MBA  
Royal Society of Medicine  
London  
Mobile (b) (6)

Sent from my iPad

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:56:15 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Comment on NEJM details of "asymptomatic" contact in Germany  
**Attachments:** nejmc2001468\_appendix.pdf

Please set up a call. Happy to do over the weekend or Friday evening.

**From:** Ian Ingram <iingram@medpagetoday.com>  
**Sent:** Thursday, February 6, 2020 1:34 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Comment on NEJM details of "asymptomatic" contact in Germany

Hi Dr. Fauci,  
I'm filling in for Molly Walker on the coronavirus beat while she's covering a meeting for *MedPage Today*, but I wanted to see if you could be available to offer your quick reaction to the Supplementary Index published today (attached) in the *New England Journal of Medicine* regarding the widely reported asymptomatic contact in Germany.

Looking at the patient's daily take on how she felt it's unclear to me whether this qualifies as symptomatic or not. I imagine this will be disputed.

Best regards,

- Ian

--

Ian Ingram  
Deputy Managing Editor  
MedPage Today LLC  
(b) (6)  
[iingram@medpagetoday.com](mailto:iingram@medpagetoday.com)  
[medpagetoday.com](http://medpagetoday.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:53:47 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: BuzzFeed News: 2019-nCoV vaccine development questions

Please set up a call with this person. Happy to do over the weekend.

**From:** Dan Vergano <dan.vergano@buzzfeed.com>  
**Sent:** Wednesday, February 5, 2020 3:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** BuzzFeed News: 2019-nCoV vaccine development questions

Dr. Fauci,

As you may recall, I'm a science reporter at BuzzFeed News. We wonder if you might have any perspective (or might recommend someone to comment) for a novel coronavirus story we are writing for this weekend, regarding vaccine efforts.

In short, we wonder how you see an eventual vaccine playing a role in the future of the outbreak? CDC has described the virus as not mutating as much as influenza – does that suggest a vaccine would provide more than seasonal protection?

In the long term, we had a few other questions. Is this something you could see added to the MMR protocol for the general public, or only in regions where there are local outbreaks (is there an analogy to SARS or MERS vaccines in this contemplated use)? Is there any aspect of a race against time in vaccine development if this coronavirus is seasonal like influenza?

We are basically trying to understand where a vaccine fits into the future response to this new virus. we asked you these sort of questions about the Zika vaccine efforts and your perspective really helped a lot. Apologies for all the questions, if you had any perspective, we'd be grateful

Dan Vergano  
BuzzFeed News  
(b) (6)

cc: Kathy Stover

**Dan Vergano** | Science Desk (DC) | (b) (6)  
**BuzzFeed News**  
1630 Connecticut Ave. 7th Floor, Washington DC 20009  
Send secure tips -- [contact.buzzfeed.com](https://www.buzzfeed.com/contact)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:45:34 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: ASF / please see table from 1-29-2019 NEJM paper on Wuhan cases

Very interesting!!

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Thursday, February 6, 2020 2:22 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Doepel, Laurie (NIH/NIAID) [E] (b) (6) >; Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6) >; Lerner, Andrea (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Subject:** ASF / please see table from 1-29-2019 NEJM paper on Wuhan cases

Please see next to last line, which gives % of transmissions with "no exposure to either market or person with respiratory symptoms"

(b) (5)

[N Engl J Med](#). 2020 Jan 29. doi: 10.1056/NEJMoa2001316. [Epub ahead of print]

## Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia.

[Li Q<sup>1</sup>](#), [Guan X<sup>1</sup>](#), [Wu P<sup>1</sup>](#), [Wang X<sup>1</sup>](#), [Zhou L<sup>1</sup>](#), [Tong Y<sup>1</sup>](#), [Ren R<sup>1</sup>](#), [Leung KSM<sup>1</sup>](#), [Lau EHY<sup>1</sup>](#), [Wong JY<sup>1</sup>](#), [Xing X<sup>1</sup>](#), [Xiang N<sup>1</sup>](#), [Wu Y<sup>1</sup>](#), [Li C<sup>1</sup>](#), [Chen Q<sup>1</sup>](#), [Li D<sup>1</sup>](#), [Liu T<sup>1</sup>](#), [Zhao J<sup>1</sup>](#), [Li M<sup>1</sup>](#), [Tu W<sup>1</sup>](#), [Chen C<sup>1</sup>](#), [Jin L<sup>1</sup>](#), [Yang R<sup>1</sup>](#), [Wang Q<sup>1</sup>](#), [Zhou S<sup>1</sup>](#), [Wang R<sup>1</sup>](#), [Liu H<sup>1</sup>](#), [Luo Y<sup>1</sup>](#), [Liu Y<sup>1</sup>](#), [Shao G<sup>1</sup>](#), [Li H<sup>1</sup>](#), [Tao Z<sup>1</sup>](#), [Yang Y<sup>1</sup>](#), [Deng Z<sup>1</sup>](#), [Liu B<sup>1</sup>](#), [Ma Z<sup>1</sup>](#), [Zhang Y<sup>1</sup>](#), [Shi G<sup>1</sup>](#), [Lam TTY<sup>1</sup>](#), [Wu JTK<sup>1</sup>](#), [Gao GF<sup>1</sup>](#), [Cowling BJ<sup>1</sup>](#), [Yang B<sup>1</sup>](#), [Leung GM<sup>1</sup>](#), [Feng Z<sup>1</sup>](#).  
DOI:[10.1056/NEJMoa2001316](#)

**Table 1. Characteristics of Patients with Novel Coronavirus–Infected Pneumonia in Wuhan as of January 22, 2020.\***

| Characteristic                                                   | Before January 1<br>(N = 47) | January 1 –January 11<br>(N = 248) | January 12 –January 22<br>(N = 130) |
|------------------------------------------------------------------|------------------------------|------------------------------------|-------------------------------------|
| Median age (range) — yr                                          | 56 (26–82)                   | 60 (21–89)                         | 61 (15–89)                          |
| Age group — no./total no. (%)                                    |                              |                                    |                                     |
| <15 yr                                                           | 0/47                         | 0/248                              | 0/130                               |
| 15–44 yr                                                         | 12/47 (26)                   | 39/248 (16)                        | 33/130 (25)                         |
| 45–64 yr                                                         | 24/47 (51)                   | 106/248 (43)                       | 49/130 (38)                         |
| ≥65 yr                                                           | 11/47 (23)                   | 103/248 (42)                       | 48/130 (37)                         |
| Male sex — no./total no. (%)                                     | 31/47 (66)                   | 147/248 (59)                       | 62/130 (48)                         |
| Exposure history — no./total no. (%)                             |                              |                                    |                                     |
| Wet market exposure                                              | 30/47 (64)                   | 32/196 (16)                        | 5/81 (6)                            |
| Huanan Seafood Wholesale Market                                  | 26/47 (55)                   | 19/196 (10)                        | 5/81 (6)                            |
| Other wet market but not Huanan Seafood Wholesale Market         | 4/47 (9)                     | 13/196 (7)                         | 0/81                                |
| Contact with another person with respiratory symptoms            | 14/47 (30)                   | 30/196 (15)                        | 21/83 (25)                          |
| No exposure to either market or person with respiratory symptoms | 12/47 (26)                   | 141/196 (72)                       | 59/81 (73)                          |
| Health care worker — no./total no. (%)                           | 0/47                         | 7/248 (3)                          | 8/122 (7)                           |

\* Reduced denominators indicate missing data. Percentages may not total 100 because of rounding.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:38:45 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Latest

Please set up a call with David for the weekend.

**From:** davidwillman (b) (6)  
**Sent:** Thursday, February 6, 2020 2:02 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Latest

Hi Tony,

I know you must be swamped by matters related to the coronavirus. Nonetheless, I'd really like to confer, even if briefly. Would you have any window by phone today, over the weekend or next week? I'll also call Kim Barasch, per your recent guidance.

I'm researching an article that will chiefly explore the status of the Defense Department's advanced development and manufacturing facility in Alachua, Florida. On a related note, I'm also curious re the three HHS/BARDA facilities.

Best, David

David Willman  
Washington Post  
202-334-7081 --desk  
(b) (6) --mobile  
301-656-3401 --alternate desk  
[david.willman@washpost.com](mailto:david.willman@washpost.com)  
(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:11:47 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Reporter working on coronavirus vaccine story

Let us discuss. Maybe over the weekend

---

**From:** Morris, Amanda <Amanda.Morris@gannett.com>  
**Sent:** Thursday, February 6, 2020 4:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Reporter working on coronavirus vaccine story

Hi Anthony,

I hope this email finds you well! My name is Amanda Morris and I'm a bioscience reporter at the Arizona Republic, part of the USA Today network. I'm reaching out because I'm currently working on a story about how some ASU researchers (Brenda Hogue, Bert Jacobs and Shawn Chen) are trying to develop strategies to make a vaccine against the new coronavirus as well as a general platform they can use in the case of future new coronavirus strain outbreaks in humans.

I know globally there are many researchers trying to develop a vaccine for this new coronavirus, and that the NIH is working with Moderna to do so – and hopes to start testing with in a few months. I'm wondering if I can talk to you over the phone and ask a few questions about the work that NIH is doing, and what the broader challenges are for developing a vaccine? I'd like to have broader context about vaccines for our readers.

Please let me know as soon as possible. You can call or text me at (b) (6) Thank you!

All my best,  
Amanda Morris

*Bioscience Reporter for The Arizona Republic*

Work phone: 602-444-8739

After hours and weekends, you can call or text my cell: (b) (6)

Email: [amorris@gannett.com](mailto:amorris@gannett.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:04:53 +0000  
**To:** Mellors, John W  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** RE: Important Brief Conversation

John:

Please give me office a call tomorrow and they will set up a time to connect us.

Best,

Tony

---

**From:** Mellors, John W (b) (6)  
**Sent:** Thursday, February 6, 2020 5:38 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Mellors, John W (b) (6)  
**Subject:** Important Brief Conversation

Dear Tony, Cliff

Could we speak briefly about an important international coronavirus trial that is in jeopardy?

My mobile phone number is (b) (6)

John

John W. Mellors, M.D.  
Chief, Division of Infectious Diseases  
Distinguished Professor and Endowed Chair for Elimination of HIV and AIDS  
University of Pittsburgh School of Medicine  
Scaife Hall, Suite 818  
3550 Terrace Street  
Pittsburgh, PA 15261


Tel: (b) (6)

Fax: 412 383-7982

E-mail (b) (6)

Visit our Division website: <http://www.dept-med.pitt.edu/ID/>

Read the "ID Pitt Stop" blog: <https://idpittstop.wordpress.com>

Like us 

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:01:07 +0000  
**To:** Howard Bauchner  
**Subject:** RE: Subtitled Coronavirus Video

Howard:

Thanks for the feedback.

Best,  
Tony

---

**From:** Howard Bauchner <Howard.Bauchner@jamanetwork.org>  
**Sent:** Thursday, February 6, 2020 6:39 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** FW: Subtitled Coronavirus Video

Tony

First live stream/podcast now with Chinese interpretation. URL below.

Second live stream/podcast will be put up tomorrow. URL below.

Couple big thank yous from prominent science writers – NYT/WSJ – said learned more listening to you for 30 minutes then everything they read in the last few weeks.

My response when you have a very wise scientist, who hears the question and answers the question, and has 40+ years of experience we should listen and learn.

Be well.

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

---

**From:** Karen Adams-Taylor <[Karen.Adams-Taylor@ama-assn.org](mailto:Karen.Adams-Taylor@ama-assn.org)>  
**Date:** Thursday, February 6, 2020 at 4:59 PM  
**To:** Howard Bauchner <[Howard.Bauchner@jamanetwork.org](mailto:Howard.Bauchner@jamanetwork.org)>, Annette Flanagin <[Annette.Flanagin@jamanetwork.org](mailto:Annette.Flanagin@jamanetwork.org)>, Michael Berkwits <[Michael.Berkwits@jamanetwork.org](mailto:Michael.Berkwits@jamanetwork.org)>, Tom Easley <[Tom.Easley@ama-assn.org](mailto:Tom.Easley@ama-assn.org)>, Brian Shields <[Brian.Shields@ama-assn.org](mailto:Brian.Shields@ama-assn.org)>, Betsy Solaro <[Elizabeth.Solaro@ama-assn.org](mailto:Elizabeth.Solaro@ama-assn.org)>, Sean O'Donnell



<Sean.O'Donnell@ama-assn.org>, Tiffany Jones <[Tiffany.Jones@ama-assn.org](mailto:Tiffany.Jones@ama-assn.org)>

**Subject:** Subtitled Coronavirus Video

The 1/27 Fauci subtitled video is now live: <https://jamanetwork.com/journals/jama/pages/coronavirus-alert> The 2/6 Fauci update video will go to the translator tomorrow.

-Karen

.....

**Karen Adams-Taylor**

Vice President, Publishing Production Operations

**JAMA Network™**

330 N Wabash Ave, Ste 39300, Chicago, IL 60611

T (b) (6)

[jamanetwork.com](http://jamanetwork.com)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:00:35 +0000  
**To:** Greg Folkers (b) (6); Billet, Courtney (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Subtitled Coronavirus Video

fyi

---

**From:** Howard Bauchner <Howard.Bauchner@jamanetwork.org>  
**Sent:** Thursday, February 6, 2020 6:39 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** FW: Subtitled Coronavirus Video

Tony

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Second live stream/podcast will be put up tomorrow. URL below.

Couple big thank yous from prominent science writers – NYT/WSJ – said learned more listening to you for 30 minutes then everything they read in the last few weeks.

My response when you have a very wise scientist, who hears the question and answers the question, and has 40+ years of experience we should listen and learn.

Be well.

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

---

**From:** Karen Adams-Taylor <[Karen.Adams-Taylor@ama-assn.org](mailto:Karen.Adams-Taylor@ama-assn.org)>  
**Date:** Thursday, February 6, 2020 at 4:59 PM  
**To:** Howard Bauchner <[Howard.Bauchner@jamanetwork.org](mailto:Howard.Bauchner@jamanetwork.org)>, Annette Flanagin <[Annette.Flanagin@jamanetwork.org](mailto:Annette.Flanagin@jamanetwork.org)>, Michael Berkwits <[Michael.Berkwits@jamanetwork.org](mailto:Michael.Berkwits@jamanetwork.org)>, Tom Easley <[Tom.Easley@ama-assn.org](mailto:Tom.Easley@ama-assn.org)>, Brian Shields <[Brian.Shields@ama-assn.org](mailto:Brian.Shields@ama-assn.org)>, Betsy Solaro <[Elizabeth.Solaro@ama-assn.org](mailto:Elizabeth.Solaro@ama-assn.org)>, Sean O'Donnell <[Sean.O'Donnell@ama-assn.org](mailto:Sean.O'Donnell@ama-assn.org)>, Tiffany Jones <[Tiffany.Jones@ama-assn.org](mailto:Tiffany.Jones@ama-assn.org)>  
**Subject:** Subtitled Coronavirus Video

The 1/27 Fauci subtitled video is now live: <https://jamanetwork.com/journals/jama/pages/coronavirus-alert> The 2/6 Fauci update video will go to the translator tomorrow.

-Karen

.....

**Karen Adams-Taylor**

Vice President, Publishing Production Operations

**JAMA Network™**

330 N Wabash Ave, Ste 39300, Chicago, IL 60611

T (b) (6)

[jamanetwork.com](https://jamanetwork.com)

**From:** (b) (6)  
**Sent:** Thu, 6 Feb 2020 15:09:43 -0500  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E];Eisinger, Robert (NIH/NIAID) [E];Lerner, Andrea (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]  
**Subject:** Re: ASF --- Morens + Daszak +Taubeneberger paper

I agree. I will not be a co-author

On Feb 6, 2020, at 1:59 PM, Folkers, Greg (NIH/NIAID) [E]  
(b) (6)>wrote:



So the question to you – do you want to be part of this? ie be a coauthor

I would vote no – it wud look weird to add you as a coauthor now. Plus, plate too full.....

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 17:36:11 +0000  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: nCoV: Heads-up

Thanks, Jim.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** (b) (6)  
**Sent:** Thursday, February 6, 2020 10:33 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** (b) (6)  
**Subject:** nCoV: Heads-up

Tony : As per below, we wanted to give you a heads up that (b) (4)  
(b) (6)  
(b) (6). We will keep you updated. Best. John and Jim

## [French drugmaker Sanofi working on coronavirus initiative](#)

### **CHINA-HEALTH/SANOFI (PIX):French drugmaker Sanofi working on coronavirus initiative**

PARIS, Feb 6 (Reuters) - French drugmaker Sanofi will announce a new coronavirus initiative within the next two weeks, its chief executive said on Thursday, adding that it wants to present something concrete and not add to "fantasies".

At least a dozen drugmakers are working on vaccines or antivirals to help those infected with the fast-spreading virus that has killed more than 500 people in China, but several have warned that development of treatments will take time.

"We have seen a flurry of activities from other companies," CEO Paul Hudson told a news conference after Sanofi published 2019 results on Thursday.

"We are one of the few companies that has the expertise to know when it is just a fantasy, or when it could be real. In the next week or two, you will see something more confirmatory about the approach we will take."

Hudson declined to give further details.

Sanofi had already said it was sharing its expertise and data acquired from other outbreaks with the Coalition for Epidemic Preparedness Innovations (CEPI), which is working with biotech businesses to try to develop a vaccine candidate for the coronavirus.

Britain's GlaxoSmithKline is also collaborating with CEPI.

"The objective here is not a newspaper headline, it is real work that will make a difference," Hudson said.

(Reporting by Matthias Blamont Writing by Sarah White Editing by David Goodman)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 16:28:04 +0000  
**To:** hiattf@washpost.com  
**Cc:** Redfield, Robert R. (CDC/OD);Fauci, Anthony (NIH/NIAID) [E]  
**Subject:** Proposed OpEd  
**Attachments:** Redfield and Fauci - Coronavirus OpEd - 02-06-2020 - FINAL.docx

Fred:

I hope that all is well with you. (b) (6)

(b) (6). Within this context, Bob Redfield and I have written an OpEd on the government response to the novel coronavirus outbreak. Would the *Post* have any interest in this? Many thanks.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 14:34:57 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]  
**Subject:** RE: Requested coronavirus talking points for press conference  
**Attachments:** Talking Points for NIAID Director Dr. Fauci - press conference - 02-06-2020 - Fauci Press remarks with tracked edits.docx

Oooops! Forgot the attachment. Here it is.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thursday, February 6, 2020 9:34 AM  
**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Requested coronavirus talking points for press conference

Here is my revised and updated press remarks with my tracked edits showing. Please accept edits, do a spell and grammar check and resubmit. Also, put a copy in my folder. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)



FAX: (301) 496-4409

E-mail: (b) (6)

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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)

**Sent:** Thursday, February 6, 2020 9:16 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >

**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6) >; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)

**Subject:** FW: Requested coronavirus talking points for press conference

HHS has asked us for your talking points for the press conference by 11am. We were planning to resubmit these. As was the case last time, this is a placeholder for the WH to know the outlines of what you would say. This is not a script.

Is it OK for us to send this to Bill?

---

**From:** Selgrade, Sara (NIH/NIAID) [E] (b) (6) >

**Sent:** Thursday, February 6, 2020 8:37 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)

**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6)

**Subject:** Requested coronavirus talking points for press conference

Dr. Fauci,

Attached please find the requested talking points from your last coronavirus press conference.

Please let us know if you need anything else.

Thanks,  
Sara

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 10:58:13 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Cassetti, Cristina (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Follow up on Addis Meeting

Francis:

Thanks for the note. Best to have Trevor have his program person who will be leading this effort contact Cristina Cassetti in DMID. Cristina and Emily Erbelding could do all of the necessary and appropriate coordination.

Thanks,  
Tony

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Thursday, February 6, 2020 4:56 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: Follow up on Addis Meeting

See reference to coronavirus research in the note from Trevor. How would you like to coordinate this?

FC

---

**From:** Trevor Mundel (b) (6) >  
**Sent:** Wednesday, February 5, 2020 10:55 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Cc:** Eiss, Robert (NIH/FIC) [E] (b) (6); Glass, Roger (NIH/FIC) [E] <(b) (6)>; Kedest Tesfagiorgis <(b) (6)>  
**Subject:** Re: Follow up on Addis Meeting

That would be great Francis. You might have seen our announcement this morning on the Coronavirus response funding and \$60M of the 100 is for R&D especially therapeutics rather than vaccines so we might want a quick call in the next few days to think about how we coordinate this - I've been in touch with Jeremy as well. Trevor

Trevor Mundel, MD, PhD  
President, Global Health Program

V (b) (6)

F +1.206.494.7041

E (b) (6)

(b) (6)

Executive Assistant  
Office of the President, Global Health

V (b) (6)  
M (b) (6)  
E (b) (6)  
Bill & Melinda Gates Foundation  
[www.gatesfoundation.org](http://www.gatesfoundation.org)

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Wednesday, February 5, 2020 3:11 PM  
**To:** Trevor Mundel  
**Cc:** Eiss, Robert (NIH/FIC) [E]; Glass, Roger (NIH/FIC) [E]  
**Subject:** RE: Follow up on Addis Meeting

Hey Trevor,

This is an excellent development. How about I send you a proposal of possible CARI TPs for Elioda – in the next 24 hours?

Francis

---

**From:** Trevor Mundel (b) (6)  
**Sent:** Wednesday, February 5, 2020 4:43 PM  
**To:** Tumwesigye Elioda (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6) >  
**Cc:** (b) (6)  
**Subject:** Re: Follow up on Addis Meeting

That's great to hear Elioda and congratulations, many thanks for letting us know. We will certainly get back to you shortly to enlist your help with the CARI initiative at AU level.

Warm regards,  
Trevor

---

**From:** Tumwesigye Elioda (b) (6) >  
**Sent:** Wednesday, February 5, 2020 1:16 PM  
**To:** Trevor Mundel; Francis Collins  
**Cc:** (b) (6)  
**Subject:** Follow up on Addis Meeting

Dear Trevor,

Greetings from Uganda and indeed Africa. It was pleasure meeting you at the Grand Challenges Meeting in Ethiopia late last year. While there you, Francis Collins and I among others discussed the CARI Initiative and the need to support research, entrepreneurship and innovation in a big way in Africa. We also explored the mechanism for CARI Funding. We were also looking for a mechanism to reach the Committee of Ten (C10) Heads of State and Government championing Education, Science and Technology in Africa.



Well allow me to inform you that on 13th Dec 2019, I was elected to chair for 2 years the Ministers of Education and of Science and Technology in all the 55 Members States in Africa. We do this under the Specialized Technical Committee on Education, Science and Technology (STC-EST). This Saturday on 8th Feb in Addis, as chair of the ST -EST I will attend and speak at the Meeting of the above-mentioned C10.

The purpose of this message is to let you know of my added responsibilities and related opportunities as well as seek for any update or latest information regarding the CARI initiative. I look forward to intensified communication and collaboration.

Regards

Dr. Elioda Tumwesigye  
Minister Science, Technology and Innovation  
Republic of Uganda  
Tel: [REDACTED] (b) (6)

Sent from my iPad

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 04:10:50 +0000  
**To:** Casetti, Cristina (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Pandemic Threat Reduction

Similar e-Email from Dr. Tubb.

**From:** Richard Tubb (b) (6) >  
**Sent:** Thursday, January 30, 2020 11:35 AM  
**To:** (b) (6) Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Subject:** Fwd: Pandemic Threat Reduction

Good morning Tony.

Given your most recent appointment, I wanted to show you the courtesy of letting you know what I have already provided to senior leaders at the White House regarding a possible mitigating strategy until the definitive solution to the CoV is available and implemented. The string below includes additional information as to how titanium dioxide can fit into both the White House and the National/International solutions, and the open-source website for the company. Please keep in mind that because this product is already approved and in use in the EU for a variety of commercial uses, the data provided does not specifically address the applications I, and you, are interested in. However, with a deep understanding of the White House mission, I can say that there is not a big leap in that thought migration.

Dr. Jackson has already provided the same material to some of your White House Commission colleagues. I will also be reaching out to another friend of mine from the Bush-now-Trump Administration, Steve Biegun.

I encourage your representatives to meet with the company leadership and scientists while they are in the US next week. Please let me know if you have any questions that I can address. Thank you for once again stepping up to the plate for our Country.

v/r

Dick

ps...I remembered this morning where you and I last spoke--Bush (41) funeral.

----- Forwarded message -----

From: **Richard Tubb** (b) (6) >

Date: Thu, Jan 30, 2020 at 8:54 AM

Subject: Re: Pandemic Threat Reduction

Good morning Gentlemen,

I just spoke with Ronny and believe I need to offer A relevant update and one point of explanation.

First, the company's joint venture partner in India is meeting with the Indian government as we speak. It appears likely that in light of the news of India's introduction to the corona virus the government will utilize their "National Catastrophe Budget" to expedite the funding necessary to secure and execute a contract with this company.

Secondly, I will attach the open source web site for the company to provide you background information that, out of respect for your time and for the sake of brevity, I left out of yesterday's note. It's important to note a couple of things:

This product is already proved and is in use in the EU with all the approvals appropriate for the same.

Secondly, in our language, this is a "standoff productr"—i.e. you apply it once and it continues to decontaminate and disinfect in the background for up to 1-5 years before retreating. (Depending on the type of use, normal daily cleaning using their cleaning solution—that is cheaper and more effective than what the application normally would use, e.g. in a hotel—continues). The chemical treats anything organic, i.e. bacteria, viruses, VOC, bio threats, etc. because it is a catalyst, it is neither used up, nor



does it produce microbial resistance or superbugs. It decontaminates and disinfects surfaces (e.g, airplanes and government critical infrastructures) and the air around the surface (and HVAC filters and air handlers).

The leadership will be in DC next week. I highly encourage any and all potential stakeholders make time to meet with them while they are here. To that end, I had already emailed Dr. Fauci (with whom I worked a great deal on similar challenges during the Bush Administration) before the announcement of his participation on the new coronavirus commission, I will also reach out to an old friend and colleague Steve BIEGUN now that he is in the commission. Please feel free to forward the information to others as you deem appropriate.

Thanks,

Dick Tubb

<https://act.global/>

Ps...once again, in my haste to get this to you, via iPad, please forgive typos and other apparent crimes against the dictionary.

Sent from my iPad

On Jan 29, 2020, at 3:15 PM, Richard Tubb (b) (6) wrote:

Gentlemen, Brothers, and Others...

This is Dick Tubb, writing on behalf of Admiral Jackson and Dr. Hofmann (both copied herein). It feels like "old times"--I'm undecided as to whether they are good old times, or otherwise. Regardless, it does feel like we've been down a very similar road before. Perhaps we can apply some of the lessons-learned to the inevitable problems ahead.

In light of the current and evolving threat presented by the corona virus, I am writing to you as a courtesy to inform you of a project that Admiral Jackson, Dr. Hofmann, and I have been consulting on. We believe so strongly in the technology, people, and potential that we have been consulting pro bono and currently have no financial stake in the project. While not developed specifically designed for such purposes, I increasingly believe that until a vaccination and treatment for the corona virus is available, this technology may be the last best chance in containing, and eradicating the virus, thereby protecting the homeland, our economy, the Continuity of the Presidency, an Enduring Constitutional Government, our people and our Country. Moreover, reverting to my "lessons-learned, problems-ahead" statement, even after this crisis is over, and a vaccine and treatment procured, it will only be a matter of time until "next time." This letter is proof-positive of that reality. My experiences, especially in the early 2000's (e.g. anthrax and other biothreats, SARs, etc.) underpin my beliefs.

The technology that provides the solution, both now and in the future, involves a unique formulation of a photo catalytic



nano titanium dioxide solution (the Air Force guys will, of course, understand what that means, so you non-Air Force folks, just buy them a beer and they'll explain it to you) that is safer, more effective, and more cost effective than any other solution. It was developed and approved in the EU, and I have asked the senior leadership of the company to come to Washington DC next week. Dr. Hofmann and I spent the day yesterday with a Chinese "titan" respected by and with access to the most senior government officials, academic and medical giants, and investment and industry captains. I have encouraged, and he has agreed in principal, to follow our recommendations as they relate to their largest airline, and their key facilities.

In short, our strategic priority is to first fortify the weak link in the pandemic chain: the airlines. Doing so will provide the time necessary to isolate, contain, and ultimately destroy the threat at its source (Wuhan), and in its home (China). As President Bush so commonly stated about a very different threat, we need to fight the battle over there, so that we don't have to fight the battle here. Although President Bush was a true believer in the threat of a pandemic, I believe this threat, and the

threats that are surely to follow are, in reality, many, many times greater than the threat he envisioned when making that statement. By fighting a possible impending pandemic at its source we will preserve and protect the safety and confidence of our people, and the strength of our economy.

Once we have interrupted the threat supply chain, we can then shore up our critical infrastructure using the same technology and process, then assist the Chinese in addressing their challenges, and protect our international allies elsewhere. In that vein, in addition to the Chinese, I have also discussed this technology and strategy with senior proxies for another of my former patients, His Royal Highness, the Crown Prince of Saudi Arabia, and his father, the King.

As I noted above, I have asked the leadership of the company to come to Washington (from Germany and Denmark) next week for a variety of meetings. While Admiral Jackson will be "tied up in Texas" for the foreseeable future, please let me know if you would like to meet with myself or Dr. Hofmann, or the company

leadership while they are here, to learn more.

Thank you and my best to you all as you plan for and continue to protect our Country,

Very Respectfully,

Dick Tubb

ps. For your SA, I have also attached below the latest sit rep on the coronavirus.

--

Richard J. Tubb, MD  
Brigadier General (retired)  
White House Physician Emeritus

### **Shoreland's *Travax News Alert Service*— Abbreviated**

**China: More than 2,800 Cases of 2019-nCoV in 30 Provinces/Municipalities, Mainly in Wuhan; Cases Exported to 16 Countries**

#### **WHAT'S NEW**

According to regional health authorities, more than 1,800 additional, confirmed cases (including 25 deaths) of pneumonia caused by 2019 novel coronavirus (2019-nCoV) have been reported since January 27, 2020, throughout the country, mainly in the provinces of Hubei (1,291), Guangdong (207), Zhejiang (173), Henan (168), and Hunan (143) and in the cities of Chongqing (132), Beijing (19), and Shanghai (13). Most new cases had a travel history to Wuhan. Almost all the recent deaths occurred in Hubei Province. Twenty more patients have recovered and been

discharged. More than 4,600 confirmed cases (including > 100 deaths) have occurred since December 8, 2019.

A total of 13 additional, exported, confirmed cases have been reported (through January 28, 2:00 p.m. EST) since Monday, January 27. More than 25 cases have been exported in the past 7 days. Cases reported since Monday arrived in the following countries on the dates shown: Singapore (January 19 and 23), Taiwan (January 22), Japan (January 20 and 21), France (arrival date unknown), and Thailand (arrival dates unknown). All of these cases had travel history to Wuhan or contact with an ill person from Wuhan while in China.

In addition to these exported cases, 7 locally acquired cases have been reported since Monday in Germany (4), Japan, Taiwan and Vietnam. The cases in Japan, Taiwan, and Vietnam reported contact with an obviously ill person from China. In Germany all 4 cases had close contact in a business seminar with an apparently asymptomatic Chinese woman on January 21 (who previously had contact with relatives from Wuhan); the woman states symptom onset was on a flight to Shanghai on January 23, and she was later confirmed to have 2019-nCoV. Incubation periods in these cases have been as short as 3 days. In light of the secondary cases in Germany in a business setting, the most cautious approach of having arrivals stay at home or in a hotel for 14 days after their last possible exposure in China is increasingly justified.

Updated travel advisories include: 1) Australia: reconsider travel to China; 2) Canada: avoid all travel to Hubei Province; 3) Finland: avoid nonessential travel to Hubei Province; 4) France: avoid all travel to Hubei Province; 5) Germany: avoid nonessential travel to China and avoid all travel to Hubei Province; 6) India: avoid all nonessential travel to China; 7) New Zealand: avoid all travel to Hubei Province; 8) Taiwan: avoid all nonessential travel to China.

Singapore now denies entry to residents of Hubei Province and those who have traveled there in the past 14 days.

Mongolia and 3 regions (Amur Oblast, Khabarovsk Krai, Yevreyskaya Oblast) in Far Eastern Federal District, Russia have closed their land borders with China.

Bangladesh, Canada, India, Kazakhstan, Russia, and South Korea are arranging flights to repatriate their respective citizens from Wuhan. These persons will be closely monitored and present little threat of onward transmission.

All tourist attractions in Tibet Autonomous Region have been closed.

Current influenza vaccination is recommended to decrease the risk of simple influenza being mistaken for 2019-nCoV upon return.

Infection control supplies have been depleted in medical facilities in the smaller cities in central China; the situation is critical in many areas and resupply is uncertain.



## OVERALL RISK ASSESSMENT

The epidemic in China is months from peaking. A report indicates that just prior to the cordoning off of Wuhan, over 5 million residents (many potentially infectious) left for other parts of China, and many thousands left for Hong Kong, Singapore, Thailand, and Japan. Exported cases have so far been to countries likely to be capable of controlling (but not preventing) ongoing transmission, which will inevitably occur. In light of the secondary cases in Germany in a business setting, the most cautious approach of having arrivals stay at home or in a hotel for 14 days after their last possible exposure in China is increasingly justified.

Based on increasing data on virology, clinical presentation, and transmission, this coronavirus closely resembles SARS-CoV in many behaviors. Fortunately, sequential sequencing of viral isolates over time indicate no significant new viral mutations; mutations often increase transmission or virulence. WHO assesses the risk of this event to be very high in China, high at the regional level, and high at the global level. The closing of Wuhan airport and the major cities of Hubei province have yet to stem the flow of exported cases. The originally implicated animal market, now closed indefinitely, bears little relevance to the ongoing situation. Whether the market was the focus of a species jump from animals to humans or merely one of multiple amplification settings for initial cases is increasingly unclear. The degree of human-to-human spread outside of Hubei province remains unclear. A reproductive number,  $R_0$ , is estimated at 1.4–2.5 by Chinese authorities and up to 5.5 by other scientists. An  $R_0$  greater than 1 indicates that each case leads to more than 1 subsequent case, making control much more difficult. The spectrum of disease manifestations in a large cohort study has yet to be disclosed; a severe case rate of 20% has been consistent. The existence of mildly symptomatic and asymptomatic infectious cases could increase the risk of global spread. Case fatality is impossible to ascertain at present, and lesser or greater clinical virulence compared to MERS-CoV or SARS-CoV remains speculative.

See [2019 Novel Coronavirus Outbreak](#) for detailed information.

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# 2019 Novel Coronavirus Outbreak Report— comprehensive

*Last updated January 28, 2020.*

## What's New

According to regional health authorities, more than 1,800 additional, confirmed cases (including 25 deaths) of pneumonia caused by 2019 novel coronavirus (2019-nCoV) have been reported since January 27, 2020, throughout the country, mainly in the provinces of Hubei (1,291), Guangdong (207), Zhejiang (173), Henan (168), and Hunan (143) and in the cities of Chongqing (132), Beijing (19), and Shanghai (13). Most new cases had a travel history to Wuhan. Almost all the recent deaths occurred in Hubei Province. Twenty more patients have recovered and been discharged. More than 4,600 confirmed cases (including > 100 deaths) have occurred since December 8, 2019.

A total of 13 additional, exported, confirmed cases have been reported (through January 28, 2:00 p.m. EST) since Monday, January 27. More than 25 cases have been exported in the past 7 days. Cases reported since Monday arrived in the following countries on the dates shown: Singapore (January 19 and 23), Taiwan (January 22), Japan (January 20 and 21), France (arrival date unknown), and Thailand (arrival dates unknown). All of these cases had travel history to Wuhan or contact with an ill person from Wuhan while in China.

In addition to these exported cases, 7 locally acquired cases have been reported since Monday in Germany (4), Japan, Taiwan, and Vietnam. The cases in Japan, Taiwan, and Vietnam reported contact with an obviously ill person from China. In Germany, all 4 cases had close contact in a business seminar with an apparently asymptomatic Chinese woman on January 21 (who previously had contact with relatives from Wuhan); the woman states symptom onset was on a flight to Shanghai on January 23, and she was later confirmed to have 2019-nCoV. Incubation periods in these cases have been as short as 3 days. In light of the secondary cases in Germany in a business setting, the most cautious approach of having arrivals stay at home or in a hotel for 14 days after their last possible exposure in China is increasingly justified.

Updated travel advisories include: 1) Australia: reconsider travel to China; 2) Canada: avoid all travel to Hubei Province; 3) Finland: avoid nonessential travel to Hubei Province; 4) France: avoid all travel to Hubei Province; 5) Germany: avoid nonessential travel to China and avoid all travel to Hubei Province; 6) India: avoid all nonessential travel to China; 7) New Zealand: avoid all travel to Hubei Province; 8) Taiwan: avoid all nonessential travel to China.

Singapore now denies entry to residents of Hubei Province and those who have traveled there in the past 14 days.

Mongolia and 3 regions (Amur Oblast, Khabarovsk Krai, Jewish Autonomous Oblast) in Far Eastern Federal District, Russia have closed their land borders with China.

Bangladesh, Canada, India, Kazakhstan, Russia, and South Korea are arranging flights to repatriate their respective citizens from Wuhan. These persons will be closely monitored and present little threat of onward transmission.



All tourist attractions in Tibet Autonomous Region have been closed.

Current influenza vaccination is recommended to decrease the risk of simple influenza being mistaken for 2019-nCoV upon return.

Infection control supplies have been depleted in medical facilities in the smaller cities in central China; the situation is critical in many areas and resupply is uncertain.

## Overall Risk Assessment

The epidemic in China is months from peaking. A report indicates that just prior to the cordoning off of Wuhan, over 5 million residents (many potentially infectious) left for other parts of China, and many thousands left for Hong Kong, Singapore, Thailand, and Japan. Exported cases have so far been to countries likely to be capable of controlling (but not preventing) ongoing transmission, which will inevitably occur. In light of the secondary cases in Germany in a business setting, the most cautious approach of having arrivals stay at home or in a hotel for 14 days after their last possible exposure in China is increasingly justified.

Based on increasing data on virology, clinical presentation, and transmission, this coronavirus closely resembles SARS-CoV in many behaviors. Fortunately, sequential sequencing of viral isolates over time indicates no significant new viral mutations; mutations often increase transmission or virulence. WHO assesses the risk of this event to be very high in China, high at the regional level, and high at the global level. The closing of Wuhan airport and the major cities of Hubei province have yet to stem the flow of exported cases. The originally implicated animal market, now closed indefinitely, bears little relevance to the ongoing situation. Whether the market was the focus of a species jump from animals to humans or merely one of multiple amplification settings for initial cases is increasingly unclear. The degree of human-to-human spread outside of Hubei province remains unclear. A reproductive number,  $R_0$ , is estimated at 1.4–2.5 by Chinese authorities and up to 5.5 by other scientists. An  $R_0$  greater than 1 indicates that each case leads to more than 1 subsequent case, making control much more difficult. The spectrum of disease manifestations in a large cohort study has yet to be disclosed; a severe case rate of 20% has been consistent. The existence of mildly symptomatic and asymptomatic infectious cases could increase the risk of global spread. Case fatality is impossible to ascertain at present, and lesser or greater clinical virulence compared to MERS-CoV or SARS-CoV remains speculative.

## Current Disease Situation

More than 4,600 confirmed cases (976 severe and critical cases and 106 deaths) have occurred since December 8, 2019, in the provinces of Hubei (> 2,700; mainly in Wuhan), Guangdong (207), Zhejiang (173), Henan (168), Hunan (143), and Anhui (106); in the cities of Chongqing (132), Beijing (91), and Shanghai (66); and in 21 other provinces throughout the country. An additional 6,900 suspected cases have been reported since January 21, 2020. In the setting of a large outbreak and with increased delays in testing, a high proportion of suspected cases will evolve into confirmed cases. Seventy-nine cases have been discharged. Two-thirds of the cases are male. The youngest case is 10 years old and the oldest is 89; more than 70% of cases are over 40 years old, but the co-morbidity profiles of most cases are unknown.



The number of persons becoming infected with the virus has been doubling every six days. The outbreak in China is not approaching peak, and modeling indicates that is months away.

## Exported Cases

Seventy-seven imported cases of 2019-nCoV (confirmed after arrival) presented at international ports of entry January 6-25 in 16 countries. Of these cases, more than 25 cases arrived in the past 7 days.

All 77 cases had exposure in Wuhan or exposure to ill persons from Wuhan in China and symptom onset dates after December 31, 2019; none had visited the implicated market.

**Australia** (5 cases): One case traveled while asymptomatic aboard China Southern Airlines flight CZ231 to Melbourne, Victoria State on January 19 and was hospitalized on January 23. Contact tracing is underway; movement around Melbourne was limited prior to isolation. The remaining 4 cases traveled while asymptomatic aboard flights to Sydney, New South Wales State on January 6, 18, 20, and 23, and were hospitalized on January 15, 20, and 24. One of the patients had limited movement around Sydney prior to isolation; movement history for the other 3 cases is unknown.

**Cambodia** (1 case): The case traveled while asymptomatic to the city of Sihanoukville on January 23, 2020, and developed symptoms on January 25.

**Canada** (2 cases): Both cases (a couple) traveled aboard China Southern Airlines flight CZ311 to Toronto, Ontario Province on January 22. The first case was symptomatic while traveling and was hospitalized on January 23. The second case was under self-isolation and was confirmed on January 27. Contact tracing is underway; patient movement around Toronto was limited prior to isolation.

**France** (4 cases): Two cases traveled while asymptomatic aboard a flight to Paris on January 18, and 1 case traveled aboard a flight to Bordeaux on January 22. Travel history for the fourth case is unknown. All cases were hospitalized.

**Hong Kong** (8 cases): Three cases traveled while symptomatic on January 19 and 25; the first aboard a train to West Kowloon, the second aboard a flight to Hong Kong International Airport, and the third to Lo Wu Control Point. Four of the cases traveled while asymptomatic aboard trains on January 19 and 22. The last case traveled with diminished symptoms aboard a train on January 23. All cases were hospitalized.

**Japan** (6 cases): Two cases traveled while symptomatic; the first aboard a flight to Kanagawa Prefecture on January 6 and the second aboard a flight to Tokyo on January 19. The first was hospitalized on January 10 and discharged on January 15 following recovery, and the second was hospitalized on January 22. Another 2 cases traveled while asymptomatic: the first aboard a flight to Tokyo on January 18 and the second aboard a flight to Aichi Prefecture on January 22. The first was hospitalized on January 23, and the second was hospitalized on January 24. The remaining 2 cases arrived on January 20 and 21 in Aichi and Tokyo prefectures.

**Macau** (7 cases): The first case traveled while asymptomatic aboard a train and a bus on January 19, and the second case traveled while symptomatic (travel method unknown) on January 22. The first case was hospitalized on January 19 and the second

case on January 21. The third case traveled aboard a ferry on January 23 and was immediately hospitalized. Three cases traveled (methods unknown) on January 22; all were hospitalized. The last case traveled while asymptomatic on January 23 and was hospitalized January 27.

**Malaysia** (4 cases): The first case traveled while asymptomatic aboard a bus to Johor Baharu on January 22 and was hospitalized on January 23. The remaining 3 cases traveled (method unknown) to Johor Baharu on January 23; all were hospitalized.

**Nepal** (1 case): The case traveled to Kathmandu on January 5, was hospitalized on January 13, and was discharged on January 17 following recovery.

**Singapore** (7 cases): All 7 cases traveled while asymptomatic aboard flights on January 18, 19, 20, 21, 22, and 23.

**South Korea** (4 cases): Two cases traveled while symptomatic to Incheon International Airport and to Gimpo International Airport on January 19 and 23, and both were immediately hospitalized. The remaining cases traveled while asymptomatic on January 20 and were hospitalized on January 25.

**Sri Lanka** (1 case): The case traveled while asymptomatic on January 29, 2020, and developed symptoms on January 25.

**Taiwan** (7 cases): The cases arrived on January 20, 21, 22, and 25; at least 3 cases arrived at Taiwan Taoyuan International Airport.

**Thailand** (14 cases): Three cases traveled while symptomatic to Suvarnabhumi Airport on January 8, 13, and 19 and were hospitalized; the travel history of the fourth case is unknown. The fifth case traveled to Bangkok on January 21 and was hospitalized on January 23. The travel histories of the remaining 9 cases are unknown.

**U.S.** (5 cases): Two cases traveled while asymptomatic: the first to O'Hare International Airport on January 13 and the second to Seattle-Tacoma International Airport on January 15. The first was hospitalized several days after arrival, and the second was hospitalized on January 19. The remaining 3 cases were reported in Maricopa County, Arizona and Los Angeles and Orange counties, California; information on the patients' travel histories are unknown. Contact tracing for all cases is underway. The first case reported limited movement around Chicago prior to hospitalization; movement history for the other 2 cases is unknown.

**Vietnam** (1 case): The case arrived in Hanoi on January 13 and was hospitalized on January 22 in Ho Chi Minh City.

In addition to these exported cases, 7 locally acquired cases have been reported since Monday in Germany (4), Japan, Taiwan, and Vietnam. The cases in Japan, Taiwan, and Vietnam reported contact with an obviously ill person from China. In Germany, all 4 cases had close contact in a business seminar with an apparently asymptomatic Chinese woman on January 21 (who previously had contact with relatives from Wuhan); the woman states symptom onset was on a flight to Shanghai on January 23, and she was later confirmed to have 2019-nCoV. Incubation periods in these cases have been as short as 3 days.

## Entry/Exit Screening



In a reversal of long-standing policy, WHO now recommends that all countries implement temperature screening at points of entry for passengers arriving from 2019-nCoV-affected countries. Screening should be accompanied by dissemination of risk-communication messages at points of entry to later capture asymptomatic persons who are in the incubation phase.

In early January, some exit screening was implemented at Wuhan Tianhe International Airport (nonstop flights to Istanbul, London, New York, Osaka, Paris, Rome, San Francisco, Tokyo, and major hubs throughout Southeast Asia), as well as at 3 major rail stations in Wuhan. More restrictive screening was instituted on January 15 in Hubei until cessation of international flights on January 23. Despite exit screening at all international airports in China in the past week, significant numbers of cases continue to be exported.

Entry screening at international ports of entry has been or is being implemented as noted below, and anyone with fever and respiratory symptoms who has been to 2019-nCoV-affected areas in the previous 14 days will be detained and isolated at these locations:

**Algeria:** Houari Boumediene Airport, Mohamed Boudiaf International Airport, Oran Ahmed Ben Balla Airport

**Burma (Myanmar):** Yangon International Airport

**Egypt:** Cairo International Airport (all flights from China)

**Hong Kong:** All border checkpoints, including Hong Kong International Airport and the railway station in West Kowloon

**India:** Bengaluru, Chennai, Delhi, Hyderabad, Kochi, Kolkata, and Mumbai international airports (all flights from China and Hong Kong)

**Italy:** Leonardo da Vinci-Fiumicino Airport

**Iran:** Tehran Imam Khomeini International Airport (all flights from China)

**Macau:** Macau International Airport

**North Macedonia:** Skopje International Airport (connecting flights from Asia)

**Qatar:** Hamad International Airport (all flights from China)

**Russia:** Moscow, Irkutsk Oblast, and Yekaterinburg international airports and points of entry in Amur Oblast

**Singapore:** Changi Airport

**South Africa:** O.R. Tambo International Airport (all flights from China)

**South Korea:** Incheon International Airport

**Taiwan:** All international airports

**Thailand:** Krabi, Suvarnabhumi, Don Mueang, Phuket, and Chiang Mai airports

**Turkey:** All international airports (all flights from China)

**United Arab Emirates:** Abu Dhabi International Airport and Dubai International Airport (all flights from China)

**U.K.:** Heathrow International Airport

**U.S.:** Twenty points of entry, including Hartsfield-Jackson Atlanta International Airport, John F. Kennedy International Airport, Los Angeles International Airport, O'Hare International Airport, and San Francisco International Airport. Travelers from Wuhan may have their temperatures taken and/or be required to complete a symptom questionnaire; travelers with symptoms (fever, cough, difficulty breathing) will be detained for additional assessment.

**Australia, Bahrain, Bangladesh, Belarus, Canada, Cote d'Ivoire, Ghana, Indonesia, Japan, Kazakhstan, Kenya, Kyrgyzstan, Madagascar, Malaysia, Nepal, Nigeria, North Korea, Philippines, Saudi Arabia, Serbia, Senegal, Sri Lanka, Tajikistan, Tunisia, Vietnam:** Airports and other ports of entry

## Travel Advisories

The following countries and/or organizations have published travel recommendations:

**Avoid All Travel to Hubei Province:** Australia, Canada, China (see below), France, Germany, Japan, Mexico, New Zealand, U.K., U.S.

**Avoid Nonessential Travel to Hubei Province:** Finland, Ukraine

**Avoid All Travel to China:** None at present

**Avoid Nonessential Travel to China:** Australia, Germany, India, Taiwan, U.S.

**No Advisory:** WHO

## Travel Restrictions

Different levels of travel restrictions are in effect:

**No Flights from China:** Finnair Airlines (flights from Beijing and Nanjing), Air Seoul

**No Flights from Wuhan:** Wuhan Airport is closed to all international and domestic flights.

**Land Borders with China Closed:** Kyrgyzstan, Mongolia, North Korea, Russia (Amur Oblast, Khabarovsk Krai, Jewish Autonomous Oblast in Far Eastern Federal District); high speed rails and ferry services suspended in Hong Kong

**No Residents from Hubei Province:** Hong Kong, Macau, and Singapore (including visitors in past 14 days), Malaysia, and Taiwan



**Internal Travel Restrictions in China:** Major cities in Hubei Province have instituted a travel ban on occupants of their cities, suspending urban buses, subways, ferries, and long-distance passenger transport from the cities, including flights and trains, and closing intercity roads. Interprovince shuttle buses in major areas have stopped. Many bars, restaurants, shops, and museums are closed in Hubei Province, Guangdong, and many other affected areas. Major tourist attractions have closed in Beijing, Shanghai, Sanya (Hainan Province), Hong Kong, and Tibet Autonomous Region. China has stopped all inbound and outbound tour groups but not individual travel. Internal travel for the Lunar New Year Holiday has been severely limited by the government, and public gatherings are forbidden. The reopening of schools and universities has been postponed in many areas. Shanghai has temporarily closed all nonessential workplaces. Visitors from Hubei Province will be actively monitored for 14 days in Haikou, Hainan Province.

**No Flights from 2019-nCoV–Affected Countries:** Travelers going to Samoa must spend at least 14 days in a country free of 2019-nCoV and undergo medical clearance prior to travel to Samoa.

Australia, Bangladesh, Belgium, Canada, France, Germany, India, Japan, Kazakhstan, Morocco, Netherlands, Russia, South Korea, Spain, Thailand, U.K., and U.S. are arranging flights to repatriate their respective citizens from Wuhan. These persons will be closely monitored and present little threat of onward transmission.

## Transmission

The detailed epidemiology of possible causative animal exposures and zoonotic transmission remains unclear. Many (27 of 41) earlier cases were directly linked to South China Seafood City market in Jiangnan District, which sold seafood and other wildlife (including birds). More than 580 environmental samples, without indication as to whether animal tissue was included, were collected from the implicated market. Of these, 33 tested positive for 2019-nCoV, indicating that the market was an—or the—origin point of the large-scale outbreak. Thirty-one of the positive samples (94%) were collected from the western part of the market, where wildlife was traded. The first published epi-curve shows that the symptom onset date of the first patient identified in the outbreak was December 1, 2019. The patient reported no exposure to the implicated market; no epidemiological link has been detected between this case and later cases. This finding raises the possibility of an initial jump of 2019-nCoV directly from bat to human, with subsequent initial human-to-human propagation within the seafood market.

Infected intermediate animal hosts, if they exist, may still be present in the supply chain. South China Seafood City market, now closed indefinitely, remained in operation through December 31, 2019. Other points of infection would be likely because many subsequent cases had no contact with the implicated market. Chinese authorities have now stated that human-to-human transmission is in the fourth generation in Wuhan and at least the second generation elsewhere (mostly in clusters). A reproductive number,  $R_0$ , is estimated at 1.4–2.5 by Chinese authorities and at up to 5.5 by some scientists. An  $R_0$  greater than 1 indicates that each case leads to more than 1 subsequent case, making control much more difficult.  $R_0$  is not a constant number and changes with the ongoing circumstances and evolution of an outbreak. One published cluster study indicates asymptomatic shedding (but not transmission) by a single patient. Sequence data from several small clusters indicate identical virus in all subjects within the cluster.



More than 47,800 close contacts remain under surveillance (> 1,200 have been released), and contact tracing is ongoing in affected provinces and municipalities. However, not all contacts are being ascertained or monitored adequately. As many as 16 health care workers (HCWs) have been confirmed as infected by at least 1 case in Wuhan in a potential super-spreading event, but overall infectivity for HCWs has not been established. No case of 2019-nCoV has been attributed to transmission on an aircraft.

The survival rate of the virus on surfaces or in the environment is unknown. Disinfection processes that are effective for other zoonotic coronaviruses should be followed for now. Clean daily all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tables, and bedside tables. Also, clean any surfaces that may have blood, bodily fluids, and/or secretions or excretions on them. Use a diluted bleach solution or a household disinfectant with a label that says "EPA-approved." To make a bleach solution, add 15 mL (1 tablespoon) of bleach to 1 L (1 quart) of water; for a larger supply, add 60 mL (2 oz) of bleach to 4 L (1 gallon) of water.

## Clinical Manifestations

Most cases have reportedly exhibited symptoms of fever, respiratory compromise, and bilateral pneumonia with diffuse, ground glass-like infiltrates on chest x-ray or CT scan. Unlike SARS-CoV, upper respiratory illness symptoms (rhinorrhea, sneezing, sore throat) and diarrhea are not common. Overall, about 20% of the cases have been severe or critical, including pneumonia, respiratory failure, and in some cases death. The existence of asymptomatic cases has not been ascertained. No known treatment exists for 2019-nCoV, although remdesivir will be available shortly from the U.S. CDC for compassionate use. Usual antiviral drugs, including oseltamivir (Tamiflu), baloxavir, ribavirin, and acyclovir, are ineffective. Steroids should not be used. Based on earlier literature, the combined use of lopinavir and ritonavir is under study in China. Current influenza vaccination is recommended to decrease the risk of simple influenza being mistaken for 2019-nCoV upon return.

In a small cohort of 41 patients (median age was 49 years; interquartile range: 41-58) conducted early in the epidemic (presentation before January 2), the most common symptoms at onset of illness were fever (98%), cough (76%), and myalgia or fatigue (44%). Dyspnea developed in 55% of patients at a median of 8 days. All cases except 1 had bilateral pneumonia. Milder cases had chest CTs that showed bilateral ground-glass opacity with subsegmental areas of consolidation, whereas ICU patients had bilateral lobar and subsegmental areas of consolidation. Only 66% of cases (even in this early cohort) had been exposed to the South China Seafood City market. The case-fatality rate was estimated to be 15%, but more severe cases tend to predominate early in an epidemic. Limited data from another published cluster study indicate a 3- to 6-day incubation period similar to SARS-CoV and clinical and radiologic features similar to SARS-CoV cases in 2003. Another report indicates an incubation period ranging from 1 to 14 days.

## Virology

2019-nCoV was initially isolated from 1 case and entirely sequenced; this information was published internationally by Chinese scientists on January 10. Electron microscopy of 1 specimen demonstrated classic coronavirus particles. 2019-nCoV is the seventh



member of the family of coronaviruses that infect humans. Novel coronaviruses from Wuhan, together with 2 bat-derived SARS-like strains, form a distinct clade in lineage B of the subgenus sarbecovirus. 2019-nCoV is a group 2b coronavirus (as are MERS-CoV and SARS-CoV), with a whole genome similarity of up to 80% to SARS-CoV but with a similarity between different gene segments ranging from 60% to 90%. 2019-nCoV exhibits a 96.5% similarity to the known bat coronavirus precursors in the same viral clade.

Sequence data allowed national laboratories to rapidly develop diagnostic kits, which are now available in most developed countries and most Asian countries. HKU1, NL63, 229E, and OC43 are human coronaviruses that are detected by some routine multiplex PCR panels used in routine clinical practice. These coronaviruses are associated with minor upper respiratory infections and viral pneumonia, but unlike SARS-CoV, MERS-CoV, and 2019-nCoV, these agents are not associated with major outbreaks or severe respiratory distress syndrome. 2019-nCoV is not reactive in these tests. The findings so far strongly favor (but do not prove) causation. 2019-nCoV has been shown to use the same cell-entry receptor as SARS-CoV. Viral loads appear to be highest in lower respiratory tract specimens, which should be the primary specimen obtained. Prediction of human-to-human transmissibility from sequence data is difficult because coronaviruses vary widely in their transmissibility; coronaviruses acquired from animals generally have some potential for human-to-human transmission. Evidence from subsequent whole genome sequences acquired over the last several weeks show little genetic variation, indicating that the virus jumped from an animal reservoir to humans within the last few months. Identical recent mutations in epidemiologically unlinked cases support sustained human-to-human transmission.

## Criteria for Testing of Suspected Cases

### U.S. CDC

Persons meeting the following criteria (clinical features and epidemiologic risk) for suspected cases of 2019-nCoV will be considered persons under investigation (PUI):

- Fever *and* symptoms of lower respiratory illness (e.g., cough, shortness of breath) *plus* a history of travel to Wuhan or close contact with a PUI for 2019-nCoV while that person was ill in the past 14 days before symptom onset
- Fever *or* symptoms of lower respiratory illness (e.g., cough, shortness of breath) *plus* close contact with an ill, laboratory-confirmed 2019-nCoV case in the past 14 days before symptom onset

HCWs entering the room with a PUI should use standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or a face shield).

PUIs for 2019-nCoV should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne-infection isolation room if available.

## Prevention

Travelers going to Wuhan should avoid animals (alive or dead), animal markets, products that come from animals (such as uncooked meat), and contact with ill-appearing persons. Quality of infection control at medical facilities in Wuhan is uncertain, and those with minor medical problems should avoid busy medical settings.

Infection control supplies have been depleted in medical facilities in the smaller cities in central China; the situation is critical in many areas and resupply is uncertain. Travelers who develop fever and respiratory symptoms within 14 days of travel to Wuhan should immediately be isolated, and public health authorities should be alerted.

## Employees, Students, Visitors, All Others Coming from Wuhan

Whether asymptomatic individuals infected with 2019-nCoV are infectious to others is unknown. Influenza viruses can be transmitted 1 to 2 days prior to symptom onset. SARS-CoV did not transmit until 4 days after symptom onset, which led to its eradication because all contacts with fever could be promptly identified and isolated.

If 2019-nCoV is similar to SARS-CoV, asymptomatic arrivals from Wuhan should self-monitor by taking a temperature reading immediately prior to coming into the workplace or school for 14 days after their last exposure in Wuhan. Arrivals with fever at any time should self-report to public health authorities (or telephone ahead before presenting to a hospital) and should wear a mask as soon as possible. A more stringent approach would require that an employee, student, or visitor—upon arrival to a workplace or school—be instructed to perform an additional temperature check in the presence of medical personnel to ensure compliance with local self-monitoring requirements. In addition, prior to any gathering of  $\geq 2$  persons, attendees could be required to perform additional self-monitoring.

Based on advanced information and employee or visitor medical screening, additional preventive measures may be required (e.g., increased ventilation, larger meeting rooms with more personal space per participant, disinfection of work areas and lavatories, and provision of alcohol wipes).

The most cautious approach would be for arrivals to stay at home or in a hotel for 14 days after their last possible exposure in China. To date, all known cases exported to other countries had either visited Wuhan or had contact with an ill person from Wuhan while in China.

Sent from my magical iPad!

On Jan 29, 2020, at 2:46 PM, Richard Tubb <[bg.richard.tubb@gmail.com](mailto:bg.richard.tubb@gmail.com)> wrote:

—  
Richard J. Tubb, MD  
Brigadier General (retired)  
White House Physician Emeritus



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 04:03:31 +0000  
**To:** Howard Bauchner  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

Thanks, Howard. Talk soon.

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

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>  
Sent: Wednesday, February 5, 2020 6:37 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
Subject: RE: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

The author of our case-series - proof today will send to you - is an ICU doc in Wuhan - trained with Derek Angus - he has been great - but I have asked him about himself, his family - we loss track of the personal - which is so important.

I have had a few "emergencies" like this - at BCH - with Jerry Klein - some infectious disease outbreaks; a couple major car accidents; etc. Also worked at the Berhorst Clinic in Guatemala in 1978 (before there was global health) numerous 5-10-15 people emergencies - always end though - for you this is the pandemic that never stops giving.

Try to take a break; have a good glass of Claret on me.

HCB

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

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Sent: Wednesday, February 05, 2020 5:31 AM  
To: Howard Bauchner <Howard.Bauchner@jamanetwork.org>  
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
Subject: RE: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

[Warning External Email]

Howard:

Your outline looks fine. Am hanging in there. Feels like my internship and first year residency when I was on every other night and every other weekend, but actually never left the hospital because the patients were so sick.

Best,

Tony

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

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>  
Sent: Wednesday, February 5, 2020 6:23 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Subject: RE: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

Likely come up tomorrow in our discussion - not NEJM paper but just the concept.

Outline if OK with you

What's up in China

What's up around the world

What's up in US

And then more specific questions

Is this more like H1N1 than MERS

Can we really know mortality risk (denominator problem).

Incubation period

How "infectious"

News on treatment

Quarantine working

Sound OK?

You surviving - worried a bit about your workload.

HCB

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

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

Sent: Wednesday, February 05, 2020 5:20 AM

To: Howard Bauchner <Howard.Bauchner@jamanetwork.org>

Subject: RE: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

[Warning External Email]

The paper was flawed, Embarrassment for NEJM. However, the concept is correct. Spoke in detail to the Director of the Chinese CDC (confidential) and they are seeing asymptomatic transmission (low level) in China.

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

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>

Sent: Wednesday, February 5, 2020 6:15 AM

To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

Subject: FW: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

Tony

Suspect you saw this. Big problem if true - rushing to publication - leads to big mistakes.

HCB

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

From: Redberg, Rita <(b) (6)>

Sent: Wednesday, February 05, 2020 5:13 AM



To: Howard Bauchner <Howard.Bauchner@jamanetwork.org>; Phil Fontanarosa  
<Phil.Fontanarosa@jamanetwork.org>

Subject: Study+claiming+new+coronavirus+can+be+transmitted+by+people+without+symptoms+was+flawed

[Warning External Email]

Assume you saw, but.

[https://urldefense.proofpoint.com/v2/url?u=https-3A\\_\\_www.sciencemag.org\\_news\\_2020\\_02\\_paper-2Dnon-2Dsymptomatic-2Dpatient-2Dtransmitting-2Dcoronavirus-2Dwrong&d=DwIFAg&c=iqeSLYkBTkTEV8nJYtdW\\_A&r=CpYvDJwppPNcFUZ7y8a6zr8BlWA4gtfRWytiKffoVM&m=4xruNHFPsXovMmiMLZW-iD9OzCNhiiGOKmtHhrZcP8c&s=afNfNjVB5xiV3y8BiCPHkwBnAiRXsktAbHlrM9a3jPY&c=](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.sciencemag.org_news_2020_02_paper-2Dnon-2Dsymptomatic-2Dpatient-2Dtransmitting-2Dcoronavirus-2Dwrong&d=DwIFAg&c=iqeSLYkBTkTEV8nJYtdW_A&r=CpYvDJwppPNcFUZ7y8a6zr8BlWA4gtfRWytiKffoVM&m=4xruNHFPsXovMmiMLZW-iD9OzCNhiiGOKmtHhrZcP8c&s=afNfNjVB5xiV3y8BiCPHkwBnAiRXsktAbHlrM9a3jPY&c=)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 03:59:46 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)  
**Subject:** FW: touching base about Texas Biomedical Research Institute

Please take care of this .


---

**From:** Larry Schlesinger (b) (6)  
**Sent:** Wednesday, February 5, 2020 8:42 AM  
**To:** Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Subject:** touching base about Texas Biomedical Research Institute

Hi Tony and Hugh.

I know that I am writing to you at a busy time during yet another infectious disease outbreak that is rapidly evolving. However, I wanted to send you a brief note to update you about the transformational change going on in the landscape of our free standing institute with its new, sharply defined goal to be the global leader in eradicating infectious disease threats in the world. I know that you are familiar with us.

I have been leading the institute since June of 2017 and currently finishing year one of a 10 year board-approved plan of growth in our scientists, educational programming and campus modernization. I believe that you are aware that we house the only private BSL4. We also just opened our newest of 5 BSL3 facilities, this newest one being nearly 8000 sq. ft. with capacity for ~100 NHPs, small animals, a complete aerosol suite and a PET CT. We also house the SNPRC, now under the leadership of Deepak Kaushal (who replaced Robert Lanford) and with the largest marmoset colony as a result of restructuring our building facilities (in addition to our other species). (b) (4)



Please check out our newly designed website: [www.txbiomed.org](http://www.txbiomed.org).

The bottom line is that I left university life to lead an organization that is determined to not only discover critical, new fundamental science but also effectively and efficiently bring it full forward to create portfolios for the FDA through our business model, nimbleness, regulated science culture (GLP level), longstanding public and private partners through contract science (esp. BARDA), culture and community support.

We want to help! Please let us know if and how we can contribute to this outbreak and undoubtedly others going forward.

I truly appreciate your leadership. The country gets the voice of reason on infectious disease outbreaks through your public efforts. I enjoyed learning more about this during my time on council.

Best,

Larry

Larry Schlesinger, MD  
Professor  
President and CEO  
Texas Biomedical Research Institute  
8715 W. Military Drive, San Antonio, TX 78227  
Email: (b) (6)  
Teamwork | Integrity | Diversity | Excellence | Safety

Executive assistant:

(b) (6)  
(b) (6) Phone  
(b) (6) Mobile  
Email: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 03:49:36 +0000  
**To:** Robert Knobler  
**Cc:** Cassetti, Cristina (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Potential Approach to Wuhan Coronavirus

Bob:

Thanks for your note. It was good to hear from you. I am copying Cristina Cassetti on this e-mail. Cristina directs the extramural coronavirus research activities. Perhaps you two can connect to discuss research opportunities.

Best,

Tony

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

**From:** Robert Knobler (b) (6)  
**Sent:** Wednesday, February 5, 2020 10:55 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Potential Approach to Wuhan Coronavirus

Dear Dr. Fauci,

You likely do not recall meeting me when I was looking at potential fellowships in 1978, however, I never forgot your enthusiasm. I went out to San Diego and worked with Mike Oldstone, between 1979 and 1984.

I did study a mouse coronavirus while there, mouse hepatitis virus (MHV). I focused on genetic resistance, and eventually described a mouse locus for susceptibility, which coded for the MHV receptor.

Lacking the correct receptor or blocking binding of the virus spike protein to the receptor with monoclonal antibodies blocked infection.

On to the present problem of human coronaviruses. Vaccines will take a long time for the current crisis. The angiotensin converting enzyme 2 receptor has been identified as the relevant human coronavirus receptor in earlier studies of SARS and MERS human coronavirus outbreaks. I am writing to suggest the investigation of ARBs as potential blocking agents to either reduce or completely block infection. Perhaps this can be checked, if correct, there may still be sufficient untainted supplies of ARBs, such as irbesartan, available, or production can be scaled up, if this truly is the eve of a pandemic.

Wishing you success in this endeavor. I am willing to contribute in any way I can. Please feel free to contact me by e-mail or my cell phone.

I also did do clinical trials while with Mike, and then when I joined the neurology faculty of Jefferson in Philadelphia. I have been out on my own since December 1998, but I have never lost my interest in this work. For another time, I also have some novel ideas on how HIV becomes AIDS, as well. Ironically, these ideas were based upon observations I made during my analysis of MHV.

All the Best,

Robert L Knobler, MD, PhD

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 03:28:54 +0000  
**To:** Cohen, Elizabeth  
**Subject:** RE: treatment protocols

The Chinese are putting together protocols to test certain drugs such as remdesivir.

---

**From:** Cohen, Elizabeth <Elizabeth.Cohen@turner.com>  
**Sent:** Wednesday, February 5, 2020 3:19 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** treatment protocols

Hi Tony,

We were wondering if there are any particular protocols being suggested for treating the Wuhan coronavirus cases in the US. Are there discussions among the teams caring for these patients about the best approach?

Many thanks.

Best,  
Elizabeth

Elizabeth Cohen, MPH  
**CNN** Senior Medical Correspondent

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 02:54:42 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Corona virus/sepsis treatment  
**Attachments:** CBR Baum Satz (5).pdf, Kim Brechbiel Satz.pdf, Kim supplement-01.doc, REFERENCES Corona Virus.docx

Please handle.

**From:** stanley satz [REDACTED] (b) (6)  
**Sent:** Wednesday, February 5, 2020 7:20 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Corona virus/sepsis treatment

Dear Dr. Fauci,

[REDACTED] (b) (4)

Best regards,

Stanley Satz, Ph.D.  
Chairman and Chief Scientific Officer

Advanced Innovative Partners, Inc.

Professor, Florida Atlantic University,  
University of Miami School of Medicine

[www.advancedinnovativepartners.com](http://www.advancedinnovativepartners.com)  
[www.bionucleonics.com](http://www.bionucleonics.com)

(b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 02:54:19 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Haskins, Melinda (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: Dr. Levitt summarizes CDC 2019-nCoV Committee Report released today 5 Feb 2020  
**Attachments:** M and M Wuhan Virus.pdf

See me about getting someone to prepare a response.

---

**From:** Robert Levitt (b) (6) >  
**Sent:** Wednesday, February 5, 2020 7:50 PM  
**To:** Azar, Alex (OS/IOS) (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Dr. Levitt summarizes CDC 2019-nCoV Committee Report released today 5 Feb 2020

Dear Secretary Azar and Dr. Fauci,

I have read carefully the CDC's report issued this morning on the Wuhan virus (2019-nCoV) epidemic originating in Wuhan, Hubei Province, PRC. The Report was prepared by CDC's best Ph.D.s, M.D.s, and D.V.M.s. See the pdf attached above for the complete report.

Below I have recorded what I think the most important facts in the report for Secretary Azar and other federal officials who must stop the spread of 2019-nCoV in the U.S. by identifying all infected persons and their contacts. I have also added my personal thoughts on how to stop the spread of this novel coronavirus and a personal fear I have communicated to Secretary Azar in the past:

-- President Trump signed an order preventing entry into the U.S. of any person who has traveled to mainland China (PRC). Exceptions include U.S. citizens and permanent residents and their families. Thank you Mr. Trump.

-- CDC maintains an office in the PRC. So information from Wuhan, Hubei, PRC, should be 'real time'.

-- Enhanced screening of persons entering the U.S. is taking place at 18 ports and 5 airports. The number of ports and especially airports needs to be increased. The Report states that 14,000 Chinese enter the U.S. daily. **If the 5 airports receive 85% of these Chinese, then 2,100 Chinese enter the U.S. daily at other airports without enhanced screening.**

-- CDC has developed its own RT-PCR test to detect 2019-nCoV in respiratory specimens. I have read case reports where state laboratories have required too much proof of suspected Wuhan virus from clinicians before performing RT-PCR testing of specimens. **CDC should provide their improved RT-PCR test to all states and HHS should insure that all states have sufficient equipment and trained personnel for rapid turn-around time.**



- CDC has grown the 2019-nCoV virus. **CDC should expedite distribution of the grown virus to researchers with verified credentials and vetting in a safe and monitored procedure.**
- CDC recommends that persons suspected by clinicians of having 2019-nCoV be placed in a separate room with a N95 face mask so that they are not in range of other patients. **HCW should wear personal protection: gloves, gown, face shield or N95 mask and goggles.**
- Clinicians have identified 8 of the current 11 patients infected with 2019-nCoV in the U.S. **CDC is doing a terrific job in getting the message out to clinicians and the public.**

Sent from [Outlook](#)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 00:56:18 +0000  
**To:** Mak, Tak  
**Cc:** Cassetti, Cristina (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: An Idea

Tak:

Thanks for the note. It likely will be more efficient if I refer you to the program people in my Institute who could go over these data with you and then get me involved later. The reason that is that I am doing 18 hours per day (seriously) as part of the White House Task Force and it would be very difficult for me to fit in a meeting to go over data. I have copied Dr. Cristina Cassetti who runs our coronavirus extramural research program. I will ask her by this e-mail to contact you to have our people discuss your work with you.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Mak, Tak <(b) (6)>  
**Sent:** Wednesday, February 5, 2020 7:30 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** An Idea

Dear Tony,

It has been a while since we discussed science.

(b) (4)

(b) (4)

**Best regards, Tak**

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 00:00:36 +0000  
**To:** Jeremy Farrar; Collins, Francis (NIH/OD) [E]  
**Cc:** Josie Golding; Tabak, Lawrence (NIH/OD) [E]  
**Subject:** RE: Prevalence of infection and stage of the epidemic in Wuhan

Jeremy:

I left out an important name for the coronavirus evolution working group.  
Please include her: Pardis Sabeti at the Broad Institute of MIT and Harvard

Thanks,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wednesday, February 5, 2020 5:25 PM  
**To:** Jeremy Farrar <(b) (6)>; Collins, Francis (NIH/OD) [E] (b) (6)  
**Cc:** Josie Golding <(b) (6)>; Tabak, Lawrence (NIH/OD) [E]  
(b) (6)  
**Subject:** RE: Prevalence of infection and stage of the epidemic in Wuhan

Jeremy:

Thanks for the note. Looks like things are moving along with WHO. I will list below a number of names for potential members of the working group to examine the evolutionary origin of the 2019-nCoV in addition to the individuals who were on the call with us last Saturday:

Harold Varmus – Weill Cornell Medical Center – New York City

Feng Zhang – MIT (CRISPR expert)

Joseph DeRisi - Chan Zuckerberg (CZ) BioHub (he's paying close attention to the Wuhan strain vs other bat viruses and the SARS virus)



Don Ganem - University of California at San Francisco (UCSF) and the CZ BioHub (knows more about hepadnaviruses but an outstanding clinical and basic virologist)

John Coffin - Tufts and National Cancer Institute, NIH (worked out the confusion over the alleged Chronic Fatigue Syndrome retrovirus that proved to be a xenotropic MLV)

Eugene Koonin - NCBI/National Library of Medicine, NIH;

<https://www.ncbi.nlm.nih.gov/research/groups/koonin/>)

Wayne Hendrickson - Columbia University and the New York Structural Biology Center

Gary Nabel - Sanofi (Boston)

Best regards,

Tony

**Anthony S. Fauci, MD**

**Director**

**National Institute of Allergy and Infectious Diseases**

**Building 31, Room 7A-03**

**31 Center Drive, MSC 2520**

**National Institutes of Health**

**Bethesda, MD 20892-2520**

**Phone:** (b) (6)

**FAX:** (301) 496-4409

**E-mail:** (b) (6)

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---

**From:** Jeremy Farrar (b) (6)

**Sent:** Wednesday, February 5, 2020 6:21 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Collins, Francis (NIH/OD) [E]

(b) (6) >

**Cc:** Josie Golding (b) (6)

**Subject:** Re: Prevalence of infection and stage of the epidemic in Wuhan

Francis and Tony

Couple of things:

- I spoke again with WHO this morning. I believe they have listened and acted. Let me know if you agree
  - At the WHO meeting next week they will set up the Group who will "look at the origins and evolution of 2019n-CoV"
  - They have asked for names to sit on that Group – please do send any names

- We can have a call this week with a core group of that to frame the work of the Group including – if you could join?
- I think this puts it under the umbrella of WHO, with action this week and into next
- With names to be put forward into the Group from us and pressure on this group from your and our teams next week.
- The team will update the draft today and I will forward immediately – they will add further comments on the glycans

Does that sound reasonable to you?

Jeremy

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, 4 February 2020 at 13:18  
**To:** Francis Collins <(b) (6)>, Jeremy Farrar (b) (6)  
**Subject:** RE: Prevalence of infection and stage of the epidemic in Wuhan

?? (b) (4)

Anthony S. Fauci, MD  
 Director  
 National Institute of Allergy and Infectious Diseases  
 Building 31, Room 7A-03  
 31 Center Drive, MSC 2520  
 National Institutes of Health  
 Bethesda, MD 20892-2520  
 Phone: (b) (6)  
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**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Tuesday, February 4, 2020 6:12 AM  
**To:** Jeremy Farrar (b) (6)  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Prevalence of infection and stage of the epidemic in Wuhan

Yes, (b) (4)

Francis

---

**From:** Jeremy Farrar (b) (6)  
**Sent:** Tuesday, February 4, 2020 6:08 AM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Re: Prevalence of infection and stage of the epidemic in Wuhan

(b) (4)

On 4 Feb 2020, at 10:58, Collins, Francis (NIH/OD) [E] (b) (6) > wrote:

Very thoughtful analysis.

(b) (4)

(b) (4)

Francis

---

**From:** Jeremy Farrar (b) (6)  
**Sent:** Tuesday, February 4, 2020 2:01 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Subject:** FW: Prevalence of infection and stage of the epidemic in Wuhan

Please treat in confidence – a very rough first draft from Eddie and team – they will send on the edited, cleaner version later.

Pushing WHO again today

---

**From:** Edward Holmes (b) (6) >  
**Date:** Tuesday, 4 February 2020 at 06:33  
**To:** Jeremy Farrar (b) (6) >  
**Subject:** Re: Prevalence of infection and stage of the epidemic in Wuhan

Here's our summary so far. Will be edited further.

It's fundamental science and completely neutral as written. Did not mention other anomalies as this will make us look like loons. As it stands it is excellent basic science I think, which is a service in itself.



Will finish as soon as we can.

---

-----  
**PROFESSOR EDWARD C. HOLMES FAA FRS**

ARC Australian Laureate Fellow

**THE UNIVERSITY OF SYDNEY**

Marie Bashir Institute for Infectious Diseases & Biosecurity,  
School of Life & Environmental Sciences and School of Medical Sciences,  
The University of Sydney | Sydney | NSW | 2006 | Australia

T (b) (6)

E (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 20:52:29 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: note to Patty -- and Tony Fauci

Let us discuss. Steve is a good guy, but I do not want to kill myself trying to do too many things at the same time.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, February 5, 2020 3:27 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** FW: note to Patty -- and Tony Fauci

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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**From:** Steve Clemons <[sclemons@thehill.com](mailto:sclemons@thehill.com)>

**Sent:** Wednesday, February 5, 2020 3:20 PM

**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)

**Subject:** note to Patty -- and Tony Fauci

Greetings Patty and Tony -- I see you on TV constantly guiding us through the terrain on our preparedness for outbreaks such as what we have seen in China. I want to see if I can add one more request to your pile to think about....and I am trying to see if what I am suggesting might work right before your Aspen talk next Tuesday at noon.

In addition to my great role at The Hill, I am host of a new show called "The Bottom Line" on Al Jazeera English that runs four times a week on their global network and is garnering between 100k-200k views a week on YouTube in the US. The show is doing really well and is a 24 minute panel discussion of three experts on a single topic that I facilitate. I would love to have you, Tony, be the anchor commentator on what we should do not only on the coronavirus but in general on the infrastructure of pandemic preparedness in the country -- sort of a shorter form of that great PBS show you did called Invisible Killers.

We would want to tape in our studio at 21st and M Streets NW from 11:00 am - 11:30 am (we don't go over), or I could move it 15 to 30 minutes earlier if you like next Tuesday, 11 February. I know you have to be at Aspen at noon (I was invited too) -- so I could take you if you like.

I realize that this may be too much . -- but in these times, I think it's important to get smart commentary and analysis out there -- and I think I can add a couple hundred thousand eyeballs and ears to the millions you are already reaching. The producers are also able to provide car and driver (b) (4)

(b) (4)

Hope this might work my friend. I may send a short form of this to your cell phone.

Call me if you want to chat, either of you, at (b) (6).

all best, STEVE



[TheHill.com](http://TheHill.com)

**Steve Clemons**

*Editor at Large, The Hill*

1625 K Street NW, Suite 900

Washington, DC 20006

Tel: +1.202.628.8500

Cell: (b) (6)

Email: [SClemons@TheHill.com](mailto:SClemons@TheHill.com)

Follow me on Twitter [@SCClemons](https://twitter.com/SCClemons)

**From:** (b) (6)  
**Sent:** Wed, 5 Feb 2020 10:33:15 -0500  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: NTV Broadcasting Interview Request

FYI

Begin forwarded message:

**From:** Сефербеков Хаджи-Мурат Караханович <HSeferbekov@ntv.ru>  
**Date:** February 5, 2020 at 10:21:15 AM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Subject:** NTV Broadcasting Interview Request

Mr. Fauci, my name is Murat, I am a producer of "Week Summary" for NTV Broadcasting company.

We would like to film a brief interview with you about coronavirus, and different hypotheses about its appearance. We want to solve the problem with mass disinformation about this virus, and need a professional opinion.

Will it be possible to do this at 6<sup>th</sup>, or 7<sup>th</sup> of February?

Best regards,  
Seferbekov Murat  
NTV Broadcasting Company



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 14:36:13 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Interview request by BBC Chinese

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Tsung-Hsien Lee <zach.lee@bbc.co.uk>  
**Sent:** Wednesday, February 5, 2020 8:21 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Interview request by BBC Chinese

Dear Dr Anthony S Fauci,

This is Zachary from BBC Chinese.

I am now writing a piece regarding the treatment of people in isolation or quarantine over coronavirus in different countries.

Most of the countries told the public where the people evacuated from Wuhan reside for quarantine and some drew local's protests. They expressed concern over close vicinity and some even went to protest in these places.

Others like Taiwan, the authority decided to keep the quarantine location confidential. The reason is to avoid unnecessary worrisome and let people rest well.

I would like to have an interview with you by e-mail or Skype phone with you to give some insights or comments on this issue.

If you could be quoted, the questions are as below

**1. Why does the government tell the public the quarantine location? Is it necessary? Or why not?**



**2. Many residents protested because they don't want the quarantine Center for Coronavirus in their neighborhood. Do they need to worry about it?**

**3. What is your suggestion regarding the location of quarantine those people from Wuhan. And what is essential for Quarantine Center for Coronavirus?**

Thank you very much for your time.

Zachary Lee

BBC Chinese

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 1 Mar 2020 01:17:02 +0000  
**To:** Harper, Jill (NIH/NIAID) [E]  
**Subject:** RE: Approps TA: DOE Reimbursement for Coronavirus Super Computing

(b) (5)

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Harper, Jill (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, February 29, 2020 9:43 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Haskins, Melinda (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: Approps TA: DOE Reimbursement for Coronavirus Super Computing

Tony,

(b) (5)

Thanks,  
Jill

---

**From:** "Harper, Jill (NIH/NIAID) [E]" (b) (6)  
**Date:** Friday, February 28, 2020 at 5:33:38 PM

**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject:** Fwd: Approps TA: DOE Reimbursement for Coronavirus Super Computing

Tony, I will call you about this in a minute

---

**From:** "Haskins, Melinda (NIH/NIAID) [E]" (b) (6)  
**Date:** Friday, February 28, 2020 at 5:24:43 PM  
**To:** "Mitchell, Michelle (NIH/OD) [E]" (b) (6)>  
**Cc:** "NIAID OCGR Leg" <[NIAIDOCGRLeg@mail.nih.gov](mailto:NIAIDOCGRLeg@mail.nih.gov)>, "LaMontagne, Karen (NIH/OD) [E]" (b) (6), "Harper, Jill (NIH/NIAID) [E]" (b) (6), "Johnson, Martin S. (NIH/NIAID) [E]" (b) (6), "Billet, Courtney (NIH/NIAID) [E]" (b) (6), "Shapiro, Neil (NIH/OD) [E]" (b) (6)  
**Subject:** Re: Approps TA: (b) (5)

Sent from my iPhone

On Feb 28, 2020, at 5:17 PM, Mitchell, Michelle (NIH/OD) [E] (b) (6)> wrote:

Hi Melinda,

Would you let me know what you all think of this language?

Thanks.

MM

---

**From:** Friedel, Laura (Appropriations) (b) (6)>  
**Sent:** Friday, February 28, 2020 5:13 PM  
**To:** Haskins, Melinda (NIH/NIAID) [E] (b) (6)>; Mitchell, Michelle (NIH/OD) [E] (b) (6)  
**Subject:** RE: DOE Reimbursement for Coronavirus Super Computing

Any progress on this Michelle? Here is language that I'm thinking of.

For an additional amount for "National Institute of Allergy and Infectious Diseases", to prevent, prepare for, and respond to SARS-CoV-2, a virus strain mutating therefrom ("coronavirus"), or other emerging or reemerging infectious disease threats, domestically or internationally, \$xxx,000,000, to remain available

until September 30, 2024: *[Provided, That up to \$99,500,000 of such amounts may be transferred to the Department of Energy to provide support and access to scientific user facilities, including equipment, enabling technologies, and personnel associated with the operations of those scientific user facilities:]*

Laura Friedel  
Majority Clerk  
Committee on Appropriations  
Subcommittee on Labor, HHS and Education  
136 Dirksen Senate Office Building  
Washington, DC 20510

(b) (6)

---

**From:** Friedel, Laura (Appropriations)  
**Sent:** Friday, February 28, 2020 3:13 PM  
**To:** Haskins, Melinda (NIH/NIAID) [E] (b) (6)>; Michelle Mitchell  
(b) (6)  
**Subject:** DOE Reimbursement for Coronavirus Super Computing

Hi,

Dept. of Energy is looking for \$99.5 million. They are concerned that NIH will use their super computers for coronavirus (which NIH doesn't pay for) and displace paying customers. What is the expectation that NIH will need to use DOE super computers? We would include additional funds (please make sure TF knows I would not take his funds and give to DOE), but this seems extremely high to me and I was trying to understand the need from your perspective for these super computers. Happy to jump on the phone if that is easier, but need this as fast as you can get it to me please – within the next hour or so. Language is below. Thank you!

Sec. \_\_\_\_ (a) Funds appropriated in this title may be made available to restore amounts, either directly or through reimbursement, for obligations incurred by agencies of the Department of Health and Human Services for the purposes provided herein prior to the date of enactment of this Act. This subsection shall not apply to obligations incurred by the Infectious Diseases Rapid Response Reserve Fund.

(b) Funds appropriated in this title [may/shall] be used when [awarding/to award] grants and cooperative agreements in fiscal year 2020 to reimburse State or local costs incurred for the purposes provided herein after January 20, 2020, and prior to the issuance of such awards.

[(c) Funds appropriated in this title shall be transferred to other federal agencies for costs related to medical screening for coronavirus including any costs



incurred through a grant, cooperative agreement, other transaction, or contract and, once transferred, may be used to reimburse obligations incurred for such purposes prior to enactment of this Act.]

(d) Up to \$99,500,000 of the funds appropriated in this title may be transferred to the Department of Energy to provide support and access to scientific user facilities, including equipment, enabling technologies, and personnel associated with the operations of those scientific user facilities.

(e) If any funds have been reprogrammed or transferred from an appropriation, as described in the notification submitted by the Secretary to the Committees on Appropriations of the House of Representatives and the Senate on February 2, 2020, prior to the date of enactment of this Act, such amounts shall be reprogrammed or transferred back to that appropriation within 45 days of the date of enactment of this Act.

Laura Friedel  
Majority Clerk  
Committee on Appropriations  
Subcommittee on Labor, HHS and Education  
136 Dirksen Senate Office Building  
Washington, DC 20510

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 22:36:17 +0000  
**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Subject:** RE: NAS

Nancy:

The official USG group will be convened by NAS. Bob Kadlec is the person with direct knowledge of that. In addition, there is an ad hoc group informally led by Jeremy Farrar of Wellcome Trust. This group has about 15 people, all of whom are highly respected scientists, mostly evolutionary biologists who are convening by e-mail and conference calls (I have been on 2 of these calls since Jeremy invited me) to look at all of the bat, pangolin and human coronavirus sequences to try and determine the evolutionary origin. This is not my area of expertise and so I have backed off and am leaving it all to Jeremy.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6)>  
**Sent:** Thursday, February 13, 2020 5:28 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: NAS

Thanks. Is someone convening them?

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, February 13, 2020 5:07 PM

**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6)  
**Subject:** RE: NAS

Nancy:

It is not a report. It is a letter from NAS to OSTP saying that it is important to bring together a group of experts to study the evolutionary origin the COVID19. I am attaching it here. I have no idea if it has been widely distributed and so please keep it internal.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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---

**From:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6)  
**Sent:** Thursday, February 13, 2020 1:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** NAS

Either you or Bob Kadlec made reference to a NAS report on the origins of SARS – COV2. (b) (5)

[REDACTED]

[REDACTED]

Thanks.  
Nancy



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 13 Feb 2020 22:06:37 +0000  
**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Subject:** RE: NAS  
**Attachments:** NASEM Response to OSTP re Coronavirus\_February 6 2020.pdf

Nancy:

It is not a report. It is a letter from NAS to OSTP saying that it is important to bring together a group of experts to study the evolutionary origin the COVID19. I am attaching it here. I have no idea if it has been widely distributed and so please keep it internal.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
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31 Center Drive, MSC 2520  
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Bethesda, MD 20892-2520  
Phone: (b) (6)  
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---

**From:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6) >  
**Sent:** Thursday, February 13, 2020 1:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** NAS

Either you or Bob Kadlec made reference to a NAS report on the origins of SARS – COV2. (b) (5)

[REDACTED]

[REDACTED]

Thanks.  
Nancy



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 15:21:22 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]  
**Subject:** RE: Redfield/Fauci nCoV op-ed  
**Attachments:** Coronavirus OpEd - Redfield and Fauci - 02-06-2020.docx

Here it is.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, February 5, 2020 3:43 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: Redfield/Fauci nCoV op-ed

Here is the op-ed as cleared by WH.  
Any issues with this?

(b) (5)

---

**From:** Brennan, Patrick (OS/ASPA) < (b) (6) >  
**Sent:** Wednesday, February 5, 2020 3:39 PM  
**To:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** Fine, Amanda (NIH/OD) [E] (b) (6); Galatas, Kate (CDC/OD/OADC) (b) (6); Bonds, Michelle E. (CDC/OD/OADC) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6);

Stecker, Judy (OS/IOS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6)  
Pratt, Michael (OS/ASPA) (b) (6) Oakley, Caitlin B. (OS/ASPA)  
(b) (6); Hall, Bill (HHS/ASPA) < (b) (6)>; Myles, Renate (NIH/OD) [E]  
(b) (6); Burklow, John (NIH/OD) [E] (b) (6); Stover, Kathy (NIH/NIAID)  
[E] (b) (6)

**Subject:** RE: Redfield/Fauci nCoV op-ed

Attached is a tracked changes version and a clean version of what cleared the WH – they had a few sentences they would like to be added (which, in the tracked changes version, I have added comments to explain who suggested it and in some cases why), but almost all of these edits are non-substantive.

Assuming CDC and NIAID are good with these (feel free to modify the additions as needed), you all are good to pitch this as you wish – (b) (5)

---

**From:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 6:11 PM  
**To:** Lepore, Loretta (CDC/OD/OCS) < (b) (6)>  
**Cc:** Fine, Amanda (NIH/OD) [E] (b) (6); Galatas, Kate (CDC/OD/OADC)  
(b) (6); Brennan, Patrick (OS/ASPA) (b) (6); Bonds, Michelle E.  
(CDC/OD/OADC) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet,  
Courtney (NIH/NIAID) [E] < (b) (6)>; McGowan, Robert (Kyle) (CDC/OD/OCS)  
(b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6); Stecker, Judy (OS/IOS)  
(b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael  
(OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) (b) (6); Hall, Bill  
(HHS/ASPA) (b) (6); Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John  
(NIH/OD) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Redfield/Fauci nCoV op-ed

All – attached is a track changes draft and a clean version with input from NIAID and Dr. Fauci.

Thanks,  
Jen

Jennifer Routh [E]  
News and Science Writing Branch  
Office of Communications and Government Relations  
National Institute of Allergy and Infectious Diseases (NIAID)  
NIH/HHS  
31 Center Drive Room 7A17C  
Bethesda, MD 20892  
Direct: (b) (6)  
(b) (6)

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---

**From:** Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Sent:** Sunday, February 2, 2020 2:39 PM



**To:** Fine, Amanda (NIH/OD) [E]; Galatas, Kate (CDC/OD/OADC); Brennan, Patrick (OS/ASPA); Bonds, Michelle E. (CDC/OD/OADC); Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS); Campbell, Amanda (CDC/OD/OCS); Stecker, Judy (OS/IOS); Murphy, Ryan (OS/ASPA); Pratt, Michael (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Hall, Bill (HHS/ASPA); Myles, Renate (NIH/OD) [E]  
**Subject:** RE: Redfield/Fauci nCoV op-ed

Good afternoon all,

I am forwarding the op-ed drafted by CDC and reviewed by Dr. Redfield for review by Dr. Fauci and our colleagues at NIH.

Please reach out with any questions.

Best,  
Loretta

---

**From:** Fine, Amanda (NIH/OD) [E] (b) (6)  
**Sent:** Friday, January 31, 2020 6:36 PM  
**To:** Galatas, Kate (CDC/OD/OADC) (b) (6); Brennan, Patrick (OS/ASPA) (b) (6); Bonds, Michelle E. (CDC/OD/OADC) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6); Stecker, Judy (OS/IOS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael (OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) <(b) (6)>; Hall, Bill (HHS/ASPA) <(b) (6)>; Myles, Renate (NIH/OD) [E] (b) (6)  
**Subject:** RE: Redfield/Fauci nCoV op-ed

+ Renate Myles for awareness

---

**From:** Galatas, Kate (CDC/OD/OADC) (b) (6)  
**Sent:** Friday, January 31, 2020 6:34 PM  
**To:** Brennan, Patrick (OS/ASPA) <(b) (6)>; Bonds, Michelle E. (CDC/OD/OADC) (b) (6); Fine, Amanda (NIH/OD) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6); Stecker, Judy (OS/IOS) <(b) (6)>; Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael (OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) (b) (6); Hall, Bill (HHS/ASPA) (b) (6)  
**Subject:** Re: Redfield/Fauci nCoV op-ed

Hi, Patrick -

We've put this in motion — once it's cleared thru CDC, we will send back to this group so NIH comms can move thru with their editing/revisions.

Let me know if that sounds OK. We will likely not have a cleared version out of CDC until late Saturday at the earliest.

Take care,  
Kate

Get [Outlook for iOS](#)

---

**From:** Brennan, Patrick (OS/ASPA) <(b) (6)>  
**Sent:** Friday, January 31, 2020 5:31:46 PM  
**To:** Bonds, Michelle E. (CDC/OD/OADC) (b) (6)>; Fine, Amanda (NIH/OD) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Lepore, Loretta (CDC/OD/OCS) (b) (6)>  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6)>; Stecker, Judy (OS/IOS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael (OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) (b) (6)>; Hall, Bill (HHS/ASPA) (b) (6)>; Galatas, Kate (CDC/OD/OADC) (b) (6)>  
**Subject:** Redfield/Fauci nCoV op-ed

CDC and NIH folks,

Per some discussion after the presser, we'd like Dr. Redfield and Dr. Fauci to pen an op-ed regarding the reasons/thinking behind the policy announced today. I assume the right building blocks for it would be the remarks they made today – which I believe you all should have the copy/notes for? I have the Secretary's, which we'll be sending around/posting shortly and I'll make sure to re-up it here so you all have it.

It would be great to have a draft of this cleared to get to the WH over the weekend. (I anticipate faster-than-average clearance from them!)

Please let me know how I can help with this.

Best,  
Patrick

**Patrick Brennan**

Director of Speechwriting

Department of Health and Human Services

Office: (b) (6) | Cell (b) (6)

Predecisional/deliberative communication



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 11 Feb 2020 12:54:11 +0000  
**To:** (b) (6)  
**Subject:** FW: Following Up If We can Be of Any Assistance

FYI

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Kadlec, Robert (OS/ASPR/IO) (b) (6) >  
**Sent:** Tuesday, February 11, 2020 7:28 AM  
**To:** (b) (6)  
**Cc:** (b) (6) Elvander, Erika (OS/OGA) (b) (6); Lamana, Joseph (OS/ASPR/EMMO) <(b) (6)>; Disbrow, Gary (OS/ASPR/BARDA) (b) (6); Yeskey, Kevin (OS/ASPR/IO) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Following Up If We can Be of Any Assistance

Dear Dr. Suzuki we heard from Jun the news that your Prime Minister gave approval for the deployment of our team. We are moving expeditiously to get them there to assist. In light of the situation and the increasing numbers of cases on the ship, (b) (5)

(b) (5)

Again, we are grateful and excited that we have the opportunity to work together.

Kanpai!

Bob

---

**From:** Kadlec, Robert (OS/ASPR/IO)

**Sent:** Monday, February 10, 2020 8:14 PM

**To:** (b) (6)

**Cc:** (b) (6); Elvander, Erika (OS/OGA) (b) (6); Lamana, Joseph (HHS/ASPR/OEM) (b) (6)  
(b) (6)

**Subject:** Following Up If We can Be of Any Assistance

Dear Dr. Suzuki –

I hope this finds you in good health and expect that you are deeply involved in the events of coronavirus in your region. I understand from various communications with the MHLW that is considering ending the quarantine early and releasing passengers from the Diamond Princess, especially those who are 80 years of age or older. Given the media reports and public perception there is pressure to do this. However, as medical experts, you and I both know that days 3 – 8 are within the normal incubation period and these new positives do not likely represent shipboard transmission. As such, HHS is willing to coordinate U.S. medical experts who can engage with English language media explaining and reassuring the passengers, crew, and public.

Regarding support for the quarantine, ASPR is ready to deploy a team of 3-5 people quickly, and as many as 12 people to Japan to support as suggested in the previous call. If we can assist you and your team in managing the Americans currently in quarantine please let me know. If there is other support do let me know and ASPR will work to assist. As we've talked for the past 18 months about such a scenario, this may not be the one we envisioned, but it is a perfect case as we can clearly identify the Americans, they are in a contained area. Our mutual efforts and planning have paid unexpected dividends.

I am available to discuss via teleconference at your convenience. I am grateful for all MHLW has done to support this complicated response on top of your work supporting repatriation and domestic monitoring of your own citizens. We are grateful for Dr. Sugihara's herculean information sharing efforts and the rest of your MHLW team support during this event; it

validates of the importance of our ongoing liaison program and the long term benefits of our mutual commitment to each other's public health security


Please remain well and I look forward to see you again soon.

Best wishes and warm regards.

Dr Bob Kadlec  
ASPR



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 10 Feb 2020 18:43:59 +0000  
**To:** Brennan, Patrick (OS/ASPA)  
**Cc:** Hall, Bill (HHS/ASPA); Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Draft of email  
**Attachments:** 2 10 20 email - with Fauci edits.docx

Here is the document with my tracked changes. 

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Brennan, Patrick (OS/ASPA) (b) (6)  
**Sent:** Monday, February 10, 2020 1:26 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Hall, Bill (HHS/ASPA) <Bill.Hall@HHS.GOV>  
**Subject:** Draft of email

Dr. Fauci – below and in the attached is our proposed draft response, and then Cuccinelli's email text below for context. We're waiting on a potential detail/point or two from ASPR that may help flesh it out a bit but we'll see if we actually need it. Thank you!

<< File: 2 10 20 email.docx >>  
Draft HHS response

Fellow task force members,

Thanks for your message, Ken, and I look forward to our discussion today.



(b) (5)



Looking forward to discussing more later today.

Ken

To my fellow task force members,

(b) (5)





I look forward to speaking with you all again this afternoon.

**Patrick Brennan**

Director of Speechwriting

Department of Health and Human Services

Office: (b) (6) | Cell: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 9 Feb 2020 23:54:27 +0000  
**To:** (b) (6)  
**Subject:** FW: WHO advance team on coronavirus on way to China - Tedros tweet

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Grigsby, Garrett (HHS/OS/OGA) <(b) (6)>  
**Sent:** Sunday, February 9, 2020 6:35 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Harrison, Brian (HHS/IOS) <(b) (6)>  
**Cc:** Kerr, Lawrence (HHS/OS/OGA) <(b) (6)>; Elvander, Erika (OS/OGA) <(b) (6)>; Zebley, Kyle (HHS/OS/OGA) <(b) (6)>; Redfield, Robert R. (CDC/OD) <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) <(b) (6)>; Abram, Anna (FDA/OC) <(b) (6)>; Bright, Rick (OS/ASPR/BARDA) <(b) (6)>  
**Subject:** RE: WHO advance team on coronavirus on way to China - Tedros tweet

Dr F,

(b) (5)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Sunday, February 9, 2020 6:24 PM  
**To:** Grigsby, Garrett (HHS/OS/OGA) <(b) (6)>; Harrison, Brian (HHS/IOS) <(b) (6)>



**Cc:** Kerr, Lawrence (HHS/OS/OGA) <(b) (6)>; Elvander, Erika (OS/OGA) <(b) (6)>; Zebley, Kyle (HHS/OS/OGA) <(b) (6)>; Redfield, Robert R. (CDC/OD) <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) <(b) (6)>; Abram, Anna (FDA/OC) <(b) (6)>; Bright, Rick (OS/ASPR/BARDA) <(b) (6)>  
**Subject:** RE: WHO advance team on coronavirus on way to China - Tedros tweet

(b) (5)

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)  
**FAX:** (301) 496-4409  
**E-mail:** (b) (6)

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---

**From:** Grigsby, Garrett (HHS/OS/OGA) <(b) (6)>  
**Sent:** Sunday, February 9, 2020 6:03 PM  
**To:** Harrison, Brian (HHS/IOS) <(b) (6)>  
**Cc:** Kerr, Lawrence (HHS/OS/OGA) <(b) (6)>; Elvander, Erika (OS/OGA) <(b) (6)>; Zebley, Kyle (HHS/OS/OGA) <(b) (6)>; Redfield, Robert R. (CDC/OD) <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) <(b) (6)>; Abram, Anna (FDA/OC) <(b) (6)>; Bright, Rick (OS/ASPR/BARDA) <(b) (6)>  
**Subject:** FW: WHO advance team on coronavirus on way to China - Tedros tweet

Brian – more clarity from “the horse’s mouth” on this advance trip...see below.

---

**From:** Grigsby, Garrett (HHS/OS/OGA)  
**Sent:** Sunday, February 9, 2020 6:01 PM  
**To:** SCHWARTLANDER, Bernhard F. <(b) (6)>  
**Cc:** SIMONSON, Stewart <(b) (6)>  
**Subject:** RE: WHO advance team on coronavirus on way to China - Tedros tweet

Many thanks, Bernard! I know I'll be asked, so I will pass your email up the chain...

Take care and thanks again!

---

**From:** SCHWARTLANDER, Bernhard F. (b) (6)  
**Sent:** Sunday, February 9, 2020 5:59 PM  
**To:** Grigsby, Garrett (HHS/OS/OGA) (b) (6)>  
**Cc:** SIMONSON, Stewart (b) (6)  
**Subject:** Re: WHO advance team on coronavirus on way to China - Tedros tweet

Hi Garrett,

We have three people on the way to Beijing who will work with our Chinese counterparts on finalizing the TOR and composition of the joint WHO - China mission. As you are much aware, the US has given us a number of names who will be able and willing to join such a mission. We have received similar proposals from other countries and will now match the "long list" of experts with the required specific expertise.

We are hoping to have more clarity over the coming days and will obviously keep you in the loop. The overall number will be kept at a level to make sure that the team is fully operational.

With my warmest wishes

Bernhard

Dr Bernhard Schwartländer  
Chef de Cabinet  
World Health Organization

On 9 Feb 2020, at 23:24, Grigsby, Garrett (HHS/OS/OGA) (b) (6)>  
wrote:

Bernard,

Hope you had a good weekend.

I'm reaching out to get more clarity on the WHO experts team issue – please see article below. I've heard everything from an advance group of one or two individuals to 15 people discussed in the article. I haven't heard any word about US people, and I was just with Dr Redfield late this afternoon and he was in the dark too.



Any additional information will be deeply appreciated.

Thanks!

---

**From:** Kerr, Lawrence (HHS/OS/OGA) <(b) (6)>  
**Sent:** Sunday, February 9, 2020 5:03 PM  
**To:** Grigsby, Garrett (HHS/OS/OGA) <(b) (6)>; Zebley, Kyle (HHS/OS/OGA) <(b) (6)>; Elvander, Erika (OS/OGA) <(b) (6)>; Tracy Carson <(b) (6)>  
**Subject:** WHO advance team on coronavirus on way to China - Tedros tweet

February 9, 2020 / 4:01 PM / Updated an hour ago

## UPDATE 1-WHO advance team on coronavirus on way to China - Tedros tweet

[Stephanie Nebehay](#)

By Stephanie Nebehay

GENEVA, Feb 9 (Reuters) - An advance team of international experts led by the World Health Organization (WHO) has left for Beijing to help investigate China's coronavirus epidemic, the Geneva-based agency said on Sunday.

WHO director-general Tedros Adhanom Ghebreyesus, who made a trip to Beijing for talks with President Xi Jinping and Chinese ministers in late January, returned with an agreement on sending an international mission.

But it has taken nearly two weeks to get the government's green light on its composition, which was not announced, other than to say that WHO veteran Dr. Bruce Aylward, a Canadian epidemiologist and emergencies expert, was heading it.

"I've just been at the airport seeing off members of an advance team for the @WHO-led #2019nCoV international expert mission to #China, led by Dr Bruce Aylward, veteran of past public health emergencies," Tedros said in a tweet from Geneva.

Dr. Sylvie Briand, who accompanied Tedros last month and stayed behind for talks with top Chinese health officials, told Reuters last week that they were discussing a list of experts with China.

"Because it is a joint mission, they need to be on board, it's not just an international group going there. We have about 15 people," said Briand, director of Global Infectious Hazard Preparedness at WHO.

China raised the death toll from the coronavirus outbreak to 811 on Sunday, passing the number killed globally by the SARS epidemic, as authorities made plans for millions of people returning to work after an extended Lunar New Year break.

The virus, which has spread to two dozen countries, has killed some 2% of more than 37,550 cases worldwide, with 99 percent of infections in China, WHO figures show.

The WHO declared the outbreak a global emergency on Jan. 30, days after the Chinese central government imposed a lockdown on 60 million people in Hubei province and its capital Wuhan, epicentre of the virus that emerged in December in a seafood market.

Tedros said on Saturday that he hoped the team would include experts from the U.S. Centers for Disease Control (CDC).

"It has to be meaningful on the ground," Lawrence Gostin, professor of global health law at Georgetown Law, said in an interview in Geneva this week.

Gostin called for a "genuine partnership with transparent flows of information and accountability for the response", adding that there should be a strong CDC presence.

"CDC has got no peer in terms of its experience and technical expertise in dealing with international outbreaks," he said.

"But the other benefit is the smart diplomacy, what it could signal is that despite all of our differences in ideology, trade, politics, that when faced with a common threat to humanity, we come together as a human community to tackle it," Gostin said.

Reporting by Stephanie Nebehay; Editing by Pravin Char, Kirsten Donovan

Our Standards: [The Thomson Reuters Trust Principles.](#)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:55:22 +0000  
**To:** Shapiro, Neil (NIH/OD) [E]; Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Johnson, Alfred (NIH/OD) [E]; Hallett, Adrienne (NIH/OD) [E]  
**Cc:** Shaya, Cecile (NIH/OD) [E]  
**Subject:** RE: Coronavirus - HHS Supplemental Table - Close Hold

(b) (5)

---

**From:** Shapiro, Neil (NIH/OD) [E] (b) (6)  
**Sent:** Thursday, February 6, 2020 8:08 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)  
**Subject:** RE: Coronavirus - HHS Supplemental Table - Close Hold

I'll ask, unless Tony knows. (b) (5)

Neil

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Thursday, February 6, 2020 4:59 PM  
**To:** Shapiro, Neil (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)  
**Subject:** RE: Coronavirus - HHS Supplemental Table - Close Hold

(b) (5)

FC

---

**From:** Shapiro, Neil (NIH/OD) [E] (b) (6)  
**Sent:** Thursday, February 6, 2020 3:22 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)  
**Subject:** FW: Coronavirus - HHS Supplemental Table - Close Hold  
**Importance:** High

ASFR provided the pdf attachment and the explanation below. They emphasized on the phone too that this is very close hold. (b) (5);

(b) (5)

Neil

**From:** Cabezas, Miriam (HHS/ASFR) (b) (6)>

**Sent:** Thursday, February 6, 2020 2:32 PM

**To:** Kelly, Alison (CDC/OCOO/OFR/OA) (b) (6)>; Berger, Sherri (CDC/OCOO/OD) (b) (6); Shapiro, Neil (NIH/OD) [E] (b) (6)>; Shaya, Cecile (NIH/OD) [E] (b) (6)>; Petillo, Jay (OS/ASPR/MFHC) (b) (6)>; Dubay, Johanna (OS/ASPR/MFHC) (b) (6)

**Cc:** Goyle, Suraj (OS/ASFR) <(b) (6)>; Falisi, Angela (OS/ASFR) (b) (6)>; White, RaeShawn (OS/ASFR) (b) (6)>; Cormier, Justin (HHS/ASFR) (b) (6)>

**Subject:** Coronavirus - HHS Supplemental Table - Close Hold

**Information in this email is close hold.**

Good afternoon –

Attached you will find CDC, ASPR, and NIH specific totals that were provided to OMB last night. We want to make sure you have awareness of the activities that are identified across these three agencies. Let us know if you have any questions. This information should not be shared broadly.

Miriam

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 7 Feb 2020 03:38:07 +0000  
**To:** Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: \*\* Time-Sensitive Clearance \*\* DUE BY 3:30 TODAY- Coronavirus - Minister Ma of China Response Letter - 00430215

Please take care of this on my behalf. Thanks.

---

**From:** Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, February 6, 2020 3:11 PM  
**To:** Harris, Kara (NIH/NIAID) [E] <(b) (6)>; Handley, Gray (NIH/NIAID) [E] <(b) (6)>; Lerner, Andrea (NIH/NIAID) [E] <(b) (6)>; Eisinger, Robert (NIH/NIAID) [E] <(b) (6)>; Harper, Jill (NIH/NIAID) [E] <(b) (6)>; McGowan, John J. (NIH/NIAID) [E] <(b) (6)>; Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] <(b) (6)>  
**Cc:** NIAID OCGR Correspondence <NIAIDOCGRCorrespondence@mail.nih.gov>; Gilles, Sharon (NIH/NIAID) [E] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Subject:** RE: \*\* Time-Sensitive Clearance \*\* DUE BY 3:30 TODAY- Coronavirus - Minister Ma of China Response Letter - 00430215

(b) (5)

---

**From:** Harris, Kara (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Thursday, February 6, 2020 3:00 PM  
**To:** Handley, Gray (NIH/NIAID) [E] <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] <(b) (6)>; Lerner, Andrea (NIH/NIAID) [E] <(b) (6)>; Eisinger, Robert (NIH/NIAID) [E] <(b) (6)>; Harper, Jill (NIH/NIAID) [E] <(b) (6)>; McGowan, John J. (NIH/NIAID) [E] <(b) (6)>; Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] <(b) (6)>  
**Cc:** NIAID OCGR Correspondence <NIAIDOCGRCorrespondence@mail.nih.gov>; Gilles, Sharon (NIH/NIAID) [E] <(b) (6)>



**Subject:** FW: \*\* Time-Sensitive Clearance \*\* DUE BY 3:30 TODAY- Coronavirus - Minister Ma of China Response Letter - 00430215

**Importance:** High

All –

Please see the note below from Exec Sec. Please provide any comments to NIAID OCGR Correspondence by 3:30 p.m. Please note – Exec Sec is looking for show-stopping comments only.

Thank you,  
Kara

---

**From:** Malliou, Ekaterini (OS/IOS) (b) (6)>  
**Sent:** Thursday, February 6, 2020 2:25 PM  
**To:** Stannard, Paula (HHS/IOS) <(b) (6)>; Hoffmann, Lauren (CDC/OD/OCS) (b) (6)>; Clark, Cynthia K. (CDC/OD/OCS) (b) (6)>; Stimson, Brian (HHS/OGC) (b) (6)>; Chang, William (HHS/OGC) (b) (6)>; Barry, Daniel J (HHS/OGC) <(b) (6)>; Shuy, Bryan (OS/ASPR/IO) (b) (6)>; Bird, Catherine (OS/OGC) (b) (6)> OS OGC-IO <[ControlDesk.OGCIO@hhs.gov](mailto:ControlDesk.OGCIO@hhs.gov)>; ASPR Exec Sec (OS/ASPR) <[ASPRExecSec@hhs.gov](mailto:ASPRExecSec@hhs.gov)>  
**Cc:** Steele, Danielle (HHS/IOS) (b) (6)>; Agnew, Ann (HHS/IOS) (b) (6)>; Hawkins, Jamar (HHS/OS) (b) (6)>; Horska, Katerina (HHS/IOS) (b) (6)>; Varnado, Martina (FDA/OC) (b) (6)>; Zebley, Kyle (HHS/OS/OGA) (b) (6)>; Allen-Gifford, Patrice (NIH/OD) [E] (b) (6)>  
**Subject:** Clearance Due 6pm (2/6): \*\* Time-Sensitive \*\* Coronavirus - Minister Ma of China Response Letter - 00430215

Please find attached for your clearance a response to Minister Ma's letter to the Secretary, and a recent conversation with him. (b) (5)

Please note that the Secretary has already reviewed and edited the attached response

We appreciate your expedited review and clearance by 6pm today, 2/6.

Thank you,

Kat

\*\*\*\*\*  
Ekaterini (Kat) Malliou, DrPH, MPH  
Senior Policy Coordinator  
Immediate Office of the Secretary, U.S. Department of Health and Human Services  
200 Independence Ave SW, Suite 619H, Washington, DC 20201, USA  
Tel: (b) (6) Cell: (b) (6), Email: (b) (6)



**From:** (b) (6)  
**Sent:** Thu, 6 Feb 2020 18:56:07 -0500  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** Re: FROM CAITLIN OAKLEY - Atlantic reporter responded

Please schedule call for tomorrow.

On Feb 6, 2020, at 4:17 PM, Conrad, Patricia (NIH/NIAID) [E]  
(b) (6) wrote:

See below – the reporter responded to Caitlyn – not Courtney – he can speak today or tomorrow. Do you want to call tonight or have me schedule for tomorrow?

Tomorrow is quite full but can make it happen...let me know

Yes, happy to talk today or tomorrow.  
I'm at (b) (6)

If Dr. Fauci is available, that would be great.

Best,

Peter Nicholas

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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**From:** Oakley, Caitlin B. (OS/ASPA) <(b) (6)>  
**Sent:** Thursday, February 6, 2020 4:12 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Subject:** FW: follow up re: Coronavirus story

**Caitlin B. Oakley**  
Deputy Assistant Secretary, National Spokesperson  
Office of the Assistant Secretary for Public Affairs  
U.S. Department of Health and Human Services  
(b) (6)

**From:** Peter Nicholas <[pnicholas@theatlantic.com](mailto:pnicholas@theatlantic.com)>  
**Sent:** Thursday, February 6, 2020 3:00 PM  
**To:** Oakley, Caitlin B. (OS/ASPA) <(b) (6)>  
**Subject:** Re: follow up re: Coronavirus story

Hi,

Yes, happy to talk today or tomorrow.  
I'm at (b) (6). If Dr. Fauci is available, that would be great.

Best,

Peter

On Thu, Feb 6, 2020 at 11:09 AM Oakley, Caitlin B. (OS/ASPA) <(b) (6)> wrote:

Following up on this....does today work?

And I know Dr. Fauci's office is trying to get in contact as well. He's a member of the taskforce. Can we make this happen?

**Caitlin B. Oakley**  
Deputy Assistant Secretary, National Spokesperson  
Office of the Assistant Secretary for Public Affairs  
U.S. Department of Health and Human Services  
(b) (6)

---

**From:** Oakley, Caitlin B. (OS/ASPA)  
**Sent:** Wednesday, February 5, 2020 3:55 PM  
**To:** [pnicholas@theatlantic.com](mailto:pnicholas@theatlantic.com)  
**Cc:** Hall, Bill (HHS/ASPA) (b) (6)>  
**Subject:** follow up re: Coronavirus story

Peter—Thanks for the chat yesterday. Have a few folks that I'd like to get you on the phone with about your piece. Would you have time to chat with Bill Hall and I later today?

And when is your deadline for the piece?

Talk soon,

**Caitlin B. Oakley**

Deputy Assistant Secretary, National Spokesperson  
Office of the Assistant Secretary for Public Affairs  
U.S. Department of Health and Human Services

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 15:21:22 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]  
**Subject:** RE: Redfield/Fauci nCoV op-ed  
**Attachments:** Coronavirus OpEd - Redfield and Fauci - 02-06-2020.docx

Here it is.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, February 5, 2020 3:43 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: Redfield/Fauci nCoV op-ed

Here is the op-ed as cleared by WH.  
Any issues with this?

(b) (5)

---

**From:** Brennan, Patrick (OS/ASPA) < (b) (6) >  
**Sent:** Wednesday, February 5, 2020 3:39 PM  
**To:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** Fine, Amanda (NIH/OD) [E] (b) (6); Galatas, Kate (CDC/OD/OADC) (b) (6); Bonds, Michelle E. (CDC/OD/OADC) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6);



Stecker, Judy (OS/IOS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6)  
Pratt, Michael (OS/ASPA) (b) (6) Oakley, Caitlin B. (OS/ASPA)  
(b) (6); Hall, Bill (HHS/ASPA) (b) (6); Myles, Renate (NIH/OD) [E]  
(b) (6); Burklow, John (NIH/OD) [E] (b) (6); Stover, Kathy (NIH/NIAID)  
[E] (b) (6)

**Subject:** RE: Redfield/Fauci nCoV op-ed

Attached is a tracked changes version and a clean version of what cleared the WH – they had a few sentences they would like to be added (which, in the tracked changes version, I have added comments to explain who suggested it and in some cases why), but almost all of these edits are non-substantive.

Assuming CDC and NIAID are good with these (feel free to modify the additions as needed), you all are good to pitch this as you wish – (b) (5)

---

**From:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 6:11 PM  
**To:** Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** Fine, Amanda (NIH/OD) [E] (b) (6); Galatas, Kate (CDC/OD/OADC)  
(b) (6); Brennan, Patrick (OS/ASPA) (b) (6); Bonds, Michelle E.  
(CDC/OD/OADC) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet,  
Courtney (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS)  
(b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6); Stecker, Judy (OS/IOS)  
(b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael  
(OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) (b) (6); Hall, Bill  
(HHS/ASPA) (b) (6); Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John  
(NIH/OD) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Redfield/Fauci nCoV op-ed

All – attached is a track changes draft and a clean version with input from NIAID and Dr. Fauci.

Thanks,  
Jen

Jennifer Routh [E]  
News and Science Writing Branch  
Office of Communications and Government Relations  
National Institute of Allergy and Infectious Diseases (NIAID)  
NIH/HHS  
31 Center Drive Room 7A17C  
Bethesda, MD 20892  
Direct: (b) (6)  
(b) (6)

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---

**From:** Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Sent:** Sunday, February 2, 2020 2:39 PM

**To:** Fine, Amanda (NIH/OD) [E]; Galatas, Kate (CDC/OD/OADC); Brennan, Patrick (OS/ASPA); Bonds, Michelle E. (CDC/OD/OADC); Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS); Campbell, Amanda (CDC/OD/OCS); Stecker, Judy (OS/IOS); Murphy, Ryan (OS/ASPA); Pratt, Michael (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Hall, Bill (HHS/ASPA); Myles, Renate (NIH/OD) [E]  
**Subject:** RE: Redfield/Fauci nCoV op-ed

Good afternoon all,

I am forwarding the op-ed drafted by CDC and reviewed by Dr. Redfield for review by Dr. Fauci and our colleagues at NIH.

Please reach out with any questions.

Best,  
Loretta

---

**From:** Fine, Amanda (NIH/OD) [E] (b) (6)  
**Sent:** Friday, January 31, 2020 6:36 PM  
**To:** Galatas, Kate (CDC/OD/OADC) (b) (6); Brennan, Patrick (OS/ASPA) (b) (6); Bonds, Michelle E. (CDC/OD/OADC) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6); Stecker, Judy (OS/IOS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael (OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) <(b) (6)>; Hall, Bill (HHS/ASPA) <(b) (6)>; Myles, Renate (NIH/OD) [E] (b) (6)  
**Subject:** RE: Redfield/Fauci nCoV op-ed

+ Renate Myles for awareness

---

**From:** Galatas, Kate (CDC/OD/OADC) (b) (6)  
**Sent:** Friday, January 31, 2020 6:34 PM  
**To:** Brennan, Patrick (OS/ASPA) <(b) (6)>; Bonds, Michelle E. (CDC/OD/OADC) (b) (6); Fine, Amanda (NIH/OD) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); Lepore, Loretta (CDC/OD/OCS) (b) (6)  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6); Stecker, Judy (OS/IOS) <(b) (6)>; Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael (OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) (b) (6); Hall, Bill (HHS/ASPA) (b) (6)  
**Subject:** Re: Redfield/Fauci nCoV op-ed

Hi, Patrick -

We've put this in motion — once it's cleared thru CDC, we will send back to this group so NIH comms can move thru with their editing/revisions.



Let me know if that sounds OK. We will likely not have a cleared version out of CDC until late Saturday at the earliest.

Take care,  
Kate

Get [Outlook for iOS](#)

---

**From:** Brennan, Patrick (OS/ASPA) <(b) (6)>  
**Sent:** Friday, January 31, 2020 5:31:46 PM  
**To:** Bonds, Michelle E. (CDC/OD/OADC) (b) (6)>; Fine, Amanda (NIH/OD) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Lepore, Loretta (CDC/OD/OCS) (b) (6)>  
**Cc:** McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Campbell, Amanda (CDC/OD/OCS) (b) (6)>; Stecker, Judy (OS/IOS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Pratt, Michael (OS/ASPA) (b) (6); Oakley, Caitlin B. (OS/ASPA) (b) (6)>; Hall, Bill (HHS/ASPA) (b) (6)>; Galatas, Kate (CDC/OD/OADC) (b) (6)>  
**Subject:** Redfield/Fauci nCoV op-ed

CDC and NIH folks,

Per some discussion after the presser, we'd like Dr. Redfield and Dr. Fauci to pen an op-ed regarding the reasons/thinking behind the policy announced today. I assume the right building blocks for it would be the remarks they made today – which I believe you all should have the copy/notes for? I have the Secretary's, which we'll be sending around/posting shortly and I'll make sure to re-up it here so you all have it.

It would be great to have a draft of this cleared to get to the WH over the weekend. (I anticipate faster-than-average clearance from them!)

Please let me know how I can help with this.

Best,  
Patrick

**Patrick Brennan**

Director of Speechwriting

Department of Health and Human Services

Office: (b) (6) | Cell (b) (6)

Predecisional/deliberative communication

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 14:54:16 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]  
**Subject:** RE: ASF: rAzar/Pompeo op-ed  
**Attachments:** 2 5 20 pompeo azar op-ed State - with Fauci tracked edits..docx

Here are my tracked edits. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Billet, Courtney (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Thursday, February 6, 2020 7:31 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Subject:** ASF: rAzar/Pompeo op-ed

Sending to all of you simultaneously, in the interest of time. Our comments are due back at noon.

---

**From:** "Brennan, Patrick (OS/ASPA)" <(b) (6)>  
**Date:** Thursday, February 6, 2020 at 1:23:26 AM  
**To:** "Routh, Jennifer (NIH/NIAID) [E]" (b) (6), "Bonds, Michelle E. (CDC/OD/OADC)" (b) (6), "Galatas, Kate (CDC/OD/OADC)" (b) (6), "Fine, Amanda (NIH/OD) [E]" (b) (6), "Conrad, Patricia (NIH/NIAID) [E]" (b) (6), "Kane, Eileen (OS/ASPR/OEA)" (b) (6), "Michael, Gretchen (OS/ASPR/OEA)" (b) (6), "Billet, Courtney (NIH/NIAID) [E]" (b) (6), "Lepore, Loretta (CDC/OD/OCS)" (b) (6), "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6), "Campbell, Amanda (CDC/OD/OCS)" (b) (6), "Zebley, Kyle (HHS/OS/OGA)" (b) (6)



(b) (6)>, "Chang, William (HHS/OGC)" (b) (6), "Keveney, Sean (HHS/OGC)" (b) (6)>, "Grigsby, Garrett (HHS/OS/OGA)" (b) (6)  
Cc: "Billet, Courtney (NIH/NIAID) [E]" (b) (6)>, "ASPA-Deputies" <[ASPA-Deputies@hhs.gov](mailto:ASPA-Deputies@hhs.gov)>

**Subject:** For review by noon Thurs: revised Azar/Pompeo op-ed

Hi all,

Attached is a largely new draft of the Azar/Pompeo op-ed that (b) (5)

(b) (5) I've made a couple additions and edits to their new version, which I've tracked/flagged.

**NIAD, CDC, and OGC, please let me know if this looks OK by noon tomorrow.** Thank you!

Best,

Patrick

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 14:24:54 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]  
**Subject:** RE: ASF: for review, Azar coronavirus presser remarks  
**Attachments:** Secretary's remarks with minor Fauci edits.docx

Here are my edits for Azar's press comments

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, February 6, 2020 7:29 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** ASF: for review, Azar coronavirus presser remarks

Pls see Secretary's remarks for press conf and let us know if anything glaring needs to be fixed.

They also would like talking points from us, covering what you would say. These are really just a placeholder. We could resubmit what we sent last time. Is there anything new you would anticipate saying?

---

**From:** "Brennan, Patrick (OS/ASPA)" (b) (6)>  
**Date:** Wednesday, February 5, 2020 at 11:25:33 PM  
**To:** "Routh, Jennifer (NIH/NIAID) [E]" (b) (6)>, "Bonds, Michelle E. (CDC/OD/OADC)" (b) (6)>, "Galatas, Kate (CDC/OD/OADC)" (b) (6)>, "Fine, Amanda (NIH/OD) [E]" (b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)>, "Kane, Eileen

(OS/ASPR/OEA)" (b) (6)>, "Michael, Gretchen (OS/ASPR/OEA)"  
(b) (6)>, "Billet, Courtney (NIH/NIAID) [E]" < (b) (6), "Steele,  
Danielle (HHS/IOS)" (b) (6)>, "Arbes, Sarah (HHS/ASL)" (b) (6)>,  
"Moughalian, Jen (HHS/ASFR)" < (b) (6)>, "Shuy, Caitrin (HHS/ASFR)"  
(b) (6), "Caliguiri, Laura (FDA/OC)" (b) (6)>, "Janik, Heather  
(FDA/OC)" (b) (6)>, "Lepore, Loretta (CDC/OD/OCS)" (b) (6),  
"McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6)>, "Campbell, Amanda (CDC/OD/OCS)"  
(b) (6), "Zebley, Kyle (HHS/OS/OGA)" (b) (6), "Chang, William (HHS/OGC)"  
(b) (6)>, "Keveney, Sean (HHS/OGC)" (b) (6)>, "Pence, Laura  
(HHS/ASL)" (b) (6)"Grigsby, Garrett (HHS/OS/OGA)" (b) (6)>  
Cc: "Billet, Courtney (NIH/NIAID) [E]" (b) (6)>, "Stover, Kathy (NIH/NIAID) [E]"  
(b) (6)>, "ASPA-Deputies" <[ASPA-Deputies@hhs.gov](mailto:ASPA-Deputies@hhs.gov)>

**Subject:** For review by 11 AM Thurs: Sec. Azar coronavirus presser remarks

Hi all,

Attached are draft remarks for the Secretary to deliver tomorrow evening at the scheduled press conference on coronavirus – after which the plan is for Dr. Redfield and then Dr. Fauci, and then whoever from State and DHS (I think?) to speak.

**Can CDC, NIAID, OGC, FDA, and ASPR let me know if this looks OK by 11 AM tomorrow?**

And once CDC and NIAID have their draft TPs, it would be great to see those as well.

Thank you!

- Patrick



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 03:59:18 +0000  
**To:** Grigsby, Garrett (HHS/OS/OGA); Lane, Cliff (NIH/NIAID) [E]  
**Cc:** Marston, Hilary (NIH/NIAID) [E]; Zebley, Kyle (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Burr, Mara (HHS/OS/OGA); Levine, Maya (OS/OGA); Mciff, Colin (HHS/OS/OGA); Arboleda, Nelson (HHS/OS/OGA); Alexander, Thomas (OS/OGA)  
**Subject:** RE: Coronavirus collaborating center

Yes. Thanks you.

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

**From:** Grigsby, Garrett (HHS/OS/OGA) (b) (6)>  
**Sent:** Wednesday, February 5, 2020 8:42 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Zebley, Kyle (HHS/OS/OGA) (b) (6)>; Kerr, Lawrence (HHS/OS/OGA) (b) (6)>; Burr, Mara (HHS/OS/OGA) (b) (6)>; Levine, Maya (OS/OGA) (b) (6); Mciff, Colin (HHS/OS/OGA) <(b) (6)> Arboleda, Nelson (HHS/OS/OGA) (b) (6); Alexander, Thomas (OS/OGA) (b) (6)>  
**Subject:** FW: Coronavirus collaborating center  
**Importance:** High

Drs F & L,

Confirming that you want me to reply in the affirmative asap...?

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

**From:** Lamourelle, Gabrielle (HHS/OS/OGA) (b) (6)>  
**Sent:** Wednesday, February 5, 2020 6:50 AM  
**To:** Grigsby, Garrett (HHS/OS/OGA) <(b) (6)>; Mciff, Colin (HHS/OS/OGA) (b) (6); Kerr, Lawrence (HHS/OS/OGA) <(b) (6)>; Burr, Mara (HHS/OS/OGA) (b) (6)>; Elvander, Erika (OS/OGA) (b) (6)>  
**Cc:** Tracy Carson (b) (6)>; Smith, Steven T (Geneva) (b) (6); Stewart, Jessica L. (HHS/OS/OGA) <(b) (6)>; Levine, Maya (OS/OGA) (b) (6)>; Wood, Rachel (HHS/OS/OGA) (b) (6); Fernandez, Jose (OS/OGA) (b) (6)  
**Subject:** FW: Coronavirus collaborating center  
**Importance:** High

Dear Garrett and all,

I have received the hard copy of the attached letter from Matias Tuler (WHO Collaborating Centers team) with the request that we review and provide a reply as quickly as possible. The letter, as usual form, says they will go forward in 8 weeks if they hear no objection from us.

Given the coronavirus situation, (b) (5)  
If you have any questions, let me know.

Thank you,  
Gabrielle

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

**From:** TULER, Matias (b) (6)  
**Sent:** Wednesday, February 5, 2020 9:35 AM



To: Lamourelle, Gabrielle (HHS/OS/OGA) <[REDACTED]> (b) (6)  
Cc: OGA Multilateral <OGAmultilateral@hhs.gov>  
Subject: RE: Coronavirus collaborating center

Dear Gabrielle,  
Many thanks for the email.  
I sent you an email with the letter just after we talked. I do not know if you received it. I am attaching the letter to this email again, just in case.  
Thank you very much in advance.  
Best regards,  
Matias

---

Matias Tuler  
Programme Manager  
WHO Collaborating Centres, and WHO Expert Advisory Panels and Committees World Health Organization  
Geneva , Switzerland  
Office: [REDACTED] (b) (6)  
Web: <http://www.who.int/collaboratingcentres/information/en/>  
[http://www.who.int/about/collaborations/expert\\_panels/en/](http://www.who.int/about/collaborations/expert_panels/en/)  
Follow WHO on Facebook, Twitter, YouTube, Instagram

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

From: Lamourelle, Gabrielle (HHS/OS/OGA) [REDACTED] (b) (6)>  
Sent: Wednesday, February 5, 2020 9:17  
To: TULER, Matias [REDACTED] (b) (6)  
Cc: OGA Multilateral <OGAmultilateral@hhs.gov>  
Subject: Coronavirus collaborating center

Dear Matias,  
Thank you for sharing the hard copy of the Coronavirus collaborating center letter. Please send me an electronic copy as well and I will send back immediately to our office for a rapid reply.

With best wishes,  
Gabrielle Lamourelle

Deputy Director, Multilateral Relations  
HHS Office of Global Affairs

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 6 Feb 2020 02:55:19 +0000  
**To:** Kerr, Lawrence (HHS/OS/OGA)  
**Cc:** Grigsby, Garrett (HHS/OS/OGA)  
**Subject:** RE: Spoke with Soumya re: evolutionary origin of nCoV

I do not see any problem with your doing this. Go for it.  
Best,  
Tony

---

**From:** Kerr, Lawrence (HHS/OS/OGA) (b) (6) >  
**Sent:** Wednesday, February 5, 2020 7:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Grigsby, Garrett (HHS/OS/OGA) (b) (6) >  
**Subject:** Spoke with Soumya re: evolutionary origin of nCoV

Dr. Fauci,



I welcome your advice please. Much thanks,

Larry

**From:** (b) (6)  
**Sent:** Wed, 11 Mar 2020 19:30:25 -0400  
**To:** John M Jessup  
**Subject:** Re: You are great - a thought

Kim:

Thanks for the note. That is exactly what the cdc is starting to do.

Best,  
Tony

On Mar 11, 2020, at 7:22 PM, John M Jessup (b) (6) wrote:

Tony,

We have seen each other over the decades. I am the (b) (6) from NCI who decreed the lack of information about Eboal since it was limited to fruit bats as a reservoir.

An idea about testing. Maryland still has testing limited to subjects with symptoms who have contact with people from affected areas or who really ill with a respiratory infection

Why not forget the contacts and test those with flu-like symptoms without the need for contacts but instead test for flu and if that is negative move on to covid-19.

That would still be a tremendous demand so ... go to a formal two-tier test where PCR is done with approved PCR primers and if that is positive then the confirmation is with a FDA test for covid-19.

There are a lot of manufacturers of PCR primers, most clinical labs have PCR machines so that screening tests ought to be supported without a lengthy FDA clearance if it winnows the number of patients who need a formal test.

You are terrific. Keep it up with common sense as opposed to whatever the top of the administration suggests. I bet that the primer manufacturers would be supportive.

Kim

J. Milburn Jessup, MD, FACS  
Research Scientist  
Division of Research  
Washington DC VAMC  
50 Irving Street NW  
Washington, DC 20422

(b) (6) or (b) (6)

Affiliate Professor – Systems Biology

College of Science  
George Mason University

(b) (6)

(b) (6) Diagnostics Evaluation Branch, CDP, DCTD, NCI, NIH



**From:** (b) (6)  
**Sent:** Wed, 5 Feb 2020 08:56:13 -0500  
**To:** Baden, Lindsey, M.D.  
**Cc:** Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]; Morens, David (NIH/NIAID) [E]  
**Subject:** Re: favor

(b) (6), (b) (4)

On Feb 5, 2020, at 8:29 AM, Baden, Lindsey, M.D. <lbaden@nejm.org> wrote:

Tony,

(b) (6), (b) (4)

Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, February 4, 2020 at 7:06 PM  
**To:** "Baden, Lindsey, M.D." <lbaden@nejm.org>  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" (b) (6), "Conrad, Patricia (NIH/NIAID) [E]" (b) (6), "Lerner, Andrea (NIH/NIAID) [E]" (b) (6), "Lane, Cliff (NIH/NIAID) [E]" (b) (6), "Morens, David (NIH/NIAID) [E]" (b) (6)>  
**Subject:** RE: favor

Lindsey:

(b) (6), (b) (4)

Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03

31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409

E-mail: (b) (6)

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---

**From:** Baden, Lindsey, M.D. <lbaden@nejm.org>  
**Sent:** Tuesday, February 4, 2020 3:35 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: favor

Tony (and Hilary),  
Much appreciated. (b) (6), (b) (4).  
Thank you,  
Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, February 4, 2020 at 2:16 PM  
**To:** "Baden, Lindsey, M.D." <lbaden@nejm.org>  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" <(b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Subject:** RE: favor

Lindsay:

(b) (6), (b) (4)

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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---

**From:** Baden, Lindsey, M.D. <[lbaden@nejm.org](mailto:lbaden@nejm.org)>

**Sent:** Tuesday, February 4, 2020 12:31 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)

**Subject:** favor

Tonv,

(b) (6), (b) (4)

Thank you for considering,

Lindsey

This email message is a private communication. The information transmitted, including attachments, is intended only for the person or entity to which it is addressed and may contain confidential, privileged, and/or proprietary material. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this message in error, please contact the sender immediately by return email and delete the original message from all computer systems. Thank you.

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received this message in error, please contact the sender immediately by return email and delete the original message from all computer systems. Thank you.



**From:** (b) (6)  
**Sent:** Wed, 5 Feb 2020 08:41:40 -0500  
**To:** Baden, Lindsey, M.D.  
**Subject:** Re: favor

Thanks, Lindsey. I am always happy to help in any way I can

On Feb 5, 2020, at 8:32 AM, Baden, Lindsey, M.D. <lbaden@nejm.org>wrote:

Tony,

On a different note, as the spread of the nCoV-2019 virus is so complex and fast moving, any advice on how we at the *Journal* can help in the response would be great.

Your advice is always appreciated as we all try to get it right and be responsive.

Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, February 4, 2020 at 7:06 PM  
**To:** "Baden, Lindsey, M.D." <lbaden@nejm.org>  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" (b) (6), "Conrad, Patricia (NIH/NIAID) [E]" (b) (6), "Lerner, Andrea (NIH/NIAID) [E]" (b) (6), "Lane, Cliff (NIH/NIAID) [E]" (b) (6), "Morens, David (NIH/NIAID) [E]" (b) (6)  
**Subject:** RE: favor

Lindsey:

(b) (6), (b) (4)

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520

Phone: (b) (6)

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---

**From:** Baden, Lindsey, M.D. <lbaden@nejm.org>

**Sent:** Tuesday, February 4, 2020 3:35 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)

**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)>

**Subject:** Re: favor

Tony (and Hilary),  
Much appreciated (b) (6), (b) (4).  
Thank you,  
Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)

**Date:** Tuesday, February 4, 2020 at 2:16 PM

**To:** "Baden, Lindsey, M.D." <lbaden@nejm.org>

**Cc:** "Marston, Hilary (NIH/NIAID) [E]" (b) (6), "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)

**Subject:** RE: favor

Lindsay:

(b) (6), (b) (4)

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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Bethesda, MD 20892-2520  
Phone: (b) (6)

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---

**From:** Baden, Lindsey, M.D. <[lbaden@nejm.org](mailto:lbaden@nejm.org)>

**Sent:** Tuesday, February 4, 2020 12:31 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >

**Subject:** favor

Tony,

(b) (6), (b) (4)

Thank you for considering,

Lindsey

This email message is a private communication. The information transmitted, including attachments, is intended only for the person or entity to which it is addressed and may contain confidential, privileged, and/or proprietary material. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this message in error, please contact the sender immediately by return email and delete the original message from all computer systems. Thank you.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 11:52:41 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: INTERVIEW- A HABER/ A NEWS

For discussion.

---

**From:** GULSEN EDA ULUSOY <EDA.ULUSOY@ahaber.com.tr>  
**Sent:** Wednesday, February 5, 2020 3:23 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** INTERVIEW- A HABER/ A NEWS

Dear Mr. Fauci,

This is Eda Ulusoy from Turkey's number one ranking news channel A Haber/ A News.

We would like to take few minutes of your time and kindly ask if we could possibly have the opportunity to make a Skype interview with you about China coronavirus outbreak.

We can have the interview this week or next week. I can arrange it according to your programme.

It will only take 15 minutes of your time.

We would really appreciate if we can make this interview.

Thank you for your kind consideration.

I'm looking forward to your reply.

Sincerely,

Eda Ulusoy  
Correspondent



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 11:52:11 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Interview invitation from Dialogue CGTN

Let us discuss.

**From:** Bai Jacinta (b) (6)  
**Sent:** Wednesday, February 5, 2020 2:58 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)>  
**Subject:** Interview invitation from Dialogue CGTN

Dear Mr. Fauci,

This is Jacinta from Dialogue, CGTN of China Central Television. I hope this email finds you well.

I'm reaching out to ask if you have time for a satellite interview at 5:30 am on Feb 6, Thursday, DC time. I read the interview to you on New York Times and sincerely wish that you could share more with our global audience. It would be our honor to have you on.

Topics will cover the evolution of coronavirus and its mortality rate, difficulties in controlling the outbreak, cooperation in international communities, prevention measures and so on.

Please kindly let me know if you are available for the show. I'll send the proposed questions beforehand and book the closest studio for you.

Appreciate it!

Best,  
Jacinta Bai  
Dialogue, CGTN

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 11:34:46 +0000  
**To:** Ho, David D.  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** RE: 2019-nCoV

David:

Thanks for the note. Please have your office contact my Special Assistant, Patty Conrad (copied here) to set up a call. I am down at the Congress and White House most of the day, but we can probably squeeze a call in between meetings.

Best,

Tony

---

**From:** Ho, David D. (b) (6) >  
**Sent:** Tuesday, February 4, 2020 12:48 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** 2019-nCoV

Tony,

Greetings. As you can see below, our institute has moved. We are now part of Columbia.

Do you have a brief moment to chat about the new coronavirus?

Best,

David

David D. Ho, M.D.  
Director, Aaron Diamond AIDS Research Center  
Clyde and Helen Wu Professor of Medicine  
Director, Wu Family China Center  
Columbia University Vagelos College of Physicians and Surgeons  
701 W. 168<sup>th</sup> Street, HHSC 1102  
New York, NY 10032

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 11:17:05 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Harper, Jill (NIH/NIAID) [E]; Johnson, Martin S. (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Tabak, Lawrence (NIH/OD) [E]; Shapiro, Neil (NIH/OD) [E]; McGowan, John J. (NIH/NIAID) [E]; (b) (6); Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)  
**Subject:** RE: Coronavirus

Francis:

(b) (5)

(b) (5) Happy to discuss further.

Thanks,  
Tony

---

**From:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Sent:** Wednesday, February 5, 2020 5:58 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6); Shapiro, Neil (NIH/OD) [E] (b) (6)  
**Subject:** FW: Coronavirus  
**Importance:** High

Hey there Tony,

(b) (5)

Thanks, Francis

---

**From:** Shapiro, Neil (NIH/OD) [E] (b) (6)>  
**Sent:** Tuesday, February 4, 2020 8:31 PM  
**To:** Collins, Francis (NIH/OD) [E] <(b) (6)>; Tabak, Lawrence (NIH/OD) [E] (b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6); Schwetz, Tara (NIH/OD) [E] (b) (6)>

**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)

**Subject:** RE: Coronavirus

**Importance:** High

(b) (5)

---

**From:** Shapiro, Neil (NIH/OD) [E]

**Sent:** Tuesday, February 4, 2020 4:46 PM

**To:** Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E]

(b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6)

Schwetz, Tara (NIH/OD) [E] (b) (6)

**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)

**Subject:** RE: Coronavirus

Francis,

(b) (5)

Neil



---

**From:** Shapiro, Neil (NIH/OD) [E]  
**Sent:** Wednesday, January 29, 2020 2:34 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E]  
(b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Wolinetz, Carrie  
(NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6)  
**Subject:** RE: Coronavirus

I'm sending them the first part, thanks.

---

**From:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Sent:** Wednesday, January 29, 2020 5:23 AM  
**To:** Tabak, Lawrence (NIH/OD) [E] (b) (6); Shapiro, Neil (NIH/OD) [E]  
(b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Wolinetz, Carrie  
(NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6)  
**Subject:** RE: Coronavirus

(b) (4)

FC

---

**From:** Tabak, Lawrence (NIH/OD) [E] (b) (6)  
**Sent:** Tuesday, January 28, 2020 6:25 PM  
**To:** Shapiro, Neil (NIH/OD) [E] (b) (6); Collins, Francis (NIH/OD) [E]  
(b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6); Wolinetz, Carrie  
(NIH/OD) [E] (b) (6); Hallett, Adrienne (NIH/OD) [E] (b) (6)  
**Subject:** Re: Coronavirus

(b) (5)

Larry

---

**From:** "Shapiro, Neil (NIH/OD) [E]" (b) (6)  
**Date:** Tuesday, January 28, 2020 at 5:31 PM  
**To:** Francis Collins (b) (6), "Tabak, Lawrence (NIH/OD) [E]"  
(b) (6), "Johnson, Alfred (NIH/OD) [E]" <(b) (6)>  
"Wolinetz, Carrie (NIH/OD) [E]" <(b) (6)>, "Hallett, Adrienne (NIH/OD) [E]"  
(b) (6)  
**Subject:** Coronavirus

(b) (5)

(b) (5)

Neil

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 04:18:25 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

No dinner.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 11:21 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C] (b) (6)  
**Subject:** FW: Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

See highlight – will you and (b) (6) attend the dinner. Pls advise.

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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---

**From:** Marlene Colucci <[mcolucci@businesscouncil.com](mailto:mcolucci@businesscouncil.com)>  
**Sent:** Friday, January 31, 2020 2:00 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); David Rubenstein <[David.Rubenstein@carlyle.com](mailto:David.Rubenstein@carlyle.com)>; MaryPat Decker <[marypat.decker@carlyle.com](mailto:marypat.decker@carlyle.com)>  
**Subject:** Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

Dear Dr. Fauci,

On behalf of our co-chairs for the winter meeting of The Business Council, David Rubenstein of The Carlyle Group and Ginni Rometty of IBM, we would like to formally invite you to participate in our meeting on February 20-21, 2020 in Washington, D.C. The theme of the meeting is "The Next Decade." (See formal invitation attached as well as list of CEO members).

We would like for you to participate in a 50 minute fireside chat with David Rubenstein (and possibly Dr. Francis Collins) to discuss the current coronavirus as well as what we should expect in the next decade. We want to give our CEOs insights into what the next 10 years will bring in terms of detection, diagnosis and treatment of diseases. All conversations are strictly off the record and closed press. We will cover all lodging and transportation.

As you know, The Business Council is comprised of the chief executive officers of the largest global corporations, representing all segments of the economy. We expect at least 150 CEO members, spouses and speakers to be in attendance.

As a participant you and your spouse are also invited to join us for our special reception, dinner and speaker at the REACH (Kennedy Center) on Thursday, February 20 at 6:30pm. It is the best opportunity for you to meet our CEO members and spouses, speakers and other special guests in an informal atmosphere.

If you are interested and available, please let me know. We can also set up a very brief call with you to discuss any additional details and answer any questions you may have. We look forward to hearing from you and would be honored to have you participate with us again.

Warmest regards,

Marlene

Marlene Colucci

EXECUTIVE  
DIRECTOR



T: 202-298-7650  
C: (b) (6)  
F: 202-785-0296



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 04:17:19 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: Comment on story about how confident people feel about their govt's response to a health epidemic

Please try to draft a response for me. Thanks.

---

**From:** Rajeshni Naidu-Ghelani <Rajeshni.Naidu-Ghelani@ipsos.com>  
**Sent:** Tuesday, February 4, 2020 12:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Comment on story about how confident people feel about their govt's response to a health epidemic

Hi Dr. Fauci,

I hope all is well. I'm working on a news story tied to the coronavirus outbreak and tying it to how people responded to a recent global Ipsos poll about the threat of a major health epidemic in their country in the next 12 months. <https://www.ipsos.com/sites/default/files/ct/news/documents/2019-11/a-more-dangerous-world-fear-2019.pdf>

I was hoping to get your comments on this, considering your expertise in infectious disease control. Below are some questions. If you could respond via email, that would be great as I am on a tight deadline to get this story up. If it's easier to give you a call, I can do that as well. Please let me know what works best. The story will be published on Ipsos.com, on social media and our various country websites. Thank you and I look forward to your response.

1. In our survey of more than 18,500 people in 28 countries done in late last summer, more than half (51%) of people said there was threat of a major health epidemic in their country in the next 12 months with people in emerging markets at the top of the list. Are you surprised by this result? It's among the highest reading for this question since the Ebola outbreak in 2014 when the percentage climbed to 59%.
2. The U.S. is the only developed country in the top 10 list where most people think a major health epidemic will occur. Why do you think this is?
3. A follow up question to the previous one is how confident people are that their government could protect them or respond effectively if such an outbreak was to occur. Over half globally said they were confident in their gov't's response. Do you think people have a lot of trust in those in power to do the right thing in times of an outbreak?
4. Seven of the top 10 countries where people had the most confidence in govts are in the developed world. How important are developed healthcare systems when it comes to outbreaks like the coronavirus?
5. Likewise, many countries at the bottom of this list are emerging markets. What can govts in these countries do to ease peoples' fears on how they are or will handle an outbreak like the coronavirus?

6. How difficult is it for governments and health officials to prevent the spreading of a virus like this before it becomes a pandemic? What measures can be taken?

Please free to add any additional information that you think may be relevant. I hope to hear from you soon.

Regards,  
Rajeshni

**Rajeshni Naidu-Ghelani** | *Data Journalist*

**Public Affairs**

160 Bloor Street East, Suite 300  
M4W 1B9 Toronto – Canada  
Phone : +1 416 572 5143  
Mobile : (b) (6)  
[rajeshni.naidu-ghelani@ipsos.com](mailto:rajeshni.naidu-ghelani@ipsos.com)  
[www.ipsos.com](http://www.ipsos.com)



**GAME CHANGERS**



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 04:12:18 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: for review: responses for Elemental news site (not urgent)

I made some modifications. You can send it. Thanks.

---

**From:** Routh, Jennifer (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Tuesday, February 4, 2020 4:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Subject:** for review: responses for Elemental news site (not urgent)

Dr. Fauci –

This request is not urgent for today. The reporter Rob Britt (writes for Elemental, a health and wellness news site) reached out to you directly on Sunday with some questions about 2019-nCoV. I have drafted proposed responses for you in red below. Please let me know if you have edits. I will send responses back to the reporter attributed to you.

Thanks,  
Jen

**From:** Rob Britt (b) (6)  
**Sent:** Sunday, February 2, 2020 5:10 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Coronavirus - reporter's questions

Hi Dr. Fauci: We are updating [our coronavirus story](#) periodically, keeping it factual and level-headed, and I have seen your comments on NPR Friday and in the NY Times over the weekend, so I hope you could comment very briefly for our story:

- What's your expectation for whether this will become a pandemic?  
**The novel coronavirus outbreak will likely become a pandemic. We know the virus is very transmissible.** The infection continues to accelerate and there is efficient transmission in china. If sustained transmission also occurs in other countries throughout the world, the outbreak would fulfill the definitive of a pandemic
- Pandemic does not necessarily equate to a terrible situation, compared to, say bad flu seasons. What's your expectation on the potential severity of this coronavirus?  
**It is difficult to predict the severity at this time. Even if the mortality rate of a virus remains low, if it is easily transmissible, the global impact can be significant.**
- And your suggestion to people in the U.S. who might be very concerned?



We are treating the emergence of a novel coronavirus as a very serious public health threat. However, the risk to the general American public remains low at this time. We understand that people may be worried. We ask that people not let fear or panic guide their actions.

Thanks for any help you can provide.

Cheers,

Rob

Robert Roy Britt

[Top Writer on Medium](#) in [Science](#) & [Health](#).

Contributor to [OneZero](#) (science) & [Elemental](#) (health).

Former editor-in-chief of Live Science and Space.com.

(b) (6)

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 04:06:33 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: For Dr. Anthony Fauci (NIAID/NIH) - forward of my email letter to Dr. Gregory Poland (Mayo Clinic) regarding Chinese 15 minute Coronavirus test and other concerns

Please handle.

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

From: Jon M [REDACTED] (b) (6)  
Sent: Tuesday, February 4, 2020 4:55 PM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
Subject: For Dr. Anthony Fauci (NIAID/NIH) - forward of my email letter to Dr. Gregory Poland (Mayo Clinic) regarding Chinese 15 minute Coronavirus test and other concerns

From: Jon M <[REDACTED]> (b) (6)  
To: ocpstoffice@niaid.nih.gov  
Subject: Attention Meylin - Forward of my email letter to Dr Gregory Poland (Mayo Clinic) for Dr Anthony Fauci (NIAID/NIH)  
Date: Feb 4, 2020 1:45 PM

Hello Meylin,

Thank you for taking my call yesterday and forwarding the following email I sent to Dr. Gregory Poland care of his assistant, Joseph Roberts, to Dr. Fauci.

Jon Markowitz

-----  
From: Jon M [REDACTED] (b) (6)  
To: [REDACTED] (b) (6)  
Subject: JOE - We spoke on phone today... Please forward my email with reference links to Dr. Gregory Poland  
Date: Feb 4, 2020 12:57 PM

Hello Joseph Roberts (Mayo Clinic),

We spoke on phone today...

Please forward my email with reference links to Dr. Gregory Poland Thank you, Jon Markowitz

-----  
Feb 4, 2020

Dear Dr. Gregory Poland

I saw your appearance Feb 3 on a CNBC news program:

<https://www.youtube.com/watch?v=Wq33oZdQ-R4>

'We're basically at a pandemic now': Mayo Clinic physician on coronavirus

Fyi, I am not a doctor, nurse or medical student nor do I work in the medical field. I am a musician. I am 65 years old and live in Los Angeles.

A news article published on rt.com Feb 31, 2020 (see link below) announced the Chinese have developed a 15 minute test for the Coronavirus, yet I've not seen or heard about this news anywhere else. I had heard there were efforts here to develop a faster test than what is being employed currently by the CDC, but believe its critical the

White House arrange for the new Chinese test to be available in the US everywhere immediately.

This news should have been mentioned by NIH doctor Anthony Fauci at the White House Briefing on Jan 31, 2020 but was not, nor was it mentioned by Mayor Di Blasio on Feb 1 at Bellevue Hospital in NY.

At this point, the NIH, CDC and White House should have already obtained the Chinese 15 minute test for the virus and implement at all US medical centers and airports receiving travelers from the infectious regions.

Due to the exponential growth of infection rates from 'seed' individuals who are asymptomatic but don't know they are infectious, whether returning from infection zones or are infected by others already here, I am hoping you and other infectious disease experts waste no time in vigorously persuading the White House, NIH, CDC and all other agencies as to the necessity to test ALL travelers (not just those who are symptomatic) coming into the country by air and sea with the Chinese 15 minute test as well as pull out all the stops to develop an even quicker test that's portable.

As the numbers of infections increases exponentially in the US and other countries this next 2 to 4 weeks from increasing numbers of asymptomatic 'seed' individuals unknowingly spreading the disease, we are certainly on the precipice of an unstoppable runaway epidemic.

What is also desperately needed from the federal government are frank and honest recommendations regarding what is necessary to prevent becoming infected such as:  
surgical or construction respirators that seal to the face, eye protection goggles, nitrile exam gloves, sanitizer wipes along with specific protocols on how not to bring the virus particles back to ones car, home and possessions.

It is imperative that manufacturing of EFFECTIVE respirator masks or equivalent non-disposable respirators be ramped up to huge scale. Without adequate numbers of these, exam gloves and eye protection this country will not be capable of containing this epidemic.

Below this article, I've pasted in a number of useful youtube links of relevant and timely information in reference.

Thank you very much for your attention to this issue.

Jon Markowitz  
Los Angeles

#### References:

<https://www.rt.com/news/479705-china-develop-coronavirus-rapid-test/>  
China develops rapid Coronavirus test that works in under 15 MINUTES  
31 Jan, 2020 10:48

Scientists in China have reportedly developed an express test which can detect the 2019-nCoV novel coronavirus in under fifteen minutes, in a major breakthrough which will hopefully help stem the tide of infection.

Experts from a tech company based in Wuxi in eastern China's Jiangsu Province, working with the National Institute for Viral Disease Control and Prevention, developed the rapid nucleic test kit in just ten days, according to the Xinhua news agency.

The test takes between eight and 15 minutes to produce a result and is currently being mass-manufactured at a rate of 4,000 kits per day, with the city government in Wuxi exploring efforts to boost production even further.

The first batch of kits has reportedly already been deployed to the frontlines at the epicentre of the outbreak, Wuhan, in Hubei province.

<https://www.youtube.com/watch?v=Wq33oZdQ-R4>  
'We're basically at a pandemic now': Mayo Clinic physician on coronavirus  
114,173 views



•Feb 3, 2020  
CNBC Television

[https://www.youtube.com/watch?v=VdUi\\_kwuw7I](https://www.youtube.com/watch?v=VdUi_kwuw7I)

11 confirmed US coronavirus cases, experts warn of pandemic | ABC News  
157,773 views

•Feb 3, 2020  
ABC News

<https://www.youtube.com/watch?v=8Hjy3UfaTSc>

Coronavirus Epidemic Update 9: Fecal-Oral Transmission, Recovery vs Death Rate  
129,190 views

•Feb 3, 2020  
MedCram

<https://www.youtube.com/watch?v=GpbUoLvpdCo>

Coronavirus Outbreak Update 8: Travel Ban, Spread Outside of China, Quarantine, & MRSA  
329,919 views

•Feb 2, 2020  
MedCram

<https://www.youtube.com/user/MEDCRAM/videos/videos>

MedCram youtube channel

[Dr. Roger Seheult - <https://www.medcram.com/>]

<https://www.youtube.com/watch?v=z05ZrMfKUDc>

Coronavirus, Contagion and Complications  
228,007 views

•Feb 2, 2020  
Dr. John Campbell

<https://www.youtube.com/watch?v=u7D3AoNdp84>

Wuhan virus compared to MERS and SARS  
45,569 views

•Feb 3, 2020  
Dr. John Campbell

<https://www.youtube.com/user/Campbellteaching/videos>

Dr. John Campbell youtube channel

[https://www.youtube.com/watch?v=\\_zczkLZN194](https://www.youtube.com/watch?v=_zczkLZN194)

Mayor de Blasio Holds Media Availability  
334 views

Feb 1, 2020  
NYC Mayor's Office

<https://www.youtube.com/watch?v=oMI-9Kvoj7Q>

Coronavirus: U.S. Declares Public Health Emergency, Will Quarantine China Travelers [White House Briefing]  
121,648 views

•Streamed live on Jan 31, 2020  
QuickTake by Bloomberg

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 04:03:41 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: coronavirus  
**Attachments:** Wuhan Coronavirus Vaccine.docx

Please handle.

---

**From:** John Howard [REDACTED] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 6:05 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** coronavirus

Dear Dr, Fauchi,

I understand you are leading an effort on the Wuhan Coronavirus. I am writing to enquire how we may help in this effort. [REDACTED] (b) (4)

(b) (4)

Thanks for your attention regarding this matter.

Sincerely,

John Howard, PhD  
President ABI

[REDACTED] (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 03:49:07 +0000  
**To:** Fleisher, Thomas (NIH/CC/DLM) [V]  
**Subject:** RE: Question

No problem.

---

**From:** Fleisher, Thomas (NIH/CC/DLM) [V] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 9:37 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6) >  
**Subject:** Re: Question

Tony,

Would you be willing to have your statement "we are in the middle of influenza season..." included in the Academy's online Practice Matters email Thursday going out to all members (attributed to you) along with a link to the CDC website devoted to Coronavirus?

Thanks,

Tom

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6) >  
**Date:** Tuesday, February 4, 2020 at 3:14:47 PM  
**To:** "Fleisher, Thomas (NIH/CC/DLM) [V]" (b) (6) >  
**Cc:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >  
**Subject:** RE: Question

Tom:

Right now nothing specific to communicate except that we are still in the middle of an influenza season and the things that we do to prevent spread of flu (i.e. hand washing, social distancing from crowds) are the same things that we would do if we have transmissions of nCoV here.

Best,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Fleisher, Thomas (NIH/CC/DLM) [V] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 1:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Question

Tony,

I was asked if there is any message that the A&I community should receive in regards to the current Coronavirus outbreak in China and potential impact on the US. I recognize the CDC and state medical boards are releasing updates and recommendations but the question posed to me was is there anything AAAAI should communicate to our members? Thank you for considering this question.

Regards,

Tom

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 03:48:11 +0000  
**To:** Sylvia Burwell  
**Subject:** RE: A couple of quick questions.

Sylvia:

Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a very low risk location. Your instincts are correct, money is best spent on medical countermeasures such as diagnostics and vaccines.

Safe travels.

Best regards,  
Tony

---

**From:** Sylvia Burwell [REDACTED] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 10:24 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** A couple of quick questions.

Begin forwarded message:

**From:** Sylvia Burwell [REDACTED] (b) (6)  
**Date:** February 4, 2020 at 9:35:03 PM EST  
**To:** Sylvia Burwell [REDACTED] (b) (6)  
**Subject:** Fwd: Advice re a donation

**EXTERNAL EMAIL:** Use caution with links and attachments.

Begin forwarded message:

**From:** Sylvia Burwell [REDACTED] (b) (6)  
**Date:** February 4, 2020 at 9:33:47 PM EST  
**To:** Tony Fauci [REDACTED] (b) (6) >  
**Subject:** Fwd: Advice re a donation

Tony

Two quick questions

1. I am traveling to (b) (6) Folks are suggesting I take a mask for the airport. Is this something I should do.
2. Please see below. Do the Chinese have needs for support right now? Would money be better spent on diagnostics or vaccine work?

Thanks!

Sylvia

Begin forwarded message:

**From:** Richard Falkenrath (b) (6)  
**Date:** February 4, 2020 at 5:27:32 PM EST  
**To:** (b) (6) Sylvia Mathews Burwell  
(b) (6)  
**Subject:** Advice re a donation

Hi Sylvia

I hope this find you well.

Quick question, a little bit from left field, but drawing on your experience at Gates and HHS. Ray Dalio and Bridgewater are interested in making a very sizable donation to help China deal with the global public health challenge arising from the new coronavirus. Any suggestions of where we should look to donate the funds?

Thanks so much. (b) (6) Looking forward to seeing you again soon.

Richard  
(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 00:42:06 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Interview with Voice of America

Let us discuss.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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

From: Rattaphol Onsanit <ronsanit@voanews.com>  
Sent: Tuesday, February 4, 2020 2:42 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Subject: Interview with Voice of America

Dear Dr. Fauci,

I'm Chief of Voice of America's Thai Services. We met at the Thai Embassy on a Mahidol Award ceremony years ago.

I'm now working on a news story about how developing countries equip themselves with medical readiness and policy responsiveness in the wake of the coronavirus outbreak. I'm interested in this aspect because when I looked at Global Health Security Index, Thailand was ranked the highest in its ability to tackle epidemics ahead of Japan, Korea and Singapore. It's also by far the highest among developing countries.

I'm curious to find out about contributing factors for developing countries' readiness to effectively handle an outbreak like coronavirus. There may be some essential aspects each country can learn from one another during this outbreak and I hope that this story could shed lights on that.

If you are free in the coming days, I would like to have an interview with you, if possible, on Skype. I would really appreciate the opportunity to speak with you again.

Thank you,  
Rattaphol

Rattaphol "Ahn" Onsanit  
Chief of VOA Thai

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 00:31:31 +0000  
**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Subject:** FW: WSJ In Japan, a local bus driver in his 60s tested positive after he drove tourists from Wuhan, none of whom had exhibited severe symptoms

Nancy:

See yellow highlight below. Did they misquote the CDC?

Thanks,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 12:12 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** WSJ In Japan, a local bus driver in his 60s tested positive after he drove tourists from Wuhan, none of whom had exhibited severe symptoms

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Monday, February 3, 2020 1:50 PM  
**Subject:** WSJ: Experts Race to Figure Out How Contagious the Coronavirus Is

## Experts Race to Figure Out How Contagious the Coronavirus Is



## The outbreak of novel coronavirus appears more contagious than seasonal flu and is on par with SARS in 2002 and 2003, studies say



China says that as of Saturday there were 4,109 infected people in the city of Wuhan. Photo: china daily/Reuters

By

Chao Deng and

Jeremy Page

Updated Feb. 2, 2020 7:34 pm ET

BEIJING—Public-health experts around the world have been crunching numbers about the advance of [China's dangerous new coronavirus](#) to estimate how far and fast it could spread.

Studies published in recent days say the new virus appears to be more contagious than seasonal flu and on par with the similar pathogen behind [an outbreak](#) of severe acute respiratory syndrome in 2002 and 2003. The new virus' mortality rate, however, is far below that of SARS.

China says that as of Sunday there were 5,142 infected people in Wuhan, the locked-down city where the outbreak began. Some scientists estimate based on statistical models that the number could be in the tens of thousands.

As health authorities race to control the outbreak, they are also [scrambling to figure out](#), based on imperfect data, how the virus is transmitted, the length of the incubation period and the degree to which people without symptoms can spread the disease.

China's health commission says incubation is generally between three and seven days, with the longest period being 14 days, and that people can spread the virus before appearing ill. That makes a two-week



quarantine an important prevention measure—and casts doubt on the efficacy of temperature checks, the main screening method at immigration and other checkpoints.

“For a given level of transmissibility, more asymptomatic transmission makes a disease harder to control,” said Christl A. Donnelly, a professor at University of Oxford and Imperial College London.

The U.S. Centers for Disease Control and Prevention, which warns against nonessential travel to China, says it isn’t clear how easily or sustainably the virus is spreading between people, but notes its ability to spread from infected patients without symptoms to close contacts within about 6 feet.

A study led by a researcher from Boston’s Northeastern University—using mathematical probability models based on travel patterns and confirmed international cases—estimated the median number of infections in Wuhan at 31,200 as of Wednesday, compared with that day’s official tally of 2,261.

Professors at the University of Hong Kong using similar methods published a study in the Lancet on Friday that estimated there were 75,815 infected in Wuhan as of Jan. 25, when official counts were still in the hundreds.

“We think only 1 in 20 people who are getting infected are actually being diagnosed” in Wuhan, said Jonathan M. Read, lead author of a study from Britain’s Lancaster University that also put Wuhan numbers in the tens of thousands as of Jan. 22. “It’s quite a bit more transmissible than seasonal flu.” Several recent studies published by scientists estimate that each person infected will, on average, infect two to three others. Epidemiologists call that the reproduction number.

A reproduction number over 2 suggests an epidemic will expand rapidly, while below 1 suggests the problem is dwindling. Estimates of the reproduction number differ widely, with some studies using probability models and others based on regression analysis of cases over different time periods.

Still, “they all point in the same direction,” said Christian L. Althaus, an epidemiologist at the University of Bern in Switzerland who co-wrote a study estimating the basic reproduction number of the virus at 2.2. “There is a potential threat of a global pandemic if this reproduction number cannot be reduced.”

In Japan, a local bus driver in his 60s tested positive after he drove tourists from Wuhan, none of whom had exhibited severe symptoms. In Germany, four employees at an auto-parts supplier contracted the virus after attending a training session with a colleague from China, according to the company. The Chinese woman didn’t exhibit symptoms, but started feeling ill on her flight home, where she tested positive for the new coronavirus.

A study published in the New England Journal of Medicine study by Chinese authors including at the Chinese Center for Disease Control and Prevention says the virus spread between people as early as mid-December. The researchers analyzed 425 patients, with more than half of the cases linked to the Huanan seafood wholesale market where authorities believe the virus first spread to humans from wild animals.

The researchers started identifying and collecting cases around the start of the year, by interviewing patients, relatives and other close contacts. They estimated the reproduction number at 2.2 and said that the majority of patients weren’t hospitalized until after five days of being ill.

Researchers of recent studies cautioned that even their estimates of the virus’ reproduction number are based on early and incomplete data and only assess its potential to spread before travel restrictions and other control measures begin. Thereafter, the reproduction number can vary depending on those measures’ effectiveness and other circumstances of the outbreak.

Chinese officials have said the outbreak could peak or even begin to subside by Feb. 8, though some overseas experts have suggested the outbreak might not peak for several weeks.

They note that the reproduction number doesn’t necessarily predict an outbreak’s severity, as many other factors come into play. Measles, for example, has a reproduction number of 12 to 18, but doesn’t spread that fast because there is a widely used vaccine.

As yet, there are no vaccines for the new coronavirus, so Chinese authorities are relying on physical intervention measures, including locking down entire cities and forced quarantine.

Recent studies indicate that stringent control measures will be needed not just in China, but in several other countries, to curtail the outbreak.

"This is unprecedented both in terms of the virus and the control measures that have been put in place," says Adam Kucharski, associate professor at the London School of Hygiene and Tropical Medicine.

—Raffaele Huang, Miho Inada and Ruth Bender contributed to this article.

**Write to** Chao Deng at [Chao.Deng@wsj.com](mailto:Chao.Deng@wsj.com) and Jeremy Page at [jeremy.page@wsj.com](mailto:jeremy.page@wsj.com)

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87990cbe856818d5eddac44c7b1cdeb8

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 5 Feb 2020 00:05:35 +0000  
**To:** Baden, Lindsey, M.D.  
**Cc:** Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; (b) (6); Morens, David (NIH/NIAID) [E]  
**Subject:** RE: favor  
**Attachments:** (b) (6), (b) (4)

Lindsey:

(b) (6), (b) (4)

Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Baden, Lindsey, M.D. <lbaden@nejm.org>  
**Sent:** Tuesday, February 4, 2020 3:35 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E]  
(b) (6)  
**Subject:** Re: favor

Tony (and Hilary),  
Much appreciated. (b) (6), (b) (4).  
Thank you,  
Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, February 4, 2020 at 2:16 PM  
**To:** "Baden, Lindsey, M.D." <[lbaden@nejm.org](mailto:lbaden@nejm.org)>  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" (b) (6), "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>  
**Subject:** RE: favor

Lindsay:

(b) (6), (b) (4)

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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**From:** Baden, Lindsey, M.D. <[lbaden@nejm.org](mailto:lbaden@nejm.org)>  
**Sent:** Tuesday, February 4, 2020 12:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** favor

Tony,

(b) (6), (b) (4)

Thank you for considering,  
Lindsey

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 22:59:29 +0000  
**To:** Lane, Cliff (NIH/NIAID) [E]  
**Subject:** RE: favor

Thanks. Safe travels

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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E-mail: (b) (6)

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---

**From:** Lane, Cliff (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 4:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: favor

(b) (6), (b) (4)

On Feb 4, 2020, at 9:13 PM, Lane, Cliff (NIH/NIAID) [E] (b) (6) > wrote:

(b) (6), (b) (4)

On Feb 4, 2020, at 8:46 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

(b) (6), (b) (4)

. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail (b) (6)

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---

**From:** Baden, Lindsey, M.D. <lbaden@nejm.org>  
**Sent:** Tuesday, February 4, 2020 3:35 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: favor

Tony (and Hilary),  
Much appreciated. (b) (6), (b) (4)  
Thank you,  
Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Date:** Tuesday, February 4, 2020 at 2:16 PM  
**To:** "Baden, Lindsey, M.D." <lbaden@nejm.org>  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" (b) (6),  
"Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Subject:** RE: favor

Lindsay:

(b) (6), (b) (4)

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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E-mail: (b) (6)

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---

**From:** Baden, Lindsey, M.D. <[lbaden@neim.org](mailto:lbaden@neim.org)>  
**Sent:** Tuesday, February 4, 2020 12:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** favor

Tony,

(b) (6), (b) (4)

Thank you for considering,  
Lindsey

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(b) (6), (b) (4)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 21:28:48 +0000  
**To:** Seder, Robert (NIH/VRC) [E]  
**Subject:** (b) (6)

Bob:

(b) (6) I am drowning here in  
coronavirus. Hope to talk to you soon.

Best,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 21:01:39 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Media Request: CBC News

FYI

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Adam Miller <adam.miller@cbc.ca>  
**Sent:** Tuesday, February 4, 2020 3:55 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Media Request: CBC News

Hi Dr. Fauci,

I'm a senior writer with Canada's public broadcaster, CBC News, and I'm working on a national feature story about the containment efforts of the coronavirus outbreak and what future scenarios could be possible with the coronavirus globally.

You spoke with my colleague Kelly Crowe by phone recently, and I'm hoping you could spare a few minutes by phone to talk about the possibility and implications of the outbreak becoming endemic.

Would it be possible to speak briefly by phone this week? I would only need a few minutes of your time and your expertise would be very beneficial for Canadians in their understanding of this story.

Thanks very much,

Adam

--

Adam Miller

Senior Digital Writer

**CBC News**

**Desk:** 416-205-5719

**Cell:** (b) (6)

**Twitter:** [@adamsmiller](https://twitter.com/adamsmiller)





**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 20:46:18 +0000  
**To:** (b) (6)  
**Subject:** FW: favor  
**Attachments:** (b) (6), (b) (4)

(b) (6), (b) (4)

(b) (6), (b) (4) Thanks.

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)  
**FAX: (301) 496-4409**  
**E-mail:** (b) (6)

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---

**From:** Baden, Lindsey, M.D. <lbaden@nejm.org>  
**Sent:** Tuesday, February 4, 2020 3:35 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E]  
(b) (6)  
**Subject:** Re: favor

Tony (and Hilary),  
Much appreciated. (b) (6), (b) (4)  
Thank you,  
Lindsey

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, February 4, 2020 at 2:16 PM  
**To:** "Baden, Lindsey, M.D." <lbaden@nejm.org>  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" (b) (6), "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Subject:** RE: favor

Lindsay:

(b) (6), (b) (4)

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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---

**From:** Baden, Lindsey, M.D. <[lbaden@nejm.org](mailto:lbaden@nejm.org)>  
**Sent:** Tuesday, February 4, 2020 12:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** favor

Tony,

(b) (6), (b) (4)

Thank you for considering,  
Lindsey

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 19:36:10 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Delivery Status Notification (Failure)

Please take a look and handle.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Robert Knobler (b) (6) >  
**Sent:** Tuesday, February 4, 2020 1:36 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: Delivery Status Notification (Failure)

----- Forwarded message -----

**From:** Mail Delivery Subsystem (b) (6)  
**Date:** Tue, Feb 4, 2020 at 1:30 PM  
**Subject:** Delivery Status Notification (Failure)  
**To:** (b) (6)





## Address not found

Your message wasn't delivered to [REDACTED] (b) (6) because the address couldn't be found, or is unable to receive mail.

The response from the remote server was:

550 #5.1.0 Address rejected.

----- Forwarded message -----

From: Robert Knobler [REDACTED] (b) (6)

To: [REDACTED] (b) (6)

Cc:

Bcc:

Date: Tue, 4 Feb 2020 13:29:23 -0500

Subject: Potential Coronavirus Prophylaxis

Dear Dr. Fauci,

You likely do not recall meeting me when I was looking at potential fellowships in 1978, however, I never forgot your enthusiasm. I went out to San Diego and worked with Mike Oldstone between 1979 and 1984.

I did study a mouse coronavirus while there, mouse hepatitis virus (MHV). I focused on genetic resistance, and eventually described a mouse locus for susceptibility, which coded for the MHV receptor. On to the present problem of human coronaviruses. Vaccines will take a long time for the current crisis. The angiotensin convertin enzyme 2 receptor has been identified as the relevant human coronavirus receptor. I am writing to suggest the investigation of ARBs as potential blocking agents to either reduce or completely block infection. Perhaps this can be checked. There may still be sufficient untainted supplies of ARBs, such as irbesartan, available, or production can be scaled up, if this truly is the eve of a pandemic. Wishing you success in this endeavor. I am willing to contribute in any way I can. Please feel free to contact me by e-mail or my cell phone.

I did do clinical trial while with Mike, and then when I joined the



neurology faculty of Jefferson in Philadelphia. I have been out on my own since December 1998, but I have never lost my interest in this work. I have some novel ideas on how HIV becomes AIDS, as well.

All the Best,

Robert L Knobler, MD, PhD

(b) (6)

(b) (6) Cell

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 15:54:25 +0000  
**To:** (b) (6)  
**Subject:** FW: STAT: Quick retraction of a faulty coronavirus paper was a good moment for science <http://bit.ly/389QguM>

Heather:

As per our recent conversation. This is your story (see below).

Best,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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[The Watchdogs](#)

## Quick retraction of a faulty coronavirus paper was a good moment for science

By Ivan Oransky and Adam Marcus

February 3, 2020



*Hyacinth Empinado/STAT*

As fears of the [novel coronavirus 2019-nCoV](#) continued to spread last Friday, an inflammatory new paper appeared on bioRxiv, a preprint server, where scientists post work that hasn't been vetted. Titled "[Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag](#)," the paper claimed to find similarities between the new coronavirus and HIV, the virus that causes AIDS. The use of the word "uncanny" in the title, together with "unlikely to be fortuitous" in the abstract, led some to think that the authors were suggesting the virus had somehow been engineered by humans. The paper, from academic institutions in New Delhi, India, was critical and alarming, if true. Except that it wasn't.

The paper was almost immediately withdrawn, but not before plenty of handwringing from researchers who complained that the appearance of such shoddy work on a preprint server without vetting by peer reviewers is precisely why the hoary old model of science publishing is better at keeping junk science out of the literature.

Except that's not true, either. The old model has its advantages, to be sure, but it, too, is prone to the menace of pseudoscience, bad data, and other flaws — despite traditional academic journals' army of peer reviewers. And when these publications publish bad or erroneous research, it can take months or years for the papers to be corrected or retracted — if they ever are.

In contrast, the reaction from the scientific community to the bioRxiv paper was swift. In a nutshell, commenters on bioRxiv and Twitter said, the author's methods seemed rushed, and the findings were at most a coincidence. By Saturday morning, bioRxiv had placed a [special warning](#) on all papers about coronavirus. Later Saturday, the authors commented on their paper, saying they were withdrawing it. And on Sunday, a [more formal retraction](#) appeared: "This paper has been withdrawn by its authors. They intend to revise it in response to comments received from the research community on their technical approach and their interpretation of the results."

All of that happened before a single news outlet with any reach covered the paper, as best we can tell. But none of it was quite fast enough for some critics. "This is why preprints can be bad," said [one scientist on Twitter](#). That scientist, Michael Shiloh, [said](#) he had even used bioRxiv to post preprints. "What bugs me about this preprint is that had this manuscript undergone legitimate peer review, these flaws would have led to a swift rejection and it wouldn't be contributing to the conspiracy theories and fear surrounding this outbreak," [Shiloh continued](#).

History suggests that Shiloh's confidence in peer review's ability to suss out pseudoscience may be a bit misplaced. The fraudulent 1998 paper that set off the vaccine-autism scare was published in *The Lancet*, one of the world's leading peer-reviewed medical journals. Other examples — including a paper by an



intelligent design advocate questioning the validity of the second law of thermodynamics as it pertained to evolution — [abound](#). Papers claiming a link between autism and vaccines [pop up nearly every year](#).

## **Preprints can fill a void in times of rapidly changing science**

And even when peer-reviewed journals do realize they've been had, [retractions](#) can take [months](#) or [years](#). The Lancet took 12 years. Another journal took five years to retract a paper [claiming that HIV did not cause AIDS](#). We could go on, and the list includes papers that have never even been corrected. Those who claim preprint servers are dangerous because they lack peer review — bioRxiv has a perfunctory [screening process](#) — sometimes acknowledge that journals have had to speed up their game to meet the pressures of an outbreak like coronavirus, or SARS in the early part of this century. Angela Cochran, president of the Society for Scholarly Publishing, a trade group for publishers, [said on Twitter](#): "Earlier this week, folks celebrated that coronavirus papers were popping up in preprint servers. Now there is a reminder not to use them to guide clinical practice because they haven't been reviewed. Journals ARE reviewing coronavirus papers and getting [them] pub'd quickly." Kent Anderson, another publishing industry veteran, put it more bluntly: "[Journals Win The Coronavirus Race](#)."

Publishers have been looking for ways to score points against — and shut down — preprints [for at least half a century](#). Journals have speedily published a number of important papers on the new coronavirus already, no doubt. Publishing industry champions are often quick to say that speedy peer review [does not mean sloppy peer review](#) — even in cases that [require massive corrections](#).

It now turns out that one of the world's leading peer-reviewed medical journals, the New England Journal of Medicine, [published a letter](#) last week about apparent coronavirus transmission from an asymptomatic person that [turns out to be wrong](#). Such letters to the editor are not typically peer-reviewed, or at least not as rigorously as a full study. But it's a glaring example of how a peer-reviewed journal can end up getting things wrong. Now we get to wait and see how long it takes NEJM to correct the record.

We'll see whether peer-review champions, who are often unwilling — with some [notable and welcome exceptions](#) — to acknowledge how slow and ineffective correction in science can be, note this apparent failure of one of their gatekeepers. Doing so might, after all, make some people question the [expensive subscription deals universities agree to with publishers](#), as well as the article processing charges that can run into the thousands of dollars for open access publications.

Peer review can add a valuable filter. But those who work in publishing seem to be so wedded to the existing process that they can't admit its [flaws](#) — or that it might be a good idea to also embrace preprint servers that could upend their business models. Just like in politics, maybe it's time to agree that the publishing process is a messy one, and stop using single episodes, free of context, to score points against one's rivals.

*This article has been updated with information about a flawed report in the New England Journal of Medicine.*

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 15:03:33 +0000  
**To:** Mascola, John (NIH/VRC) [E];Graham, Barney (NIH/VRC) [E];Erbelding, Emily (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Eisinger, Robert (NIH/NIAID) [E];Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** Universal coronavirus vaccine

(b) (5)

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 14:32:42 +0000  
**To:** Greg Folkers (b) (6); Marston, Hilary (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus  
**Attachments:** JVP200014(1).pdf, Coronavirus clean version 2-3-2020pbf-DCA.docx, JVP200011(1).pdf

FYI. Confidential for now

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Howard Bauchner <Howard.Bauchner@jamanetwork.org>  
**Sent:** Tuesday, February 4, 2020 9:19 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** FW: Coronavirus

Tony

See attachment – accepted case series – likely to be published Friday – after we talk – but likely to mention it on Thursday - thought you should see it.

HCB

---

**From:** Howard Bauchner  
**Sent:** Tuesday, February 04, 2020 7:23 AM  
**To:** Annette Flanagan <[Annette.Flanagin@jamanetwork.org](mailto:Annette.Flanagin@jamanetwork.org)>; Christiansen, Stacy <[stacy.christiansen@jama-archives.org](mailto:stacy.christiansen@jama-archives.org)>; Christopher Muth <[Christopher.Muth@jamanetwork.org](mailto:Christopher.Muth@jamanetwork.org)>; Demetrios Kyriacou <[Demetrios.Kyriacou@jamanetwork.org](mailto:Demetrios.Kyriacou@jamanetwork.org)>; Edward Livingston (b) (6)>; Fontanaros, Phil <[phil.fontanarosa@jama-archives.org](mailto:phil.fontanarosa@jama-archives.org)>; Golub, Robert <[robert.golub@jama-archives.org](mailto:robert.golub@jama-archives.org)>; Gregory Curfman



[Gregory.Curfman@jamanetwork.org](mailto:Gregory.Curfman@jamanetwork.org); [howard.bauchner@jama-archives.org](mailto:howard.bauchner@jama-archives.org); Jody Zylke  
[Jody.Zylke@jamanetwork.org](mailto:Jody.Zylke@jamanetwork.org); McDermott, Mary (b) (6); Mike Berkwits  
[michael.berkwits@jamanetwork.org](mailto:michael.berkwits@jamanetwork.org); (b) (6); Anne Cappola  
(b) (6); Basch, Ethan Martin (b) (6); David Mark  
[David.Mark@jamanetwork.org](mailto:David.Mark@jamanetwork.org); Demetrios Kyriacou <[Demetrios.Kyriacou@jamanetwork.org](mailto:Demetrios.Kyriacou@jamanetwork.org)>; Derek  
Angus (b) (6); Feero, Greg (b) (6); George O'Connor  
(b) (6) Goff, Donald (b) (6); Jeff Saver (b) (6)  
(b) (6); Joynt Maddox, Karen (b) (6) Preeti  
Malani (b) (6); Robert Golub <[Robert.Golub@jamanetwork.org](mailto:Robert.Golub@jamanetwork.org)>; Saitz, Richard  
(b) (6) Schrag, Deborah, M.D. (b) (6)  
Tom Cole (b) (6); Winkelmayr, Wolfgang C. (b) (6);  
Armstrong, Katrina, M.D. <(b) (6)>;  
(b) (6); Cutler, David (b) (6); Eric  
Peterson, M.D. (b) (6); Goldman, Lee (b) (6);  
(b) (6) John Wong Eu Li (Div Head, Med Dept) (b) (6); Josh  
Sharfstein (b) (6); Julie Freischlag, M.D. (b) (6); Merchant,  
Raina (b) (6); 'Rodgers, Griffin (NIH/NIDDK) [E]'  
(b) (6); Steven E. Nissen (b) (6); Vokes,  
Everett [MED] (b) (6) Zeke  
Emanuel (b) (6); Andy Josephson (b) (6)  
(b) (6) Bonow, Robert, M.D. (b) (6)  
Bressler, Neil (b) (6); Dimitri A. Christakis, MD, MPH (b) (6)  
(b) (6); Disis, Nora <(b) (6)>; Fred Rivara, MD  
(b) (6); Ongur, Dost <(b) (6)>  
(b) (6); Rita Redberg, MD (b) (6); Shinkai, Kanade  
(b) (6)

**Subject:** Coronavirus

So a quick update.

Attached is a VP that will go up tomorrow – information for clinicians by Carlos del Rio and Preeti. They worked on it this weekend – thanks to both.

Attached is a VP from Don and Ken Shine that came in before the epidemic/pandemic – but is definitely related. Going up this week.

Attached is the largest case-series yet – from Wuhan – old colleague of Derek's. (b) (6), (b) (4)  
(b) (6) – it will be published on Friday. A big thank you to Phil and Derek.

A RL has also been accepted – it will go up Thursday.

I cannot thank Stacy and her team (and publishing) – everyone has been working overtime to process manuscripts in record time, put up a microsite; add CME for US clinicians; etc. Mike (and his team) and Ed have been a big help.

As we have done in the past everything will be free to the world.

I am interviewing Tony Fauci again on Thursday – the last podcast, video has close to 150K views – Tony – as I have said many times – is a national treasure.

(b) (4)

All that said we are definitely interested in novel research report (many can be research letters). Just let me know.

HCB

Howard Bauchner, MD  
Editor in Chief, JAMA and The JAMA Network

Email: [howard.bauchner@jamanetwork.org](mailto:howard.bauchner@jamanetwork.org)  
Telephone: 312-464-2400

Please respect the confidential nature of this email.

For my chats with authors please see: <https://jamanetwork.com/journals/jama/pages/jama-author-interviews>



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 14:09:40 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Haskins, Melinda (NIH/NIAID) [E]; NIAID OD AM  
**Subject:** RE: Thanks and filming

I am leaving it up to you all to determine what is doable, feasible and/or appropriate. We can discuss at our OD AM meeting.

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)  
**FAX: (301) 496-4409**  
**E-mail:** (b) (6)

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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, February 4, 2020 8:42 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Cc:** Haskins, Melinda (NIH/NIAID) [E] (b) (6)>; NIAID OD AM  
<NIAIDODAM@niaid.nih.gov>  
**Subject:** RE: Thanks and filming

Just to keep in mind: (b) (4), (b) (5)  
(b) (4), (b) (5)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, February 4, 2020 6:42 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; NIAID OD AM  
<NIAIDODAM@niaid.nih.gov>  
**Cc:** Haskins, Melinda (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: Thanks and filming

OK

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, February 4, 2020 6:35 AM  
**To:** NIAID OD AM <[NIAIDODAM@niaid.nih.gov](mailto:NIAIDODAM@niaid.nih.gov)>  
**Cc:** Haskins, Melinda (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: Thanks and filming

For discussion. (b) (4), (b) (5)

Sent from my iPhone

Begin forwarded message:

**From:** Janet Tobias <[janet@kanamedia.com](mailto:janet@kanamedia.com)>  
**Date:** February 4, 2020 at 6:28:24 AM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Robinson, Whitney (NIH/NIAID) [C]" (b) (6) "Barasch, Kimberly (NIH/NIAID) [C]" (b) (6) >  
**Subject: Re: Thanks and filming**

(b) (4)

Janet

Sent from my iPhone

On Feb 3, 2020, at 12:27 PM, Conrad, Patricia (NIH/NIAID) [E]  
(b) (6) > wrote:

Just called you. sorry crazy morning

Call me at (b) (6) - they can pull me from a meeting

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases

The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892

(b) (6)

301-496-4409 fax

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---

**From:** Janet Tobias <[janet@ikanamedia.com](mailto:janet@ikanamedia.com)>

**Sent:** Monday, February 3, 2020 8:43 AM

**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>

**Subject:** Re: Thanks and filming

Patty can I call you quickly about something—will take 3 minutes.

Sent from my iPhone

On Jan 30, 2020, at 10:02 PM, Conrad, Patricia (NIH/NIAID)  
[E] (b) (6)> wrote:

It's been super busy. Will group with others tomorrow  
and get back to you.

Sent from my iPhone

On Jan 30, 2020, at 7:51 PM, Janet Tobias  
<[janet@ikanamedia.com](mailto:janet@ikanamedia.com)> wrote:

Hi Patty: Thanks for arranging the  
phone call.

(b) (4)

(b) (4)

(b) (4)

Never a dull moment in your world!

Janet



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 13:58:53 +0000  
**To:** Sylvia Burwell  
**Subject:** RE: Travel restriction policy

Thanks, Sylvia. I miss our late night phone calls during the Ebola and Zika crises. It was tough, but we got it right.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Sylvia Burwell (b) (6)  
**Sent:** Tuesday, February 4, 2020 8:32 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** RE: Travel restriction policy

Tony,

Thanks so much for sending this AND for your very valuable time on Sunday.

Our students that returned last week are in self-quarantine...

Let me know if I can be helpful to you in any way.

Best,

Sylvia

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, February 3, 2020 7:04 PM  
**To:** Sylvia Burwell (b) (6)  
**Subject:** Travel restriction policy

**EXTERNAL EMAIL:** Use caution with links and attachments.

Sylvia:

You probably already have this information, but here is the official policy as per our recent discussion (see link).

<https://china.usembassy-china.org.cn/proclamation-on-suspension-of-entry-as-immigrants-and-nonimmigrants-of-persons-who-pose-a-risk-of-transmitting-2019-novel-coronavirus/>

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 13:07:15 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Phone interview request from Seoul, Korea

Let us discuss.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
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**From:** The Scoop tbs eFM (b) (6)  
**Sent:** Tuesday, February 4, 2020 6:06 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** (b) (6)  
**Subject:** Phone interview request from Seoul, Korea

Hello, Dr. Anthony Fauci.

This is Seyoung, a writer of an English radio show, The Scoop, in Seoul, South Korea.

We deliver local and international trending news to English speaking listeners around the world.

We'd like to invite you to talk with us on the phone for a special interview regarding the novel coronavirus outbreak.

If you are interested and available to talk to us through a phone call **at 10:30 am Friday or Saturday this week, OR sometime between 9:30 and 10:30 am next Monday**, please let us know.

And if you're not available for the given time, please also **let us know other times feasible for you**.

The interview will run for about 10 minutes and you'll get your questions in advance.

If you could provide your knowledge that is essential especially at this time, it'll be highly appreciated.

I look forward to hearing from you soon.

Thank you very much.

Seyoung Lee



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 13:05:59 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: 2019-nCoV: potential infection on CD4 cells.  
**Attachments:** Insert positions in HIV gp120.pdf

Please have someone respond to this person.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** (b) (6)  
**Sent:** Tuesday, February 4, 2020 2:07 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** 2019-nCoV: potential infection on CD4 cells.

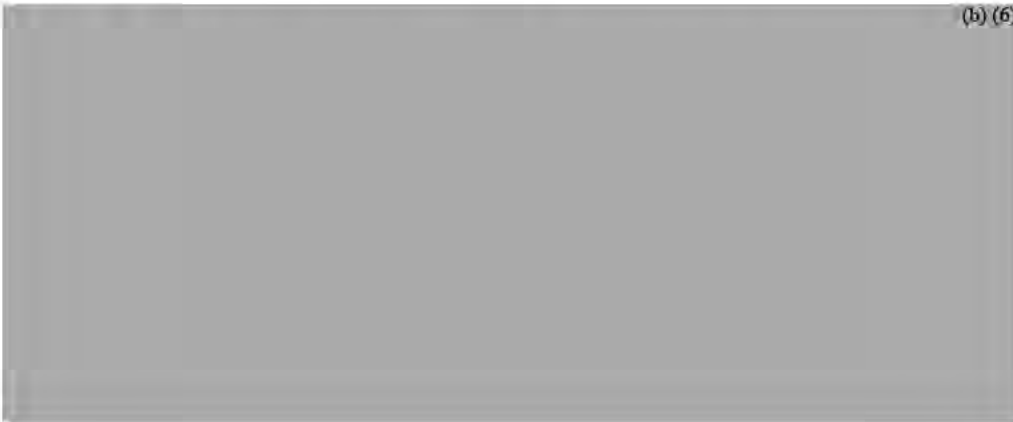
Dear Dr. Fauci,

As you realized the Indian researcher published a paper few days ago entitled "Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag", which was latterly withdrawn due to the controversial indication. I did a quick SWISS-MODEL online calculation. Page 1-3 of the attachment show the flexible loops of insertion "1", "2", and "3" originally from V4, V5 and V1 of HIV-1 gp120, respectively. But they are in presence on the spike protein of both bat and 2019 coronavirus (page 4 and 6). These insertions are potential CD4 binding domains (no proof yet but highly likely) and spatially won't interfere with ACE-2 binding domain (both SARS and 2019 coronavirus target ACE-2, page 5 and 6). In another word, the 2019 virus could be potentially dual-targeting, infecting the lung and potentially CD4 T cells too (like HIV, see page 6)!

It is **VERY URGENT** to have clinicians follow up the confirmed cases such as by isolating their CD4 cells and doing RT-PCR. Please reach out to them. Research labs including mine after obtaining Spike protein of 2019-nCoV shall examine its interaction with CD4.

Thank you for your immediate attention. Please keep me anonymous.

God bless us,



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 12:36:50 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Subject:** names for WHO working group

Francis:

Derek Kan, Acting Deputy Director of OMB and a member of the President's Coronavirus Task Force called me last night and in a very nice way said he would like to send me a list of names for consideration to be on the working groups to examine the evolution of the nCoV. He worked as an executive in biotech prior to joining the USG and knows these individuals well. They are all people that we know and so I am just passing them on to you for our consideration.



Thanks,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 11:43:36 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: REQUEST FOR A TV INTERVIEW ON WION TV INDIA

Let us discuss.

---

**From:** Latika Chugh (WION) <latika.chugh@zeemedia.esselgroup.com>  
**Sent:** Tuesday, February 4, 2020 5:15 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Wion Guest Relations <wion.guestrelations@zeemedia.esselgroup.com>  
**Subject:** REQUEST FOR A TV INTERVIEW ON WION TV INDIA

**Dear Anthony S. Fauci,  
M.D., NIAID Director**

**Greetings from WION!**

World Is One News (WION) is an international English news channel from the Zee Media Group, India's premier television brand. WION is uniquely positioned as the 'Global Voice of India', presenting its own perspective on international issues of critical significance. WION is the preferred channel for most opinion makers across the world as they happily attend our shows bringing in credible viewpoints on many issues. WION is currently available in India, Indonesia, The Republic of Philippines, Australia, Vietnam, Hong Kong, UAE, Malaysia, Singapore and South Africa etc.

WION's shows have featured Indian Political scenario & global leaders speaking on issues facing their country and the world in general.

I would like to request for **your** time for an interview with us anytime soon today for **10-15 minutes**. We usually conduct Interview via **Skype**. Request you to share your Skype Id.

**It's regarding CORONAVIRUS.**

Please let us know when is the best time for you to join us via Skype. Waiting for your confirmation.

**CLICK HERE TO WATCH WION LIVE :**  
<https://www.wionews.com/live-tv>

[Live TV, News | wionews.com](https://www.wionews.com)



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[www.wionews.com](http://www.wionews.com)

Look forward hearing from you .

Regards

Latika Chugh

WION TV , India

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 03:02:57 +0000  
**To:** Shalimar Adorno  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** RE: Message from Dr. Jim Yong Kim

Shalimar:

Thank you for your note. I certainly will speak with Dr. Kim. My schedule is packed due to the coronavirus situation, and so please contact my Special Assistant, Patty Conrad (copied here and at (b) (6)) to squeeze in a time that works for Jim and me. Thank you.

Best regards,

Tony

---

**From:** Shalimar Adorno <(b) (6)>  
**Sent:** Monday, February 3, 2020 6:33 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Message from Dr. Jim Yong Kim

Good evening Dr. Fauci,

I am writing on behalf of Dr. Jim Yong Kim who would like to have a call with you tomorrow.

Can you please advise if you have any availability?

Kindly,

**Shalimar Adorno**  
Assistant Vice President  
**Global Infrastructure Partners**  
1345 Avenue of the Americas, 30<sup>th</sup> Floor  
New York, NY 10105  
T (b) (6)  
(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 01:14:05 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Subject:** RE: Coronavirus

Thanks, Francis. [REDACTED] (b) (5)

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
FAX: (301) 496-4409  
E-mail: [REDACTED] (b) (6)

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---

**From:** Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6) >  
**Sent:** Monday, February 3, 2020 7:26 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** FW: Coronavirus

---

**From:** Shapiro, Neil (NIH/OD) [E] [REDACTED] (b) (6)  
**Sent:** Monday, February 3, 2020 6:02 PM  
**To:** Collins, Francis (NIH/OD) [E] <[REDACTED] (b) (6)>; Tabak, Lawrence (NIH/OD) [E]  
[REDACTED] (b) (6); Johnson, Alfred (NIH/OD) [E] [REDACTED] (b) (6) Wolinetz,  
Carrie (NIH/OD) [E] [REDACTED] (b) (6) >; Hallett, Adrienne (NIH/OD) [E]  
[REDACTED] (b) (6)  
**Cc:** Shaya, Cecile (NIH/OD) [E] [REDACTED] (b) (6)  
**Subject:** RE: Coronavirus

(b) (5)

---

**From:** Shapiro, Neil (NIH/OD) [E]

**Sent:** Monday, February 3, 2020 4:05 PM

**To:** Collins, Francis (NIH/OD) [E] (b) (6)>; Tabak, Lawrence (NIH/OD) [E]

(b) (6)>; Johnson, Alfred (NIH/OD) [E] (b) (6)>; Wolinetz, Carrie (NIH/OD) [E] (b) (6)>; Hallett, Adrienne (NIH/OD) [E]

(b) (6)

**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)

**Subject:** RE: Coronavirus

(b) (5)

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)>

**Sent:** Monday, February 3, 2020 1:48 PM

**To:** Shapiro, Neil (NIH/OD) [E] (b) (6)>; Tabak, Lawrence (NIH/OD) [E]

(b) (6)>; Johnson, Alfred (NIH/OD) [E] (b) (6) Wolinetz, Carrie (NIH/OD) [E] (b) (6)>; Hallett, Adrienne (NIH/OD) [E]

(b) (6)

**Cc:** Shaya, Cecile (NIH/OD) [E] (b) (6)

**Subject:** RE: Coronavirus



(b) (5)

FC

**From:** Shapiro, Neil (NIH/OD) [E] (b) (6) >

**Sent:** Monday, February 3, 2020 11:33 AM

**To:** Collins, Francis (NIH/OD) [E] (b) (6) >; Tabak, Lawrence (NIH/OD) [E] (b) (6) >; Johnson, Alfred (NIH/OD) [E] (b) (6) >; Wolinetz, Carrie (NIH/OD) [E] (b) (6) >; Hallett, Adrienne (NIH/OD) [E] (b) (6) >

**Cc:** Shaya, Cecile (NIH/OD) [E] < (b) (6) >

**Subject:** Coronavirus

**Importance:** High

(b) (5)

Neil

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 01:08:37 +0000  
**To:** Kai Kupferschmidt  
**Cc:** Greg Folkers ([REDACTED] (b) (6)); Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: coronavirus quick question

Kai:

Error in my statement to you. I meant to say that ".....most transmissions occur from someone who is symptomatic" – not asymptomatic. I am really tired. Not much sleep these days.

Best,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
FAX: (301) 496-4409  
E-mail: [REDACTED] (b) (6)

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---

**From:** Kai Kupferschmidt [REDACTED] (b) (6)  
**Sent:** Monday, February 3, 2020 7:37 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Cc:** Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6); Billet, Courtney (NIH/NIAID) [E]  
<billetc@niaid.nih.gov>  
**Subject:** Re: coronavirus quick question

Thanks Tony,

this is interesting and I'm sorry I didn't have more time to get a comment from you. I can only imagine your workload at the moment. I will include comment from you now.

Best

Kai

On 4. Feb 2020, at 01:29, Fauci, Anthony (NIH/NIAID) [E] (b) (6)> wrote:

Sorry that I got to this so late. I have been swamped. I just read your story in Science. It is unfortunate that they did not interview the patient. Obviously, this changes the conclusion of the paper. My comment: "There's no doubt after reading [the *NEJM*] paper that asymptomatic transmission is occurring" was made because there has been a lot of discussion among Chinese investigators that asymptomatic infection is occurring in Wuhan City and Hubei Province, yet no publication came out and said this. Since this was the first publication supposedly documenting this phenomenon, that is why I referred to the paper and made my comment. It is unfortunate that this error was published, but it still does not really change anything. Rather than rely on rumors, this evening I telephoned one of my colleagues in China who is a highly respected infectious diseases scientist and health official. He said that he is convinced that there is asymptomatic infection and that some asymptomatic people are transmitting infection. The *NEJM* paper may be incorrect, but according to reputable Chinese scientists, my statement is correct. Having said that, I have been saying for some time that even if asymptomatic infection occurs, it is very unlikely to be a major driver of the outbreak since most transmissions occur from someone who is asymptomatic.

Best regards,

Tony



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 00:37:32 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Tony and Conronavirus

Set up a call for me with Ed Henry

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
Sent: Monday, February 3, 2020 12:28 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E]  
(b) (6)  
Subject: FW: Tony and Conronavirus

Firm for Feb 11

ASF will you cancel DDCF or do I need to? Please advise

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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

From: Katz, Ruth <Ruth.Katz@aspeninstitute.org>  
Sent: Monday, February 3, 2020 12:20 PM



To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
Cc: Katz, Ruth <Ruth.Katz@aspeninstitute.org>  
Subject: RE: Tony and Conronavirus

We have a room on the 11th. Ron is available and holding the date. Think time would work for you guys. Time would be over lunch. Attendees arrive around 11:30 to grab lunch. Program starts at noon and runs to about 1-1:15. Of course, Tony is more than welcome to come in time for lunch. But he need not actually arrive until shortly before noon so we can mike him up.

I might also try to get someone from CDC to round out the discussion. But if only Tony and Ron, we will run with it. Also need to line up the moderator. But that shouldn't be a problem. Would run options by you first.

Our comms team is really interested in pushing this --

Ruth

RUTH J. KATZ  
Vice President, Aspen Institute  
Executive Director, Health, Medicine and Society Program The Aspen Institute

ruth.katz@aspeninstitute.org  
202-736-5827

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

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
Sent: Monday, February 3, 2020 11:57 AM  
To: Katz, Ruth <Ruth.Katz@aspeninstitute.org>  
Subject: RE: Tony and Conronavirus

If you have a room and Mr. Klain is available on Feb 11 - please let me know. Best between 11 am - 3 or 4 pm

Let me know

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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

From: Katz, Ruth <Ruth.Katz@aspeninstitute.org>  
Sent: Monday, February 3, 2020 11:43 AM  
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
Cc: Katz, Ruth <Ruth.Katz@aspeninstitute.org>

Subject: RE: Tony and Conronavirus

Hi Patty,

Thanks so much and understand completely. Can only imagine how crazed you all must be.

Definitely don't want to do this without Tony. If next week doesn't work, please send some potential options. Getting a room can be the real challenge here. So I'd like to at least reserve space and cancel if need be. Also trying to coordinate with Ron Klain who is very eager to participate.

Let me know if I should definitely cancel our space for February 11 or continue to hold for now.

Thanks again for everything!

Ruth

RUTH J. KATZ

Vice President, Aspen Institute

Executive Director, Health, Medicine and Society Program The Aspen Institute

ruth.katz@aspeninstitute.org  
202-736-5827

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

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)

Sent: Monday, February 3, 2020 11:36 AM

To: Katz, Ruth <Ruth.Katz@aspeninstitute.org>

Subject: RE: Tony and Conronavirus

Hi Ruth - circling back - hope we can make this work - will get back to you in a day or two....

Patricia L. Conrad

Public Health Analyst and

Special Assistant to the Director

National Institute of Allergy and Infectious Diseases The National Institutes of Health

31 Center Drive, MSC 2520 - Room 7A03

Bethesda, Maryland 20892

(b) (6)

301-496-4409 fax

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

From: Conrad, Patricia (NIH/NIAID) [E]

Sent: Monday, February 3, 2020 8:40 AM

To: Katz, Ruth <Ruth.Katz@aspeninstitute.org>

Subject: RE: Tony and Conronavirus

Hi - sorry for the delay - its been insanely busy.

He would love to do this but our schedule has been changing literally by the minute - so much so that we have had to cancel meetings, events and 2 trips he had scheduled for out of town last week. So - while he would love to do this and would make himself available...it might be better to do later when things hopefully quiet down a bit.

Defer to you tho as to when you want to do your event. Happy to chat more ....

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
301-496-4409 fax

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

From: Katz, Ruth <Ruth.Katz@aspeninstitute.org>  
Sent: Friday, January 31, 2020 5:33 PM  
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
Cc: Katz, Ruth <Ruth.Katz@aspeninstitute.org>  
Subject: Re: Tony and Conronavirus

Hi Patty,

Sorry to bother you. Just checking in to see if you have any update. We continue to hold the date and room.

Thanks so much. Hope all is well —

Ruth

Sent from my iPhone

On Jan 27, 2020, at 2:45 PM, Conrad, Patricia (NIH/NIAID) [E]  
(b) (6)>> wrote:

Hi ruth – will get back to you as soon as we can

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases The National Institutes of Health  
31 Center Drive, MSC 2520 - Room 7A03  
Bethesda, Maryland 20892  
(b) (6)  
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From: Katz, Ruth <Ruth.Katz@aspeninstitute.org<mailto:Ruth.Katz@aspeninstitute.org>>

Sent: Monday, January 27, 2020 4:25 PM

To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)

Cc: Katz, Ruth <Ruth.Katz@aspeninstitute.org<mailto:Ruth.Katz@aspeninstitute.org>>

Subject: Tony and Conronavirus

Hi Patty,

Hope all is well and that your 2020 is off to a good, if no doubt, busy start.

Contacting you directly because you have always been my best "go to" person when it comes to Tony and activities at the Institute. Hope you can be of help again.

I would like to do a Public Health Grand Rounds session on the coronavirus here at our Aspen DC offices – hopefully on February 11 (from 12 until about 1:15pm; lunch is made available to attendees). Ron Klain, former Obama Ebola czar – is available – and hope Tony might be as well. Tony and Ron are my first two choices. Perhaps we might add someone from CDC. I suspect we could get some good press, especially if Tony is in the lineup.

Know how terribly busy Tony is, but hope this might be a possibility. Any chance?

As always, many thanks –

All best,  
Ruth

RUTH J. KATZ

Vice President, Aspen Institute

Executive Director, Health, Medicine and Society Program The Aspen Institute

ruth.katz@aspeninstitute.org<mailto:ruth.katz@aspeninstitute.org>

202-736-5827



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 4 Feb 2020 00:29:06 +0000  
**To:** Kai Kupferschmidt  
**Cc:** Greg Folkers (b) (6); Billet, Courtney (NIH/NIAID) [E]  
**Subject:** RE: coronavirus quick question

Kai:

Sorry that I got to this so late. I have been swamped. I just read your story in Science. It is unfortunate that they did not interview the patient. Obviously, this changes the conclusion of the paper. My comment: "There's no doubt after reading [the *NEJM*] paper that asymptomatic transmission is occurring" was made because there has been a lot of discussion among Chinese investigators that asymptomatic infection is occurring in Wuhan City and Hubei Province, yet no publication came out and said this. Since this was the first publication supposedly documenting this phenomenon, that is why I referred to the paper and made my comment. It is unfortunate that this error was published, but it still does not really change anything. Rather than rely on rumors, this evening I telephoned one of my colleagues in China who is a highly respected infectious diseases scientist and health official. He said that he is convinced that there is asymptomatic infection and that some asymptomatic people are transmitting infection. The *NEJM* paper may be incorrect, but according to reputable Chinese scientists, my statement is correct. Having said that, I have been saying for some time that even if asymptomatic infection occurs, it is very unlikely to be a major driver of the outbreak since most transmissions occur from someone who is asymptomatic.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
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---

**From:** Kai Kupferschmidt [REDACTED] (b) (6)  
**Sent:** Monday, February 3, 2020 11:47 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** coronavirus quick question

Tony,

do you have 5 minutes for a quick phone call? Writing a story about the German paper claiming an asymptomatic case. Turns out the woman did have symptoms. You gave the paper a lot importance, so really wanted to get your reaction on this.

Cheers  
Kai

Kai Kupferschmidt  
contributing correspondent "Science"  
[REDACTED] (b) (6)  
[REDACTED] (b) (6)

twitter: @kakape

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 22:28:34 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus - reporter's questions

NIAID inquiries, please.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Rob Britt (b) (6)  
**Sent:** Sunday, February 2, 2020 5:10 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Coronavirus - reporter's questions

Hi Dr. Fauci: We are updating [our coronavirus story](#) periodically, keeping it factual and level-headed, and I have seen your comments on NPR Friday and in the NY Times over the weekend, so I hope you could comment very briefly for our story:

-- What's your expectation for whether this will become a pandemic?

-- Pandemic does not necessarily equate to a terrible situation, compared to, say bad flu seasons. What's your expectation on the potential severity of this coronavirus?

-- And your suggestion to people in the U.S. who might be very concerned?

Thanks for any help you can provide.

Cheers,  
Rob

Robert Roy Britt  
[Top Writer on Medium](#) in [Science](#) & [Health](#).  
Contributor to [OneZero](#) (science) & [Elemental](#) (health).  
Former editor-in-chief of Live Science and Space.com.

(b) (6)

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 22:27:31 +0000  
**To:** Seth Lederman  
**Cc:** Erbelding, Emily (NIH/NIAID) [E]; Casseti, Cristina (NIH/NIAID) [E]  
**Subject:** RE: New NHP data on our vaccine for smallpox & monkeypox

Seth:

I am swamped with coronavirus stuff, and so I am forwarding this to Emily Erbelding to take a look and respond. Thanks.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Seth Lederman (b) (6) >  
**Sent:** Friday, January 31, 2020 11:05 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** New NHP data on our vaccine for smallpox & monkeypox

Dear Tony,

I enjoyed your corona virus presentation at ASM Biothreats, and understand why you couldn't linger.

I'm writing with an update on our horsepox-based vaccine program. On Wednesday, we presented a poster on our further work with TNX-801 (horsepox) as a potential vaccine for smallpox and monkeypox. We found that vaccination of cynos with TNX-801 resulted in sterilizing immunity (no lesions) in 8/8 animals compared to a synthesized ACAM-like vaccinia which resulted in protection, but lesions on 2/3 animals. More complete information is on the poster attached, which is available on our website at (<https://content.equisolve.net/tonixpharma/media/10929ac27f4fb5f5204f5cf41d59a121.pdf>). The press release is also attached and available on our website at (<https://ir.tonixpharma.com/press-releases/detail/1186>).

(b) (4)

(b) (4)

We'd welcome the opportunity to discuss the data with you and your team.

Best, Seth

Seth Lederman, MD | Chief Executive Officer

Tonix Pharmaceuticals Holding Corp. | NASDAQ: TNXP

509 Madison Avenue - Suite 1608, New York, NY 10022

Tel (b) (6) | Fax 212 923 5700

(b) (6) | [www.TonixPharma.com](http://www.TonixPharma.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 22:21:41 +0000  
**To:** Steinberg, Danielle  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]  
**Subject:** RE: PBS Nature inquiry about Coronavirus

Danielle:

Many coronaviruses exist in animal reservoirs, particularly in bats. Remember that for the SARS outbreak in 2002, bats infected palm civet cats who were sold in live/wet markets and the civet cats spread the virus to human. Same for MERS – bats to camels to humans. You ask that there have been animal markets for a long time, and so why now. The fact is that this is likely pure chance +/- more interactions in the human-animal interface. Animal viruses mutate and most of the time the mutations have no significant impact on virus transmission to humans. Sometimes they mutate and allow single “dead end” transmissions to individual humans with no efficiency in going human to human and so we get individual infections and no outbreak as we have seen with H5N1 and H7N9 influenzas that jump from chickens to humans but do not go from human to human. And then rarely, animal viruses mutate and the mutation allows them not only to jump species to humans, but to also efficiently spread from human to human. That is what we saw in SARS and now we see this with 2019-nCoV, which seems to have adapted itself very well to human to human transmission, as per what is happening in China.

I hope that this is helpful.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Steinberg, Danielle <SteinbergD@thirteen.org>  
**Sent:** Friday, January 31, 2020 2:20 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E: (b) (6)] >  
**Subject:** PBS Nature inquiry about Coronavirus

Hi Dr. Fauci,

Hari Sreenivasan of PBS NewsHour suggested I reach out to you with a specific nature question that we're writing about. I hope you'll be able to give us some insights – I'm sure you're extremely busy!

We're wondering about the impact of animals on the virus and specifically, why now? Presumably, China has been using animal markets/wildlife trade in these exact ways for a while, so what changed or is different now to cause this illness and outbreak? Any other information you can provide on how animals are involved would be greatly appreciated.

Thank you!

Best,  
Danielle Steinberg

Danielle Steinberg | Digital Lead, NATURE | +1 (212) 560-3049 (office)  
**WNET** | 825 Eighth Avenue 14<sup>th</sup> Fl. | New York, NY 10019-7435  
[pbs.org/nature](https://pbs.org/nature) | [Facebook](#) | [Twitter](#) | [Instagram](#) | [YouTube](#)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 16:43:08 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Bloomberg Radio 2/4

This is Bloomberg and so if we can do this, let us try. If it is too much of a hassle then say sorry no. Thanks.

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)  
**FAX: (301) 496-4409**  
**E-mail:** (b) (6)

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---

**From:** Jameelah D Robinson (BLOOMBERG/ NEWSROOM:) <jrobinson158@bloomberg.net>  
**Sent:** Monday, February 3, 2020 11:23 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Bloomberg Radio 2/4

Hi Dr. Fauci!

I Hope this email finds you well. I'm emailing to see if you can join Tom Keene, Bloomberg Surveillance Anchor/Editor-at-Large on his radio show tomorrow morning as a PHONER at 8:00am or 8:15am Et to discuss the Coronavirus. Please let me know if we can make this happen. Many thanks!

-Jameelah

---

Jameelah Robinson, M.S.  
Bloomberg Surveillance  
Television & Radio

Bloomberg TV is the world's most-watched business news network, available in more than 360 million homes worldwide. Watch us live on our website, smartphones, iPad

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Bloomberg Radio can be heard live in NY (Bloomberg 1130AM), Boston (1200AM), San Francisco (960AM) and now Washington D.C. (99.1FM) via our local stations. You can hear us nationally on Sirius/XM Channel 119, and globally via the Radio+, I Heart, and Tune-In Radio Apps, or 24/7 at <http://www.bloomberg.com/audio>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 15:17:23 +0000  
**To:** Walensky, Loren D.,M.D.,Ph.D.;Glimcher, Laurie,M.D.;Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** RE: Wuhan nCoV Inhibitors

Loren:

Thanks for the note. (b) (6)

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Walensky, Loren D.,M.D.,Ph.D. (b) (6)  
**Sent:** Sunday, February 2, 2020 11:28 PM  
**To:** Glimcher, Laurie,M.D. (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: Wuhan nCoV Inhibitors

(b) (4)

(b) (4)

PS: Dr. Fauci, (b) (6)

Thank you again for any guidance you can provide so that we can try to be of help.

Best,  
Loren

Loren D. Walensky, M.D., Ph.D.  
Professor of Pediatrics  
Principal Investigator, Linde Program in Cancer Chemical Biology  
Attending Physician in Pediatric Oncology  
Director, Harvard/MIT MD-PhD Program  
Dana-Farber Cancer Institute / Harvard Medical School  
450 Brookline Avenue, LC3216  
Boston, MA 02215  
Office: (b) (6)  
Fax: 617-582-8240  
Email: (b) (6)  
Twitter: (b) (6)

---

**From:** Glimcher, Laurie, M.D. (b) (6)  
**Sent:** Sunday, February 2, 2020 9:33 PM  
**To:** Anthony (NIH/NIAID) Fauci (b) (6); Hugh Jr Auchincloss (b) (6)  
**Cc:** Walensky, Loren D., M.D., Ph.D. (b) (6)  
**Subject:** Fwd: Wuhan nCoV Inhibitors

Tony and Hugh,  
Loren Walensky is a superb physician-scientist at Dana-Farber (b) (4)

If this is of interest to you, please let me know or contact him directly.

Many thanks,

Laurie

Laurie H. Glimcher, M.D.  
President and CEO



Dana-Farber Cancer Institute  
Richard and Susan Smith  
Professor of Medicine  
Harvard Medical School

450 Brookline Avenue, Dana 1628  
Boston, MA 02215

(b) (6) tel.  
617.632.2161 fax

(b) (6)

Begin forwarded message:

**From:** "Walensky, Loren D., M.D., Ph.D." <(b) (6)>

**Subject:** Wuhan nCoV Inhibitors

**Date:** January 30, 2020 at 7:23:54 PM EST

**To:** "Glimcher, Laurie, M.D." (b) (6) >

Hi Laurie. I hope all is well on your end. (b) (4)

(b) (4)

(b) (4)

Thanks so much,  
Loren

Loren D. Walensky, M.D., Ph.D.  
Professor of Pediatrics  
Principal Investigator, Linde Program in Cancer Chemical Biology  
Attending Physician in Pediatric Oncology  
Director, Harvard/MIT MD-PhD Program  
Dana-Farber Cancer Institute / Harvard Medical School  
450 Brookline Avenue, LC3216  
Boston, MA 02215  
Office: (b) (6)  
Fax: 617-582-8240  
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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 15:12:39 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: ANSA news agency

Please get someone to provide answers for me to send to this person. I do not have time to do it myself,

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Battifoglia Enrica <Enrica.Battifoglia@ansa.it>  
**Sent:** Monday, February 3, 2020 5:37 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** ANSA news agency

Dear Professor Fauci,

I am Enrica Battifoglia of the Italian news agency ANSA, I already have had the pleasure to interview you several times at the AIDS world conferences.

I would like to ask you some questions about Coronoravirus 2019-nCoV, to be published on the ANSA Science web page ([www.ansa.it/scienza](http://www.ansa.it/scienza)), the main online science news resource in Italy with over 1.5M contacts each month. I am sure that your clarity and competence will be highly valuable to put some much-needed order among so many contrasting news and data, and would be much appreciated by our readers.

1) Do the current available data allow to understand the threat level of coronavirus 2019-nCoV in terms of both lethality and diffusion speed, and about the possible evolution scenarios of the disease?

2) What exactly we know about its modes of transmission, especially from people who do not yet have the symptoms?

3) Are the genetic sequences provided by China enough to start working on a vaccine?

What are the technical times to develop a working vaccine in terms of scientific research, and what are the approx times for the necessary legal certifications, and for industrial production and distribution?

4) 2019-nCoV is the third Coronavirus aggressive for humans that has appeared in the East in the last 20 years and in 2009 the virus responsible for the flu pandemic too did come from China: what sort of preventive measures could be practicable to reduce the risk of repetition of these events?

Thank you so much for your time your attention!

Kindest Regards

Enrica Battifoglia  
Science and Technology Head Editor

ANSA News Agency

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---

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 15:10:32 +0000  
**To:** Joe Palca  
**Subject:** RE: Coronavirus vaccine

Joe:

Thanks for the note. The has nothing to do with the validity of the test. We see this with other viruses when you look at shedding. When there is a low titer of virus, any specific site (in this case a nose or throat swab) may vary between positive and negative even though the person is clearly still infected. It could be that the virus is there in the throat at one point and cleared at another and comes back again. Alternatively, it may be that the virus is always there, but at different titers and at some points it is present below the sensitivity of the test, even though the test is in general quite sensitive.

Hope that this is helpful.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
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**From:** Joe Palca <JPalca@npr.org>  
**Sent:** Monday, February 3, 2020 9:30 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: Coronavirus vaccine

---

**From:** Joe Palca  
**Sent:** Monday, February 3, 2020 9:13 AM

To: 'anthony.facui@nih.gov' [REDACTED] (b) (6) >

Cc: 'Deatrick, Elizabeth (NIH/NIAID) [C]' [REDACTED] (b) (6) >; Scott Hensley  
[REDACTED] (b) (6)

**Subject:** RE: Coronavirus vaccine

Hi Tony,

It's been nice hearing you on the various press conferences...can't believe we're still both doing this,

Have a question about something Redfield said in Friday in the White House briefing about nCoV. He said using their PCR assay, the virus can be detectable one day, then not the next, then detectable.

I'm curious about this. I see a few possibilities:

1. The test isn't as sensitive as CDC hopes
2. The sample was taken from different places
3. With low viral titer, it may seem like the virus "disappears" from one day to the next.
4. The virus may be hanging out in the terminal bronchioles, and only pop up to the upper respiratory system from time to time.

Am I on the right track? Would you have a few minutes today to record an interview with me?

Joe

**From:** (b) (6)  
**Sent:** Mon, 3 Feb 2020 05:45:35 -0500  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: Interview request (Seoul, Korea)

Sent from my iPhone

Begin forwarded message:

**From:** 차현나 (b) (6) >  
**Date:** February 3, 2020 at 2:29:21 AM EST  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Subject:** Interview request (Seoul, Korea)

Dear Dr. Fauci,

I am Mrs. Hyun-Na Cha of TBS, metropolitan radio station of Seoul, South Korea.  
I am the director of current-issue radio show of TBS and I'd like to have a telephone interview with you on my radio program about coronavirus issue all over the world.  
As Korea is a very close country to China and many people are very concerned about this issue,  
I would like to hear your opinion as a world authority on this issue.  
The time for phone interview would be about 6 a.m. at Maryland time and I want to proceed it through an English-Korean interpreter.  
I would appreciate it if you could reply to me if you are possible.  
The host of my program is a political expert who is a Ph.D. from MIT, Dr. Kim.

Respectfully,  
Mrs. Hyun-na Cha  
(b) (6)  
TBS, Seoul, Korea



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 03:47:33 +0000  
**To:** Howard Schatz  
**Subject:** RE: If too busy then pass---I'd understand

Too soon to predict. It probably will evolve into a widespread infection (pandemic) with lower mortality than we are now seeing (2%). More similar to 2009 H1N1 flu than SARS even though the virus (coronavirus) is in the same family of viruses as SARS.

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

From: Howard Schatz <[REDACTED]> (b) (6)  
Sent: Friday, January 31, 2020 8:51 AM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
Subject: If too busy then pass---I'd understand

Tony,

New Coronavirus: saw you on national news with a dozen others at DT's table yesterday.

Seems like this new one though serious and very contagious is not as lethal (40:1 ?) as SARS, others.

What is your current thinking on it?

Hope all is well, otherwise.

Thanks,

howard

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 03:45:59 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** FW: Wuhan nCoV Inhibitors  
**Attachments:** [REDACTED] (b) (4)

Please handle this. Thanks.

---

**From:** Glimcher, Laurie, M.D. [REDACTED] (b) (6) >  
**Sent:** Sunday, February 2, 2020 9:33 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >; Auchincloss, Hugh (NIH/NIAID) [E]  
[REDACTED] (b) (6)  
**Cc:** Walensky, Loren D., M.D., Ph.D. [REDACTED] (b) (6)  
**Subject:** Fwd: Wuhan nCoV Inhibitors

Tony and Hugh,  
Loren Walensky is a superb physician-scientist at Dana-Farber [REDACTED] (b) (4)

[REDACTED]  
[REDACTED]  
If this is of interest to you, please let me know or contact him directly.

Many thanks,

Laurie

Laurie H. Glimcher, M.D.  
President and CEO  
Dana-Farber Cancer Institute  
Richard and Susan Smith  
Professor of Medicine  
Harvard Medical School

450 Brookline Avenue, Dana 1628  
Boston, MA 02215

[REDACTED] (b) (6) tel.  
617.632.2161 fax

[REDACTED] (b) (6)

Begin forwarded message:

**From:** "Walensky, Loren D., M.D., Ph.D." [REDACTED] (b) (6) >  
**Subject:** Wuhan nCoV Inhibitors  
**Date:** January 30, 2020 at 7:23:54 PM EST  
**To:** "Glimcher, Laurie, M.D." [REDACTED] (b) (6)

Hi Laurie. I hope all is well on your end.

(b) (4)

(b) (4)

Thanks so much,  
Loren

Loren D. Walensky, M.D., Ph.D.  
Professor of Pediatrics  
Principal Investigator, Linde Program in Cancer Chemical Biology  
Attending Physician in Pediatric Oncology  
Director, Harvard/MIT MD-PhD Program  
Dana-Farber Cancer Institute / Harvard Medical School  
450 Brookline Avenue, LC3216  
Boston, MA 02215  
Office: (b) (6)  
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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 02:10:49 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Homozygous for Alpha-1 antitrypsin and coronavirus?

Please handle.

**From:** Ulrica Mölsted [REDACTED] (b) (6) >  
**Sent:** Sunday, February 2, 2020 9:07 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Ulrica Mölsted [REDACTED] (b) (6) >  
**Subject:** Homozygous for Alpha-1 antitrypsin and coronavirus?

Hi!

I read that you are an expert working for NIAID and that you got interviewed about treatments for the coronavirus.

I am a Swedish physician specialized in clinical chemistry. [REDACTED] (b) (6) and wanted to share a hypothesis I have. I believe that some patients who are seriously ill in corona virus (or flue/SARS) with lung symptoms have a lack of normal/well functioning Alpha-1-antitrypsin for example PiZZ. Alpha-1 antitrypsin is an acute phase reactant and increases in sick people. I have seen that the Alpha-1-antitrypsin level can be elevated in a severely ill person (H1N1) if measured in a laboratory, even though the patient was homozygous for mutations in the Alpha-1-antitrypsin gene. An elevated level of Alpha-1 antitrypsin is misleading and can result in the physician believing that there is nothing wrong with the patients function of Alpha-1-antitrypsin.

[REDACTED] (b) (4)  
[REDACTED]  
[REDACTED]

I also guess that critically ill ECMO-treated patients with lung symptoms might benefit from receiving Alpha-1 antiprotease inhibitor in addition to other medications given to them. What do you think?

I believe that this information can contribute in understanding why some supposedly healthy individuals gets really sick and even die in corona virus, flue/H1N1 or SARS. [REDACTED] (b) (4)

[REDACTED]  
[REDACTED]  
[REDACTED]

I would appreciate if you replied shortly to me so that I know that my e-mail has been read.

Best regards, Ulrica Molstad, M.D.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 3 Feb 2020 00:50:43 +0000  
**To:** James Krellenstein  
**Subject:** RE: 2019-nCoV Testing for Public Health Labs

James:

Thanks for the heads-up. I will see what I can do.

Best,

Tony

**From:** James Krellenstein (b) (6)  
**Sent:** Sunday, February 2, 2020 7:37 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** David Barr (b) (6); Lord, Aaron (b) (6) Peter Staley (b) (6)  
(b) (6)  
**Subject:** 2019-nCoV Testing for Public Health Labs

Tony:

I hope this email finds you well. Over the past 48 hours, PrEP4All has received multiple requests from leaders of public health departments and public health practitioners to begin publicly pressuring CDC/HHS to ensure that properly equipped public health labs (besides CDC's lab in Atlanta) can perform real time reverse transcription PCR (qRT-PCR) testing for 2019 Novel-Coronavirus (2019-nCoV).

Our understanding is that given the public health emergency declared by HHS, an emergency use authorization (EUA) from the FDA is required for public health labs to perform their own lab developed test for 2019-nCoV, even if it is using the CDC's published qRT-PCR protocol and primer/probe sequences ( <https://www.cdc.gov/coronavirus/2019-ncov/downloads/rt-pcr-panel-for-detection-instructions.pdf> ) , and the lab is capable of handling BSL3+ samples.

We understand the extreme delicateness of this situation, and also that it is outside of our normal wheelhouse. But given the concerns of our colleagues in the public health sector, we thought it was important to give you a heads up regarding this request.

Let us know if there is anyway we can help.

Sincerely,

James Krellenstein  
Data, Science and Policy Committee  
The PrEP4All Collaboration  
109 S 5th St, Brooklyn, NY 11249

(b) (6)

--

James B. Krellenstein

he - him - his

(b) (6)

(Sent from a mobile device)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 23:54:27 +0000  
**To:** NIAID OD AM  
**Subject:** FW: Invitation for an expert panel webinar on the role of micronutrients and coronavirus  
**Attachments:** 2020.02.02 Expert panel objectives.docx

Let us discuss. Probably no.

**From:** (b) (6) >  
**Sent:** Sunday, February 2, 2020 9:49 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Peter van-Dael (b) (6)  
**Subject:** Invitation for an expert panel webinar on the role of micronutrients and coronavirus

Dear Dr. Fauci,

I would like to address you for an expert panel webinar on the role of micronutrients and coronavirus

Due to the new coronavirus outbreak and the rapidly escalating global spread, lots of questions are raised regarding the role of micronutrients in supporting the immune system. DSM has reached out to me with a request to organize rapidly a focused expert panel in order to establish expert guidance summarizing key points with respect to the role of micronutrients in supporting our body's immune response, in light of the current general consciousness that among other factors nutrition is important in combatting infectious diseases. Peter Van Dael, head of Nutrition Science & Advocacy, is responsible for the coordination of this activity at DSM.

I agreed to take on this challenge and therefore intend to organize this expert panel through webinar in order to manage the challenges related to busy agendas and travel within the next week, if possible. The webinar is expected to last for about 3 hours maximum and would be facilitated through the distribution of a short background document I will share in order to facilitate the discussion.

I will try to reach out to you tomorrow by phone in order to review whether you would be available for this engagement and whether you would have potential questions prior to agreeing to participate.

With our best regards,

Manfred

Peter



**Dr. Manfred Eggersdorfer**

Professor for Healthy Ageing

(b) (6)

(b) (6)

**Dr. Peter Van Dael**

DSM Nutrition Science & Advocacy

**From:** (b) (6)  
**Sent:** Sun, 2 Feb 2020 18:20:17 -0500  
**To:** Carlos del Rio  
**Subject:** Re: [External] RE: Mexican researchers have defined the structure of the Corona virus

Very interesting.

On Feb 2, 2020, at 9:07 AM, Del Rio, Carlos (b) (6) >wrote:

(b) (6) sent me this update. Thought you would enjoy.  
Interesting to see how they view outbreaks.....

Coronavirus news over the weekend was a small net positive (although there were plenty of negatives). Encouragingly, doctors appear to be having some success treating patients with existing antiviral drugs – GILD's remdesivir improved the clinical conditions of a coronavirus patient in Washington state (WSJ) while Thailand said it had achieved good results using antiviral drugs originally designed for the flu and HIV (Bloomberg). It's way too early to tell whether these drugs will perform well in other patients (and a vaccine is still some time away), but the progress noted in the US and Thailand is positive. The PBOC said it would inject CNY1.2T worth of liquidity on Monday 2/3 to ensure markets operate smoothly when they reopen from the New Year holiday (this works out to about CNY150B of net incremental liquidity given CNY1.05T of reverse reports are set to mature on Monday). The gov't also announced other steps (including waiving equity ownership limits for some insurers) aimed to bolstering market confidence. The global coronavirus case count continues to rise (it now stands at ~15K as of Sunday morning w/the death toll north of 300) while more travel restrictions are being imposed by governments and companies around the world (Apple said it would shutter all its stores and offices in China until Feb 9). According to a CNBC update, areas of China responsible for ~80% of GDP and ~90% of exports are set to stay closed until at least Feb 10.

Carlos del Rio, MD.  
Sent from my iPhone

On Feb 1, 2020, at 11:13 PM, Fauci, Anthony (NIH/NIAID) [E]  
<(b) (6)>wrote:

I love it! ☐☐

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

From: Del Rio, Carlos <(b) (6)>

Sent: Friday, January 31, 2020 10:05 AM

To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

Subject: Mexican researchers have defined the structure of the Corona virus

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 22:56:05 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: coronavirus

---

**From:** Dr.h.c. Richard Hajdu [REDACTED] (b) (6)>  
**Sent:** Sunday, February 2, 2020 2:00 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** coronavirus

Dear Anthony Fauci.

I speak hard English so I write to you using google translator.

I have a cured corona virus cure. I am willing to provide you. In laboratory conditions you can try. This medicine can destroy the virus within 12 hours.

If you are interested, it is necessary to provide a way to deliver the medicine to you. I live in the Czech Republic. In the city of Brno.

Dr. Richard Hajdu



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 22:43:15 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: coronavirus - easy, safe, and likely highly effective treatment.  
**Attachments:** Corona Virus Solution b.docx, MedGasRes\_2019\_9\_4\_232\_273962.pdf, published article on ozone and ebola 3578-10714-4-PB.pdf

Please handle.

---

**From:** Robert Jay Rowen (b) (6) >  
**Sent:** Sunday, February 2, 2020 4:24 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** coronavirus - easy, safe, and likely highly effective treatment.

Dear Dr. Fauci,

I am a mere clinician. But I have published repeatedly on a therapy which, I believe, will remedy patients with coronavirus and spare a possible catastrophe, if the virus is as lethal as it appears.

The therapy is ozone. It can be performed, depending on the method, for mere pennies in materials. It is not patentable, so, it lacks profitability needed for some payback for the basic research to get it "approved".

It attacks a key vulnerability on this virus and even Ebola. We got to 5 Ebola cases in Sierra Leone. All 5 recovered almost immediately. No sequela. No one has reported anything like that.

I have used ozone therapy for 33 years, ;longer than anyone in North America. It absolutely changed my practice. I write essentially no prescriptions for antibiotics, including for Lyme disease. This therapy, I recently published, might be the solution the world desperately needs for the emerging crisis in resistant infections.

I am attaching 2 papers I recently published on ozone therapy, And a manuscript we just got done to address corona virus, which I am trying to get published. It is not easy. The medical world is vested in Pharmaceuticals.

I urge you to please look at this. Not patentable, it will never be a darling of industry. But just for that reason (dirt cheap), it could be a savior for thousands or more who might die from a pandemic. I am coming to you about this as one physicist came to President Roosevelt about harnessing the power of the atom at the dawn of world war 2. I do hope you will take note of what I am forwarding to you.

The first file is a word document I am seeking to get published. Usually, an author will hold up on making material like this public until he get published. However, with lives immediately on the line, we want to alert people that there does exist an available very inexpensive and extremely safe medical treatment for this and other infections.

If you have questions, please contact me here.

Sincerely,

Robert Jay Rowen, MD

(b) (6)

[www.DrRowenDrSu.com](http://www.DrRowenDrSu.com)

<http://www.youtube.com/user/RobertRowenMD>

<https://www.facebook.com/DrRobertJRowen>

" The doctor of the future will no longer treat the human frame with drugs, but rather will cure and prevent disease with nutrition" , Thomas Edison

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 22:40:07 +0000  
**To:** Greg Folkers (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Getty images from coronavirus presser etc <http://bit.ly/2GJ3u5F>

See below the link that (b) (6) sent me. It is a picture of me briefing President Reagan at the NIH in 1988. Please insert it into our flickr file with the legend that I just gave. Thanks.

---

**From:** (b) (6) (NIH/CC/BEP) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 5:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** RE: Getty images from coronavirus presser etc <http://bit.ly/2GJ3u5F>

The oldest one in the batch:

<https://www.gettyimages.com/detail/news-photo/dr-anthony-fauci-lecturing-to-pres-ronald-w-reagan-and-news-photo/50454084?adppopup=true>

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Sent:** Saturday, February 1, 2020 10:09 PM  
**To:** (b) (6) (NIH/CC/BEP) [E] (b) (6)  
**Subject:** FW: Getty images from coronavirus presser etc <http://bit.ly/2GJ3u5F>

fyi

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, February 1, 2020 9:02 PM  
**To:** NIAID OD AM <[NIAIDODAM@niaid.nih.gov](mailto:NIAIDODAM@niaid.nih.gov)>  
**Subject:** Getty images from coronavirus presser etc <http://bit.ly/2GJ3u5F>



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 22:36:41 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: Fauci/Redfield op-ed for review  
**Attachments:** Redfield-Fauci Joint Op-Ed V2 020120\_EOC Cleared Revised wR3 2.2.20 JR HM GF - with additional Fauci tracked changes still showing.docx, Redfield-Fauci Joint Op-Ed V2 020120\_EOC Cleared Revised wR3 2.2.20 JR HM GF - with Fauci changes added - clean copy.docx

I have gone over the document and have made a number of tracked changes. In addition, for ease of reading I have accepted all the tracked changes and am sending a clean copy. Hence there are 2 attachments: 1) one with all tracked changes; 2) a clean copy accepting all changes. Please note that the CDC has not announced the 3 additional cases and so depending on when this goes out we need to make sure that the official number is 11 and not still 8Thanks!

---

**From:** Routh, Jennifer (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Sunday, February 2, 2020 4:36 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)>  
**Subject:** Fauci/Redfield op-ed for review

Dr. Fauci –

Attached is the draft op-ed for your review. Greg, Hilary and I have added proposed edits in track changes. We will send back to CDC/HHS one document with all NIAID edits in track changes. HHS would like to get a draft to the White House at some point this evening.

Thanks,  
Jen

Jennifer Routh [E]  
News and Science Writing Branch  
Office of Communications and Government Relations  
National Institute of Allergy and Infectious Diseases (NIAID)  
NIH/HHS  
31 Center Drive Room 7A17C  
Bethesda, MD 20892  
Direct: (b) (6)  
(b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 19:24:26 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Specific Questions About CoronaVirus

Please handle.

**From:** Rafael C. R. (b) (6)>  
**Sent:** Sunday, February 2, 2020 12:34 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Specific Questions About CoronaVirus

Hi Dr. Fauci, you might not remember me from my previous email. I'm a Brazilian who asked you some months ago about the influenza virus differences across regions. I recently traveled to DC and NY and had a great time there (before the Corona Virus outbreak)

I have some specific questions about the new Corona Virus, and would be very grateful if you can answer them:

1- Using available data, I've made a simple spreadsheet attempting to predict the virus behavior: <https://docs.google.com/spreadsheets/d/1DAHQtFzXO-FKU405k8p864JBVHAIfzsHQghuywaTNbE/edit#gid=0>

I've used **exponential trend**, although it seems to be spreading slower than the expected, I'd like to know if there's an accurate model for predicting this virus. Also, I assume virus don't always spread exponentially?

2- I listened to your interview podcast <https://edhub.ama-assn.org/jn-learning/audio-player/18197306>. Really amazing content. Let's assume this is going to be a worldwide outbreak. How can I get prepared for the worst? Buy water, dry food, stay indoors, withdraw money, etc?

Once again, I'd like to thank you very much for reading this email. I bet this is a very busy time for you, so it means a lot to me

Thank you,  
Rafael



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 18:33:43 +0000  
**To:** Liang, Jake (NIH/NIDDK) [E]  
**Cc:** Mark Dybul; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** RE: Favor

Thanks, Jake. Mark will contact you directly.

---

**From:** Liang, Jake (NIH/NIDDK) [E] (b) (6) >  
**Sent:** Sunday, February 2, 2020 1:32 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Mark Dybul (b) (6); Conrad, Patricia (NIH/NIAID) [E]  
(b) (6); Barasch, Kimberly (NIH/NIAID) [C] (b) (6)  
**Subject:** Re: Favor

Hi, Tony, I just returned from an overseas trip but should be around tomorrow and can certainly clear some time to meet with Mark. I met Mark at the NAM meeting last year and would love to hear what they have to say. Let me know what works. Good luck in dealing with the new coronavirus pandemic (not sure whether it is qualified as one yet; if not, pretty close)!! Jake

---

**From:** Anthony Fauci <(b) (6)>  
**Date:** Sunday, February 2, 2020 at 12:20 PM  
**To:** Jake Liang (b) (6) >  
**Cc:** Mark Dybul (b) (6) >, "Conrad, Patricia (NIH/NIAID) [E]"  
(b) (6), "Barasch, Kimberly (NIH/NIAID) [C]" (b) (6) >  
**Subject:** Favor

Jake:

Sorry for this last minute ask, but (b) (6), Ambassador Mark Dybul, who is the former Head of PEPFAR and the former Director of the Global Fund to Fight AIDS, TB, and Malaria will be at the NIH tomorrow with a scientist who has some very interesting data on hepatitis B. I was supposed to meet with them, but I am swamped with the coronavirus. Is there any chance that you can meet with them briefly tomorrow. I believe that you might be interested in seeing them. I have copied Mark on this e-mail and so I will ask him to e-mail you to see if you can make this happen. Many thanks.

Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 18:02:22 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** RE: Seeking comment on Indian paper about new Coronavirus

Geeez

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 12:53 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: Seeking comment on Indian paper about new Coronavirus

FYI re the paper from the Indian researchers.  
Talk about trying to put the genie back in the bottle! Yeesh.

---

**From:** "Mascola, John (NIH/VRC) [E]" <(b) (6)>  
**Date:** Sunday, February 2, 2020 at 10:39:42 AM  
**To:** "Routh, Jennifer (NIH/NIAID) [E]" (b) (6); "Graham, Barney (NIH/VRC) [E]" (b) (6); "Hiatt, Nissa (NIH/VRC) [C]" (b) (6)  
**Cc:** "Marston, Hilary (NIH/NIAID) [E]" <(b) (6)>, "Billet, Courtney (NIH/NIAID) [E]" (b) (6); "Stover, Kathy (NIH/NIAID) [E]" (b) (6)  
**Subject:** RE: Seeking comment on Indian paper about new Coronavirus

Also note the following from the author on the BioRxiv comment section:

[Prashant Pradhan](#) · 8 hours ago

This is a preliminary study. Considering the grave situation, it was shared in BioRxiv as soon as possible to have creative discussion on the fast evolution of SARS-like corona viruses. It was not our intention to feed into the conspiracy theories and no such claims are made here. While we appreciate the criticisms and comments provided by scientific colleagues at BioRxiv forum and elsewhere, the story has been differently interpreted and shared by social media and news platforms. We have positively received all criticisms and comments. To avoid further misinterpretation and confusions world-over, we have decided to withdraw the current version of the preprint and will get back with a revised version after reanalysis, addressing the comments and concerns. Thank you to all who contributed in this open-review process.

: Authors of the Manuscript

---

**From:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 10:35 AM  
**To:** Graham, Barney (NIH/VRC) [E] (b) (6); Hiatt, Nissa (NIH/VRC) [C]  
(b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Mascola, John (NIH/VRC) [E]  
(b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy  
(NIH/NIAID) [E] <(b) (6)>  
**Subject:** RE: Seeking comment on Indian paper about new Coronavirus

Hi Barney –

We consulted with HHS and ASF. OCGR is going to send a note to the reporter to decline, noting that the paper is not peer-reviewed. Please let us know if you receive similar requests.

Thanks,  
Jen

Jennifer Routh [E]  
News and Science Writing Branch  
Office of Communications and Government Relations  
National Institute of Allergy and Infectious Diseases (NIAID)  
NIH/HHS  
31 Center Drive Room 7A17C  
Bethesda, MD 20892  
Direct: (b) (6)  
(b) (6)

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---

**From:** Graham, Barney (NIH/VRC) [E] (b) (6)  
**Sent:** Saturday, February 1, 2020 2:11 PM  
**To:** Hiatt, Nissa (NIH/VRC) [C] (b) (6); Routh, Jennifer (NIH/NIAID) [E]  
(b) (6)>  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Mascola, John (NIH/VRC) [E]  
(b) (6)  
**Subject:** FW: Seeking comment on Indian paper about new Coronavirus

Hi Nissa and Jen,

This is one we don't want to answer without high-level input, but wanted you to know about the rising controversy.

BG

---

**From:** Issam AHMED <[Issam.AHMED@afp.com](mailto:Issam.AHMED@afp.com)>

**Sent:** Friday, January 31, 2020 5:27 PM

**To:** Graham, Barney (NIH/VRC) [E] (b) (6)

**Subject:** Seeking comment on Indian paper about new Coronavirus

Dear Dr Graham,

I'm a science journalist with news agency Agence France-Presse writing with a request -- apologies for reaching out on a Friday evening! I was told by a contact you may be willing to give an opinion on this paper that has just gone live <https://www.biorxiv.org/content/10.1101/2020.01.30.927871v1.full.pdf> it suggests the new Coronavirus has four inserts similar to HIV-1 and this is not a coincidence.

Thanks you very much, if you are able.

Issam Ahmed

**Issam AHMED**

*Health, Science and Environment Correspondent*

1500 K St. NW - 20005 Washington

Tel: (202) 414-0521



June 24, 2020

Virus death toll nears half a million as cases surge in US, Latin America

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 17:13:03 +0000  
**To:** Mark Dybul  
**Subject:** RE: A connection to jake

Mark:

Thanks for the note. Sorry that I had to cancel. This is White House in full overdrive and I am in the middle of it. Reminiscent of post-anthrax days. I will send an email to Jake today to introduce you. Again, sorry about the cancellation. Hope to see you soon. Regards to Jason.

Best,  
Tony

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

From: Mark Dybul (b) (6) >  
Sent: Sunday, February 2, 2020 11:37 AM  
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
Subject: A connection to jake

Hey tony

Know you are buried in coronavirus. Totally understand need to cancel meeting tomorrow. We will set up a zoom in hen things calm down.

We have made additional progress on hbv including data from 2 new mouse models. We were going to share Monday

Realize this is last minute but might it be possible for you to connect me to jake liang in case we can squeeze in a meeting with him (serhat is already on east coast - we took a risk knowing you might have to cancel)?

If you are not comfortable with that I could send him a cold call email mentioning we have shared the data with you. You were kind enough to introduce us at the nam dinner when (b) (6).

Hope you at least have time to enjoy Super Bowl. Hang in there - am sure everyone is leaning heavily on you as usual.

Thanks much  
Mark  
Sent from my iPhone



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 16:49:35 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Tabak, Lawrence (NIH/OD) [E]  
**Subject:** FW: Teleconference

Francis:

Do you have a minute for a quick call?

Tony

---

**From:** Jeremy Farrar (b) (6)  
**Sent:** Sunday, February 2, 2020 11:28 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Collins, Francis (NIH/OD) [E]  
(b) (6)  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6) >  
**Subject:** Re: Teleconference

Tedros and Bernhard have apparently gone into conclave....they need to decide today in my view. If they do prevaricate, I would appreciate a call with you later tonight or tomorrow to think how we might take forward.

Meanwhile....

<https://www.zerohedge.com/geopolitical/coronavirus-contains-hiv-insertions-stoking-fears-over-artificially-created-bioweapon>

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Date:** Sunday, 2 February 2020 at 15:30  
**To:** Jeremy Farrar (b) (6) >, Francis Collins (b) (6) >  
**Cc:** "Tabak, Lawrence (NIH/OD) [E]" (b) (6)  
**Subject:** RE: Teleconference

Jeremy:

Sorry that I took so long to weigh in on your e-mails with Francis and me. I was on conference calls.

(b) (5)

(b) (5)

Best regards,

Tony

---

**From:** Jeremy Farrar (b) (6) >  
**Sent:** Sunday, February 2, 2020 7:13 AM

**To:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Tabak, Lawrence (NIH/OD) [E]  
< (b) (6) >  
**Subject:** Re: Teleconference

....Really appreciate us thinking through the options... (b) (5)

---

**From:** Francis Collins < (b) (6) >  
**Date:** Sunday, 2 February 2020 at 12:03  
**To:** Jeremy Farrar < (b) (6) >  
**Cc:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), "Tabak, Lawrence (NIH/OD) [E]" (b) (6)  
**Subject:** RE: Teleconference

Hi Jeremy,

Thanks for forwarding these additional reflections from Mike and Bob. (b) (5)  
(b) (5)

Francis

---

**From:** Jeremy Farrar (b) (6)  
**Sent:** Sunday, February 2, 2020 6:53 AM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Tabak, Lawrence (NIH/OD) [E] (b) (6)  
**Subject:** Re: Teleconference

Thank you

See thoughts overnight from others.

(b) (5)

Jeremy

(b) (5)



---

**From:** Francis Collins (b) (6)>  
**Date:** Sunday, 2 February 2020 at 10:27  
**To:** Jeremy Farrar (b) (6)  
**Cc:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), "Tabak, Lawrence (NIH/OD) [E]" (b) (6)  
**Subject:** RE: Teleconference

Jeremy,

(b) (3)

I'm available any time today except 3:15 – 5:45 pm EST (on a plane) for a call to Tedros. Let me know if I can help get through his thicket of protectors.

Francis

---

**From:** Jeremy Farrar (b) (6)  
**Sent:** Sunday, February 2, 2020 4:48 AM  
**To:** Andrew Rambaut <(b) (6)>  
**Cc:** R.A.M. Fouchier (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Patrick Vallance (b) (6); Drosten, Christian (b) (6); M.P.G. Koopmans (b) (6); Eddie Holmes (b) (6); Kristian G. Andersen (b) (6); Paul Schreier (b) (6); Ferguson, Mike (b) (6); Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Josie Golding (b) (6)  
**Subject:** Re: Teleconference

This is a very complex issue.

I will:

(b) (3)



(b) (5)

I suggest we don't get into a further scientific discussion here, but wait for that group to be established.

Jeremy

---

**From:** '(b) (6)'

**Date:** Sunday, 2 February 2020 at 09:38

**To:** Jeremy Farrar <(b) (6)>

**Cc:** (b) (6) >, "Fauci, Anthony (NIH/NIAID) [E]"

(b) (6), Patrick Vallance (b) (6) >, "Drosten, Christian" (b) (6), Marion Koopmans <(b) (6)>, Edward Holmes (b) (6)

(b) (6), "Kristian G. Andersen" (b) (6), Paul Schreier

(b) (6) Michael FMedSci

(b) (6) >, Francis Collins (b) (6)

(b) (6) Josie Golding

(b) (6)

**Subject:** Re: Teleconference

Dear Jeremy, Ron and all,

Thanks for inviting me on the call yesterday.

(b) (5)

(b) (5)

(b) (5)

Best,  
Andrew

On 2 Feb 2020, at 08:40, Jeremy Farrar (b) (6) wrote:

Thanks Ron

(b) (5)

Thoughts on that very welcome.

On 2 Feb 2020, at 08:30, R.A.M. Fouchier (b) (6) wrote:

Dear Jeremy and others,

This was a very useful teleconference. (b) (5)

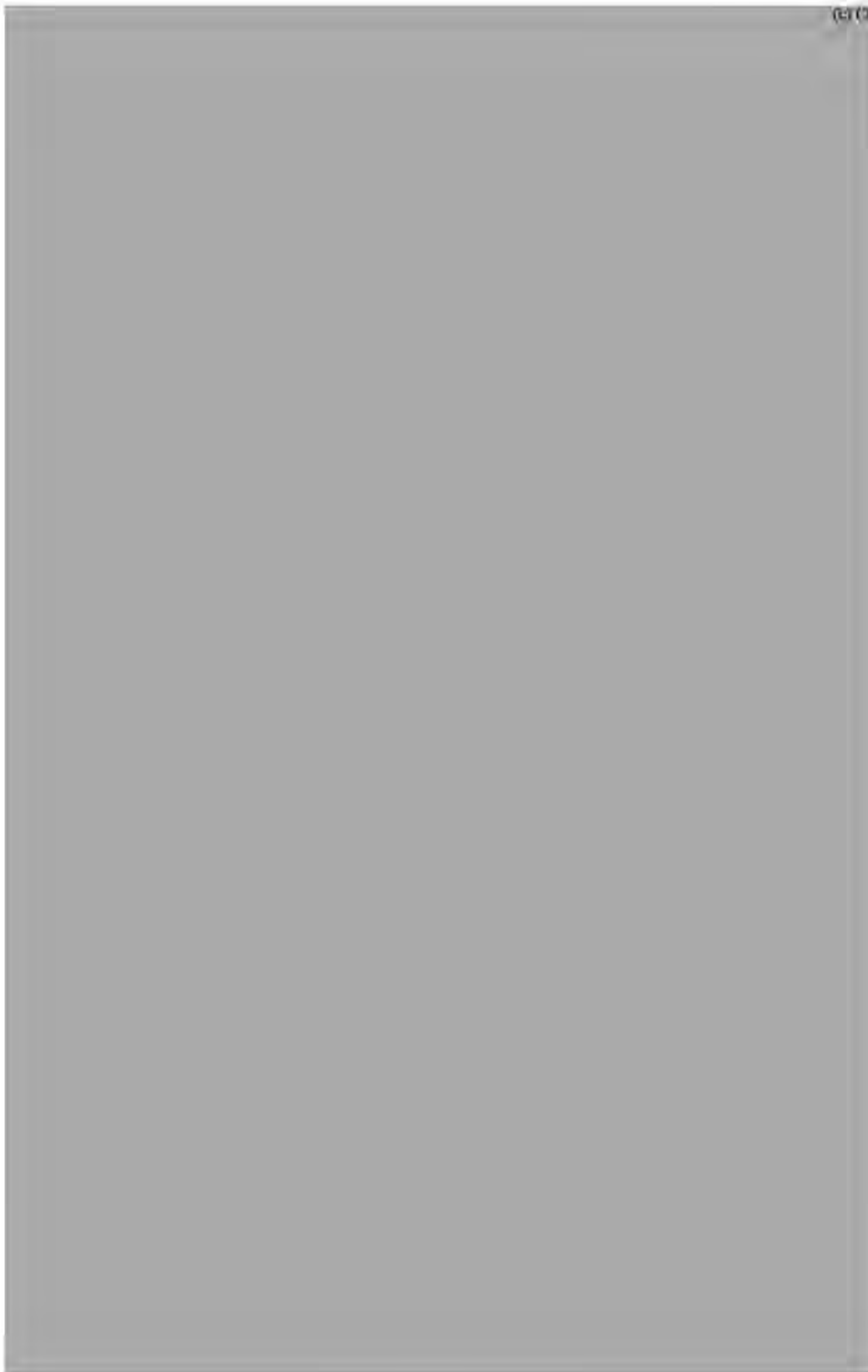
(b) (5)

Thanks for organizing this on such short notice,  
Kind regards

Ron

Ron's notes:

(b) (5)





(b) (5)

**Van:** Jeremy Farrar (b) (6)

**Datum:** zaterdag 1 februari 2020 om 21:59

**Aan:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>, Patrick Vallance (b) (6)

**CC:** Christian Drosten (b) (6) "M. Koopmans"

(b) (6), "R.A.M. Fouchier"

(b) (6), Edward Holmes

(b) (6)

(b) (6), Andrew Rambaut (b) (6)

"Kristian G. Andersen" (b) (6), Paul Schreier

(b) (6)

(b) (6), "Ferguson, Mike"

(b) (6) Francis Collins (b) (6),

(b) (6)>, Josie Golding

(b) (6)

**Onderwerp:** Re: Teleconference

Thank you to everyone for joining.

There is clearly much to understand understand in this. This call was very helpful to hear some of our current understanding and the many gaps in our knowledge. (b) (5)

(b) (5)

(b) (5)

I hope that is a reasonable approach, please send any thoughts or suggestions.

Once again, thank you for making time over a weekend and for such an informed discussion on a complex issue.

Thank you and best wishes Jeremy

---

**From:** Jeremy Farrar (b) (6)  
**Date:** Saturday, 1 February 2020 at 15:34  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>, Patrick Vallance <(b) (6)>  
**Cc:** "Drosten, Christian" (b) (6)>, Marion Koopmans (b) (6),  
" (b) (6) Edward Holmes (b) (6)  
(b) (6)  
(b) (6) "Kristian G. Andersen"  
(b) (6), Paul Schreier (b) (6)  
(b) (6)>, Michael FMedSci  
(b) (6)

**Subject:** Teleconference

**1st February (2nd Feb for Eddie)**

Information and discussion is shared in total confidence and not to be shared until agreement on next steps.

Dial in details attached.

Please mute phones.

I will be on email throughout – email Paul or I Paul if any problems

If you cannot make it, I will phone you afterwards to update.

**One Hour**

6am Sydney  
8pm CET  
7pm GMT  
2pm EST  
11am PST  
(Hope I have the times right!)

Thank you for the series of calls and for agreeing to join this call.

**Agenda**

- Introduction, focus and desired outcomes - JF
- Summary – KA
- Comments – EH
- Q&A – All
- Summary and next steps - JF

Kristian Anderson  
Bob Garry - I have not been able to contact Bob. Please forward if you can.  
Christian Drosten  
Tony Fauci  
Mike Ferguson  
Ron Fouchier  
Eddie Holmes  
Marion Koopmans  
Stefan Pohlmann  
Andrew Rambaut  
Paul Schreier  
Patrick Vallance

---

**Andrew Rambaut**

Institute for Evolutionary Biology  
Ashworth Laboratories, University of Edinburgh, Edinburgh, EH9 3FL, UK

contact – (b) (6) | <http://tree.bio.ed.ac.uk> | tel (b) (6)

The University of Edinburgh is a charitable body, registered in Scotland, with registration number SC005336.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 15:45:28 +0000  
**To:** Goldner, Shannah (NBCUniversal); Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Thank you so much

My pleasure!

---

**From:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>  
**Sent:** Sunday, February 2, 2020 10:33 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Subject:** Thank you so much

Dr. Fauci, thank you so much for making time for our show this morning. We are very grateful to have you on, sharing your knowledge on this issue. I know you are extremely busy, but again, so many thanks.

Sincerely – and have a good day, though I know a busy one. Shannah

And Patricia, thank you so much for your help and patience with me, I appreciate it.

Shannah

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** Saturday, February 01, 2020 8:42 PM  
**To:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>; Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)  
**Cc:** Antoniak, Cynthia (NBCUniversal, MSNBC) <[Cynthia.Antoniak@MSNBC.COM](mailto:Cynthia.Antoniak@MSNBC.COM)>  
**Subject:** [EXTERNAL] Re: details re tomorrow's MSNBC morning interview

Adding dr Fauci here - he will arrive at the Nebraska ave studio no later than 710 am for your 730 am ET live hit as per below.

If there are any changes or cancellations in the morning please call his cell at (b) (6). My cell is (b) (6)

Thank you.

Sent from my iPhone

On Feb 1, 2020, at 8:32 PM, Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)> wrote:



Patricia, hi...the contact at the NBC bureau (4001 Nebraska Ave) is Parita Desai. The number at the studio is 202-885-4800. The bureau is aware that Dr. Fauci is driving himself and he can park at the bureau.

The interview time is scheduled for approx 7:30am, so if he can be at the studio by 7am for powder and to be seated, that would be appreciated.

The producer in NY who will email you the information details for the segment tomorrow is Cyndi Antoniak. If you need to reach her before she reaches you in the morning, her email is [Cynthia.antoniak@nbcuni.com](mailto:Cynthia.antoniak@nbcuni.com) and her phone number is (b) (6)

The interview is one on one with our anchors Kendis Gibson and Cori Coffin.

If you need more information, please let me know. Thank you for your help and your patience today, I appreciate it.

All the best,  
Shannah

Shannah Goldner  
MSNBC  
W: 212-664-1289  
C: (b) (6)

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, February 01, 2020 7:54 PM  
**To:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>  
**Subject:** [EXTERNAL] RE: Thank you so much

Hi – are we firm for tomorrow? need onsite contact info..thx

---

**From:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>  
**Sent:** Saturday, February 1, 2020 1:28 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: Thank you so much

I will forward all that soon. Thank you!

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** Saturday, February 01, 2020 1:26 PM  
**To:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** [EXTERNAL] RE: Thank you so much

Yes – he can do that hit time – just let us know when it is firm. He will drive his car to the studio.

I will need an onsite name and cell number for him at the studio herein dc

---

**From:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>  
**Sent:** Saturday, February 1, 2020 1:20 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** Thank you so much  
**Importance:** High

Patricia, hi, thank you so much for getting back to me and again, apologies to Dr. Fauci, I do understand how swamped he.

With that said, I'll confirm the exact time at around 2pm our time, but I think the interview will be at approx 7:30am.

Would you like me to arrange transportation to and from the studio? We'd like Dr. Fauci to be at the studio by 7:10am-ish?

Thank you so much. Shannah

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, February 01, 2020 12:41 PM  
**To:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** [EXTERNAL] FW: request for a live interview tomorrow morning, on MSNBC  
**Importance:** High

Good afternoon –

I believe we can make this work – if we can – it would need to be done in your NBC Studio in WDC at 4001 Nebraska Ave NW

Will that work and what would the exact hit time be?

---

**From:** Goldner, Shannah (NBCUniversal) <[shannah.goldner@nbcuni.com](mailto:shannah.goldner@nbcuni.com)>

**Sent:** Saturday, February 1, 2020 11:09 AM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)

**Subject:** request for a live interview tomorrow morning, on MSNBC

**Importance:** High

Dr. Fauci, good morning.

Are you available to do an interview tomorrow sometime in the 7:30 to 8am ET hour, to discuss the latest news about the Coronavirus? The interview would be one on one and approx 5mins. I saw you on the Today show yesterday and I would love to get you on MSNBC to discuss this, I know our viewers will have a better understanding of the situation if you can take us through it.

I can arrange a satellite location/transportation/whatever is needed to make this work out.

Thank you for your consideration and I hope to hear from you soon.

All the best,

Shannah

Shannah Goldner

MSNBC

W: 212-664-1289

C: (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 15:44:24 +0000  
**To:** Daley, George Q.  
**Cc:** Collins, Francis (NIH/OD) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E]; Graham, Barney (NIH/VRC) [E]  
**Subject:** RE: Inquiry and possible phone call

George:

Thanks for the note. There is a lot of communications between scientists in China and their colleagues in the USA, many with whom they have been collaborating prior to the outbreak. There is no real "coordination" of this response since we do not know who is doing what until we are told – just like you have done here. Dr. Soumya Swaminathan, Chief Scientist at WHO is organizing a meeting on Feb. 11-12 in Geneva to try and develop a research agenda for nCoV. I am sure that Chinese scientists will be there. It might be helpful to contact her. Her e-mail address is (b) (6).

I hope that this is helpful. I will follow-up with a call.

Best,  
Tony

---

**From:** Daley, George Q. <(b) (6)>  
**Sent:** Sunday, February 2, 2020 10:32 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Inquiry and possible phone call

Dear Tony,

Alan Garber, Harvard's Provost, and I met yesterday with a team led by Jack Xia, the CEO of China's Evergrande Company, and Dr Jack Liu, Evergrande's chief health officer, who stated they were acting on behalf of Dr Zhong Nanshan, China's key point person on the coronavirus outbreak (see below). (b) (4)  
(b) (4), and they arranged a conference call for tomorrow morning EST with Dr. Zhong.

While I have been mobilizing efforts of our community to react to the virus and to this request, I am not naïve to the challenging politics of such a relationship. I do not want to complicate or duplicate efforts already underway, and am writing to request



whatever information you are willing to share on your current efforts to coordinate a response.

If a phone call is more facile, please do not hesitate to try my cell: (b) (6) anytime today.

Sincerely,

George

George Q. Daley, MD, PhD  
Dean, Harvard Medical School  
Caroline Shields Walker Professor of Medicine  
Professor of Biological Chemistry and Molecular Pharmacology

Office of the Dean, Gordon Hall  
25 Shattuck Street, Boston MA 02115

Contact: (b) (6)  
(b) (6)

---

**From:** Jack Liu (b) (6)  
**Date:** Saturday, February 1, 2020 at 11:26 PM  
**To:** Public HMS Email (b) (6)  
**Cc:** 谈朝晖 (b) (6), 陈敏 Min Chen  
(b) (6)  
**Subject:** Follow up on today's meeting

Dear Dr. Daley:  
Per our discussion this afternoon in the conference room at your school, (b) (4)

(b) (4)  
(b) (4)  
(b) (4)  
(b) (4)  
(b) (4)  
(b) (4)

(b) (4)

Jack Liu, MD

-----

该邮件从移动设备发送

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 15:33:34 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Tabak, Lawrence (NIH/OD) [E]; Wolinetz, Carrie (NIH/OD) [E]; Conrad, Patricia (NIH/NIAID) [E]; Cassetti, Cristina (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap Feb 11-12, 2020 Geneva WHO HQ

Francis:

This is a meeting aimed at setting research priorities and I do not believe that it impacts or overlaps with the Tedros proposal. I will have my staff submit some names (mostly high level program people) to represent us at this meeting.

Tony

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 10:11 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6)  
**Subject:** FW: 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap Feb 11-12, 2020 Geneva WHO HQ

Hi Tony,

Just encountered this message from Soumya of WHO, inviting attendance at a meeting in Geneva on Feb. 11 – 12. I'm not sure how that will fit with the Tedros proposal.

Who would be the right persons from NIH to propose for Soumya's meeting?

Francis

---

**From:** SWAMINATHAN, Soumya (b) (6) >  
**Sent:** Friday, January 31, 2020 4:41 AM

(b) (6)

(b) (6) Collins, Francis (NIH/OD) [E] (b) (6)

**Cc:** SATHIYAMOORTHY, Vaseeharan <(b) (6)>; RIVEROS BALTA, Alina Ximena (b) (6); BORGES, Andrea (b) (6); MCLELLAN, Faith (b) (6) >; HILL, Suzanne Rose (b) (6); GARAPO, Charity Helen (b) (6) >

**Subject:** 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap  
Feb 11-12, 2020 Geneva WHO HQ

Dear All,

I am delighted to inform you that WHO is organizing a global research partners forum on February 11<sup>th</sup> and 12<sup>th</sup> in Geneva, to discuss research priorities related to the novel Corona virus. The expected outcome is a research roadmap with clearly defined priorities and a governance framework to take each thematic area forward. Several thematic areas will be considered at the meeting, namely: virus, diagnostics; natural history and transmission; clinical; therapeutics; vaccines; ethics; regulatory science; animal health; data/samples analysis and sharing and; social sciences. We believe that this meeting will be critical in consensus building on the most important research questions, as well as in building global partnerships and collaborations to take this work forward.

This meeting is being organized in partnership with GLOPID R and is being supported by the Bill and Melinda Gates foundation, DFID, Wellcome Trust and several other partners. The secretariat within WHO is the R&D blueprint, co-chaired by Dr Mike Ryan and myself.

As the head of an agency that would play an important role in addressing this new viral outbreak, either by undertaking or funding research, or both, I take great pleasure in inviting you to this meeting. I apologize for the short notice, but you will understand that we have had to plan this in the past few days, keeping in mind the evolving situation.

Kindly let me know if you (or your nominee) will be able to attend and if you need any support from us. Please copy (b) (6) and (b) (6) in your response.

With best wishes,  
Soumya  
Chief Scientist



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 12:35:48 +0000  
**To:** Lorsch, Jon (NIH/NIGMS) [E]  
**Subject:** RE: Update from Ming

Exhausted, but OK. Thanks.

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

From: Lorsch, Jon (NIH/NIGMS) [E] <(b) (6)>  
Sent: Sunday, February 2, 2020 7:35 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
Subject: Re: Update from Ming

Thanks, Tony. (b) (6)

I hope you are hanging in there!

Jon

On 2/1/20, 11:20 PM, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) > wrote:

Jon:

(b) (6)

Best,  
Tony

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

From: Lorsch, Jon (NIH/NIGMS) [E] (b) (6)  
Sent: Friday, January 31, 2020 6:57 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
Subject: FW: Update from Ming

Tony,

(b) (6)

Jon

On 1/31/20, 5:32 AM, "Lei, Ming (NIH/NIGMS) [E]" (b) (6) > wrote:

Thanks, Jon.

(b) (6)

Ming

Sent from my iPad

> On Jan 31, 2020, at 6:08 PM, Lorsch, Jon (NIH/NIGMS) [E] (b) (6) > wrote:

>

> Thanks, Ming. (b) (6)

(b) (6)

>

> On 1/30/20, 9:10 PM, "Lei, Ming (NIH/NIGMS) [E]" (b) (6) > wrote:

>

> Jon,

>

> Here is an update of my situation:

(b) (6)

>

> Best.

> Ming

>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 11:26:13 +0000  
**To:** Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Wolinetz, Carrie (NIH/OD) [E]  
**Subject:** RE: More on evolution of coronavirus

The Indian paper is really outlandish. Agree about Jon Cohen's nice summary.

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Sunday, February 2, 2020 5:58 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6)>  
**Subject:** More on evolution of coronavirus

In case you haven't seen, attached is the Indian paper claiming HIV sequences have been inserted into 2019-nCoV, which has been roundly debunked.

I found Jon Cohen's piece in Science to be a pretty useful summary:

<https://www.sciencemag.org/news/2020/01/mining-coronavirus-genomes-clues-outbreak-s-origins>

FC

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 04:24:27 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** [REDACTED] (b) (4)  
**Attachments:** [REDACTED]

Please handle.

---

**From:** Ryan Muldoon [REDACTED] (b) (6)  
**Sent:** Thursday, January 30, 2020 3:33 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6)  
**Subject:** [REDACTED] (b) (4)

Dear Tony,

[REDACTED] (b) (4)

Kind regards,  
Ryan

**PrEP**Biopharm

**Ryan Muldoon**  
CEO

Tel: [REDACTED] (b) (6)  
Email: [REDACTED] (b) (6)  
[www.prepbiopharm.com](http://www.prepbiopharm.com)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 04:21:44 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: Dear Prof. Anthony Fauci, here is a request from MIT Technology Review (Chinese)

NIAID inquiries, please.

**From:** Tao Sun (b) (6)  
**Sent:** Friday, January 31, 2020 2:06 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Re: Dear Prof. Anthony Fauci, here is a request from MIT Technology Review (Chinese)

Dear Prof. Anthony Fauci,

Thank you. Dr. Catharine provided me useful information. As the epidemic develops, here are a few new questions to ask. Chinese readers want to know the opinions of foreign independent experts

1 Some media said Wuhan virus' fatality rate approaches that of the flu, saying that people need not panic. What do you think of this view? In reality, Chinese residents are already scared and are already rushing to buy masks.

2 R0 is a developing number, and it is not easy to calculate. Does it make sense to talk about R0 at this stage?

3 You had talked about asymptomatic patients, and how public health workers should treat asymptomatic people? AND why are some viral infections asymptomatic? Can they wear masks to help prevent epidemics?

4 To what extent will the closure of Wuhan prevent the epidemic?

Looking forward to your reply.

Best

Tao Sun (b) (6) > 于2020年1月24日周五 下午3:45写道 :

Dear Prof. Anthony Fauci,

I am Tao Sun, a reporter from Beijing. I am currently writing reports for the MIT Technology Review (Chinese) .

JAMA published your article Coronavirus Infections—More Than Just the Common Cold, and Xinhua News Agency reported this article. Here are some questions I would like to ask you.

1 Some people think that it is not necessary to develop a new vaccine against SARS or coronavirus in

Wuhan. The reason is that, firstly, there is no commercial interest to pharmaceutical manufacturers, and secondly, such outbreaks may not return after the extinction.

What do you think of these views?

2 For the Wuhan virus vaccine being developed, the epidemic is likely to be eliminated after three months, so is it still necessary to develop a vaccine?

3 You can talk about SARS. How much does a vaccine against SARS actually play?

Looking forward to your reply.

--

TAO SUN

DEEPTech MIT Technology Review

(b) (6)

[suntao@mittrchina.com](mailto:suntao@mittrchina.com)

7th FL, Tower AB Office Park, 10 Jintong West Road, Chaoyang District, Beijing

<http://www.mittrchina.com>

--

TAO SUN

DEEPTech MIT Technology Review

(b) (6)

[suntao@mittrchina.com](mailto:suntao@mittrchina.com)

7th FL, Tower AB Office Park, 10 Jintong West Road, Chaoyang District, Beijing

<http://www.mittrchina.com>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 04:08:48 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Strategy to attack 2019-nCoV coronavirus

Please handle.

**From:** Jingyue Ju (b) (6)  
**Sent:** Friday, January 31, 2020 12:39 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)  
**Cc:** Mary C Boyce (b) (6); Lee Goldman (b) (6); Shelanski, Michael L. (b) (6)  
**Subject:** Strategy to attack 2019-nCoV coronavirus

Dear Drs. Fauci and Redfield,



Please let me know if you would like to receive the full manuscript.

Thank you very much for your consideration.

Sincerely,

Jingyue

Jingyue Ju, Ph.D.  
Samuel Ruben-Peter G. Viele Professor of Engineering  
Professor of Chemical Engineering and Pharmacology  
Director, Center for Genome Technology & Biomolecular Engineering  
Columbia University  
Northwest Corner Building, Room 1000M1

Phone: (b) (6) (Office) (b) (6) (Cell)  
Fax: 212-851-9330  
Email: (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 04:08:13 +0000  
**To:** Arnold Monto  
**Subject:** RE: Coronavirus issues

Arnold:

Thanks for the note. I actually have recommended to several press people that they contact you when they ask for non-government experts. I will continue to do that.

Best,

Tony

**From:** Arnold Monto [REDACTED] (b) (6) >  
**Sent:** Friday, January 31, 2020 1:03 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Coronavirus issues

Hi, Tony:

As this progresses, and as other news items quiet, I am concerned that this is not being handled like the 2009 pandemic when you and Rich Besser functioned as something like a tag team. This gets really tricky when public health interventions are the way SARS was handled and remain the focus. I am being contacted by the media currently, not because I was in Beijing at the end of SARS but because of general epidemiology credentials. I am trying to put things into context based on past history, even though I know other sensational information may come to light which will further muddy the waters. And we know who will be the main muddiers.

Keiji put me on the 2009 WHO Emergency Committee as a non-governmental person who was not bound by clearances etc. I am trying to figure out if I can play that role here. I have not yet been contacted by Elizabeth Cohen, our mutual friend, but I am sure I will. The one thing I can do is to try to

[REDACTED] (b) (4)

I am attaching a paper which I wrote post 2009 which shows how the way it was handled adversely affected programs in much of Europe. It might be of interest to those who were not around at that time.

Regards

Arnold

Arnold S. Monto, M.D.  
Thomas Francis Collegiate Professor  
Department of Epidemiology  
School of Public Health  
University of Michigan

1415 Washington Heights  
Ann Arbor, MI 48109-2029  
Tel: [REDACTED] (b) (6)  
Fax: (734) 764-3192  
[REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAD) [E]  
**Sent:** Sun, 2 Feb 2020 04:01:50 +0000  
**To:** toygar civelek  
**Subject:** RE: Coronavirus

Many thanks!

---

**From:** toygar civelek [REDACTED] (b) (6) >  
**Sent:** Friday, January 31, 2020 2:09 PM  
**To:** Fauci, Anthony (NIH/NIAD) [E] [REDACTED] (b) (6)  
**Subject:** Coronavirus

Dear Mr. Fauci,

I am hoping that this email reaches you as I saw this email address on line on the NIH website.

As we as the public get to hear, read and see with the current coronavirus scare, here in the US and worldwide, it is comforting to have professionals and experts like you, who really know what they are talking about, what is going on, what can be done, timelines, action plans, and inform the public in a reliable and comforting way, yet being very transparent, informing the public on social media.

Kudos to you sir and please keep up the excellent work.

Sincerely,

Mur. Civelek

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 04:01:28 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Greg Folkers (b) (6); Barasch, Kimberly (NIH/NIAID) [C]; Greg Folkers (b) (6)  
**Subject:** FW: Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.  
**Attachments:** Fauci, Anthony Feb. 2020 Invitation.docx, BC Active Members Jan. 2020.pdf

I definitely want o do this. Please respond. Thanks.

---

**From:** Marlene Colucci <mcolucci@businesscouncil.com>  
**Sent:** Friday, January 31, 2020 2:00 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) David Rubenstein <David.Rubenstein@carlyle.com>; MaryPat Decker <marypat.decker@carlyle.com>  
**Subject:** Business Council - Invitation to speak at the February 20-21, 2020 meeting at the Ritz Carlton (22nd and M St. NW), Washington, D.C.

Dear Dr. Fauci,

On behalf of our co-chairs for the winter meeting of The Business Council, David Rubenstein of The Carlyle Group and Ginni Rometty of IBM, we would like to formally invite you to participate in our meeting on February 20-21, 2020 in Washington, D.C. The theme of the meeting is "The Next Decade." (See formal invitation attached as well as list of CEO members).

We would like for you to participate in a 50 minute fireside chat with David Rubenstein (and possibly Dr. Francis Collins) to discuss the current coronavirus as well as what we should expect in the next decade. We want to give our CEOs insights into what the next 10 years will bring in terms of detection, diagnosis and treatment of diseases. All conversations are strictly off the record and closed press. We will cover all lodging and transportation.

As you know, The Business Council is comprised of the chief executive officers of the largest global corporations, representing all segments of the economy. We expect at least 150 CEO members, spouses and speakers to be in attendance.

As a participant you and your spouse are also invited to join us for our special reception, dinner and speaker at the REACH (Kennedy Center) on Thursday, February 20 at 6:30pm. It is the best opportunity for you to meet our CEO members and spouses, speakers and other special guests in an informal atmosphere.

If you are interested and available, please let me know. We can also set up a very brief call with you to discuss any additional details and answer any questions you may have. We look forward to hearing from you and would be honored to have you participate with us again.

Warmest regards,

Marlene

Marlene Colucci

EXECUTIVE  
DIRECTOR



T: 202-298-7650  
C: (b) (6)  
F: 202-785-0296



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 03:48:52 +0000  
**To:** Morens, David (NIH/NIAID) [E]  
**Subject:** RE: Potential PHS Officer Deployment

Got it.

---

**From:** Morens, David (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, January 31, 2020 4:54 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E]  
(b) (6)>  
**Subject:** Potential PHS Officer Deployment

Tony & Hugh, in follow up, the PHS has informed all PHS officers that as of 2/3 they are subject to deployment for coronavirus work "without supervisory approval", meaning that if needed, officers can be deployed and assigned anywhere, for indefinite periods, by the Assistant Secretary of Health.

We are hearing that many officers, especially physicians and nurses, may be deployed for quarantine efforts and to assist State agencies.

I haven't heard anything personally, but just want to let you know. These deployment orders can come with almost no advance warning, although I don't expect that.



**David M. Morens, M.D.**

CAPT, United States Public Health Service  
Senior Advisor to the Director  
Office of the Director  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
Bethesda, MD 20892-2520

 (b) (6) (assistants: Kimberly Barasch; Whitney Robinson)

 301 496 4409

 (b) (6)

**Disclaimer:** This message is intended for the exclusive use of the recipient(s) named above. It may contain information that is PROTECTED, PRIVILEGED, and/or CONFIDENTIAL, and it should not be disseminated, distributed, or copied to persons not authorized to receive such

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 2 Feb 2020 03:28:01 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Control 2019-nCoV Wuhan

Please handle.

**From:** [REDACTED] (b) (6)  
**Sent:** Saturday, February 1, 2020 8:21 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Control 2019-nCoV Wuhan

Tri-Prime Gene Pharmaceutical Co  
Beijing China  
Cheng YongQing  
CEO Tri-Prime Gene.

regards

My name is Robert Vera. I am (b) (6) years old. I live in [REDACTED] (b) (6) Ecuador South America. Here in Ecuador in 1999 in shrimp farms in Ecuador there was a lethal disease among shrimp called the white spot virus syndrome. He appeared in 1999 in Ecuador and made shrimp sick and eliminated them. In China it appeared in 1993. White spot virus syndrome is caused by a virus from the nimaviridae family that infects a vibran parahaemolitycus. I applied more than 10 billion liters of natural and organic biological molecules of my invention for 10 years from 2002 to 2011 in more than 10 thousand hectares of shrimp farms. These molecules have antiviral characteristics and inhibit the glycoproteins of viruses. These glycoproteins are what open cell receptors to infect and replicate. Also these natural molecules invented in [REDACTED] (b) (6) Ecuador in 2001 inhibit the cytokinins that inflame hepatopancreas. Cytokinins cause the desquamation of epithelial cells from tubules that end up collapsing to the liver and shrimp pancreas. These viruses infect the parahaemolitycus vibrating bacteria and create an incurable syndrome in the shrimp. In 2002 we defeated this disease and controlled it ... with this Ecuador to produce little shrimp, now in 2019 it is the number one in the world to export shrimp. In the same way, the coronavirus 2019-nCoV Wuhan infects the pneumococci of the lung and the respiratory syndrome develops. Wuhan coronavirus is the seventh among the coronaviruses after sars and mers. Another 4 are simpler in animals that cause the flu. 2019-nCoV causes 2% of deaths. There are 250 dead as of January 31, 2020 and more than 10 thousand infected in China. 20 countries have infections. It is transmitted even without symptoms and its incubation is 2 to 14 days.

We can spray with more than 1000 million liters of these virus inhibitory molecules throughout Wuhan. 1 million hectares (10,000 m2) can be fumigated by fumigation planes as they are made in banana plantations in Ecuador. We can inhibit all viruses with bacteria and biological molecules to inhibit viruses. And we can give them more than 100 million liters to take for more than 100 million liters for humans to more than 100 million inhabitants of the entire province of Hubei in China, so that they do not transmit coronaviruses ... and the seriously ill can also heal They are natural antibacterial, antiviral and antifungal biological molecules ... they are immune regenerating cell bioimmunomodulators and immune boosting immune response in immunocompromised people who have diabetes and high blood pressure. Others may have cytokinin and immunoglobulin problems. We can finish with the 2019-nCoV Wuhan in the environment and in humans so be found in the lungs whose epithelial cells are already collapsing with an increase in inflammation and difficulty breathing. We can beat the coronaviruses

throughout China.

Atte

Robert Vera

Graduated from the

(b) (6)

Whatsapp

(b) (6)



Enviado desde mi smartphone Samsung Galaxy.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 23:56:07 +0000  
**To:** Jason Gale  
**Subject:** RE: (BN) Coronavirus Lurking in Feces May Reveal Hidden Risk of Spread

Thanks, Jason.  
Best regards,  
Tony

---

**From:** Jason Gale (BLOOMBERG/ NEWSROOM:) <j.gale@bloomberg.net>  
**Sent:** Saturday, February 1, 2020 6:20 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** (BN) Coronavirus Lurking in Feces May Reveal Hidden Risk of Spread

Hello Dr Fauci,  
Just been watching the press conference on YouTube with you and your federal colleagues.  
Thought you might find this interesting, if you have time to breathe let alone read media reports!  
All the best and hope to see you at the end of next month.  
Jason

---

Coronavirus Lurking in Feces May Reveal Hidden Risk of Spread  
2020-02-01 06:55:00.469 GMT

By Jason Gale

(Bloomberg) — While doctors have focused on respiratory samples from pneumonia cases to identify coronavirus patients, they might have ignored a less apparent and hidden source of the spread: diarrhea.

The novel coronavirus was detected in the loose stool of the first U.S. case -- a finding that hasn't featured among case reports from Wuhan, China, the epicenter of the outbreak. However, that doesn't surprise scientists who have studied coronaviruses, nor doctors familiar with the bug that caused SARS.

Diarrhea occurred in about 10-20% of patients afflicted with severe acute respiratory syndrome about 17 years ago and was the source of an explosive SARS outbreak in the Amoy Gardens residential complex in Hong Kong.

SARS and Wuhan viruses bind to the same distinctly shaped protein receptors in the body that are expressed in the lungs and intestines, making these organs the primary targets for both viruses, said Fang Li, an associate professor of veterinary and biomedical sciences at the University of Minnesota.

The discovery of the Wuhan virus, dubbed 2019-nCoV, in the fecal material of the 35-year-old man treated at the Providence

Regional Medical Center Everett in Washington is “interesting,” said Scott Lindquist, the state epidemiologist for infectious disease at Washington’s Department of Health.

“That adds to the knowledge about this,” he told reporters on a conference call Friday. “It’s not only excreted in your respiratory secretions, it’s also secreted in your stool.”

Read More: What You Need to Know About the Spreading Coronavirus

Researchers don’t yet know how exactly 2019-nCoV spreads from person to person, but suspect it’s most likely from coming into contact with virus-containing droplets that could be emitted by an infected person’s cough and transferred to their hands or surfaces and objects.

## Face Masks

That’s led to a run on face masks. But those may be of limited benefit in the event the virus is being transmitted via the fecal-oral route, said John Nicholls, a clinical professor of pathology at the University of Hong Kong.

Squat latrines, common in China, lacking covers and hands that aren’t washed thoroughly with soap and water after visiting the bathroom could be a source of virus transmission, said Nicholls, who was part of the research team that isolated and characterized the SARS virus.

A virus-laden aerosol plume emanating from a SARS patient with diarrhea was implicated in possibly hundreds of cases at Hong Kong’s Amoy Gardens housing complex in 2003. That led the city’s researchers to understand the importance of the virus’s spread through the gastrointestinal tract, and to recognize both the limitation of face masks and importance of cleanliness and hygiene, Nicholls said in an interview.

“I think in Wuhan, that would be a very likely place where you might get the transmission” from fecal material, he said.

“If it’s using the same receptor as for SARS, I can’t see why it shouldn’t be replicating in the gut.”

Nicholls and colleagues at the University of Hong Kong are testing laboratory models of human tissues and specimens to understand where and how the Wuhan virus replicates, he said.

## Emerging Evidence

Doctors have reported diarrhea infrequently in 2019-nCoV patients admitted to Wuhan hospitals, though it’s been more prominent among reported cases outside the city, including members of a Shenzhen family infected in Wuhan, and more recently in the first U.S. case in Washington state. That patient experienced a two-day bout of diarrhea from which a

sample tested positive.

The lab in Washington didn't attempt to grow the virus from that specimen, said Lindquist, the state epidemiologist, "because it wasn't going to add anything to his care."

Many of the emerging coronaviruses are so-called pneumoenteric viruses, meaning they can replicate both in the respiratory tract and the gastrointestinal system, said Ralph Baric, professor of microbiology and immunology at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, who has studied coronaviruses for decades.

Overwhelmed by hundreds of severely sick pneumonia patients, doctors in Wuhan might not have focused on any gastric signs, Baric said in a phone interview.

#### 'So Overwhelmed'

"The Chinese are so overwhelmed at the moment and trying to do a combination of treating patients and dealing with the scope of the outbreak, and then trying to get out papers that describe what's happening," he said.

Any virus in stool is more likely to be present during the acute phase of an infection, occurring before hospitalized patients develop a life-threatening complication known as acute respiratory distress syndrome, Baric said.

"I have also spent most of my time focusing on the respiratory tract symptomology rather than the gut because of the relationship between these different emerging viruses and acute respiratory distress syndrome," he said.

Zijian Feng, deputy director general of Chinese Center for Disease Control and Prevention, and colleagues released a report Wednesday on the first 425 Wuhan cases, and noted that early infections that didn't appear to display typical signs -- such as fever and viral pneumonia -- or had mild symptoms might have been missed.

"The initial focus of case detection was on patients with pneumonia, but we now understand that some patients can present with gastrointestinal symptoms," Feng and co-authors said in their report, which was published in the New England Journal of Medicine.

Emerging evidence of virus-containing diarrhea warrants further investigation, said Peter Collignon, a professor of clinical medicine at the Australian National University Medical School in Canberra, who advises the Australian government on infection control.

"This is something new," Collignon said in an interview.

"We presume it's respiratory droplets, but with SARS there was evidence of other routes. We have to keep an open mind."

To contact the reporter on this story:

Jason Gale in Melbourne at [j.gale@bloomberg.net](mailto:j.gale@bloomberg.net)

To contact the editors responsible for this story:

Brian Bremner at [bbremner@bloomberg.net](mailto:bbremner@bloomberg.net);

Shamim Adam at [sadam2@bloomberg.net](mailto:sadam2@bloomberg.net)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 23:19:46 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: article from IIT/India on Coronavirus  
**Attachments:** [REDACTED] (b) (4)

Please handle.

---

**From:** Hong Cai [REDACTED] (b) (6)  
**Sent:** Saturday, February 1, 2020 5:33 PM  
**To:** WRB Gmail <wrbrody@gmail.com>; Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Re: article from IIT/India on Coronavirus

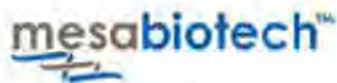
Dear Fauci,

I knew you must be super busy with the recent Coronavirus outbreak. [REDACTED] (b) (4)

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] (b) (4)

Thank you for your assistance in advance!



Hong Cai, Ph.D  
Co-Founder and CEO  
Mesa Biotech, Inc.  
6190 Cornerstone Court East, Suite 220  
San Diego, CA 92121  
[www.mesabiotech.com](http://www.mesabiotech.com)

[REDACTED] (b) (6)  
[REDACTED] (b) (6)

---

**From:** WRB [REDACTED] (b) (6)  
**Date:** Saturday, February 1, 2020 at 7:27 AM

**To:** "Anthony (NIH/NIAID) Fauci [E]" (b) (6)

**Cc:** Hong Cai (b) (6)

**Subject:** article from IIT/India on Coronavirus

Hi Tony,

I hope you are coping with the chaos around coronavirus.

I am (b) (6) but still active, currently chair of Mesa Biotech, a (b) (4)

(b) (6)

(b) (4)

No doubt you have seen, but in case not, I am sending a copy.

Hopefully someone at NIH is trying to replicate this study or to find problems with their methodology.

With best wishes,  
Bill

William R. Brody

(b) (6) Johns Hopkins University  
Salk Institute for Biological Studies

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 22:06:26 +0000  
**To:** Jeremy Farrar; Collins, Francis (NIH/OD) [E]  
**Subject:** RE: Teleconference

Thanks, Jeremy. We really appreciate what you are doing here. Pleasure to work with you.  
Best,  
Tony

---

**From:** Jeremy Farrar (b) (6) >  
**Sent:** Saturday, February 1, 2020 4:00 PM  
**To:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: Teleconference

We are altogether as you know! Conversations with you and Tony, and Patrick and others – always great working with you both

---

**From:** Francis Collins (b) (6) >  
**Date:** Saturday, 1 February 2020 at 20:50  
**To:** Jeremy Farrar (b) (6)  
**Cc:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** Re: Teleconference

Hi Jeremy,  
I can make myself available at any time 24/7 for the call with Tedros. Just let me know.  
Thanks for your leadership on this critical and sensitive issue.  
Francis

Sent from my iPhone

On Feb 1, 2020, at 3:07 PM, Jeremy Farrar (b) (6) > wrote:

I have rejoined so a line is open if any help to rejoin.

---

**From:** Jeremy Farrar (b) (6) >  
**Date:** Saturday, 1 February 2020 at 19:56  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), Francis Collins (b) (6) >, Michael FMedSci (b) (6), Patrick Vallance (b) (6)  
**Subject:** Re: Teleconference

Can I suggest we shut down the call and then redial in?

Just for 5-10mins?

---

**From:** Marion Koopmans (b) (6)  
**Date:** Saturday, 1 February 2020 at 19:43  
**To:** Jeremy Farrar (b) (6) >  
**Cc:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >, Patrick Vallance (b) (6) "Drosten, Christian" (b) (6)  
(b) (6) >, Edward Holmes (b) (6),  
(b) (6) >, "Kristian G. Andersen" (b) (6), Paul Schreier (b) (6)  
<(b) (6) Michael FMedSci (b) (6) Francis Collins (b) (6) >  
**Subject:** Re: Teleconference

(b) (5)

On 1 Feb 2020, at 19:12, Jeremy Farrar (b) (6) > wrote:

Kristen and Eddie have shared this and will talk through it on the call. Thank you.

Hope it will help frame the discussions.

---

**From:** Jeremy Farrar (b) (6) >  
**Date:** Saturday, 1 February 2020 at 15:34



**1st February (2nd Feb for Eddie)**

**Information and discussion is shared in total confidence and not to be shared until agreement on next steps.**

**Dial in details attached.**

**Please mute phones.**

**I will be on email throughout – email Paul or I Paul if any problems**

**If you cannot make it, I will phone you afterwards to update.**

### **One Hour**

6am Sydney

8pm CET

7pm GMT

2pm EST

11am PST

*(Hope I have the times right!)*

Thank you for the series of calls and for agreeing to join this call.

### **Agenda**

- Introduction, focus and desired outcomes - JF
- Summary – KA
- Comments – EH
- Q&A – All
- Summary and next steps - JF

Kristian Anderson

Bob Garry - I have not been able to contact Bob. Please forward if you can.

Christian Drosten

Tony Fauci

Mike Ferguson

Ron Fouchier

Eddie Holmes

Marion Koopmans

Stefan Pohlmann

Andrew Rambaut

Paul Schreier  
Patrick Vallance

<Coronavirus sequence comparison[1].pdf>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 22:00:47 +0000  
**To:** Marston, Hilary (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: FOR YOUR REVIEW: Staff Communication on Novel Coronavirus  
**Attachments:** Draft\_AllStaff\_Novel\_Coronavirus\_2.1.2020.docx,  
Draft\_OHR\_Flexibilities\_Novel\_Coronavirus\_2.1.2020.docx

Please handle this. Thanks

---

**From:** Myles, Renate (NIH/OD) [E] (b) (6)>  
**Sent:** Saturday, February 1, 2020 4:12 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6)>; Gottesman, Michael (NIH/OD) [E] (b) (6); Johnson, Alfred (NIH/OD) [E] (b) (6)>; Berko, Julie (NIH/OD) [E] (b) (6); McGowan, Colleen (NIH/OD/ORS) [E] (b) (6); Burklow, John (NIH/OD) [E] (b) (6)>; Chandler, Beth (NIH/OD) [E] (b) (6)  
**Subject:** FOR YOUR REVIEW: Staff Communication on Novel Coronavirus

Good afternoon, Dr. Fauci and team:

Working in coordination with OHR, ORS, OIR, and others, we have developed two communication products to address questions/concerns that are being raised by NIH staff related to the novel coronavirus. The two products are:

1. All staff email from Dr. Collins to provide general information and guidance to NIH staff
2. QA for use by Executive Officers (not for broad distribution) on human resources flexibilities in response to coronavirus

These products are provided for your review and guidance. We also plan to share with HHS for review/awareness. The current plan to disseminate these products on Monday. We look forward to your input.

Best,  
Renate

Renate Myles, MBA  
Deputy Director for Public Affairs  
Office of Communications and Public Liaison  
National Institutes of Health  
Tel: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 20:03:12 +0000  
**To:** Jeremy Farrar  
**Subject:** RE: Teleconference

Yes

---

**From:** Jeremy Farrar (b) (6)  
**Sent:** Saturday, February 1, 2020 2:56 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Collins, Francis (NIH/OD) [E] (b) (6); Ferguson, Mike (b) (6); Patrick Vallance (b) (6)  
**Subject:** Re: Teleconference

Can I suggest we shut down the call and then redial in?

Just for 5-10mins?

---

**From:** Marion Koopmans (b) (6)  
**Date:** Saturday, 1 February 2020 at 19:43  
**To:** Jeremy Farrar (b) (6)  
**Cc:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), Patrick Vallance (b) (6), "Drosten, Christian" (b) (6), (b) (6) Edward Holmes (b) (6), (b) (6), (b) (6) "Kristian G. Andersen" (b) (6), Paul Schreier (b) (6), Michael FMedSci (b) (6), Francis Collins (b) (6)  
**Subject:** Re: Teleconference

(b) (5)

On 1 Feb 2020, at 19:12, Jeremy Farrar <(b) (6)> wrote:

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Hope it will help frame the discussions.

---

**From:** Jeremy Farrar [REDACTED] (b) (6) >

**Date:** Saturday, 1 February 2020 at 15:34

**1st February (2nd Feb for Eddie)**

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8pm CET

7pm GMT

2pm EST

11am PST

*(Hope I have the times right!)*

Thank you for the series of calls and for agreeing to join this call.

#### **Agenda**

- Introduction, focus and desired outcomes - JF
- Summary – KA
- Comments – EH
- Q&A – All
- Summary and next steps - JF

Kristian Anderson

Bob Garry - I have not been able to contact Bob. Please forward if you can.

Christian Drosten

Tony Fauci  
Mike Ferguson  
Ron Fouchier  
Eddie Holmes  
Marion Koopmans  
Stefan Pohlmann  
Andrew Rambaut  
Paul Schreier  
Patrick Vallance

<Coronavirus sequence comparison[1].pdf>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 19:02:40 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** FW: Offering assistance during this public health emergency

Please handle.

**From:** Albert Rizzo (b) (6)  
**Sent:** Friday, January 31, 2020 5:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Harold Wimmer (b) (6)  
**Subject:** Offering assistance during this public health emergency

Hello Dr. Fauci:

As the coronavirus continues to be a public health emergency, the American Lung Association is closely following guidance and reports being issued by NIAID, WHO, and CDC. Our Association is working to help relay important public health information provided by the various agencies.

As Chief Medical Officer for the American Lung Association, and with the full support of our CEO, Harold Wimmer, and our Board of Directors, I would like to offer the American Lung Association support on strategies that would be appropriate for our organization to participate in or communicate.

I am happy to discuss any potential opportunities in which you feel we may be of assistance.

Sincerely,

Albert A. Rizzo MD FACP FCCP  
Chief Medical Officer  
American Lung Association  
Cell (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:55:58 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Consultancy request - Coronavirus

Please handle.

---

**From:** Tatsch, Fernando Franciosi <(b) (6)>  
**Sent:** Friday, January 31, 2020 6:39 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Bacher, Hans P <(b) (6)>; Vallabh, Bhadrish <(b) (6)>  
**Subject:** RE: Consultancy request - Coronavirus

Dear Dr. Fauci,

The below invitation is for a meeting identical to an advisory board.

We wonder if a short phone call could be beneficial to offer further context.

With best regards, Fernando Tatsch

**FERNANDO TATSCH, MD, MBA**  
Therapeutic Area Head – HCV / RSV  
Global Medical Affairs

2SW 102 08 | 1 N Waukegan Rd | North Chicago, IL 60064

**OFFICE** <(b) (6)> | **CELL** <(b) (6)> | **EMAIL** <(b) (6)>

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---

**From:** Tatsch, Fernando Franciosi  
**Sent:** Thursday, January 30, 2020 4:53 PM  
**To:** <(b) (6)>  
**Subject:** Consultancy request - Coronavirus

Dear Dr. Fauci,

On behalf of AbbVie, I would like to explore your interest and availability for a scientific consultation.

AbbVie is interested in your scientific view of the 2019-nCoV epidemic.

Your assessment will be very informative for us in the context of <(b) (4)>



If you are interested, we will need a brief CV in order to elaborate a consultation contract.

Once the contract is executed, we would like to invite you for a phone conference which will include few medical AbbVie colleagues.

Looking forward to hearing from you.

With best regards, Fernando Tatsch

**FERNANDO TATSCH, MD, MBA**  
Therapeutic Area Head – HCV / RSV  
Global Medical Affairs

2SW 102 08 | 1 N Waukegan Rd | North Chicago, IL 60064

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:50:25 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: 60 Minutes / Coronavirus

If we can fit this in next week depending on what is hitting the fan, I will do it.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, January 31, 2020 7:53 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6) >  
**Subject:** Fwd: 60 Minutes / Coronavirus

Pls advise

Sent from my iPhone

Begin forwarded message:

**From:** "Stover, Kathy (NIH/NIAID) [E]" (b) (6) >  
**Date:** January 31, 2020 at 7:52:16 PM EST  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >  
**Cc:** "Billet, Courtney (NIH/NIAID) [E]" (b) (6) >, "Routh, Jennifer (NIH/NIAID) [E]" (b) (6)  
**Subject:** Fwd: 60 Minutes / Coronavirus

Hi Patty,  
See below. Would Dr. Fauci want to meet with this 60 Mins producer, or shall I suggest an alternative? Note, this isn't for on-camera—it's background for a potential story.

Sent from my iPhone

Begin forwarded message:

**From:** "Lieberman, Marc E." <[MLP@cbsnews.com](mailto:MLP@cbsnews.com)>  
**Date:** January 31, 2020 at 5:57:24 PM EST  
**To:** (b) (6)  
**Subject:** 60 Minutes / Coronavirus

Hi, I am a producer at 60 Minutes researching a possible story about the coronavirus outbreak. The effort to find a vaccine strikes me as interesting and I wonder if we might be to chat about it. I am going to be in the DC area next week. Would you have time for a brief meeting either Wednesday morning or Tuesday? Thanks in advance for your help.

Best,

Marc Lieberman

Marc Lieberman | Producer | 60 Minutes | w: 212-975-6385 c: (b) (6) |  
[mlp@cbsnews.com](mailto:mlp@cbsnews.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:45:22 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: ASF: Dan Chertow invitation

No problem with Dan doing this.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, January 31, 2020 10:05 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: ASF: Dan Chertow invitation

Agree with Courtney

Dan is a good speaker and would represent nih well

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, January 31, 2020 9:40 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6) >; Routh, Jennifer (NIH/NIAID) [E] (b) (6) >  
**Subject:** ASF: Dan Chertow invitation

Dan Chertow has been asked to speak at this event, which has some rather high profile participants and media attendance. He would like to do it.

NIH is asking if NIAID is ok with him doing this. (b) (5)

Do you agree?

---

**From:** "Cohen, Justin (NIH/CC/OD) [E]" (b) (6) >  
**Date:** Friday, January 31, 2020 at 4:43:08 PM  
**To:** "Myles, Renate (NIH/OD) [E]" (b) (6); "Fine, Amanda (NIH/OD) [E]" (b) (6) >; "Routh, Jennifer (NIH/NIAID) [E]" (b) (6) >; "Billet, Courtney (NIH/NIAID) [E]" (b) (6)  
**Cc:** "Burklow, John (NIH/OD) [E]" (b) (6); "Wojtowicz, Emma (NIH/OD) [E]"



(b) (6), "NIAID NEWS (NIH/NIAID)" <[NIAIDNEWS@niaid.nih.gov](mailto:NIAIDNEWS@niaid.nih.gov)>

**Subject:** FW: coronavirus speaking opportunity

Obviously given the current environment (not to mention some of the names involved in the event), I want to make sure I'm in lockstep with you all from square one. How would you like me to proceed with the request below? The event is open to the public / press.

---

**From:** Chertow, Daniel (NIH/CC/CCMD) [E] (b) (6)>

**Sent:** Thursday, January 30, 2020 6:16 PM

**To:** Cohen, Justin (NIH/CC/OD) [E] (b) (6)>; Freimuth, Molly (NIH/CC/OC) [E]

(b) (6)>

**Cc:** Suffredini, Anthony (NIH/CC/CCMD) [E] (b) (6)>; Masur, Henry (NIH/CC/CCMD) [E]

(b) (6)

**Subject:** FW: Hudson Institute speaking request

Dear Justin,

I am checking back in with you regarding the below invitation to speak.

I would like to participate in this if possible.

Please confirm that you have received my email.

Thank you.

Sincerely,

Dan

---

**From:** "Asha M. George" <[asha.george@biodefensecommission.org](mailto:asha.george@biodefensecommission.org)>

**Date:** Thursday, January 30, 2020 at 6:09 PM

**To:** "Chertow, Daniel (NIH/CC/CCMD) [E]" (b) (6)>

**Subject:** Re: Hudson Institute speaking request

Dear Dan,

Sorry, we have changed something slightly. Instead of taking questions directly from the audience, we will obtain questions from the audience via email while the first part of the event occurs, curate them, and then have them available for Senator Lieberman to ask them of the speakers.

Asha

**Asha M. George, DrPH**  
Executive Director

## BIPARTISAN COMMISSION ON BIODEFENSE

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---

**From:** Asha M. George <[asha.george@biodefensecommission.org](mailto:asha.george@biodefensecommission.org)>

**Sent:** Thursday, January 30, 2020 6:02 PM

**To:** Chertow, Daniel (NIH/CC/CCMD) [E] (b) (6)

**Subject:** Re: Hudson Institute speaking request

Dear Dan,

Here are some more specifics regarding the event we will holding at Hudson Institute on novel coronavirus. The meeting will be on February 10th, from 2:00 - 3:30 pm in the Stern Conference Center at Hudson Institute, which is located at 1201 Pennsylvania Avenue, NW, 4th floor, Washington, DC 20004.

We also have the executive conference room reserved from 1:30 pm on. Please plan to arrive around then, so that you can talk with Senator Lieberman and the other speakers before the event starts at 2:00 pm. Just ask the receptionist to direct you where to go.

Here are the speakers:

- Former Senator Joe Lieberman, co-chair, Bipartisan Commission on Biodefense
- Dr. Julie Gerberding, Executive Vice President & Chief Patient Officer, Strategic Communications, Global Public Policy and Population Health, Merck; former Director, Centers for Disease Control and Prevention
- Dr. Billy Karesh, ex officio, Bipartisan Commission on Biodefense; Executive VP, EcoHealth Alliance
- The Honorable Tim Morrison, Senior Fellow, Hudson Institute; former Deputy Assistant to President Trump for National Security; former Special Assistant to the President and Senior Director for Weapons of Mass Destruction and Biodefense
- Mr. Eric Brown, Senior Fellow, Hudson Institute



- Dr. Daniel S. Chertow (CAPT - US Public Health Service), Head, Emerging Pathogens Section, Critical Care Medicine Department, Clinical Center & Laboratory of Immunoregulation, National Institute of Allergy and Infectious Diseases, National Institutes of Health (*invited*)

The setting will be relatively informal. Scooter Libby will first introduce Senator Lieberman. Then Senator Lieberman will make a short opening statement, and look to Billy to set the stage and talk about the zoonotic nature of the disease, associated disease management considerations, etc., in about 5 minutes. The Senator will then ask each of the other speakers to say a few words from their perspectives. After that, Senator Lieberman will ask some questions of the group, allowing you all to answer and converse. All of this should take about 45 minutes. Then we will allow the audience to ask questions.

We are planning for Senator Lieberman to moderate the discussion and take questions from the audience, but if for some reason he cannot do so, then Billy Karesh will.

I hope you will be able to make it, Dan. Let me know if you have any questions (and if you will be able to make it, of course) and I look forward to seeing you on February 10th.

Asha

**Asha M. George, DrPH**  
Executive Director

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**From:** Chertow, Daniel (NIH/CC/CCMD) [E] (b) (6) >  
**Sent:** Tuesday, January 28, 2020 7:18 PM  
**To:** Asha M. George <[asha.george@biodefensecommission.org](mailto:asha.george@biodefensecommission.org)>  
**Subject:** Re: Hudson Institute speaking request

Dear Asha,

Given that this is a public/press event, I will require additional clearance from my organization in order to participate.

I will reach out to them now and get back to you.

Thank you.

Dan

---

**From:** "Asha M. George" <[asha.george@biodefensecommission.org](mailto:asha.george@biodefensecommission.org)>  
**Date:** Tuesday, January 28, 2020 at 7:15 PM  
**To:** "Chertow, Daniel (NIH/CC/CCMD) [E]" (b) (6) >  
**Subject:** Re: Hudson Institute speaking request

Dear Dan,

Thank you! The meeting will be held on February 10th. We are still trying to nail down a time with Senator Lieberman and Governor Ridge, so I will get back to you about that as soon as possible, hopefully tomorrow.

The meeting will be open to the public and to the press, but Hudson Institute is a think tank, so it's never a negative or rowdy crowd.

Asha

**Asha M. George, DrPH**  
Executive Director

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---

**From:** Chertow, Daniel (NIH/CC/CCMD) [E] (b) (6)  
**Sent:** Tuesday, January 28, 2020 5:53 PM  
**To:** Asha M. George <[asha.george@biodefensecommission.org](mailto:asha.george@biodefensecommission.org)>  
**Subject:** Re: Hudson Institute speaking request

Dear Asha,

I am available Feb 10<sup>th</sup> or 13<sup>th</sup> and would be happy to present to the group.

Please clarify who will be in attendance and if the event is open or closed to press/public as this would require additional clearance on my end.

Thank you.

Sincerely,

Dan

Daniel S. Chertow, MD, MPH, FCCM, FIDSA  
CAPT, United States Public Health Service  
Head, Emerging Pathogens Section  
Critical Care Medicine Department, NIH Clinical Center &  
Laboratory of Immunoregulation, NIAID

---

**From:** "Asha M. George" <[asha.george@biodefensecommission.org](mailto:asha.george@biodefensecommission.org)>  
**Date:** Monday, January 27, 2020 at 6:09 PM

**To:** "Chertow, Daniel (NIH/CC/CCMD) [E]" <[REDACTED]> (b) (6)

**Subject:** Hudson Institute speaking request

Dear Dr. Chertow,

I am the Executive Director of the Bipartisan Commission on Biodefense, co-chaired by former Senator Joe Lieberman and Governor Tom Ridge. Our fiscal sponsor is Hudson Institute, one of the think tanks here in DC. Hudson Institute's chair of the board of trustees (Sarah May Stern) has asked Hudson Institute to run a 90 minute meeting on the novel coronavirus situation. Hudson has asked us to help them pull a brief meeting together in short order.

Considering your experience on the ground dealing with other outbreaks, Hudson Institute invites you to speak at this event. In addition to one of Hudson Institute's China experts, we are also seeing whether Senator Lieberman and Governor Ridge are available to speak.

Here are the dates they are a looking at: February 6, February 10, and February 13. Could you let me know if you are available and if so, when on those dates?

Thank you for your consideration, Dan. I look forward to hearing from you soon.

Asha

**Asha M. George, DrPH**  
Executive Director

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:43:31 +0000  
**To:** Kristian G. Andersen  
**Subject:** RE: FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Thanks, Kristian. Talk soon on the call.

**From:** Kristian G. Andersen (b) (6) >  
**Sent:** Friday, January 31, 2020 10:32 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Jeremy Farrar (b) (6) >  
**Subject:** Re: FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Hi Tony,

Thanks for sharing. Yes, I saw this earlier today and both Eddie and myself are actually quoted in it. It's a great article, but the problem is that our phylogenetic analyses aren't able to answer whether the sequences are unusual at individual residues, except if they are completely off. On a phylogenetic tree the virus looks totally normal and the close clustering with bats suggest that bats serve as the reservoir. The unusual features of the virus make up a really small part of the genome (<0.1%) so one has to look really closely at all the sequences to see that some of the features (potentially) look engineered.

We have a good team lined up to look very critically at this, so we should know much more at the end of the weekend. I should mention that after discussions earlier today, Eddie, Bob, Mike, and myself all find the genome inconsistent with expectations from evolutionary theory. But we have to look at this much more closely and there are still further analyses to be done, so those opinions could still change.

Best,  
Kristian

On Fri, Jan 31, 2020 at 18:47 Fauci, Anthony (NIH/NIAID) [E] (b) (6) > wrote:

Jeremy/Kristian:

This just came out today. You may have seen it. If not, it is of interest to the current discussion.

Best,  
Tony

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, January 31, 2020 8:43 PM  
**Subject:** Science: Mining coronavirus genomes for clues to the outbreak's origins





As part of a long-running effort to see what viruses bats harbor, researchers in China collect one from a cave in Guangdong.

EcoHealth Alliance

## Mining coronavirus genomes for clues to the outbreak's origins

By [Jon Cohen](#) Jan. 31, 2020 , 6:20 PM

attaaagggtt tataccttcc caggtaacaa accaaccaac tttagatctc tttagatct ...

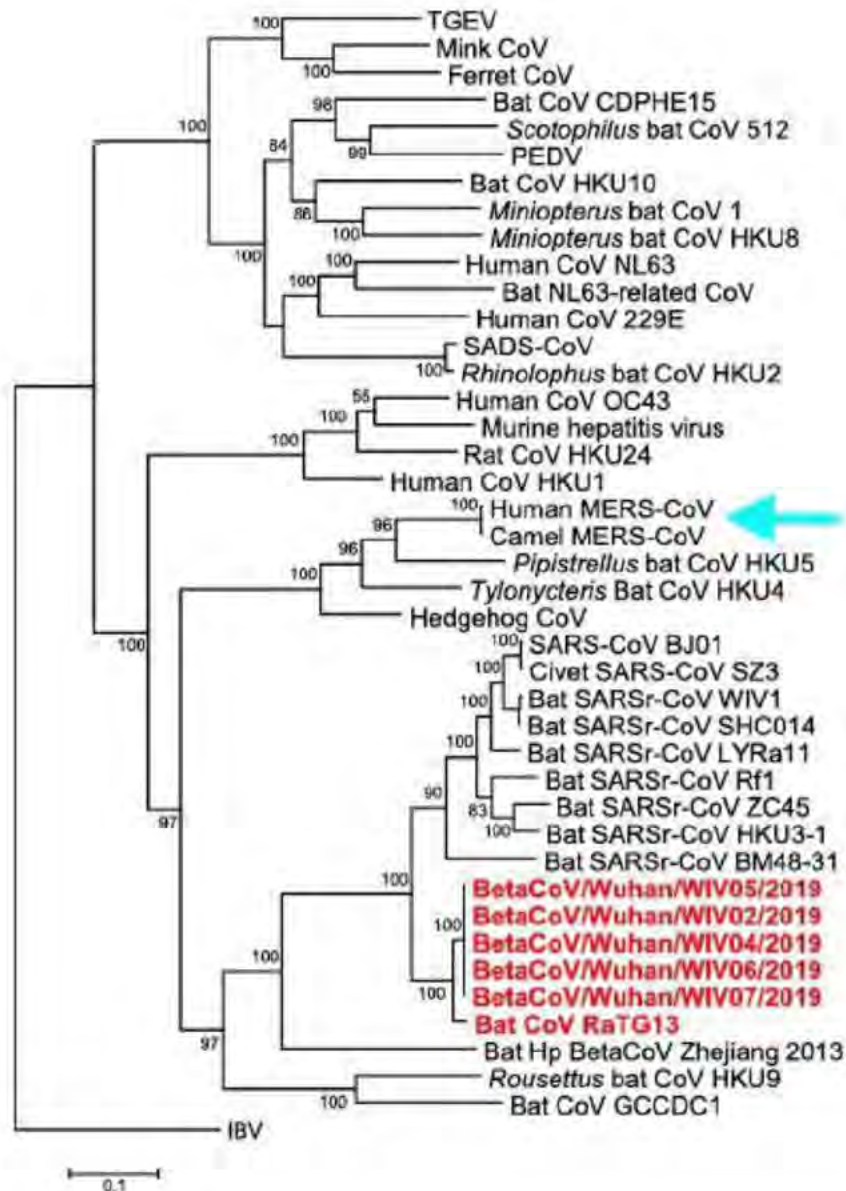
That string of apparent gibberish is anything but: It's a snippet of a DNA sequence from the viral pathogen, dubbed 2019 novel coronavirus (2019-nCoV), that is overwhelming China and frightening the entire world. Scientists are publicly sharing an ever-growing number of full sequences of the virus from patients—53 at last count in the [Global Initiative on Sharing All Influenza Data](#) database. These viral genomes are being intensely studied to try to understand the origin of 2019-nCoV and how it fits on the family tree of related viruses found in bats and other species. They have also given glimpses into what this newly discovered virus [physically looks like](#), [how it's changing](#), and [how it might be stopped](#).

"One of the biggest takeaway messages [from the viral sequences] is that there was a single introduction into humans and then human-to-human spread," says Trevor Bedford, a bioinformatics specialist at the University of Washington, Seattle. The role of Huanan Seafood Wholesale Market in Wuhan, China, in spreading 2019-nCoV remains murky, though such sequencing, combined with sampling the market's environment for the presence of the virus, is clarifying that it indeed had an important early role in amplifying the outbreak. The viral sequences, most researchers say, also knock down the idea the pathogen came from a virology institute in Wuhan.

In all, 2019-nCoV has nearly 29,000 nucleotides bases that hold the genetic instruction book to produce the virus. Although it's one of the many viruses whose genes are in the form of RNA, scientists convert the viral genome into DNA, with bases known in shorthand as A, T, C, and G, to make it easier to study. Many analyses of 2019-nCoV's sequences have already appeared on [virological.org](#), [nextstrain.org](#), preprint servers like bioRxiv, and even in peer-reviewed journals. The sharing of the sequences by Chinese researchers allowed public health labs around the world to develop their own diagnostics for the virus, which now has been found in 18 other countries. (*Science's* news stories on the outbreak [can be found here](#).)







The longer a virus circulates in a human populations, the more time it has to develop mutations that differentiate strains in infected people, and given that the 2019-nCoV sequences analyzed to date differ from each other by seven nucleotides at most, this suggests it jumped into humans very recently. But it remains a mystery which animal spread the virus to humans. “There’s a very large gray area between viruses detected in bats and the virus now isolated in humans,” says Vincent Munster, a virologist at the U.S. National Institute of Allergy and Infectious Diseases who studies coronaviruses in bats, camels, and others species.

Strong evidence suggests the marketplace played an early role in spreading 2019-nCoV, but whether it was the origin of the outbreak remains uncertain. Many of the initially confirmed 2019-nCoV cases—27 of the first 41 [in one report](#), 26 of 47 in [another](#)—were connected to the Wuhan market, but up to 45%, including the earliest handful, were not. This raises the possibility that the initial jump into people happened [elsewhere](#).



[According to Xinhua](#), the state-run news agency, “environmental sampling” of the Wuhan seafood market has found evidence of 2019-nCoV. Of the 585 samples tested, 33 were positive for 2019-nCoV and all were in the huge market’s western portion, which is where wildlife were sold. “The positive tests from the wet market are hugely important,” says Edward Holmes, an evolutionary biologist at the University of Sydney who collaborated with the [first group](#) to publicly release a 2019-nCoV sequence. “Such a high rate of positive tests would strongly imply that animals in the market played a key role in the emergence of the virus.”

Yet there have been no preprints or official scientific reports on the sampling, so it’s not clear which, if any, animals tested positive. “Until you consistently isolate the virus out of a single species, it’s really, really difficult to try and determine what the natural host is,” says Kristian Andersen, an evolutionary biologist at Scripps Research.

One possible explanation for the confusion about where the virus first entered humans is if there was a batch of recently infected animals sold at different marketplaces. Or an infected animal trader could have transmitted the virus to different people at different markets. Or, Bedford suggests, those early cases could have been infected by viruses that didn’t easily transmit and sputtered out. “It would be hugely helpful to have just a sequence or two from the marketplace [environmental sampling] that could illuminate how many zoonoses occurred and when they occurred,” Bedford says.



A research group sent fecal and other bodily samples from bats they trapped in caves to the Wuhan Institute of Virology to search for coronaviruses.

EcoHealth Alliance

In the absence of clear conclusions about the outbreak’s origin, theories thrive, and some have been scientifically shaky. A sequence analysis led by Wei Ji of Peking University and published online by the *Journal of Medical Virology* received substantial press coverage when it suggested that “snake is the most probable wildlife animal reservoir for the 2019-nCoV.” Sequence specialists, however, [pilloried it](#).

Conspiracy theories also abound. A CBC News report about the Canadian government deporting Chinese scientists who worked in a Winnipeg lab that studies dangerous pathogens [was distorted on social media](#) to suggest that they were spies who had smuggled out coronaviruses. The Wuhan Institute of Virology, which is the premier lab in China that studies bat and human coronaviruses, has also come under fire. “Experts debunk fringe theory linking China’s coronavirus to weapons research,” read a headline on a story in *The Washington Post* that focused on the facility. Concerns about the institute predate this outbreak. *Nature* [ran a story in 2017](#) about it building a new biosafety level 4 lab and included molecular biologist Richard Ebright of Rutgers University, Piscataway, expressing concerns about accidental infections, which he noted repeatedly happened



with lab workers handling [SARS in Beijing](#). Ebright, who has a long history of raising red flags about studies with dangerous pathogens, also in 2015 [criticized an experiment](#) in which modifications were made to a SARS-like virus circulating in Chinese bats to see whether it had the potential to cause disease in humans. Earlier this week, Ebright [questioned the accuracy](#) of Bedford's calculation that there are at least 25 years of evolutionary distance between RaTG13—the virus held in the Wuhan virology institute—and 2019-nCoV, arguing that the mutation rate may have been different as it passed through different hosts before humans. Ebright tells *ScienceInsider* that the 2019-nCoV data are "consistent with entry into the human population as a natural accident."

Shi did not reply to emails from *Science*, but her longtime collaborator, disease ecologist Peter Daszak of the EcoHealth Alliance, dismissed Ebright's conjecture. "Every time there's an emerging disease, a new virus, the same story comes out: This is a spillover or the release of an agent or a bioengineered virus," Daszak says. "It's just a shame. It seems humans can't resist controversy and these myths, yet it's staring us right in the face. There's this incredible diversity of viruses in wildlife and we've just scratched the surface. Within that diversity, there will be some that can infect people and within that group will be some that cause illness."



A team of researchers from the Wuhan Institute of Virology and the EcoHealth Alliance have trapped bats in caves all over China, like this one in Guangdong, to sample them for coronaviruses.

EcoHealth Alliance

Daszak and Shi's group have for 8 years been trapping bats in caves around China to sample their feces and blood for viruses. He says they have sampled more than 10,000 bats and 2000 other species. They have found some 500 novel coronaviruses, about 50 of which fall relatively close to the SARS virus on the family tree, including RaTG13—it was fished out of a bat fecal sample they collected in 2013 from a cave in Moglang in Yunnan province. "We cannot assume that just because this virus from Yunnan has high sequence identity with the new one that that's the origin," Daszak says, noting that only a tiny fraction of coronaviruses that infect bats have been discovered. "I expect that once we've sampled and sampled and sampled across southern China and central China that we're going to find many other viruses and some of them will be closer [to 2019-nCoV]."

It's not just a "curious interest" to figure out what sparked the current outbreak, Daszak says. "If we don't find the origin, it could still be a raging infection at a farm somewhere, and once this outbreak dies, there could be a continued spillover that's really hard to stop. But the jury is still out on what the real origins of this are."

Posted in:

- [Asia/Pacific](#)



- [Health](#)
- [Coronavirus](#)

doi:10.1126/science.abb1256



**Jon Cohen**

Jon is a staff writer for *Science*.

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- [Twitter](#)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:39:50 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: Possible cure medically to the new coronavirus,corona virus,from wuhan china.  
**Attachments:** medicalcure.docx

NIAID inquiries, please

---

**From:** andrew igla (b) (6) >  
**Sent:** Saturday, February 1, 2020 2:22 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Fw: Possible cure medically to the new coronavirus,corona virus,from wuhan china.

read this email.

---

**From:** andrew igla (b) (6) >  
**Sent:** Tuesday, 28 January 2020 6:36 PM  
**To:** [secretary@hhs.gov](mailto:secretary@hhs.gov) <[secretary@hhs.gov](mailto:secretary@hhs.gov)>  
**Subject:** Fw: Possible cure medically to the new coronavirus,corona virus,from wuhan china.

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**From:** andrew igla (b) (6) >  
**Sent:** Sunday, 26 January 2020 9:10 PM  
**To:** [secretary@hhs.gov](mailto:secretary@hhs.gov) <[secretary@hhs.gov](mailto:secretary@hhs.gov)>  
**Subject:** Possible cure medically to the new coronavirus,corona virus,from wuhan china.

For secretary Azar this email.

---

**From:** andrew igla (b) (6) >  
**Sent:** Sunday, 26 January 2020 8:59 PM  
**To:** [secretary@HHS.gov](mailto:secretary@HHS.gov) <[secretary@HHS.gov](mailto:secretary@HHS.gov)>  
**Subject:** Possible cure medically to the new coronavirus,corona virus,from wuhan china.

---

**From:** andrew igla (b) (6)

**Sent:** Sunday, 26 January 2020 1:25

This email is to be sent to the doctors treating medically patients in hospitals involving the new coronavirus,corona virus,from wuhan china.This email contains the possible medical cure to the new coronavirus,corona virus,from wuhan china.URGENT.Discovered from an australian friend of the american people,andrew igla.

This email is about orally taking zovirax and ciproxin together for one day.

Orally taking ciproxin,inhibiting gyrase,orally taking zovirax,inhibiting viral DNA polymerase, together at the same time, stops viral dna moving medically curing viruses in host cells stoping duplicating viral infected cells and stoping a virus invading new uninfected cells.

Attached document contains possible medical cure to new corona virus from wuhan in china to help you win over this virus.

Dear professor and politican,

My name is andrew igla and work as a research science person in dengue virus and anaconda sea snake virus.

Attached is a business document for you.

Thanks ,

Andrew igla. melbourne australia.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:35:10 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: 2019-nCoV  
**Attachments:** Aminopeptidase N inhibitors and Coronaviruses-LANCET 2003.pdf

Please handle.

---

**From:** Kontoyiannis,Dimitrios P (b) (6) >  
**Sent:** Saturday, February 1, 2020 1:28 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: 2019-nCoV

Dear Dr Fauci, I enjoyed your recent editorial in JAMA re Coronaviruses. Although the viral disease is not an area of my expertise, you might want to take a look at a hypothesis we had proposed, long ago (back in the era of SARS), re the potential of immune-modulating Coronavirus infection natural history with blockage of aminopeptidase N.

I am not aware of any studies whether aminopeptidase is a receptor of China 2019-nCoV, though.

Sincerely  
DPK

[Dimitrios P. Kontoyiannis, MD, ScD, PhD \(Hon\), FACP, FIDSA, FECMM, FAAM, FAAAS](#)  
[Texas 4000 Distinguished Endowed Professor For Cancer Research](#)  
[Deputy Head, Division of Internal Medicine](#)  
[The University of Texas MD Anderson Cancer Center](#)

[ECMM Diamond Excellence in Mycology Center/www.ecmm.info](#)

[Adj Professor Baylor College of Medicine](#)  
[Adj Professor UT School of Public Health](#)  
[Adj Professor University of Houston](#)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:34:43 +0000  
**To:** Tabak, Lawrence (NIH/OD) [E]  
**Subject:** FW: Teleconference  
**Attachments:** Coronavirus sequence comparison[1].pdf

FYI

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**From:** Jeremy Farrar (b) (6) >  
**Sent:** Saturday, February 1, 2020 1:13 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Patrick Vallance (b) (6)  
(b) (6)  
**Cc:** Drosten, Christian (b) (6); Marion Koopmans  
(b) (6) >; R.A.M. Fouchier (b) (6); Edward Holmes  
(b) (6) Andrew Rambaut (b) (6)  
Kristian G. Andersen (b) (6); Paul Schreier (b) (6);  
(b) (6); Ferguson, Mike (b) (6); Collins, Francis (NIH/OD) [E]  
(b) (6)  
**Subject:** Re: Teleconference

Kristen and Eddie have shared this and will talk through it on the call. Thank you.

Hope it will help frame the discussions.

---

**From:** Jeremy Farrar (b) (6)  
**Date:** Saturday, 1 February 2020 at 15:34

**1st February (2nd Feb for Eddie)**

**Information and discussion is shared in total confidence and not to be shared until agreement on next steps.**

**Dial in details attached.**

**Please mute phones.**

**I will be on email throughout – email Paul or I Paul if any problems**

**If you cannot make it, I will phone you afterwards to update.**

**One Hour**

6am Sydney  
8pm CET

7pm GMT

2pm EST

11am PST

*(Hope I have the times right!)*

Thank you for the series of calls and for agreeing to join this call.

**Agenda**

- Introduction, focus and desired outcomes - JF
- Summary – KA
- Comments – EH
- Q&A – All
- Summary and next steps - JF

Kristian Anderson

Bob Garry - I have not been able to contact Bob. Please forward if you can.

Christian Drosten

Tony Fauci

Mike Ferguson

Ron Fouchier

Eddie Holmes

Marion Koopmans

Stefan Pohlmann

Andrew Rambaut

Paul Schreier

Patrick Vallance

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 18:23:07 +0000  
**To:** Kay Johnson  
**Subject:** RE: thank you for continuing leadership

Kay:

Thank you for your kind note. Much appreciated.  
Best regards,  
Tony

**From:** Kay Johnson (b) (6)  
**Sent:** Saturday, February 1, 2020 9:15 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** thank you for continuing leadership

Dear Dr. Fauci - We met long ago when I was a young health policy staff person at the Children's Defense Fund and you gave a talk on HIV/AIDS at the annual CDF conference around 1984-86.

When I served on the National Vaccine Advisory Committee (NVAC) during the 1990-91 measles epidemic and helped to write the measles whitepaper, I had other occasions to hear your insights.

Since that time, I have frequently heard you on the PBS NewsHour and NPR, I see your perspectives in JAMA and other journals. (For example, this week I heard NPR piece and read JAMA opinion piece on coronavirus.) In every instance, I am struck again by how clearly you articulate the science, the issues for public concern, and options for our nation's response.

While I've worked with many public health leaders and watched others in the media over the past 35 years of my Maternal and Child Health public policy career, I believe no one is better at communications than you. It is in some ways a thankless job. I am writing to say that your continuing leadership and dedication to our nation's health is deeply appreciated by me and millions of others.

Best regards, Kay

Kay Johnson  
President, Johnson Group Consulting, Inc.

voice: (b) (6)  
fax: 802-482-3008  
Email: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 17:56:42 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: article from IIT/India on Coronavirus  
**Attachments:** 20200130.2019-nCoV sequence paper.927871v1.full.pdf


Please handle.

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**From:** WRB Gmail <(b) (6)>  
**Sent:** Saturday, February 1, 2020 10:27 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Hong Cai (b) (6)  
**Subject:** article from IIT/India on Coronavirus

Hi Tony,  
I hope you are coping with the chaos around coronavirus.

I am (b) (6) but still active, currently chair of Mesa Biotech, (b) (4)  
(b) (4)



No doubt you have seen, but in case not, I am sending a copy.

Hopefully someone at NIH is trying to replicate this study or to find problems with their methodology.

With best wishes,  
Bill



William R. Brody

(b) (6) Johns Hopkins University  
Salk Institute for Biological Studies

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 17:54:38 +0000  
**To:** Greg Folkers (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: POLITICO: New FDA chief plans for 'the most serious scenarios' of coronavirus outbreak

We should make a similar slide for upcoming talks.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, February 1, 2020 10:44 AM  
**Subject:** POLITICO: New FDA chief plans for 'the most serious scenarios' of coronavirus outbreak

[EXCLUSIVE](#)

## New FDA chief plans for 'the most serious scenarios' of coronavirus outbreak

CBD, drug prices, safety — plus Wuhan coronavirus — make for a crowded agenda for Stephen Hahn.



The FDA for years has mostly stayed out of the debate around drug prices | Jacquelyn Martin, File/AP Photo

By [SARAH OVERMOHLE](#) and [SARAH KARLIN-SMITH](#)

01/31/2020 04:54 PM EST

Updated: 01/31/2020 05:28 PM EST

New FDA commissioner Stephen Hahn faced a jam-packed agenda: opioids, CBD, vaping, and how to let states safely import drugs. Then the Wuhan coronavirus broke out.

The virus was declared a public health emergency by HHS just a few hours after Hahn's exclusive interview with POLITICO Friday. That kicks the agency into overdrive in multiple roles — helping speed vaccine, drug and diagnostic test development while also trying to avoid shortages of drugs and devices the United States needs that are made in China.

Advertisement

Hahn said there have not been any reports yet of disruption of the supply chain or shortages, but the agency is looking ahead and planning for “what could potentially be the most serious of scenarios.” As of now FDA inspections in China are being conducted on a case-by-case basis.

“We are taking on an individual-by-individual basis what’s the regulatory need for anything in China ... versus what are the personnel risks associated,” he said.

Monitoring the the situation in China could soon get trickier as the State Department expands mandatory evacuation from affected areas of the country.

The coronavirus also broke out in an election year when President Donald Trump wants to deliver on his promise to bring down drug prices — not traditionally the province of the FDA, a regulatory agency designed to focus on safety and efficacy.

“If my patients couldn’t get access to something because of cost — that was a real problem for me as a doctor. Now I’m on the other end of that, but what can we do to make sure that that pipeline flows in the best way possible?” said Hahn, 60, an oncologist, researcher and Washington newcomer.

Hahn was confirmed as commissioner on Dec. 18, the night before the administration announced its plan to let states import cheaper medicines from Canada — an approach that prior FDA commissioners opposed over fears it would jeopardize the safety of the drug supply. Trump has endorsed letting states such as Florida do this.

## WHO declares global health emergency

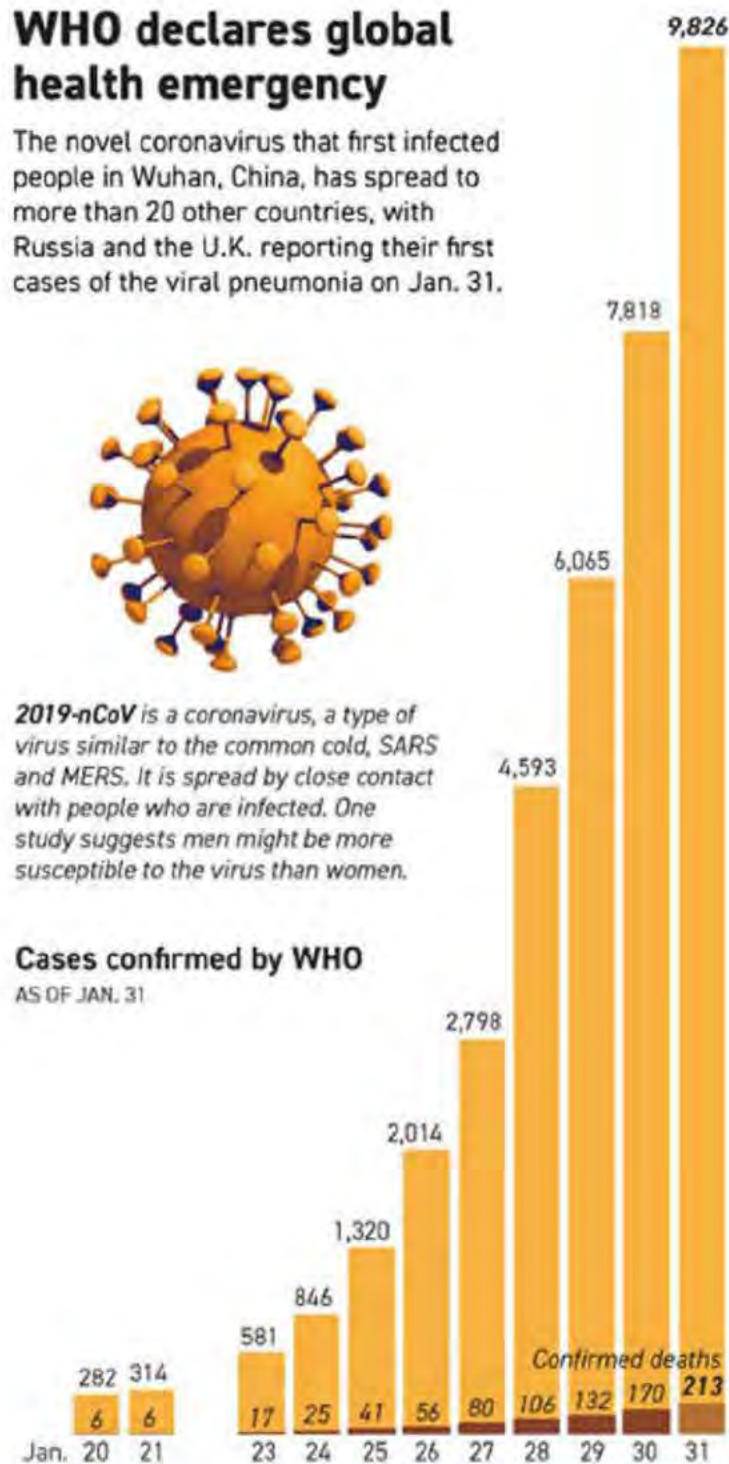
The novel coronavirus that first infected people in Wuhan, China, has spread to more than 20 other countries, with Russia and the U.K. reporting their first cases of the viral pneumonia on Jan. 31.



**2019-nCoV** is a coronavirus, a type of virus similar to the common cold, SARS and MERS. It is spread by close contact with people who are infected. One study suggests men might be more susceptible to the virus than women.

### Cases confirmed by WHO

AS OF JAN. 31



Sources: WHO, South China Morning Post, news reports

By Patterson Clark, POLITICO Pro DataPoint

Patterson Clark/POLITICO Pro DataPoint

"There is a compelling reason that the American people want us to consider this and so we're going to have to figure this one out and balance both of those issues," Hahn said, referring to safety and affordability.



The FDA for years has mostly stayed out of the debate around drug prices; the agency doesn't regulate the cost of medicines or health insurance coverage. But Hahn talked up FDA's role in getting prices down by approving more generics, acknowledging that "the American people are expecting us to do more." Trump has touted the FDA's record on boosting competition via generic approvals.

As FDA works on finalizing the importation rule, Hahn said the agency will be open to addressing criticism that states can't save money bringing in drugs from Canada if the pathway is too burdensome. But he stressed safety is tantamount. "Our primary concern is the protection of the drug supply," he said.

Hahn said he has also talked with CMS Administrator Seema Verma about addressing costs of new brand-name products that are approved with limited data sets, similar to the way CMS decides to cover some medical devices. That approach — known as coverage with evidence development — lets CMS cover a new product on the condition that manufacturers keep providing data.

FDA has not done that, but new medicines are increasingly being approved on smaller clinical trials without hard data on clinical benefits — and can come with six-figure price tags.

As an academic, Hahn had co-written an editorial suggesting that payments for newly approved radiation oncology devices [could be linked to older products until enough evidence builds up](#) to show that the new products are superior. Only then would manufacturers have more pricing leeway.

"It's a CMS call about coverage with evidence development, but I do think in this world where we are concerned, and rightfully so, about the cost of medicine and health et cetera, that we should be looking at all avenues to approach that," he told POLITICO.

Over the last few years, some critics have said the FDA is overcorrecting and moving too quickly to approve drugs without adequate evidence. But Hahn did not indicate he would put the brakes on.

"At the end of the day there is this balance between the gold standard and being efficient and getting things in people's hands I'm totally confident in the agency's ability to do that."

Hahn must balance all that while leading the FDA's response to the Wuhan crisis, which has heightened some lawmakers' concern about U.S. reliance on Chinese drug manufacturing after incidents of contamination with carcinogens.

"We have to be concerned about the supply chain to make sure that we have enough of what we need if there are any potential outbreaks here," Rep. Susan Brooks (R-Ind.) said after a closed-door briefing Thursday for Energy and Commerce committee members with top health officials. The fact that China manufactures much of the protective medical gear used in U.S. hospitals and clinics "should cause us to be reexamining what we're doing in China versus what should be brought back to this country," she said.

Outside of the coronavirus, a host of thorny regulatory issues await Hahn. Industry and lawmakers have pressed for a clear FDA framework on selling cannabidiol, the popular hemp and marijuana byproduct decriminalized by the 2018 farm bill — and since sold as medicine, dietary supplements and infused in food, cosmetics and skincare products.

"You cannot walk down the street without seeing the products" but there is a dearth of solid data on how safe and effective CBD actually is, said Hahn.

Those CBD challenges have fueled larger discussions about how to better regulate the vast dietary supplement market, where manufacturers often push legal boundaries by making unverified claims about how herbal or homeopathic products can help people.

"It will be something else next," said Hahn. We don't want to overstep our bounds but we want to make sure that safe and effective products are in the hands of people."

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 17:51:31 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** RE: Continued

OK. Stay tuned.

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

**From:** Auchincloss, Hugh (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Saturday, February 1, 2020 11:47 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Continued

The paper you sent me says the experiments were performed before the gain of function pause but have since been reviewed and approved by NIH. Not sure what that means since Emily is sure that no Coronavirus work has gone through the P3 framework. She will try to determine if we have any distant ties to this work abroad.

Sent from my iPad



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 17:32:40 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: 2019 Novel Coronavirus:NanoViricides Confirms It Has Been Working On A Treatment For The Novel Wuhan Coronavirus

Please handle.

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

**From:** Amit Gupta (b) (6)>  
**Sent:** Saturday, February 1, 2020 12:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** 2019 Novel Coronavirus:NanoViricides Confirms It Has Been Working On A Treatment For The Novel Wuhan Coronavirus

Dear Dr. Fauci.

Wondering if you have see the coronavirus treatment news. I know you were involved in Ebola previously. You are a great Scientist and Doctor.

Coronavirus update: WHO says prepare for local coronavirus outbreaks in other countries;

What do you think about this treatment.

Regards,  
Amit

SHELTON, CONNECTICUT – Thursday, January 30, 2020 – NanoViricides, Inc. (NYSE Amer.: NNVC) (the "Company"), a global leader in the development of highly effective antiviral therapies based on a novel nanomedicines platform, is confirming public disclosures in articles by various industry journals and other articles, that it is working on developing a treatment for the novel coronavirus 2019-nCoV, or the Wuhan coronavirus.

"We have already initiated a program for developing a treatment for the 2019-nCoV," said Anil R. Diwan, PhD, President and Executive Chairman of the Company, adding, "Our platform technology enables possibly the most rapid pathway for new drug development against viral diseases. Of course, we will need support from governmental and international agencies such as the US CDC, WHO, and Chinese CDC to successfully develop these treatments, and, if developed, to get them to the patients in the fastest possible time. At this time, the Company does not have a collaboration with any of these agencies, and we have not been contacted by any of these entities or asked to develop a treatment for this virus. We had collaborations with the CDC and USAMRIID in the past. The Company intends to pursue a relevant collaboration for testing of our drug candidates soon."

The new 2019-nCoV is known to be closely related to the SARS-CoV of 2002-2003 epidemic. In fact it has been shown to use the same cell surface receptor as SARS-CoV, namely ACE2.

"We have already found some lead candidate ligands in our chemical library that can bind to the SARS-CoV spike protein in the same fashion as it binds to the cognate receptor, ACE2, using molecular modeling tools," explained Dr. Diwan, adding, "We believe this means we may already be significantly ahead in developing a potential treatment for the new Wuhan virus."

While the Company commissions synthesis of the anti-nCoV nanoviricide drug candidates for testing, some of which are already in our hands, in parallel, the Company has also started preparing for testing of the candidates in cell cultures against certain known BSL2 coronaviruses, including ones that use the ACE2 receptor. Less threatful viruses in the same family that use the same receptor can serve as valid test viruses for screening our broad-spectrum antiviral drug candidates. The Company has its own BSL2-certified virology laboratory at its Shelton campus where

it intends to perform this testing.

The Company has its own cGMP-capable drug manufacturing facility. This highly customizable facility can be employed to produce several thousand doses of drugs per batch for treating coronavirus patients, if the Company's drug successfully transitions to obtaining an exploratory treatment approval for use in patients.

The Company's platform technology has already proven that it can result in safe drugs. The Company's first IND-ready clinical drug candidate, namely NV-HHV-101, has successfully undergone a standard battery of Safety and Toxicological testing, as previously disclosed by the Company in press releases and SEC filings.

The Company is building on its previous work against coronaviruses. The Company's technology relies on copying the human cell-surface receptor to which the virus binds, and making small chemicals that are called "ligands" that will bind to the virus in the same fashion as the cognate receptor. These ligands are chemically attached to a nanomicelle, to create a nanoviricide®. It is anticipated that when a virus comes in contact with the nanoviricide, not only would it land on the nanoviricide surface, binding to the copious number of ligands presented there, but it would also get entrapped because the nanomicelle polymer would turn around and fuse with the virus lipid envelop, harnessing a well known biophysical phenomenon.

"It is like a 'Venus-Fly-Trap' for the virus," explained Dr. Diwan.

The Company focuses on developing broad-spectrum ligands and, thereby, broad-spectrum nanoviricides, copying the specific human cellular receptor. No matter how much a virus mutates, it lands on the same cell surface receptor, and binds in the same fashion. Thus, it is highly unlikely that a virus might escape a nanoviricide against it, in spite of mutations.

In 2014, the Company had worked on developing antiviral treatments against MERS-CoV, and coronaviruses in general. It had developed potential candidates for testing in animal models. The MERS-CoV threat was eclipsed by the Ebola epidemic of 2015. The Company developed viable drug candidates against Ebola in a rapid response time of a few weeks and sent them for testing to USAMRIID. These initial candidates showed significant activity. The Company believes that another cycle of optimization would have resulted in a candidate ready for animal testing under the criteria established by USAMRIID then.

During these previous crises, the Company did not have the modern labs, the cGMP drug manufacturing facility or the BSL2 virology testing facility, all of which were commissioned after 2015 at its modern campus in Shelton, CT.

The Company is preparing an IND application for its first clinical drug candidate to go into human clinical trials. This drug candidate, NV-HHV-101, is a skin cream with the treatment of shingles rash as its first indication. It has shown broad-spectrum activity against HSV-1 (cause of "cold sores"), HSV-2 (cause of "genital ulcers"), and VZV (the varicella-zoster virus, that causes chickenpox in children and immune-compromised humans, and shingles in adults).

NV-HHV-101 has already gone through standard battery of safety-toxicological testing, which provides confidence that our platform is capable of creating safe drugs.

The Company has its own cGMP-capable drug manufacturing facility where it intends to produce the drugs for clinical supply.

The Company's top priority remains working on its first IND application for NV-HHV-101. The Company intends to solicit interest and financing from government agencies in order to accelerate its work on the coronaviruses.

The market size for the treatment of shingles is estimated at approximately one billion dollars by various estimates. These estimates take into account the Shingrix® vaccine as well as existing vaccines. About 500,000 to 1million cases of shingles occur in the USA alone every year.

The market size for our immediate target drugs in the HerpeCide™ program is variously estimated at billions to tens of billions of dollars. The Company believes that its dermal topical cream for the treatment of shingles rash will be



its first drug heading into clinical trials. The Company believes that additional topical treatment candidates in the HerpeCide™ program, namely, HSV-1 "cold sores" treatment, and HSV-2 "genital ulcers" treatment are expected to follow the shingles candidate into IND-enabling development and then into human clinical trials. These additional candidates are based on NV-HHV-101, thereby maximizing return on investments and shareholder value.

The Company develops its class of drugs, that we call nanoviricides®, using a platform technology. This approach enables rapid development of new drugs against a number of different viruses. A nanoviricide is a "biomimetic" - it is designed to "look like" the cell surface to the virus. The nanoviricide® technology enables direct attacks at multiple points on a virus particle. It is believed that such attacks would lead to the virus particle becoming ineffective at infecting cells. Antibodies in contrast attack a virus particle at only a maximum of two attachment points per antibody. In addition, the nanoviricide technology also simultaneously enables attacking the rapid intracellular reproduction of the virus by incorporating one or more active pharmaceutical ingredients (APIs) within the core of the nanoviricide. The nanoviricide technology is the only technology in the world, to the best of our knowledge, that is capable of both (a) attacking extracellular virus, thereby breaking the reinfection cycle, and simultaneously (b) disrupting intracellular production of the virus, thereby enabling complete control of a virus infection.

#### About NanoViricides

NanoViricides, Inc.([www.nanoviricides.com](http://www.nanoviricides.com)) is a development stage company that is creating special purpose nanomaterials for antiviral therapy. The Company's novel nanoviricide® class of drug candidates are designed to specifically attack enveloped virus particles and to dismantle them. Our lead drug candidate is NV-HHV-101 with its first indication as dermal topical cream for the treatment of shingles rash. The Company is also developing drugs against a number of viral diseases including oral and genital Herpes, viral diseases of the eye including EKC and herpes keratitis, H1N1 swine flu, H5N1 bird flu, seasonal Influenza, HIV, Hepatitis C, Rabies, Dengue fever, and Ebola virus, among others. The Company's technology is based on broad, exclusive, sub-licensable, field licenses to drugs developed in these areas from TheraCour Pharma, Inc. This press release contains forward-looking statements that reflect the Company's current expectation regarding future events. Actual events could differ materially and substantially from those projected herein and depend on a number of factors. Certain statements in this release, and other written or oral statements made by NanoViricides, Inc. are "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. You should not place undue reliance on forward-looking statements since they involve known and unknown risks, uncertainties and other factors which are, in some cases, beyond the Company's control and which could, and likely will, materially affect actual results, levels of activity, performance or achievements. The Company assumes no obligation to publicly update or revise these forward-looking statements for any reason, or to update the reasons actual results could differ materially from those anticipated in these forward-looking statements, even if new information becomes available in the future. Important factors that could cause actual results to differ materially from the company's expectations include, but are not limited to, those factors that are disclosed under the heading "Risk Factors" and elsewhere in documents filed by the company from time to time with the United States Securities and Exchange Commission and other regulatory authorities. Although it is not possible to predict or identify all such factors, they may include the following: demonstration and proof of principle in preclinical trials that a nanoviricide is safe and effective; successful development of our product candidates; our ability to seek and obtain regulatory approvals, including with respect to the indications we are seeking; the successful commercialization of our product candidates; and market acceptance of our products. FDA refers to US Food and Drug Administration. IND application refers to "Investigational New Drug" application. CMC refers to "Chemistry, Manufacture, and Controls".

Contact:  
NanoViricides, Inc.  
[info@nanoviricides.com](mailto:info@nanoviricides.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 13:19:06 +0000  
**To:** Tabak, Lawrence (NIH/OD) [E]  
**Subject:** FW: IMPORTANT  
**Attachments:** Baric, Shi et al - Nature medicine - SARS Gain of function.pdf

**Here it is**

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 12:43:22 +0000  
**To:** Marston, Hilary (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap Feb 11-12, 2020 Geneva WHO HQ  
**Attachments:** Global Research Forum dv2AMHR AM.PDF

We need to talk about this later in the day.. I am on Conference calls now. I will call you later. Apparently Soumya is reaching out separately to other people in NIAID.

---

**From:** SWAMINATHAN, Soumya (b) (6)  
**Sent:** Saturday, February 1, 2020 7:19 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap Feb 11-12, 2020 Geneva WHO HQ

Dear Tony

I am delighted to inform you that WHO is organizing a global research partners forum on February 11<sup>th</sup> and 12<sup>th</sup> in Geneva, to discuss research priorities related to the novel Corona virus. The expected outcome is a research roadmap with clearly defined priorities and a governance framework to take each thematic area forward. Several thematic areas will be considered at the meeting, namely: virus, diagnostics; natural history and transmission; clinical; therapeutics; vaccines; ethics; regulatory science; animal health; data/samples analysis and sharing and; social sciences. We believe that this meeting will be critical in consensus building on the most important research questions, as well as in building global partnerships and collaborations to take this work forward.

This meeting is being organized in partnership with GLOPID R and is being supported by the Bill and Melinda Gates foundation, DFID, Wellcome Trust and several other partners. The secretariat within WHO is the R&D blueprint, co-chaired by Dr Mike Ryan and myself.

As the head of an agency that would play an important role in addressing this new viral outbreak, either by undertaking or funding research, or both, I take great pleasure in inviting you to this meeting. I apologize for the short notice, but you will understand that we have had to plan this in the past few days, keeping in mind the evolving situation.

Kindly let me know if you (or your nominee) will be able to attend and if you need any support from us. Please copy (b) (6) and (b) (6) in your response.

With best wishes,  
Soumya

Dr Soumya Swaminathan

Chief Scientist

PS: Sorry if this is a duplication – just want to make sure the key people receive the invite. Sorry about the short notice!



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 12:32:57 +0000  
**To:** (b) (6)  
**Subject:** FW: 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap Feb 11-12, 2020 Geneva WHO HQ  
**Attachments:** Global Research Forum dv2AMHR AM.PDF

Cliff:

Whom should I nominate? See yellow highlight  
Tony

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**From:** SWAMINATHAN, Soumya <(b) (6)>  
**Sent:** Saturday, February 1, 2020 7:19 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** 2019 novel Coronavirus Global research and innovation forum: towards a research roadmap Feb 11-12, 2020 Geneva WHO HQ

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Chief Scientist

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 12:29:36 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

As per my prior e-mail.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, January 31, 2020 8:43 PM  
**Subject:** Science: Mining coronavirus genomes for clues to the outbreak's origins



As part of a long-running effort to see what viruses bats harbor, researchers in China collect one from a cave in Guandong.

EcoHealth Alliance

## Mining coronavirus genomes for clues to the outbreak's origins

By [Jon Cohen](#) Jan. 31, 2020 , 6:20 PM

attaaagggtt tataccttcc caggttaacaa accaaccaac ttctgatctc ttgtagatct ...

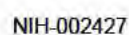
That string of apparent gibberish is anything but: It's a snippet of a DNA sequence from the viral pathogen, dubbed 2019 novel coronavirus (2019-nCoV), that is overwhelming China and frightening the entire world. Scientists are publicly sharing an ever-growing number of full sequences of the virus from patients—53 at last count in the [Global Initiative on Sharing All Influenza Data](#) database. These viral genomes are being intensely studied to try to understand the origin of 2019-nCoV and how it fits on the family tree of related viruses found in bats and other species. They have also given glimpses into what this newly discovered virus [physically looks like](#), [how it's changing](#), and [how it might be stopped](#).

"One of the biggest takeaway messages [from the viral sequences] is that there was a single introduction into humans and then human-to-human spread," says Trevor Bedford, a bioinformatics specialist at the University of Washington, Seattle. The role of Huanan Seafood Wholesale Market in



In all, 2019-nCoV has nearly 29,000 nucleotides bases that hold the genetic instruction book to produce the virus. Although it's one of the many viruses whose genes are in the form of RNA, scientists convert the viral genome into DNA, with bases known in shorthand as A, T, C, and G, to make it easier to study. Many analyses of 2019-nCoV's sequences have already appeared on [virological.org](https://virological.org), [nextstrain.org](https://nextstrain.org), preprint servers like bioRxiv, and even in peer-reviewed journals. The sharing of the sequences by Chinese researchers allowed public health labs around the world to develop their own diagnostics for the virus, which now has been found in 18 other countries. (*Science's* news stories on the outbreak [can be found here.](#))

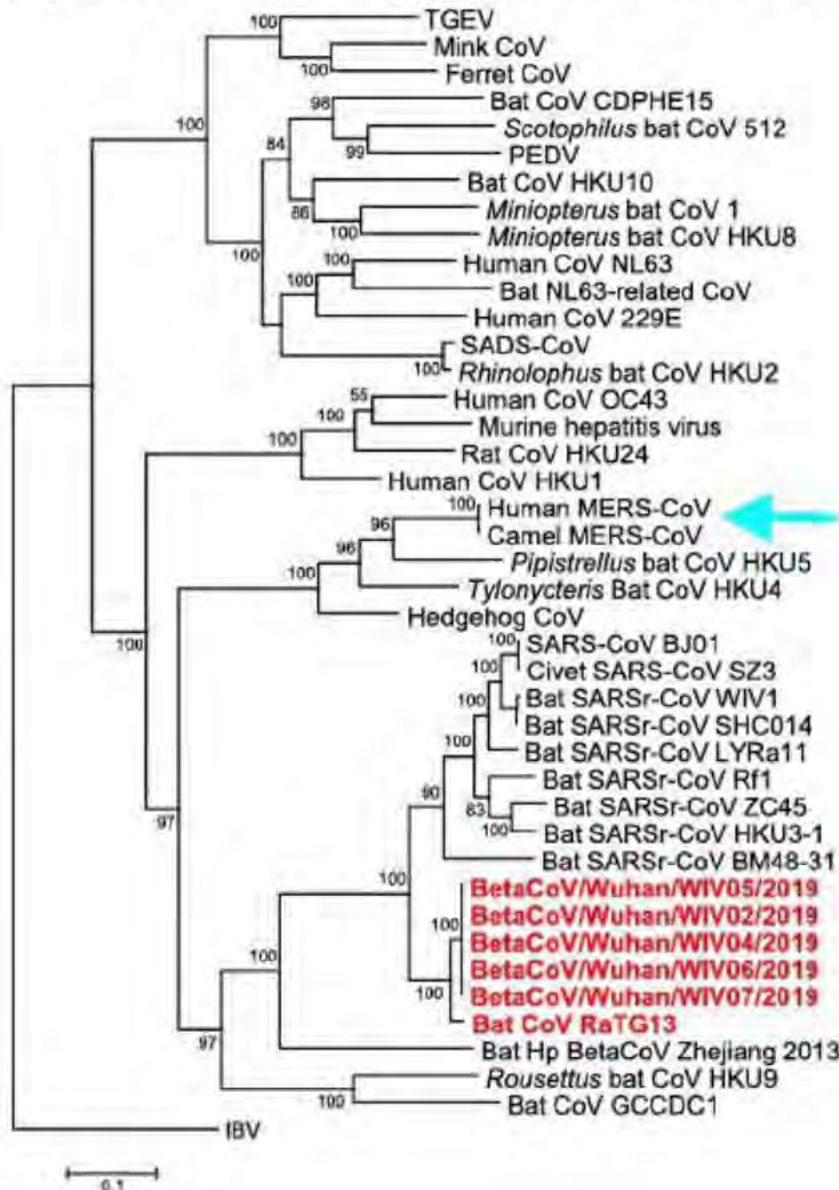
According to Bedford's analysis, the bat coronavirus sequence that Shi Zheng-Li's team highlighted, dubbed RaTG13, differs from 2019-nCoV by nearly 1100 nucleotides. On [nextstrain.org](https://nextstrain.org), a site he co-founded, Bedford has created coronavirus family trees (example below) that include bat, civet, SARS, and 2019-nCoV sequences. (The [trees are interactive](#)—by dragging a computer mouse over them, it's easy to see the differences and similarities between the sequences.)





Bedford's analyses of RaTG13 and 2019-nCoV suggest that the two viruses shared a common ancestor 25 to 65 years ago, an estimate he arrived at by combining the difference in nucleotides between the viruses with the presumed rates of mutation in other coronaviruses. So it likely took decades for RaTG13-like viruses to mutate into 2019-nCoV.

Middle East respiratory syndrome (MERS), another human disease caused by a coronavirus, similarly has a link to bat viruses. But studies have built a compelling case it jumped to humans from camels. And the phylogenetic tree from Shi's bioRxiv paper (below) makes the camel-MERS link easy to see.



The longer a virus circulates in a human populations, the more time it has to develop mutations that differentiate strains in infected people, and given that the 2019-nCoV sequences analyzed to date differ from each other by seven nucleotides at most, this suggests it jumped into humans very recently. But it remains a mystery which animal spread the virus to humans. "There's a very large gray area between viruses detected in bats and the virus now isolated in humans," says Vincent Munster, a virologist at the

U.S. National Institute of Allergy and Infectious Diseases who studies coronaviruses in bats, camels, and others species.

Strong evidence suggests the marketplace played an early role in spreading 2019-nCoV, but whether it was the origin of the outbreak remains uncertain. Many of the initially confirmed 2019-nCoV cases—27 of the first 41 [in one report](#), 26 of 47 in [another](#)—were connected to the Wuhan market, but up to 45%, including the earliest handful, were not. This raises the possibility that the initial jump into people happened [elsewhere](#).

[According to Xinhua](#), the state-run news agency, “environmental sampling” of the Wuhan seafood market has found evidence of 2019-nCoV. Of the 585 samples tested, 33 were positive for 2019-nCoV and all were in the huge market’s western portion, which is where wildlife were sold. “The positive tests from the wet market are hugely important,” says Edward Holmes, an evolutionary biologist at the University of Sydney who collaborated with the [first group](#) to publicly release a 2019-nCoV sequence. “Such a high rate of positive tests would strongly imply that animals in the market played a key role in the emergence of the virus.”

Yet there have been no preprints or official scientific reports on the sampling, so it’s not clear which, if any, animals tested positive. “Until you consistently isolate the virus out of a single species, it’s really, really difficult to try and determine what the natural host is,” says Kristian Andersen, an evolutionary biologist at Scripps Research.

One possible explanation for the confusion about where the virus first entered humans is if there was a batch of recently infected animals sold at different marketplaces. Or an infected animal trader could have transmitted the virus to different people at different markets. Or, Bedford suggests, those early cases could have been infected by viruses that didn’t easily transmit and sputtered out. “It would be hugely helpful to have just a sequence or two from the marketplace [environmental sampling] that could illuminate how many zoonoses occurred and when they occurred,” Bedford says.



A research group sent fecal and other bodily samples from bats they trapped in caves to the Wuhan Institute of Virology to search for coronaviruses.

EcoHealth Alliance

In the absence of clear conclusions about the outbreak’s origin, theories thrive, and some have been scientifically shaky. A sequence analysis led by Wei Ji of Peking University and published online by the *Journal of Medical Virology* received substantial press coverage when it suggested that “snake is the most probable wildlife animal reservoir for the 2019-nCoV.” Sequence specialists, however, [pilloried it](#). Conspiracy theories also abound. A CBC News report about the Canadian government deporting Chinese scientists who worked in a Winnipeg lab that studies dangerous pathogens [was distorted on social media](#) to suggest that they were spies who had smuggled out coronaviruses. The Wuhan Institute of



Virology, which is the premier lab in China that studies bat and human coronaviruses, has also come under fire. “Experts debunk fringe theory linking China’s coronavirus to weapons research,” read a headline on a story in *The Washington Post* that focused on the facility.

Concerns about the institute predate this outbreak. *Nature* [ran a story in 2017](#) about it building a new biosafety level 4 lab and included molecular biologist Richard Ebright of Rutgers University, Piscataway, expressing concerns about accidental infections, which he noted repeatedly happened with lab workers handling [SARS in Beijing](#). Ebright, who has a long history of raising red flags about studies with dangerous pathogens, also in 2015 [criticized an experiment](#) in which modifications were made to a SARS-like virus circulating in Chinese bats to see whether it had the potential to cause disease in humans. Earlier this week, Ebright [questioned the accuracy](#) of Bedford’s calculation that there are at least 25 years of evolutionary distance between RaTG13—the virus held in the Wuhan virology institute—and 2019-nCoV, arguing that the mutation rate may have been different as it passed through different hosts before humans. Ebright tells *ScienceInsider* that the 2019-nCoV data are “consistent with entry into the human population as a natural accident.”

Shi did not reply to emails from *Science*, but her longtime collaborator, disease ecologist Peter Daszak of the EcoHealth Alliance, dismissed Ebright’s conjecture. “Every time there’s an emerging disease, a new virus, the same story comes out: This is a spillover or the release of an agent or a bioengineered virus,” Daszak says. “It’s just a shame. It seems humans can’t resist controversy and these myths, yet it’s staring us right in the face. There’s this incredible diversity of viruses in wildlife and we’ve just scratched the surface. Within that diversity, there will be some that can infect people and within that group will be some that cause illness.”



A team of researchers from the Wuhan Institute of Virology and the EcoHealth Alliance have trapped bats in caves all over China, like this one in Guangdong, to sample them for coronaviruses.

EcoHealth Alliance

Daszak and Shi’s group have for 8 years been trapping bats in caves around China to sample their feces and blood for viruses. He says they have sampled more than 10,000 bats and 2000 other species. They have found some 500 novel coronaviruses, about 50 of which fall relatively close to the SARS virus on the family tree, including RaTG13—it was fished out of a bat fecal sample they collected in 2013 from a cave in Moglang in Yunnan province. “We cannot assume that just because this virus from Yunnan has high sequence identity with the new one that that’s the origin,” Daszak says, noting that only a tiny fraction of coronaviruses that infect bats have been discovered. “I expect that once we’ve sampled and sampled and sampled across southern China and central China that we’re going to find many other viruses and some of them will be closer [to 2019-nCoV].”

It's not just a "curious interest" to figure out what sparked the current outbreak, Daszak says. "If we don't find the origin, it could still be a raging infection at a farm somewhere, and once this outbreak dies, there could be a continued spillover that's really hard to stop. But the jury is still out on what the real origins of this are."

Posted in:

- [Asia/Pacific](#)
- [Health](#)
- [Coronavirus](#)

doi:10.1126/science.abb1256



**[Jon Cohen](#)**

Jon is a staff writer for *Science*.

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- [Twitter](#)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 12:29:01 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)  
**Cc:** (b) (6)  
**Subject:** IMPORTANT  
**Attachments:** Baric, Shi et al - Nature medicine - SARS Gain of function.pdf

Hugh:

It is essential that we speak this AM. Keep your cell phone on. I have a conference call at 7:45 AM with Azar. It likely will be over at 8:45 AM. Read this paper as well as the e-mail that I will forward to you now. You will have tasks today that must be done.

Thanks,

Tony

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
**National Institutes of Health**  
**Bethesda, MD 20892-2520**  
**Phone:** (b) (6)  
**FAX: (301) 496-4409**  
**E-mail:** (b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 02:48:59 +0000  
**To:** Kadlec, Robert (OS/ASPR/IO)  
**Cc:** (b) (6)  
**Subject:** FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Bob:  
This just came out today. Gives a balanced view.  
Best,  
Tony

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, January 31, 2020 8:43 PM  
**Subject:** Science: Mining coronavirus genomes for clues to the outbreak's origins



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EcoHealth Alliance

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By [Jon Cohen](#) Jan. 31, 2020 , 6:20 PM

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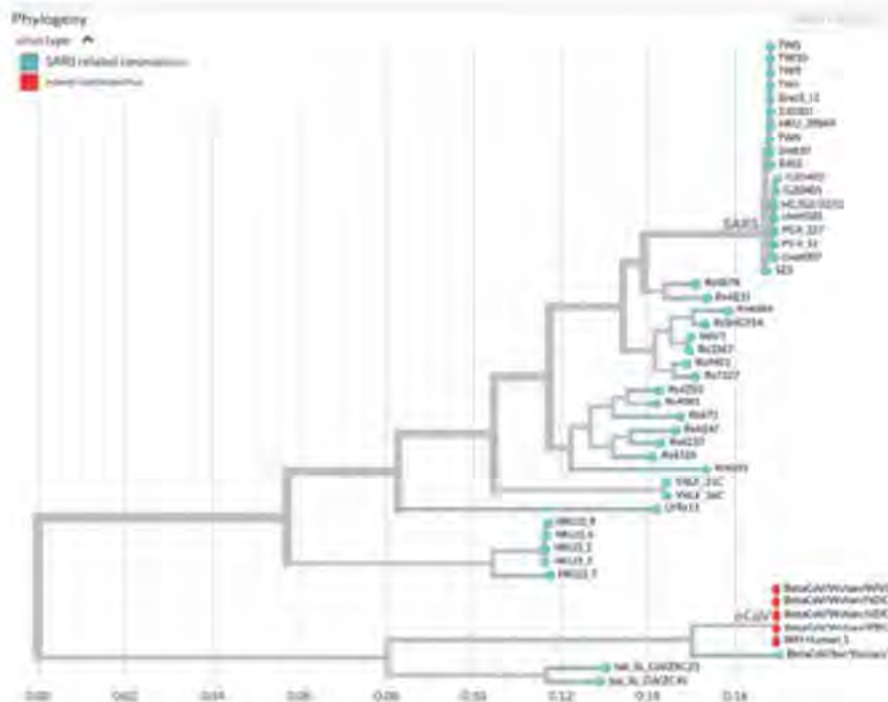


“One of the biggest takeaway messages [from the viral sequences] is that there was a single introduction into humans and then human-to-human spread,” says Trevor Bedford, a bioinformatics specialist at the University of Washington, Seattle. The role of Huanan Seafood Wholesale Market in Wuhan, China, in spreading 2019-nCoV remains murky, though such sequencing, combined with sampling the market’s environment for the presence of the virus, is clarifying that it indeed had an important early role in amplifying the outbreak. The viral sequences, most researchers say, also knock down the idea the pathogen came from a virology institute in Wuhan.

In all, 2019-nCoV has nearly 29,000 nucleotides bases that hold the genetic instruction book to produce the virus. Although it’s one of the many viruses whose genes are in the form of RNA, scientists convert the viral genome into DNA, with bases known in shorthand as A, T, C, and G, to make it easier to study. Many analyses of 2019-nCoV’s sequences have already appeared on [virological.org](https://virological.org), [nextstrain.org](https://nextstrain.org), preprint servers like bioRxiv, and even in peer-reviewed journals. The sharing of the sequences by Chinese researchers allowed public health labs around the world to develop their own diagnostics for the virus, which now has been found in 18 other countries. (*Science’s* news stories on the outbreak [can be found here.](#))

When the first 2019-nCoV sequence became available, researchers placed it on a family tree of known coronaviruses—which are abundant and infect many species—and found that it was most closely related to relatives found in bats. A team led by Shi Zheng-Li, a coronavirus specialist at the Wuhan Institute of Virology, reported on 23 January [on bioRxiv](#) that 2019-nCoV’s sequence was 96.2% similar to a bat virus and had 79.5% similarity to the coronavirus that causes severe acute respiratory syndrome (SARS), a disease whose initial outbreak was also in China more than 15 years ago. But the SARS coronavirus has a similarly close relationship to bat viruses, and sequence data make a powerful case that it jumped into people from a coronavirus in civets that differed from human SARS viruses by as few as 10 nucleotides. That’s one reason why many scientists suspect there’s an “intermediary” host species—or several—between bats and 2019-nCoV.

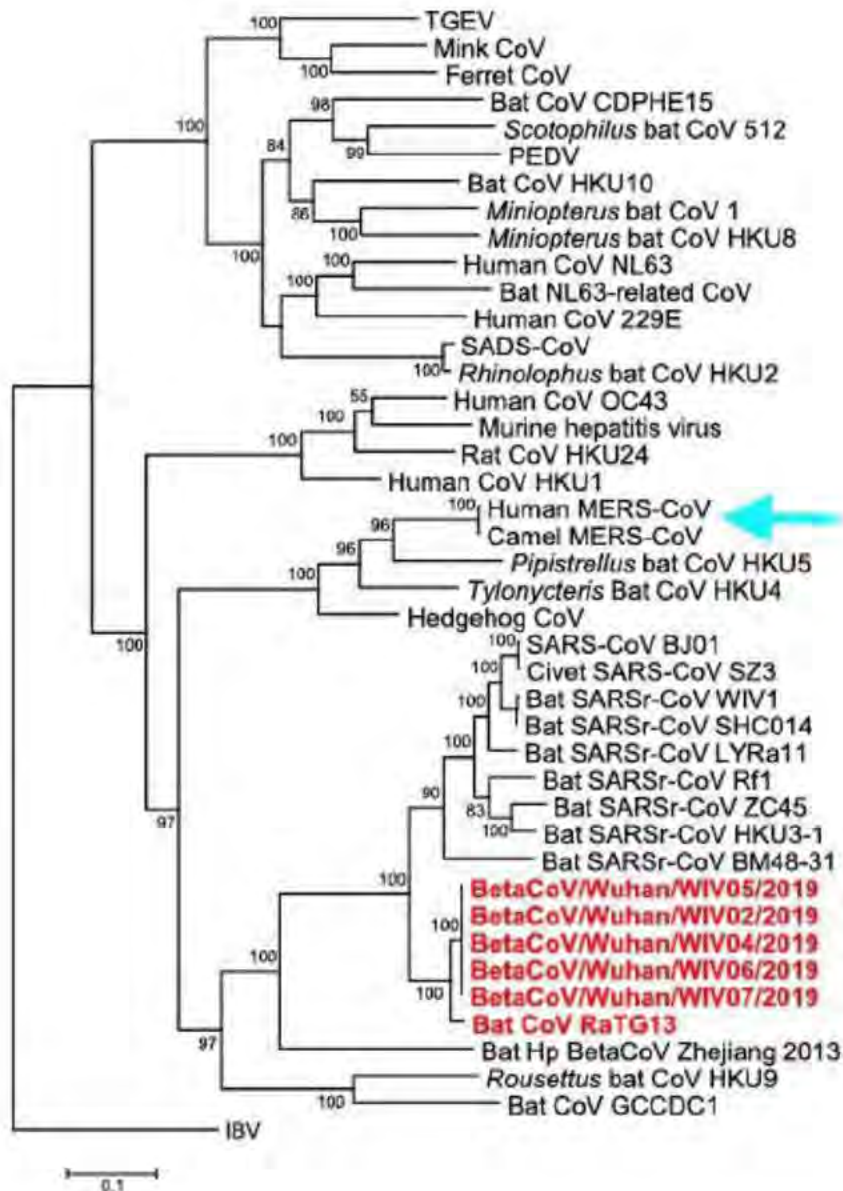
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Bedford's analyses of RaTG13 and 2019-nCoV suggest that the two viruses shared a common ancestor 25 to 65 years ago, an estimate he arrived at by combining the difference in nucleotides between the viruses with the presumed rates of mutation in other coronaviruses. So it likely took decades for RaTG13-like viruses to mutate into 2019-nCoV.

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The longer a virus circulates in a human populations, the more time it has to develop mutations that differentiate strains in infected people, and given that the 2019-nCoV sequences analyzed to date differ from each other by seven nucleotides at most, this suggests it jumped into humans very recently. But it remains a mystery which animal spread the virus to humans. “There’s a very large gray area between viruses detected in bats and the virus now isolated in humans,” says Vincent Munster, a virologist at the U.S. National Institute of Allergy and Infectious Diseases who studies coronaviruses in bats, camels, and others species.

Strong evidence suggests the marketplace played an early role in spreading 2019-nCoV, but whether it was the origin of the outbreak remains uncertain. Many of the initially confirmed 2019-nCoV cases—27 of the first 41 [in one report](#), 26 of 47 in [another](#)—were connected to the Wuhan market, but up to 45%, including the earliest handful, were not. This raises the possibility that the initial jump into people happened [elsewhere](#).

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Yet there have been no preprints or official scientific reports on the sampling, so it’s not clear which, if any, animals tested positive. “Until you consistently isolate the virus out of a single species, it’s really, really difficult to try and determine what the natural host is,” says Kristian Andersen, an evolutionary biologist at Scripps Research.

One possible explanation for the confusion about where the virus first entered humans is if there was a batch of recently infected animals sold at different marketplaces. Or an infected animal trader could have transmitted the virus to different people at different markets. Or, Bedford suggests, those early cases could have been infected by viruses that didn’t easily transmit and sputtered out. “It would be hugely helpful to have just a sequence or two from the marketplace [environmental sampling] that could illuminate how many zoonoses occurred and when they occurred,” Bedford says.



A research group sent fecal and other bodily samples from bats they trapped in caves to the Wuhan Institute of Virology to search for coronaviruses.

EcoHealth Alliance

In the absence of clear conclusions about the outbreak’s origin, theories thrive, and some have been scientifically shaky. A sequence analysis led by Wei Ji of Peking University and published online by the *Journal of Medical Virology* received substantial press coverage when it suggested that “snake is the most probable wildlife animal reservoir for the 2019-nCoV.” Sequence specialists, however, [pilloried it](#). Conspiracy theories also abound. A CBC News report about the Canadian government deporting Chinese scientists who worked in a Winnipeg lab that studies dangerous pathogens [was distorted on social media](#) to suggest that they were spies who had smuggled out coronaviruses. The Wuhan Institute of Virology, which is the premier lab in China that studies bat and human coronaviruses, has also come under fire. “Experts debunk fringe theory linking China’s coronavirus to weapons research,” read a headline on a story in *The Washington Post* that focused on the facility.

Concerns about the institute predate this outbreak. *Nature* [ran a story in 2017](#) about it building a new biosafety level 4 lab and included molecular biologist Richard Ebright of Rutgers University, Piscataway, expressing concerns about accidental infections, which he noted repeatedly happened with lab workers handling [SARS in Beijing](#). Ebright, who has a long history of raising red flags about studies with



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Shi did not reply to emails from *Science*, but her longtime collaborator, disease ecologist Peter Daszak of the EcoHealth Alliance, dismissed Ebright's conjecture. “Every time there's an emerging disease, a new virus, the same story comes out: This is a spillover or the release of an agent or a bioengineered virus,” Daszak says. “It's just a shame. It seems humans can't resist controversy and these myths, yet it's staring us right in the face. There's this incredible diversity of viruses in wildlife and we've just scratched the surface. Within that diversity, there will be some that can infect people and within that group will be some that cause illness.”



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- [Asia/Pacific](#)
- [Health](#)

- [Coronavirus](#)

doi:10.1126/science.abb1256



**[Jon Cohen](#)**

Jon is a staff writer for *Science*.

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- [Twitter](#)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 1 Feb 2020 02:46:21 +0000  
**To:** Mascola, John (NIH/VRC) [E]  
**Subject:** FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Here is the Jon Cohen article.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, January 31, 2020 8:43 PM  
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important early role in amplifying the outbreak. The viral sequences, most researchers say, also knock down the idea the pathogen came from a virology institute in Wuhan.

In all, 2019-nCoV has nearly 29,000 nucleotides bases that hold the genetic instruction book to produce the virus. Although it's one of the many viruses whose genes are in the form of RNA, scientists convert the viral genome into DNA, with bases known in shorthand as A, T, C, and G, to make it easier to study. Many analyses of 2019-nCoV's sequences have already appeared on [virological.org](http://virological.org), [nextstrain.org](http://nextstrain.org), preprint servers like bioRxiv, and even in peer-reviewed journals. The sharing of the sequences by Chinese researchers allowed public health labs around the world to develop their own diagnostics for the virus, which now has been found in 18 other countries. (*Science's* news stories on the outbreak [can be found here.](#))

When the first 2019-nCoV sequence became available, researchers placed it on a family tree of known coronaviruses—which are abundant and infect many species—and found that it was most closely related to relatives found in bats. A team led by Shi Zheng-Li, a coronavirus specialist at the Wuhan Institute of Virology, reported on 23 January [on bioRxiv](http://on-bioRxiv) that 2019-nCoV's sequence was 96.2% similar to a bat virus and had 79.5% similarity to the coronavirus that causes severe acute respiratory syndrome (SARS), a disease whose initial outbreak was also in China more than 15 years ago. But the SARS coronavirus has a similarly close relationship to bat viruses, and sequence data make a powerful case that it jumped into people from a coronavirus in civets that differed from human SARS viruses by as few as 10 nucleotides. That's one reason why many scientists suspect there's an "intermediary" host species—or several—between bats and 2019-nCoV.

According to Bedford's analysis, the bat coronavirus sequence that Shi Zheng-Li's team highlighted, dubbed RaTG13, differs from 2019-nCoV by nearly 1100 nucleotides. On [nextstrain.org](http://nextstrain.org), a site he co-founded, Bedford has created coronavirus family trees (example below) that include bat, civet, SARS, and 2019-nCoV sequences. (The [trees are interactive](#)—by dragging a computer mouse over them, it's easy to see the differences and similarities between the sequences.)

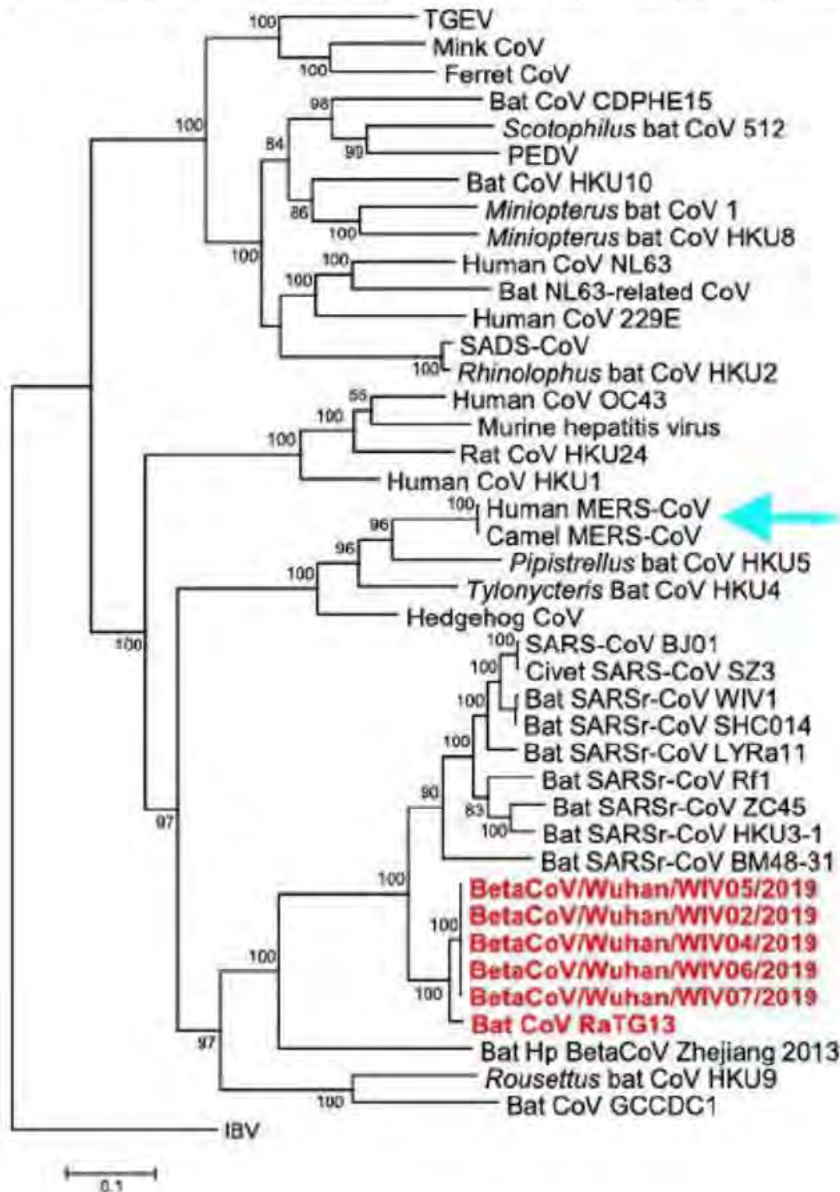


Bedford's analyses of RaTG13 and 2019-nCoV suggest that the two viruses shared a common ancestor 25 to 65 years ago, an estimate he arrived at by combining the difference in nucleotides between the



viruses with the presumed rates of mutation in other coronaviruses. So it likely took decades for RaTG13-like viruses to mutate into 2019-nCoV.

Middle East respiratory syndrome (MERS), another human disease caused by a coronavirus, similarly has a link to bat viruses. But studies have built a compelling case it jumped to humans from camels. And the phylogenetic tree from Shi's bioRxiv paper (below) makes the camel-MERS link easy to see.



The longer a virus circulates in a human populations, the more time it has to develop mutations that differentiate strains in infected people, and given that the 2019-nCoV sequences analyzed to date differ from each other by seven nucleotides at most, this suggests it jumped into humans very recently. But it remains a mystery which animal spread the virus to humans. "There's a very large gray area between viruses detected in bats and the virus now isolated in humans," says Vincent Munster, a virologist at the U.S. National Institute of Allergy and Infectious Diseases who studies coronaviruses in bats, camels, and others species.

Strong evidence suggests the marketplace played an early role in spreading 2019-nCoV, but whether it was the origin of the outbreak remains uncertain. Many of the initially confirmed 2019-nCoV cases—27 of the first 41 [in one report](#), 26 of 47 in [another](#)—were connected to the Wuhan market, but up to 45%, including the earliest handful, were not. This raises the possibility that the initial jump into people happened [elsewhere](#).

[According to Xinhua](#), the state-run news agency, “environmental sampling” of the Wuhan seafood market has found evidence of 2019-nCoV. Of the 585 samples tested, 33 were positive for 2019-nCoV and all were in the huge market’s western portion, which is where wildlife were sold. “The positive tests from the wet market are hugely important,” says Edward Holmes, an evolutionary biologist at the University of Sydney who collaborated with the [first group](#) to publicly release a 2019-nCoV sequence. “Such a high rate of positive tests would strongly imply that animals in the market played a key role in the emergence of the virus.”

Yet there have been no preprints or official scientific reports on the sampling, so it’s not clear which, if any, animals tested positive. “Until you consistently isolate the virus out of a single species, it’s really, really difficult to try and determine what the natural host is,” says Kristian Andersen, an evolutionary biologist at Scripps Research.

One possible explanation for the confusion about where the virus first entered humans is if there was a batch of recently infected animals sold at different marketplaces. Or an infected animal trader could have transmitted the virus to different people at different markets. Or, Bedford suggests, those early cases could have been infected by viruses that didn’t easily transmit and sputtered out. “It would be hugely helpful to have just a sequence or two from the marketplace [environmental sampling] that could illuminate how many zoonoses occurred and when they occurred,” Bedford says.



A research group sent fecal and other bodily samples from bats they trapped in caves to the Wuhan Institute of Virology to search for coronaviruses.

EcoHealth Alliance

In the absence of clear conclusions about the outbreak’s origin, theories thrive, and some have been scientifically shaky. A sequence analysis led by Wei Ji of Peking University and published online by the *Journal of Medical Virology* received substantial press coverage when it suggested that “snake is the most probable wildlife animal reservoir for the 2019-nCoV.” Sequence specialists, however, [pilloried it](#). Conspiracy theories also abound. A CBC News report about the Canadian government deporting Chinese scientists who worked in a Winnipeg lab that studies dangerous pathogens [was distorted on social media](#) to suggest that they were spies who had smuggled out coronaviruses. The Wuhan Institute of Virology, which is the premier lab in China that studies bat and human coronaviruses, has also come



under fire. “Experts debunk fringe theory linking China’s coronavirus to weapons research,” read a headline on a story in *The Washington Post* that focused on the facility.

Concerns about the institute predate this outbreak. *Nature* [ran a story in 2017](#) about it building a new biosafety level 4 lab and included molecular biologist Richard Ebright of Rutgers University, Piscataway, expressing concerns about accidental infections, which he noted repeatedly happened with lab workers handling [SARS in Beijing](#). Ebright, who has a long history of raising red flags about studies with dangerous pathogens, also in 2015 [criticized an experiment](#) in which modifications were made to a SARS-like virus circulating in Chinese bats to see whether it had the potential to cause disease in humans. Earlier this week, Ebright [questioned the accuracy](#) of Bedford’s calculation that there are at least 25 years of evolutionary distance between RaTG13—the virus held in the Wuhan virology institute—and 2019-nCoV, arguing that the mutation rate may have been different as it passed through different hosts before humans. Ebright tells *ScienceInsider* that the 2019-nCoV data are “consistent with entry into the human population as a natural accident.”

Shi did not reply to emails from *Science*, but her longtime collaborator, disease ecologist Peter Daszak of the EcoHealth Alliance, dismissed Ebright’s conjecture. “Every time there’s an emerging disease, a new virus, the same story comes out: This is a spillover or the release of an agent or a bioengineered virus,” Daszak says. “It’s just a shame. It seems humans can’t resist controversy and these myths, yet it’s staring us right in the face. There’s this incredible diversity of viruses in wildlife and we’ve just scratched the surface. Within that diversity, there will be some that can infect people and within that group will be some that cause illness.”



A team of researchers from the Wuhan Institute of Virology and the EcoHealth Alliance have trapped bats in caves all over China, like this one in Guangdong, to sample them for coronaviruses.

EcoHealth Alliance

Daszak and Shi’s group have for 8 years been trapping bats in caves around China to sample their feces and blood for viruses. He says they have sampled more than 10,000 bats and 2000 other species. They have found some 500 novel coronaviruses, about 50 of which fall relatively close to the SARS virus on the family tree, including RaTG13—it was fished out of a bat fecal sample they collected in 2013 from a cave in Moglang in Yunnan province. “We cannot assume that just because this virus from Yunnan has high sequence identity with the new one that that’s the origin,” Daszak says, noting that only a tiny fraction of coronaviruses that infect bats have been discovered. “I expect that once we’ve sampled and sampled and sampled across southern China and central China that we’re going to find many other viruses and some of them will be closer [to 2019-nCoV].”

It’s not just a “curious interest” to figure out what sparked the current outbreak, Daszak says. “If we don’t find the origin, it could still be a raging infection at a farm somewhere, and once this outbreak

dies, there could be a continued spillover that's really hard to stop. But the jury is still out on what the real origins of this are."

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**[Jon Cohen](#)**

Jon is a staff writer for *Science*.

- [Email Jon](#)
- [Twitter](#)

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