

That's what he delivers every day: accurate information given concisely.

That's Tony Fauci, now a national treasure. And to think, he came from the neighborhood.

Dr. Anthony Fauci



He graduated from Regis High School and the College of Holy Cross. He graduated number one in his class at Cornell Medical School in 1966.

He completed his medical residency at New York Hospital. In 1984, he became director of National Institute of Allergy and Infectious Diseases, a position he holds today.



Front row, kneeling



Stephen A. Fauci

New Drecht High School

Dance Grade
Vice Captain

Steve was once known as the champ city sprinter, now he excels as the class great jester. A regular fellow with a ready smile and full of spirit. You could always count on Steve being present at every class and school affair.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 24 Apr 2020 00:35:33 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Another Possible Tool in The Fight Against SARS-CoV-2 ?

Please take a look and figure out where to send it.

From: Gary Radin <GRadin@dhs.lacounty.gov>
Sent: Thursday, April 23, 2020 8:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Another Possible Tool in The Fight Against SARS-CoV-2 ?

Dr. Fauci---Forgive the crude and unsolicited manner in which I am attempting to reach out to you but I don't really KNOW any other way !

I am not a medical doctor nor am I a principle investigator. I am just a Cytologist employed in the Anatomic Pathology department at LA County-USC Medical Center here in Southern California.

But I have been reading a lot--- and in my own exploration I have come across several articles which suggest the possibility of using a class of agents called SPHINGOSINE-1-PHOSPHATE RECEPTOR AGONISTS in combination with antivirals like oseltamivir (or perhaps Remdesivir?) to treat both the viral pathogen responsible for the current pandemic as well as the runaway immune response of the host leading to the oft fatal cytokine storms.

Apparently these compounds have been approved for flare-ups of multiple sclerosis, and have even been tried on Alzheimer's patients. The commonly known drug is FINGOLIMOD. But these papers that I have cited for you below seem to indicate that structural analogs of this compound could be important in damping down the dysregulated pro-inflammatory cascades which seem to be leading to DIC, alveolar exudates and diffuse alveolar damage, capillary leak syndrome and ultimately the multiple organ failure that is killing an unacceptably high number of people.

The fly in the ointment Dr. Fauci here is that these S-1-PR agonists have only been demonstrated to be effective in non-human primates and other mammals. And much of these studies on these compounds has been done not on coronaviruses but on influenza viruses. So it would be a gamble. But is that not how we have learned much about human health and disease is by the gracious sacrifice of our animal cousins ? And might it not be a general effect that these sphingosine derivatives have on viral sepsis so that maybe what works for influenza might work for the coronavirus?

In the dire situation that many of the most critically ill COVID 19 patients find themselves, it seems they are on the precipice of a rapid demise once they begin to show certain key laboratory results---(spikes in D-DIMER, C-Reactive Protein, Serum Ferritin, prolongation of

prothrombin and APTT, increased cardiac troponin 1, surges in IL-6, IL-7, monocytic and macrophage chemo-attractant cytokines etc).

With patients isolated by these aberrant lab values, the window may be narrow but it may be a time where application of antiviral compounds in combination with these inflammatory modulators could have a striking impact on mortality? Indeed maybe even TWO different antivirals with differing mechanisms of action in combination with these S1-PR Agonists would even be better. And the possibilities of other combinations of course would be there for further exploration.

Fully cognizant of the Hippocratic Oath to 'first do no harm' I still believe that at least the medical rationale is sound for the inclusion of these agents into the possible arsenal of therapeutics for the more severe COVID 19 patients.

Please refer below to the studies I found particularly helpful or promising. Perhaps you can put together some 'teams' to further explore investigate these options ??

We all appreciate everything you have done, and continue to do !

Gary Radin

<https://www.sciencedirect.com/science/article/pii/S0140673620303056>

<https://www.pnas.org/content/108/29/12018>

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0042682214000063?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0042682214000063%3Fshowall%3Dtrue&referrer=>



Suppression of cytokine storm with a sphingosine analog provides protection against pathogenic influenza virus | PNAS

Human pandemic H1N1 2009 influenza virus rapidly infected millions worldwide and was associated with significant mortality. Antiviral drugs that inhibit influenza virus replication are the primary therapy used to diminish disease; however, there are two significant limitations to their effective use: (i) antiviral drugs exert selective pressure on the virus, resulting in the generation of ...

www.pnas.org

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study
- The Lancet

The potential risk factors of older age, high SOFA score, and d-dimer greater than 1 µg/mL could help clinicians to identify patients with poor prognosis at an early stage. Prolonged viral shedding provides the rationale for a strategy of isolation of infected patients and optimal antiviral interventions in the future.

www.thelancet.com

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3176439/>



Endothelial cells are central orchestrators of cytokine amplification during influenza virus infection - PubMed Central (PMC)

Cytokine storm during viral infection is a prospective predictor of morbidity and mortality, yet the cellular sources remain undefined. Here, using genetic and chemical tools to probe functions of the S1P 1 receptor, we elucidate cellular and signaling mechanisms important in initiating cytokine storm. While S1P 1 receptor is expressed on endothelial cells and lymphocytes within lung tissue ...

www.ncbi.nlm.nih.gov

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 22:47:07 +0000
To: Billet, Courtney (NIH/NIAID) [E]; Greg Folkers; (b) (6); Conrad, Patricia (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Sammies recognition this year – congratulations
Attachments: AFauci, NIH.pdf

Please take a look at this and let us discuss. Thanks.

Anthony S. Fauci, MD
Director
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From: Max Stier <mstier@ourpublicservice.org>
Sent: Thursday, April 23, 2020 2:57 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Sammies <Sammies@ourpublicservice.org>
Subject: Sammies recognition this year – congratulations

Dr. Fauci:

I hope you are healthy and well. The [Partnership for Public Service](#) is honored to inform you that we have selected you as a finalist for the 2020 Samuel J. Heyman [Service to America Medals](#), otherwise known as the Oscars of government service.

You were nominated by Francis Collins for your outstanding career at NIAID and the work you are currently doing on behalf of the American people to prepare, inform and protect lives in our country and around the world during this uncertain time. Your work truly embodies the best of government that we strive to recognize through the Sammies program.

Attached, I've included the profile we have drafted to summarize your work and accomplishments – both for recognizing you as a finalist and for having the selection committee vote for the award

recipients. Should you have any edits or wish to add a personal quote, please send those to us at your convenience. We will be releasing your profile publicly with the rest of the finalists on Sunday, May 3.

Again, thank you for the work you do on behalf of the NIH and our country.

Best,

Max Stier
President and CEO
Partnership for Public Service

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 22:37:35 +0000
To: Greg Folkers (b) (6); Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: NAS Annual Meeting Session on COVID-19 – Information regarding your Saturday April 25 participation

FYI

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From: Dzaou, Victor J. <VDzau@nas.edu>
Sent: Thursday, April 23, 2020 1:49 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
(b) (6)
(b) (6)
(b) (6)
Cc: Hannon, Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] (b) (6);
(b) (6)
(b) (6) 'ben.tinker@cnn.com' <ben.tinker@cnn.com>;
'Amanda.Sealy@cnn.com' <Amanda.Sealy@cnn.com>; 'Neel.Khairzada@turner.com'
<Neel.Khairzada@turner.com>; 'Tia.Miller@turner.com' <Tia.Miller@turner.com>; (b) (6)
(b) (6); McGinnis, J. Michael <MMcGinnis@nas.edu>; (b) (6)
(b) (6); Mun, Jenny <JMun@nas.edu>; (b) (6)
Subject: RE: NAS Annual Meeting Session on COVID-19 – Information regarding your Saturday April 25 participation

Dear Jeremy, Tony, Sanjay, George, Susan, and Richard,

I'm really looking forward to this panel on COVID-19 at the NAS Annual Meeting on Saturday, April 25th at 2:00-3:30 pm ET. There is tremendous excitement and enthusiasm, and registration is through the roof.

I am sending this note to do a last minute check to see if there is anything you need from me. I also want to check whether you are planning to use slides. Will you be sending your slides to us to project or use the share screen feature to advance your own slides? Regardless, it would be helpful to me if you could send me your slides for my preparation.

I would greatly appreciate it if you would respond to this email.

Best,
Victor

PS, (b) (6), my special assistant, will be sending you additional information about the session logistics shortly.

From: Dzau, Victor J. <VDzau@nas.edu>

Sent: Thursday, April 9, 2020 11:01 AM

To: Mun, Jenny <JMun@nas.edu>; (b) (6)

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

Cc: (b) (6); Hannon, Emma <EHannon@nas.edu>;

'conradpa@niaid.nih.gov' (b) (6); 'T.MillardeVega@wellcome.ac.uk'

(b) (6); 'jsi@cepi.net' (b) (6); 'rebeka.yasmin@cepi.net'

(b) (6); 'ben.tinker@cnn.com' <ben.tinker@cnn.com>; 'Amanda.Sealy@cnn.com'

<Amanda.Sealy@cnn.com>; 'Neel.Khairzada@turner.com' <Neel.Khairzada@turner.com>;

'Tia.Miller@turner.com' <Tia.Miller@turner.com>; (b) (6)

Subject: RE: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Dear all,

Thank you for agreeing to participate in a special late breaking session on the COVID-19 pandemic at the NAS annual meeting. Knowing how busy you are, I am sending this email in lieu of a call to prepare for the session.

As you know, this is a 90 minute session which aims to provide our audience with deeper insights into the latest developments in the COVID-19 response. I plan to hold an engaging discussion that covers the whole experience on dealing with this pandemic – from US to international, to preparedness and response, the biology of the virus, the state of diagnostic, treatment and vaccine development, and the importance of communication.

I will begin the session by providing brief (~3 min) opening remarks describing the circumstances of the pandemic. Then, I will introduce the panelists and you will each have 7 minutes to provide remarks. You may use a limited number of slides for illustration. I hope that each panelist will provide their own perspective and speak to the issues proposed below.

- Jeremy Farrar will discuss the global response to the pandemic, drawing from his experience as a global leader, the chair of the Scientific Advisory Group for the WHO's R&D Blueprint and as a member of the Global Preparedness Monitoring Board.
- Tony Fauci will discuss the US pandemic and provide his perspective as a member of the White House Coronavirus Task Force addressing the 2019-20 coronavirus pandemic.
- George Gao will discuss China's response to the pandemic and lessons learned for the rest of the globe.
- Susan Weiss will discuss the viral characteristics of SARS COV2 , insights into its pathobiology, immunity and development of a pan-CoV antiviral.
- Richard Hatchett will discuss the development of new vaccines and treatments against COVID-19.
- Sanjay Gupta will comment on the health system response to the pandemic and challenges related to communication and public engagement in responding to COVID-19.

Following remarks from each panelist, we will have a moderated discussion amongst ourselves – I will ask you a set of questions (15 mins) and then we will take questions from the web (25 mins). To prepare me to be your moderator, please send me any questions you would like me to ask you. For those of you who would like to have a prep call, please let me know and I will set it up.

Best,
Victor

From: Mun, Jenny

Sent: Wednesday, April 8, 2020 10:56 AM

To: [REDACTED] (b) (6)

Cc: Dzau, Victor J. ; [REDACTED] (b) (6) ; Mun, Jenny ; Hannon, Emma ; [REDACTED] (b) (6) ; [REDACTED] (b) (6) 'ben.tinker@cnn.com' ; 'Amanda.Sealy@cnn.com' ; 'Neel.Khairzada@turner.com' ; 'Tia.Miller@turner.com'

Subject: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Dear Speakers:

I am the logistical contact for the COVID-19 session that will be held as part of the Annual Meeting (online) program on Saturday, April 25 at 2:00 pm EDT. Thank you for agreeing to participate in this session. To help you with your planning, I have provided additional details below.

Please note that the session will be live webcast and the general public will also be able to watch the session. Video from the session will also be uploaded on the NAS YouTube channel (<https://www.youtube.com/user/theNASciences>) after the meeting. We will need to obtain signed speaker release forms for your participation in this session. I have attached the speaker release form for your review and submission. **Please return the signed speaker release form by Monday, April 13.**

Session speakers are asked to connect 30 minutes prior to the session start time (**by Saturday, April 25 at 1:30 pm EDT**) to allow the technical staff to check connections and prepare for the session. Details on how to connect will be sent before the meeting.

We will list you in our promotional materials as noted below. If this is incorrect, please let me know.

Anthony S. Fauci, Director, National Institute of Allergy and Infectious Diseases
Jeremy Farrar, Director, Wellcome Trust
George F. Gao, Director-General, Chinese Center for Disease Control & Prevention
Sanjay Gupta, Chief Medical Correspondent, CNN
Richard J. Hatchett, CEO, Coalition for Epidemic Preparedness Innovations
Susan R. Weiss, Professor of Microbiology, Perelman School of Medicine, University of Pennsylvania

Since many of us have moved to remote work environments, you may already be proficient with Zoom and other online meeting/collaboration applications. I am attaching a 'speaker guidelines' file in case you have any questions on how best to prepare for and stage your remote talk. We have technical staff available to help you become familiar with Zoom and its settings – such as “sharing your screen” (if you have slide presentations that need to be shown during your talk). We can arrange for a training session this week or next week. If you would like to schedule a session, please let me know as soon as possible.

Dr. Dzau's office will be in touch regarding the agenda for this session. If you have any other questions, please let me know.

Regards, Jenny

Jenny Mun
Membership Director
National Academy of Sciences
jmun@nas.edu

 (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 22:36:33 +0000
To: Casetti, Cristina (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; [REDACTED] (b) (6); Conrad, Patricia (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]
Subject: FW: New sheet
Attachments: COVID.docx

Anthony S. Fauci, MD
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From: Dani Bolognesi, Ph.D. <[REDACTED] (b) (6)>
Sent: Thursday, April 23, 2020 1:01 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: FW: New sheet

Hi Tony:

I hesitate to bother you with this as I am sure that you are inundated with requests of this sort over and above everything else you are doing which is truly magnificent. I believe that there is something of potential importance in what is communicated below but you are in the best position to tell me whether it could fit in the toolbox you are assembling for COVID 19 in both the short and longer term. I have to acknowledge our friend Bob Gallo for triggering this

[REDACTED] (b) (4)

Reaching out to you to see if you think this approach has merit. Since your time is so precious, I do not expect you to review this but perhaps you can forward to one of your trusted colleagues.

PPS. Loved the interview with Coach K!

Con un forte abbraccio!

Dani

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 22:25:14 +0000
To: [REDACTED] (b) (6)
Subject: FW: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>

I may have already sent this to you, but I do not think so. It is short (6 minutes) but it has a segment that shows me 37 years ago. Yikes!!! You will get a chuckle.

Anthony S. Fauci, MD
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From: Barasch, Kimberly (NIH/NIAID) [C] [REDACTED] (b) (6)
Sent: Thursday, April 23, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: FW: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>

Kim Barasch [C]
Office of the Director
National Institute of Allergy & Infectious Diseases
[REDACTED] (b) (6)
[REDACTED] (b) (6)

From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)>
Sent: Tuesday, April 21, 2020 11:06 PM
Subject: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>



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From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 22:14:31 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: A proposal to stop COVID-19 and reopen our schools and businesses
Attachments: Scientists_to_Stop_COVID19_2020_04_23_FINAL.pdf

Email below from David Liu.

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

From: David Liu (b) (6)
Sent: Thursday, April 23, 2020 6:01 PM
To: Collins, Francis (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Austin, Christopher (NIH/NCATS) [E] (b) (6); Wholley, David (FNIH) [T] (b) (6); Freire, Maria (FNIH) [T] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6)
Cc: Michael Rosbash (b) (6); Ramnik Xavier (b) (6); EDWARD SCOLNICK (b) (6); Stuart Schreiber (b) (6); Michael Z Lin (b) (6); Ben Cravatt (b) (6); Thomas Cahill (b) (6); R. Scott Kemp (b) (6)
Subject: Re: A proposal to stop COVID-19 and reopen our schools and businesses

Dear Francis, Anthony, Cliff, Christopher, David, Maria, and Lawrence,

I hope you are all well. Attached is the updated set of four proposals on:

- 1) Rapid repurposing of antiviral drugs to treat COVID-19;
- 2) Expedited development of neutralizing monoclonal antibodies to treat COVID-19;
- 3) Rapid COVID-19 vaccine development;
- 4) Risk-reduced ways to reopen schools and businesses, and the healthcare system changes that are needed to enable them.

We hope you find these updated proposals useful, and would be happy to engage in any way that could be helpful.

Sincerely yours,

Ben Cravatt (Scripps), Lynn Goldman (GWU), Akiko Iwasaki (Yale), Scott Kemp (MIT), Michael Lin (Stanford), David Liu (Harvard/Broad), Michael Rosbash (Brandeis), Stuart Schreiber (Harvard/Broad), Ed Scolnick (Broad), Jonathan Simons (PCF), and Ramnik Xavier (MGH/Broad)

David R. Liu
Richard Merkin Professor and Director of the Merkin Institute
of Transformative Technologies in Healthcare
Director of the Chemical Biology and Therapeutic Sciences Program
Core Institute Member and Vice-Chair of the Faculty, Broad Institute
Investigator, Howard Hughes Medical Institute
Thomas Dudley Cabot Professor of the Natural Sciences
and Professor of Chemistry & Chemical Biology, Harvard University
75 Ames Street
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On Apr 19, 2020, at 8:48 PM, Collins, Francis (NIH/OD) [E] (b) (6) wrote:

Dear David et al.,

Thanks for forwarding this very thoughtful document, which presents a series of important recommendations – most of which I agree with. I don't know if you saw Friday's announcement (attached) of the new public private partnership called ACTIV (for Accelerating COVID-19 Therapeutic Interventions and Vaccines), but it has taken on most of the points you raise in sections 1 – 3 of your letter. I share your hopes that remdesivir will show benefit, and the current large NIH-sponsored RCT has completed enrollment and should reveal results in about a month. But of course we want to test multiple other interventions – both small molecules and antibody-based therapies, so we need our trial system to be optimized like never before. I will share your letter with the leaders of ACTIV, who are working with unprecedented speed to prioritize the next set of therapeutic candidates as well as pushing vaccine development programs to adopt exceptionally creative trial designs to test safety and efficacy (with full engagement by FDA).

Best regards, Francis

From: David Liu (b) (6)
Sent: Sunday, April 19, 2020 5:20 PM
To: OD Labc (NIH/OD) (b) (6); Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Michael Rosbash (b) (6); Ramnik Xavier (b) (6); EDWARD SCOLNICK (b) (6); Stuart Schreiber <(b) (6)>; Michael Z Lin (b) (6); Ben Cravatt (b) (6)
Subject: A proposal to stop COVID-19 and reopen our schools and businesses

Dear Francis,

I hope you are well.

I write on behalf of a group of citizen-scientists, most or all of whom you know. Motivated solely by our desire to help defeat the serious threat our nation and the world now faces, we wrote a set of four actionable, non-partisan proposals (attached) to produce safe and effective COVID-19 therapeutics and vaccines in the shortest possible timeframe, and to reopen our society in a manner that reduces the risk of future COVID-19 outbreaks.

We hope you find these ideas interesting, and might be willing to share this set of proposals with Dr. Tony Fauci, along with our willingness to discuss any part of the proposals with him if we can be helpful. We understand from our efforts to contact Dr. Fauci through email routes that his standard inbox may be too overwhelmed for our proposal to reach him.

The four proposals attached describe: (1) How to rapidly repurpose an antiviral drug to treat COVID-19 patients; (2) How to expedite the development of human antibody drugs to treat patients and to provide short-term protection for healthy individuals; (3) How to develop COVID-19 vaccines on an expedited time scale; and (4) How to reopen our businesses and schools in a manner that reduces the risk of future outbreaks and deaths.

Thank you for any help or thoughts you might be able to provide.

Sincerely yours,

Ben Cravatt (Scripps), Lynn Goldman (GWU), Akiko Iwasaki (Yale), Scott Kemp (MIT), Michael Lin (Stanford), David Liu (Harvard/Broad), Michael Rosbash (Brandeis), Stuart Schreiber (Harvard/Broad), Ed Scolnick (Broad), Jonathan Simons (PCF), and Ramnik Xavier (MGH/Broad)

David R. Liu
Richard Merkin Professor and Director of the Merkin Institute
of Transformative Technologies in Healthcare
Director of the Chemical Biology and Therapeutic Sciences Program
Core Institute Member and Vice-Chair of the Faculty, Broad Institute
Investigator, Howard Hughes Medical Institute
Thomas Dudley Cabot Professor of the Natural Sciences
and Professor of Chemistry & Chemical Biology, Harvard University
75 Ames Street
Cambridge, MA 02142

<NIH_ACTIV_Release_041720.docx>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 21:47:13 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: White House Coronavirus Task Force Meeting - 4.24.20

FYI

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(b)(5) - PCP



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 21:40:33 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Update: White House Coronavirus Task Force Meeting

Heads-up! Change in schedule for tomorrow.

Anthony S. Fauci, MD
Director
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E-mail: (b) (6)

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(b)(5) - PCP



16X5 - PCD

[Redacted text]

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 21:29:50 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>

<https://bit.ly/2yynEPf>

Anthony S. Fauci, MD
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From: Barasch, Kimberly (NIH/NIAID) [C] (b) (6)
Sent: Thursday, April 23, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>

Kim Barasch [C]
Office of the Director
National Institute of Allergy & Infectious Diseases
(b) (6)
(b) (6)

From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, April 21, 2020 11:06 PM
Subject: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>



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From: (b) (6)
Sent: Thu, 23 Apr 2020 14:34:36 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Thank you, and...
Attachments: image002.png, ATT00001.htm, PasstheMic Expert Outreach.pdf, ATT00002.htm

Let us discuss

Begin forwarded message:

From: Gayle Smith <gayle.smith@one.org>
Date: April 23, 2020 at 1:49:04 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: Tom Hart <tom.hart@one.org>
Subject: Thank you, and...

Dear Tony,

I have always felt reassured when the good Dr. Fauci speaks, and now more than ever. As an American, a former colleague, a long-time admirer and student of your wisdom – thank you. We are all safer because of you, and the world will be a better place because of you. Again.

As you know, I am now leading the ONE Campaign. We've been quite active with the ONEWorld Campaign, dedicated to the fight against this newest virus, and focused on Africa. We've made some progress on debt, and next up is a focus on ensuring that a vaccine, when it comes, is available to everyone.

One of the things we want to do is educate people, in all of the places we work. It won't surprise you that of particular urgency amongst our partners in Africa is that facts and information get to people across the continent, but we also know that more facts are needed everywhere. So next month we are going to launch #PassTheMic, where every day for 19 days we will ask a celebrity to turn his or her social media channels over to an expert on COVID-19 for one day. So Julia Roberts might turn her Twitter account to you to talk about the critical elements needed to flatten the curve and slow the spread. Or Idris Elba could give up his Instagram to the head of the African CDC so that he can illustrate the impact COVID-19 will have across Africa and what that means for the rest of the world.

We know artists want to be helpful right now, but that it is hard to know what to do. And we know there are experts like you out there who have the answers. We've thought about this a lot at ONE and wanted to do something we felt would truly have an impact. As we look ahead we know COVID-19 does not know borders and until it is beaten everywhere

we are not in the clear. We need a global response plan and we need it now. By turning over their platforms for the day, celebrity influencers will be donating one of their biggest assets – their followers – to YOU, giving you the platform you need (and we all need) to tell the world why a global response is critical. Because none of us are safe until all of us are safe.

We will work with each expert/celebrity pair to personalize the content to our and our celebrity partners' audiences – in North America, Europe and Africa, and help create content that both parties are happy with. We are now confirming our talent partners, and so far are getting a terrific response.

We know you're a busy man, so we've planned it so that the amount of time on your end would be minimal. But the impact would be maximal.

I'm attaching more information about the campaign. Please let me know what you think and if you have questions. Ideally we would like to get this off the ground in early May, so are hoping to confirm folks by April 28th at the latest. Our team will be in touch with your office to follow up.

Thanks as always for everything you do. All my best to you, Gayle



ONE

Gayle Smith | President & Chief Executive Officer | (b) (6)

[ONE.ORG](#) | [Twitter](#) | [Facebook](#) | [Instagram](#)

ONE is a global movement campaigning to **end extreme poverty and preventable disease by 2030** so that everyone, everywhere can lead a life of dignity and opportunity.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 18:25:56 +0000
To: Simmons-Butler, Kirk (NIH/NIAID) [C]
Subject: Re: Thank you Dr. Fauci!
Attachments: image001.png, image002.gif

Kirk:

Thank you for your kind note. Much appreciated.
Best regards,
Tony

On Apr 23, 2020, at 2:16 PM, Simmons-Butler, Kirk (NIH/NIAID) [C]
(b) (6) wrote:

Greetings Dr. Fauci,

I just wanted to take a moment to personally thank you for all of your support and leadership during these unprecedented times. I am proud to be a part of the NIAD family and you represent us and the country well! God continue to bless and keep you and your family! Thank you again sir!

Regards,
Kirk

Kirk D. Simmons-Butler, M.S.
Assistant Facility Manager 14DNR, Charles River Laboratories Inc.
NIH/NIAID
(Office) (b) (6)
(Fax) (301) 761-6013
Charles River website - www.criver.com

<image001.png>

<image002.gif>

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From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Friday, March 27, 2020 11:55 AM
To: NIAID Announcements <NIAID-announce@niaid.nih.gov>
Subject: Platelet Donations Down are Down Amid Coronavirus Outbreak – Please Donate

Dear Colleagues:

The NIH Platelet Donor Center has an urgent need for healthy individuals to give lifesaving platelets to patients. The need for platelet donations is especially acute now with the coronavirus pandemic. While social distancing and increased telework are necessary to contain and slow the spread of coronavirus, we have seen a marked decline in platelet and blood donations for our patients.

To alleviate this shortage, NIAID and the Department of Transfusion Medicine (DTM) are co-sponsoring a two-week Platelet Drive from March 30 – April 10. Platelet collections, as well as whole blood and Double Red Cell donations, can only be made at the NIH Blood Bank on campus in Building 10, Room 1C713 Monday through Friday from 8:00 am to 5:00 pm. The Platelet Center at Fishers Lane is temporarily closed and platelet collections are now on the main campus through at least the next 30 days. This move helps to ensure that blood donors are protected by visitor screening, minimizing possible exposure to individuals at risk.

What is a double red cell donation? A double red cell donation enables donors to donate two units of red blood cells in one visit. During a procedure called apheresis, whole blood is separated through a cell separator and red blood cells are collected. The remainder of the blood components are returned to the donor along with saline to replace the lost volume.

I encourage participation of all employees who are eligible to provide a donation to benefit our NIH patients. I understand employees may be hesitant to participate under the current conditions, but I would like to reassure you that blood donation is a safe process. [Additional precautions have been put in place at our Blood Bank to help prevent the spread of infection and protect the health of donors and staff.](#)

Thank you to all who support our quarterly platelet drives. Your efforts provide a lifeline for our patients. Those who participated in the last drive are now eligible to help once again. In appreciation of your dedication to helping others, NIAID grants administrative leave to any NIAID federal employee who donates platelets at the NIH Blood Bank. Specifically, you will be granted 4 hours of administrative leave to be used immediately following your platelet donation appointment. As always with such activities, please notify your supervisor for approval prior to donating at the NIH Platelet Center.. Contractor employees should speak directly to their contract companies to determine what leave

options are available. Please contact the Donor Center at [301-496-4321](tel:301-496-4321) to schedule your appointment. Let the Donor Center staff know you are with the NIAID Platelet/Double Red Cell Drive. They will answer eligibility questions and provide information about the donation process.

Thank you for considering donating during this stressful time. Best regards.

Sincerely,
A.S. Fauci

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 17:39:48 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)
Subject: FW: Wellness Initiative Proposal
Attachments: Wellness Initiative_POC_Sundar.zip, Wellness Initiative Proposal_Sundar.pdf, Managing Anxiety Around COVID-19 March 27 (007).pdf

Please take a look at this and handle.

From: Sundar, Sachin (NIH/NIAAA) [F] (b) (6) >
Sent: Thursday, April 23, 2020 1:05 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Wellness Initiative Proposal

Dear Dr. Fauci,

I have an idea regarding science communication and wellness. Here's a rough proposal and proof of concept. At full effect, I think it could have noteworthy potential. (b) (3)

[Redacted]

Thank you for your time.

Respectfully,
Sachin Sundar

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 13:25:22 +0000
To: Stephen L. Hoffman
Subject: RE: Follow Up Thanks

Thanks, Steve. I appreciate your note.
Best regards,
Tony

Anthony S. Fauci, MD
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From: Stephen L. Hoffman <slhoffman@sanaria.com>
Sent: Wednesday, April 22, 2020 9:56 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Follow Up Thanks

Dear Tony,

I hear continuously from people from all walks of life how grateful they are for your presence on the COVID-19 team. You are performing an incredible service to our country and the world.

Thanks again,

Steve

Stephen L. Hoffman, M.D.
Chief Executive and Scientific Officer
Sanaria Inc.
9800 Medical Center Dr. ste 209a
Rockville MD 20850
tel: (b) (6) (work)

tel: [REDACTED] (mobile)
fax: 301-770-5554
E-Mail: slhoffman@sanaria.com
www.sanaria.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 13:00:55 +0000
To: Redfield, Robert R. (CDC/OD)
Cc: Allison Arwady;David Barr;Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Dr. Fauci asked me to send Chicago question
Attachments: Workforce_Proposal_Chicago_April2020.pdf

Bob:

Please take a look at this. This question evolved from a teleconference that I had 2 nights ago with people "in the trenches" including Alison Arwady (Chicago). The question is what will be the relationship between the public health workforces at the federal and local levels. You had spoken of the CDC people that will be assigned locally and that will help build up a local workforce. How will CDD interact and relate to the locals. Is there any possibility of Federal funding of their proposal (see attachment). If not, do you have any suggestions for them? I can discuss this with you today at the Task Force meeting. Thanks.

Best,

Tony

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From: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Sent: Wednesday, April 22, 2020 3:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: Dr. Fauci asked me to send Chicago question

Pls advise.

From: Allison Arwady <[REDACTED] (b) (6)>
Sent: Wednesday, April 22, 2020 3:42 PM
To: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Dr. Fauci asked me to send Chicago question

Dear Patty,

Last night on his call with public health leaders from cities across the country, Dr. Fauci asked me to send him/you my follow-up question from Chicago:

How will the necessary public health workforce expansion (e.g. for wide-scale case investigation, contact tracing, linkage to care, community testing, and vaccination) be supported at the federal level?

Our understanding is that state or local jurisdictions will be able to develop their own workforces rather than supporting a single workforce at the federal level, and we agree with this approach, but it would be very helpful to understand next steps and potential timelines, particularly as the reopening drumbeat gets louder.

For example, Chicago has developed a local plan/proposal (attached) that would meet our local needs, help address some of our underlying race and economic equity concerns, and build on our existing community and clinical partnerships. We have shared it with some partners, but it is not at all clear how/whether/when/how much funding might be available. Given the need to quickly expand our workforce and plan ahead, it would be very helpful to get a sense of:

- a. How much funding/support might be available, and how that will be determined
- b. Whether funding might come through HHS/CDC (our preferred mechanism), FEMA, or another mechanism
- c. Will support be available in weeks or months...and for how long—we are strongly advocating for 5 years, similar to what was done for Ebola
- d. Any other information about how our local or state plans need to be adapted to fit into federal thinking on this approach

Thank you so much; I deeply appreciate Dr. Fauci taking the time to meet with us directly and hear our concerns.

Allison

Allison Arwady, MD, MPH
Commissioner
Chicago Department of Public Health

[REDACTED] (b) (6)



From: David Barr (b) (6)
Sent: Wednesday, April 22, 2020 8:47 AM
To: Allison Arwady (b) (6); Percak, Jeffrey M (b) (6); Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Demetre Daskalakis (b) (6); Mushatt, David M (b) (6); Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>; Iyengar, Preetha (DOH) (b) (6)
Duchin, Jeff (b) (6)
Subject: Notes from call with Dr. Fauci

Hello - Thanks for all for a very informative and sobering discussion last night. I've provided bullets below to capture the main points. Please add or change as needed. I've kept this relatively short but can supply a full recording of the call if you want it.

We will have another call next Tuesday.

David

PPE supplies:

- while hospitals are in better shape than a few weeks ago, significant shortages remain at long-term care facilities, skilled nursing facilities, outpatient settings like doctors' offices and urgent care clinics, shelters, prisons. Gowns are the biggest problem, but gloves, masks and shields are also short. Doctors offices are closing for lack of PPE.
- each city is trying to solve these shortages in a short-term, piecemeal way. They need a longer-term solution to stabilize availability. Outpatient settings are looking to health departments to provide supplies, something HDs are not set up to do.
- testing in most places still requires PPE use (e.g. no availability of anterior nasal swabs) and the PPE shortages are severely limiting testing scale up.
- even at hospitals, supply limitations make re-opening elective surgeries and other procedures impossible at this stage.
- If considering re-opening businesses, this will drastically increase PPE needs to a whole new sector.

TESTING challenges:

- Each city reported that, despite improvements, a very limited number of tests are being performed compared to need.
- Supply shortages are the biggest challenge: swabs, PPE, sample kits, reagents are the biggest obstacles. Not clear where this is going to come from or who is responsible for addressing problems.
- Private labs limit number of sample kits distributed each week. In places where public labs are available, there is a push to get providers to use the public labs. But many places don't have public labs.
- There is no clear guidance on how to prioritize who gets tested first. So, in some places, that means that people at lower-risk are being testing but people at greater risk (due to symptoms,

exposure, high-risk living/work environment, etc) are not being testing. Guidelines are needed to help prioritize where testing resources are used first.

- Public testing produces skewed results. Testing becomes available only to those who can make an appointment and who can drive to the site. This means many lower-priority people get tested but high-priority people do not. This skews understanding of positivity rates.

- Some labs are underutilized - but the reason is that there are breakdowns in the supply chain that make it difficult to test people and get tests to the labs. (e.g.) (b) (4)

- Reimbursement is an obstacle. CMS offering to cover test costs (\$100 per test) would help get labs to do more testing. It would not solve the problem, but it would help.

- Proliferation of unvalidated antibody tests is causing confusion. High rates of false results, misinterpretation of what results mean (e.g. telling people who test antibody positive that they must quarantine for two weeks). Chicago spends a lot of time shutting down these testing sites as they make things harder and use up supplies.

- there is increasing pressure to reach a target number of tests performed each day in order to get to 're-opening'. But the number needed is contextual based on the environment, population - there isn't one 'right' number for everywhere.

- Need better public messaging on difference between virology and serologic tests.

- Current testing capacity is nowhere near what is needed to make informed decisions about re-opening.

TESTING: reporting challenges

- Current PoC tests have no link to provide results to health departments. Many outpatient facilities and SNFs have no system for reporting test results to HDs. Need electronic link for reporting PoC test results.

- While aggregate positive tests may be reported, negative results are not.

- Impossible to really understand population levels of infection because (1) number of tests performed is too low and (2) not testing the 'right' people

- Every one is pushing for rapid scale up of antibody tests, but we still don't know what the results of these tests mean and how to apply them to policy development.

- CDC and NIH will each coordinate sero-surveys. No details on CDC approach yet. NIH study is up. Still not clear how to use the results of these studies, but useful to collect data now and apply it as knowledge grows. Locally-coordinate sero-surveys can be helpful but only if tests are highly validated.

The Future:

- How many tests should we be doing? How much PPE/testings/beds/staff will be needed in the coming year? Next winter, we will face dual flu and COVID outbreaks, without stable testing capacity, how will we differentiate between the two?

- What are the plans for contact tracing? Who will recruit and train? Is there a federal plan or guidelines for this? How will it be paid for? What do we do to effectively isolate those infected?

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 12:53:24 +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: launch of hydroxychloroquine/azithromycin study

Looks fine.

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From: Stover, Kathy (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, April 22, 2020 3:56 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Subject: FOR ASF REVIEW: Draft PR re: launch of hydroxychloroquine/azithromycin study

Hi Dr. Fauci,

Please find attached for your review a draft press release describing the launch of the ACTG hydroxychloroquine/azithromycin study for COVID-19. NIAID will issue the release after the first participant(s) has enrolled, which is currently anticipated around May 1.

The following is the quote we have drafted for you:

"We urgently need a safe and effective treatment for COVID-19. Repurposing existing drugs is an attractive option because these medications have undergone extensive testing, allowing them to move quickly into clinical trials and accelerating their potential approval for COVID-19 treatment," said NIAID Director Anthony S. Fauci, M.D. "Although there is anecdotal evidence

that hydroxychloroquine and azithromycin may benefit people with COVID-19, we need solid data from a large randomized, controlled clinical trial to determine whether this experimental treatment is safe and can improve clinical outcomes.”

Thanks much,
Kathy

Kathy Stover
Branch Chief
News and Science Writing Branch
National Institute of Allergy and Infectious Diseases (NIAID)
Office of Communications and Government Relations
National Institutes of Health/HHS
31 Center Drive, Room 7A17E
Bethesda, MD 20892
Phone: (b) (6)
E-mail: (b) (6)
NIAID Media Line: (301) 402-1663

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 11:54:41 +0000
To: Corey MD, Larry (b) (6); Mascola, John (NIH/VRC) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Fauci, Anthony (NIH/NIAID) [E]
Subject: NEJM manuscript
Attachments: COVID vaccine editorial_prefinal April21_7pm fsc - with minor Fauci edits.docx

Larry/John:

I have gone over the changes that Francis has inserted and I have edited some of them. Please accept his changes and my edits of them (or any additional edits that you have) and then it is OK to send in. Please let me know if you have any questions.

Thanks,
Tony

Anthony S. Fauci, MD
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From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 11:13:29 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: seeking your advice on a COVID-19 question

Email from Pardis Sabeti.

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

From: Pardis Sabeti (b) (6)
Sent: Wednesday, April 22, 2020 9:47 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Collins, Francis (NIH/OD) [E] (b) (6)
Subject: Re: seeking your advice on a COVID-19 question

Awe, thank you, here for you two any time, and grateful for the enormous positive impact you have on the world, Pardis

On Wed, Apr 22, 2020 at 9:43 PM Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

Thanks, Pardis. It was great to spend time with you and your colleagues. We learned a lot.
Warm regards,
Tony

From: Collins, Francis (NIH/OD) [E] (b) (6)>
Sent: Wednesday, April 22, 2020 8:44 PM
To: Pardis Sabeti <(b) (6)>
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: RE: seeking your advice on a COVID-19 question

Hey there Pardis,

You are much too kind – but we are grateful for YOU and your team!

It was fun to talk science for a little while. 😊

Best, Francis

From: Pardis Sabeti [REDACTED] (b) (6)>
Sent: Wednesday, April 22, 2020 8:38 PM
To: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)>
Cc: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Re: seeking your advice on a COVID-19 question

Dear Francis and Tony,

Thank you for a great conversation. Jacob, Bronwyn, and I stayed on a moment after you left and talked about how inspired we are by each of you and by the camaraderie between you two. Jacob added those two are national treasures, and Bronwyn and I wholeheartedly agreed.

Grateful for you both,

Pardis

On Wed, Apr 22, 2020 at 8:21 AM Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)> wrote:

Hi Pardis,

See attached paper that argues there may be a significant difference in virulence of the COVID-19 clade that predominates on the west coast compared to the east coast. Tony Fauci and I would like to know [REDACTED] (b) (3)

Also attached is a MedRxiv preprint that describes major differences in pathogenicity of different viral strains. I just got this [REDACTED] (b) (3)

Can I talk with you later today after you have a chance to review this?

Thanks, Francis

—
Pardis Sabeti, MD, DPhil
Professor, Harvard University & Harvard T.H. Chan School of Public Health
Broad Institute of MIT and Harvard
Howard Hughes Medical Institute

Assistant: [REDACTED] (b) (6)
Phone: [REDACTED] (b) (6)
Website: www.sabetilab.org

Pardis Sabeti, MD, DPhil

Professor, Harvard University & Harvard T.H. Chan School of Public Health

Broad Institute of MIT and Harvard

Howard Hughes Medical Institute

Assistant [REDACTED] (b) (6) >

Phone: [REDACTED] (b) (6)

Website: www.sabetilab.org

From: (b) (6)
Sent: Thu, 23 Apr 2020 07:09:44 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: invitation to New Zealand conversation

Sent from my iPhone

Begin forwarded message:

From: Pat Brittenden <info@blindfish.media>
Date: April 23, 2020 at 12:02:13 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: invitation to New Zealand conversation

Good afternoon Dr Fauci,

We are interested in seeing if you would be available for a chat via Zoom to New Zealand about COVID-19

The US is an essential part of the NZ economy contributing between \$1.5 and \$2 billion dollars annually from tourism alone and we would love to have a conversation about where the US is at, how COVID-19 is being dealt with, and the future of things that could lead up to opening our borders again.

We're happy to have you for any length of time, but if you have 10-20 minutes that would be amazing.

Thank you for what you are doing in this global event, I hope we can connect sometime soon

Sincerely,

--

Pat Brittenden
www.theDOC.nz
www.patbrittenden.com/about
(b) (6)

From: (b) (6)
Sent: Thu, 23 Apr 2020 07:08:26 -0400
To: Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: Global Health Leaders Call, Thursday, 23 April, 14:30 CET

Sent from my iPhone

Begin forwarded message:

From: "KABIR, Sophia" (b) (6) >
Date: April 23, 2020 at 6:54:46 AM EDT
To: SHOC <shoc@who.int>, Office of the Director-General <DGOoffice@who.int>, "Redfield, Robert R. (CDC/OD)" (b) (6)

(b) (6)

David Heymann

(b) (6), "Felicity Harvey"
"Chris.Elias" (b) (6), (b) (6), (b) (6)

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

"GREIN, Thomas"

(b) (6), "COX, Paul Michael" (b) (6)

"SCHWARTLANDER, Bernhard F." (b) (6), "MINHAS, Raman" (b) (6)

"Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, "MAHJOUR, Jaouad" (b) (6), "FALL, Ibrahima Soce" (b) (6), "Thomas R. Frieden" (b) (6)

Lynn Banks (b) (6), President | Resolve to Save Lives
(b) (6), "Amadou.SALL"

(b) (6) "AL-SHORBAJI, Farah" (b) (6)

Robynn Leidig (b) (6)

"DRURY, Patrick Anthony" (b) (6) >, "Dr VAN KERKHOVE, Maria" (b) (6)

(b) (6)

"GRAAFF, Peter Jan"

(b) (6)>, "POOLE, Marcia" < (b) (6)>, Tarik Mohammed
(b) (6) Carlos
Navarro Colorado (b) (6)
, Ryan Morhard (b) (6)>,
"BRIAND, Sylvie" (b) (6), "MORGAN, Oliver" (b) (6)
"Harries, Jenny" (b) (6)>, "Awwad, David (NIH/NIAD)
[C]" (b) (6)>, "SIMONSON, Stewart" (b) (6)
"SINGER, Peter Alexander" < (b) (6)>, "Jayatunga, Wikum"
(b) (6)
"Julie.HALL" (b) (6) Amelie
RIOUX (b) (6)
, "SHIN, Young-Soo" (b) (6)
(b) (6), Feng Ding
(b) (6)
"SMITH, Ian Michael" (b) (6), "AYLWARD,
Raymond Bruce J." (b) (6)
Ce: SHOC <shoc@who.int>, Office of the Director-General <DGOoffice@who.int>,
"SCHWARTLANDER, Bernhard F." < (b) (6)> "MAHJOUR,
Jaouad" (b) (6), "FALL, Ibrahima Soce" (b) (6), "GREIN,
Thomas" (b) (6)>, "MINHAS, Raman" (b) (6), "COX, Paul
Michael" (b) (6)>, "AL-SHORBAJI, Farah" (b) (6)>,
"POOLE, Marcia" (b) (6)>, "DRURY, Patrick Anthony"
(b) (6)>, "GRAAFF, Peter Jan" (b) (6)>, "Dr VAN
KERKHOVE, Maria" (b) (6), "FARES, Christine Youssef"
(b) (6)>

Subject: RE: Global Health Leaders Call, Thursday, 23 April, 14:30 CET

Dear colleagues,

Apologies for the mistake in the below subject line.

The meeting starts at **14.30 CET**, as mentioned in the email.

Kind regards,

Sophia

From: KABIR, Sophia

Sent: Thursday, April 23, 2020 10:51 AM

To: SHOC <shoc@who.int>; Office of the Director-General <DGOOffice@who.int>;

(b) (6)
(b) (6)
(b) (6)
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(b) (6)
(b) (6); Felicity Harvey (b) (6)
(b) (6); Chris Elias (b) (6)
(b) (6)
Jeremy Farrar
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6); GREIN, Thomas (b) (6); COX, Paul Michael
(b) (6); SCHWARTLANDER, Bernhard F. (b) (6); MINHAS,
Raman (b) (6)
(b) (6); MAHJOUR, Jaouad (b) (6); FALL, Ibrahima Soce
(b) (6); 'Thomas R. Frieden' (b) (6); 'Elhadj SY'
(b) (6); 'Lynn Banks' (b) (6); 'President |
Resolve to Save Lives' (b) (6)
(b) (6) AL-
SHORBAJI, Farah (b) (6)
(b) (6); 'Robynn Leidig' (b) (6); DRURY,
Patrick Anthony (b) (6); Dr VAN KERKHOVE, Maria (b) (6)
(b) (6)
(b) (6)
(b) (6); 'Cheryl Cohen' (b) (6); GRAAFF, Peter
Jan (b) (6); POOLE, Marcia (b) (6); 'Tarik Mohammed'
(b) (6)
(b) (6)
(b) (6); 'Ryan Morhard' < (b) (6)>; BRIAND,
Sylvie (b) (6); MORGAN, Oliver (b) (6); 'Harries, Jenny'
(b) (6); 'Awwad, David (NIH/NIAID) [C]' (b) (6);
SIMONSON, Stewart (b) (6); SINGER, Peter Alexander (b) (6);
'Jayatunga, Wikum' (b) (6)
(b) (6)
(b) (6)
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(b) (6)
(b) (6); SHIN, Young-Soo (b) (6)
(b) (6); 'Feng Ding'
(b) (6)
(b) (6)
(b) (6)

(b) (6) SMITH, Ian Michael (b) (6);
AYLWARD, Raymond Bruce J. (b) (6)

Cc: SHOC <shoc@who.int>; Office of the Director-General <DGOOffice@who.int>;
SCHWARTLANDER, Bernhard F. (b) (6); MAHJOUR, Jaouad
(b) (6); FALL, Ibrahima Soce (b) (6); GREIN, Thomas
(b) (6); MINHAS, Raman (b) (6); COX, Paul Michael
(b) (6); AL-SHORBAJI, Farah (b) (6); POOLE, Marcia
(b) (6); DRURY, Patrick Anthony (b) (6); GRAAFF, Peter Jan
(b) (6); Dr VAN KERKHOVE, Maria <(b) (6)>; FARES,
Christine Youssef (b) (6)

Subject: Global Health Leaders Call, Thursday, 23 April, 14:00 CET

Dear colleagues,

Ahead of the Global Health Leaders Call at 14.30 CET today, please find an epidemiological update and analysis attached, in addition to the ["Considerations in adjusting public health and social measures in the context of COVID-19"](#) interim guidance document, which was published on the WHO website on 16 April.

Please find below, the key questions for your consideration and input.

1. What is your view on the latest epidemiology, virus transmission and severity in affected countries ?
2. What are the emerging issues/challenges that you see as important ?
3. What should be the priorities for the 1-2 weeks?
4. Any other issues you see as important?

You will be able to connect via the Webex connection below. If you experience any technical difficulties, please contact the WHO HQ EOC operator at: +41 22 79 15 533 or via email: shoc@who.int.

Best,

Sophia

Meeting number (access code): (b) (6), (b) (4)

Meeting password (b) (6), (b) (4)

Thursday, April 23, 2020

2:00 pm | (UTC+02:00) Brussels, Copenhagen, Madrid, Paris |

Join meeting

Join by phone

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

(b) (6) SWITZERLAND Toll

(b) (6) US Toll

[Global call-in numbers](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 02:16:12 +0000
To: Alice Park
Subject: FW: Time follow up
Attachments: MedRxiv_Mutations impact pathogenicity SARS-CoV-2_ Lanjuan Li et al.
2020.04.14..pdf

Alice:
Here is another manuscript.
Tony

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 02:11:27 +0000
To: Lou Ignarro
Subject: RE: Greetings- NOT urgent

Lou:

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

From: Lou Ignarro [redacted] (b) (6)
Sent: Tuesday, April 21, 2020 5:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[redacted] (b) (6)>
Subject: Greetings- NOT urgent

Hi Tony,

This is Lou Ignarro from UCLA. You and I shared the stage in the "Shoe" at the Ohio State University a few years ago, where you gave the Graduation Address to the undergraduate seniors. I was on stage with you, to receive an award for my basic biomedical research which resulted in my being awarded the Nobel Prize in Medicine in 1998. I recall the nice conversations we were enjoying with Sanjay Gupta while robing for the event.

Thanks for the truly spectacular job you are doing, regarding the coronavirus pandemic. We Nobel Laureates especially regard your work as the most important during our lifetime. Thank you and God bless.

My best wishes,

Lou Ignarro

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 01:50:03 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: letter from the Governor of Puerto Rico
Attachments: Dr. Anthony S. Fauci, MD[2].pdf

Heads up for a call from the Puerto Rican Health Minister.

From: Pablo L. Peña Antonmarchi <ppena@fortaleza.pr.gov>
Sent: Wednesday, April 22, 2020 5:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C] (b) (6) >; Jennifer M. Storipan <jstoripan@prfaa.pr.gov>; Juan L. Negrón <jnegron@prfaa.pr.gov>; Maria del C Reyes Crespo <mreyes@fortaleza.pr.gov>; Antonio L. Pabon Batlle <apabon@fortaleza.pr.gov>
Subject: letter from the Governor of Puerto Rico
Importance: High

Dear Dr. Anthony Fauci:

I am sending you for your attention a letter from the Governor of Puerto Rico Hon. Wanda Vázquez Garced.

Cordially,

Pablo L. Peña Antonmarchi
Executive Assistant
Lcdo. Antonio Pabón Batlle
Chief of Staff Office
La Fortaleza
San Juan, Puerto Rico



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 23 Apr 2020 01:40:52 +0000
To: Alice Park; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Time follow up
Attachments: Viral Clades Brufsky 42020 Accepted Final.pdf

Alice:

It was great working with you today. Here is the reference. I believe that it will be in the Journal of Medical Virology. It has been accepted, but is not yet in print.

Best regards,

Tony

From: Alice Park <alice.park@time.com>
Sent: Wednesday, April 22, 2020 6:30 PM
To: Fauci, Anthony (NIH/NIAID) [E] <AFAUCI@niaid.nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>
Subject: Time follow up

Dear Dr. Fauci -- many thanks for your time today; we are thrilled to have you as part of the TIME 100 Talks, which will go live tomorrow.

In the meantime, I wanted to double check the reference to the study you mentioned about the east and west coast strains and their potential difference in virulence. Realize it's preliminary, so just wanted to confirm any references we make to it. I checked the biorxiv and medrxiv but didn't find the citation. Would appreciate the journal if it was published. Many thanks! Alice

PLEASE NOTE NEW PHONE NUMBER

Alice Park
TIME

(b) (6)
alice.park@time.com
@aliceparkny

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 16:29:19 +0000
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Corey MD, Larry (b) (6); Mascola, John (NIH/VRC) [E]
Subject: FW: "final draft"
Attachments: COVID vaccine editorial_prefinal April21_7pm.docx

Francis:

Here is the paper that I mentioned to you and that we are planning to submit to the *NEJM*. I have put your name on it as the senior author. If you are comfortable with that, we will go with it. Please take a look at the manuscript and make any comments or edits that you see fit.

Thanks,

Tony

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 14:41:09 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Cc: Greg Folkers (b) (6); Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

I was thinking the very same thing.

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

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From: Billet, Courtney (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, April 21, 2020 8:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6)
Subject: RE: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

Ps – what do you want to bet you get invited to throw a first pitch next year?

From: Billet, Courtney (NIH/NIAID) [E]
Sent: Tuesday, April 21, 2020 8:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Subject: FW: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

We're a "go" on this. I'll circle back with his rep tomorrow.

On Apr 21, 2020, at 6:50 PM, Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

Hi guys— as a huge Nats fan, Dr. Fauci very much wants to do this chat with Ryan Zimmerman. Can I get a green light to work on this with them? I'll get the q's but it will be the same general theme as with Steph Curry, YES Network, etc.

From: Judee Ann Williams <judeeann.williams@caa.com>
Sent: Tuesday, April 21, 2020 5:54 PM
To: Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Christine Lancman <christine.lancman@caa.com>; Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Re: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

Absolutely! We would 100% be able to work around that and avoid any association of fundraising.
We would set this up however he will be most comfortable, seed questions in advance, etc. and shed a light on what is most helpful.
Will wait to hear and if you need anything else just let us know. Thank you so much!

From: "Billet, Courtney (NIH/NIAID) [E]" [REDACTED] (b) (6)
Date: Tuesday, April 21, 2020 at 4:41 PM
To: Judee Williams <judeeann.williams@caa.com>
Cc: Christine Lancman <christine.lancman@caa.com>, "Routh, Jennifer (NIH/NIAID) [E]" [REDACTED] (b) (6)
Subject: RE: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

External Sender

Hi – thanks for your message – we will check and someone will get back to you in the next few days. One caveat is that as a Federal official, Dr. Fauci cannot be associated with fundraising in any way. Please confirm that is something you would be able to work around?

From: Judee Ann Williams <judeeann.williams@caa.com>

Sent: Monday, April 20, 2020 5:21 PM

To: Routh, Jennifer (NIH/NIAID) [E] (b) (6); Bilet, Courtney (NIH/NIAID) [E] (b) (6)

Cc: Christine Lancman <christine.lancman@caa.com>

Subject: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

Jennifer & Courtney-

Hello! Our friends from Steph Curry's team passed along your contact information to us and we work at CAA where we represent World Series Champion, Ryan Zimmerman.

Ryan wanted to express his gratitude first & foremost to Dr. Fauci, the entire team and all those behind the scenes working around the clock.

Ryan recently launched the Pros for Heroes Covid-19 Fund last week, with more than 30 professional athletes supporting and over \$300,000 raised across 1,400 separate donations. (>www.prosforheroes.org). Since its launch last Tuesday, contributions from the Pros For Heroes Fund have gone directly towards PPE needs throughout the Inova hospital network throughout the mid-Atlantic and have helped provide meals to those critical care front-line workers - keeping these front-line heroes covered at work and comfortable at home.

If Dr. Fauci was up to it, Ryan would love to host either a short 15 minute Q&A on his Facebook to continue raising awareness for how we need to be responding to the ongoing crisis. Or even simply thank Dr. Fauci for the tireless work he is doing and shine a light on how folks can support these critical frontline workers.

We are also open to what you think would work best! Would there any openings that would work best?

We know Dr. Fauci is big baseball fan, and of course we are all huge fans of his! If we can ever be supportive or help navigate anything in the world of pop culture, please do not hesitate to ask.

Warmest wishes,

Judee Ann

Judee Ann Williams | Co-Head, CAA Social Impact
T: 212-277-5294 | M: (b) (6) | Washington, DC

NEW YORK - LONDON - NASHVILLE - MUNICH - LOS ANGELES - BEIJING - SHANGHAI

[>https://www.caa.com/<](https://www.caa.com/)

Pros For Heroes

"Teamwork is the ability to come together towards a common goal. We are looking forward to attracting as many supporters to help join this cause and give back as much as we can to those who have given us so much," said Washington National All-Star, Ryan Zimmerman, the fund's founder.

Social Links:

[>https://www.instagram.com/prosforheroes/<](https://www.instagram.com/prosforheroes/)

[>https://twitter.com/prosforheroes<](https://twitter.com/prosforheroes)

Today Show:

[>https://www.today.com/video/ryan-zimmerman-talks-pros-for-heroes-fund-for-feeding-health-care-workers-82202693577<](https://www.today.com/video/ryan-zimmerman-talks-pros-for-heroes-fund-for-feeding-health-care-workers-82202693577)

Washington Post Launch Article:

[>https://www.washingtonpost.com/sports/2020/04/14/nationals-ryan-zimmerman-starts-fund-health-care-workers-with-100k-gift/<](https://www.washingtonpost.com/sports/2020/04/14/nationals-ryan-zimmerman-starts-fund-health-care-workers-with-100k-gift/)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 00:29:33 +0000
To: Collins, Francis (NIH/OD) [E] (b) (6)
Subject: FW: SCMP: Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

More on mutations

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tuesday, April 21, 2020 1:58 PM
To: Graham, Barney (NIH/VRC) [E] (b) (6)
Subject: FW: SCMP: Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

Not peer reviewed, but what do you think?

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

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From: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>
Sent: Monday, April 20, 2020 1:53 PM
Subject: SCMP: Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

[China / Science](#)

Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

- The most aggressive strains of Sars-CoV-2 could generate 270 times as much viral load as the least potent type
- New York may have a deadlier strain imported from Europe, compared to less deadly viruses elsewhere in the United States



Stephen Chen in Beijing

Published: 10:41pm, 20 Apr, 2020

Updated: 1:33am, 21 Apr, 2020



A team led by Professor Li Lanjuan has studied how the novel coronavirus mutates and possible implications for the pandemic. Photo: EPA-EFE

A new study by one of China's top scientists has found the ability of the new coronavirus to mutate has been vastly underestimated and different strains may account for different impacts of the disease in various parts of the world.

Professor Li Lanjuan and her colleagues from Zhejiang University found within a small pool of patients many mutations not previously reported. These mutations included changes so rare that scientists had never considered they might occur.

They also confirmed for the first time with laboratory evidence that certain mutations could create strains deadlier than others.

"Sars-CoV-2 has acquired mutations capable of substantially changing its pathogenicity," Li and her collaborators wrote in a non-peer reviewed paper released on preprint service medRxiv.org on Sunday. Li's study provided the first hard evidence that mutation could affect how severely the virus caused disease or damage in its host.

Li took an unusual approach to investigate the virus mutation. She analysed the viral strains isolated from 11 randomly chosen Covid-19 patients from Hangzhou in the eastern province of Zhejiang, and then tested how efficiently they could infect and kill cells.

The deadliest mutations in the Zhejiang patients had also been found in most patients across Europe, while the milder strains were the predominant varieties found in parts of the United States, such as Washington state, according to their paper.

A separate study had found that New York strains had been imported from Europe. The death rate in New York was similar to that in many European countries, if not worse.

But the weaker mutation did not mean a lower risk for everybody, according to Li's study. In Zhejiang, two patients in their 30s and 50s who contracted the weaker strain became severely ill. Although both survived in the end, the elder patient needed treatment in an intensive care unit.

This finding could shed light on differences in regional mortality. The pandemic's infection and death rates vary from one country to another, and many explanations have been proposed.

Genetic scientists had noticed that the dominant strains in different geographic regions were inherently different. Some researchers suspected the varying mortality rates could, in part, be caused by mutations but they had no direct proof.

The issue was further complicated because survival rates depended on many factors, such as age, underlying health conditions or even blood type.

In hospitals, Covid-19 has been treated as one disease and patients have received the same treatment regardless of the strain they have. Li and her colleagues suggested that defining mutations in a region might determine actions to fight the virus.

“Drug and vaccine development, while urgent, need to take the impact of these accumulating mutations ... into account to avoid potential pitfalls,” they said.

Li was the first scientist to propose the Wuhan lockdown, according to state media reports. The government followed her advice and in late January, the city of more than 11 million residents was shut down overnight.

The sample size in this most recent study was remarkably small. Other studies tracking the virus mutation usually involved hundreds, or even thousands, of strains.

Li’s team detected more than 30 mutations. Among them 19 mutations – or about 60 per cent – were new.

They found some of these mutations could lead to functional changes in the virus’ spike protein, a unique structure over the viral envelope enabling the coronavirus to bind with human cells. Computer simulation predicted that these mutations would increase its infectivity.

To verify the theory, Li and colleagues infected cells with strains carrying different mutations. The most aggressive strains could generate 270 times as much viral load as the weakest type. These strains also killed the cells the fastest.

It was an unexpected result from fewer than a dozen patients, “indicating that the true diversity of the viral strains is still largely underappreciated,” Li wrote in the paper.



Professor Li Lanjuan is a leading Chinese epidemiologist. Photo: Xinhua

The mutations were genes different from the earliest strain isolated in Wuhan, where the virus was first detected in late December last year.

The coronavirus changes at an average speed of about one mutation per month. By Monday, more than 10,000 strains had been sequenced by scientists around the globe, containing more than 4,300 mutations, according to the China National Centre for Bioinformatics.

Most of these samples, though, were sequenced by a standard approach that could generate a result quickly. The genes were read just once, for instance, and there was room for mistakes.

Li's team used a more sophisticated method known as ultra-deep sequencing. Each building block of the virus genome was read more than 100 times, allowing the researchers to see changes that could have been overlooked by the conventional approach.

The researchers also found three consecutive changes – known as tri-nucleotide mutations – in a 60-year-old patient, which was a rare event. Usually the genes mutated at one site at a time. This patient spent more than 50 days in hospital, much longer than other Covid-19 patients, and even his faeces were infectious with living viral strains.

"Investigating the functional impact of this tri-nucleotide mutation would be highly interesting," Li and colleagues said in the paper.

Professor Zhang Xuegong, head of the bioinformatics division at the National Laboratory for Information Science and Technology at Tsinghua University, said ultra-deep sequencing could be an effective strategy to track the virus' mutation.

"It can produce some useful information," he said.

But this approach could be much more time consuming and costly. It was unlikely to be applied to all samples.

"Our understanding of the virus remains quite shallow," Zhang said. Questions such as where the virus came from, why it could kill some healthy young people while generating no detectable symptoms in many others still left scientists scratching their heads.

"If there is a discovery that overturns the prevailing perception, don't be surprised."

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 00:16:44 +0000
To: Collins, Francis (NIH/OD) [E] (b) (6)
Subject: FW: For your attention
Attachments: COVAX2020 - A GLOBAL EFFORT for the ACCELERATED DEVELOPMENT, PRODUCTION and EQUITABLE ACCESS to COVID-19 VACCINES_16Apr2020_DRAFT.docx

See attachment that Hilary sent me. (b) (6)

From: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, April 21, 2020 7:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Re: For your attention

(b) (6)

From: Anthony Fauci (b) (6)>
Date: Tuesday, April 21, 2020 at 7:30 PM
To: Hilary Marston <(b) (6)v>
Subject: FW: For your attention

Have you heard of this on any of the calls where you represent me??

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Tuesday, April 21, 2020 7:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Freire, Maria (FNIH) [T] <mfreire@fnih.org>; Wholley, David (FNIH) [T] <dwholley@fnih.org>
Subject: FW: For your attention

Hi all,

See note below from Victor Dzau about a global effort on COVID-19. I can't tell if this is more than a fund-raising effort. I know we have Gates reps on our ACTIV working groups – has any of this plan come up, David?

Francis

From: Dzau, Victor J. <VDzau@nas.edu>
Sent: Tuesday, April 21, 2020 4:10 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)>
Cc: Kanarek, Morgan <MKanarek@nas.edu>
Subject: For your attention

Dear Francis,

Congratulations on your launch of Public Private Partnership to speed COVID 19 vaccine and treatment options. This is very timely and much needed. Kudos to your leadership.

I am sure you are aware of a global coordinating effort to accelerate vaccines, diagnostics and therapeutics. I have been part of the conversation and planning along with Jeremy Farrar, Richard Hatchett, Seth Berkley, Chris Elias, Paul Stoffels etc. Recently WHO, Gates Foundation and European Commission have been leading the planning. This has advanced rapidly and is in the final stages in development that will be soon announced. It has involved European Commission, Germany, Japan, UK, Norway, France, Saudi as well as Gates Foundation, WHO, World Bank, Wellcome Trust, GAVI, Global Fund, CEPI, GPMB and private sector industry. The initiative will begin with a Pledge conference for \$8B as a starting point. This will be led by President von der Leyen and is co-chaired by the above country leaders. This will occur on May 4. In addition by the end of this week or early next week there will be an announcement on the global coordinating structure with will involve Gates, WHO etc.

I am writing to be sure that you and the White House are aware of these upcoming events. Can you share this information with the White House? Besides you, who else should I share this information with? I will be happy to send you background documents if you wish.

Please call me anytime.

Best,
Victor

From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 23:10:36 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: Consideration of IM COVID Immune Globulin for Prevention of COVID-19 Infection
Attachments: Prophylactic Intramuscular COVID-IG - Oxman.pdf, FURTHER ARGUMENTS IN FAVOR OF INTRAMUSCULAR COVID-IG Version 4 - Oxman.pdf

Email from Gary Noble, advisor to Bob Windom in the 1980s.

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

From: Gary Noble (b) (6)
Sent: Tuesday, April 21, 2020 4:56 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: McGowan, John J. (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Oxman, Michael (b) (6)
Subject: Consideration of IM COVID Immune Globulin for Prevention of COVID-19 Infection

Dear Tony,

I will always remember our amazing collaboration during the HIV/AIDS days in the 1980s, when I served as AIDS Advisor to Bob Windom, the DHHS Assistant Secretary for Health during President Reagan's administration. And now, I am delighted and amazed to watch you so adroitly maneuver the COVID-19 scientific policies and keep them front and center in the current White House!!

(b) (6), Michael Oxman, has worked with John Zaia at City of Hope, and a Mayo/Hopkins/Michigan State consortium for a trial of IM COVID-IG as a preferred method for treatment and prevention of COVID-19.

This week, Mike expects to complete the protocol for a placebo (normal IG)-controlled trial of IM COVID-IG prophylaxis in at-risk healthcare workers

who are engaged in direct patient care at UCSD, but they need a modicum of support. Mike asked if I would reach out to see if NIAID might provide of support for this effort, using IM, as opposed to IV, COVID-IG.

I've copied Mike, who has provided the attached background information.

Tony, with all my respect and admiration for what you are doing for the U.S. and for all of us.

Gary

Gary R. Noble, MD, MPH, MA (Oxon)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 22:14:24 +0000
To: NIAID OD AM
Subject: FW: Invitation to Speak at UC Berkeley COVID-19 Hackathon

Let us discuss.

Anthony S. Fauci, MD
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From: Saahil Chadha <saahil@calhacks.io>
Sent: Tuesday, April 21, 2020 11:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Invitation to Speak at UC Berkeley COVID-19 Hackathon

Dear Dr Fauci,

My name is Saahil, and I'm a director at Cal Hacks, a student organization at the University of California, Berkeley. This upcoming weekend, we will be hosting hack.now, a 36-hour global online hackathon to foster innovative and technical solutions to tackle the challenges faced around the current COVID-19 pandemic. We're projected to have 1,500 participants from around the world. I'm reaching out to invite you to be our opening ceremony speaker.

Specifically, this Friday night, April 24, from 7-8pm Pacific Daylight Time, we're going to be hosting the opening ceremony of our event. At this time, we want to inspire our hackers to help solve global challenges related to health and community. **We would be absolutely honored if you would join us to speak at our opening ceremony for just a few minutes to share your experiences with and response to the COVID-19 pandemic.** Your unique perspective and expanse of knowledge makes you the most qualified person, and we would be humbled to include you as our opening ceremony speaker. Please let us know if you are able to accept this invitation.

Stay safe,

Saahil Chadha

(N) (B)

Calhacks.io

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 22:06:57 +0000
To: Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Message for Dr Anthony FAUCI

OK. Please take care of this. Thanks.

Anthony S. Fauci, MD
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, April 21, 2020 11:31 AM
To: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: RE: Message for Dr Anthony FAUCI

I would be extremely grateful to you if you can provide me with the most recent and pertinent scientific and population data concerning covid-19. I know how extremely busy you are but maybe a collaborator of yours whether he can send me the data via e-mail (b) (6).

Not exactly sure what he wants but I can send him some links that will get him the latest CoV info from pubmed, preprints, CDC etc

From: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Sent: Tuesday, April 21, 2020 11:16 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Subject: FW: Message for Dr Anthony FAUCI

Can we direct her somewhere? Gray?

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

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From: Jean-Louis Touraine (b) (6) >
Sent: Tuesday, April 21, 2020 11:06 AM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: Potential SPAM:Message for Dr Anthony FAUCI

I would be very grateful to you if you can forward the following mail to Dr Anthony FAUCI.

Many thanks.
Sincerely yours,

Pr Jean-Louis TOURAINE, Lyon and Paris, France.

Dear Tony,

You may remember, that we have met repeatedly and worked in parallel and in association, during the early years of the HIV epidemic.

You and I have been trained in immunology. Both of us are much sollicitated to help facing and fighting the covid-19 epidemic.

During the past years , as well as recently, I have followed with great interest and respect your accomplishments and your advices in the fights against epidemics. I would be extremely grateful to you if you can provide me with the most recent and pertinent scientific and population data concerning covid-19. I know how extremely busy you are but maybe a collaborator of yours whether he can send me the data via e-mail (b) (6) This will allow me to give more documented informations to the French President and Government. Cooperation between countries will be crucial against covid-19 as it has been against HIV and other agents.

I look forward to seeing you again in quieter times.
Many thanks and very best personal regards.

Jean-Louis TOURAINE, M.D., Ph. D., M.P.

Ce message, ainsi que les pièces jointes, sont établis, sous la seule responsabilité de l'expéditeur, à l'intention exclusive de ses destinataires ; ils peuvent contenir des informations confidentielles. Toute publication, utilisation ou diffusion doit être autorisée préalablement.

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Il est rappelé que tout message électronique est susceptible d'altération au cours de son acheminement sur Internet.

Vous pouvez consulter le site de l'Assemblée nationale à l'adresse suivante : <http://www.assemblee-nationale.fr>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 21:39:30 +0000
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E]; Burklow, John (NIH/OD) [E]; Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: STAT: Director of U.S. agency key to helping vaccine development leaves role suddenly amid coronavirus pandemic <https://bit.ly/2XRZqKa>

(b) (5)

Anthony S. Fauci, MD
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, April 21, 2020 3:01 PM
Subject: STAT: Director of U.S. agency key to helping vaccine development leaves role suddenly amid coronavirus pandemic <https://bit.ly/2XRZqKa>

Director of U.S. agency key to helping vaccine development leaves role suddenly amid coronavirus pandemic

By [Nicholas Florko](#) @NicholasFlorko
April 21, 2020



Rick Bright HHS

WASHINGTON — Rick Bright, one of the nation's leading vaccine development experts and the director of the Biomedical Advanced Research and Development Authority, is no longer leading the organization, officials told STAT.

The shakeup at the agency, known as BARDA, couldn't come at a more inopportune time for the office, which invests in drugs, devices, and other technologies that help address infectious disease outbreaks and which has been at the center of the government's coronavirus pandemic response.

Bright, whose departure was confirmed by three industry sources and two current Trump administration sources, will instead move into a narrower role at the National Institutes of Health overseeing a similar but limited public-private partnership aimed at vaccine development. Gary Disbrow, Bright's former deputy at BARDA, will serve as the acting director of the office, an HHS spokesperson confirmed to STAT.

BARDA was expected to play an even larger role in the coming months; Congress more than tripled BARDA's budget in the most recent coronavirus stimulus package. Already, the office has a role in some of the splashiest Covid-19 projects, including partnerships with Johnson & Johnson and Moderna Therapeutics, both of which are developing potential Covid-19 treatments.

Related:

This tiny federal agency was built to respond to a crisis like coronavirus. Now that it's here, is BARDA ready?

BARDA has been plagued with management issues virtually since its creation in 2006, with much of the criticism aimed at a contracting department that some say is unresponsive to industry partners. The office has only had two permanent directors since its creation in 2006. Bright has led the organization since 2016.

None of the sources articulated the reason for Bright's departure, though several mentioned recent chafing between Bright and Bob Kadlec, the HHS Assistant Secretary for Preparedness and Response, which has oversight over BARDA.

An HHS spokesperson confirmed that Bright will work on a recently announced NIH public-private partnership with 16 drug makers aimed at developing vaccines and treatments for Covid-19.

"Dr. Rick Bright will transfer the skills he has applied as Director of the [BARDA] to the [NIH]. ... Dr. Bright brings extensive experience and expertise in facilitating powerful public-private partnerships that advance the health and well-being of the American people," the spokesperson said.

Bright did not immediately respond to requests for comment.

Bright's career has largely centered around vaccine and drug development. His work at the Centers for Disease Control and Prevention focused on influenza viruses, antiviral drugs and tests. He has also worked in the biotechnology industry and served as an advisor to the World Health Organization. Before becoming BARDA director, he led the agency's Influenza and Emerging Infectious Diseases Division.

Lev Facher contributed reporting.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 21:18:24 +0000
To: Crawford, Chase (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; McGowan, John J. (NIH/NIAID) [E]; Harper, Jill (NIH/NIAID) [E]; Gilles, Sharon (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]; Johnson, Martin S. (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]
Cc: Haskins, Melinda (NIH/NIAID) [E]; Selgrade, Sara (NIH/NIAID) [E]
Subject: RE: Attention: COVID-19 legislative package bill text released

Thanks.

Anthony S. Fauci, MD
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From: Crawford, Chase (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, April 21, 2020 3:27 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Auchincloss, Hugh (NIH/NIAID) [E] (b) (6) >; McGowan, John J. (NIH/NIAID) [E] (b) (6); Harper, Jill (NIH/NIAID) [E] (b) (6) >; Gilles, Sharon (NIH/NIAID) [E] (b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6); Johnson, Martin S. (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6)
Cc: Haskins, Melinda (NIH/NIAID) [E] (b) (6); Selgrade, Sara (NIH/NIAID) [E] (b) (6)
Subject: Attention: COVID-19 legislative package bill text released
Importance: High

Good Afternoon,

At 4p.m. today (4/21), the U.S. Senate is expected to hold a vote by unanimous consent on the "Paycheck Protection Program and Health Care Enhancement Act" (bill text attached). In particular please note that the legislative package includes

the following supplemental appropriations for diagnostic testing (pages 13-15 of attached):

- **NIH/OD** – not less than **\$1B** to develop, validate, improve, and implement testing and associated technologies; to accelerate research, development, and implementation of point of care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities outlined in this proviso.
 - funds in the preceding proviso may be transferred to the accounts of the Institutes and Centers of the National Institutes of Health for the purposes specified in the preceding proviso
 - the transfer authority provided in the preceding proviso is in addition to all other transfer authority available to the NIH
- **NCI** – not less than **\$306M** to develop, validate, improve, and implement serological testing and associated technologies for the purposes specified under this paragraph in this Act:
- **NIBIB** – not less than **\$500M** to accelerate research, development, and implementation of point of care and other rapid testing related to coronavirus:
- **CDC** – not less than **\$1B** for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization, disseminating information about testing, and workforce support necessary to expand and improve COVID–19 testing
- **BARDA** – not less than **\$1B** for necessary expenses of advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID–19 tests or related supplies, and other activities related to COVID–19 testing at the discretion of the Secretary
- **FDA** – **\$22M** to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities

We will keep you updated on any developments related to this legislation. Please let us know if you have any questions.

Thanks,
Chase

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 21:01:27 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: RE: Ryan Zimmerman

If cleared, I would love to. [REDACTED] (b)(7) - PCP

Anthony S. Fauci, MD
Director
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From: Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Tuesday, April 21, 2020 4:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6); Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6); Stover, Kathy (NIH/NIAID) [E] [REDACTED] (b) (6); Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Ryan Zimmerman

Would you be interested in doing something with Ryan Zimmerman? Format TBD. We'll pursue further discussion if you give the green light.

From: Billet, Courtney (NIH/NIAID) [E]
Sent: Tuesday, April 21, 2020 4:41 PM
To: Judee Ann Williams <judeeann.williams@caa.com>
Cc: Christine Lancman <christine.lancman@caa.com>; Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: RE: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

Hi – thanks for your message – we will check and someone will get back to you in the next few days. One caveat is that as a Federal official, Dr. Fauci cannot be associated with fundraising in any way. Please confirm that is something you would be able to work around?

From: Judee Ann Williams <judeeann.williams@caa.com>

Sent: Monday, April 20, 2020 5:21 PM

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

Cc: Christine Lancman <christine.lancman@caa.com>

Subject: Request for Dr. Fauci + Ryan Zimmerman Pros For Heroes | COVID-19 Relief Fund

Jennifer & Courtney-

Hello! Our friends from Steph Curry's team passed along your contact information to us and we work at CAA where we represent World Series Champion, Ryan Zimmerman.

Ryan wanted to express his gratitude first & foremost to Dr. Fauci, the entire team and all those behind the scenes working around the clock.

Ryan recently launched the Pros for Heroes Covid-19 Fund last week, with more than 30 professional athletes supporting and over \$300,000 raised across 1,400 separate donations. (www.prosforheroes.org). Since its launch last Tuesday, contributions from the Pros For Heroes Fund have gone directly towards PPE needs throughout the Inova hospital network throughout the mid-Atlantic and have helped provide meals to those critical care front-line workers - keeping these front-line heroes covered at work and comfortable at home.

If Dr. Fauci was up to it, Ryan would love to host either a short 15 minute Q&A on his Facebook to continue raising awareness for how we need to be responding to the ongoing crisis. Or even simply thank Dr. Fauci for the tireless work he is doing and shine a light on how folks can support these critical frontline workers.

We are also open to what you think would work best! Would there any openings that would work best?

We know Dr. Fauci is big baseball fan, and of course we are all huge fans of his! If we can ever be supportive or help navigate anything in the world of pop culture, please do not hesitate to ask.

Warmest wishes,

Judee Ann

Judee Ann Williams | Co-Head, CAA Social Impact

T: 212-277-5294 | M: (b) (6) | Washington, DC

NEW YORK · LONDON · NASHVILLE · MUNICH · LOS ANGELES · BEIJING · SHANGHAI

<https://www.caa.com/>

Pros For Heroes

"Teamwork is the ability to come together towards a common goal. We are looking forward to attracting as many supporters to help join this cause and give back as much as we can to those who have given us so much," said Washington National All-Star, Ryan Zimmerman, the fund's founder.

Social Links:

<https://www.instagram.com/prosforheroes/>

<https://twitter.com/prosforheroes>

Today Show:

<https://www.today.com/video/ryan-zimmerman-talks-pros-for-heroes-fund-for-feeding-health-care-workers-82202693577>

Washington Post Launch Article:

<https://www.washingtonpost.com/sports/2020/04/14/nationals-ryan-zimmerman-starts-fund-health-care-workers-with-100k-gift/>

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 20:44:40 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; clane@niaid.nih.gov
Subject: RE: urgent: CNN request

Cliff should do this.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Sent: Tuesday, April 21, 2020 4:41 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: urgent: CNN request

Sent from my iPhone

Begin forwarded message:

From: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)>
Date: April 21, 2020 at 4:31:46 PM EDT
To: "Billet, Courtney (NIH/NIAID) [E]" (b) (6)>
Subject: Fwd: urgent: CNN request

Sent from my iPhone

Begin forwarded message:

From: "Billet, Courtney (NIH/NIAID) [E]" <[REDACTED] (b) (6)>
Date: April 21, 2020 at 2:49:39 PM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" [REDACTED] (b) (6)
Cc: "Routh, Jennifer (NIH/NIAID) [E]" [REDACTED] (b) (6)
Subject: FW: urgent: CNN request

Patty – can you please check with Dr. Fauci if he'd like to speak to Elizabeth Cohen about the treatment guidelines.

From: Lane, Cliff (NIH/NIAID) [E] [REDACTED] (b) (6)>
Sent: Tuesday, April 21, 2020 2:48 PM
To: Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6); Pau, Alice (NIH/NIAID) [E] [REDACTED] (b) (6)>
Cc: Doepel, Laurie (NIH/NIAID) [E] [REDACTED] (b) (6); Masur, Henry (NIH/CC/CCMD) [E] [REDACTED] (b) (6); Myles, Renate (NIH/OD) [E] [REDACTED] (b) (6)>
Subject: Re: urgent: CNN request

I think Dr. Fauci would want the option of first refusal. He has anticipated he will be asked about these.

From: "Billet, Courtney (NIH/NIAID) [E]" [REDACTED] (b) (6)
Date: Tuesday, April 21, 2020 at 1:35 PM
To: "Pau, Alice (NIH/NIAID) [E]" [REDACTED] (b) (6)>
Cc: Laurie Doepel [REDACTED] (b) (6), "Masur, Henry (NIH/CC/CCMD) [E]" [REDACTED] (b) (6), "Lane, Cliff (NIH/NIAID) [E]" [REDACTED] (b) (6), "Myles, Renate (NIH/OD) [E]" [REDACTED] (b) (6)>
Subject: RE: urgent: CNN request

Hi Alice – thanks for sending this along. We will confer about how best to handle media requests about the guidelines – we're calling them NIH guidelines and the press release came from NIH, so I'd like to involve the NIH media office in this, hence I've cc'd Renate Myles. I think it's sort of an unsettled question as to who the spokespeople will be. Drs. Lane and Masur – do you have a preference?

Also, who is Claire? (The person who forwarded the CNN request to you and Dr. Masur. Would be good to have a last name so we can confer with her as needed going forward.)

From: Pau, Alice (NIH/NIAID) [E] [REDACTED] (b) (6)>
Sent: Tuesday, April 21, 2020 1:24 PM

To: Billet, Courtney (NIH/NIAID) [E] (b) (6)
Cc: Doepel, Laurie (NIH/NIAID) [E] (b) (6); Masur, Henry (NIH/CC/CCMD) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)>
Subject: FW: urgent: CNN request

Hi Courtney,

Please see below the request from CNN. Per Laurie, I will forward other requests to you.

Thanks, Alice

From: COVID19 Treatment Guidelines
<COVID19TreatmentGuidelines@nih.gov>
Date: Tuesday, April 21, 2020 at 1:06 PM
To: Henry Masur (b) (6), Alice Pau (b) (6)>
Subject: Fw: urgent: CNN request

Hi Henry and Alice,

I am not sure how we want to handle interview requests like this. Would someone on the Panel want to/be allowed to speak to the press about the guidelines?

I am happy to politely decline if we want to handle it that way.

It is nice to see that we are being picked up by the press already though. I am glad people are already expressing interest.

Just let me know!
Claire

From: Nigam, Minali <Minali.Nigam@turner.com>
Sent: Tuesday, April 21, 2020 4:03 PM
To: COVID19 Treatment Guidelines <COVID19TreatmentGuidelines@nih.gov>
Cc: Cohen, Elizabeth <Elizabeth.Cohen@turner.com>; Fine, Amanda (NIH/OD) [E] (b) (6)>
Subject: urgent: CNN request

To the NIH Covid-19 Treatment Guideline Team:

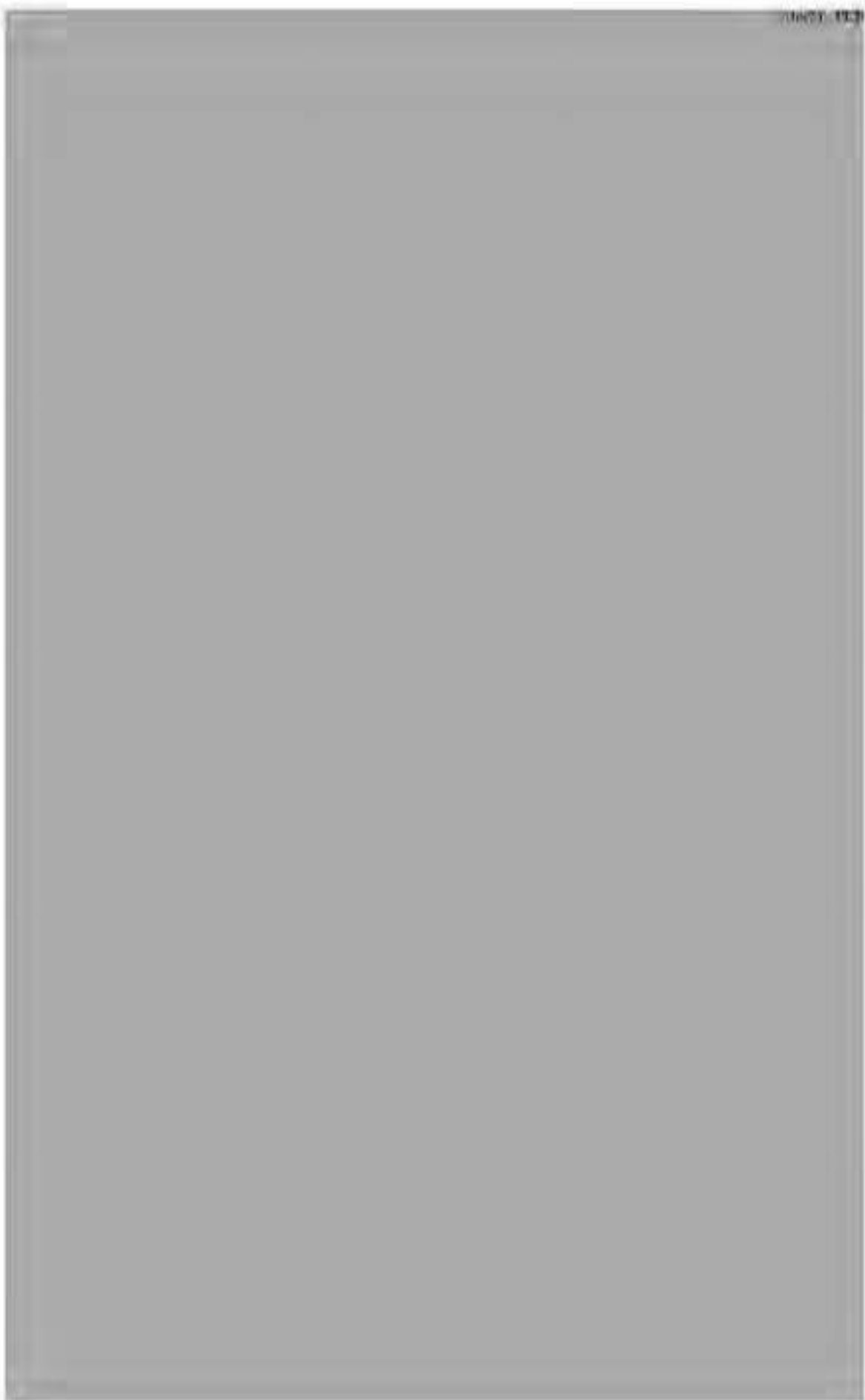
My name is Minali Nigam and I work with Elizabeth Cohen at CNN Health. We wanted to reach out and request to speak with someone over the phone involved with the NIH treatment guidelines for covid-19. Please let us know as soon as possible for an available time today.

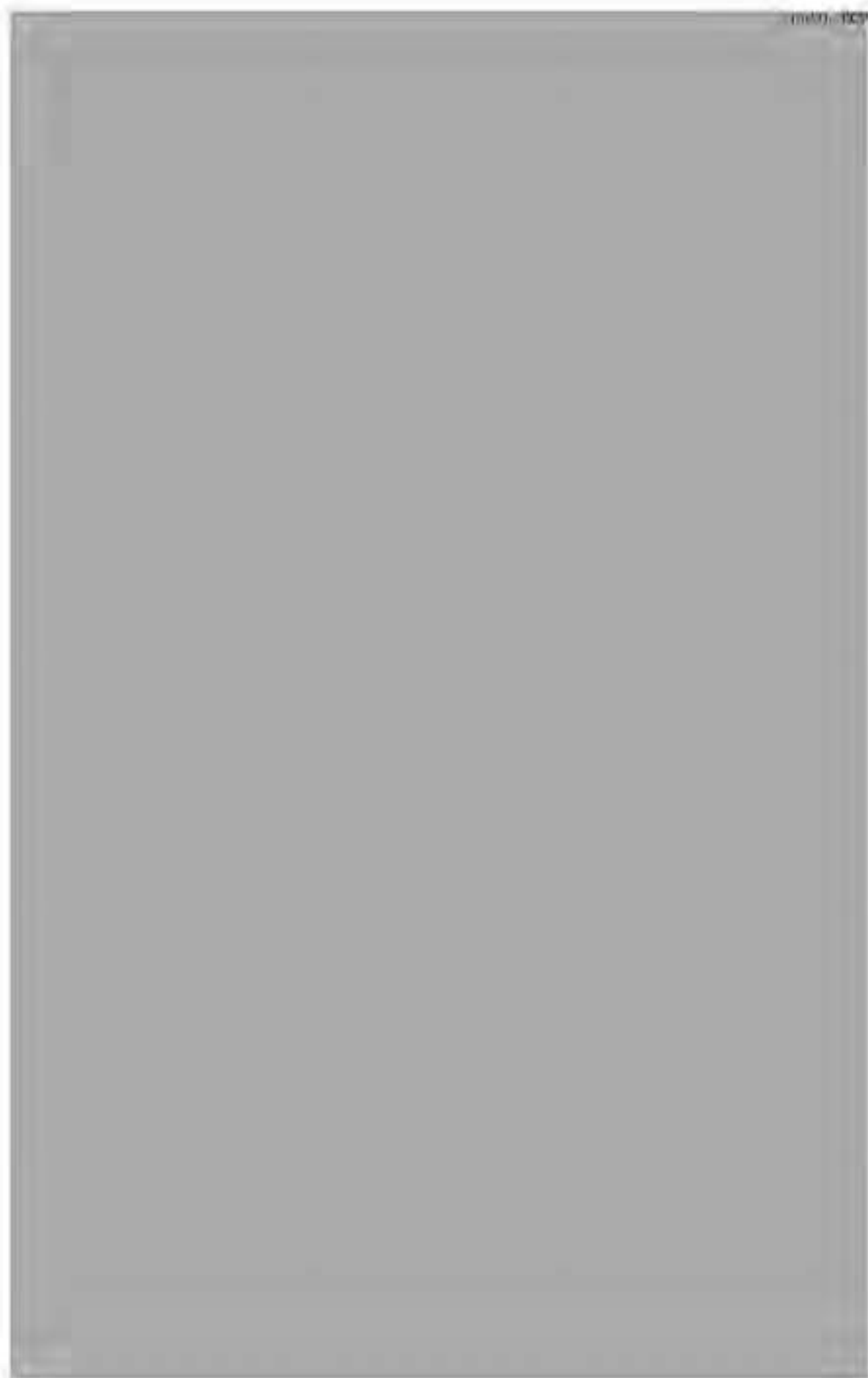
We appreciate your help, as we inform our viewers of important health information.

Best,
Minali

Dr. Minali Nigam
CNN Health

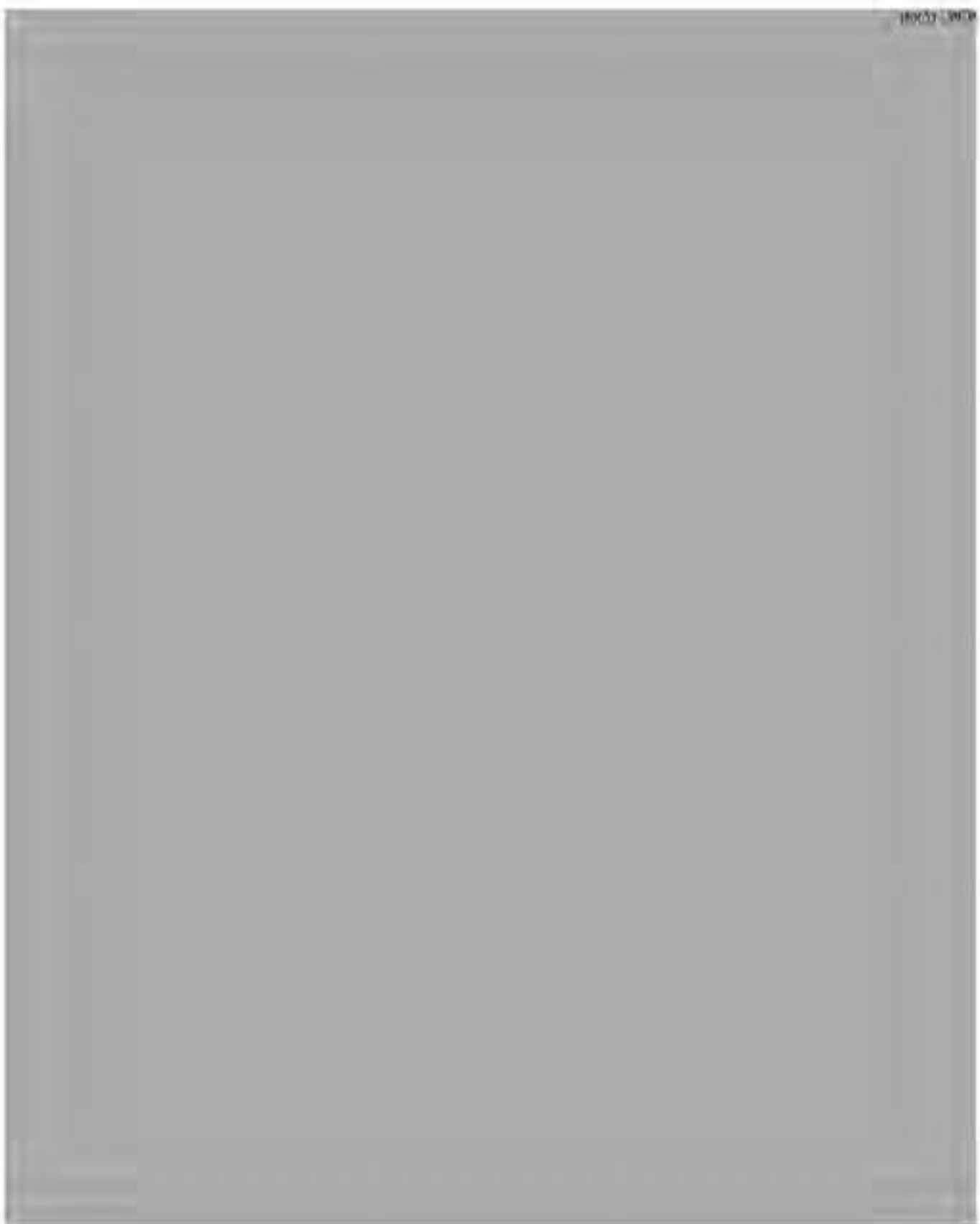
(b) (5)

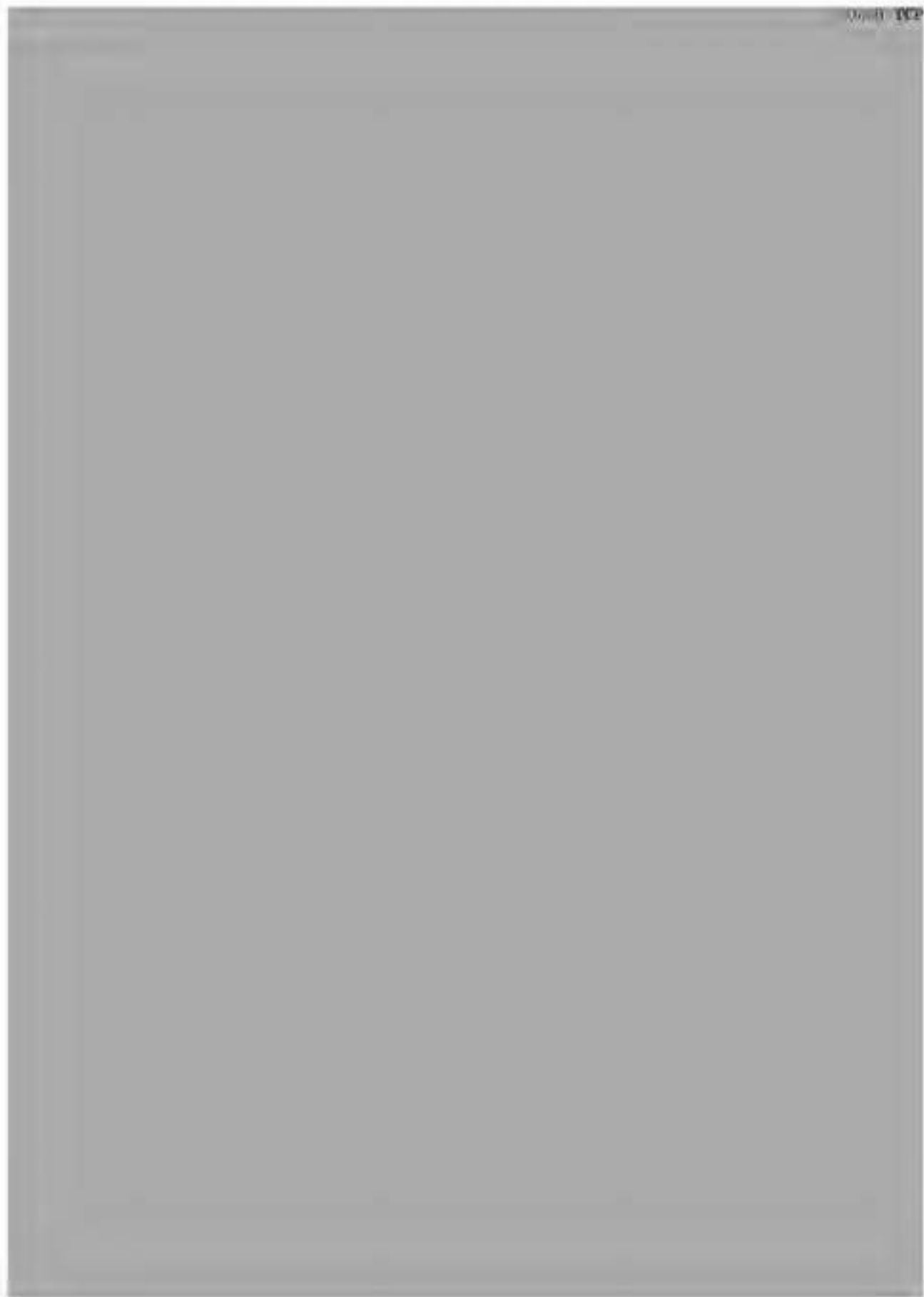


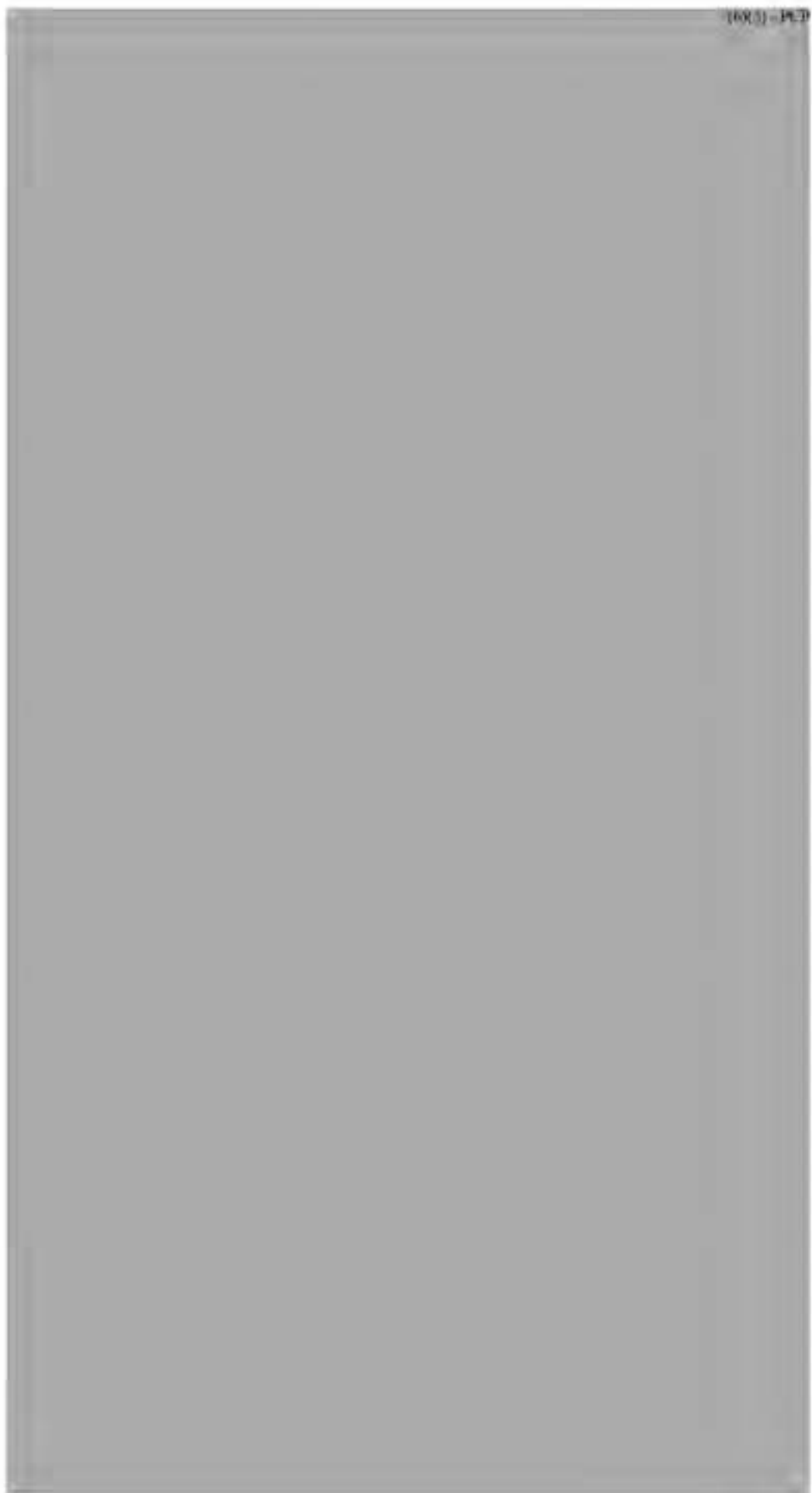














From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 19:42:03 +0000
To: Birx, Deborah L. EOP/NSC;Hahn, Stephen;Redfield, Robert R. (CDC/OD)
Subject: FW: SCMP: Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

See below

Anthony S. Fauci, MD
Director
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Monday, April 20, 2020 1:53 PM
Subject: SCMP: Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

[China / Science](#)

Coronavirus's ability to mutate has been vastly underestimated, and mutations affect deadliness of strains, Chinese study finds

- The most aggressive strains of Sars-CoV-2 could generate 270 times as much viral load as the least potent type
- New York may have a deadlier strain imported from Europe, compared to less deadly viruses elsewhere in the United States



Stephen Chen in Beijing

Published: 10:41pm, 20 Apr, 2020

Updated: 1:33am, 21 Apr, 2020



A team led by Professor Li Lanjuan has studied how the novel coronavirus mutates and possible implications for the pandemic. Photo: EPA-EFE

A new study by one of China's top scientists has found the ability of the new coronavirus to mutate has been vastly underestimated and different strains may account for different impacts of the disease in various parts of the world.

Professor Li Lanjuan and her colleagues from Zhejiang University found within a small pool of patients many mutations not previously reported. These mutations included changes so rare that scientists had never considered they might occur.

They also confirmed for the first time with laboratory evidence that certain mutations could create strains deadlier than others.

"Sars-CoV-2 has acquired mutations capable of substantially changing its pathogenicity," Li and her collaborators wrote in a non-peer reviewed paper released on preprint service medRxiv.org on Sunday. Li's study provided the first hard evidence that mutation could affect how severely the virus caused disease or damage in its host.

Li took an unusual approach to investigate the virus mutation. She analysed the viral strains isolated from 11 randomly chosen Covid-19 patients from Hangzhou in the eastern province of Zhejiang, and then tested how efficiently they could infect and kill cells.

The deadliest mutations in the Zhejiang patients had also been found in most patients across Europe, while the milder strains were the predominant varieties found in parts of the United States, such as Washington state, according to their paper.

A separate study had found that New York strains had been imported from Europe. The death rate in New York was similar to that in many European countries, if not worse.

But the weaker mutation did not mean a lower risk for everybody, according to Li's study. In Zhejiang, two patients in their 30s and 50s who contracted the weaker strain became severely ill. Although both survived in the end, the elder patient needed treatment in an intensive care unit.

This finding could shed light on differences in regional mortality. The pandemic's infection and death rates vary from one country to another, and many explanations have been proposed.

Genetic scientists had noticed that the dominant strains in different geographic regions were inherently different. Some researchers suspected the varying mortality rates could, in part, be caused by mutations but they had no direct proof.

The issue was further complicated because survival rates depended on many factors, such as age, underlying health conditions or even blood type.

In hospitals, Covid-19 has been treated as one disease and patients have received the same treatment regardless of the strain they have. Li and her colleagues suggested that defining mutations in a region might determine actions to fight the virus.

"Drug and vaccine development, while urgent, need to take the impact of these accumulating mutations ... into account to avoid potential pitfalls," they said.

Li was the first scientist to propose the Wuhan lockdown, according to state media reports. The government followed her advice and in late January, the city of more than 11 million residents was shut down overnight.

The sample size in this most recent study was remarkably small. Other studies tracking the virus mutation usually involved hundreds, or even thousands, of strains.

Li's team detected more than 30 mutations. Among them 19 mutations – or about 60 per cent – were new.

They found some of these mutations could lead to functional changes in the virus' spike protein, a unique structure over the viral envelope enabling the coronavirus to bind with human cells. Computer simulation predicted that these mutations would increase its infectivity.

To verify the theory, Li and colleagues infected cells with strains carrying different mutations. The most aggressive strains could generate 270 times as much viral load as the weakest type. These strains also killed the cells the fastest.

It was an unexpected result from fewer than a dozen patients, "indicating that the true diversity of the viral strains is still largely underappreciated," Li wrote in the paper.



Professor Li Lanjuan is a leading Chinese epidemiologist. Photo: Xinhua

The mutations were genes different from the earliest strain isolated in Wuhan, where the virus was first detected in late December last year.

The coronavirus changes at an average speed of about one mutation per month. By Monday, more than 10,000 strains had been sequenced by scientists around the globe, containing more than 4,300 mutations, according to the China National Centre for Bioinformation.

Most of these samples, though, were sequenced by a standard approach that could generate a result quickly. The genes were read just once, for instance, and there was room for mistakes.

Li's team used a more sophisticated method known as ultra-deep sequencing. Each building block of the virus genome was read more than 100 times, allowing the researchers to see changes that could have been overlooked by the conventional approach.

The researchers also found three consecutive changes – known as tri-nucleotide mutations – in a 60-year-old patient, which was a rare event. Usually the genes mutated at one site at a time. This patient spent more than 50 days in hospital, much longer than other Covid-19 patients, and even his faeces were infectious with living viral strains.

"Investigating the functional impact of this tri-nucleotide mutation would be highly interesting," Li and colleagues said in the paper.

Professor Zhang Xuegong, head of the bioinformatics division at the National Laboratory for Information Science and Technology at Tsinghua University, said ultra-deep sequencing could be an effective strategy to track the virus' mutation.

"It can produce some useful information," he said.

But this approach could be much more time consuming and costly. It was unlikely to be applied to all samples.

"Our understanding of the virus remains quite shallow," Zhang said. Questions such as where the virus came from, why it could kill some healthy young people while generating no detectable symptoms in many others still left scientists scratching their heads.

"If there is a discovery that overturns the prevailing perception, don't be surprised."

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 18:01:06 +0000
To: Jim Yong Kim
Subject: RE: My article

Jim:

Very nice paper! Thanks for sending it.

Best,
Tony

Anthony S. Fauci, MD
Director
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From: Jim Yong Kim <Jim.Yong.Kim@global-infra.com>
Sent: Monday, April 20, 2020 3:00 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: My article

Tony,

Hope you're well and thank you again for all that you are doing. I got [this](#) out today in the New Yorker and I'll be talking to most of the Democratic caucus today about what we're doing in Mass and the developing world.

Hang in there and let me know if there is anything more I can do. Mass is tough but we're going to have a 1000 contact tracers very soon. Every day we learn so much, which is why it's so important for everyone to get started.

Jim

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 17:43:21 +0000
To: EDWARD SCOLNICK
Cc: Mascola, John (NIH/VRC) [E];Cassetti, Cristina (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]
Subject: RE: for your consideration
Attachments: Scientists_to_Stop_COVID19_2020_04_15_FINAL.pdf

Ed:

Thank you for your note and for sending this. The outline that you provide is exactly in sync with what we are already doing and have definitive plans to do with regard to classic antivirals, monoclonal antibodies, and a variety of vaccine candidates. As you know, the candidate developed here at NIH in collaboration with Moderna is well into phase 1 trials and at least 2 others are entering into phase 1 trials.

Best regards,

Tony

Anthony S. Fauci, MD
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-----Original Message-----

From: EDWARD SCOLNICK (b) (6)
Sent: Sunday, April 19, 2020 5:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: David R. Liu (b) (6); Schreiber, Stuart (b) (6); Michael Rosbash (b) (6); Ramnik Xavier (b) (6)
Subject: for your consideration

Tony . I hope your mail box is not so full that there is room for this. A group of concerned scientists from different parts of the country was organized to try to encapsulate and focus the national effort against Covid. This document has been shared with the White House although we are not sure if it has had any effect on their plans. It has also been shared with The Gates Foundation and a few other business and academic leaders. We think we have been fairly comprehensive in our considerations and recommendations. I hope you will find this helpful. We would greatly appreciate a conversation with you after you have had an opportunity to digest the content of the proposal. If there is anything else we can do to help you in this National emergency, we stand ready to help. When I was at Merck ,we led the successful effort to make HIV a manageable disease and we dramatically lowered the death rate as a result of the drugs we made ,and the first triple therapy trial during the HIV pandemic. We hope we can help do the same for The Covid Pandemic Best wishes Ed scolnick

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 15:12:29 +0000
To: Grady, Christine (NIH/CC/BEP) [E]
Subject: FW: Thank you

See part about you. 😊

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, April 21, 2020 11:07 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: Thank you

This is a cute note...you can skip most of it and see highlight - that is the cute part

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
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-----Original Message-----

From: JOAN HUSSEY [REDACTED] (b) (6)
Sent: Tuesday, April 21, 2020 9:34 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Thank you

Dear Dr. Fauci,

I just wanted to say thank you for everything you are doing to educate us in this country, and keep us safe during this horrendous coronavirus pandemic. I can't even begin to imagine how difficult it is to maintain your composure and persevere with your focus, being constantly in the public eye and also trying to expertly guide a president who seems more preoccupied with his own image (and sound of his own voice), and political aspirations than with the actual well being of his country's citizens.

By now, it should be perfectly clear to us that we can't have a healthy economy without a healthy population.

[REDACTED] (b) (6)

[REDACTED] (b) (6) We all have been diligent about staying at home [REDACTED] (b) (6)

[REDACTED] ordering food and other things to be delivered to our house (we all wash our hands 'religiously'). [REDACTED] (b) (6) is the only one of us who occasionally goes to a grocery store or drug store if necessary and then, he always wears a mask, gloves, and keeps at least six feet between himself and anyone else, and gets in and out as quickly as possible. In addition, [REDACTED] (b) (6) [REDACTED] are so intent on keeping me well and alive, we haven't even, any of us, physically visited with each other, in person, inside our house for months.

In the past two months, I've been outside only four times - twice on our deck and twice in my car, dropping off a couple of shopping bags at a friend's house and at (b) (6) group home - both times leaving the bags in the driveway, and then driving right back home.

I'm so thankful for FaceTime, but we miss hugs and kisses. I know all this must sound extreme, and it is, but I'm terrified of becoming a statistic so we're doing whatever we can to stay healthy for ourselves and one another.

(b) (6)

(b) (6) My family is hearing what you're saying and taking your advice. I'm sorry this email is so long but my intention, more than anything, is to thank you for your wisdom and advice, both grounded in years of experience.

I worked at NIH for about 25 years - in the CC, in NCI, and in Human Genome. I met you once, briefly, about 40 years ago (+/-) in Bldg. 31's fitness room. I had been working in the CC, in the Patient Activities Dep't. (on the POB out- and in-patient units) at the time. I was incorrectly using a piece of equipment and you were kind enough to come over and show me the correct way to use it. I recognized you immediately, and have never forgotten that experience and how gracious you were.

I'm well aware from the news that you are up against some very tough people and some very tough times but please know you also have an army of grateful followers in this country who are completely convinced that what you are advising is in their very best interest.

Thank you again for all you've done for all of us over the years. My family and I are more grateful than I can express.

PS I read all about your wife who sounds amazing also. You two make an "All-Star" team.

Be well.

Gratefully, Joan ("Joanie") Hussey

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 15:11:29 +0000
To: (b) (6)
Subject: FW: Thank you

Joanie:

Many thanks for your kind note. It is much appreciated. Stay safe!
Best,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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-----Original Message-----

From: JOAN HUSSEY (b) (6)
Sent: Tuesday, April 21, 2020 9:34 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank you

Dear Dr. Fauci,

I just wanted to say thank you for everything you are doing to educate us in this country, and keep us safe during this horrendous coronavirus pandemic. I can't even begin to imagine how difficult it is to maintain your composure and persevere with your focus, being constantly in the public eye and also trying to expertly guide a president who seems more preoccupied with his own image (and sound of his own voice), and political aspirations than with the actual well being of his country's citizens.

By now, it should be perfectly clear to us that we can't have a healthy economy without a healthy population.

(b) (6)

(b) (6). We all have been diligent about staying at home (b) (6)

(b) (6), ordering food and other things to be delivered to our house (we all wash our hands 'religiously'). (b) (6) is the only one of us who occasionally goes to a grocery store or drug store if necessary and then, he always wears a mask, gloves, and keeps at least six feet between himself and anyone else, and gets in and out as quickly as possible. In addition, (b) (6) are so intent on keeping me well and alive, we haven't even, any of us, physically visited with each other, in person, inside our house for months. In the past two months, I've been outside only four times - twice on our deck and twice in my car, dropping off a couple of shopping bags at a friend's house and at (b) (6) - both times leaving the bags in the driveway, and then driving right back home.

I'm so thankful for FaceTime, but we miss hugs and kisses. I know all this must sound extreme, and it is, but I'm terrified of becoming a statistic so we're doing whatever we can to stay healthy for ourselves and one another.

(b) (6)

(b) (6) My family is hearing what you're saying and taking your advice. I'm sorry this email is so long but my intention, more than anything, is to thank you for your wisdom and advice, both grounded in years of experience. I worked at NIH for about 25 years - in the CC, in NCI, and in Human Genome. I met you once, briefly, about 40 years ago (+/-) in Bldg. 31's fitness room. I had been working in the CC, in the Patient Activities Dep't. (on the POB out- and in-patient units) at the time. I was incorrectly using a piece of equipment and you were kind enough to come over and show me the correct way to use it. I recognized you immediately, and have never forgotten that experience and how gracious you were.

I'm well aware from the news that you are up against some very tough people and some very tough times but please know you also have an army of grateful followers in this country who are completely convinced that what you are advising is in their very best interest.

Thank you again for all you've done for all of us over the years. My family and I are more grateful than I can express.

PS I read all about your wife who sounds amazing also. You two make an "All-Star" team.

Be well.

Gratefully, Joan ("Joanie") Hussey

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 14:52:49 +0000
To: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: White House Coronavirus Task Force PowerPoint - 4.21.20
Attachments: PowerPoint April 21.pptx

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

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(b)(5) - PCP

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 02:52:55 +0000
To: Corey, Larry
Subject: manuscript
Attachments: COVID vaccine editorial_prefinal April20 wfigure -with Fauci tracked edits.docx

Here it is.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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From: (b) (6)
Sent: Mon, 20 Apr 2020 19:24:58 -0400
To: Mascola, John (NIH/VRC) [E]
Subject: Fwd: COVID-19 vaccine

Let us discuss. I am not sure how to answer Adrian.

Begin forwarded message:

From: Adrian Hill (b) (6)
Date: April 20, 2020 at 6:16:30 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: Hildegund Ertl (b) (6)>, Sarah Gilbert (b) (6)
Subject: FW: COVID-19 vaccine

Dear Dr Fauci

(b) (4)



Thank you for your consideration of this at an exceptionally busy time.

Yours sincerely

Adrian Hill

Professor Adrian V. S. Hill

Director, The Jenner Institute
Nuffield Department of Medicine
University of Oxford
Old Road Campus Research Building
Oxford OX3 7DQ

Tel: [REDACTED] (b) (6)

Email [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 20:43:18 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Update: White House Coronavirus Meeting - 4.21.20

Yikes..... That would make 4 days in a row without a Press Conference for me – Saturday, Sunday, Monday and tomorrow 😊😊

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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E-mail: (b) (6)

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From: Hurst, Natalie R. EOP/OVP (b) (6)
Sent: Monday, April 20, 2020 4:38 PM
Subject: Update: White House Coronavirus Meeting - 4.21.20
Importance: High

All -

There will be no **White House Coronavirus Task Force Meeting** on Tuesday, April 21st.

Enjoy your evening,

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: (b) (6)
Sent: Mon, 20 Apr 2020 13:29:37 -0400
To: Charles McCall
Cc: Rotrosen, Daniel (NIH/NIAID) [E];Cassetti, Cristina (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]
Subject: Re: Tony and Dan, this is Cash. I seek your advice.

Dan:
Please bring this to the attention of appropriate NIAID people.
Thanks,
Tony

> On Apr 19, 2020, at 10:34 PM, Charles McCall <(b) (6)> wrote:
>
> Dear Tony and Dan,
>
>



>>
>>
>>
> Thank you for considering this idea. Be safe.

>

>

>

> Cash

>

>

>

> Sent from iPad

> Charles (Cash) McCall, MD

> Professor of Internal Medicine, Translational Sciences, Microbiology & Immunology

> Wake Forest University School of Medicine

> Wake Forest Biotech Place, suite 350, room 3W-007

> 575 N. Patterson Avenue

> Winston-Salem, NC 27101

>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 15:03:51 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: A National Testing Action Plan by the Rockefeller Foundation: Embargoed till midnight Monday April 20
Attachments: RF National COVID-19 Testing Action Plan_LAST FINAL_04.20.2020.docx

Set up

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: O'Connor, Eileen <EOConnor@rockfound.org>
Sent: Monday, April 20, 2020 7:47 AM
To: Fauci, Anthony (NIH/NIAID) [E] <AFAUCI@niaid.nih.gov>; Anthony.s.fauci@nih.gov; AFAURCI@niaid.nih.gov
Subject: A National Testing Action Plan by the Rockefeller Foundation: Embargoed till midnight Monday April 20

Dear Tony:

Thank you for all you are doing. Not sure you remember me (b) (6) we talked a lot when I was at CNN. I have not wanted to bother you but wanted to make sure you had the National Testing Action Plan that we have put together with top researchers from all the various roadmaps, etc. I joined The Rockefeller Foundation after working in Afghanistan and Pakistan with State and coerced Christy Feig to join me. We would be happy to get on a call today with Raj and Jonathan Quick and other authors like Mike Pellini and Mark McLellan and Rick Klausner.

Given our history with public health and our ability to convene, we hoped we could help by working out a consensus plan. I have been briefing Caleb McCarty at the White House. We have worked with industry to also figure out the solutions to the supply chain issues and the

other logistical issues. We are going to put \$10 million into helping this standup. This plan doesn't just say what we need but the steps to get it done to open more safely.

Please let me know if you would like a call.

Regards
Eileen

Eileen O'Connor
Senior Vice President
Communications, Policy and Advocacy
The Rockefeller Foundation
Office: 212 852 8436
Mobile: (b) (6)
eoconnor@rockfound.org
www.rockfound.org

(For scheduling purposes, please contact my assistant, (b) (6), at
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 14:22:57 +0000
To: Anderson, Jennifer (NIH/NIAID) [E]
Subject: FW: Potential Postbac IRTA Fellowship
Attachments: CV 4.19.pdf

Please handle.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
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Bethesda, MD 20892-2520
Phone: (b) (6)
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From: (b) (6)
Sent: Monday, April 20, 2020 9:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Potential Postbac IRTA Fellowship

(b) (6)



[Faint, illegible text or a very light shadow of text]

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 11:58:51 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: RE: ASF: Today's YES Network interview

Thanks.

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

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From: Billet, Courtney (NIH/NIAID) [E] (b) (6) >
Sent: Monday, April 20, 2020 7:55 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Subject: ASF: Today's YES Network interview

You have an interview today with Jack Curry of the YES Network (Yankees). Just last night, The NY Post ran a story that includes Jack among the many sports broadcasting stars that have come out of Fordham (b) (6); Jack and I have talked about this). Thought you might like to see it. Parts of your interview are also going to run on Michael Kay's show, and Kay also features prominently in this piece.

How Fordham has produced a generation of sports media stars

April 19, 2020 | 4:04pm | [Updated April 19, 2020 | 9:16pm](#)



John Giannone, Michael Kay and Mike Breen; Chris Carrino Courtesy of Michael Kay, Chris Carrino

Long before he was an electee to the Basketball Hall of Fame, Mike Breen was an intimidated 18-year-old freshman attending a workshop at Fordham's renowned college radio station, WFUV, in the fall of 1979.

Breen felt sheepish next to the juniors and seniors leading the seminar and contemplated delaying the start of his broadcasting training. Soon, a couple of upperclassmen, including future NBA writer Dave D'Alesandro, made him feel more comfortable.

But he still didn't have any friends until one day on campus he saw a confident sophomore trying to sweet talk a young woman. "I know you like me," he said. "I can see it in your eyes."

The woman responded by saying she would not date him if he were the last man on earth. She essentially was saying, "See ya" ... to Michael Kay.

That is how Breen first became friends with Kay.

"For him to have the confidence to do this in front of everybody with this beautiful student, I thought, 'Man, this guy has a great sense of humor,'" Breen said.

Four decades later, Breen and Kay are still good friends.



Michael Kay and Mike Breen Courtesy of Michael Kay

Fordham, the private Jesuit university in The Bronx that launched the legendary Vin Scully, for decades has been a powerhouse sportscasting pipeline, especially in New York. And the school ties that first united Breen and Kay are webbed throughout the industry.

Fordham is the alma mater for the voice of the NBA Finals/Knicks (Breen, Class of 1983), the Yankees' lead TV play-by-play/ESPN New York afternoon radio host (Kay, '82), the voice of the Giants (Bob Papa, '86), the radio voice of the Nets (Chris Carrino, '92) MSG's John Giannone ('86), YES' Jack Curry ('86), WFAN's Paul Dottino ('86) and YES/ESPN's Ryan Ruocco ('08). And that's just New York-based sportscasters.

For good measure, the school produced CBS' Spero Dedes ('01), ESPN's Tony Reali ('00) and the Washington Nationals' Charlie Slowes ('83). There are many more, and not just in front of the camera. If you need a field producer, Jim Johnson ('86) works for ESPN. A radio engineer? WFAN's Chris Majkowski ('89) will set things up. Media relations? Louis Barricelli ('09) is leading things at MLB Network.

Like everyone else, they are all dealing with the halt of sports due to the coronavirus pandemic. It is a jarring timeout for people so used to being on the run.



Ryan Ruocco, Mike Breen Courtesy of Ryan Ruocco

Take Carrino, who has done so much to raise money and awareness for facio scapulo humeral dystrophy (FSHD), a form of muscular dystrophy that afflicts him. A fundraising event was supposed to take place in March at a Nets game at Barclays Center. His 10th annual fundraising dinner, corresponding with his 50th birthday, was slated for August, and now is in question.

"I don't know if it is going to be safe to have people together still," Carrino said. "Are the restrictions going to be there in terms of how many people can gather in one place? The other aspect of it for me is: How comfortable am I asking people for money when I know the economy and certain businesses are affected so badly?"

Ruocco was supposed to get married in Italy in June. He and his fiancée, Andrea Ferzoco, are now going to punt the wedding until June 2021.

"It sucks," Ruocco said. "Andrea and I were so excited and so were our guests. We have been feeling all the joy leading us to this. There are people dealing with much more dire circumstances than rescheduling a wedding. That is kind of the perspective we have tried to take."

While most of the successful sports media alumni are worried about the current direction of Fordham and WFUV because of a de-emphasis on sports during the pandemic, to a man they say how Fordham molded them and led them to where they are today.

They were helped by famous names such as the legendary Marty Glickman, a mentor, and Stan Fischler, who taught classes. Then there were the less famous, equally instrumental figures in the program, such as Bob Ahrens, who ran WFUV as its executive producer during many of these notable students' formative years.



John Giannone punting at Fordham Courtesy of John Giannone

The experiences that they shared forged many of them, such as Breen and Kay, into close friends.

Giannone went to Fordham after being recruited to be a punter on the football team. During training camp his freshman year, he quickly figured out the third-string punter would never see the field. He went to Kay, then the WFUV sports director as a senior, to try to help on the station. Kay said Giannone could do stats for him during the football season.

Kay went on to work at The Post, and later helped Giannone land an entry-level position at the paper. When Giannone transferred into television at CNN/Sports Illustrated, it was through a Kay connection. And Giannone landed at MSG Network after Kay left to become the TV voice of the Yankees when YES Network began.

When it was Giannone's turn as WFUV sports director, he made Papa and Curry a play-by-play and an analyst when they were sophomores.

WFUV also got its staff access to locker rooms at places like Yankee Stadium and Madison Square Garden to learn the craft next to professionals at the highest level. That remains largely true today.

"WFUV allowed you to believe you were a professional broadcaster before you really were," Curry said. "We were in the heart of New York City, and, even if we weren't Marv Albert, we felt as if what Marv Albert was doing for the Knicks, we were doing for Fordham."

There is a lineage that unites. Carrino learned how to describe the geography of a basketball court from Glickman. Later, Carrino returned to Fordham and taught Ruocco the same lessons. These days, at some Nets games, Ruocco is on TV, sitting next to Carrino, calling the game on the radio.



Jack Curry Courtesy of Jack Curry

Papa also was mentored by Glickman. Papa and Carrino each were told by their fathers that if they majored in communications, they would have to pay for school themselves. Both ended up in the Business School, but had their eyes on WFUV the whole time.

Carrino ended up working as a producer for Papa, beginning when Papa hosted a tailgate show on WFAN. Carrino eventually followed Papa as the radio voice of the Nets.

The Fordham sports alums want everyone to be safe during this time — and they can't wait to get back to what they love to do.

"I'm desperate to get back to work," Breen said. "I'm hoping there is NBA basketball. This is the best time of the year."

From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 11:14:21 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: the Strategy document
Attachments: COVID vaccine editorial_prefinal April19 wfigure.docx

Email below is from Larry Corey.

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

From: Corey MD, Larry (b) (6) >
Sent: Sunday, April 19, 2020 11:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Cc: Mascola, John (NIH/VRC) [E] (b) (6) >; Miner PhD, Mindy <(b) (6)>
Subject: the Strategy document

Here is the working draft of the article for the NEJM . It , in my opinion, reads really well . I have embellished it today with a figure that conceptually outlines what we are talking about ; the old axiom that a picture is worth a thousand words .
The editorial guidelines of the NEJM has 2 potential categories . One is Perspectives which is 1200 words an 5 references . We are at 1750 words and I think losing 500 words takes away a lot from the message . The other category is a special report which is over 2500 words and allows lots of references (40) I think this is best and was one reason I thought about adding the conceptual figure which does outline in a single picture what we are talking about .

Tony , If you feel its best to have Francis on this paper we both support it . Your call . I do however lean on including Francis . I would say politicly to achieve our goal and bring all these companies into the tent while you are away at the White House having him buy into this plan through the ACTIV program seems important to us . I think we get to our goal if he is out there publicly embracing this; using the NIAID networks labs DSMB and the correlates programs . This type of granularity really puts him deep into understanding what we are doing . If this means you are first and he is last author we are ok with that , For me I need to have him use me for interfacing with the company in defining these collaborations . If you were present all the time this would be unnecessary , but as he will be the link with BARDA linking him to John and I increases the likelihood of success.

Ok enough ... as they say on the news Goodnight ..

Larry

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 02:39:49 +0000
To: 'Thomas Quinn'
Subject: FW: Fauci photo
Attachments: Fauci ISSTD 1983.pdf

Thanks, Tom!

From:
From: Thomas Quinn [REDACTED] (b) (6) >
Sent: Sunday, April 19, 2020 6:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Hunter Handsfield <hfh@uw.edu>
Subject: FW: Fauci photo

Hi Tony,

It was great to see you and present our work to you this last Friday. I really enjoyed our discussion and feedback.

As I said on zoom, we all really appreciate your leadership in the COVID-19 crisis. Thank you for providing the guiding way through this.

[REDACTED] (b) (4)
[REDACTED]

In the meantime, your photos are getting passed around and Hunter Handsfield wanted you to have this one (from the HIV archives—1983 in Seattle).

All the best,
Tom

p.s. [REDACTED] (b) (6)
[REDACTED] Stay healthy!

From: Hunter Handsfield <hfh@uw.edu>
Date: Sunday, April 19, 2020 at 3:52 PM
To: Thomas Quinn [REDACTED] (b) (6)
Subject: Fauci photo

Hi, Tom. Going through old boxes I came across this, from 5th ISSTD, Seattle 1983. Give Tony my greetings if you forward to him.

Cheers— Hunter

H. Hunter Handsfield, MD
Professor Emeritus of Medicine
Center for AIDS and STD
University of Washington

Phone +1 206 935-5225

Mobile [REDACTED] (b) (6)



Seattle Sheraton Hotel

From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 01:58:31 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: Fauci photo
Attachments: Fauci ISSTD 1983.pdf

Email from Tom Quinn to you.

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

From: Thomas Quinn (b) (6)
Sent: Sunday, April 19, 2020 6:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Hunter Handsfield <hhh@uw.edu>
Subject: FW: Fauci photo

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(b) (4)

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All the best,
Tom

p.s. (b) (6)
(b) (6) Stay healthy!

From: Hunter Handsfield [REDACTED] (b) (6)

Date: Sunday, April 19, 2020 at 3:52 PM

To: Thomas Quinn [REDACTED] (b) (6) >

Subject: Fauci photo

Hi, Tom. Going through old boxes I came across this, from 5th ISSTD, Seattle 1983. Give Tony my greetings if you forward to him.

Cheers— Hunter

H. Hunter Handsfield, MD
Professor Emeritus of Medicine
Center for AIDS and STD
University of Washington

Phone + [REDACTED] (b) (6)
Mobile [REDACTED]



Seattle Sheraton Hotel

From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 01:56:21 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: A proposal to stop COVID-19 and reopen our schools and businesses

Email from David Liu to FC with a cc to you.

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

From: David R. Liu (b) (6)
Sent: Sunday, April 19, 2020 9:08 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Michael Rosbash (b) (6) >; Ramnik Xavier (b) (6) >;
EDWARD SCOLNICK (b) (6) >; Stuart Schreiber (b) (6) >; Michael Z Lin
(b) (6) >; Ben Cravatt (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6) >; Austin, Christopher
(NIH/NCATS) [E] (b) (6) >; Wholley, David (FNIH) [T] (b) (6); Freire, Maria
(FNIH) [T] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6) >; Thomas Cahill
(b) (6) >
Subject: Re: A proposal to stop COVID-19 and reopen our schools and businesses

Thank you, Francis, for your speedy reply. Please let us know if we can help ACTIV, Fauci, or any other leaders who might want to engage.

Best,
David

David R. Liu
Richard Merkin Professor and Director of the Merkin Institute
of Transformative Technologies in Healthcare
Broad Institute Core Institute Member and Vice-Chair of the Faculty
Director of the Chemical Biology and Therapeutic Sciences Program
Howard Hughes Medical Institute Investigator
Harvard University Professor of Chemistry and Chemical Biology
75 Ames Street
Cambridge, MA 02142

On Apr 19, 2020, at 8:48 PM, Collins, Francis (NIH/OD) [E] (b) (6) > wrote:

Dear David et al.,

Thanks for forwarding this very thoughtful document, which presents a series of important recommendations – most of which I agree with. I don't know if you saw Friday's announcement (attached) of the new public private partnership called ACTIV (for Accelerating COVID-19 Therapeutic Interventions and Vaccines), but it has taken on most of the points you raise in sections 1 – 3 of your letter. I share your hopes that remdesivir will show benefit, and the current large NIH-sponsored RCT has completed enrollment and should reveal results in about a month. But of course we want to test multiple other interventions – both small molecules and antibody-based therapies, so we need our trial system to be optimized like never before. I will share your letter with the leaders of ACTIV, who are working with unprecedented speed to prioritize the next set of therapeutic candidates as well as pushing vaccine development programs to adopt exceptionally creative trial designs to test safety and efficacy (with full engagement by FDA).

Best regards, Francis

From: David Liu (b) (6) >
Sent: Sunday, April 19, 2020 5:20 PM
To: OD Labc (NIH/OD) (b) (6) >; Collins, Francis (NIH/OD) [E] <(b) (6)>
Cc: Michael Rosbash (b) (6) >; Ramnik Xavier (b) (6) >; EDWARD SCOLNICK (b) (6) >; Stuart Schreiber (b) (6) >; Michael Z Lin <(b) (6)>; Ben Cravatt (b) (6) >
Subject: A proposal to stop COVID-19 and reopen our schools and businesses

Dear Francis,

I hope you are well.

I write on behalf of a group of citizen-scientists, most or all of whom you know. Motivated solely by our desire to help defeat the serious threat our nation and the world now faces, we wrote a set of four actionable, non-partisan proposals (attached) to produce safe and effective COVID-19 therapeutics and vaccines in the shortest possible timeframe, and to reopen our society in a manner that reduces the risk of future COVID-19 outbreaks.

We hope you find these ideas interesting, and might be willing to share this set of proposals with Dr. Tony Fauci, along with our willingness to discuss any part of the

proposals with him if we can be helpful. We understand from our efforts to contact Dr. Fauci through email routes that his standard inbox may be too overwhelmed for our proposal to reach him.

The four proposals attached describe: (1) How to rapidly repurpose an antiviral drug to treat COVID-19 patients; (2) How to expedite the development of human antibody drugs to treat patients and to provide short-term protection for healthy individuals; (3) How to develop COVID-19 vaccines on an expedited time scale; and (4) How to reopen our businesses and schools in a manner that reduces the risk of future outbreaks and deaths.

Thank you for any help or thoughts you might be able to provide.

Sincerely yours,

Ben Cravatt (Scripps), Lynn Goldman (GWU), Akiko Iwasaki (Yale), Scott Kemp (MIT), Michael Lin (Stanford), David Liu (Harvard/Broad), Michael Rosbash (Brandeis), Stuart Schreiber (Harvard/Broad), Ed Scolnick (Broad), Jonathan Simons (PCF), and Ramnik Xavier (MGH/Broad)

David R. Liu
Richard Merkin Professor and Director of the Merkin Institute
of Transformative Technologies in Healthcare
Director of the Chemical Biology and Therapeutic Sciences Program
Core Institute Member and Vice-Chair of the Faculty, Broad Institute
Investigator, Howard Hughes Medical Institute
Thomas Dudley Cabot Professor of the Natural Sciences
and Professor of Chemistry & Chemical Biology, Harvard University
75 Ames Street
Cambridge, MA 02142

<NIH_ACTIV_Release_041720.docx>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 01:25:42 +0000
To: bgertz@washingtontimes.com
Cc: Miller, Katie R. EOP/OVP; Short, Marc T. EOP/OVP
Subject: Scientific paper on origin of coronavirus

Bill:

Here are the links to the scientific papers and a commentary about the scientific basis of the origins of SARS-Cov-2.

The proximal origin of SARS-CoV-2, Andersen KG, Rambaut A, Lipkin WI, **Holmes** EC, Garry RF. Nat Med. 2020 Apr;26(4):450-452. doi: 10.1038/s41591-020-0820-9. No abstract available.

A Genomic Perspective on the Origin and Emergence of SARS-CoV-2. Zhang YZ, **Holmes** EC. Cell. 2020 Apr 16;181(2):223-227. doi: 10.1016/j.cell.2020.03.035. Epub 2020 Mar 26.

Also this statement from Eddie Holmes

<https://bit.ly/2ym1UGe>

Best regards,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

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E-mail: (b) (6)

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On Apr 19, 2020, at 2:21 PM, Bill Gertz <bgertz@washingtontimes.com> wrote:

Katie,

Dr. Fauci on Friday said he would share a scientific paper with the press on the origin of the coronavirus. Can you please help me get a copy of that paper? Thanks in advance.

Bill Gertz

National Security Correspondent
@BillGertz | direct 202-636-3274
TheGertzFile.com

<twflogo.jpg>

3600 New York Ave NE | Washington DC, 20002

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 01:22:40 +0000
To: Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: RE: IMPORTANT

Thanks Greg.

Patty:

Please respond to Dr. Dzau's questions.

Thanks,

Tony

From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, April 19, 2020 7:06 PM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6)
Subject: RE: IMPORTANT

Patty I had spoken to ASF about using a few slides and he said yes / I will have them done short;y

- V Dzau: I will begin the session by providing brief (~3 min) opening remarks describing the circumstances of the pandemic. Then, I will introduce the panelists and you will each have 7 minutes to provide remarks. You may use a limited number of slides for illustration. I hope that each panelist will provide their own perspective and speak to the issues proposed below.
- Jeremy Farrar will discuss the global response to the pandemic, drawing from his experience as a global leader, the chair of the Scientific Advisory Group for the WHO's R&D Blueprint and as a member of the Global Preparedness Monitoring Board.

- Tony Fauci will discuss the US pandemic and provide his perspective as a member of the White House Coronavirus Task Force addressing the 2019–20 coronavirus pandemic.
- George Gao will discuss China’s response to the pandemic and lessons learned for the rest of the globe.
- Susan Weiss will discuss the viral characteristics of SARS COV2 , insights into its pathobiology, immunity and development of a pan-CoV antiviral.
- Richard Hatchett will discuss the development of new vaccines and treatments against COVID-19.
- Sanjay Gupta will comment on the health system response to the pandemic and challenges related to communication and public engagement in responding to COVID-19.

From: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Sent: Sunday, April 19, 2020 7:01 PM
To: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>
Subject: FW: IMPORTANT

We need to discuss tomorrow on our daily meeting/call – do you want to do slides.

Again this event is on a Saturday and is tentative as we do not know when the TF meeting will be scheduled that day.

So – if you can do it - will you use slides?

So if you cant do this – do you want a surrogate and who?

I will make sure David is on board for zoom.

From: Dzau, Victor J. <VDzau@nas.edu>

Sent: Sunday, April 19, 2020 3:11 PM

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

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

Mun, Jenny <jmun@nas.edu>

Subject: IMPORTANT

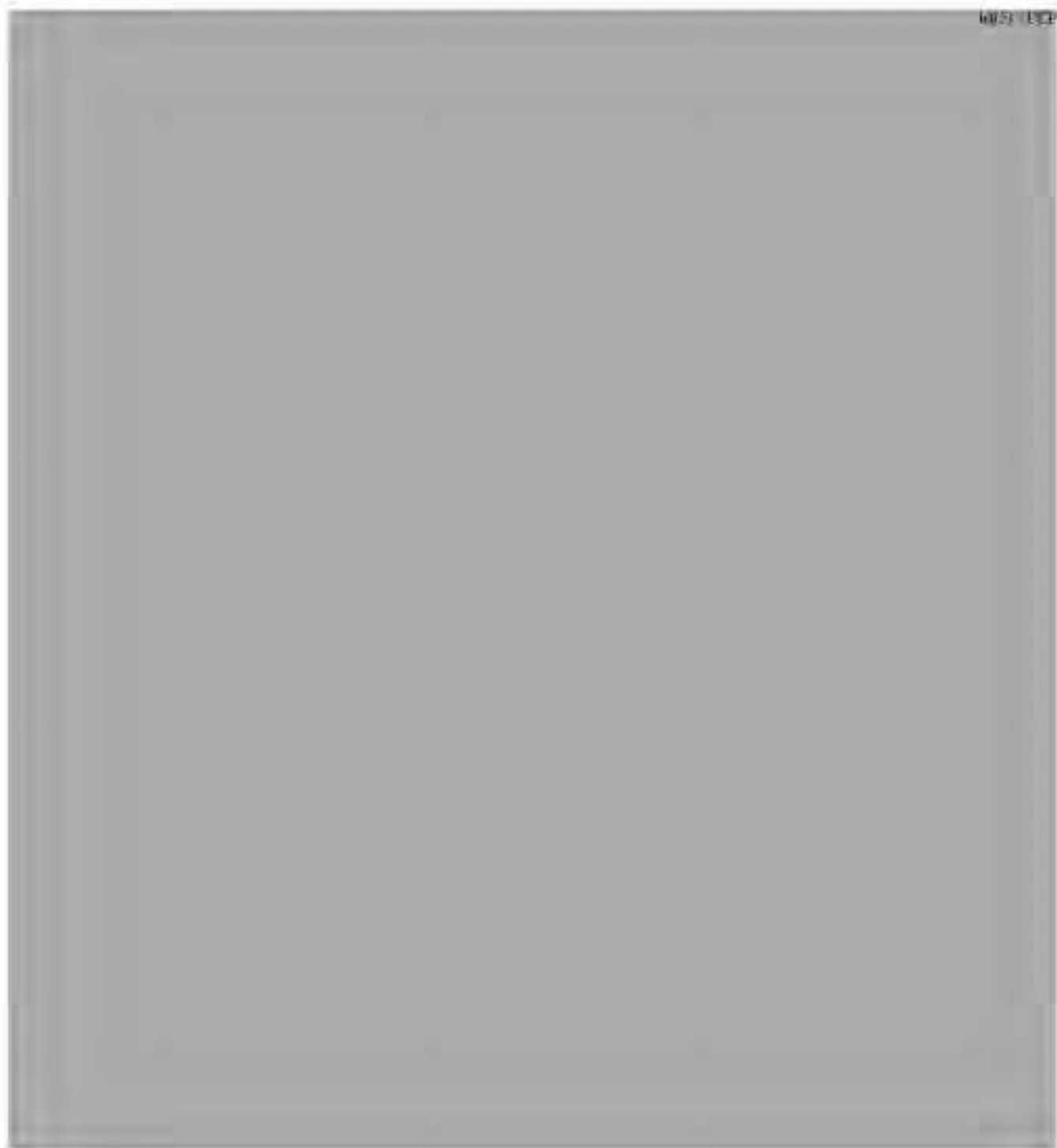
Dear Patty,

I hope this finds you well. I know how terribly busy Tony is and I hate to trouble him, however, the NAS Annual Meeting panel on COVID-19 is less than a week away and my team needs answers to the questions below. Can you call this to his attention or assist him in providing the signed form and requested information? We hope to have this by Tuesday (4/23) morning, if possible.

- Please provide a **cell number** where you can be reached in case you do not connect in time (if you prefer, you can provide the number of your assistant if they will be able to reach you directly by cell or at home).
- Will you have slides to display during your talk?
- Are you able to use Zoom 'share your screen' to show the slides directly during your talk or do you need someone from NAS to show your slides for you?
- Will you need a test session with our Zoom techs? Please let me know as soon as possible as staff are available to hold training sessions through Monday, April 20 (9 AM to 5 PM EDT).
- If you would like to promote your participation in our meeting on social media, please let me know the contact of your social media contact from your institution.

Finally, because this is going to be a remote meeting, we would like panelists to log into Zoom 30 minutes before the session starts – that is at 1:30 pm ET to go over the technology and any last minute speaker prep. So far, more than 800 Academy members have registered for the meeting and there will be additional members of the public and possibly the press tuning in.

Best,
Victor



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 19 Apr 2020 03:29:42 +0000
To: Peter Daszak
Subject: RE: Thank you for your public comments re COVID-19's origins

Peter:

Many thanks for your kind note.

Best regards,

Tony

From: Peter Daszak (b) (6)
Sent: Saturday, April 18, 2020 9:43 PM
To: Morens, David (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6);
Cc: Stemmy, Erik (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6); Aleksei Chmura (b) (6)
Subject: Thank you for your public comments re COVID-19's origins
Importance: High

Tony (cc'ing David so that you might pass this on to Tony once he has a spare second)

As the PI of the R01 grant publicly targeted by Fox News reporters at the Presidential press briefing last night, I just wanted to say a personal thankyou on behalf of our staff and collaborators, for publicly standing up and stating that the scientific evidence supports a natural origin for COVID-19 from a bat-to-human spillover, not a lab release from the Wuhan Institute of Virology.

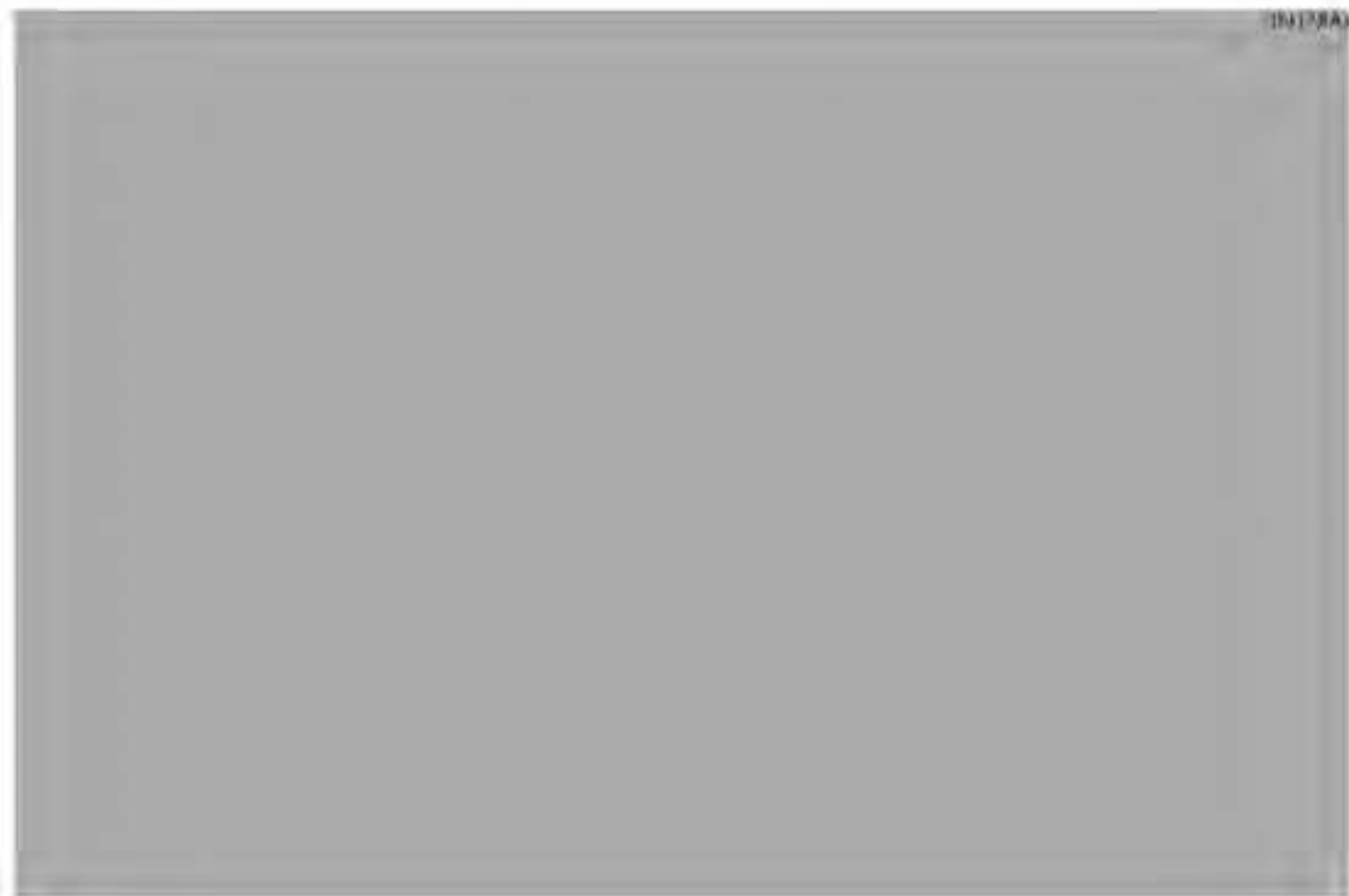
(b) (7)(A)

From my perspective, your comments are brave, and coming from your trusted voice, will help dispel the myths being spun around the virus' origins.

Once this pandemic's over I look forward thanking you in person and let you know how important your comments are to us all.

Cheers,

Peter



From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 19 Apr 2020 01:23:00 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: cotton swabs

Followup email from Jake Tapper.

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

From: Jake Tapper (b) (6)
Sent: Saturday, April 18, 2020 4:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Re: cotton swabs

Got it
Thanks

On Sat, Apr 18, 2020 at 4:52 PM Fauci, Anthony (NIH/NIAID) [E] (b) (6) > wrote:

This is what I was referring to. They are not ready for prime time, since they have to get the right media and wrapping.

Subject: Qtip announcement

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-gates-foundation-unitedhealth-group-quantigen-and-us-cotton>

Coronavirus (COVID-19) Update: FDA, Gates Foundation, UnitedHealth Group, Quantigen, and U.S. Cotton Collaborate to Address Testing Supply Needs

The U.S. Food and Drug Administration announced a further expansion of COVID-19 testing options through the recognition that spun synthetic swabs – with a design similar to Q-tips – could be used to test patients by collecting a sample from the front of the nose.

As part of this effort, U.S. Cotton, the largest manufacturer of cotton swabs and a subsidiary of Parkdale-Mills, developed a polyester-based Q-tip-type swab that is fully synthetic for compatibility with COVID-19 testing. Harnessing its large-scale U.S.-based manufacturing capabilities, U.S. Cotton plans to produce these new polyester swabs in large quantities to help meet the needs for coronavirus diagnostic testing.

“This action today demonstrates the ingenuity that results from the FDA working in partnership with the private sector. The Trump Administration has been working side-by-side with our industry partners to fight this pandemic, and today is a great example of that work. We appreciate work by UnitedHealth Group, Quantigen, and the Gates Foundation to perform and support the clinical studies necessary for this advancement. We also want to acknowledge U.S. Cotton’s efforts to manufacture a new type of swab for COVID-19 testing that can be produced at scale. We appreciate the work of these collaborators to consider how these test supplies could be broadly distributed to meet not only the testing needs of the United States but also global needs around the pandemic. All of these actions by these American organizations will help continue to expand our testing capability,” said FDA Commissioner Stephen M. Hahn, M.D.

This finding that spun synthetic swabs could be used for COVID-19 testing is based on results from a clinical investigation that represents a collaboration between the FDA, UnitedHealth Group, the Gates Foundation, and Quantigen. The type of testing at the front of the nose used in this study is notable because it allows self-collection by patients thereby limiting exposure of healthcare providers; it is more comfortable for patients and it can be performed by a swab that is more readily available and manufacturable at scale.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 22:21:02 +0000
To: Corey MD, Larry; Conrad, Patricia (NIH/NIAID) [E]
Cc: Mascola, John (NIH/VRC) [E]
Subject: RE: (b) (6)
Attachments: COVID vaccine editorial_16April 7pm - with Fauci edits.docx

Larry:

I have gone over the manuscript and have made a number of edits that are tracked into the attached document. Please take a look, accept the changes (unless you have issues with them), add the references and then let us discuss next steps, i.e. add or not Francis to authors and where in the order.

John:

Please also give it another good look.

Thanks,
Tony

Anthony S. Fauci, MD
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From: Corey MD, Larry (b) (6) >
Sent: Saturday, April 18, 2020 12:34 AM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Mascola, John (NIH/VRC) [E] (b) (6) >
Subject: working draft of NEJM

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

Larry

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 20:40:34 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]; Greg Folkers (b) (6)
Subject: FW: You are a Hero

Please see me about this on Monday. Thanks.

Anthony S. Fauci, MD
Director
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From: Kathy Ireland (b) (6)
Sent: Tuesday, April 7, 2020 4:56 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: You are a Hero

Dear Dr. Fauci,

Thank you for everything you're doing for America and the world. I'm writing to you today, rather than calling, because it's impossible to imagine the degree to which leading science during this COVID-19 pandemic is impacting your life and your family. Please know, that your wisdom and passion brings so much comfort to millions, including our family and me, specifically. You may recall from our previous talks, that (b) (6)

(b) (6) What a vicious virus, Dr. Fauci ... unlike anything I've ever seen.

In addition to my work as Ambassador for the Elizabeth Taylor AIDS Foundation, it is also an honor and responsibility to serve as International Youth Chair for the National Pediatric Cancer Foundation. In that position, people approach with questions for our government that I am uncomfortable giving opinions on in ignorance. So reluctant to bother you - I'm seeking to learn who at the NIH I should bring this to?

The question comes from my associate (b) (6), (b) (4)

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

Thank you so much for all that you do.

Always,

Kathy

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 20:21:32 +0000
To: [REDACTED] (b) (6)
[REDACTED] (b) (6)
Subject: FW: article and bb rim
Attachments: The Mentor Who Made Dr. Anthony Fauci - WSI - large text.pdf

This article about my relationship with Shelly Wolff is worth reading

Anthony S. Fauci, MD
Director
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From: Barton Haynes, M.D. <barton.haynes@duke.edu>
Sent: Thursday, April 16, 2020 12:39 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: article and bb rim

Hi tony:

Glad this worked out. Wonderful article. Great tribute to both you and Shelly. But the socks in the last picture.....

On another note, [REDACTED] (b) (6)
[REDACTED]
[REDACTED]

[REDACTED] (b) (6)
[REDACTED] So when the pandemic is over or when you are down there and want a break, I can put you in touch with him to see the Regis bb goal.

He has been following your career for many years. Very nice fellow.

Thanks for all you are doing Tony, it only sounds like it is getting more and more difficult. But you are doing an amazing job....

So proud of you and that [REDACTED] (b) (6)

Best Bart

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 20:12:02 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Greg Folkers (b) (6); Billet, Courtney (NIH/NIAID) [E]
Subject: FW: From Jack Curry/ YES Network (Yankees)

Have we decided to set this up. Let us discuss.

Anthony S. Fauci, MD
Director
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From: Billet, Courtney (NIH/NIAID) [E] (b) (6)
Sent: Thursday, April 16, 2020 1:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6)>
Subject: ASF: From Jack Curry/ YES Network (Yankees)

Jack Curry (broadcaster with the YES Network, which is like MASN, but for the Yankees) is appealing to you as a New Yorker and lifelong Yankees fan for a 10-minute interview via Zoom. Jack covered the Yankees for 22 years at the NYT. The interview would run on YES (largest regional sports network in the country) as the focus of one of the original shows they are producing 3x/week called "YES, WE'RE HERE." It would be run across all of their social media platforms (reach of over 1M). They would also air clips on the Michael Kay Radio Show (TV play-by-play announcer for the Yankees), which is simulcast on YES and is the highest-rated drive time talk show in New York.

Questions below, including a few at the end about your lifelong baseball fandom. Is this something you'd be willing to do? If so we will seek clearance.

POSSIBLE QUESTIONS

DOCTOR FAUCI, I KNOW YOUR DAYS ARE FILLED WITH OFFERING ADVICE AND COUNSEL TO SO MANY PEOPLE ABOUT THE CORONAVIRUS. WITH THE SOBERING POSITION WE HAVE BEEN IN FOR A WHILE, WHAT WOULD BE YOUR MOST URGENT MESSAGE TO AMERICANS?

THE PHRASE 'FLATTENING THE CURVE' HAS BECOME COMMONPLACE IN OUR VERNACULAR IN RECENT WEEKS. HOW MUCH CLOSER ARE WE GETTING TO FLATTENING THE CURVE?

YOU'VE SAID SEVERAL TIMES THAT THE VIRUS IS THE CLOCK. WHAT IS THE VIRUS TELLING YOU ABOUT THAT TIME FRAME?

AS THE COUNTRY TRIES TO WORK ITS WAY BACK, THERE HAS BEEN SPECULATION ABOUT HOW PROFESSIONAL SPORTS CAN RETURN. WHAT ARE YOUR THOUGHTS ON HOW, FOR INSTANCE, MAJOR LEAGUE BASEBALL WOULD BE ABLE TO START ITS SEASON?

BASEBALL IS A SPORT IN WHICH SHAKING HANDS IS AS COMMON AS BALLS AND STRIKES. NOT JUST IN BASEBALL, OBVIOUSLY, BUT IN LIFE OVERALL, HOW MUCH DO YOU ADVOCATE NOT SHAKING HANDS ANYMORE?

THE NEW YORK TIMES REFERRED TO YOU AS THE EXPLAINER-IN-CHIEF IN COMPLIMENTING YOUR ABILITY TO SPEAK BLUNTLY AND TRUTHFULLY. SO HOW SHOULD AMERICANS PLAN ON BEHAVING AS WE MOVE FORWARD IN THESE UNCERTAIN TIMES?

AND...IF DR FAUCI WAS COMFORTABLE WITH IT, A COUPLE OF QUESTIONS ABOUT HIS BASEBALL FANDOM...

WITH ALL THAT'S HAPPENING AROUND US AND YOUR IMPORTANT ROLE IN IT, IT MIGHT SEEM TRITE TO DISCUSS BASEBALL. BUT I KNOW YOU'VE BEEN A YANKEE FAN FOR MORE THAN 70 YEARS. AND I WOULD LIKE TO ASK YOU A FEW BASEBALL QUESTIONS.

WHEN AND HOW DID YOUR YANKEE FANDOM BEGIN?

YOU WERE A YOUNGSTER WHEN THE YANKEES WON 5 STRAIGHT WORLD SERIES TITLES FROM 1949-1953, THE ONLY TIME THAT'S EVER HAPPENED IN BASEBALL HISTORY. WHAT ARE YOUR MEMORIES OF THOSE YEARS?

HOW HAS YOUR BACKGROUND IN SPORTS HELPED YOU IN YOUR ROLE WITH THE NIAID?

AND, FINALLY, YOU'VE SPOKEN ABOUT HOW NEW YORK IS THE EPICENTER OF THE VIRUS. FOR NEW YORKERS WHO ARE LOOKING FOR SOME LIGHT AT THE END OF THE TUNNEL, WHAT WOULD YOU SAY TO THEM?

From: (b) (6)
Sent: Mon, 27 Apr 2020 07:00:08 -0400
To: Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: The global health leaders call, THURSDAY 30 April at 14.30 CET

FYI

Begin forwarded message:

From: "RYAN, Michael J." (b) (6) <>
Date: April 27, 2020 at 5:34:56 AM EDT
To: SHOC (b) (6), Office of the Director-General <DGOoffice@who.int>, "Redfield, Robert R. (CDC/OD)" (b) (6)
(b) (6)
(b) (6) David Heymann
(b) (6) >, "Felicity Harvey" (b) (6)
(b) (6) "Chris Elias" (b) (6)
(b) (6)
(b) (6) >, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
(b) (6) "GREIN, Thomas"
(b) (6) >, "COX, Paul Michael"
(b) (6) "SCHWARTLANDER, Bernhard F." (b) (6), "MINHAS, Raman" (b) (6)
(b) (6) >, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, "MAHJOUR, Jaouad" (b) (6) >, "FALL, Ibrahima Soce" (b) (6), "Thomas R. Frieden" (b) (6)
Lynn Banks <(b) (6)>, President | Resolve to Save Lives <president@resolvetosavelives.org>, "Amadou.SALL"
(b) (6) "AL-SHORBAJI, Farah" (b) (6)
(b) (6) >, Robynn Leidig (b) (6) >
(b) (6) >, "DRURY, Patrick Anthony" (b) (6) >, "Dr VAN KERKHOVE, Maria" (b) (6)
(b) (6)
(b) (6) "GRAAFF, Peter Jan"
(b) (6) "POOLE, Marcia" (b) (6) Tarik Mohammed

Navarro Colorado (b) (6) Carlos
(b) (6)
Ryan Morhard (b) (6) >
"BRIAND, Sylvie" (b) (6), "MORGAN, Oliver" (b) (6)
"Harries, Jenny" (b) (6), "Awwad, David (NIH/NIAID)"
[C]" (b) (6), "SIMONSON, Stewart" (b) (6)
"SINGER, Peter Alexander" (b) (6) "Jayatunga, Wikum"
(b) (6)
"Julie.HALL" (b) (6) >, Amelie
RIOUX (b) (6) >, "KABIR, Sophia" (b) (6) >
(b) (6)
, "SHIN, Young-Soo"
(b) (6)
Feng Ding (b) (6)
ASMA, Samira" (b) (6) >
Cc: SHOC <shoc@who.int>, Office of the Director-General <DGOffice@who.int>,
"SCHWARTLANDER, Bernhard F." (b) (6) >, "MAHJOUR,
Jaouad" (b) (6), "FALL, Ibrahima Soce" (b) (6) >, "GREIN,
Thomas" (b) (6), "MINHAS, Raman" (b) (6) >, "COX, Paul
Michael" (b) (6) >, "AL-SHORBAJI, Farah" (b) (6),
"POOLE, Marcia" (b) (6) >, "DRURY, Patrick Anthony"
(b) (6) >, "GRAAFF, Peter Jan" (b) (6) >, "Dr VAN
KERKHOVE, Maria" (b) (6) >, "KABIR, Sophia"
(b) (6) >, "FARES, Christine Youssef" (b) (6),
"AYLWARD, Raymond Bruce J." (b) (6) >, "SMITH, Ian Michael"
(b) (6)

Subject: The global health leaders call, THURSDAY 30 April at 14.30 CET

Dear colleagues,

Dr Tedros would like to invite you to the next informal discussion about the ongoing 2019 novel coronavirus.

The teleconference will be hosted on **THURSDAY, 30 April** at **14:30 CET** and **Zoom details are copied below.**

If you experience any technical difficulties joining this conference call, please contact the WHO HQ EOC operator at: +41227915533

It would be appreciated if you could kindly confirm your participation to Ms Sophia Kabir, email (b) (6); mobile no. (b) (6)

The agenda and background documents will be shared ahead of the call.

Best,

Mike

Join Zoom Meeting

[https://who.zoom.us/j/\(b\)\(6\),\(b\)\(4\)](https://who.zoom.us/j/(b)(6),(b)(4))

Meeting ID: (b) (6), (b) (4)

Password: (b) (6), (b) (4)

Dial by your location

+41 43 210 71 08 Switzerland

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0 800 561 252 Switzerland Toll-free

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+1 213 338 8477 US (Los Angeles)

888 475 4499 US Toll-free

877 853 5257 US Toll-free

+33 7 5678 4048 France

+33 1 7095 0350 France

0 800 944 049 France Toll-free

0 800 940 415 France Toll-free

Meeting ID: (b) (6), (b) (4)

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

Join by SIP

(b) (6), (b) (4)@zoomcrc.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 10:54:50 +0000
To: Duchin, Jeff
Subject: RE: High Praise

Jeff:

Well-deserved recognition of your fine work. Keep it up.
Best regards,
Tony

From: Duchin, Jeff (b) (6)
Sent: Sunday, April 26, 2020 11:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: High Praise

Tony - in a recent shoddy "investigative journalism" piece about our work here in Seattle (<https://www.seattletimes.com/seattle-news/times-watchdog/why-the-seattle-sounders-game-went-on-despite-coronavirus-emergency/>) the reporter referred to me as being to the Seattle area what Anthony Fauci would become to the country. So despite the crappy reporting he bestowed upon me the highest of praise and reminded me again of the incredible service you are doing for our country. Hang in there and take care of your self. We need you. Jeff



[Why the Seattle Sounders
game March 7 went on
despite coronavirus
emergency](https://www.seattletimes.com/seattle-news/times-watchdog/why-the-seattle-sounders-game-went-on-despite-coronavirus-emergency/)

As virus fears grew, public officials and sports execs debated health risks — and PR messages — but let 33,000 into a March 7 Sounders match. At what cost?

www.seattletimes.com

Jeffrey S. Duchin, MD (he/him)
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Professor in Medicine, Division of Infectious Diseases, University of Washington
Adjunct Professor, School of Public Health
401 5th Ave, Suite 1250, Seattle, WA 98104
Tel: (206) 296-4774; Direct (b) (6); Fax: (206) 296-4803
E-mail: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 02:47:49 +0000
To: Shapiro, Neil (NIH/OD) [E]; Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Johnson, Alfred (NIH/OD) [E]; Hallett, Adrienne (NIH/OD) [E]
Subject: RE: NIAID facilities in the CARES Act spend plan

I suggest that [REDACTED] (b) (6)

From: Shapiro, Neil (NIH/OD) [E] [REDACTED] (b) (6)>
Sent: Sunday, April 26, 2020 10:32 PM
To: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)>; Tabak, Lawrence (NIH/OD) [E] [REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Johnson, Alfred (NIH/OD) [E] [REDACTED] (b) (6)>; Hallett, Adrienne (NIH/OD) [E] <[REDACTED] (b) (6)>
Subject: NIAID facilities in the CARES Act spend plan
Importance: High

Francis and Tony,

I have been working to get OMB/ASFR clearance for the 3rd Supplemental spend plan, and have encountered a hitch with OMB concerning the VRC/RML proposal. They say they [REDACTED] (b) (3)

[REDACTED]

I raised the issue to Norris, and he asked me to [REDACTED] (b) (3)

[REDACTED]

[REDACTED] (b) (5) Thanks,

Neil

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 02:46:32 +0000
To: Collins, Francis (NIH/OD) [E]
Subject: RE: New England Journal of Medicine 20-13479

Yes, please.

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Sunday, April 26, 2020 10:32 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: New England Journal of Medicine 20-13479

Want me to call (b) (6) ?

From: Corey MD, Larry (b) (6) >
Sent: Sunday, April 26, 2020 1:44 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6); Mascola, John (NIH/VRC) [E] (b) (6) >
Subject: RE: New England Journal of Medicine 20-13479

I think it would be very helpful , I see no downside ..

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Sunday, April 26, 2020 6:38 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Mascola, John (NIH/VRC) [E] (b) (6); Corey MD, Larry (b) (6) >
Subject: RE: New England Journal of Medicine 20-13479

If it would be helpful, I'd be glad to do the outreach to Holden Thorp – Tony and I can discuss.

Francis

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6) >
Sent: Sunday, April 26, 2020 8:37 AM
To: Mascola, John (NIH/VRC) [E] (b) (6) >; Corey MD, Larry (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6) >
Subject: RE: New England Journal of Medicine 20-13479

All good options. Let us go with *Science* first. If they do not want it, I am certain that *Science Translational Medicine* will take it. I will discuss with Francis and John.

From: Mascola, John (NIH/VRC) [E] (b) (6) >
Sent: Saturday, April 25, 2020 5:59 PM
To: Corey MD, Larry <(b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6)

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

Subject: RE: New England Journal of Medicine 20-13479

In looking at NEJM, they have had 4 COVID-19 perspectives in last 6 weeks, and they may have impacted their thinking.

Agree with talking to editors. If interest in Science or Nature, suggestions below.

Priscilla Kelly, editor at science emailed me a while about their interest in papers. So if interest in Science, we could check with her.

If Nature, Ursula Weiss.

John

From: Corey MD, Larry (b) (6) >

Sent: Saturday, April 25, 2020 5:50 PM

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

Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Mascola, John (NIH/VRC) [E]

(b) (6) >

Subject: Re: New England Journal of Medicine 20-13479

You and Tony decide. Science or Nature accomplish the same but it seems we need a discussion with the editor first to explain the importance of the manuscript.

Sent from my iPhone

On Apr 25, 2020, at 2:18 PM, Collins, Francis (NIH/OD) [E] (b) (6) > wrote:

Very surprised.

Do you want me to push back?

Francis

From: Corey MD, Larry <(b) (6)>

Sent: Saturday, April 25, 2020 3:55 PM

To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Mascola, John (NIH/VRC) [E]

<(b) (6)>

Cc: Collins, Francis (NIH/OD) [E] <(b) (6)>

Subject: RE: New England Journal of Medicine 20-13479

A do have to say I am surprised . but ok

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Saturday, April 25, 2020 12:53 PM
To: Corey MD, Larry (b) (6) >; Mascola, John (NIH/VRC) [E]
(b) (6) >
Cc: Collins, Francis (NIH/OD) [E] (b) (6)
Subject: Fwd: New England Journal of Medicine 20-13479

Let us discuss next steps

Begin forwarded message:

From: New England Journal of Medicine
<onbehalfof@manuscriptcentral.com>
Date: April 25, 2020 at 12:31:26 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
Subject: New England Journal of Medicine 20-13479
Reply-To: "editorial@nejm.org" <editorial@nejm.org>

Dear Dr. Fauci,

I am sorry to inform you that your submission, "A Strategic Approach to Successful COVID-19 Vaccine Development," has not been accepted for publication in the Journal. It was evaluated by members of our editorial staff. After considering its focus, content, and interest, we made the editorial decision not to consider your submission further. We are informing you of this promptly so that you can submit it elsewhere.

Thank you for the opportunity to consider your submission.

Sincerely yours,

Eric Rubin, M.D., Ph.D.
Editor-in Chief

New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
(617) 734-9800
Fax: (617) 739-9864
<http://www.nejm.org>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 00:48:28 +0000
To: Adrian Hill
Cc: Hildegund Ertl; Sarah Gilbert; Redfield, Robert R. (CDC/OO)
Subject: RE: COVID-19 vaccine

Adrian:

Thank you for your note. Sorry that I took a few days to get back to you, but I have been swamped. It is good to know of your work on the chimpanzee adenoviral vectors. The biosafety classification of viral vectors in the U.S. is within the purview of the CDC, and so I have copied CDC Director Bob Redfield on this e-mail. He would be able to point you in the right direction.

Best regards,

Tony

From: Adrian Hill (b) (6)
Sent: Monday, April 20, 2020 6:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Hildegund Ertl (b) (6); Sarah Gilbert (b) (6) >
Subject: FW: COVID-19 vaccine

Dear Dr Fauci



Thank you for your consideration of this at an exceptionally busy time.

Yours sincerely

Adrian Hill

Professor Adrian V. S. Hill
Director, The Jenner Institute
Nuffield Department of Medicine
University of Oxford
Old Road Campus Research Building
Oxford OX3 7DQ

Tel: + [REDACTED] (b) (6)

Email: [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 00:45:21 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: 260 County Models of COVID-19 Outbreaks across the US

Please see me or give me a call about this. Thanks.

From: Rubin, David M (b) (6) >
Sent: Tuesday, April 21, 2020 9:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Offit, Paul (b) (6); Tasian, Gregory E (b) (6) >; Huang, Jing (b) (6) >
Subject: 260 County Models of COVID-19 Outbreaks across the US

Hi Dr. Fauci,

Jon Yewdell suggested I contact you directly to expedite a briefing on the new county-level models that our center, PolicyLab, at CHOP, will be releasing tomorrow. He shared with us your note below about including Ambassador Birx and Bob Redfield as well. We'd be happy to do so, and had been in touch with Ambassador Birx last week. We have also stayed in contact with the analytics team led by Irum Zaidi and Chuck Vittek. I am also tasked to Governor Wolf's crisis team in Pennsylvania and shared the data with the Governor today.

Let us know next steps for arranging a video conference. Will arrange our schedule at your convenience. Will have Drs. Paul Offit, Greg Tasian, and Jing Huang join from our team.

Best,

Dave

David Rubin, MD MSCE
Director of Population Health Innovation
Director of PolicyLab

Children's Hospital of Philadelphia

Office: (b) (6)

Cell: (b) (6)

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 Children's Hospital
of Philadelphia

Professor of Pediatrics
Perelman School of Medicine
University of Pennsylvania



From: "Yewdell, Jon (NIH/NIAID) [E]" <[REDACTED]> (b) (6)
Date: Tuesday, April 21, 2020 at 8:55 PM
To: "Rubin, David M" <[REDACTED]> (b) (6)>
Cc: Paul Offit <[REDACTED]> (b) (6)>
Subject: <no subject>

David,

At this point, I think it is best to contact Tony directly. He's at [REDACTED] (b) (6).

Good luck!

jon

Jonathan Yewdell MD, PhD
Chief, Cellular Biology Section
Laboratory of Viral Diseases
NIAID, NIH

[Truth Wins: A Practical Guide to Succeeding in Biomedical Research](#)
[free eBook download](#) of my book

[Link to Ohio State Science Sunday video on scientific method](#)

From: Rubin, David M <[REDACTED]> (b) (6)
Sent: Tuesday, April 21, 2020 8:43 PM
To: Yewdell, Jon (NIH/NIAID) [E] <[REDACTED]> (b) (6)
Cc: Offit, Paul <[REDACTED]> (b) (6)
Subject: FW: Heads up from Paul Offit and David Rubin on policy memorandum to reopen economy

Hi Jon,

Paul forwarded me your email back to him. Our team would be happy to present to him, Ambassador Birx, and Bob Redfield. We have shared the models with Governor Wolf in Pennsylvania today, and they are informing strategy here. The 260 county models will post to our PolicyLab website tomorrow. Of

note, Paul and I had spoken to Ambassador Birx in the last couple of weeks, and we have been in contact with Irum Zaidi, Chuck Vitek, and the analytics team.

Let us know how would be best to set up a group webinar to present the information. Or feel free to connect us directly with their schedulers. Think the models illustrate the low margin of error in the large cities for resurgence risk, even as other less densely populated counties may be tolerant to reopening strategies.

Dave

David Rubin, MD MSCE

Director of Population Health Innovations
Director of PolicyLab

Children's Hospital of Philadelphia

Office: (b) (6)

Cell: (b) (6)

www.policylab.chop.edu | @PolicyLabCHOP



Professor of Pediatrics
Perelman School of Medicine
University of Pennsylvania



From: Paul Offit (b) (6) >

Date: Tuesday, April 21, 2020 at 5:46 PM

To: "Rubin, David M" (b) (6)

Subject: Fw: Heads up from Paul Offit and David Rubin on policy memorandum to reopen economy

Tony has seen our memo. His response is below.

From: Yewdell, Jon (NIH/NIAID) [E] (b) (6) >

Sent: Tuesday, April 21, 2020 5:45 PM

To: Offit, Paul

Subject: FW: Heads up from Paul Offit and David Rubin on policy memorandum to reopen economy

Tony never ceases to amaze me....

See immediate reply below

Jonathan Yewdell MD, PhD

Chief, Cellular Biology Section

Laboratory of Viral Diseases

NIAID, NIH

[Truth Wins: A Practical Guide to Succeeding in Biomedical Research](#)
[free eBook download of my book](#)

[Link to Ohio State Science Sunday video on scientific method](#)

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

Sent: Tuesday, April 21, 2020 5:06 PM

To: Yewdell, Jon (NIH/NIAID) [E] (b) (6) >

Cc: Shaffer, Meredith (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C]

(b) (6) >

Subject: RE: Heads up from Paul Offit and David Rubin on policy memorandum to reopen economy

Jon:

Thanks for the note. It would be even better if they could present not only to me, but to Deb Birx and Bod Redfield.

Best,

Tony

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

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From: Yewdell, Jon (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, April 21, 2020 4:29 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Shaffer, Meredith (NIH/NIAID) [E] (b) (6)
Subject: Heads up from Paul Offit and David Rubin on policy memorandum to reopen economy

Tony,

Paul and David asked me to pass this on to you.

Forwarded message from David:

"I think the time has come, with our models on 260 counties across the country releasing in the next 48 hours, to offer Tony Fauci, and potentially other task force members, a preview of the work. Our models have incorporated local area differences due to weather, population and social distancing. They reveal that the large, densely populated cities will struggle to re-open, and are not well aided by weather effects given their density. However, in less densely populated areas, in which case counts are lower, weather has been a mitigating factor. These latter counties may

have better success when they re-open assuming they are smart about workplace safety and have testing and surveillance strategies in place”

Dave

David Rubin, MD MSCE

Director of Population Health Innovation
Director of PolicyLab

Children’s Hospital of Philadelphia

Office: (b) (6)

Cell: (b) (6)

www.policylab.chop.edu | @PolicyLabCHOP



Professor of Pediatrics
Perelman School of Medicine
University of Pennsylvania



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 00:43:24 +0000
To: Young, Neal S (NIH/NHLBI) [E]
Subject: RE: Lambris

Thanks, Neal.
Best regards,
Tony

From: Young, Neal S (NIH/NHLBI) [E] (b) (6) >
Sent: Wednesday, April 22, 2020 8:07 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: Lambris

Dear Tony

'Forwarding to you at the request of two colleagues, experts in anti-complement therapies.

Thanks, and 'stay healthy.

Neal

From: "John D. Lambris" (b) (6) >
Date: Tuesday, April 21, 2020 at 2:43 PM
To: Skype (b) (6)
Cc: Antonio M Risitano (b) (6)
Subject: Lambris

Hi Neal,

I hope all is well and you are staying healthy.

(b) (6)

Could you please bring us in contact with Antony Fauci to see if he can help our program?

All the best and Stay Healthy

John

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 00:42:34 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Update: Irhibit cytokine storm in COVID-19 patients by Proteasome Inhibitors
Attachments: [REDACTED] (b) (4)

Please respond to this person. Thanks.

From: Kircheis Dr. Ralf <RKircheis@syntacoll.de>
Sent: Wednesday, April 22, 2020 9:41 AM
To: Coomes, Stephanie (NIH/NIAID) [E] [REDACTED] (b) (6); Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: [REDACTED] (b) (6); Kircheis Dr. Ralf <RKircheis@syntacoll.de>
Subject: Update: Inhibit cytokine storm in COVID-19 patients by Proteasome Inhibitors
Importance: High

Dear Dr. Fauci,
dear Dr. Coomes,

thank you for your reply from 13. April with the notice that the information has been shared with NIAID's COVID-19 research team.

Has the project already been initially evaluated by the team?

Are there any questions or need for additional information?

- I have summed up the relevant data regarding the use of proteasome inhibitors for treatment of COVID-19 patients with acute lung and systemic organ failure in a position paper, please find a Preview draft attached.
- With regard to currently ongoing trials with monoclonal antibodies against the IL-6 receptor, i.e. tocilizumab or sarilumab: These approaches go into the same direction as the present suggestion, however, inhibition of NF- κ B by proteasome inhibitors could provide the unique potential to inhibit the release of multiple cytokines simultaneously, in particular strongly pro-inflammatory cytokines including IL-1, IL-6, TNF α and chemokines, such as MIP-1 and CXCL1.
- This simultaneous inhibition of multiple cytokines/chemokine seems to be advantageous compared to single target approaches (as with the mAb) to compensate for redundant and synergistic effects of multiple cytokines released during highly pathogenic CoV or H5N1 infection.

Looking forward to hearing from you.

Kind regards,

Ralf

Mit freundlichen Grüßen / Kind regards

Dr. Ralf Kircheis
Director R&D
Research & Development

Mail: RKircheis@syntacoll.de
Phone: +49 9441 686048

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USt-IdNr.: DE 126580796
Geschäftsführer: Dr. Aleksandra Doerich

Unsere Hinweise zum Datenschutz: www.syntacoll.de/datenschutz

Von: Coomes, Stephanie (NIH/NIAID) [E] (b) (6)

Gesendet: Montag, 13. April 2020 02:37

An: Kircheis Dr. Ralf <RKircheis@syntacoll.de>

Betreff: RE: Inhibit cytokine storm in COVID-19 patients by Velcade Bortezomib

Dear Dr. Kircheis,

Thank you for your recent email to Dr. Anthony Fauci. Your message was forwarded to the Division of Microbiology and Infectious Diseases (DMID) at the National Institute of Allergy and Infectious Diseases (NIAID). As a member of DMID's Office of Scientific Coordination and Program Operations, I am pleased to respond.

I want to thank you for reaching out to share this information and let you know that your message has been shared with NIAID's COVID-19 research team.

Sincerely,
Stephanie

Stephanie M. Coomes, Ph.D.
Health Scientist Administrator
Office of Scientific Coordination and Program Operations
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, Room 7G68
Rockville, MD 20892

(b) (6)

(b) (6)

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From: Kircheis Dr. Ralf <RKircheis@syntacoll.de>

Sent: Wednesday, April 8, 2020 2:49 AM

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

(b) (6)>; NIAID Ocpstoffice (NIH/NIAID) <DCPOSTOFFICE@niaid.nih.gov>

Cc: Fischer, Elizabeth (NIH/NIAID) [E] (b) (6)>; Foster, Erin (NIH/NIAID) [E]

(b) (6)>; Foster, Sarah (NIH/NIAID) [E] (b) (6)>; Vasilenko, Olga

(NIH/NIAID) [E] (b) (6)>; Vasquez, Aurelio (NIH/NIAID) [E]

(b) (6)>; Vostal, Alexander (NIH/VRC) [F] (b) (6)>; Vazquez-

Maldonado, Nancy (NIH/NIAID) [E] <(b) (6)>; Austin, James (NIH/NIAID) [E]

<(b) (6)>; Agulto, Liane (NIH/NIAID) [E] (b) (6)>; Deckhut, Alison

(NIH/NIAID) [E] (b) (6)>; Kircheis Dr. Ralf <RKircheis@syntacoll.de>

Subject: WG: Inhibit cytokine storm in COVID-19 patients by Velcade Bortezomib

Importance: High

Inhibition of cytokine storm in COVID-19 patients with acute respiratory distress syndrom by PROTEASOME INHIBITORS e.g. Velcade (Bortezomib)

Dear Dr. Fauci,

dear Madams/Sirs,

I want to bring to your attention some potentially important experimental data and a new proposal for treatment of COVID-19 patients with acute respiratory distress syndrome and organ failure. Sorry for the broad distribution but I wanted to make sure that my message reaches you.

Similarly as has been described earlier for SARS-CoV, MERS-CoV (Channappanavar & Perlman, 2017), H5N1 and some heavy H1N1 Influenza A infections, also COVID-19 patients have been reported to show significantly increased systemic cytokine release (i.e. cytokine storm), particularly those patients with lung failure or systemic organ failure (*Chaolin Huang et al. Lancet vol 395, 2020, ref 1*).

Previous studies at **Virologik GmbH, Erlangen, Germany**, in collaboration with the **Friedrich-Loeffler-Institut, Tuebingen, Germany** have shown, that H5N1 (or alternatively LPS) -induced Cytokine storm *in vivo* can be inhibited by application of Proteasome Inhibitors (*E. Haasbach et al, Antiviral Res. 91, 2011, ref. 2*), via the inhibition of translocation of the NF- κ B transcription factor to the nucleus [see *Fig. below*]. The mechanism of NF- κ B inhibition by proteasome inhibitors is well described, and works via the inhibition of the proteasomal degradation of the cytosolic inhibitor I κ B, this way keeping NF- κ B bound in the cytosol and thereby inhibiting the otherwise induced (by cytokine or LPS- or RNA virus) translocation of NF- κ B to the nucleus where it would initiate the transcription of many cytokines. This effect of proteasome inhibitors seems to work in most cell types, we could demonstrate this effect in several different cell types (including macrophages) after stimulation with TNF α *in vitro* and in H5N1 (or LPS) treated mice *in vivo* (see manuscript and Figs. attached).

Inhibition of NF- κ B by proteasome inhibitors provides the unique potential to inhibit the release of many cytokines simultaneously, in particular strongly proinflammatory cytokines IL-1 α , IL-6, TNF α , MIP-1 β ... (whereas some other cytokines involved in antiviral immune response, such as IFN γ probably seem to be not/less affected (because of different transcription pathway).

Importantly, beside the anti-inflammatory activity, proteasome inhibitors showed also significant anti-fibrotic activity (Lueftenegger et al., manuscript and figs attached), which may be also important in the treatment of COVID-19 patients with heavy lung disease.

Furthermore, there have been several publications showing that in particular early phases of the replication cycle of Corona virus seem to be dependent on interaction with the ubiquitin-proteasomal system (UPS) of the host cell, and were effectively inhibited by selective 20S proteasome inhibitors (such as Velcade) (*Wang et al. Virology J 2010, 7:99 (ref. 3); M. Raaben et al. J. Virology, 84(15), 2010, ref. 4).*

There are several registered proteasome inhibitors (Bortezomib (Velcade®) e.g. produced by Millennium Pharmaceuticals (i.e. Takeda Oncology); Carfilzomib (Kyprolis®), Ixazomib (Ninlaro®)) for treatment of multiple myeloma and Mantel cell lymphoma, i.e. there are registered drugs with well known side effects available to be tested in small clinical studies for evaluation of their therapeutic efficacy in COVID-19 patients with heavy lung disease and other organ failure. *Noteworthy:* in contrast to the chronicl oncological indications where up to 8 treatment cycles (and sometimes even more) are applied, it seems plausible that just one or two treatment cycles of proteasome inhibitors might be sufficient to downregulate the cytokine storm in COVID-19 patients, which would be associated also with much lower side effects.

Early first experience on efficacy could be gained from compassionate use applications in heavily ill COVID-19 patients very quickly. Beside the registered application forms, i.e. infusions, probably also inhalative application should be tested as well, because it may be better suited to reach the respective target cells in the lung, i.e. alveolar epithelial cell and alveolar macrophages. There are multiple inhalative devices available, e.g. the Handhalyzer by Boehringer Ingelheim used for Spiriva (for COPD treatment).

Although there are still many open questions, the potential to control the cytokine storm-induced heavy lung and other organ failure by using already registered drugs, i.e. proteasome inhibitors may be a real chance to get an additional treatment option, hopefully decreasing the cases necessary for artificial aeration.

Please forward this mail to the colleagues you consider relevant for evaluation, discussion and consideration for your clinical strategy for COVID-19.

Please let me know if additional informations are necessary.

To my person: I have MD PhD degree and have many years experience in pharmaceutical development (Boehringer Ingelheim), Biotech (Igeneon, Aphton, Virologik GmbH) (for reference see also PubMed Kircheis r) currently leading R&D activities at Syntacoll (part of Innocoll). I am providing this information personally in order to help to find a treatment for COVID-19 patients.

Looking forward to getting feedback from you,

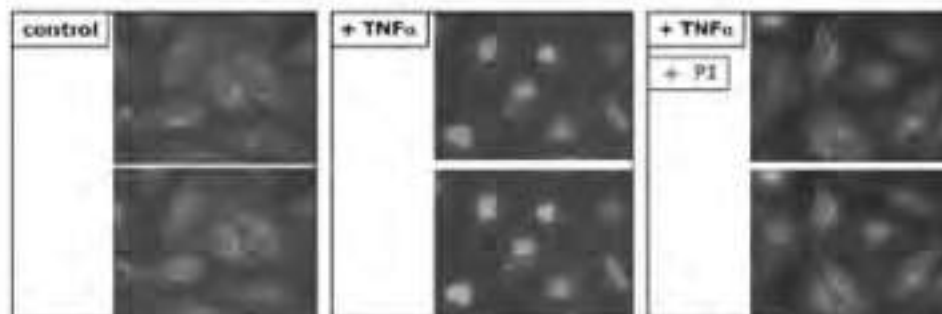
With kind regards,

Ralf Kircheis (MD PhD)

(b) (6)

rkircheis@syntacoll.de

PIs inhibit TNF α induced nuclear NF κ B translocation



- PI inhibit TNF α induced nuclear NF κ B translocation in a variety of cells, including tumor cells, stellate cells and macrophages.

Antiviral Res. 2011 Sep;91(3):304-13. doi: 10.1016/j.antiviral.2011.07.006. Epub 2011 Jul 13.

Antiviral activity of the proteasome inhibitor VL-01 against influenza A viruses.

Haasbach E¹, Pauli EK, Spranger R, Mitzner D, Schubert U, Kircheis R, Planz O.

Author information

Abstract

The appearance of highly pathogenic avian influenza A viruses of the H5N1 subtype being able to infect humans and the 2009 H1N1 pandemic reveals the urgent need for new and efficient countermeasures against these viruses. The long-term efficacy of current antivirals is often limited, because of the emergence of drug-resistant virus mutants. A growing understanding of the virus-host interaction raises the possibility to explore alternative targets involved in the viral replication. In the present study we show that the proteasome inhibitor VL-01 leads to reduction of influenza virus replication in human lung adenocarcinoma epithelial cells (A549) as demonstrated with three different influenza virus strains, A/Puerto Rico/8/34 (H1N1) (EC₅₀ value of 1.7 μ M), A/Regensburg/D6/09 (H1N1v) (EC₅₀ value of 2.4 μ M) and A/Mallard/Bavaria/1/2006 (H5N1) (EC₅₀ value of 0.8 μ M). In in vivo experiments we could demonstrate that VL-01-aerosol-treatment of BALB/c mice with 14,1 mg/kg results in no toxic side effects, reduced progeny virus titers in the lung ($1.1 \pm 0.3 \log_{10}$ pfu) and enhanced survival of mice after infection with a 5-fold MLD₅₀ of the human influenza A virus strain A/Puerto Rico/8/34 (H1N1) up to 50%. Furthermore, treatment of mice with

VL-01 reduced the cytokine release of IL- α/β , IL-6, MIP-1 β , RANTES and TNF- α induced by LPS or highly pathogen avian H5N1 influenza A virus. The present data demonstrates an antiviral effect of VL-01 in vitro and in vivo and the ability to reduce influenza virus induced cytokines and chemokines.

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PMID:21777621

DOI: [10.1016/j.antiviral.2011.07.006](https://doi.org/10.1016/j.antiviral.2011.07.006)

[Indexed for MEDLINE]

Mit freundlichen Grüßen / Kind regards

Dr. Ralf Kircheis
Director R&D
Research & Development

Mail: RKircheis@syntacoll.de

Phone: +49 9441 686048

syntacoll

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Geschäftsführerin: Dr. Alexandra Dietrich

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 27 Apr 2020 00:40:50 +0000
To: Xizhong, Cui (NIH/CC/CCMD) [E]
Subject: RE: remdesivir and Present's words on disinfectant

Brian:

Thank you for your note. [REDACTED] (b) (5)

Best regards,
Tony

From: Xizhong, Cui (NIH/CC/CCMD) [E] [REDACTED] (b) (6) >
Sent: Sunday, April 26, 2020 8:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: remdesivir and Present's words on disinfectant

Dear Dr. Fauci,

I am an investigator in CCMD, CC, National Institutes of Health, I am studying coronavirus infection in animal models on preclinical treatment. I was a doctor when I was in China, now I am just a preclinical investigator on infectious diseases.

[REDACTED] (b) (5)

[REDACTED] (b) (6), (b) (5)

Best wish to you and be safe. Thanks your efforts to all Americans!!

Brian X. Cui, MD, Ph.D
Critical Care Medicine Department
Clinical Center
National Institutes of Health
Phone: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 23:13:59 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Subject: Re: Keynote Speaker- Keystone Vaccinology eSymposia (directions to record & upload talk)
Attachments: image001.png, image002.png, image003.png, image004.png, image005.png

Agree.

On Apr 26, 2020, at 6:38 PM, Folkers, Greg (NIH/NIAID) [E]
<(b) (6)> wrote:

I think Hilary is closest to this and should get the assignment:

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Sent: Sunday, April 26, 2020 5:12 PM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Subject: FW: Keynote Speaker- Keystone Vaccinology eSymposia (directions to record & upload talk)

Greg and team:

Let us discuss.

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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From: Kristina Horton <kristinah@keystonesymposia.org>
Sent: Friday, April 24, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: rino.r.rappuoli@gsk.com; Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Subject: Keynote Speaker- Keystone Vaccinology eSymposia (directions to record & upload talk)

Greetings Dr. Fauci:

Thank you for agreeing to participate as the keynote speaker for the Keystone eSymposia: **Vaccinology in the Age of Pandemics: Strategies Against COVID-19 & Other Global Threats**, a virtual conference which will be held on, **Monday, June 15 and Tuesday, June 16, 2020**.

Understanding how busy you are right now, we would like to make this process as easy as possible. We are hoping to receive pre-recorded talks by Monday, May 18. Please keep us apprised on your timeline and we will work with your schedule. Here are the details on next steps.

Next Steps:

- **Keynote Talk Title:** Transforming Vaccinology: COVID-19 Emergency and Considerations for the Next Decade
 - **Please review your talk title and return any changes.** Changes can be made up to two-weeks prior to the event.
- **Please follow this [link](#) to upload your talk recording, by **Monday, May 18**.** Click [here](#) to learn more about recording your presentation. Our media team can assist you with recording on your personal computer.
 - Similar to the face-to-face conference, we envision approximately 50-60 minutes for the keynote lecture.

For questions about the scientific programming of this meeting, please contact Dr. Rappuoli at rino.r.rappuoli@csk.com and I will serve as the administrative/logistics contact at KristinaH@KeystoneSymposia.Org.

Best,
Kristina

Kristina H. Richardson, MS
Scientific Advisory Board Coordinator
Administrative Assistant: CSO & Global Development
+ (b) (6) | kristinah@keystonesymposia.org

<image001.png>

970.262.1230 | 800.253.0685 | www.keystonesymposia.org
Visit virtual.keystonesymposia.org to view our digital content.

<image002.png>

<image003.png>

<image004.png>

<image005.png>

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on Molecular and Cellular Biology

Accelerating Life Science Discovery

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 23:13:04 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]; Folkers, Greg (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]
Subject: Re: Thank you, and...
Attachments: image002.png

Gayle (b) (6) and so I would like to do it if they clear it

On Apr 26, 2020, at 7:08 PM, Conrad, Patricia (NIH/NIAID) [E] (b) (6) > wrote:

You sent this to me on Friday but we have not had a chance to discuss.



Please advise if you want to do this – again, adding others here as well..

-p

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Sent: Sunday, April 26, 2020 5:44 PM
To: Folkers, Greg (NIH/NIAID) [E] (b) (6) >; Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6)
Subject: FW: Thank you, and...

Have we discussed this already? Gayle (b) (6)

Anthony S. Fauci, MD
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From: Gayle Smith <gayle.smith@one.org>

Sent: Thursday, April 23, 2020 1:48 PM

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

Cc: Tom Hart <tom.hart@one.org>

Subject: Thank you, and...

Dear Tony,

I have always felt reassured when the good Dr. Fauci speaks, and now more than ever. As an American, a former colleague, a long-time admirer and student of your wisdom – thank you. We are all safer because of you, and the world will be a better place because of you. Again.

As you know, I am now leading the ONE Campaign. We've been quite active with the ONEWorld Campaign, dedicated to the fight against this newest virus, and focused on Africa. We've made some progress on debt, and next up is a focus on ensuring that a vaccine, when it comes, is available to everyone.

One of the things we want to do is educate people, in all of the places we work. It won't surprise you that of particular urgency amongst our partners in Africa is that facts and information get to people across the continent, but we also know that more facts are needed everywhere. So next month we are going to launch #PassTheMic, where every day for 19 days we will ask a celebrity to turn his or her social media channels over to an expert on COVID-19 for one day. So Julia Roberts might turn her Twitter account to you to talk about the critical elements needed to flatten the curve and slow the spread. Or Idris Elba could give up his Instagram to the head of the African CDC so that he can illustrate the impact COVID-19 will have across Africa and what that means for the rest of the world.

We know artists want to be helpful right now, but that it is hard to know what to do. And we know there are experts like you out there who have the answers. We've thought about this a lot at ONE and wanted to do something we felt would truly have an impact. As we look ahead we know COVID-19 does not know borders and until it is beaten everywhere we are not in the clear. We need a global response plan and we need it now. By turning over their platforms for the day, celebrity influencers will be donating one of their biggest assets – their followers – to YOU, giving you the platform you need (and we all need) to tell the world why a global response is critical. Because none of us are safe until all of us are safe.

We will work with each expert/celebrity pair to personalize the content to our and our celebrity partners' audiences – in North America, Europe and Africa, and help create content that both parties are happy with. We are now confirming our talent partners, and so far are getting a terrific response.

We know you're a busy man, so we've planned it so that the amount of time on your end would be minimal. But the impact would be maximal.

I'm attaching more information about the campaign. Please let me know what you think and if you have questions. Ideally we would like to get this off the ground in early May, so are hoping to confirm folks by April 28th at the latest. Our team will be in touch with your office to follow up.

Thanks as always for everything you do. All my best to you, Gayle

<image002.png>

Gayle Smith | President & Chief Executive Officer | (b) (6)
[ONE.ORG](#) | [Twitter](#) | [Facebook](#) | [Instagram](#)

ONE is a global movement campaigning to **end extreme poverty and preventable disease by 2030** so that everyone, everywhere can lead a life of dignity and opportunity.

<PasstheMic Expert Outreach.pdf>



ONE

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:50:57 +0000
To: Broas, Timothy
Cc: Grady, Christine (NIH/CC/BEP) [E]
Subject: RE: Greetings

Tim:

Thank you for your kind note. It was great to hear from you. I hope that all is well with you and your family and that we get a chance to re0connect when the situation begins to return to some form of normality..

Best regards,

Tony

Anthony S. Fauci, MD
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From: Broas, Timothy <timothy.broas@bcplaw.com>
Sent: Thursday, April 23, 2020 10:26 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Greetings

Dear Tony:

It's been a long time. Honestly, I can't remember when we last saw each other. I recall that wonderful day we went to the Nats game together, although I cannot remember who else came with us. And of course I will always remember when you came to my Partners in Health fundraiser and introduced Paul Farmer. I will never forget your speech (and neither will Paul!).

Once (b) (6)

I apologize for dropping out of touch.

Those events were so many years ago, (b) (6) no? So much has happened and changed since then, and now, seeing you and listening to your wise words and advice every day, I am reminded that we need to reconnect, when it's safe and you have time. We have so much to catch up on! I have been meaning to write to you or call you, but I had misplaced your email address and phone numbers. I hope this address works and this message reaches you.

Meantime, thank you for your service to our country, indeed the world. You have been a solid, wise, steady voice, Tony, and, despite all the naysayers and fools on social media, you have earned the respect of billions of people. I am very proud of you, and am humbled and honored that I can call you my friend.

I hope you and your family are well, and staying safe. The Broas family is doing well, thanks in no small part to your daily advice and objective analysis. Thank you! Please let me know if there is anything I can do for you or your family.

Looking forward to seeing you on the other side of this, and having a good catch up. Who knows, maybe at a Nats game?

Best regards,

Tim



AMBASSADOR (RET) TIMOTHY M. BROAS

timothy.broas@bcplaw.com

T: +1 202 508 6115 M: (b) (6)

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COVID-19 / CORONAVIRUS RESOURCES



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:44:20 +0000
To: Greg Folkers (b) (6); Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Thank you, and...
Attachments: PasstheMic Expert Outreach.pdf

Have we discussed this already? Gayle (b) (6).

Anthony S. Fauci, MD
Director
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From: Gayle Smith <gayle.smith@one.org>
Sent: Thursday, April 23, 2020 1:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Tom Hart <tom.hart@one.org>
Subject: Thank you, and...

Dear Tony,

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Thanks as always for everything you do. All my best to you, Gayle



Gayle Smith | President & Chief Executive Officer | (b) (6)

ONE.ORG | [Twitter](#) | [Facebook](#) | [Instagram](#)

ONE is a global movement campaigning to **end extreme poverty and preventable disease by 2030** so that everyone, everywhere can lead a life of dignity and opportunity.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:36:37 +0000
To: Lusso, Paolo (NIH/NIAID) [E]
Subject: RE: Potential treatment breakthrough from Milan

Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Lusso, Paolo (NIH/NIAID) [E] <(b) (6)>
Sent: Sunday, April 26, 2020 5:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Lane, Cliff (NIH/NIAID) [E] <(b) (6)>
Subject: Re: Potential treatment breakthrough from Milan

Dear Tony:

I am trying to reach the PI of the study, but on a Sunday afternoon/evening I doubt I will be successful. I should be able to get more information tomorrow morning and pass it on to you, Cliff and Joe Kovacs.

All the best,

Paolo

Paolo Lusso, M.D., Ph.D.
Chief, Section of Viral Pathogenesis
Laboratory of Immunoregulation
Bldg. 10, Rm. 6A11
NIAID, NIH
Bethesda, MD 20892

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

Date: Sunday, April 26, 2020 at 3:47 PM

To: "Lusso, Paolo (NIH/NIAID) [E]" (b) (6)

Cc: "Lane, Cliff (NIH/NIAID) [E]" (b) (6)

Subject: RE: Potential treatment breakthrough from Milan

Thanks, Paolo. (b) (6)

(b) (6)

Best,
Tony

Anthony S. Fauci, MD
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FAX: (301) 496-4409
E-mail: (b) (6)

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From: Lusso, Paolo (NIH/NIAID) [E] (b) (6)

Sent: Sunday, April 26, 2020 12:22 PM

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

Subject: Potential treatment breakthrough from Milan

Dear Tony:



Congratulations to Brad Pitt for impersonating you! All the best,

Paolo

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:17:22 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Washington Post story re: Sammies finalists

Please set up an interview as requested below. 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: Davidson, Joe <joe.davidson@washpost.com>
Sent: Friday, April 24, 2020 12:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: (b) (6)
Subject: Washington Post story re: Sammies finalists

Hello Tony,

Congratulations on being a Career Achievement finalist for the Samuel J. Heyman Service to America Medals (Sammies). I'm writing a Federal Insider column about the finalists and would like arrange a telephone interview with your for the story.

My questions include:

Why did you join the federal service?

Is there one example or anecdote that makes you particularly proud of you work?

What do you like most about your job?

What do you like least about your job?

Why would you recommend, or not, your agency and/or the federal government to those seeking career advice?

I know this is an incredibly busy time for you. I appreciate that the life and death issues related to the coronavirus are more important than any award. Nonetheless, I hope you

can spare 10 or 15 minutes for a telephone interview on Tuesday or Wednesday, April 28 or 29. I can also make other days that week work.

Thank you.

Best,
Joe

Joe Davidson, columnist

The Washington Post

1301 K Street, NW

Washington, DC 20071

202.334.6415 – work

(b) (6) – cell

joe.davidson@washpost.com

Twitter: @JoeDavidsonWP

Website: wapa.st/joeDavidson

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:14:32 +0000
To: Greg Folkers (b) (6)
Cc: (b) (6); Grady, Christine (NIH/CC/BEP) [E]
Subject: FW: COG - Helen Branswell/STAT request / challenge studies

Please have her speak with Chris and/or Cliff. Thanks.

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

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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Friday, April 24, 2020 3:04 PM
To: NIAID COG CORE <COGCORE@mail.nih.gov>
Cc: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Subject: COG - Helen Branswell/STAT request / challenge studies

Helen would like to speak with someone (ASF, Cliff, C Grady?) to discuss current thinking here on challenge studies for COVID-19. Not sure of deadline.

(b) (6)
helen.branswell@statnews.com

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:12:06 +0000
To: NIAID OD AM
Subject: FW: Keynote Speaker- Keystone Vaccinology eSymposia (directions to record & upload talk)
Attachments: Vaccinology eSymposia_DRAFT Program Description & Schedule.pdf

Greg and team:
Let us discuss.
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Kristina Horton <kristinah@keystonesymposia.org>
Sent: Friday, April 24, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: rino.r.rappuoli@gsk.com; Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: Keynote Speaker- Keystone Vaccinology eSymposia (directions to record & upload talk)

Greetings Dr. Fauci:

Thank you for agreeing to participate as the keynote speaker for the Keystone eSymposia: **Vaccinology in the Age of Pandemics: Strategies Against COVID-19 & Other Global Threats**, a virtual conference which will be held on, **Monday, June 15 and Tuesday, June 16, 2020**.

Understanding how busy you are right now, we would like to make this process as easy as possible. We are hoping to receive pre-recorded talks by Monday, May 18. Please keep us apprised on your timeline and we will work with your schedule. Here are the details on next steps.

Next Steps:

- **Keynote Talk Title:** Transforming Vaccinology: COVID-19 Emergency and Considerations for the Next Decade
 - **Please review your talk title and return any changes.** Changes can be made up to two-weeks prior to the event.
- **Please follow this [link](#) to upload your talk recording, by **Monday, May 18**.** Click [here](#) to learn more about recording your presentation. Our media team can assist you with recording on your personal computer.
 - Similar to the face-to-face conference, we envision approximately 50-60 minutes for the keynote lecture.

For questions about the scientific programming of this meeting, please contact Dr. Rappuoli at rino.rappuoli@gsk.com and I will serve as the administrative/logistics contact at KristinaH@KeystoneSymposia.Org.

Best,
Kristina

Kristina H. Richardson, MS
Scientific Advisory Board Coordinator
Administrative Assistant: CSO & Global Development
+ (b) (6) | kristinah@keystonesymposia.org

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970.262.1230 | 800.253.0685 | www.keystonesymposia.org
Visit virtual.keystonesymposia.org to view our digital content.



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:11:15 +0000
To: Hahn, Stepher
Subject: FW: Thank You! (FDA Submission: EUA200258)
Attachments: 2AML - COVID-19_ACCREDITATION 1 PAGER.PDF, IMG-20200330-WA0002.jpg

Steve:

They have contacted me, but have you seen this? I am sure that it is one of many that you see.

Thanks,
Tony

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

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From: Eli J. Safdieh (b) (6) >
Sent: Friday, April 24, 2020 4:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: Thank You! (b) (6)

Dear Dr. Fauci,

Hope all is well. Since this crisis has begun, I have been working (b) (4)

(b) (4)

(b) (4)

(b) (4)

(b) (4) I look forward to your positive response.



Best Regards,

Eli J. Safdieh

From: "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)> on behalf of "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Date: Thursday, March 19, 2020 at 10:59 AM
To: Eli Safdieh <(b) (6)>
Subject: RE: Thank You!

Dr. Fauci wanted me to thank you for you note.

Best regards,

Patricia L. Conrad

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

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From: Eli J. Safdieh (b) (6) >
Sent: Thursday, March 19, 2020 5:13 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank You!

Hi Dr.,

Hope all is well with you and your family.

You are a symbol of integrity, nationalism, humanity, brilliance and perseverance. God bless you in all that you do for our country, for human beings and society.

We are praying for your success in mitigating and destroying this epidemic!

Best Regards,

Eli J. Safdieh

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:06:30 +0000
To: Dieffenbach, Carl (NIH/NIAID) [E]
Subject: RE: Documents as discussed

Thanks.

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

From: Dieffenbach, Carl (NIH/NIAID) [E] (b) (6)
Sent: Friday, April 24, 2020 6:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: FW: Documents as discussed

Dr. Fauci,

I feel compelled to let you know directly when ever I talk to or correspond with an IC Director. I know you asked him to reach out. Just closing the loop.

Carl

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

From: Dieffenbach, Carl (NIH/NIAID) [E]
Sent: Friday, April 24, 2020 6:11 PM
To: Singer, Dinah (NIH/NCI) [E] (b) (6)>; Sharpless, Norman (NIH/NCI) [E] (b) (6)>
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)>; Erhelding, Emily (NIH/NIAID) [E] (b) (6)>; Cassetti, Cristina (NIH/NIAID) [E] (b) (6)>
Subject: Documents as discussed

Dinah and Ned,

It was a pleasure talking to you about what you are considering. As we discussed, here is the NIAID Strategic Plan that was just published, and two models of funding opportunity announcements for you to consider as models. I also think the Cancer Centers have aspects of collaboration, shared facilities, and research focus that you can borrow. So much of what NIAID has built is modeled on the Cancer Centers.

NIAID strategic plan for COVID-19

<https://www.niaid.nih.gov/sites/default/files/NIAID-COVID-19-Strategic-Plan-2020.pdf>

Current Centers for AIDS Research FOA

<https://grants.nih.gov/grants/guide/pa-files/pa-20-106.html>

This is a very old RFA. I am sending it because it was NIAID's first attempt to build research capacity for the Level 3 and Level 4 pathogens after the Anthrax events. The current versions of the RFAs have been limited competitions and are a less relevant.

<https://grants.nih.gov/grants/guide/rfa-files/rfa-ai-04-032.html>

With best regards,

Carl

Carl W. Dieffenbach, Ph.D.

Director

Division of AIDS, NIAID

5601 Fishers Lane, Room 8D34

(he, him, his)

Rockville, MD 20852-9831

Phone: (b) (6)

Cell: (b) (6)

Fax: (240) 627-3466

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:05:18 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Interview - john lauermann

Yes.

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: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Sent: Friday, April 24, 2020 7:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>
Subject: FW: Interview - john lauermann
Importance: High

Ok to schedule? This is cleared

From: John Lauerman (BLOOMBERG/ NEWSROOM:) **At:** 04/14/20
18:46:16
To: (b) (6)
Cc: (b) (6), (b) (6)
(b) (6)
Subject: RE: Interview

Hi Jennifer et al: Here are a few questions for Dr. Fauci.

Scientists from the University of Bristol found that the coronavirus has unexpected tendency to large mutations in the spike protein when its grown in monkey cells. This had been seen

before as a virus that was unwilling to mutate. Does this create any concerns about vaccine design and effectiveness?

It now appears that some people who recover from Covid have no antibodies to the SARS-Cov2. What are the possible explanations for this? Has it occurred in other viral diseases? Does it have any implications for the effectiveness of vaccines? Is NIAID investigating this? Is there a possibility that the virus sequesters in cells?

Another feature of coronaviruses appears to be rapidly waning immunity. Has this been seen in any NIAID experiments? What does this suggest about the virus's ability to evade the immune system?

A laboratory at Oxford has suggested that, if all goes well, they may be finished with phase 3 trials in 5000 people by the fall, which could mean as early as September. Does that sound realistic to you?

Some companies are asking regulators to make sure that safety standards are upheld for makers of Covid vaccines, and that corners aren't cut. Is it worth cutting some safety corners to get a Covid vaccine ready for distribution?

How many people should the Moderna vaccine be tested in in phase 3? How long would you expect those trials to take?

Thanks very much, hope we can set this up soon. All best, JL +44 2035 251028

From: [REDACTED] (b) (6) At: 04/12/20 22:38:36
To: John Lauerman (BLOOMBERG/ NEWSROOM:)
Cc: [REDACTED] (b) (6), [REDACTED] (b) (6), [REDACTED] (b) (6)
Subject: RE: Interview

Hi John – sorry we are still trying to get something arranged. Could you send your questions.

Thanks,
Jen

Jennifer Routh [E]
News and Science Writing Branch
Office of Communications and Government Relations

National Institute of Allergy and Infectious Diseases (NIAID)

NIH/HHS

31 Center Drive Room 7A17C

Bethesda, MD 20892

Direct: [REDACTED] (b) (6)

[REDACTED] (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 21:00:27 +0000
To: Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]
Subject: RE: BOLIVIAN COVID-19 GUIDELINES

I cannot co-author anything with them. Make sure they do not slip my name in.

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: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Sent: Saturday, April 25, 2020 7:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Subject: Fwd: BOLIVIAN COVID-19 GUIDELINES

Sent from my iPhone

Begin forwarded message:

From: Quispe Cornejo Armin Alvaro (b) (6) >
Date: April 25, 2020 at 5:30:30 AM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, "Barasch, Kimberly (NIH/NIAID) [C]" (b) (6) >
Cc: (b) (6)
(b) (6) >, Armin Quispe Cornejo (b) (6), (b) (6)
Subject: BOLIVIAN COVID-19 GUIDELINES

Dear Ms. Patricia Conrad

Dear Ms. Kimberly Marie Barasch

I hope you are well despite the current devastating world pandemic.

The **Bolivian Society of Intensive Care** together with the **Bolivian Healthcare Ministry** are writing the national guidelines for the management of COVID-19 in the critically ill patient, an issue that is an emergency worldwide and may become **disastrous** in the low-middle income countries of Latin America if not managed since the beginning with precise, accurate and uniform approaches.

With our team in Erasme University Hospital in Brussels, Belgium, together with Professors **Jean - Louis Vincent, Fabio Taccone, Jean Charles Preiser, Jacques Creteur**, etc., we are preparing the material with other Bolivian and Mexican intensivists, internists, infectologists, imagenologists.

I wonder if Dr. Anthony Fauci would honor us coauthoring and reviewing our last version of some chapters of our guidelines.

Best regards,

AAQC



SPE - CORNEJO,

Medicine PhD fellow (Fell.)

M/MX] — Internista

*critica [UNAM] —
A]*

abetologia — Educación

— SIZ member

8177



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Hôpital
Erasme



Cliniques universitaires de Bruxelles
Route de Lennik 808 - B - 1070 Bruxelles
S www.erasme.ulb.ac.be

[Lien vers Disclaimer](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 26 Apr 2020 20:12:51 +0000
To: Alberti Saverio
Subject: RE: spreading determinants of SARS-CoV-2

Thank you!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Alberti Saverio (b) (6)
Sent: Sunday, April 26, 2020 9:10 AM
To: Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)
Subject: spreading determinants of SARS-CoV-2

Dear Tony,

we are all witnessing the great effort your collaborators and yourself are investing over this pandemic emergency.

As you well know, in Europe and Italy we had the unfortunate privilege of having been first hit hard by the pandemic, after China.

We had the opportunity of meta-analyzing data from 170.000 patients in European countries, for associated determinants of the spreading force of COVID-19.

If this may provide a useful, albeit non gratifying, contribution for the US and other countries, we would feel we had done our job.

best wishes

Saverio

Prof. Saverio Alberti

Genetica Medica

Dipartimento di Scienze Biomediche

Università di Messina

Policlinico "G. Martino"

via Consolare Valeria

98125 Messina

[REDACTED] (b) (6)

[REDACTED]

Skype: [REDACTED] (b) (6) i

email: [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:58:06 +0000
To: (b) (6)
Subject: RE: Covid 19 Double Mechanism. By Dr Brogna Carlo

Thank you for sending this.
Best regards,
AS Fauci

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: c.brogna@libero.it (b) (6)
Sent: Friday, April 17, 2020 7:51 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Covid 19 Double Mechanism. By Dr Brogna Carlo

Dear Dr A. Fauci,

we don't know each other. I was born (b) (6) I am a simple doctor in Medicine and live in a remote Italian region. I am no one. I trust in God that you can read my paper, being published. I send it to you to anticipate the exit times because I trust that we can really understand what Covid 19 is. Being nobody, I did what nobody would have done. I used the few tools I had available and questioned all the papers and data published so far. I describe what the dual mechanism of the Covid-19 can be. I anticipate that the result conclusion is not to my credit but I have been helped. I wish you a good read. May God bless us.

Sincerely with love,

Dr. Carlo Brogna M.D.

(b) (6)

Italia

Avellino-Isernia

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:56:13 +0000
To: Goletti Delia
Cc: Fabrizio Cantini; (b) (6) Lerner, Andrea (NIH/NIAID) [E]; Cassetti, Cristina (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Greg Folkers (b) (6)
Subject: RE: impact of baricitinib in COVID-19-an off label study CONFIDENTIAL

Thank you, Delia. I appreciate the information.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
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From: Goletti Delia (b) (6) >
Sent: Friday, April 17, 2020 8:03 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Fabrizio Cantini (b) (6)
Subject: impact of baricitinib in COVID-19-an off label study CONFIDENTIAL

dear dr Fauci, good morning. I hope you are fine.

Apologies to disturb you but it may be of your interest. I saw in the web that you (NIAID/Fauci) (<https://investor.lilly.com/news-releases/news-release-details/lilly-begins-clinical-testing-therapies-covid-19>) will be support a trial using Baricitinib as part of the ACTT trial...

I collaborated with Fabrizio Cantini (he reads in cc), a reumathologist of Prato to write a letter to J Infection (pdf attached). He conducted an off- label study in patients with mild-moderate pneumonia with COVID-19 [(SpO2) >92% at room-air, and ratio arterial oxygen partial pressure/fractional inspired oxygen (PaO2/FiO2) 100-300 mmHg] to evaluate the impact of baritinib (tablet 4 mg/day) in terms of safety, clinical respiratory improvements, discharge, ICU transfer in 2 weeks; these patients received also lopinavir/ritonavir therapy. The last consecutive patients with moderate COVID-19 pneumonia receiving standard of care therapy (lopinavir/ritonavir and hydroxychloroquine) admitted before the date of the first baricitinib-treated patient served as controls.

The results of this off-label study, with the limit of not been a RCT, are encouraging:

1. Safety: only 1/12 case of transaminase elevation at day 10, likely due to lopinavir ritonavir co-administration because baricitinib is mainly renal secreted
2. Respiratory improvement: SpO2 and ratio arterial oxygen partial pressure/fractional inspired oxygen (PaO2/FiO2) significantly improved;
3. Discharge in 7/12 vs 1/12
4. ICU transfer (0/12 vs 4/12)

I do hope it may be a useful, although I am aware that it is a very preliminary info for you.

Thank you for your attention.

All the best

Delia

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

Inviato: giovedì 16 aprile 2020 00:02

A: Goletti Delia [REDACTED] (b) (6)

Oggetto: RE: Italian press...for you!

Delia:

Thank you very much for sending these.

Best regards,

Tony

From: Goletti Delia [REDACTED] (b) (6) >

Sent: Wednesday, April 15, 2020 2:51 PM

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

Subject: Italian press...for you!

Dear dr Fauci, I disturb you only to let you know that the Italian press is with you!

Dr Ippolito asked me to contribute to prepare a document in support of you which I did with all my hearth. I gave my very minor contribution in supporting the scientific journalist, but with a lot of proud for you.

If you do not have it, below are the some of the links in your favor.

<https://apnews.com/27feaca21519a5eaf555c01313d33b91>

<https://apnews.com/b59d0a2c4c53f1c63a074b0d375fec23>

<https://www.nytimes.com/aponline/2020/04/15/world/europe/ap-eu-virus-outbreak-italy-fauci.html>

<https://www.nytimes.com/aponline/2020/04/15/business/ap-virus-outbreak-the-latest.html>

https://www.washingtonpost.com/world/europe/italian-virus-hospital-offers-fauci-work-if-trump-fires-him/2020/04/15/9b9afac0-7f16-11ea-84c2-0792d8591911_story.html

<https://abcnews.go.com/Health/wireStory/italian-virus-hospital-offers-fauci-work-trump-fires-70160122>

<https://www.ilfattoquotidiano.it/2020/04/15/coronavirus-direttore-spallanzani-scrive-a-mattarella-e-conte-il-licenziamento-di-fauci-sarebbe-un-disastro-e-non-solo-per-usa/5770793/>

https://www.repubblica.it/salute/medicina-e-ricerca/2020/04/15/news/per_favore_non_silurate_anthony_fauci-254087254/
<https://www.sanitainformazione.it/politica/emergenza-covid-19-negli-usa-anthony-fauci-rischia-il-licenziamento-lappello-di-ippolito-spallanzani/>
https://www.adnkronos.com/fatti/cronaca/2020/04/15/coronavirus-pazienti-dimessi-dallo-spallanzani_puDuaZKkoJNylCZ1IDlgPN.html

all the best
Delia

Da: Goletti Delia
Inviato: domenica 12 aprile 2020 19:57
A: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Oggetto: R: all my gratitude and an update

Thank you for your time!
Best regards

Da: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Inviato: domenica 12 aprile 2020 19:53
A: Goletti Delia (b) (6)
Oggetto: RE: all my gratitude and an update.

Delia:

Many thanks for your kind note. It is much appreciated. I am pleased to see that you are getting involved in COVID-19 work. Keep up your excellent work.

Best regards,
Tony

From: Goletti Delia (b) (6)
Sent: Sunday, April 12, 2020 11:02 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: all my gratitude and an update

dear dr Fauci, apologies to write you in these busy days, It is only to express **all my gratitude** for what you have done in your life to fight infectious diseases and what you are doing now for COVID-19. **Your efforts and achievement are in front of the whole world** and for me it is a great honor to have been with you in 1992-1996 at the time of HIV fight. As I told you many times, **you are a model of excellence!**

Only to keep you updated in my life, I am fine, and I mainly work as an ID specialist and scientist at the same place in Rome, the National Institute for Infectious Diseases L. Spallanzani. I am doing 2 days a week outpatients TB clinic and I run a small laboratory on TB research. However, given the pandemia, I shifted the lab activities on COVID-19, in particular on:

1. the role of coinfection (COVID-19 coinfection with tuberculosis, or COVID-19 coinfection with HIV) on the modulation of the in vitro immune specific-response to SARS-CoV-2, or M. tuberculosis or HIV in cells from COVID-19 patients at different clinical stage

2. in vitro evaluation of the immunological and virological effect of baricitinib, an anti-JAK1 and –JAK2 drugs, used in reumathoid arthritis, that has shown using BenevolentAI's proprietary artificial intelligence-derived knowledge graph, as an agent that reduces the SARS-CoV-2 endocytosis into target cells potentially inhibiting the entry.

Moreover, I would be happy to contribute in any activity you may think I am useful.

I wish you a happy Easter in this blessed day.

Thank you for your attention and for **having had the possibility of working with you that has been crucial in my personal and professional life.**

All the best
Delia

Delia Goletti, MD, PhD

Clinical Investigator, Laboratorio del Vecchio, Room 13

Head of Translational Research Unit

Department of Epidemiology and Preclinical Research National Institute for Infectious Diseases L. Spallanzani

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Tel: (b) (6), Fax: +39-06-5582-825

E-mail address: (b) (6)

<http://www.inmi.it/ricerca-tradizionale.htm>; <http://www.inmi.it/ricerca-tradizionale-english.htm>

Professor of Pathology,
Unicamillus University
Rome, Italy

Visiting Professor,
Centre for Immunobiology,
Bizard Institute,
Queen Mary University of London, UK

Top Italian Women Scientist



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 14:41:51 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: RE: Expert U.S. panel develops NIH treatment guidelines for COVID-19

Please send me our press release related to the guidelines

Anthony S. Fauci, MD
Director
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From: Billet, Courtney (NIH/NIAID) [E] (b) (6)>
Sent: Tuesday, April 21, 2020 8:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Lane, Cliff (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E]
(b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: FW: Expert U.S. panel develops NIH treatment guidelines for COVID-19

Your thoughts on Cliff et al doing a COCA call about the new guidelines?
(COCA= CDC's Clinician Outreach and Communication Activity)

From: Billet, Courtney (NIH/NIAID) [E]
Sent: Tuesday, April 21, 2020 8:37 PM
To: Lane, Cliff (NIH/NIAID) [E] (b) (6)>; Masur, Henry (NIH/CC/CCMD) [E]
(b) (6)
Cc: Pau, Alice (NIH/NIAID) [E] (b) (6)>; Doepel, Laurie (NIH/NIAID) [E]
(b) (6)
Subject: RE: Expert U.S. panel develops NIH treatment guidelines for COVID-19

(b) (6)

(b) (6) We don't have to decide this tonight....

From: Lane, Cliff (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, April 21, 2020 8:20 PM
To: Billet, Courtney (NIH/NIAID) [E] (b) (6); Masur, Henry (NIH/CC/CCMD) [E] (b) (6) >
Cc: Pau, Alice (NIH/NIAID) [E] (b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6) >
Subject: Re: Expert U.S. panel develops NIH treatment guidelines for COVID-19

(b) (2)

From: "Billet, Courtney (NIH/NIAID) [E]" (b) (6)
Date: Tuesday, April 21, 2020 at 3:49 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>, "Masur, Henry (NIH/CC/CCMD) [E]" (b) (6) >
Cc: "Pau, Alice (NIH/NIAID) [E]" (b) (6), Laurie Doepel (b) (6)
Subject: FW: Expert U.S. panel develops NIH treatment guidelines for COVID-19

Please advise?

From: Hall, Bill (HHS/ASPA) (b) (6) >
Sent: Tuesday, April 21, 2020 3:46 PM
To: Billet, Courtney (NIH/NIAID) [E] <(b) (6)>
Subject: FW: Expert U.S. panel develops NIH treatment guidelines for COVID-19

Would Cliff and company want to participate in a COCA call that CDC could put on?

From: Bonds, Michelle E. (CDC/OD/OADC) (b) (6) >
Sent: Tuesday, April 21, 2020 2:44 PM
To: Hall, Bill (HHS/ASPA) (b) (6)
Subject: FW: Expert U.S. panel develops NIH treatment guidelines for COVID-19

I see the NIH treatment guidelines news release is out. Are you still interested in hosting a COCA call on these guidelines?

Subject: FW: Expert U.S. panel develops NIH treatment guidelines for COVID-19

Just out, press release from NIH:

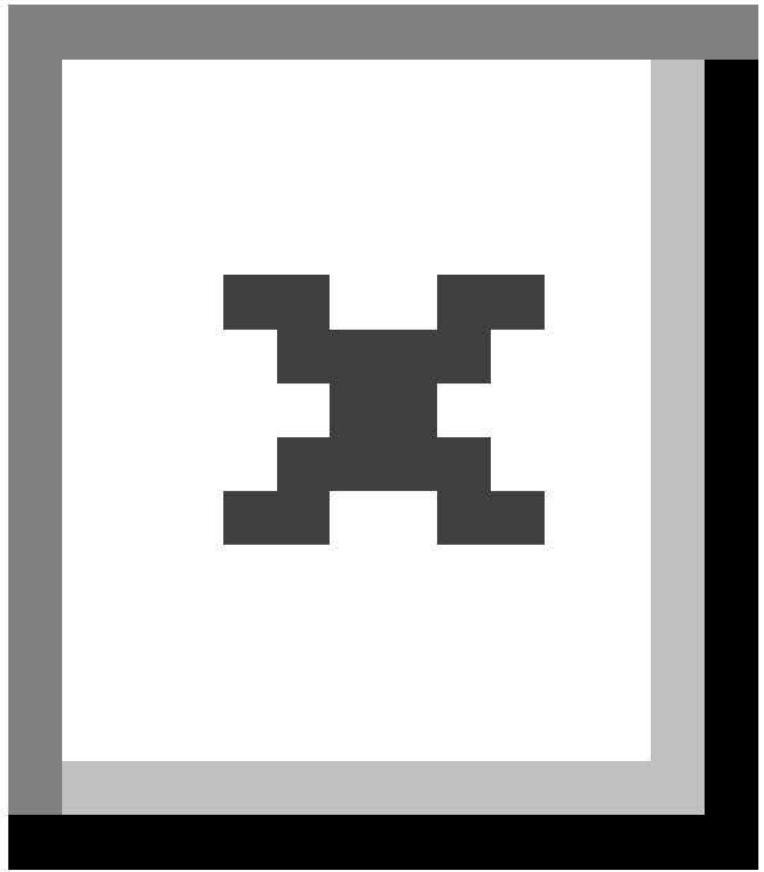
Expert U.S. panel develops NIH treatment guidelines for COVID-19

04/21/2020 11:30 AM EDT

"Living document" expected to be updated often as new clinical data accrue.

Expert U.S. panel develops NIH treatment guidelines for COVID-19

"Living document" expected to be updated often as new clinical data accrue.



Colorized scanning electron micrograph of an apoptotic cell (green) infected with SARS-COV-2 virus particles (orange), isolated from a patient sample. Image captured at the NIAID Integrated Research Facility (IRF) in Fort Detrick, Maryland. *NIAID*

A panel of U.S. physicians, statisticians, and other experts has developed treatment guidelines for coronavirus disease 2019 (COVID-19). These guidelines, intended for healthcare providers, are based on published and preliminary data and the clinical expertise of the panelists, many of whom are frontline clinicians caring for patients during the rapidly evolving pandemic. The guidelines are posted online ([covid19treatmentguidelines.nih.gov](https://www.covid19treatmentguidelines.nih.gov)) and will be updated often as new data are published in peer-reviewed scientific literature and other authoritative information emerges.

The guidelines consider two broad categories of therapies currently in use by healthcare providers for COVID-19: antivirals, which may target the coronavirus directly, and host modifiers and immune-based therapies, which may influence the immune response to the virus or target the virus.

The panel's conclusions about treating COVID-19 with various agents that fall into these two classes of therapies are distilled in summary recommendations. Subsequently, the document provides background information about each agent—such as clinical data about its use, ongoing clinical trials, and known interactions with other drugs—that forms the basis for the Recommendation. Tables briefly outline the same information.

The guidelines also describe the evaluation and stratification of patients based on their risk of infection and severity of illness. Recommendations in this section address best practices for managing patients at different stages of infection, for example:

- Outpatients who are either asymptomatic or who have mild to moderate symptoms and are self-isolating
- Inpatients with severe illness or critical disease

Special considerations for pregnant women and for children who are infected are also included.

A comprehensive section of the guidelines addresses a range of considerations for clinicians caring for the most critically ill hospitalized patients. This section includes multiple

recommendations for patients needing critical care, including infection control procedures, hemodynamic and ventilatory support, and drug therapy.

Finally, the guidelines include recommendations concerning the use of concomitant medications. These include statins; corticosteroids; non-steroidal anti-inflammatory drugs; and certain drugs used to control hypertension, known as ACE inhibitors and ARBs.

The treatment guidelines panel is co-chaired by Roy M. Gulick, M.D., chief of the Infectious Disease Division at Weill Medical Hospital of Cornell University, New York City; H. Clifford Lane, M.D., clinical director of the National Institute of Allergy and Infectious Diseases, National Institutes of Health; and Henry Masur, M.D., chief of the Critical Care Medicine Department at the NIH Clinical Center. Members of the guidelines panel, appointed by the co-chairs, were chosen based on their clinical experience and expertise in patient management, translational and clinical science, and/or the development of treatment guidelines. They include 30 experts drawn from U.S. healthcare and academic organizations, federal agencies, and professional societies.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

From: National Institutes of Health (NIH) <[nih.ocpl@service.govdelivery.com](mailto:.nih.ocpl@service.govdelivery.com)>
Sent: Tuesday, April 21, 2020 12:32 PM
To: Bedrosian, Sara (CDC/OD/OADC) [REDACTED] (b) (6)
Subject: Expert U.S. panel develops NIH treatment guidelines for COVID-19

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Expert U.S. panel develops NIH treatment guidelines for COVID-19

04/21/2020 11:30 AM EDT

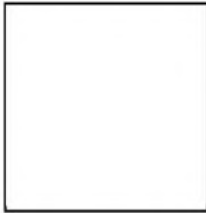
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▪



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 24 Apr 2020 01:11:10 +0000
To: Marks, Peter; Collins, Francis (NIH/OD) [E]
Cc: Mascola, John (NIH/VRC) [E]; Disbrow, Gary (OS/ASPR/BARDA); Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; [REDACTED] (b) (6)
Subject: RE: Vaccine Development
Attachments: Warp Speed Brief Deck 0800 042220.pptx

Peter:

Happy to discuss at your convenience – sooner rather than later. Let us make sure that we

[REDACTED] (b) (5)

[REDACTED] (b) (5). Happy to discuss this in detail with you.

Best regards,
Tony

From: Marks, Peter [REDACTED] (b) (6)>
Sent: Thursday, April 23, 2020 5:50 PM
To: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Cc: Mascola, John (NIH/VRC) [E] [REDACTED] (b) (6); Disbrow, Gary (OS/ASPR/BARDA) [REDACTED] (b) (6)
Subject: Vaccine Development

Dear Francis and Tony,

I know that you have heard murmuring about Project Warp Speed. We had a call today with John Mascola, Carl Dieffenbach, Hilary Marston, Mary Marovich and Emily Erbelding to go through the proposal and discuss how it could feed into the ACTIV effort. [REDACTED] (b) (5)

[REDACTED] They suggested that I contact you to try to set up a brief call to go over the plan. I am attaching a slide deck that provides an overview and am happy to find the time whenever you are available.

Thanks so much for considering,
Peter

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 00:29:08 +0000
To: Collins, Francis (NIH/OD) [E] (b) (6)
Subject: Viral Clades Brufsky 42020 Accepted Final.pdf
Attachments: Viral Clades Brufsky 42020 Accepted Final.pdf

Here is the paper from Pittsburg on the mutations. I will send on separate e-mail the commentary from China on another study

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tuesday, April 21, 2020 3:43 PM
To: Graham, Barney (NIH/VRC) [E] (b) (6)>
Cc: Mascola, John (NIH/VRC) [E] (b) (6)
Subject: FW: Viral Clades Brufsky 42020 Accepted Final.pdf

This is really getting interesting. See attachment.

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From: Hahn, Stephen (b) (6)>
Sent: Tuesday, April 21, 2020 3:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) Redfield, Robert R. (CDC/OD)
<(b) (6)>; Debi Birx (b) (6)>
Subject: Viral Clades Brufsky 42020 Accepted Final.pdf

Sorry for all of the emails. I spoke to Adam who is an oncologist. I thought this might be of interest.
Steve

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 20:29:10 +0000
To: Birx, Deborah L. EOP/NSC
Subject: RE: Serology Test Calculator

(b) (3)

Anthony S. Fauci, MD
Director
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From: Birx, Deborah L. EOP/NSC (b) (6) >
Sent: Tuesday, April 21, 2020 4:06 PM
To: Hahn, Stephen (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >;
Redfield, Robert R. (CDC/OD) (b) (6) >; Giroir, Brett (OS) <(b) (6) >
Subject: Re: Serology Test Calculator

(b) (7) Deb

From: "Hahn, Stephen" (b) (6) >
Date: Tuesday, April 21, 2020 at 3:23 PM
To: "Birx, Deborah L. EOP/NSC" <(b) (6) >, "Fauci, Anthony S (NIH)"
(b) (6) >, "Redfield, Robert R (CDC)" (b) (6) >, "Giroir, Brett (OS)"
(b) (6) >
Subject: Fwd: Serology Test Calculator

From: Shuren, Jeff <(b) (6) >
Date: April 20, 2020 at 6:26:14 PM EDT
To: Hahn, Stephen (b) (6) >, Lenihan, Keagan (b) (6) >, Shah, Anand

(b) (6), Rom, Colin

(b) (6)

Subject: Serology Test Calculator

Attached is a very rudimentary calculator that you are welcome to share with the WHTF/HHS serology WG to calculate the positive predictive value and negative predictive value of individual serology tests and the use of two tests by plugging in the known or estimated sensitivity, specificity, and population prevalence of COVID-19. (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 20:28:43 +0000
To: (b) (6)
Subject: FW: Serology Test Calculator
Attachments: Calculator for PPV and NPV for individual tests and combined protected.xlsx

I will call you about this.

Anthony S. Fauci, MD
Director
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From: Hahn, Stephen (b) (6) >
Sent: Tuesday, April 21, 2020 3:23 PM
To: Debi Birx (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Redfield, Robert R. (CDC/OD) (b) (6) >; Giroir, Brett (OS) (b) (6) >
Subject: Fwd: Serology Test Calculator

From: Shuren, Jeff (b) (6) >
Date: April 20, 2020 at 6:26:14 PM EDT
To: Hahn, Stephen (b) (6), Lenihan, Keagan (b) (6) >, Shah, Anand (b) (6), Rom, Colin (b) (6) >
Subject: Serology Test Calculator

Attached is a very rudimentary calculator that you are welcome to share with the WHTF/HHS serology WG to calculate the positive predictive value and negative predictive value of individual serology tests and the use of two tests by plugging in the known or estimated sensitivity, specificity, and population prevalence of COVID-19. (b) (3)

Calculator for Positive Predictive Value (PPV) and Negative Predictive Value (NPV) for individual tests and combined

Test 1

Sen1	Sp1
97.0%	93.2%

Test 2

Sen2	Sp2
88.0%	96.0%

Prevalence		5.0%			
Test 1					
%Pos1 (Test1=pos)	PPV1 for (Test1=pos)	%Neg1 (Test1=neg)	NPV1 for (Test1=neg)		
11.3%	42.9%	88.7%	99.8%		
Test 2					
%Pos2 (Test2=pos)	PPV2 for (Test2=pos)	%Neg2 (Test2=neg)	NPV2 for (Test2=neg)		
8.2%	53.7%	91.8%	99.3%		
Combined					
%Pos (Test1=pos, Test2=pos)	PPV for (Test1=pos, Test2=pos)	%Discordant (Test1=pos, Test2=neg)	NPV for (Test1=pos, Test2=neg)	%Neg (Test1=neg)	NPV for (Test1=neg)
4.5%	94.3%	6.8%	91.4%	88.7%	99.8%

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 22:21:37 +0000
To: Hahn, Stephen
Cc: Birx, Deborah L. EOP/NSC; Redfield, Robert R. (CDC/OD); Kadlec, Robert (OS/ASPR/IO); Caliguiri, Laura (FDA/OC); Lenihan, Keagan (FDA/OC); Shuren, Jeff (FDA/CDRH); Lane, Cliff (NIH/NIAID) [E]; Shah, Anand (FDA/OC)
Subject: RE: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

Great idea!

Anthony S. Fauci, MD
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From: Hahn, Stephen (b) (6)>
Sent: Saturday, April 18, 2020 6:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Birx, Deborah L. EOP/NSC (b) (6)>; Redfield, Robert R. (CDC/OD) (b) (6); Kadlec, Robert (OS/ASPR/IO) (b) (6); Caliguiri, Laura (FDA/OC) (b) (6); Lenihan, Keagan (FDA/OC) (b) (6); Shuren, Jeff (FDA/CDRH) (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Shah, Anand (FDA/OC) (b) (6)
Subject: RE: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

Team,
Anand Shah, Deputy Commissioner, reached out to the Stanford investigators on our behalf. Very interesting information regarding their research and the test that they are using. They are interested in partnering with us. I'll let Anand give the details.

Anand will be reaching out to the MGH folks, as well. (b) (5)

Steve

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Date: April 18, 2020 at 3:38:39 PM EDT
To: Hahn, Stephen (b) (6)
Cc: Birx, Deborah L. EOP/NSC (b) (6)>, Redfield, Robert R (CDC) (b) (6)
Kadlec, Robert P (OS) (b) (6), Caliguiri, Laura (b) (6),
Lenihan, Keagan (b) (6)>, Shuren, Jeff <(b) (6)>, Lane, Henry
C (NIH) (b) (6)>
Subject: RE: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

Steve:

John Ioannidis is the one that most of us know. He is the person one of your people could reach out to.

Thanks,

Tony

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

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From: Hahn, Stephen (b) (6)
Sent: Saturday, April 18, 2020 3:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Birx, Deborah L. EOP/ (b) (6)>; Redfield, Robert R. (CDC/OD) (b) (6)>; Kadlec, Robert (OS/ASPR/IO) (b) (6)>; Caliguiri, Laura (FDA/OC) (b) (6)>; Lenihan, Keagan (FDA/OC) (b) (6); Shuren, Jeff (FDA/CDRH) (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)
Subject: RE: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

We can certainly work with them. Does anyone know any of these folks?

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Date: April 18, 2020 at 10:51:33 AM EDT

To: Hahn, Stephen (b) (6)
Cc: Birx, Deborah L. EOP/NSC (b) (6), Redfield, Robert R (CDC) (b) (6),
Kadlec, Robert P (OS) (b) (6), Caliguiri, Laura (b) (6),
Lenihan, Keagan <(b) (6)> Shuren, Jeff (b) (6), Lane, Henry
C (NIH) (b) (6)
Subject: RE: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

Steve:

Thanks for the quick reply. The data from the Stanford group (b) (5)

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

Thanks,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Hahn, Stephen (b) (6)>
Sent: Saturday, April 18, 2020 10:31 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Birx, Deborah L. EOP/NSC (b) (6); Redfield, Robert R. (CDC/OD)
(b) (6); Kadlec, Robert (OS/ASPR/IO) (b) (6); Caliguiri, Laura (FDA/OC)
(b) (6); Lenihan, Keagan (FDA/OC) <(b) (6)> Shuren, Jeff
(FDA/CDRH) (b) (6)
Subject: Re: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

Tony,

(b) (5)

(b) (5)

(b) (5).

Steve

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Date: April 18, 2020 at 10:03:32 AM EDT
To: Hahn, Stephen (b) (6)
Cc: Birx, Deborah L. EOP/NSC (b) (6)>, Redfield, Robert R (CDC) (b) (6)
Kadlec, Robert P (OS) (b) (6)>
Subject: FW: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

Steve:

(b) (5)

Thanks,
Tony

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Friday, April 17, 2020 5:44 PM
Subject: medRxiv: COVID-19 Antibody Seroprevalence in Santa Clara County, California

COVID-19 Antibody Seroprevalence in Santa Clara County, California

Eran Bendavid, Bianca Mulaney, Neeraj Sood, Soleil Shah, Emilia Ling, Rebecca Bromley-Dulfano, Cara Lai, Zoe Weissberg, Rodrigo Saavedra, James Tedrow, Dona Tversky, Andrew Bogan, Thomas Kupiec, Daniel Eichner, Ribhav Gupta, John Ioannidis, Jay Bhattacharya

doi: <https://doi.org/10.1101/2020.04.14.20062463>

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

Abstract

Background Addressing COVID-19 is a pressing health and social concern. To date, many epidemic projections and policies addressing COVID-19 have been designed without seroprevalence data to inform epidemic parameters. We measured the seroprevalence of antibodies to SARS-CoV-2 in Santa Clara County. **Methods** On 4/3-4/4, 2020, we tested county residents for antibodies to SARS-CoV-2 using a lateral flow immunoassay. Participants were recruited using Facebook ads targeting a representative sample of the county by demographic and geographic characteristics. We report the prevalence of antibodies to SARS-CoV-2 in a sample of 3,330 people, adjusting for zip code, sex, and race/ethnicity. We also adjust for test performance characteristics using 3 different estimates: (i) the test manufacturer's data, (ii) a sample of 37 positive and 30 negative controls tested at Stanford, and (iii) a combination of both. **Results** The unadjusted prevalence of antibodies to SARS-CoV-2 in Santa Clara County was 1.5% (exact binomial 95CI 1.11-1.97%), and the population-weighted prevalence was 2.81% (95CI 2.24-3.37%). Under the three scenarios for test performance characteristics, the population prevalence of COVID-19 in Santa Clara ranged from 2.49% (95CI 1.80-3.17%) to 4.16% (2.58-5.70%). These prevalence estimates represent a range between 48,000 and 81,000 people infected in Santa Clara County by early April, 50-85-fold more than the number of confirmed cases. **Conclusions** The population prevalence of SARS-CoV-2 antibodies in Santa Clara County implies that the infection is much more widespread than indicated by the number of confirmed cases. Population prevalence estimates can now be used to calibrate epidemic and mortality projections.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 03:05:43 +0000
To: clane@niaid.nih.gov
Subject: FW: FYI - "Coronavirus Disease 2019 (COVID-19) Treatment Guidelines"

Go for it. Congratulations!!! 😊

From: Hall, Bill (HHS/ASPA) (b) (6)>
Sent: Monday, April 20, 2020 10:07 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E] (b) (6)
Subject: Re: FYI - "Coronavirus Disease 2019 (COVID-19) Treatment Guidelines"

Hi Tony,

(b) (5) PCP. I've told John B/Renate/Courtney that everything can post first thing tomorrow morning.

Best regards,
Bill

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Sent: Monday, April 20, 2020 11:53 AM
To: Miller, Katie R. (ovp.eop.gov) (b) (6); Short, Marc T. EOP/OVP (b) (6)>
Cc: Birx, Deborah L. EOP/NSC (b) (6)>; Redfield, Robert R. (CDC/OD) (b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6); Hall, Bill (HHS/ASPA) (b) (6)>; O'Malley, Devin M. EOP/OVP (b) (6); (b) (6) (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6); Myles, Renate (NIH/OD) [E] (b) (6)
Subject: FYI - "Coronavirus Disease 2019 (COVID-19) Treatment Guidelines"

Katie/Marc:

Just as an FYI - "The Coronavirus Disease 2019 (COVID-19) Treatment Guidelines" that were developed here at NIH, and a copy of which I provided to Deb Birx and ultimately to Mark Meadows is moving forward. Mark Meadows

(b) (5)

(b) (3). Press release will come from NIH with clearance through the appropriate channels (see attachment as an FYI). I anticipate that this will happen in the next day or two.

Thanks.

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 23:05:49 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Subject: RE: ask to highlight the incredible work of key federal workers

Correct again.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Monday, April 20, 2020 5:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6) >; NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Cc: Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Subject: RE: ask to highlight the incredible work of key federal workers

(b) (7)

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Monday, April 20, 2020 4:52 PM
To: Folkers, Greg (NIH/NIAID) [E] (b) (6); Billet, Courtney (NIH/NIAID) [E] (b) (6) >; NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Cc: Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Subject: RE: ask to highlight the incredible work of key federal workers

I agree.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Folkers, Greg (NIH/NIAID) [E] <gfolkers@niaid.nih.gov>
Sent: Monday, April 20, 2020 4:52 PM
To: Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>; NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Cc: Stover, Kathy (NIH/NIAID) [E] <kathy.stover@nih.gov>; Routh, Jennifer (NIH/NIAID) [E] <jennifer.routh@nih.gov>
Subject: RE: ask to highlight the incredible work of key federal workers

(b) (5)

From: Billet, Courtney (NIH/NIAID) [E] (b) (6)
Sent: Monday, April 20, 2020 4:40 PM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Cc: Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)>
Subject: FW: ask to highlight the incredible work of key federal workers

Let us discuss. (b) (5)
(b) (5) Any suggestions?

From: Boyse, Natalie (OS/ASPA) (b) (6)>
Sent: Monday, April 20, 2020 4:28 PM
To: Billet, Courtney (NIH/NIAID) [E] (b) (6); Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E] (b) (6)>
Cc: Bird, Catherine (OS/OGC) <(b) (6)>; Brennan, Patrick (OS/ASPA) (b) (6)>
Subject: FW: ask to highlight the incredible work of key federal workers

Hi John, Renate and Courtney –

(b) (5)

Let me know if you have any questions re: this request. I am available and happy to chat this afternoon.
Thanks,
Natalie

Natalie Boyse
Special Assistant, Immediate Office of the Secretary
U.S. Department of Health & Human Services
M [REDACTED]
b

From: Baldwin, Brittany L. EOP/WHO <[REDACTED] (b) (6)>
Sent: Monday, April 20, 2020 3:00 PM
To: Boyse, Natalie (OS/ASPA) [REDACTED] (b) (6)
Subject: ask to highlight the incredible work of key federal workers

Hi Natalie – great talking just now.

(b) (5)

(b) (3)





Please do not hesitate to reach out with questions!

Brittany L. Baldwin
Special Assistant to the President
Speechwriter

D: [redacted] (b) (6)
C: [redacted] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 12:01:43 +0000
To: Collins, Francis (NIH/OD) [E]; Mascola, John (NIH/VRC) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; McManus, Ayanna (NIH/OD) [E]; Wood, Gretchen (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: RE: Pursuant to My Email on Friday

I agree. Let us do it another time.

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: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Monday, April 20, 2020 4:59 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Mascola, John (NIH/VRC) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); McManus, Ayanna (NIH/OD) [E] (b) (6) >; Wood, Gretchen (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C] (b) (6)
Subject: RE: Pursuant to My Email on Friday

With apologies, I just realized that the ACTIV Vaccines working group (which involves John in a significant way, and will be joined today by Tal Zaks from Moderna) meets this morning from 9 – 10 am. Probably we need to pick another time for this pow-wow about the CVP?

Francis

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, April 19, 2020 9:41 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >; Mascola, John (NIH/VRC) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; McManus, Ayanna (NIH/OD) [E] (b) (6) >; Wood, Gretchen (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C] (b) (6) >
Subject: RE: Pursuant to My Email on Friday

Patty:

Please see if we can incorporate this call into our regularly scheduled 9:00 AM call that actually includes some of the same cast of people.

Thanks,

Tony

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Sunday, April 19, 2020 9:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Mascola, John (NIH/VRC) [E] <(b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; McManus, Ayanna (NIH/OD) [E] (b) (6) >; Wood, Gretchen (NIH/OD) [E] (b) (6) >; Tabak, Lawrence (NIH/OD) [E] (b) (6) >
Subject: RE: Pursuant to My Email on Friday

Got it, (b) (6)

Can we have a phone call about this tomorrow at 9:15 am? Anyone else to include (Emily? Cliff?)

Francis

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, April 19, 2020 9:30 PM
To: Mascola, John (NIH/VRC) [E] (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6)

Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: RE: Pursuant to My Email on Friday

Francis:

[REDACTED] (b) (6)

Best,
Tony

From: Mascola, John (NIH/VRC) [E] [REDACTED] (b) (6)
Sent: Sunday, April 19, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: FW: Pursuant to My Email on Friday

<< File: Cov Vaccine Program HHS (draft) 19April20.pptx >>

Tony, Francis,



Happy to discuss.

John

(b) (6)

From: Kadlec, Robert (OS/ASPR/IO) (b) (6)
Sent: Sunday, April 12, 2020 8:59 PM
To: Hassell, David (Chris) (OS/ASPR/IO) (b) (6); Collins, Francis (NIH/OD) [E] (b) (6); Mascola, John (NIH/VRC) [E] (b) (6); Bright, Rick (OS/ASPR/BARDA) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Disbrow, Gary (OS/ASPR/BARDA) (b) (6); Patrick, Vanessa (OS/ASPR/BARDA) (CTR) (b) (6); Moughalian, Jen (HHS/ASFR) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6); Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Marks, Peter (FDA/CBER) (b) (6); Yeskey, Kevin (OS/ASPR/IO) (b) (6)
Cc: Harrison, Brian (HHS/IOS) <(b) (6)>; Dareshori, Zack (HHS/IOS) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Stecker, Judy (OS/IOS) (b) (6); Shuy, Bryan (OS/ASPR/IO) (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6)
Subject: Pursuant to My Email on Friday

I want to share with you the product of the BCG team who drafted the attached briefing and Decision Memo drafted for the Secretary's review tomorrow. I want to thank all those who contributed over this holiday weekend to offer their ideas and concepts that is represented in these products. This represents just a first step of many steps that first outlines a concept that will then be operationalized into a historic effort for not only the Department and agencies who will contribute to it, but to our Nation. Again, thank you for your contributions and commitment. Best Bob

<< File: Vaccine strategy-200411-v 13.pptx >> << File: Secretary Determination Memorandum-
Project Warp Speed-041120 1825 draft.doc >>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 20 Apr 2020 01:34:55 +0000
To: Mascola, John (NIH/VRC) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Pursuant to My Email on Friday

OK. Let us discuss tomorrow.

From: Mascola, John (NIH/VRC) [E] (b) (6) >
Sent: Sunday, April 19, 2020 6:11 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] <(b) (6) >
Subject: FW: Pursuant to My Email on Friday

Tony,

One key point that may be easier to review with 5 min call, whenever you get the chance.

John

From: Mascola, John (NIH/VRC) [E]
Sent: Sunday, April 19, 2020 5:13 PM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: RE: Pursuant to My Email on Friday

Francis,

(b) (5)

If still not so clear, feel free to call.

John

(b) (6)

From: Collins, Francis (NIH/OD) [E] (b) (6)

Sent: Sunday, April 19, 2020 5:04 PM

To: Mascola, John (NIH/VRC) [E] (b) (6) >

Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >

Subject: RE: Pursuant to My Email on Friday

Hi John,

Thanks for your thoughtful note.

(b) (5)

(b) (5)

Francis

From: Mascola, John (NIH/VRC) [E] <(b) (6)>

Sent: Sunday, April 19, 2020 4:24 PM

To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Collins, Francis (NIH/OD) [E] (b) (6)>

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

Subject: FW: Pursuant to My Email on Friday

<< File: Cov Vaccine Program HHS (draft) 19April20.pptx >>

Tony, Francis,



Happy to discuss.

John

(b) (6)

From: Kadlec, Robert (OS/ASPR/IO) (b) (6)
Sent: Sunday, April 12, 2020 8:59 PM
To: Hassell, David (Chris) (OS/ASPR/IO) (b) (6); Collins, Francis (NIH/OD) [E] (b) (6); Mascola, John (NIH/VRC) [E] (b) (6); Bright, Rick (OS/ASPR/BARDA) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Disbrow, Gary (OS/ASPR/BARDA) (b) (6); Patrick, Vanessa (OS/ASPR/BARDA) (CTR) (b) (6); Moughalian, Jen (HHS/ASFR) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6); Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Marks, Peter (FDA/CBER) (b) (6); Yeskey, Kevin (OS/ASPR/IO) (b) (6)
Cc: Harrison, Brian (HHS/IOS) (b) (6); Dareshori, Zack (HHS/IOS) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Stecker, Judy (OS/IOS) (b) (6); Shuy, Bryan (OS/ASPR/IO) (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6)
Subject: Pursuant to My Email on Friday

I want to share with you the product of the BCG team who drafted the attached briefing and Decision Memo drafted for the Secretary's review tomorrow. I want to thank all those who contributed over this holiday weekend to offer their ideas and concepts that is represented in these products. This represents just a first step of many steps that first outlines a concept that will then be operationalized into a historic effort for not only the Department and agencies who will contribute to it, but to our Nation. Again, thank you for your contributions and commitment. Best Bob

<< File: Vaccine strategy-200411-v 13.pptx >> << File: Secretary Determination Memorandum-Project Warp Speed-041120 1825 draft.doc >>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 22 Apr 2020 14:55:57 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Coronavirus Questions for the Office of the Surgeon General

Please make sure that I call this person tomorrow [REDACTED] (b) (6).

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

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From: [REDACTED] (b) (6) MEDCOM (USA) [REDACTED] (b) (6)
Sent: Tuesday, April 21, 2020 9:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: RE: Coronavirus Questions for the Office of the Surgeon General

Dr. Fauci,

Thank you for responding to my request for information. Please be safe.

[REDACTED] (b) (6)

[REDACTED] (b) (6) My cell phone number is [REDACTED] (b) (6).

r/
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Tuesday, April 21, 2020 12:49 PM
To: [REDACTED] (b) (6) MEDCOM (USA) [REDACTED] (b) (6)
Cc: Lerner, Andrea (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: [Non-DoD Source] FW: Coronavirus Questions for the Office of the Surgeon General

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

(b) (6)

Thank you for your note. Shown below are my answers to your questions. I hope that you find them helpful.

- 1. How do you recommend I reassure our staff on dealing with the stressors of COVID-19?**

This is indeed an unprecedented and stressful time. Stress can often come from the unknown. In times of stress it is critical to take care of one's physical health, by eating well, getting enough sleep, and exercising. In addition, maintaining connections with family and friends (via phone calls, email, or video chatting) while physically socially distancing is very important.
- 2. Can COVID-19 be contracted from a corpse?**

Infection control measures should be undertaken when dealing with deceased individuals with known or suspected COVID-19. The CDC provides guidance on this issue here: [Caution-https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html) < [Caution-https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html) >
- 3. If someone has been a user of Hydroxychloroquine for years, are they susceptible to contracting COVID-19?**

Clinical trials are underway to determine if hydroxychloroquine is effective in preventing COVID-19 in exposed persons. Until we know the answer to this question, persons who take hydroxychloroquine on a daily basis for another medical condition should consider themselves vulnerable to COVID-19 and take appropriate and recommended measures to protect themselves.
- 4. Are masks and gloves truly effective, if so, why are so many medical professionals contracting the virus?**

I believe that infection control strategies which include proper use of personal protective equipment (PPE) as recommended by the CDC are effective. [Caution-https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2FCaution-www.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2FCaution-www.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html) < [Caution-https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2FCaution-www.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2FCaution-www.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html) >

In cases where inadequate PPE is worn, or if is not put on/taken off according to proper procedure, the risk of contracting COVID is increased. In addition, healthcare workers on the front lines can be exposed if they encounter a patient who is not initially suspected of having COVID-19 without PPE, especially if they are exposed to aerosol generating processes.

5. What is the most important thing we should be doing, other than social distancing?

Social distancing is key in order to avoid coming into contact with someone with COVID-19, but washing one's hands often (or using an alcohol-based hand sanitizer) and avoiding touching one's face with unwashed hands are critical as well, especially when coming into contact with surfaces that may have been touched by others or public places.

6. Finally, what keeps you up at night, regarding COVID-19?

I have said in the past that what keeps me up at night is the possibility of a pandemic respiratory infection. We are in that reality now, and what keeps me up at night is the response, a major part of which is the development of an effective vaccine and treatments for COVID-19.

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

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(b) (6)

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From: (b) (6) MEDCOM (USA) (b) (6)

(b) (6) > >

Sent: Tuesday, April 14, 2020 9:13 AM

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

Subject: Coronavirus Questions for the Office of the Surgeon General

Dr. Fauci,

I am (b) (6), the antiterrorism and insider threat officer for the Office of the Surgeon General (Army) / U.S. Army Medical Command. I have been in government for nearly thirty-four years, and this is new to me. I see and hear the concerns of many people. You are the voice of reason for millions of concerned citizens. I have a few questions for you:

1. How do you recommend I reassure our staff on dealing with the stressors of COVID-19?

2. Can COVID-19 be contracted from a corpse?
3. If someone has been a user of Hydroxychloroquine for years, are they susceptible to contracting COVID-19?
4. Are masks and gloves truly effective, if so, why are so many medical professionals contracting the virus?
5. What is the most important thing we should be doing, other than social distancing?

Finally, what keeps you up at night, regarding COVID-19?

Thank you for your time and please be safe.

r/

(b) (6) Antiterrorism and Insider Threat Officer
Office of the Surgeon General and U.S. Army Medical Command
Mission Assurance and Protection Division
Fort Sam Houston, TX 78234
Cell phone: (b) (6)



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 21 Apr 2020 17:48:36 +0000
To: (b) (6)
Cc: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Coronavirus Questions for the Office of the Surgeon General

(b) (6)

Thank you for your note. Shown below are my answers to your questions. I hope that you find them helpful.

- 1. How do you recommend I reassure our staff on dealing with the stressors of COVID-19?**
This is indeed an unprecedented and stressful time. Stress can often come from the unknown. In times of stress it is critical to take care of one's physical health, by eating well, getting enough sleep, and exercising. In addition, maintaining connections with family and friends (via phone calls, email, or video chatting) while physically socially distancing is very important.
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Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

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National Institutes of Health

Bethesda, MD 20892-2520

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From: (b) (6) MEDCOM (USA) (b) (6)

Sent: Tuesday, April 14, 2020 9:13 AM

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

Subject: Coronavirus Questions for the Office of the Surgeon General

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(b) (6), Antiterrorism and Insider Threat Officer
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Mission Assurance and Protection Division
Fort Sam Houston, TX 78234
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☎ (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 20:35:32 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Greg Folkers (b) (6)
Subject: FW: Coronavirus Questions for the Office of the Surgeon General

Please fashion some responses to his questions for me to send back to him
Thanks.

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

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From: (b) (6) USARMY MEDCOM (USA) (b) (6) >
Sent: Tuesday, April 14, 2020 9:13 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Coronavirus Questions for the Office of the Surgeon General

Dr. Fauci,

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Thank you for your time and please be safe.

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(b) (6), Antiterrorism and Insider Threat Officer
Office of the Surgeon General and U.S. Army Medical Command
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Fort Sam Houston, TX 78234

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

Please take a look and handle.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
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From: Benoit Ponton <bponton@coa-qc.ca>
Sent: Friday, April 17, 2020 8:57 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Contact (b) (6)
Subject: COVID-19 - Potential Treatment

COVID-19 – Potential Treatment

April 17, 2020

National Institute of Allergy and Infectious Diseases,
National Institutes of Health
31 Center Drive MSC 2520
Building 31, Room 7A03
Bethesda, MD 20892-2520

C/O Anthony S. Fauci, M.D.

Hello Dr. Fauci,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- See also reference 22 below.

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

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



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

CONCLUSION

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

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

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

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

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

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

Cordially,

Benoit Ponton
BP/bp

CC: M. Pierre FRANCHOMME

2150, rue Marianne-Baby
Chambly, QC, Canada J3L 0A3
Office (450) 447-4872
Cell phone [REDACTED] (b) (6)
Email bponton@cpa-qc.ca

SCIENTIFIC PUBLICATIONS

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

1. Garozzo, A., Timpanaro, R., Bisignano, B., Furneri, P. M., Bisignano, G., & Castro, A. (2009). **In vitro antiviral activity of Melaleuca alternifolia essential oil.** Letters in applied microbiology, 49(6), 806-808.
<https://sfamjournals.onlinelibrary.wiley.com/doi/full/10.1111/j.1472-765X.2009.02740.x>
2. Reichling, J., Schnitzler, P., Suschke, U., & Saller, R. (2009). **Essential oils of aromatic plants with antibacterial, antifungal, antiviral, and cytotoxic properties—an overview.** Complementary Medicine Research, 16(2), 79-90.
<https://www.karger.com/Article/Abstract/207196>

3. Schnitzler, P., Schon, K. and Reichling, J. (2001) **Antiviral activity of Australian tea tree oil and eucalyptus oil against herpes simplex virus in cell culture.** *Pharmazie* 56, 343–347. <https://www.ncbi.nlm.nih.gov/pubmed/11338678>
4. Mohammad, A., & Mehmood, D. **In Vivo Anti-Viral Effect of Melaleuca alternifolia (Tea Tree Oil) and Olea europaea (Olive Leaf Extract) on Vero Cell Adapted Avian Influenza Virus.** *Human Journals. Research Article* December 2018 Vol.:14, Issue:1 Citation: Mohammad Danish Mehmood et al. *Ijppr.Human*, 2018; Vol. 14 (1): 7-19. https://www.researchgate.net/publication/331149520_In_Vivo_Anti-Viral_Effect_of_Melaleuca_alternifolia_Tea_Tree_Oil_and_Olea_europaea_Olive_Leaf_Extract_on_Vero_Cell_Adapted_Avian_Influenza_Virus
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6. Ankita, S., Chandra, S. S., & Arti, T. (2013). **Phytochemical study and antimicrobial activities of cinnamomum camphora.** *World Journal of Pharmaceutical research* Volume 3, Issue 2, 2287-2294. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwildf5OHoAhUEZN8KHZDjBdMQFjABegQIBBAB&url=https%3A%2F%2Fwjpr.net%2Fdownload%2Farticle%2F1400323946.pdf&usq=AOvVaw0WLDkK22oqsjVQCt6bqmXeb>
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:46:44 +0000
To: Del Rio, Carlos
Subject: RE: released.

Thanks, Carlos.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
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Bethesda, MD 20892-2520
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From: Del Rio, Carlos (b) (6) >
Sent: Friday, April 17, 2020 11:16 AM
To: 'Birn, Deborah L. EOP/NSC' (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Cc: Rochelle Walensky MD, MPH (b) (6) >
Subject: released.

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

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

Sincerely,

Carlos

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:40:55 +0000
To: Walensky, Rochelle, M.D., M.P.H.
Subject: RE: released.

Thanks, Rochelle!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
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From: Walensky, Rochelle, M.D., M.P.H. (b) (6) >
Sent: Friday, April 17, 2020 11:54 AM
To: Carlos del Rio (b) (6) >; 'Birx, Deborah L. EOP/NSC' (b) (6);
Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: RE: released.

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

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

55 Fruit Street, GRJ 504J floor
Boston, MA 02114-2696
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Fax: 617-726-7416
Email: (b) (6)
Pronouns: she/her/hers

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

External Email - Use Caution

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

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

Sincerely,

Carlos

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

Jeff:

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

Best,
Tony

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

Tony,

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

I'd be grateful for your comments.

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

Best regards,

Jeff

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

Andrea:

This is a former post-doc in my lab. Please read this, get back to her apologizing that I could not respond [REDACTED] obviously can have no part in it.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Ehrenreich, Hannelore [REDACTED]
Sent: Friday, April 17, 2020 1:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED]
Subject: Concept Paper for NEJM on Novel Clinical Trial in COVID-19

Dear Tony,

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

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

[REDACTED] (b) (6), (b) (4)

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

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

All my best, Hannelore

——Ursprüngliche Nachricht——

Von: Ehrenreich, Hannelore

Gesendet: Samstag, 21. März 2020 13:24

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

Betreff: THANK YOU from Germany

Dear Tony,

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

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

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

STAY HEALTHY!

All my best, Hannelore

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

37075 Göttingen

GERMANY

Tel: [REDACTED] (b) (6)

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Prof. hon. University of Göttingen

Faculty of Biology & Psychology

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 18 Apr 2020 19:21:39 +0000
To: Stover, Kathy (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: FOR ASF REVIEW: Draft MA re: NIAID COVID 19 Strategic Research Plan

Looks fine. Thanks.

Anthony S. Fauci, MD
Director
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From: Stover, Kathy (NIH/NIAID) [E] (b) (6) >
Sent: Friday, April 17, 2020 2:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6) >; Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Subject: FOR ASF REVIEW: Draft MA re: NIAID COVID 19 Strategic Research Plan

Hi Dr. Fauci,

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

Best,
Kathy

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

Bethesda, MD 20892

Phone: (b) (6)

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NIAID Media Line: (301) 402-1663

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

Steve:

(b) (3)

Tony

Anthony S. Fauci, MD
Director
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Saturday, April 18, 2020 1:54 PM
Subject: Boston Globe: Nearly a third of 200 blood samples taken in Chelsea show exposure to coronavirus

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

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

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



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

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

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

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

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

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

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

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

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

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

Related: [Chelsea city manager sounds urgent alarm, calls for residents to stay home 24 hours a day](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sent from my iPhone

Begin forwarded message:

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

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

Larry

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

Sent from my iPhone

Begin forwarded message:

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

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

Howard Bauchner, MD
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

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

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

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

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

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

HCB

Howard Bauchner, MD
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

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

[Warning External Email]
Hello Howard,

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

Keep up the amazing work.

Kind regards,

Maurizio

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

President Elect ESICM

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

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

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

[REDACTED] (b) (5)

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

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

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

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

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

More answers to [frequently asked questions about CDC's influenza burden estimates](#) are available.

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

Let us make sure that we discuss this.

Begin forwarded message:

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

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

PLEASE NOTE NEW PHONE NUMBER

Alice Park

TIME

(b) (6)

alice.park@time.com

@aliceparkny

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

Dear

Dr. Fauci,

Thank

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

Building

on the impact of our annual TIME

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

Thursday, April 23,

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

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

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

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

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

As

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

Nancy Pelosi,

Apple CEO

Tim Cook,

Primatologist

Jane Goodall,

White House Adviser

Jared Kushner,

Chef

José Andrés,

Me Too Movement Founder **Tarana Burke,**

Producer Director

Ryan Murphy,

and many others.

Thank

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

Looking forward to hearing from you.

Best,

Alice

PLEASE NOTE NEW PHONE NUMBER

Alice Park

TIME

(b) (6)

alice.park@time.com

@aliceparkny



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

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

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

(b) (6) wrote:

Tony,

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

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

All the best,

Tom

Tom Frieden, MD, MPH

President and CEO

www.DrTomFrieden.net

(b) (6)

<image001.png>

<image002.png>

<image003.jpg>

RESOLVE TO SAVE LIVES
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<COV035_BoxItInBriefing_FINAL.pdf>







RESOLVE

TO SAVE LIVES

AN INITIATIVE OF VITAL STRATEGIES

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

Please take a look at this and respond. Thanks.

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

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

[REDACTED] (b) (4)

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

(b) (6)

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

Greg:

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

Thanks,

Tony

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

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

Dear Colleagues,

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

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

- The COVID-19 SIG Moderators

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

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

Francis:

(b) (5)

Best,
Tony

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

(b) (5)

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

(b) (5)

Francis

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

Matt:

(b) (7)

(b) (7). Let us discuss further.

Best regards,
Tony

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

Deb, Tony,

(b) (5)

Best,
Matt

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

Matt,

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

James

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

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

Matt,

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

Please watch this explanation from Extivita in Durham:

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

Please help us connect to the right people.

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

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

Leland

(b) (6)

James,

Thanks very much for your help.

Leland



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

April 16, 2020

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

Dear Sir,

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

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

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

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

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

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

The idea is no longer new or unique.

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

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

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

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

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

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

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

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

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

All safety issues are addressed in the plan.

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

This is important to me personally

(b) (6)

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

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

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

I sure would appreciate your help.

Semper Fi!

Sincerely,
Edward A. Betts

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

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

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

Sir:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Semper Fi!

Respectfully,

Ralph E. Crafts
Marshall, Virginia

(b) (6)

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

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

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

Continue to ignore me.

http://www.htct.com.br/en-hemoglobin-value-may-be-decreased-avance-52531137920300298?fbclid=IwAR3zdsJZE_1M5gxNpqzrlf862INibRMFPJ9cfRLnsC2FqZNkjCrsW4KDtGc

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

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

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

Dear Dr. Backon,

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

Thank you,

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

From: Dr. Josh Backon <backon@mail.huji.ac.il>

Sent: Wednesday, April 8, 2020 7:37 AM

To: Coleman, Amanda (NIH/NIAID) [C] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)

Subject: Covid-19, thromboxane inhibitors, and heme binding (O2 desaturation)

I have a suggestion for 3 potent antiviral agents, cheap and readily available, that may prevent viral shedding. No viral shedding? No infectivity. The concept is that EVERYONE should take these items. Two of the items also positively affect heme binding. Covid-19 binds to heme causing O2 desaturation, lung failure and death.

First a short bio:

Dr. Josh Backon was affiliated with the Hebrew University Faculty of Medicine for over 33 years. He has a good track record (84+ publications quoted by over 750 other researchers

www.google.com/scholar?start=0&q=%22backon++j.%22&hl=en&as_sdt=0,5

and in over 250-300 texts as per

<https://www.google.com/search?tbo=p&tbm=bks&q=%22backon+j.+%22&num=100>).

In the 1980's he was Consulting Editor of the Journal of Pediatric Endocrinology, Editor of Reviews in Pure and Applied Pharmacological Sciences, and Associate Editor of the International Journal of Adolescent Medicine and Health. From 1990-2004, he was a consultant on emergency planning and management at Israel's National Police Headquarters with Nitzav Mishneh Danny Fisher.

=====

Chloroquine, an antimalarial drug, is now being used to treat Covid-19. Its mechanism was found in the 1970's to inhibit thromboxane

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

The problem with chloroquine was that it also elevated levels of prostaglandin F2alpha. In 1980, Srivastava, an Indian biochemist working in Denmark found that GINGER is a potent inhibitor of thromboxane synthetase. I wrote a number of papers in the 1980's on use of ginger:

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

CHLOROQUINE FOR TREATING COVID-19

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=chloroquine+covid-19&oq=ch&fbclid=IwAR11Le376M22_IUr3UsD6_yz-sASmpGgIpl3h3PTOpCHA4Ycu321ZPevD-A

-

GINGER IS A POTENT ANTIVIRAL

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

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

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

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

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

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

-

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

N-ACETYLCYSTEINE

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

PIPERINE

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

COVID-19 BINDS TO HEME

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

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

THROMBOXANE AND HEME BINDING

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

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

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

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

11 classic Indian spices: saffron, fenugreek, cardamom, cloves, cassia, cumin, coriander, and nutmg

<https://www.thekitchn.com/11-essential-spices-for-indian-cooking-223152>

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

ANTIPARASITIC DRUG IVERMECTIN KILLS COVID-19

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

IVERMECTIN AFFECTS THROMBOXANE

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

≡

CARBON DIOXIDE AS THROMBOXANE INHIBITORS

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

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

Effect of carbon dioxide on platelet aggregation in cats

ÉS Gabrielyan, ÉA Amroyan - Bulletin of Experimental Biology and ..., 1984 - Springer
Products of the arachidonic acid cascade have been shown to play an important role in regulation of the blood supply to several organs, including the brain [1, 8]. Cyclic derivatives of arachidonic acid play a definite role in the mechanisms of action of many known ...

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

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

https://www.the-scientist.com/news-opinion/cats-ferrets-susceptible-to-sars-cov-2-study-67374?utm_campaign=TS_DAILY+NEWSLETTER_2020&utm_source=hs_email&utm_medium=email&utm_content=85706789&hsenc=p2ANqtz--SZXoVVbO1SHcR025FPiWgMcM3_nz7fHSHOrKRp9f-LxTy9Bxi0Jsl7hJtDQ_oDM2xsozsh438n5c_1Mj-78bT3Rz2mQ&hsmi=85706789&fbclid=IwAR3bW76GVI4rConuw7YPcDL9IZE9JkQQS5m9Lu_y-RE4y2LNmo0o6v_taFUk

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

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

David:

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

Best regards,

Tony (b) (6)

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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

4/13/20

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

Dear Dr. Fauci:

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

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

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

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

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

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

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

Our prayers are with you.

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

(b) (6)

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

Thanks, Dan.
Best,
Tony

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

Dear Tony:



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

Best,

Dan

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

NexImmune
Directing T cell function to restore natural immunity

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

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

Best,
Tony

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

Tony,

Hope all is well and that you are staying safe and healthy. (b)(7) PCP

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

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

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

Activity Type: Strategic Plan

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

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

Office: NIAID, Office of the Director

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

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

Action Date: Estimated 4/17/2020

Type of Action: Publication

Potential for Press Coverage: Mainstream Press

Press Release in Development?: Yes

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

- **Activity Type:** Significant scientific finding

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

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

ICO: NIAID

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

POC Email: (b) (6)

Action Date: TBD week of April 13, 2020

Type of Action: Report/Publication

Potential for Press Coverage: Mainstream Press

Press Release in Development?: Yes

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

Best,

Tara A. Schwetz, PhD

Acting Director, NINR

Associate Deputy Director, NIH

A: Building 1, Room 138

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

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 16 Apr 2020 11:32:27 +0000
To: (b) (6)
Subject: FW: New web portal --- UW IDEA: COVID-19 Treatment <https://bit.ly/3ckkv48>

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

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, April 14, 2020 5:19 PM
Subject: New web portal --- UW IDEA: COVID-19 Treatment <https://bit.ly/3ckkv48>

The screenshot shows the homepage of the COVID-19 Treatment website. At the top, there is a navigation bar with icons and labels for 'U.S. Clinical Trials', 'COVID-19 Treatments', 'Treatment Guidance', 'Teaching Resources', 'Master Bibliography', and 'COVID-19 Resources'. Below the navigation bar, the text 'University of Washington / IDEA Program' is displayed. The main heading is 'COVID-19 Treatment'. A paragraph below the heading states: 'Our main goal is to provide up-to-date information and teaching slide decks focused on clinical trials and published data related to potential high-impact treatments of persons with COVID-19.' There are three main content boxes: 'U.S. Clinical Trials' (with a sub-heading 'Quick links to COVID-19 clinical trials and registered access programs in the United States. The treatment regimens and trial ID are organized alphabetically.'), 'Treatments' (with a sub-heading 'Selected high-impact and high-interest COVID-19 treatments. Includes medication summaries, studies, and research study references.'), and 'Teaching Resources' (with a sub-heading 'COVID-19 treatment Presentations slide decks. All slide decks can be downloaded and used for educational purposes without obtaining permission from our website.'). At the bottom, there is an 'About this website' section stating 'This website was developed at the University of Washington and is produced by the University of Washington Infectious Disease' and an 'Editors' section listing 'David H. Spach, MD, Professor of Medicine, Division of Infectious Diseases' and 'Gretchen Snoeyenbos Newman, MD, Senior Editor'.

Disclaimer: Any third-party material in this email has been shared for internal use under fair use provisions of U.S. copyright law, without further verification of its accuracy/veracity. It does not necessarily represent my views nor those of NIAID, NIH, HHS, or the U.S. government.

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

Please handle.

From: Schwetz, Tara (NIH/OD) [E] ([REDACTED])
Sent: Tuesday, April 14, 2020 8:52 PM
To: ICDDIR-L@list.nih.gov
Cc: List DEPDIR-L <DEPDIR-L@list.nih.gov>; NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>
Subject: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

Colleagues,

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

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

The ask in short:

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

Best,

Tara A. Schwetz, PhD
Acting Director, NINR

Associate Deputy Director, NIH

A: Building 1, Room 138

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

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

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

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

Dear Anthony

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

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

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

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

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

You can call me anytime.

Best regards

Nils

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

University Hospital Zurich
Switzerland
Rämistrasse 100, RAE C 13
CH-8091 Zürich

Tel: [REDACTED] (b) (6)
www.angiologie.usz.ch

USZ Universitäts
Spital Zürich

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

Ray:

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

Best regards,
Tony

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

Dear Dr. Fauci,

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

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

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

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

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

Stefano:

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

Best regards,
Tony

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

Dear Tony and NIAID friends –

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

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

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

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

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

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

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

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

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

Sincerely,



Stefano Bertuzzi
Chief Executive Officer, ASM

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone + (301) 634-7600

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

Please take a look at this and handle. Thanks.

From: Schwetz, Tara (NIH/OD) [E] (b) (6) >
Sent: Wednesday, April 15, 2020 8:59 PM
To: ICDDIR-L@list.nih.gov
Cc: List DEPDIR-L <DEPDIR-L@list.nih.gov>; NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>; Gladman, Jordan (NIH/OD) [E] <(b) (6) >
Subject: Re: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

All,

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

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

Best,

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

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

Colleagues,

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

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

The ask in short:

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

Best,

Tara A. Schwetz, PhD

Acting Director, NINR

Associate Deputy Director, NIH

A: Building 1, Room 138

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

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

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

Thanks,

Tony

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

Hi Dr. Fauci,

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

Best,
Renate

Renate Myles, MBA
Deputy Director for Public Affairs
Office of Communications and Public Liaison
National Institutes of Health
Tel: (b) (6)

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

Patty:

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

Thanks,

Tony

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

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

Francis

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

Good Afternoon,

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

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

Regards,

Nicole Parker, Ph.D.

AIRI Washington Office - Lewis-Burke Associates, LLC

440 1st Street NW Suite 700

Washington, DC 20001

202-289-7475

Nicole@lewis-burke.com

www.lewis-burke.com

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

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

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

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

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

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

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

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

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

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

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

Greg:

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

Thanks,

Tony

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

ASF – <(b) (6)>. Please review if/when u have a chance.
Clean version and tracked version.

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

(b) (5)

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

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

(b) (5)

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

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

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

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

Hi Courtney and Patricia,

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

Thanks!

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

(b) (6)

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

Carolyn:

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

Best regards,
Tony

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

Dear Tony,

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

Carolyn

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

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

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

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

(b) (6)

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

Good afternoon,

Vice President will be joining a call with Senate Democrats on Thursday April 16 at 1:00pm. The call will be routed through the (b) (6) similar to last week's call. Please have your principal dial into the (b) (6) at (b) (6) at 5 minutes prior to the start. They will be patched into the Vice President and then together into the Senate calls.

1PM-2PM Senate Democratic Caucus

(b) (6)

Please confirm your principal Thursday 4/16

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

Thank you,

Sara Edwards
Office of the Vice President

To: Mollet, Melissa (NBCUniversal, WRC)

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

Melissa,

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

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

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

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

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

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

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

Thanks so much for passing this on.

Best,

Jake

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

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

—

SCHULMANBHATTACHARYA



**James "Jake" Schaller
Attorney**

jschaller@schulmanbh.com

www.SchulmanBH.com

Direct: (240) 356-9508

Cell: (b) (6)

Main Office:

**The Clark Building
7500 Old Georgetown Road, Suite 901
Bethesda, Maryland 20814
Receptionist: (240) 356-8550
Fax: (240) 356-8558**

Bio-Tech Corridor Office:

**The GSK Building
14200 Shady Grove Road, Suite 600
Rockville, Maryland 20850**

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

What do you think? Let us discuss.

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

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

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

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

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

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

Please stay safe & healthy.

All the best,
Mike

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

Tengiz:

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

Best regards,

Tony

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

Dear Dr. Fauci,

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

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

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

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

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

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

Sincerely,

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

<photo.jpg>

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

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

Good afternoon Dr. Anthony Fauci,

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



Julio C. Gali Filho, MD

Research and Development, JJMED, Sorocaba, SP, Brazil

(b) (6)

(b) (6)

Julio C. Gali, MD, PhD

Department of Orthopaedics

Faculty of Medical Science and Health

Catholic University of Sao Paulo

Sorocaba/SP – Brazil

(b) (6)

(b) (6)

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

Fred:

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

Best regards

Tony

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

Tony,

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

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

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

Warmly,

Fred

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

Great idea!!

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

Hi Tony,

Greetings from (b) (6)

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

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

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

Warm wishes,
Roger

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

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

Subject: RE: COVID-19 Response Corps

Hi all,

Updates:

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

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

Any other updates please send to me.

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

PK

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

Subject: RE: COVID-19 Response Corps

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

Thanks all for the robust discussion. Some updates:

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

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

Thanks,
PK

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

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

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

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

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

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

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

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

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

PK

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

Subject: NEIM- ensuring and sustaining a pandemic workforce

attached

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

Subject: [External] RE: UPDATE: COVID-19 Response Corps

Welcome Marcus Plescia, chief medical officer of ASTHO!

Updates:

1. CSIS podcast "Coronavirus Crisis Update" with Congresswoman Susan Brooks (R-IN). She cosigned the CSIS OpEd with Ami Bera on the CRC and opens the episode with a discussion of engaging the returned Peace Corps volunteers <https://www.csis.org/podcasts/take-directed/coronavirus-crisis-update-hunker-down-hoosiers-congresswoman-susan-brooks> (This is a great series by the way.)
2. On Mar 27, 2020, Congressman Mike Quigley (D-IL-05) introduced the Mobilizing America to Help Act, "which would direct President Trump to invoke his existing authority to detail Peace Corps volunteers who have returned to the US from their posts, to the Federal Emergency Management Agency (FEMA) to support emergency relief in the wake of COVID-19." <https://quigley.house.gov/media-center/press-releases/quigley-urges-trump-assign-peace-corps-volunteers-covid-19-emergency>
3. Baltimore Sun column DAN RODRICKS, APR 03, 2020, "Put Peace Corps volunteers to work on U.S. soil to fight COVID-19": <https://www.baltimoresun.com/opinion/columnists/dan-rodricks/bs-md-rodricks-0405-20200403-viqbgjhwsnhe3fugzy72nfcsoe-story.html>
4. Good conversations with Marcus @ASTHO and others today. Important to emphasize that state and local authorities have the lead. This would not be "federalizing" the response. It would be making federal employees available by request to integrate in state- and local-led activities. Some will welcome the extra hands. Some will prefer to have funding to do their own hiring. Paying salaries of state employees at risk for furlough to work on COVID-19 will make a lot of sense, but won't be enough. Need a menu of options.
5. Many concepts and plans for public health and social response are being circulated. All of them will need an expanded workforce.

Outreach:

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

Please amplify these links on social media.

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

Thanks,
PK

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hi all,

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

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

Please also amplify on social media.

Updates and suggestions welcome as always.

PK

From: Kilmarx, Peter (NIH/FIC) [E]
Sent: Sunday, April 5, 2020 8:45 AM
To: Conover, Craig (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Duchin, Jeff <(b) (6)>; Stephen Morrison (b) (6); John Monahan (b) (6); Charles Holmes (b) (6); Jeremy Konyndyk (b) (6); Rebecca Katz (b) (6); Tom Inglesby (b) (6); Glenn Blumhorst <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Kenyon, Thomas (b) (6); Anna Carroll (b) (6); Scott Dowell <(b) (6)>; Jonathan Pearson (b) (6); O'Connor, Eileen (b) (6); Myers, Michael (b) (6); Robynn Leidig (b) (6); (b) (6)>

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

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

A few items from the call:

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

Other updates:

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

Next steps:

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

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

Please share any corrections, updates, suggestions.

Thanks,
PK

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

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

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

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

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

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

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

Where: Zoom meeting

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

Agenda:

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

Topic: Next steps on COVID-19 Response Corps

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

Join Zoom Meeting

(b) (6)

Meeting ID: (b) (4)

One tap mobile

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

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

Dial by your location

(b) (4) (New York)

(b) (4) (Chicago)

(b) (4) (Houston)

(b) (4) (San Jose)

Meeting ID: (b) (4)

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

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

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

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

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

Hi all,

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

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

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

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

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

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

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

(b) (6); Scott Dowell

(b) (6)

Jonathan Pearson

(b) (6)

Subject: INFO: Update on COVID-19 Response Corps

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

Updates:

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

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

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

Please share your suggestions.

Thanks to all,
PK

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

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

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

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

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

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

Hi again,

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

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

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

Thanks,

PK

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

Thanks Charles. This is very helpful.

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

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

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

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

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

More input:

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

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

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

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

Thanks Charles.

Draft OpEd forthcoming today. Everyone please think about authors.

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

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

Great feedback, Peter. More from Vanessa Kerry:

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

Charles

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

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

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

Some feedback from others:

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

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

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

Thanks for all your work on this, Peter!

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

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

This is one area where assistance would be valuable.

CC:

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

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

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

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

Next steps:

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

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

SMEs/champions:

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

Champions:

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

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

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

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

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

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

Subject: RE: Call: COVID-19 Response Corps

Hi all,

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

Here's an updated agenda:

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

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

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

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

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

Subject: Call: COVID-19 Response Corps

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

Where: WebEx

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

Agenda:

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

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

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--

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Phone [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 15:25:44 +0000
To: Corey, Larry
Subject: FW: perhaps useful in the physical mitigation battle to buy 6 weeks
Attachments: [REDACTED] (b) (4)

Larry:

I will call you about this today. This is really important. [REDACTED] (b) (4)

[REDACTED]
Thanks,
Tony

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

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From: Eisinger, Robert (NIH/NIAID) [E] [REDACTED] (b) (6) > **On Behalf Of** Fauci, Anthony (NIH/NIAID) [E]
Sent: Monday, April 13, 2020 7:10 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: FW: perhaps useful in the physical mitigation battle to buy 6 weeks

An email below from Larry Corey.

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

From: Corey MD, Larry (b) (6) >

Sent: Sunday, April 12, 2020 11:31 PM

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

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

Subject: perhaps useful in the physical mitigation battle to buy 6 weeks

Here is data from Seattle up to this weekend

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 14:37:16 +0000
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: RE: Wayne and Catherine Reynolds and Bob Langer/MIT innovations

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: Auchincloss, Hugh (NIH/NIAID) [E] (b) (6) >
Sent: Monday, April 13, 2020 8:12 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: RE: Wayne and Catherine Reynolds and Bob Langer/MIT innovations

Possible response below:

Dear Wayne,

(b) (6)

Please give my best to Catherine and take care during these difficult times.
Best personal regards,
Tony

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, April 12, 2020 9:27 PM

To: Auchincloss, Hugh (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: FW: Wayne and Catherine Reynolds and Bob Langer/MIT innovations

Hugh:

Please take a look at these 3 ideas. You may have heard of Bob Langer. He is somewhat of an inventive genius with whom we have worked before. I need to get back to Wayne and Catherine and I would like your help in my fashioning a response.

Thanks,
Tony

From: WAYNE REYNOLDS [REDACTED] (b) (6)
Sent: Monday, April 6, 2020 2:08 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Grady, Christine (NIH/CC/BEP) [E] [REDACTED] (b) (6)
Subject: Wayne and Catherine Reynolds and Bob Langer/MIT innovations

Tony,

Obviously, you have a few other issues on your daily agenda but, when you have a minute, we would appreciate your thoughts and guidance on three new Bob Langer biotech developments. We have attached three links to recent MIT News articles. These three innovations at the Langer Lab were originally funded by the Gates Foundation. We thought the last two breakthroughs, in particular, may be applicable to your current work. Thank you again for your continued guidance.

Best wishes,

Wayne Reynolds
Cell: [REDACTED] (b) (6)
Home: [REDACTED] (b) (6)

Heat stable micronutrients for better nutrition

<http://news.mit.edu/2019/microparticles-fight-malnutrition-1113>

On-patient invisible vaccination record

<http://news.mit.edu/2019/storing-vaccine-history-skin-1218>

Self-boosting vaccine platform for faster and stronger immune response

<http://news.mit.edu/2017/one-vaccine-injection-could-carry-many-doses-0914>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 13:03:45 +0000
To: Jenny Fauci
Cc: [REDACTED] (b) (6)
Subject: RE: FW: Google Alert - Fauci AND Tony OR Anthony

[REDACTED] (b) (6)

Anthony S. Fauci, MD
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31 Center Drive, MSC 2520
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From: [REDACTED] >
Sent: Monday, April 13, 2020 7:55 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: [REDACTED] (b) (6)
Subject: Re: FW: Google Alert - Fauci AND Tony OR Anthony

Just finished it. Wow. [REDACTED] (b) (6)

On Sat, Apr 11, 2020 at 1:27 PM Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) > wrote:

If you have time, click to link on the bottom: "How Anthony Fauci Became America's Doctor". It is a long article in *New York* magazine written by Michael Spector a former Washington Post and NY Times writer who has known me for over 30 years. It is the most comprehensive report on me and my career – very insightful.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03
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From: Google Alerts <googlealerts-noreply@google.com>
Sent: Saturday, April 11, 2020 11:51 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Google Alert - Fauci AND Tony OR Anthony

Google Alerts

Fauci AND Tony OR Anthony

As-it-happens update - April 11, 2020

WEB

Fauci: Virus antibody tests expected next week

North Platte Post

Dr. **Anthony Fauci** answers questions during Thursday's Coronavirus Task Force briefing. WASHINGTON — The top U.S. infectious disease official ...



[Full of coronavirus](#)

anthony fauci

The Bulwark Podcast

anthony fauci, anti-anti-trumpism, china, coronavirus, covid-19, donald trump, elections, hydroxychloroquine, masks, navy, peter navarro, white house, ...



[Full of coronavirus](#)

CBS Evening News with Norah O'Donnell

Facebook

Dr. **Anthony Fauci** of the National Institute of Allergy and Infectious Diseases (NIAID): "This is not the time to feel that, since we have made such...



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How Anthony Fauci Became America's Doctor by Michael Specter

Longform

A profile of the doctor who has run the National Institute of Allergy and Infectious Diseases for 36 years.



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 10:16:00 +0000
To: Nicola Pizzoli
Subject: RE: COVID 19: Possible main cause of fatalities, it could be not respiratory

Thank you, Nicola

From: Nicola Pizzoli [redacted] (b) (6)
Sent: Monday, April 13, 2020 6:07 AM
To: Fauci, Anthony (NIH/NIAID) [E] [redacted] (b) (6) >
Subject: COVID 19: Possible main cause of fatalities, it could be not respiratory

Good morning Dr Fauci,

I've been following you on COVID briefings from the White House every night. I trust your experience, professionalism and above all your wisdom in these weeks.

While I am a mechanical engineer and I run my food company for living, I have been interested and passionate to the global fight to the Coronavirus.

SUGGESTION: Could it be possible that people die of **pulmonary micro thrombosis** rather than respiratory issues? If this is the case, this is more a cardiovascular issue than a respiratory, and ventilation or intubation do not count as much as, instead, to give patients some drugs to prevent the thrombosis, such as ANTI-INFLAMMATORIES. If you ventilate a lung where blood doesn't get there, may be it's useless! In fact 9 out of 10 die. If the problem were cardiovascular and not respiratory, then it could be a venous microthrombosis and not pneumonia that determines fatality. And why are thrombi formed? Because there is an inflammation that induces thrombosis through a complex but well-known pathophysiological mechanisms.

I know this thesis is right the contrary of some recommendations that several doctors all over the world (in China first) had made so far: no ibuprofene, no antibiotics etc etc.

But I believe that some researches on the cardiovascular problem induced by inflammation would be worth doing it.

An apology for my English.
Thank you for your attention,

Stay healthy!
Kindest regards

Nicola

Nicola Pizzoli
President & CEO

T (b) (6) - C + (b) (6) - F 439 0516920257

Pizzoli S.p.A.
Via Zambelloni Nord, 1 - 40054 Budrio - Bologna



www.pizzoli.it

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 02:17:18 +0000
To: (b) (6) (NIH/NHLBI) [E]
Cc: Redfield, Robert R. (CDC/OD)
Subject: RE: Comparison of COVID-19 statistics in US vs. China

(b) (6)

Thank you for your note. This pandemic has been extremely challenging for many countries around the globe including China and the USA. I can only say that I (and I am sure that Bob Redfield feels the same way) prefer to look forward and not to assign blame or fault. There are enough problems ahead that we must face together.

Best regards,

Tony

From: (b) (6) (NIH/NHLBI) [E] (b) (6) >
Sent: Sunday, April 12, 2020 9:51 PM
To: Redfield, Robert R. (CDC/OD) (b) (6) Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >
Cc: (b) (6) (NIH/NHLBI) [E] (b) (6) >
Subject: RE: Comparison of COVID-19 statistics in US vs. China

Dear Dr. Redfield and Dr. Fauci,

After some hesitation, I decided to write you this message anyway and hope you don't mind.

I am concerned about the recent fight between the US and WHO because it may adversely impact the current global efforts in controlling the spread of COVID-19. As we all know, US has been leading WHO's efforts for decades and essentially WHO's role is mostly coordinating responses in low- and middle-income countries with support from the US and other high income countries. Frankly I was looking for leadership from the US CDC rather than WHO when I was doing (b) (6). Until COVID-19 is controlled in all countries, the infection could come back to hit us in this country again. Therefore it is now the worst time to undermine WHO's global coordinating capabilities.

What I learned from my former colleagues and friends in (b) (6) where I attended medical school and obtained my MSc in epidemiology might offer some explanation for the differences in COVID-19 statistics in US vs. China. Please find attached a couple of articles published by my former colleagues (b) (6), of which the 1st attachment is a more updated version.

- First, the maximum lockdown in Wuhan that started on January 23 and also in the rest of the entire Hubei province of 59 million people during the subsequent 2-3 days, coupled with maximum efforts in early identification, immediate isolation of identified infected individuals and close monitoring of contacts, did work and had to work according to epidemiological principles. China did it by invoking level 1 public health response that was historically reserved for smallpox, plague or cholera, which essentially enabled the entire country to be completely locked down for several weeks. Many villages and townships set up checkpoints to refuse

anyone to come in or go out; a driver from Hubei had to stay on an inter-provincial highway for 20 days surviving by begging instant noodles from people policing exits; all front doors of residents in a township in Hubei were sealed by local government officials and volunteers to prevent them from getting out of their houses.

- Second, there must be under-reporting of COVID-19 cases and deaths because the public health and hospital systems in Wuhan and a few other hardest hit municipalities were overwhelmed for one to two weeks; conceivably many infected individuals were not getting a chance for testing and some of them must have died without being identified as COVID-19. I'd say that this kind of under-reporting is unavoidable, especially in the epicenter of a new pandemic. Actually I suspect that such under-reporting could have happened in this country as well although perhaps to a lesser degree.
- Third, there could be a third category of casualties, that is, patients who were suffering from chronic diseases but couldn't get necessary treatments because hospitals were overwhelmed. I read a sad story in social media in which a patient who needed frequent dialysis committed suicide by jumping out of his window. It is highly likely that many such patients died during the lockdown even though I couldn't confirm the specific case or find any statistics. There could be many other collateral damages including socio-psychological effects.

Combined, the effect of the maximum lockdown, the under-reporting of COVID-19 cases and COVID-19 deaths as well as collateral deaths of other causes that were associated with the lockdown could be several times of the reported statistics from China. Here I'd not say that China purposely under-reported COVID-19 cases or deaths but rather, China pursued an extreme approach and achieved an extreme result, including severe collateral damages. Of note, Dr. Li Wenliang (the whistleblower) voiced concern on 12/30/2019 and was criticized for having not followed the legally proper reporting process but nevertheless the WHO China Office was informed on 12/31/2019 of a pneumonia of unknown cause, detected in the city of Wuhan in Hubei province, China (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>).

We in the US and many other countries pursued different approaches, which are more humane but less effective in terms of blocking transmissions. This is the reality, which needs to be communicated with and recognized by the public; to make the humane approaches work as effectively as possible, we need everyone's support and cooperation, which cannot be achieved by blaming China or WHO. The public has to understand that we are in a pandemic, which means that tens of millions are supposed to be infected and millions are supposed to die from it, unless we take necessary actions to block the transmission and to take good care of the infected.

Finally, I'd like to say a few words for public health colleagues in China. In my personal view, to be fair, they have done their best to inform the global public health community of the COVID-19 outbreak in Wuhan, China by briefing WHO and many countries as soon as they identified COVID-19 (12/31/2019 – 1/3/2020); they shared the genetic sequence of the virus on 1/12/2020; and the number of scientific and medical publications in English shortly afterwards was unprecedented. I did a brief search and identified the following:

A Novel Coronavirus from Patients with Pneumonia in China, 2019 (1/24/2020)
<https://www.nejm.org/doi/full/10.1056/NEJMoa2001017>

A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster (1/24/2020)
<https://www.sciencedirect.com/science/article/pii/S0140673620301549?via%3Dihub>

Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China (1/24/2020)
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30183-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30183-5/fulltext)

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia (1/29/2020)
<https://www.nejm.org/doi/full/10.1056/NEJMoa2001316>

Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and receptor binding (1/30/2020)
[https://www.thelancet.com/article/S0140-6736\(20\)30251-8/fulltext](https://www.thelancet.com/article/S0140-6736(20)30251-8/fulltext)

A new coronavirus associated with human respiratory disease in China (2/3/2020)
<https://www.nature.com/articles/s41586-020-2008-3>

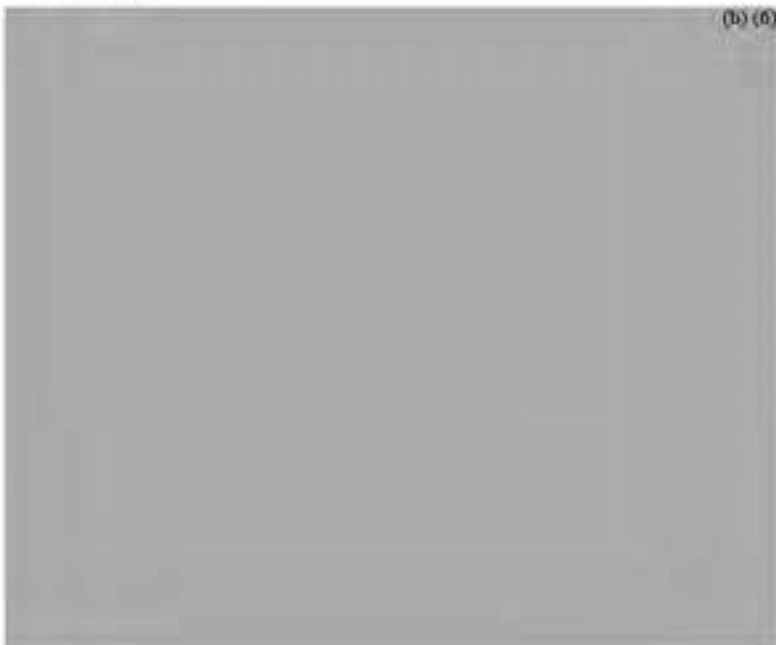
Early estimation of the case fatality rate of COVID-19 in mainland China: a data-driven analysis (2/12/2020)
<http://atm.amegroups.com/article/view/36613/html>

Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China (2/24/2020)
<https://jamanetwork.com/journals/jama/fullarticle/2762130>

It is my hope that US and China could join forces to help low- and middle-income countries to control the pandemic so that it will not come back and hit us again after the current wave in this country is controlled.

I am not sending this message through the official channel because this is not part of my official duty and is purely my personal opinion.

Sincerely,



Doing human subjects research? New policies will impact you! [Learn more.](#)
Looking for NHLBI Clinical Trial Funding Opportunities? [Learn more here.](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 01:37:27 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: [COVID-19 Pneumonia] Official Letter from ImmuneMed Inc.
Attachments: Official Letter from ImmuneMed-NIAID.pdf

Please take a look at this and respond.

From: Sungpill Park <spark@immunemed.co.kr>
Sent: Sunday, April 12, 2020 9:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: [COVID-19 Pneumonia] Official Letter from ImmuneMed Inc.

Dear **Dr. Anthony S. Fauci**,

My name is Sungpill Park, and I'm a representative of ImmuneMed, Inc. located in Korea.

We specialize in diagnosing and treating the infectious diseases.

Our company's **hzVSF(humanized Virus Suppressing Factor) v13** is under curable usage for COVID-19 pneumonia, utilizing Korea's compassionate use system for patients who do not have an alternative treatment.

I am writing with a strong conviction that the partnership between **the National Institute of Allergy and Infectious Diseases** and ImmuneMed, Inc. will bring the decrease of death rate for COVID-19 pneumonia.

I ask you humbly to please spend a minute of your busy time reading the attached letter from our CEO, Dr. Yoon-Won Kim, to find out more about the hzVSF treatment and how we can work together to cure COVID-19 pneumonia patients.

With Regards,

Sungpill Park, MBA

Vice President, Global Business Development
ImmuneMed, Inc.

C: [REDACTED] / E: sppark@immunemed.co.kr

W: www.immunemed.co.kr/en

Notice : The above message (and any attachment) is intended solely for the named address and may contain information that is privileged, confidential or otherwise protected under applicable law. Any unauthorized dissemination, distribution, copying or use of the information contained in this communication is strictly prohibited. If you have received this communication in error, please notify the sender by email and erase this communication immediately.

- Tony Fauci will discuss the US pandemic and provide his perspective as a member of the White House Coronavirus Task Force addressing the 2019-20 coronavirus pandemic.
- George Gao will discuss China's response to the pandemic and lessons learned for the rest of the globe.
- Susan Weiss will discuss the viral characteristics of SARS COV2 , insights into its pathobiology, immunity and development of a pan-CoV antiviral.
- Richard Hatchett will discuss the development of new vaccines and treatments against COVID-19.
- Sanjay Gupta will comment on the health system response to the pandemic and challenges related to communication and public engagement in responding to COVID-19.

Following remarks from each panelist, we will have a moderated discussion amongst ourselves – I will ask you a set of questions (15 mins) and then we will take questions from the web (25 mins). To prepare me to be your moderator, please send me any questions you would like me to ask you. For those of you who would like to have a prep call, please let me know and I will set it up.

Best,
Victor

From: Mun, Jenny <JMun@nas.edu>

Sent: Wednesday, April 8, 2020 10:56 AM

To: [REDACTED] (b) (6)

Cc: Dzau, Victor J. <VDzau@nas.edu>; [REDACTED] (b) (6) Mun, Jenny <JMun@nas.edu>; Hannon, Emma <EHannon@nas.edu>; [REDACTED] (b) (6)

'ben.tinker@cnn.com' <ben.tinker@cnn.com>; 'Amanda.Sealy@cnn.com' <Amanda.Sealy@cnn.com>; 'Neel.Khairzada@turner.com' <Neel.Khairzada@turner.com>; 'Tia.Miller@turner.com' <Tia.Miller@turner.com>

Subject: NAS Annual Meeting Session on COVID-19 – Information regarding your Saturday April 25 participation

Dear Speakers:

I am the logistical contact for the COVID-19 session that will be held as part of the Annual Meeting (online) program on Saturday, April 25 at 2:00 pm EDT. Thank you for agreeing to participate in this session. To help you with your planning, I have provided additional details below.

Please note that the session will be live webcast and the general public will also be able to watch the session. Video from the session will also be uploaded on the NAS YouTube channel (<https://www.youtube.com/user/theNASciences>) after the meeting. We will need to obtain signed speaker release forms for your participation in this session. I have attached the speaker release form for your review and submission. **Please return the signed speaker release form by Monday, April 13.**

Session speakers are asked to connect 30 minutes prior to the session start time (**by Saturday, April 25 at 1:30 pm EDT**) to allow the technical staff to check connections and prepare for the session. Details on how to connect will be sent before the meeting.

We will list you in our promotional materials as noted below. If this is incorrect, please let me know.

- Anthony S. Fauci, Director, National Institute of Allergy and Infectious Diseases
- Jeremy Farrar, Director, Wellcome Trust
- George F. Gao, Director-General, Chinese Center for Disease Control & Prevention
- Sanjay Gupta, Chief Medical Correspondent, CNN
- Richard J. Hatchett, CEO, Coalition for Epidemic Preparedness Innovations
- Susan R. Weiss, Professor of Microbiology, Perelman School of Medicine, University of Pennsylvania

Since many of us have moved to remote work environments, you may already be proficient with Zoom and other online meeting/collaboration applications. I am attaching a 'speaker guidelines' file in case you have any questions on how best to prepare for and stage your remote talk. We have technical staff available to help you become familiar with Zoom and its settings – such as “sharing your screen” (if you have slide presentations that need to be shown during your talk). We can arrange for a training session this week or next week. If you would like to schedule a session, please let me know as soon as possible.

Dr. Dzau's office will be in touch regarding the agenda for this session. If you have any other questions, please let me know.

Regards, Jenny

Jenny Mun
Membership Director
National Academy of Sciences
jmun@nas.edu

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 23:00:07 +0000
To: Seth Berkley (Private)
Subject: RE: Checking in

Thanks, Seth!

From: Seth Berkley (Private) <(b) (6)>
Sent: Saturday, March 28, 2020 3:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Checking in

Hi Tony: You are doing an amazing job during these very difficult times!

Doing everything we can here to support WHO to work on global acceleration of SARS-CoV-2 vaccine development as well as support our 73 poorest countries for COVID-19 preparation and hopefully keeping routine vaccine coverage as high as possible. We are prepared to ultimately roll out a vaccine when one is ready. No need to respond, but wanted to give you a friendly shout-out. We are all thinking of you!

Best,

Seth

**The private email account of
Dr Seth Berkley**



Chief Executive Officer
Gavi, the Vaccine Alliance

Tel: (b) (6)
Skype: (b) (6)
Twitter: @GaviSeth

Email: (b) (6)



The Global Health Campus, Chemin du Pommier 40,
1218 Le Grand-Saconnex, Switzerland

Tel: (b) (6)

Web: <http://www.gavi.org>

With the support of donors and partners, Gavi, the Vaccine Alliance is working to immunise an additional 300 million children between 2016 and 2020, preventing a further 5-6 million deaths. Join us and help to reach every child. Visit www.gavi.org, sign up for the Gavi newsletter and follow us on Facebook and Twitter.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 22:58:02 +0000
To: Herbert Mathewson
Subject: RE: PERSONAL: My April 1 blog on Tony Fauci, CUMC (b) (6)

Hub:
Many thanks for your kind note.
Warm regards,
Tony

From: Herbert Mathewson (b) (6)
Sent: Saturday, March 28, 2020 1:57 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: PERSONAL: My April 1 blog on Tony Fauci, CUMC (b) (6)

Tony, I have been writing an annual April 1 column for 30 years, first in my monthly newsletter at Cape Cod Hospital and now as my biweekly blog of medical fun facts at www.hublist.org. This is a heads up before publication of this year's April 1blog about you and Biden.
I suspect that most of our classmates are, like me, boasting a bit about having you as a classmate. Your honesty and "truthiness" is most appreciated and greatly valued by us amidst the leadership chaos. Your success at "walking the line" is extraordinary.
Enjoy. Hub

HUB's LIST of medical fun facts

A data-based biweekly newsletter of medical fun facts

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-

Vol. 230 April 1, 2020 Biden Picks His Running Mate



Press Conference

Former Vice President

Joe Biden

April 1, 2020

(Official Transcript)

BIDEN: Good morning everyone. I am glad to see all you reporters sitting 6 feet from each other. I know it is burdensome, but we must work together to defeat this awful Zika. . . . Ebola. . . the flu . . . er, what?, . . . I mean, you know, the Corona virus.

Speaking of the current virus crisis . . . boy that has a nice ring to it, doesn't it? . . . it almost rhymes . . . I would like to announce my pick of a running mate; Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease of NIH since 1984. . . almost twenty. . . er. . . many years ago.



Now before I start to answer your questions, let me give you some reasons for my choice.

Number 1: Dr. Fauci is smarter than I am, but I am taller and younger than he is.

Number 2: He is very experienced. He has worked with many Presidential administrations since he came to Washington . . . in the 1980's as I remember. He told Ronald Reagan about the AIDS epidemic, advised two Bushs . . . one of them gave him the Presidential Medal of Freedom . . . by the way, Ben Carson got his medal during that same ceremony, . . . where was I? Oh, yeh . . . two Clintons . . . yes two, remember Hilary's Health Care Plan?. . . and, of course, Obama or two.

Number 3: He gives very good TV interviews, even on Fox News with Sean Hannity trying to mislead the viewers.

Number 4: His medical training has given him that special skill that all physicians must have to succeed — “Always sound right, and if you don’t know an answer, make one up.” But he is like one of my famous namesakes on Dragnet . . . Sergeant Joe Friday . . . “Just the facts, Ma’am.”

Now I’ll take your questions.

[Sounds of shouting, general loud babbling, a baby crying, a chair falls over]

REPORTER: “ Mr. Biden have you moved away from your promise to pick a female running mate?”

BIDEN: Did I say that? When was that? . . . Oh, it was during one of those debates? . . . I wouldn’t call it a promise. It was a statement from which I am now socially distancing myself, and that makes it a very timely question. . . .This social distancing is for the pits. I haven’t smelled a good head of hair in weeks. . . for the record, my test was negative . . . and I will ensure that women’s voices will be heard in my administration by appointing several to my cabinet. Elizabeth Warren naturally will be Secretary of the Treasury. Kamala Harris as an experienced prosecutor would be an excellent head of the Department of Justice . . . I think she is Latino too, isn’t she?. . . I am not sure about Senator Amy Kolbuchuck from Minnesota and she has great hair, but Marianne Williamson, . . . remember, the physic healer. . . could serve as Chief of the Alternate Universe . . .excuse me, Alternate Therapies within HHS. Adding Senator Gillibrand to the cabinet would weigh the group too heavily towards New York, since Dr. Fauci is from Brooklyn. I will, of course, appoint Tulsi Gabbard as Ambassador to America Samoa.

REPORTER: “Do you have any concerns about any regrettable incidents in Dr. Fauci’s past?”

BIDEN: Not really. My staff has vetted him very thoroughly. The only whiff of scandal we found was his medical school yearbook picture where he was being lifted by two of his taller classmates so as to appear as even taller than they. None of them were in black face.



Also some people may have difficulty knowing how to pronounce his name correctly. It is pronounced as “Fow-chi” with the soft “c” sound common to

many Italian names, . . . and as the Senator from Nevada I wish to say that I have many Italian-American friends who are hard-working, decent citizens, but I must excuse myself from this Corleone hearing for another important committee meeting . . . oh, sorry . . . was I channeling the Godfather again? . . . a great movie.

There is another small concern, since he is from New York City and his name ends in a vowel people may think he is associated with Rudy Giuliani. . . . but we know that he is taller than Mike.

We have completely debunked the [New Yorker Magazine stories](#) that Dr. Fauci has recommended internal alcohol to kill the coronavirus since external alcohol really doesn't work. In fact, he only recommended it as an antidote to the daily briefings of the White House Coronavirus Task Force. Dr. Fauci also noted that internal alcohol effects may be briefer than the briefings, so viewers may repeat a dose PRN (as necessary).

REPORTER: "Is it true that as noted in your background Press Release just handed out that Dr. Fauci was born on Christmas Eve, and are you concerned about any back lash from Trump supporters who regard Trump as the Second Coming."

BIDEN: Dr. Fauci is an American. Even though he was born in Brooklyn, there is no question about his citizenship eligibility for this office. I think that a resurgence of the Birther Movement which was so viscosly directed at my close friend and mentor, Barrack Obama, . . . there I finally got his name out there. . . would be very unfortunate. Next question.

REPORTER: "Has Dr. Fauci made any significant contributions in fields other than virology and infectious diseases."

BIDEN: Well let me tell you a down-to-earth, fascinating story of one of his most significant contributions. It will be a short one, I promise. Since the Coroner virus pandemic has taken over all the headlines, editorial pages, social media memes, political cartoons, TV shows, graphic artist shops, and a lot of other things swamping articles about the Opioid Deaths epidemic, Dr. Fauci has developed a new attention-getting graphic to replace the familiar 1-10 faces of pain levels; the 1-4 faces of Pandemic Panic levels.



REPORTER: "But face 4 is the same as face 2. Isn't that a confusing message."

BIDEN: Exactly

"Thank you Mr. Biden, and **Happy April Fools Day.**"

PS: (b) (6) yearbook picture that won't be in the blog.

(b) (6)



This entry was posted on Saturday, March 28th, 2020 at 10:01 AM and is filed under [coronavirus](#), [current events](#), [tumor](#), [Infectious Disease](#), [politics](#). You can follow any responses to this entry through the [RSS 2.0](#) feed. You can [leave a response](#), or [trackback](#) from your own site. [Edit this entry.](#)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 22:38:10 +0000
To: Holdren, John P.
Subject: RE: Antiviral SNA white paper

Thanks, John.

From: Holdren, John P. [REDACTED] (b) (6)
Sent: Wednesday, March 25, 2020 4:27 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: FW: Antiviral SNA white paper

Dear Tony –

I know you are overwhelmed, but the attached whitepaper on a vaccine-development idea might be worth a look. You may remember Chad Mirkin as a member of the Obama PCAST whose extraordinary contributions across a range of science and engineering issues have landed him in the NAS, NAE, and NAM, among other distinctions—a very smart guy.

Aside from that, thank you for your courageous truth-telling in the incredibly demanding situation in which we find ourselves.

My best,
John

John P. Holdren
Teresa and John Heinz Professor of Environmental Policy
John F. Kennedy School of Government
Professor of Environmental Science and Policy
Department of Earth and Planetary Sciences
Affiliated Professor
John A. Paulson School of Engineering and Applied Science
HARVARD UNIVERSITY

Assistant: [REDACTED] (b) (6)

From: Chad A Mirkin [REDACTED] (b) (6)
Sent: Wednesday, March 25, 2020 3:57 PM
To: Holdren, John P. [REDACTED] (b) (6)>
Cc: Robert A Lamb [REDACTED] (b) (6); Andrew Lee [REDACTED] (b) (6)
Subject: Antiviral SNA white paper



Thanks and best regards, Chad

Dr. Fauci's March Madness Bracketology Picks



Cheers,

John T. Brooks, MD

Chief Medical Officer, CDC COVID-19 Response

Email: (b) (6)

Apologies for errors in my messages that may be due to my need to dictate.



KEEP
CALM
AND
WASH
YOUR
HANDS



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

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 22:18:05 +0000
To: John Dirks
Subject: RE: Great leadership

John:

Thanks for the note, Much appreciated.

Best,

Tony

From: John Dirks [REDACTED] (b) (6)
Sent: Wednesday, March 18, 2020 5:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Great leadership

Tony, I admire the tremendous leadership and expertise you are providing during this COVID-19 crisis—I know it not easy—but your advice is so credible and listened to, Best John Dirks

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 22:17:08 +0000
To: Lewis M Drusin
Subject: RE: Coronavirus

Thanks, Lew

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

From: Lewis M Drusin [REDACTED] (b) (6) >
Sent: Wednesday, March 18, 2020 11:24 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Coronavirus

Tony

When people ask me about coronavirus, I just tell them to listen to you. Your calm, steadfast explanation of the science is a major factor in the public trusting government to resolve this incredible public health crisis. Hope you are doing well.

Best wishes as always

Lew

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 20:21:16 +0000
To: El-Gabalawy, Nadia (PHAC/ASPC)
Cc: [REDACTED] (b) (6)
Subject: RE: Hello from Canada!

Nadia:

Many thanks for your kind note.

Best regards,
Tony

From: El-Gabalawy, Nadia (PHAC/ASPC) [REDACTED] (b) (6)
Sent: Monday, March 30, 2020 2:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Hello from Canada!

Hi Dr. Fauci,

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

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

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

Kindest regards,

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

[REDACTED] (b) (6)
[REDACTED] (b) (6)

Chef d'équipe, Services de soutien, Réseau canadien de renseignements sur la santé publique
Agence de la santé publique du Canada / Gouvernement du Canada

[REDACTED] (b) (6)
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 20:19:01 +0000
To: Anderson, Jennifer (NIH/NIAID) [E]
Cc: Lane, Cliff (NIH/NIAID) [E]; Clifton, Dawn (NIH/NIAID) [E]
Subject: RE: LIR Requests for DIR Supplemental Funding (non-COVID related) - PLEASE REVIEW

Looks fine.

From: Anderson, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Monday, March 30, 2020 9:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Lane, Cliff (NIH/NIAID) [E] (b) (6); Clifton, Dawn (NIH/NIAID) [E] (b) (6)>
Subject: LIR Requests for DIR Supplemental Funding (non-COVID related) - PLEASE REVIEW

Hi Dr. Fauci,

Please review the attached requests for DIR Supplemental Funding on behalf of LIR investigators. I have further summarized the requests in the table below. I took the liberty to provide a suggested ranking based on funding need. Dr. Lane has reviewed the requests and agrees with the rankings as well.

(b) (5)

Sincerely,
Jennifer

PI	Supplement Description	Cost	Priority Order for LAB
(b) (5)			

Jennifer M. Anderson, PhD

Deputy Branch Chief

IAMB/OAS/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: Sun, 12 Apr 2020 20:18:33 +0000
To: Brian Kelsall
Subject: RE: What can be done?

Thanks, Brian. That recommendation is in the works.

From: Brian Kelsall [REDACTED] (b) (6)
Sent: Monday, March 30, 2020 10:17 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Fwd: What can be done?

Dear Tony,

I'm lucky to have thoughtful neighbors. Please see the email that I received from Sue Edwards. Because of the likelihood that there are so many asymptomatic cases, isn't it time to recommend everyone where a mask of some kind? Not N95 masks or even surgical masks that should be reserved for first responders and hospital staff, but some face covering?

Best, Brian

Sent from my iPhone

Begin forwarded message:

From: Sue Edwards [REDACTED] (b) (6) >
Date: March 30, 2020 at 1:15:06 PM EDT
To: Brian Kelsall [REDACTED] (b) (6)
Subject: What can be done?

Why can't the CDC make a public service announcement that everyone should be wearing some kind of mask ☹️ in public? It doesn't have to be N95 or even surgical though that would be ideal (as is done in every Asian country) given that the virus is actually aerosolized (several studies confirm this) and that it can be spread by asymptomatic carriers (which account for possibly more than half of the positive cases - we will never know) it seems obvious that food markets are no different from hospitals and in many cases worse since at least in hospitals people are wearing some protective equipment... just say wear a cotton mask, a scarf, a bandanna, a DIY paper towel mask.. whatever- but no one should be going to a market without one and absolutely no one working in a store or stocking supplies or delivering food, packages, mail etc should be allowed to work without something covering the face- this includes pharmacists as well, obviously ☹️ wtf is wrong with this country?

What use are gloves? When the offending particles are escaping our faces and floating around for several hours, landing on everything around us... the only place it shouldn't be as critical is outdoors in the sunshine where UV light should deactivate viruses fairly quickly...

Sue

Hope you are all well - and can give me some hope that this message get through the thick skulls of the so called experts... even during the 1918 flu epidemic, everyone wore some facial covering when out in public places - what is going on?

EVERY ASIAN country is employing this approach with much greater success at slowing the rate of transmission — even India!

<https://www.nytimes.com/2020/03/27/health/us-coronavirus-face-masks.html>

<https://medium.com/better-humans/a-practical-guide-to-covid-containment-orifice-by-orifice-80c2f3f167be>

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 20:07:20 +0000
To: Harold Slavkin
Cc: Collins, Francis (NIH/OD) [E]
Subject: RE: reaching out thinking of you

Hal:

Thanks for your note. These divergent phenotypes are truly puzzling. I have copied Francis on this e-mail in case he has any additional thoughts.

Best regards,

Tony

From: Harold Slavkin (b) (6) >
Sent: Thursday, April 2, 2020 4:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Fwd: reaching out thinking of you

Begin forwarded message:

From: "Harold C. Slavkin" (b) (6) >
Subject: reaching out thinking of you
Date: April 2, 2020 at 11:39:40 AM PDT
To: (b) (6)
Cc: "Somerman, Martha (NIH/NIDCR) [E]" (b) (6) >

Hi Toni,

You continue to be "the role model" for leaders in biomedical research these many decades. I am so proud of your efforts during these remarkable times in history. Thank you!!! I cherish those 5 years (1995-2000) that I served as Director of NIDR (that became NIDCR) when we were able to co-sponsor efforts to utilize saliva as an informative fluid for HIV detection. For me that was an invaluable opportunity to be part of

Harold Varmus' leadership team and to continue my research within NIAMS.

I was inspired by your public comments a few nights ago on CNN regarding your observations of significant variance in the pathogenesis or phenotypes noted for subsets of critically ill patients with COVID-19 on ventilators in ICU. I was immediately reminded of David Feinberg (CEO of UCLA Health Sciences, more recently 5 years at Geisingers, and currently CEO of Google Health Companies) who used genotyping for populations around Lancaster PA and discovered about 3-4% with undiagnosed genetic diseases that translated into reduced costs of hospitalization, treatments, etc. Kaiser-Permanente Northern California, and many other systems, have also used this approach since sequencing has become cost effective. Perhaps a select sample of people who require ICU, and another that require ventilator, might inform the genotype of the most susceptible people and might also inform a target to use to discover what existing drug or therapy could be mobilized. Through your position, might there already be a large data set of whole genome sequences (e.g. military) that could be rapidly explored using bioinformatics?

As you may recall, my personal research activities have focused on craniofacial diseases and disorders. For example, Osteogenesis Imperfecta (O.I.) presents cardiopulmonary disorders in addition to bone and

tooth disorders. Since penetrance varies, cases of rare conditions can illuminate “hidden” SNP abnormalities in key gene clusters (e.g. MHC gene clusters, etc.). Considering lung disorders as you mentioned in your comments about pathogenesis, already known gene mutations that present several major phenotypes including pulmonary diseases could become very useful. Perhaps Francis and others at the NIH could create a trans-NIH approach that is enabled to visit this pandemic from the perspective of human phenotype variance discovered via genomics?

I asked Martha Somerman to explore the talents available at NIDCR (and beyond) related to connective tissue genetic diseases that associate with Types 1 and 111 collagens, elastics, and hyaluronic acid glycoproteins AND lung tissue fibrosis, etc. She may also reach out to you.

Meanwhile, thank you for your untiring efforts to use science to inform health policy. Of course, let me know if I can be of any use to you.

Always, Hal

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 19:42:21 +0000
To: Susan Corrigan
Subject: RE: Coronavirus

Susan:

Thank for the note. I hope that all is well with you.

Best regards,

Tony

From: Susan Corrigan [REDACTED] (b) (6) >
Sent: Wednesday, April 1, 2020 10:29 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Coronavirus

Dear Dr. Fauci,

I have seen quite a bit of you on television. I live in Miami now. South Florida is the epicenter of the coronavirus. I wish Governor DeSantis would shut down the state of Florida. Thank you from [REDACTED] (b) (6)

Susan Corrigan

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 19:41:04 +0000
To: Nader, Ralph
Subject: RE: COVID-19 Question

Ralph:

I am so sorry that I took so long to get back to you. I receive over 1000 e-mails per day and even with staff screening, I do not see them for days. There is still an issue/problem with serologic tests in that they need to be validated as being sensitive and specific. Many tests that have been used thus far are not accurate and ARE MISLEADING. The UK bought millions of these from China and found that they were inadequate. The FDA is in the process of validating certain tests this week and if they pass, then we can expect to have tests within the next few weeks to do the things that you have suggested.

Best regards,
Tony

From: Nader, Ralph [REDACTED] (b) (6)
Sent: Wednesday, April 1, 2020 9:35 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: COVID-19 Question

Dear Dr Fauci,

I hope this email finds you well.

Thank you for everything you are doing for our country in these difficult times.

I realize your time is extremely valuable - especially during these times.

I have one question - if you can help me answering it.

Why are serologic tests not made abundantly available during these times?

This will help in so many ways:

- Can it be used to triage healthcare workers? Naturally "vaccinated" healthcare workers may be better triaged to be on the front lines for example, taking care of COVID-19 patients. (In times of limited PPE, documentation of natural immunity is probably one of the best PPE's out there)

-Another major use for it:

People can be asked to remain home, until they have documentation of natural immunization.

Serologic tests are very cheap, can be mailed, and done at home.

Immunized individuals can carry the test as "proof" of immunity - and may be able to go back to work etc.

It is just a thought. It may be a very candid question that I am asking.

But while we are waiting for a vaccine (and this will take several months), some people may be able to benefit from a very cheap test (that can be done at home) to short-circuit that waiting time.

Thank you for everything you are doing to our country,

You are such an inspiration to us all.

I wish you all the best.

Thank you.

Ralph

Ralph Nader, MD

Renal Fellow - Boston Medical Center

Instructor of Medicine - Boston University School of Medicine

Email: (b) (6)

Phone: (b) (6)

Pager: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 19:29:52 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]
Subject: RE: documentary interview request: PBS + Topspin Productions

Let us discuss this tomorrow before we do anything. No one has any "exclusives" on anything about me.

From: Billet, Courtney (NIH/NIAID) [E] (b) (6)>
Sent: Sunday, April 12, 2020 3:27 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)>
Subject: RE: documentary interview request: PBS + Topspin Productions

(b) (5)



From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Sent: Sunday, April 12, 2020 3:01 PM
To: Billet, Courtney (NIH/NIAID) [E] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)>
Subject: RE: documentary interview request: PBS + Topspin Productions

(b) (5)



(b) (5) Happy to discuss.

From: Billet, Courtney (NIH/NIAID) [E] (b) (6)>
Sent: Sunday, April 12, 2020 2:55 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Folkers, Greg (NIH/NIAID) [E]

(b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)>

Subject: ASF: documentary interview request: PBS + Topspin Productions

We have received a request from the PBS program "American Masters" and Topspin Productions to do a documentary about you. Their near-term ask is one or two brief video-link phone interviews during the next few months. After the coronavirus pandemic has subsided, they would like to do "a proper sit-down in which you could tell us the stories that speak to the key moments in your remarkable career."

On the face of it, this might seem to overlap with the Tobias/Hoffman project, but in the end I think they'd be quite different products. Please let me know if you'd like us to seek clearance to proceed.

On Apr 7, 2020, at 9:26 AM, Lia Carney <lia@topspincontent.com> wrote:

Hi Laura,

Nice to speak yesterday. See below for formal request and information about the series. If you wouldn't mind confirming receipt of this email, I can make sure to let my partners in this project know it is in the correct hands. Stay safe and thank you.

Dear Dr. Fauci,

To re-introduce myself, I am Lia Dosik Carney, (b) (6) and an executive producer in Los Angeles. As you'll remember, we filmed with you last summer as a major participant in a documentary we were producing centered around infectious disease. Thank you again for participating and taking the time. It was great to hear about your extraordinary career as well as a few interesting stories about (b) (6)

Obviously events have taken over all of our lives. Like everyone else in this country, I am very grateful for your honest and steadfast leadership as we navigate our new reality. During this time, we've been rethinking how we want to proceed with our documentary and have come to realize focusing on you, your experiences over the decades, how you have met every challenge presented to you, would give all of us a roadmap for the future.

To that end we are now in partnership with AMERICAN MASTERS, PBS' flagship series that profiles and honors outstanding Americans. Together we would like to produce a comprehensive look at your life, your experiences and your insights into how to deal with the recurring diseases that continue to plague our lives.

I have included below an introductory email from American Masters Executive Producer, Michael Kantor, which will give you a broader sense of that exceptional PBS series and the extraordinary work they produce.

We all know how limited your time is now — and all of us are so appreciative of what you are doing. We respectfully hope you will allow us to chronicle your life in medicine. We know that as we emerge from this latest crisis — understanding how you were able to deal

with earlier plagues (HIV-Aids for instance) will — we hope — give all of us a better understanding of the challenges all of us will continue to face.

Appreciate your consideration. With respect, Lia

Dear Dr. Fauci,

My name is Michael Kantor and I am the Executive Producer of the PBS AMERICAN MASTERS series. I believe you know [REDACTED] (b) (6)

[REDACTED] I am writing today to see if you would allow us to make a film on your life and career. We would require very little of your precious time right now, perhaps one or two very brief video-link phone interviews over the next few months, just as you have appeared on Trevor Noah's *The Daily Show* and spoken with basketball star Steph Curry. Later this year, after the current crisis has subsided, we would find time in your busy schedule for a proper sit-down in which you could tell us the stories that speak to the key moments in your remarkable career.

I am excited to work with Lia Carney and Topspin Productions on this project, because it has been important to me to expand the roster of AMERICAN MASTERS films to include scientists. Over its 33 year history, our series has profiled artists such as Leonard Bernstein, Maya Angelou and Raul Julia, athletes including Billie Jean King and Ted Williams, and now we are presenting the stories of James Watson and Oliver Sacks in our pantheon of great films. Our series is dedicated to telling biographies with the utmost care, and for that reason we have been honored with awards like the Emmy, the Peabody, the Grammy and even an Oscar.

We would be honored to have you join us in our public television effort to educate Americans about the domestic and global health issues that have been the focus of your career. This letter is brief because we respect your time, but we sincerely hope that you will join us in creating a documentary of distinction for a broad and diverse national audience.

Sincerely yours,

Michael Kantor

Michael Kantor
Executive Producer
American Masters
Thirteen|WNET
825 Eighth Avenue
New York, NY 10019-7435

212-560-6975 (office)

<image001.png>

[American Masters website](#)

[Facebook](#) | [Twitter](#) | [Tumblr](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 18:25:39 +0000
To: Lane, Cliff (NIH/NIAID) [E]
Subject: RE: Clarification in the chapters on Human Immunodeficiency virus disease: AIDS and related disorders (Chapter 197) page 1445 and Toxoplasma infections (Chapter 223) page 1615, in Harrison's principles of internal medicine -20 th Ed

Thanks.

From: Lane, Cliff (NIH/NIAID) [E] (b) (6)
Sent: Sunday, April 12, 2020 2:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: Clarification in the chapters on Human Immunodeficiency virus disease: AIDS and related disorders (Chapter 197) page 1445 and Toxoplasma infections (Chapter 223) page 1615, in Harrison's principles of internal medicine -20 th Ed

I responded to him and copied Kami Kim. He misread the two sections. We are saying the same things. I did not copy you.

From: Anthony Fauci <(b) (6)>
Date: Sunday, April 12, 2020 at 2:13 PM
To: "Lane, Cliff (NIH/NIAID) [E]" (b) (6)
Subject: FW: Clarification in the chapters on Human Immunodeficiency virus disease: AIDS and related disorders (Chapter 197) page 1445 and Toxoplasma infections (Chapter 223) page 1615, in Harrison's principles of internal medicine -20 th Ed

Please take a look at this. We get these inquiries from Indians all the time. They read HPIM very carefully. Is there anything we need to change here?

From: Viswanathan Neelakantan (b) (6) >
Sent: Sunday, April 12, 2020 3:35 AM
To: (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Lane, Cliff (NIH/NIAID) [E] <(b) (6)>
Subject: Clarification in the chapters on Human Immunodeficiency virus disease: AIDS and related disorders (Chapter 197) page 1445 and Toxoplasma infections (Chapter 223) page 1615, in Harrison's principles of internal medicine -20 th Ed

Dear Professor Anthony Fauci and Professor Kami Kim,
Greetings from Pondicherry, India. This is Dr K Neelakantan Viswanathan, Senior Professor of Medicine in a medical school here.

Going through your excellent chapter, (Chapter 197) in page 1445, on AIDS and related disorders in HPIM-20, under secondary prophylaxis / maintenance therapy for Toxoplasmosis it is said that "it may be discontinued in the setting of effective cART and increases in CD4+ T cell counts to > 200 / microliter for 6 months".

In page 1615, another wonderfully written chapter, (Chapter 223) on Toxoplasma infections, Professor Kami Kim has mentioned that " **individuals who have completed initial therapy for TE should receive treatment indefinitely unless immune reconstitution with a CD4 + T cell count of >200 occurs as a consequence of cART**".

Since both feature in the same textbook followed worldwide by medicos, could you please clarify the above?

I stand subject to any corrections.

Hoping that we fight Covid-19 effectively very soon. Stay safe.

Regards and best wishes,

Professor Dr K N Viswanathan

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 18:19:06 +0000
To: Daniel Lucey
Subject: RE: COVID-19: Rembrandt's Belshazzar's Feast in a time of chiaroscuro 2020 |
Science Speaks:

Thanks, Dan.

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

From: Daniel Lucey <(b) (6)>
Sent: Saturday, April 11, 2020 5:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Daniel Lucey <(b) (6)>
Subject: COVID-19: Rembrandt's Belshazzar's Feast in a time of chiaroscuro 2020 | Science Speaks:

Tony, Thank you for the immense 24/7 contribution you are making to our nation. Your wife is right: Pls get more sleep and meals! Before Easter tomorrow I am sharing this brief Old Testament story to which I gave a 2020 interpretation. Today's IDSA posting I am emphasizing that simultaneous antibody and virus RNA tests should be done on "relapsed" or "reinfected" Covid-19 patients e.g., South Korea (N=91), China, elsewhere. I am looking forward to giving NIAID Grand Rounds May 1st with Barney Graham and John Beigel. Dan <(b) (6)>
<https://sciencespeaksblog.org/2020/04/09/covid-19-rembrandts-belshazzars-feast-in-a-time-of-chiaroscuro-2020/>

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 18:12:01 +0000
To: Barton Haynes, M.D.
Subject: RE: coach K video for DHVI

Thanks, Bart. Glad to have you working on the COVID-19 issue.

From: Barton Haynes, M.D. <[REDACTED]> (b) (6) >
Sent: Sunday, April 12, 2020 8:47 AM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6) >
Subject: RE: coach K video for DHVI

Coach K and I came to duke on the same day in 1980 and [REDACTED] (b) (6)
[REDACTED]...when I was chair and he wasn't quite so famous, he used to see all my division chief recruits and help me recruit. He is a really good guy, as you know.

Am on the Francis Collins-appointed NIH working group for COVID19 vaccines, first meeting in the am...

Will continue to flog CoV2 simultanelously while making good progress on HIV. This past week had 4 HIV SABS, CHAVD, an IPCAVD, an HIVRAD we have with Scripps, and our GMP unit.....all on line. Not messing around.... All went really, really well.

Thanks for all you continue to do.

Best bart

From: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6) >
Sent: Saturday, April 11, 2020 10:32 PM
To: Barton Haynes, M.D. <[REDACTED]> (b) (6) >
Subject: RE: coach K video for DHVI

Very nice!!

From: Barton Haynes, M.D. <[REDACTED]> (b) (6)
Sent: Friday, April 3, 2020 8:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6)
Subject: coach K video for DHVI

Hi tony; if you get a chance, here is a 3 min. video Coach K did last week for DHVI. I sent it to all 270 DHVI members and they were very inspired!

Thanks for sending your interview with K. It is terrific.

All the best B

From: Jon Jackson (b) (6) >
Sent: Thursday, March 26, 2020 12:59 PM
To: Barton Haynes, M.D. (b) (6) >
Subject: Re: saw your video

https://www.dropbox.com/s/2f6b1421v63e10f/IMG_0250.MOV?dl=0

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 17:27:46 +0000
To: Folkers, Greg (NIH/NIAID) [E]; NIAID OD AM
Cc: Stover, Kathy (NIH/NIAID) [E]; Leifman, Laura (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]
Subject: RE: Serosurvey

OK. We can discuss.

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Sunday, April 12, 2020 11:26 AM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Cc: Stover, Kathy (NIH/NIAID) [E] (b) (6); Leifman, Laura (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Subject: RE: Serosurvey

Marilyn Marchione: I'm writing to request a chance to embed with a team doing a coronavirus serosurvey, to tell a public health story from the front lines as I believe I'm uniquely positioned to do.



Let us discuss in a.m.

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

From: Marchione, Marilyn <MMarchione@ap.org>
Sent: Sunday, April 12, 2020 10:56 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Leifman, Laura (NIH/NIAID) [E] (b) (6)
Subject: FW: Serosurvey

Hello Dr. Fauci,
I hope you are staying well in these trying times.

I'm writing to request a chance to embed with a team doing a coronavirus serosurvey, to tell a public health story from the front lines as I believe I'm uniquely positioned to do. I've made a similar request to the CDC, but the nationwide reach of the NIAID serosurvey might make my proposal easier to consider, so I'm coming hat in hand to you as well.

Twenty years ago, as a temporary CDC employee during a four-month Knight Journalism fellowship, I had the opportunity to take the EIS course in Atlanta and then work on several CDC outbreak and disease investigations. One was a serosurvey on Long Island after West Nile virus had recently emerged in the U.S.

I headed one of a dozen CDC teams that included a driver, a phlebotomist and a health aide from the New York state and Suffolk County health departments. We went door-to-door to consent participants, get blood samples and do interviews on exposure and symptoms.

I appreciate the tremendous scientific value that serosurveys offer and the kind of attention to detail and study rigor that's needed to get reliable information. I'm also a longtime medical journalist who understands and is sensitive to confidentiality, ethical and privacy concerns. I've been recognized by my peers as a science writing leader.

<https://casw.org/casw/article/marilynn-marchione-associated-press-wins-victor-cohn-prize>

I've attached some letters from CDC and other health officials regarding my work on the serosurvey, a photo of the EIS and CDC team (that's me toward the right in the front row) and the MMWR report resulting from our work. The field supervisor -- Dr. Anthony Marfin, now with the global vaccine group PATH ((b) (6)) is willing to speak to you on my behalf. Dr. Richard Besser, now president of the Robert Wood Johnson Foundation, was my fellowship supervisor and mentor at CDC. Others I worked with include Dr. Anne Schuchat, Dr. John Ward, Dr. Robert Tauxe and Dr. Lyle Petersen.

And of course, you know me from nearly three decades of medical writing, including the HIV/AIDS government trip to Africa when Tommy Thompson was healthy secretary.

The Associated Press reaches half of the world's population every day. I hope to offer a story that I and the AP are uniquely able to provide, to show and explain how public health is done and how science is accomplished during a pandemic. Thank you for considering my request.

Marilynn Marchione
Chief Medical Writer
The Associated Press

(b) (6)

mmarchione@ap.org

Twitter: @MMarchioneAP

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 17:12:57 +0000
To: Barton Haynes, M.D.
Subject: RE: Wall Street Journal story

Of course. No problem.

From: Barton Haynes, M.D. <[REDACTED] (b) (6)>
Sent: Sunday, April 12, 2020 1:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: RE: Wall Street Journal story

If he wants also to talk to me should I also talk to him?

From: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Sent: Sunday, April 12, 2020 1:09 PM
To: Barton Haynes, M.D. <[REDACTED] (b) (6)>
Subject: RE: Wall Street Journal story

Yes to your questions.

From: Barton Haynes, M.D. <[REDACTED] (b) (6)>
Sent: Sunday, April 12, 2020 1:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: RE: Wall Street Journal story

I know you don't have time to answer these but if you do fine, if not, ok.

I just don't want to screw something up.

Is it fair to say that shelly was not only a mentor but a father figure. You and shelly were very close.

also fair to say shelly was your most important mentor in your career?

Tx bart

From: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Sent: Sunday, April 12, 2020 12:44 PM
To: Barton Haynes, M.D. <[REDACTED] (b) (6)>
Subject: RE: Wall Street Journal story

Bart:

No problem. Go for it!

Best.

Tony

From: Barton Haynes, M.D. <[REDACTED] (b) (6)>
Sent: Sunday, April 12, 2020 12:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: FW: Wall Street Journal story

Hi tony; the fellow who wrote the article about you as point guard for St. Regis and the nation from the Wall street journal wants to talk to me about shelly wolff and you per below . is that ok? I will of course say only those things that are unbelievable but true....which are all wonderful..... best bart

From: Ben Cohen <ben.cohen@wsj.com>
Sent: Sunday, April 12, 2020 10:31 AM
To: Barton Haynes, M.D. [REDACTED] (b) (6)
Subject: Wall Street Journal story

Dr. Haynes,

I'm a reporter from the Wall Street Journal and, more important, a friend of Ben's from Duke. I've written quite a bit about your mentor and friend Dr. Fauci in the last few weeks, and I'm working on another story now that I was hoping you might be able to help with.

This story is about *his* mentor, Dr. Wolff, and how Dr. Wolff helped turn Dr. Fauci into the person he is today. I would love to hear more about their relationship from your perspective. I know this is an insanely busy time, but would you have a few minutes to chat by phone?

Thanks very much for your help. I hope you're safe and well in Durham.

All best,
Ben

--

Ben Cohen
The Wall Street Journal
212-416-3420 (o)
[REDACTED] (b) (6) c
ben.cohen@wsj.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 17:10:22 +0000
To: Barton Haynes, M.D.
Subject: RE: Wall Street Journal story

Thanks.

From: Barton Haynes, M.D. (b) (6) >
Sent: Sunday, April 12, 2020 1:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6) >
Subject: RE: Wall Street Journal story

I am going to refer him to you per the last note. Best bart

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, April 12, 2020 1:09 PM
To: Barton Haynes, M.D. (b) (6) >
Subject: RE: Wall Street Journal story

Yes to your questions.

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Also fair to say Shelly was your most important mentor in your career?

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To: Barton Haynes, M.D. (b) (6) >
Subject: RE: Wall Street Journal story

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To: Barton Haynes, M.D. (b) (6)
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This story is about *his* mentor, Dr. Wolff, and how Dr. Wolff helped turn Dr. Fauci into the person he is today. I would love to hear more about their relationship from your perspective. I know this is an insanely busy time, but would you have a few minutes to chat by phone?

Thanks very much for your help. I hope you're safe and well in Durham.

All best,
Ben

--

Ben Cohen
The Wall Street Journal
212-416-3420 (o)
(b) (6) (c)
ben.cohen@wsj.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 17:08:21 +0000
To: Neil Lacey - CDOT
Subject: RE: THANK YOU

Thanks, Neil. I appreciate your note.
Best,
Tony

From: Neil Lacey - CDOT <neil.lacey@state.co.us>
Sent: Sunday, April 12, 2020 1:05 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: THANK YOU

Thank you Dr. Birx and Dr. Fauci:

At a time when America needs it most both of you have courageously stood at the podium at the White House press briefings and explained what we all need to be doing during this paralyzing COVID-19 pandemic. When others have failed to lead, multiple task forces have struggled prioritizing safety first before economics, both of you have tag teamed presenting the data and the analytics of COVID-19 by decoding its complexities and giving us the "honest truth" in language that is easy to understand. The virus will end when it ends and not before. Thank you both for your service to the nation and for doing your jobs with conviction and commitment in doing the right thing - sticking to science and not yielding to politics. America is immensely grateful for both of you telling us all what we need to hear and what we need to do. You are both giants in the world of medicine.

Very appreciative,

Neil Lacey

(b) (6)

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 17:07:23 +0000
To: Barton Haynes, M.D.
Subject: RE: Wall Street Journal story

Bart:

I would be happy to talk to him about Shelly. People like to make stories as opposed to reporting on a story. Shelly was one of my best friends and mentor, but I was me way before I met Shelly, and so I am not really sure what he means by saying that Shelly "...helped turn Dr. Fauci into the person he is today".

Best,
Tony

From: Barton Haynes, M.D. (b) (6)
Sent: Sunday, April 12, 2020 12:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: RE: Wall Street Journal story

Of course the reason I am asking is that it is presumptuous for me to talk to him about shellys influence on you....perhaps I should just refer him to you?

Don't want to do anything either inappropriate, non helpful or what you don't want. Best bart

From: Barton Haynes, M.D.
Sent: Sunday, April 12, 2020 12:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: Wall Street Journal story

Hi tony; the fellow who wrote the article about you as point guard for St. Regis and the nation from the Wall street journal wants to talk to me about shelly wolff and you per below . is that ok? I will of course say only those things that are unbelievable but true....which are all wonderful.... best bart

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To: Barton Haynes, M.D. (b) (6)
Subject: Wall Street Journal story

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Thanks very much for your help. I hope you're safe and well in Durham.

All best,
Ben

--

Ben Cohen
The Wall Street Journal
212-416-3420 (o)
(b)(6) (c)
ben.cohen@wsj.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 12:30:56 +0000
To: Conley, Sean P. CDR USN WHMO/WHMU; Short, Marc T. EOP/OVP
Cc: Birx, Deborah L. EOP/NSC; Lane, Cliff (NIH/NIAID) [E]
Subject: RE: 15 minute Coronavrius machines

Thanks, Sean.

From: Conley, Sean P. CDR USN WHMO/WHMU (b) (6)
Sent: Saturday, April 11, 2020 11:18 PM
To: Short, Marc T. EOP/OVP (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Cc: Birx, Deborah L. EOP/NSC <(b) (6)>; Lane, Cliff (NIH/NIAID) [E]
(b) (6)
Subject: Re: 15 minute Coronavrius machines

(b)(3) PCP

I'll look into the possibility of freeing up a machine for investigation.

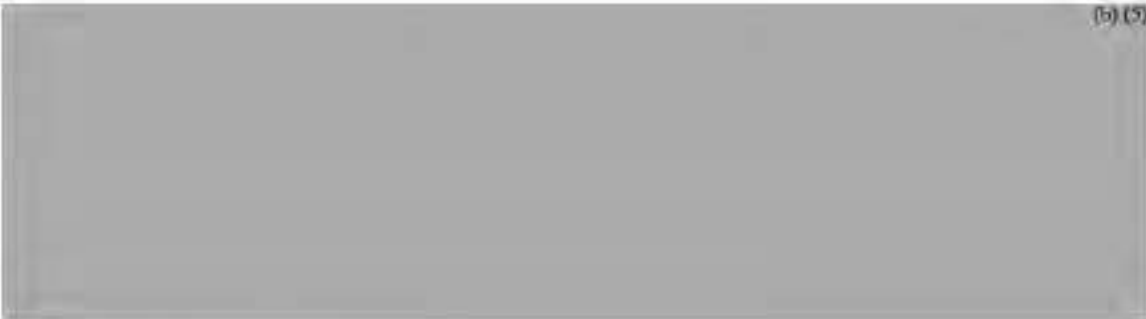
Sean

Sent from my iPhone

On Apr 11, 2020, at 10:15 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
wrote:

Marc:

(b) (6)



Tony

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

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 12:30:19 +0000
To: Short, Marc T. EOP/OVP
Subject: RE: 15 minute Coronavirus machines

Marc:

Thanks for the note. Understood. I wish you a peaceful and enjoyable day with your family.
Best regards,
Tony

From: Short, Marc T. EOP/OVP [REDACTED] (b) (6)
Sent: Saturday, April 11, 2020 11:57 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Cc: Conley, Sean P. CDR USN WHMO/WHMU [REDACTED] (b) (6); Birx, Deborah L. EOP/NSC [REDACTED] (b) (6); Lane, Cliff (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Re: 15 minute Coronavirus machines

Dr Fauci,

You correctly noticed the symptoms but misdiagnosed the root cause. [REDACTED] (b)(5) PCP

[REDACTED] (b)(5) PCP

Apologies for a poor poker face. Best wishes to you and your family for a blessed Easter celebration of our Savior's resurrection.

Thanks for all you do,

Marc

Sent from my iPhone

On Apr 11, 2020, at 10:15 PM, Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

Marc:



Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 12:28:27 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Fearing appointment

Please respond as appropriate.

— Original Message —

From: Daniel Kölliker [REDACTED] (b) (6) >
Sent: Sunday, April 12, 2020 4:53 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Fearing appointment

Dear Mr Fauci,

We are really wondering over here in Europe why you don't take a dedicated opinion on COVID-19 and share your opinion at the daily briefings to the extent of your personal believes.

We really expect you to oppose the president wherever you have a different opinion, which we believe is based on facts.

Please consider our request and don't let the president keep spreading his lies to the people of the United States.

We would really appreciate watching you on the briefings telling the nation the truth that is based on your experience straight to the point.

Thank you so much,
Daniel Kölliker and acquaintances

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 12 Apr 2020 12:27:36 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: [REDACTED] (b) (6)
[REDACTED]
Attachments: [REDACTED] (b) (6)

Please take a look at this and respond as you see fit. Thanks.

From: [REDACTED] (b) (6)
Sent: Sunday, April 12, 2020 5:54 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: [REDACTED] (b) (6)
[REDACTED]

Dear Dr. Fauci

I know that you are very occupied.

[REDACTED] (b) (6)

Please handle the draft confidentially.

Thank you very much!
Sincerely, D. Novosel, Switzerland

www.novosel.ch

From: (b) (6)
Sent: Sat, 11 Apr 2020 22:57:51 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]; Mascola, John (NIH/VRC) [E]
Subject: Teleconference next week

I have asked John Mascola to connect with you to set up a conference call with John, me, Carl, Emily some time next week. Subject is out of the box thinking about COVID-19

From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 22:08:16 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: Letter sent on behalf of Chancellor Jeffrey P. Gold, M.D.

This is another email from Jeff Gold at UNMC in response to an email that you sent him.

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

From: Gold, Jeffrey P (b) (6) >
Sent: Saturday, April 11, 2020 3:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Re: Letter sent on behalf of Chancellor Jeffrey P. Gold, M.D.

Tony,
Many thanks for taking the time to respond. Please let me know if I can help in any way.
Our mobile device app (developed with Apple) has been quite helpful and is growing in use (over 10K) as a screening, referral and surveillance tool for several user sets.
Just one of the many areas we continue to develop.
Best wishes
jeff

From: "M. Anthony S. Fauci" (b) (6) >
Date: Saturday, April 11, 2020 at 1:52 PM
To: "Gold, Jeffrey P" (b) (6)
Subject: RE: Letter sent on behalf of Chancellor Jeffrey P. Gold, M.D.

Non-UNMC email

Jeff:

Many thanks for your kind note. Hope that all is well with you.
Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: (b) (6) On Behalf Of Gold, Jeffrey P
Sent: Friday, April 10, 2020 12:57 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Gold, Jeffrey P (b) (6)
Subject: Letter sent on behalf of Chancellor Jeffrey P. Gold, M.D.
Importance: High

April 10, 2020

Anthony S. Fauci, M.D.
Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane, MSC 9806
Bethesda, MD 20892-9806
(b) (6)

Dear Dr. Fauci:

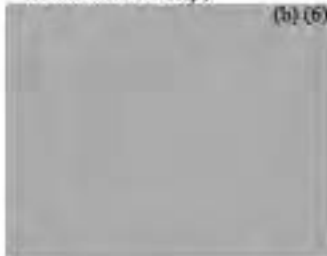
I write simply to thank you and congratulate you for your incredible efforts during the management of this pandemic as it reaches across our nation. The unique challenges that this pandemic has created have also created opportunities, and we here at the University of Nebraska Medical Center have proudly participated with our federal, state and local partners during this COVID-19 pandemic as well as over the last 16 years, having matured an extensive program in the research, education, and clinical components of highly infectious diseases and biocontainment.

The UNMC Center for Global Health Security has been the umbrella organization that has organized all of these components and continues to have strong leadership from retired military public health as well as gifted research scientists from across the nation. As a co-founding partner of NETEC, as a recipient of the Regional Disaster Health Service Awards, and as a close collaborator with the Department of Health and Human Services, the Department of Defense, the Department of Homeland Security and the Department of State, we have enjoyed the opportunity to always "lean in" as the need arises.

I am sure your days are full not only of the complex logistics and tension that fill leadership roles at this time but also maintaining a "steady hand on the rudder" as we navigate these challenging waters. I think back to my days at New York Presbyterian and Cornell Med, knowing that we are both Cornell Med grads, both did our residency and fellowship training in New York, and have had the opportunity to interact back so many years ago. I do remember quite well the first time that we met and have always reflected warmly at having even a brief opportunity to interact.

I do not write to ask for anything but to just simply thank you for all that you continue to do and know that you always have a friend here in Nebraska. I wish you and your family the very best as we continue this journey.

Most sincerely,



Jeffrey P. Gold, M.D.
Chancellor

JPG (b) (6)

(b) (6)
Administrative Associate I
Chancellor Jeffrey P. Gold's Office

University of Nebraska Medical Center
986605 Nebraska Medical Center | Omaha, NE 68198-6605
(b) (6) | fax 402.559.4396

(b) (6)

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From: Eisinger, Robert (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 22:02:38 +0000
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: FW: Please send me your cell phone #.
Attachments: COVID-19 Craig Schirmer Memo 04.10.20.pdf

This email is from Jeffrey Sachs.

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

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

From: Jeffrey Sachs (b) (6)
Sent: Saturday, April 11, 2020 4:50 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Re: Please send me your cell phone #.

(b) (4)

Looking forward to speaking.

Jeff

On 4/11/20, 4:28 PM, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) > wrote:

Mine is (b) (6)

From: (b) (6)
Sent: Sat, 11 Apr 2020 16:25:18 -0400
To: Evans, Michele (NIH/NIA/IRP) [E]
Subject: Re: Covid-19 Health Disparities

Michele:

Many thanks for your note.

Best regards,

Tony

On Apr 7, 2020, at 8:28 PM, Evans, Michele (NIH/NIA/IRP) [E]

(b) (6) wrote:

Dear Dr. Fauci,

Thank you from the bottom of my heart for highlighting the health disparities and disproportionate burden of disease influencing outcome of Covid-19 infections in African Americans. Participants in my observational, longitudinal, epidemiologic Baltimore-based study, HANDLS <https://handls.nih.gov/> are terrified by the level of disease they are seeing in their communities across Baltimore. We have been on the phone with and texting participants to educate them, support them in their efforts to get tested, remind them of the importance of social distancing and self-isolation when appropriate to protect their health. We are acutely aware of their fragility. Testing in Baltimore is limited. The National Guard has set up community testing at the Pimlico Race Track; however, although we have deployed our mobile medical research vehicles to Pimlico in the past to conduct our study, the current crime rate is such that our participants and community residents in general do not go to the Pimlico area especially if they are on foot. The other issue with testing for African Americans and our participants is the need to have a health care provider that one can contract to discuss symptoms to get a referral for testing. The unravelling of the Affordable Care Act has severely impacted access for African Americans across the nation and especially in Baltimore. Our participants are calling my staff clinician and nurse practitioner for referrals if they have symptoms. We have reached out to colleagues at

Health Care for the Homeless, JHU and other medical entities to facilitate access.

Thank you all you are doing. Since I work in Baltimore, I haven't seen you in person since [REDACTED] (b) (6) [REDACTED]. The current pandemic however, reminds me of the days of the AIDS epidemic when I worked as Sam Broder's special assistant for underserved populations while Peggy Hamburg worked for you. I was in awe of you and Sam then and I remain in awe of you today. I have known many Regis men...but you are clearly head and shoulders above them all.

Michele K. Evans, M.D.
Deputy Scientific Director & Chief,
Health Disparities Research Section
National Institute on Aging
National Institutes of Health
NIH Biomedical Research Program
251 Bayview Boulevard
Suite 100 Room 4C-222
Batimore, Maryland 21224
Email: [REDACTED] (b) (6)
Tel. [REDACTED] (b) (6)
<https://irp.nih.gov/pi/michele-evans>
<https://handls.nih.gov/>

From: (b) (6)
Sent: Sat, 11 Apr 2020 16:22:40 -0400
To: Janet Tobias
Cc: Conrad, Patricia (NIH/NIAID) [E]; (b) (6)
Subject: Re: Updates: Film

Janet

All this sounds fine and workable.

Thanks,

Tony

On Apr 7, 2020, at 8:31 PM, Janet Tobias <janet@ikanamedia.com> wrote:

Dear Tony and Patty:

Responses to Burklow's questions to me from your group call yesterday:

1) I think we have landed in the right place for the film about your life. Nat Geo, Disney, and Bob Iger himself, all understand the need for discretion now but are wildly supportive about releasing a film that will celebrate the importance of your life, science and public health. I wanted the best home, broadest distribution, and strongest team for your film. You have entrusted me with your story, so I just want to do right by it. We are really happy with the filming that we have done so far personal (b) (6) home, school) to work (office etc).

3) The other film we have been working on (ENDING AIDS), which follows globally the HVTN trials/latest Aids research to complete "the toolbox" is definitely still happening. It is now in pause with COVID-19...but will move forward again when we get through this. Filming at research sites in South Africa, US, and Latin America has been great...and when you have time — in the future — I will outline. You obviously are a key subject in ENDING AIDS also, but ENDING AIDS will spend a lot of time with doctors at the field research sites and with volunteers in the trials. The Aids conference and meetings footage we have shot with you will be shared between films, smartly and distinctly. ENDING AIDS will be released a year plus later than the release of your biographical film—I am focused on your film now. Howard Hughes Medical Institute remains the educational partner on ENDING AIDS. In the fall we will finalize the broadcast/streaming partner for ENDING AIDS. So, bottom line it will be released a year after your film, and will be a film focused on showing in detail where we are now with aids research and the key people in the chain from you to a young female volunteer in South Africa/a young male volunteer in Birmingham.

FILMING REQUESTS for your film now.

4) NO more asking to film with the Task Force.

5) I do have two personal filming requests for you — would it be possible to drive to NIH with you once or twice a week and capture your working/appropriate conversations in the car. That will be so helpful narratively to tracking your scientific and communication leadership. The footage we did that first day is truly

great. We will just turn around and come back after the ride there--- in our follow car (we have NIH access badges). Secondly, would it be possible to sit down with you on camera for 15 minutes once a week (on the weekend?) at the office or on the back deck/some safe location to talk with me in real time about what you are managing with treatments, vaccines, etc. so we can pull the scientific/communication narrative on COVID-19 through your film.

6) We love the live truck and the walks, so whenever that works we will be there.

7) I NEVER ever want to interfere with the work on the Task Force, lives are at stake. IF something doesn't work for filming no questions asked we don't do it, we stop, cancel/pivot. No need to explain, the team here understands and only wants to do what works for you, your team. ... (b) (6).

With appreciation,

Janet

From: (b) (6)
Sent: Sat, 11 Apr 2020 16:14:53 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Invitation to speak to ABEA in virtual meeting

No

Begin forwarded message:

From: "Allen, Clint (NIH/NIDCD) [E]" (b) (6) >
Date: April 8, 2020 at 9:16:55 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) <
Subject: Invitation to speak to ABEA in virtual meeting

Dr. Fauci –

Almost embarrassed to ask, but would you be willing/able to speak virtually to the **American Broncho-Esophagological Association** (abea.net) on Friday April 24th? This year marks the 100th anniversary of this venerable organization that brings together clinicians (mainly Otolaryngologists) who care for patients with complex upper aerodigestive tract disorders. Our annual National Meeting has been cancelled and we are hosting a virtual meeting in its stead.

As Otolaryngologists, we are currently and expect to continue to be dramatically impacted by the current pandemic, given that our care for patients routinely includes upper airway endoscopy (30-40 scope procedures a day is routine) which as you know is a high-risk aerosolizing procedure. As I'm sure you are aware, Otolaryngologists have been amongst the hardest hit clinicians in terms of patient-to-provider transmission of COVID-19.

Your input for 10-15 minutes would be an honor. Discussion topics could include general comments about the pandemic, a sense of what to expect in the coming months and years, and *what we can do as medical leaders to prepare for these changes in the US and abroad.*

If this is something you are interested in, with whom on your communications team could I communicate?

Thanks so much for the consideration – your brief presence and input would mean a great deal to our society.

Clint Allen

From: (b) (6)
Sent: Sat, 11 Apr 2020 16:08:26 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Council of Scientific Society Presidents Support of Science Award
Attachments: Fauci_CSSP_Award.pdf, ATT00001.htm, CSSP Brochure_2019 v3.pdf, ATT00002.htm

Let us discuss. They want to give me an award virtually. Probably should accept if it requires no time or work

Begin forwarded message:

From: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Date: April 9, 2020 at 10:52:49 AM EDT
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>
Subject: FW: Council of Scientific Society Presidents Support of Science Award

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

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From: Mosher, Sharon <smosher@jsg.utexas.edu>
Sent: Thursday, April 9, 2020 10:31 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Conrad, Patricia

(NIH/NIAID) [E] <[REDACTED] (b) (6)>

Subject: Council of Scientific Society Presidents Support of Science Award

Dear Dr. Fauci:

Council of Scientific Society Presidents (CSSP) would like to honor you with our Support of Science Award at our May Leadership Workshop (virtual). The purpose of this award is to honor those who have proven their outstanding support of U.S. science, free scientific communication, and a support of basic science research. The expertise with which you guide the United States through these unprecedented COVID-19 times simply reinforces the dedication you exhibit to ensure the greatest safety to the greatest number of US citizens.

Dr. Martin Apple talked to Kim Barasch earlier this week. Please find the attached formal invitation letter she indicated that was needed. I have also attached a PDF of a brochure, though most information is on our [website](#).

If you or Kim have any questions, please let me know by email or phone.

Sincerely,

Sharon Mosher

Sharon Mosher
Farish Chair and Professor
The University of Texas at Austin
Jackson School of Geosciences
2305 Speedway, Stop C1160
Austin, TX 78712-1692

[REDACTED] (b) (6) (cell)
smosher@jsg.utexas.edu

From: (b) (6)
Sent: Sat, 11 Apr 2020 16:04:03 -0400
To: Alison Galvani
Cc: Conrad, Patricia (NIH/NIAID) [E]; Seyed Moghadas; Singer, Burton H
Subject: Re: Your Submission THELANCETID-D-20-01518R1

Thanks, Alison

On Apr 9, 2020, at 7:46 PM, Alison Galvani (b) (6) >wrote:

Hi Tony,
I thought you might be interested in our projections regarding ventilator needs in the US. The brief report (attached) was accepted at Lancet ID yesterday. Funded by NIAID :)
Take care,
Alison

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

From: Phoebe Hall <gm@editorialmanager.com>
Date: Wed, Apr 8, 2020 at 9:36 AM
Subject: Your Submission THELANCETID-D-20-01518R1
To: Galvani, Alison (b) (6)

Dear Professor Galvani,

Reference: THELANCETID-D-20-01518R1, Projecting the demand for ventilators at the peak of COVID-19 outbreaks in the United States

I am pleased to tell you that your submission, Projecting the demand for ventilators at the peak of COVID-19 outbreaks in the United States, has been accepted for publication in The Lancet Infectious Diseases.

In due course you will receive, electronically, a set of pdf proofs of your article. Please note that because of our varied and international readership, The Lancet Infectious Diseases edits heavily to a strict house style. Thus, changes will inevitably be made to your manuscript at this time. There will also probably be a few final editorial queries at this stage. Please correct and return these pages by the deadline stated in the covering email.

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WHO AUTHORS

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Yours sincerely,

Phoebe Hall
Senior Editor
The Lancet Infectious Diseases

E-mail: phoebe.hall@lancet.com

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.editorialmanager.com%2Fthelancetid%2Flogin.asp%3Fa%3Dr&data=02%7C01%7CAlison.galvani%40yale.edu%7C1c0ddd00e9ca413f771008d7dbc1e529%7Cdd8cbebb21394df8b4114e3e87abeb5c%7C0%7C0%7C637219498130294598&sdata=jK1kjtzbMH6UMOPZ%2BvavnATDZkEB9y2up55tmxUA5A%3D&reserved=0>). Please contact the publication office if you have any questions.

--

Alison Galvani, PhD

Director, Yale Center for Infectious Disease Modeling and Analysis (CIDMA)

Burnett and Stender Families Professor of Epidemiology
Yale School of Public Health
Yale School of Medicine
New Haven, CT 06520

(b) (6)

<http://cidma.yale.edu/>

Follow me at @Alison_Galvani

Follow CIDMA @YCIDMA

<Brief report on ventilator needs.docx>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 19:56:00 +0000
To: Jack Killen
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: RE: From Jack Killen & Fred Boykin

Jack:

Many thanks for your kind note. (b) (6)

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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Bethesda, MD 20892-2520
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From: Jack Killen (b) (6)
Sent: Tuesday, April 7, 2020 1:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)
Subject: From Jack Killen & Fred Boykin

Dear Tony:

This is a quick note to say Fred and I have been watching you every day, in awe, for weeks now. We could not be more grateful for your leadership, wisdom, courage, and integrity. Our country could not be more fortunate that you are still there in guiding us through this terrible time. Needless to say, many memories of our years working together have been in the forefront of our minds.

On a personal note, (b) (6)
(b) (6)

My epidemic battling skills are rusty, but if there is anything I can do to help in any way, please know I are here for you. Fred is as well.

Godspeed, and please take care of yourself. Best to you, (b) (6) and your family.

Jack Killen MD

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 19:50:06 +0000
To: George GAO
Subject: RE: Vaccine—confidential PPT

George:

Thank you for your kind note. All is well despite some crazy people in this world.

Warm regards,

Tony

Anthony S. Fauci, MD
Director
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Building 31, Room 7A-03
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From: George GAO (b) (6)
Sent: Wednesday, April 8, 2020 4:36 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: Vaccine—confidential PPT

Tony

I saw some news (hope it is fake) that are being attacked by some people. Hope you are well under such a irrational situation.

(b) (4) Thank you for your introduction.

All the best and stay safe.

Bw

George

发自我的iPhone

在 2020年3月29日, 09:07, Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
写道 :

George:

Thanks for the note. I understand completely. No problem. We will get through this together.

Best regards,

Tony

On Mar 28, 2020, at 8:50 PM, George GAO (b) (6) wrote:

Dear Tony

I know you are working extremely hard with a lot of pressure. Hope the US situation is getting better eventually. I saw the Science interview, how could I say such a word "big mistake" about others ? That was journalist's wording. Hope you understand. It was NOT a real interview but a QaA through social media for several days when ge asked me what China has done and is working on. Lets work together to get the virus out of the earth.

Best wishes

George

发自我的iPhone

在 2020年3月3日, 21:10, Fauci, Anthony (NIH/NIAID) [E]
(b) (6) 写道 :

George:

Thanks for the note. I will send this to Dr. John Mascola Director of the NIAID Vaccine Research Center and Dr. Barney Graham to follow-up with you.

Best regards,

Tony

Anthony S. Fauci, MD
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From: George GAC (b) (6)
Sent: Tuesday, March 3, 2020 7:12 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Vaccine—confidential PPT

Dear Tony
Hope this email finds you well and the US will soon get the COVID-19 down.



All the best
George

发自我的iPhone
<20200303 For Gao laoshi.pptx>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 19:27:03 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Subject: RE: ASF - note from Mary Jane Walker !! FW: Catching up

Thanks, Mary Jane!

Anthony S. Fauci, MD
Director
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Building 31, Room 7A-03
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Thursday, April 9, 2020 10:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Mary Jane Walker (b) (6)
Subject: ASF - note from Mary Jane Walker !! FW: Catching up

From: Mary Jane Walker <(b) (6)>
Subject: Catching up
Date: April 6, 2020 at 9:23:13 PM EDT
To: (b) (6)

Hi Tony,

I hope that you are doing well despite all that you are dealing with around COVID-19. It has been many years since I had the opportunity to work with you but my job at NIAID was one of my favorite positions and gave me a great start to my career. So, when I saw the below graphic, it made me smile and I wanted to send you a note.

I truly appreciate how you are handling the COVID-19 situation. Your comments are a breath of fresh air amidst politics and uncertainty. With daily White House press briefings, increased security and scrutiny, 24/7 media interviews and great popularity, you seem to be holding up well - as you always do. Your recent interview with JAMA's Editor-in-Chief Howard Bauchner was particularly well done and very enlightening.

Thank you for everything that you are doing and please stay healthy!

Kind regards,

Mary Jane



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 18:35:53 +0000
To: Crawford, Chase (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Billet, Courtney (NIH/NIAID) [E]; Haskins, Melinda (NIH/NIAID) [E]; Selgrade, Sara (NIH/NIAID) [E]
Subject: RE: Attn Dr. Fauci: Key Points for Congressional Black Caucus Briefing Call - Monday 11:30a.m.

Thanks. Please make sure that it is printed out and given to me before the briefing.

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: Crawford, Chase (NIH/NIAID) [E] (b) (6)
Sent: Friday, April 10, 2020 7:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Haskins, Melinda (NIH/NIAID) [E] (b) (6)>; Selgrade, Sara (NIH/NIAID) [E] (b) (6)
Subject: RE: Attn Dr. Fauci: Key Points for Congressional Black Caucus Briefing Call - Monday 11:30a.m.

Dr. Fauci,

Attached is an updated "one-pager" for your call on Monday with members of the Congressional Black Caucus. At Greg's recommendation, we have added information on the NIH-supported serosurvey that was announced this afternoon.

Please let me know if I can be of further assistance (Chase cell: (b) (6))

Thanks,
Chase

From: Crawford, Chase (NIH/NIAID) [E]
Sent: Friday, April 10, 2020 5:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Haskins, Melinda (NIH/NIAID) [E] <(b) (6)>; Selgrade, Sara (NIH/NIAID) [E] <(b) (6)>
Subject: Attn Dr. Fauci: Key Points for Congressional Black Caucus Briefing Call - Monday 11:30a.m.

Dr. Fauci,

On Monday, April 13th, at 11:30 a.m., you are scheduled to participate in an informal discussion/telebriefing regarding health disparities and COVID-19 with members of the Congressional Black Caucus (CBC). Rep. Barbara Lee (D-CA, including Oakland and Berkeley) – former CBC chair – made the request. A list of expected call participants is below the signature line of this email.

I have attached a “one-pager” to provide some background on health disparities and COVID-19 that includes information on NIH COVID-19 research that may be relevant to the discussion. As you are aware, we do not have any COVID-19 studies directly focused on the African American community. Hilary and Greg have provided input.

Please let me know if I can be of further assistance (Chase cell: (b) (6))

Thanks,
Chase

List of CBC call participants

Rep. Barbara Lee
Rep. Karen Bass (CBC Chair)
Rep. Robin Kelly (CBC Health Braintrust Chair)
Rep. G.K. Butterfield
Rep. Yvette Clarke
Rep. Cedric Richmond
Rep. Brenda Lawrence

Rep. Steve Horsford
Rep. Ayanna Pressley

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 18:10:39 +0000
To: (b) (6)
Subject: FW: Wpost: Gilead's experimental drug remdesivir shows 'hopeful' signs in small group of coronavirus patients <https://wapo.st/2wzjsy2>

Geeez....

Anthony S. Fauci, MD
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Friday, April 10, 2020 5:30 PM
Subject: Wpost: Gilead's experimental drug remdesivir shows 'hopeful' signs in small group of coronavirus patients <https://wapo.st/2wzjsy2>

Business

Gilead's experimental drug remdesivir shows 'hopeful' signs in small group of coronavirus patients

Two-thirds of severely ill patients showed improvement in their oxygen therapy level when treated with the antiviral drug



Two ampuls of remdesivir are pictured during a news conference at the University Hospital Eppendorf (UKE) in Hamburg, April 8, 2020, as the spread of coronavirus disease (covid-19) continues. Ulrich Perrey/Pool via REUTERS (Pool/Reuters)

By

Christopher Rowland

April 10, 2020 at 5:25 p.m. EDT

A majority of a small group of patients showed improvements after being treated with an experimental coronavirus treatment made by Gilead Sciences, bolstering hopes for finding a treatment for the disease, according to a study published in the *New England Journal of Medicine* Friday.

The group of patients received the anti-viral drug remdesivir as part of a "compassionate use" trial, not a double-blind placebo-controlled trial which would offer more definitive evidence. Also, the cohort of patients was small, only 53 patients in the United States and around the world. Those limiting factors prevent scientists from declaring that the drug works.

Still, the improvements offered positive news about a drug seen by global health authorities as offering the best shot at becoming a treatment for the disease.

Thirty six patients out of 53 — or two-thirds — showed improvement in oxygen support, trial authors said. Seventeen of 30 patients who were on ventilators were able to be taken off the life-support machines.

"We cannot draw definitive conclusions from these data, but the observations from this group of hospitalized patients who received remdesivir are hopeful," said Jonathan D. Grein, MD, Director of Hospital Epidemiology, Cedars-Sinai Medical Center, Los Angeles, and lead author of the journal article. "We look forward to the results of controlled clinical trials to potentially validate these findings."

While 68 percent of the patients showed improvement in the level of oxygen support they needed, 13 percent died, the *NEJM* study said. That 13 percent compares favorably to mortality rates of 17 to 78 percent in China among severely ill patients, the authors wrote.

Gilead's stock has been bolstered for weeks by expectations over remdesivir.

Remdesivir was discovered by Gilead in the hunt for antiviral drugs about a decade ago, and the National Institutes of Health has partnered with the company to explore its benefits. It was shown to work against an array of viruses in laboratory tests.

It showed effectiveness in primates infected with Ebola but failed in a trial in the Democratic Republic of Congo in humans with the deadly disease. It has shown effectiveness as a preventive therapy in primates for MERS, which is a coronavirus cousin of the Covid-19 virus.

There are no treatments approved by the Food and Drug Administration to treat coronavirus, but the FDA has granted an emergency use authorization for the use of hydroxychloroquine and chloroquine, two decades-old anti-malarial drugs. There is scant evidence that the therapy works, but President Trump has repeatedly boosted the promise of the drugs.

Even while multiple full clinical trials of remdesivir continue, Gilead has been swamped with requests for "compassionate use" of the drug. Under compassionate use rules, physicians can obtain experimental drugs for their seriously ill patients when there is nothing else to try.

Gilead said last week that it had enough of the experimental drug on hand to treat up to 140,000 people under compassionate use programs.

[0 Comments](#)



Christopher Rowland

Chris Rowland joined The Washington Post business team in 2018 after serving as the Washington bureau chief for the Boston Globe, leading coverage of two presidential elections and overseeing political enterprise reporting. He previously covered health care for the Globe in Boston. [Follow](#)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 18:09:19 +0000
To: [REDACTED] (b) (6)
Subject: FW: New Yorker: How Anthony Fauci Became America's Doctor
<https://bit.ly/2y3h3fi>

This is the actual article for which I previously sent you a link.

Anthony S. Fauci, MD
Director
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Building 31, Room 7A-03
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From: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6) >
Sent: Friday, April 10, 2020 4:30 PM
Subject: New Yorker: How Anthony Fauci Became America's Doctor <https://bit.ly/2y3h3fi>

Annals of Medicine
April 20, 2020 Issue

How Anthony Fauci Became America's Doctor

*An infectious-disease expert's long crusade against some of
humanity's most virulent threats.*

By **Michael Specter**
April 10, 2020



"You stay completely apolitical and non-ideological," Fauci says. "I'm a scientist and I'm a physician. And that's it." Illustration by Tyler Comrie. Photograph by Win McNamee / Getty

Just before midnight on March 22nd, the President of the United States prepared to tweet. Millions of Americans, in the hope of safeguarding their health and fighting the rapidly escalating spread of COVID-19, had already begun to follow the sober recommendation of Anthony S. Fauci, the country's leading expert on infectious disease. Fauci had warned Americans to "hunker down significantly more than we as a country are doing." Donald Trump disagreed. "WE CANNOT LET THE CURE BE WORSE THAN THE PROBLEM ITSELF," he tweeted.

Trump had seen enough of "social distancing." In an election year, he was watching the stock market collapse, unemployment spike, and the national mood devolve into collective anxiety. "I would love to have the country opened up, and just rarin' to go by Easter," he said, on Fox News. "You'll have packed churches all over our country. I think it'll be a beautiful time."

Trump's Easter forecast came more than two months after the first U.S. case of COVID-19 was identified, in Washington State, and more than a hundred days after the novel coronavirus emerged, first from bats and then from a live-animal market in the Chinese city of Wuhan. Every day, more people were falling sick and dying. Despite a catastrophic lack of

testing capacity, it was clear that the virus had reached every corner of the nation. With the Easter holiday just a few weeks away, there was not a single public-health official in the United States who appeared to share the President's rosy surmises.

Anthony Fauci certainly did not. At seventy-nine, Fauci has run the National Institute of Allergy and Infectious Diseases for thirty-six years, through six Administrations and a long procession of viral epidemics: H.I.V., SARS, avian influenza, swine flu, Zika, and Ebola among them. As a member of the Administration's coronavirus task force, Fauci seemed to believe that the government's actions could be directed, even if the President's pronouncements could not. At White House briefings, it has regularly fallen to Fauci to gently amend Trump's absurdities, half-truths, and outright lies. No, there is no evidence that the malaria drug hydroxychloroquine will provide a "miracle" treatment to stave off the infection. No, there won't be a vaccine for at least a year. When the President insisted for many weeks on denying the government's inability to deliver test kits for the virus, Fauci, testifying before Congress, put the matter bluntly. "That's a failing," he said. "Let's admit it."

When Trump was not dismissing the severity of the crisis, he was blaming others for it: the Chinese, the Europeans, and, as always, Barack Obama. He blamed governors who were desperate for federal help and had been reduced to fighting one another for lifesaving ventilators. In one briefing, Governor Andrew Cuomo, of New York, said, "It's like being on eBay with fifty other states, bidding on a ventilator." Trump even accused hospital workers in New York City of pilfering surgical masks and other vital protective equipment that they needed to stay alive. "Are they going out the back door?" Trump wondered aloud. As a reporter who writes mainly on science and public-health issues, I've known Fauci since the H.I.V./AIDS epidemic exploded, in the mid-eighties. He once explained to me that he has developed a method for dealing with political leaders in times of crisis: "I go to my favorite book of philosophy, 'The Godfather,' and say, 'It's nothing personal, it's strictly business.'" He continued, "You just have a job to do. Even when somebody's acting ridiculous, you can't chide them for it. You've

got to deal with them. Because if you don't deal with them, then you're out of the picture."

Since his days of advising Ronald Reagan and George H. W. Bush, Fauci has maintained a simple credo: "You stay completely apolitical and non-ideological, and you stick to what it is that you do. I'm a scientist and I'm a physician. And that's it." He learned the value of candor early. "Some wise person who used to be in the White House, in the Nixon Administration, told me a very interesting dictum to live by," he told me in 2016, during a public conversation we had at the fifty-year reunion of his medical-school class. "He said, 'When you go into the White House, you should be prepared that that is the last time you will ever go in. Because if you go in saying, I'm going to tell somebody something they want to hear, then you've shot yourself in the foot.' Now everybody knows I'm going to tell them exactly what's the truth."

Americans have come to rely on Fauci's authoritative presence. Perhaps not since the Vietnam era, when Walter Cronkite, the avuncular anchor of the "CBS Evening News," was routinely described as the most trusted man in America, has the country depended so completely on one person to deliver a daily dose of plain talk. In one national poll, released last Thursday, seventy-eight per cent of participants approved of Fauci's performance. Only seven per cent disapproved.

On March 23rd, Fauci failed to appear at the daily briefing in the White House pressroom. Twitter promptly lost its mind. #NoFauci became a top trending topic, followed closely by #whereisFauci and #letTonyspeak. There was speculation that Trump, who is inclined to fire anyone who disagrees with him or, worse, garners some praise in the media, had lost patience with Fauci. As one of Fauci's old friends told me, "This is a President who doesn't give a shit about Fauci's accomplishments, his history, or his learning. If anything, they're negatives."

The truth was less alarming. "I was tied up in a task-force meeting, and we were trying to work out some difficult policies," Fauci said. "I have no trouble with the President. When I talk to him, he listens." My experience with Fauci suggested that this last statement was perhaps a triumph of pragmatism over accuracy. His priority, as he's made clear, is

to do what is necessary to save lives. So I was not surprised to receive an e-mail from Fauci the following day, saying that he had been asked to refrain from participating in personal profiles. It seemed that it was one thing for him to talk about the news with reporters or even to chat on Instagram with Stephen Curry, the Golden State Warriors star. But focussing on himself, rather than on the President, was another thing entirely.

Fauci and Trump are about as odd a duo as American political life has ever produced. Both men are in their seventies. Both come from the outer boroughs of New York City. Both are direct, even blunt. But that's where the resemblance ends. Fauci has always been a person of unusual discipline. Nearing eighty, he works about eighteen hours a day. Long ago, when his three children were young, he and his wife, Christine Grady, who runs the bioethics department at the National Institutes of Health, decided to maintain the sanctity of family dinners by starting them when he got home from the office, at around nine o'clock. For decades, Fauci has taken long lunchtime runs, but, during the crisis, he's cut back his routine to power walking—and only on weekends. Fauci parses his words with care and believes, above all, in the power of facts and the efficacy of data.

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David Baltimore, a Nobel laureate and a pioneer of molecular biology, told me, “Tony is unique, in that he has such credibility with politicians that he's been able to insert hard facts into the conversation. That has been wonderful for our country and the world.” According to David Relman, a microbiologist at Stanford University who for years has advised the government on biological threats, “Tony has essentially become the embodiment of the biomedical and public-health research enterprise in the United States. Nobody is a more tireless champion of the truth and the facts. I am not entirely sure what we would do without him.”

Fauci can be impatient with the compromises of politics. In my conversations with him, he has responded furiously when a dicey amendment, a bogus rider, or a “poison pill” is attached to a public-

health bill. He recalled one congressional provision, in 2016, that tried to make it “legally permissible to fly the Confederate flag at national cemeteries. I am not kidding.” When dealing with politicians, he told me, he relies on the pseudo-Latin expression *Illegitimi non carborundum*: Don’t let the bastards grind you down. But he has inspired respect throughout the political world and beyond. Fauci’s office walls are covered with scores of photographs of him with Presidents, senators, visiting Prime Ministers, business leaders, actors. In October, 1988, George H. W. Bush, during a Presidential debate with Michael Dukakis, was asked who his heroes were. “I think of Dr. Fauci,” Bush replied. “You’ve probably never heard of him. . . . He’s a very fine researcher, a top doctor at the National Institutes of Health, working hard, doing something about research on this disease of AIDS.” These days, nearly everyone has heard of Fauci. Pandemic-memorabilia entrepreneurs have put his face on bottle openers, coffee mugs, and bumper stickers: “In Dr. Fauci we trust.” The National Bobblehead Hall of Fame and Museum has produced a seven-inch likeness of him, partly to raise money to produce protective gear for medical workers. There’s a Facebook group called Dr. Fauci Speaks, We Listen, and another called Dr. Fauci Memes for Social Distance Teens. A petition has circulated to nominate him as *People’s* “sexiest man alive.”

On right-wing social media and talk radio, Fauci has a different image: he is routinely disparaged as a closet lefty who is exaggerating the threat of the coronavirus. “Has anyone else noticed that every suggestion by Dr. Doom Fauci just happens to also be the worst possible thing for the economy?” the conservative Internet TV host Bill Mitchell tweeted. “That’s not an accident folks.” An analysis in the *Times* found more than seventy Twitter accounts that have pushed the hashtag #FauciFraud, with some tweeting out anti-Fauci bile hundreds of times a day. “There seems to be a concerted effort on the part of Trump supporters to spread misinformation about the virus,” Carl Bergstrom, a professor of biology at the University of Washington who has studied misinformation, told the paper. “There is this sense that experts are untrustworthy, and have agendas that aren’t aligned with the people.” Fauci has received so many personal threats that the Justice Department recently approved a security

detail for him. Fauci shrugged it off, telling reporters, “I’ve chosen this life.”

The crisis that the world now faces comes as no surprise to Fauci. On January 10, 2017, ten days before Trump took the oath of office, Fauci delivered the keynote address at a conference at Georgetown University, titled “Pandemic Preparedness for the Next Administration.” After describing his years of managing epidemics, he posed a series of questions to the audience: “Will there be a resurgence of Zika? We’re getting into the summer in South America. Are we going to see a resurgence or not? What about influenza? Are we going to get a new pandemic?”

Fauci’s last point, he emphasized, was almost certainly the most important: the possibility that some unknown, powerfully infectious pathogen could emerge to threaten the world. “What about things that we’re not even thinking about?” he said. He let the question drift out over the hall. “What is for sure,” he concluded, “is that, no matter what, history has told us definitively that it will happen.”

On the day that Anthony Stephen Fauci was born, the front-page headline in the *Times* was “PRESIDENT TO GIVE EMERGENCY FACTS TO NATION ON RADIO.” It was Christmas Eve, 1940. The Second World War had begun, and the United States was less than a year away from joining the fight.

Fauci grew up in southwest Brooklyn, first in Bensonhurst and later in Dyker Heights, where his family ran a pharmacy and lived in an apartment upstairs. The pharmacy was across the street from the Shrine Church of St. Bernadette. When Mass was finished on Sundays, Fauci recalled, people would walk over to get prescriptions filled and to buy whatever else they needed for the coming week. Tony’s father, Stephen, dispensed medications, and was known to customers as Doc. His mother, Eugenia, worked the register, along with his older sister, Denise. From an early age, Tony spent evenings and weekends riding around the neighborhood on his Schwinn, making deliveries.

Fauci's parents were born in New York; one set of grandparents had emigrated from Naples, the other from Sicily. Anthony first took Communion at the age of seven and was confirmed at twelve. He went to elementary school at Our Lady of Guadalupe, in Bensonhurst. "I had no idea at the time when I was there, being taught by the Dominican nuns, that I would be interested in science," he said. "I was interested in a lot of things, mostly sports, but certainly not science."

In those days, baseball was the social glue of Brooklyn. The borough was Dodger territory and Ebbets Field was consecrated ground—but Fauci was devoted to the Yankees, who played in the faraway Bronx. In the midst of the coronavirus crisis, I e-mailed to ask about this anomaly, not necessarily expecting an answer. He replied almost instantly. "You probably are unaware, but half the kids in Brooklyn were Yankee fans," he wrote. "We spent our days arguing who was better: Duke Snider versus Mickey Mantle; Roy Campanella versus Yogi Berra; Pee Wee Reese versus Phil Rizzuto and on and on. Those were the days, my friend."

Fauci has often referred to his father as "laid-back," which, if true, must be a characteristic that skips a generation. "Tony has always been driven," Michael Osterholm, the director of the University of Minnesota's Center for Infectious Disease Research and Policy, and a longtime friend of Fauci's, told me. "Whatever he was doing, he had to do it better than anybody else. I don't know if it was certainty or something else. But he was meant to lead. Always. Everyone who knew him knew that. And Tony knew it, too."

In 1954, he began attending Regis, a private Jesuit high school on the Upper East Side. Rigorous, small, competitive, and tuition-free, Regis is considered one of the finest all-male schools in the country. Fauci thrived there, though the commute between Dyker Heights and Eighty-fourth and Madison was long. He once estimated that he had spent the equivalent of seventy days of his teen-age life on the various subways and buses he took to get to and from school.

Fauci revelled in the demanding coursework. "We took four years of Greek, four years of Latin, three years of French, ancient history, theology," he recalled. He developed an ability to set out an argument

and to bolster it with evidence—good preparation, it turned out, for testifying before Congress. Last year, at a dinner that Regis held in his honor, he said that the school had taught him “to communicate scientific principles, or principles of basic and clinical research, without getting very profuse and off on tangents.”

At the time, though, Fauci had no interest in becoming a doctor. “I was captain of the Regis High School basketball team,” he once told me. “I thought this was what I wanted to do with myself. But, being a realist, I very quickly found out that a five-seven, really fast, good-shooting point guard will never be as good as a really fast, good-shooting seven-footer. I decided to change the direction of my career.”

At school, Fauci’s accomplished peers were headed to careers in medicine, engineering, and the law. At home, he was steeped in the humanities: “Virtually all my relatives on my mother’s side—her father, her brother, and her sister’s children—are artists.” His mother helped tip the balance. “She never really pressured me in any way, but I think I subtly picked up the vibrations that she wanted very much for me to be a physician,” Fauci said. “There was this tension—would it be humanities and classics, or would it be science? As I analyzed that, it seemed to me that being a physician was the perfect melding of both of those aspirations.”

From Regis, Fauci went on to another Jesuit institution, Holy Cross, in Worcester, Massachusetts. His high-school faculty had left him little choice in the matter. “They just wouldn’t write a recommendation for you if you wanted to apply to Harvard or to Cornell, or Columbia,” he said. Fauci enrolled in 1958 and was pleased to find that the university took a broad view of premedical studies. He signed up for a program called Bachelor of Arts–Greek Classics–Premed. “It was really kind of bizarre,” he recalled. “We did a lot of classics, Greek, Latin, Romance languages. . . . We took many credits of philosophy, everything from epistemology to philosophical psychology, logic, etc. But we took enough biology and physics and science to get you into medical school.”

During the summers, Fauci worked construction jobs. One year, he found himself assigned to a crew that was building a new library at

Cornell Medical College, on the Upper East Side. “On lunch break, when the crew were eating their hero sandwiches and making catcalls to nurses, I snuck into the auditorium to take a peek,” Fauci recalled in 1998, at the medical school’s centennial celebration. “I got goosebumps as I entered, looked around the empty room, and imagined what it would be like to attend this extraordinary institution. After a few minutes at the doorway, a guard came and politely told me to leave, since my dirty boots were soiling the floor. I looked at him and said proudly that I would be attending this institution a year from now. He laughed and said, ‘Right, kid, and next year I am going to be Police Commissioner.’ ”

Fauci graduated first in his class from Cornell in 1966, just as America’s involvement in Vietnam was accelerating. Every new physician was required to perform some kind of military service. “We were gathered in the auditorium at Cornell, early in our fourth year of medical school,” Fauci recalled. “Unlike today, we had only two women in the class and seventy-nine men. The recruiter from the armed forces came there and said, ‘Believe it or not, when you graduate from medical school at the end of the year, except for the two women, everyone in this room is going to be either in the Army, the Air Force, the Navy, or the Public Health Service. So you’re going to have to make your choice. Sign up and give your preferences.’ ”

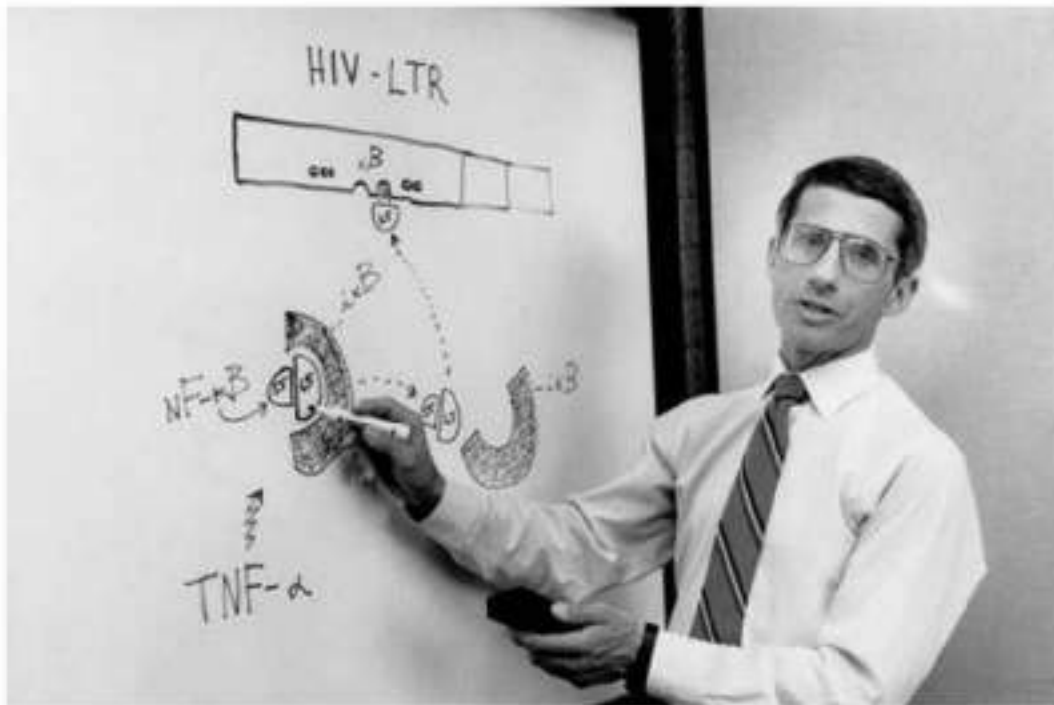
Fauci wanted to work in the U.S. Public Health Service; his fallback was the Navy. He got his first choice, and ended up at the National Institutes of Health, which was then establishing itself as the country’s primary center for biomedical research. Nearly everyone in academic medicine spent some time at one of its branches; except for three years back at Cornell to complete his internship and residency, Fauci has spent five decades there.

In 1972, Fauci started as a senior researcher at the National Institute of Allergy and Infectious Diseases. He was drawn to investigating ailments that were difficult but not impossible to treat. “I wanted something that could make you very sick and kill you unless I intervened. And if I

intervene, you're essentially cured," he told Ushma Neill, the editor of *The Journal of Clinical Investigation*, in 2014. "Now, that seems a little bit too simplistic, but that's really the nature of most infectious diseases."

Working in the lab of Sheldon Wolff, Fauci studied the molecular nature of fever. The field of immunology was still young, but scientists were rapidly learning how to manipulate the smallest components of individual cells, which opened the way to a decade of discovery.

Chronic fevers can have a number of underlying causes, among them an uncommon condition known as vasculitis—an inflammation of the blood cells that often occurs when the body's immune system mistakenly attacks its own blood vessels. Many of Fauci's vasculitis patients suffered from rare inflammatory diseases, such as granulomatosis with polyangiitis, which damages blood vessels in the lungs, kidneys, and other organs. The disease was almost always fatal. Fauci and his infectious-disease colleagues at the N.I.H. were frequently asked to visit the National Cancer Institute, which was in the same building as his lab, to consult on patients who were receiving chemotherapy. The drugs suppressed tumors, but they were highly toxic. And they had another side effect, Fauci told me: "Those people are susceptible to a lot of things like infections and bleeding, because the treatment has destroyed their immune systems."



In 1990, Fauci was the government's leading researcher focussed on the AIDS epidemic. Photograph by George Tames / The New York Times / Redux

Fauci, together with Wolff, his mentor, wondered if this side effect could be harnessed to help vasculitis patients, whose immune systems were overactive. "I thought if we could somehow give a cancer drug at a low enough dose perhaps we could turn the disease off without any of the secondary complications," he recalled recently. "First we did it in a few patients, and, much to our delight, they had a total remission. Before you know it, we ended up curing a very, very lethal, albeit uncommon, disease."

For the first time, this technique enabled researchers to do effective work on lupus, rheumatoid arthritis, and transplant rejection. "If you look at immunology, it has from the very beginning been inextricably linked to infectious diseases," Fauci said. "What is the immune system for? The immune system protects you against invaders from without—microorganisms—as well as, in some cases, the emergence of certain tumors from within."

In 1981, a strange new syndrome emerged that transformed Fauci's research and, eventually, the lives of millions of people around the

world. “All of a sudden, this new disease comes along,” Fauci recalled, referring to what would soon come to be known as AIDS. “Even before the cause of it was proven to be H.I.V., everybody in the field knew that it had to be a virus. I said to myself, ‘Here it is, a virus, still to be determined, that’s affecting profoundly and destroying the human immune system.’ ” Fauci believed that he had been training all his life for a threat like this one. He was an expert in viruses and in the immune system—and he had always been attracted to combatting serious, even fatal diseases. “I wanted to be where the action was,” he said.

At first, few public-health officials seemed to care. In June of 1981, the *Morbidity and Mortality Weekly Report*, a publication of the Centers for Disease Control, issued a paper that included an account of five young men, all gay, who had contracted pneumocystis, a form of pneumonia that had previously been reported only in people with dramatically impaired immune systems. The young men described in the study had all been healthy. “I thought it was a fluke,” Fauci recalled. “I put it aside on my desk, thinking that maybe this was some drug that they had taken that suppressed their immune system.”

A month later, an even more alarming report arrived from the C.D.C. Fauci read it with an uneasy sense that a disaster was looming: “I made the decision that I was going to stop what I was doing, much to the chagrin of my mentors, who were saying, ‘Why do you want to give up a great trajectory of a career to study a handful of gay men with this strange disease?’ But, deep down, I really knew that this was going to explode.”

Fauci wrote a paper to sound the alarm. “I called it my *apologia pro vita sua*—an explanation for what I’m doing,” he said. In the paper, Fauci pointed out that, although the disease “seems to selectively affect a particular segment of our society,” it demanded a medical solution. Moreover, he warned, “any assumption that the syndrome will remain restricted to a particular segment of our society is truly an assumption without a scientific basis.” Fauci sent the manuscript to *The New England Journal of Medicine*, in late 1981. It was rejected. “One of the reviewers said I was being alarmist,” Fauci said. He tried a different

journal, *The Annals of Internal Medicine*, and the following June the paper was published.

In the laboratory, Fauci began making progress. He had been investigating B cells, which are involved in the production of antibodies. In 1983—before H.I.V. was even known by that name—his lab became the first to report that B cells became hyperactive in patients with AIDS. When a healthy person is invaded by a virus, antibodies mount a defense, but, when H.I.V. hijacked B cells, the antibody system went awry. Fauci and his team had identified one of the crucial features of AIDS. “We made that observation without having any idea of what we were dealing with,” he said in an interview for an N.I.H. oral history. “I think that speaks for sound scientific and clinical observation.” The politics of seeking a cure, though, would be far harder to manage.

On October 11, 1988, more than a thousand AIDS activists gathered outside the headquarters of the Food and Drug Administration, in Rockville, Maryland, to protest the agency’s glacial reaction to the epidemic. The activists knew that their community needed new treatments if they were to avoid catastrophe—but they were stymied by the F.D.A.’s drug-approval process, a remarkably inflexible system that typically took years.

That same day, another group of protesters marched onto the campus of the National Institutes of Health, in Bethesda, Maryland. They were headed for Building 31, the home of the National Institute of Allergy and Infectious Diseases. Fauci, who had become the institute’s director in 1984, was now the government’s leading scientist focussed on the AIDS epidemic. Even though he was not running the F.D.A., he appeared almost daily in the media to discuss the crisis. “My face was the face of the federal government,” Fauci told me. He was asked the same question nearly every day: why wasn’t the government moving faster? It didn’t help that the Reagan Administration seemed so indifferent to the plague.

Fauci watched from his office window as activists surrounded the building and tried to scale its walls. Some were dressed in black robes

and carried scythes. Many waved pink-and-black banners, bearing the words “NIH Wake Up!” or “Stop Killing Us!” All over campus, a chant could be heard: “Fuck you, Fauci!”

“God, I hated him,” Larry Kramer, the writer and activist who helped establish the two most important AIDS advocacy groups in the country, the Gay Men’s Health Crisis and ACT UP, said. “As far as I was concerned, he was the central focus of evil in the world.” Kramer attacked Fauci relentlessly in the media. He called him an “incompetent idiot” and a “pill-pushing” tool of the medical establishment, insulted his wife, and even compared him to Adolf Eichmann. In 1988, Kramer published a scathing open letter. “Anthony Fauci, you are a murderer,” he wrote. “Your refusal to hear the screams of AIDS activists early in the crisis resulted in the deaths of thousands of Queers.”

As the epidemic spread and the death toll rose, it was common for gay activists to view Fauci and NIAID with rage. Fauci did not control the drug-approval process, but he was seen as a barrier to opening access to clinical trials, in which volunteers could receive potentially lifesaving medications.

For most people infected with H.I.V., taking experimental drugs was the only alternative to simply waiting for death. Yet the F.D.A.’s arcane rules prevented the vast majority of patients from qualifying for trials. For instance, a significant number of H.I.V. patients suffered from pneumocystis pneumonia. The condition—the same one observed in the initial C.D.C. report—could be fatal, so many who had it used an experimental antimicrobial medication called pentamidine, which had proved highly effective. But people who took experimental medications were barred from participating in other clinical trials.

At first, Fauci held to the standard N.I.H. line that research need not focus on the immediate welfare of patients. “When we had clinical trials, we, the scientific community and the regulatory community, did not listen” to the activists, he recalled. “It was, at the time, an attitude that many of us had, and I probably had it myself.” He was right about that. I covered the AIDS epidemic for the *Washington Post*, and it was clear to me that Fauci was inclined to enforce the paternalistic medical tradition in which he had trained: doctors and scientists were unquestioned

authorities, and drug development had to follow a rigid process that included animal testing and rigorous clinical trials. Otherwise, the benefits and the risks of these drugs could not be adequately assessed. In 1987, the F.D.A. approved the first drug to treat H.I.V.—azidothymidine, or AZT—and the announcement was met with a burst of hope. But the drug's liabilities were evident almost instantly. It had harsh side effects, and the benefits wore off; the virus itself soon became resistant to the drug. When new clinical studies began, involving cocktails of AZT and similar compounds, tens of thousands of people asked to participate. Again, though, volunteers were not accepted if they used other experimental drugs. The anger among activists grew more intense. "They started becoming amazingly iconoclastic and confrontational, and that scared the hell out of the scientists, who were fundamentally quite conservative," Fauci told me at his medical-school reunion. "When they were demonstrating on the N.I.H. campus, disrupting Wall Street, disrupting St. Patrick's Cathedral, instead of listening to them, scientists withdrew."

Without entirely understanding his own motives, Fauci decided to look beyond the activists' furious rhetoric and style. He recalls telling himself, "Let me put aside the goth dress—the earrings and the Mohawk haircuts and the black jackets—and just listen to what they have to say. And what they were saying made absolutely perfect sense." It helped that Fauci had something in common with the activists: "They were all New York guys. I had a little affinity to them because I'm a New Yorker. And I said, What would I do if I were in their shoes? And it was very clear: I would have done exactly the same thing."

The activists knew that they were facing a mercilessly lethal disease. In the summer of 1985, I travelled to New York to write my first long story on the toll that the epidemic was taking on the city's gay community. I interviewed dozens of men. To the best of my knowledge, only two of them are still alive: Larry Kramer, who is now eighty-four, and a political activist who prefers to remain anonymous.

Fauci, too, came to understand the severity of the crisis. "Everyone died," he said. "I was used to treating people who had little hope and then saving their lives—that was so wonderful. But, with AIDS in those

days, I saved no one. It was the darkest time of my life.” Faced with mounting evidence that his cautious approach made no sense, he did something that few public officials do: he reversed himself. Fauci transformed from a conventional bench scientist into a public-health activist who happened to work for the federal government. “I had to change,” he told me.

When the demonstrators marched on the N.I.H. campus in 1988, Fauci no longer saw a threat. “I looked at them, and I saw people who were in pain,” he recalled in an article in *Holy Cross Magazine*. He asked the police and the F.B.I. not to arrest any of them. Then he invited a handful of protest leaders to his office. “That began a relationship over many years,” Fauci said. “They let me into their camp. I went to the gay bathhouses and spoke to them. I went to San Francisco, to the Castro District, and I discussed the problems they were having, the degree of suffering that was going on in the community, the need for them to get involved in clinical trials, since there were no other possibilities for them to get access to drugs. And I earned their confidence.”

Fauci, in his mid-forties, was the youngest director of an N.I.H. institute in a century, and he lacked the political influence to act independently. Even in his own field, he struggled to recruit allies. “I couldn’t convince my own people in infectious-disease leadership to take on H.I.V./AIDS,” he told me. So he created a division within his institute devoted to the disease.

One day, in the late eighties, Fauci asked me to stop by his office in Building 31 on the N.I.H. campus. He told me that he had a wild idea: he wanted to hire Mark Harrington, ACT UP’s point man on drug-treatment trials. Harrington, a prominent AIDS researcher and activist, had no formal scientific training. But Fauci, like most of those who had seen him testify before Congress or speak to a crowd, was dazzled by his brilliance.

Harrington discussed the idea with Fauci, but decided that the job would be a disaster for him. “There’s no way I could have functioned within that bureaucracy,” he told me recently. “The people I respect would have

seen me as a sellout.” Yet Harrington continued to make a profound impression on Fauci’s thinking.

Harrington was passionately committed to loosening up the F.D.A.’s restrictive regime. “It was murder,” he told me. “I don’t know any other way to describe it.” Harrington, who went on to win a MacArthur “genius” grant for his work on the disease, established himself as the most knowledgeable student of the agency’s byzantine regulations. In meetings with Fauci and other officials, he urged them to move faster and with greater compassion for those who were suffering.

There are three stages in most F.D.A. clinical trials. The first tests whether a drug is safe. The second assesses its efficacy. The last stage, conducted in larger groups, confirms that the drug works and that there are no serious adverse reactions. Harrington argued that people with no alternative should be granted access to those drugs as soon as they had been proved safe, even if their effectiveness remained unknown.

At first, Fauci was concerned that, if people taking multiple experimental medications joined clinical trials, the results would be hopelessly muddled. He was also afraid that granting sick people unrestricted access to unapproved drugs would deter them from participating in the trials at all. Harrington and other activists reassured him that they were committed to strictly monitored drug trials that would provide enough data to know what worked and what did not.

Fauci is a realist, and the facts were obvious to anyone who cared to look. Traditional methods of testing drugs weren’t working.

Underground networks were growing everywhere. With so many AIDS patients taking untested medications, federal health officials had to concede that their system was broken. Even the most fundamental protocol of a clinical trial—giving some participants a placebo—came into question. In a study conducted in San Francisco in 1989, nearly all the volunteers had their medicine analyzed, to see whether they were receiving an active dose. Those who learned that they had been given placebos almost invariably dropped out.

“There was a feeling in science that doctors know best, scientists know best,” Fauci said. “We love our patients, but they don’t really know what’s best for them. Then, when we dealt with this disease that was

brand new—that was frightening, that was killing people in a way that was historic—the people who were impacted by the disease wanted to have something to say about how we conducted research.”

There were still moments of confrontation. In May, 1990, hundreds of ACT UP activists returned to the N.I.H., demanding more AIDS treatments and greater representation of women and people of color in clinical trials. At a planning session for the protest, a young activist named Tony Malliaris performed a rap song called “Storm the NIH,” which included the lyrics “I don’t know what Fauci thinks, but this ain’t Denmark, and something stinks.” (Malliaris died five years later, still in his early thirties.)

Fauci was undeterred. He threw his influence behind a program called Parallel Track, which made unapproved AIDS drugs available as soon as they were demonstrated to be safe, even as clinical trials were continuing. The initiative would not have succeeded without Fauci. But he always acknowledged that his approach had been shaped largely by the constructive pressure he received from AIDS advocacy groups and from leaders like Harrington.

This more inclusive approach ushered in a revolution in American medicine. Patients today demand as much information as possible about treatments they might receive, and no longer act as if their doctors’ advice came straight from Mt. Olympus. They scour the Internet, assemble statistics, and often arrive at the hospital with a folder full of medical information. The F.D.A., for its part, will no longer consider approving a new drug until it has consulted representatives of groups who would use it. “There are strict scientific principles that have to be adhered to in medicine,” Fauci told me. “At the same time, a humanistic touch is needed in dealing with people. You have to combine social aspects, ethical aspects, personal aspects with cold, clean science.”

In 2002, I wrote a Profile of Larry Kramer for this magazine. By then, he and Fauci had become friends, with each expressing gratitude for the other’s work in those years. Fauci told me, “In American medicine, there are two eras: before Larry and after Larry. There is no question in my mind that Larry helped change medicine in this country. When all the

screaming and the histrionics are forgotten, that will remain.” Kramer, who spent years in a constant rage at Fauci, now calls him “the only true and great hero” among government officials in the AIDS crisis.

As Trump defends his Administration’s response to the pandemic, he has suggested repeatedly that COVID-19 was impossible to predict. “There’s never been anything like this in history,” he said, at a press conference on March 19th. “Nobody knew there would be a pandemic or epidemic of this proportion.”

As everyone with even a casual interest in the history of science knows, pandemics have altered the destiny of humanity at least since 430 B.C., when Athens was struck by a plague that killed as many as two-thirds of its residents, just as the Spartans were laying siege. Beginning in 165 A.D., smallpox helped ruin the Roman Empire, sowing more destruction than foreign armies ever could. And, in the fourteenth century, the Black Death swept through Europe, killing more than half the population, according to recent estimates.

Yet, by the middle of the twentieth century, many scientists had begun to conceive of a world that was largely free of infectious epidemics. In 1951, Sir Frank Macfarlane Burnet, a future Nobel laureate in medicine, wrote, “The fever hospitals are vanishing or being turned to other uses. With full use of the knowledge we already possess, the effective control of every important infectious disease”—with the exception of polio—“is possible.” His optimism was understandable. Antibiotics had made many lethal diseases easy to treat; improvements in sanitary conditions had transformed the lives of hundreds of millions of people. In developed countries, typhoid, cholera, and measles—major killers throughout history—had largely passed into memory; even tuberculosis, one of the great scourges of humanity, had been in decline for nearly half a century. By 1972, Macfarlane, writing with the microbiologist David White, was predicting that the “most likely forecast about the future of infectious diseases is that it will be very dull.”

When Fauci was a young trainee, these kinds of predictions sometimes made him wonder if he had picked the wrong career. “I became

concerned that I was entering . . . an area of biomedical research that was disappearing,” he recalled in one speech. But, since 1984, when Fauci became the director of NIAID, there has not been a single day in which some epidemic has not threatened the globe. According to the World Health Organization, AIDS has killed more than thirty million people, and nearly forty million are now living with H.I.V. Tuberculosis, far from sliding into obscurity, infects roughly a quarter of the human population; the W.H.O. says that one and a half million people died from the disease in 2018.

But the greatest threat that humanity faces, by far, is a global outbreak of a lethal virus for which no treatment has been found. In just a few months, COVID-19 has forced billions of people, in nearly every country on earth, into a panicked withdrawal from society. Another pandemic like this might appear in two years, or in ten, or in a century. But I have never met a virologist or an epidemiologist who believes we won't encounter one.

For a deadly virus to flourish, it must meet three critical conditions. First, a new virus—one to which no one has yet developed immunity—must emerge from the animal reservoirs that produce and harbor such pathogens. Second, the virus has to make humans sick. (The vast majority do not.) Finally, it must be able to spread efficiently, through coughing, sneezing, or shaking hands. That combination is rare, but, when it appears, the consequences are almost always disastrous.

The Nobel Prize-winning molecular biologist Joshua Lederberg, who died in 2008, was for years the world's most visionary voice about emerging infectious diseases. “Some people think I am being hysterical, but there are catastrophes ahead,” he once wrote. “We live in evolutionary competition with microbes—bacteria and viruses. There is no guarantee that we will be the survivors.”

In 2003, Lederberg joined the future F.D.A. commissioner Margaret Hamburg and the pandemic specialist Mark Smolinski to edit a seminal report, in which prominent scientists argued for a much more aggressive defense of the planet. Titled “Microbial Threats to Health,” the report recommended that the U.S. greatly expand its early-warning systems, particularly in the developing world. It also urged leaders to strengthen

their ability to respond to microbial threats, with new efforts on the federal, state, and local levels. The recommendations were almost completely ignored.

The next year, a highly pathogenic form of avian influenza, H5N1, leaped from waterfowl to chickens and then to humans. Public-health officials were petrified. In Bangkok, I met with Scott Dowell, who led the Thailand office of the C.D.C.'s International Emerging Infections Program. "The world just has no idea what it's going to see if this thing comes," he told me. He paused and then reframed his thought. "When, really. It's when. I don't think we can afford the luxury of the word 'if' anymore."

In a sense, the world was lucky with H5N1. Although the U.S. and other countries mounted a diffident response, the virus turned out to be deadly but not very contagious. Five years later, the situation was reversed. A new influenza virus, designated H1N1, infected nearly a quarter of the global population before vaccines became widely available. This time, the virus was highly contagious but not nearly as deadly as most strains of influenza. The fact that the outbreak was less virulent than public-health officials had feared created its own danger; by encouraging complacency, it did more to expose the world to the risk of a devastating new pandemic than anything else that had happened in decades.

Although Congress had appropriated money to stockpile antiviral medications and protective gear, many scientists felt that the effort was grossly insufficient. "We spend many billions of dollars every year on missile-defense systems," Seth Berkley, a medical epidemiologist who leads the Global Vaccine Alliance, told me. "And yet we will not spend pennies on the dollar to prepare for a catastrophe that is far more likely to affect us all."

After the Ebola outbreak of 2014, Barack Obama implemented one of Lederberg's central recommendations: he established the White House's National Security Council Directorate for Global Health Security and Biodefense, an early-warning system for disease in the developing world. Trump disbanded it in 2018, as part of an effort to streamline the N.S.C. In an appearance before Congress, Fauci was asked if the decision was a mistake. He responded diplomatically: "I wouldn't

necessarily characterize it as a mistake. I would say we worked very well with that office. It would be nice if the office was still there.”

The combination of money and political will can have extraordinary effects on public health. Under the George W. Bush Administration, Fauci was the principal architect of a landmark program called PEPFAR, the President’s Emergency Plan for AIDS Relief.

By the time Bush took office, therapies for H.I.V. had become widely available in Western countries. But, for millions of people in the developing world, these drugs were too expensive or too difficult to obtain. Bush felt that it was unacceptable for the poorest people on earth to die because they could not afford medication that was dispensed routinely in the rich world. He asked Fauci to implement an initiative to prevent and treat H.I.V. on a global scale. It has been uniformly held up as a model of the ways in which global public-health programs can save lives. “PEPFAR has turned around declining life expectancies in many countries and likely saved some countries—even an entire continent—from economic ruin,” Harold Varmus, a former director of the N.I.H. and of the National Cancer Institute, wrote in the quarterly journal *Science & Diplomacy*.

But Fauci has at times struggled to compel politicians and businesses to attack the problems that he considers most worrisome. Over the years, he has become concerned about the possible impact of new viruses, particularly a lethal strain of influenza. Other viruses are more consistently deadly; some, like measles, are more contagious. But no virus that we know of is capable of killing as rapidly and as efficiently. “We need a major paradigm shift with influenza vaccines,” Fauci told me, four years ago. “The situation is a mess.”

Because the flu virus evolves so rapidly, experts deciding how to formulate vaccines can make only a highly educated guess about which strains are most likely to make people sick. Each February, epidemiologists study outbreaks around the world—especially in the Southern Hemisphere, where flu season is under way—to assess which strains might make their way north. The result is always better than

nothing. In many years, though, it is woefully inadequate. In the flu season of 2014-15, the vaccine protected less than a fifth of the people who received it. In 2017-18, it worked for a little more than a third. Fauci has long supported the development of an alternative: a universal influenza vaccine, which would provide lasting defense against all strains. “Similar to tetanus, a universal flu vaccine probably would be given every ten years,” he said. “And, if you get one that is really universal, you can vaccinate just about everyone in the world.” But such a vaccine would cost hundreds of millions of dollars to develop and test—and would replace a product that most consumers already think of as good enough. No one has come close to raising the money that such a project will require.

By the beginning of the new millennium, it had become clear that the next microbial threat might not come from a bat or a duck. It could just as well be created by a human being. After the terrorist attacks of September 11, 2001, anonymous letters laced with deadly anthrax spores began arriving at media companies and congressional offices. In the following months, twenty-two people were infected by inhaling anthrax and five died. Suddenly, biological terror posed an entirely new threat—one that has become only more significant and complex in the ensuing years. In 2016, James Clapper, who was the director of National Intelligence during the Obama Administration, listed gene editing as a potential weapon of mass destruction. Many scientists were furious, but he had a point. Researchers have deployed these tools to rewrite the genes of mosquitoes so that they are unable to transmit malaria. If their success in the lab translates to the field, it will be a historic triumph. But the research also raises an alarming possibility: if a scientist can modify the genes of an insect to protect people from malaria, he could almost certainly use the same technology to add a deadly toxin. Fauci often cites a similar but more immediate paradox. Thanks to genetic engineering, we are more equipped than ever to respond to the threat of a viral pandemic. After the COVID-19 outbreak began, it took scientists less than a month to sequence the genome of the virus. By the

end of February, the instructions were on the Internet, and the virus had been re-created in laboratories around the world, by scientists seeking to develop drugs and vaccines.

And yet, despite our mastery of molecular biology, we live in an era in which someone can wake up with an infection in China—or France, Australia, or any other place with an airport—and fly to San Francisco in time for dinner, spreading the virus long before he suspects that there's anything wrong. For most of human history, a virus like COVID-19 might have killed many people in the community where it originated, but then stopped spreading. According to a comprehensive analysis carried out by the *Times*, at least four hundred and thirty thousand people have arrived in the U.S. on direct flights from China since the outbreak began. Forty thousand have arrived in the two months since Trump imposed restrictions on travellers from China trying to enter the country.

Fauci insists that an adequate defense against future pandemics will have to be flexible. "I have been saying for eight, ten years that we should make a list of microbes and try to develop a basic platform vaccine," he told me in 2016. A platform vaccine addresses an entire class of virus, not just a particular strain. "We keep trying to develop a vaccine for one thing—usually the last one—and it's a waste of time," he said. "Every time we get hit, it is always something we didn't expect. So, instead of predetermining what it is you're going to prepare for, make universal platforms."

Such an approach is eminently possible. Using gene-sequence information and synthetic DNA, biologists are now capable of making parts of a vaccine in advance. It takes almost no time to sequence a viral strain, and with that information it should be possible to complete a bespoke vaccine in a matter of weeks. "You could build a chassis for the vaccine, and you would have it on the shelf," Fauci said. "Then all you would need to do is insert the gene of the protein you want to express and make a gazillion doses and send it out."

There are even more futuristic aspirations: the genomics pioneer J. Craig Venter has proposed using a sort of 3-D printer to manufacture vaccines on demand. It is already possible to print the nucleotides that make up DNA and assemble them. Venter argues that, in the time it takes for an

infected person to fly from one side of the world to the other, we should be able to print, assemble, and administer a vaccine.

To even contemplate creating these kinds of treatments, Fauci says, would require building an entirely new system for making vaccines before a pandemic arises. But, in addition to the scientific obstacles, this would cost billions of dollars, and no company or politician has been willing to spend the money. Perhaps, just as AIDS transformed our approach to clinical trials, our experience with COVID-19 will change our attitudes about preventing infectious diseases. A proper investment in both research and emergency preparedness would have prevented at least some of the unspeakable human loss we are now experiencing and the economic crash that has just begun.

The COVID-19 epidemic will eventually fade, but the public will demand a reckoning. Inevitably, there will be an investigation, along the lines of the 9/11 Commission, to look into the ramifications of the President's denialism, the shortages in testing and medical equipment, and the dismissal of so many warning signs. Fauci will not necessarily escape criticism. He is an excellent spokesman for the value of scientific research, but he runs a single institute, and he lacks the authority to broadly reshape our response to pandemics. "The kinds of things we really desperately need as foundational tools for dealing with this stuff aren't necessarily research enterprises," Harold Varmus told me. "Tony isn't running C.D.C. He's not running FEMA. To tell him to stockpile defense mechanisms or to move forward surveillance tools into massive operations around the world—that's just not his remit."

Even Fauci's current value as a scientific adviser has been limited by the President's contempt for expertise. Trump's coronavirus kitchen cabinet consists of people like his son-in-law, Jared Kushner, who has no medical knowledge or experience managing crises—yet has been appointed to direct the response to the biggest medical emergency since the influenza pandemic of 1918. Trump has also turned for advice to Dr. Mehmet Oz, who for years has endorsed worthless treatments and used his television show to promote notorious quacks. Trump even seems to think that his trade adviser, Peter Navarro, should debate Fauci about the value of specific drugs. When Navarro, who has a doctoral degree in

economics, was asked about his medical qualifications, he said, “I have a Ph.D. And I understand how to read statistical studies, whether it’s in medicine, the law, economics, or whatever.”

Among Navarro’s enthusiasms is the malaria drug hydroxychloroquine, which he believes could cure COVID-19. There is currently no evidence to support this conclusion, as Fauci has pointed out on several occasions. On April 5th, as Trump continued to tout the drug as a miracle cure, a reporter at the daily briefing asked Fauci to comment. Trump refused to allow him to speak. In an appearance two days later, Trump kept up the hype. “I say try it,” he said. “You’re not gonna die from this pill.” Not long afterward, he even suggested that zinc might help.

To plan a coherent biological future, rather than simply scramble to contain each new pandemic, will require an entirely new kind of political commitment. It would certainly include the creation of a permanent position, a special assistant to the President for biological defense. Similar jobs have existed in the past, but not for long, and not with enough influence to matter. David Relman, the Stanford professor, told me, “This kind of job needs somebody with the authority to preside over domestic and international threats, both natural and deliberate. And that person has to sit in the White House with immediate access to the President. Without that, we will really have nothing that can work.”

Until then, we have Fauci, a seventy-nine-year-old infectious-disease expert pinned between Donald Trump and the American people. It can’t be easy. As Fauci recently put it, with characteristic candor, “I give the appearance of being optimistic. But, deep down, I just do everything I possibly can, assuming that the worst will happen, and I’ve got to stop the worst from happening.” ♦

Published in the print edition of the April 20, 2020, issue, with the headline “The Good Doctor.”

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 16:30:40 +0000
To: Del Rio, Carlos; (b) (6)
Cc: (b) (6)
Subject: RE: Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 Infection

Thanks, Carlos. As you know since Cliff has been in touch with the IDSA, the HHS guidelines will be coming out this week.

Best,
Tony

Anthony S. Fauci, MD
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-----Original Message-----

From: Del Rio, Carlos; (b) (6) >
Sent: Saturday, April 11, 2020 12:08 PM
To: (b) (6); Fauci, Anthony (NIH/NIAID) [E]; (b) (6)
Subject: Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 Infection

IDSA guidelines are out
<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>

Carlos del Rio, MD.
Sent from my iPhone

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 11 Apr 2020 16:25:29 +0000
To: (b) (6)
Subject: FW: Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 Infection

Let us discuss.

Anthony S. Fauci, MD
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To: (b) (6); Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 Infection

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Carlos del Rio, MD.
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 10 Apr 2020 15:12:24 +0000
To: [REDACTED] (b) (6)
Subject: FW: Atlantic's coverage - Fauci as "heartthrob"

David Bradley is the Chairman of *The Atlantic*. Geeez....

From: David Bradley <dbradley@theatlantic.com>
Sent: Friday, April 10, 2020 10:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Atlantic's coverage - Fauci as "heartthrob"

Hi Tony,

[REDACTED] (b) (6) I send you greetings and the deepest appreciation.

I am only one of your millions of followers who feel in your debt. But, I am the only one with a magazine that has dedicated a whole article to "the thirst for Tony Fauci."

This will be the least important item on today's to-do list. But, someday, your grandchildren and their children, in turn, will want to read this: <https://www.theatlantic.com/technology/archive/2020/04/anthony-fauci-coronavirus-crush/609544/>

My best wishes to you.

David

David G. Bradley
Chairman
Atlantic Media

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 10 Apr 2020 15:10:47 +0000
To: David Bradley
Subject: RE: Atlantic's coverage - Fauci as "heartthrob"

David:

Many thanks for sending this. I could not have even begun to make this up.... Please stay safe and well.

Warm regards,

Tony

From: David Bradley <dbradley@theatlantic.com>
Sent: Friday, April 10, 2020 10:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Atlantic's coverage - Fauci as "heartthrob"

Hi Tony,

(b) (6) I send you greetings and the deepest appreciation.

I am only one of your millions of followers who feel in your debt. But, I am the only one with a magazine that has dedicated a whole article to "the thirst for Tony Fauci."

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this: <https://www.theatlantic.com/technology/archive/2020/04/anthony-fauci-coronavirus-crush/609544/>

My best wishes to you.

David

David G. Bradley
Chairman
Atlantic Media

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 10 Apr 2020 01:37:52 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Haskins, Melinda (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: Letter from Rep. C. Smith to Sec Azar and Dir Fauci
Attachments: 2020-04-09 Smith to Azar and Fauci re Lyme and COVID19.pdf

FYI

From: Griswold, Kelsey <[REDACTED] (b) (6)>
Sent: Thursday, April 9, 2020 8:41 PM
To: Griswold, Kelsey <[REDACTED] (b) (6)>
Subject: Letter from Rep. C. Smith to Sec Azar and Dir Fauci

Good Evening All,

Attached is a letter from Congressman Smith to Secretary Azar and Director Fauci. Please let me know if there are questions or concerns associated with this.

Best,

Kelsey A. Griswold | Legislative Director
Congressman Christopher H. Smith (NJ-04)
2373 Rayburn HOB
Washington, DC 20515
p: [REDACTED] (b) (6)