

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:51:12 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: COVID-19 - Potential Treatment

Please take a look and handle.

Anthony S. Fauci, MD
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From: Benoit Ponton <bponton@cda-qc.ca>
Sent: Friday, April 17, 2020 8:57 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Contact (b) (6)
Subject: COVID-19 - Potential Treatment

COVID-19 – Potential Treatment

April 17, 2020

National Institute of Allergy and Infectious Diseases,
National Institutes of Health
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C/O Anthony S. Fauci, M.D.

Hello Dr. Fauci,

In the current state of medical knowledge and research in the pharmaceutical industry, there is no short- or medium-term solution to prevent disease or cure patients with SARS-Cov-2 (COVID-19).

With this letter, I would like to make you aware of the preventive and curative potential of essential oils (EOs); **lives could be saved.**

Scientific aromatherapy: use of aromatic compounds extracted from plants – essential oils – for medical purposes; ‘hard’ science of nature, based among other things, on in-depth knowledge of organic chemistry. We are not talking about perfumery or occult sciences.

According to Mr. Dominique BAUDOUX, an internationally known Belgian pharmacist and “aromatologist”: ***there is a multitude of research on the antiviral properties of essential oils. The results are impressive and indisputable. Here are some viruses for which we have real data:***

- Severe acute respiratory syndrome virus SARS-Cov (it is a coronavirus)
- The H1N1 flu virus
- Avian influenza virus type H5N1 and subtypes H7N3 and H9N2
- The anti-infectious bronchitis virus (IBV)
- Herpes simplex virus HSV
- Dengue virus DEN
- Newcastle disease virus NDV
- Junin virus (an arena virus responsible for hemorrhagic fever)

Source : <https://www.pranarom.com/blog/guide-des-huiles-essentielles/les-huiles-essentielles-efficaces-contre-lecoronavirus-vrai-ou-faux>: See references 1 to 28 below.

To add meat to the bone, if you visit the **National Center for Biotechnology Information (U.S.)** :

- You will find nearly **225 000 references** on “essential oil.”
See : <https://www.ncbi.nlm.nih.gov/search/all/?term=essential%20oil>
- You will find approximately **22 000 references** on “essential oil + viral.”
See : <https://www.ncbi.nlm.nih.gov/search/all/?term=essential%20oil%20+%20viral>

In addition, according to a brief email exchange with Mr. Pierre FRANCHOMME, a French researcher, one of the leading experts in the field of medicinal essential oils, he informed me that: ***a recent Indian study (March 31) highlights the potential activity of 1,8 cineole (eucalyptol) on SARS-Cov-2, as I suspected from my experience on other enveloped viruses.***

Note: the molecule 1,8 cineole is found in high concentration in eucalyptus EOs.

- Sharma, A.D.; Kaur, I. **Eucalyptol (1,8 cineole) from Eucalyptus Essential Oil a Potential Inhibitor of COVID 19 Corona Virus Infection by Molecular Docking Studies** . Preprints 2020, 2020030455 (doi: 10.20944/preprints202003.0455.v1).
Source : <https://www.preprints.org/manuscript/202003.0455/v1>

Another study (2008) provided by Mr. Franchomme, shows a **high antiviral activity of bay laurel/leaf essential oil (*Laurus nobilis*) on SARS-Cov**, which appeared in November 2002 in Guangdong province, China and which prevailed until 2004.

- Loizzo, M. R., Saab, A. M., Tundis, R., Statti, G. A., Menichini, F., Lampronti, I., ... Doerr, H. W. (2008). **Phytochemical Analysis and in vitro Antiviral Activities of the Essential Oils of Seven Lebanon Species**. *Chemistry & Biodiversity*, 5(3), 461–470. doi :10.1002/cbdv.200890045
Source : <https://onlinelibrary.wiley.com/doi/abs/10.1002/cbdv.200890045>

Since SARS-Cov and SARS-Cov-2 (COVID-19) are close relatives, it is quite possible that *Laurus nobilis* essential oil will be as effective on SARS-Cov-2.

Here are two other studies that should be of interest to researchers, according to Mr. FRANCHOMME:

- See reference 20 below **Efficacy of cineole in patients suffering from acute bronchitis: a placebo-controlled double-blind trial**. *Cough* 9, 25 (2013).
Source : <https://doi.org/10.1186/1745-9974-9-25>

Conclusions of this study : *The effects of Cineole in the treatment of acute bronchitis were clearly measurable and could be proven after a treatment period of merely 4 days. This study corroborates the fact that cineole actively and significantly reduces cough frequency after four days. Therefore it has been shown to have a great socioeconomic impact.*

- See also reference 22 below.

Also, according to Mr. FRANCHOMME, **a clinical study on the treatment of essential oils in patients with COVID-19 has just been undertaken in a hospital setting (100 patients), double blind against placebo**. I will know the results at the same time as everyone else and will inform you.

Here is a summary of Mr. FRANCHOMME's analysis:



The scientific community is launched in search of a miracle drug in the basket of molecules already known for other indications. Our design is to trust the plant world, a great provider of remarkable molecules.

CONCLUSION

We need to think outside the box of allopathic medicine and synthetic drugs that offer no solution and put pressure on our leaders to **release funds for clinical research** on the treatment of patients suffering from COVID-19 using essential oils, as advocated by Mr. Franchomme.

To this end, M. FRANCHOMME confirmed to me this: *I am at the disposal of your authorities to provide and explain a protocol based on essential oils.*

His email address is : [REDACTED] (b) (6)

In terms of a double-blind placebo clinical study, there is, as of today, a huge cohort of hospitalized patients, a significant portion of whom I suspect would be enthusiastic about voluntary enrolment.

For patients in critical care with a life-threatening prognosis, it is undoubtedly possible, given the circumstances, to bypass the usual research protocols and offer a last-resort treatment to these patients in an attempt to save their lives, with their permission or that of their legal representatives in case of temporary or permanent incapacity.

Even if it doesn't work, I don't think patients or their loved ones will blame your government for trying everything, but if you don't, I wouldn't like to be in your shoes!

Cordially,

Benoit Ponton
BP/bp

CC: M. Pierre FRANCHOMME

2150, rue Marianne-Baby
Chambly, QC, Canada J3L 0A3
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SCIENTIFIC PUBLICATIONS

Source : <https://www.pranarom.com/blog/guide-des-huiles-essentielles/les-huiles-essentielles-efficaces-contre-lecoronavirus-vrai-ou-faux>

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Source : <https://www.aude-maillard.fr/4-huiles-essentielles-contre-le-coronavirus/>

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:46:44 +0000
To: Del Rio, Carlos
Subject: RE: released.

Thanks, Carlos.

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From: Del Rio, Carlos (b) (6) >
Sent: Friday, April 17, 2020 11:16 AM
To: 'Birx, Deborah L. EOP/NSC' (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Cc: Rochelle Walensky MD, MPH (b) (6) >
Subject: released.

Here is link to the paper entitled "From Mitigation to Containment of the COVID-19 Pandemic – Putting the SARS-CoV-2 Genie Back in the Bottle" that Rochelle and I wrote for JAMA. Hope you find it useful. Feel free to distribute. Thanks again for all you are doing!

<https://jamanetwork.com/journals/jama/fullarticle/2764956>

Sincerely,

Carlos

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Sent: Sat, 18 Apr 2020 19:40:55 +0000
To: Walensky, Rochelle, M.D., M.P.H.
Subject: RE: released.

Thanks, Rochelle!

Anthony S. Fauci, MD
Director
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From: Walensky, Rochelle, M.D., M.P.H. (b) (6) >
Sent: Friday, April 17, 2020 11:54 AM
To: Carlos del Rio (b) (6) >; 'Birx, Deborah L. EOP/NSC' (b) (6);
Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: RE: released.

Dear Drs. Birx and Fauci (Debbie and Tony, if I may),
So grateful for all you are doing. Please let us know if there is any way we can help.
My best from Boston,
Rochelle

Rochelle P. Walensky, MD, MPH
Chief, Division of Infectious Diseases
Steve and Deborah Gorlin MGH Research Scholar
Massachusetts General Hospital
Division of Infectious Disease
Professor, Harvard Medical School

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From: Del Rio, Carlos (b) (6)]
Sent: Friday, April 17, 2020 11:16 AM
To: 'Birx, Deborah L. EOP/NSC' (b) (6)>; 'Fauci, Anthony (NIH/NIAID) [E]' (b) (6)>
Cc: Walensky, Rochelle, M.D., M.P.H. (b) (6)>
Subject: released.

External Email - Use Caution

Here is link to the paper entitled "From Mitigation to Containment of the COVID-19 Pandemic – Putting the SARS-CoV-2 Genie Back in the Bottle" that Rochelle and I wrote for JAMA. Hope you find it useful. Feel free to distribute. Thanks again for all you are doing!

<https://jamanetwork.com/journals/jama/fullarticle/2764956>

Sincerely,

Carlos

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:34:53 +0000
To: Jeffrey V. Ravetch
Cc: Lusso, Paolo (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; (b) (6); Cassetti, Cristina (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]
Subject: FW: new manuscript
Attachments: Bournazos, et al.docx, Extended Figures.pdf

Jeff:

Very interesting paper. Could have wide applicability in viral disease. I will pass it on to our program people.

Best,
Tony

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From: Jeffrey V. Ravetch (b) (6) >
Sent: Friday, April 17, 2020 1:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: new manuscript

Tony,

I've attached a pre-print of the story I briefly told you about related to Fc optimization of anti-viral antibodies to induce CD8 protective responses.

I'd be grateful for your comments.

And my sincere gratitude for keeping science at the front of this pandemic.

Best regards,

Jeff

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:30:56 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E];Cassetti, Cristina (NIH/NIAID) [E] (b) (6)
Subject: FW: Concept Paper for NEJM on Novel Clinical Trial in COVID-19
Attachments: Composite EPO COVID-19.pdf

Andrea:

This is a former post-doc in my lab. Please read this, get back to her apologizing that I could not respond (b) (5) | obviously can have no part in it.

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: Ehrenreich, Hannelore (b) (6)>
Sent: Friday, April 17, 2020 1:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Concept Paper for NEJM on Novel Clinical Trial in COVID-19

Dear Tony,

I am aware of the heavy load that is on your shoulders these days but I sincerely hope to get a brief answer to my E-mail.

In light of the present therapeutic situation in COVID-19, any measure to improve course and outcome of seriously affected individuals is of utmost importance. In the attached

(b) (6), (b) (4)

We all would be extremely grateful for your feedback and for your collaboration!
In fact, I personally would be so proud to have you as senior coauthor as in former times! Please let me know what you think.

We could also discuss over the phone if you let me know which time would be convenient.

All my best, Hannelore

-----Ursprüngliche Nachricht-----

Von: Ehrenreich, Hannelore

Gesendet: Samstag, 21. März 2020 13:24

An: 'Fauci, Anthony (NIH/NIAID) [E]' <[REDACTED]>

Betreff: THANK YOU from Germany

Dear Tony,

I know you are extremely busy these days... now even more than before due to this terrible corona crisis!

Just a brief note to let you know that I watched your excellent interviews and that I am extremely proud of you! For people here in our Max Planck Institute and the many biomedical institutions in Göttingen you are the greatest hero indeed in a tough time...

I wish you all strength and endurance needed to lead the world out of this crisis (despite questionable politicians)!

STAY HEALTHY!

All my best, Hannelore

Professor Hannelore Ehrenreich, MD, DVM
Clinical Neuroscience
Max Planck Institute of Experimental Medicine
Hermann-Rein-Str.3

37075 Göttingen

GERMANY

Tel: [REDACTED] (b) (6)

Fax: 49-551-3899 670

E-Mail: [REDACTED] (b) (6)

Prof. hon. University of Göttingen

Faculty of Biology & Psychology

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:21:39 +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 MA re: NIAID COVID 19 Strategic Research Plan

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)
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E-mail: (b) (6)

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From: Stover, Kathy (NIH/NIAID) [E] (b) (6)>
Sent: Friday, April 17, 2020 2:42 PM
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 MA re: NIAID COVID 19 Strategic Research Plan

Hi Dr. Fauci,

Please find attached for your review a draft media availability about NIAID's COVID-19 strategic research plan. We've named you as the spokesperson in the media avail.

Best,
Kathy

Kathy Stover
Branch Chief
News and Science Writing Branch
National Institute of Allergy and Infectious Diseases (NIAID)
Office of Communications and Government Relations
National Institutes of Health/HHS
31 Center Drive, Room 7A17E

Bethesda, MD 20892

Phone: (b) (6)

E-mail: (b) (6)

NIAID Media Line: (301) 402-1663

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 18:30:03 +0000
To: Hahn, Stepher;Birx, Deborah L. EOP/NSC;Redfield, Robert R. (CDC/OD);Kadlec, Robert (OS/ASPR/IO) (b) (6)
Subject: FW: Boston Globe: Nearly a third of 200 blood samples taken in Chelsea show exposure to coronavirus

Steve:

(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, April 18, 2020 1:54 PM
Subject: Boston Globe: Nearly a third of 200 blood samples taken in Chelsea show exposure to coronavirus

Nearly a third of 200 blood samples taken in Chelsea show exposure to coronavirus

Mass. General researcher says the results point to a 'raging epidemic,' but may also indicate the city is further along the disease curve than some other municipalities

By [Jonathan Saltzman](#) Globe Staff, Updated April 17, 2020, 6:26 p.m.



First responders loaded a patient into an ambulance from a nursing home where multiple people have contracted COVID-19 in Chelsea, which has the highest concentration of COVID-19 infections in the state. Scott Eisen/Getty

Nearly one third of 200 Chelsea residents who gave a drop of blood to researchers on the street this week tested positive for antibodies linked to COVID-19, a startling indication of how widespread infections have been in the densely populated city.

Sixty-four residents who had a finger pricked in Bellingham Square on Tuesday and Wednesday had antibodies that the immune system makes to fight off the coronavirus, according to Massachusetts General Hospital physicians who ran the pilot study.

The 200 participants generally appeared healthy, but about half told the doctors they had had at least one symptom of COVID-19 in the past four weeks.

Public health experts already knew Chelsea had the state's highest rate of confirmed COVID-19 cases and that the actual rate was probably higher. At least 39 residents have died from the virus, and 712 had tested positive as of Tuesday, a rate of about 1,900 cases per 100,000 residents, or almost 2 percent. Get Talking Points in your inbox An afternoon recap of the day's most important business news, delivered Monday through Friday.

But the Mass. General researchers — who excluded anyone who had tested positive for the virus in the standard nasal swab test — found that 32 percent of participants have had COVID-19, and many didn't know it.

"I think it's both good news and bad news," said Dr. John Iafrate, vice chairman of MGH's pathology department and the study's principal investigator. "The bad news is that there's a raging epidemic in Chelsea, and many people walking on the street don't know that they're carrying the virus and that they may be exposing uninfected individuals in their families."

"On the good-news side, it suggests that Chelsea has made its way through a good part of the epidemic," he said. "They're probably further along than other towns."

Scientists suspect that people who recover from COVID-19 may be at least temporarily immune from catching it again. Several biotechs and academic laboratories, in fact, are seeking blood donations from people who have recovered, in the hopes that their antibodies can help create a treatment or vaccine.

Chelsea's city manager, Thomas Ambrosino, said he learned the results of the pilot study Thursday in a conference call with the researchers. He was dismayed, but not shocked.

Related: Chelsea city manager sounds urgent alarm, calls for residents to stay home 24 hours a day

"We've long thought that the reported numbers are vastly under-counting what the actual infection is," said Ambrosino, who has called his city the epicenter of the crisis in Massachusetts. "Those reported numbers are based on positive COVID-19 tests, and we're all aware that a very, very small percentage of people in Chelsea and everywhere are getting COVID-19 tests."

“Still,” he added, “it’s kind of sobering that 30 percent of a random group of 200 people that are showing no symptoms are, in fact, infected. It’s all the more reason for everyone to be practicing physical distancing.”

Indeed, one of the doctors who tested volunteers in Bellingham Square said it’s possible that some of the people who had the antibodies are still contagious.

“Just because you have the antibodies doesn’t mean you’ve cleared the virus,” said Dr. Vivek Naranbhai, a clinical fellow in hematology and oncology.

Researchers said the test results, which had yet to be shared with state officials late Friday, couldn’t necessarily be extrapolated for the city’s roughly 40,000 residents. Still, the findings provided a valuable snapshot of a community that medical experts say is especially vulnerable to COVID-19.

Chelsea covers only about two square miles, across the Mystic River from Boston. For generations, it has attracted new immigrants, and about 65 percent of its residents are Latino. Many live in three-decker houses, Ambrosino said, where it’s hard for people to isolate themselves. Many work in the hospitality industry and health-related fields, where exposure to the virus is greater. And a lot of them must go to work during the pandemic.

To get Chelsea residents to participate in the study — which included a questionnaire that was available in English, Spanish, and Portuguese — investigators allowed them to remain anonymous. But that meant none of the participants received the results of the blood tests.

The doctors used a diagnostic device made by BioMedomics, of Morrisville, N.C., to analyze drops of blood. It resembled an over-the-counter pregnancy test and generated results on the street in about 10 minutes. Although the test hasn’t won the approval of the Food and Drug Administration, lafrate, the principal investigator, said Mass. General determined it’s reliable.

Within days, the physicians said, they hope to set up a medical tent outside the Mass. General Chelsea Healthcare Center to perform more antibodies tests with the device. The site will be located near a tent set up weeks ago to run standard PCR, or polymerase chain reaction, tests for people with active coronavirus symptoms. The latter uses nasal swabs to detect whether the virus is present at the time; the antibodies blood test reveals whether someone was infected in the past.

In addition to the new testing site, the researchers want to expand the study to other Massachusetts cities and towns. For all of those studies, Mass. General doctors plan to obtain the identities of participants so physicians can provide the results. But first the researchers need to come up with guidelines for what participants should do if they test positive for antibodies.

Dr. Dean Xerras, medical director of the Mass. General Chelsea Healthcare Center and a co-investigator in the study, said it illustrates why it’s essential for Chelsea and other communities to perform more tests, regardless of whether they detect antibodies or the virus itself.

“Knowing how many people are infected is critical,” said Xerras, a longtime member of the city’s board of health. “We need to get them isolated. We need to get masks delivered to the city. We need to launch more safe isolation sites. We need to be able to identify cases and then give people the things they need to prevent perpetuation of the spread.”

Chelsea and Revere officials, with help from the state Department of Public Health and the Massachusetts Emergency Management Agency, secured almost 150 rooms at a Quality Inn in Revere this week for residents who are recovering from COVID-19 and unable to isolate themselves at home, according to Ambrosino. So far, only a handful of those rooms are occupied.

Governor Charlie Baker on Thursday staunchly defended the state’s handling of the escalating outbreak in Chelsea, including asserting, without offering details, that city leaders have turned down help from his administration.

The governor's claim surprised officials in Chelsea who told the Globe this week that the state, and even health care providers, should have recognized the virus's rapid spread through the city sooner.

Jonathan Saltzman can be reached at jonathan.saltzman@globe.com

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From: (b) (6)
Sent: Sat, 18 Apr 2020 12:28:50 -0400
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Fwd: working draft of NEJM
Attachments: COVID vaccine editorial_16April 7pm.docx, ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: "Corey MD, Larry" (b) (6) >
Date: April 18, 2020 at 12:34:13 AM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Mascola, John (NIH/VRC) [E]" (b) (6)
Subject: working draft of NEJM

Here is the working draft . My manuscript typist too tired to work tonight so it reflects several changes I made tonight ; it should be readable ;

Larry

From: (b) (6)
Sent: Sat, 18 Apr 2020 12:27:56 -0400
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Fwd: JAMA - Heroes
Attachments: heroes.pdf, ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>
Date: April 18, 2020 at 5:10:15 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: Phil Fontanarosa <Phil.Fontanarosa@jamanetwork.org>
Subject: JAMA - Heroes

There are many many heroes in this tragedy – but none more so than you, Maurizio, and Dr. Wenilang.

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: Howard Bauchner <Howard.Bauchner@jamanetwork.org>
Date: Saturday, April 18, 2020 at 4:07 AM
To: CECCONI HUNIMED <(b) (6)>
Subject: Re: Hello

I am well – (b) (6) – but you know all about that – remain in Chicago – at work everyday – no one is in; (b) (6)
(b) (6) – he will quarantine for the 2 weeks he is up there.

Yes – NY, London, Paris – all difficult times – great vector – the subway, underground, and metro – unmasked folks who were asymptomatic carriers – terrible.

Most of the US managing although still a heavy heavy lift in some places – NY, Boston, some in Chicago – but most of the US managing. The big issue like everywhere is how do we put society back together.

Will be published on Monday – our tribute to many people and 3 individuals.

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: CECCONI HUNIMED [REDACTED] (b) (6) >
Date: Friday, April 17, 2020 at 2:07 PM
To: Howard Bauchner <Howard.Bauchner@jamanetwork.org>
Subject: Hello

[Warning External Email]
Hello Howard,

I hope you are well. Just a line to say that the podcasts are incredible.
I hope you are ok. I am very sorry for the colleagues in New York. I know it's very tough there and also in other parts of US.
Things are getting better here.

Keep up the amazing work.

Kind regards,

Maurizio

Maurizio Cecconi MD FRCA FFICM MD(Res)
Head of Department Anaesthesia and Intensive Care Units
Humanitas Research Hospital
Professor of Anaesthesia and Intensive Care
Humanitas University

President Elect ESICM

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 13:46:56 +0000
To: Greg Folkers (b) (6); Morens, David (NIH/NIAID) [E]
Subject: FW: CDC: (b) (5)
<https://bit.ly/2Ki5Ry4>

We really need to talk about this. (b) (5)

From: Morens, David (NIH/NIAID) [E] (b) (6)
Sent: Friday, April 17, 2020 5:49 PM
To: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>
Cc: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Subject: Re: CDC: (b) (5)
<https://bit.ly/2Ki5Ry4>

(b) (5)



Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Apr 17, 2020, at 18:30, Folkers, Greg (NIH/NIAID) [E] (b) (6) wrote:

The estimates on this page have been updated from an earlier report published in December 2018 based on more recently available information. There is a trade-off between timeliness and accuracy of the burden estimates. To provide timely burden estimates to the public, clinicians, and public health decision-makers, we use preliminary data that may lead to over- or under-estimates of the true burden. However, each season's estimates will be finalized when data on testing practices and deaths for that season are available.

For the revised 2017-2018 estimates, we included additional information in our estimation regarding influenza testing practices. The surveillance system used to estimate influenza-related hospitalizations, FluSurv-NET, collects data on patients hospitalized with laboratory-confirmed influenza. Influenza testing is done at the request of the clinician, but not everyone is tested and influenza tests are not perfectly accurate. Thus, the reports of laboratory-confirmed influenza-related hospitalizations to FluSurv-NET are likely underestimates of the true number of hospitalizations. To adjust for this, CDC collects data annually from participating FluSurv-NET sites on the amount of influenza testing and the type of test that is used at the site, and this information is used to correct for the possible underestimate of influenza-related hospitalizations. These testing data are often not available for up to two years after the end of an influenza season, and thus the estimates are revised when additional testing data become available. For the original preliminary 2017-2018 burden estimates, data on testing practices during the 2014-2015 season were used to make preliminary estimates because this season had the highest levels of testing among the prior seasons for which data were available and resulted in the most conservative (lowest) estimates of burden. More recent data from the 2016-17 season show that influenza testing has been increasing among most age groups. The current estimates were made using the highest testing rate for each age-group during 2010-11 to 2016-17 and has resulted in some burden estimates being lower than previously estimated.

Additionally, the method we use to estimate influenza-associated deaths relies on additional data from FluSurv-NET and the National Center for Health Statistics (data on cause of deaths and numbers of deaths that occur in versus outside the hospital) that are also not available for up to two years after the end of the season being estimated. The 2017-2018 estimates are still preliminary because not all of the required data are currently available. When those data become available, these estimates will be updated again and the results may change.

More answers to frequently asked questions about CDC's influenza burden estimates are available.

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From: (b) (6)
Sent: Fri, 17 Apr 2020 14:45:56 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Invitation to speak at virtual TIME 100 event

Let us make sure that we discuss this.

Begin forwarded message:

From: Alice Park <alice.park@time.com>
Date: April 17, 2020 at 2:07:17 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: Cate Matthews <cate.matthews@time.com>
Subject: **Re: Invitation to speak at virtual TIME 100 event**

Hi Dr. Fauci -- I also should have added that we are happy to pre-tape the interview so it does not have to happen on April 23. In order for it to run on that date, we would love to record it some time Wed during the day or on Thurs morning. Hoping that helps with timing, and looking forward to hearing from you. Best, Alice

PLEASE NOTE NEW PHONE NUMBER

Alice Park

TIME

(b) (6)

alice.park@time.com

@aliceparkny

On Fri, Apr 17, 2020 at 9:35 AM Alice Park <alice.park@time.com>wrote:

Dear

Dr. Fauci,

Thank

you for making time to talk to me during the early weeks of the pandemic. I know your schedule is tight, but wanted to pass along an invitation to speak at a unique virtual summit we're holding next week, that I hope we can make work.

Building

on the impact of our annual TIME

100 and TIME 100 Health summits, as well as our ongoing coverage of COVID-19, on

Thursday, April 23,

TIME will launch its first-ever virtual event series, "TIME Talks: Finding Hope." Our goal is to convene a group of the world's leading voices, including TIME 100 honorees, to spotlight the important work they're doing to combat this crisis, and to help our viewers navigate this new reality.

As part of our launch event, scheduled to take place between noon and 3 p.m. ET, we'd like to invite you

to participate in a short, 10- to 20-minute video interview with a TIME editor on public health policies that could be implemented at the national level to strengthen the responses to this and future pandemics—addressing in particular lessons learned from the initial response to the coronavirus.

We would also welcome your thoughts on how we plan to navigate out of the pandemic and what the new normal will look like. (Please note that we are open to discussing other topics as well.)

Each conversation will be streamed and promoted across TIME's platforms, which reach a combined audience of 100 million people around the world.

As

one of our invited speakers, you would also be part of an extraordinary community of leaders who are shaping our world. Past speakers at TIME events include House Speaker

Nancy Pelosi,

Apple CEO

Tim Cook,

Primatologist

Jane Goodall,

White House Adviser

Jared Kushner,

Chef

José Andrés,

Me Too Movement Founder **Tarana Burke,**

Producer Director

Ryan Murphy,

and many others.

Thank

you in advance for considering this invitation. Cate, our program coordinator, and I are happy to help with any questions you may have.

Looking forward to hearing from you.

Best,

Alice

PLEASE NOTE NEW PHONE NUMBER

Alice Park

TIME

(b) (6)

alice.park@time.com

@aliceparkny



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 17 Apr 2020 16:00:09 +0000
To: Thomas R. Frieden
Subject: Re: Box It In
Attachments: image001.png, image002.png, image003.jpg

Thanks, Tom. I totally agree with this approach. I have been trying to catch you by phone but have gotten a voicemail with a message that the mailbox is full. Do I have the correct number?
Thanks, Tony

On Apr 17, 2020, at 11:00 AM, Thomas R. Frieden

(b) (6) wrote:

Tony,

Wishing you well. Wanted you to be aware that we're releasing a report at a media briefing this morning on how to "Box In COVID." This plan includes prioritized expansion of testing and building a corps of contact tracers in the US, using tried-and-true public health measures at scale. There are four essential actions to box in the virus: 1) Expand testing; 2) Isolate infected people to prevent spread; 3) Identify contacts who may have exposed; 4) Quarantine contacts. As you know, all four are crucial; if any one is lacking, the virus can escape and spread explosively again. Success requires a massive expansion of our public health capacity around the country and world.

The report is attached and can be downloaded [here](#). Please let me know how we can continue to be as supportive as possible.

All the best,

Tom

Tom Frieden, MD, MPH
President and CEO
www.DrTomFrieden.net

(b) (6)

<[image001.png](#)>

<[image002.png](#)>

<[image003.jpg](#)>

RESOLVE TO SAVE LIVES
An initiative of Vital Strategies

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<COV035_BoxItInBriefing_FINAL.pdf>





RESOLVE

TO SAVE LIVES

AN INITIATIVE OF VITAL STRATEGIES

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 17 Apr 2020 10:15:13 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: [REDACTED] (b) (4)

Please take a look at this and respond. Thanks.

From: Alfonso Arana <alfonso.arana@bizsecure.us>
Sent: Friday, April 17, 2020 5:53 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: David Katz [REDACTED] (b) (6); Robert.Thompson@crlcorp.com
Subject: [REDACTED] (b) (4)

Dr. Fauci, good morning thank you for all you do for this great nation! We are very blessed to have you at the forefront of this pandemic. Not sure if you recall, [REDACTED] (b) (6) we have

[REDACTED] (b) (4)

Alfonso Arana
President / CEO
Craft Artisan Design Inc. HUBZone
DBA. BizSecure
<https://bizsecure.us>

(b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 17 Apr 2020 02:48:07 +0000
To: Greg Folkers [REDACTED] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Hilary Marston's COVID-19 talk now archived for viewing

Greg:

Please see me tomorrow about some ideas that I have about COVID-19 slides.

Thanks,

Tony

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

From: Roberts, Jacqueline (NIH/OD) [E] [REDACTED] (b) (6)
Sent: Thursday, April 16, 2020 3:12 PM
To: NIH-STAFF@LIST.NIH.GOV
Subject: Hilary Marston's COVID-19 talk now archived for viewing

Dear Colleagues,

Thank you all for your support as we launch the new COVID-19 lecture series. The live videocast of yesterday's talk was in high demand and, unfortunately, many of you were unable to gain access. This was partly because of the large number of viewers. We are working to remedy the issues in preparation for next week's lecture.

Dr. Marston's talk, "The Biomedical Research Response to COVID-19: A View from NIAID," is now archived at <https://videocast.nih.gov/watch=36375>.

- The COVID-19 SIG Moderators

For more information about the COVID-19 Scientific Interest Group, refer to <https://oir.nih.gov/sigs/covid-19-scientific-interest-group>.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 17 Apr 2020 02:45:01 +0000
To: Collins, Francis (NIH/OD) [E]
Subject: RE: conspiracy gains momentum

Francis:

(b) (5)

Best,
Tony

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Thursday, April 16, 2020 5:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E]
(b) (6); Burklow, John (NIH/OD) [E] (b) (6)
Subject: conspiracy gains momentum

(b) (5)

<https://www.mediaite.com/tv/foxs-bret-baier-sources-increasingly-confident-coronavirus-outbreak-started-in-wuhan-lab/>

(b) (5)

Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 17 Apr 2020 02:28:05 +0000
To: Pottinger, Matthew F. EOP/WHO; Birx, Deborah L. EOP/NSC
Cc: (b) (6)
Subject: RE: [WARNING: UNSCANNABLE EXTRACTION FAILED][EXTERNAL] Using grounded aircraft to treat COVID patients

Matt:

(b) (5)

(b) (5). Let us discuss further.

Best regards,
Tony

From: Pottinger, Matthew F. EOP/WHO (b) (6)
Sent: Thursday, April 16, 2020 7:54 PM
To: Birx, Deborah L. EOP/NSC <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Subject: FW: [WARNING: UNSCANNABLE EXTRACTION FAILED][EXTERNAL] Using grounded aircraft to treat COVID patients

Deb, Tony,

(b) (5)

Best,
Matt

From: Skinner, James B. EOP/NSC (b) (6)
Sent: Thursday, April 16, 2020 6:53 PM
To: Pottinger, Matthew F. EOP/WHO (b) (6)>
Cc: DL NSC NSA FO Staff <DL.NSAFOStaff@whmo.mil>
Subject: FW: [WARNING: UNSCANNABLE EXTRACTION FAILED][EXTERNAL] Using grounded aircraft to treat COVID patients

Matt,

I spoke to Leland earlier this afternoon and he asked I pass this along to you.

James

From: Leland Schwartz (b) (6)>
Sent: Thursday, April 16, 2020 6:08 PM

To: Skinner, James B. EOP/NSC (b) (6) >
Cc: Ralph Crafts (b) (6); BARBARA SCHEIDE <(b) (6)>; Ed Betts
(b) (6)
Subject: [WARNING: UNSCANNABLE EXTRACTION FAILED][EXTERNAL] Using grounded aircraft to treat COVID patients

Matt,

Oxygen therapy scientists can treat patients using the grounded airliners all over the country as mass treatment chambers.

Please watch this explanation from Extivita in Durham:

><https://www.youtube.com/watch?v=SWCHDuUQHSM&feature=youtu.be><

Please help us connect to the right people.

This could help save lives, get our economy restarted, and ensure continuity in the government.

Hope you're good. Catch up on the other side. Have figured out how to save local news.

Leland

(b) (6)

James,

Thanks very much for your help.

Leland



Leland Schwartz
Editor & Publisher
Fauquier Channel One
540 422 1376
editor@fauquierchannel.com
www.fauquierchannel.com

April 16, 2020

Matt Pottinger
Deputy National Security Advisor
The White House
1650 Pennsylvania Avenue, NW
Washington, DC 20502

Dear Sir,

Many of us in the hyperbaric medicine community believe that there exists a simple therapy to halt the inflammatory process and reverse the lung damage.

This process will also simultaneously provide many times over the amount of oxygenation offered by the coma-inducing intubation ventilator procedure.

We are reaching out to our network to make contact with the airlines to secure the use of an airplane with an onboard APU (Auxiliary Power Unit--used to pressurize the aircraft) for a month, to treat COVID-19 patients and show the effectiveness of the concept.

Initial testing indicates in one trial study 100% improvement while all others underway, although small scale, are showing great benefit at extremely low cost and patient risk.

So what is this new procedure? Hyperbaric Oxygen Therapy or HBOT; first used successfully in 1918 for Spanish Flu cases. HBOT is viable and appears to work well but we do not have the number of pressure vessels / HB chambers available to treat the possibly 100,000+ who need the therapy now.

Several of us in our small community have arrived at the same idea in several countries.

The idea is no longer new or unique.

Again, I am proposing use an aircraft as the pressure vessel. Every airplane with a pressurized cabin (i.e., all commercial airline aircraft) is routinely pressurized to around 9 psi (some go higher) while they are on the ground, as part of their normal airworthiness testing.

Myself and others have suggested that one or more of the hundreds of grounded aircraft be provided to complete the trial test.

737 Max are not flying but are a perfect pressure vessel for the procedure.

Could you help us contact Boeing, the airlines or the military?

No aircraft modification is required whatsoever so that is one of the issues off the table.

The aircraft remains parked on the ground with access for ambulatory patients via a stairway. No jetway is required unless we expand this in the future for non-ambulatory patients.

We would need to place standard DOT portable oxygen tanks in the cabin along with the associated manifold, pressure regulator, flow-meters and tubing.

Each patient will have his/her own anesthesia mask and breathing circuit.

There is no cross contamination between patients or the cabin environment atmosphere as each mask incorporates a Viral Filter Kit to help protect the technicians who are also breathing from a secure, clean source.

All safety issues are addressed in the plan.

The same process, once proven could be utilized by our military and of course our Navy who is experiencing possible outbreaks as we speak.

This is important to me personally (b) (6)

[REDACTED]

The Patriot Clinic in Oklahoma City is my personal charity where we have provided over 15,000 free HBOT treatments for our beloved vets and 30,000+ at cost or below.

We are not asking for money. Nor, am I selling anything in this effort. With the help of a small group of supporters, (Ralph Crafts & family) my company is willing to provide the equipment, training and technical support to begin the process.

Thank you for your ongoing service to our country, and thank you for reading and considering my proposal.

I sure would appreciate your help.

Semper Fi!

Sincerely,
Edward A. Betts

Edward A. Betts
ANDI American Nitrox Divers International
74 Woodcleft Avenue
Freeport, NY USA 11520

(b) (6)
><http://www.andihq.com/><

(b) (6)

Matt Pottinger
Deputy National Security Advisor
The White House
1650 Pennsylvania Ave., NW
Washington, DC 20502

Sir:

As one old Marine to another Marine, this letter contains the “straight scoop,” and is intended to provide information that can help stop the spread of COVID-19, and ensure the continuity of critical segments of government.

Hyperbaric Oxygen Therapy (HBOT) has been in use for over 100 years, and was the only effective treatment for the 1918 flu pandemic. HBOT is being used worldwide to treat a variety of serious diseases, and has been proven to be immediately effective in treating severe COVID-19 cases, with a success rate close to 100%.

HBOT is simply breathing high-purity oxygen (92% or higher) for 60-90 minutes in a pressurized environment (typically between 8 and 15psi—the higher pressure is about the same pressure as doing a SCUBA dive to 33 feet). HBOT chambers can be 1-2 person sizes and portable, up to 12-seat chambers which are used for Navy operations. (b) (6) I have a one-person chamber in our home, and we can attest to its effectiveness in treating severe breathing problems, like pneumonia, infections, and wounds.

The currently publicized and widely accepted statement that there is no effective treatment for COVID-19 is wrong. HBOT treatments, usually just a single one-hour session, provide immediate improvements in lung function, blood-oxygen levels, and organ recovery. Unlike respirators, which do more damage than good and are basically a death sentence, HBOT provides an immediate path for recovery and healing.

A team of very experienced scientists and HBOT experts have developed a concept that will enable the effective treatment of large numbers of people by using some of the thousands of grounded commercial aircraft as large HBOT chambers.

I'm an old Marine Corps jet pilot, and we use our (b) (6) (b) (6) so I have the professional contacts to confirm and verify the efficacy of the concept.

Every airplane with a pressurized cabin (i.e., all airline aircraft) is routinely pressurized to around 9psi (some go higher) while they are on the ground, as part of their normal airworthiness testing.

We have equipment staged and ready to go now, to treat 25 COVID-19 patients at a time—we need an airplane, and we can be treating people and saving lives in about 36 hours.

The aircraft we need remain parked on the ground, no modifications are needed—we will simply place portable oxygen tanks in the cabin with the associated tubing, manifold, and pressure regulators, and each patient will have his/her own anesthesia mask.

There is no cross contamination between patients, because everyone is breathing oxygen from their own personal mask.

We are reaching out to our contacts in the airlines to ask for the use of an airplane and APU (Auxiliary Power Unit—used to pressurize the aircraft) for a month, to treat COVID-19 patients and show the effectiveness of the concept.

We could do the same thing with a single military transport aircraft (many of which have been configured for medical use).

As a Marine, and with my knowledge of HBOT, the recent death of the Theodore Roosevelt sailor is particularly upsetting, knowing that a couple of Senior Chiefs or Marine Master Sergeants could have configured an aircraft in Guam in a couple of hours and be treating all the sailors from the carrier.

We are not asking for money—my wife and I are paying for all the required equipment and support personnel.

HBOT chambers are easily implemented and supported—you could have one in your office (ours is 8' long and 34" in diameter when pressurized) and it would only take a couple of hours to train your corpsmen to operate it. I don't know of a better guarantee of continuity in the current pandemic.

Please note that (b) (6) I have no financial or political interests in the HBOT treatment concept, companies, or manufacturers—we receive no benefits/rewards, other than helping to save many lives.

You will receive a letter from Ed Betts—he's a good man, really knows his stuff, and I trust him with my life—please take what he says seriously.

Thank you for your ongoing service to our country, and thank you for reading and considering the information in this letter.

Semper Fi!

Respectfully,

Ralph E. Crafts
Marshall, Virginia

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 12:37:38 +0000
To: Dr. Josh Backon
Subject: RE: Covid-19. thromboxane inhibitors, and heme binding (O2 desaturation)

You are not being ignored. The National Heart Lung and Blood Institute will take a look at this.

From: Dr. Josh Backon <backon@mail.huji.ac.il>
Sent: Thursday, April 16, 2020 8:09 AM
To: Coleman, Amanda (NIH/NIAID) [C] [REDACTED] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
[REDACTED] (b) (6)
[REDACTED]
Subject: Fwd: Covid-19. thromboxane inhibitors, and heme binding (O2 desaturation)

Continue to ignore me.

http://www.htct.com.br/en-hemoglobin-value-may-be-decreased-avance-S2531137920300298?fbclid=IwAR3zdsJZE_1M5gxNpqzrlf862INlbRMFPJ9qfRLnsC2FqZNkjCrsw4KDtGc

Dr. Josh Backon
backon@mail.huji.ac.il

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

From: Coleman, Amanda (NIH/NIAID) [C] <[REDACTED] (b) (6)>
Date: Thu, Apr 9, 2020 at 6:18 PM
Subject: RE: Covid-19. thromboxane inhibitors, and heme binding (O2 desaturation)
To: Dr. Josh Backon <backon@mail.huji.ac.il>

Dear Dr. Backon,

We very much appreciate the information you've provided, and I am sharing your updates with the relevant staff at NIH. We have directed you to the information we think is relevant for your request, and we hope that this has been helpful. We have no additional information to provide at this time. NIAID staff members will not be responding further.

Thank you,

Amanda Coleman, MPH [C]
Office of Scientific Coordination and Program Operations
Division of Microbiology and Infectious Diseases
NIAID, NIH, DHHS

From: Dr. Josh Backon <backon@mail.huji.ac.il>
Sent: Wednesday, April 8, 2020 7:37 AM
To: Coleman, Amanda (NIH/NIAID) [C] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Subject: Covid-19. thromboxane inhibitors, and heme binding (O2 desaturation)

I have a suggestion for 3 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. Two of the items also positively affect heme binding. Covid-19 binds to heme causing O2 desaturation, lung failure and death.

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

www.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=

-
CHLOROQUINE FOR TREATING COVID-19
-

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=chloroquine+covid-19&oq=ch&fbclid=IwAR11Le376M22_IUr3UsD6_yz-sASmpGgIpI3h3PTOpCHA4Ycu321ZPevD-A

-

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 Kierner 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

COVID-19 BINDS TO HEME

<http://web.archive.org/web/20200405061401/https://medium.com/@agaiziunas/covid-19-had-us-all-fooled-but-now-we-might-have-finally-found-its-secret-91182386efcb>

COVID-19: HYPOXIA, O₂ DESATURATION, COVID-19 BINDS TO HEME. THUS NO MAX PEEP !! IT'S A PROBLEM OF FREE RADICAL BIOCHEMISTRY.

THROMBOXANE AND HEME BINDING

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=thromboxane+%27heme+binding%22&og=th&fbclid=IwAR3f5ECaUUnrSSyhCA6kpJ9z0nPaMM3ba7HtuFPpQ9B1PVrF9kdwayATcY0

INDIA: POPULATION 1,300,000,000: as of April 8th, only 5000 cases and 164 deaths:

[Indians eat GINGER, TURMERIC and BLACK PEPPER plus other spices which are thromboxane inhibitors]:

https://www.business-standard.com/article/current-affairs/coronavirus-live-updates-covid-19-cases-in-india-global-death-toll-state-wise-delhi-maharashtra-tablighi-nizamuddin-lockdown-extension-latest-news-120040800236_1.html

11 classic Indian spices: saffron, fenugreek, cardamom, cloves, cassia, cumin, coriander, and nutmeg
<https://www.thekitchn.com/11-essential-spices-for-indian-cooking-223152>

Access <http://scholar.google.com> for THROMBOXANE (and the name of each spice) and you'll see that each one is a thromboxane inhibitor

ANTIPARASITIC DRUG IVERMECTIN KILLS COVID-19

https://pharmafield.co.uk/pharma_news/study_shows_anti-parasitic_drug_ivermectin_kills_coronavirus/

IVERMECTIN AFFECTS THROMBOXANE

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=%22ivermectin%22+thromboxane+&btnG

≡

CARBON DIOXIDE AS THROMBOXANE INHIBITORS

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

<https://www.sciencedirect.com/science/article/abs/pii/0306987786900952>

Effect of carbon dioxide on **platelet** aggregation in cats

ÉS **Gabrielyan**, ÉA **Amroyan** - Bulletin of Experimental Biology and ..., 1984 - Springer
Products of the arachidonic acid cascade have been shown to play an important role in regulation of the blood supply to several organs, including the brain [i, 8]. Cyclic derivatives of arachidonic acid play a definite role in the mechanisms of action of many known ...

<https://link.springer.com/article/10.1007/BF00829637>

WHY CATS (FELINES) ARE MORE SUSCEPTIBLE TO COVID-19 THAN DOGS

https://www.the-scientist.com/news-opinion/cats-ferrets-susceptible-to-sars-cov-2-study-67374?utm_campaign=TS_DAILY+NEWSLETTER_2020&utm_source=hs_email&utm_medium=email&utm_content=85706789&hsenc=p2ANqtz--SZXoVVbO1SHcR025FPiWgMcM3_nz7fHSHOrKRp9f-LxTy9Bxj0Jsl7hJtDQ_oDM2xsozsH438n5c_1Mj-78bT3Rz2mQ&hsmi=85706789&fbclid=IwAR3bW76GVI4rConuw7YPcDL9IZE9JkQQSm9Lu_y-RE4y2LNmo0o6v_tafUk

https://bpspubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1476-5381.1983.tb09393.x?fbclid=IwAR1SzFkyOR4mVyVvh9ayQP_U-zj4Cw1Vo4I9b2jRHebfjmSQCD6BykteHqQ

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 11:48:56 +0000
To: (b) (6)
Subject: RE: Standing Up for Truth

David:

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

Best regards,

Tony (b) (6)

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, April 13, 2020 2:49 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Subject: Standing Up for Truth

4/13/20

Anthony S. Fauci, M.D.
Director, NIAID

Dear Dr. Fauci:

As a fellow graduate of Regis High School (b) (6) and very active alumnus, I am writing to you out of deep concern for our nation. I am reading reports in The NY Times that President Trump may be considering firing you for telling the truth about the negative consequences of delays in mobilizing the American response to the coronavirus threat. The Times had run articles in recent days detailing the pertinent facts that place the blame

for this delay squarely on President Trump. We can reasonably infer that significant loss of life and financial harm resulted from this delay.

The mission of Regis was to mold young men with leadership potential to be "men for others" in the Jesuit tradition. To achieve that goal Regis also sought to hone our intellectual talents and imbue us with Christian morality to succeed throughout our lives in a persistent pursuit of excellence, which embodies the truth. A mission to relentlessly pursue and proclaim the truth.

The fact that you have consistently and courageously pursued that mission during one of the darkest times in our history explains the extraordinary admiration in which you are held by millions of Americans. You have won their confidence, which has enabled so many to make exquisite sacrifices to win this crucial battle. People will follow heroes, which is precisely how the vast majority views you.

I am writing because I want you to know how important you are to America. We cannot lose you and we can not lose the value of truth. Truth must prevail or our precious democracy is in grave peril.

Consequently, and I know I speak for the vast majority of Americans whose decency is beyond question, if Donald Trump seeks your removal, please resist for the sake of our nation. An appeal to the populace will not go unanswered. Religious leaders will flock to your defense, as will the media and leading political leaders, including Biden and Cuomo. Republicans can not afford to alienate what you stand for. Jeopardizing the Catholic vote would be suicide.

In closing, know how proud all Regians are of you. You will always be an inspiration to those who understand the value of service to others.

Our prayers are with you.

David G. O'Brien (b) (6)
Attorney at Law

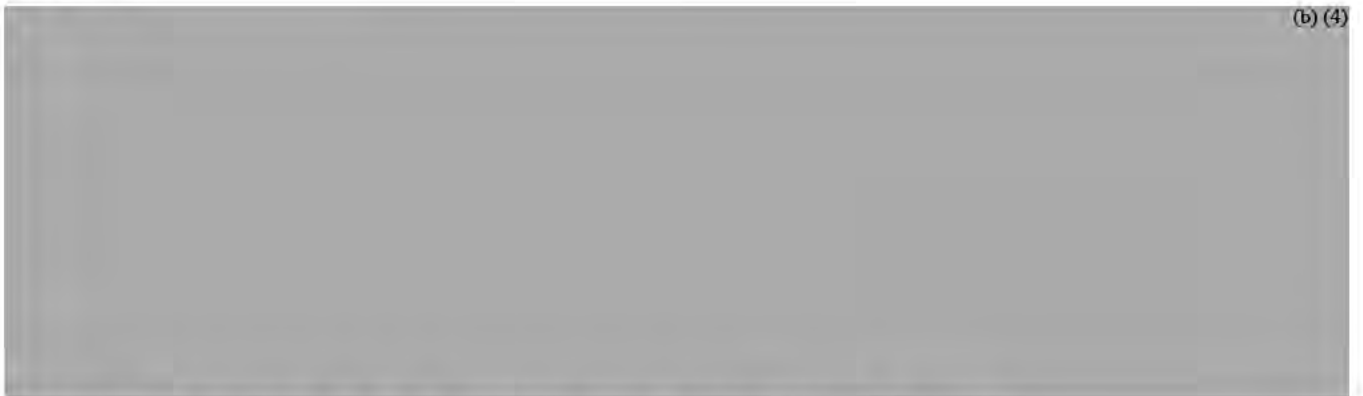
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 11:35:55 +0000
To: Daniel Bednarik
Cc: Lerner, Andrea (NIH/NIAID) [E]
Subject: RE: BARDA Presentation

Thanks, Dan.
Best,
Tony

From: Daniel Bednarik <dbednarik@neximmune.com>
Sent: Tuesday, April 14, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: BARDA Presentation

Dear Tony:



Be well – we are all in your corner (and you have your own bobblehead likeness)!

Best,

Dan

Daniel Bednarik, Ph.D.
Senior Vice President
Molecular Engineering
NexImmune, Inc.
9119 Gaither Road
Gaithersburg MD 20877
(b) (6) (m)
www.neximmune.com

NexImmune
Directing T cell function to restore natural immunity

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 11:33:57 +0000
To: Schwetz, Tara (NIH/OD) [E]
Cc: Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Walsh, Elizabeth (NIH/OD) [E]
Subject: RE: Flagging NIH Media Products

Thanks, Tara. I appreciate the heads up. Stay well and safe.
Best,
Tony

From: Schwetz, Tara (NIH/OD) [E] (b) (6) >
Sent: Tuesday, April 14, 2020 4:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C] (b) (6) >; Walsh, Elizabeth (NIH/OD) [E] (b) (6) >
Subject: Flagging NIH Media Products

Tony,

Hope all is well and that you are staying safe and healthy. (b) (5) PCP
[REDACTED]
[REDACTED]
[REDACTED]. Our plan is to batch and send these to Hilary, Patty, and Kim on Thursdays/Fridays each week, unless there is a time sensitivity to them. For the time-sensitive requests, I will flag them for you (after a couple levels of filtering).

So, that said, I am reaching out to flag the following time-sensitive items for your awareness and sharing with the remainder of the Task Force, as appropriate. You'll note that both of these are yours, so this email may be unnecessary. If so, apologies for adding to your (what much be crazy) inbox.

Item 1: National Institute of Allergy and Infectious Diseases Strategic Plan for COVID-19 Research (NEW)

Activity Type: Strategic Plan

Summary: A new strategic research plan from the National Institutes of Health aims to build on — and accelerate — new and existing research efforts to prevent, diagnose, and treat COVID-19, as well as understand the underlying causative agent of this disease, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Plan prioritizes research to improve fundamental knowledge of SARS-CoV-2 virus and COVID-19 disease, develop diagnostics and assays, characterize and test therapeutics, as well as develop safe and effective vaccines targeted toward decreasing disease incidence, mitigating morbidity, and prevention mortality from this disease.

Impact on COVID-19 Pandemic Response: The strategic plan outlines a research plan targeted at prevention and mitigation of COVID-19 disease.

Office: NIAID, Office of the Director

NIH Point-of-Contact: Anthony Fauci, M.D.

NIH Point-of-Contact Email: (b) (6)

Action Date: Estimated 4/17/2020

Type of Action: Publication

Potential for Press Coverage: Mainstream Press

Press Release in Development?: Yes

Item 2: NIH study validates decontamination methods for re-use of N95 respirators

Activity Type: Significant scientific finding

Summary: NIAID/NIH-funded study shows that N95 respirators can be decontaminated effectively and maintain functional integrity for up to three uses. Researchers tested the decontamination of small sections of N95 filter fabric that had been exposed to SARS-CoV-2. Decontamination methods tested included vaporized hydrogen peroxide (VHP), 70-degree Celsius dry heat, ultraviolet light, and 70% ethanol spray. All four methods eliminated detectable viable virus from the N95 fabric test samples. The results will be posted on a preprint server (timing TBD). The findings are not yet peer-reviewed but are being shared to assist the public health response to COVID-19.

Impact on COVID-19 Pandemic Response: Study shows that respirators could be used multiple times (2-3 times depending on decontamination method)

ICO: NIAID

NIH Point-of-Contact: Vincent Munster, Ph.D., and Marshall Bloom, M.D., from NIAID's Laboratory of Virology are available to comment on this study.

POC Email: (b) (6)

Action Date: TBD week of April 13, 2020

Type of Action: Report/Publication

Potential for Press Coverage: Mainstream Press

Press Release in Development?: Yes

Hope you're getting some rest and taking care of yourself!

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: Thu, 16 Apr 2020 11:32:27 +0000
To: (b) (6)
Subject: FW: New web portal --- UW IDEA: COVID-19 Treatment <https://bit.ly/3cckv48>

Please take a look at this and then let us talk.

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, April 14, 2020 5:19 PM
Subject: New web portal --- UW IDEA: COVID-19 Treatment <https://bit.ly/3cckv48>

The screenshot shows the homepage of the 'COVID-19 Treatment' website, part of the University of Washington / IDEA Program. The page features a dark background with a large, stylized image of a virus particle. At the top, there is a navigation bar with icons for 'U.S. Clinical Trials', 'COVID-19 Treatments', 'Treatment Guidance', 'Teaching Resources', 'Master Bibliography', and 'COVID-19 Resources'. Below the navigation bar, the main heading reads 'COVID-19 Treatment'. A sub-heading states: 'Our main goal is to provide up-to-date information and teaching slide decks focused on clinical trials and published data related to potential high-impact treatments of persons with COVID-19.' The page is divided into three main content areas: 'U.S. Clinical Trials', 'Treatments', and 'Teaching Resources'. Each area has a brief description of its content. At the bottom, there is an 'About this website' section and an 'Editors' section featuring two individuals: David H. Spach, MD, Professor of Medicine, Division of Infectious Diseases; and Gretchen Snoeyenbos Newman, MD, Senior Editor.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 11:24:00 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] ([REDACTED]) (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]; Harper, Jill (NIH/NIAID) [E]
Subject: FW: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20
Attachments: 2020-04-14_Proposal POC Sign up.xlsx, IC Specific Proposals 4.14.pdf, ER Proposals 4.14.pdf

Please handle.

From: Schwetz, Tara (NIH/OD) [E] ([REDACTED]) (b) (6)
Sent: Tuesday, April 14, 2020 8:52 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>
Subject: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

Colleagues,

As discussed this afternoon, please find attached the POC sign-up sheet (tab 1; tabs 2-3 list the various proposals by category, theme, and IC), the IC-specific proposals, and the economic recovery proposals. We ask that you please complete the POC sign-up and send it to Jordan Gladman ([REDACTED]) (b) (6) by **5 pm on Wednesday April 15**. We will then collate and distribute the completed spreadsheet to the Chairs for each of the themes and post it on the ICD SharePoint site. The individual proposals are imbedded in the pdf as folders sorted by theme. If you feel your proposal would fit better with a different working group, please feel free to engage with them.

We ask that, once the POCs have been identified, you quickly assemble to begin refining and synergizing your proposals. Each Chair should coordinate with their group to develop a 2 page max summary of the theme's research, along with a single combined budget. The summary should integrate the IC proposals as much as possible; however, it is fine (for valid/justifiable reasons) to describe a few unique projects that fall under the theme as well. That is, if they don't make sense to integrate, you don't have to, but please be sure to include them in the summary. These summaries should be sent to Larry and me (cc Jordan Gladman) by **noon on April 20**. We will build off these summaries to generate a document for Francis' review, which we ultimately hope will be informative as we prepare for a potential fourth supplement.

The ask in short:

- **April 15 at 5 pm** – send your POCs to Jordan, who will then distribute the completed spreadsheet to the chairs
- **April 20 at 12 pm** – chairs to send a 2 page summary of their theme (with combined budget)

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: Thu, 16 Apr 2020 02:51:30 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Emergency clinical trial COVID PE
Attachments: 4_OVID_protocol_15042020.docx

Please take a look at this and take care of it. Thanks.

From: Kucher Nils <[REDACTED] (b) (6)>
Sent: Wednesday, April 15, 2020 5:29 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Emergency clinical trial COVID PE

Dear Anthony

My background is clinical VTE research. I spent many years in Boston (Harvard Medical School).

We may have a solution for improving survival in COVID outpatients.

[REDACTED] (b) (4), (b) (5)

Would you be willing to discuss this urgent clinical trial proposal which was submitted today to Swiss authorities

My mobile is [REDACTED] (b) (6)

You can call me anytime.

Best regards

Nils

Prof. Dr. med. Nils Kucher
Director of Vacular Medicine

University Hospital Zurich
Switzerland
Rämistrasse 100, RAE C 13
CH-8091 Zürich
Tel: [REDACTED] (b) (6)
www.angiologie.usz.ch

USZ Universitäts
Spital Zürich

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 02:50:34 +0000
To: DuBois, Raymond N.
Subject: RE: Mask wearing policy at our University Hospital

Ray:

Thank you for your note. I would keep the policy "voluntary" but I would "encourage" employees to wear them.

Best regards,

Tony

From: DuBois, Raymond N. (b) (6)
Sent: Wednesday, April 15, 2020 7:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Mask wearing policy at our University Hospital

Dear Dr. Fauci,

My name is Ray DuBois and in addition to being the Dean of Medicine here at the Medical University of South Carolina in Charleston, I chair the Board of Scientific Councilors for the NCI. The mask wearing policy for our Health System is developed by our infection control group and not by the College of Medicine.

Currently, we have a "**voluntary**" mask wearing policy for the health system and our main University Hospital. Based on your recent comments about asymptomatic and pre-symptomatic carriers of COVID-19, do you agree that keeping this voluntary is the correct approach?

Obviously, your opinion here is extremely well respected and I would like for us to provide the safest environment possible for our faculty, employees and patients.

Ray DuBois, M.D., Ph.D.
Dean of Medicine
The Medical University of South Carolina....Charleston, SC
Member of the National Academy of Medicine

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 02:35:18 +0000
To: Bertuzzi, Stefano
Subject: RE: Announcement--ASM's COVID-19 Research Registry

Stefano:

Congratulations! Excellent idea and much needed. Our community will find it very valuable.

Best regards,
Tony

From: Bertuzzi, Stefano <sbertuzzi@asmusa.org>
Sent: Wednesday, April 15, 2020 10:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Cassetti, Cristina (NIH/NIAID) [E] (b) (6); Beigel, John (NIH) [E] (b) (6)>
Subject: Announcement--ASM's COVID-19 Research Registry

Dear Tony and NIAID friends –

the mission of the American Society for Microbiology (ASM) to promote and advance the microbial sciences has perhaps never been more clearly in focus than during the current SARS-CoV-2 pandemic. Accelerating basic research is key to ASM's mission– it is where cure and prevention begin. It is impressive how rapidly research on SARS-CoV-2 /COVID-19 has advanced in just a few weeks, but easily accessing new and relevant research has been a challenge for basic researchers. When ASM's [Council on Microbial Sciences](#) held a [COVID-19 summit](#) to identify the most significant scientific work on the virus, the coronavirus researchers and clinical microbiologists raised the need for the scientific community to curate important COVID-19 research.

ASM is excited to announce the launch of the [COVID-19 Research Registry](#), a platform curated and vetted by experts in the field of virology and related disciplines to provide immediate access to top COVID-19 research.

I am proud that **Lynn Enquist**, Ph.D., Henry L. Hillman Professor in Molecular Biology, Princeton University and former ASM President, will serve as Chief Curator for this Registry. **Dr. Harold Varmus**, Lewis Thomas University Professor of Medicine, Weill Cornell Medicine has agreed to join us as Chief Consultant on the project.

We are honored to have the following as Assistant Curators-in-Chief:

- Rozanne M. Sandri-Goldin, Ph.D., Chancellor's Professor, Microbiology & Molecular Genetics, University of California, Irvine and Editor-in-Chief of ASM's [Journal of Virology](#)
- Vaughn Cooper, Ph.D., Professor, Microbiology & Molecular Genetics, University of Pittsburgh, and current [ASM Board](#) member

The [entire curatorial board](#) is listed on the Registry site.

ASM is proud to add this initiative to our ongoing efforts. Through its capillary network of clinical microbiologists around the country and the world, ASM has accelerated communication and cleared roadblocks to ramp up SARS-CoV-2 testing. We continue to work closely with our dedicated colleagues, the indefatigable clinical microbiologists manning the front lines in hospitals and testing labs during this unprecedented global emergency. We send our thanks—and admiration—to these ASM members who are contributing directly to saving lives in this perilous time.

Our [COVID-19 resource page](#) provides important ASM updates and current information on the coronavirus. We are also working with the news media to provide authoritative ASM experts and reliable material on the microbiology of viral epidemics. ASM journals is also providing free access to more than [50 research articles published over the last year](#) in our [16 scholarly journals](#) and expediting review for submitted papers related to coronavirus, ensuring that new research is quickly made available to the scientific community.

We are hoping that researchers will find the COVID-19 Research Registry a useful resource. We look forward to your comments, questions or suggestions, since your input will be critical for improving this platform and making it useful for the scientific community. All feedback can be sent to covid19registry@asmusa.org. We are all in this together.

Sincerely,



Stefano Bertuzzi
Chief Executive Officer, ASM

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone + [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 02:08:26 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] ([REDACTED] (b) (6))
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20
Attachments: 2020-04-14_Proposal POC Sign up v1.0[1].xlsx, IC Specific Proposals 4.15[1].pdf, ER Proposals 4.15[1].pdf, COVID-19 Initiative Management-revised[1][6].docx

Please take a look at this and handle. Thanks.

From: Schwetz, Tara (NIH/OD) [E] ([REDACTED] (b) (6))>
Sent: Wednesday, April 15, 2020 8:59 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>; Gladman, Jordan (NIH/OD) [E] <[REDACTED] (b) (6)>
Subject: Re: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

All,

Please find attached the compiled sign-up sheet with IC POCs for the 12 themes, as well as updated packets to match the shifts that were brought to our attention (attachments #1-3).

As a reminder, please send the 2 page summaries for each theme (with combined budget), using the attached template (attachment #4), to Jordan Gladman by **April 20 at 12 pm**. Thanks to you and your staff for developing these!

Best,

Tara A. Schwetz, PhD
Acting Director, NINR
Associate Deputy Director, NIH
A: Building 1, Room 138
P: [REDACTED] (b) (6) | M: [REDACTED] (b) (6)

From: Tara Schwetz [REDACTED] (b) (6)>
Date: Tuesday, April 14, 2020 at 9:01 PM
To: "ICDDIR-L@list.nih.gov" <ICDDIR-L@list.nih.gov>
Cc: List DEPDIR-L <DEPDIR-L@list.nih.gov>, NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>
Subject: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

Colleagues,

As discussed this afternoon, please find attached the POC sign-up sheet (tab 1; tabs 2-3 list the various proposals by category, theme, and IC), the IC-specific proposals, and the economic recovery proposals. We ask that you please complete the POC sign-up and send it to Jordan Gladman (jordan.gladman@nih.gov) by **5 pm on Wednesday April 15**. We will then collate and distribute the completed spreadsheet to the Chairs for each of the themes and post it on the ICD SharePoint site. The individual proposals are imbedded in the pdf as folders sorted by theme. If you feel your proposal would fit better with a different working group, please feel free to engage with them.

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The ask in short:

- **April 15 at 5 pm** – send your POCs to Jordan, who will then distribute the completed spreadsheet to the chairs
- **April 20 at 12 pm** – chairs to send a 2 page summary of their theme (with combined budget)

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: Thu, 16 Apr 2020 01:58:31 +0000
To: Myles, Renate (NIH/OD) [E]
Cc: Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Wolinetz, Carrie (NIH/OD) [E]; Burklow, John (NIH/OD) [E]; Fine, Amanda (NIH/OD) [E]; Lane, Cliff (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]
Subject: RE: FOR YOUR REVIEW: Draft ACTIV News Release
Attachments: OD_ACTIV_PPP_Release_4.15.2020 - with minor tracked edits.docx

Looks good. See my very minor tracked edits in attached document.

Thanks,

Tony

From: Myles, Renate (NIH/OD) [E] (b) (6) >
Sent: Wednesday, April 15, 2020 9:50 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6) >; Burklow, John (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E] (b) (6) >; Lane, Cliff (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) >
Subject: FOR YOUR REVIEW: Draft ACTIV News Release

Hi Dr. Fauci:

Dr. Collins asked that I send the draft ACTIV release for you review.

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: Wed, 15 Apr 2020 22:26:51 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Greg Folkers [REDACTED] (b) (6); Billet, Courtney (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: AIRI Presents Dr. Fauci with 2020 Public Service Award
Attachments: Fauci 2020 AIRI Public Service Award Letter.pdf

Patty:

Please put together (or have Kim do so) a letter of thanks, honor, and appreciation...yada yada. So that they know I have received the letter and look forward to receiving it at an appropriate time.

Thanks,

Tony

From: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6) >
Sent: Wednesday, April 15, 2020 4:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Tabak, Lawrence (NIH/OD) [E] [REDACTED] (b) (6) >
Subject: FW: AIRI Presents Dr. Fauci with 2020 Public Service Award

Congrats, Tony! Please try to take a minute to savor this. Or at least 15 seconds. 😊

Francis

From: Parker, Nicole <Nicole@lewis-burke.com>
Sent: Wednesday, April 15, 2020 4:10 PM
To: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6) >; Wolinetz, Carrie (NIH/OD) [E] [REDACTED] (b) (6); Hallett, Adrienne (NIH/OD) [E] [REDACTED] (b) (6) >; Lauer, Michael (NIH/OD) [E] [REDACTED] (b) (6) >
Cc: O'Hare, Libby <libby@lewis-burke.com>
Subject: AIRI Presents Dr. Fauci with 2020 Public Service Award

Good Afternoon,

On the behalf of the Association of Independent Research Institutes (AIRI), I wanted to notify you that AIRI has awarded Dr. Tony Fauci with its 2020 Public Service Award in recognition of his exemplary leadership during the novel coronavirus pandemic. The AIRI Public Service Award is the highest honor awarded by our organization and we're very pleased to present this award to Dr. Fauci. A list of past awardees can be found [here](#).

Please see the official award letter attached and let us know any questions.

Regards,

Nicole Parker, Ph.D.

AIRI Washington Office - Lewis-Burke Associates, LLC

440 1st Street NW Suite 700

Washington, DC 20001

202-289-7475

Nicole@lewis-burke.com

www.lewis-burke.com

Disclaimer: This message is intended only for the named recipient. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 15 Apr 2020 15:57:38 +0000
To: Awwad, David (NIH/NIAID) [C]
Subject: Threat assessment 4/14
Attachments: Total Fauck Up, Re: Finis Covid Opus, Re: Total Fauck Up, Untitled

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 15 Apr 2020 10:45:28 +0000
To: Birx, Deborah L. EOP/NSC; Troye, Olivia EOP/NSC
Subject: RE: Does G6PD Deficiency Relate to COVID-19 Infection? | MedPage Today

The issue also comes up when people are on certain drugs.

From: Birx, Deborah L. EOP/NSC <[REDACTED]> (b) (6) >
Sent: Wednesday, April 15, 2020 6:16 AM
To: Troye, Olivia EOP/NSC <[REDACTED]> (b) (6); Fauci, Anthony (NIH/NIAID) [E]
<[REDACTED]> (b) (6)
Subject: Re: Does G6PD Deficiency Relate to COVID-19 Infection? | MedPage Today

This one always comes up when we have differential responses to an infection <[REDACTED]> (b)(5) PCP
<[REDACTED]> – in HIV there are genetic links to better outcomes.

From: "Troye, Nsc" <[REDACTED]> (b) (6)
Date: Tuesday, April 14, 2020 at 11:03 PM
To: "Birx, Deborah L. EOP/NSC" <[REDACTED]> (b) (6) >, "Anthony Fauci [E]"
<[REDACTED]> (b) (6) >
Subject: Does G6PD Deficiency Relate to COVID-19 Infection? | MedPage Today

Follow up article to some previous emails. Just wanted to send this your way.

<https://www.medpagetoday.com/infectiousdisease/covid19/85929>

Olivia Troye
Special Advisor for Homeland Security and Counterterrorism
Office of the Vice President
White House Coronavirus Task Force
Office: <[REDACTED]> (b) (6)
Mobile: <[REDACTED]> (b) (6) (Does not receive texts)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 15 Apr 2020 02:32:49 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: ASF - here that proposed op-ed for you and Dr. Birx penned by VP office
Attachments: Birx.Fauci Op-Ed clean - with Fauci tracked changes.docx

Greg:

Nice job. I have made a few edits that are tracked into the attached document. Please accept the changes and submit back to them.

Thanks,

Tony

From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Monday, April 13, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: ASF - here that proposed op-ed for you and Dr. Birx penned by VP office

ASF – (b) (5). Please review if/when u have a chance.
Clean version and tracked version.

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, April 12, 2020 7:20 PM
To: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: RE: ASF / FW: proposed op-ed for you and Dr. Birx?

(b) (5)

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, April 8, 2020 5:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: ASF / FW: proposed op-ed for you and Dr. Birx?

From: Billet, Courtney (NIH/NIAID) [E] <(b) (6)>

(b) (5)

From: Miller, Darin B. EOP/OVP (b) (6)

Sent: Tuesday, April 7, 2020 3:07 PM

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

Subject: Courtney, Patricia - op-ed by Fauci/Birx?

Hi Courtney and Patricia,

(b) (6), (b) (5)

Thanks!

Darin Miller
Deputy Press Secretary
Director of Strategic Communications
Office of the Vice President

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 15 Apr 2020 01:44:02 +0000
To: Johnson, Carolyn
Cc: Collins, Francis (NIH/OD) [E] (b) (6) Billet,
Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Washington Post
Attachments: NIAID COVID-19 Strategic Plan Final 10April 2020.docx

Carolyn:

Thanks for the note. I understand that you will be hearing from Francis Collins on the Public Private Partnership (PPP) that we have put together to combine the resources and assets of industry and the academic community that is largely supported by NIH, particularly NIAID in the context of COVID-19. It is the functional equivalent of a National Strategy. We at NIAID and to some extent other institutes are leveraging our vast clinical trials networks that we built for other infectious diseases, particularly, but not exclusively HIV/AIDS, to provide the capacity to conduct clinical trials (NIH-sponsored as well as industry-sponsored) for both vaccines and therapeutics for COVID-19. For your interest, I am attaching a copy (not yet released) of the NIAID Strategic Plan for COVID-19 Research. It is an outline that will be supplemented with an implementation plan.

Best regards,
Tony

From: Johnson, Carolyn <Carolyn.Johnson@washpost.com>
Sent: Tuesday, April 14, 2020 10:23 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Washington Post

Dear Tony,

Is there a national strategy at the task force level to coordinate clinical research efforts nationally? We have heard lots of complaints that there isn't a national strategy. I talked to Cliff Lane about this, but we want to give you the chance to respond.

Carolyn

Carolyn Johnson
Washington Post
202-334-6248 (desk)
(b) (6) (cell)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 15 Apr 2020 01:35:53 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Call with VP and Senators on Thursday 4/15

I guess in person since I will have to be down there anyway

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, April 14, 2020 6:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: Call with VP and Senators on Thursday 4/15

(b) (5)

From: Edwards, Sara L. EOP/OVP <(b) (6)>
Sent: Tuesday, April 14, 2020 4:43 PM
To: McGuffee, Tyler Ann A. EOP/OVP <(b) (6)>; Good-Cohn, Meredith (CMS/OA) (b) (6)>; Shirley.Gathers (b) (6)
(b) (6); Amerau, Colin C LT USN JS J4 (USA) <(b) (6)>;
Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Rom, Colin (FDA/OC) (b) (6)>
Cc: Lankford, Hannah A. EOP/OVP <(b) (6)>
Subject: Call with VP and Senators on Thursday 4/15

Good afternoon,

Vice President will be joining a call with Senate Democrats on Thursday April 16 at 1:00pm. The call will be routed through the (b) (5) similar to last week's call. Please have your principal dial into the (b) (5) at (b) (5) at 5 minutes prior to the start. They will be patched into the Vice President and then together into the Senate calls.

1PM-2PM Senate Democratic Caucus

(b) (5)

Please confirm your principal Thursday 4/16

Secretary Steven Mnuchin, Department of the Treasury – **by phone**
Administrator Seema Verma, Center for Medicare and Medicaid Services (CMS) - **by phone**
Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases – **by phone**
Dr. Stephen Hahn, Commissioner of Food and Drugs, Food and Drug Administration – **by phone**
Rear Admiral John Polowczyk, Vice Director for Logistics, J4 – **by phone**
Ambassador Debbie Birx, M.D., White House Coronavirus Response Coordinator - **in-person**

Thank you,

Sara Edwards
Office of the Vice President

To: Mollet, Melissa (NBCUniversal, WRC)

Subject: [EXTERNAL] Therapy for COVID-19; Results of Trial in Italy

Melissa,

I wanted to expand a bit on the COVID-19 therapy I mentioned and provide some information about the man who is developing it. Hoping that you can get this into the right hands, as it seems like a very promising lead in this fight.

The therapy, invented by Professor Claudio De Simone, has shown extremely encouraging results in a preliminary trial at the Infectious Diseases Clinic of the University "La Sapienza" in Rome, Italy. Professor De Simone convinced the doctors there to start a trial on patients affected by COVID-19. Considering the excellent results obtained, the number of patients enrolled is increasing day after day. Our firm became aware of these results directly from Professor De Simone, who has been a client of our managing partner, Jeremy Schulman, since 2015.

The formulation employed in these patients at the La Sapienza Infectious Diseases Clinic is manufactured in France and known as "SIVOMIXX." The product is a specialized blend of eight different freeze-dried bacteria with considerable antiviral and anti-inflammatory activity. Patients admitted to the clinic at La Sapienza, presenting as positive for COVID-19 and with the typical symptoms of the disease, are being treated by oral bacteriotherapy utilizing SIVOMIXX. In each case, SIVOMIXX administration was followed by a dramatic improvement in their conditions. The key takeaways are that use of SIVOMIXX correlated with fewer deaths (zero in the treated group), fewer patients transferred to the ICU, and a dramatically reduced risk of patient intubations. The sponsors of the trial using SIVOMIXX are now beginning to enroll patients with severe cases who have been admitted to the ICU.

Attached to this email is a confidential dossier about the SIVOMIXX product and a summary of the ongoing study. Upon request, I am also able to send you an Excel file containing the raw data from the study, so NIH can review them, with the understanding that this should be treated as "highly confidential." Since the clinical trial is continuing in Italy, we expect to have results covering additional patients on a rolling basis. The researchers conducting the study intend to publish their results in the coming weeks. However, considering the pandemic and the lack of effective treatment options, we want to make NIH aware of Professor De Simone's therapy without any delay.

SIVOMIXX is a relatively new formulation developed by Professor De Simone, currently in limited commercial production at a manufacturing facility in France. Professor De Simone has sufficient supply available to utilize with 100-150 COVID-19 patients immediately. Professor De Simone could, on his own, arrange a small-scale supply to use with hundreds of additional patients in the United States. He is willing to provide his current inventory of the product to the United States government. He expects that the Trump administration could quickly confirm the efficacy of SIVOMIXX to significantly improve symptoms of COVID-19 and reduce the duration of patient hospital stays. After that, Professor De Simone is willing to collaborate with the administration to bring a large-scale production of SIVOMIXX for use throughout the United States, Italy (where he was born), and Switzerland (where he lives). Professor De Simone already has ongoing partnerships with a

number of manufacturing companies, including one in the United States, for the production of another one of his products (Visbiome, referenced below). With appropriate guidance and instruction from the Trump administration, we believe the U.S. manufacturing companies could re-tool to produce SIVOMIXX on a large scale within several weeks.

Professor De Simone (more information about him below) and Jeremy will do whatever it takes to bring this critical therapy to as many Americans as possible on an urgent basis. Jeremy can be reached at anytime on his cell phone—(b) (6)

Thanks so much for passing this on.

Best,

Jake

About Professor De Simone. Professor De Simone is a world-renowned expert in gastroenterology and the inventor of several highly successful probiotic medical foods. Until 2010, he was an Associate Professor for the Infectious Diseases Group at the Department of Medicine and Surgery of the University of L'Aquila, Italy. Subsequently, he was appointed Head of the Infectious Disease Department and Director of the AIDS Coordination Group of the Abruzzi region, Italy. He is currently a retired Professor of Internal Medicine, still collaborating with the University, and a Fellow of the American Gastroenterology Association. Professor De Simone's research specialties have been in the fields of immuno-pathogenesis of infectious diseases. He has published the results of his research activities in over 200 scientific articles, reviews, case reports, and book chapters. Professor De Simone is both a researcher and a medical practitioner. He tests his laboratory hypotheses in the university hospital clinic on patients with serious diseases. He was responsible for controlling the AIDS pandemic in Italy's Abruzzi region in the 1990's.

Products developed according to Professor De Simone's know-how have shown positive results in patients with serious diseases. One of his signature formulations, known as the "De Simone Formulation," is now sold in the United States as "Visbiome." The De Simone Formulation has been the subject of more than 70 published human clinical trials demonstrating its efficacy in managing severe gastrointestinal symptoms from such diseases as ulcerative colitis, pouchitis, and liver diseases. Concerning pouchitis, the De Simone Formulation is recognized by the world's professional gastroenterology societies as a "standard of care," an achievement that no other probiotic substance previously has attained. The De Simone Formulation became the "gold standard" in its therapeutic class. Its role in patient care has been endorsed in the guidelines published by the American Gastroenterology Association ("AGA"), the European Crohn's and Colitis Organization ("ECCO"), and the British Society of Gastroenterology, as well as in the New England Journal of Medicine.

SCHULMANBHATTACHARYA



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 14 Apr 2020 16:15:32 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Mike Milken new Podcast Series: COVID-19 - will you join me as my guest?
All the best, Mike

What do you think? Let us discuss.

From: Michael Milken (mmilken@knowledgeu.com) <mmilken@knowledgeu.com>
Sent: Tuesday, April 14, 2020 5:16 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Billie Griffin (bgriffin@knowledgeu.com) <bgriffin@knowledgeu.com>; Katie Dinsmore (kdinsmore@knowledgeu.com) <kdinsmore@knowledgeu.com>
Subject: Mike Milken new Podcast Series: COVID-19 - will you join me as my guest? All the best, Mike

Dear Tony, I hope this email finds you well. I wanted to see if you had a few minutes to talk over the next few weeks. I recently began hosting a daily podcast that focuses on the COVID-19 pandemic and responses from thought leaders across industries – I would like for you to join me as my guest. I have also reached out to Hugh Auchincloss as well but still waiting to hear.

Our guests so far include Francis Collins, Alex Gorsky, David Baltimore (*Nobel Laureate*), Jim Allison (*Nobel Laureate*)/Pam Sharma, Jo Ann Jenkins, Eric Schmidt, Rod Hochman, Carmine Di Sibio, Arie Beldegrun, Peggy Hamburg, Rodney McMullen, Bruce Broussard, Vas Narasimhan, Joe Tsai, Steve Ballmer, Jeff Skoll, Sue Desmond-Hellmann, Rob Manfred, Judy Faulkner, Bob Bradway, Tal Zaks, Ray Dalio, David Solomon, Barbara Humpton, Dr. Steven Rosenberg, Dr. Richard Stone, Dr. Kurt Newman, Vivek Ramaswamy, Francis deSouza

I record the interviews on Mondays, Wednesdays-Fridays starting at 7:30 a.m. Pacific/10:30 a.m. Eastern. Each episode will last 10-20 minutes. Our team would get you set-up to join remotely by phone.

The interviews are available on the Milken Institute website as well as on Spotify and Apple Podcasts. I opened up the series with Francis Collins a few weeks ago, click [here](#) to have a listen.

If you're interested in joining me, my team (copied) will circle back to you with another email detailing the subject matter and technical information.

Please stay safe & healthy.

All the best,
Mike

From: (b) (6)
Sent: Tue, 14 Apr 2020 10:32:21 -0400
To: Tengiz Tsertsvadze
Subject: Re: US-Georgia biomedical collaboration

Tengiz:

Thank you for your kind note. I am pleased to see that Georgia has controlled the outbreak very well. Stay well.

Best regards,

Tony

On Apr 14, 2020, at 10:24 AM, Tengiz Tsertsvadze (b) (6) wrote:

Dear Dr. Fauci,

I am writing this letter on behalf of the community of infectious diseases specialists of Georgia to express our deepest respect to you. I recall with great pleasure all our previous meetings, especially the last one in 2017, when I, together with my team members, had an opportunity to visit you at NIH.

We are grateful to you and your team for the most important contribution to establishing US-Georgia biomedical collaboration that significantly increased our country's research and practical capacities. Your personal role in combating HIV and other emerging epidemics such as SARS, MERS, Zika, Ebola, cannot be overestimated. I am confident that your leading role in this fight against COVID-19 will be crucial for defeating the pandemic not only in the United States, but around the globe.

We closely follow your briefings and interviews on COVID-19 (including recent very interesting conversation with Dr. Howard Bauchner at JAMA) and as always your views are very apt and to the point. We fully agree that the approaches you suggest are the most effective way to defeat the pandemic. Most importantly your recommendations are applicable not only to the United States, but to other countries as well and we eagerly take them into consideration while planning our strategies here in my country of Georgia.

I would like to use this opportunity to update you on COVID-19 situation in my home country of Georgia: The country quickly responded to this threat first by stopping flights with China in January, followed by more strict measures after the first case was diagnosed on February 26. These measures included national lockdown, active contact tracing, isolation and quarantine. The Government of Georgia appointed me to lead the National Committee on the clinical management

of COVID-19. Our effort to contain the spread of the virus had been effective so far with 296 cases of COVID-19 and 3 lethal cases reported up to now.

We are impatiently awaiting results of vaccine and therapeutic trials supported by NIAID, which I am confident will help to defeat this pandemic disease. On our side, Georgia is committed to make its modest but important contribution to the global efforts.

Sincerely,

Tengiz Tsertsvadze, MD, PhD
Director General, Infectious Diseases, AIDS and Clinical Immunology Research
Center
Professor of Medicine, Ivane Javakhishvili Tbilisi State University

<photo.jpg>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 14 Apr 2020 03:29:04 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Covid-19 logical treatment strategy based on patient's immunological response
Attachments: MEDRXIV-2020-058420v1-Gali Filho.pdf

From: Julio Gali (b) (6)
Sent: Monday, April 13, 2020 12:34 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Covid-19 logical treatment strategy based on patient's immunological response

Good afternoon Dr. Anthony Fauci.

After reading a lot of papers and studying basic science we have elaborated a treatment approach to the disease.



Julio C. Gali Filho, MD

Research and Development, JJMED, Sorocaba, SP, Brazil

(b) (6)

(b) (6)

Julio C. Gali, MD, PhD

Department of Orthopaedics

Faculty of Medical Science and Health

Catholic University of Sao Paulo

Sorocaba/SP – Brazil

(b) (6)

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 14 Apr 2020 02:13:45 +0000
To: Hiatt, Fred
Subject: RE: fred checking in

Fred:

Thank you for your kind note. Am glad to hear that Joe is working on COVID-19. We need all the brightest minds we can get on this problem. Stay safe and well.

Best regards

Tony

From: Hiatt, Fred <fred.hiatt@washpost.com>
Sent: Monday, April 13, 2020 2:30 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: fred checking in

Tony,

I haven't wanted to bother you, but wanted to say thanks for all you are doing, and hope you are at least to a small extent finding a way to take care of yourself.

(b) (6) is hard at work at (b) (6) on a couple of coronavirus projects, so we're counting on him.

Of course any time you want to write something, our page is available.

Warmly,

Fred

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 14 Apr 2020 02:03:49 +0000
To: Glass, Roger (NIH/FIC) [E]
Cc: Kilmarx, Peter (NIH/FIC) [E]; Redfield, Robert R. (CDC/OD); Birx, Deborah L. EOP/NSC
Subject: RE: Support for a "U.S. COVID-19 Response Corps"

Great idea!!

From: Glass, Roger (NIH/FIC) [E] (b) (6) >
Sent: Monday, April 13, 2020 12:50 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Glass, Roger (NIH/FIC) [E] (b) (6) >; Kilmarx, Peter (NIH/FIC) [E] (b) (6) >
Subject: Support for a "U.S. COVID-19 Response Corps"

Hi Tony,

Greetings from (b) (6)

It's been good to see all the calls for ramping up a public health workforce to manage contact tracing and other aspects of the second phase of the response. I wanted to let you know that Peter Kilmarx has been calling for the formation of a "U.S. COVID-19 Response Corps" since March 21 (unrelated to NIH work). FEMA could hire thousands of temporary workers quickly with existing authorities and funding. CDC could provide training and technical assistance. The workforce would be deployed to and managed by state and local health departments at their request. There's a lot of enthusiasm for this from Jeff Duchin in Seattle, to Tom Frieden, CSIS, ASTHO, and 40 members of Congress (bicameral, bipartisan) who sent a letter to FEMA asking them to do this. The 7,000+ recently evacuated Peace Corps volunteers could be one recruiting source. Another approach is for CDC to fund state and local authorities for those who are able to hire at this speed and scale. There's more information in the string below.

This workforce issue is now such a critical part of the response, I wanted to share with you what we've learned and offer to help in any way.

Tony, all of NIH is so proud of your leadership and rooting for you to get this outbreak under control. Please keep up fight and let us know if and how we can help.

Warm wishes,
Roger

From: Kilmarx, Peter (NIH/FIC) [E]
Sent: Monday, April 13, 2020 8:45 AM
To: 'Conover, Craig' (b) (6); 'Angela Dunn' (b) (6); 'Cindy Burnett' (b) (6) >; 'Duchin, Jeff' (b) (6) >; 'Stephen Morrison'

(b) (6); 'John Monahan' (b) (6); 'Charles Holmes'
(b) (6); 'Jeremy Konyndyk' (b) (6)
(b) (6); 'Rebecca Katz' (b) (6); 'Tom Inglesby'
(b) (6); 'Glenn Blumhorst' (b) (6); Glass, Roger (NIH/FIC) [E]
(b) (6); 'Marcus Plescia' (b) (6); 'Vanessa Kerry'
(b) (6); 'Kenyon, Thomas' < (b) (6); 'Anna Carroll'
(b) (6); 'Scott Dowell' (b) (6); 'Jonathan Pearson'
(b) (6); 'suzannemarks@me.com' < (b) (6); 'O'Connor,
Eileen' (b) (6); 'Myers, Michael' (b) (6); 'Robynn Leidig'
(b) (6); 'Ariel Pablos' (b) (6); 'Gavin Yamey'
(b) (6); 'Jody Olsen' (b) (6); Bialy, Kevin (NIH/FIC) [E]
(b) (6); 'John Auerbach' < (b) (6); Brooks, John T.
(CDC/DDID/NCHHSTP/DHPSE) (b) (6); 'Dara Lieberman' (b) (6); David
Gittelman (b) (6)>

Subject: RE: COVID-19 Response Corps

Hi all,

Updates:

1. Johns Hopkins and ASTHO released "A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the U.S." calling for 100,000 contact tracers. (Kudos!) "Potential workforce recruits may include . . . Peace Corps members."
http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf
2. WaPo article: "A plan to defeat coronavirus finally emerges, but it's not from the White House" covers the JHU/ASTHO plan and notes: "Experts [CSIS] have proposed transforming the Peace Corps into a national response corps that could perform many tasks, including contact tracing." [Not quite accurate. Peace Corps would be unchanged, but the evacuated volunteers would be hired into COVID-19 response.]
3. NY Times editorial from Tom Frieden calls for a "giant public health effort." "Recruits could include Peace Corps volunteers who were brought home when the pandemic spread."
<https://www.nytimes.com/2020/04/12/opinion/cdc-coronavirus.html>
4. Bill introduced by Sens. Susan Collins (R-ME), Chris Murphy (D-CT) and Dianne Feinstein (D-CA) would require federal agencies and departments facing special hiring needs during the pandemic to establish a process to expedite hiring of returned Peace Corps volunteers
<https://riponadvance.com/stories/collins-bipartisan-bill-would-ensure-benefits-for-evacuated-peace-corps-volunteers/>
5. From March 29: Policy report from former FDA Commissioners Scott Gottlieb and Mark McClellan calls for "massively" scaling contact tracing. "Surge the existing public-health workforce to conduct case finding and contact tracing." <https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/>
6. Mark McClellan responded to my email yesterday: "I'd suggest adding outreach to mayors and county execs if that hasn't happened yet. They are really on the front lines for this next phase."
7. I understand legislation is in the works, but don't have details.
8. No news from FEMA or indication to my knowledge that they are planning a substantial ramping up of staffing.
9. A key limitation on the impact of contact tracing will be the relative importance of asymptomatic spread.

10. A note on serology: The current U.S. cumulative incidence is 0.169%. The specificity of FDA EUA Cellex test is 95.6%. Not accounting for undiagnosed cases, Positive Predictive Value is only 3.5%. If underdiagnosis is 10:1, the PPV is still only 26.8%. Will be higher in higher-risk individuals, of course.

Any other updates please send to me.

Advocacy needed for scaling up public health workforce especially with governors and mayors.

PK

From: Kilmarx, Peter (NIH/FIC) [E]
Sent: Friday, April 10, 2020 1:53 PM
To: 'Conover, Craig' (b) (6); 'Angela Dunn' (b) (6); 'Cindy Burnett' (b) (6); 'Duchin, Jeff' (b) (6); 'Stephen Morrison' (b) (6); 'John Monahan' (b) (6); 'Charles Holmes' (b) (6); 'Jeremy Konyndyk' (b) (6); 'Rebecca Katz' (b) (6); 'Tom Inglesby' (b) (6); 'Glenn Blumhorst' (b) (6); Glass, Roger (NIH/FIC) [E] (b) (6); 'Marcus Plescia' (b) (6); 'Vanessa Kerry' (b) (6); 'Kenyon, Thomas' (b) (6); 'Anna Carroll' (b) (6); 'Scott Dowell' (b) (6); 'Jonathan Pearson' (b) (6); 'suzannemarks@me.com' (b) (6); 'O'Connor, (b) (6); 'Myers, Michael' (b) (6); 'Robynn Leidig' (b) (6); 'Ariel Pablos' (b) (6); 'Gavin Yamey' (b) (6); 'Jody Olsen' (b) (6); Bialy, Kevin (NIH/FIC) [E] (b) (6); 'John Auerbach' (b) (6); Brooks, John T. (b) (6); (CDC/DDID/NCHSTP/DHPSE) (b) (6); 'Dara Lieberman' (b) (6)

Subject: RE: COVID-19 Response Corps

+ John Auerbach, president and CEO of Trust for America's Health

Thanks all for the robust discussion. Some updates:

1. ASTHO sent the attached memo to Congress today *RE: Contact Tracing Workforce* calling for "flexible long term and emergency supplemental funding to expand the . . . contact tracing workforce" at state, local, and related levels. It recommends against using FEMA for hiring. ASTHO notes that currently there are only 2,200 DIS nationwide while JHU estimates that 100,000 contact tracing employees are needed to address COVID-19 in the immediate future. The memo mainly calls for 1) \$3.6 B *emergency* funding through the CDC Crisis Cooperative Agreement to eligible jurisdictions, plus 2) a \$4.5 B *annual* Public Health Infrastructure Fund.
2. Resolve to Save Lives (Tom Frieden) is advocating for CDC to have the needed authority and political support to provide training, systems, and technical expertise, while the CDC Foundation and ASTHO provide staffing through direct assistance to health departments.
3. CDC could support curriculum development and training through the National Network of STD Clinical Prevention Training Centers <https://nnptc.org/> and/or TB Centers of Excellence https://www.cdc.gov/tb/education/tb_coe/default.htm

My take: We share the goal of rapidly and substantially ramping up the public health workforce and should emphasize that message. It would be very challenging for any of these potential approaches to reach 100,000 in the short term. I don't have any special allegiance to FEMA, but their traditional role in emergency response is quickly hiring many thousands of workers. They are hiring now, but not at this speed and scale. CDC and FEMA should have an MOU through which FEMA can hire staff and detail to CDC, but they don't seem to be pursuing. One model could be FEMA detailing staff to state and local authorities to manage the hiring process. FEMA is proud of their ability to get people from "door to desk" in one week. This would not be "federalizing" contact tracing or other public health activities. In all cases, the invitations and the oversight would come from the state and local authorities, who are best able to decide what mechanism(s) work for them. Lastly, this concept includes more than contact tracing. Congresswoman Susan Brooks (R-IN) in her podcast Wednesday noted that the state 211 call line has gone from 2,000 to 25,000-35,000 calls per day. So this concept would still have a role even if not direct public health functions.

Thanks,
PK

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Friday, April 10, 2020 8:05 AM

To: Conover, Craig <(b) (6)>; Angela Dunn <(b) (6)>; Cindy Burnett <(b) (6)>; Duchin, Jeff <(b) (6)>; Stephen Morrison <(b) (6)>; John Monahan <(b) (6)>; Charles Holmes <(b) (6)>; Jeremy Konyndyk <(b) (6)>; Rebecca Katz <(b) (6)>; Tom Inglesby <(b) (6)>; Glenn Blumhorst <(b) (6)>; Glass, Roger (NIH/FIC) [E] <(b) (6)>; Marcus Plescia <(b) (6)>; Vanessa Kerry <(b) (6)>; Kenyon, Thomas <(b) (6)>; Anna Carroll <(b) (6)>; Scott Dowell <(b) (6)>; Jonathan Pearson <(b) (6)>; O'Connor, Eileen <(b) (6)>; Myers, Michael <(b) (6)>; Robynn Leidig <(b) (6)>; Ariel Pablos <(b) (6)>; Gavin Yamey <(b) (6)>; Jody Olsen <(b) (6)>; Bialy, Kevin (NIH/FIC) [E] <(b) (6)>

Subject: COVID-19 Response Corps - CDC calling for public health army

Thanks Craig. This NEJM article is mainly about health care workers, but does mention other roles in social support.

Important development: CDC's Bob Redfield is calling for a public health army for contact tracing after this acute phase:

<https://www.npr.org/sections/health-shots/2020/04/10/831200054/cdc-director-very-aggressive-contact-tracing-needed-for-u-s-to-return-to-normal>

It turns out that the Centers for Disease Control and Prevention has been working on a plan to allow the U.S. to safely begin to scale back those policies. CDC Director Robert Redfield spoke with NPR on Thursday, saying that the plan relies on not only ramped-up testing but "very aggressive" contact tracing of those who do test positive for the coronavirus, and a major scale-up of personnel to do the necessary work.

I'm not sure CDC has the authority, capacity, or political support to hire an army at this time. This is a traditional FEMA role. CDC can provide training and technical assistance.

PK

From: Conover, Craig (b) (6)
Sent: Friday, April 10, 2020 7:27 AM
To: Kilmarx, Peter (NIH/FIC) [E] (b) (6)>; Angela Dunn (b) (6)>; Cindy Burnett (b) (6)>; Duchin, Jeff (b) (6)>; Stephen Morrison <(b) (6)>; John Monahan <(b) (6)>; Charles Holmes (b) (6); Jeremy Konyndyk (b) (6)
<(b) (6); Rebecca Katz (b) (6)>; Tom Inglesby (b) (6); Glenn Blumhorst: (b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Marcus Plescia (b) (6)>; Vanessa Kerry (b) (6)>; Kenyon, Thomas (b) (6)>; Anna Carroll (b) (6); Scott Dowell <(b) (6)>; Jonathan Pearson (b) (6) O'Connor, Eileen (b) (6)>; Myers, Michael (b) (6)>; Robynn Leidig (b) (6)>; Ariel Pablos (b) (6)>; Gavin Yamey (b) (6)
Subject: NEJM- ensuring and sustaining a pandemic workforce

attached

From: Kilmarx, Peter (NIH/FIC) [E] (b) (6)>
Sent: Wednesday, April 8, 2020 5:53 PM
To: Conover, Craig (b) (6)>; Angela Dunn (b) (6); Cindy Burnett (b) (6)>; Duchin, Jeff (b) (6)>; Stephen Morrison (b) (6)>; John Monahan (b) (6)>; Charles Holmes (b) (6)>; Jeremy Konyndyk (b) (6)
(b) (6)>; Rebecca Katz (b) (6)>; Tom Inglesby (b) (6)>; Glenn Blumhorst: (b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6)>; Marcus Plescia (b) (6)>; Vanessa Kerry (b) (6)>; Kenyon, Thomas (b) (6)>; Anna Carroll (b) (6)>; Scott Dowell <(b) (6)>; Jonathan Pearson (b) (6) O'Connor, Eileen (b) (6); Myers, Michael (b) (6)>; Robynn Leidig (b) (6)>; Ariel Pablos (b) (6)>; Gavin Yamey (b) (6)>
Subject: [External] RE: UPDATE: COVID-19 Response Corps

Welcome Marcus Plescia, chief medical officer of ASTHO!

Updates:

1. CSIS podcast "Coronavirus Crisis Update" with Congresswoman Susan Brooks (R-IN). She cosigned the CSIS OpEd with Ami Bera on the CRC and opens the episode with a discussion of engaging the returned Peace Corps volunteers <https://www.csis.org/podcasts/take-directed/coronavirus-crisis-update-hunker-down-hoosiers-congresswoman-susan-brooks> (This is a great series by the way.)
2. On Mar 27, 2020, Congressman Mike Quigley (D-IL-05) introduced the Mobilizing America to Help Act, "which would direct President Trump to invoke his existing authority to detail Peace Corps volunteers who have returned to the US from their posts, to the Federal Emergency Management Agency (FEMA) to support emergency relief in the wake of COVID-19." <https://quigley.house.gov/media-center/press-releases/quigley-urges-trump-assign-peace-corps-volunteers-covid-19-emergency>
3. Baltimore Sun column DAN RODRICKS, APR 03, 2020, "Put Peace Corps volunteers to work on U.S. soil to fight COVID-19": <https://www.baltimoresun.com/opinion/columnists/dan-rodricks/bs-md-rodricks-0405-20200403-viqbgjihwsnhe3fuqzy72nfcsoe-story.html>
4. Good conversations with Marcus @ASTHO and others today. Important to emphasize that state and local authorities have the lead. This would not be "federalizing" the response. It would be making federal employees available by request to integrate in state- and local-led activities. Some will welcome the extra hands. Some will prefer to have funding to do their own hiring. Paying salaries of state employees at risk for furlough to work on COVID-19 will make a lot of sense, but won't be enough. Need a menu of options.
5. Many concepts and plans for public health and social response are being circulated. All of them will need an expanded workforce.

Outreach:

6. I'm in touch with someone in Adam Boehler's office. Other outreach welcome.
7. I emailed Peggy Hamburg. No reply yet. Other outreach welcome.
8. Anyone who can contact Scott Gottlieb?
9. Here again is Monday's list: NGA and individual governors. Republicans who will be most interested and helpful are Baker (MA), DeWine (OH) and Hogan (MD). Democrats: Cuomo, Pritzker, Newsom, Whitmer, Inslee. AMA, ASTHO (done), APHA all good potential champions

Please amplify these links on social media.

Other updates and suggestions welcome as always. Send to me and I can send to others in a digest to reduce email traffic.

Thanks,
PK

From: Kilmarx, Peter (NIH/FIC) [E]
Sent: Tuesday, April 7, 2020 8:19 AM
To: 'Conover, Craig' <(b) (6)>; 'Angela Dunn' <(b) (6)>; 'Cindy Burnett' <(b) (6)>; 'Duchin, Jeff' <(b) (6)>; Stephen Morrison <(b) (6)>; 'John Monahan' <(b) (6)>; 'Charles Holmes' <(b) (6)>; 'Jeremy Konyndyk' <(b) (6)>; 'Rebecca Katz' <(b) (6)>; 'Tom Inglesby' <(b) (6)>; 'Glenn Blumhorst' <(b) (6)>; Glass, Roger (NIH/FIC) [E]

< (b) (6)>; 'Vanessa Kerry' (b) (6); 'Kenyon, Thomas'
(b) (6); 'Anna Carroll' < (b) (6)>; 'Scott Dowell'
(b) (6)>; 'Jonathan Pearson' (b) (6)>;
(b) (6) (b) (6); 'O'Connor, Eileen' (b) (6)
'Myers, Michael' (b) (6)>; 'Robynn Leidig' (b) (6)>; 'Ariel
Pablos' (b) (6)>; 'Gavin Yamey' < (b) (6)>

Subject: UPDATE: COVID-19 Response Corps - FEMA challenges

Here's a report about a challenge I didn't see until this morning. I don't know if grants to state and local authorities would be quicker than federal hiring by FEMA. Either way, the workforce is needed, but will take longer than one would like.

<https://www.nytimes.com/2020/04/03/climate/fema-staff-shortage-coronavirus.html>
FEMA, Racing to Provide Virus Relief, Is Running Short on Front-Line Staff

WASHINGTON — The Federal Emergency Management Agency, the office leading the federal government's coronavirus response nationwide, is running short of employees who are trained in some of its most important front-line jobs, according to interviews with current and former officials.

At the same time, the agency has been forced to halt a major hiring initiative, and has closed training facilities to avoid spreading the infection.

The number of available personnel who are qualified to lead field operations has fallen to 19 from 44 in less than six weeks, and staff members have been pulled from responding to other disasters, but training centers in Maryland and Alabama have been shuttered until mid-May. In addition, an effort to recruit new employees called "Harness" is on hold, according to a senior administration official with direct knowledge of FEMA's operations

Craig Fugate, who ran the agency during the Obama administration, said FEMA's ability to deploy enough people was a significant challenge. "Can it be done? Yeah," Mr. Fugate said. "Will it be pretty? No."

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Monday, April 6, 2020 5:22 PM

To: Conover, Craig < (b) (6)>; Angela Dunn (b) (6)>; Cindy Burnett
(b) (6); Duchin, Jeff (b) (6); Stephen Morrison
(b) (6)>; John Monahan < (b) (6)>; Charles Holmes
< (b) (6)>; Jeremy Konyndyk (b) (6)
(b) (6)>; Rebecca Katz (b) (6) Tom Inglesby
(b) (6)>; Glenn Blumhorst (b) (6); Glass, Roger (NIH/FIC) [E]
(b) (6); Vanessa Kerry < (b) (6)>; Kenyon, Thomas
(b) (6)>; Anna Carroll (b) (6)>; Scott Dowell
< (b) (6)>; Jonathan Pearson < (b) (6)
(b) (6) O'Connor, Eileen (b) (6)>; Myers, Michael
(b) (6)>; Robynn Leidig (b) (6) Ariel Pablos
(b) (6)>; Gavin Yamey (b) (6)

Subject: NEWS: Bera-Brooks OpEd published in support of COVID-19 Response Corps

Welcome Vanessa Kerry!
Welcome Ariel Pablos-Méndez!
Welcome Gavin Yamey!

Hi all,

1. The OpEd is out on the CSIS website: <https://www.csis.org/analysis/covid-19-response-corps-can-help-stop-pandemic> It is co-authored by Congresswoman Susan Brooks (R-IN) and Congressman Ami Bera (D-CA), members of the CSIS Commission on Strengthening America's Health Security. Thanks very much to Steve Morrison for making this happen.
2. Here's the link to the press release on the 40-member letter to FEMA, Peace Corps, and CNCS from Senator Van Hollen:
 - a. <https://www.vanhollen.senate.gov/news/press-releases/sen-van-hollen-rep-phillips-lead-bipartisan-bicameral-letters-in-support-of-peace-corps-amicorps-volunteers>
 - b. Includes link to letter:
[vanhollen.senate.gov/imo/media/doc/Peace%20Corps%20covid19%20service%20opportunities%20letter%2004.02.20.pdf](https://www.vanhollen.senate.gov/imo/media/doc/Peace%20Corps%20covid19%20service%20opportunities%20letter%2004.02.20.pdf)

With this new, bipartisan OpEd, it's time to reach out to national, state and local authorities and opinion leaders to encourage implementation and create demand. Suggestions from one of us: NGA and individual governors. Republicans who will be most interested and helpful are Baker (MA), DeWine (OH) and Hogan (MD). Democrats: Cuomo, Pritzker, Newsom, Whitmer, Inslee. AMA, ASTHO, APHA all good potential champions.

Please also amplify on social media.

Updates and suggestions welcome as always.

PK

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Sunday, April 5, 2020 8:45 AM

To: Conover, Craig (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Duchin, Jeff <(b) (6)>; Stephen Morrison (b) (6); John Monahan (b) (6); Charles Holmes (b) (6); Jeremy Konyndyk (b) (6); Rebecca Katz (b) (6); Tom Inglesby (b) (6); Glenn Blumhorst <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Kenyon, Thomas (b) (6) Anna Carroll (b) (6); Scott Dowell <(b) (6)>; Jonathan Pearson (b) (6); O'Connor, Eileen (b) (6); Myers, Michael (b) (6); Robynn Leidig (b) (6); (b) (6)

Subject: UPDATES: Next steps on COVID-19 Response Corps

Thanks all for our call Friday. (Glenn, Jonathan, Craig, Jeremy, Roger, Anna, Suzanne, Eileen, Michael.)

A few items from the call:

- Jonathan reported Sen Markey's office working on legislation for 10,000+ (?) response workforce
- Michael reported positive response from National Governors Association
- Eileen reaching out to Tom Bossert. Adam Boehler not yet. Shared OpEd in WSJ emphasizing testing - <https://www.wsj.com/articles/testing-is-our-way-out-11585869705>
- Jeremy has an OpEd in Daily Beast with Beth Cameron – <https://www.thedailybeast.com/coronavirus-shows-we-need-an-apollo-project-for-public-health>
- Craig in touch with Durbin's office. IL has ongoing need for large workforce. Much easier to get staff from feds. Slower to hire at state level. MA implementing 1,000-person contact tracing effort.
- John in touch with Pelosi's office, DeLauro, Conf of Mayors, League of Cities.
- Other potential champions – ASTHO, APHA, Josh Scharfstein @JHSPH
- General agreement that for bipartisan emergency approval should emphasize near-term (e.g., 2 year) imperatives of COVID-19 and economic emergencies, not a new permanent work force.
- General agreement that Peace Corps is the low-hanging fruit, but not all 7,000 RPCVs would do this and the need is much greater.
- CSIS OpEd with Ami Bera (D-CA) and Susan Brooks (R-IN) coming out in Politico or CSIS website by Monday

Other updates:

- Telcon Friday with Brooks staffer. They are putting together legislation, ideally bipartisan with Bera. Now fully briefed on CRC concept and potential implementation model. Clarified not duplicative of USPHS Ready Reserve Corps which is now authorized but not being implemented (to my knowledge) and would be different profile, i.e., USPHS has physicians, nurses, engineers, etc.
- Telcon Saturday with CDC COVID-19 Chief Medical Officer. Confirms many are thinking about the workforce issue. Notes that CDC unlikely to "own," but great suggestion to engage CDC-funded National Network of STD Clinical Prevention Training Centers for training. <https://nnptc.org/> with eight centers around the country. CRC concept may be brought to national response discussions with FEMA in Washington DC.
- FEMA contacts report they are hiring RPCVs, but do not report major speed up or scale up. FEMA recruiting email attached.
- Charles shared Vanessa Kerry OpEd emphasizing same themes: response workforce and jobs: <https://www.bostonherald.com/2020/04/01/massachusetts-general-hospital-infectious-disease-team-calls-on-state-to-harness-people-power/>

Next steps:

- Executive – support/impetus to FEMA to increase speed and scale
- Legislation – new appropriations for FEMA or CDC if needed
- National advocacy – media, opinion leaders
- Demand signal – state and local authorities requests
- Implementation and management details working out

Overall goal: Greatly increase COVID-19 response workforce to control disease and provide jobs. A COVID-19 Response Corps would be a (big) part of solution. RPCV ideal first cadre for CRC.

Please share any corrections, updates, suggestions.

Thanks,
PK

-----Original Appointment-----

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Thursday, April 2, 2020 5:34 PM

To: Conover, Craig; Angela Dunn; Cindy Burnett; Duchin, Jeff; Stephen Morrison; John Monahan; Charles Holmes; Jeremy Konyndyk (b) (6); Rebecca Katz; Tom Inglesby; Glenn Blumhorst; Glass, Roger (NIH/FIC) [E]; Kenyon, Thomas; Anna Carroll; Scott Dowell; Jonathan Pearson;

(b) (6); O'Connor, Eileen; Myers, Michael; Robynn Leidig

Subject: *** Time correction - 8 am*** Next steps on COVID-19 Response Corps

When: Friday, April 3, 2020 8:00 AM-9:00 AM (UTC-05:00) Eastern Time (US & Canada).

Where: Zoom meeting

Peter Kilmarx (Fic Zoom2) is inviting you to a scheduled Zoom meeting. Zoom link below.

Agenda:

1. Welcome and introductions
2. Current status of advocacy
3. Implementation issues
4. Next steps:
 - a. Advocacy
 - b. Implementation
5. AOB

Topic: Next steps on COVID-19 Response Corps

Time: Apr 3, 2020 08:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

(b) (4)

Meeting ID: (b) (4)

One tap mobile

+16465588656,, (b) (4) US (New York)

+13126266799,, (b) (4) US (Chicago)

Dial by your location

(b) (4) (New York)
(b) (4) (Chicago)
(b) (4) (Houston)
(b) (4) (San Jose)

Meeting ID: (b) (4)

Find your local number: <https://zoom.us/j/ad1j8UhXN5>

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Thursday, April 2, 2020 1:29 PM

To: 'Conover, Craig' (b) (6); 'Angela Dunn' (b) (6); 'Cindy Burnett' (b) (6); 'Duchin, Jeff' <(b) (6)>; Stephen Morrison (b) (6); 'John Monahan' (b) (6); 'Charles Holmes' (b) (6); 'Jeremy Konyndyk' (b) (6); 'Rebecca Katz' <(b) (6)>; 'Tom Inglesby' (b) (6); 'Glenn Blumhorst' (b) (6); Glass, Roger (NIH/FIC) [E] (b) (6); 'Kenyon, Thomas' (b) (6); 'Anna Carroll' (b) (6); 'Scott Dowell' (b) (6); 'Jonathan Pearson' (b) (6); 'O'Connor, Eileen' (b) (6); 'Myers, Michael' (b) (6);

Subject: NEWS: Congressional letter to Peace Corps, CNCS, and FEMA on COVID-19 Response Corps

Hi all,

Big news. Herewith is a letter signed by 40 members of Congress asking FEMA, Peace Corps, and AmeriCorps to form a "COVID-19 Response Corps." This is now in the public domain. Press release forthcoming.

Please save the time for Zoom call 8 am tomorrow on next steps.

Also: Check out: <https://www.npr.org/sections/goatsandsoda/2020/04/01/825231838/coronavirus-sent-peace-corps-volunteers-home-it-could-also-give-them-a-new-missi>

The National Peace Corps Association is hoping to create and fund a group that draws on the evacuated volunteers and their skills to respond to the COVID-19 crisis in the United States. Workers would take on work like tracing the contacts of diagnosed individuals, monitoring the health of those in quarantine and staffing call centers. An agency such as the Federal Emergency Management Agency, the U.S. Centers for Disease Control and Prevention or AmeriCorps could potentially manage the group, says Blumhorst, who has been advocating for the project. Salaries could come from funding that's already been allotted to the COVID-19 response but hasn't yet been spent. The NPCA has discussed the idea with the offices of several members of Congress that are receptive and supportive, Blumhorst says, and they're planning to speak with more congresspeople and federal agencies and also hope to draw public attention to this potential project.

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Sunday, March 29, 2020 4:47 PM

To: Conover, Craig (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Duchin, Jeff <(b) (6)>; Stephen Morrison (b) (6); John Monahan (b) (6); Charles Holmes (b) (6); Jeremy Konyndyk (b) (6); Rebecca Katz <(b) (6)>; Tom Inglesby (b) (6); Glenn Blumhorst: <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Kenyon, Thomas (b) (6); Anna Carroll (b) (6);

(b) (6); Scott Dowell

(b) (6)

Jonathan Pearson

(b) (6)

Subject: INFO: Update on COVID-19 Response Corps

Hi all and thanks for your support for a U.S. COVID-19 Response Corps engaging returned Peace Corps volunteers (RPCV). The latest (March 25) 2-page concept note attached.

Updates:

1. Steve is working on getting the OpEd out in press and/or on CSIS website by Tuesday. We'll let you know.
2. Glenn and Charles have found very good receptivity on the Hill.
3. I've had a couple very good calls with FEMA folks at senior levels (extensive RPCV network). They are already reaching out to RPCV and are well funded. They can get an RPCV on board in a week. They have a few different hiring mechanisms that would be appropriate. **The scale and speed need to be ramped up substantially.**
4. I've reached out to contacts at national mayors and governors associations with no reply. Also no reply from CDC (Jernigan and Schuchat).

Next steps – when OpEd comes out, amplify multiple levels to publicize and create demand.

The need for this is great. The feasibility looks very good.

Please share your suggestions.

Thanks to all,
PK

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Tuesday, March 24, 2020 6:02 PM

To: Charles Holmes (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Conover, Craig (b) (6) Duchin, Jeff

(b) (6); Glass, Roger (NIH/FIC) [E] (b) (6); Glenn Blumhorst

(b) (6); Stephen Morrison (b) (6) John Monahan (b) (6)

Subject: RE: Call - follow-up: COVID-19 Response Corps

Hi again,

A draft Op Ed attached. It is largely drawn from the concept note.

Is there an appropriate champion among us who can take this forward?

Please share your suggestions and comments by noon tomorrow if possible.

Thanks,

PK

From: Kilmarx, Peter (NIH/FIC) [E]
Sent: Tuesday, March 24, 2020 2:17 PM
To: Charles Holmes <(b) (6)>
Cc: Angela Dunn <(b) (6)>; Cindy Burnett <(b) (6)>; Conover, Craig <(b) (6)>; Duchin, Jeff <(b) (6)>; Glass, Roger (NIH/FIC) [E] <(b) (6)>; Glenn Blumhorst <(b) (6)>
Stephen Morrison <(b) (6)>; John Monahan <(b) (6)>
Subject: RE: Call - follow-up: COVID-19 Response Corps

Thanks Charles. This is very helpful.

I've updated the concept note – attached. Now a two-pager. Added training and prevention bullet. Decreased the numbers and budget based on feed back to date. Draft OpEd forthcoming.

Grateful if others can advocate as they are able (and others of us are not).

Glenn – please add anything on your meetings on the hill yesterday, the FEMA call, or advocacy plans.

My takeaway is that a FEMA disaster corps or FEMA-Americorps Corps is feasible.

- Call yesterday with Glenn and former FEMA staff: George Haddow and Micheal Coen
 - FEMA Corps is a partnership of FEMA and Americorps with about 1,200-1,800 members. Part of Americorps. FEMA pays 100%. Mainly younger, lower-skilled supervised work.
 - FEMA reservist disaster corps has 3,000-4,000 members. Mostly shorter-term deployments as temp employees. Many retired military. Can be activated with State of Emergency declarations.
 - FEMA currently has sent 3-4 liaisons to each state. Disaster corps not activated.
 - Onboarding 5,000 would be a big lift. Peace Corps has seconded staff to other agencies in past, so this could be an option.
 - Only private sector partner for FEMA is Red Cross. Not recommended for this.

More input:

- Jen Kates (KFF) and her colleague Josh Michaud – “think it is a great idea”
- Tom Frieden -“It’s a good idea.”
 - Robynn Leidig, Manager, Strategic Initiatives, Resolve To Save Lives – “Compelling idea and worth exploring”
 - Concern about risk to RPCVs, training and oversight needed
 - Lack of PPE, best to focus on tasks that don’t need PPE
 - Resentment of current staff worried about threat to their jobs
 - Fairness: should open to others - Americorps, VISTA, CDC PHAP, CSTE fellows, USAID Global Health Fellows
 - Management absorptive capacity limited at CDC. Consider ASTHO/ NACCHO or PHI.

From: Charles Holmes <[REDACTED]> (b) (6)
Sent: Tuesday, March 24, 2020 7:36 AM
To: Kilmarx, Peter (NIH/FIC) [E] <[REDACTED]> (b) (6)>
Cc: Angela Dunn <[REDACTED]> (b) (6)>; Cindy Burnett <[REDACTED]> (b) (6)>; Conover, Craig <[REDACTED]> (b) (6)>; Duchin, Jeff <[REDACTED]> (b) (6)>; Glass, Roger (NIH/FIC) [E] <[REDACTED]> (b) (6)>; Glenn Blumhorst <[REDACTED]> (b) (6)>; Stephen Morrison <[REDACTED]> (b) (6)>
Subject: Re: Call - follow-up: COVID-19 Response Corps

Sen Van Hollen's office is interested and I'm slated to talk w them later today or tomorrow. Interested to know how the idea was received by others on the Hill. Best

On Mon, Mar 23, 2020 at 7:44 AM Kilmarx, Peter (NIH/FIC) [E] <[REDACTED]> (b) (6) wrote:

Thanks Charles.

Draft OpEd forthcoming today. Everyone please think about authors.

Bill Frist and Tom Daschle? <https://www.rollcall.com/2018/07/09/opinion-an-open-health-diplomacy-hand-works-better-than-a-fist/> By Tom Daschle and Bill Frist, July 9, 2018.

From: Charles Holmes <[REDACTED]> (b) (6)>
Sent: Monday, March 23, 2020 7:37 AM
To: Kilmarx, Peter (NIH/FIC) [E] <[REDACTED]> (b) (6)>
Cc: Angela Dunn <[REDACTED]> (b) (6)>; Cindy Burnett <[REDACTED]> (b) (6)>; Conover, Craig <[REDACTED]> (b) (6)>; Duchin, Jeff <[REDACTED]> (b) (6)>; Glass, Roger (NIH/FIC) [E] <[REDACTED]> (b) (6)>; Glenn Blumhorst <[REDACTED]> (b) (6)>; Stephen Morrison <[REDACTED]> (b) (6)>
Subject: Re: Call - follow-up: COVID-19 Response Corps

Great feedback, Peter. More from Vanessa Kerry:

"Initial reaction is that this is fantastic and I would be happy to help in any capacity to support it. Please let me know how. Devil is in the details and the training of course. Truly a smart idea though"

Charles

On Mon, Mar 23, 2020 at 7:11 AM Kilmarx, Peter (NIH/FIC) [E] <[REDACTED]> (b) (6) wrote:

Thanks Craig. This looks very comprehensive and something a trained RPCV (returned Peace Corps Volunteer) could help implement.

Glenn – good luck on the Hill today. Will be eager to hear about the reception.

Some feedback from others:

- John Monahan (Georgetown) – "Very creative, kudos!"

- Try to get authority on one of these COVID-19 response bills for returning Peace Corps folks to be redeployed notwithstanding other provisions of law.
 - Explore whether CRC could be incorporated into the programs FEMA already has to bring in short-term employees to help with emergency responses.
 - Some functions (home-delivered meals, staffing call centers, homeless populations and shelters) would more sense to supplement programs run by Americorps.
 - Cost seems high.
- Scott Dowell (Gates Foundation) – “A good and important idea”
 - Need a massive surge in the public health and community testing workforce over the coming months.
 - They are considering engaging the 30,000 medical students through AMSA (American Medical Student Association).
- Tom Inglesby (Johns Hopkins) – “A fantastic idea and am very supportive”
 - Important issue to be worked through: How to address risk to individuals involved? (My response: training, equipping, and monitoring. Will add to next iteration of concept note. Note that Singapore has had no infections in HCW and in China after January/Wuhan, most HCW infections were from home, not from work.)
 - Tom’s working on concept to engage presumably immune COVID-19 survivors (as was done with Ebola).
- Jeremy Konyndyk (CGD) – “Great idea.”
 - Need to think creatively about how to expand the public health workforce for the coming 18 months, especially for tasks like contact tracing. We’ll need to view CDC and local health dept folks not as boots on the ground but rather as force multipliers - sharing their skills with others and mentoring/managing larger teams to extend their reach.

From: Conover, Craig (b) (6) >
Sent: Sunday, March 22, 2020 5:01 PM
To: Kilmarx, Peter (NIH/FIC) [E] (b) (6); Stephen Morrison (b) (6)
 Glass, Roger (NIH/FIC) [E] (b) (6) >; Charles Holmes
 (b) (6); Glenn Blumhorst (b) (6)
 (b) (6); Duchin, Jeff <(b) (6)>; Angela Dunn
 (b) (6) >; Cindy Burnett (b) (6) >
Subject: Re: Call - follow-up: COVID-19 Response Corps

Thanks for all your work on this, Peter!

Re LTCs--attached is a draft document listing all the capabilities that need to be in place for LTCFs to respond to Covid-19.

Developing and disseminating guidance aimed at LTCFs is relatively easy--the failures are going to be around implementation.

This is one area where assistance would be valuable.

CC

From: Kilmarx, Peter (NIH/FIC) [E] (b) (6)>
Sent: Sunday, March 22, 2020 3:16 PM
To: Stephen Morrison <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Charles Holmes (b) (6)>; Glenn Blumhorst (b) (6) Duchin, Jeff (b) (6)>; Conover, Craig (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6)
Subject: [External] RE: Call - follow-up: COVID-19 Response Corps

Thanks all for our call and support for this concept. Please let me know any critical additions or corrections to these notes.

- Jeff Duchin (Seattle) noted multiple possible roles in contact tracing, mitigation with homeless and incarcerated, adverse consequences of social distancing, infection control support, alternative care site coordination, lab specimen collection and transport. He shared concerns about infection prevention and their PPE shortage. CDC had 40 people deployed, but they departed. Longer deployments (e.g., >90 days) needed to validate onboarding and training effort. He will follow up with more detail on potential roles and numbers.
- Angela Dunn (Utah) agreed with roles in contact tracing, also staffing a call center, rural outreach and specimen collection. She said Utah was not a current priority for FEMA and CDC was conducting a transmission study. She shared Jeff's concern about the onboarding effort.
- Cindy Burnett (Utah) mentioned the need for social support in rural settings.
- Craig Conover (Illinois) added that for them the long-term care centers and homeless populations were priority concerns. It would be feasible and helpful to have staff able to collect specimen swabs.
- Charles Holmes (Georgetown) made an analogy to community health workers in Zambia and how much can be accomplished and enhanced with tablet-based approaches, workflow apps, and video instructions.
- Steve Morrison (CSIS) emphasized the importance of finding an organizational home, mentioning potential challenges for both CDC and FEMA. He noted timing of response packages being considered, the hunger for creative ideas, and urgency for this to be brought forward. He noted potential champions, listed with others below. He thinks the Peace Corps connection is a compelling factor.
- Glen Blumhorst (NPCA) expressed his support and insights on potential champions, e.g., three RPCV in the house. He is going to Capitol Hill tomorrow.
- Jody Olsen (Peace Corps) (prior to the call) expressed interest and noted that Peace Corps has no authority to operate in the United States. (The possibility of an Executive Order

detailing returned volunteers from Peace Corps to state and local authorities was mentioned by others on the call.) She also noted that Barbara Stewart, Director of CNCS (AmeriCorps and VISTA) has been inviting RPCVs to join.

Next steps:

1. Revise document (done, attached) to be shared with subject matter experts and potential champions. (There was not an exact delineation of who would share with whom. I will aim to CC: or ask for help with some contacts.)
2. Will draft Op-Ed in next 2 days.

Action: Share concept sheet with SMEs and champions avoiding any obvious minefields and duplication. Report back useful feedback.

SMEs/champions:

- Tom Ingelsby
- Beth Cameron
- Jeremy Konyndyk
- Rebecca Katz
- Scott Gottlieb
- Tom Frieden
- Scott Dowell
- John Monahan

Champions:

- Paul Allen Foundation
- Dick Durbin
- Biden campaign
- Chris Christie
- Carrie Hessler-Radelet
- Aaron Williams
- Patrick Leahy
- Chris Van Hollen
- Dick Durbin
- Debbi Birx
- Donna Shalala (RPCV – Iran 1962-64)
- Joseph P. Kennedy III (RPCV Dominican Republic 2004-06)
- John Garamendi (Ethiopia 1966-68)
- Aumua Amata (PC staff Northern Mariana Islands 1967-68)

Note – GS-7, Step 1 salary is \$37,301, Step 5 is \$42,273. I've re-set the budget at \$100,000 per person to account for benefits, training, travel, per diem, management, evaluation, PPE, phones, laptops, etc.

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Sunday, March 22, 2020 12:35 PM

To: Stephen Morrison <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Charles Holmes <(b) (6)>; Blumhorst, Cathy (NIH/NINR) [E]

(b) (6); Glenn Blumhorst (b) (6);
(b) (6) Olsen, Jody (b) (6); Duchin, Jeff
(b) (6); Conover, Craig (b) (6) Angela Dunn
(b) (6)>

Subject: RE: Call: COVID-19 Response Corps

Hi all,

I'm looking forward to our WebEx meeting in 90 minutes. The concept note (unchanged) is attached. The WebEx info is below.

Here's an updated agenda:

1. Welcome and introductions
2. Background and proposal
3. Round robin perspectives
 - a. Public health – WA, IL, UT
 - b. Peace Corps – Jody
 - c. Strengthening the concept - all
 - d. Advocacy - all
 - e. Implementation - all
4. Next steps and way forward

-----Original Appointment-----

From: Kilmarx, Peter (NIH/FIC) [E]

Sent: Saturday, March 21, 2020 9:29 PM

To: Stephen Morrison; Glass, Roger (NIH/FIC) [E]; Charles Holmes; Blumhorst, Cathy (NIH/NINR) [E]; Glenn Blumhorst; (b) (6) Olsen, Jody; Duchin, Jeff; Conover, Craig; Angela Dunn

Subject: Call: COVID-19 Response Corps

When: Sunday, March 22, 2020 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: WebEx

Please join tomorrow for WebEx discussion of developing a U.S. COVID-19 Response Corps. Concept sheet attached.

Agenda:

1. Welcome and introductions
2. Background and proposal
3. Round robin perspectives
4. Discussion
5. Next steps and way forward

-- Do not delete or change any of the following text. --

[Join Webex meeting](#)

Meeting number (access code): (b) (4) Meeting password: (b) (4)

Join from a video system or application

Dial [REDACTED] (b) (4)

You can also dial [REDACTED] (b) (4) and enter your meeting number.

Join by phone

Tap to call in from a mobile device (attendees only)

1-650-479-3208 Call-in toll number (US/Canada)

Global call-in numbers

Join using Microsoft Lync or Microsoft Skype for Business

Dial [REDACTED] (b) (4)

Can't join the meeting?

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