

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:23:28 -0400
To: Kristian G. Andersen
Cc: Jeremy Farrar; Collins, Francis (NIH/OD) [E]; Robert Garry; Edward Holmes; Andrew Rambaut; Ian Lipkin; Chris Emery
Subject: Re: SARS-CoV-2 article to be published in Nature Medicine

Kristian:
Thanks for your note. Nice job on the paper.
Tony

On Mar 6, 2020, at 4:23 PM, Kristian G. Andersen (b) (6) wrote:

Dear Jeremy, Tony, and Francis,

Thank you again for your advice and leadership as we have been working through the SARS-CoV-2 'origins' paper. We're happy to say that the paper was just accepted by Nature Medicine and should be published shortly (not quite sure when).

To keep you in the loop, I just wanted to share the accepted version with you, as well as a draft press release. We're still waiting for proofs, so please let me know if you have any comments, suggestions, or questions about the paper or the press release.

Tony, thank you for your straight talk on CNN last night - it's being noticed.

Best,
Kristian

Kristian G. Andersen, PhD
Associate Professor, [Scripps Research](#)
Director of Infectious Disease Genomics, [Scripps Research Translational Institute](#)
Director, [Center for Viral Systems Biology](#)

The Scripps Research Institute
10550 North Torrey Pines Road, SGM-300A
Department of Immunology and Microbial Science
La Jolla, CA 92037

(b) (6)



Assistant: [REDACTED] (b) (6)



<Andersen Coronavirus Nature 2020 Press Release Draft 4.docx>
<Manuscript.pdf>

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:04:10 -0400
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Re: COVID-19 Real Time, Sensitive Detection Breakthrough

Please take care of this yourself. Thanks

On Mar 7, 2020, at 11:30 PM, Lane, Cliff (NIH/NIAID) [E]
<(b) (6)>wrote:

They claim to have an improved diagnostic developed through DoD funding. It is a DNA platform that they claim to have adapted to COVID-19. They provide no data, only claims.

(b) (5)

On Mar 7, 2020, at 10:03 PM, Fauci, Anthony (NIH/NIAID) [E]
<(b) (6)>wrote:

Please read this and figure out what the heck he is talking about and act according to your judgment. Only 498 emails to go tonight.

From: (b) (6)
Sent: Saturday, March 7, 2020 4:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: COVID-19 Real Time, Sensitive Detection Breakthrough

Tony--

It has been awhile since we have worked together since my time as the senior SES standing up DTRA (with the help of Josh Lederberg M.D. & Dave Franz DVM who you know), at Argonne/UofChicago establishing your NIAID RBL with Olaf Schneewind M.D., and as the DHS Director of Research reporting to SEC Michael Chertoff & U/S Jay Cohen (RADM-ret). Michael & Jay brought me aboard when Jay was our Chief of Naval Research at ONR and I was ONR's Executive Director & Chief Scientist. I know you have your hands very full with the

COVID-19 threat, so I wanted to give you a heads up that a game changer for enhanced detection of COVID-19 has emerged. Thanks to DARPA & DHS S&T sponsorship in years past of ANDE developing a real time Rapid DNA microfluidics system for human identification, the ANDE group has a breakthrough for detection of COVID-19 and to the future, other emerging threat viruses.

As you may know the ANDE system for human identification (e.g. CT & DHS missions) is mature and now deployed operationally/tactically by CENTCOM, DIA, the IC and used most recently by DHS in their recent test bed in El Paso to demonstrate its effective capabilities to determine family relationship in undocumented minors. Additionally ANDE is in use by law enforcement and by officials responding to mass casualty events (CA 2018 Camp Fire disaster, 2019 Conception dive boat fire, and the very recent 2020 tragic helicopter crash) to ID the victims.

The ANDE system now provides 2 hour turnaround with no special training requirements as a stand-alone system for all the above users. Our warfighters and special operators are using the ANDE system now in field forward operations and it meets MIL specs & is the only system certified for data submission to the DoD ABIS/DIA DNA repository and FBI CODIS data base. The

(b) (4)



executive summary and a more in-depth document for your teams review. Hope the above is helpful and I stand ready to provide any additional information. I have cc'd Jim Davis (ANDE Chief Federal Officer). Additionally since it has been some time since we have worked together I have attached my bio and that of ANDE's Chief Scientific Officer & Founder, Richard Selden M.D., Ph.D.

Tony thanks for considering this in your very busy life now and I will look forward to seeing you again.

Best regards--

Starnes

[Dr. Starnes E. Walker](#)

Member-Homeland Security Experts Group, MITRE
Global Strategy Officer-Defense & Homeland Security/Intelligence

ANDE Corporation

p: (b) (6) m:

e: (b) (6)



Rapid DNA for a Safer World



<CUsersstamDesktopSEW Bio, October 2019.docx>

<CUsersstamDesktopANDE BiosRFS CV 05 March 2020.pdf>

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:41:41 -0400
To: NIAID Public Inquiries
Subject: Fwd: Ems Personnel & Ambulance Teams

Sent from my iPhone

Begin forwarded message:

From: "Nabial, Nasir M" (b) (6)
Date: March 7, 2020 at 10:54:39 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Ems Personnel & Ambulance Teams

Dear Dr. Fauci:

Im a first responder, and I believe an oral vaccine platform is the best delivery method for situations of national emergency like the coronavirus.

If the vaccine is a tablet, we would be able to keep them on our ambulances and get medical authorization whenever the situation arises. First responders can then treat patients before doctors and nurses and also instead of having the patient make an appointment Or having them wait in line for a shot, which can ultimately cause more spread.

This method that will enable the EMS teams of the nation to combat outbreaks because you would allow EMT (Emergency Medical Technicians) and Paramedics to diffuse situations through our Ambulances. This will lead to more control and get a hold of the situations as fast as possible and lower the spread of the virus on our people.

Thank you.

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:40:53 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: from Dr Mike Meyer (CEO - Sensible Biotherapeutics) Finding the answer to halting replication of COVID-19

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Michael Meyer (b) (6) >
Date: March 8, 2020 at 12:28:03 AM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >, philip meyer (b) (6) >, "Perkins, Miriam (NIH/NIAID) [E]" (b) (6) >
Subject: from Dr Mike Meyer (CEO - Sensible Biotherapeutics) Finding the answer to halting replication of COVID-19

DR ANTHONY FAUCI

(b) (6)

Dear Dr. Fauci,

I am a Neurologist and Nuclear Medicine Physician who has a passionate interest in developing antisense medications to treat disease and have formed a drug discovery company here in Buffalo New York (SENSIBLE BIOTHERAPEUTICS, LLC).

(b) (4)

(b) (4)

I very much appreciate any advise you may be able to provide about this project

Sincerely,
Michael A. Meyer MD
cell (b) (6)

From: [REDACTED] (b) (6)
Sent: Sun, 8 Mar 2020 07:39:47 -0400
To: NIAID Public Inquiries
Subject: Fwd: Set up county hotline for people to contact if they think they have coronavirus or are sick instead of going to hospital

Sent from my iPhone

Begin forwarded message:

From: rebecca hagenberg [REDACTED] (b) (6)
Date: March 8, 2020 at 3:06:34 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)
Subject: **Set up county hotline for people to contact if they think they have coronavirus or are sick instead of going to hospital**

Dear Sir,

I am sending this message to assist in an idea to help minimize the impact of Coronavirus. Instead of people going to the hospital or urgent care. Each county health department needs to have a direct number of a national number that distributes information to local county government health department. If you are sick and show or exhibit signs of the coronavirus you should call the appropriate number, a technician will come to your home, draw lab specimen needed. Of course if someone is extremely ill they should call 911 and advise 911 they are exhibiting signs of the virus. There should be special protocols in place for how to transport the patient into the hospital as well (to limit exposure to everyone involved. This means finding alternative entrance at hospitals for a suspected coronavirus patient. These patients should be brought in by a least used location of the hospital into a special unit that has a barrier from the rest of the emergency department. Home lab work will keep someone from sitting in a waiting room for 3_ 5 hours. The county unit to conduct lab work will act in response much like calling 911 or the police. Each hospital needs to set up an emergency entrance for Coronavirus patients only, and the unit must be sealed from the remainder of the unit. We begin having a coronavirus team that does not cross contaminate to any other unit on the emergency room floor. I am thinking of the best plausible way to minimize outbreak. This helps.

Rebecca Hagenberg
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:34:45 +0000
To: Michael Oldstone
Subject: RE: item

Thanks, Michael. I appreciate your note.

From: Michael Oldstone <mbaobo@scripps.edu>
Sent: Friday, March 6, 2020 2:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: item

Dear Tony

A note to let you know how much over the years I have appreciated your active support of biologic research, public health and your directorship of NIAID. Impressive, intelligent, high integrity and management skills has placed you at the head of the curve. I reached this conclusion from personal observations of your work and style as well as having served as a consultant for NIAID and several other NIH Institutions, WHO, Pasteur and Karolinska.

After nearly 50 years of continuous research from my original AI09484 grant studying viral pathogenesis[acute and persistent infections] using the LCMV model, I decided to close my laboratory. I have had other generous NIH support as well especially for investigations of other negative strand viruses[primarily measles and influenza, Lassa ,arenavirus receptor], Ebola, cytokine storm and autoimmunity. The AI09484 grant was credited by 300 peer reviewed papers, training of 61 postdoctoral fellows[including Rafi Ahmed, Christine Biron, Persephone Borrow, Ray Welsh, Ian Lipkin, Dorian McGavern and other successes including the late Patrick Sissons who was the Reagent Professor of Medicine at Cambridge. Over 85% of these folk are in academic medicine/biology at research institutes or universities.

Good luck and smooth sailing with the current coronavirus pandemic. With your involvement this work is in good hands.

Best wishes
Michael

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:26:22 +0000
To: Liz Cheney
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Greg Folkers
(b) (6)
Subject: RE: Test Kits

Sorry, Liz. In White House all day. Will try to call tomorrow.

From: Liz Cheney (b) (6) >
Sent: Friday, March 6, 2020 2:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Conrad, Patricia (NIH/NIAID) [E]
(b) (6); Haskins, Melinda (NIH/NIAID) [E] (b) (6) >
Subject: Re: Test Kits

Dr. Fauci - Who can I speak with about the status of the test kits? I am also concerned about reports from CDC that there are six states, including Wyoming, with no certified lab in which to conduct tests.

Thank you,
Liz Cheney
(b) (6)

On Tue, 25 Feb 2020 at 10:28 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) > wrote:

Liz:

Thank you for your note. I would have been very happy to provide remarks at the weekly meeting of the Republican Conference. However, I have a late afternoon 2nd panel Congressional Hearing with Secretary Azar followed by a meeting with the President in the Roosevelt Room of the White House, which overlaps with the time frame of your meeting tomorrow. I would be most happy to do this at another time. If you could have your office contact my Special Assistant, Patty Conrad (copied here), she will help arrange setting up something at a mutually convenient time.

Best regards,

Tony

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

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From: Liz Cheney [REDACTED] (b) (6)
Sent: Tuesday, February 25, 2020 6:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6)
Subject: House GOP Conference Mtg

Dr. Fauci - I am the House Republican Conference Chair and we are holding our weekly mtg at 5 pm tomorrow in the Capitol. I wanted to see if you'd be available to provide remarks and an update on Coronavirus. It is by far the topic in which our members are most Interested, and you would be the best person to provide an update.

I realize this is short notice. If tomorrow doesn't work, let me know if we could arrange another time.

My cell is [REDACTED] (b) (6), office is [REDACTED] (b) (6)

Thank you,
Liz Cheney

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:23:05 +0000
To: Hilary Rosen
Subject: RE: You!

Hilary:

Thanks for your note. I would postpone it. The situation is very fluid.
best,
Tony

From: Hilary Rosen [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 9:01 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: You!

Tony,

I am so proud of you. It is so comforting to see your face on TV explaining the world of coronavirus. I know it is exhausting for you but it is so important. Your dedication my friend has always been so admirable.

Quick question, CDC isn't giving much guidance on this. Our company has its annual retreat this week. About 80 people coming from NYC and LA meeting in a DC Hotel ballroom for two days with an additional 100 people from DC. SO approximately 180 in total. Would you postpone this if you were me?

xo

Hilary

Hilary Rosen
Vice Chair
SKDKnickerbocker
202.464.6969 w
[REDACTED] (b) (6) m

2019 Holmes Report Public Affairs Agency of the Year

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:06:52 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Greg Folkers (b) (6)
Subject: FW: media request from spain an old journalist friend, patricia matey

Cannot do. No time

From: Patricia Matey Corada <pmatey@elconfidencial.com>
Sent: Saturday, March 7, 2020 3:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: media request from spain an old journalist friend, patricia matey

Hi doctor Fauci, Can you remember me. I am a Patricia Matey, oldest journalist of health from Spain. I work in the past in El Mundo, now I am a chief editor in El Confidencial, the first newspaper online in Spain. Can you give me little time for answer some questions. I want to do an article of the coronavirus, but the eyes of science, I read three days ago the article in New York Times by Gina Kolata, the best woman health journalist of the world, I want to do an article without panic and false concept I send you some questions

What is really the difference in this coronavirus and the past?
Can one of the mutate, change in one strain more aggressive in short time
The flu always affect all the countries in same time. Why the new coronavirus only start in China,
Is because became from one animal,,,
What are your opinion for the really impact of this virus
What are your opinion for the press and the paper in this problem.
What are your opinion for the evolution in the next month

Best regard for all, but best regard for your time



Patricia Matey
Jefa de Alimento
www.elconfidencial.com
Vía de las Dos Castillas, 33. Edificio 7. Planta 1- Oficinas E, F, G, H
28224 Pozuelo de Alarcón (Madrid)
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:03:28 +0000
To: (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: COVID-19 Real Time, Sensitive Detection Breakthrough
Attachments: (b) (4)
CUsersstarnDesktopSEW Bio, October 2019.docx, CUsersstarnDesktopANDE BiosRFS CV 05 March 2020.pdf

Please read this and figure out what the heck he is talking about and act according to your judgment. Only 498 emails to go tonight.

From: (b) (6)
Sent: Saturday, March 7, 2020 4:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: COVID-19 Real Time, Sensitive Detection Breakthrough

Tony--

It has been awhile since we have worked together since my time as the senior SES standing up DTRA (with the help of Josh Lederberg M.D. & Dave Franz DVM who you know), at Argonne/UofChicago establishing your NIAID RBL with Olaf Schneewind M.D., and as the DHS Director of Research reporting to SEC Michael Chertoff & U/S Jay Cohen (RADM-ret). Michael & Jay brought me aboard when Jay was our Chief of Naval Research at ONR and I was ONR's Executive Director & Chief Scientist. I know you have your hands very full with the COVID-19 threat, so I wanted to give you a heads up that a game changer for enhanced detection of COVID-19 has emerged. Thanks to DARPA & DHS S&T sponsorship in years past of ANDE developing a real time Rapid DNA microfluidics system for human identification, the ANDE group has a breakthrough for detection of COVID-19 and to the future, other emerging threat viruses.

As you may know the ANDE system for human identification (e.g. CT & DHS missions) is mature and now deployed operationally/tactically by CENTCOM, DIA, the IC and used most recently by DHS in their recent test bed in El Paso to demonstrate its effective capabilities to determine family relationship in undocumented minors. Additionally ANDE is in use by law enforcement and by officials responding to mass casualty events (CA 2018 Camp Fire disaster, 2019 Conception dive boat fire, and the very recent 2020 tragic helicopter crash) to ID the victims.

The ANDE system now provides 2 hour turnaround with no special training requirements as a stand-alone system for all the above users. Our warfighters and special operators are using the ANDE system now in field forward operations and it meets MIL specs & is the only system certified for data submission to the DoD ABIS/DIA DNA repository and FBI CODIS data base. The (b) (4)

attached an executive summary and a more in-depth document for your teams review. Hope the above is helpful and I stand ready to provide any additional information. I have cc'd Jim Davis (ANDE Chief Federal Officer). Additionally since it has been some time since we have worked together I have attached my bio and that of ANDE's Chief Scientific Officer & Founder, Richard Selden M.D., Ph.D.

Tony thanks for considering this in your very busy life now and I will look forward to seeing you again.

Best regards--

Starnes

[Dr. Starnes E. Walker](#)

[Member-Homeland Security Experts Group, MITRE](#)

Global Strategy Officer-Defense & Homeland Security/Intelligence

ANDE Corporation

p: (b) (6) m: (b) (6)

w: www.ANDE.com e: (b) (6)



Rapid DNA for a Safer World

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:00:50 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Corona Virus planning

Please respond.

From: K.A. Traul (b) (6)
Sent: Saturday, March 7, 2020 4:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Corona Virus planning

Dear Dr. Fauci;

I am a toxicologist and have spent time, years ago, working in the arena of oncogenic virology as part of NCI programs. I am very concerned about what I see in the news media about the NIH approach to the COVID-19 pandemic (yes, pandemic) that has arrived in our country. There is much talk about development of a vaccine, however, I believe that this is a long-term strategy. You and I both know, from working as scientists, that the development and trial of an antiviral vaccine is a months-long program, at best. I am surprised, even disappointed, that there seems to be no visible focus on the part of the NIH on the development of anti-viral treatments (drugs etc) . It is my professional opinion that anti-virals would take a shorter time to develop than vaccines, yet it appears that this may be a back burner focus of NIH.

I realize that there are many political pressures on your office and I support your strong efforts to apply science to the resolution of this growing problem. Please do not give short shrift to the potential of antiviral treatments in favor of the longer-term promise of a vaccine.

Respectfully yours,

Karl A. Traul

K.A. Traul, Ph.D.
K.A. Traul Pharmaceutical Consulting

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:59:37 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Interview request

I really do not have time for this.

From: Kopelman, Hannah <Hannah.Kopelman@bmc.org>
Sent: Saturday, March 7, 2020 5:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Ross Kopelman [REDACTED] (b) (6)
Subject: Interview request

Dear Dr. Fauci,

My name is Dr. Kopelman. I am currently a resident at Boston Medical Center. I am reaching out because I would like to interview you on my podcast along with [REDACTED] (b) (6), on our podcast called MedChatMonday which reaches thousands of millennials a day. We want to discuss Coronavirus. I know you are very busy so any of your time would be appreciated. I want to discuss the implications of Coronavirus, symptoms, understanding of why it has become a global scare, what people should do to combat and lower their risks. Podcast will be done remotely through Skype.

I hope to hear from you soon.

Best regards,
Dr. Hannah Kopelman and Dr. Ross Kopelman

-
Hannah B. Kopelman

This electronic transmission may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, please notify me immediately as use of this information is strictly prohibited.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:58:52 +0000
To: (b) (6)
Cc: Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: One Step COVID-19 test kits - IMMEDIATE AVAILABILITY
Attachments: DoN SARS-CoV tests 200305.pdf, IFU One Step COVID-19 Test.pdf, 002.png, 0005.jpg, 0099.jpg, 9999.jpg, 0001.png

What do you think of this. Do what you need to do.

From: (b) (6) >
Sent: Saturday, March 7, 2020 6:26 PM
To: vice.president@whitehouse.gov
Cc: secretary@hhs.gov; Hahn, Stephen (FDA) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); secretary@state.gov
Subject: One Step COVID-19 test kits - IMMEDIATE AVAILABILITY

Dear Mr. Vice President & Task Force Members -

My name is Jeffrey "Scott" Smith. I live in (b) (6) KS. For the past 35 years I have been a Purchasing Agent in the private sector. Much of my career has dealt with China sourcing and supplier development. I have established a wide network of suppliers and contacts throughout China. You can see from my US Passport number (b) (6) that I have traveled to China for the past 20 years... including spending nearly (b) (6) my time in 2018 & 2019 visiting China suppliers. (Thankfully I returned on 15-Nov-2019, prior to the outbreak... (b) (6).)

I was invited by one of my trusted suppliers to offer One Step COVID-19 test kits to the United States. The Guangzhou based supplier has (b) (4) test kits available now for immediate shipment. They can produce (b) (4) kits per week at their factory. Please see the information below and the materials attached for more information. This is a very cost effective test - and provides results in 15 minutes. I will trust you to determine the efficacy of the diagnostics.

To be clear - this is not my business. I will profit in no way from providing these kits to the American healthcare public -- except for the satisfaction of doing my patriotic duty to assist my fellow Americans. I fully understand the gravity and seriousness of this disease. All of my factories in China have, and are, suffering from the effect and fall out. My business in (b) (6) is dealing with the effects of the supply chain disruptions.

I hope that this offer, and availability of a additional test kit pipeline, will help ease the test kit shortage that we are experiencing in the USA. If you and your Procurement

Offices would like more information or would like to secure these test kits, please contact me. I can assist in arranging supplier contacts and immediate air shipments.

I certainly thank you and the many dedicated leaders in the USA for your great work to combat COVID-19 - and for the care that you are showing the American public.

Best regards,

Scott Smith

[REDACTED] (b) (6)

M: [REDACTED] (b) (6) [REDACTED] (b) (6)

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

Subject: One Step COVID-19 test kit

Date: 2020-03-07 2:41 am

From: "Jack Scientek" <info@scientekpower.com>

To: [REDACTED] (b) (6)

Reply-To: <info@scientekpower.com>

Dear Scott,

How are you? It was a great pleasure talking with you on Wechat, As we discussed, I have a friend who works in Wandfo Biotech Company in Guangzhou (a public listing company). They have developed a One Step COVID-19 test kit to screen the Corona virus in only 15 minutes. This test kit is been massively used in China and it's been supplied to Japan, South Korea, Ukraine and Iran to cope with the Corona Virus, It has also been certified by Chinese health organization and EU. I am wondering if you have any connection with any medical organizations, if they need this kit, Wondfo is able to supply. [REDACTED] (b) (4), Wondfo provide international shipping worldwide. Maybe this can be helpful for some people.

Here below please refer to the most concerned information:

Name of the test kit: One Step COVID-19 Test (Chromatography Assay)

Manufacturer: GuangZhou Wondfo Biotech Co.,Ltd

Name	Quantity	Unit Price	Packages	Carton Measurement	Volume(CBM)	Gross weight(Kgs)
One Step COVID-19 Test Kit	(b) (4)					
One Step COVID-19 Test Kit						
One Step COVID-19 Test Kit						
One Step COVID-19 Test Kit						

Price availability: 1 week

Payment terms: (b) (4)
 Delivery term: (b) (4)
 Availability: (b) (4)
 production capacity (b) (4)

For your information, this testing kit has been supplied to Japan, and south Korea, Iran, Ukraine, their production schedule is very tight, the factory may raise up price a week later.

Other Available documents are attached for your reference.

Best Regards

Jack Jiang



Scientek Electrical Co.,Ltd. | Danzao. | Nanhai District | Foshan,Guangdong | China 528216
 ☎ 86-189-4246-9075 ☎ (b) (6) 🌐 www.scientekpower.com ✉ info@scientekpower.com
 | Mob/WhatsApp/Wechat: + (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:57:55 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: (b) (6)
Subject: RE: NSC inquiry on treatment study

See my changes in Red

From: Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Sent: Saturday, March 7, 2020 6:37 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Lerner, Andrea (NIH/NIAID) [E] (b) (6) >; Eisinger, Robert (NIH/NIAID) [E] (b) (6)
Subject: NSC inquiry on treatment study

Sorry to add to the inbox.

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

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:08:47 +0000
To: Gregory Klomp
Subject: RE: COVID-19 treatment

We are pursuing this idea.

From: Gregory Klomp [REDACTED] (b) (6)>
Sent: Saturday, March 7, 2020 8:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: COVID-19 treatment

It seems COVID-19 causes greater problems for the elderly and those with chronic illnesses, as you have said.

Why not try giving those with active disease, or those at risk, gamma-globulin, to ameliorate the effects of the illness?

It would be especially interesting to prepare batches of gamma globulin using the blood (2,000- 3,000 donors) of people who have, or who have recovered from, COVID-19 infection.

There is ample precedent for using Gamma-globulin to prevent or treat viral illnesses (Hepatitis A, B) or diseases of unknown etiology (ie Kawasaki's).

This could be useful especially while we wait for the development of a vaccine.

What do you think?

Gregory Klomp, MD
[REDACTED] (b) (6)
(I trained at Columbia-Presbyterian Hospital
I see you were at Weil Cornell)

From: (b) (6)
Sent: Sat, 7 Mar 2020 17:06:39 -0500
To: NIAID Public Inquiries
Subject: Fwd: From ER Provider, Some Common sense COVID-19 addl. suggestions

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 7, 2020 at 4:08:23 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: From ER Provider, Some Common sense COVID-19 addl. suggestions

Dr. Fauci:

I have been following you and others on CSPAN with appreciation.

1) Please ensure you are all getting adequate sleep.

(There is too much yahoo-machismo in our field) Please put forth recommendations for providers and their employers.

2) I see the CDC warning about herbals, which I agree with except for one:

echinacea, just about the only herbal with proven medical usefulness, not as it is recommended on the bottles or websites, but as only a single 2 capsules, on day one of viral illness. Echinacea demarginates the matured bone marrow leukocytes. Used as a "one shot deal"

may decrease COVID-19 duration/severity as eg.: "take right away on day one, drink plenty of water and sleep as long as necessary".

Please at least study the use of Echinacea in this manner for COVID-19. (Google is suddenly missing Echinacea's mechanism/use info, so please have this corrected, if for nothing else to prevent hoarding. One bottle can be for a whole neighborhood and please ask the drug stores to offer "two packs" with proper instructions.

eg.: "take only two as soon as ill with cold or flu and not take more, but to replenish the immune system follow up with fresh fruits and vegetables, etc.

3) Make sure we have enough Ventolin, Proventil available so those with new asthmatic component due to COVID-19 can call their Dr. for RX if they cannot blow out a match, for

instance, and use the drive through instead of goin into the pharmacy. Consider hazmat for drive through testing and Rx pharmacy staff (as in S. Korea). I would be interested in knowing the percent of COVID-19 respiratory sufferers who can stay home but will need Ventolin. 10%? (just a guess from seeing bronchitis in the ER).

4) Ensure all the medical providers with offices, give out their office telephone numbers and have staff trained to triage calls so people can stay home until they are well.

5) Ensure levothyroxine (the US most common Rx) is made in the USA from ingredients made in the USA. Ditto for down the line of the most necessary and common RX, including Ventolin, and the antibiotics that would treat bacterial superinfection of COVID-19 (particularly the ones that can be used at home: macrolides, etc.)

6) Encourage prevention of superinfection with clean respiratory toilet, hydration, chest PT preferred over suctioning, clean environment, including cleaning floors daily. One of the most successful methods of chest PT involves the patient lying on the bed with their face near the floor. Decreasing the load of pulmonary sputum is critical.

7) There is very large number of semi-retired physicians, such as myself who would probably like to be utilized (and paid a little) for telemedicine to assist with triage.

We can do telemedicine at home. I am not set up to do this but will soon be set up and able. We need to know which companies we can trust to hire us.

There should be telemedicine training and tracking coming from the CDC or other state and national governments.

8) Is the 3/3/20 John Kehoe Financial Times article correct? Is it not best to predict mortality so as to more realistically prepare for post-COVID-19 recovery economically and socially and give confidence by being transparent?

I see recovery jobs being the young taking care of the old after most have had it and been cured or succumbed. Then the other half of the people will get it, too...

Is there some stigma attached to the word "infrastructure" that would prevent recovery of our economy?

9) I do not see the recommendations for Flu and both pneumovax vaccines, but the recommendation needs to get out broadly right away.

10) Wuhan had to truck in food...how are we planning? Canned food decreases one's immune system. Fresh fruits and vegetables, frozen or dried are needed.

11) China closed all the theaters...and we should also start closing the use of public places, particularly asking folks in their 60's and older to stay home now.

12) Recommend providers write three month supply of Rx for all patients, to decrease visits out and ensure availability.

13) The closure of schools might spread COVID-19 unless children have food to eat at home and the parents comply.

14) Will census takers spread it? Should the census be postponed or performed via hazmat suit or in another fashion?

This is a long list. Please look into 2-packs of Echinacea with instructions.

Get enough sleep/stay well.

Thank you.

Best regards,

Gretchen Boise, MD

LL (b) (6) (caller must announce who they are)

(b) (6)

From: (b) (6)
Sent: Sat, 7 Mar 2020 16:15:52 -0500
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: Covid-19 Pandemic -- update

FYI. I get 100 of these per day.

Begin forwarded message:

From: David Katz (b) (6)
Date: March 6, 2020 at 7:46:18 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Covid-19 Pandemic -- update

Dear Tony:

As I continue to follow the evolution of this disastrous calamity, I continue to think of possible approaches to dealing with therapeutic options that might be "off the beaten trail" but nonetheless worth considering – especially for those patients who are at high risk for debilitation and, possibly, death. I share one such thought with you here.

Several years ago, recombinant Human Growth Hormone (rHGH) was reported to be significantly effective in restoring/enhancing T cell anti-viral activity in patients infected with HIV (citation below):

Growth hormone resurrects adult human thymus during HIV-1 infection

Kiki Tesselaar, Frank Miedema

J Clin Invest. 2008;118(3):844-847. <https://doi.org/10.1172/JCI35112>.

My thought is that since, in many ways, elderly patients afflicted with COVID-19 fall into a similar category, that treatment with

rHGH might be an effective treatment alternative to employ during this immediate time frame while you are exploring more specific alternatives.

I look forward to your thoughts on this, and best wishes,

David

(PS: I think you have handled yourself magnificently during these incredible press conferences, etc.!)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 19:06:14 +0000
To: Megan B.
Cc: Conrad, Patricia (NIH/NIAID) [E];Eisinger, Robert (NIH/NIAID) [E];Greg Folkers
(b) (6)
Subject: RE: Thank you, Dr. Fauci

Ms. Fender:

There is no such a thing right now as "no risk" given the uncertainty of the current situation. However, in the context of what we do know, since you are (b) (6) years old, you have (b) (6)

(b) (6)

Go about your usual business. You have no reason to panic.

I hope that this is helpful.

Best regards,

A.S. Fauci

From: Megan B. <(b) (6)>
Sent: Saturday, March 7, 2020 11:10 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Re: Thank you, Dr. Fauci

Dr. Fauci,

I apologize to reach out, I know how extremely busy you must be. But I have always invested a great deal of trust in you.

(b) (6)

Thank you greatly.

Sincerely,

Megan Fender

On Sun, Feb 9, 2020, 6:27 PM Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

Megan:

Many thanks for your kind words. They are much appreciated.

Best regards,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: [REDACTED] (b) (6)

FAX: (301) 496-4409

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

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From: Megan B. [REDACTED] (b) (6) >

Sent: Sunday, February 9, 2020 4:53 PM

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

Subject: Thank you, Dr. Fauci

Dr. Fauci,

As a citizen and mother, I would just like to take a short moment to say thank you for all of your great work and service to the American people. I have admired your work for many years, and appreciated your transparency during the Ebola crisis, as well as this most recent situation. As a citizen, I appreciate that you relay facts, both good and bad, and have established a sense of trust with the people.

[REDACTED] (b) (6)

[REDACTED]. With the Ebola crisis, and with Coronavirus, I feel better when I see your press conferences and hear all of the work you and your team do to protect both US citizens, and the world community. Friday I was very happy to hear you announce the extreme progress that's been made in just two week's time on the vaccine, and that there have been no roadblocks. This has been done at unprecedented speeds, by what I'm sure are very talented scientists.

Again, thank you for your lifetime of service in disease prevention, and for making citizens like myself feel better knowing we have people like you and your team working tirelessly for the people. [REDACTED] (b) (6), but I take comfort in knowing we have such great, talented individuals leading our public health system.

Dr. Fauci, you are truly a saint. Thank you for all that you do.

Sincerely,

Megan Fender

From: (b) (6)
Sent: Sat, 7 Mar 2020 13:37:51 -0500
To: NIAID Public Inquiries
Subject: Fwd: a question

Sent from my iPhone

Begin forwarded message:

From: Leonard Trudell (b) (6)
Date: March 7, 2020 at 1:34:34 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: a question

Dr. Fauci,

May I suggest a question that you might ask of COVID-19 identified patients? Could you ask them if they had received a current flu shot for this season? Since the COVID-19 corona virus basic construct is a basic flu version with a bio-engineered HIV or other(?) component, is it possible that our flu vaccines might have some degree of protection against this new COVID-19 viral construct? I think it is important to ask this question!

Dr. Len Trudell

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 18:36:42 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Subject: FW: a question

Please have someone respond.

From: Leonard Trudell [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 1:34 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: a question

Dr. Fauci,

May I suggest a question that you might ask of COVID-19 identified patients? Could you ask them if they had received a current flu shot for this season? Since the COVID-19 corona virus basic construct is a basic flu version with a bio-engineered HIV or other(?) component, is it possible that our flu vaccines might have some degree of protection against this new COVID-19 viral construct? I think it is important to ask this question!

Dr. Len Trudell
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 18:10:15 +0000
To: Richard Carmona
Subject: RE: Kudos

Rich:

Many thanks for your kind note. Much appreciated. I hope that all is well with you.
Best regards,
Tony

From: Richard Carmona [REDACTED] (b) (6) >
Sent: Saturday, March 7, 2020 11:56 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Kudos

Tony, as always and for many decades and most importantly now, thank you for being the voice of reason and integrity that emanates from the political swamp to quell uncertainty and fear. Ironically your words now as a "vaccine" against the disease of public fear and uncertainty may be as important as the eventual immunologically derived vaccine against coronavirus you are working on.

Be well,
Rich Carmona

Richard Carmona

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

8600 E. Rockcliff Road | Tucson, AZ 85750

CANYONRANCH.

O: [520.749.7754](tel:520.749.7754)

M: [REDACTED] (b) (6)

canyonranch.com

From: (b) (6)
Sent: Sat, 7 Mar 2020 11:19:16 -0500
To: NIAID Public Inquiries
Subject: Fwd: university coronavirus

From patty on asf phone.

Pls handle

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 7, 2020 at 10:06:21 AM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: university coronavirus

Hello and thank you for all of your tireless efforts in dealing with the coronavirus.

I have a concern about the universities and the spread of this virus. Many schools brought back students from study abroad before the 14 day quarantine was put into place, and even after the quarantine was put in place, many students did not follow the quarantine rules. Also, with shared dorms and apartments it was not possible for student's who returned to campuses and not their homes. By the times schools came up with a plan for quarantining the student's it was well over a week after some were back. Therefore, there is potential for widespread infection.

The vice president said the elderly and those with underlying medical conditions are at risk and should take caution in where they go, avoid crowded places etc..Millions of students have asthma, diabetes, auto-immune disorders, and they do not have a choice other than to go to class. The government does not seemed concerned about the potential spread among campuses and what a disaster this could be. They have voiced why grade schools are not closed (since younger are not at risk s better for them to be at school) but they are ignoring college kids are at risk and the impact of widespread infection on a campus could be huge. Students in (b) (6) colleges travel back and forth to the city all the time, and I am concerned schools are not temporarily closing until more testing is available and we see where this goes. At minimum, giving student's with underlying medical conditions the option to go home and work remotely. Right now they do not have

any option other than to go to class. When questioned they say they are listening to the CDC and state government. [REDACTED] (b) (6) and students are not following the advice to stay home sick and nobody seems concerned about trying to prevent infection.

Can the government please look at a temporary ban on classes at Universities in states where infection is rapidly spreading, especially knowing there are not enough test available yet. The schools are not taking action on their own and this is a frustrating situation seeing delays in decisions making.

Thank you for your time in consideration in addressing these concerns,

Prefer to remain anonymous for the protection of [REDACTED] (b) (6)

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Sat, 7 Mar 2020 11:16:57 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Re: Plasmapheresis pediatricians to obtain anti-corona virus antibodies

Sorry this is from patty. I have an iPhone just to manage his emails so some of these are from me. Will add the letter p to the ones I send you so you know they are from me.

Sent from my iPhone

On Mar 7, 2020, at 10:46 AM, Auchincloss, Hugh (NIH/NIAID) [E]
(b) (6) >wrote:

Tony, as I told Patty yesterday, I am handling all that you send me but I'm not going to fill your inbox with an acknowledgement each time.

Sent from my iPad

On Mar 7, 2020, at 9:15 AM, Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >wrote:

Pls handle

Sent from my iPhone

Begin forwarded message:

From: David Chung (b) (6) >
Date: March 6, 2020 at 12:45:17 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]"
(b) (6) >
Subject: Plasmapheresis pediatricians to obtain anti-corona virus antibodies

Dr. Fauci,
I appreciate the efforts of the WHO taking a look into the temperature question. It is helpful to understand the virus and know what to expect. (b) (6) is a professional data analyst of large datasets like census

data, for example. I was wondering if it would be possible to obtain the WHO dataset to see if there were any angles not considered. I am certain that the WHO's biostatisticians know what they are doing, but data is a funny thing. You get the answers to the questions you ask. If the right questions were not asked, you may miss useful information.

Regarding the subject line, if the theory is true that children have some cross-reactive protection due to antibody production to the harmless coronavirus population, that would mean that pediatricians would also carry very high levels of protective antibody. If this is true, then plasmapheresis might provide anti-coronavirus antibody as potential treatment. I do not know enough about plasmapheresis to know if this could be applied to scale but I wanted to pass along the thought. (b) (6)

[REDACTED]

David Chung

On Monday, March 2, 2020, 07:46:51 AM EST, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

Thank you for your careful and well thought out note. Worthy of consideration.

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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From: David Chung [REDACTED] (b) (6)
Sent: Sunday, March 1, 2020 9:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Pls advise to allow return air travel only, stop all other air travel

Dear Dr. Fauci,

Thank you for your leadership and guidance in this difficult time. I am a pediatrician in Massachusetts, and as you know, direct-linkage from travel cases are popping up on the East Coast. In order to keep the community viral load down, keeping new cases from moving around the country and the world will delay the spread and amplification of the viral load. According to my observations, hot climates seem to be having a favorable new case rate. Based on the city of Qom versus the experience in Singapore and Australia, it appears that the transition temperature for efficient spread is somewhere above when there are highs around 50 degrees F, similar to H1N1. According to my observations, prior to seasonal flu, the transition temperature was closer to highs of 40 degrees F. This theory should be testable. For example, there are new cases in Kuwait and Bahrain. If I am right, if you tested a subset of these populations, you would find a very high rate of asymptomatic infection, probably 80-90%, because that's how many people it would take to shed small amounts of virus to create a community viral load to make someone sick enough to get tested. If this is true, this bodes well for the virus burning itself out to endemic status relatively quickly. This would be very reassuring data you could provide to reduce panic - if you can tell people you know how long this pandemic is going to last rather than saying that we don't know.

Although some experts may say that restricting travel will only delay the inevitable, this is not a valid statement if the transition temperature for effect spread really is 50 degrees. A delay of significant community spread in the US until highs reach the 50s for the Northeast where the population is the most

dense would have a massive life-saving effect, but if this is to occur, the flight restriction needs to happen now.

Stopping all flights would be impractical and inhumane, but allowing return flights only and stopping all other air travel would be effective. It would have a massive effect on the economy, but so will overwhelming corona virus infection. No one will die because they can't take a vacation or business trip. Financial losses would need to be settled later, so this would require emergency declarations, etc. If you wanted to take it in a step-wise manner, you could start with international flights and then move on to domestic flights if necessary - this would probably be wise and would have a less severe impact on the economy.

Thank you again, and I am sure this is one of thousands of unsolicited emails. I wish you the very best and God grant you wisdom.

Best,

David Chung

Pediatric Associates of Brockton

From: [REDACTED] (b) (6)
Sent: Sat, 7 Mar 2020 09:17:55 -0500
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: ACE2 neutralizing antibody from R&D Systems
Attachments: SARS-CoV-2 cell entry depends on ACE2 and TMPRSS2 and is blocked by a clinically-proven protease inhibitor.pdf, ATT00001.htm, Crystal structure of the 2019-nCoV spike receptor binding domain bound with ACE2 receptor.pdf, ATT00002.htm

Sent from my iPhone

Begin forwarded message:

From: Hung Trinh [REDACTED] (b) (6)
Date: March 5, 2020 at 11:04:51 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >
Subject: Fwd: ACE2 neutralizing antibody from R&D Systems

From: (b) (6)
Sent: Sat, 7 Mar 2020 09:12:07 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]
Subject: Fwd: Blog Clearance Request: COVID-19: Potential Implications for Individuals with Substance Use Disorders
Attachments: COVID SUD blog ebe3 ew6 sw2 ndv4 CLEAN.docx, ATT00001.htm

Pls handle

Sent from my iPhone

Begin forwarded message:

From: "Volkow, Nora (NIH/NIDA) [E]" (b) (6) >
Date: March 6, 2020 at 4:46:06 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Hobin, Jennifer (NIH/NIDA) [E]" (b) (6) >, "Volkow, Nora (NIH/NIDA) [E]" (b) (6) >
Subject: Blog Clearance Request: COVID-19: Potential Implications for Individuals with Substance Use Disorders

Dear Toni. John Burklow asked NIAID to review a Blog I wrote on the need to evaluate vulnerabilities among patients with substance use disorders to COVID-19. Let me know if u or your staff have concerns or suggestions. I realize u are totally swamped and I apologize for burdening u with it. Best nora

From: (b) (6)
Sent: Sat, 7 Mar 2020 09:11:12 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: JID 2006, 193:1244-1249
Attachments: SARS & gd T cells.pdf, ATT00001.htm

Pls respond if required

Sent from my iPhone

Begin forwarded message:

From: MIROSLAV MALKOVSKY (b) (6)
Date: March 6, 2020 at 4:46:28 PM EST
To: "Redfield, Robert R. (CDC/OD)" (b) (6)
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: JID 2006, 193:1244-1249

Dear Bob,

Long time, no see. Our SARS study (JID 2006, 193:1244-1249; see the attachment) showed selective expansions of V γ 9V δ 2 T cells in survivors of SARS-CoV infection. Interestingly, stimulated V γ 9V δ 2 T cells also display an interferon- γ -dependent anti-SARS-CoV activity and are able to directly kill SARS-CoV-infected cells. Since it is very easy to activate human V γ 9V δ 2 T cells *in vivo* (e.g., using FDA-approved and relatively non-toxic drugs for treating bone-demineralization) and given the similarities between SARS-CoV and SARS-CoV-2, I thought that it could be potentially useful to bring these facts to your and Tony's attention, in spite of knowing that both of you are probably slightly busier these days than you would like to be.

All the best and good luck with everything,
Yours as ever,
Mirek

M. Malkovsky, MD, PhD, FRCPATH
Professor Emeritus, UW School of Medicine and Public Health
Mobile: (b) (6)
Office telephone and fax: (b) (6)
E-mail: (b) (6)

From: (b) (6)
Sent: Sat, 7 Mar 2020 09:07:07 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Pneumococcus vaccination in relation to coronavirus infection.

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Lars Nielsen (b) (6) >
Date: March 6, 2020 at 8:07:37 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: **Pneumococcus vaccination in relation to coronavirus infection.**

Dear Anthony Fauci,

As I understand the fatal cases of covid-19 develop pneumonia after several days of symptoms of the acute viral infection.

In this way the present conoravirus infection is very like our present and previous fatal influenza virus infections. In the 1918 pandemic many if not most of the fatal cases were caused by bacterial superinfection with hemolytic streptococci and pneumococci. The former is rather seldom now, but the pneumococcal infections are common.

Should we advice persons over >65 y as well as people with chronic diseases with increased risk of fatal coronavirus diseases to be vaccinated against pneumococci now?

My best regards and thank you for your significant contribution to inflammatory medicine and infections.

Lars P. Nielsen, M.D.

Specialist in Medical Microbiology and Virology

Former head of the Danish National Influenza Laboratory.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:25:29 +0000
To: Elizabeth Stevens
Subject: RE: Thank you for staying front and center, and in the public eye re COVID-19

Ms. Stevens:

Thank you for your kind note.
Best regards,
A.S. Fauci

From: Elizabeth Stevens [REDACTED] (b) (6)
Sent: Friday, March 6, 2020 10:30 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Thank you for staying front and center, and in the public eye re COVID-19

Dear Dr. Fauci,

I am so happy to continue seeing you in press conferences and on news broadcasts.

Please keep making those public appearances. Americans need to hear the facts from someone who is trustworthy.

I am sure that tiptoeing around Donald Trump has dramatically complicated your life. I hope that you will find ways to "correct" or "clarify" the constant stream of misstatements that he makes – our lives depend upon it. (Maybe Trump could wear a hazmat suit – to protect his fragile ego from any possible bruising caused by a collision with the truth. Just kidding.)

Seriously, Doctor, it is a huge relief to see and hear you and your expert colleagues. It is to the point that we cannot believe a single word that comes out of Trump's mouth.

Very sincerely,
Elizabeth Stevens

[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:23:54 +0000
To: (b) (6)
Subject: FW: (b) (4)

fyi

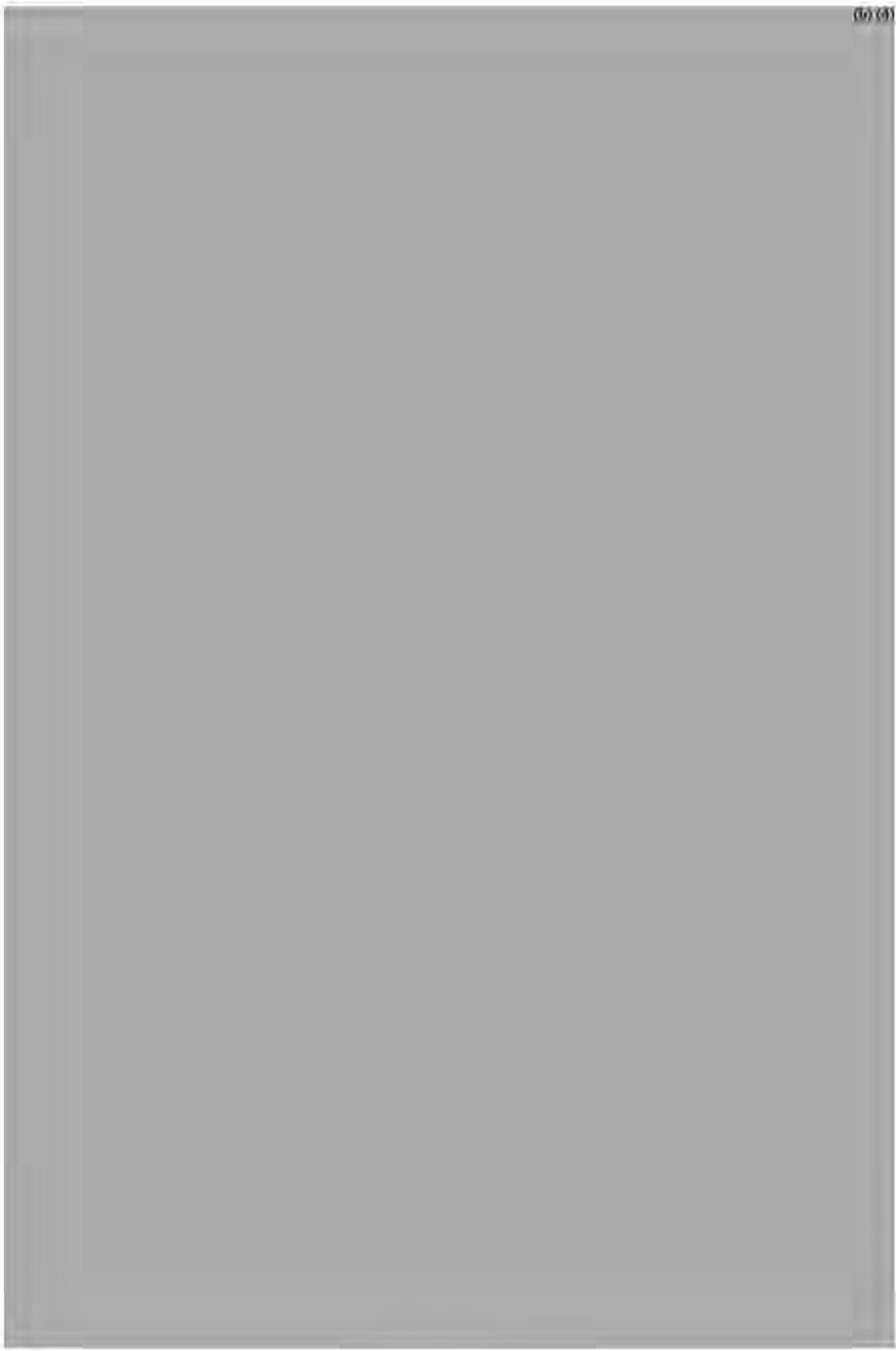
From: Lipkin, Ian W. (b) (6) >
Sent: Saturday, March 7, 2020 8:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: (b) (4)

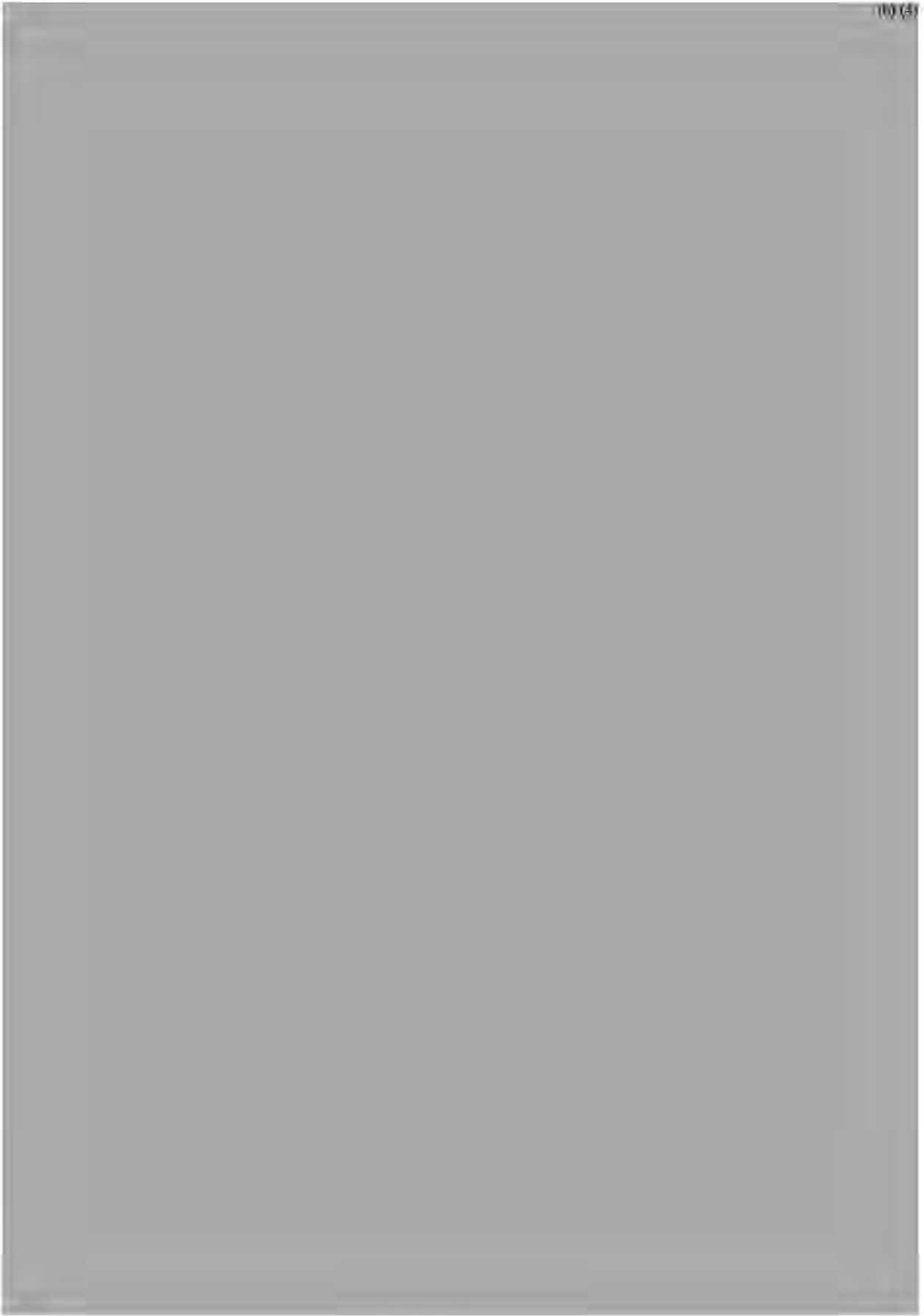
Tony,

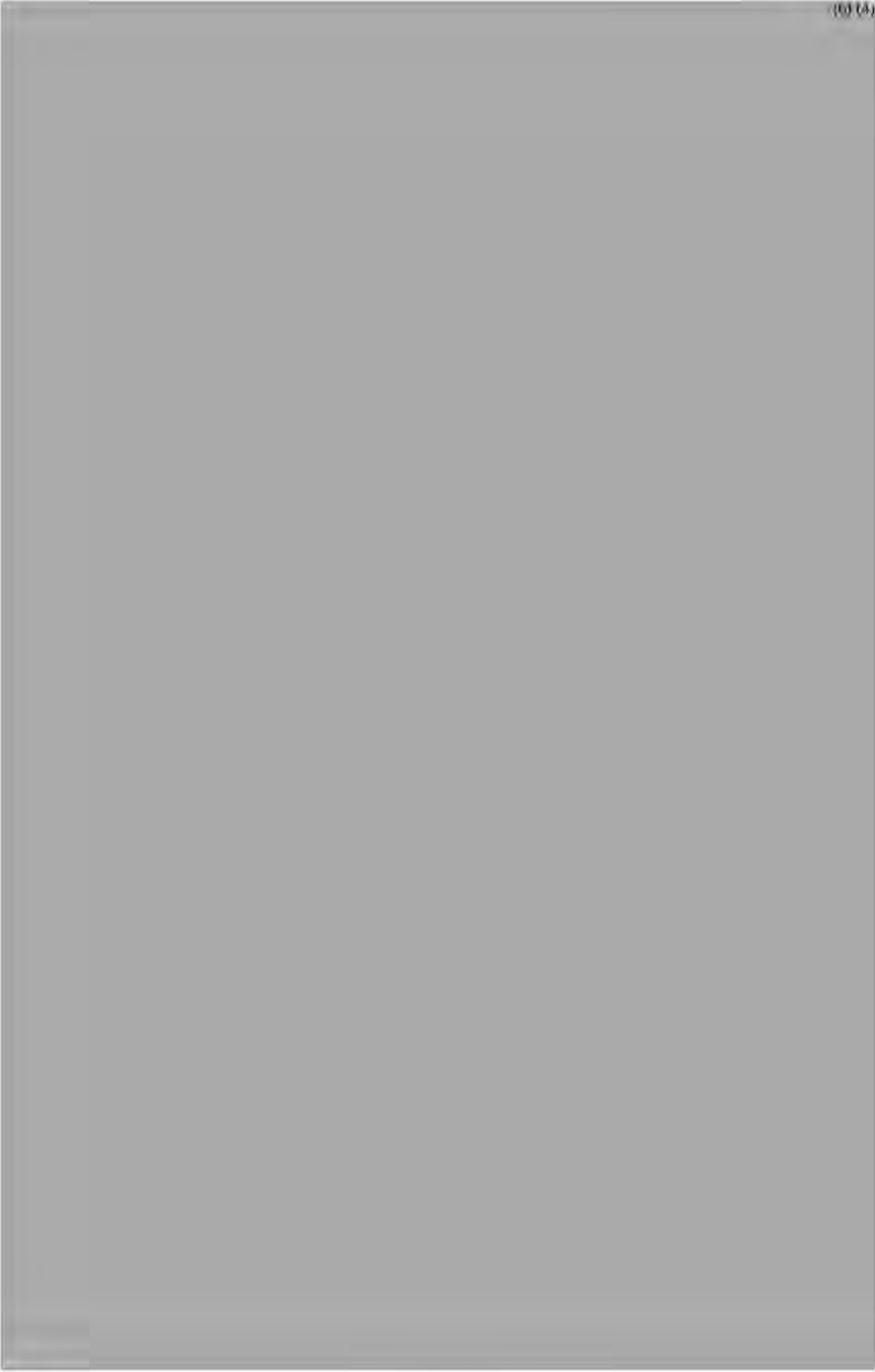
Happy to connect you with Zhu.

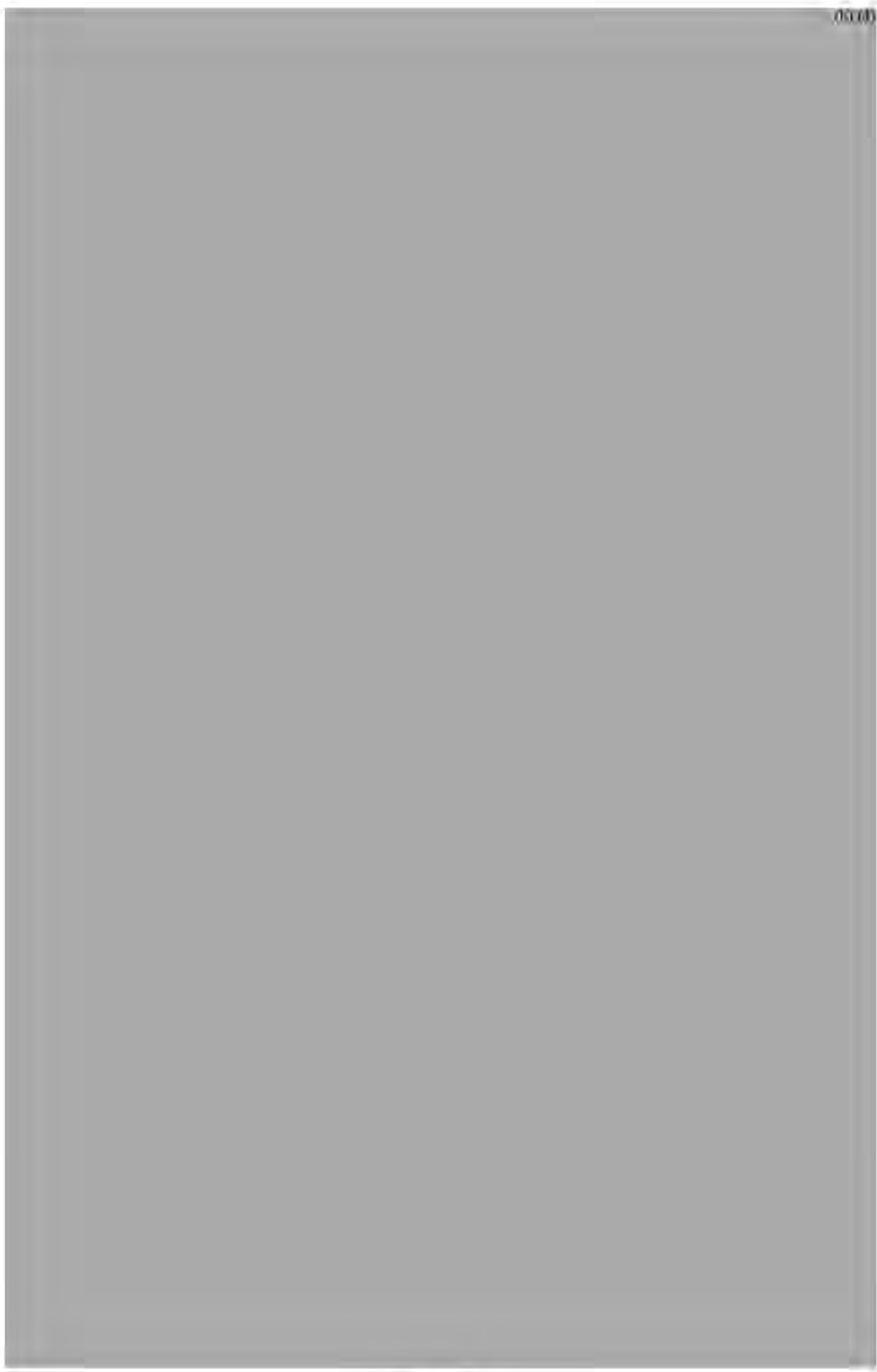
(b) (4)

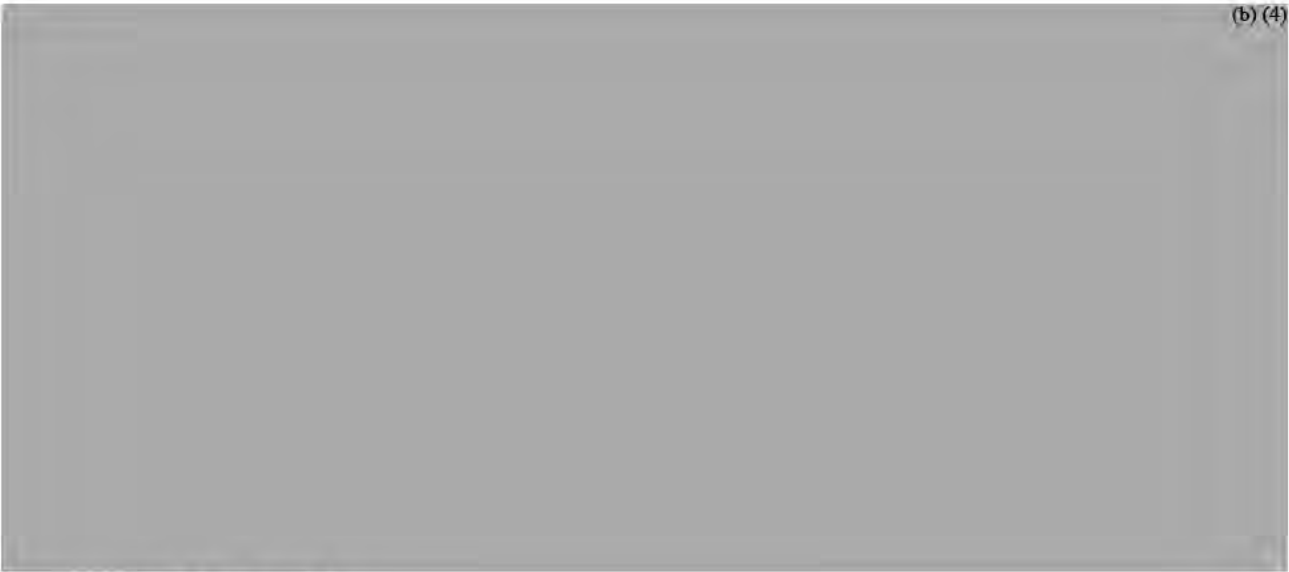
(b) (4)











>>>> With best regards,

>>>>

>>>> Zhu

>>>>

>>>>

>>>> 发件人: Lipkin, Ian W. (b) (6)

>>>> 发送时间: 2020年2月9日 23:01

>>>> 收件人: Zhu Chen

>>>> 抄送: George Gao; zhangzongwei

>>>> 主题: Re: important info

>>>>

>>>> Zhu,

>>>> Please call me on (b) (6)

>>>>

>>>> Ian

>>>>

>>>>

>>>>

>>>> W. Ian Lipkin, MD

>>>> John Snow Professor of Epidemiology and Director

>>>> Center for Infection and Immunity

>>>> Mailman School of Public Health

>>>>

>>>> Professor of Pathology and Neurology

>>>> College of Physicians & Surgeons

>>>> Columbia University

>>>> 722 West 168th Street, 17th Floor

>>>> New York, NY 10032

>>>> Voice: (b) (6)

>>>> Fax: (212) 342-9044

>>>> Email: (b) (6)

>>>>

>>>> Administrative Coordinator

>>>> (b) (6)

>>>> Voice: (b) (6)

>>>> Email: (b) (6)

>>>>

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>>>>

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>>>>

>>>> On Feb 9, 2020, at 9:43 AM, ZhuChen (b) (6) > wrote:

>>>>

>>>> Dear Ian,

>>>> I have an important info to be shared with you. According to the latest report from the National Health Commission, the number of confirmed cases of NCP (2019-nCoV pneumonia) in other Provinces than Hubei (Wuhan is the capital city) was decreased from 890/day on Feb 3rd to 509/day on Feb 8th. So it is still possible for this outbreak to be basically contained in China.

>>>> Therefore, my suggestion is that we support the current public health policies and strategy to concentrate quality medical human resources and other resources to save more life of severe patients, even though the cost is high, very high. And then, we shall continuously analyze the situation for possible adjustment of policies and measures.

>>>> Best,

>>>> Zhu

>>>>

>>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:23:10 +0000
To: Lorne Brandes
Subject: RE: Coronavirus immunity

We have thought about it.

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

From: Lorne Brandes (b) (6)>
Sent: Saturday, March 7, 2020 12:51 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Coronavirus immunity

Hi Dr Fauci,

Has anyone considered the possibility that previous coronavirus infection(s) associated with common colds may result in at least partial immunity to the COVID-19 virus? This may explain why the disease is generally mild in 80% of adults and apparently rare in children (most of whom get more frequent colds than adults). I would be pleased to hear your thoughts.

Sincerely,

Lorne Brandes, MD, FRCPC
Professor, University of Manitoba (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:21:56 +0000
To: Ann Job
Subject: RE: 2020 Census and COVID-19

Ms. Job:

Thank you for your note.,
Best regards,
A.S. Fauci

From: Ann Job (b) (6) >
Sent: Saturday, March 7, 2020 12:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: 2020 Census and COVID-19

Dear Dr. Fauci,

Today I wrote and mailed a letter to both you and Dr. Redfield.

I will not duplicate nor attach it here, but I did want you to make you aware of my letter in case it doesn't reach your desk on Monday. In it I ask you and Dr. Redfield to explore the possibility of using 2020 Census Enumerators as an "on-the-ground army" to help stop COVID-19.

Because as you know better than anyone else that time is of the essence, I thought it useful to give you a heads-up about my letter via this email.

I am probably being naive, but just in case it makes sense to you, I thought it couldn't hurt to write you.

Thank you for being there for us. We really need you.

Yours,

Ann E. Job (pronounced like the Book of Job in the Bible)

(b) (6)
(iPhone)
(home)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:13:58 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: A vaccine with anti immunosuppressive properties
Attachments: [REDACTED] (b) (6)

Please respond on my behalf

From: Avraham Halbreich [REDACTED] (b) (6) >
Sent: Saturday, March 7, 2020 7:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: A vaccine with anti immunosuppressive properties
Importance: Low

Dear Dr Fauci,

Common wisdom tells us that the inability to immunize against HIV, malaria etc. as well as the need to

repeat every year anti flu vaccination result from the excessive, or limitless, genetic variability of the underlying pathogens. While not doubting the reality of this genetic variability, best observed in an orderly manner in the case of HIV, I considered the possibility that these pathogens are endowed with an immunosuppressive capacity that is not inactivated during vaccine production, and that current vaccines do not induce immunity against such

immunosuppression. I applied this reasoning when I worked on an AIDS vaccine in 1991 in Zagury's lab

(Halbreich A et al. (1992) Vaccine Research, 4 :397-412). Indeed, we tested then, in suitably immunized animals, the effect of the various preparations on the cellular response to tuberculin and the capacity of animals to be

immunized against tuberculin and tetanus as a function of the extent of treatment. The immune response to these agents was indeed higher in the presence of HIVION compared to heat inactivated preparations. This HIVION preparation was used on 6 patients in Zaire (Zagury et al. (1992) J Acquired Immune Deficiency Syndromes, 5 :676-681).

Unfortunately, when I tried to make a greater prep for a phase I trial, the viral preparation turned out (too late),

by SDS gel electrophoresis, not to contain any viral protein, due either to degradation or another mishap. I left Zagury's lab soon after and it was impossible for me later to obtain material (either viral or from recombinant protein) to further advance the matter. I do believe that tuning vaccine preparation to counter immunosuppressive effect of the virus (parasite) while preserving its capacity to induce anti viral immunity should resolve the need to revaccinate every year against the same virus. In fact, identifying the épitopes, acting for immunity and those

acting against immunosuppression, at a later stage should allow a better result than we obtained. (It is not yet known whether corona virus also mutates rapidly, but I heard that a woman was reinfected after having recovered from covid-19 infection and this might indicate a capacity of the virus to counteract the host's immune response.

In (b) (6) I have been itching ever since to go back to unfinished projects, but did not find an avenue. Now, with the outburst of the corona virus pandemic this surfaces again.

(b) (6)

Sincerely

Avraham Halbreich

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:06:00 +0000
To: Anderson, Jennifer (NIH/NIAID) [E]
Subject: RE: unit heads

If I am available, I would be happy to discuss COVID-19

From: Anderson, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Saturday, March 7, 2020 8:03 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Fwd: unit heads

Good morning Dr Fauci

We are - for the moment - scheduled for a Unitheads meeting on Tuesday. Tae Wook is next to present but suggested (see below) that we make it a round table and discuss COVID-19.

Question: IF Unitheads isn't canceled how do you feel about having a Roundtable instead of Tae Wook presenting? Or would you prefer to take a break from Coronavirus for a moment and hear about HIV!

Thanks
Jen

Sent from my iPhone

Begin forwarded message:

From: "Chun, Tae-Wook (NIH/NIAID) [E]" (b) (6)>
Date: March 6, 2020 at 9:53:11 AM EST
To: "Anderson, Jennifer (NIH/NIAID) [E]" (b) (6)>
Subject: Re: unit heads

Can we do round table? I want to talk to him about corona not to mention the MTA will get canceled anyway. If you want me to I will present.

On Mar 6, 2020, at 9:47 AM, Anderson, Jennifer (NIH/NIAID) [E]
(b) (6) wrote:

Hi Tae Wook,

I think you are up for Unitheads? It's been so long, I've lost track. I think you were supposed to present back on Jan 14th but it got canceled and I don't think we've had a presentation since. Im being told we might have a UH on Tuesday – ASF is free so far. Can you present?

Jen

Jennifer M. Anderson, PhD

Deputy Branch Chief

IAMB/OAS/NIAID

Scientific Operations Manager

LIR/DIR/NIAID

9000 Rockville Pike, Bldg. 10 Rm. 6A19A

Bethesda, Maryland 20892

Office Phone : (b) (6)

NIH Cell: (b) (6)

Personal Cell: (b) (6)

FAX: 301-402-4122

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:02:34 +0000
To: Casetti, Cristina (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]
Subject: FW: Plasma therapy

FYI

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

From: Lipkin, Ian W. [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 7:50 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Plasma therapy

Tony,

Just reviewed paper [REDACTED] (b) (4) on pilot study of plasma therapy for COVID-19. Sufficiently encouraging that I'd begin collecting plasma for compassionate use as well as larger randomized trial.

Ian

Ian

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:02:18 +0000
To: Lipkin, Ian W.
Subject: RE: Plasma therapy

Thanks, Ian

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

From: Lipkin, Ian W. [REDACTED] (b) (6)>
Sent: Saturday, March 7, 2020 7:50 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Plasma therapy

Tony,

Just reviewed paper [REDACTED] (b) (4) on pilot study of plasma therapy for COVID-19. Sufficiently encouraging that I'd begin collecting plasma for compassionate use as well as larger randomized trial.

Ian

Ian

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 23:44:54 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Cc: Crawford, Chase (NIH/NIAID) [E]
Subject: Re: ASF ----- AIPAC reports that two people who attended its conference tested positive for the coronavirus
Attachments: image001.jpg

Yikes!

On Mar 6, 2020, at 6:23 PM, Folkers, Greg (NIH/NIAID) [E]
<[REDACTED] (b) (6)> wrote:

Just fyi – folks from this delegation were in the hallway on the Hill when you and Chase were there

From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Friday, March 6, 2020 6:18 PM
Subject: JTA: AIPAC reports that two people who attended its conference tested positive for the coronavirus

AIPAC reports that two people who attended its conference tested positive for the coronavirus

MARCH 6, 2020 5:45 PM
<image001.jpg>

Outside the American Israel Public Affairs Committee (AIPAC) annual conference in Washington, DC on March, 01, 2020. (Marvin Joseph/The Washington Post via Getty Images)

WASHINGTON (JTA) — The American Israel Public Affairs Committee said that at least two people who attended the lobby's policy conference have tested positive for the coronavirus.

The conference, which ran from Feb. 28-March 2, drew 18,000 activists to Washington.

The AIPAC statement posted late Friday on Twitter said the two people who tested positive are from New York. The outbreak has been especially hard on the Orthodox Jewish community in Westchester County, and AIPAC listed the county's health department as among the authorities with which it is in communication.

The others are the New York Health Department, national health authorities and the District of Columbia Health Department. The statement also said the lobby was consulting with Edward Septimus, a professor of internal medicine at Texas A&M University.

The statement posted on Twitter said an email was going out to all attendees as well as to congressional offices. The conference routinely attracts a majority of Congress members and their staffers.

BY RON KAMPEAS



NIH-000898

A hand is holding a white card with a colorful star logo and text. The star is composed of multiple overlapping lines in various colors (red, orange, yellow, green, blue, purple). The text on the card reads "AIPAC 2020" in large, bold, blue letters. Below this, in smaller blue letters, is the slogan "TODAY. TOMORROW. TOGETHER." with a horizontal line underneath. The background of the image is a blurred brownish-orange color.

AIPAC 2020
TODAY. TOMORROW. TOGETHER.

From: (b) (6)
Sent: Fri, 6 Mar 2020 18:35:49 -0500
To: NIAID Public Inquiries
Subject: Fwd: Important & Emergency Nature (COVID-19) Related

Sent from my iPhone

Begin forwarded message:

From: Udita Katugampola (b) (6)
Date: March 6, 2020 at 6:29:16 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Important & Emergency Nature (COVID-19) Related

Dear Dr. Fauci,

I saw that you are discussing the steps we need to take to make the impact of COVID-19 a minimum in CNN and decided to write to you what we did as faculty in this aspect.

I believe that prevention is much more important than treatment later. As a preparation for the COVID-19 outbreak, two days ago, I made a personal decision to make all my homework online submission so that we may avoid the spread of the virus anymore.

Students work on homework for hours and can easily spread the virus without knowing it. Once it goes to graders (my TAs), they then spread it to the rest of the class, again without knowing it. Thus, an innocent act can be devastating. So, in simply two-three days it may spread to another 100 new individuals easily.

Graders may act as hubs in this case. The danger is, it may have spread to another hundred or more new individuals even before it comes to a detectable level from any test.

I also want to emphasize the following points:

1. We hear in all news that elderly people are the most vulnerable. But I think it should be corrected as people with immunodeficiency are the most vulnerable and elderly are in that category. Some one who is 10 years old and have diabetic or HIV has the same danger as an elderly person.
2. We should come up with a test such as a pregnancy test, which can be done at home without leaving their homes. This stops further spreading.
3. We should discuss foods that help cure it fast and things that we should not do.

I have shared my thoughts with CNN (Dr. Sanjay Gupta and Anderson Cooper as well). Thank you for your time and everything you do to our community at this critical moment.

Best,

Udita

Udita Katugampola, Ph.D.

Assistant Professor of Mathematics

Florida Polytechnic University

Office: IST 2015

Tel: (b) (6)

Email: (b) (6)@[udita@fpu.edu](#)

Web: <https://sites.google.com/site/uditanalini/>

From: [REDACTED] (b) (6)
Sent: Fri, 6 Mar 2020 18:32:06 -0500
To: NIAID Public Inquiries
Subject: Fwd: MOSQUITOES

Sent from my iPhone

Begin forwarded message:

From: JAMES NUTILE [REDACTED] (b) (6)
Date: March 6, 2020 at 5:58:58 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >
Subject: MOSQUITOES

Dr. Fauci,

No ones addressing the possibility of the Coronavirus being transferred by mosquitoes this summer. Is that a possibility?

Thank you,
James Nutile

Sent from my iPhone

From: (b) (6)
Sent: Fri, 6 Mar 2020 18:31:39 -0500
To: NIAID Public Inquiries
Subject: Fwd: I am not spam. Possible consideration for Coronavirus

Sent from my iPhone

Begin forwarded message:

From: Karen Bender (b) (6) >
Date: March 6, 2020 at 6:07:58 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: I am not spam. Possible consideration for Coronavirus

Good Evening Dr Fauci,

I have an idea for your consideration for the Coronavirus vaccine/treatment. Noting that the virus is attacking our elderly more and knowing their lungs are older and not as functional to fight this infection. Have you considered artificial surfactant to boost lung function. (b) (6)

Perhaps if their lungs are stronger to expand they could fight the virus better. Thank you for listening, My prayers are with our Healthcare Professionals to achieve a treatment/vaccine.

Karen Bender

From: (b) (6)
Sent: Fri, 6 Mar 2020 18:28:43 -0500
To: Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Kidney Disease (NS-MCD) and Covid-19 Coronavirus

Can one of you take this?

Sent from my iPhone

Begin forwarded message:

From: Raja R (b) (6) >
Date: March 6, 2020 at 6:15:37 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Kidney Disease (NS-MCD) and Covid-19 Coronavirus

Dear Dr. Fauci,

I live in the United Kingdom and listen to your recent press briefings from White House. First of all, I want to convey my sincerest thanks to you for providing valuable information to the general public.

I would greatly appreciate it if you can advise on what precautions I should take (b) (6) in order to safeguard against the Covid-19 corona virus. (b) (6). Should he try to avoid all social contact, and of course avoid any cruise, air or public transport to prevent him from getting the infection?

I would greatly appreciate your advice on this.

Regards
Raja

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 15:26:21 +0000
To: Dzau, Victor J.
Subject: RE: URGENT - GPMB COVID-19 FUNDING NOTE

Please leave m name off. Thanks.

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

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From: Dzau, Victor J. (b) (6)
Sent: Friday, March 6, 2020 10:02 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Alex Harris (b) (6); Jeremy Farrar (b) (6) >
Subject: Re: URGENT - GPMB COVID-19 FUNDING NOTE

Tony,

I know you are extremely busy. I am following up on GPMB business.

Given our conversation 3 days ago, would you like to sign on the statement or do you prefer us to leave you name off? Please let us know ASAP.

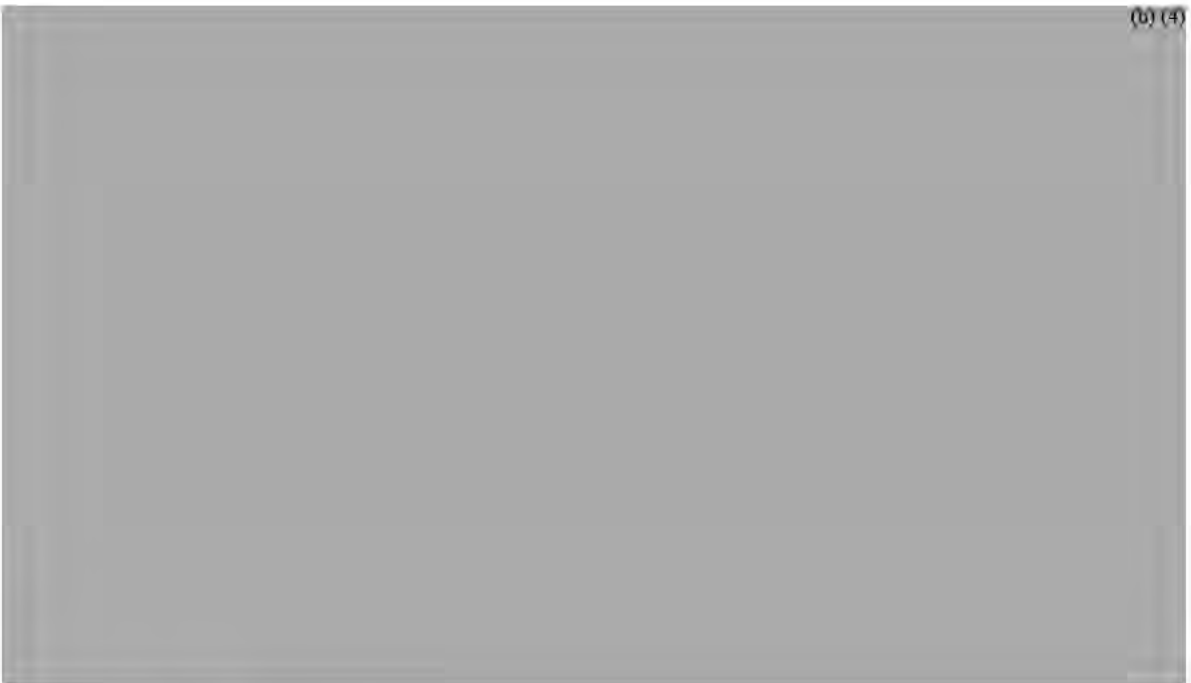
Best,
Victor

On Mar 5, 2020, at 9:31 AM, Alex Harris (b) (6) > wrote:

Dear Board Members,

Thank you for your input on the call yesterday regarding the COVID-19 (b) (4)
[REDACTED]

(b) (4)



With many thanks,

Alex

Alex Harris
Head of Global Policy & Advocacy
Wellcome

T: (b) (6)
(b) (6)

G7 leaders and Sherpas

Country	Rep	Sherpa (amendments welcome)	GPMB lead(s)
Canada	Justin Trudeau, Prime Minister	(b) (6)	
France	Emmanuel Macron, President		
Germany	Angela Merkel, Chancellor		Jeremy Farrar
Italy	Giuseppe Conte, Prime Minister		
Japan	<u>Shinzō Abe</u> , Prime Minister		
United Kingdom	Boris Johnson, Prime Minister		Jeremy Farrar
United States	Donald Trump,		Victor Dzau

	President		
Participants			
European Union	Charles Michel, <u>President of the European Council</u>	(b) (6)	
European Union	Ursula von der Leyen, <u>President of the European Commission</u>		Victor Dzau Jeremy Farrar

International financial institutions

Institution	Leadership	Sherpa/equivalent or suggested contacts	GPMB lead
(b) (6), (b) (4)			Victor Dzau
			As Sy
			Jeremy Farrar

From: Alex Harris

Sent: 03 March 2020 23:06

To: 'Amelie RIOUX' (b) (6); Dzau, Victor J. (b) (6); (b) (6) Jeremy Farrar <(b) (6)>; Anthony Fauci (b) (6); Fore Henrietta (b) (6); Gao Fu (b) (6); Gashumba Diane <(b) (6)> Ilona Kickbusch (b) (6); Suzuki Yasuhiro <(b) (6)> (b) (6); (b) (6); Vega Morales Jeanette (b) (6); VijayRaghavan Krishnaswamy (b) (6); Skvortsova Veronika (b) (6);

Cc: Gro Brundtland (b) (6); As Sy (b) (6); Elhadj SY (b) (6); Tore Godal <(b) (6)> Godal, Tore (b) (6); (b) (6); SCHWARTLANDER, Bernhard F. (b) (6); RYAN, Michael J. (b) (6); Pate Muhamed (b) (6); Kanarek, Morgan (b) (6); (b) (6); 'Sheila Austria' (b) (6); William Hall (b) (6); Teresa Miller de Vega <(b) (6)> 'Marston Hilary' (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); Toomas Palu (b) (6)

Subject: RE: GPMB: COVID-19 FUNDING NOTE

Dear Board Members,

Ahead of the GPMB Board call on Wednesday, I'm pleased to attach a note (on behalf of Jeremy Farrar, Victor Dzau and a small working group) setting out the urgent need for new funding for the global COVID-19 response.

You will have seen the strong announcement today from the World Bank of up to \$12bn to support country response, which we warmly welcome. We are asking for your feedback on the call and (b) (4)

(b) (4)

(b) (4)

We look forward to the discussion.

With best wishes,

Alex

Alex Harris
Head of Global Policy & Advocacy
Wellcome

T: (b) (6)

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 15:23:33 +0000
To: Stover, Kathy (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E];Folkers, Greg (NIH/NIAID) [E];Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: FOR ASF REVIEW: Draft PR re: Phase 1 mRNA coronavirus vax launch

Looks fine. Thanks.

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

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From: Stover, Kathy (NIH/NIAID) [E] (b) (6)>
Sent: Friday, March 6, 2020 10:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: FOR ASF REVIEW: Draft PR re: Phase 1 mRNA coronavirus vax launch

Good morning, Dr. Fauci,

Please find attached for your review a draft press release about the launch of the Phase 1 study of the mRNA COVID-19 vaccine. We are tentatively planning to issue the release on Wed., March 11 once we've received confirmation that the first participant has been vaccinated. For ease of reference, the following is the quote we have crafted for you:

"Finding a safe and effective vaccine to prevent infection with SARS-CoV-2 is an urgent public health priority," said NIAID Director Anthony S. Fauci, M.D. "This Phase 1 study, launched in record speed, is an important first step toward achieving that goal."

Thanks,

Kathy

Kathy Stover
Branch Chief
News and Science Writing Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases
National Institutes of Health
31 Center Drive, Room 7A17F
Bethesda, MD 20892

(b) (6)

Media line: (301) 402-1663

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 14:50:15 +0000
To: [REDACTED] (b) (6)
Subject: FW: Developing Immunity to SARS-CoV-2 and Ivlg

Please respond to this person.

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

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From: Dr. Art Kamm <art@kammconsultinginc.com>
Sent: Friday, March 6, 2020 7:47 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Developing Immunity to SARS-CoV-2 and Ivlg

Dear Dr. Fauci and Dr. Lane:

I have been following the growing international outbreak of COVID-19 and wanted to share a thought with you, understanding that this may have already been thought of. My early academic research (reference provided, PNAS) involved cancer immunology where it contributed to a growing body of information that certain tumor cells could possess unique surface antigens that could be used for immunologic therapy (<https://www.pnas.org/content/pnas/75/12/5912.full.pdf>). My career then took me to executive and senior executive/corporate officer positions in publicly-held pharmaceutical corporations (Glaxo and Salix, respectively) overseeing R&D of therapeutic agents. My experience has included both pharmaceuticals and biologics.

[REDACTED] (b) (6)

Our current understanding of COVID-19 mortality is that it appears to be concentrated in the elderly and those with underlying medical conditions. In healthy individuals (although still early) it appears that many of

those infected with SARS-CoV-2 may remain symptom free or develop mild disease, or recover from more severe illness. Currently there are tens of thousands of individuals who have been identified as having been infected but are considered 'recovered'. That being case it would seem plausible that they have mounted an antibody response to the virus.

The question is whether these individuals are being tested for antibody titre to the virus, and if that is occurring whether they are being approached to donate plasma to move into Iglv production. With this illness still in its early stages and being international, I would imagine that such an effort would involve a public/private sector endeavor. Understanding the difficulty in developing a vaccine for 'cold viruses', IVIG may be a way to at least reduce the mortality in our most vulnerable patients. So, the slow start we have had in testing the US population for this virus goes beyond disease prevention - it would certainly be affecting our ability, to some degree, of rapidly developing a more targeted intervention for high risk patients.

Again, you may have already thought of this, but as a concerned citizen having some background and an (b) (6), I wanted to share these thoughts. Understanding your busy schedules, I have copied both the Director and Deputy Director for Clinical Research and Special Projects.

Respectfully submitted,

Arthur R. Kamm, PhD

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 14:48:03 +0000
To: Corey MD, Larry
Subject: RE: A query

Visit where?

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

From: Corey MD, Larry (b) (6) >
Sent: Friday, March 6, 2020 8:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: A query

Should i and I the younger Glenda Gray give these 702 talks at CROI on This coming Tuesday in Boston. If I fly East for this Tuesday evening talk are you at all free Wednesday to come visit and talk about HIV antibodies ? Or are you so programmed with coronavirus this is not realistic. ?

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 12:56:55 +0000
To: McNeil, Donald (mcneil@nytimes.com)
Subject: FW: NYT: Inside China's All-Out War on the Coronavirus

Donald:

Your interview with Bruce Aylward was the best discussion of COVID-19 that I have seen thus far. Great job!

Best,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Thursday, March 5, 2020 11:19 PM
Subject: NYT: Inside China's All-Out War on the Coronavirus

Q&A

Inside China's All-Out War on the Coronavirus

Dr. Bruce Aylward, of the W.H.O., got a rare glimpse into Beijing's campaign to stop the epidemic. Here's what he saw.



Dr. Bruce Aylward, leader of the W.H.O. team that visited China to assess the country's response to the coronavirus outbreak. Credit...Salvatore Di Nolfi/Keystone, via Associated Press



By [Donald G. McNeil Jr.](#)

- March 4, 2020

As the leader of the World Health Organization team that visited China, Dr. Bruce Aylward feels he has been to the mountaintop — and has seen what's possible.

During a two-week visit in early February, Dr. Aylward saw how China rapidly suppressed the coronavirus outbreak that had engulfed Wuhan, and was threatening the rest of the country. New cases in China have dropped to about 200 a day, from more than 3,000 in early February. The numbers may rise again as China's economy begins to revive. But for now, far more new cases are appearing elsewhere in the world.

China's counterattack can be replicated, Dr. Aylward said, but it will require speed, money, imagination and political courage.

For countries that act quickly, containment is still possible "because we don't have a global pandemic — we have outbreaks occurring globally," he added.

Dr. Aylward, who has 30 years experience in fighting polio, Ebola and other global health emergencies, detailed in an interview with The New York Times how he thinks the campaign against the virus should be run.

This conversation has been edited and condensed.

Do we know what this virus's lethality is? We hear some estimates that it's close to the 1918 Spanish flu, which killed 2.5 percent of its victims, and others that it's a little worse than the seasonal flu, which kills only 0.1 percent. How many cases are missed affects that.

There's this big panic in the West over asymptomatic cases. Many people are asymptomatic when tested, but develop symptoms within a day or two.

In Guangdong, they went back and retested 320,000 samples originally taken for influenza surveillance and other screening. Less than 0.5 percent came up positive, which is about the same number as the 1,500 known Covid cases in the province. (*Covid-19 is the medical name of the illness caused by the coronavirus.*)

There is no evidence that we're seeing only the tip of a grand iceberg, with nine-tenths of it made up of hidden zombies shedding virus. What we're seeing is a pyramid: most of it is aboveground.

Once we can test antibodies in a bunch of people, maybe I'll be saying, "Guess what? Those data didn't tell us the story." But the data we have now don't support it.

That's good, if there's little asymptomatic transmission. But it's bad in that it implies that the death rates we've seen — from 0.7 percent in parts of China to 5.8 percent in Wuhan — are correct, right?

I've heard it said that "the mortality rate is not so bad because there are actually way more mild cases."

Sorry — the same number of people that were dying, still die. The real case fatality rate is probably what it is outside Hubei Province, somewhere between 1 and 2 percent.



Patients waiting to be transferred from one hospital in Wuhan to Leishenshan Hospital, a newly built medical center to address the epidemic that is also in Wuhan, China. Credit...Agence France-Presse — Getty Images

What about children? We know they are rarely hospitalized. But do they get infected? Do they infect their families?

We don't know. That Guangdong survey also turned up almost no one under 20. Kids got flu, but not this. We have to do more studies to see if they get it and aren't affected, and if they pass it to family members. But I asked dozens of doctors: Have you seen a chain of transmission where a child was the index case? The answer was no.

Why? There's a theory that youngsters get the four known mild coronaviruses so often that they're protected.

That's still a theory. I couldn't get enough people to agree to put it in [the W.H.O. report](#).

Does that imply that closing schools is pointless?

No. That's still a question mark. If a disease is dangerous, and you see clusters, you have to close schools. We know that causes problems, because as soon as you send kids home, half your work force has to stay home to take care of them. But you don't take chances with children.

Are the cases in China really going down?

I know there's suspicion, but at every testing clinic we went to, people would say, "It's not like it was three weeks ago." It peaked at 46,000 people asking for tests a day; when we left, it was 13,000. Hospitals had empty beds.

I didn't see anything that suggested manipulation of numbers. A rapidly escalating outbreak has plateaued, and come down faster than would have been expected. Back of the envelope, it's hundreds of thousands of people in China that did not get Covid-19 because of this aggressive response.

Is the virus infecting almost everyone, as you would expect a novel flu to?

No — 75 to 80 percent of all clusters are in families. You get the odd ones in hospitals or restaurants or prisons, but the vast majority are in families. And only 5 to 15 percent of your close contacts develop disease. So they try to isolate you from your relatives as quickly as possible, and find everyone you had contact with in 48 hours before that.

You said different cities responded differently. How?

It depended on whether they had zero cases, sporadic ones, clusters or widespread transmission.

First, you have to make sure everyone knows the basics: hand-washing, masks, not shaking hands, what the symptoms are. Then, to find sporadic cases, they do fever checks everywhere, even stopping cars on highways to check everyone.

As soon as you find clusters, you shut schools, theaters, restaurants. Only Wuhan and the cities near it went into total lockdown.

How did the Chinese reorganize their medical response?

First, they moved 50 percent of all medical care online so people didn't come in. Have you ever tried to reach your doctor on Friday night? Instead, you contacted one online. If you needed prescriptions like insulin or heart medications, they could prescribe and deliver it.



Grocery delivery to a quarantine area in Wuhan, China. Credit... Agence France-Presse — Getty Images

But if you thought you had coronavirus?

You would be sent to a fever clinic. They would take your temperature, your symptoms, medical history, ask where you'd traveled, your contact with anyone infected. They'd whip you through a CT scan ...

Wait — “whip you through a CT scan”?

Each machine did maybe 200 a day. Five, 10 minutes a scan. Maybe even partial scans. A typical hospital in the West does one or two an hour. And not X-rays; they could come up normal, but a CT would show the “ground-glass opacities” they were looking for.

(Dr. Aylward was referring to lung abnormalities seen in coronavirus patients.)

And then?

If you were still a suspect case, you'd get swabbed. But a lot would be told, “You're not Covid.” People would come in with colds, flu, runny noses. That's not Covid. If you look at the symptoms, 90 percent have fever, 70 percent have dry coughs, 30 percent have malaise, trouble breathing. Runny noses were only 4 percent.

The swab was for a PCR test, right? How fast could they do that? Until recently, we were sending all of ours to Atlanta.

They got it down to four hours.

So people weren't sent home?

No, they had to wait. You don't want someone wandering around spreading virus.

If they were positive, what happened?

They'd be isolated. In Wuhan, in the beginning, it was 15 days from getting sick to hospitalization. They got it down to two days from symptoms to isolation. That meant a lot fewer infected — you choke off this thing's ability to find susceptibles.

What's the difference between isolation and hospitalization?

With mild symptoms, you go to an isolation center. They were set up in gymnasiums, stadiums — up to 1,000 beds. But if you were severe or critical, you'd go straight to hospitals. Anyone with other illnesses or over age 65 would also go straight to hospitals.

What were mild, severe and critical? We think of "mild" as like a minor cold.

No. "Mild" was a positive test, fever, cough — maybe even pneumonia, but not needing oxygen.

"Severe" was breathing rate up and oxygen saturation down, so needing oxygen or a ventilator.

"Critical" was respiratory failure or multi-organ failure.

So saying 80 percent of all cases are mild doesn't mean what we thought.

I'm Canadian. This is the Wayne Gretzky of viruses — people didn't think it was big enough or fast enough to have the impact it does.



A sports stadium converted to a makeshift hospital in Wuhan, China. Credit...China Daily/Reuters

Hospitals were also separated?

Yes. The best hospitals were designated just for Covid, severe and critical. All elective surgeries were postponed. Patients were moved. Other hospitals were designated just for routine care: women still have to give birth, people still suffer trauma and heart attacks.

They built two new hospitals, and they rebuilt hospitals. If you had a long ward, they'd build a wall at the end with a window, so it was an isolation ward with "dirty" and "clean" zones. You'd go in, gown up, treat patients, and then go out the other way and de-gown. It was like an Ebola treatment unit, but without as much disinfection because it's not body fluids.

How good were the severe and critical care?

China is really good at keeping people alive. Its hospitals looked better than some I see here in Switzerland. We'd ask, "How many ventilators do you have?" They'd say "50." Wow! We'd say, "How many ECMOs?" They'd say "five." The team member from the Robert Koch Institute said, "Five? In Germany, you get three, maybe. And just in Berlin."

(ECMOs are extracorporeal membrane oxygenation machines, which oxygenate the blood when the lungs fail.)

Who paid for all of this?

The government made it clear: testing is free. And if it was Covid-19, when your insurance ended, the state picked up everything.

In the U.S., that's a barrier to speed. People think: "If I see my doctor, it's going to cost me \$100. If I end up in the I.C.U., what's it going to cost me?" That'll kill you. That's what could wreak havoc. This is where universal health care coverage and security intersect. The U.S. has to think this through.

What about the nonmedical response?

It was nationwide. There was this tremendous sense of, "We've got to help Wuhan," not "Wuhan got us into this." Other provinces sent 40,000 medical workers, many of whom volunteered.

In Wuhan, our special train pulled in at night, and it was the saddest thing — the big intercity trains roar right through, with the blinds down.

We got off, and another group did. I said, "Hang on a minute, I thought we were the only ones allowed to get off." They had these little jackets and a flag — it was a medical team from Guangdong coming in to help.

How did people in Wuhan eat if they had to stay indoors?

Fifteen million people had to order food online. It was delivered. Yes, there were some screw-ups. But one woman said to me: "Every now and again there's something missing from a package, but I haven't lost any weight."



A yoga class being taught online from a studio in Beijing. Credit...Roman Pilipey/EPA, via Shutterstock

Lots of government employees were reassigned?

From all over society. A highway worker might take temperatures, deliver food or become a contact tracer. In one hospital, I met the woman teaching people how to gown up. I asked, "You're the infection control expert?" No, she was a receptionist. She'd learned.

How did technology play a role?

They're managing massive amounts of data, because they're trying to trace every contact of 70,000 cases. When they closed the schools, really, just the buildings closed. The schooling moved online. Contact tracers had on-screen forms. If you made a mistake, it flashed yellow. It was idiot-proof. We went to Sichuan, which is vast but rural. They'd rolled out 5G. We were in the capital, at an emergency center with huge screens. They had a problem understanding one cluster. On one screen, they got the county headquarters. Still didn't solve it.

So they got the field team. Here's this poor team leader 500 kilometers away, and he gets a video call on his phone, and it's the governor.

What about social media?

They had Weibo and Tencent and WeChat giving out accurate information to all users. You could have Facebook and Twitter and Instagram do that.

Isn't all of this impossible in America?

Look, journalists are always saying: "Well, we can't do this in our country." There has to be a shift in mind-set to rapid response thinking. Are you just going to throw up your hands? There's a real moral hazard in that, a judgment call on what you think of your vulnerable populations.

Ask yourself: Can you do the easy stuff? Can you isolate 100 patients? Can you trace 1,000 contacts? If you don't, this will roar through a community.

Isn't it possible only because China is an autocracy?

Journalists also say, "Well, they're only acting out of fear of the government," as if it's some evil fire-breathing regime that eats babies. I talked to lots of people outside the system — in hotels, on trains, in the streets at night.

They're mobilized, like in a war, and it's fear of the virus that was driving them. They really saw themselves as on the front lines of protecting the rest of China. And the world.



A medical worker in a hospital in Wuhan working with traditional medicines to treat patients. Credit...Agence France-Presse — Getty Images

China is restarting its economy now. How can it do that without creating a new wave of infections?

It's a "phased restart." It means different things in different provinces.

Some are keeping schools closed longer. Some are only letting factories that make things crucial to the supply chain open. For migrant workers who went home — well, Chengdu has 5 million migrant workers.

First, you have to see a doctor and get a certificate that you're "no risk." It's good for three days.

Then you take the train to where you work. If it's Beijing, you then have to self-quarantine for two weeks. Your temperature is monitored, sometimes by phone, sometimes by physical check.

What's going on with the treatment clinical trials?

They're double-blind trials, so I don't know the results. We should know more in a couple of weeks.

The biggest challenge was enrolling people. The number of severe patients is dropping, and there's competition for them. And every ward is run by a team from another province, so you have to negotiate with each one, make sure they're doing the protocols right.

And there are 200 trials registered — too many. I told them: "You've got to prioritize things that have promising antiviral properties."

And they're testing traditional medicines?

Yes, but it's a few standard formulations. It's not some guy sitting at the end of the bed cooking up herbs. They think they have some fever-reducing or anti-inflammatory properties. Not antivirals, but it makes people feel better because they're used to it.

What did you do to protect yourself?

A heap of hand-sanitizer. We wore masks, because it was government policy. We didn't meet patients or contacts of patients or go into hospital dirty zones.

And we were socially distant. We sat one per row on the bus. We ate meals in our hotel rooms or else one person per table. In conference rooms, we sat one per table and used microphones or shouted at each other.

That's why I'm so hoarse. But I was tested, and I know I don't have Covid.



Dr. Aylward offered an elbow in lieu of a handshake during a briefing in Geneva on the W.H.O. mission to China. Credit...Salvatore Di Nolfi/EPA, via Shutterstock

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 12:31:28 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Nicolle Wallace / MSNBC interview request for today or next week...

FYI

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Robinson, Query (NBCUniversal) <query.robinson@msnbc.com>
Sent: Friday, March 6, 2020 7:17 AM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Nicolle Wallace / MSNBC interview request for today or next week...

Hi Patricia,

This is Query Robinson with Nicolle Wallace at MSNBC's 'Deadline: White House' in New York again.

I am writing to request an interview with Dr. Fauci today during the 4 pm ET or at some point next week if his schedule may allow.

Nicolle is hoping to speak with Dr. Fauci about growing concerns over the spread coronavirus and what the public should be doing now in the wake of this pandemic.

We would gladly have Dr. Fauci join us from the NIH camera if his schedule may allow..

Please let me know if today may be a possibility or if another day next week may be better for the schedule when you may have a moment.

All the best,

Query

Query Robinson

'Deadline: White House' with Nicolle Wallace

[30 Rockefeller Plaza, NY, NY 10112](#)

W – [212-664-3923](#)

C – (b) (6)

query.robinson@nbcuni.com

Sent from my iPhone - please overlook any misspellings or grammatical errors

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 11:02:56 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Emergency Preparedness, Coronavirus, and Products from MPI
Attachments: MPI - CloroxPro_Scrubs_2019 (1).pdf, MPI - CloroxPro_LabCoats_2019.pdf, MPI - PrimeMedical_Curtains_Flyer.pdf, MPI - POW_HOSP_Barrier_Protection_28update29.pdf, MPI - EvaClean Tri Fold 2019.pdf

Please take a look and handle if necessary

From: Brad Wicklas [REDACTED] (b) (6) >
Sent: Friday, March 6, 2020 3:46 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Emergency Preparedness, Coronavirus, and Products from MPI

Hi Anthony Fauci,

I know you're busy, but I wanted to introduce our Company, Medical Partners International, and talk for a quick minute about what we do and how it can help you. As you know, the CDC has asked all healthcare facilities to prepare for the "worst case scenario" around the Novel Coronavirus. As much of our medical supply manufacturing in the US comes from overseas, it is of critical import to look at potential shortages of key products that will be needed to perform basic IP functions in your facility. We have already seen challenges with N95 masks, and I have heard about potential shortages of items like disinfection wipes. We at MPI have a couple of unique solutions you need to consider:

PureTabs and PureOne NaDCC tablets that are diluted in tap water to create HOCl for surface disinfection. They are currently used in electrostatic sprayers to offer greater coverage around your equipment. If, for some reason, there's a challenge getting the electrostatic sprayers in the future (and we've already seen shortages and delays in getting new units), simply use our NaDCC tablets with spray bottles from your local store to apply the HOCl for disinfection. Our tablets have kill claims for C. diff in four minutes, and like a number of other cleaning agents, we believe we can be effective against the Novel Coronavirus. The problem with the other products out there comes down to availability, particularly of the N95 masks that are required on their IFU's. With our product, an N95 mask is recommended, but not required, which is a huge distinction if you have run out of N95 masks.

Secondly, we have our protective scrubs, lab coats and privacy curtains from Prime Medical. Co-branded with Clorox, these products create a 3 log (99.9%) barrier against bacteria and viruses when washed with bleach. The barrier lasts for 12 weeks,

so there's a dramatically lower chance of passing something along. These are a great protective measure for your staff. The CDC mentioned that sodium hypochlorite (bleach) may be effective against Novel Coronavirus, so it stands to reason that our scrubs will help against unwanted spreading as well.

Finally, we have our Path-O-Wrap, which protects mattresses and gurneys from the harsh chemicals used during cleaning. It also can help dramatically when a catastrophic event happens, as you simply put these on a gurney or mattress and remove them between patients. It was invented by an EMT for just this purpose, and may be exactly what you need for your Emergency Preparedness Program.

We also have other great IP products such as:

- UV Disinfection Boxes to create a "touch-less check-in" to protect staff and patients alike
- HealthySole UV solutions for the bottom of feet for OR and other sensitive areas
- Bowman Cover Your Cough Stations

I have attached a couple of brochures for your review. We can provide you with a quote, or have our local representative bring in samples of some of the products to show. Simply write me back with what you would like more information on. We feel our products will make a difference for your facility; let us know how we can help.

Sincerely,

Medical Partners International

Brad Wicklas
Managing Partner

Cell: (b) (6)

Website: www.bwicklas@medpint.com



Medical Partners Int'l

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 11:00:51 +0000
To: Corey MD, Larry; Dieffenbach, Carl (NIH/NIAID) [E]
Subject: RE: coronavirus vaccine testing

Anything that works is fine with me.

From: Corey MD, Larry (b) (6) >
Sent: Friday, March 6, 2020 12:23 AM
To: Dieffenbach, Carl (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: coronavirus vaccine testing

I know the VTEU's are first in line but I am sure the HVTN sites would be quite willing to participate in any coronavirus vaccine testing and if you need international populations the sub Saharan African sites will I am sure be interested . so our informal polling of sites revealed enthusiasm.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:07:20 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: SARS CoV entry inhibition for the masses
Attachments: Novel Inhibitors of SARS CoV Entry.pdf

Please handle.

From: Chris Sorg [REDACTED] (b) (6) >
Sent: Wednesday, March 4, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: FW: SARS CoV entry inhibition for the masses

Dear Dr. Fauci: I really think you should look at this email trail. I can't seem to

(b) (4)



Respectfully,

John C. Sorg, M.D.

Cell: [REDACTED] (b) (6)

Chris Sorg

Hospitalist

North Arkansas Regional Medical Center
620 North Main Street, Harrison, AR 72601

Office: [REDACTED] (b) (6)



From: Chris Sorg

Sent: Monday, March 2, 2020 1:16 PM

To: [REDACTED] (b) (6)

Subject: FW: SARS CoV entry inhibition for the masses

Continuing to think outloud.

(b) (4)

J.C. Sorg, M.D.

Chris Sorg

Hospitalist

North Arkansas Regional Medical Center
620 North Main Street, Harrison, AR 72601

Office: (b) (6)



From: Chris Sorg

Sent: Monday, March 2, 2020 12:11 PM

To: (b) (6)

Cc: (b) (6)

Subject: SARS CoV entry inhibition for the masses



Respectfully,

J.C. Sorg, M.D.

Internal Medicine

Chris Sorg

Hospitalist

North Arkansas Regional Medical Center

620 North Main Street, Harrison, AR 72601

Office: (b) (6)



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:06:51 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Meeting to Assess Evaluation of COVID-19 vaccine candidates for risk of enhanced disease
Attachments: March 12th-Tentative list of questions to be discussed_JPC mg-sb[16212]-version4March-1239-CLEAN.docx, Draft agenda.Acc Assess ED.4Mar202011_with annexes.pdf

Please handle. I cannot meet with them.

From: Steve Black [REDACTED] (b) (6)
Sent: Wednesday, March 4, 2020 4:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Robert Chen [REDACTED] (b) (6)
Subject: Meeting to Assess Evaluation of COVID-19 vaccine candidates for risk of enhanced disease

Dear Doctor Fauci,

I am writing to you as a member of the SPEAC project which CEPI has funded to assist with the evaluation of the safety of vaccines in their portfolio. As part of this effort, we are assisting with developing preclinical and clinical testing criteria to evaluate the risk of enhanced disease following vaccination with COVID-19 vaccine candidates. As you know, this had been an issue with some prior SARS vaccine candidates.

We are convening a two day virtual meeting of experts via video conference next week on March 12 and 13 between 8 am and 1 pm Eastern time each day. Participants in the meeting are shown in the attached agenda but include Paul Henri Lambert from Geneva and Barney Graham from NIH. The meeting will actively involve the participants on the agenda the first day and on the second day the meeting will be open for several peer reviewers including Stanley Plotkin and Andy Pollard to review and comment on possible small and NHP animal models as well as appropriate immunologic testing to be done in early phase one trials.

I am wanted to make you aware of the meeting so that you could attend all or part as an observer if you wish but also to invite you to consider joining on day two as one of our formal peer reviewers. The goal of the meeting would be to share recommendations with CEPI COVID-19 developers as well as other interested parties.

Any comments you have on the agenda or draft questions for consideration would be greatly appreciated.

I look forward to hearing back from you.

ATTACHMENTS: DRAFT AGENDA; DRAFT QUESTIONS FOR CONSIDERATION

Steve

Steven Black MD
SPEAC Project work package lead for CEPI

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:04:44 +0000
To: (b) (6)
Subject: FW: medRxiv: Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

fyi

From: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>
Sent: Wednesday, March 4, 2020 4:27 PM
Subject: medRxiv: Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Xiaohua Chen, Binghong Zhao, Yueming Qu, Yurou Chen, Jie Xiong, Yong Feng, Dong Men, Qianchuan Huang, Ying Liu, Bo Yang, Jinya Ding, Feng Li

doi: <https://doi.org/10.1101/2020.02.29.20029520>

[This article is a preprint and has not been peer-reviewed \[what does this mean?\]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.](#)

- [Abstract](#)
- [Info/History](#)
- [Metrics](#)
-
- [Preview PDF](#)

Abstract

Background: Although the SARS-CoV-2 viral load detection of respiratory specimen has been widely used for novel coronavirus disease (COVID-19) diagnosis, it is undeniable that serum SARS-CoV-2 nucleic acid (RNAemia) could be detected in a fraction of the COVID-19 patients. However, it is not clear that if the incidence of RNAemia could be correlated with the occurrence of cytokine storm or with the specific class of patients. **Methods:** This study enrolled 48 patients with COVID-19 admitted to the General Hospital of Central Theater Command, PLA, a designated hospital in Wuhan, China. The patients were divided into three groups according to the Diagnosis and Treatment of New Coronavirus Pneumonia (version 6) published by the National Health Commission of China. The clinical and laboratory data were collected. The serum viral load detection and serum IL-6 levels were determined. Except for routine statistical analysis, Generalized Linear Models (GLMs) analysis was used to establish a patient status

prediction model based on real-time RT-PCR Ct value. Findings: The Result showed that cases with RNAemia were exclusively confirmed in critically ill patients group and appeared to reflect the illness severity. Further more, the inflammatory cytokine IL-6 levels were significantly elevated in critically ill patients, which is almost 10-folds higher than those in other patients. More importantly, the extremely high IL-6 level was closely correlated with the incidence of RNAemia ($R=0.902$) and the vital signs of COVID-19 patients ($R= -0.682$). Interpretation: Serum SARS-CoV-2 viral load (RNAemia) is strongly associated with cytokine storm and can be used to predict the poor prognosis of COVID-19 patients. Moreover, our results strongly suggest that cytokine IL-6 should be considered as a therapeutic target in critically ill patients with excessive inflammatory response.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:01:59 +0000
To: James Krellenstein
Subject: RE: 2019-nCoV Testing for Public Health Labs

James:

Thanks for the note. Be assured that I am trying to break this log jam.

Best,
Tony

From: James Krellenstein [REDACTED] (b) (6)
Sent: Wednesday, March 4, 2020 6:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Re: 2019-nCoV Testing for Public Health Labs

Tony:

I am loath to contact you given that I am sure you are overwhelmed. However, we are now being contacted by sources at tertiary academic hospitals with CLIA-high complexity clinical labs who are alarmed about their inability to scale up SARS-CoV2 qRT-PCR testing in their facilities in the time frame they feel is necessary, even after Saturday's FDA regulatory guidance and the availability of Integrated DNA Technology's testing reagents. (An example of such an email is below.) I am passing this along with the hopes that if you can do something about it, you will. From an email:

“We have experience bringing up laboratory developed tests. We have never submitted an EUA before. For our current LDTs, they are typically for pathogens that we have some experience with, positive clinical samples are readily available, and/or appropriate control materials (e.g. bacteria, viral genomes) are readily commercially available. None of those are true for SARS-CoV2. There is tremendous concern about deploying a suboptimal test into a challenging environment.

The EUA guidance from FDA is not unreasonable for the validation of a new respiratory virus test, and it gives an accurate picture of the amount of testing that is required to bring on a new test by the lab. Federal law requires us to perform accuracy, reproducibility, analytical sensitivity / LOD, and analytical specificity (cross reactivity) studies. Those studies require positive control material *including* intact virus or RNA. Clinical labs are not prepared to generate RNA transcript, and we don't usually source these ourselves. We can't get the virus without filling out extensive paperwork that requires multiple signatures. Getting control material for validation one of the biggest issues.

Prior to the EUA change, the calculus for our labs was that it would take 3 to 4 weeks to actually validate a test, and then we would submit to the FDA for EUA (a process none of us has ever done), and then we would wait for the FDA to respond (hopefully in the affirmative). I think we all expected the FDA EUA review to be at least 4 weeks. Based on that time-line, many commercial vendors would have reagents available with their own EUAs that would be able to be performed on large automated instruments including potentially STAT. None of the LDT assays (or CDC assay) can be performed STAT or on demand.

With the EUA change, the process to validate the test is still the same and will still take 3 or more weeks. Once validated, we can perform clinical testing (like any other LDT) while we submit the EUA. This would likely allow us to begin testing several weeks before commercial vendors have EUA reagents available based upon our best current information. Most of us expect to transition a commercial EUA at some point.

The recent statement that IDT reagents can be used under the EUA from CDC is misleading. It applies to a very limited number of lots (currently 1, likely 2 soon), it assumes reagents are available, and it requires strict adherence to the CDC protocol using identical extraction methods (2 choices) and amplification / detection methods (1 instrument). It still specifies the use of an N1, N2, and N3 reactions, but CDC has dropped the N3 reaction. The EUA has not yet been updated. Neither of our hospitals have the complete extraction or amplification instruments so we have to do the EUA anyway.“

Hope you are coping ok,

James

--

James B. Krellenstein

109 S 5th St,

Brooklyn, NY 11249

(b) (6) (mobile)

(b) (6)

On Sun, Feb 2, 2020 at 7:36 PM James Krellenstein (b) (6) > wrote:

Tony:

I hope this email finds you well. Over the past 48 hours, PrEP4All has received multiple requests from leaders of public health departments and public health practitioners to begin publicly pressuring

CDC/HHS to ensure that properly equipped public health labs (besides CDC's lab in Atlanta) can perform real time reverse transcription PCR (qRT-PCR) testing for 2019 Novel-Coronavirus (2019-nCoV).

Our understanding is that given the public health emergency declared by HHS, an emergency use authorization (EUA) from the FDA is required for public health labs to perform their own lab developed test for 2019-nCoV, even if it is using the CDC's published qRT-PCR protocol and primer/probe sequences (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/rt-pcr-panel-for-detection-instructions.pdf>) , and the lab is capable of handling BSL3+ samples.

We understand the extreme delicateness of this situation, and also that it is outside of our normal wheelhouse. But given the concerns of our colleagues in the public health sector, we thought it was important to give you a heads up regarding this request.

Let us know if there is anyway we can help.

Sincerely,

James Krellenstein
Data, Science and Policy Committee
The PrEP4All Collaboration
109 S 5th St, Brooklyn, NY 11249
(b) (6)

--
James B. Krellenstein
he - him - his

(b) (6)
(Sent from a mobile device)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:00:31 +0000
To: (b) (6)
Subject: FW: Covid-19 causes CRS (and source of mortality)
Attachments: Ruan2020_Article_ClinicalPredictorsOfMortalityD.pdf

FYI

From: Pavletic, Steven (NIH/NCI) [E] (b) (6) >
Sent: Wednesday, March 4, 2020 10:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: Covid-19 causes CRS (and source of mortality)

Dear Dr Fauci, this is not an area of my expertise, but given the urgency of situation with the Covid-19 and some of our experiences with treating CART induced cytokine release syndrome in cancer patients, just wanted to share this email with you in case you find it of interest. Dr Betts is my brilliant junior BMT colleague at University of Minnesota. I realize this may be old news to you but wanted to share just in case.

Warm regards
Steve Pavletic

From: Brian Betts (b) (6) >
Sent: Wednesday, March 4, 2020 2:06 PM
To: Pavletic, Steven (NIH/NCI) [E] (b) (6) >
Subject: Covid-19 causes CRS (and source of mortality)

Hi Steve,

This is an interesting paper from intensivists in Wuhan. The IF of the journal is 18 too.

Looks like covid-19 causes an IL-6 mediated CRS with myocarditis, which is associated with mortality (more so than the pneumonitis).

This suggests we should be more concerned with getting tocilizumab for critically ill covid-19 patients, rather than tamiflu and ARVT...

Do you have a friend at the CDC that could use this info?

Thanks, Brian

--

Brian C. Betts MD
Associate Professor of Medicine
Division of Hematology, Oncology and Transplantation
University of Minnesota

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 03:57:38 +0000
To: Conrad, Patricia (NIH/NIAID) [E]; Greg Folkers (b) (6)
Subject: FW: COVID-19 event Friday @CSIS Tony March 20, 1:30pm-3:30pm

Let us discuss.

From: Stephen Morrison <SMorriso@csis.org>
Sent: Thursday, March 5, 2020 7:02 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Samantha Stroman <SStroman@csis.org>
Subject: Re: COVID-19 event Friday @CSIS Tony March 20, 1:30pm-3:30pm

Hi Tony
Will March 20 work for you?
Best Steve

On Mar 2, 2020, at 10:07 AM, Stephen Morrison <SMorriso@csis.org> wrote:

Tony

I know the demands on you have skyrocketed, so I am circling back to confirm you are still available on Friday March 20 for the COVID-19 event, and also to seek your advice, as we amend the layout of the event, including possibly having it run a little longer.

I am still hoping you can do a big picture scene setter (15-20 minutes with slides)

- (i) The state of the science surrounding the virus, what we know and do not know,
- (ii) Progression of the outbreak
- (iii) Testing
- (iv) Status of accelerated early work on vaccines, antivirals

We will have a panel that covers China, and we may add a panel on the epicenters in Italy, ROK, Iran

I would like to carve out ample space for discussion of the United States. In your view, is it advisable to put a request forward to Secy Azar or VP Pence? Neither needs a platform to have their voices heard. But perhaps they would see this sort of setting as an opportunity. If not the Secy or VP, is there anyone else you might propose? I had reached out earlier to Steve Biegun to speak on the foreign policy dimensions, especially regarding China, but have not heard back.

I have separately reached out to the NGA about possibly enlisting a governor to speak.

If you are free and wish to speak by phone about any of this, please let me know.

Best of luck with everything. You seem to be making progress!

Best Steve

Cell [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 03:56:47 +0000
To: MAVILIO Domenico ICH
Subject: RE: Ciao

Domenico:

Thanks for the note. Indeed, this outbreak has changed the lives of many people, including me. I am doing nothing else but coronavirus. I cannot predict when the travel restriction for Northern Italy will be removed. I hope soon, but I doubt that. STAY WELL.

Best regards,
Tony

From: MAVILIO Domenico ICH (b) (6)
Sent: Thursday, March 5, 2020 7:49 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Ciao

Hi Tony,

just a short notice to tell you that you are becoming even more popular in Italy as your face and interviews are everywhere on the main Italian broadcasting news and journals.

It seems like to be in USA again for me, as I see you every day and I can tell you are doing well although you must be overwhelmed with all this. I was supposed to be at NIH in tre weeks from now, but I have cancelled the flight and travel due to highest restrictions from CDC and HHS for Italian travellers from Lombardia and Veneto (and I live in Milan).

Can we estimate how long all this will last? Weeks or months according to you knowledge?

Hope to see you soon anyway and I really hope U.S. outbreak will not turn as bad as the Italian one. Indeed, Milan is living a real unprecedented (for modern time) and surrealistic situation with a mix of fear, panic and incredulity among people. It almost seems a movie! The government shut down half country by closing all schools and universities, by not allowing meetings of any kind, by limiting travels in many places and by placing severe restrictions in social life. They even stopped the Fashion week in Milan that is a big thing here.

Maybe too late, but they did it and we hope it will work somehow to reach a plateau in contagious.

have a nice day
Ciao

Domenico

Domenico Mavilio, M.D., Ph.D.
Associate Professor of Translational Medicine

Department of Medical Biotechnologies and Translational Medicine
Medical School of Milan University, Milan , Italy

Principal Investigator

Head, Unit of Clinical and Experimental Immunology
Humanitas Research Hospital, Rozzano, Milan, Italy

Adjunct Investigator

Laboratory of Cardiovascular Regenerative Medicine,
National Heart, Lung and Blood Institute
National Institutes of Health, Bethesda, MD, USA

[REDACTED] (b) (6)

Phone: [REDACTED] (b) (6)

Fax: +39 02 8224 5191

emails: [REDACTED] (b) (6)

[REDACTED] (b) (6)

[REDACTED] (b) (6)

webpage: <http://www.humanitas-research.org/category/principal-investigator/mavilio/>

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Gracie

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Thank you

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 03:51:21 +0000
To: Phillips, Kyra
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Hi Tony! Univ of Nebraska.....

Kyra:

Thanks for the note. You would have to go through my Special Assistant, Patty Conrad, who is copied on this e-mail.

Best,
Tony

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

From: Phillips, Kyra <Kyra.Phillips@abc.com>
Sent: Thursday, March 5, 2020 9:30 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: Hi Tony! Univ of Nebraska.....

Good morning! I made contact and it's in the works! We even have them in our 20/20 special tomorrow night!

Question: do you think you could go live with me from NIH or WH one day next week for our Noon Coronavirus show? It's live steamed so we have millions of viewers. We would take viewer questions (I would give you ahead of time) and you would answer only those you want to.

It's a half hour show, but we would do whatever amount of time your schedule allows.

It would be so impactful for the average viewer.

V/R

Kyra

@KyraPhillips, ABC News
Investigative Correspondent
KyraPhillips.Com
(b) (6)

> On Mar 3, 2020, at 10:32 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

>

> Kyra:

> They very well might let you do it. It is worth a try. The containment there is excellent and there is no evidence of community spread in Omaha.

> Best,

> Tony

>

> -----Original Message-----

> From: Phillips, Kyra <Kyra.Phillips@abc.com>
> Sent: Tuesday, March 3, 2020 6:21 PM
> To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
> Subject: Hi Tony! Univ of Nebraska.....

>

> Tony,

> Do you think the University of Nebraska would let me in to do a story for ABC News on the therapeutics they are working on?

> Would it even be safe for me to do it?

- > Appreciate how you are holding court during this crisis.
- > Respectfully,
- > Kyra
- >
- >
- > @KyraPhillips, ABC News
- > Investigative Correspondent
- > KyraPhillips.Com
- > (b) (6)
- >



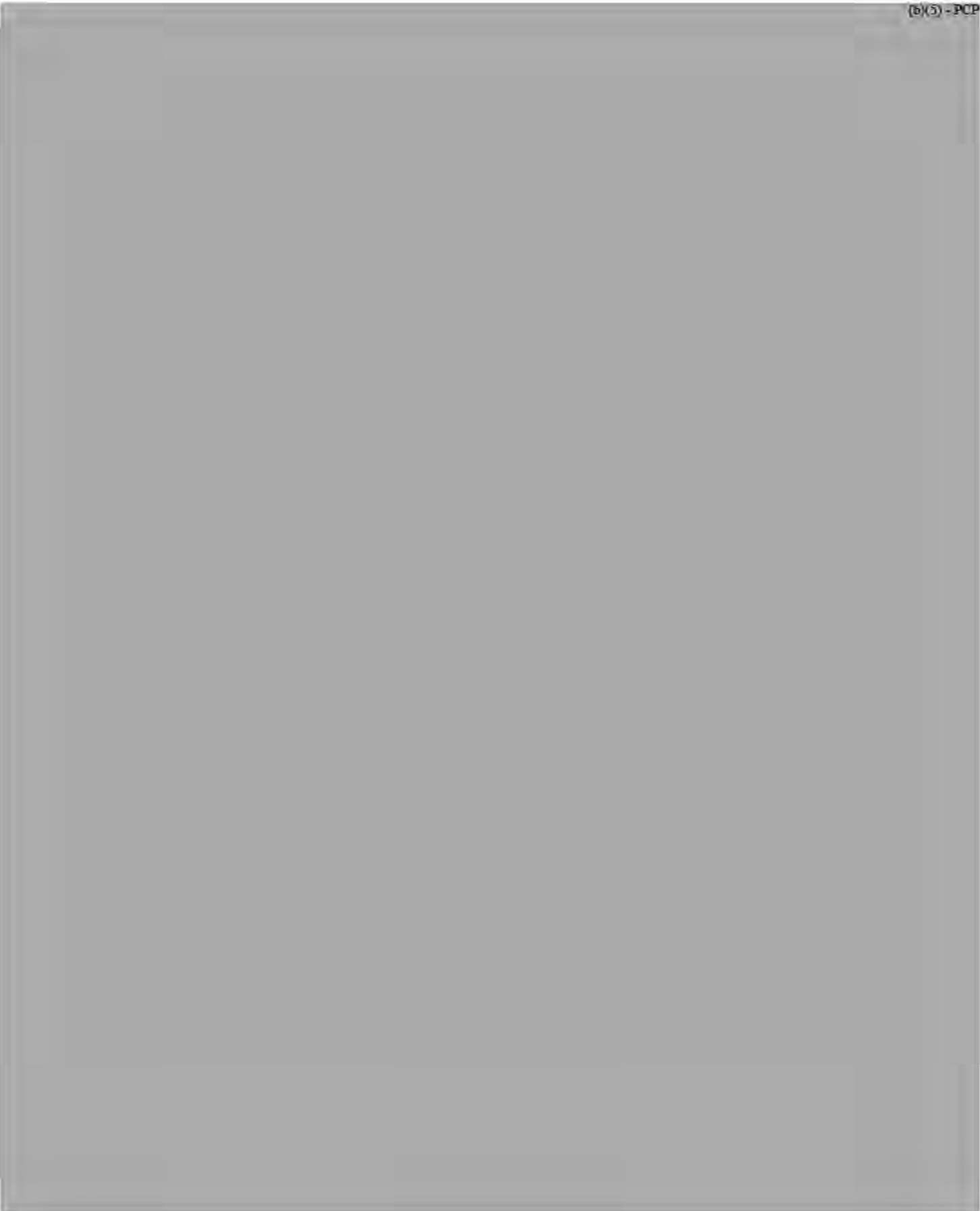
From: (b) (6)
Sent: Tue, 10 Mar 2020 14:57:59 -0400
To: Short, Marc T, EOP/OVP
Subject: Re: White House Coronavirus Task Force Meeting at **3:30pm** on 3/10/20

Marc:

I likely will be several minutes late since I have to come down from Bethesda by Metro and the time change threw me off. Sorry.

Tony

> On Mar 10, 2020, at 2:49 PM, Short, Marc T. EOP/OVP <(b) (6)> wrote:
>
>
> <White House Coronavirus Task Force Meeting at **3:30pm** on 3_10_20>





From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 15:59:26 +0000
To: Hurst, Natalie R. EOP/OVP
Cc: Marston, Hilary (NIH/NIAID) [E]
Subject: RE: Important Updates - White House Coronavirus Subtask Force Calls

Natalie:

Please add my Assistant, Dr. Hilary Marston, to the list of invitees to the Subtask Force Calls. She reports directly to me and is my source of de-briefing after the calls. I am copying her on this e-mail. Many thanks.

Best regards,

Tony

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

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From: Hurst, Natalie R. EOP/OVP (b) (6)
Sent: Tuesday, March 10, 2020 11:22 AM
Subject: Important Updates - White House Coronavirus Subtask Force Calls
Importance: High

Good morning all,

I wanted to send a note to clarify the White House Coronavirus Subtask Force Calls moving forward.

There will be a White House Coronavirus Subtask Force Call **every day**, unless otherwise directed by Olivia Troye, Dr. Debi Birx, or me.

- Monday – Friday, the call will take place at **9:00am**
- Saturday – Sunday, the call will take place at **10:00am**

Starting this evening, I will send a new calendar invite for the remainder of this week's calls (Wednesday, March 11 / Thursday, March 12 / Friday, March 13). On Friday, March 13, I will send a calendar invite for this weekend's calls (Saturday, March 14 & Sunday, March 15).

Looking ahead -

- Invites for weekday calls will be sent on Sunday nights.
- Invites for weekend calls will be sent on Friday nights.
- **Please note: Call-in numbers for Saturday & Sunday will be different from the number used Mondays - Fridays.**

**** If you would like to be removed from this distribution list, please respond to this email before 5:00 pm tonight, so that you will be removed starting Thursday morning.****

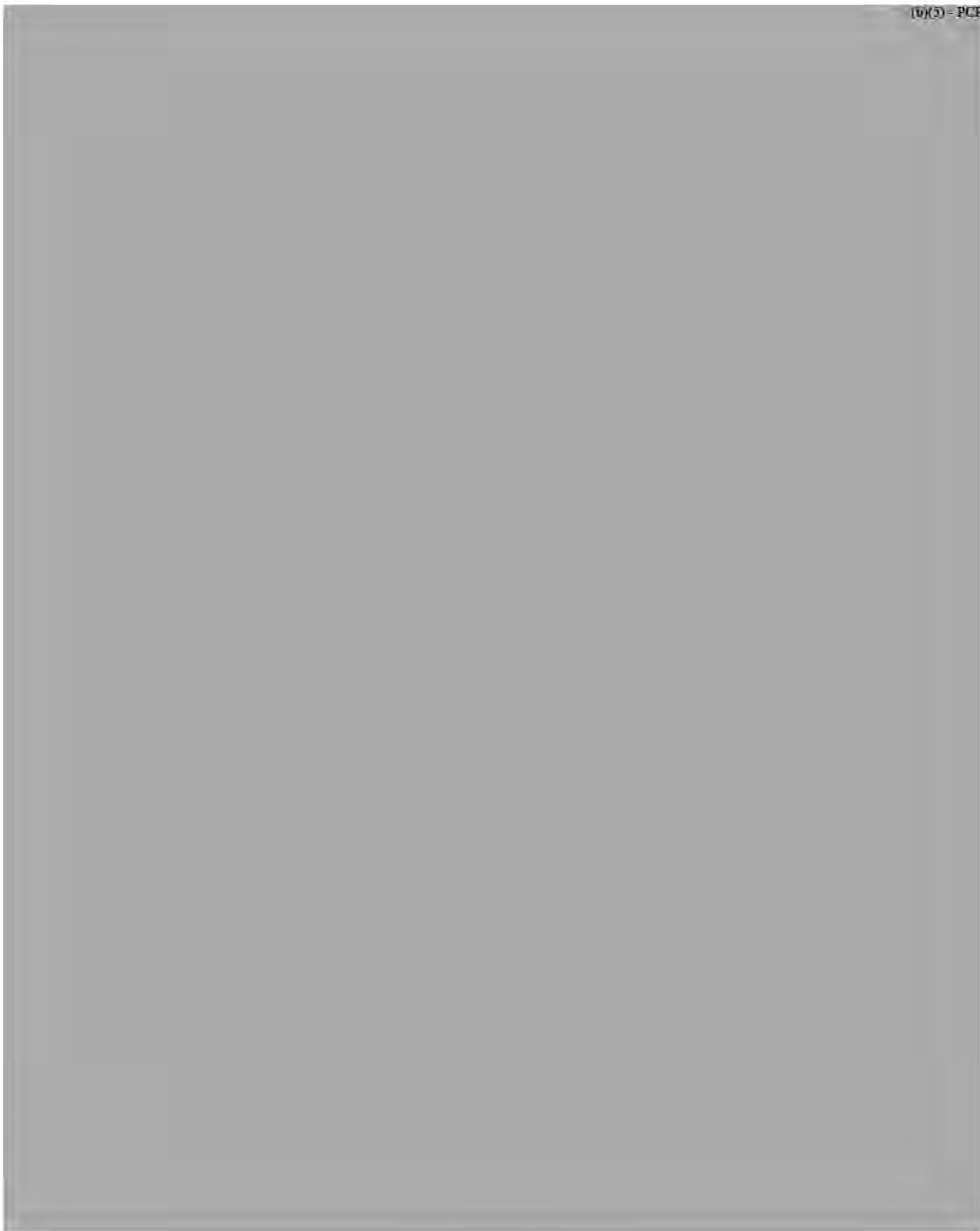
Please do not hesitate to reach out with any questions or concerns.

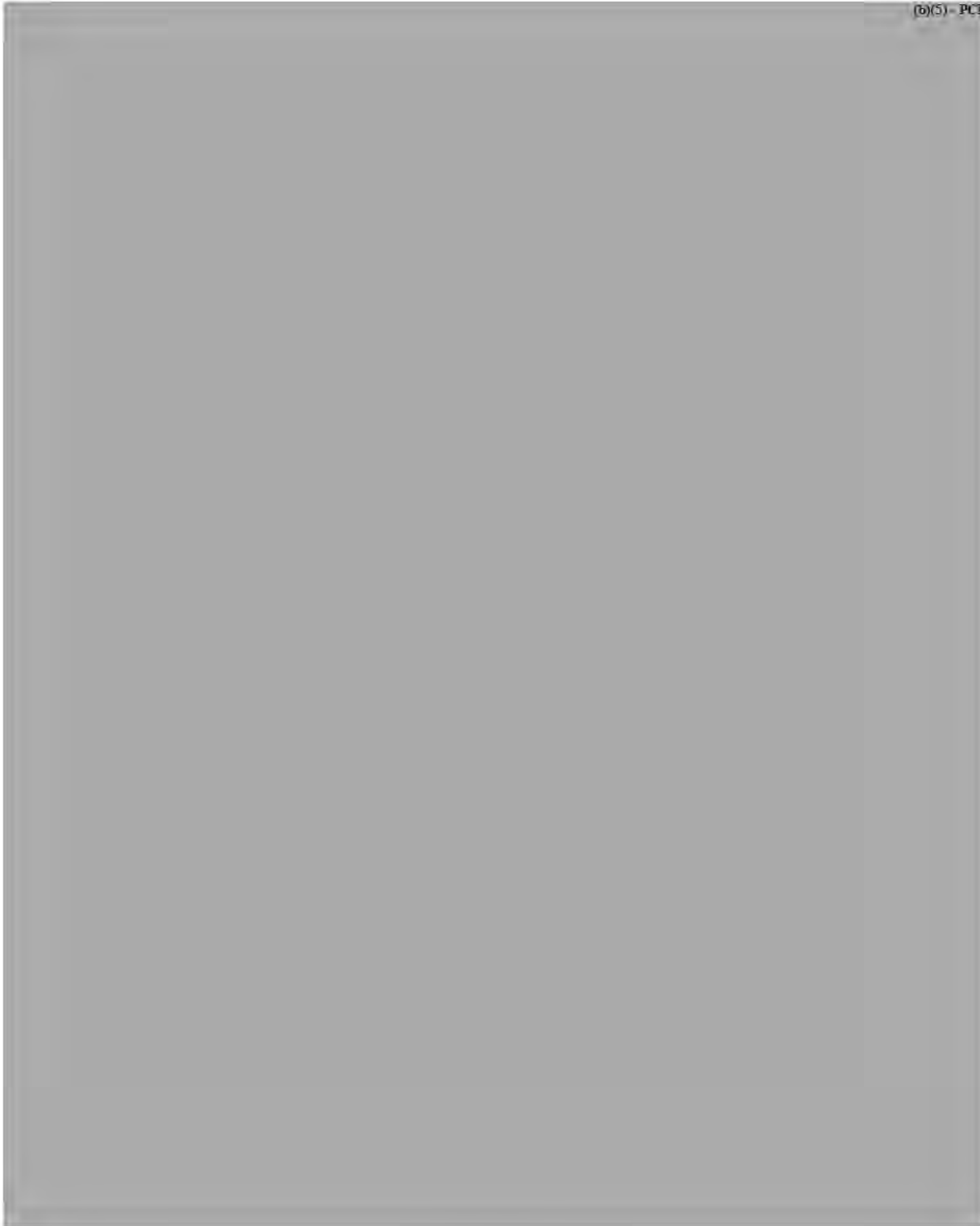
Thank you,

Natalie Hurst

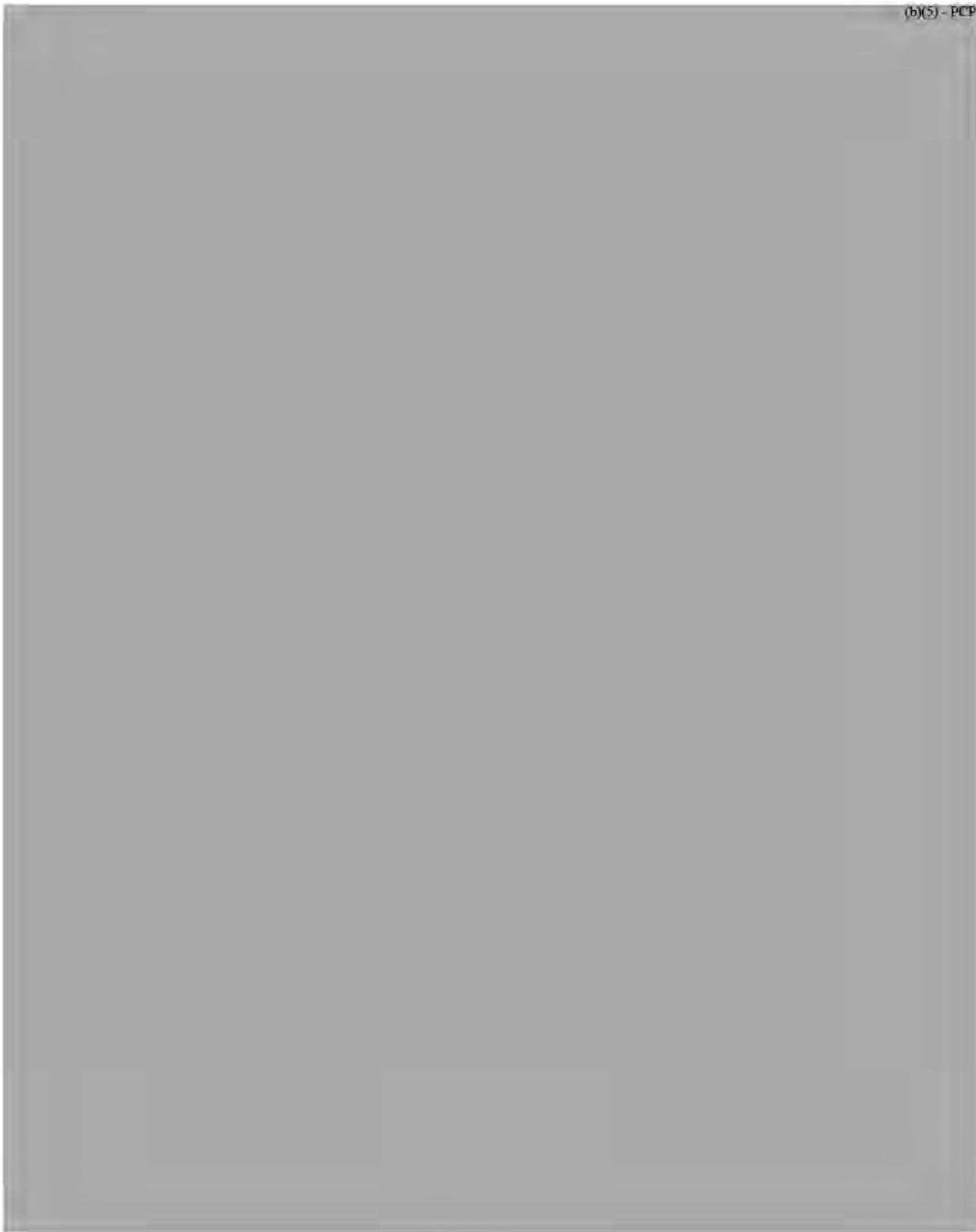
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President

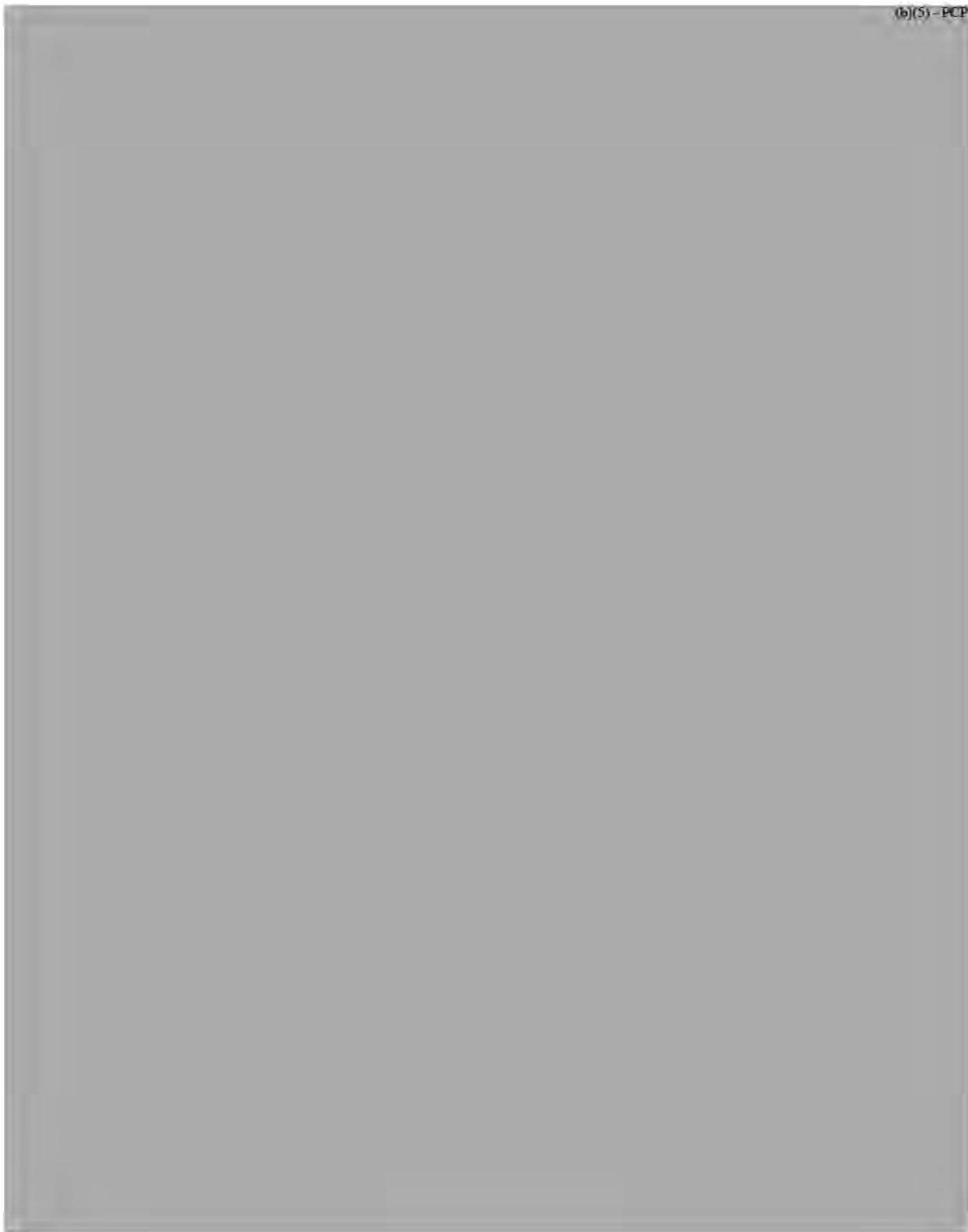
(b) (6)











From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 01:38:49 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

I need WAVES, please. Thanks.

From: Hurst, Natalie R. EOP/OVP [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 8:30 PM
Subject: White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting on Sunday, March 8th at 4:00 pm** in the **White House Situation Room**. Agenda will be forthcoming.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:03:24 +0000
To: Greg Folkers ([REDACTED] (b) (6))
Subject: FW: 2020 03 03 SC POTUS NIH Roundtable. Email #1
Attachments: P20200303SC-0059.jpg, P20200303SC-0066.jpg, P20200303SC-0088.jpg, P20200303SC-0109.jpg, P20200303SC-0123.jpg, P20200303SC-0182.jpg, P20200303SC-0272.jpg

For the file

From: Hansen, Daniel E. EOP/WHO < [REDACTED] (b) (6) >
Sent: Wednesday, March 4, 2020 6:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: FW: 2020 03 03 SC POTUS NIH Roundtable. Email #1

Photos from POTUS visit Tuesday NIH For Your Personal Archives

2020 03 03 SC POTUS NIH Roundtable. Email #1

P20200303SC 0088

President Donald J. Trump listens as Dr. Francis Collins, director of the National Institute of Allergy and Infectious Diseases, addresses his remarks during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0066 0109

President Donald J. Trump participates in a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0059 0123 0182

President Donald J. Trump listens as Dr. Anthony S. Fauci, director of the National Institute of Health, addresses his remarks during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0272

President Donald J. Trump answers questions from reporters during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

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Dan Hansen

WH Photo Office







From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:02:46 +0000
To: Greg Folkers (b) (6)
Subject: FW: 2020.03.03 WH bSouth Lawn Arrival from NIH and Press gaggle
Attachments: P20200303JB-1347.jpg, P20200303JB-1380.jpg, P20200303JB-1393.jpg, P20200303JB-1473.jpg, P20200303JB-1531.jpg, P20200303JB-1554.jpg, P20200303JB-1606.jpg, P20200303JB-1630.jpg, P20200303JB-1708.jpg, P20200303JB-1742.jpg

For the file

From: Hansen, Daniel E. EOP/WHO (b) (6) >
Sent: Wednesday, March 4, 2020 6:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: 2020.03.03 WH bSouth Lawn Arrival from NIH and Press gaggle

Subject: 2020.03.03 WH South Lawn Arrival and Press gaggle for Personal Archives

P20200303JB-1347, 1380, 1393

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, disembarks Marine One on the South Lawn of the White House after attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1473

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, listens as Secretary of Health and Human Services Alex Azar answers a reporter's question following President Trump's return from attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1531, 1554, 1606

President Donald J. Trump, joined by Secretary of Health and Human Services Alex Azar, listens as Dr. Anthony S. Fauci, director of the National Institute of Health answers a reporter's question following President Trump's return from attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1630, 1708

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, speaks with reporters following his return to the White House after attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1742

President Donald J. Trump, Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, walk to the Oval Office Tuesday, March 3, 2020, at the White House. (Official White House Photo by Joyce N. Boghosian)

Dan Hansen
White House Photo Office

(b) (6)













From: (b) (6)
Sent: Wed, 11 Mar 2020 19:30:25 -0400
To: John M Jessup
Subject: Re: You are great - a thought

Kim:
Thanks for the note. That is exactly what the cdc is starting to do.
Best,
Tony

On Mar 11, 2020, at 7:22 PM, John M Jessup (b) (6) >wrote:

Tony,

We have seen each other over the decades. I am the (b) (6) from NCI who decried the lack of information about Eboal since it was limited to fruit bats as a reservoir.

An idea about testing. Maryland still has testing limited to subjects with symptoms who have contact with people from affected areas or who really ill with a respiratory infection

Why not forget the contacts and test those with flu-like symptoms without the need for contacts but instead test for flu and if that is negative move on to covid-19.

That would still be a tremendous demand so ... go to a formal two-tier test where PCR is done with approved PCR primers and if that is positive then the confirmation is with a FDA test for covid-19.

There are a lot of manufacturers of PCR primers, most clinical labs have PCR machines so that screening tests ought to be supported without a lengthy FDA clearance if it winnows the number of patients who need a formal test.

You are terrific. Keep it up with common sense as opposed to whatever the top of the administration suggests. I bet that the primer manufacturers would be supportive.

Kim

J. Milburn Jessup, MD, FACS
Research Scientist
Division of Research
Washington DC VAMC
50 Irving Street NW
Washington, DC 20422

(b) (6) or (b) (6)

Affiliate Professor – Systems Biology

College of Science
George Mason University

(b) (6)

(b) (6) Diagnostics Evaluation Branch, CDP, DCTD, NCI, NIH

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 01:26:08 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Moderna trial

Need less to say, [REDACTED] (b) (5).

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

From: Marston, Hilary (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Sent: Thursday, March 12, 2020 8:23 PM
To: Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6)>
Cc: Stecker, Judy (OS/IOS) [REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>;
Mango, Paul (HHS/IOS) [REDACTED] (b) (6)>; Harrison, Brian (HHS/IOS) <[REDACTED] (b) (6)>; Zebley,
Kyle (HHS/OS/OGA) [REDACTED] (b) (6)>; Richardson, Juliana (HHS/OS/OGA)
[REDACTED] (b) (6)
Subject: Re: Moderna trial

Correct - as of right now, [REDACTED] (b) (5).

Will let you know if there is an unforeseen delay.

On Mar 12, 2020, at 7:19 PM, Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6) wrote:

>
> Hilary,
>
> Paul mentioned that [REDACTED] (b) (5)
>
> Please let us know soonest.
>
> Many thanks!
>
>
>
> Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 10:28:35 +0000
To: (b) (6) (OS/IOS); Giroir, Brett (HHS/OASH)
Cc: Harrison, Brian (HHS/IOS); Stecker, Judy (OS/IOS); Redfield, Robert R. (CDC/OD)
Subject: RE: High Risk from CDC Website

Just checked the CDC guidance, which I had not had the time to read before. **The secretary was correct** Here it is:

(b) (5)
(b) (5)



From: (b) (6) (OS/IOS) (b) (6) >
Sent: Wednesday, March 11, 2020 5:28 AM
To: Giroir, Brett (HHS/OASH) (b) (6) >
Cc: Harrison, Brian (HHS/IOS) (b) (6) >; Stecker, Judy (OS/IOS) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Redfield, Robert R. (CDC/OD) (b) (6)
Subject: Re: High Risk from CDC Website

Thanks Brett. Tony and Bob,

(b) (5)
(b) (5)



On Mar 10, 2020, at 6:59 PM, Giroir, Brett (HHS/OASH) (b) (6) wrote:

<Picture (Device Independent Bitmap) 1.jpg>

Brett P. Giroir, MD
ADM, US Public Health Service

Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 01:59:54 +0000
To: Stecker, Judy (OS/IOS); Redfield, Robert R. (CDC/OD)
Cc: Conrad, Patricia (NIH/NIAID) [E]; McGowan, Robert (Kyle) (CDC/OD/OCS); Lepore, Loretta (CDC/OD/OCS); Murphy, Ryan (OS/ASPA)
Subject: RE: URGENT- [REDACTED] (b) (5)

I am ok with this

From: Stecker, Judy (OS/IOS) [REDACTED] (b) (6)
Sent: Tuesday, March 10, 2020 9:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Redfield, Robert R. (CDC/OD) [REDACTED] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) [REDACTED] (b) (6)>; Lepore, Loretta (CDC/OD/OCS) [REDACTED] (b) (6); Murphy, Ryan (OS/ASPA) [REDACTED] (b) (6)>
Subject: URGENT- [REDACTED] (b) (5)

I understand you both know what this is regarding. Are you good with this?

[REDACTED] (b) (5)

Sent from my iPhone

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:02:09 -0400
To: Bright, Rick (OS/ASPR/BARDA)
Cc: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: IL6 R

Rick;
See below.
Tony

Begin forwarded message:

From: "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>
Date: March 7, 2020 at 11:33:28 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: IL6 R

(b) (5)

If possible, it would be of interest to receive a copy of the Chinese treatment guidelines you reference.
Thanks,

On Mar 7, 2020, at 10:13 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

Please advise.

From: Bright, Rick (OS/ASPR/BARDA) <(b) (6)>
Sent: Saturday, March 7, 2020 3:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) <(b) (6)>
Cc: Walker, Robert (OS/ASPR/BARDA) <(b) (6)>; Disbrow, Gary (OS/ASPR/BARDA) <(b) (6)>; Johnson, Robert (OS/ASPR/BARDA) <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] <(b) (6)>; Shuy, Bryan (OS/ASPR/IO) <(b) (6)>; Redd, John (OS/ASPR/SPPR) <(b) (6)>
Subject: Fwd: IL6 R

Dr Fauci,

I know that Dr Kadlec has mentioned the news we heard from genentech about the evaluation of monoclonal antibodies to IL-6 and IL-6R in severely ill COVID-19 patients in China.

Additional information became available yesterday and we learned that China updated Their clinical guidelines to include anti-IL6.

(b) (4)

A large rectangular area of the document is completely redacted with a solid grey fill.

(b) (5)

A large rectangular area of the document is completely redacted with a solid grey fill.

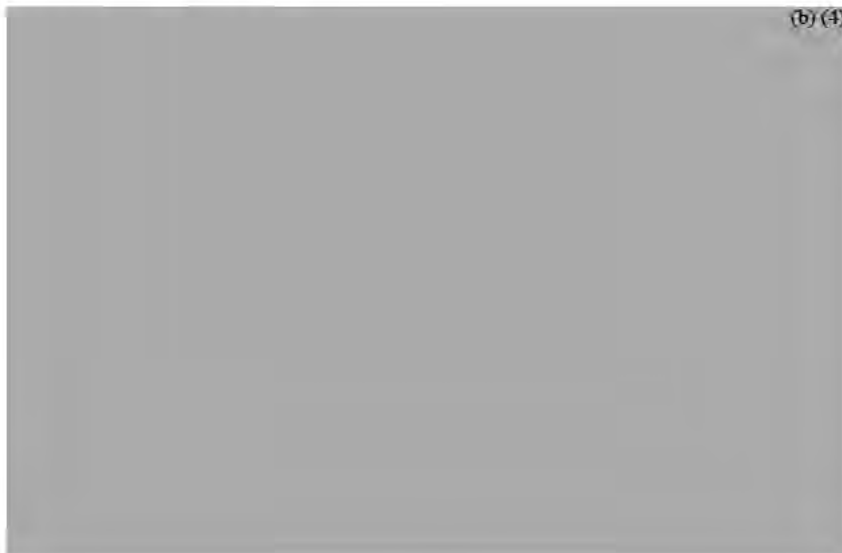
I welcome your thoughts and would also make our team available for a quick call if you prefer.

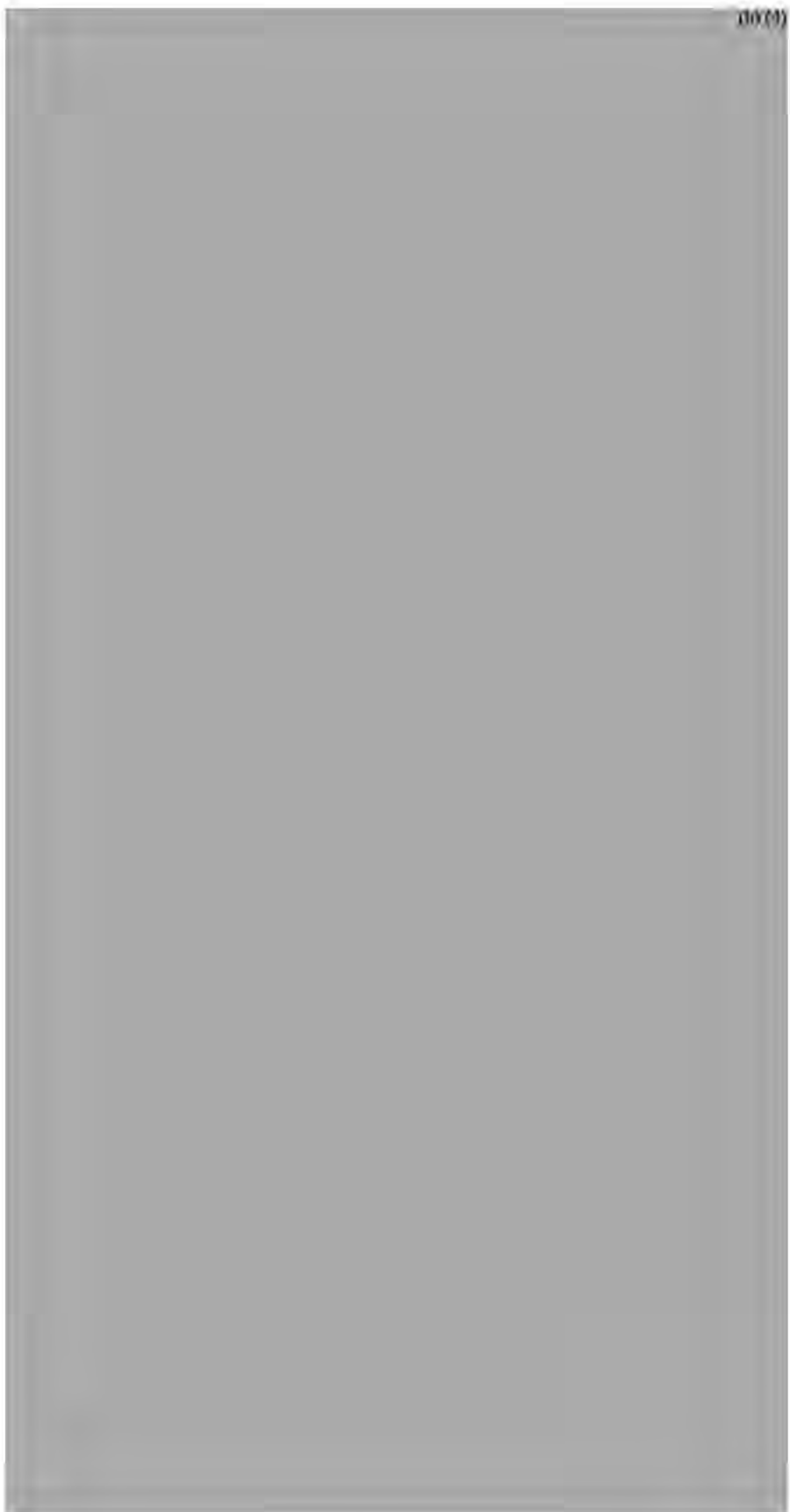
Many thanks. I know you are very busy.

Rick

Begin forwarded message:

(b) (4)

A large rectangular area of the document is completely redacted with a solid grey fill.



(b) (4)



From: (b) (6)
Sent: Sat, 7 Mar 2020 15:35:47 -0500
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: IL6 R

Sent from my iPhone

Begin forwarded message:

From: "Bright, Rick (OS/ASPR/BARDA)" (b) (6)
Date: March 7, 2020 at 3:18:02 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>
Cc: "Walker, Robert (OS/ASPR/BARDA)" (b) (6)>, "Disbrow, Gary (OS/ASPR/BARDA)" (b) (6)>, "Johnson, Robert (OS/ASPR/BARDA)" (b) (6)>, "Marston, Hilary (NIH/NIAID) [E]" (b) (6) "Shuy, Bryan (OS/ASPR/IO)" (b) (6)>, "Redd, John (OS/ASPR/SPPR)" <(b) (6)>
Subject: Fwd: IL6 R

Dr Fauci,

I know that Dr Kadlec has mentioned the news we heard from genentech about the evaluation of monoclonal antibodies to IL-6 and IL-6R in severely ill COVID-19 patients in China.

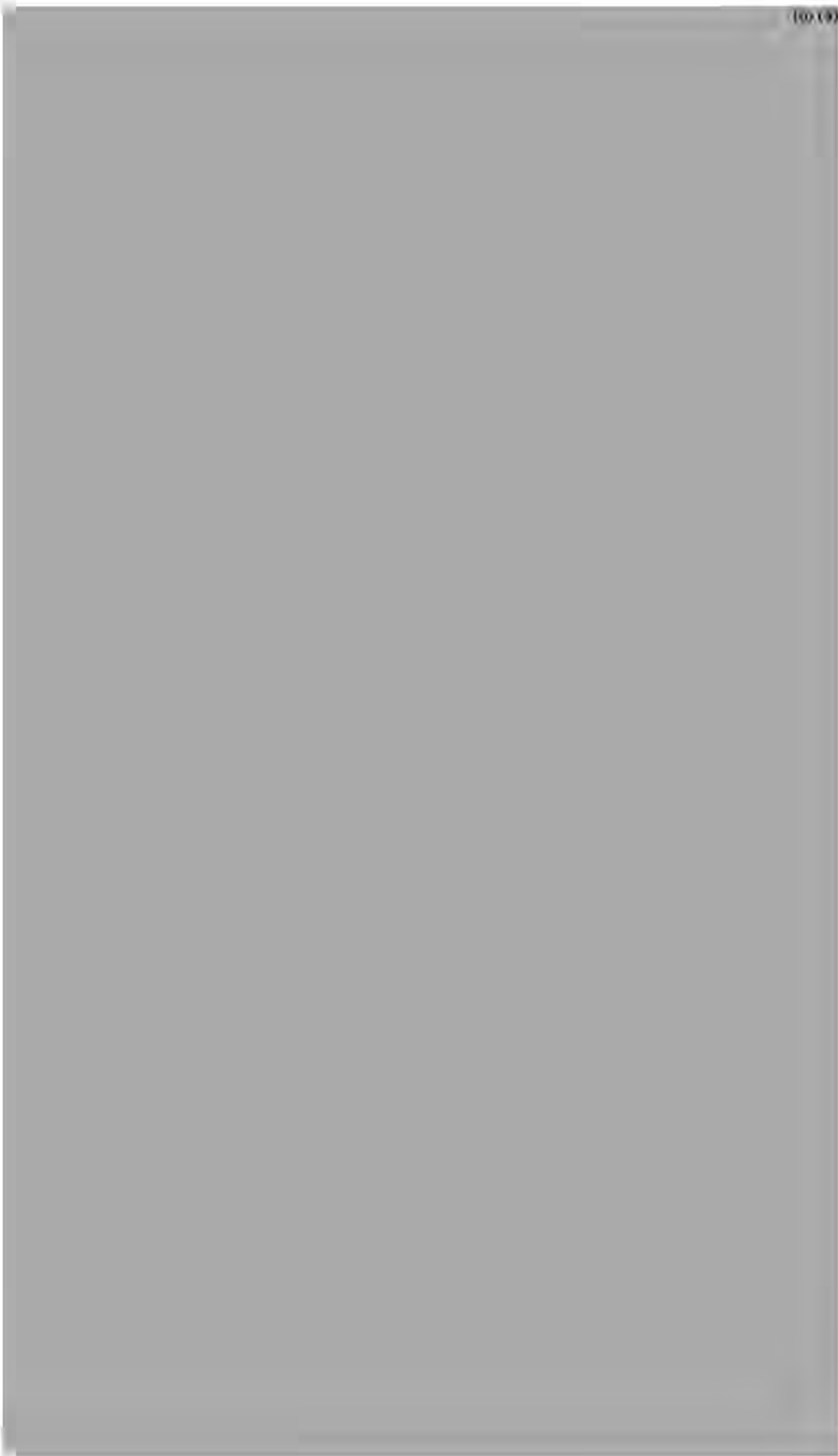
Additional information became available yesterday and we learned that China updated Their clinical guidelines to include anti-IL6.

(b) (4)

(b) (5)

Many thanks. I know you are very busy.
Rick

Begin forwarded message:



(b) (7)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 02:58:28 +0000
To: Redfield, Robert R. (CDC/OD); Birx, Deborah L. EOP/NSC
Subject: RE: County specific guidance
Attachments: Seattle_Community_Mitigation_3_10 as version final with minor Fauci edits..docx, Santa Clara_Community_Mitigation_3_10 as (002) - with Fauci minor edits.docx

Bob:

They look pretty good. I have made a few minor changes that are tracked in the attached documents.

Best regards,

Tony

From: Redfield, Robert R. (CDC/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 6:39 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Birx, Deborah L. EOP/NSC (b) (6)
Subject: Fwd: County specific guidance

Draft I am reviewing now but wanted you both now so not delay
Get [Outlook for iOS](#)

From: Schuchat, Anne MD (CDC/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 5:58:15 PM
To: Redfield, Robert R. (CDC/OD) (b) (6) >
Cc: Cohn, Amanda (CDC/DDID/NCIRD/OD) (b) (6) >; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6) >; Redd, Stephen (CDC/DDPHSIS/OD) (b) (6) >; Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6) >; Schuchat, Anne MD (CDC/OD) (b) (6) >; McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6) >; Berger, Sherri (CDC/OCOO/OD) (b) (6) >; Warner, Agnes (CDC/OD/OCS) (b) (6) >
Subject: FW: County specific guidance

Dr Redfield: Attached please find

(b) (5)
(b) (5)

Note that if you are trying to send to Debbi Birx she mentioned that things going to her CDC email will not reach her so you may want to include Olivia Troye to make sure to meet your deadline.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:54:45 +0000
To: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD)
Subject: RE: Great talk

Jon:

Thank you for your kind note. It is much appreciated. I hope that you are well.

Best regards,

Tony

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

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From: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 1:40 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Great talk

Tony:

Superb presentation on COVID-19 today! (b) (5)

[Redacted]

Excellent work with the media, Congress, and scientific community--you have made a great difference for the nation and world in a complex time.

Best,

Jono