

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 22:26:27 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E];Billet, Courtney (NIH/NIAID) [E];Stover, Kathy (NIH/NIAID) [E];Routh, Jennifer (NIH/NIAID) [E];Awwad, David (NIH/NIAID) [C]  
**Cc:** NIAID OD AM  
**Subject:** RE: ASF RE: Dr. Fauci video request: Public Service Recognition Week  
**Attachments:** ASF public service recognition - with tracked edits -05-05-2020.docx



See minor tracked changes.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, May 5, 2020 6:16 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Awwad, David (NIH/NIAID) [C] (b) (6) >  
**Cc:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** ASF RE: Dr. Fauci video request: Public Service Recognition Week

ASF –

Here is a short script for Public Service Recognition Week. We agreed to do a short video ASF – can u tweak as needed?  
David, could u record in some format that is easy? Cell phone or other I just learned they want by COB tomorrow

<< File: ASF public service recognition.docx >>

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**From:** Seigfreid, Kim (NIH/OD) [E] (b) (6) >  
**Sent:** Monday, April 27, 2020 4:30 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6) >; Routh, Jennifer (NIH/NIAID) [E] (b) (6) >  
**Cc:** Fine, Amanda (NIH/OD) [E] (b) (6) >; Polimeni, Lydia (NIH/OD) [E] (b) (6)  
**Subject:** Dr. Fauci video request: Public Service Recognition Week

Hi there,

Please see below. HHS is taking over the Partnership for Public Service IG account next week for Public Service Recognition Week. They asked if Dr. Fauci would be willing to do a short 30-second or less pre-recorded video thanking public servants for their work. It would be featured during the takeover, and also on NIH's other sm handles next week. It can be taken on a cell phone as sm does not require higher resolution. Let me know if you would like to accept or decline the request.

Many thanks,  
Kim

Kim Seigfreid  
Social Media Lead  
NIH Office of Communications and Public Liaison  
ph: (b) (6)  
(b) (6)

---

**From:** Muhammad, Janell (HHS/ASPA) <(b) (6)>  
**Sent:** Monday, April 27, 2020 4:10 PM  
**To:** Seigfreid, Kim (NIH/OD) [E] (b) (6) >; Channer, Amber (OS/OASH) (b) (6) >; Foster, Timothy (OS/ASPA) (b) (6) >  
**Cc:** Palczewski, Andrew (HHS/ASPA) <(b) (6)>; Pratt, Michael (OS/ASPA) <(b) (6)>; Sherman, Jennifer (HHS/OASH) (b) (6)  
Wilker, Michael (HHS/ASPA) (b) (6); Dine, Brooke (HHS/ASPA) (b) (6)  
**Subject:** Public Service Recognition Week

Hello All,

Hope everyone is holding up well!

OHR is taking over the Partnership for Public Service (PPS) Instagram account during Public Service Recognition Week (May 3-9, 2020). The OHR team has reached out about wanting to develop a senior leader "mashup" video —perhaps including the DepSec. T



They asked about the feasibility of this request. They also inquired about perhaps Dr. Fauci and the SG doing a pre-recorded video thanking public servants for their work.

I wanted to gather the troops so we can identify what all is being planned for this week of recognition and provide a POC for OHR if the request is feasible.

Happy to set up a call, if that is needed to discuss further.

Thanks,  
Janell

**Janell Muhammad**

ASPA Digital Engagement (Team Lead)  
U.S. Department of Health and Human Services

Email: (b) (6)

Office: (b) (6)

iPhone: (b) (6)

**[HHS on Facebook](#) | [HHS on Twitter](#) | [HHS Latino](#)**

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 22:05:41 +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 ACTT 2 COVID treatment study

See my minor change of my comment in red.

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

**From:** Stover, Kathy (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, May 5, 2020 1:52 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 ACTT 2 COVID treatment study

Hi Dr. Fauci,

Please find attached for your review a draft press release to announce the launch of the ACTT 2 COVID-19 treatment trial (remdesivir and baricitinib). Below is your draft quote:

“We now have solid data showing that remdesivir diminishes to a modest degree the time to recovery for people hospitalized with COVID-19,” said NIAID Director Anthony S. Fauci, M.D. “ACTT 2 will examine if adding an anti-inflammatory agent to the remdesivir regimen can provide additional benefit for patients, including improving mortality outcomes.”

The trial may start enrollment tomorrow.

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:** Tue, 5 May 2020 21:17:33 +0000  
**To:** Mascola, John (NIH/VRC) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E];Erbelding, Emily (NIH/NIAID) [E];Dieffenbach, Carl (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Billet, Courtney (NIH/NIAID) [E];Graham, Barney (NIH/VRC) [E];Marovich, Mary (NIH/NIAID) [E]  
**Subject:** RE: D614G mutation paper

Thanks, John. I am surprised that Bette Korber was the 1<sup>st</sup> author on such a potentially misleading paper.

Anthony S. Fauci, MD  
Director  
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---

**From:** Mascola, John (NIH/VRC) [E] (b) (6)>  
**Sent:** Tuesday, May 5, 2020 5:04 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6); Dieffenbach, Carl (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6); Graham, Barney (NIH/VRC) [E] (b) (6)>; Marovich, Mary (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: D614G mutation paper

Tony,

David Montefiori will be on CNN tonight related to this paper – and story in in major newspapers. I spoke with David to get some advance info. The paper is out in BioRxiv.  
Few key points

- This single mutation is in Spike protein, position D614G - it is not in a key region like the receptor binding domain, and we don't know the implication of the mutation
- Mutation appears to have arisen in Europe – first in Germany, and is now dominant, including in U.S.
- In a not formally controlled subset analysis, there was no significant difference in severe hospitalization rates in those with the “G” form of virus
- There is some comment in results about association with higher PCR levels in nasal swabs, seems really weak to me.

John

## **Spike mutation pipeline reveals the emergence of a more transmissible form of SARS-CoV-2**

**Korber B<sup>1</sup>, Fischer WM<sup>1</sup>, Gnanakaran S<sup>1</sup>, Yoon H<sup>1</sup>, Theiler J<sup>1</sup>, Abfalterer W<sup>1</sup>, Foley B<sup>1</sup>, Giorgi EE<sup>1</sup>, Bhattacharya T<sup>1</sup>, Parker MD<sup>3</sup>, Partridge DG<sup>4</sup>, Evans CM<sup>4</sup>, de Silva TI<sup>4,5</sup>, on behalf of the Sheffield COVID-19 Genomics Group<sup>#</sup>, LaBranche CC<sup>2</sup>, and Montefiori DC<sup>2</sup>**

### **Summary**

We have developed an analysis pipeline to facilitate real-time mutation tracking in SARS-CoV-2, focusing initially on the Spike (S) protein because it mediates infection of human cells and is the target of most vaccine strategies and antibody-based therapeutics. To date we have identified fourteen mutations in Spike that are accumulating. Mutations are considered in a broader phylogenetic context, geographically, and over time, to provide an early warning system to reveal mutations that may confer selective advantages in transmission or resistance to interventions. Each one is evaluated for evidence of positive selection, and the implications of the mutation are explored through structural modeling. The mutation Spike D614G is of urgent concern; it began spreading in Europe in early February, and when introduced to new regions it rapidly becomes the dominant form. Also, we present evidence of recombination between locally circulating strains, indicative of multiple strain infections. These findings have important implications for SARS-CoV-2 transmission, pathogenesis and immune interventions.

---

**From:** David Montefiori, Ph.D. [REDACTED] (b) (6)  
**Sent:** Tuesday, May 5, 2020 1:23 PM  
**To:** Mascola, John (NIH/VRC) [E] [REDACTED] (b) (6)  
**Subject:** RE: D614G

John,

I thought you should know that the D614G story is getting a lot of press attention today. I story came out in the LA Times this morning that probably started it all. It will likely be on CNN tonight, and maybe other networks.

Just a heads-up.

David



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 20:43:39 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]; NIAID OD AM  
**Subject:** RE: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards  
**Attachments:** Script to honor Avi Schiffmann - 05-05-2020.docx

Here is my tracked version of the Schiffmann script.

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

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, May 5, 2020 3:06 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** FW: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

OK – so this is the ask from the Webby awards: a short recorded video message. They have sent a proposed script below -- just an example – obviously we're free to change it. Avi is a pretty extraordinary kid. 17 years old!

Here is the site he created, back in early January. He's aggregating data from WHO, CDC, and other sources: <https://ncov2019.live/>

NBC Today story: <https://www.today.com/parents/17-year-old-built-website-track-coronavirus-t175245>

New Yorker article about him: <https://www.newyorker.com/magazine/2020/03/30/the-high-schooler-who-became-a-covid-19-watchdog>

---

**From:** lesley lesleycahillroy.com <lesley@lesleycahillroy.com>  
**Sent:** Tuesday, May 5, 2020 2:32 PM

**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

Hi Courtney,

This would be a pre-recorded message with Dr Fauci solo. He would set up Avi's award and help to celebrate his Webby moment for him. Avi will be sending us his 5 word Webby speech which will then follow Dr. Fauci's intro. Below is a draft of the introduction for him, let us know if he would like to make any edits/changes. I've also attached the format for taping on his phone/computer. Please let me know if you need any additional information and hoping we can make it work.

Thank you so much

Best

Lesley

**DR. FAUCI:**

I'm Dr. Anthony Fauci. Unfortunately, you've seen a lot of me lately. But thankfully, I'm here to present some good news and I'm excited for the opportunity to shine some light on one of the many young people who have stepped up and helped us throughout a difficult time.

The 24th Annual Webby Awards would like to honor Avi Schiffmann as the 2020 Person of the Year to recognize his creation of [ncov2019.live](https://ncov2019.live) to track the spread of COVID-19 across the world.

As we collectively navigate the severe impact of COVID-19, including the difficult, but critical calls for nationwide social distancing, the Internet has become the lifeblood of people looking for accurate information about the novel coronavirus and the necessary steps to combat it.

Since launching the site on December 29th, Schiffmann's tracking tool has been an invaluable resource that sounded the alarm on the virus and its spread, notably calling attention to its severity long before many global officials.

At a time when the spread of misinformation can be so detrimental to our efforts, the site has provided over 600 million visitors with accurate real-time data. Schiffmann has helped people around the globe understand COVID-19 and the necessity of upgrades to current health care systems and the importance of measures to flatten the curve.

For having the foresight to track the global spread of COVID-19 and for creating an essential website to provide real-time data about the virus to people everywhere, it is my great privilege to honor Avi Schiffmann as the 2020 Webby Person of the Year.



On May 5, 2020, at 10:31 AM, Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

Lesley – we’ve been discussing this. Can you tell us exactly what would be involved in this? How many minutes would you be looking for Dr. Fauci to speak? Would this be pre-recorded, with Dr. Fauci solo? Or would it be done as a Zoom or something like that, with an interaction between Dr. Fauci and Avi?

---

**From:** Billet, Courtney (NIH/NIAID) [E]  
**Sent:** Monday, May 4, 2020 5:31 PM  
**To:** lesley [lesleycahillroy.com](mailto:lesleycahillroy.com) <[lesley@lesleycahillroy.com](mailto:lesley@lesleycahillroy.com)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** RE: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

Hi Lesley – thanks so much for reaching out. Avi is so impressive! I am connecting you with Dr. Fauci’s assistant and scheduler, Patty Conrad, for follow-up.

---

**From:** lesley [lesleycahillroy.com](mailto:lesleycahillroy.com) <[lesley@lesleycahillroy.com](mailto:lesley@lesleycahillroy.com)>  
**Sent:** Monday, May 4, 2020 5:10 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Fwd: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

Hi Courtney,

Hope you are staying well during these uncertain times. I am a Talent Producer for The Webby Awards and had reached out to Dr. Fauci regarding being involved in our “virtual” internet celebration which will showcase the artists, organizations, and creators using their platforms to imagine a better tomorrow through information, education, movement, comedy, all while inspiring audiences to take action to enact positive change.

Avi Schiffman is being celebrated as our Person of the Year and we would be honored if Dr Fauci would “virtually” present him his honor. The official letter is below and would love to discuss in more detail when you have a chance to review.



Thank you

Best

Lesley

Begin forwarded message:

**From:** Lesley Cahill Roy <[lesley@lesleycahillroy.com](mailto:lesley@lesleycahillroy.com)>  
**Subject: Re: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards**  
**Date:** May 1, 2020 at 12:13:10 PM EDT  
**To:** [REDACTED] (b) (6)

Hi Dr Fauci

I just wanted to follow up on below regarding Avi and The Webby Awards. Would be wonderful if you could be a part of this moment for him.

Thanks so much

Lesley

On Apr 20, 2020, at 1:57 PM,  
lesley [lesleycahillroy.com](mailto:lesleycahillroy.com)<[lesley@lesleycahillroy.com](mailto:lesley@lesleycahillroy.com)> wrote:

<6EDD370A-6106-4603-B557-7AAEE9A9EF79.png>

Dear Dr. Fauci,

I hope you and the family are all safe and healthy during these challenging times. Hailed by The New York Times as “the Internet’s highest honor,” The Webby Awards has been the premiere award for online excellence for over two decades, honoring the companies and people who have critically shaped digital technology and culture.

This year, due to the impact of the coronavirus The Webby Awards are moving their renowned award show to an online experience. On May 19th, 2020, the 24th Annual Webby Awards will bring together Webby Winners from around the world in an Internet Celebration which will showcase the artists,

organizations, and creators using their platforms to imagine a better tomorrow through information, education, movement, comedy, all while inspiring audiences to take action to enact positive change.

**The 24th Annual Webby Awards are proud to honor Avi Schiffmann as the 2020 Person of the Year to recognize his creation of [ncov2019.live](https://ncov2019.live) to track the spread of COVID-19 across the world. We would be honored if Dr. Fauci would “virtually” present Avi with his award.**

**As we collectively navigate the severe impact of COVID-19 on the world and late calls for nation-wide social distancing, the Internet has become the lifeblood for people looking for accurate information about the novel coronavirus. Since launching the site on December 29th, Avi Schiffmann’s tracking site was a necessary tool that sounded the alarm on the novel coronavirus and its spread, notably calling attention to its severity long before many global officials. By providing over 100 million visitors with real-time data on the virus’ spread, Schiffmann has helped people around the globe understand COVID-19 and the necessity of upgrades to current health care systems and measures to flatten the curve.**

**For having the foresight to track the global spread of COVID-19 and for creating a website to provide real-time data about the virus to people everywhere, it is our great privilege to honor Avi Schiffmann as the 2020 Webby Person of the Year. The celebration will highlight the important work Avi and his fellow winners are doing, and will mark his hallmark Webby 5-Word acceptance speech in Internet history. Dr. Fauci’s presenter speech could be recorded on his phone and we can send you through a script for him to review, edit and details for format and deadline.**

This year’s Webby Awards will also take action, the impact of COVID-19 and government responses around the world, has brought the importance of voting into sharp focus. The Webby Awards has partnered with [Vote.or](https://Vote.or) and aim to check the voter registration status of 1 million voters in the United States, promoting the importance of voting to help ensure voter turnout this November is the highest it has ever been. This partnership will integrate into all elements of this year’s online celebration.

Our thoughts are with all of you in this difficult time.

Best

Lesley Cahill Roy  
(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 19:49:36 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW:

unlikely

**Anthony S. Fauci, MD**  
Director  
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---

**From:** Konstantin Vulkov <kv@egoist.bg>  
**Sent:** Tuesday, May 5, 2020 3:42 PM  
**To:** NIAID NEWS (NIH/NIAID) <NIAIDNEWS@niaid.nih.gov>  
**Cc:** NIAID Ocpstoffice (NIH/NIAID) <OCPOSTOFFICE@niaid.nih.gov>; Fauci, Anthony (NIH/NIAID) [E] (b) (6); Harper, Jill (NIH/NIAID) [E] (b) (6)  
**Subject:**

Dear Sir/Madam,

My name is Konstantin Vulkov and I am Program director of the biggest Bulgarian private radio station, Darik radio ([www.darikradio.bg](http://www.darikradio.bg)). This is a news/talk radio station. I am a regular contributor to Bulgarian National TV as well as several online and print publications, editor-in-chief of egoist.bg as well as editor-in-chief of the biannual Darik-owned publication called Dolce Far Niente.

I am a document photographer as well, focusing mainly on portraits.

**I am covering the coronavirus pandemic extensively - visiting COVID-19 units across the country, making my daily radio programme "Mind games", writing stories for our websites [www.darikradio.bg](http://www.darikradio.bg), [www.dnews.bg](http://www.dnews.bg) and [egoist.bg](http://egoist.bg).**

**It would be an honour if I can make a short telephone interview with Mr. Anthony S. Fauci, M.D.**

Please let me know if I can call and make the interview. I promise I won't take more than 10 minutes of Mr. Fauci's time.

Your help is much appreciated.

Best,

Konstantin

\*\*\*

Konstantin Vulkov  
Program Director  
Darik Radio  
82, Dondukov blvd.  
Sofia 1504  
Bulgaria

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 19:48:10 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** RE: AUSTRIA - Try to support - COVID 19 - Strategy

Looks fine.

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:** Lerner, Andrea (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, May 5, 2020 3:37 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: AUSTRIA - Try to support - COVID 19 - Strategy

Dr. Fauci,

I will respond. Here is what I propose to say (in addition to thanking him). Let me know if you'd change anything:

- He makes the assertion COVID-19 is *"nearly influenza-like for humans < 65 years of age and humans > 65 years of age without pre-existing illnesses"*.
  - CDC data on US hospitalized patients does not support this  
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>  
[https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e1.htm#T1\\_down](https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e1.htm#T1_down)
- The general principles of his proposal are not unreasonable:
  - He describes increasing degrees of isolation for those with older age and risk factors and allowing others to resume activities with social distancing/precautions, with further intervention based on when cases may exceed hospital capacity
- However, of course this requires sufficient testing capacity to understand the scope of infections in a community

Sincerely,

Andrea

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Date:** Tuesday, May 5, 2020 at 10:40 AM  
**To:** "Lerner, Andrea (NIH/NIAID) [E]" (b) (6)  
**Subject:** Fwd: AUSTRIA - Try to support - COVID 19 - Strategy

Not a crazy note. Please respond on my behalf. Thanks

Begin forwarded message:

**From:** (b) (6)  
**Date:** May 5, 2020 at 8:19:48 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** AUSTRIA - Try to support - COVID 19 - Strategy

**Dear – highly respected – Dr. Fauci**

**Why do I try to childishly support a respected expert and personally highly honored Gentleman like you – Dr. Fauxi ?**

**Because for me – it is heartbreaking and unbelievably disturbing, what was and is going on in the course of the last 4 months in the USA.**

**I talk about the USA, that relieved my country - AUSTRIA - 75 years ago from the hell of the NAZI-Regime – with American Lives and Blood.**

**With all my respect, my hopes, my passion, my tears, my mourning – May Grace and Blessing be with You and the USA.**

---

---

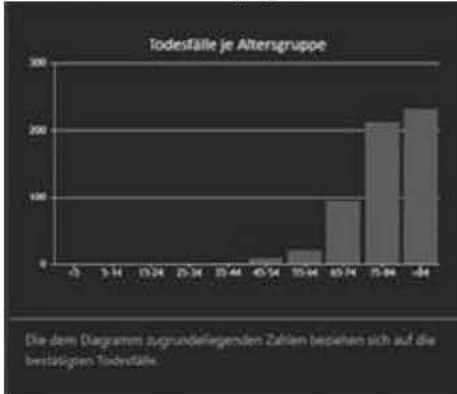
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After running the numbers available on COVID 19 pandemic data – my experiences as an Economist led to following analysis and proposed strategy:

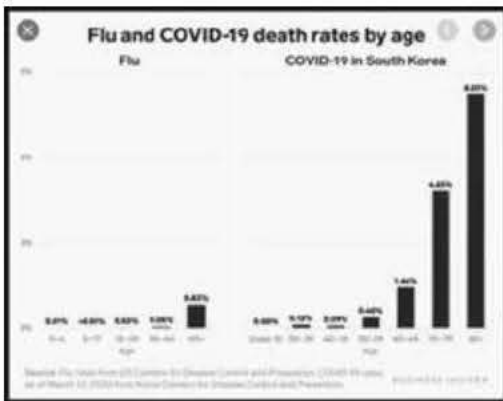
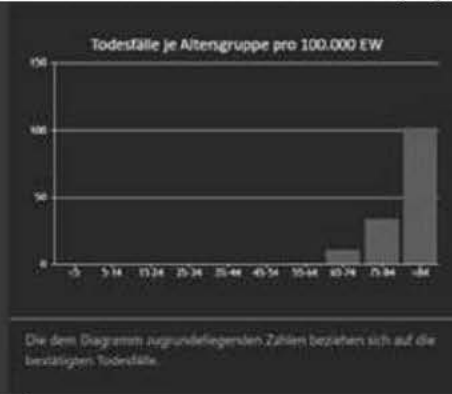


**COVID 19 is a true threat for humans >65 years of age with pre-existing illnesses,  
but nearly influenza-like for humans < 65 years of age and humans > 65 years of age without pre-existing illnesses**

**AUSTRIA: Deaths by age**

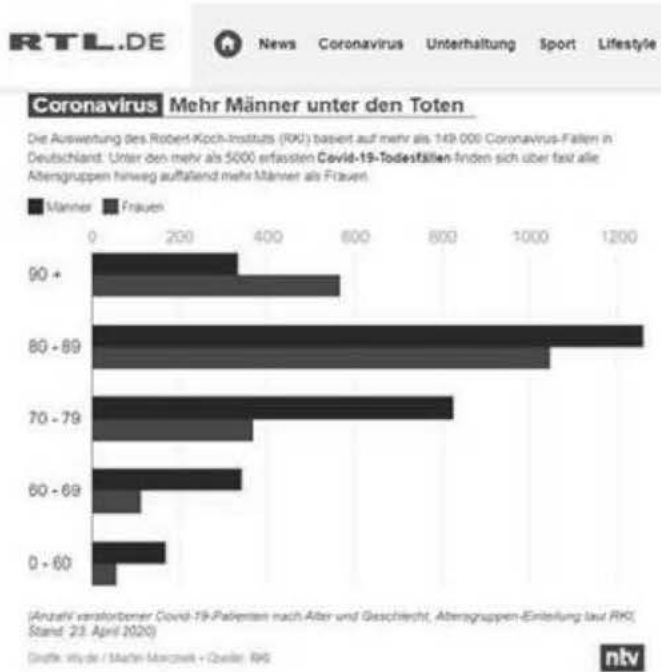


**Deaths as of 100.000 inhabitants by age**



**Germany – Death by age – men and women  
– mortality rate in %**

**Comparison – Italy and China**



## Proposed Strategy

1. Keep the virus 100% (totally) away from people older than 60 with pre-existing illnesses

Identify, Testing, Shelter, Preserve from contact with virus, Preserve from Hospitalization and ICU

2. **Minimize possible contact with virus for people older than 60 without pre-existing illnesses**

Identify, Testing, Partial Stay at Home, Social Distancing, , Preserve from Hospitalization and ICU

**Once 1 and 2 are warranted:**

3. **Handle the rest of the population with care, but keep them going and working – as you would do in an influenza-season**

The critical factor for further intervention is the capacity of the regionally available ICU-capacity

Interventions: Social Distancing, Masks, Testing, Tracing, Stay at home when ill, Quarantine at home when ill

---

**Respectfully Yours**  
**Gerald Glockenstein**

Mag. Gerald Glockenstein

(b) (6)



**From:** (b) (6)  
**Sent:** Tue, 5 May 2020 10:47:11 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: request of interview by Giuseppe Sarcina, corriere della Sera

Please try to get clearance. This is the top newspaper in Italy

Begin forwarded message:

**From:** Sarcina Giuseppe <gsarcina@res.it>  
**Date:** May 5, 2020 at 8:03:29 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject:** Re: request of interview by Giuseppe Sarcina, corriere della Sera

Inviato da iPhone

Dear Doc. Fauci,  
this is Giuseppe Sarcina, the us correspondent of Corriere della Sera,  
the main italian newspaper.  
I understood that you are looking at the italian case with great  
attention.  
I wonder if you can grant me a short interview.  
I have sent an email march 21. But then I saw that you spoke with an  
other italian newspaper. So I would like to have a chance to have your  
voice for our Readers as well. Corriere della Sera is a newspaper based  
in Milano, Lombardy, The region most affected by the coronavirus.  
Thank you  
Warm Regards  
Giuseppe Sarcina  
Washington dc



(b) (6)

**Oggetto:** request of interview by Giuseppe Sarcina, corriere della Sera

Dear Doc. Fauci,  
this is Giuseppe Sarcina, the us correspondent of Corriere della Sera,  
the main italian newspaper.  
I understood that you are looking at the italian case with great  
attention.  
I wonder if you can grant me a short interview.  
That would be really helpful for our readers  
Thank you  
Warm Regards  
Giuseppe Sarcina  
Washington dc

**From:** [REDACTED] (b) (6)  
**Sent:** Tue, 5 May 2020 10:43:37 -0400  
**To:** NIAID OD AM  
**Subject:** Fwd: Invitation to Participate in Book Project on COVID-19

Let us discuss. Am not that excited about this, but let us discuss anyway

Begin forwarded message:

**From:** Dawinder Sidhu <dss@umbc.edu>  
**Date:** May 5, 2020 at 8:14:12 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)  
**Subject:** Invitation to Participate in Book Project on COVID-19

Dr. Fauci,

I hope this email finds you well. I am a professor at the University of Maryland, an elected term member in the Council on Foreign Relations, and a former fellow at the Supreme Court of the United States.

I am writing because I am preparing a book, tentatively entitled "Rebuilding America: A Blueprint for Post-COVID-19 America," consisting of essays by leading figures on (1) how COVID-19 has impacted their particular field, and (2) how that field should be reimagined in light of the crisis. The essays will reconsider all sectors of society, including law, education, healthcare, fashion, music, etc., and collectively will be the first comprehensive guide for post-coronavirus reconstruction efforts.

I am very hopeful that you may be willing to contribute a short essay on how the current coronavirus has impacted public health policy, and how such policies can and should evolve moving forward.

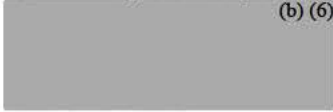
Only 50 industry leaders are being asked to contribute. Commitments have been secured from an impressive group, including a retired four-star general and a preeminent constitutional scholar. I very much hope you will take part in this innovative project given your historic and unparalleled contributions to the public's understanding of the current crisis.

With respect to logistics, I am hoping to receive commitments from all authors this month, with essays due within one month, and with the

essays available through Amazon's expedited publishing platform roughly one month after that. Each essay should be no more than 1,000 words, and I may offer light edits for the author's final approval. A final note: all proceeds from the sale of the book will be donated.

I am very hopeful that you will give every serious consideration to this invitation, and will lend your voice towards reimagining and revitalizing a new America.

Best,  
Dave

Dawinder S. Sidhu  
University of Maryland  
 (b) (6)

dss@umbc.edu

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 12:40:52 +0000  
**To:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: VP slides  
**Attachments:** VP brief VRC 5may2020v2.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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**From:** Mascola, John (NIH/VRC) [E] (b) (6)  
**Sent:** Monday, May 4, 2020 7:07 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** VP slides



Tony, here are slides, including changes we discussed. Patty and all have them.  
John



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 12:06:24 +0000  
**To:** Harris, Mary (NIH/NIAID) [E]  
**Subject:** RE: Thank you , Dr. Fauci, Thank you so very much!

Mary:

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

Best regards,

Tony

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

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**From:** Harris, Mary (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, May 5, 2020 8:04 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Thank you , Dr. Fauci, Thank you so very much!

Dr. Fauci,

I wanted to personally thank you for being the voice of reason, security, comfort and insight. (b) (6)  
(b) (6) As much  
as I miss being in the office, I am grateful to say my Director is Dr. Anthony Fauci and share with my family, friends, and church that if you said it, it's gospel. They can bank on it! You have given comfort to my family and myself. You will never know how much! I want you and those who in researchers who are hard at work without much rest but tons of sacrifice including that of your families to find a vaccine, give the Nation a sense of safety and security in this unprecedented time are greatly appreciated. My family, friend and myself are send our prayers for your continued strength. Thank you doesn't seem like enough. I couldn't be prouder to work at NIAID and specifically on the 7<sup>th</sup> floor of Building 31.

Simply Grateful,

Mary Harris  
NIAID Travel Policy Specialist  
NIAID Travel Card Coordinator

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 00:37:21 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: CORONA and BACTERIAL SUPERINFECTION  
**Attachments:** 1918 influenza insight- fauci.pdf, ESP el arroz epidemol.pdf, Infection and Immunity-2015-Rynda-Apple-3764.full.pdf, JClinsightco-infection.pdf, lancet.png, Mail Esp.pdf, mail germany 1.pdf, piramide.png, PLEASE FORWARD THIS MESSAGE TO error.pdf, portugal.pdf, Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza - Dr Fauci.pdf, press usa.pdf, Recuperados.pdf, spanish flu 1918 - eng original.pdf, tyska pres mail.pdf, US error message.pdf, Us mail 0408.pdf, WHO-2019-nCoV-clinical-2020.4-eng.pdf, virus piramdie eng.png

Please take a look and decide. Thanks.

---

**From:** Ola Melhus [REDACTED] (b) (6)  
**Sent:** Monday, May 4, 2020 12:25 PM  
**To:** [REDACTED] (b) (6) Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
[REDACTED]  
**Subject:** CORONA and BACTERIAL SUPERINFECTION

Dear Doctors,

I don't know if you have got this information.

## **A truly deadly virus**

cannot spread very far. Why? Because people quickly get sick and die. In other words, they cannot spread the virus further, which is a prerequisite for a large spread like corona. Covid-19 has spread throughout the world.

The premise is that it is not very dangerous, it causes mild symptoms for most people, many do not even notice that they were sick. But the virus has different phases in the body, after a while it goes into a resting phase, you feel better, but the virus is still present and can pass on. Covid-19 is an optimally developed virus that spreads rapidly around the world. But if it were really deadly, almost everyone would die.

So far in our 4 billion long history, there have been **no airborne** viruses or bacteria. Yes, in the hollywood movie "outbreak" there was, but it was a movie. Why hasn't it?

If it had existed, this planet would have been a dead planet without life. It would have killed all living. It is possible that there is somewhere else in the universe, but not here on planet Earth. Not now. Remember, this is not the first time a new virus is spreading in the world. What is happening now has happened earlier in our long history.

But people are die you say. Yes, but the virus don't kill them. The virus open a "door" in the cell wall thats allows for bacterias, how always are present, to invade the body and create an aggressiv bacterial superinfection. That's what kills them. See,

1. Influenza and Bacterial Superinfection: Illuminating the Immunologic Mechanisms of Disease.



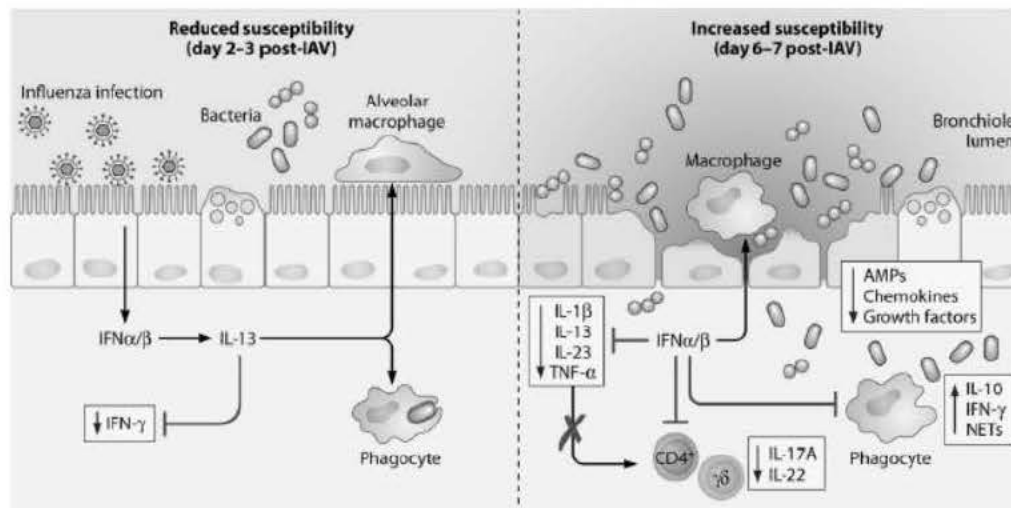


FIG 1 Common pathways of susceptibility to postinfluenza bacterial superinfections. Early after influenza virus infection, mice show reduced susceptibility to superinfection that is at least in part due to increased production of IL-13. This IL-13-rich environment does not permit IFN- $\gamma$  production, allowing unaltered phagocytosis and clearance of bacteria. The role for either neutrophils or macrophages (phagocytes) in bacterial clearance early during influenza virus infection has not been fully investigated. Progression of influenza virus infection results in increased susceptibility to secondary infection. Type I IFN (or IL-27) signaling initiated in response to influenza virus infection results in downregulated production of IL-1 $\beta$  and IL-23 and impaired type 17 immune responses. Inhibition of IL-17 and IL-22 reduces production of antimicrobial peptides. Type I IFN signaling also reduces levels of neutrophil chemoattractants Cxcl1 and Cxcl2 and can induce formation of NETs. IL-27 induced during influenza virus infection further suppresses IL-17 production but stimulates production of regulatory cytokine IL-10, which contributes to increased susceptibility to superinfection, presumably by alteration of the anti-influenza inflammatory response. IAV, influenza A virus infection.

and this reports:

2. Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic

3. The 1918 Influenza Pandemic: Insights for the 21st Century

4. Interactions between influenza and bacterial respiratory pathogens: implications for pandemic preparedness

5. Survival during influenza-associated bacterial superinfection improves following viral- and bacterial-specific monoclonal antibody treatment

## 6. Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness

How can this happen? How can the doctors be so blind. I have a theory about this and here it comes:

**My (b) (6) was a psychologist. May she rest in peace in heaven.**

It seems that the corona virus has affected the brain more in a certain group in society, namely politicians, doctors, journalists and other with power and positions in the society. The virus is not dangerous for this group, but it's opens a door in the brain's cell wall that allows it to enter the fear center of the brain.

This door has been closed for many years. We haven't had any major wars and nothing has threatened them. They have felt invulnerable. Convinced of their own superior ability and greatness. Not only can they control the people, they can now control the climate by turning the carbon dioxide tap. If they close it, the temperature drops, if they open it the temperature goes up. They don't know that the sun is 109 times as big as our planet. 109 times. It seems so small when we look up in the sky. They thought they could control everything.

**Then came the VIRUS**, they receive an abrupt awakening. They get scared. Politicians get sick and die. Doctors die. The brain is attacked by fear virus. They can no longer think clearly and logically. The panic is near, they are reminded of their own mortality. Just like a virus in a computer. It's slows it down and it becomes unusable. That's what happens when a fear virus attacks the brain.

Here where I live, there are panic over 1600 confirmed cases. The television is talking "infected persons" when there is "confirmed laboratory cases". It's two different things. Misleading the people. Why panic over 1 600 infected? Closing all not necessary business, all schools, all except for supermarket, gas station, banks. You can't go out after 5.00 pm. If you do, you get arrested.

**Why? They are scared.** Because the ruling class is afraid. Everyone with this masks. Doctors crying on television. The President with mask. They are scared. Doctors. Journalists. Polices.

**2020. The year when the world got completely crazy.**

**You have an medical obligation to inform the world about the truth.**

Kind regards,

Ola Melhus

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 00:36:13 +0000  
**To:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Therapeutics and vax  
**Attachments:** NIAID SARS-CoV-2 Tx and Vax overview.docx

Please print out and put in folder labelled "COVID-19 Therapeutics and Vaccines"

---

**From:** Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, May 4, 2020 12:32 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Barasch, Kimberly (NIH/NIAID) [C]  
<(b) (6)>  
**Subject:** Therapeutics and vax

For your Therapeutics discussion later today



**From:** (b) (6)  
**Sent:** Mon, 4 May 2020 19:52:45 -0400  
**To:** Troye, Olivia EOP/NSC  
**Cc:** Hurst, Natalie R. EOP/OVP; Mascola, John (NIH/VRC) [E]; Graham, Barney (NIH/VRC) [E]; Francis Collins  
**Subject:** Re: Email connecting us

Here they are. Thanks

On May 4, 2020, at 7:46 PM, Troye, Olivia EOP/NSC  
(b) (6)

Hi Dr. Fauci,  
Per our conversation, sending you a note. I'm copying Natalie who will help get them cleared in.  
Thank you!  
Olivia

Olivia Troye  
Special Advisor to the Vice President for  
Homeland Security, Counterterrorism, and North America  
Office of the Vice President, National Security Affairs  
White House Coronavirus Task Force  
O: (b) (6) | M: (b) (6) (Does not receive texts)  
(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 4 May 2020 21:05:39 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Invitation to join (virtually) the ACTIV Leadership Meeting 5/6

Please see me about this.

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

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---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Monday, May 4, 2020 11:18 AM  
**To:** ICDDIR-L@LIST.NIH.GOV  
**Cc:** Parker, Ashley (NIH/OD) [E] (b) (6); Wholley, David (FNIH) [T]  
(b) (6); Melencio, Cheryl (FNIH) [T] (b) (6) >  
**Subject:** Invitation to join (virtually) the ACTIV Leadership Meeting 5/6

Dear Colleagues,

As you may be aware, the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) public-private partnership has been moving forward rapidly to address the global pandemic. We held our initial ACTIV leadership meeting on April 3<sup>rd</sup> including, NIH, FDA, BARDA, EMA, and industry heads of research and development. Four working groups were formed out of this meeting to focus on preclinical therapeutics, clinical therapeutics, clinical trial capacity, and vaccines.

Although some ICs have representatives participating in the working groups, we recognize there is a need to keep everyone looped in to the various activities and progress of the partnership, particularly in view of all of the concurrent IC projects about COVID-19. The ACTIV working groups will be delivering their second report to the **ACTIV Leadership Group on Wednesday, May 6, from 3:30-5:00pm**. I am writing to invite the ICs to listen-in on this meeting. There will be a lot to cover during the meeting and the members of the Leadership Group will be asking the questions. But to give a chance for us NIHers to

discuss what has been presented, I am scheduling a separate ICD call for 5:05-5:30pm, immediately following the ACTIV leadership meeting.

**If you are available to take part, please send your responses to David Wholley and Cheryl Melencio of FNIH (cc'd here) by noon tomorrow, May 5<sup>th</sup>.** Once you confirm your attendance, Cheryl will send you a calendar invite for both the ACTIV leadership meeting and the ICD follow-up call.

Best regards,  
Francis

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 4 May 2020 15:28:08 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Need your help Covid-19 CAS-10685

I do not know this person. We should refer him to Brett Giroir.

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

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**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** Monday, May 4, 2020 10:04 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** FW: Need your help Covid-19 CAS-10685

Do you know this person?

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

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---

**From:** Harris, Kara (NIH/NIAID) [E] (b) (6) >  
**Sent:** Friday, May 1, 2020 8:38 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Auchincloss, Hugh (NIH/NIAID) [E] (b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Haskins, Melinda (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: Need your help Covid-19 CAS-10685

Hi, Patty –

This individual states that he previously worked with Dr. Fauci and that he knows him. Please let me know if you would like Public Inquiries to handle.

Thanks,  
Kara

---

**From:** Ray Rosa (b) (6) >  
**Sent:** Thursday, April 30, 2020 5:58 PM  
**To:** NIAID Ocpostoffice (NIH/NIAID) <[OCPOSTOFFICE@niaid.nih.gov](mailto:OCPOSTOFFICE@niaid.nih.gov)>  
**Subject:** Need your help Covid-19

I am working with a group of physicians whom need your guidance on Serum Covid-19 tests. I need someone to call me so I can ask specific questions. I worked with Dr Fauci back in 1998 when I was in the Air Force. So he does know me. Ray Rosa is the name. Can you please call me.

(b) (6) cell

Sent from AOL Mobile Mail  
Get the new AOL app: [mail.mobile.aol.com](http://mail.mobile.aol.com)

**From:** Auchincloss, Hugh (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 4 May 2020 14:00:23 +0000  
**To:** NIAID OD AM  
**Subject:** FW: inquiry

Another one that he will probably want to do.

---

**From:** Augustine M. K. Choi [REDACTED] (b) (6)  
**Sent:** Monday, May 4, 2020 9:21 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** inquiry

Hi Tony,

I can only imagine your schedule. Thank you for all you are doing for the country in our fight against this virus.

Weill Cornell would like to invite you for a 3 min remarks to the Class of 2020 at their upcoming graduation if your schedule allows. The virtual graduation is on May 28<sup>th</sup>. We can tape your remarks at any time which fits your schedule, from now or up to right before May 28.

If you able to accept this invitation, please let me know. If not, totally understandable and we would love to have you back again after covid subsides.

Thanks again!

Augustine M.K. Choi, M.D.  
Stephen and Suzanne Weiss Dean, Weill Cornell Medicine  
Provost for Medical Affairs, Cornell University

**Weill Cornell Medicine**  
1300 York Avenue, Suite F-113 Box 83 | New York, NY 10065  
Telephone: 212-746-6005  
Fax: 212-746-8424  
Email: [amc2056@med.cornell.edu](mailto:amc2056@med.cornell.edu)

---

**From:** Anthony Fauci <[REDACTED] (b) (6)>  
**Date:** Monday, March 30, 2020 at 12:19 PM  
**To:** Augustine Choi [REDACTED] (b) (6)  
**Subject:** [EXTERNAL] RE: all wearing masks

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

Thank you, and best regards.

Anthony S. Fauci, M.D.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 21:45:43 +0000  
**To:** Greg Folkers ([REDACTED] (b) (6)); Doepel, Laurie (NIH/NIAID) [E]  
**Subject:** Pitt and INC  
**Attachments:** Commencement Remarks, generic 30-sec for UPitt and UNC SOM, - FINAL - for 5-08-2020 (videos).docx

See attachment with remarks for UPitt and UNC . I have left the tracked changes showing so that you can see what I have done. Please accept these and then proof it. It is now marked FINAL (tracking needs to be accepted) in the OD folder. Thanks.

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 21:28:33 +0000  
**To:** Greg Folkers [REDACTED] (b) (6); Doepel, Laurie (NIH/NIAID) [E]  
**Subject:** USUHS  
**Attachments:** Commencement Remarks, USUHS 2-min -FINAL - for 5-16-2020 (Video).docx

See attachment with USUHS remarks . I have left the tracked changes showing so that you can see what I have done. Please accept these and then proof it. It is now marked FINAL (tracking needs to be accepted) in the OD folder. Thanks.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 21:21:04 +0000  
**To:** Greg Folkers [REDACTED (b) (6)]; Doepel, Laurie (NIH/NIAID) [E]  
**Subject:** AMA  
**Attachments:** Commencement Remarks, AMA 3-min - FINAL - for May 2020 (Video).docx

See attachment with AMA remarks . I have left the tracked changes showing so that you can see what I have done. Please accept these and then proof it. It is now marked FINAL (tracking needs to be accepted) in the OD folder. Thanks.

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 20:58:32 +0000  
**To:** Doepel, Laurie (NIH/NIAID) [E]; Greg Folkers (b) (6)  
**Subject:** UCSF  
**Attachments:** Commencement Remarks, UCSF SOM - FINAL - for May 2020 (Video).docx

Greg/Laurie:

I am attaching the UCSF 3 minute talk. I labeled it as "FINAL" and it is in the OD folder. However, I have left in the tracked changes for you to see what I did. Please accept the changes and then go over it one last time. I like it the way it is and so please no trivial corrections.

Thanks,  
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:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 20:11:08 +0000  
**To:** Doepel, Laurie (NIH/NIAID) [E]; Greg Folkers ( [REDACTED] (b) (6) )  
**Subject:** Holy Cross  
**Attachments:** Commencement Remarks, Holy Cross - FINAL - for 05-22-2020 (video).docx

The Holy Cross video script is in the OD File marked as "FINAL". I have left the tracked changes showing so that you will know what I have done. Please accept the changes and take a final look. I am also attaching for your look.

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  
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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 18:34:28 +0000  
**To:** Tromberg, Bruce (NIH/NIBIB) [E]; 'Sharpless, Ned  
(b) (6)'  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: 2 quick points

Thanks, Bruce.

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  
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---

**From:** Tromberg, Bruce (NIH/NIBIB) [E] (b) (6)>  
**Sent:** Sunday, May 3, 2020 2:28 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); 'Sharpless, Ned  
(b) (6)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: 2 quick points

Hi Tony,

Thanks! Hope you are doing well.

This is basically exactly what we are working to facilitate with our RADx and digital health (app) platform initiatives...greatly expanding testing and creating a digital backbone to provide people with ways to access tests and interpret results. For expanding testing platforms, see <https://www.nibib.nih.gov/news-events/newsroom/nih-mobilizes-national-innovation-initiative-covid-19-diagnostics> We have >700 applications that have been started in just a few days. For the digital health (e.g. app) platform we've put a lot of thought into the design and are hoping a contractor will be able to launch a pilot study of healthcare workers soon. Ned and I plan on issuing additional calls in this area with multiple institutes as stakeholders in the coming weeks.

Best,  
Bruce

---

Bruce J. Tromberg, Ph.D.

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

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Date:** Sunday, May 3, 2020 at 1:55 PM  
**To:** "'Sharpless, Ned (b) (6)>  
'Tromberg, Bruce (NIH/NIBIB) [E]" (b) (6)>  
**Cc:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)  
**Subject:** FW: 2 quick points

Ned/Bruce:

I thought that I would pass this on to you in case you have interest. Thanks.

Best,  
Tony

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

**From:** Eric Ottesen (b) (6)>  
**Sent:** Saturday, May 2, 2020 8:23 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** 2 quick points

Dear Tony,

1. I had planned to write to thank you for giving an interview [REDACTED] (b) (6) for the Washington Post last month. Your generosity with time was 'all Tony,' and I did appreciate it. I was waiting for the chaos around you to subside before writing but....
2. Last evening I was asked to forward the message below to you. You might already know Jack Warren, Professor of Medicine and Infectious Diseases at U. Maryland ([REDACTED] (b) (6)). As his email says, [REDACTED] (b) (6) with Samsung's venture capital group, which has an idea for a future, comprehensive surveillance system for COVID-19 that would include a strategy for providing portable, reliable proof of 'no infection' for individuals. It is interesting, but all I know is what I read in the power-point attached. I cannot imagine you would have time to look at it yourself, but perhaps it could be shared with other systems-oriented individuals working towards 'opening up' responsibly.

Pardon me for stepping out of my normal NTD 'swim lane' but I did want to help out [REDACTED] (b) (6), and certainly nothing is more important these days than COVID-19 and the outstanding work you are doing to manage it.

All the very best,

-Eric

---

**From:** Warren, John [mailto:[REDACTED] (b) (6)]  
**Sent:** Thursday, April 30, 2020 6:52 PM  
**To:** [REDACTED] (b) (6)  
**Subject:** Jack Warren

Eric

A voice from the past. Covid-19 prevented us from meeting up [REDACTED] (b) (6) but I'm writing because it might yet bring at least the two of us together.

[REDACTED] (b) (6) Samsung's venture capital group and his team has what I think is an incredibly useful idea for contact tracing for covid-19 as well as actually opening the economy up again. The idea is contained within the attachment.

I wonder if you still have any contacts with Anthony Fauci. Is so, could you see your way clear to forwarding the attachment to him? The group has identified some appropriate test manufacturers but is at the point where they need to know the spectrum so as to focus on the optimal ones. The thought was that Tony Fauci might be the best person to know what tests are in development stage.

What are your thoughts?

Don't worry about confidentiality; they want to widely share this idea so as to get it out as quickly as possible.

Thanks

Jack Warren MD  
Professor of Medicine  
Division of Infectious Diseases  
University of Maryland School of Medicine  
Baltimore MD 21201

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:56:39 +0000  
**To:** NIAID OD AM  
**Subject:** RE: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

????? Who is this person?

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

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---

**From:** Auchincloss, Hugh (NIH/NIAID) [E] (b) (6) > **On Behalf Of** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sunday, May 3, 2020 1:55 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** FW: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

---

**From:** lesley lesleycahillroy.com <lesley@lesleycahillroy.com>  
**Sent:** Friday, May 1, 2020 12:13 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: Dr. Anthony Fauci & Avi Schiffman/The Webby Awards

Hi Dr Fauci

I just wanted to follow up on below regarding Avi and The Webby Awards. Would be wonderful if you could be a part of this moment for him.

Thanks so much

Lesley



On Apr 20, 2020, at 1:57 PM, lesley [lesleycahillroy.com](mailto:lesleycahillroy.com) <[lesley@lesleycahillroy.com](mailto:lesley@lesleycahillroy.com)> wrote:

<6EDD370A-6106-4603-B557-7AAEE9A9EF79.png>

Dear Dr. Fauci,

I hope you and the family are all safe and healthy during these challenging times. Hailed by The New York Times as “the Internet’s highest honor,” The Webby Awards has been the premiere award for online excellence for over two decades, honoring the companies and people who have critically shaped digital technology and culture.

This year, due to the impact of the coronavirus The Webby Awards are moving their renowned award show to an online experience. On May 19th, 2020, the 24th Annual Webby Awards will bring together Webby Winners from around the world in an Internet Celebration which will showcase the artists, organizations, and creators using their platforms to imagine a better tomorrow through information, education, movement, comedy, all while inspiring audiences to take action to enact positive change.

**The 24th Annual Webby Awards are proud to honor Avi Schiffmann as the 2020 Person of the Year to recognize his creation of [ncov2019.live](https://ncov2019.live) to track the spread of COVID-19 across the world. We would be honored if Dr. Fauci would “virtually” present Avi with his award.**

**As we collectively navigate the severe impact of COVID-19 on the world and late calls for nation-wide social distancing, the Internet has become the lifeblood for people looking for accurate information about the novel coronavirus. Since launching the site on December 29th, Avi Schiffmann’s tracking site was a necessary tool that sounded the alarm on the novel coronavirus and its spread, notably calling attention to its severity long before many global officials. By providing over 100 million visitors with real-time data on the virus’ spread, Schiffmann has helped people around the globe understand COVID-19 and the necessity of upgrades to current health care systems and measures to flatten the curve.**

**For having the foresight to track the global spread of COVID-19 and for creating a website to provide real-time data about the virus to people everywhere, it is our great privilege to honor Avi Schiffmann as the 2020 Webby Person of the Year. The celebration will highlight the important work Avi and his fellow winners are doing, and will mark his hallmark Webby 5-Word acceptance speech in Internet history. Dr. Fauci's presenter speech could be recorded on his phone and we can send you through a script for him to review, edit and details for format and deadline.**

This year’s Webby Awards will also take action, the impact of COVID-19 and government responses around the world, has brought the importance of voting into sharp focus. The

Webby Awards has partnered with Vote.or and aim to check the voter registration status of 1 million voters in the United States, promoting the importance of voting to help ensure voter turnout this November is the highest it has ever been. This partnership will integrate into all elements of this year's online celebration.

Our thoughts are with all of you in this difficult time.

Best

Lesley Cahill Roy

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:55:14 +0000  
**To:** 'Sharpless, Ned [REDACTED] (b) (6)'; Tromberg, Bruce (NIH/NIBIB) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: 2 quick points  
**Attachments:** covid contact tracing.pdf

Ned/Bruce:

I thought that I would pass this on to you in case you have interest. Thanks.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
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**Sent:** Saturday, May 2, 2020 8:23 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** 2 quick points

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-Eric

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**Sent:** Thursday, April 30, 2020 6:52 PM  
**To:** (b) (6)  
**Subject:** Jack Warren

Eric

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What are your thoughts?

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Thanks

Jack Warren MD  
Professor of Medicine  
Division of Infectious Diseases  
University of Maryland School of Medicine  
Baltimore MD 21201  
(b) (6)



# **Product Concept**

# **“Covid Clear”**

# **Digital Proof of No Infection**

**April 2020**





# Masks, Contact Tracing & Immunity Passports Won't Bring the US Economy Back

- A return to normal economic activity requires **confidence that those around us are not infectious**
- A widely available vaccine and/or herd immunity could take up to **18 months, possibly longer**
- In the interim, **existing proposals will not provide the level of confidence required**
  - Masks are necessary but not sufficient
  - Contact tracing, while critical, is retrospective and does not prevent us from being exposed
  - The usefulness of immunity/antibody tests is limited
    - Only useful for those already infected (<10% in the US)
    - Not yet clear that having antibodies eliminates possibility of being infectious
  - Temp checks are helpful, but 25-50% of infectious people are asymptomatic (i.e., no fever)
- Instead, we need a **widely recognized way to certify that each of us is not currently infectious** and to use this certification as a way to safely, and confidently, go into shared spaces again.
- **We call this idea “Covid Clear”** - a portable and irrefutable proof of no infection

---

## This is Not Complicated to Assemble – Here's What's Needed

- A **rapid, low-cost, home test** for infectiousness (testing for the virus, not antibodies)
  - High sensitivity (low percentage chance of false negatives)
  - Under 15 minutes
  - Under \$20 per test
  - Self-administered twice per week via saliva or anterior nasal swab
- **Integration of the test results with a portable digital device** to irrefutably prove:
  - the test was taken by the person whose biometrics are tied to the device
  - the results have not been tampered with
  - the test was taken within the allotted timeline before the results expire and become invalid
  - the person claiming to be "safe/not infectious" is indeed who they say they are
- This is plausible **TODAY!**

---

## First Test to be Approved in May; More to Follow

- Company 1:
  - Antigen test
  - Likely to be FDA-approved in May
  - Single-digit \$ bill of materials, results in under 15 mins, 92% sensitivity
  - Results appear like a pregnancy test (colors/patterns on a test strip)
  - Currently a nasal swab but clear visibility to saliva and self administration within 6-8 weeks
- Company 2:
  - Similar technical approach as above but currently focused on antibody/immunity test
  - Would consider pursuing virus test in parallel with the right partner
  - Results appear like a pregnancy test (colors/patterns on a test strip)
  - Currently a nasal swab but clear visibility to saliva
- Investigating several others:
  - Jonathan Rothberg/Homodeus approach
  - Rutgers saliva test recently approved by FDA (not currently designed for home)
  - CRISPR approach out of UCSF
  - Initial immune response proteins at University of Colorado
  - Spectroscopy with dyes at Albany Medical Center
  - Many more in development - the US will have several viable home tests in market by Sept 1

---

## The Missing Piece: Calling Apple, Samsung, and Google!

- Assuming one or more of these tests is FDA-approved and deployed at scale, integration of the results with a portable digital device will be critical, and we believe it is possible:
  - **Phone optical sensors** to “read” the strip test results
  - **Biometrics** to ensure the test-taker is the person whose biometrics are tied to the phone
  - **Secure enclave** to encrypt and store the results
  - **Integration with contact tracing** for further confidence: not only was the person not infected when they took the test 3 days ago, they have not been near an infectious person since
- The app would then be used to show the most recent, valid test result in order to gain access to:
  - Hospitals, Schools, Warehouses/Factories, Offices, Airplanes, Restaurants, Malls, Stadiums/Arenas, Amusement Parks, etc
- Depending on the level of confidence required in a given shared space, and the level of outbreak risk, the “scanning” may be different by venue: i.e., a visual check at a small restaurant, a QR code scan for a warehouse/office, integration with TSA Pre for flights, and a CLEAR kiosk at a stadium.



## Decreases Burden on Contact Tracing; Works with Immunity Tests and Vaccines

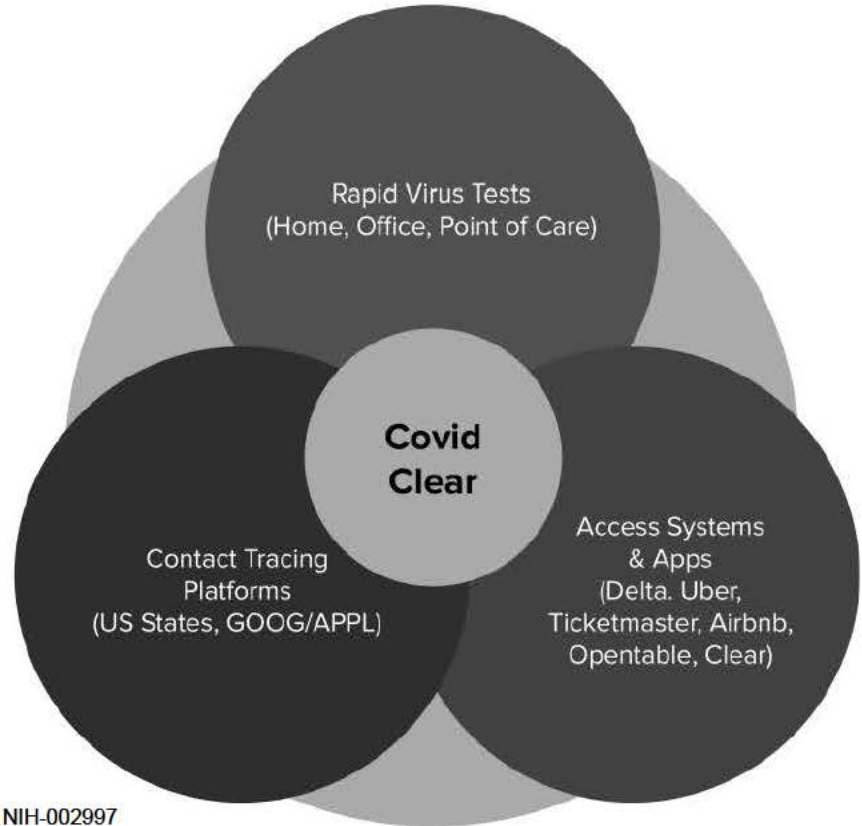
- Contact Tracing
  - Covid Clear test results could be automatically and anonymously shared with the various contact tracing systems in development, thereby improving their accuracy and coverage
  - Also, Covid Clear should **significantly decrease the resources and time required to contact trace**, since the platform would be able to inform the contact tracers which of the people on their checklists have already tested negative
- Immunity Tests
  - As reliable immunity tests become available, **we envision integrating those test results as well**, thereby allowing people to prove that they a) have the antibodies and b) are not infectious
- Vaccines
  - Similarly, we envision a **“proof of vaccination”** to be integrated into the app



---

## How It Works & Where it Fits

- Open Source
- Published SDKs and APIs
- Self-Sovereign Identity
- Private-by-Design
- No Infection “Confidence Score” (0-100)



## Who Pays? Employers & Govts Will Fund Deployment, Possibly B2C F500 Too

- Multiple types of organizations have an incentive to pay for Covid Clear
  - **Employers** who manage warehouses, factories, food processing plants, and large offices
  - **State and County Govts** who want to jumpstart their economies and need a better way to give their citizens the confidence to leave quarantine
  - Businesses whose revenue is **dependent on large public gatherings**
    - Sports leagues, mall owners/REITs, amusement park operators, etc
  - Businesses whose revenue is **dependent on people gathering in small, close quarters**
    - Airlines, restaurant chains, retail chains, etc
  - Other
    - One could even imagine a family giving Covid Clear as a gift so that a nanny or housekeeper (and their families) could be regularly tested, or grandparents buying the system for their grandchildren to feel more comfortable about family visits.

---

## This Does Not Have to be Ubiquitous to Work. We Can Start Small.

- A school
- A hospital
- A fire station
- A police district
- A food processing plant
- A warehouse
- A factory
- A stadium
- A town
  
- One-off consumer use cases could also develop:
  - The Patriots (or Taylor Swift) include a test kit with every ticket they sell
  - Grandparents buy a test kit on Amazon for their son, daughter-in-law, and grandchildren
  - Delta Airlines reopens NYC-SF leg and includes a test with every itinerary
  - Marriott reopens in certain cities and includes a test kit with every reservation confirmation
  
- If enough of the above use cases prove successful, local and state governments would likely then subsidize the tests so that ALL businesses and organizations benefit and ALL citizens are safe.

---

## Does the Math Work? Yes.

- Especially as costs come down with scale
- The cost of the tests today is \$20-\$40 per week, or roughly \$1000-\$2000 per year per person
- **While this is a significant amount of \$, it pales in comparison to the costs of a “scared economy”:**
  - US government already sending \$1200 checks to many citizens, with more to come
  - Employers actively looking to provide a safe work environment for their employees
  - The collective lost revenue per person of a “scared economy” to:
    - Airlines
    - Retail
    - Restaurants
    - Sports Leagues
    - Malls
    - Amusement Parks
    - etc.
- At scale, costs could decrease to \$10-\$20 per week, or roughly \$500-\$1000 per year per person





---

## Another Important Consideration: **Future Proofing & Pandemic Resilience**

- Unfortunately, the scientific consensus is that this will not be the last pandemic of our lifetimes (whether natural or synthesized), and possibly not even the last pandemic of this decade.
- Given this, one could make the argument that the cost of **Covid Clear is also a down payment** on being prepared for those future crises:
  - Citizens will be comfortable with the idea that they will have to temporarily self-isolate until home tests become available and then will need to carry around a “proof of no infection”.
  - **The infrastructure will be in place** to certify that people are not infectious throughout the country: at airports, offices, factories, warehouses, stadiums, amusement parks, etc.
- Psychologically and economically, this is critical: when the next pandemic hits, we will know we have a “proof of no infection” system already in place. This in turn will provide us with the comfort that future pandemic economic crises will not last until we develop a vaccine but instead until we have a rapid, low-cost, and high sensitivity home test - **a far easier medical problem to solve.**

---

## Challenges and Mitigants

- Challenge: In the US, only 85% of the population has a smartphone; what about the other 15%?
  - Mitigants: The government, or businesses, may be willing to subsidize device costs. Or a cheaper, perhaps even non-digital, portable device could hold the test results.
- Challenge: The privacy implications here are enormous; people don't want their healthcare tracked
  - Mitigants: Test result data tied to identity is stored and encrypted on the phone and never leaves the phone. And any data shared with contact tracing systems is fully anonymized.
- Challenge: This is overkill - only the most vulnerable will be too scared to get back to work/life
  - Mitigants: In the US, over 50% of the population have conditions comorbid with Covid-19. And this figure does not include all of the people that they live with.
- Challenge: Liability for false negatives
  - Mitigants: Currently, test companies bear all liability. We also believe we can work with governments and employers to fully indemnify all companies involved in the product, much as the government does for vaccine manufacturers.

## Next Steps / How You Can Help

Obtained by ICANdecide.org via FOIA

- If you believe in this concept, please forward this deck onto anyone who could help refine the idea and/or help make it a reality:
  - Potential contributors to the software and app (developers, designers, etc)
  - Other manufacturers of rapid, low cost home tests for the presence of SARS-CoV-2
  - Developers of contact tracing platforms
  - Potential early customers:
    - Employers
    - Local and State Governments
    - Businesses whose revenue is dependent on large public gatherings
    - Businesses whose revenue is dependent on people gathering in small, close quarters
  - Potential advocates
    - Public health experts, epidemiologists, and medical ethicists
    - Economists
    - Healthcare, business, and political leaders on “how to reopen our economy” task forces
- Please also reach out to me directly with any thoughts/questions/concerns: [guswarren@gmail.com](mailto:guswarren@gmail.com)

NIH FOIA 54106 Re-review - 000089

Obtained by [ICANdecide.org](https://www.icandecide.org) via FOIA

**Thank you.**

NIH-003005





**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:53:55 +0000  
**To:** Eric Ottesen  
**Subject:** RE: 2 quick points

Eric:

Thanks for your note. No problem. I will forward this to people here at NIH who are pursuing such approaches. I hope that all is well with you.

Best regards,

Tony

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

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---

**From:** Eric Ottesen (b) (6)>  
**Sent:** Saturday, May 2, 2020 8:23 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** 2 quick points

Dear Tony,

1. I had planned to write to thank you for giving an interview (b) (6) for the Washington Post last month. Your generosity with time was 'all Tony,' and I did appreciate it. I was waiting for the chaos around you to subside before writing but....
2. Last evening I was asked to forward the message below to you. You might already know Jack Warren, Professor of Medicine and Infectious Diseases at U. Maryland (b) (6). As his email says, (b) (6) Samsung's venture capital group, which has an idea for a future, comprehensive surveillance system for COVID-19 that would include a strategy for providing portable, reliable proof of 'no infection' for individuals. It is interesting, but all I know is what I read in the power-point attached. I cannot imagine you would have time to look at it yourself, but perhaps it could be shared with other systems-oriented individuals working towards 'opening up' responsibly.

Pardon me for stepping out of my normal NTD 'swim lane' but I did want to help out (b) (6), and certainly nothing is more important these days than COVID-19 and the outstanding work you are doing to manage it.

All the very best,

-Eric

---

**From:** Warren, John [mailto:(b) (6)]  
**Sent:** Thursday, April 30, 2020 6:52 PM  
**To:** (b) (6)  
**Subject:** Jack Warren

Eric

A voice from the past. Covid-19 prevented us from meeting up (b) (6) but I'm writing because it might yet bring at least the two of us together.

(b) (6) Samsung's venture capital group and his team has what I think is an incredibly useful idea for contact tracing for covid-19 as well as actually opening the economy up again. The idea is contained within the attachment.

I wonder if you still have any contacts with Anthony Fauci. Is so, could you see your way clear to forwarding the attachment to him? The group has identified some appropriate test manufacturers but is at the point where they need to know the spectrum so as to focus on the optimal ones. The thought was that Tony Fauci might be the best person to know what tests are in development stage.

What are your thoughts?

Don't worry about confidentiality; they want to widely share this idea so as to get it out as quickly as possible.

Thanks

Jack Warren MD  
Professor of Medicine  
Division of Infectious Diseases  
University of Maryland School of Medicine  
Baltimore MD 21201  
(b) (6)

**From:** Auchincloss, Hugh (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:52:37 +0000  
**To:** NIAID OD AM  
**Subject:** FW: INVITE- American College of Cardiology  
**Importance:** High

---

**From:** Kim, Jonathan Ho-Youn (b) (6)  
**Sent:** Friday, May 1, 2020 3:09 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Ryan Meyer (b) (6); Robyn Snyder (b) (6)  
**Subject:** Re: INVITE- American College of Cardiology  
**Importance:** High

Dr. Fauci- Of course, I appreciate how busy you are, so just reaching out again on behalf of the American College of Cardiology as noted below. We were hopeful we could steal just an hour of your time in June for an important discussion on COVID-19 and exercise training. This is part of a virtual agenda for one of our national conferences (Care of the Athletic Heart) with outreach around the world given this is a part of the ACC educational platform.

We hope this is something you have the bandwidth for, and simply appreciate your consideration. I hope to hear from you and thank you for all your service once again.

My best, Jonathan Kim

Jonathan H. Kim MD, MSc, FACC  
Chief of Sports Cardiology  
Department of Medicine, Division of Cardiology  
Department of Orthopedics  
Emory University  
Adjunct Assistant Professor  
Division of Applied Physiology  
Georgia Institute of Technology  
Team Cardiologist for Emory Athletics, Georgia Tech Athletics, Atlanta Falcons, Atlanta Hawks, Atlanta Braves, and Atlanta Dream  
Office Phone: (b) (6)  
Research Profile: <http://medicine.emory.edu/cardiology/emory-first-faculty-directory/profile.html?f=JKIM10>  
Email: (b) (6)

---

**From:** Kim, Jonathan Ho-Youn  
**Sent:** Thursday, April 16, 2020 3:46 PM



**To:** [REDACTED] (b) (6)  
**Cc:** Ryan Meyer [REDACTED] (b) (6); Rcbyn Snyder [REDACTED] (b) (6)  
**Subject:** INVITE- American College of Cardiology

Dr. Fauci-

On behalf of the American College of Cardiology (ACC), first I would like to thank you for your tremendous service throughout your incredible career and certainly during these present and challenging times. We are indebted to your service and thankful everyday we have you to help guide public health measures through the COVID-19 pandemic.

I am a member of the Sports and Exercise Council for the ACC and the Course Chair for our annual ACC Care of the Athletic Heart Conference. Originally scheduled June 18-20, 2020 at ACC Heart House in Washington DC. I am also faculty at Emory University and direct our sports cardiology program in Atlanta.

Of course, we have made the difficult decision to cancel our live meeting in June, but myself along with the staff at ACC are working very hard transitioning the course to a virtual course and agenda. This course will be a much shorter version and the agenda will all be pre-recorded and distributed as a 'live simulated version' on June 20, 2020.

With the impact of COVID-19 on all aspects of life and society, in our academic world of sports cardiology, we are dealing with how COVID has impacted exercise and athletes. As you can imagine, there are a multitude of different issues and questions that colleagues are raising.

One new session for our virtual agenda that we think will generate a lot of interest and is of high importance will be a panel discussion on sports, exercise, and COVID-19. We would like to get additional expertise on the panel from the ID/public health and Sports Medicine arenas, in addition to sports cardiology. Of course, there is no one that carries the expertise you do from the ID and public health perspective and we would be extremely honored if you could be a part of this one session and join our faculty for the course.

Before getting into more details and a formal invite from the ACC, I wanted to first see if you had the bandwidth for this. Understanding you are as busy, if not busier, than anyone in the world right now. This session would be pre-recorded and we would certainly work to be flexible with anytime you had for this in early June to record.

I hope this is something that could work- again we would be honored to host you virtually.

Many thanks for considering, and hope to hear from you soon. Best, Jonathan Kim

Jonathan H. Kim MD, MSc, FACC  
Chief of Sports Cardiology



Department of Medicine, Division of Cardiology  
Department of Orthopedics  
Emory University  
Adjunct Assistant Professor  
Division of Applied Physiology  
Georgia Institute of Technology  
Team Cardiologist for Emory Athletics, Georgia Tech Athletics, Atlanta Falcons, Atlanta Hawks, Atlanta Braves, and Atlanta Dream  
Office Phone: (b) (6)  
Research Profile: <http://medicine.emory.edu/cardiology/emory-first-faculty-directory/profile.html?f=JKIM10>  
Email: (b) (6)

---

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:50:45 +0000  
**To:** Jon LaPook  
**Subject:** RE: Today's segment on CBS Sunday Morning

Jon:

Terrific piece on "No time to abandon science"! Keep up this great work. We need to stay on course.  
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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-----Original Message-----

From: Jon LaPook (b) (6)  
Sent: Sunday, May 3, 2020 1:31 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Subject: Today's segment on CBS Sunday Morning

Dear Tony,

I hope (though would not bet my life that) you are getting at least a modicum of down time today.

Here's a link to the segment I told you about. No commercial!

<https://www.youtube.com/watch?v=0jCohlBICg0>

[<http://img.youtube.com/vi/0jCohlBICg0/0.jpg>]<<https://www.youtube.com/watch?v=0jCohlBICg0>>

Dr. Jon LaPook: No time to abandon science - YouTube<<https://www.youtube.com/watch?v=0jCohlBICg0>>  
[www.youtube.com](http://www.youtube.com)

As we reach a point in the COVID-19 pandemic when some states are tempted to open sooner than health experts say they should, Dr. Jon LaPook notes that this ...

Jon

Jonathan LaPook, M.D.  
Chief Medical Correspondent, CBS Evening News Professor of Medicine NYU Langone Health

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:23:12 +0000  
**To:** Paola Dama  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: White House Coronavirus Task Force

Dr. Dama:

Thank you for your note. I am attaching a slide of the members of the USA Task Force and as you can see, Dr. Antonio Giordano is not a member.

Best regards,  
A.S. Fauci

## **White House Coronavirus Task Force – Announced Jan. 29, 2020**

---

**Chair: VP Mike Pence**

**Response Coordinator: Deborah Birx**

- |                      |                     |
|----------------------|---------------------|
| ■ Jerome Adams       | ■ Stephen Hahn      |
| ■ Alex Azar          | ■ Derek Kan         |
| ■ Stephen Biegun     | ■ Larry Kudlow      |
| ■ Robert Blair       | ■ Chris Liddell     |
| ■ Ben Carson         | ■ Steven Mnuchin    |
| ■ Ken Cuccinelli     | ■ Robert O'Brien    |
| ■ Kelvin Droegemeier | ■ Matthew Pottinger |
| ■ Anthony Fauci      | ■ Robert Redfield   |
| ■ Joe Grogan         | ■ Joel Szabat       |



- |                 |
|-----------------|
| ■ Seema Verma   |
| ■ Robert Wilkie |

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---

**From:** Paola Dama [redacted] (b) (6) >  
**Sent:** Sunday, May 3, 2020 10:55 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[redacted] (b) (6)>  
**Subject:** White House Coronavirus Task Force

Dear Dr. Fauci,

I hope to find you well with this email.  
I take the liberty to write you because I have some concern about the misinformation that can discredit your task and honors.  
On many occasions in tv and press, Antonio Giordano, Director of Sbarro Institute in Philadelphia, Keeps saying that he is a member of the USA Task Force.  
I'm wondering if it's true.

I work in UK, but I'm originally from Naples (Italy).  
I held my PhD in Carlo Croce's lab at OSU and I specialized in immunotherapy at University of Chicago.  
Currently I'm a research fellow at University of Sussex.

I apologize if you find this email inopportune, the time is unfortunate, I grant you.  
I don't like the idea that some people might take advantage of this very unpleasant moment for all the world.  
So I wish that I made a mistake this time.

I'm also wondering if you are willing to release a brief interview.  
I stand with you and USA that I miss very much

I really appreciate your time  
Thank you  
Kind Regards  
Ciao ☺

**Paola Dama, Ph D**  
Molecular Oncology and Pharmacology

**University of Sussex**  
School of Life Sciences  
John Maynard Smith (JMS) Building  
Room 4B13  
Falmer, Brighton BN1 9QG

cell. [redacted] (b) (6) (Italia) / [redacted] (b) (6) (USA)  
[redacted] (b) (6)

**Email:** [redacted] (b) (6)  
**Skype:** [redacted] (b) (6)  
website [www.taskforcepandora.com](http://www.taskforcepandora.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 15:44:23 +0000  
**To:** (b) (6); Alison Fauci (b) (6); Megan  
Fauci; Jennifer; Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** Great photo of Mommy and me in this article

<https://www.usatoday.com/story/news/nation/2020/05/03/coronavirus-white-house-expert-dr-anthony-fauci-americans-trust/3042991001/>

**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:** Sun, 3 May 2020 10:30:04 -0400  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Mascola, John (NIH/VRC) [E]; Lane, Cliff (NIH/NIAID) [E]; Wholley, David (FNIH) [T]; Tabak, Lawrence (NIH/OD) [E]; Denny, Joshua (NIH/OD) [E]; Gebo, Kelly (NIH/OD) [G]; Lowy, Douglas (NIH/NCI) [E]; Devaney, Stephanie (NIH/OD) [E]; Adam, Stacey (FNIH) [T]; Santos, Michael (FNIH) [T]; Freire, Maria (FNIH) [T]  
**Subject:** Re: crazy idea

Sounds like there is great potential there. We should pursue its feasibility.

On May 3, 2020, at 9:47 AM, Collins, Francis (NIH/OD) [E]  
(b) (6) >wrote:

Hi John, Cliff, and Tony,

As we contemplate ways to stand up a master protocol that could enroll 50 – 100K participants in a multi-arm COVID-19 trial this summer, I wondered if there was a way that the *All of Us* program could serve effectively as a trials network. There are over 200,000 fully enrolled participants, they are highly diverse (over 50% from racial and ethnic minorities), their EHRs are already available, we know a lot about their current medical state from questionnaires, we have banked blood specimens on them at Mayo, they are pre-consented for re-contact, and most of them are cared for at HPOs that could deliver the vaccine. Many of those HPOs are in coronavirus hot spots.

See below – Josh Denny thinks there might be a way to make this work. What do you think?

Francis

---

**From:** Denny, Joshua (NIH/OD) [E] (b) (6) >  
**Sent:** Saturday, May 2, 2020 11:22 PM  
**To:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6) >  
**Subject:** Re: crazy idea

Hi Francis,

This is exciting to hear! Fabulous to hear we may be approaching such a trial. Yes, I think they could be leveraged and would be excited to do so. NYC HPOs are really stretched thin (as we all know) but the need is so great that I'm pretty sure they'd do what they could.

Many other sites also have available staff since we've paused in person activities that could help implement.

There will be several covid related AoU announcements coming, starting next week, and we are making sure we are getting the covid-related ehr data. We certainly have a number of places where covid counts are high and a quick look is that some look like they haven't peaked yet.

I suspect there would be a number of specific requests for the protocol beyond what AoU is already doing, but we would certainly also be able to build something to monitor for covid+ tests, hospitalizations, etc within the cohort as well, and could accelerate genetics and tests for prior antibodies if of interest.

Also, if desired, we could offer to enroll vaccine trial participants at other sites as direct volunteers, and try things like HealthKit EHR uploads.

Let me know what we could do to help Would be happy to take the temperature of a few bigger sites for "a potential covid RCT" if helpful, or anything else, and happy to get on a call anytime to discuss.

Best,  
Josh

Sent from my iPhone

On May 2, 2020, at 8:34 PM, Collins, Francis (NIH/OD) [E]

(b) (6) wrote:

Hi Josh,

Developments over the last week give me hope that we could accelerate the vaccine development program for COVID-19, though that is not completely public yet.

If all goes well, we are going to need ~100,000 volunteers by July 1 to take part in a multi-arm adaptive vaccine trial, driven by a master protocol, that will compare three different vaccines plus a placebo control. Ideally, the sites for the trial should be in places where COVID-19 is still circulating, so that there will be sufficient power to assess efficacy.

Do you see any way that the *All of Us* HPO-based participants and their HPO institutions might be approached to take part in this historic endeavor? Consider that funding should not be a limitation. Having a very diverse set of volunteers would be essential.



Francis

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 12:31:13 +0000  
**To:** Handley, Gray (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: form Jorge Perez IPK Cuba

Thanks.

---

**From:** Handley, Gray (NIH/NIAID) [E] (b) (6)  
**Sent:** Saturday, May 2, 2020 11:04 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: form Jorge Perez IPK Cuba

Will send a reply tomorrow morning.

I have spoken to State Department and have approved response. Someone will listen in.

Will copy you.

Gray

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Sent:** Saturday, May 2, 2020 3:18 PM  
**To:** Handley, Gray (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: form Jorge Perez IPK Cuba

Gray:

Would you please handle this.

Thanks,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
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---

**From:** Pérez Avila, Jorge <[REDACTED] (b) (6)>  
**Sent:** Friday, May 1, 2020 12:13 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** form Jorge Perez IPK Cuba

Dear Dr. Fauci

Hello from Cuba.

Have been a long time we haven't been in touch.

Now the whole world is facing a new epidemic and in Cuba we are working in order to controlling. We will like to re-new our contact regarding this disease Covid 19, we prepare a telephone conference in order to exchange ideas to have a better understanding to control the epidemic. This conference will be held from Cuba next tuesday 05/05/2020 at 4:30pm Cuban time. In clouse I am sending the topics. We will like to have you and Dr. Handley in this activity if it is possible to attend this conference. If you are in agreement we will like to know by answering this email and them we will you any other detail.

If you have any other person to contact in order to participate will be helpfull for us.

Waiting for your answer.

Dr. Jorge Perez  
IPK  
Cuba

Preliminary program

Objectives:

- Updating COVID-19 situation at global, regional and mainly in Cuba and USA
- To sharing data of how our two countries are facing this emergency including research studies, etc

Topics for the discussion:

- The main strategies that both countries are developing to face COVID-19.
- Diagnostic strategy
- Clinical management in adults and children
- Innovative Cuban biotechnology products incorporated into the treatment models used in the different stages of treatment
- Some other research studies
- Discussion

***Events and courses at the following address:***  
***<http://instituciones.sld.cu/ipk/>***



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 19:00:06 +0000  
**To:** Fetalvo, Ninio J. EOP/OVP  
**Subject:** RE: Back to CMS

Ninio:

Thanks for all your good work in the White House. Stay safe and well.  
Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
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---

**From:** Fetalvo, Ninio J. EOP/OVP (b) (6)  
**Sent:** Friday, May 1, 2020 3:12 PM  
**To:** (b) (6); Fetalvo, Ninio (CMS/OC) (b) (6)  
**Subject:** Back to CMS

All,

Today is my last day on detail to the Office of the Vice President. I am heading back to CMS to continue supporting the Trump Administration's response to the coronavirus. It has been an incredible honor serving the Vice President and the Coronavirus Task Force, and a pleasure working alongside all of you. I look forward to our ongoing work together.

Best,  
Ninio

—

**Ninio J.H. Fetalvo**

Personal: (b) (6) | (b) (6)  
CMS: (b) (6) | (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 18:27:23 +0000  
**To:** Johnson, Martin S. (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; NIAID OCGR Leg; McGowan, John J. (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]; Rotrosen, Daniel (NIH/NIAID) [E]; Crum, Wayne (NIH/NIAID) [E]; Harper, Jill (NIH/NIAID) [E]  
**Cc:** Eisinger, Robert (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Doepel, Laurie (NIH/NIAID) [E]; Gilles, Sharon (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Law, Kim (NIH/NIAID) [E]; Lee, Kun-Lin (NIH/NIAID) [E]; Bushar, Nicholas (NIH/NIAID) [E]; Schneider, Johanna (NIH/NIAID) [E]  
**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 4/24/20

Thanks, Martin.

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:** Johnson, Martin S. (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, May 1, 2020 7:40 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Rotrosen, Daniel (NIH/NIAID) [E] (b) (6); Crum, Wayne (NIH/NIAID) [E] <wcrum@niaid.nih.gov>; Harper, Jill (NIH/NIAID) [E] (b) (6)  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6); Gilles, Sharon (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Law, Kim (NIH/NIAID) [E] (b) (6); Lee, Kun-Lin (NIH/NIAID) [E] (b) (6); Bushar, Nicholas (NIH/NIAID) [E] (b) (6)v>;

Schneider, Johanna (NIH/NIAID) [E] (b) (6)

**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 4/24/20

Tony,

YTD spending is \$110.8M, increasing \$24.1M from last week.

Spending driven by implementation of 3 epidemiological studies, ramp up of resources necessary for vaccine candidate testing and vaccine candidate development.

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]

**Sent:** Friday, April 24, 2020 7:11 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Rotrosen, Daniel (NIH/NIAID) [E] <(b) (6)>; Crum, Wayne (NIH/NIAID) [E] (b) (6); Harper, Jill (NIH/NIAID) [E] (b) (6)

**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6); Gilles, Sharon (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Law, Kim (NIH/NIAID) [E] (b) (6); Lee, Kun-Lin (NIH/NIAID) [E] <(b) (6)>; Bushar, Nicholas (NIH/NIAID) [E] (b) (6); Schneider, Johanna (NIH/NIAID) [E] (b) (6)

**Subject:** FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 4/24/20

Tony,

YTD spending is \$86.7M, an increase of \$8.3M from last week.

Spending driven by foundational research including the characterization of factors associated with severe disease, transmission dynamics, structural analysis of SARS-CoV-2 proteins. Small awards to support vaccine and therapeutic discovery.

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]

**Sent:** Friday, April 17, 2020 6:15 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Rotrosen, Daniel



(NIH/NIAID) [E] (b) (6)>; Crum, Wayne (NIH/NIAID) [E] (b) (6)>;  
Harper, Jill (NIH/NIAID) [E] (b) (6)>  
Cc: Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E]  
<(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Marston,  
Hilary (NIH/NIAID) [E] (b) (6)>; Lerner, Andrea (NIH/NIAID) [E]  
(b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6); Gilles, Sharon  
(NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
Stover, Kathy (NIH/NIAID) [E] (b) (6); Law, Kim (NIH/NIAID) [E] (b) (6)>;  
Lee, Kun-Lin (NIH/NIAID) [E] <(b) (6)>; Bushar, Nicholas (NIH/NIAID) [E]  
(b) (6)>; Schneider, Johanna (NIH/NIAID) [E] (b) (6)>

**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 4/17/20

Tony,

YTD spending is \$78.4M, an increase of \$10.9M from last week including costs to evaluate therapeutics in humans and NHPs, manufacture of a prototype virus-like vaccine candidate developed by Taubenberger/Memoli, and spending to accelerate discovery of new therapeutics, vaccines and diagnostics.

We forecast that we'll spend in the range of \$500M by the end of FY 2020. Spending will increase as a result of accelerating our pace including the following examples:

- Clinical trials such as the Adaptive COVID-19 Treatment Trial (ACTT), Big Effect Trial (BET), hyperimmune IVIG safety and efficacy, evaluation of hydroxychloroquine, azithromycin and placebo to be done through the ACTG and vaccine trials
- Observational and surveillance studies such as Human Epidemiologic Research on SARS-CoV-2 (HEROS) and a collaboration with NHLBI for serosurveillance of blood donors
- Awards to extramural investigators responding to our notice of special interest (NOSI) for SARS-CoV-2

Martin



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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, April 10, 2020 8:22 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>; Rotrosen, Daniel (NIH/NIAID) [E] <(b) (6)>; Crum, Wayne (NIH/NIAID) [E] (b) (6); Harper, Jill (NIH/NIAID) [E] (b) (6)  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Lerner, Andrea (NIH/NIAID) [E] (b) (6)>; Doepel, Laurie (NIH/NIAID) [E] (b) (6)>; Gilles, Sharon (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Law, Kim (NIH/NIAID) [E] (b) (6)>; Lee, Kun-Lin (NIH/NIAID) [E] (b) (6)>; Bushar, Nicholas (NIH/NIAID) [E] (b) (6)>; Schneider, Johanna (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 4/10/20

Tony,

YTD spending is \$67.5M, unchanged\* from last week. A summary is attached.

I have also attached an updated budget plan reflecting our projected spending by research category by fiscal year. We are updating this weekly as we receive updates from the divisions on the timing of clinical trials, observational studies, natural history studies and research resource needs.

We will report mid-week on our YTD spending which will be in sync with the data the Dept. extracts.

Martin

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- The reason that we have reported no weekly increase is to match our reported spending with the financial information that the Department is now extracting from our accounting system. We have always included spending from our regular appropriation, as directed by the Department. Now the guidance from the Dept. has been updated to report only spending from the supplemental COVID-19 appropriations.

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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, April 3, 2020 8:54 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E]

(b) (6); NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] <(b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Rotrosen, Daniel (NIH/NIAID) [E] <(b) (6)>; Crum, Wayne (NIH/NIAID) [E] (b) (6) Harper, Jill (NIH/NIAID) [E] (b) (6)  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6); Gilles, Sharon (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Law, Kim (NIH/NIAID) [E] (b) (6); Lee, Kun-Lin (NIH/NIAID) [E] (b) (6); Bushar, Nicholas (NIH/NIAID) [E] (b) (6); Schneider, Johanna (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 4/3/20

Tony,

YTD spending is \$67.5M , a weekly increase of \$45.9M mostly for initial funding for set-up of clinical trials for evaluation of remdesivir in patients with early disease stage and a placebo-controlled clinical trial of intravenous hyperimmune immunoglobulin (IVIG) in patients with COVID-19.

I've provided a summary spending plan the team worked on and a table for the \$1.532B that we have received in supplemental appropriations

- \$826M NIAID received 3/5/20 - the Coronavirus Preparedness and Response Supplemental Appropriations Act
- \$706M NIAID received 3/25/20 - the Coronavirus Aid, Relief, and Economic Security (CARES) Act

In the last document I've also included narrative summarizing activities funded by the \$249M Other NIH Institutes received in the CARES Act

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, March 27, 2020 7:39 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] (b) (6); Harper, Jill (NIH/NIAID) [E] <(b) (6)>; Crum, Wayne (NIH/NIAID) [E] <(b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Rotrosen, Daniel (NIH/NIAID) [E] (b) (6)  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston,



Hilary (NIH/NIAID) [E] <(b) (6)>; Lerner, Andrea (NIH/NIAID) [E]  
(b) (6)>; Doepel, Laurie (NIH/NIAID) [E] (b) (6)>; Gilles, Sharon  
(NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6)>;  
Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Law, Kim (NIH/NIAID) [E] (b) (6)>;  
Lee, Kun-Lin (NIH/NIAID) [E] (b) (6)>; Bushar, Nicholas (NIH/NIAID) [E]  
(b) (6); Schneider, Johanna (NIH/NIAID) [E] (b) (6)>

**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 3/26/20

Tony,

YTD spending is \$21.6M , a weekly increase of \$4.0M for clinical trial site set-up for therapeutics, further vaccine development, small animal development, and therapeutic development (mAbs) and basic research.

Most of the \$50M-\$60M we listed last week we expect to be awarded before March 31. In many cases contractors have begun work without the award so as to not stall work.

Early next week I'll provide a summary spending plan for the additional \$706M that NIAID received in the supplemental appropriation signed by the President today.

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, March 20, 2020 4:54 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E]  
(b) (6)>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J.  
(NIH/NIAID) [E] (b) (6)>; Harper, Jill (NIH/NIAID) [E] (b) (6)>; Crum,  
Wayne (NIH/NIAID) [E] (b) (6)>; Erbeling, Emily (NIH/NIAID) [E]  
(b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E]  
(b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Marston, Hilary  
(NIH/NIAID) [E] (b) (6)>; Lerner, Andrea (NIH/NIAID) [E] <(b) (6)>;  
Doepel, Laurie (NIH/NIAID) [E] <(b) (6)>; Gilles, Sharon (NIH/NIAID) [E]  
<(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Stover, Kathy  
(NIH/NIAID) [E] (b) (6)>; Law, Kim (NIH/NIAID) [E] (b) (6)>; Lee, Kun-Lin  
(NIH/NIAID) [E] (b) (6)>; Bushar, Nicholas (NIH/NIAID) [E] (b) (6)  
Schneider, Johanna (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 3/19/20

Tony,

YTD spending is \$17.6M , a weekly increase of \$3.5M for clinical trial site set-up, therapeutic development (mAbs) and basic research.

In the next 1-2 weeks we will see a surge in spending of ~\$50M-\$60M to support several activities including RCTs of therapeutics, observational studies and advancing interventions. Further detail is provided below:

- \$15M to start RCT of investigational therapeutics in patients with early disease
- \$19M to begin development and RCT of IVIG in patients with COVID-19
- \$13M to support project management and overall support for adaptive RCT of investigational therapeutics. Includes site start-up activities, protocol implementation, safety monitoring and virology testing
- \$5M to start implementation of observational study to characterize patients with COVID-19
- \$7M to support extramural investigators in basic, vaccine and therapeutic research
- \$4M for contracts to develop animal models, distribute reagents and develop vaccines
- \$1M for infrastructure and administration including staffing to handle surge in communications

We greatly appreciate all your hard work.

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, March 13, 2020 6:45 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] <(b) (6)>; Harper, Jill (NIH/NIAID) [E] (b) (6)>; Crum, Wayne (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Lerner, Andrea (NIH/NIAID) [E] (b) (6)>; Doepel, Laurie (NIH/NIAID) [E] (b) (6)>; Gilles, Sharon (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Law, Kim (NIH/NIAID) [E] (b) (6)>; Lee, Kun-Lin (NIH/NIAID) [E] (b) (6)>; Bushar, Nicholas (NIH/NIAID) [E] (b) (6)>; Schneider, Johanna (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 3/12/20

Tony,

Since we our last report we have increased spending on the COVID-19 response by \$1.5M for a total YTD spending of \$14.1M.

The \$1.5M increase is for the following:

\$1.0M awarded to set-up clinical sites at Emory and U. Washington Seattle for adaptable RCT of remdesivir.



\$0.4M supported data analysis of rhesus animal model and grant to gain understanding of the host pathways that regulate viral gene expression and viral subversion of the host immune system.

\$0.1M funded vaccine development at VRC and DIR

In the next two weeks we should see an increase of \$13M-\$18M. Significant planned items are as follows:

- ~\$2M - Set-Up of additional study sites for the adaptive clinical trial of the investigational antiviral remdesivir.
- ~\$1.6M to support CEIRS site (St. Judes) for human host factor and disease severity studies, human-animal interface, and animal surveillance in areas at high risk of spillover including Africa
- ~\$8M-\$13M - awards to extramural investigators including applications in response to the Notice of Special Interest (NOSI) for COVID-19.
- ~\$1M to identify and characterize human mAb derived from acute and convalescent COVID-19 patients, to define protective antibodies that can be developed as therapeutics or used in diagnostic testing (Daved Fremont, Michael Diamond Washington University, St. Louis; Patrick Wilson, U . Chicago)

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, March 6, 2020 5:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; McGowan, John J. (NIH/NIAID) [E] (b) (6); Harper, Jill (NIH/NIAID) [E] (b) (6); Crum, Wayne (NIH/NIAID) [E] (b) (6)  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6); Gilles, Sharon (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Law, Kim (NIH/NIAID) [E] (b) (6); Lee, Kun-Lin (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 3/5/20

Tony,

Since we our last report we have increased spending on the COVID-19 response by \$0.2M for a total YTD spending of \$12.6M.

The \$0.2M increase is for vaccine candidate development at NIAID Intramural Labs including RML. Costs are mostly for staffing and overhead and include a preclinical immunogenicity

study designed to test the mRNA-1273 nCoV vaccine two-dose schedule in mice. The study will measure the immune response to this vaccine in an animal model in anticipation of clinical test in humans.

In the next two weeks we should see an increase of \$11M-\$16M. Significant planned items are as follows:

- ~\$2M - Set-Up of study sites for the adaptive clinical trial of the investigational antiviral remdesivir. We are now working on making supplemental awards to Washington University, Seattle, University of Nebraska Medical Center (UNMC) and Baylor, who will conduct the trial at UTMB Galveston.
- ~\$8M-\$13M - awards to extramural investigators including applications in response to the Notice of Special Interest (NOSI) for COVID-19.
- ~\$1M to Daved Fremont, Michael Diamond Washington University, St. Louis; Patrick Wilson, U . Chicago for human mAb production and characterization (for use as therapeutics or diagnostics; from different patients than being screened by Dr. Crowe)

Martin

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**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, February 28, 2020 11:57 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] (b) (6); NIAID OCGR Leg <[NIAIDOCGRLeg@mail.nih.gov](mailto:NIAIDOCGRLeg@mail.nih.gov)>; McGowan, John J. (NIH/NIAID) [E] <(b) (6)>; Harper, Jill (NIH/NIAID) [E] (b) (6); Crum, Wayne (NIH/NIAID) [E] (b) (6)  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Gilles, Sharon (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Law, Kim (NIH/NIAID) [E] (b) (6); Lee, Kun-Lin (NIH/NIAID) [E] (b) (6)  
**Subject:** FY 2020 - COVID-19 - Actual and Forecasted Spending - Weekly Report Ending 2/27/20

Tony,

Since we our last report we have increased spending on the COVID-19 response by \$2.3M for a total YTD spending of \$12.4M.

A recap of the \$2.3 million spent in the last week is as follows:

- \$1.9M to set-up a Phase I trial (45 subjects) of the VRC/Moderna mRNA platform candidate at Kaiser Permanente Washington Health Research Institute (One of the VTEUs)



- \$0.3M that supported University of Hong Kong researchers in the development of a RT-PCR test to detect SARSCoV2 from human samples. The group has now shared the tests and relevant reagents with over 30 labs globally to enable diagnosis of COVID-19.
- \$0.1M vaccine candidate development at NIAID Intramural Labs

In the next two weeks we should see an increase of \$10M-\$15M. Significant spending items are as follows:

- ~\$2M - Set-Up of study sites for the adaptive clinical trial of the investigational antiviral remdesivir. We are now working on making supplemental awards to University of Nebraska Medical Center (UNMC) and Baylor, who will conduct the trial at UTMB Galveston.
- ~\$8M-\$13M - awards to extramural investigators including applications in response to the Notice of Special Interest (NOSI) for COVID-19.

Martin

---

**From:** Johnson, Martin S. (NIH/NIAID) [E]  
**Sent:** Friday, February 14, 2020 3:56 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)>; NIAID OCGR Leg <[NIAIDOCGRLeg@mail.nih.gov](mailto:NIAIDOCGRLeg@mail.nih.gov)>; McGowan, John J. (NIH/NIAID) [E] (b) (6)>; Harper, Jill (NIH/NIAID) [E] (b) (6)>; Crum, Wayne (NIH/NIAID) [E] (b) (6)>  
**Cc:** Eisinger, Robert (NIH/NIAID) [E] <(b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>; Lerner, Andrea (NIH/NIAID) [E] (b) (6)>; Gilles, Sharon (NIH/NIAID) [E] (b) (6)>  
**Subject:** FY 2020 - COVID-19 - Actual and Forecasted Spending as of 2/13/20

Dr. Fauci,

Attached is a narrative we are updating weekly for NIAID's COVID-19 response.

The accompanying spreadsheet summarizes the figures and includes a summary of our supplemental request.

We'll provide an update by Thursday of next week.

Martin

Resource Planning and Mission Integration Branch (RPMIB) – NIAID  
NIH Bldg. 31 Room 7A47

Tel: [REDACTED] (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 18:22:37 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]  
**Cc:** Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** RE: RE:

Zeke:

Thanks for your note. Christine and I would love to get together with you all for dinner. Let us try to do so within a reasonably soon time frame.

Best regards,

Tony

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

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---

**From:** Eisinger, Robert (NIH/NIAID) [E] (b) (6) > **On Behalf Of** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Saturday, May 2, 2020 7:24 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** FW: RE:

Email from Zeke Emanuel.

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:** Emanuel, Ezekiel J [REDACTED] (b) (6) >  
**Sent:** Friday, May 1, 2020 8:04 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Grady, Christine (NIH/CC/BEP) [E] < [REDACTED] (b) (6) >  
**Subject:** Re: RE:

Tony

You are national--international --treasure. And we are depending upon your sanity and smarts.

We can have you and Chris over for dinner on the porch and order in from [REDACTED] (b) (6) or something. Anytime you are ready.

Ezekiel J. Emanuel, M.D., Ph.D.

Vice Provost of Global Initiatives

Chair, Department of Medical Ethics and Health Policy [REDACTED] (b) (6)

Levy University Professor

Co-Director, Healthcare Transformation Institute

Perelman School of Medicine and The Wharton School

University of Pennsylvania

Phone: [REDACTED] (b) (6)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Sent:** Friday, May 1, 2020 6:55 PM  
**To:** Emanuel, Ezekiel J < [REDACTED] (b) (6) >  
**Cc:** Grady, Christine (NIH/CC/BEP) [E] [REDACTED] (b) (6) >  
**Subject:** RE: RE:

Zeke:

Thanks for the note. Indeed, we do agree. Chris and I [REDACTED] (b) (6)

[REDACTED] (b) (6) I look forward to chatting with you some time soon.

Best,

Tony

---

**From:** Emanuel, Ezekiel J <[REDACTED] (b) (6)>  
**Sent:** Thursday, April 30, 2020 6:37 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** Re: RE:

Sorry for misreading what you said--I think maybe I overintepreted--lots of finance people called and seemed like I was a downer compared to you. But I think we agree.

Are you and Christine doing okay?

Ezekiel J. Emanuel, M.D., Ph.D.

Vice Provost of Global Initiatives

Chair, Department of Medical Ethics and Health Policy [REDACTED] (b) (6)

Levy University Professor

Co-Director, Healthcare Transformation Institute

Perelman School of Medicine and The Wharton School

University of Pennsylvania

Phone: [REDACTED] (b) (6)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Sent:** Thursday, April 30, 2020 5:33 PM  
**To:** Emanuel, Ezekiel J [REDACTED] (b) (6)>  
**Subject:** RE:

Zeke:

I did not "strongly" endorse it. I specifically said that it was not a knockout drug and was only a baby step in the direction of developing more and better drugs. I said that it was important because it proved in a well-powered, randomized, placebo-controlled clinical trial that one can suppress the virus enough to see a clinical effect, as modest as the effect was. I do not think I forced anything.

Happy to chat with you about it.

Best,  
Tony

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

**From:** Emanuel, Ezekiel J (b) (6) >  
**Sent:** Thursday, April 30, 2020 2:12 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:**

Tony,

I hope you and Christine are doing well. You are doing an amazing job under difficult circumstances. And just know we prefer the "real" Tony to the Brad Pitt version!!!

I am a bit perplexed by your seeming strong endorsement of remdesivir. Was it just a bit forced?

My reading was the data were weak and in normal times for normal disease it is not enough to approve. And very unlikely to really impact COVID-19 disease pattern--regardless of supply issues.

Stay safe



Ezekiel J. Emanuel, M.D., Ph.D.

Vice Provost of Global Initiatives

Chair, Department of Medical Ethics and Health Policy [REDACTED] (b) (6)

Levy University Professor

Co-Director, Healthcare Transformation Institute

Perelman School of Medicine and The Wharton School

University of Pennsylvania

Phone: [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 17:57:11 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Greetings from India

Let us discuss.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Prof. Chirantan Chatterjee <(b) (6)>  
**Sent:** Saturday, May 2, 2020 11:47 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Deepak Bhatt Manager - Communications (b) (6)  
**Subject:** Greetings from India

Dear Dr Fauci,

My greetings from India. I am a health economist and management professor at the Indian Institute of Management, Ahmedabad, India's premier management school. Also, i am a avid fan of your work even from pre-covid19 days.

I write to you requesting some time if possible to do a podcast of 45 minutes with you over zoom. The science and policy ecosystem in India i think would immensely benefit if you can offer your thoughts on what should be India's 12-month strategy going forward for COVID-19.

We have done some recent podcasts relatedly and they are listed her (<https://m.soundcloud.com/healthcastbycmhs/>).

If you agree, and we are flexible all of May, my communication head Mr. Deepak marked in the email will arrange the zoom logistics and make it as seamless as possible for you.

We will also go per your time zone conveniences and do this over webex/hangout/skype or phone call if that helps.

It would be a delight Dr. Fauci if you can join us in the conversation, looking forward to hearing from you. Our respectful namaste 🙏 from India for all the brave work you are doing.

My best, Chirantan

--

-----  
Chirantan Chatterjee (PhD, Carnegie Mellon) || Associate Professor (Economics & Business Policy) & ICICI Bank Chair in Strategic Management || Chairperson, Center for Management of Health Services at IIMA || 2019-2020 Visiting Fellow, 2018-2019 Campbell & Edward Teller National Fellow, Hoover Institution, Stanford University || Office Address: Wing 15F, Indian Institute of Management || Ahmedabad, 380 015 Gujarat, India || Skype: (b) (6) || Email: (b) (6) or (b) (6) || [Hoover Institution Website](#) | [IIMA Official Website](#)

-----  
*What is laid down, ordered, factual is never enough to embrace the whole truth: life always spills over the rim of every cup.* - Boris Pasternak in Bridges to Infinity : The Human Side of Mathematics (1983) by Michael Guillen

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 12:08:00 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]; Haskins, Melinda (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Congresswoman Sheila Jackson Lee invites your participation in a Virtual Town Hall meeting hosted by ABC affiliate Channel 13 in Houston, Texas on Thursday, May 7, 2020 at 7:00 PM CDT  
**Attachments:** Dr. Anthony Fauci - Town Hall Invite.pdf

Please take a look at this. We obviously will have to get clearance through HHS and White House Leg. This is for Thursday and so we would need to submit soon.

---

**From:** Coney, Lillie (b) (6) >  
**Sent:** Friday, May 1, 2020 11:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Rushing, Glenn (b) (6); Coney, Lillie (b) (6)  
**Subject:** Congresswoman Sheila Jackson Lee invites your participation in a Virtual Town Hall meeting hosted by ABC affiliate Channel 13 in Houston, Texas on Thursday, May 7, 2020 at 7:00 PM CDT

May 1, 2020

Dr. Anthony Fauci, M.D.  
Director of the National Institute of Allergy and Infectious Diseases  
Department of Health and Human Services  
5601 Fishers Lane  
Bethesda, MD 20892-9806

Dear Dr. Fauci:

Thank you for your tremendous steadfast leadership during this pandemic and health crisis. Our nation has not faced a crisis of this magnitude since the 1918 Spanish Flu, but we will travel this journey together and defeat this virus. In the end, the nation will become stronger and more prepared.

**Your participation is requested in a Virtual Town Hall meeting hosted by ABC affiliate Channel 13 in Houston, Texas on Thursday, May 7, 2020 at 7:00 PM CDT. This town hall meeting will focus on testing and guidelines for re-opening our nation.** It is scheduled to last an hour with 2 or 3 guests including yourself. Houston is the fourth largest city in the country and your knowledge and expertise would be most helpful in our fight to keep our infection and fatality rates low for this entire region and the State of Texas.



My office has been pushing testing and setting up testing sites since the first notification of the coronavirus. We currently have seven active testing sites and expanding each week to get to the mass testing necessary to flatten the infection rate.

Thank you for your consideration of this request and I look forward to participating with you in the Virtual Town Hall meeting. Again, thank you for your leadership. Please RSVP or if you have questions regarding this request with Glenn Rushing, my Chief of Staff at [REDACTED] (b) (6) and Lillie Coney, my Chief Policy Advisor at [REDACTED] (b) (6).

Very truly yours,

**J**

Sheila Jackson Lee  
Member of Congress

Regards,  
Lillie Coney  
Policy Director  
Congresswoman Sheila Jackson Lee (TX-18)  
2079 Rayburn HOB  
Washington, DC 20515

[REDACTED] (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 12:01:04 +0000  
**To:** Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** FW: RE:

Let us try to do this next weekend.

---

**From:** Eisinger, Robert (NIH/NIAID) [E] [REDACTED] (On Behalf Of Fauci, Anthony (NIH/NIAID) [E])  
**Sent:** Saturday, May 2, 2020 7:24 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** FW: RE:

Email from Zeke Emanuel.

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:** Emanuel, Ezekiel J [REDACTED] (b) (6) >  
**Sent:** Friday, May 1, 2020 8:04 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Grady, Christine (NIH/CC/BEP) [E] [REDACTED] (b) (6)  
**Subject:** Re: RE:

Tony

You are national--international --treasure. And we are depending upon your sanity and smarts.

We can have you and Chris over for dinner on the porch and order in from [REDACTED] (b) (6) or something. Anytime you are ready.

Ezekiel J. Emanuel, M.D., Ph.D.

Vice Provost of Global Initiatives

Chair, Department of Medical Ethics and Health Policy (b) (6)

Levy University Professor

Co-Director, Healthcare Transformation Institute

Perelman School of Medicine and The Wharton School

University of Pennsylvania

Phone: (b) (6)

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) <>  
**Sent:** Friday, May 1, 2020 6:55 PM  
**To:** Emanuel, Ezekiel J (b) (6) <>  
**Cc:** Grady, Christine (NIH/CC/BEP) [E] (b) (6) <>  
**Subject:** RE: RE:

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Thanks for the note. Indeed, we do agree. Chris and I (b) (6) (b) (6) I look forward to chatting with you some time soon.

Best,  
Tony

---

**From:** Emanuel, Ezekiel J (b) (6) <>  
**Sent:** Thursday, April 30, 2020 6:37 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Re: RE:

Sorry for misreading what you said--I think maybe I overintepreted--lots of finance people called and seemed like I was a downer compared to you. But I think we agree.

Are you and Christine doing okay?

Ezekiel J. Emanuel, M.D., Ph.D.

Vice Provost of Global Initiatives

Chair, Department of Medical Ethics and Health Policy (b) (6)

Levy University Professor

Co-Director, Healthcare Transformation Institute

Perelman School of Medicine and The Wharton School

University of Pennsylvania

Phone: (b) (6)

---

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

**Sent:** Thursday, April 30, 2020 5:33 PM

**To:** Emanuel, Ezekiel J (b) (6) >

**Subject:** RE:

Zeke:

I did not "strongly" endorse it. I specifically said that it was not a knockout drug and was only a baby step in the direction of developing more and better drugs. I said that it was important because it proved in a well-powered, randomized, placebo-controlled clinical trial that one can suppress the virus enough to see a clinical effect, as modest as the effect was. I do not think I forced anything.

Happy to chat with you about it.

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:** Emanuel, Ezekiel J (b) (6)  
**Sent:** Thursday, April 30, 2020 2:12 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:**

Tony,

I hope you and Christine are doing well. You are doing an amazing job under difficult circumstances. And just know we prefer the "real" Tony to the Brad Pitt version!!!

I am a bit perplexed by your seeming strong endorsement of remdesivir. Was it just a bit forced?

My reading was the data were weak and in normal times for normal disease it is not enough to approve. And very unlikely to really impact COVID-19 disease pattern--regardless of supply issues.

Stay safe

Ezekiel J. Emanuel, M.D., Ph.D.

Vice Provost of Global Initiatives

Chair, Department of Medical Ethics and Health Policy (b) (6)

Levy University Professor

Co-Director, Healthcare Transformation Institute

Perelman School of Medicine and The Wharton School

University of Pennsylvania

Phone: [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 2 May 2020 02:04:00 +0000  
**To:** Selgrade, Sara (NIH/NIAID) [E]  
**Cc:** NIAID OCGR Leg;Billet, Courtney (NIH/NIAID) [E];Folkers, Greg (NIH/NIAID) [E];Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Requesting your assistance: Draft NIAID Statement for May 12 Senate HELP Hearing  
**Attachments:** 2020.05.12 NIAID Senate HELP testimony COVID 19 - with Fauci tracked changes.docx

I am attaching the document with minor tracked edits. Nice job! Thanks.

---

**From:** Selgrade, Sara (NIH/NIAID) [E] (b) (6)>  
**Sent:** Thursday, April 30, 2020 5:24 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** Requesting your assistance: Draft NIAID Statement for May 12 Senate HELP Hearing

Dr. Fauci:

In preparation for the upcoming May 12<sup>th</sup> COVID-19 hearing of the Senate Health, Education, Labor, and Pensions Committee (Chair: Sen. Lamar Alexander, R-TN), we have drafted the attached NIAID testimony, building on your prior testimony on COVID-19. Drs. Giroir, Hahn, and Redfield also have been invited to the hearing.

We expect that your testimony will be included as an insert to an HHS-wide testimony. At the request of NIH OD, we have incorporated into the draft COVID-19 activities across NIH.

The testimony has been reviewed by the Divisions and Drs. Lane, Harper, Marston, and Lerner, as well as Courtney Billet, Greg Folkers, Martin Johnson, and Laurie Doepel.

NIH OLPA has asked to receive your testimony for clearance by tomorrow, if possible.

Thank you for your help.

Sara

**Sara Selgrade, Ph.D.**

Section Chief for Legislative Activities  
Legislative Affairs and Correspondence Management Branch  
Office of Communications and Government Relations  
NIAID/NIH/DHHS  
Bldg. 31, Room 7A17, MSC 2520  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
(b) (6)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 1 May 2020 15:28:23 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E]  
**Subject:** RE: clips

Thanks.

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

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---

**From:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)>  
**Sent:** Friday, May 1, 2020 8:56 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: clips

Dr. Fauci –

I have requested the full clips from our clipping service. I found the following online in the meantime:

Today Show:

<https://www.today.com/video/dr-anthony-fauci-remdesivir-is-a-very-important-first-step-in-fighting-coronavirus-82800197863>

CNN Town Hall (clip discussing federal “reopening” guidelines):

<https://twitter.com/CNN/status/1256023483638669313>

CNN Town Hall (clip discussing vaccines):

<https://twitter.com/CNN/status/1256044817093558272>

Thanks,  
Jen

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

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---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, May 1, 2020 7:44 AM  
**To:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)>  
**Subject:** clips

Jen:

Can we please make sure that I get the lips from yesterday from NBC Today Show and CNN Town Hall with Sanjay and Anderson.

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  
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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 1 May 2020 11:38:53 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: interview request by Greek newspaper Ethnos

FYI

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
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---

**From:** Γιώργος Σκαφιδάς <gskafidas@ethnos.gr>  
**Sent:** Friday, May 1, 2020 6:07 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** interview request by Greek newspaper Ethnos

Dear Dr. Fauci,

my name is George Skafidas and I'm a journalist working for the Greek national weekly ETHNOS ([www.ethnos.gr](http://www.ethnos.gr)).

We would be very much interested in doing an interview with you, to be published in the Sunday edition of the paper, regarding the developments surrounding the COVID-19 pandemic.

Best regards

**ΕΘΝΟΣ**

George Skafidas

**Senior editor, World Affairs**

tel: +30 210 6510550

mob: [REDACTED] (b) (6)

Οι πληροφορίες που περιέχονται σε αυτό το μήνυμα ηλεκτρονικού ταχυδρομείου (e-mail) καθώς και σε τυχόν συνημμένα είναι εμπιστευτικές και προορίζονται για χρήση αποκλειστικά από το συγκεκριμένο παραλήπτη (-ες). Οι πληροφορίες αυτές μπορεί να καλύπτονται από επιχειρησιακό ή άλλο απόρρητο ή άλλους νόμους και δεν επιτρέπεται να ανακοινωθούν σε οποιονδήποτε τρίτο. Σε περίπτωση που δεν είστε ο παραλήπτης του μηνύματος ή το πρόσωπο που είναι αρμόδιο για την παράδοσή του στον παραλήπτη, απαγορεύεται να το ανακοινώσετε, αντιγράψετε, διανείμετε ή διατηρήσετε εν όλων ή εν μέρει.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 1 May 2020 11:38:08 +0000  
**To:** (b) (6)  
**Subject:** RE: Coronavirus: Covid 19

Ato:

Thank you for your note. We will know soon whether hydroxychloroquine has any beneficial effects as the results of randomized, controlled trials become available. The pathogenesis of COVID-19 is still an open question. You are correct in that there is a more recent tendency to use ventilators only as a very last resort since oxygenation rather than ventilation appears to be key to recovery.

Best regards,

Tony

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

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**From:** gabriel stephens (b) (6)  
**Sent:** Friday, May 1, 2020 4:53 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Coronavirus: Covid 19

Hi Dr Fauci,

Please find an audio attached of a doctor describing the experience with regards to covid 19 in the hospital. She seems to suggest covid 19 is a virus that rather attacks the blood cell, leading to respiratory and other organ complications, hence they need to look at treatment in a different light. In the UK some hospitals have moved away from using ventilators due to the high death rate of those on ventilators, and are rather using ventilators for sleep apnea, as they are less invasive, and the results are much much better compared to invasive ventilators

There are some anecdotal observations I have also made. The infection rate in most African countries seem to be comparatively low, which could possibly be due to the rate of testing being conducted. However the death rates are also comparatively very low. From initial information with regards to

hydroxychloroquine and some antimalaria drugs usage, it was suggested that those who were alleged to have had some benefits had mild symptoms of covid 19. I know some clinical trials have shown hydroxychloroquine not to be effective in the treatment of covid 19 in very ill patients. However, my hypothesis is, are the low death rates in Africa linked to the fact that malaria is very prevalent in Africa, and lots of Africans take antimalarial drugs, making them less susceptible to covid 19, hence the low death rate. Is there a similar trend in other countries where malaria is prevalent? Is there an unintended benefit of taking antimalarial drug (or other medication) before covid infection, or at the onset, making people less susceptible to covid19.

As I said, this is based on anecdotal observations.

Yours sincerely  
Ato Stephens

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 22:35:34 +0000  
**To:** Jeremy Farrar;Dzau, Victor J.;George GAO  
**Cc:** Richard [REDACTED];Hannon, Emma;Conrad, Patricia (NIH/NIAID) [E];Teresa Miller de Vega; [REDACTED];Rebeka Yasmin - CEPI;ben.tinker@cnn.com;Amanda.Sealy@cnn.com;Neel.Khairzada@turner.com;Tia.Miller@turner.com [REDACTED];McGinnis, J. Michael;Balatbat, Celynne;Mun, Jenny; [REDACTED];Redfield, Robert R. (CDC/OD)  
**Subject:** RE: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Jeremy:

Many thanks for the update. Please continue to keep me informed.

Best,

Tony

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

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**From:** Jeremy Farrar [REDACTED]  
**Sent:** Tuesday, April 28, 2020 10:39 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED]; Dzau, Victor J. <VDzau@nas.edu>; George GAO [REDACTED]  
**Cc:** Richard Hatchett [REDACTED]; [REDACTED]; Hannon, Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] [REDACTED]; Teresa Miller de Vega [REDACTED]; [REDACTED]; Rebeka Yasmin - CEPI [REDACTED]; ben.tinker@cnn.com; Amanda.Sealy@cnn.com; Neel.Khairzada@turner.com; Tia.Miller@turner.com; [REDACTED]; McGinnis, J. Michael [REDACTED]; [REDACTED]; Mun, Jenny <JMun@nas.edu> [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]  
**Subject:** Re: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation



Quick update

Update in confidence

European network from this morning:

16 Paris, 2 Geneva, few Madrid last 10 days - nothing like this usually seen even with seasonal KD or TSS

Barcelona have slightly different experience of 6 'Kawasaki' in last 2 weeks - couple now who have large coronary aneurysms, as have one child South London and one in Bristol.

Most UK PICU have 1-2 of these type of cases

Phenotype seems Diarrhoea and abdominal pain, refractory shock then various degrees of heart involvement and inflammation ++ - several have had their normal appendix whipped out  
Most negative respiratory and stool PCR for anything, some positive resp PCR COVID - GOSH early case has seroconverted, but had immunoglobulin

We are establishing database UK and Europe and trying to define what the clinician features are and agree investigations.

Notably, none in US reported (just D/W Boston childrens who have been running shared international COVID experience web calls) and none in Rome, unsure about rest of Italy yet  
Does seem BAME preponderance -?? immune related or social phenomenon, in terms of deprivation prevalence and ability to isolate

---

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

**Date:** Monday, 27 April 2020 at 12:36

**To:** Jeremy Farrar <(b) (6)>, Victor Dzau <[VDzau@nas.edu](mailto:VDzau@nas.edu)>, George Gao <(b) (6)>

**Cc:** Richard Hatchett <(b) (6)>

"Hannon, Emma" <[EHannon@nas.edu](mailto:EHannon@nas.edu)>, "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, Teresa de Vega <(b) (6)>, Rebeka Yasmin - CEPI <(b) (6)>, "ben.tinker@cnn.com" <[ben.tinker@cnn.com](mailto:ben.tinker@cnn.com)>, "Amanda.Sealy@cnn.com" <[Amanda.Sealy@cnn.com](mailto:Amanda.Sealy@cnn.com)>, "Neel.Khairzada@turner.com" <[Neel.Khairzada@turner.com](mailto:Neel.Khairzada@turner.com)>, "Tia.Miller@turner.com" <[Tia.Miller@turner.com](mailto:Tia.Miller@turner.com)>, (b) (6) "McGinnis, J. Michael" <[MMcGinnis@nas.edu](mailto:MMcGinnis@nas.edu)>, (b) (6) "Mun, Jenny" <[JMun@nas.edu](mailto:JMun@nas.edu)>, (b) (6) "Redfield, Robert R. (CDC/OD)" <(b) (6)>

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

Jeremy:



Thanks for the heads up. Is there any more detailed description of the precise clinical manifestations? They describe a “multisystem inflammatory state”. It is vasculitis or anything more specific? Could be an infectious agent that has nothing to do with SARS-CoV-2 infection even though some children are circumstantially infected with SARS-CoV-2 or it could be a post-SARS-CoV-2 inflammatory syndrome, perhaps a Kawasaki syndrome-like disease. Please keep me informed if you hear any further information.

Best regards,  
Tony

Anthony S. Fauci, MD  
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National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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Bethesda, MD 20892-2520  
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**From:** Jeremy Farrar (b) (6) >  
**Sent:** Monday, April 27, 2020 7:13 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Dzau, Victor J. <VDzau@nas.edu>; George GAO (b) (6) >  
**Cc:** Richard Hatchett (b) (6)  
(b) (6); Hannon, Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Teresa Miller de Vega <(b) (6)> (b) (6); (b) (6); Rebeka Yasmin - CEPI (b) (6) >; [ben.tinker@cnn.com](mailto:ben.tinker@cnn.com); [Amanda.Sealy@cnn.com](mailto:Amanda.Sealy@cnn.com); [Neel.Khairzada@turner.com](mailto:Neel.Khairzada@turner.com); [Tia.Miller@turner.com](mailto:Tia.Miller@turner.com); (b) (6)  
McGinnis, J. Michael <MMcGinnis@nas.edu>; (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

To be aware of – news over night so a huge amount of uncertainty – important for COVID19 now, and a potential concern for how we view immunity, protection, post-infectious immunopathology.

<https://www.hsj.co.uk/acute-care/exclusive-national-alert-as-coronavirus-related-condition-may-be-emerging-in-children/7027496.article>

<https://t.co/Bj6YHLJ8zi>

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Date:** Sunday, 26 April 2020 at 19:52  
**To:** Victor Dzau <VDzau@nas.edu>, George Gao <(b) (6)>  
**Cc:** Jeremy Farrar <(b) (6)>, Richard Hatchett <(b) (6)>  
<(b) (6)>, "Hannon, Emma" <EHannon@nas.edu>, "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, Teresa de Vega <(b) (6)>, Rebeka Yasmin - CEPI <(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)> "McGinnis, J. Michael" <MMcGinnis@nas.edu>, <(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

It was a real pleasure to join all of you on this important session. Many thanks for inviting me.

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

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---

**From:** Dzau, Victor J. <VDzau@nas.edu>  
**Sent:** Saturday, April 25, 2020 3:59 PM

**To:** George GAO (b) (6) >  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
(b) (6) Hannon,  
Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
(b) (6); [rebeka.yasmin@cepi.net](mailto:rebeka.yasmin@cepi.net); [ben.tinker@cnn.com](mailto:ben.tinker@cnn.com);  
[Amanda.Sealy@cnn.com](mailto:Amanda.Sealy@cnn.com); [Neel.Khairzada@turner.com](mailto:Neel.Khairzada@turner.com); [Tia.Miller@turner.com](mailto:Tia.Miller@turner.com); (b) (6)  
McGinnis, J. Michael <MMcGinnis@nas.edu>; (b) (6) >; Mun, Jenny  
(b) (6) >; [haja.bally@cepi.net](mailto:haja.bally@cepi.net)  
**Subject:** Re: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Dear Jeremy, Tony, Sanjay, George, Susan and Richard,  
Thank you so much for your superb contributions. It was a spectacular session- a truly inspiring one. I am grateful to all of you.  
Hope to see you soon.  
Warmest regards,  
Victor

On Apr 25, 2020, at 1:22 PM, George GAO (b) (6) wrote:

I am waiting for being connected and will use slides which were sent to your office  
George

发自我的iPhone

在 2020年4月24日, 01:49, Dzau, Victor J. <[VDzau@nas.edu](mailto:VDzau@nas.edu)>  
写道 :

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 25<sup>th</sup> 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>; (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)  
**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] 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

(b) (6)  
[Redacted]

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 22:19:19 +0000  
**To:** Alexander Patterson  
**Subject:** RE: [REDACTED] (b) (6) made a Video Game of Yo: "Fauci's Revenge"

Thanks, Alex! Much appreciated.  
Best regards,  
Tony

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

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**From:** Alexander Patterson <alex.patterson@beatthebomb.com>  
**Sent:** Thursday, April 30, 2020 11:26 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Daniel Lahart <dlahart@regis.org>  
**Subject:** [REDACTED] (b) (6) made a Video Game of Yo: "Fauci's Revenge"

Dear Dr. Fauci -

My name is Alex Patterson and I'm [REDACTED] (b) (6) I made a video game about you called **Fauci's Revenge**. Link to play: <https://beatthebomb.com/beatthevirus>

We are streaming the Finals of a tournament live tonight at 8 PM EST on Twitch, FB, and YouTube.  
Twitch Stream Link (free to watch): <https://www.twitch.tv/beatthebomb1000>

Also available on:

Facebook: <https://www.facebook.com/BeatTheBomb/>

YouTube: <https://www.youtube.com/channel/UC0yh7vo1knuKuaaCKUssAzA>

Please watch the Twitch Stream if you can! Otherwise I will follow up tomorrow with a video!



Media coverage of the Fauci's Revenge in the News:

- NBC New York  
Spectrum NY1 News  
Timeout New York  
News 12 New York  
Bushwick Daily  
Fox 5 Good Day New York

To date we've raised over \$6,150 for New York City's Public Health System (NYC Health + Hospitals). We've created limited edition t-shirts (including a Fauci's Revenge one). We've donated 6,150 Protective Suits and 4,500 Gloves to the NYC Mayor's Office and face shields to Maimonides Medical Center. Men for others!

Looking forward to being back in the halls soon at a Jug Night or Career Day. Enjoy the game!

Best,  
Alex Patterson (b) (6)

--

Alex Patterson  
CEO BEAT THE BOMB  
[www.beatthebomb.com](http://www.beatthebomb.com)  
Follow us on instagram: @beatthebomb  
247 Water Street, Suite 106, Brooklyn, 11201  
work: 718-643-0200 // cell: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 22:18:45 +0000  
**To:** Grady, Christine (NIH/CC/BEP) [E]; Alison Fauci (b) (6); Megan Fauci; Jennifer; (b) (6)  
**Subject:** FW: (b) (6) Grad made a Video Game of Yo: "Fauci's Revenge"  
**Attachments:** Fauci's Revenge Game Logo.png

Yikes!

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:** Alexander Patterson <alex.patterson@beatthebomb.com>  
**Sent:** Thursday, April 30, 2020 11:26 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Daniel Lahart (b) (6);>  
**Subject:** (b) (6) made a Video Game of Yo: "Fauci's Revenge"

Dear Dr. Fauci -

My name is Alex Patterson and I'm (b) (6) I made a video game about you called **Fauci's Revenge**. Link to play: <https://beatthebomb.com/beatthevirus>

We are streaming the Finals of a tournament live tonight at 8 PM EST on Twitch, FB, and YouTube.  
Twitch Stream Link (free to watch): <https://www.twitch.tv/beatthebomb1000>

Also available on:

Facebook: <https://www.facebook.com/BeatTheBomb/>

YouTube: <https://www.youtube.com/channel/UC0yh7vo1knuKuaaCKUssAzA>

Please watch the Twitch Stream if you can! Otherwise I will follow up tomorrow with a video!

Media coverage of the Fauci's Revenge in the News:

- NBC New York  
Spectrum NY1 News  
Timeout New York  
News 12 New York  
Bushwick Daily  
Fox 5 Good Day New York

To date we've raised over \$6,150 for New York City's Public Health System (NYC Health + Hospitals). We've created limited edition t-shirts (including a Fauci's Revenge one). We've donated 6,150 Protective Suits and 4,500 Gloves to the NYC Mayor's Office and face shields to Maimonides Medical Center. Men for others!

Looking forward to being back in the halls soon at a Jug Night or Career Day. Enjoy the game!

Best,  
Alex Patterson (b) (6)

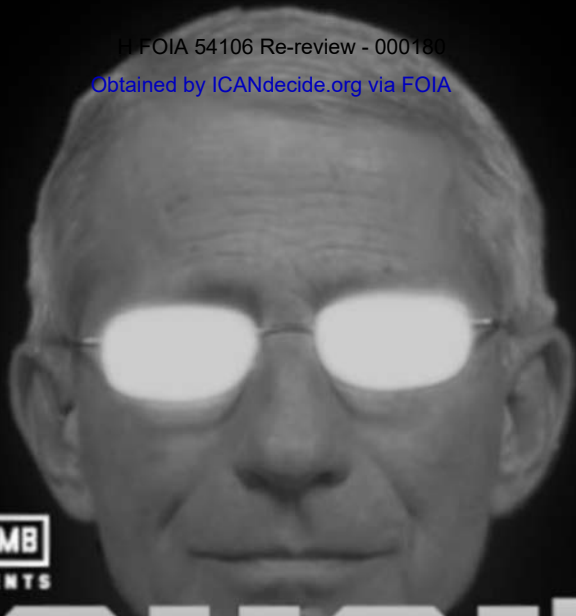
--

Alex Patterson  
CEO BEAT THE BOMB  
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H FOIA 54106 Re-review - 000180  
Obtained by ICANdecide.org via FOIA



**BEAT THE BOMB**  
PRESENTS

# FAUCI'S REVENGE

09.15.2020 Production - 000180

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 22:05:19 +0000  
**To:** Barillas, Carolina (NIH/NIAID) [E]  
**Cc:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** RE: BCG vaccine-induced protection from COVID-19 infection, wishful thinking or a game changer? - PNAS Manuscript

Carolina:

Thanks for sending this. Nice paper!

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  
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Bethesda, MD 20892-2520  
Phone: (b) (6)  
FAX: (301) 496-4409  
E-mail: (b) (6)

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---

**From:** Barillas, Carolina (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, April 30, 2020 11:25 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)  
**Subject:** BCG vaccine-induced protection from COVID-19 infection, wishful thinking or a game changer? - PNAS Manuscript

Dear Tony,

I am enclosing a copy of a manuscript I will be communicating in PNAS in which we review what is known about the biological mechanism of BCG-mediated immune enhancement (see attachment). We revised epidemiological data analysis based on mortality (instead of number of cases) filtering out potential confounding factors and discuss some important implications.

All the best,  
Carolina

## **BCG vaccine-induced protection from COVID-19 infection, wishful thinking or a game changer?**

Luis E. Escobar<sup>1</sup>, Alvaro Molina-Cruz<sup>2</sup> and Carolina Barillas-Mury<sup>2</sup>

<sup>1</sup> Department of Fish and Wildlife Conservation, Virginia Tech, Blacksburg, VA, USA

<sup>2</sup>Laboratory of Malaria and Vector Research, NIAID, National Institutes of Health (NIH), Rockville, MD, USA

\* **Correspondence:** [cbarillas@niaid.nih.gov](mailto:cbarillas@niaid.nih.gov) and [escobar1@vt.edu](mailto:escobar1@vt.edu)

### **Significance Statement**

The COVID-19 pandemic is one of the most devastating in recent history. The bacillus Calmette-Guérin (BCG) vaccine against tuberculosis also confers broad protection against other infectious diseases, and it has been proposed that it could reduce the severity of COVID-19. This epidemiological study assessed the global linkage between BCG vaccination and COVID-19 mortality. Signals of BCG effect on COVID-19 mortality are influenced by social, economic, and demographic differences between countries. After mitigating multiple confounding factors, several significant associations between BCG vaccination and reduced COVID-19 deaths were observed. This study highlights the need for mechanistic studies behind the effect of BCG vaccination on COVID-19, and for clinical evaluation of the effectiveness of BCG vaccination to protect from severe COVID-19.

### **Abstract**

A series of epidemiological explorations have suggested a negative association between national BCG vaccination policy and the prevalence and mortality of COVID-19. Nevertheless, these comparisons are difficult to validate due to broad differences between countries such as socioeconomic status, demographic structure, rural vs. urban settings, time of arrival of the pandemic, number of diagnostic tests and criteria for testing, and national control strategies to limit the spread of COVID-19. We review evidence for the potential biological basis of BCG

cross-protection from severe COVID-19 and refine the epidemiological analysis to mitigate effects of potentially confounding factors (e.g., stage of the COVID-19 epidemic, development, rurality, population density and age structure). Results fail to confirm the null hypothesis of no-association between BCG vaccination and COVID-19 mortality, and suggest that BCG could have a protective effect. Nevertheless, the analyses are restricted to coarse-scale signals and should be considered with caution. BCG vaccination clinical trials are required to corroborate the patterns detected here and to establish causality between BCG vaccination and protection from severe COVID-19. Public health implications of a plausible BCG cross-protection from severe COVID-19 are discussed.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 14:17:43 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** FW: May the Official Nobel documentary program at Swedish Television get an interview with you Dr Fauci about Covid-19 before May 7th please?

Please get clearance and set it up if possible.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
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---

**From:** Johan Bergendorff <johan.bergendorff@svt.se>  
**Sent:** Thursday, April 30, 2020 9:56 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** NIAID NEWS (NIH/NIAID) <NIAIDNEWS@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)  
**Subject:** May the Official Nobel documentary program at Swedish Television get an interview with you Dr Fauci about Covid-19 before May 7th please?

Dear Dr. Fauci,

I had the honor to interview you in april 2016 about the zika epidemic at your office for a program for national Swedish radio as their global health correspondent. I hope I may have the honor again now Sir?

I am now working as science correspondent for the national Swedish Television (non commercial public service, half the population as daily viewers) in our official Nobel prize laureate documentary program "Vetenskapens Värld" (the World of Science) and wonder if you have any chance to give us a 10 minute interview by web video before May 7th please?

I would like to ask you two questions: What is most crucial now to succeed with an covid-19 pandemic exit in the US? How do you find the Swedish strategy against Covid-19 so far (Dr. Mike Ryan praised it yeasterday at the WHO press conference as a model for an exit strategy, what is your view)?

In this one hour program aired on May 11th we will have other prominent scientists as well talking about exit strategies, among others Nobel prize winner prof. Paul Krugman, prof. Bengt Holmström MIT, prof. Angus Deaton Princeton, as well as Prof Gabriel Leung Dean University Hongkong etc.

Here you can see the reports I did from my earlier interview with you about the zika epidemic in 2016 (in Swedish). News report: <https://sverigesradio.se/artikel/6420891> 20 min  
documentary: <https://sverigesradio.se/avsnitt/712016>

One option is that I send you a link for a web video Conference call. Another option is that I call you on the phone and your media department may have the oportunity to record a video of your anseers with HD quality that is better to air.

Please let me know if you are available and when.

Best regards,

Johan Bergendorff  
Science correspondent, Swedish Television

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 13:31:50 +0000  
**To:** Julie.Steenhuysen@thomsonreuters.com  
**Cc:** Greg Folkers (b) (6)  
**Subject:** FW: Fauci says leak concerns fueled his White House revelation of Gilead drug results

Julie:

You did a good job in reporting our conversation last night. Thanks.

Best regards,

Tony

Anthony S. Fauci, MD  
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---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)>  
**Sent:** Thursday, April 30, 2020 8:59 AM  
**To:** NIAID COGCORE <COGCORE@mail.nih.gov>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** Fauci says leak concerns fueled his White House revelation of Gilead drug results

[Health News](#)

April 30, 2020 / 1:07 AM / Updated 4 hours ago

## Fauci says leak concerns fueled his White House revelation of Gilead drug results

[Julie Steenhuysen](#)

5 Min Read

CHICAGO (Reuters) - Concerns over leaks compelled the top U.S. infectious disease official to reveal data on Gilead Sciences Inc's experimental drug remdesivir, the first in a scientifically rigorous clinical trial to show benefit in treating COVID-19.





National Institute of Allergy and Infectious Diseases Director Dr. Anthony Fauci attends a coronavirus response meeting between U.S. President Donald Trump and Louisiana Governor John Bel Edwards in the Oval Office at the White House in Washington, U.S., April 29, 2020. REUTERS/Carlos Barria  
The dramatic announcement by Dr Anthony Fauci in the Oval Office on Wednesday prompted concerns among scientists that the Trump administration was raising hopes about a coronavirus treatment before sharing the full data with researchers.

As a cautionary example of inflating the potential value of a therapy, some pointed to President Donald Trump's repeated endorsements of malaria drug hydroxychloroquine as a treatment, with no evidence that it works.

Newer data suggests the malaria treatments may carry significant risks for some sufferers of the respiratory disease caused by the virus.

Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID), which is running the trial, said he took the first opportunity to get the word out that patients taking a dummy treatment or placebo should be switched to remdesivir in hopes of benefiting from it.

He expressed concern that leaks of partial information would lead to confusion. Since the White House was not planning a daily virus briefing, Fauci said he was invited to release the news at a news conference with Louisiana Gov. John Bel Edwards(D). "It was purely driven by ethical concerns," Fauci told Reuters in a telephone interview.

"I would love to wait to present it at a scientific meeting, but it's just not in the cards when you have a situation where the ethical concern about getting the drug to people on placebo dominates the conversation."

An independent data safety and monitoring board, which had looked at the preliminary results of the NIAID trial, determined it had met its primary goal of reducing hospital stays.



On Tuesday evening, that information was conveyed in a conference call to scientists studying the drug globally.

“There are literally dozens and dozens of investigators around the world,” Fauci said. “People were starting to leak it.” But he did not give details of where the unreported data was being shared.

Several scientists interviewed by Reuters felt the White House setting seemed inappropriate for the release of highly anticipated government-funded trial data on the Gilead therapy.

They had expected it to be presented simultaneously in a detailed news release, a briefing at a medical meeting or in a scientific journal, allowing researchers to review the data.

Information from various trials of remdesivir has been leaked to media in recent weeks. In a statement on Wednesday, Gilead said the NIAID’s much anticipated trial had met its primary goal, but gave no details.

Data in a separate NIAID statement after Fauci spoke detailed preliminary results showing that patients who got the drug had a 31 percent faster time to recovery than those who got a placebo, cutting hospital stays by four days.

The trial also came close to showing the drug helped people survive the disease, but the data fell just short of statistical significance.

“I want to see the full data. I want to understand the statistics. I want to understand the benefit and risk. I want to understand the structure of the study, and all of it,” said Dr. Steven Nissen, the chief academic officer at the Cleveland Clinic.

“Am I encouraged from what I’ve heard? Yes, I’m encouraged. But I want to get a full understanding of what happened here, and not get it via a photo opportunity from the Oval Office.”

Data Gilead released on its own trial of remdesivir drew less attention, as it did not compare outcomes between those receiving therapy and those who did not.

Results from a third study in China suggesting remdesivir failed to help COVID-19 patients were released in the British medical journal the Lancet after review by a peer group of scientists.

“That’s the only thing I’ll hang my hat on, and that was negative,” said Dr. Eric Topol, director and founder of the Scripps Research Translational Institute in La Jolla, California.

He was unimpressed by remdesivir’s modest benefit.

“It was expected to be a whopping effect,” Topol added. “It clearly does not have that.”

At the Oval Office news conference, Fauci compared the study findings to AZT, the first drug to show any benefit against HIV, decades ago.

“We know that was an imperfect drug. It was the first step,” Fauci said in the interview.

“Similar to AZT, it’s (remdesivir) the first baby step towards what hopefully will be a number of better drugs that will come in and be able to treat people with COVID-19.”

(This story has been refiled to correct spelling of “clinical” in paragraph one)

Reporting by Julie Steenhuysen; Editing by Michele Gershberg and Clarence Fernandez

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 10:20:32 +0000  
**To:** STEWART SIMONSON (b) (6)  
**Cc:** Masur, Henry (NIH/CC/CCMD) [E]; STEWART SIMONSON  
**Subject:** RE: COVID-19 and Haiti

**Bill:**  
(b) (6) Work with him. As per our prior conversation and as you know better than anyone, Haiti is struggling and I know that Stewart will do whatever he can to assist you.  
Warm regards,  
Tony

---

**From:** STEWART SIMONSON (b) (6)  
**Sent:** Thursday, April 30, 2020 5:44 AM  
**To:** (b) (6)  
**Cc:** Fauci, Anthony (NIH/NIAID) [E]; (b) (6) Masur, Henry (NIH/CC/CCMD) [E]; (b) (6); STEWART SIMONSON (b) (6)  
**Subject:** COVID-19 and Haiti

Dear Dr. Pape:

I lead the World Health Organization (WHO) delegation to the United Nations and know of you through Tony Fauci and Henry Masur, (b) (6). For nearly 5 years immediately preceding my appointment at WHO, I was a technical advisor at Hôpital Sacré-Cœur in Milot and remain in close contact with institution. Because of this, PAHO leadership asked me to join their COVID-19 planning discussions related to Haiti. I understand from Henry that you have been appointed by MSPP to coordinate COVID-19 preparedness and response activities. If you have some time available on Friday, it would be good to talk via Zoom or Webex. I can arrange this and would plan to have the PAHO deputy director as well as other PAHO officials on the line. Would you be available Friday afternoon for such a discussion? If not Friday, anytime over the weekend would also likely work on our end.

Thanks so much for considering this.

With best regards,

Stewart Simonson

**STEWART SIMONSON**  
Washington, DC/New York  
(b) (6) or  
(b) (6)  
(b) (6)S)  
IS)  
(Switzerland)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 01:24:46 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Has anyone tried palivizumab (Synagis)

Please respond.

---

**From:** Rich May [REDACTED] (b) (6)  
**Sent:** Wednesday, April 29, 2020 10:21 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Has anyone tried palivizumab (Synagis)

Good morning Dr. Fauci,

Has anyone tried palivizumab (Synagis) on any new COVID-19 patients?

Thank you for your time,  
Richard May, MD, PhD, D.H.Sc [REDACTED] (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 22:42:24 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: NAD repletion for Covid-19

Please take a look and respond if appropriate

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
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**From:** Mel Cohen (b) (6)  
**Sent:** Wednesday, April 29, 2020 1:52 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** NAD repletion for Covid-19  
**Importance:** High

Dear Dr. Fauci,

Recent research has shown that SARS-CoV-2 plays havoc with NAD function within cells.

Coronavirus Infection and PARP Expression Dysregulate the NAD Metabolome: A Potentially Actionable Component of Innate Immunity:

<https://www.biorxiv.org/content/10.1101/2020.04.17.047480v3>

The Molecular Story of COVID-19; NAD+ Depletion Addresses All Questions in this Infection:

<https://www.preprints.org/manuscript/202003.0346/v1>

Other research has shown that NAD+ levels decline from aging and obesity, both significant factors in Covid-19 severity. But it has also been demonstrated that NAD levels can be replenished through oral administration of nicotinamide riboside (NR) and nicotinamide mononucleotide (NMN). NR in particular has had several human studies demonstrating its safety and efficacy, and roughly 50 human studies listed on [clinicaltrials.gov](https://clinicaltrials.gov) for all manner of disorders.

There is at least one anecdotal report of dramatic improvement in a Covid-19 patient after



administration of NMN.

NMN shows great promise in case studies of humans with COVID-19:

[https://alivebynature.com/nmn-shows-promise-for-treatment-of-covid-19-in-case-studies/?utm\\_campaign=NMN%20for%20covid%20%28TqFTyz%29&utm\\_medium=email&utm\\_source=Main%20List&\\_ke=eyJrbF9lbWFpbCl6ICJtZWxAZGlzdHJpYnV0ZWwuY2EiLCAia2xY29tcGFueV9pZCI6ICJsbWROWFoifQ%3D%3D](https://alivebynature.com/nmn-shows-promise-for-treatment-of-covid-19-in-case-studies/?utm_campaign=NMN%20for%20covid%20%28TqFTyz%29&utm_medium=email&utm_source=Main%20List&_ke=eyJrbF9lbWFpbCl6ICJtZWxAZGlzdHJpYnV0ZWwuY2EiLCAia2xY29tcGFueV9pZCI6ICJsbWROWFoifQ%3D%3D)

That article begins with the disclaimer, "*There are no human trials that prove effectiveness of any NAD+ boosting supplements for preventing or curing COVID-19.*"

That is a problem. When I see the resources that have been wasted pursuing hydroxychloroquine, I am saddened to learn that there are no clinical trials of nicotinamide riboside as part of a treatment regimen for Covid-19. Can you do anything about getting such a study done?

Regards,  
Mel Cohen

Disclaimer: [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 22:01:22 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]; NIAID OD AM  
**Subject:** RE: ASF----- slides for Business Roundtable, Friday 5-1-2020, 12-1 / FOR REVIEW IN OD

Now FINAL in the OD folder. 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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---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, April 29, 2020 5:03 PM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** ASF----- slides for Business Roundtable, Friday 5-1-2020, 12-1 / FOR REVIEW IN OD

- **This is a zoom call.**
- **I think you will be able to use slides.**
- **I have put in OD a draft "curtain-raiser" set that you could show to kick things off – or use them as TPs if you prefer.**
- **I will update any epi or other numbers tomorrow night**
- **The "ask" is below**

---

**From:** Silverberg, Kristen <KSilverberg@brt.org>  
**Sent:** Tuesday, April 14, 2020 4:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** invitation from BRT

Dr. Fauci,

First, thank you for everything you are doing. I have always been grateful for your public service, but feel particularly indebted to you these days.

To add to the debt...Josh and I wanted to see if you would be willing to join a call with Business Roundtable CEOs. We have been doing COVID-19 calls with them every Friday at 1:30pm. Typically, about 100-125 CEOs of large, U.S.-based firms will join. They are all managing and planning for difficult issues around employee and customer safety. They would love to hear from you directly and to ask a few questions. It might also be a good place to deliver any messages you want them to hear.

We completely understand if it isn't doable, of course. If you are able, we would love to host you sometime between 1:30pm-2:30pm this Friday (or any Friday on which your schedule would allow it).

Best,

Kristen

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 15:09:44 +0000  
**To:** Anthony Fauci  
**Subject:** FW: Potential slides for Remdesivir presentation  
**Attachments:** Remdesivir bullet slides - FAUCI - FINAL.pptx

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

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wednesday, April 29, 2020 11:02 AM  
**To:** Short, Marc T. EOP/OVP (b) (6); 'Miller, Katie R. EOP/OVP'  
(b) (6) >  
**Subject:** Potential slides for Remdesivir presentation

Marc/Katie:

Here are 3 slides that I might use in the press briefing. If necessary, I could make the presentation without them, but it might be clearer to have them just in case.

Thanks,  
Tony

Anthony S. Fauci, MD  
Director  
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Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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**FAX: (301) 496-4409**

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 14:18:44 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** RE: two things

Thanks.

**Anthony S. Fauci, MD**  
Director  
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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, April 29, 2020 9:16 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); Routh, Jennifer (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6);>  
**Subject:** ASF: two things

Talked to FDA. They have written (and cleared with Gilead) a new sentence in place of what we had in there about an EUA. Our release has been updated (attached) with the sentence highlighted below.

ALSO: Bill Hall called me to ask if you had alerted the Secretary to this (so the press release clearance process isn't the way he first learns of it). I told him I wasn't sure. If you haven't done so, perhaps you wish to now?

As part of the U.S. Food and Drug Administration's commitment to expediting the development and availability of potential COVID-19 treatments, the agency has been engaged in sustained and ongoing discussions with Gilead Sciences regarding making remdesivir available to patients as quickly as possible, as appropriate.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 10:45:24 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]; Erbeling, Emily (NIH/NIAID) [E]  
**Subject:** RE: please read, Gilead statement

Looks fine. Thanks.

---

**From:** Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>  
**Sent:** Wednesday, April 29, 2020 6:43 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>  
**Cc:** Folkers, Greg (NIH/NIAID) [E] <gfolkers@niaid.nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Routh, Jennifer (NIH/NIAID) [E] <jennifer.routh@nih.gov>; Stover, Kathy (NIH/NIAID) [E] <kathy.stover@nih.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Erbeling, Emily (NIH/NIAID) [E] <emily.erbeling@nih.gov>  
**Subject:** ASF: please read, Gilead statement

FYI – this will go out before markets open this morning:

## **GILEAD SCIENCES STATEMENT ON POSITIVE DATA EMERGING FROM NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES' STUDY OF REMDESIVIR**

**Foster City, Calif., April 29, 2020** – Gilead Sciences, Inc. (Nasdaq: GILD) is aware of the positive data emerging from the National Institute of Allergy and Infectious Diseases' (NIAID) study of remdesivir. We understand that the trial has met its primary endpoint and that NIAID will provide detailed information at an upcoming briefing.

In addition to the NIAID trial, Gilead expects to share additional remdesivir data from the company's open-label Phase 3 SIMPLE trial in patients with severe COVID-19 disease shortly. This study will provide information on whether a shorter, 5-day duration of therapy may have similar efficacy and safety as the 10-day treatment course evaluated in the NIAID trial and other ongoing trials. Gilead expects data at the end of May from the second SIMPLE study evaluating the 5- and 10-day dosing durations of remdesivir in patients with moderate COVID-19 disease.

Gilead will continue to discuss with regulatory authorities the growing data set regarding remdesivir as a potential treatment for COVID-19.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 03:09:03 +0000  
**To:** Berkowitz, Avrahm J. EOP/WHO  
**Subject:** RE: Jared Kushner Defends Dr. Fauci After Fox News Host Criticises Top Coronavirus Task Force Expert

Thanks, Avi.

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

From: Berkowitz, Avrahm J. EOP/WHO [REDACTED] (b) (6)  
Sent: Tuesday, April 28, 2020 10:00 PM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
Subject: Jared Kushner Defends Dr. Fauci After Fox News Host Criticises Top Coronavirus Task Force Expert

Just wanted to share an article- all the best!  
Avi

<https://www.newsweek.com/jared-kushner-defends-dr-fauci-fox-news-host-little-tough-1500339>

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 03:08:36 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E];Folkers, Greg (NIH/NIAID) [E];Routh, Jennifer (NIH/NIAID) [E];Erbelding, Emily (NIH/NIAID) [E];Lane, Cliff (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: DRAFT NIAID statement on remdesivir, ACTT 2  
**Attachments:** SHORTENED NIAID statement NEW NEW - with Fauci edits.docx

See my minor edits. Why did you not include p values???

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, April 28, 2020 10:40 PM  
**To:** Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: DRAFT NIAID statement on remdesivir, ACTT 2

OK – here’s a re-do. Note that we have written this as a “statement”-- which does not have quotes. We would typically reserve a full press release (which does have quotes) for when there is a publication. As a practical matter, it’s also a lot faster to get cleared this way. If we do it as a press release with a quote from ASF here, we will need to have quotes from others and it will complicate an already challenging clearance timeline.

---

**From:** Billet, Courtney (NIH/NIAID) [E]  
**Sent:** Tuesday, April 28, 2020 10:02 PM  
**To:** Folkers, Greg (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: DRAFT NIAID statement on remdesivir, ACTT 2

(not sure what happened with spacing). Cliff – I got your suggestion too. I’ll blend yours, mine, and Gregs and send a clean new one shortly.

---

**From:** Billet, Courtney (NIH/NIAID) [E]  
**Sent:** Tuesday, April 28, 2020 10:01 PM  
**To:** Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>

**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: DRAFT NIAID statement on remdesivir, ACTT 2

I took a crack at a revision as well. We can blend these.

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, April 28, 2020 9:57 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Billet, Courtney (NIH/NIAID) [E] <(b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: DRAFT NIAID statement on remdesivir, ACTT 2

Here is my suggested edit to the short version.

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, April 28, 2020 9:21 PM  
**To:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** FW: DRAFT NIAID statement on remdesivir, ACTT 2  
**Importance:** High

Thanks for all your work. However, I have a problem with the space and emphasis put on the trial with baricitinub. It really is a distraction. The message is the RCT of remdesivir. I (we) can answer questions late about the impact on the baricitinub trial. If we atart talking aboput this now, we will completely dilute and probably confuse the main message. Please change this.

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, April 28, 2020 7:29 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>  
**Subject:** ASF: DRAFT NIAID statement on remdesivir, ACTT 2  
**Importance:** High

There are two versions for your consideration here, as discussed.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 01:53:28 +0000  
**To:** Lane, Cliff (NIH/NIAID) [E]  
**Subject:** RE: Bullets  
**Attachments:** Rendesivir bullet slides - FAUCI.pptx

I added another bullet.

---

**From:** Lane, Cliff (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, April 28, 2020 9:51 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: Bullets

Graph inserted.

---

**From:** Anthony Fauci (b) (6) >  
**Date:** Tuesday, April 28, 2020 at 9:47 PM  
**To:** "Lane, Cliff (NIH/NIAID) [E]" (b) (6) >  
**Subject:** RE: Bullets

I made some minor changes

---

**From:** Lane, Cliff (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, April 28, 2020 9:27 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Bullets

For comment

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 01:50:16 +0000  
**To:** Lane, Cliff (NIH/NIAID) [E]  
**Subject:** RE: DRAFT NIAID statement on remdesivir, ACTT 2  
**Attachments:** ACTT 2 NIAID statement CB KS EE HM HCL1 - with minor edits.docx

Much better. I made some minor edits.

---

**From:** Lane, Cliff (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, April 28, 2020 9:44 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: DRAFT NIAID statement on remdesivir, ACTT 2

Attached for consideration.

---

**From:** Anthony Fauci (b) (6)>  
**Date:** Tuesday, April 28, 2020 at 9:21 PM  
**To:** "Routh, Jennifer (NIH/NIAID) [E]" (b) (6)>, "Billet, Courtney (NIH/NIAID) [E]" (b) (6)>, "Folkers, Greg (NIH/NIAID) [E]" (b) (6), "Erbelding, Emily (NIH/NIAID) [E]" (b) (6), "Lane, Cliff (NIH/NIAID) [E]" (b) (6)>, Hilary Marston (b) (6)>  
**Cc:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)>  
**Subject:** FW: DRAFT NIAID statement on remdesivir, ACTT 2

Thanks for all your work. However, I have a problem with the space and emphasis put on the trial with baricitinub. It really is a distraction. The message is the RCT of remdesivir. I (we) can answer questions late about the impact on the baricitinub trial. If we start talking about this now, we will completely dilute and probably confuse the main message. Please change this.

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, April 28, 2020 7:29 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Subject:** ASF: DRAFT NIAID statement on remdesivir, ACTT 2  
**Importance:** High

There are two versions for your consideration here, as discussed.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 01:21:27 +0000  
**To:** Routh, Jennifer (NIH/NIAID) [E];Billet, Courtney (NIH/NIAID) [E];Greg Folkers (GFOLKERS@niaid.nih.gov);Erbelding, Emily (NIH/NIAID) [E];Lane, Cliff (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: DRAFT NIAID statement on remdesivir, ACTT 2  
**Attachments:** ACTT 2 NIAID statement CB KS EE HM.docx, SHORTENED NIAID statement.docx

Thanks for all your work. However, I have a problem with the space and emphasis put on the trial with baricitinub. It really is a distraction. The message is the RCT of remdesivir. I (we) can answer questions late about the impact on the baricitinub trial. If we atart talking aboput this now, we will completely dilute and probably confuse the main message. Please change this.

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)  
**Sent:** Tuesday, April 28, 2020 7:29 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Routh, Jennifer (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)>  
**Subject:** ASF: DRAFT NIAID statement on remdesivir, ACTT 2  
**Importance:** High

There are two versions for your consideration here, as discussed.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 00:56:02 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus info about a program that can help.  
**Attachments:** BCA\_id\_V1 (wecompress.com).pdf

Please take a look and respond if appropriate

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

From: Alex Holbus [REDACTED] (b) (6)  
Sent: Tuesday, April 28, 2020 6:59 PM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
Subject: Coronavirus info about a program that can help.

Dear Dr Fauci

It's a pleasure to send you this email my name is Alex Holbus I am from the UK I currently live in Serbia or ex Yugoslavia.  
I am an Economist and Humanitarian. I can talk about my Biography but at this time the subject I want to share with you is much more important.

In January 2016 I sent a letter to Mr Trump [REDACTED] (b) (6) telling him that I was happy that he will bring change to America and the world and that if he needed my expertise that I would help your country and the world. As I have not got any responses from him nor his people I can see that he might not be interested. But as I have been following you over the media and been reading about your career as a Doctor I believe you know what you are doing and would like to take this opportunity to help you and your country at this time when it's the worst then ever before in the modern world. I have a program that can help with the coronavirus in the way of identifying people and following their movement that can help you collect data faster and more sufficient. The program is based on an app so every one can use it. Countries in Europe are starting to use it by the end of May the European Union has made it mandatory that all member states need to use it and the future members like Serbia. So you will see attached a presentation about the program and if you or your country is interested please let me know and I will put you in contact with the company making this program. I did not send this email to you so we make money on people it's to help I just wanted to help. I will be contacting my contacts in the USA from Thursday morning but first I wanted to talk with you and give you the opportunity to see if Mr Trump would be interested in this program for your country. If nothing comes back from you anyway my friend and contact in the USA will talk with the White House but I wanted to do it the proper way by talking to you as you are the main medical person in the USA for the coronavirus.

Anyway wish you and your country all the best and that the world will become a better place after this epidemic is over.

It's one life one world one human we are all one on this planet no one is bigger or better than all of us as humanity as one.

Kind regards

Alex Holbus

Director at Real Five Company.



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 17:41:52 +0000  
**To:** Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** RE: worrisome

Yes. Please call to their attention. [REDACTED] (b) (6) It is merely a nasal swab

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:** Grady, Christine (NIH/CC/BEP) [E] <[REDACTED] (b) (6)>  
**Sent:** Tuesday, April 28, 2020 10:32 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** worrisome

From today's Medscape.

[https://www.medscape.com/viewarticle/929407?nlid=135287\\_5653&src=wnl\\_newsalrt\\_daily\\_200427\\_MSCPEDIT&uac=71367AK&impID=2361940&faf=1](https://www.medscape.com/viewarticle/929407?nlid=135287_5653&src=wnl_newsalrt_daily_200427_MSCPEDIT&uac=71367AK&impID=2361940&faf=1)

Older adults with COVID-19, the illness caused by the coronavirus, have several "atypical" symptoms, complicating efforts to ensure they get timely and appropriate treatment, according to physicians. COVID-19 is typically signaled by three symptoms: a fever, an insistent cough and shortness of breath. But older adults — the age group most at risk of severe complications or death from this condition — may have none of these characteristics.

Instead, seniors may seem "off" — not acting like themselves — early on after being infected by the coronavirus. They may sleep more than usual or stop eating. They may seem unusually apathetic or confused, losing orientation to their surroundings. They may become dizzy and fall. Sometimes, seniors stop speaking or simply collapse.

[REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 17:39:34 +0000  
**To:** Janet Tobias; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Riding along tomorrow am

OK

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:** Janet Tobias <janet@ikanamedia.com>  
**Sent:** Tuesday, April 28, 2020 12:46 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Riding along tomorrow am

Hi Tony and Patty:

Would it be ok to do the 6:45 am ride to NIH tomorrow? We would also get there early to do one more paper throw. And last night was great!

Janet

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Date:** Sunday, April 26, 2020 at 4:30 PM  
**To:** Janet Tobias <janet@ikanamedia.com>  
**Subject:** RE: Quick question

My work with the Coronavirus Task Force and the large volume of incoming emails precludes me or my staff from answering each individual message. I would

encourage you to visit [www.coronavirus.gov](http://www.coronavirus.gov) for the latest information and guidance related to COVID-19.

Thank you, and best regards.

Anthony S. Fauci, M.D.

**From:** Auchincloss, Hugh (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 15:50:24 +0000  
**To:** NIAID OD AM  
**Subject:** FW: Invitation from the Investment Community  
**Attachments:** Letter of invitation\_Dr. Anthony Fauci from UBS Investment Bank (1).pdf

I don't think so.

**From:** Elizabeth Haenle [REDACTED] (b) (6) >  
**Sent:** Tuesday, April 28, 2020 11:36 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Invitation from the Investment Community

Dear Dr. Fauci,

I am the co-founder of SAGE Worldwide, a global speaker and consulting company. I am reaching out on behalf of one of my partners, Robert Karofsky, Co-President of UBS Investment Bank, with an invitation to join the UBS Global response to Covid-19 in a live streaming moderated discussion on May 18. Alternatively your conversation could be pre-recorded to accommodate your busy schedule. At this critically important time in our nation's history, the investment community wants to help our nation fight Covid-19 and use our country's economic engine to find a cure and solutions for Covid-19. They also are thinking through how to help our nation's businesses going forward. Your expertise is important to this conversation.

By way of background, I served in the White House for eight years in the Bush Administration as the Social Secretary to Vice President Cheney. In that capacity, I had the privilege of curating a range of discussions with global thinkers and thought leaders on the world's most pressing topics. At SAGE, we bring that level of excellence to our business partners as we help curate discussions that have an impact on public awareness and investor sentiment, which is particularly important as the U.S. responds to Covid-19.

Additionally, [REDACTED] (b) (6)

Participants at the UBS Global Healthcare Conference provide critical funding to pharmaceuticals and healthcare research and are the businesses on the frontline of the Covid-19 healthcare response.

Attached please find an invitation from UBS with further details of the event. I welcome the opportunity to hear from you at your earliest convenience, and thank you for your important work and dedication to our country's well being over the course of your distinguished career and service at NIAID.

Warmest regards,  
Elizabeth Haenle  
Co-Founder, SAGE Worldwide  
Phone: [REDACTED] (b) (6)  
Attachment 1



--

**Elizabeth Haenle 戴丽翠**

**Co-founder and President**

M: [REDACTED] (b) (6)

E: [REDACTED] (b) (6)

W: [SAGEworldwide.com](http://SAGEworldwide.com)



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**From:** Auchincloss, Hugh (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 14:46:56 +0000  
**To:** NIAID OD AM  
**Subject:** FW: HIGH SCHOOL MUN CONFERENCE

For discussion

**From:** Dane Cohn (b) (6) >  
**Sent:** Tuesday, April 28, 2020 10:44 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** HIGH SCHOOL MUN CONFERENCE

Dear Dr. Anthony Fauci,

My name is Dane Cohn, and I am an (b) (6). I have often listened to your inspiring words on the news and followed your assiduous work to help us through this pandemic. Our school participates in Model UN, an event in which high school students represent various countries in debates on international issues from the past and present. Colorado's final Model UN conference was canceled, so our school ((b) (6)) decided to host an online conference for the whole state of Colorado and beyond. Our team would like to formally invite you to give a short address (be it pre-recorded or live online) to the students during our opening ceremony.

We hope that our conference will inspire the youth of our nation and the world to stand up and fight for our future rather than resign their aspirations to lockdown. We host this conference because we see the importance of keeping our academic passions going while staying safe within the confines of our homes. We host this conference because we want to contribute to the fight against COVID-19 — money raised from our conference will go towards buying masks, food, and other resources for those who need it most.

This is why we ask you, a hero during this troubling time, to speak to the students of our conference, who not only include the youth of Colorado, but also the youth of our country and world. Any type of address would be greatly and wholeheartedly appreciated. If your address is pre-recorded, we would appreciate it if we could receive it by May 1st, as our conference is the morning of May 2nd. We believe you can bring true inspiration into our hearts and minds. We know you are very busy, but if it were at all possible to share with us even a short 2-3 minute pre-recorded greeting and message to the students participating in this Model UN conference, it would be truly inspirational. Thank you so much for your time, we hope to hear from you soon.

Most Respectfully,  
Dane Cohn and the entire (b) (6) Model UN Team

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 11:25:09 +0000  
**To:** Haskins, Melinda (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Please advise LHHS Hearing w/ Dr. Fauci -- Wednesday, May 6

8:30 AM would be good. 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  
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---

**From:** Haskins, Melinda (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, April 28, 2020 7:08 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Subject:** RE: Please advise LHHS Hearing w/ Dr. Fauci -- Wednesday, May 6

Let me know when you'd like me to call please.

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, April 28, 2020 7:04 AM  
**To:** Haskins, Melinda (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Subject:** Re: Please advise LHHS Hearing w/ Dr. Fauci -- Wednesday, May 6

Let us chat by phone this morning

On Apr 28, 2020, at 5:51 AM, Haskins, Melinda (NIH/NIAID) [E] <(b) (6)> wrote:

We do not know if the DeLauro hearing would be remote. The Senate HELP one would be in person with some form of social distancing.



Sent from my iPhone

On Apr 27, 2020, at 10:36 PM, Fauci, Anthony (NIH/NIAID) [E]  
(b) (6) > wrote:

E should make sure that we schedule it at a time of day that does not conflict with the COS visit.

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6) >  
**Sent:** Monday, April 27, 2020 8:20 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Fwd: Please advise LHHS Hearing w/ Dr. Fauci -- Wednesday, May 6

This is the day of the VIP visit—whoever it is. VP or COS. Pls advise. And not sure if these are I person or not. I suspect remote right??

Sent from my iPhone

Begin forwarded message:

**From:** "Haskins, Melinda (NIH/NIAID) [E]"  
(b) (6)  
**Date:** April 27, 2020 at 8:10:52 PM EDT  
**To:** "Conrad, Patricia (NIH/NIAID) [E]"  
(b) (6) >  
**Cc:** NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>, "Billet, Courtney (NIH/NIAID) [E]" (b) (6) >, "Harper, Jill (NIH/NIAID) [E]" (b) (6)  
**Subject: Please advise LHHS Hearing w/ Dr. Fauci -- Wednesday, May 6**

Patty,

See below. Another hearing.

Thank you,  
Melinda

Sent from my iPhone

Begin forwarded message:

**From:** "Hallett, Adrienne (NIH/OD) [E]"  
(b) (6)  
**Date:** April 27, 2020 at 7:57:36 PM EDT  
**To:** "Haskins, Melinda (NIH/NIAID) [E]"



(b) (6)>, "Selgrade, Sara  
(NIH/NIAID) [E]" <(b) (6)>,  
"LaMontagne, Karen (NIH/OD) [E]"  
(b) (6)>, "Higgins, Lauren  
(NIH/OD) [E]" (b) (6)>  
**Subject: Fwd: LHHS Hearing w/ Dr. Fauci --  
Wednesday, May 6**

Guess they really are coming back.

Begin forwarded message:

**From:** "Steigleder, Stephen"  
(b) (6)  
>  
**Date:** April 27, 2020 at 7:41:56 PM  
EDT  
**To:** "Hallett, Adrienne (NIH/OD) [E]"  
(b) (6)>  
**Subject: LHHS Hearing w/ Dr. Fauci -  
- Wednesday, May 6**

Hi Adrienne,

I hope you're doing well.

I'm reaching out because Chair DeLauro would like to invite Dr. Fauci to a hearing next Wednesday, May 6, with the House LHHS appropriations subcommittee. The focus of the hearing, not surprisingly, would be COVID-19. Members of the subcommittee would very much like to hear from Dr. Fauci on anything related to COVID-19, but I think the main topics would be:

- Mitigation and Testing; and
- Progress on vaccines, therapeutics, and diagnostics, as well as necessary preparations to manufacture and disseminate a vaccine once it is ready.

Chair DeLauro is flexible about a starting time for the hearing on Wednesday, so she would be happy to accommodate a time that works for Dr. Fauci's schedule.

Please let me know as soon as possible, so we can plan accordingly.

Thanks so much,

Stephen

.....  
*Stephen Steigleder*  
*House Appropriations Committee*  
*Labor/HHS/Education Subcommittee*

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 00:22:50 +0000  
**To:** [REDACTED] (b) (6)  
**Subject:** FW: Remdesivir--good news  
**Attachments:** 20-0006\_DSMB\_primary\_analysis\_report\_for\_DMID.pdf

---

**From:** Erbeding, Emily (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Sent:** Monday, April 27, 2020 8:05 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** Remdesivir--good news

Tony,  
We got some good news on Remdesivir today from early unblinded data (I did not anticipate this at all). Remdesivir treatment significantly better than standard of care in those with more severe disease, but not significantly better in those with mild to moderate disease.  
This has not been disseminated yet outside of the NIAID members of the study team.  
Some of the numbers don't add up because people are still being followed to 28 days.  
Emily

Emily Erbeding, M.D., M.P.H.  
Director, Division of Microbiology and Infectious Diseases  
NIAID/NIH  
5601 Fishers Lane  
Rockville, MD 20852  
Tel: [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 22:17:19 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E]; NIAID OD AM  
**Subject:** RE: COVID/Transportation Impacts

Ok. Let us discuss forwarding to CDC>

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

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)  
Sent: Monday, April 27, 2020 6:15 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
Subject: RE: COVID/Transportation Impacts

this seems like CDC issue

They address some of the issues here:

What Rideshare, Taxi, Limo, and other Passenger Drivers-for-Hire Need to Know about COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html>

Communication Toolkit for Transportation Partners to Inform Road Travelers Monday, April 27, 2020  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/transportation-toolkit.html>

Cleaning and Disinfection for Non-emergency Transport Vehicles Tuesday, April 14, 2020  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

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

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6) > On Behalf Of Fauci, Anthony (NIH/NIAID) [E]  
Sent: Monday, April 27, 2020 6:05 PM  
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
Subject: FW: COVID/Transportation Impacts

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



From: Anthony Foxx [REDACTED] (b) (6)>  
Sent: Monday, April 27, 2020 4:39 PM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
Subject: COVID/Transportation Impacts

Dr. Fauci:

This is Anthony Foxx, immediate former US Transportation Secretary, and I greatly enjoyed our interactions (brief thoughts they were) during my time in the last Administration.

I write to request your help in advising the transportation community about how to manage through the present crisis, particularly as some areas are easing restrictions. I would welcome an opportunity to join you in a Q/A, which could be valuable for rideshare companies [REDACTED] (b) (6), transit agencies, airlines etc. I would think that a 10-15 minute chat would do wonders. That said, I know you are terribly busy and have so many things to do but would appreciate any opportunity to help you get important information out.

This could be pulled together rapidly and done within the next week or so.

Thanks for your attention to this matter. All my best,

Anthony.  
Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 21:57:57 +0000  
**To:** Lusso, Paolo (NIH/NIAID) [E]  
**Subject:** RE: Covid thrombi

Thanks, Paolo.

**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:** Lusso, Paolo (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, April 27, 2020 12:34 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Kovacs, Joseph (NIH/CC/CCMD) [E] (b) (6); Masur, Henry (NIH/CC/CCMD) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)>  
**Subject:** Re: Covid thrombi

Dear Tony,

I talked with Dr. Viecca this morning who shared additional information about his protocol. They started from the pathological observation that all patients dying of Covid-19 pneumonia had diffuse pulmonary microthrombosis. Since they detected almost exclusively white thrombi, they reasoned that they had to block platelet activation/aggregation, while heparin would be ineffective at that stage. Thus, they treated a first group of five critical patients with potent anti-aggregant therapy (Tirofiban/Aggrastat) and apparently in all of them the pO2 started to rise within less than 2 hours, they got off the ventilators and went on to full recovery. Viecca is an interventional cardiologist and has applied the same protocol they use for post-angioplasty reperfusion. He is now planning an extension of the study and is very glad to help/collaborate. I sent copy of his protocol and contact information to Joe.

Let me know if I can be of any further help. 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

Phone: (b) (6) (personal)  
(b) (6) (lab)  
Fax: (301) 480-5291  
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\*\*\*\*\*

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 21:54:37 +0000  
**To:** Schwetz, Tara (NIH/OD) [E]  
**Subject:** RE: Flagging NIH Media Product for Release Tomorrow

You could play the role in the movie of my medical school girl friend, which would give you the possibility of working with Brad Pitt 😊

**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:** Schwetz, Tara (NIH/OD) [E] (b) (6)  
**Sent:** Monday, April 27, 2020 5:49 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: Flagging NIH Media Product for Release Tomorrow

Now, you also have the answer to who would play you in a movie! 😊

**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]" (b) (6)  
**Date:** Monday, April 27, 2020 at 5:46 PM  
**To:** Tara Schwetz (b) (6)  
**Subject:** RE: Flagging NIH Media Product for Release Tomorrow



Thanks, Tara. Pitt was amazing. One reviewer of the SNL show said that Pitt looked “exactly like me”. That statement made my year. 😊

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:** Schwetz, Tara (NIH/OD) [E] (b) (6)>  
**Sent:** Monday, April 27, 2020 5:11 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) Myles, Renate (NIH/OD) [E] (b) (6); Walsh, Elizabeth (NIH/OD) [E] (b) (6)  
**Subject:** Flagger NIH Media Product for Release Tomorrow

Tony,

Please see below and attached a time-sensitive COVID-19 item for your awareness and sharing with the remainder of the Task Force, as appropriate. The plan is to release this tomorrow.

**Item 1: Title: Rapid Acceleration of Diagnostics (RADx) Initiative**

**Activity Type:** Funding of new research program

**Summary:** With a \$1.8 billion investment from federal stimulus funding, RADx initiative will infuse funding into early innovation technologies to speed development of rapid and widely accessible COVID-19 testing. At the same time, NIH will seek opportunities to move more advanced diagnostic technologies swiftly through the development pipeline toward commercialization and broad availability. As part of the initiative, NIH is urging scientists and inventors with a rapid testing technology to compete in a national COVID-19 testing challenge for a share of up to \$500 million over all phases for further development. The goal is to add tens of millions per month of accurate and easy-to-use tests to all Americans by Fall 2020.

**Impact on COVID-19 Pandemic Response:** RADx will accelerate the development, validation, and commercialization of innovative new testing methods that can be deployed in point-of-care and home settings. These technologies are urgently needed to guide and inform safe return to work, school, and life activities.

**Office:** National Institute of Biomedical Imaging and Bioengineering  
**Action Date:** Solicitation announcement April 28, 2020  
**Type of Action:** Research Program Award  
**Potential for Press Coverage:** Mainstream Press  
**Press Release in Development?:** Yes

Do let me know if you have any questions.

(Also, Brad Pitt?! Wow, that was a really nice shout out/thank you.)

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:** Mon, 27 Apr 2020 21:48:46 +0000  
**To:** Birx, Deborah L. EOP/NSC  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD);Hahn, Stephen  
**Subject:** Flagging NIH Media Product for Release Tomorrow  
**Attachments:** 2020-04-27\_COVID-19WeeklyReport\_NIBIB OD\_tas.docx

Deb:

As an FYI. This is an initiative from NBIB/NIH on development of POC diagnostics for SARS-CoV-2.

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  
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---



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 21:39:57 +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: SARS-CoV-2 incidence in children

Looks fine. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
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---

**From:** Stover, Kathy (NIH/NIAID) [E] (b) (6) >  
**Sent:** Monday, April 27, 2020 4:57 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: SARS-CoV-2 incidence in children

Hi Dr. Fauci,

Please find attached for your review a draft release about the launch of the Human Epidemiology and Response to SARS-CoV-2 (HEROS) study, which is intended to help determine the percentage of children infected with SARS-CoV-2 and the percentage of infected children who develop COVID. In addition, the study will examine whether rates of SARS-CoV-2 infection differ between children who have asthma or other allergic conditions and children who do not. Your draft quote is as follows:

“One interesting feature of this novel coronavirus pandemic is that very few children have become sick with COVID-19 compared to adults,” said NIAID Director Anthony S. Fauci, M.D. “Is this because children are resistant to infection with SARS-CoV-2, or because they are



infected but do not develop symptoms? The HEROS study will help us begin to answer these and other key questions.”

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:** Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 16:09:04 +0000  
**To:** NIAID OD AM  
**Subject:** FW: The National Organization of Italian Americans in Film & Television (NOIAFT) - Interview Request

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:** Taylor Taglianetti <taylor@noiaft.org>  
**Sent:** Monday, April 27, 2020 12:03 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** The National Organization of Italian Americans in Film & Television (NOIAFT) - Interview Request

Dear Dr. Fauci,

I hope this email finds you well. My name is Taylor Taglianetti and I am the founder of the National Organization of Italian Americans in Film & Television (NOIAFT).

Our organization is so very proud of the work you are doing for our country and sends tremendous thanks for the hope and reassurance you have instilled during these trying times.

It would be an honor to conduct a short interview with you. Our organization includes many young Italian Americans breaking into the entertainment industry and with the coronavirus dramatically impacting our field, I'd love to ask you a few questions about what the future of the entertainment business looks like. We'd be happy to send the questions in advance for your approval. If you don't have time for a phone call, the questions can be answered via email at your leisure.

Thank you for your time and consideration.

Sincerely,

Taylor Taglianetti  
Founder, *The National Organization of Italian Americans in Film & Television (NOIAFT)*  
(347) 686-4968  
[www.noiaft.org](http://www.noiaft.org)  
[taylor@noiaft.org](mailto:taylor@noiaft.org)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 14:19:38 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Media query: CNN, re: ASF's NAS web briefing on Saturday

I was referring only to animal (macaque) models. I never said that it looked good in humans. Human clinical trials are ongoing to answer that question. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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National Institutes of Health  
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**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, April 27, 2020 9:30 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Fwd: Media query: CNN, re: ASF's NAS web briefing on Saturday

Pls advise

Sent from my iPhone

Begin forwarded message:

**From:** "Leifman, Laura (NIH/NIAID) [E]" (b) (6) >  
**Date:** April 27, 2020 at 9:27:13 AM EDT  
**To:** "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, NIAID FOG  
<[fog@niaid.nih.gov](mailto:fog@niaid.nih.gov)>  
**Cc:** NIAID COGCORE <[COGCORE@mail.nih.gov](mailto:COGCORE@mail.nih.gov)>, NIAID Media Inquiries  
<[mediainquiries@niaid.nih.gov](mailto:mediainquiries@niaid.nih.gov)>  
**Subject:** Media query: CNN, re: ASF's NAS web briefing on Saturday

Elizabeth Cohen



CNN

[Elizabeth.Cohen@turner.com](mailto:Elizabeth.Cohen@turner.com)

Topic: Statement by ASF during Saturday NAS web briefing

Deadline: urgent

Hi Patty,

Elizabeth would like to clarify something that Dr. Fauci apparently said about remdesivir during his NAS web briefing on Saturday. The transcribed segment of the talk that she is focused on says:

*“Remdesivir is the one that’s gotten the most publicity. It is interesting that if you look at it in a prophylactic therapeutic model in MERS coronavirus infection, it looked pretty good. There was clinical benefits just reported a couple of weeks ago of SARS coronavirus 2 in rhesus macaques.”*

She wants to clarify what Dr. Fauci meant by looking at remdesivir “in a prophylactic therapeutic model in MERS”—whether this means in an animal model or something else. It sounds like that phrase is referring to the RML study in which remdesivir successfully prevented disease in MERS-infected rhesus macaques, as reported in the Feb. 13 NIAID media availability pasted below. Is that correct?

Best,

Laura

## **Remdesivir Prevents MERS Coronavirus Disease in Monkeys**

*Results Support Testing Antiviral Against 2019 Novel Coronavirus*

February 13, 2020

The experimental antiviral remdesivir successfully prevented disease in rhesus macaques infected with Middle East respiratory syndrome coronavirus (MERS-CoV), according to a new study from National Institutes of Health scientists. Remdesivir prevented disease when administered before infection and improved the condition of macaques when given after the animals already were infected.

The new report from NIH’s National Institute of Allergy and Infectious Diseases (NIAID) appears in the *Proceedings of the National Academy of Sciences*.

MERS-CoV is closely related to the 2019 novel coronavirus (SARS-CoV-2, previously known as 2019-nCoV) that has grown to be a global public health emergency since cases were first detected in Wuhan, China, in December.

Remdesivir has previously protected animals against a variety of viruses in lab experiments. The drug has been shown experimentally to effectively treat monkeys infected with Ebola and Nipah viruses. Remdesivir also has been investigated as a treatment for Ebola virus disease in people.

The current study was conducted at NIAID’s Rocky Mountain Laboratories in Hamilton, Montana. The work involved three groups of animals: those treated with remdesivir 24

hours before infection with MERS-CoV; those treated 12 hours after infection (close to the peak time for MERS-CoV replication in these animals); and untreated control animals. The scientists observed the animals for six days. All control animals showed signs of respiratory disease. Animals treated before infection fared well: no signs of respiratory disease, significantly lower levels of virus replication in the lungs compared to control animals, and no lung damage. Animals treated after infection fared significantly better than the control animals: disease was less severe than in control animals, their lungs had lower levels of virus than the control animals, and the damage to the lungs was less severe.

The scientists indicate that the promising study results support additional clinical trials of remdesivir for MERS-CoV and COVID-19, the disease that SARS-CoV-2 causes. Several clinical trials of remdesivir for COVID-19 are under way in China, and other patients with COVID-19 have received the drug under a compassionate use protocol.

The Biomedical Advanced Research and Development Authority (BARDA), part of the U.S. Department of Health and Human Services, also provided support for this study. Gilead Sciences, Inc., developed remdesivir, also known as GS-5734, and collaborated in the research.

MERS-CoV emerged in Saudi Arabia in 2012. Through December 2019, the World Health Organization had confirmed 2,499 MERS-CoV cases and 861 deaths (or about 1 in 3). Because about one-third of MERS-CoV cases spread from infected people being treated in healthcare settings, the scientists suggest that remdesivir could effectively prevent disease in other patients, contacts of patients, and healthcare workers. They also note the drug might help patients who are diagnosed with MERS or COVID-19 if given soon after symptoms start.

**ARTICLE:**

E de Wit *et al.* Prophylactic and therapeutic remdesivir (GS-5734) treatment in the rhesus macaque model of MERS-CoV infection. *PNAS* DOI: 10.1073/pnas.1922083117.

**WHO:**

NIAID Director Anthony S. Fauci, M.D., and Emmie de Wit, Ph.D., a principal investigator in NIAID's Laboratory of Virology, are available to comment on this study.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 14:11:59 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus Antigen Microarray

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  
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---

**From:** Anderson, Cassandra (NIH/NIDDK) [E] (b) (6)>  
**Sent:** Monday, April 27, 2020 8:17 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** FW: Coronavirus Antigen Microarray

Good morning Dr. Fauci,

I work in NIDDK in bldg. 50 in the Laboratory Endocrinology and Receptor Biology.

Thank you for all the information you have provided to our nation. I also want to say you are doing a terrific job in handling the COVID-19 virus, without you and your staff I don't know where our country would be.

I received the email below this morning from Jiang Yufei from Sino Biological. Not sure why I was sent this email, but I thought of you and your staff. Please see the email below.

Thank you again for all that you are doing to help keep us safe!

Stay safe!

Cassandra Anderson  
Administrative Professional  
Bldg. 50 Room 4133  
301-402-7845



**From:** Yufei Jiang <yufei.jiang@sinobiological.info>  
**Sent:** Monday, April 27, 2020 8:04 AM  
**To:** Anderson, Cassandra (NIH/NIDDK) [E] [REDACTED] (b) (6)>  
**Subject:** Coronavirus Antigen Microarray

Hi Cassandra,

Happy Day! I am excited to let you know that Sino Biological just released Coronavirus antigen Microarray (CoVAM) which belongs to our Sinommune™ Multiplex Antigen Microarray product line. You may get more details from the following link:

<https://www.sinobiological.com/research/virus/coronavirus-array>

Currently the standard pre-printed CoVAM array is sold in the unit of slide, 16 arrays/slide. In each array there are 65 antigens related to the viruses that can cause upper respiratory tract infections including the most recent SARS-CoV-2. The list price is \$3,200/slide. Please contact me for how to place the order if you are interested or need more information.

So far, this array has mainly been used for two purposes: 1) Sero-surveillance studies of COVID-19 infection, and 2) Evaluating antibody reactivity in animals (monkeys and mice) after vaccination. Please be advised that our array is for research use only (RUO), not for the diagnostic purpose which needs the FDA approval.

After you run the samples on the slide, you may read the slide on the following compatible machines:

<https://www.innopsys.com/en/lifesciences-products/microarrays/innoscan>

<https://www.moleculardevices.com/products/additional-products/genepix-microarray-systems-scanners#gref>

<https://www.agilent.com/en/product/cgh-cgh-snp-microarray-platform/cgh-cgh-snp-microarray-scanners-equipment/surescan-microarray-scanner-228493>

Thanks.

-Yufei

**Yufei Jiang, PhD**

Manager, NY, MD, DC, VA  
Sales & Business Development  
Sino Biological US Inc.  
1400 Liberty Ridge Dr., Suite 101  
Wayne, PA 19087  
Cell: [REDACTED] (b) (6)  
Email: [yufei\\_jiang@sinobiological.com](mailto:yufei_jiang@sinobiological.com)  
[www.sinobiological.com](http://www.sinobiological.com)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 14:11:06 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Otto e Mezzo - Italian Show

Let us discuss.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
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---

**From:** Torchia Patrizia <Patrizia.Torchia@la7.it>  
**Sent:** Monday, April 27, 2020 8:05 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Otto e Mezzo - Italian Show

Dear Mr. Fauci,

I'm Patrizia Torchia, I'm a journalist and I am a member of the team on the Italian show *Otto e Mezzo*, hosted daily by journalist Lilli Gruber on La7 channel.

I'm reaching out to invite you in our show. Mrs. Gruber would be honored to have you, Dr. Fauci explore in more depth the challenges Coronavirus has forced the world to face. Can make this happen?

Below is Lilli Gruber's bio and a brief description of the show.

**WHO:**

Lilli Gruber is the editor-in-chief and host of Italy's most influential political daily talk show, "Otto e mezzo", airing on prime-time on La7 TV. She's received Italy's most prestigious journalism awards for her work and was the first woman to ever conduct the prime-time News broadcast in Italy (RAI TV, 1987). As a foreign correspondent she covered most of last 30 years' major world events, from the fall of the Berlin wall to 9/11 to the Iraq war. Beside her television work, Ms. Gruber wrote eleven bestseller books including "Eredità", which was top seller for 20 weeks and ran 14 reprints. In 2004, Ms. Gruber

won a head-to-head campaign against Silvio Berlusconi by a large margin of votes and was elected to the European Parliament. There, among other appointments, she was the Head of the EU Delegation to the Gulf States and Yemen and a member of the EU Delegation to Iran.

**“Otto e mezzo”**

Italy’s most influential political daily talk show shown on prime-time on La7 TV. Through interviews with elected political figures and candidates for office, commentators, and journalists, the show focuses on international political news and economy with a special focus on Italy and Europe. Beginning in 2008 "Otto e Mezzo" became Lilli Gruber’s way to keep her commitment to holding those in power accountable by asking questions and touching on topics citizens are curious about. **Otto e Mezzo** airs Monday to Saturday from 8:35pm to 9:10pm. Within this time-frame Paolo Pagliaro’s news column “Il Punto” stands out for accuracy and thoughtfulness by pulling the thread on the highest rated issues in an agenda. During the current season Otto e Mezzo has become Italy’s most watched political talk show reaching an average of 7.3% of share with 2.5 million viewers per day.

**Production location(s):** La7 studios, via Umberto Novaro 32, Rome, Italy

**Presented by:** Lilli Gruber

**Original network:** La7

**Executive producers:** Stefania Bucciarelli

**Directed by:** Lorenzo Fontana

[www.live.la7.it](http://www.live.la7.it)

[www.ottoemezzo.la7.it](http://www.ottoemezzo.la7.it)

**Twitter:** @OttoemezzoTW)

**Facebook:** OttoemezzoLa7)

Thank you in advance for the considering. Looking forward to hearing from you.

Patty Torchia

*Otto e Mezzo*

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 14:08:24 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Fauci and PayPal

Not really.

**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:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, April 27, 2020 9:54 AM  
**To:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** FW: Fauci and PayPal

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:** Fetalvo, Ninio J. EOP/OVP [REDACTED] (b) (6)  
**Sent:** Monday, April 27, 2020 9:51 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** FW: Fauci and PayPal

FYI—Defer to you on this.

---

**From:** Miller, Amanda <[amanmiller@paypal.com](mailto:amanmiller@paypal.com)>  
**Sent:** Monday, April 27, 2020 9:18 AM  
**To:** Fetalvo, Ninio J. EOP/OVP [REDACTED] (b) (6)  
**Cc:** Walters, Lindsay <[Lindsay.Walters@edelman.com](mailto:Lindsay.Walters@edelman.com)>  
**Subject:** [EXTERNAL] Re: Fauci and PayPal

Hi Ninio,

We are wondering if Dr. Fauci would like to have a taped Skype conversation with PayPal CEO and President Dan Schulman to talk about safety measures, health and science tied to COVID-19. We would air the conversation during a global employee all hands to our 23,000 employees and then we could syndicate parts of it externally on our social channels.

Thanks for any help in reaching Fauci's team.

Thanks,  
Amanda

Amanda Christine Miller  
Senior Director, Corporate Communications  
408.219.0563  
[@PayPalNews](#)  




**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 12:33:44 +0000  
**To:** Jeremy Farrar  
**Subject:** RE: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Thanks, Jeremy. I saw the report in the Post from Saturday. These children had mostly respiratory disease and diarrhea. I will check with the docs at DC Children's Hospital about the presence of "multisystem inflammatory state". This could just be the advanced stage of their disease compatible with advanced SARS-COV-2

Best,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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**From:** Jeremy Farrar (b) (6)  
**Sent:** Monday, April 27, 2020 7:38 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Dzau, Victor J. <VDzau@nas.edu>; George GAO (b) (6)>  
**Cc:** Richard Hatchett (b) (6); Hannon, Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Teresa Miller de Vega (b) (6); (b) (6); Rebeka Yasmin - CEPI (b) (6); ben.tinker@cnn.com; Amanda.Sealy@cnn.com; Neel.Khairzada@turner.com; Tia.Miller@turner.com; (b) (6) McGinnis, J. Michael <MMcGinnis@nas.edu>; (b) (6) Mun, Jenny <JMun@nas.edu>; (b) (6) Redfield, Robert R. (CDC/OD) (b) (6)>  
**Subject:** Re: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Thanks Tony – have asked for that and will share as soon as I can.

I believe there have been reports in the Washington Post.

[https://www.washingtonpost.com/local/new-dc-hospital-numbers-suggest-kids-do-face-some-risk-of-coronavirus-hospitalization/2020/04/25/5e78c268-86fe-11ea-878a-86477a724bdb\\_story.html](https://www.washingtonpost.com/local/new-dc-hospital-numbers-suggest-kids-do-face-some-risk-of-coronavirus-hospitalization/2020/04/25/5e78c268-86fe-11ea-878a-86477a724bdb_story.html)

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Date:** Monday, 27 April 2020 at 12:36  
**To:** Jeremy Farrar <(b) (6)>, Victor Dzau <VDzau@nas.edu>, George Gao <(b) (6)>  
**Cc:** Richard Hatchett <(b) (6)>  
(b) (6)  
"Hannon, Emma" <EHannon@nas.edu>, "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, Teresa de Vega <(b) (6)>, Rebeka Yasmin - CEPI <(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) "McGinnis, J. Michael" <MMcGinnis@nas.edu>, (b) (6) "Mun, Jenny" <JMun@nas.edu>, (b) (6) "Redfield, Robert R. (CDC/OD)" <(b) (6)>  
**Subject:** RE: NAS Annual Meeting Session on COVID-19 -- Information regarding your Saturday April 25 participation

Jeremy:

Thanks for the heads up. Is there any more detailed description of the precise clinical manifestations? They describe a "multisystem inflammatory state". It is vasculitis or anything more specific? Could be an infectious agent that has nothing to do with SARS-CoV-2 infection even though some children are circumstantially infected with SARS-CoV-2 or it could be a post-SARS-CoV-2 inflammatory syndrome, perhaps a Kawasaki syndrome-like disease. Please keep me informed if you hear any further 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  
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**From:** Jeremy Farrar (b) (6) >  
**Sent:** Monday, April 27, 2020 7:13 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Dzau, Victor J. <VDzau@nas.edu>; George GAO (b) (6) >  
**Cc:** Richard Hatchett (b) (6); Hannon, Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); Teresa Miller de Vega (b) (6); (b) (6); Rebeka Yasmin - CEPI (b) (6); <ben.tinker@cnn.com>; <Amanda.Sealy@cnn.com>; <Neel.Khairzada@turner.com>; <Tia.Miller@turner.com>; (b) (6); McGinnis, J. Michael <MMcGinnis@nas.edu>; (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

To be aware of – news over night so a huge amount of uncertainty – important for COVID19 now, and a potential concern for how we view immunity, protection, post-infectious immunopathology.

<https://www.hsj.co.uk/acute-care/exclusive-national-alert-as-coronavirus-related-condition-may-be-emerging-in-children/7027496.article>

<https://t.co/BJ6YHLJ8zi>

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Date:** Sunday, 26 April 2020 at 19:52  
**To:** Victor Dzau <VDzau@nas.edu>, George Gao (b) (6) >  
**Cc:** Jeremy Farrar (b) (6) >, Richard Hatchett (b) (6) >, "Hannon, Emma" <EHannon@nas.edu>, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, Teresa de Vega (b) (6) >, Rebeka Yasmin - CEPI (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) "McGinnis, J. Michael" <MMcGinnis@nas.edu>,"



(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

It was a real pleasure to join all of you on this important session. Many thanks for inviting me.

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:** Dzau, Victor J. <VDzau@nas.edu>  
**Sent:** Saturday, April 25, 2020 3:59 PM  
**To:** George GAO (b) (6)  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Hannon, Emma <EHannon@nas.edu>; Conrad, Patricia (NIH/NIAID) [E] (b) (6); (b) (6) ben.tinker@cnn.com; Amanda.Sealy@cnn.com; Neel.Khairzada@turner.com; Tia.Miller@turner.com; (b) (6) McGinnis, J. Michael <MMcGinnis@nas.edu>; (b) (6); Mun, Jenny (b) (6); haja.bally@cepi.net

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

Dear Jeremy, Tony, Sanjay, George, Susan and Richard,  
Thank you so much for your superb contributions. It was a spectacular session- a truly inspiring one. I am grateful to all of you.  
Hope to see you soon.  
Warmest regards,  
Victor



On Apr 25, 2020, at 1:22 PM, George GAO [REDACTED] (b) (6) wrote:

I am waiting for being connected and will use slides which were sent to your office  
George

发自我的iPhone

在 2020年4月24日, 01:49, Dzau, Victor J. <VDzau@nas.edu>  
写道 :

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 25<sup>th</sup> 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, [REDACTED] (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>; [REDACTED] (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Cc:** [REDACTED] (b) (6) Hannon, Emma

<EHannon@nas.edu>; [REDACTED] (b) (6)

[REDACTED]

[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>; 'hujr@chinacdc.cn'

(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)  
[REDACTED]  
[REDACTED]  
**Cc:** Dzau, Victor J. ; [REDACTED] (b) (6) ; Mun, Jenny ; Hannon, Emma ; [REDACTED] (b) (6)  
[REDACTED] '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](mailto:jmun@nas.edu)

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 18:45:27 +0000  
**To:** Grady, Christine (NIH/CC/BEP) [E]; Alison Fauci [REDACTED (b) (6)]; Megan Fauci; Jennifer [REDACTED (b) (6)]  
**Subject:** SNL review

OKAY, so here is something even better than having Brad Pitt portray me on SNL. It is a recent review of Pitt's performance in which the TV reviewer said :

“Kicking things off, the Oscar winner dropped jaws during the cold open with his monologue about President Donald Trump's recent (and concerning) comments about COVID-19.

"Good evening, I'm Dr. Anthony Fauci," Pitt began his monologue and looked nearly identical to the director of the National Institute of Allergy and Infectious Diseases.”

Someone said Pitt looked “nearly identical” to me. Yikes!! 😊

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: [REDACTED (b) (6)]  
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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 18:37:57 +0000  
**To:** Barnes, Freddie  
**Subject:** RE: Appreciation

Freddie:

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

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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**From:** Barnes, Freddie <freddie.barnes@ncdps.gov>  
**Sent:** Sunday, April 26, 2020 10:48 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** Appreciation

Dr. Fauci I just wanted to express my profound appreciation to you for your work during this COVID-19 pandemic. I especially appreciate how you have spent considerable time and capital reaching out to the Black and brown communities. I saw excerpts of your snapchat with Will Smith and saw nearly all of your interview on the Breakfast Club. I regret I have to send an email to you re this matter. But this is the day we live in. Minority communities continue to be over-looked in crises and the impact of such crises on their respective communities. For you to be intentional about keeping the minority communities in the loop is commendable, especially since these communities will be absorbing the disproportionate share of the sicknesses and deaths coming from COVID-19.

Thanks for all of what you are doing in keeping the nation informed. Thanks for informing based on the facts, data, and truth.

Take care and "Cover your six."

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 14:14:36 +0000  
**To:** Halkovich, Townshend Connie  
**Subject:** RE: Appreciation to my hero--Dr. Fauci--our country's voice of reason in these unsettling, uncertain times--We NEED YOU!!!! Please don't leave us now when we need you most!!!

Connie:

Many thanks for your kind note. Much appreciated.  
Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
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**From:** Halkovich, Townshend Connie (b) (6)  
**Sent:** Monday, April 27, 2020 9:04 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Halkovich, Townshend Connie (FDA/OC) (b) (6)  
**Subject:** RE: Appreciation to my hero--Dr. Fauci--our country's voice of reason in these unsettling, uncertain times--We NEED YOU!!!! Please don't leave us now when we need you most!!!

Where is Dr. Fauci?

I know where Dr. Fauci is—I saw him on SNL—remarkably he looked like Brad Pitt—except [to many of us] Dr. Fauci is better looking. Smile, wink *Why? We look with our hearts*  
I remember someone asked Dr. Fauci [in jest] who would he like to represent him in a movie...Dr. F. said Brad Pitt. Well—Dr. F. Your dream suggestion came true. But, in many of our hearts—NO ONE can take the place of our beloved, well respected, honored Dr. Anthony Fauci!!!!

God Bless America, God Bless Dr. Fauci !!!

---

**From:** Halkovich, Townshend Connie <(b) (6)>  
**Sent:** Friday, March 13, 2020 11:06 AM



To: 'anthony.fauci@nih.gov' (b) (6)  
Cc: Halkovich, Townshend Connie <Constance.Halkovich@fda.hhs.gov>  
Subject: Appreciation

Dear Dr. Fauci:

1<sup>st</sup> & foremost—please keep yourself healthy....get more rest than 3 hrs/night. 😊 Why? We need you!  
THANK YOU for all your very informative updates. YOU are voice of reason...in time of coronavirus  
fear...you give us hope...saying that action is what is needed...not fear!  
You are someone we can be proud of...you provide service we can count on!!!!  
God bless You & Your Family!!!

**Warmest Regards from:**

**Connie Leigh Townshend Halkovich**, Management Analyst, 410-867-0878,

#FDA/OIMT/DIO Proud: People & Service you can count on! 😊

(b) (6)

*My Wish 4 U: Peace, Love, Laughter —blessed 2 work with U ALL! Abe Lincoln: "folks are as happy as they choose 2be"—B  
happy all circumstances—Hope all well with you, yours--if not, pretend it is.*

**FDA Mission:** Responsible for protecting public health by ensuring safety, efficacy/security of human & vet. drugs, biol. products, med.  
devices, our nation's food supply, cosmetics, & products that emit radiation.

**DIO Mission:**—Provide excellent implementation, operation, maintenance of IT [equipment, services] to promote FDA's Public  
Health Mission.

**DIO Vision:** Provide state-of-the-art IT services-inclusive of surrounding policy, planning, customer service, integration, &  
oversight necessary to make the mission successful & sustainable.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 5 May 2020 22:26:27 +0000  
**To:** Folkers, Greg (NIH/NIAID) [E];Billet, Courtney (NIH/NIAID) [E];Stover, Kathy (NIH/NIAID) [E];Routh, Jennifer (NIH/NIAID) [E];Awwad, David (NIH/NIAID) [C]  
**Cc:** NIAID OD AM  
**Subject:** RE: ASF RE: Dr. Fauci video request: Public Service Recognition Week  
**Attachments:** ASF public service recognition - with tracked edits -05-05-2020.docx



See minor tracked changes.

Anthony S. Fauci, MD  
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**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Tuesday, May 5, 2020 6:16 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] <(b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Awwad, David (NIH/NIAID) [C] (b) (6) >  
**Cc:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** ASF RE: Dr. Fauci video request: Public Service Recognition Week

ASF –

Here is a short script for Public Service Recognition Week. We agreed to do a short video  
ASF – can u tweak as needed?  
David, could u record in some format that is easy? Cell phone or other I just learned they want by COB tomorrow

<< File: ASF public service recognition.docx >>

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**From:** Seigfreid, Kim (NIH/OD) [E] (b) (6) >  
**Sent:** Monday, April 27, 2020 4:30 PM  
**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6) >; Routh, Jennifer (NIH/NIAID) [E] (b) (6) >  
**Cc:** Fine, Amanda (NIH/OD) [E] (b) (6) >; Polimeni, Lydia (NIH/OD) [E] (b) (6)  
**Subject:** Dr. Fauci video request: Public Service Recognition Week

Hi there,

Please see below. HHS is taking over the Partnership for Public Service IG account next week for Public Service Recognition Week. They asked if Dr. Fauci would be willing to do a short 30-second or less pre-recorded video thanking public servants for their work. It would be featured during the takeover, and also on NIH's other sm handles next week. It can be taken on a cell phone as sm does not require higher resolution. Let me know if you would like to accept or decline the request.

Many thanks,  
Kim

Kim Seigfreid  
Social Media Lead  
NIH Office of Communications and Public Liaison  
ph: (b) (6)  
(b) (6)

---

**From:** Muhammad, Janell (HHS/ASPA) <(b) (6)>  
**Sent:** Monday, April 27, 2020 4:10 PM  
**To:** Seigfreid, Kim (NIH/OD) [E] (b) (6) >; Channer, Amber (OS/OASH) (b) (6) >; Foster, Timothy (OS/ASPA) (b) (6) >  
**Cc:** Palczewski, Andrew (HHS/ASPA) <(b) (6)>; Pratt, Michael (OS/ASPA) <(b) (6)>; Sherman, Jennifer (HHS/OASH) (b) (6)  
Wilker, Michael (HHS/ASPA) (b) (6); Dine, Brooke (HHS/ASPA) (b) (6)  
**Subject:** Public Service Recognition Week

Hello All,

Hope everyone is holding up well!

OHR is taking over the Partnership for Public Service (PPS) Instagram account during Public Service Recognition Week (May 3-9, 2020). The OHR team has reached out about wanting to develop a senior leader "mashup" video —perhaps including the DepSec. T

They asked about the feasibility of this request. They also inquired about perhaps Dr. Fauci and the SG doing a pre-recorded video thanking public servants for their work.

I wanted to gather the troops so we can identify what all is being planned for this week of recognition and provide a POC for OHR if the request is feasible.

Happy to set up a call, if that is needed to discuss further.

Thanks,  
Janell

**Janell Muhammad**

ASPA Digital Engagement (Team Lead)  
U.S. Department of Health and Human Services

Email: (b) (6)

Office: (b) (6)

iPhone: (b) (6)

**[HHS on Facebook](#) | [HHS on Twitter](#) | [HHS Latino](#)**



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 3 May 2020 17:45:26 +0000  
**To:** Lane, Cliff (NIH/NIAID) [E]; Collins, Francis (NIH/OD) [E]  
**Cc:** Lowy, Douglas (NIH/NCI) [E]; Mascola, John (NIH/VRC) [E]  
**Subject:** RE: Gallo and OPV

Totally agree with Cliff's advice.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
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**From:** Lane, Cliff (NIH/NIAID) [E] (b) (6) >  
**Sent:** Sunday, May 3, 2020 1:22 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Cc:** Lowy, Douglas (NIH/NCI) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Mascola, John (NIH/VRC) [E] (b) (6) >  
**Subject:** Re: Gallo and OPV

Francis,

I am not sure you need any sort of detailed response. I would just send a thank-you and indicate you will be sure those working on this at NIH are aware.

Cliff

On May 3, 2020, at 12:55 PM, Collins, Francis (NIH/OD) [E] (b) (6) wrote:

Hi all,

I'm a bit at a loss to know how to respond to Bob Gallo. The aggressive manner in which he is promoting OPV causes me to worry he has lost objectivity about its promise. But is there any chance he has something here that could work?

Francis

---

**From:** Gallo, Robert [REDACTED] (b) (6) >  
**Sent:** Sunday, May 3, 2020 12:07 PM  
**To:** Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)  
**Subject:** RE: Your query to Dr. Kadlec

Dear Francis,

It was a pleasure to hear from you, and yes, it has been a long time since we met or even spoke. Moons ago I was set to write to you after reading your wonderful book, but I ended up instead speaking with others about it. I should add at this point that I did not quickly respond to your email of a few days ago because I simply missed it.

It is true that I strongly suggest that OPV be quickly (already it is not quickly) brought forward for induction of a strong innate immune response to prevent or markedly reduce SARS-CoV-2 infection and/or severity until the field obtains a proven safe and efficacious vaccine producing a long lasting, adaptive immunity. OPV is very safe (notably for OPV 1 and 3 as bOPV which we will use and completely safe in a vaccinated population), simple, cheap, rather obvious, yet unique among the massive number of vaccines many (maybe most) of which are the same or at least if not exactly the same aiming at the same mechanism (targeting the spike and searching for the putative correlate of neutralizing Abs.).

OPV should work for a few months and possibly longer. Also it should be working multiple times so I think could cover more than a few months, giving us time for a proven vaccine of adaptive immunity, which might be very long lasting as is hoped.

In the main the WHO comments are correct. Of course we sought and have letters of support from them as well as from many others. Though they are again supportive in their notes to you, there is one item that surprises me. They add that there was no clinical efficacy results as yet. They know or certainly should know that there is plenty of clinical data for this concept with BCG, OPV, and live Measles vaccine. Needless to say this is what turned me on during our regular Global Virus Network (GVN) conference calls. (Incidentally GVN is an organization I have thought of bringing to your attention. I think you would find it impressive and useful). I would be happy to share with you the clinical observations with OPV if you wish.

I would like to take a small diversion, but I suspect you are aware of these things. My colleagues and I respect the WHO because of its representation and because we have colleagues/friends there as well. However, sometimes bureaucracy of a massive degree leads to inaction or even much worse-- political expediency. I won't bother you with details of these unless you ask, but I had such experiences with HTLV-1 which we discovered in 1980 as the 1<sup>st</sup> human retrovirus and which cause not only the highest incidence of cancer (% of infections) of any virus and other fatal diseases as well but mainly in less developed countries (plus Japan) and again with HIV in 1984. Behavior was not beneficial. Perhaps it will be of relevance in the future because a few at WHO took a position to remove OPV (Sabin) in favor of IPV (Salk) in their polio eradication scheme. It was a huge failure. As my FDA collaborator, Konstantin Chumakov, says "Blessed be Bill Gates" because he saved OPV and saved the day and in so doing has produced a still better OPV.

There is indeed data also for BCG as well as live Measles though I know less of the latter. BCG is less available, requires injection, harder to make, not as safe, and we think unlikely to be as effective as OPV. Nonetheless, we favor its use too. The mechanisms will be similar.

You asked whether monkey trials are planned. For several reasons definitely not -- though we are planning some monkey experiments, but not large enough for "clinical" conclusions. The main reasons are: 1) cost; 2) that billions not thousands or millions have received OPV safely and in our collective view (and we know the studies pretty well) protection has been clinically shown; 3) In a pandemic we wished to move quickly (so far we must say that has not been achieved). A typical monkey vaccine study will take time, but 4) in this case it would be a huge amount of lost time as monkeys require great doses of polio for infection and monkeys have to be trained to drink their orange juice. It would be hard to imagine that such studies would even give us useful information.

On a final digression Francis I have had 36 years of on/off experiences with glycosylated spike proteins—their analyses immunologically and especially regarding use in vaccines and developing neutralizing Abs. I believe it will be a mistake to put most eggs in that basket. The risks: shortened antibody half life; 2) protection NOT correlating with neutralizing Abs; 3) sometimes hazards from them. Admittedly, they might work, but I trust and hope that not everything is going in this bag. If you wish to discuss this again I will be available.

Finally, I had no idea you were into vaccines or SARS-2 nor any part of CoVID-19 disease, but I am very happy to learn this.

Thanks.



Bob Gallo

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Thursday, April 30, 2020 5:00 PM  
**To:** Gallo, Robert (b) (6) >  
**Cc:** Disbrow, Gary (OS/ASPR/BARDA) <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) (b) (6)>; Tabak, Lawrence (NIH/OD) [E] <(b) (6)>; Shuy, Bryan (OS/ASPR/IO) (b) (6)>; Johnson, Robert (OS/ASPR/BARDA) (b) (6)>; Mascola, John (NIH/VRC) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6) >  
**Subject:** Your query to Dr. Kadlec

**CAUTION:** This message originated from a non UMB, UMSOM, FPI, or UMMS email system. Whether the sender is known or not known, hover over any links before clicking and use caution opening attachments.

Dear Bob,

It's been quite a while since we've chatted. Bob Kadlec asked me to respond to your query about the possible use of OPV to activate innate immunity and provide COVID-19 protection. Has this been tested in a non-human primate model? I note the recommendation below that says a clinical trial is planned – can you tell me more about that?

As you can imagine, we are all flat out on the vaccine development pathway!

Francis

### **The use of oral polio vaccine (OPV) to prevent SARS-CoV2 (Polio Eradication Campaign)**

There is no evidence that oral poliovirus vaccine (OPV) protects people against infection with COVID-19 virus.

A clinical trial addressing this question is planned in the USA, and WHO will evaluate the evidence when it is available.

In the absence of evidence, WHO does not recommend OPV vaccination for the prevention of COVID-19. WHO continues to recommend OPV as part of essential immunization services to prevent poliomyelitis and as part of global polio eradication efforts.

There are experimental signals from various studies over the years that OPV has non-specific effects on the immune system. These effects have not been well characterized and their clinical relevance is unknown. Such non-specific effects may



not be limited to OPV, as other live vaccines have also been associated with non-specific protective effects (such as BCG vaccine against tuberculosis). Nonlive vaccines in contrast do not seem to have the same effects.

The exact mechanism of non-specific protection induced by live vaccines needs to be elucidated further. Clinical studies could begin immediately because the vaccines in question are licensed and have an excellent safety record. Clinical trials involving off-label use of various drugs licensed for other indications are currently underway. The existing scientific rationale suggests that the same should be done for OPV and other live vaccines. A study is currently being discussed with various partners and vaccine manufacturers, including the US FDA, the outcomes of which will be carefully assessed to determine potential use in the context of the spread of SARS-CoV2 until the time when specific vaccines and antiviral therapies are ready.

---

**From:** Kadlec, Robert (OS/ASPR/IO) (b) (6)  
**Sent:** Thursday, April 30, 2020 10:28 AM  
**To:** Gallo, Robert (b) (6); Collins, Francis (NIH/OD) [E]  
<(b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6)>; Shuy, Bryan (OS/ASPR/IO) (b) (6)>  
**Subject:** Re: Response

Dr Gallo thank you for your note and I appreciate you reaching out to me. I have copied Dr Collins and Dr Tabak to consider the ACTIV forum they have created to bring industry academia and government to consider scientific base approaches That you have described. Dr Collins has organized a vaccine group and I assess could be the best and fastest place to discuss your concept. I am sure they will connect with you soonest

Best

Bob Kadlec.

Sent from my iPhone

On Apr 30, 2020, at 10:02 AM, Gallo, Robert (b) (6) >  
wrote:

Dear Dr. Kaldec,

I have not heard from you in over a week. You mentioned getting back to me in a day or two. Time is passing. I am asking you to look at OPV 1 plus 3 serotypes as a bivalent, completely safe vaccine with powerful stimulation of innate immunity lasting several weeks , which can be given a second or third time, and with a historical track record of

preventing other infections from entirely different RNA viruses (such as protecting against influenza). Therefore, it should be really helpful for some months, and I think get us past a second wave of SARS-CoV-2, and help people return to work safely. I don't understand delays or apparent lack of interest. Who can possibly be against this? If you hear of hypothetical problems we can show you that these are false. Just ask the questions, and we can give you the evidence.

However, no answer from you suggests no interest and must quickly make alternative pathways. I am though quite surprised and fear you are receiving "fake news" if you will pardon the expression. Some have been against this who defend their old and failed position on polio eradication with their promotion of the use of the inactivated polio virus vaccine. Please note that in the US between 1962 and 1985 we received (safely) the oral polio (OPV). Moreover, if vaccinated already there has not been a single case of a complication and BILLIONS have received it. No it will not last long as innate immunity is short lived, but we strongly believe that we can break the back of the SARS-CoV-2 spread. Also note that this is what Bill Gates is doing now in India and much of the Eastern hemisphere.

There are countries outside the US wanting to move fast on this. We are waiting for your reply.

Robert Gallo  
Director, Institute of Human Virology,  
Professor of Medicine and Professor of Microbiology,  
UMB, School of Medicine, Baltimore,

And  
Co-founder and International Science Advisor of the Global Virus  
Network (GVN)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 30 Apr 2020 15:17:01 +0000  
**To:** Collins, Francis (NIH/OD) [E]; Mascola, John (NIH/VRC) [E]; Lane, Cliff (NIH/NIAID) [E]  
**Cc:** Tabak, Lawrence (NIH/OD) [E]  
**Subject:** RE: Response

Francis:

Thanks for the note. I will let Cliff speak for himself, but I believe that he is not enthusiastic about this approach since other non-specific stimulants of immunity have not worked. There was a recent report/discussion that BCG vaccinated people in Asia and certain countries in Europe clearly get COVID-19. However, the somewhat anecdotal data from Russia (that Bob Gallo is touting) indicate that children who received oral polio vaccine (OPV) did much better against influenza than did children who did not. This could be explained by the fact that the parents who had their children vaccinated versus not vaccinated are those who have health seeking behavior that influences the study. Not clear at all. Having said all of this, I am struck by the fact that circumstantially children in the USA all have recently been vaccinated with polio vaccine (mostly inactivated IPV) and perhaps this might contribute to their relative protection against serious disease. All speculation. Having said all of this, I am more favorably inclined to pursue this than I believe Cliff is, but I will let him speak for himself. We can discuss further if you wish.

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:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Thursday, April 30, 2020 10:58 AM  
**To:** Mascola, John (NIH/VRC) [E] (b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6) >  
**Subject:** FW: Response

Hi John, Cliff, and Tony,

Ignore the silly part of the message below, where Kadlec is trying to divert an inquiry that he should have handled. But let me ask you guys whether there is something worth pursuing with Gallo's proposal about activating innate immunity with OPV. Gallo has been all over the news about this. Does this hold up to scrutiny?

Francis

---

**From:** Collins, Francis (NIH/OD) [E]  
**Sent:** Thursday, April 30, 2020 10:55 AM  
**To:** Kadlec, Robert (OS/ASPR/IO) (b) (6)  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6) >; Shuy, Bryan (OS/ASPR/IO) (b) (6); Disbrow, Gary (OS/ASPR/BARDA) (b) (6) >; Johnson, Alfred (NIH/OD) [E] (b) (6)  
**Subject:** RE: Response

Bob,

Dropping Bob Gallo from the thread, but adding Gary and Robert. I'm very puzzled by your diversion of this inquiry to ACTIV. Isn't this kind of outreach what the MCM portal is designed to take on and evaluate? ACTIV can try to prioritize what comes out of that process, but isn't set up to duplicate it. Please advise.

Francis

---

**From:** Kadlec, Robert (OS/ASPR/IO) (b) (6)  
**Sent:** Thursday, April 30, 2020 10:28 AM  
**To:** Gallo, Robert (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6) >; Shuy, Bryan (OS/ASPR/IO) (b) (6)  
**Subject:** Re: Response

Dr Gallo thank you for your note and I appreciate you reaching out to me. I have copied Dr Collins and Dr Tabak to consider the ACTIV forum they have created to bring industry academia and government to consider scientific base approaches That you have described. Dr Collins has organized a vaccine group and I assess could be the best and fastest place to discuss your concept. I am sure they will connect with you soonest



Best

Bob Kadlec.

Sent from my iPhone

On Apr 30, 2020, at 10:02 AM, Gallo, Robert [REDACTED] (b) (6) > wrote:

Dear Dr. Kadlec,

I have not heard from you in over a week. You mentioned getting back to me in a day or two. Time is passing. I am asking you to look at OPV 1 plus 3 serotypes as a bivalent, completely safe vaccine with powerful stimulation of innate immunity lasting several weeks, which can be given a second or third time, and with a historical track record of preventing other infections from entirely different RNA viruses (such as protecting against influenza). Therefore, it should be really helpful for some months, and I think get us past a second wave of SARS-CoV-2, and help people return to work safely. I don't understand delays or apparent lack of interest. Who can possibly be against this? If you hear of hypothetical problems we can show you that these are false. Just ask the questions, and we can give you the evidence.

However, no answer from you suggests no interest and must quickly make alternative pathways. I am though quite surprised and fear you are receiving "fake news" if you will pardon the expression. Some have been against this who defend their old and failed position on polio eradication with their promotion of the use of the inactivated polio virus vaccine. Please note that in the US between 1962 and 1985 we received (safely) the oral polio (OPV). Moreover, if vaccinated already there has not been a single case of a complication and BILLIONS have received it. No it will not last long as innate immunity is short lived, but we strongly believe that we can break the back of the SARS-CoVID-2 spread. Also note that this is what Bill Gates is doing now in India and much of the Eastern hemisphere.

There are countries outside the US wanting to move fast on this. We are waiting for your reply.

Robert Gallo  
Director, Institute of Human Virology,  
Professor of Medicine and Professor of Microbiology,  
UMB, School of Medicine, Baltimore,

And  
Co-founder and International Science Advisor of the Global Virus Network (GVN)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 29 Apr 2020 01:56:42 +0000  
**To:** (b) (6)v  
**Subject:** FW: DRAFT document for WH Briefing Tomorrow  
**Attachments:** Development-Medical-Countermeasures-WH-Briefing 29 April.pptx

Here it is.

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)>  
**Sent:** Tuesday, April 28, 2020 8:08 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Subject:** FW: DRAFT document for WH Briefing Tomorrow

Hi Tony,

I called Paul to complain about this outcome. The meaningless BARDA slide that focuses on DOD is now the only remnant of the BARDA contribution, and the much stronger wording I asked for (and even edited their slide) is nowhere to be found. Paul was also unhappy with how this turned out, and thinks that this slide will just be pulled. So then there will be nothing in the deck from BARDA – and Kadlec will have to just say the right words at the right time. This is beyond frustrating.

Francis

---

**From:** Mango, Paul (HHS/IOS) <(b) (6)>  
**Sent:** Tuesday, April 28, 2020 7:26 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)>; Kadlec, Robert (OS/ASPR/IO) (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Marks, Peter (FDA/CBER) (b) (6); Woodcock, Janet (FDA/CDER) (b) (6)>; Tromberg, Bruce (NIH/NIBIB) [E] (b) (6)  
**Subject:** DRAFT document for WH Briefing Tomorrow

Thank you all for your timely responses for contributions to this today. Please give this a look and let us know if there is anything glaringly out of place. We will have time to address edits during and after our 930am check in tomorrow. The Secretary may or may not use page 1 during his introductory remarks.





**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 28 Apr 2020 02:42:59 +0000  
**To:** CMS SV1; 'Feinberg, Rebecca P. EOP/NSC'; Charles, Julia (CDC/OD/OCS); Redd, Stephen C. EOP/NSC; (b) (6); Vitek, Charles (CDC/DDPHSIS/CGH/DGHT); McGuffee, Tyler Ann A. EOP/OVP; Redfield, Robert R. (CDC/ (b) (6); Adams, Jerome (HHS/OASH); Schuchat, Anne MD (CDC/OD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Grogan, Joseph J. EOP/WHO; Conway, Kellyanne E. EOP/WHO; Walke, Henry (CDC/DDID/NCEZID/DPEI); Payne, Rebecca L. (CDC/DDID/NCHHSTP/DASH); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Giroir, Brett (HHS/OASH); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); Butler, Jay C. (CDC/DDID/OD); Mead, Paul (CDC/DDID/NCEZID/DVBD); Fitter, David L. (CDC/DDPHSIS/CGH/GID)  
**Cc:** Hoo, Elizabeth (CDC/OD/OCS); Warner, Agnes (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD)  
**Subject:** RE: Scheduling for Tuesday

I also have a conflict. We discuss with CDC folks after the meeting.

---

**From:** CMS SV1 (b) (6)  
**Sent:** Monday, April 27, 2020 9:49 PM  
**To:** 'Feinberg, Rebecca P. EOP/NSC' (b) (6); Charles, Julia (CDC/OD/OCS) (b) (6); Redd, Stephen C. EOP/NSC <(b) (6)>; (b) (6) <(b) (6)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) (b) (6); McGuffee, Tyler Ann A. EOP/OVP <(b) (6)>; Redfield, Robert R. (CDC/OD) (b) (6) (b) (6); Adams, Jerome (HHS/OASH) (b) (6); Schuchat, Anne MD (CDC/OD) (b) (6); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6); Grogan, Joseph J. EOP/WHO (b) (6); Conway, Kellyanne E. EOP/WHO (b) (6); Walke, Henry (CDC/DDID/NCEZID/DPEI) (b) (6); Payne, Rebecca L. (CDC/DDID/NCHHSTP/DASH) (b) (6); Greene, Carolyn M. (CDC/DDID/NCIRD/ID) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Giroir, Brett (HHS/OASH) <(b) (6) McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) (b) (6); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID) (b) (6); Butler, Jay C. (CDC/DDID/OD) (b) (6) Mead, Paul (CDC/DDID/NCEZID/DVBD) (b) (6); Fitter, David L. (CDC/DDPHSIS/CGH/GID) (b) (6)  
**Cc:** Hoo, Elizabeth (CDC/OD/OCS) (b) (6); Warner, Agnes (CDC/OD/OCS) (b) (6); Gershman, Lynn E. (CDC/DDPHSIS/OD) (b) (6)  
**Subject:** RE: Scheduling for Tuesday

I have a conflict, will be late.

---

**From:** Feinberg, Rebecca P. EOP/NSC (b) (6)  
**Sent:** Monday, April 27, 2020 8:59 PM  
**To:** Charles, Julia (CDC/OD/OCS) (b) (6); Redd, Stephen C. EOP/NSC (b) (6); (b) (6) (b) (6); Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) (b) (6); McGuffee, Tyler Ann A. EOP/OVP (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)



(b) (6); Adams, Jerome (HHS/OASH) <(b) (6)>; CMS SV1 (b) (6)>; Schuchat, Anne MD (CDC/OD) (b) (6) Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)>; Grogan, Joseph J. EOP/WHO (b) (6); Conway, Kellyanne E. EOP/WHO (b) (6); Walke, Henry (CDC/DDID/NCEZID/DPEI) (b) (6)>; Payne, Rebecca L. (CDC/DDID/NCHHSTP/DASH) (b) (6)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6); Giroir, Brett (HHS/OASH) (b) (6); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) (b) (6); Meaney Delman, Dana M. (CDC/DDID/NCBDDD/DBDID) (b) (6)>; Butler, Jay C. (CDC/DDID/OD) (b) (6)>; Mead, Paul (CDC/DDID/NCEZID/DVBD) (b) (6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) (b) (6)  
**Cc:** Hoo, Elizabeth (CDC/OD/OCS) (b) (6); Warner, Agnes (CDC/OD/OCS) (b) (6); Gershman, Lynn E. (CDC/DDPHSIS/OD) (b) (6)  
**Subject:** Re: Scheduling for Tuesday

All -

Apologies for another email on this meeting. The meeting will begin promptly at 9:15AM. Please note, the meeting room has been updated to EEOB 374 (SMS Large). This room is a SCIF and all electronic devices must be stored in the lockers outside the room. Please use the WAVES link I sent earlier to submit for building entry. I have updated the time on the back end of the system.

The dial in information remains the same. Please remember to mute your line at the start of the meeting.

Thanks,  
Rebecca

Rebecca Feinberg  
M: (b) (6)

On Apr 27, 2020, at 6:54 PM, Feinberg, Rebecca P. EOP/NSC <(b) (6)> wrote:

All,

Please note this meeting will now be held from 9:15-10:15AM, tomorrow.

Thanks,  
Rebecca

Rebecca Feinberg  
M: (b) (6)

On Apr 27, 2020, at 2:46 PM, Feinberg, Rebecca P. EOP/NSC  
(b) (6) wrote:

Hi, all –

The (b) (5) is confirmed for tomorrow, April 28, from  
10:00-11:00AM in the White House Situation Room.

Access information is listed below.

Thanks,  
Rebecca

---

**From:** Charles, Julia (CDC/OD/OCS) (b) (6)>  
**Sent:** Monday, April 27, 2020 11:55 AM  
**To:** Feinberg, Rebecca P. EOP/NSC  
(b) (6)>; Redd, Stephen C. EOP/NSC  
(b) (6)>; (b) (6) (b) (6);  
Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <(b) (6)>  
**Cc:** Schuchat, Anne MD (CDC/OD) (b) (6)>; Hoo, Elizabeth  
(CDC/OD/OCS) (b) (6); Warner, Agnes (CDC/OD/OCS)  
(b) (6) Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
Walke, Henry (CDC/DDID/NCEZID/DPEI)  
; Payne, Rebecca L. (CDC/DDID/NCHHSTP/DASH)  
; Greene, Carolyn M. (CDC/DDID/NCIRD/ID)  
; McQuiston, Jennifer H.  
(CDC/DDID/NCEZID/DHCPP) (b) (6)>; Meaney Delman,  
Dana M. (CDC/DDNID/NCBDDD/DBDID) (b) (6); Butler,  
Jay C. (CDC/DDID/OD) (b) (6)>; Mead, Paul  
(CDC/DDID/NCEZID/DVBD) (b) (6)>; Fitter, David L.  
(CDC/DDPHSIS/CGH/GID) (b) (6); Gershman, Lynn E.  
(CDC/DDPHSIS/OD) (b) (6)  
**Subject:** RE: Scheduling for Tuesday

Hi Rebecca,

The meeting will be held at an unclassified level and we will submit  
slides later today for tomorrow's meeting. Please find below a list of  
attendees and do let me know if you have any questions.

Thank you for your assistance!  
Julia

**In-person attendance:**

Room: TBC

Please fill out the following WAVES Link by 8:00PM, Monday, April 27: [REDACTED] (b) (6), (b) (5)

- Dr. Birx [REDACTED] (b) (6)
- Dr. Redfield [REDACTED] (b) (6)
- Dr. Hahn [REDACTED] (b) (6)
- Surgeon General Adams [REDACTED] (b) (6)
- Administrator Verma [REDACTED] (b) (6)
- Anne Schuchat, MD, CDC Principal Deputy Director and COVID-19 Incident Manager, [REDACTED] (b) (6)
- Daniel Jernigan, MD, MPH, CDC Liaison to NRCC, [REDACTED] (b) (6)
- Joe Grogan [REDACTED] (b) (6)
- Dr. Redd
- Kellyanne Conway [REDACTED] (b) (6)

**Speaking mode:**

Host Dial-In: [REDACTED] (b) (6), (b) (5)

Leader Code: [REDACTED] (b) (6), (b) (5)

- Henry Walke, MD, MPH, Deputy Incident Manager, [REDACTED] (b) (6)
- Rebecca Payne, MPH, NRCC Community Mitigation Taskforce Lead, [REDACTED] (b) (6)
- Carolyn Greene, MD, CDC representative on NRCC Community Mitigation Taskforce [REDACTED] (b) (6)

**Listen-only mode:**

Participant Dial-In: [REDACTED] (b) (6), (b) (5)

Participant Code: [REDACTED] (b) (6), (b) (5)

- Jennifer McQuiston, DVM, MS, Principal Deputy Incident Manager, (b) (6)
- Dana Meaney-Delman, MD, Principal Deputy Incident Manager, (b) (6)
- Jay Butler, MD, CDC Deputy Director for Infectious Diseases, (b) (6)
- Paul Mead, MD, MPH, CDC-NRCC liaison, (b) (6)
- David Fitter, MD, Principal Deputy Incident Manger, (b) (6)

---

**From:** Feinberg, Rebecca P. EOP/NSC

(b) (6)

**Sent:** Monday, April 27, 2020 10:57 AM

**To:** Charles, Julia (CDC/OD/OCS) (b) (6); Redd, Stephen C. EOP/NSC (b) (6)

**Subject:** RE: Scheduling for Tuesday

Hi,

Could you please send the names of attendees (both in person and by phone)? Will there be an AV requirement? At what level classification will this meeting be held?

I will generate the WAVES link and conference line and will send that out once I have the information.

Thanks,  
Rebecca

---

**From:** Charles, Julia (CDC/OD/OCS) (b) (6)

**Sent:** Monday, April 27, 2020 10:53 AM

**To:** Redd, Stephen C. EOP/NSC (b) (6);  
Feinberg, Rebecca P. EOP/NSC (b) (6)

**Subject:** RE: Scheduling for Tuesday

Thank you, Steve and Rebecca.

Also, Tyler Ann said that the meeting can be a full hour (10:00 to 11:00). Will you be sending the WAVES links? I can send the names of the attendees (in-person, by phone).



---

**From:** Redd, Stephen C. EOP/NSC (b) (6) >  
**Sent:** Monday, April 27, 2020 10:48 AM  
**To:** Feinberg, Rebecca P. EOP/NSC  
(b) (6) >  
**Cc:** Charles, Julia (CDC/OD/OCS) (b) (6) >  
**Subject:** FW: Scheduling for Tuesday

Rebecca, can you set up this meeting for 172. Thanks..

For the principals, everyone who was invited last week should be included this week. . Should include Dr. Fauci, Joe Grogan, ADM Giroir, in addition to the CDC team and our team.

---

**From:** (b) (6) (b) (6) >  
**Sent:** Monday, April 27, 2020 10:35  
**To:** Redd, Stephen C. EOP/NSC (b) (6) >  
**Subject:** Fw: Scheduling for Tuesday

I think there still needs to be some smoothing over.

---

**From:** McGuffee, Tyler Ann A. EOP/OVP <(b) (6) >  
**Sent:** Monday, April 27, 2020 9:46 AM  
**To:** Charles, Julia (CDC/OD/OCS)  
**Cc:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Schuchat, Anne MD (CDC/OD); Butler, Jay C. (CDC/DDID/OD); (b) (6); Redd, Stephen C. EOP/NSC; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Mead, Paul (CDC/DDID/NCEZID/DVBD); Warner, Agnes (CDC/OD/OCS)  
**Subject:** RE: Scheduling for Tuesday

Following up with Dr. Birx availability for Tuesday, (4/28) 10:00am-10:45am

I am going to let this group handle the meeting room, calendar invite to all attendees and IT requirements.  
Last time I arranged the meeting, the President's IT support team's time was wasted due to a lack of communication.

You will need to ensure all principals that attended the last meeting are available to attend/invited to this meeting.

---

**From:** McGuffee, Tyler Ann A. EOP/OVP  
(b) (6) >  
**Sent:** Sunday, April 26, 2020 6:10 PM

**To:** Charles, Julia (CDC/OD/OCS) (b) (6)>  
**Cc:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6);  
Schuchat, Anne MD (CDC/OD) (b) (6) Butler, Jay C.  
(CDC/DDID/OD) (b) (6)>; (b) (6)  
(b) (6)>; Redd, Stephen C. EOP/NSC  
<(b) (6)>; Vitek, Charles  
(CDC/DDPHSIS/CGH/DGHT) (b) (6)>; Meaney Delman,  
Dana M. (CDC/DDNID/NCBDDD/DBDID) (b) (6)>;  
McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP)  
(b) (6); Fitter, David L. (CDC/DDPHSIS/CGH/GID)  
Mead, Paul (CDC/DDID/NCEZID/DVBD)  
(b) (6); Wamer, Agnes (CDC/OD/OCS) (b) (6)>  
**Subject:** Re: Scheduling for Tuesday

Request received. Will circle back tomorrow regarding exact time but yes, Tuesday.

Sincerely,  
TAM

Tyler Ann McGuffee  
Assistant to Ambassador Birx, M.D. | Office of the White House  
Coronavirus Response Coordinator  
Associate Advisor | Office of the Vice President  
Office: (b) (6) | Mobile: (b) (6) [no text]  
Email: (b) (6)

On Apr 26, 2020, at 5:31 PM, Charles, Julia  
(CDC/OD/OCS) (b) (6)> wrote:

Hi Tyler Ann,

I hope you were able to take some semblance of a break over the weekend. We would like to schedule time with Dr. Birx to go over the package of (b) (5), which we have compiled per her request. Can you please help us find a time? (b) (6) suggested scheduling for an hour on Tuesday, if that helps.

Thank you,  
Julia

**Julia Charles, JD**  
CDC COVID-19 Response  
o. (b) (6) | m. (b) (6)

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 27 Apr 2020 17:06:55 +0000  
**To:** Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)  
**Subject:** FW: Seeking information re Wuhan Institute of Virology

Please handle this.

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

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

From: (b) (6) (b) (6)  
Sent: Monday, April 27, 2020 12:42 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Cc: Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)>  
Subject: Seeking information re Wuhan Institute of Virology

Dear Dr. Fauci,

First of all, thank you for your great service to our country during the coronavirus crisis.

I am conducting a research on China's bio safety issue for Secretary Pompeo. We understand that the Wuhan Institute of Virology has a joint research project with the NIH on "Cytomegalovirus Gene Function in Virulence and Replication." I assume this is with NIAID.

I would appreciate that you or your office could help us with the following:

- observations, exchanges and agreements with the WIV on the issue of bio safety;
- Bio safety enforcement and inspection mechanisms at WIV or at any other Chinese high BSL labs your institutes have interacted with.
- The extent to which the U.S. has been involved in building the Chinese labs and helping enforce the safety standard and inspections.

To clarify, this is not an investigation, it's only an effort to gather relevant basic facts for the Secretary. I truly appreciate your help, knowing how busy you are these days.

Very respectfully

(b) (6)



Dr. (b) (6)  
Policy Planning Staff  
Office of the Secretary  
U.S. Department of State  
(b) (6)  
(b) (6)(mobile)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 18:14:04 +0000  
**To:** Gibbons, Gary (NIH/NHLBI) [E]  
**Cc:** Koroshetz, Walter (NIH/NINDS) [E]; (b) (6); Auchincloss, Hugh (NIH/NIAID) [C]; (b) (6); Collins, Francis (NIH/OD) [E]; (b) (6); Tabak, Lawrence (NIH/OD) [E]; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** Thrombotic phenomena in COVID-19

Gary:

In follow-up of our recent conversation regarding the growing evidence that the extremely catastrophic course of many patients with COVID-19 seems to me pathogenically associated with the findings of microthrombi in the lungs and often a multisystem process resembling DIC. In addition, there have been growing numbers of cases of individuals (some young and otherwise healthy) who have had unexplained strokes, only to find out that they actually have COVID-19. It is unclear whether this is circumstantial or causal, but it should be pursued. Bottom line is that I believe that we must as an urgent matter start a study (ies) on understanding the pathogenesis and importantly consider a clinical trial of anticoagulation in COVID-19. This could involve a collaboration between NHLBI, NINDS and NIAID. A good place to start would be to have a teleconference between you, me, Walter, and Cliff Lane and Hugh Auchincloss. To map a path forward. Please let me know if you agree and I can have my office set up the call. Thanks.

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:** Auchincloss, Hugh (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 17:42:12 +0000  
**To:** NIAID OD AM  
**Subject:** FW: Invitation to Webinar as keynote speaker.

I wouldn't think so.

**From:** Secretary ARP [REDACTED] (b) (6)>  
**Sent:** Saturday, April 25, 2020 2:07 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Invitation to Webinar as keynote speaker.

To,  
Anthony S. Fauci,  
Office of the Director,  
National Institute of Allergy and Infectious Diseases,  
National Institutes of Health, 9000 Rockville Pike, Bldg 31, Room 7A03,  
Bethesda MD 20892

Subject: Invitation to Webinar as keynote speaker.

Dear Sir,

On behalf of ASSOCIATION OF REGISTERED PHARMACIST (An association working for Pharmacy Profession and having more than 2000 members) in collaboration with Divine International, Gwalior (A Pioneer Pharmacy Institute) I am pleased to invite you to our Webinar having THEME "CHALLENGES AND OPPORTUNITIES FOR PHARMACIST IN THE PRESENT EPIDEMIC COVID-19" that will be held from 2nd May 2020 to 3rd May 2020. This Webinar is the get together of Pharma professionals through the web. The vision of this Webinar is to Aware, Prepare and strengthen our Pharmacy professionals in our country to this epidemic COVID-19 for present and future aspect and exports more realistic ideas and present scenario of this epidemic COVID-19.

You are one of the legends of Pharma Expert of our country, it is a great privilege for us to see if you share your experience with us, we really expect and want that you join our Webinar and share with us the great experience of your life, we want to learn something from you so that we can create a great ideas, opportunity, and roll of Pharma professional for our country in the present scenario.

We would be pleased to have you present at this point at this webinar to listen to what the role and importance in the Pharmacist advancement and their impact on our society and daily life we would also love to hear your thoughts and opinion about the Pharma professional that is a dream of our pharmacy fraternity.

Therefore you are requested to send your recorded Lecture/presentation of 30-40 min

Sincerely,

--

Thanks

**Rajesh Singh Jadon**  
Secretary (National)  
Association of Registered Pharmacists  
Gwalior MP  
Mob: [REDACTED] (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 15:43:25 +0000  
**To:** Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** RE: Kennedy Journal article\_CU4\_23\_2020 (003)  
**Attachments:** Kennedy Journal article\_CU4\_23\_2020 (003).docx

---

**From:** Grady, Christine (NIH/CC/BEP) [E] (b) (6)  
**Sent:** Sunday, April 26, 2020 11:32 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: Kennedy Journal article\_CU4\_23\_2020 (003)

To work on at home

---

**From:** Ulrich, Connie M (b) (6)  
**Sent:** Saturday, April 25, 2020 2:35 PM  
**To:** Cynda Rushton (b) (6)>; Grady, Christine (NIH/CC/BEP) [E] (b) (6)>  
**Subject:** Kennedy Journal article\_CU4\_23\_2020 (003)

Hi Christine and Cynda,

I finished my section and unfortunately have to keep changing the COVID numbers! I will add some thoughts to the last section. Not sure how much we can add there but maybe some reflections would be helpful. Enjoy the sunshine today!!

Best.  
Connie

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 02:57:31 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Tabak, Lawrence (NIH/OD) [E]  
**Bcc:** Mascola, John (NIH/VRC) [E] (b) (6)  
**Subject:** RE: agenda for Kadlec et al., Sun noon meeting

Francis:

Sorry that I took so long to respond. Agenda looks OK except we need room to speak about the dominant issue of the relationship between BARDA and NIH both historically, now, and in the future. I am afraid if it is reduced to canned talks about what everyone is doing in therapeutics and vaccines that we will miss the main point and purpose of the meeting. I would start off the meeting with a statement of what the issue/problem is in the parallel roles of BARDA and the NIH and why and how this must change. I would be happy to start off the meeting with that mandate. After all, that is why we are having the meeting. Let us connect by phone first thing in the AM>

Thanks,  
Tony

---

**From:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Sent:** Saturday, April 25, 2020 2:55 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Tabak, Lawrence (NIH/OD) [E] <(b) (6)>  
**Subject:** RE: agenda for Kadlec et al., Sun noon meeting

One additional item would be the portal for new ideas for COVID-19 therapeutics – how to harmonize NIH and BARDA. Another thing to discuss would be the MCM working group and its apparent duplication with ACTIV's working groups.

---

**From:** Collins, Francis (NIH/OD) [E]  
**Sent:** Saturday, April 25, 2020 2:49 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Tabak, Lawrence (NIH/OD) [E] <(b) (6)>  
**Subject:** agenda for Kadlec et al., Sun noon meeting

Hi Tony and Larry,

For the meeting tomorrow at noon (currently invitees are Kadlec, Disbrow, Johnson, Woodcock, Marks, and us three), I would propose the following framework:

- Introductions of the current roles of each participant
- General importance of tightening up connectivity at this time of national/international crisis – Collins and Kadlec

- Status of efforts on COVID-19 therapeutics
  - NIAID -- Fauci
  - ACTIV -- Collins
  - FDA -- Woodcock
  - ASPR/BARDA – Kadlec/Disbrow/Johnson
- Status of efforts on COVID-19 vaccines
  - NIAID -- Fauci
  - ACTIV -- Collins
  - FDA -- Marks
  - ASPR/BARDA – Kadlec/Disbrow/Johnson
- Next steps

I would propose not trying to cover diagnostics in this meeting.

Thoughts? Tony, should Cliff Lane and/or John Mascola be added to the invite list?

Francis

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 26 Apr 2020 01:22:21 +0000  
**To:** Corey MD, Larry  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: New England Journal of Medicine 20-13479

Let us talk tomorrow (Sunday). I am sorry that I did not get back to you today.

---

**From:** Corey MD, Larry [REDACTED] (b) (6)  
**Sent:** Saturday, April 25, 2020 5:36 PM  
**To:** Mascola, John (NIH/VRC) [E] [REDACTED] (b) (6) >  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)  
**Subject:** Re: New England Journal of Medicine 20-13479

Agree. Let's do either of them. Best we call the editor.

Sent from my iPhone

On Apr 25, 2020, at 1:59 PM, Mascola, John (NIH/VRC) [E] <[REDACTED] (b) (6)> wrote:

Science or Nature seem reasonable

Sent from my iPhone

On Apr 25, 2020, at 15:54, Corey MD, Larry [REDACTED] (b) (6) wrote:

A do have to say I am surprised . but ok

---

**From:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Sent:** Saturday, April 25, 2020 12:53 PM  
**To:** Corey MD, Larry [REDACTED] (b) (6); Mascola, John (NIH/VRC) [E] [REDACTED] (b) (6) >  
**Cc:** Collins, Francis (NIH/OD) [E] [REDACTED] (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  
<[onbehalf@manuscriptcentral.com](mailto:onbehalf@manuscriptcentral.com)>  
**Date:** April 25, 2020 at 12:31:26 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Subject:** New England Journal of Medicine 20-13479  
**Reply-To:** "[editorial@nejm.org](mailto:editorial@nejm.org)" <[editorial@nejm.org](mailto: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:** Fri, 24 Apr 2020 14:25:16 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Italy Covid-19

La Stampa is one of the two most important newspapers in Italy.

**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:** Mastrolilli Paolo <Paolo.MASTROLILLI@lastampa.it>  
**Sent:** Friday, April 24, 2020 10:08 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Italy Covid-19

Dear Doctor Fauci,

My name is Paolo Mastrolilli, I am the US Bureau Chief for the Italian daily La Stampa. I am writing because we would appreciate very much the opportunity to have a phone or written Q&As interview with you to discuss the Covid 19 pandemic. Considering the difficult situation Italy is experiencing, the help President Trump is sending to Italy, and the plan to open America again, it would be very helpful for Italy to hear from your experience and competence to address the Covid 19. We think that your advices would be very helpful to help our country and our citizens in dealing with the pandemic.

We understand that you are very busy and this request has no deadline.

La Stampa is a leading Italian daily, it is owned by the Agnelli Elkann family, owner of Fiat Chrysler as well.

I am also a contributor for the Vatican Radio and the official news portal of the Holy See, I would share the interview with them as well, if you like.

My cellphone number is (b) (6)

Please let me know if you need any further information.

Best regards

Paolo Mastrolilli

---

Il presente messaggio (inclusi gli allegati) contiene informazioni riservate esclusivamente al destinatario/ai destinatari indicato/i nel messaggio, ed è protetto dalla legge. La diffusione, distribuzione e/o la copia del contenuto del presente messaggio da parte di qualsiasi soggetto diverso dal destinatario è severamente vietata ai sensi dell'art. 616 c.p. e delle vigenti normative in materia di protezione dei dati personali. Se non siete i destinatari del presente messaggio, vi preghiamo di distruggerlo e di darcene immediata comunicazione inviando un messaggio di ritorno all'indirizzo e-mail del mittente.

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---

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 24 Apr 2020 10:33:49 +0000  
**To:** Holland, Steven (NIH/NIAID) [E]  
**Cc:** Marston, Hilary (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** RE: Successful Submission of a Manuscript to Science (abc4208)

Thanks, Steve.

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

From: Holland, Steven (NIH/NIAID) [E] (b) (6)  
Sent: Thursday, April 23, 2020 11:48 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6)  
Subject: FW: Successful Submission of a Manuscript to Science (abc4208)

This is the acalabrutinib paper today submitted to Science. NEJM was interested but wanted a month delay to be sure about the results but some of the authors (Not the NIAID one) balked and have gone elsewhere. Just keeping you in the loop.

Steve

--

Director, Division of Intramural Research National Institute of Allergy and Infectious Diseases National Institutes of Health  
Bldg. 10/11N248 MSC 1960  
Bethesda, MD 20892-1960  
(b) (6) voice  
301-480-4507 fax  
(b) (6)

Assistant lab: Eva Portillo  
(b) (6)  
(b) (6) voice

Assistant to SD: Beth Schmidt  
(b) (6)  
(b) (6) voice

On 4/23/20, 1:59 PM, "Lionakis, Michail (NIH/NIAID) [E]" (b) (6) wrote:

Attached the submitted paper, which will be deposited to MedRxiv.org today I think.  
Mihalís

On 4/23/20, 1:34 PM, "science\_editors@aaas.org" <science\_editors@aaas.org> wrote:

Manuscript Title: Inhibition of Bruton Tyrosine Kinase in Patients with Severe Covid-19  
Author: Lionakis  
Manuscript Number: abc4208

Dear Dr. Lionakis:

You are listed as a coauthor on the above manuscript, which has recently been submitted to Science.



According to Science policy, all authors must have seen and approved the submission of their manuscript. If you have seen the manuscript and approved its submission, no action is necessary.

If you have not read this paper or do not approve its submission to Science, please let us know as soon as possible. Please refer to the manuscript number listed above in any correspondence (you can just reply to this message).

You can see the status of your manuscript at any time by logging into your account at the Science Journals Submission and Information Portal at <https://cts.sciencemag.org>.

If you do not yet have an account, please go to <https://cts.sciencemag.org/scc/#/forgot-password> and use the email at which you received this correspondence because that is linked to your manuscript. Then, follow the prompts to set your password and login. After login, you can access your manuscript and monitor its status.

Once you are registered, we encourage you to link your account to your ORCID ID, an identifier that facilitates the correct attribution of your publications to you. To learn more about ORCID or to obtain an ORCID ID, visit their site at: <http://orcid.org>.

Your manuscript is now undergoing an initial screening to determine whether it will be sent for in-depth review. If the manuscript is sent to review, its status will change to "To Review".

Sincerely,  
The Editors  
Science

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 24 Apr 2020 01:58:36 +0000  
**To:** Greg Folkers (b) (6)  
**Subject:** FW: HIVR4P postponed to 17-21 January 2021

FYI. See yellow highlighted request.

---

**From:** HIVR4P - Secretariat <secretariat@hivr4p.org>  
**Sent:** Thursday, April 23, 2020 11:23 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Dieffenbach, Carl (NIH/NIAID) [E] (b) (6) >  
**Subject:** HIVR4P postponed to 17-21 January 2021



Dear Dr. Fauci,

As the research community responds to the global challenges of the COVID-19 pandemic, HIV prevention science matters as much as ever. Our priority as organizers of the HIV Research for Prevention (HIVR4P) conference remains the safety and wellbeing of all participants.

After careful consideration, we have decided to postpone the HIVR4P conference to **17-21 January 2021**. Updated details for the session(s) are listed below:

<b>Session title:</b>	HIV prevention 2020 – Where are we now and where are we going?
<b>Session type:</b>	Opening plenary
<b>Suggested presentation title/topic:</b>	Much accomplished; Much to do – An overview on HIV prevention research
<b>Session description:</b>	Today's plenary sets the stage for the conference week ahead, outlining the big-picture challenges we face in research, product development and access to prevention. Speakers will provide diverse perspectives on the state of the field today, the opportunities and obstacles ahead and priorities for action moving forward.
<b>Session date and time:</b>	<b>Monday, 18 January 2021 - 16:00-18:00</b>

#### Meet the Experts lunches

We invite you to host an informal table discussion at a Meet the Experts lunch on **20 January 2021, 12:00-13:00**. Daily meet the experts lunches provide early-career investigators and community advocates with valuable opportunities for informal, in-depth exchange with experts representing a cross-section of research issues, implementation challenges and HIV-affected communities.

**Please reply to this email by Wednesday, 6 May if you are still available to deliver this important presentation and, if so, please also include a photo and a brief biography.**

We are acutely aware many researchers and research organizations with critical studies and submissions to HIVR4P are now also heavily engaged in the COVID-19 response. Our hope is that postponing the conference, rather than presenting it virtually in October, will allow for the broadest participation to foster knowledge-exchange, debate and direction-setting in the field of HIV prevention research that HIVR4P is known for.

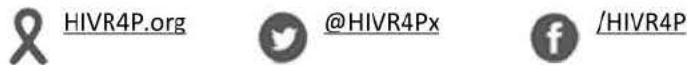
Thank you for your consideration.

Sincerely,

**HIVR4P - Secretariat**  
HIV Research for Prevention

W: [REDACTED] (b) (6)  
Avenue de France 23 | CH-1202 Geneva | Switzerland

**HIVR4P Conference | 17-21 January 2021 | Cape Town, South Africa**



---

**From:** HIVR4P - Secretariat  
**Sent:** 21 February 2020 16:57  
**To:** [REDACTED] (b) (6)  
**Cc:** Bargavi Thyagarajan [REDACTED] (b) (6)  
**Subject:** HIVR4P 2020 - Invitation to present



Dear Dr. Fauci,

We are writing with great pleasure to invite you to present at the 4th HIV Research for Prevention Conference ([HIVR4P 2020](#)) in Cape Town, South Africa, from 11-15 October 2020. HIV Research for Prevention is the only global scientific conference focused exclusively on the challenging and fast-growing field of HIV prevention research. HIVR4P fosters interdisciplinary knowledge-exchange on HIV vaccines, microbicides, PrEP, treatment as prevention and biomedical interventions as well as their related social and behavioural implications.



Details for the session(s) are listed below:

<b>Session title:</b>	HIV prevention 2020 – Where are we now and where are we going?
<b>Session type:</b>	Opening plenary
<b>Suggested presentation title/topic:</b>	Much accomplished; Much to do – An overview on HIV prevention research
<b>Session description:</b>	Today's plenary sets the stage for the conference week ahead, outlining the big-picture challenges we face in research, product development and access to prevention. Speakers will provide diverse perspectives on the state of the field today, the opportunities and obstacles ahead and priorities for action moving forward.
<b>Session date and time:</b>	Monday, 12 October 2020 - 16:00-18:00

### Meet the Experts lunches

We invite you to host an informal table discussion at a Meet the Experts lunch on **14 October 2020, 12:00-13:00**. Daily meet the experts lunches provide early-career investigators and community advocates with valuable opportunities for informal, in-depth exchange with experts representing a cross-section of research issues, implementation challenges and HIV-affected communities.

As an invited-speaker, you would be eligible to receive:

- Complimentary conference registration;
- Roundtrip economy airfare arranged through the HIVR4P travel agency; and
- Accommodation at one of the hotels pre-blocked by the conference secretariat.

To accept this invitation, please reply to this email by **Thursday, 27 February** and include a photo and a brief biography. Please find also attached for your record the official invitation signed by the HIVR4P 2020 Co-Chairs.

We ask that you please send any questions to the HIVR4P Secretariat at [secretariat@hivr4p.org](mailto:secretariat@hivr4p.org).

Thank you for your consideration. We look forward to you joining us in Cape Town!

Sincerely,



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 24 Apr 2020 01:30:49 +0000  
**To:** blonda quirico  
**Subject:** RE: estimation of dynamics of COVID-19 in USA new simulations at 23 April 2020

Thanks.

---

**From:** blonda quirico <(b) (6)>  
**Sent:** Thursday, April 23, 2020 5:02 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; COPPIETERS'T WALLANT Yves (b) (6)>  
**Subject:** estimation of dynamics of COVID-19 in USA new simulations at 23 April 2020

Tony,

We send you our simulations.

Best regards.

Quirico

Le mercredi 22 avril 2020 à 00:09:50 UTC+2, Fauci, Anthony (NIH/NIAID) [E] (b) (6)> a écrit :

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:** blonda quirico (b) (6)  
**Sent:** Tuesday, April 21, 2020 11:18 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); COPPIETERS' WALLANT Yves (b) (6)>  
**Subject:** Re: estimation of dynamics of COVID-19 in USA new simulations at 21 April 2020

Tony,

Professor COPPIETERS and I, we send you our new simulations :

In summary, the USA COVID-19 epidemic model says :

- the final size of epidemic = more than 850610 people infected and detected;
- date of epidemic peak = +/- 7 April 2020 with theoretical new cases - in one day during this peak - about +/- 35520;
- end of epidemic = +/- 19-28 June 2020 (we use two methods);
- mortality at the end of epidemic :  
\*\* if death rate 5% = +/- 42.530 deceased people (for the moment the death rate = 5%)  
\*\* if death rate 10% = +/- 85.060 deceased people

You reached 91,1 % of the theoretical logistic curve.

Best regards.

Quirico

00 32 475 48 68 42

Le dimanche 19 avril 2020 à 15:57:50 UTC+2, Fauci, Anthony (NIH/NIAID) [E] (b) (6)> a écrit :

Quirico:

Thanks again! Please keep this information coming to me.

Best regards,

Tony

---

**From:** blonda quirico [REDACTED] (b) (6)>  
**Sent:** Sunday, April 19, 2020 5:04 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>; COPPIETERS'T WALLANT Yves [REDACTED] (b) (6)  
**Subject:** Re: estimation of dynamics of COVID-19 in USA new simulations at 18 April 2020

Tony,

We send you our new simulations.

In summary, the USA COVID-19 epidemic model says :

- the final size of epidemic = more than 779000 people infected and detected;
- date of epidemic peak = +/- 7 April 2020 with theoretical new cases - in one day during this peak - about +/- 35063;
- end of epidemic = +/- 4-13 June 2020 (we use two methods);

- mortality at the end of epidemic :

\*\* if dead rate 5% = +/- 40000 deceased people

\*\* if dead rate 10% = +/- 80.000 deceased people

You reached 87.5 % of the theoretical logistic curve.

Best regards.

Quirico

00 32 475 48 68 42

Le lundi 6 avril 2020 à 03:32:35 UTC+2, Fauci, Anthony (NIH/NIAID) [E] (b) (6) > a écrit :

Dr. Blonda:

Thank you for sending me this information. I appreciate it.

Best regards,

Tony

---

**From:** blonda quirico (b) (6)  
**Sent:** Sunday, April 5, 2020 9:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; COPPIETERS' WALLANT Yves (b) (6) >  
**Subject:** estimation of dynamics of COVID-19 in USA

Professor Anthony FAUCY,

Sorry to disturb during the COVID-19 in USA.

But I would you inform about the COVID-19 in USA.

I'm medical doctor in Belgium.

With my teacher Professor Yves COPPIETERS ( Ecole de santé publique - ULB - Brussels), we make simulations about the COVID-19 for many countries.

In summary, the USA COVID-19 epidemic model says :



- the final size of epidemic = +/- 462760 people infected and detected;
- date of epidemic peak = +/- 1- 2 April 2020 with theoretical new cases - in one day during this peak - about +/- 28390;
- end of epidemic = +/- 15 May 2020;
- mortality :
  - \*\* if dead rate 5% = +/- 23140 deceased people
  - \*\* if dead rate 10% = +/- 46275 deceased people

If you are interested by our simulations, you can contact us.

Best regards.

Dr Quirico BLONDA

(b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 24 Apr 2020 00:50:12 +0000  
**To:** Alison Fauci (b) (6); Megan Fauci; Jennifer (b) (6) Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** FW: The Tablet I find myself thinking back to his father, Stephen Fauci, whose drugstore our family relied on back in the 1950s.

You have got to read this!!!

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)>  
**Sent:** Thursday, April 23, 2020 7:21 PM  
**To:** NIAID COGCORE <COGCORE@mail.nih.gov>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** The Tablet I find myself thinking back to his father, Stephen Fauci, whose drugstore our family relied on back in the 1950s.

<https://thetablet.org/only-in-print-dr-faucis-roots-in-dyker-heights/>

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## CORONAVIRUS

### Only in Print: Dr. Fauci's Roots in Dyker Heights

April 8, 2020



*Dr. Anthony Fauci meets with Regis High School students and the school's president, Father Daniel Lahart S.J., in 2019. Fauci (whose family owned a neighborhood pharmacy in Dyker Heights) is a 1958 graduate of the Jesuit school. (Photo: courtesy of Fauci family)*

## CATHOLIC NEWS SERVICE

Religious education continues in different format during pandemic

Bishops in Amazon urge Peru to guard indigenous needs during pandemic

April 15, 2020  
Volume 15

## **From the Neighborhood** by Frank Derosa

Frank DeRosa retired as Associate Publisher of The Tablet and director of the Diocesan Public Information Office in 2008

**When I see Dr. Anthony Fauci on the TV screen explaining expertly everything we need to know about the coronavirus pandemic, I find myself thinking back to his father, Stephen Fauci, whose drugstore our family relied on back in the 1950s.**

**Steve Fauci was the neighborhood pharmacist.**

**The Fauci Pharmacy stood on the southwest corner of 13 th Ave. and 83 rd St., in the Dyker Heights section of Brooklyn, diagonally across from the Shrine Church of St. Bernadette. We lived two blocks away on 85 th .**

Long ago parishioners like me remember what the store looked like, the soda fountain that ran along the right wall, the telephone booths at the left close to the entrance and the counter straight ahead down the center.

Whenever my mother sent me there, Mr. Fauci would be behind the counter, but it was a family enterprise. They lived in an apartment above the store, and if the patriarch wasn't serving you, his wife, Eugenia, or daughter, Denise, was there. Young Anthony, I've since learned, pitched in too, his father sending him out on his bike to deliver items to customers.

I've never met the man who has become the most important medical voice in the country. Nor have former parishioners that I've spoken to about him in recent days, like boyhood pals Anthony LoFrisco, from 80th St., now in Connecticut, and Bob Orlando, who lived on 84th, now a New Jersey resident, as well as Bishop Gerald Barbarito of the Palm Beach Diocese, from 11th Ave. But each remembers the pharmacy as a Dyker Heights institution.



While we don't know him personally, in a sense he's become everyone's friend. With his steady television presence, he's imparted his vast knowledge and straightforward advice in a trademark, sometimes gravelly or raspy, Brooklyn accent that has endeared him to people far and wide. You can't be anything but proud of someone of his prominence who came from the parish.

Anthony became known as Tony, as he tells it, when Father Flanagan, principal of Regis High School, decided to call him that on his first day as a freshman. The name stuck.

Tony took buses and trains to the Jesuit school in Manhattan, including the old Sea Beach Express. He traveled 70 minutes each way, did three hours of homework, captained the basketball team and excelled in the classroom.

I remember hearing that when Tony was a high schooler, he had a part-time job working in St. Bernadette's rectory, answering the phone and doing whatever else parishioners wanted him to do to put them in touch with one of the parish priests. In those days, the rectory had a priestly bonanza. There

were four of them.

Because St. Bernadette's School had not yet been established, Tony went to Our Lady of Guadalupe School, where he was taught by Dominican Sisters. It was, and is, St. Bernadette's neighboring parish.

Like most kids, he loved sports. He played CYO baseball and basketball. At Dyker Park on 86th St., he and his friends developed skills in imitation of their heroes. A Yankee follower living in the midst of Brooklyn Dodgers fans who adored The Boys of Summer, he's said his favorite players were Joe DiMaggio and Mickey Mantle.

Tony's father and mother married at 18, after they graduated from New Utrecht High School. Steve went on to Columbia to study pharmacy. Sometime after he opened his pharmacy, he became friends with Father Al Varriale, one of St. Bernadette's beloved parish priests. At one point, Steve, as a parent, and the priest known as Father V, who directed the parish's robust CYO sports program for youths, shared a concern. It was the easy availability of indecent

and immoral publications that they knew was a threat to the moral development of young people.

So, with the approval and support of the Diocese of Brooklyn, together they formed a diocesan commission against pornography. Both men are now long gone, and so is the commission, but it was a good idea, though it did not survive them.

Remarkably, just a few houses up the block from where Steve established his pharmacy, lived the Pellegrinos, another family of St. Bernadette's parishioners that produced a renowned medical professional. The eldest son, Edmund, became a bioethicist, a "preeminent" one, as one newspaper described him after he died. But he was more. He helped develop medical programs at Kentucky, Stony Brook and Tennessee Universities. Later, he took on the presidency of The Catholic University of America. Then, after completing his tenure there, he became, as physician and philosopher, the director of the Kennedy Institute of Ethics at Georgetown University.

Though years apart in age, both Dr. Fauci and Dr. Pellegrino became Hippocratic stars, nurtured on the same block.



**Only in Brooklyn, I say, not without bias.**

**Steve Fauci was known by members of his extended family and friends for his personality, kindness, sense of humor and wit, and for telling good stories. So they said in comments after he died in 2008.**

**Tony appears to have inherited Steve's gene for lightheartedness. His daughter once told the Washington Post that her dad could be a "goofball. . .he works hard and does his thing, but he comes home and he's singing opera in the kitchen and dancing around."**

**That kind of calm can help a man maintain his balance as he deals with the pressure of talking to millions of people every day about the complexity of a global pandemic.**

**As one newsman said, "When Fauci appears on the screen, you turn up the volume."**

**He once said the Jesuits at Regis and Holy Cross College taught him the importance of "precision of thought and economy of expression."**



**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 Utrecht High School  
Dante Circle  
*Vox Populi*

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 ?

Pleas 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](http://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](http://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](http://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.pcf

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

**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

**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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E-mail: (b) (6)

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---

**From:** Dzau, 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 25<sup>th</sup> 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)

**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)  
[REDACTED]  
**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](mailto:jmun@nas.edu)

(b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 23 Apr 2020 22:25:14 +0000  
**To:** Alison;Megan Fauci;Jennifer (b) (6) Grady, Christine (NIH/CC/BEP) [E]  
**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  
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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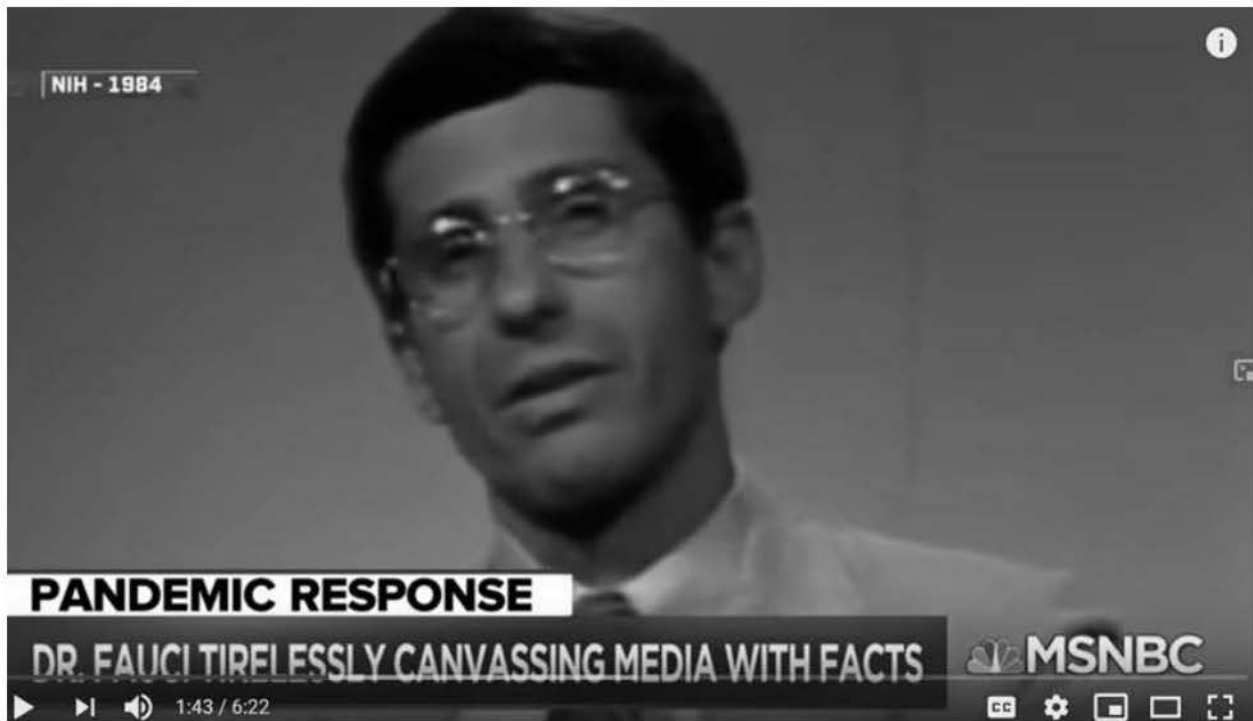
**From:** Barasch, Kimberly (NIH/NIAID) [C] (b) (6)  
**Sent:** Thursday, April 23, 2020 9:04 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: MSNBC: See Dr. Fauci's Stunning Pandemic Warning – Long Before Trump Minimized Coronavirus | MSNBC <https://bit.ly/2yynEPf>

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:** 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  
Cambridge, MA 02142

On Apr 19, 2020, at 8:48 PM, Collins, Francis (NIH/OD) [E] [REDACTED] (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 [REDACTED] (b) (6)  
**Sent:** Sunday, April 19, 2020 5:20 PM  
**To:** OD Labc (NIH/OD) [REDACTED] (b) (6)>; Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)  
**Cc:** Michael Rosbash [REDACTED] (b) (6)>; Ramnik Xavier [REDACTED] (b) (6); EDWARD SCOLNICK [REDACTED] (b) (6); Stuart Schreiber <[REDACTED] (b) (6)>; Michael Z Lin [REDACTED] (b) (6); Ben Cravatt [REDACTED] (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 21:29:50 +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**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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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)

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**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





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ONE

1

**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](http://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

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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IA.54106 Re-review -

by ICANdecide.org w

**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. This proof of concept was created utilizing a free software, Animaker, with limited capabilities. This was based off of Dr. Kelly Donahue's wellness lecture: *Managing Stress and Anxiety Around COVID-19*. I think getting this information out to the public is of utmost importance. Wellness has been well implicated in healing and overall wellbeing. 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  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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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: (b) (6)(mobile)  
fax: 301-770-5554  
E-Mail: [slhoffman@sanaria.com](mailto:slhoffman@sanaria.com)  
[www.sanaria.com](http://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

Anthony S. Fauci, MD  
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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.) Kaiser in DC has lab capacity to do (b) (4) a day, but only has reagents to do 350 a day)

- 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.

Anthony S. Fauci, MD  
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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  
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**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

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## A Strategic Approach to Successful COVID-19 Vaccine Development

Lawrence Corey, MD<sup>1,2</sup>, John R. Mascola<sup>3</sup>, and Anthony S. Fauci, MD<sup>4\*</sup>, and Francis S. Collins, MD, PhD<sup>5</sup>

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*Mandate for a SARS-CoV-2 Vaccine.*

A safe and effective SARS-CoV-2 vaccine needs to be made available to the 4.4 billion people that are older than 16 years of age, of whom about 220 million reside in the United States. This requirement creates an unprecedented need to manufacture and distribute enough vaccine to vaccinate an extraordinarily large number of individuals in order to protect the entire global community from the continued threat of morbidity and mortality from the SARS-CoV-2 virus <sup>1</sup>. If a vaccine's safety and utility for children is demonstrated, then vaccine demand becomes even higher. The potential number of vaccines that will be needed and their geographic diversity requires more than one effective vaccine approach; to meet this demand collaboration among pharmaceutical manufacturers will be essential.

A number of biotechnology and pharmaceutical companies are bringing forward a variety of vaccine approaches <sup>2-4</sup>. These encouraging efforts are tempered by the fact that we currently know little about what constitutes a protective immune response against COVID-19 <sup>5-8</sup>. Data from SARS-CoV-1, as well as recently infected SARS-CoV-2 patients, document indicate relatively high levels of immune responses post-infection, especially antibody responses to the surface (spike) protein that mediates entry into host cells. However, *in vivo* data on the type or level of immunity required to protect from subsequent re-infection, and the likely duration of that protection, is currently unknown <sup>9</sup>. In animal models of SARS-CoV-1, immunization with recombinant subunit proteins and viral and nucleic acid vectored vaccines, as well as passive transfer of neutralizing antibodies to the spike protein, have been shown to be protective against experimental infection <sup>10-15</sup>. Endpoints vary from protection of infection to modification of viral replication and disease. These data bring optimism that a highly immunogenic vaccine will elicit the magnitude and quality of antibody responses required for protection. The role that T-cell immunity plays in preventing acquisition or amelioration of early disease in either animal challenge models or in human coronavirus disease is unclear <sup>16,17</sup>; constituting another reason why a diversity of vaccine approaches must be pursued.

*Animal Models.*

Based on animal model data from SARS-CoV-1 and other coronaviruses, there is some concern that vaccine-induced enhanced disease could occur<sup>18,19</sup>. This has been reported for feline coronaviruses<sup>20</sup> and has been observed in some vaccine-challenge animal models of SARS-CoV-1<sup>21-23</sup>. The preclinical data suggest that the syndrome of vaccine-associated enhanced respiratory disease results from a combination of poorly protective antibodies that produce immune complex deposition together with a Th2-biased immune response<sup>24</sup>. Thus, it will be important to construct conformationally correct antigens to elicit functionally effective antibodies, a lesson learned from vaccine-induced enhanced lower respiratory illness among infants receiving a formalin inactivated respiratory syncytial virus (RSV) vaccine<sup>25</sup>. Animal models of SARS-CoV-2 infection are currently being developed, and the role of immune enhancement in these models is at present unknown<sup>26</sup>.

*Clinical and Immunological endpoints.*

The primary endpoint for defining effectiveness of a COVID vaccine also requires discussion. The two most commonly mentioned are: 1) protection from infection as defined by seroconversion (sterilizing immunity), and 2) prevention of clinically symptomatic disease with some assessment of a decrease in hospitalization. With regard to the latter, primary endpoints that involve reduction of disease require greater numbers of enrollees into trials, as asymptomatic infection is estimated to be 20-40% of total cases of COVID-19<sup>27,28</sup>. Initial efficacy trials may then require a large initial enrollment, with ongoing monitoring of both serologic and clinical endpoints. Demonstration of prevention of asymptomatic infection would also provide supportive evidence of efficacy and could be assessed by regular surveillance testing for viral infectious presence in asymptomatic trial participants. A major challenge

**Commented [CF(1)]:** Checking to see what co-authors think of this – wouldn't demonstration of avoidance of asymptomatic infection also be of value, since such individuals play a major role in spread of disease?



leading to a degree of complexity in developing clinical trial protocols for serological endpoints is the lack of precise knowledge of incidence rates <sup>29</sup>. A critical requirement for such a multi-trial strategy would be independent laboratories with similar or identical validated serologic assays to provide a harmonizing bridge between multiple vaccine products and multiple vaccine efficacy trials. Parameters that would distinguish the immune response resulting from vaccination versus from infection have not yet been delineated and there is an immediate need to develop assays to address this issue <sup>30</sup>. Efficacy trials need to be evaluated for both benefit and harm. The likelihood of SARS-CoV-2 re-exposure is much higher than that of SARS-CoV-1, which has disappeared from community circulation, and hence longer-term evaluation of potential enhancement with re-exposure is needed. This requirement does not preclude licensure based upon the endpoints outlined above; however, it does indicate that more prolonged follow-up of the initial vaccine cohorts should be undertaken. The durability of clinical and serologic endpoints will also need exploring as waning of immunity is common with human coronavirus infections <sup>31,32</sup>. Coronaviruses have a single-stranded RNA genome with a relatively high mutation rate <sup>33</sup>. While there has been some genetic drift during the evolution of the SARS-CoV-2 epidemic, major alterations in the spike protein are not extensive to date, especially in the regions thought to be important for neutralization; providing cautious optimism that vaccines designed now will be effective against circulating strains 6-12 months in the future <sup>34</sup>. Similarly, the effect of vaccination on the severity of COVID-19 disease also needs to be closely characterized in these initial efficacy trials.

The possibility of mounting a human challenge trial in which, where a small number of volunteers are vaccinated and subsequently intentionally infected with SARS-CoV-2, has been suggested (The Journal of Infectious Diseases, jiaa152, <https://doi.org/10.1093/infdis/jiaa152>). Such an approach, given that this might make it possible to shorten the timetable for regulatory approval. Although After all, the risk of severe disease or death in young healthy individuals from COVID-19 is quite low, —But it is not zero, and so importantly, there are no proven effective therapies for COVID-19. This fact raises serious ethical

~~concerns, and such an approach should only be undertaken, if at all, after this approach is currently considered unethical by most experts unless an effective therapeutic emerges from current trials.~~ evaluation by an independent panel of ethicists and clinical trialists.

#### *Vaccine Platforms.*

It is encouraging that vaccine development efforts have moved swiftly, and several major vaccine platforms are moving towards clinical evaluation. These include traditional recombinant protein, replicating and non-replicating viral vectors, and nucleic acid DNA and mRNA approaches<sup>35-37</sup>. Each of these vaccine platforms has advantages and limitations. Important characteristics include speed and flexibility of manufacture, safety and reactogenicity, the profile of humoral and cellular immunogenicity, durability of immunity, scale and cost of manufacturing, vaccine stability and cold chain requirements. No single vaccine or vaccine platform alone is likely to meet the global need, and so a strategic approach to the multi-pronged endeavor is absolutely critical.

Several companies are developing nucleic acid-based vaccines, including Moderna, BioNTech/Pfizer, Curvac (mRNA-based) and Inovio (DNA-based). DNA and mRNA-based vaccines can be generated quickly, based on viral sequence, which allows a rapid pathway to the clinic<sup>35-38</sup>. Currently, optimal immunogenicity of DNA requires an electroporation or Biojector delivery device to facilitate DNA entry into cells<sup>39</sup>. mRNA vaccines utilize lipid nanoparticles to protect and deliver the mRNA and effectively adjuvant the immunogen. The scalability of these lipid nanoparticles and their temperature stability are concerns, particularly in the potential global distribution of mRNA vaccines. While there is a wide body of early phase clinical experience with nucleic acid vaccines, none are licensed for widespread usage. As such, the path forward is filled with optimism, but some uncertainty remains, requiring rapid yet

prudent assessment of their immunogenicity and safety while addressing the lack of commercial experience with these products.

Traditional recombinant protein technology can be used to express the spike protein (e.g., Sanofi, NovaVax), and while the time to establish cell lines needed for manufacturing is longer than for nucleic acid vaccines, there is a robust commercial experience with protein and protein particle vaccines, including licensed vaccines for Hepatitis B, human papillomavirus, varicella zoster and influenza <sup>40,41</sup>. Protein vaccines will require a potent adjuvant, which can be critical for inducing a predominantly Th1-type immune response; however, the availability of certain adjuvants may be limited <sup>41</sup>. Viral vector vaccines encode the viral gene of interest into one of several well-characterized vectors, including adenovirus (Ad) and vesicular stomatitis virus (VSV). The replication defective adenovirus 26 (rAd26), recently shown to be effective in preventing Ebola virus infection<sup>42</sup> is being developed by Janssen Pharmaceuticals for COVID-19. This platform has the potential to be manufacturedmade at large scale. Pre-existing immunity to the specific viral vector can attenuate immunogenicity and this needs to be addressed in early stage trials <sup>43</sup>. A recombinant chimpanzee Ad vector approach is also under investigation; the distinguishing characteristic of this platform is enhanced CD8+ T-cell responses to the insert proteins <sup>44</sup>. The VSV vector vaccine platform is replication competent and thus induces a robust, likely durable immune response with a single dose. A licensed VSV Ebola vaccine made by Merck is highly effective after a single dose <sup>45</sup>, although its reactogenicity may be limiting in some populations. These diverse approaches provide the potential for scalable production required for widespread population use.

*Strategic collaborations.*

The full development pathway for an effective vaccine for SARS-CoV-2 will require that industry, government and academia collaborate in unprecedented ways, each adding their individual strengths. Such a collaborative program has recently emerged with the founding of the ACTIV (Accelerating COVID-19 Therapeutic Interventions and Vaccines) public-private partnership, wherein NIH has partnered with 16 pharmaceutical companies, FDA, CDC, EMA, ASPR/BARDA, and the Foundation for NIH (FNIH) to bring together the strengths of all sectors at this time of global urgency. By creating a platform for randomized controlled trials, essential safety and efficacy data can be generated for licensure through this kind of public-private partnerships. While individual trials can be designed, conducted and evaluated independently, each trial needs to either utilize common independent laboratories or contribute samples and data for the purpose of generating surrogate markers that ultimately speed licensure and an overall comparison of efficacy. A common institutional review board (IRB) should be seriously considered. In addition, cross-company independent Data Safety Monitoring Boards (DSMBs) should review multiple studies so one can make objective assessment of the effect sizes between approaches. As vaccine candidates are poised to enter phase 1, the collective planning for phase 3 must be undertaken.

Harmonized protocols will be needed in order to allow transparent evaluation of the relative effectiveness of each vaccine approach. This harmonization can best be achieved through public-private partnerships like ACTIV, in which government-supported central laboratories serve as an independent resource for efficacy trials; providing a standardized way to assess relative immune responses of different types of vaccines (**Figure 1**). Such laboratories enhance the ability to define correlates of protection, which would speed licensure for all vaccines as well as define populations that will achieve protective immunity. Data should be shared among companies and be provided to independent statistical evaluation allowing the early evaluation of a potential surrogate marker of protection, which would markedly speed licensure and distribution. Such data can only be obtained from harmonization

Commented [FA(12)]: Write out these abbreviations



and collaboration early on during the planning of efficacy trials and unique collaboration during the conduct of these trials through DSMBs, independent statisticians, centralized immune monitoring laboratories, and the companies themselves. Global effort, global cooperation and transparency are needed to maximize the speed, veracity and required decision-making required to deliver scientific advances to the global population in a timely fashion.

*Scale-up.*

The ability to manufacture hundreds of millions of doses of vaccine may require utilization of the global manufacturing capacity of the entire world. While new technologies and factories can be developed to sustain production, the immediate need for an effective vaccine requires utilization and collaboration of current facilities to achieve the billions of doses needed. Cost, distribution system, cold chain requirements, and delivery of widespread coverage are all potential constriction points in the eventual delivery of the vaccine to the individual and the communities in which they live. All of these issues require global cooperation between organizations involved in health care delivery and economics.

In summary, in order to return to a semblance of previous normality development of SARS-CoV-2 vaccines is an absolute necessity. In order to achieve this goal, all the resources in the public, private and philanthropic sectors need to participate in this endeavor in a strategic manner, as outlined in the recently initiated Public-Private Partnership (ACTIV public-private partnership) Initiative.

**Acknowledgements**

We thank Carl Dieffenbach and Emily Erbeling for insightful discussion and comments. We thank Mindy Miner for editorial assistance.

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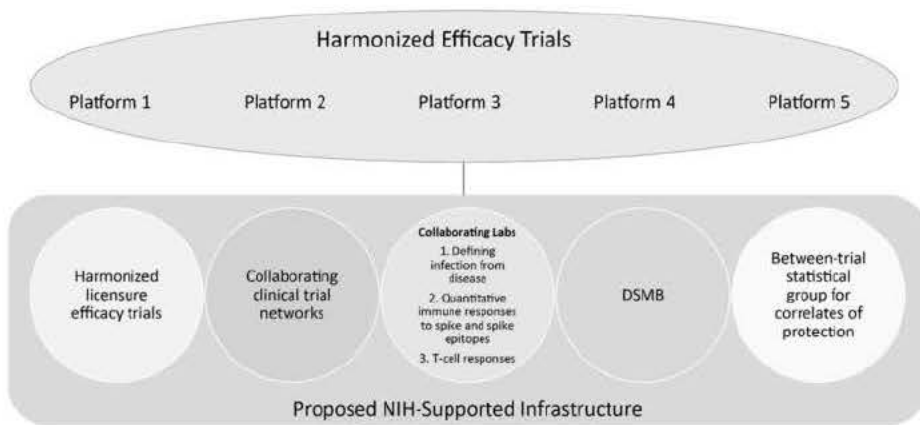
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**Commented [CF(13):** To make this more general, I'd suggest removing "NIH-Supported" from the diagram. But I don't feel strongly.

**Figure 1. Model for Proposed Private-Public Partnership for SARS-CoV-2 vaccine development.** The necessary partners in the public-private partnership are based upon non identical but harmonized efficacy trials associated with collaborating clinical trials networks and laboratories, a centralized Data and Safety Monitoring Board (DSMB), statistical groups to determine correlates of protection, and a clinical trials network. This model is currently being developed through the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) partnership.

**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  
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**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 whether you find this to be a compelling argument.

Also attached is a MedRxiv preprint that describes major differences in pathogenicity of different viral strains. I just got this and haven't yet been able to determine whether any of these results might shed light on the proposal that the D vs. G clades could account for why New York has had such a bad time with COVID-19 and Seattle has been milder.

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](http://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](http://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](http://www.theDOC.nz)  
[www.patbrittenden.com/about](http://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/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)  
, "SHIN, Young-Soo" (b) (6)  
(b) (6), Feng Ding  
(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: 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)  
(b) (6)  
(b) (6)  
(b) (6); SHIN, Young-Soo (b) (6)  
(b) (6) 'Feng Ding' (b) (6)  
(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-SHORBAJ, 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](mailto: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) TZERLAND Toll

JS 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](mailto: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 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 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:** 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. This started off as a pure Vaccine issue that now seems to have morphed into a larger endeavor with therapeutics and diagnostics.

---

**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

This is close hold and out of date, but tells you where this came from

---

**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



## COVAX2020 - A GLOBAL PARTNERSHIP for the ACCELERATED DEVELOPMENT, PRODUCTION and EQUITABLE ACCESS to COVID-19 VACCINES

### 1. The Context

- Given relatively low levels of population immunity for COVID-19, and the potential for re-emergence of the disease – particularly as national physical distancing measures are eased – **there is a risk of continued waves of infection across the globe and potentially uninterrupted disruptions of societies and economies unless this virus is stopped.**

### 2. The Objective

- Vaccines against COVID-19 may be the only tool that can return the world to a sense of ‘normalcy’, saving millions of lives and countless trillions of dollars. **This requires the accelerated development of, and equitable access to, COVID-19 vaccines – at a speed, scale, and coverage never before seen in history.** These vaccines must be safe, effective and treated as global public goods because as long as the virus is circulating in one country, it threatens every country. The aim is to deploy vaccines in record time (‘moonshot’).

### 3. The Challenge – What needs to be addressed?

- Main operational lessons learnt from the WHO Pandemic Influenza A(H1N1) Vaccine Deployment Initiative included:
  - The need to reach agreement with all stakeholders on overall framework for activities, roles and responsibilities relating to vaccine deployment during a pandemic for all actors in that framework<sup>3</sup>
  - Establish a cross-function, cross-region communication channel that involves all stakeholders to facilitate information sharing and to support the timely and effective efforts of different actors
  - ([https://apps.who.int/iris/bitstream/handle/10665/44711/9789241564342\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/44711/9789241564342_eng.pdf?sequence=1&isAllowed=y))
- There is a tremendous amount of critical work ongoing across the vaccine development/delivery ‘value chain’ (discovery and evaluation; scale-up and production; fair allocation and access; deployment and coverage) by a range of essential players including CEPI, Gavi, the Global Fund, multilateral institutions, development banks (e.g. WB), financing mechanisms, regional economic integration institutions (e.g. AU, EU), the private sector (e.g. large and small pharma/biotech companies, raw material suppliers), philanthropic foundations, national biomedical research councils and regulatory agencies, academic research institutions, public health agencies among many other relevant stakeholders.
- The development of candidates for COVID-19 vaccines is progressing faster than that for any other pathogen in history; there are already three clinical trials underway and more than 100 vaccine candidates in preclinical development.
- Massive investments are being made into vaccine pathways ‘at-risk’ in order to compress timeframes, and deployment activities are being advance-planned before late-stage clinical trials have even started.
- These initiatives are not yet fully interconnected, and do not yet harness the full capacities/comparative advantages nor represent the ecosystem of stakeholders involved in end-to-end vaccine development, delivery and access value chain.**
- Meeting a challenge of this magnitude requires that a global effort that ensures that all activities operate through a harmonized, integrated and leveraged approach to maximize the speed and scale needed to meet this challenge.**

### 4. The Solution - COVAX2020 GLOBAL PARTNERSHIP

- WHO convenes A COVAX2020 GLOBAL PARTNERSHIP to provide the convening platform/fora – leveraging the comparative advantages of WHO and all key partners – in order to connect the ecosystem to achieve the speed, billions of vaccine doses, equity, and sustainability needed to protect the world from this virus.**
- This is a global, truly collaborative and unprecedented partnership aiming to align efforts and capacities for COVID-19 vaccines under a shared guiding framework which helps to enhance/guide productive interactions for delivery. Meeting a challenge of this magnitude requires a global effort that ensures connection of upstream and downstream activities with countries and communities, operating through a harmonized, integrated and leveraged approach to maximize speed and scale. Key partners (e.g. CEPI, Gavi, GFATM, WB, BMGF, WT) will constitute the initial set of stakeholders within the COVAX2020 GLOBAL PARTNERSHIP.
- WHO is appointing two Special Envoys, Sir Andrew Witty (UK, former CEO of GlaxoSmithKline), and Dr Ngozi Okonjo-Iweala (Nigeria, Gavi Board Chair and former Minister of Finance, Managing Director, The World Bank), to help shepherd the work of the COVAX2020 GLOBAL PARTNERSHIP on behalf of WHO and in partnership with key stakeholder groups and constituencies. A small secretariat possibly including secondees from partner institutions) will help support the work.
- The **COVAX2020 GLOBAL PARTNERSHIP** will move to establish and advance:
  - a guiding framework for implementation to align and leverage activities across institutions and public/private sectors
  - key workstreams with high-level workstream leads who will drive their respective areas towards concrete results
  - key working methods, processes and platforms for sharing of information, data, expertise, resources, etc.
  - feedback mechanisms to respond to interdependencies of strategy adjustments across the value chain
  - relevant frameworks and fora to support joint problem-solving and decision-making on key issues



## 5. The Benefits – How will the COVAX2020 GLOBAL PARTNERSHIP achieve acceleration?

- **Create a stronger voice to maximize impact and ensure equitable access** – this is NOT about an extra layer, or additional bureaucracy; this is about convening a group of leaders who each drive part of the complex agenda, and provide an authoritative global forum where everyone has a very strong voice, but where everyone’s work and actions are consistent aligned, and where agreement on key enablers are reached to ensure that vaccine development progresses as fast as possible, and the world is prepared to execute the largest and fastest scale up in manufacturing, equitable distribution, and the most complex global immunization campaign ever implemented.
- **Orient towards action** – the PARTNERSHIP will move quickly with an appetite for risk consistent with the need to move at an unprecedented pace. Consultation will be for the purpose of increasing speed and likelihood of success
- **Connect the ecosystem** – the COVAX2020 GLOBAL PARTNERSHIP will connect the ecosystem around a singular guiding framework to maximize the speed of innovation and scale of delivery of vaccines – equitably, safely, and effectively – and ensure that the major investments bring maximum benefits to strengthen the overall health & immunization infrastructure at global/regional/local levels and sustainably advances health security.
- **Delivering Value / Reduce ‘transaction costs’** – by providing a shared platform for transparent information and data sharing and aligning contributions, comparative advantages and capacities of stakeholders around common variables (roles, responsibilities, timelines, assumptions, vocabulary, etc.); a global forum to allow these conversations is helpful so everyone can use them and put in their best assets.
- **Provide a true end-to-end view and monitoring of progress** – including collective problem-solving on all important roadblocks – to avoid duplication/overlap, balance investments, and identify gaps and close them before they emerge
- **Drive interconnectedness and inclusivity** – through an ‘integrated value-chain partnership’ where stakeholders can benefit more from everyone is doing and what they are doing is used by everyone; right now a lot of energy is placed on trying to find out what everyone is doing, adjusting strategy – a shared forum can foster an ethos of openness/ collaboration/ collective endeavor rather than fragmented jockeying

## 6. The Success Factors – What will drive success and the focus of the COVAX2020 GLOBAL PARTNERSHIP?

Quantum shifts will be required to achieve unparalleled speed, scale, and access to COVID-19 vaccines with unprecedented speed. This quest demands the need to draw upon experience of previous efforts to accelerate vaccines but also for paradigms in vaccine development and accessibility – to apply novel methods, harness the capabilities, and build the ecosystem needed to push human ingenuity to deploy COVID19 vaccines in record time, at record scale, and with record coverage. These shifts include:

- **Compression** – the unprecedented harnessing and facilitation of the global vaccine industry, global innovation, efforts, capacities and resources and interrogation of every step of the ‘development to delivery’ value chain, to unpack and reconstruct every opportunity for greater efficiency and speed. The traditionally sequential stages of the vaccine development/delivery ‘value chain’ need to proceed as much in parallel and as optimized as possible, at scale and ‘at-risk’.
- **Innovation** – establishment of risk-adjusted timelines and shortening the research, innovation and regulatory review cycle by overlapping some phases and fast-tracking others; and rapid building of new models of regulation, collaborative science and value chain partnership, shepherding of significant and simultaneous investment, and taking ‘big bets’ with a recalibrated risk tolerance by all stakeholders.
- **Facilitation and Commitment** – bringing together, from across the globe, the brightest minds, the most relevant experience, and the requisite operational capabilities and assets towards a ‘moonshot’ for COVID19 vaccines. Inclusivity and trust, clarity of roles, responsibilities and accountabilities, and commitment to collaborative working are key to ensure streamlined efficiency, with each partner contributing their unique strength and facilitating delivery.

## 7. The Commitments – What do the Partners in the COVAX2020 GLOBAL PARTNERSHIP commit to do?

COVAX2020 will leverage every opportunity to maximize speed of innovation, assessment and scale of delivery by de-risking and enabling involvement of all critical stakeholders. With equitable access at its core, this unparalleled initiative aims to drive global focus and leverage global assets, expertise and innovation to achieve the most ambitious mission in public health since the eradication of smallpox in a timeframe previously thought impossible. Tackling the main barriers and exploiting opportunities requires an effort of a scale, concentration, collaboration and purpose without precedent in vaccine research. The partners commit to:

- **Align** around a structured engagement and the collaborative contributions of the spectrum of stakeholders in this unprecedented global initiative grounded in equity, integration, efficiency, speed and scale
- **Collaborate and engage** in joint problem solving efforts to address fundamental roadblocks in vaccine development to advance the goal of delivering safe and effective vaccines equitably, expediently, and universally
- **Unify** to ensure access and provision of vaccines in an equitable manner with a systematic and sustainable approach
- **Support** this work through extraordinary levels of investment, as a global public good and without the aim of profit
- **Recognize** the power of ‘shared success’ and ‘shared failure’, and that there is utility in even shared failure, as the learnings and legacy systems that will emerge will be of value for this and future pandemic.
- **Make recommendations and decisions based upon data, evidence, and science**

**8. The Financing**

Obtained by ICANdecide.org via FOIA

Substantial resources must be committed from both the public and private sectors to accelerate and de-risk the development and manufacturing of multiple vaccine programs, prior to demonstration of proof-of-concept, also for the rapid production at scale and distribution of a new COVID-19 vaccine. The dedicated funding would need to be mobilized urgently, including perhaps championed through a proposed G20 fund and channeled through existing funding mechanisms. CEPI, Gavi and BMGF continue to work on refining cost estimates and delineating different scenarios for accelerated development and delivery (current estimates indicate financing needs on the order of ~USD \$15-50 billion, depending on the scenario (i.e. timeline, number of doses, number of countries, etc. (tbc)).

DRAFT



**ANNEX 1 – PARTNER ROLES / ONGOING ACTIVITIES + COLLABORATIONS / KEY CONTRIBUTIONS (ROUGH DRAFT TO BE REVISED)**

- **National governments / national regulatory agencies** - Massive national COVID-19 immunization campaigns would need to be implemented that reach the most vulnerable segments of each population. Most countries have routine immunization programmes for children, which can be built upon and will require a robust health system with adequate health care workers, strengthened national vaccine supply chain mechanisms, strong community engagement, reliable tracking system for those immunized which brings up issues of legal identity, and an effective communication strategy. Governments, working with global development and investment banks as described above, will need to ensure that liability coverage or indemnification is provided for the manufacturers through any of a variety of potential mechanisms. Regulatory agencies (and regional regulatory harmonization groups) have a key role to play – e.g. accelerated licensure, waiver of local registrations, mutual recognition
- **Regional economic integration institutions (e.g. AU, EU)**
- **UN SG** - Champion this global effort with key political and financial institutions, including WB, IMF, other IFIs, G20, G7, AU, EU, heads of state, etc.
- **WHO** - WHO convened the world's experts at a Research and Innovation forum (11-12 Feb 2020) to identify top research priorities and knowledge gaps and set out a Research Roadmap to address them. Since then, many different working groups have been convening virtually to develop tools, protocols, resources for researchers, as well as share data and experiences on animal models for COVID19, antigen and antibody detection assays, analysis of genetic sequence data, and standardization of lab assays needed for vaccine trials, among others. Landscaping of vaccine candidates in development was done and is constantly updated (over 100 initiatives worldwide, of which 3 are in human Phase I studies). The working group on COVID vaccines has developed a Phase II/III clinical trial protocol to assess the efficacy and safety of novel COVID vaccines and will begin to identify sites in many countries where this could be rolled out. WHO has been working closely with CEPI on many of these vaccine related activities, as well as with NIH, other biotech and pharmaceutical companies and Gavi on the distribution and access pieces. Recently, 130 companies and academic centres put out a statement pledging support to WHO in its efforts to have a global vaccine Endeavour. WHO also has a role to play related to: set up processes / mechanisms to enable agreement and alignment across the Taskforce members, expedite reviews / PQ, assist countries readiness to implement vaccination, SAGE / global guidelines for vaccination use, etc.
- **Gavi, the Vaccine Alliance** - alongside the expedited discovery process, there need to be plans for equally expedited manufacturing scale-up, distribution and delivery, drawing upon the capacities of the members of the Alliance. A global purchasing agent can be established with a substantial but limited-term Advance Access Commitment to support manufacturing scale up, and distribution through UNICEF especially to low and middle-income countries. Innovative financing, such as Gavi's AMC and APC which successfully accelerated PCV and Ebola vaccines, is required to make substantial resources available immediately for low and middle-income countries to purchase vaccines. Gavi will require additional resources for these tasks, which will require collaboration with the international finance institutions. In addition to direct government contributions, innovative finance mechanisms such as the International Finance Facility for Immunisation (IFFIm), created to support Gavi, can issue government-financed vaccine bonds to raise funds for vaccine development as well as equitable distribution and access. Gavi's board expressed support for the use of Gavi's IFFIm and advance market or purchase commitments to improve COVID-19 vaccine development and access.
- **UNICEF** – vaccines procurement and distribution
- **GFATM, GFF** – GFATM provides resources to health systems to mitigate the impact of the crisis and prepare to introduce vaccines that protect against COVID-19.
- **Large Pharmaceutical / Biotech** – Multi-national pharmaceutical companies have the critical end to end ability to discover, develop and manufacture vaccines at a global scale. They have the vaccine platforms, the development and operational know how to develop vaccines and produce them on a large scale. Common infrastructure such as building filling capacity should be considered. Universal access will be enabled by the mobilization of the vaccine manufacturers to produce +5 bn vaccines immediately. Maximising the deployment of the global vaccine companies will be essential to reaching this goal.
- **Small Pharmaceutical / Biotech** - Biotechs and pharmas of China, Korea, Singapore etc are working on and have potential candidates for global application / use
- **Developing country manufacturers** – many developing country manufacturers have existing infrastructure and large capacity to contribute to production scale / volumes
- **Development Banks: World Bank** – together with partners, the World Bank has been considering how best to finance and manufacture vaccines for global access. Funds already released by the World Bank can be used to support country planning and preparedness to receive and dispense COVID-19 vaccines when they become available, as well as to develop regional vaccine injury compensation funds to facilitate



a global approach to addressing vaccine injury claims for licensed COVID-19 vaccines. The World Bank should have a mechanism for transparent monitoring governmental and non-governmental financial flows to vaccine development and scale up. The GFF will complement World Bank activity and support countries to scale up access to comprehensive community and primary health care services and strengthen their health financing systems.

- **CEPI** - CEPI can assist in funding vaccine development until vaccines can be licensed or used under emergency use provisions. CEPI estimates that developing up to three vaccines from its own directly funded portfolio of 10 candidates in the next 6-12 months will require an initial investment of at least US\$2 billion, but this estimate does not include the costs of scale up, manufacture or delivery. Multi-national companies will work with CEPI to provide further input.

- **IFFIM**

- **Academia and research institutions** - it is essential that the global and regional vaccines companies, including Small Biotechs and academic vaccine initiatives are mobilized and facilitated to put their capabilities at work for COVID19. Working with Industry and CEPI to develop clinical trial capacity and capability globally in order to conduct clinical trials in COVID affected areas quickly. Exchange of scientific and development data to allow faster progress for all vaccines.

- **Philanthropic Foundations – BMGF, WT –**

DRAFT

**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. 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:** 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  
Director  
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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

(b) (6)

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  
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The National Institutes of Health  
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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.**

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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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**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>

This is the second article (the other was The Hill) that says that he is going to be involved in vaccine development. We need to correct that. This continues to get screwed up.

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.

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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 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](mailto: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](mailto:Minali.Nigam@turner.com)>  
**Sent:** Tuesday, April 21, 2020 4:03 PM  
**To:** COVID19 Treatment Guidelines <[COVID19TreatmentGuidelines@nih.gov](mailto:COVID19TreatmentGuidelines@nih.gov)>  
**Cc:** Cohen, Elizabeth <[Elizabeth.Cohen@turner.com](mailto: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) (6)

**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  
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Building 31, Room 7A-03  
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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  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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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  
Director  
National Institute of Allergy and Infectious Diseases  
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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



Obtained by ICANedde.org via FOIA

# SCIENTISTS TO STOP COVID-19

April 15, 2020

We are a group of passionate citizen-scientists who offer four actionable, non-partisan proposals 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. None of the contributors named in this proposal have any direct or known indirect financial interests in the referenced companies. Our only motivation is to help defeat the serious threat our nation and the world now faces.

The war against COVID-19 is being fought on multiple fronts: by our heroic healthcare workers on the front lines; by talented scientists in the laboratories of corporations and research institutions; by governments at the federal, state, and local levels; and by other citizens sacrificing their freedoms to limit the spread of the pandemic. Here we describe plans to develop therapeutics and vaccines, and to reopen our businesses and schools, that could be deployed in several waves.

We envision a **first wave of therapies using existing drugs** that will establish a beachhead in the fight against the virus (*testing in April-May 2020, use immediately afterwards*). A **second wave of potent new antibody drugs** developed specifically to neutralize COVID-19 offer a promising combination of speed, safety, and likelihood of being effective (*testing in June-August 2020, use afterwards*). A **third wave of vaccines for long-term victory over the virus** will offer seasonal or multi-year immunity to COVID-19 (*testing in March 2020-March 2021, use afterwards*). In parallel, **reopening of businesses and schools to restore our society and economy** (*implementation in May-June 2020, lasting until the threat has passed*) will use science-driven symptom reporting, virus testing, and personal protective gear to minimize future COVID-19 outbreaks and additional loss of life.

The four proposals that follow 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.

**It is critical that approaches to drugs, vaccines, and reopening our society be pursued and supported simultaneously.** To defeat this novel coronavirus in the United States, and around the world, will require a massive and well-organized collaborative effort from government, industry, philanthropy, and citizens. It is vital that we establish these partnerships and take actions immediately.

We hope these proposals will be considered with the seriousness and speed required by the current circumstances.

Sincerely yours,

Scientists to Stop COVID-19

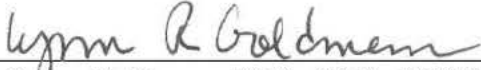




Dr. Thomas J. Cahill, MD, Ph.D.



Dr. Benjamin Cravatt, Ph.D.



Dr. Lynn Goldman, M.D., M.S., M.P.H.



Dr. Akiko Iwasaki, Ph.D.



Dr. Michael Z. Lin, M.D., Ph.D.



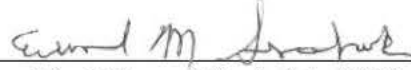
Dr. David Liu, Ph.D.



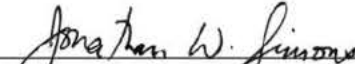
Dr. Michael Rosbash, Ph.D.



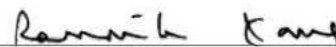
Dr. Stuart Schreiber, Ph.D.



Dr. Edward Scolnick, M.D.



Dr. Jonathan W. Simons, M.D.



Dr. Ramnik Xavier, M.D., Ph.D.



Dr. R. Scott Kemp, Ph.D.

None of the named contributors is aware of any direct financial interest in the companies mentioned herein and none receives compensation of any kind for his or her participation.

#### Contributors

**Dr. Thomas J. Cahill, MD, Ph.D.** is the Founder and Managing Partner of Newpath Management, L.P. Dr. Cahill received both his M.D. and Ph.D. from Duke University. His Ph.D. work, with Professor Robert Lefkowitz (Nobel Laureate), focused on studying cellular receptors and their signaling to inform novel drug development and discovery.

**Dr. Benjamin Cravatt, Ph.D.** is a Professor of Chemistry at The Scripps Research Institute in La Jolla, California and a member of the National Academy of Sciences. He is a founder of Vividion Therapeutics, Abide Therapeutics, and ActiveX Biosciences. Considered a co-inventor of activity-based proteomics, Cravatt is a prominent figure in the field of chemical biology.

**Dr. Lynn R. Goldman, M.D., M.S., M.P.H.** is the Dean and Professor of Environmental and Occupational Health at the Milken Institute School of Public Health at the George Washington University. She is a member of the National Academy of Medicine, the National Research Council Strategic Planning Group, and the NIH National Advisory Environmental Health Sciences Council.

**Dr. Akiko Iwasaki, Ph.D.** is a Professor of Immunobiology at Yale University School of Medicine, and a Howard Hughes Medical Institute Investigator. She is a member of the National Academy of Sciences, and a member of the National Academy of Medicine. She has discovered molecular mechanisms underlying innate and adaptive antiviral immunity and is a pioneer of novel vaccine strategies.

**Dr. R. Scott Kemp, Ph.D.** is an Associate Professor and Director of the Laboratory for Nuclear Security and Policy at the Massachusetts Institute of Technology. Dr. Kemp works on the scientific foundations of U.S. national security policy.

**Dr. Michael Z. Lin, M.D., Ph.D.** is Associate Professor of Neurobiology, Bioengineering, and Chemical and Systems Biology at Stanford University. A NIH Pioneer Award recipient, Dr. Lin develops protein-based tools for molecular imaging and control of gene and viral therapy.

**Dr. David Liu, Ph.D.** is Professor of Chemistry and Chemical Biology at Harvard University, Vice-Chair of the Faculty at the Broad Institute of MIT and Harvard, and a Howard Hughes Medical Institute Investigator. He is a founder of Editas Medicine, Beam Therapeutics, Pairwise Plants, Exo Therapeutics,

and Prime Medicine. Liu is a pioneer in chemical biology, protein engineering, and gene editing, and has developed technologies such as base editing and prime editing.

**Dr. Michael Rosbash, Ph.D.** is the 2017 Nobel laureate in Physiology or Medicine, a member of the National Academy of Sciences, a Professor of Biology at Brandeis University, and a Howard Hughes Medical Institute Investigator. Rosbash is a pioneer of chronobiology, the study of how living systems sense and respond to time.

**Dr. Stuart Schreiber, Ph.D.** is a Professor of Chemistry and Chemical Biology at Harvard University and co-Founder of the Broad Institute. He is a member of the National Academy of Sciences, and a founder of Vertex Pharmaceuticals, Ariad Pharmaceuticals, Infinity Pharmaceuticals, Forma Therapeutics, H3 Biomedicine and Jnana Therapeutics. Schreiber co-pioneered the field of chemical biology.

**Dr. Edward Scolnick, M.D.** is the former Head of Research and Development at Merck and a core investigator at the Broad Institute of MIT and Harvard. While at Merck, Scolnick oversaw the development of 28 FDA-approved drugs and vaccines, including statins, HIV protease inhibitors, and Gardasil. He also made seminal discoveries on the nature of genes that cause cancer in humans before beginning his 22-year career at Merck.

**Dr. Jonathan W. Simons, M.D.** is the CEO and President of the Prostate Cancer Foundation. Simons a molecular oncologist who previously was the Founding Director of the Winship NCI Cancer Center at Emory University, and currently co-directs the PCF-Veterans Administration Precision Oncology Program for Prostate Cancer.

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## I. FIRST WAVE: REPURPOSED DRUGS

### Plan to prepare for immediate provisional use of a repurposed antiviral drug to treat COVID-19

In the immediate term, **remdesivir** has emerged as the leading candidate for an effective therapy in COVID-19. Here, we lay out the evidence for remdesivir's efficacy and safety and propose how to accelerate its approval and use to treat COVID-19.

COVID-19 is caused by the virus SARS-CoV-2. The genome of SARS-CoV-2—the genetic instructions required for its life cycle—is a single strand of RNA. A viral enzyme called **RNA replicase** must copy this strand of RNA in order for the virus to replicate. This enzyme does not exist in humans, and thus drugs that inhibit RNA replicase could effectively treat COVID-19 without harming patients. **A similar strategy of inhibiting a viral replicase was effectively used with HIV.**

As detailed below, given its favorable safety profile and preliminary evidence of efficacy, we believe it is essential to plan now to facilitate the use of remdesivir to treat COVID-19. We propose the following:

- **FDA should coordinate with Gilead**, the maker of remdesivir, to receive the results of their clinical trials as they come in, rather than wait for submission of a new drug application (NDA). NDA preparation often takes months after clinical trials are complete. FDA can dramatically shorten the process by examining the data themselves directly in real time without requiring NDA paperwork. If the results are clearly positive, then provisional approval can be granted.
- The government should take steps to **facilitate large-scale manufacturing of remdesivir by other U.S. drug companies** in addition to Gilead. For example, the government could identify companies with manufacturing capabilities suitable for remdesivir synthesis at scale and begin discussions with those companies to clear any regulatory hurdles needed to repurpose those capabilities for remdesivir production.
- Both of these steps are similar to what we have already recommended for monoclonal antibody therapy (see the proposal below).
- Remdesivir is being tested in multiple COVID-19 clinical trials. The drug is given intravenously, and the initial dose is 200 mg followed by 100 mg for 5-10 days. **We believe this dose may be too low and treatment should be administered earlier in symptomatic patients.** Whether higher doses could be given safely can be determined by examining the animal safety studies carried out by Gilead. If these studies do not reveal a potential safety issue at higher doses, then higher doses should be given as early as possible during infection. We speculate that the current dose is chosen because of limited supplies. We urge the government to determine the facts around this issue so optimal trial doses for efficacy can be determined.
- An inhaled form of remdesivir (instead of intravenous) is important so that treatment can be administered remotely. Government should help push this initiative through. GlaxoSmithKline (GSK) and AstraZeneca have experience in this area and might be helpful.

Below we present recent evidence from peer-reviewed publications that suggests remdesivir may turn out to be effective and safe for COVID-19. **Knowing how to most effectively and safely use remdesivir to treat COVID-19 will require properly designed randomized, controlled trials in actual patients.**

- A 2016 *Nature* article showed that **remdesivir inhibits viral RNA replicases and is safe and effective in monkeys infected with Ebola virus** (which, like SARS-CoV-2, is an RNA virus). At the highest dose of remdesivir, monkeys were *completely protected from death* caused by Ebola virus. Ebola virus infection is very rapid in Monkeys and the best results were observed when the drug was given early



after infection. **Early treatment with remdesivir, versus later in disease course, will also likely be a key determinant for success with coronavirus.**

- A 2017 *Science Translational Medicine* article showed that remdesivir was effective against coronaviruses, the family of RNA viruses to which SARS-CoV-2 belongs. Importantly, remdesivir was shown to inhibit SARS-CoV-1, whose RNA replicase is 96% identical to that of SARS-CoV-2; SARS-CoV-1 causes SARS through a process essentially identical to severe COVID-19 cases. Indeed, from a clinical perspective, SARS and COVID-19 could be considered two forms of the same disease. Remdesivir potently inhibited SARS-CoV-1 and other pathogenic coronaviruses in human lung cells with a therapeutic index of over 100, meaning that the dose required to stop the virus was at least 100 times lower than the dose required to show any toxicity to cultured human lung cells. This study also showed that remdesivir inhibited SARS-CoV-1 replication in lungs of infected mice.
- **Remdesivir has already been shown to be safe in humans.** In a trial of Ebola patients described in 2019, remdesivir did not show any noted toxicity. Safety is the primary barrier to wide use of any experimental drug, and this trial proved remdesivir can be safely used in humans (Mulangu *et al.*, *New England Journal of Medicine* 2019).
- Remdesivir can be dosed to sufficient concentrations to have antiviral effects. In this same 2019 study, it was effective at reducing Ebola virus levels. Ebola virus is not a coronavirus, but this result demonstrates that **remdesivir can reach concentrations in humans that have an antiviral effect.**
- **We believe too low a dose of remdesivir was used in the Ebola trial. A dose of 10-20 mg/kg should be considered in the current clinical situation. We elaborate on this point later in this memo.**
- In monkeys infected with MERS virus, which is 50% identical to SARS-CoV-2, remdesivir inhibited viral replication and reduced lung damage (de Wit *et al.*, *PNAS* 2020). Thus, **remdesivir can inhibit disease caused by a coronavirus in primates.**
- In human cells in the lab, **remdesivir inhibits replication of SARS-CoV-2**, the virus causing COVID-19. (Wang *et al.* *Cell Research* 2020)
- remdesivir has already been given on a compassionate use basis to many COVID-19 patients, and a case report exists (e.g., Holshue *et al.*, *New England Journal of Medicine* 2020). No major adverse effects have been reported, suggesting that **remdesivir is safe in COVID-19 patients.**
- **These case reports emphasize that knowing how to most effectively and safely use remdesivir to treat COVID-19 will require properly designed, randomized, and controlled trials in actual patients.**

Therefore, we await the final and most important piece of information: the results of properly designed, randomized clinical trials of remdesivir in COVID-19 patients. There are over 20 such trials currently in progress worldwide. These trials will tell us how effective remdesivir is at treating COVID-19, how early in the disease remdesivir should be given, and the best dosage. The first remdesivir trial was initiated in February 2020 in China and results are expected later this month. Given the above preliminary evidence of efficacy and safety, it will be a surprise if remdesivir does not have a positive effect.

In assessing the potential widespread use of remdesivir in infected patients, certain points are critical:

1. The proper dose of the drug needs to be determined. FDA previously limited the dose based on reversible liver function tests; an increase in dose may be possible without compromising safety.

2. If scrutiny of preclinical safety data confirms that such higher doses can be used, we are optimistic that **administering the drug early in infection will be helpful**. In the *NEJM* case report, the drug was not given until day 7 of infection and seemed to already offer clinical benefit by day 8.
3. Supply of the drug is crucial. We speculate that the low dose used in the Ebola trial was chosen based upon a limited supply. The government needs to determine how quickly millions of doses can be manufactured and whether contract companies need to bolster what Gilead can do in their own manufacturing facilities. Gilead has recently released a letter underlining the limited doses that will be available. Gilead is ramping up their production capabilities. However, their estimate of how many patients can be treated will depend upon a future determination of optimal dose.

It is important to understand both the benefits and limitations of remdesivir compared to other therapeutic options, including the neutralizing human monoclonal antibodies we recommended in our first proposal. Based on the experience with Ebola (Mulangu *et al.*, *New England Journal of Medicine* 2019), remdesivir is unlikely to be better for COVID-19 than the best monoclonal antibodies currently under development. However, monoclonal antibodies will not be available for a few more months, and for this reason we consider them part of a **second wave** of therapies entering clinical trials in the summer. A **first wave of therapies can only come from repurposed drugs**. Since neutralizing monoclonal antibodies function by a distinct mechanism, it is also possible that the combination of monoclonal antibodies and remdesivir will be an even more effective second wave therapy than either single agent alone.

Finally, we recognize that other repurposed drugs and drug candidates have also garnered promising data, including other antivirals such as niclosamide, favipiravir, camostat, hydroxychloroquine, and chloroquine, as well as drugs that alleviate the excessive immune responses that can cause death (inflammation blockers such as tocilizumab). In addition, novel therapeutic modalities, such as Alnylam's use of silencing RNA molecules to destroy viral RNAs that are essential to the SARS-CoV-2 life cycle, are also promising and offer unique strengths, although most novel modalities will require additional time for validation in animals before clinical trials can begin. A fairly comprehensive list of potential COVID-19 therapies is maintained by the Milken Institute: <https://milkeninstitute.org/covid-19-tracker>. **Many of our suggestions, while presented for remdesivir, are also applicable to other drug candidates**. However, prioritization may be necessary to widely deploy any repurposed drugs on a greatly accelerated time scale.



## II. SECOND WAVE: ANTIBODY THERAPIES

### Plan for widespread deployment of an antibody therapy and short-term vaccine by Fall 2020

American biotechnology companies have **already cloned antibodies against COVID-19** virus from recovered patients and mice with human immune systems, and determined which antibodies are especially effective at neutralizing the virus in petri dish experiments. These **monoclonal antibodies** can now be used both to **prevent** COVID-19 like a short-term vaccine, and to **treat** COVID-19 patients.

Two American companies (Regeneron Pharmaceuticals and Vir Biotechnology) are leaders in the monoclonal antibody space. Both of these companies have (1) a proven track record of developing similar therapeutics on expedited timelines (i.e., for Ebola virus); (2) development timelines for COVID-19 therapeutic candidates that are leading the industry; and (3) manufacturing capabilities to enable 100% of their production be done in the United States. Although other COVID-19 therapeutic strategies must be advanced in parallel, we consider these monoclonal antibodies to have the highest likelihood of succeeding for the following reasons.

- Antibodies can **protect** healthy critical workers, as well as “high-risk” individuals.
- Antibodies can also **treat** those already infected, as demonstrated during the Ebola outbreak.
- Human antibodies are routinely administered, for example in cancer therapy and in travel shots, and are considered **very safe**. Indeed, the antibody-containing serum of recovered COVID-19 patients is already being used to treat small numbers of critically ill patients.
- This approach has the potential to be in human clinical trials by **June**, and if expedited with assistance from the government, to be approved by **this summer or fall**—far sooner than traditional vaccine or drug development approaches. This timeline is based on the recent experience American companies have had in producing an **effective** treatment against Ebola **in record time**.

To accelerate the testing, approval, and distribution of monoclonal antibodies against COVID-19, **there must be regulatory flexibility and focused efforts to eliminate all avoidable bottlenecks** via the following steps:

- These companies will be submitting investigational new drug (“IND”) applications to initiate clinical trials to the FDA in the near future. **We suggest the WH and FDA leadership work directly with these companies on a regular or daily basis.** The WH can then ensure that the FDA asks all its questions to these companies **before** receiving the IND. Standard rules are that companies must wait 30 days after submitting an IND before initiating trials. We recommend that the FDA **allow trial initiation immediately upon IND receipt** as their questions will have already been answered. *Desired timeframe: April-June 2020.*
- The FDA should allow, encourage, and facilitate the task of scaling up production of COVID-19 treatments prior to final approval; this is, of course so that treatments can be broadly available to the public the day of approval. For example, the FDA could quickly approve new or overseas plants for the production of other medicines, so that **U.S. plant can be devoted entirely to manufacturing COVID-19 treatments.** Similar manufacturing assistance should also be offered to all U.S. companies well-positioned to pursue the monoclonal antibody approach. All other rate-limiting manufacturing issues should be addressed now. If the above steps occur expeditiously, it should be possible to manufacture antibodies for COVID-19 at a scale sufficient for widespread deployment in the late summer or early fall of 2020. *Desired timeframe: June-August 2020.*



- Engage **other large U.S. biomanufacturers to contribute their capacity** to the manufacturing effort, to further expedite broad availability upon FDA approval. *Desired timeframe: June-August 2020.*
- Clinical trials usually begin with a small safety trial in a small number of people. We suggest monoclonal antibody treatments be allowed to proceed directly to a **larger efficacy trial** (e.g., by employing dose-titration in infected individuals, etc.) with enough patients to reveal how well the antibodies work, ideally both as a treatment and as a short-term vaccine. Scientists and physicians have enough experience with other virus-neutralizing antibodies to know the dose required. Safety will be confirmed simultaneously in this efficacy trial. *Desired timeframe: June-August 2020.*
- Following a successful clinical trial, a company reports the results and formally submits a new drug application (“NDA”). FDA review of an NDA normally takes 9-12 months. Given the state of the pandemic, we recommend that the FDA communicate daily with these companies during preparation of the NDA to assure all required components are included, and then **complete the NDA review within 1 week of receipt** since its questions will have already been answered prior to submission. *Desired timeframe: August-September 2020.*
- Given the efforts outlined above to preemptively mass-produce treatment in advance of the clinical trial outcome, broad administration can begin both as a treatment (prioritizing critically ill patients) and as a short-term vaccine immediately upon FDA approval. *Desired timeframe: August-September 2020.*

Other necessary associated efforts that must be pursued in parallel:

- **Tests for viral load and for prior infection:** Ensure availability of the fastest and most reliable test for measuring the amount of virus in the blood in patients at the point of care. These tests are necessary to ascertain if the treatment is working.
- **Serological (antibody) testing:** These tests reveal if an individual was previously infected. They provide important demographic data to guide public-health policy and are especially important for determining which individuals are eligible to participate in the trials of new drug candidates.
- **Notify hospitals** where the trials will take place as soon as possible so the hospital institutional review boards (“IRBs”) do not delay approval. Ensure there is no red tape at any of the above steps.

Timeline summary:

- By June 2020: investigational new drug application submitted and reviewed; efficacy clinical trials begin.
- June to August 2020: manufacturing ramp-up and antibody production for broad and nationwide administration.
- August 2020: Proof of efficacy in preventing infection and/or treating disease obtained from clinical trials; if positive, as anticipated, very rapid FDA approval of a new drug application.
- August-September 2020: widespread administration of antibodies to the American population. We believe this will make a major contribution to preventing a second wave of disease in the fall, which will impede, if not destroy, our societal and economic recovery.



### III. THIRD WAVE: VACCINES Obtained by ICANdecide.org via FOIA

#### Plan for rapid development of a vaccine against COVID-19 and future pandemics

As with many other infectious disease epidemics, eventual control will require the development and implementation of an effective vaccine that can provide population-wide immunity against the pathogen. **This third wave vaccine-based approach will establish long-term victory over the virus.** Historically, the average time for new vaccine approval is six to eight years. The current unprecedented nature of the COVID-19 pandemic requires immediate and unique action. Some approaches currently being pursued include inactivated virus particles (Sinovac), recombinant proteins (Sanofi), live hybrid viruses (Janssen), and RNA-based vaccines (Moderna, CureVac, BioNTech/Pfizer, Translate/Sanofi). More examples are listed at [milkeninstitute.org/covid-19-tracker](http://milkeninstitute.org/covid-19-tracker). It is not known yet if vaccines will need to be seasonal, as with influenza, or will provide durable long-term immunity, as with measles. *Timeframe: testing in March 2020-March 2021, use afterwards.*

- We propose that the federal government appoint an empowered council who will work with U.S. and global stakeholders to coordinate the required development and investment actions in an efficient, time-sensitive, and non-partisan way.
- It is essential for speed, assessment of comparative clinical data and prior immunity, and manufacturing at scale that a standardized clinical assessment approach be devised and supported by key regulatory authorities.
- We propose a centralized funding source to effectively allocate resources and personnel.
- The coordination must involve the end-to-end vaccine R&D process, including the developers, regulators, funders, and global stakeholders.

The proposed centralized approach has proven effective in the past while responding to national and global emergencies. A similar approach effectively accelerated the development of a polio vaccine in the 1950s. In this celebrated case, the private National Foundation for Infantile Paralysis (later known as the March of Dimes) provided centralized funding and technical decision making to ensure the development and availability of a vaccine for what was at the time a devastating infectious disease. **The same focus is required even more acutely to confront the current pandemic.**

The effectiveness and safety of a given SARS-CoV-2 vaccine design can only be assessed by clinical study. **Given the urgency of the SARS-CoV-2 pandemic, it is essential that a standardized clinical assessment approach be devised and supported by key regulatory authorities, both for speed and to ensure the ability to assess comparative clinical data.** Such a standardized approach is intended to provide a rapid progression to clinical study in a way that will yield the relevant safety and efficacy data in as short a period as possible, allowing for potential rapid deployment.

Manufacturing investments are quite substantial and, accordingly, will likely be made by government or large funding organizations. We must focus on manufacturing an effective vaccine at a scale that will permit world-wide use. In a typical vaccine development program, investments in scale-up and manufacturing are tied to an increasing understanding of a given vaccine's clinical potential. Such a measured approach **is not viable** for SARS-CoV-2 because of the urgency. **Large at-risk development decisions will need to be made, for each individual promising vaccine candidate, well before significant clinical data become available.** However, given the scale of the at-risk investments, the number of vaccine approaches in which such investments can be made will necessarily be smaller than the much larger number of all SARS-CoV-2-related vaccine R&D efforts.



At present, the non-company funding sources for the large majority of SARS-CoV-2 vaccine efforts globally include the Coalition for Epidemic Preparedness (CEPI), the Biomedical Advanced Research and Development Authority of the U.S. government (BARDA), the Bill & Melinda Gates Foundation (BMGF), and an increasing number of sovereign country governments. CEPI ([www.CEPI.net](http://www.CEPI.net)) is funded by the BMGF, the Wellcome Trust, and several European governments. BARDA is a part of HHS and is fully funded by the U.S. Government. BMGF is the world's largest private charity. An effort is ongoing for these three largest funders to coordinate their support in a way that will allow for efficient decision making and use of available funds for at-risk investment and development support.

Given the increasing number of stakeholders involved in the COVID-19 vaccine effort, we are concerned that the effort will become diffuse and will not achieve the level and degree of focus required for a sufficiently swift pandemic response. **To that end, unprecedented transparency and coordination are required. Coordination must involve the end-to-end vaccine R&D process, including the developers, regulators, funders, and global stakeholders.**

Such coordination requires centralized decision making to manage the activities across multiple individual promising approaches, and among the supporting functional and funding efforts—thus our recommendation to appoint an “empowered council”. A prospective agreement must be established primarily among the regulators, the key funders, and key global stakeholders to ensure that the empowered individual has the authority to direct the overall enterprise. The empowered individual should have a strong technical/scientific background with direct experience in the previous development of infectious disease vaccines. Decisions and direction by this individual should be based on his/her technical and scientific judgment supported by a small group of similarly technical and experienced advisors. Such a central coordinating and decision mechanism can ensure alignment among regulatory requirements for clinical and pre-clinical evaluation of vaccine candidates and can effectively manage the large at-risk scale-up and manufacturing investments needed to ensure ready availability of a vaccine as soon as its safety and efficacy has been demonstrated. It can also manage the complexities of the multiple parallel technical approaches that will be required.

Over the years, vaccine R&D for other human and animal pathogens have led to the development of a number of different “vaccine platforms,” most of which can potentially be adapted for the design of a potentially effective vaccine against SARS-CoV-2. Many organizations and companies are currently involved in designing various vaccine approaches using either internal funding or funding from various support sources (see later). Among these efforts, Moderna's RNA-based vaccine has already commenced clinical trials, and whether subjects create protective antibodies will be assessed in the next few months. However, whether this vaccine safely prevents disease may take longer to assess, and Moderna does not anticipate widespread implementation for at least 12 months. We recommend a centralized approach to manage the anticipated flow of clinical data as we evaluate the various vaccine candidates. Such a standardized approach is intended to provide a rapid progression to clinical study in a way that will yield the relevant comparative safety and efficacy data in as short a period as possible, allowing for potential rapid deployment.



## IV. RESTORING OUR SOCIETY AND ECONOMY

### A COVID-19 Risk Reduction Plan for Reopening Schools and Businesses

While drastic social-distancing and lock-down measures remain a necessary step to disrupt the exponential spread of COVID-19 in the United States, reopening our economy is increasingly urgent for the welfare of many Americans. In this document we propose a plan for returning people to schools and businesses in a manner that reduces the risk of future COVID-19 outbreaks and loss of life, for example from a “second wave” of the disease in the fall.

Once current social-distancing measures are lifted, the current policy of testing only symptomatic individuals cannot adequately curtail COVID-19 transmission. For example, a study of COVID transmission in Wuhan, China occurring between February 1 and March 12—when Chinese health officials were carrying out house-to-house temperature checks on the general population—found that even with such intrusive measures 86% of COVID cases were not identified, likely because the majority of infected persons had very mild symptoms.<sup>1</sup>

In this proposal, we describe a policy that requires individuals returning to schools and work to take three key steps: 1) to report symptoms daily before working; 2) to participate in frequent virus (PCR) testing; and 3) to wear certain personal protective equipment (PPE). We assess that this policy will substantially reduce the risks associated with reopening our society and restoring our economy, thereby protecting our recovery.

#### Daily Certification of Symptoms

All employees and students must **certify (via smartphone app), before leaving home, that they are not experiencing enough of the following COVID-19 symptoms** to exceed a calculated risk, weighted by symptom frequency, of being infected with SARS-CoV-2 (incidence frequency and standard error are shown, with data sources):

- a. Fever ( $0.64 \pm 0.030$ )<sup>2-4</sup>
- b. Sinus pain ( $0.50 \pm 0.18$ )<sup>4</sup>
- c. Cough ( $0.46 \pm 0.032$ )<sup>2-4</sup>
- d. Reduced or altered sense of smell or taste ( $4/9$ )<sup>4</sup>
- e. Expectoration ( $0.32 \pm 0.036$ )<sup>3</sup>
- f. Stuffy nose ( $0.25 \pm 0.15$ )<sup>4</sup>
- g. Chills ( $0.18 \pm 0.044$ )<sup>2</sup>
- h. Fatigue ( $0.18 \pm 0.025$ )<sup>2,3</sup>
- i. Sore throat ( $0.13 \pm 0.039$ )<sup>2</sup>
- j. Headache ( $0.13 \pm 0.037$ )<sup>2,4</sup>
- k. Difficulty breathing ( $0.11 \pm 0.034$ )<sup>2,4</sup>
- l. Joint or muscle pain ( $0.099 \pm 0.023$ )<sup>3,4</sup>
- m. Diarrhea ( $0.056 \pm 0.015$ )<sup>2-4</sup>
- n. Vomiting ( $0.026 \pm 0.018$ )<sup>2</sup>

This certification should detect the vast majority of symptomatic cases, including mildly symptomatic ones, among those who accurately respond. None of these individual symptoms are specific to COVID-19, but in aggregate they can be used to assess an individual’s risk of being infected with SARS-CoV-2, and even if caused by other pathogens are a prudent basis for staying at home. The acceptable level of calculated risk may differ among occupations (for example, nursing home caregivers could be subject to a very low risk threshold). We note that symptomatic patients are thought to be contagious prior to feeling symptoms, and that a large fraction of infected persons may remain asymptomatic for the entire course of the infection.

Estimates of the continually asymptomatic fraction have been made from several closed-cohort studies. One study using data from Japanese citizens evacuated from Wuhan estimated the asymptomatic fraction at 31%



(95%CI 7.8%–54%).<sup>5</sup> Another study using data from the Diamond Princess cruise ship (which had an age distribution skewed older than the general population) estimated that 18% (95%CI: 16–20%) of infected persons remain asymptomatic, subject to assumptions about the incubation period.<sup>6</sup> In contrast, a third study of 4,950 close contacts found that only  $6.2 \pm 2.2\%$  of infected persons were fully asymptomatic throughout the course of the disease, but that an additional  $38 \pm 5.4\%$  showed only mild symptoms and may not have considered themselves to be infected.<sup>3</sup>

These data emphasize the importance of respondents giving accurate answers to survey questions and using centralized algorithms, rather than individual judgment, to make decisions about who can engage in work and school activities. A variety of strategies can be used to increase compliance, including assurances of pay while at home with symptoms. The calculated risk threshold can be set by governments and adapted to respond to real-time epidemiology.<sup>7</sup>

We also considered the use of fever screening devices that rapidly measure the temperatures of people at the entrances to schools and businesses. However, we are concerned that questions about the accuracy of this method, the availability and cost of fever screening devices at the scale needed, and the fact that fever screening assesses only one COVID-19 symptom may limit its practical usefulness in the current situation.

Whether fully asymptomatic COVID-19 cases pose an infection risk to others remain to be seen. We are only aware of one study that examined this question, but the statistical uncertainties were too large to make a useful deduction of the asymptomatic carrier risk.<sup>3</sup> However, because asymptomatic case fractions may be large, and because even symptomatic cases may be contagious prior to the onset of symptoms, frequent virus testing to detect viral presence is essential, in addition to a daily survey of symptoms.

### Frequent Testing for Virus

Several methods, including PCR, can detect viral RNA in specimens collected from individuals. The sampling and analysis procedures for PCR tests, however, yield a significant false-negative rate, which means that relying on only a single PCR test for each individual may be insufficient. For example, in the case of tests performed on close-contact cohorts, throat-swab PCR was found to have a false-negative rate of 28.7% after one sample, reduced to 7.8% with a second sample at a later time. Another study found that China's national PCR test had a false-negative rate of 34%.<sup>8</sup> Note that the sensitivities of PCR tests for asymptomatic and pre-symptomatic cohorts have not been separately established. The steps described below, coupled with the certification of symptoms described above, will provide the data needed to establish these sensitivities.

Nasopharyngeal or throat-swab PCR sampling is too invasive and demanding for regular mass testing. **As an alternative, we propose frequent—ideally, daily—virus testing of all people returning to school or businesses from samples collecting by having people spit into barcoded tubes.** In one study of SARS-CoV-2 PCR tests, saliva collected from an individual's tongue was found to have  $93.3 \pm 0.5\%$  the sensitivity of samples taken from nasopharyngeal swabs.<sup>9</sup> Another study not specific to SARS-CoV-2, found that saliva was generally identical in sensitivity to nasopharyngeal swabs for most respiratory pathogens, but there was a high-rate of discordance between the two sampling locations (i.e., two-location sampling would substantially reduce false negatives but with a higher sample-collection burden).<sup>10</sup> These data suggest the probability of a single salivary PCR detecting a typical symptomatic person is about 67%. Collecting at least two specimens (which can be pooled) from an individual each day would greatly increase overall sensitivity. In addition, increasing the number of PCR cycles performed will also greatly increase the sensitivity of PCR testing, at the expense of a higher false positive rate.<sup>8</sup> However, “weak positives”—those with  $C_t$  values high enough that they would not have been detected with a standard PCR test thresholds—can be re-tested immediately the next day before work, requiring only a one-day quarantine (or less) while the follow-up test is processed. PCR primer sets that amplify endogenous human RNAs known to occur in saliva<sup>10a</sup> can be used as positive controls to authenticate sample collection and testing procedures.



From a practical perspective, samples for mass virus testing should ideally be collected at the end of the workday, processed overnight, and reported to individuals before they decide to come to work or school the next morning. Positive virus tests result in immediate quarantine, contact tracing, and quarantine of close contacts, ideally in coordination with state and local public health officials if governments succeed in establishing urgently needed contact tracing infrastructure. For the many employers and schools that will not be able to establish such a sample collection and testing capability, governments should facilitate the ability of drug stores and other local point-of-care facilities to perform standardized virus tests. We appreciate that this second component of our proposal is a major undertaking, but we anticipate that frequent testing of all people returning to work and school is critical to restarting our society and rescuing our economy while minimizing the chance of new outbreaks that force future shutdowns and cause additional loss of life.

### **Required Personal Protective Equipment (PPE)**

We recommend that wearing PPE throughout the work or school day become a requirement. Multiple studies have shown that the single most effective piece of PPE is a face mask or respirator. **For the general public, we recommend surgical-style masks, with simple training on their use.** Surgical masks have been shown to be effective with an odds ratio of 0.32 (95%CI: 0.25–0.4), meaning that a person reduces their risk of contracting respiratory viruses to 32% of the normal risk by wearing a surgical mask.<sup>11</sup> N95 respirators can be even more effective, but are more difficult to acquire in mass quantities, and too burdensome to wear for prolonged periods to expect good compliance from most individuals. N95 respirators provide an odds ratio of 0.09 (0.03–0.30), with the high variance emphasizing the importance of leak-tight fit and proper use, which is difficult to maintain outside a trained user cohort.<sup>11</sup> Controlled comparisons of surgical masks and N95 respirators in real-world settings of occasional exposure have found them similarly effective in reducing respiratory infections.<sup>12</sup> Surgical masks therefore strike an optimal balance between availability and practical effectiveness for most people.

In contrast, cloth masks were reported to be 63% as effective as surgical masks in preventing any respiratory symptoms for the wearer, and only 8% as effective in preventing influenza-like illness.<sup>13</sup> As such, we recommend that **wearing surgical masks (or, for high-exposure settings, N95 respirators with appropriate training), rather than cloth masks, be required for entering schools and businesses.** We note that studies on the lifetime of coronaviruses on surfaces including paper<sup>14a</sup> suggest that if masks are in limited supply, reusing masks that have been stored away from human contact for 5–7 days may pose minimal additional risk.

Gloves can also lower infection risk, offering an odds ratio of 0.43 (95%CI: 0.29–0.65) in a hospital setting.<sup>11</sup> They could also be required, although proper use habits are needed for gloves to be effective. We anticipate that many people not accustomed to the uses of gloves for biomedical purposes will contaminate themselves, surfaces, or others through improper use.

### **Antibody (Serological) Testing**

Antibody tests are an important tool in the fight against COVID-19. Unlike PCR tests, which detect the presence of the virus's RNA genome, and thus can approximate how many virus particles are present in a patient sample, antibody tests reveal the presence of antibodies that a person's immune system has produced as a consequence of being infected with SARS-CoV-2. It is possible—perhaps even likely—that protection from future SARS-CoV-2 reinfection by a person's own antibodies can be strong and can last >1 year. This expectation is based on one preliminary study<sup>14</sup> of SARS-CoV-2 in monkeys, and one long-term study<sup>15</sup> of humans infected with the virus that caused the original SARS epidemic. Importantly, however, this critical information is not yet known with actionable certainty.



Antibody tests provide important information for guiding public-health policy. They are the best tool currently available to understand the percentage of people within a community that have been previously infected with SARS-CoV-2. Antibody tests thus reveal the extent to which transmission countermeasures have been effective, how many people may need a COVID-19 drug or vaccine in the future, and how far away we are from “herd immunity.” Antibody tests can also serve a surrogate measurement of a person’s immunity to reinfection, with the important caveats presented below. Therefore, they can also be used to identify especially vulnerable or less-vulnerable sub-populations (see below).

Vaccines are widely seen as part of the COVID-19 endgame. The Milken Institute currently lists 79 vaccine development efforts underway. **Antibody testing is important for vaccine development** in two ways:

- 1) Antibody testing is needed to identify individuals who are eligible for testing any COVID-19 drug or preventative, including vaccine candidates. People with pre-existing SARS-CoV-2 antibodies cannot be used to test the effectiveness of such candidate drugs or vaccines, because the potential ability of those antibodies to neutralize the virus could obscure the effect of the drug or vaccine candidate in people who have not been previously exposed.
- 2) Antibody testing is needed to assess the ability of a vaccine candidate to do its job—to elicit antibodies in the subject.

These key benefits highlight the importance of continued development and deployment of antibody testing. However, **we do not anticipate that antibody tests will have a major impact on reopening workplaces or schools in the near future** for the following reasons:

- 1) It seems likely that only a low fraction of the population by the late spring of 2020 will have been infected with SARS-CoV-2. This assessment is based on the number of reported and projected deaths (not reported cases, which are highly dependent on testing coverage) and current estimates of the infection-fatality rate. Therefore, it is unlikely that people with SARS-CoV-2 antibodies will represent a significant fraction of our students or workforce in the coming months. An important exception to this point is noted below.
- 2) It is not yet known what level of antibody titers offer what probability of re-infection resistance, or for how long, as noted above. It is even more difficult to know how this assumed correlation will vary among individuals.
- 3) Based on recent reports, it takes ~2 weeks from first symptoms for the substantial majority (>90%) of infected people to form robust antibody titers, with possible dependence on the level of symptoms in the patient (there are conflicting reports on the latter point).<sup>16,17</sup>
- 4) Protecting our citizens from future infection is the most important requirement for a successful restoration of our society. Virus (PCR) tests inform infectivity much more than antibody tests—indeed, antibody tests do not explicitly assess infectivity at all.

One important exception to the lack of applicability of antibody tests to reopening schools and workplaces in the near future is that some local communities have experienced outbreaks with much greater than 10% exposure. For examples, in some towns, ships, nursing homes, detention centers, shipping warehouses, and health-care settings, exposure has far exceeded the modest average fraction of infected persons nationwide. In these special cases, serological testing can be an important surrogate for identifying who is still vulnerable, and who may be at lower risk to return to work.

Finally, we note the danger of strongly associating a positive antibody test with the right to return to school or to work. Plans to reopen our workplaces and schools must **avoid the moral hazard of creating a perverse incentive to purposefully increase one’s risk of exposure** to the SARS-CoV-2 virus in order to increase the chance of being able to return to their studies or professional work.



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Prepared by Newpath Partners

**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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National Institutes of Health  
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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  
Bethesda, Maryland 20892  
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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  
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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

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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), 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 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  
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**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**  
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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:** 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  
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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)  
(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 McCarry 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](mailto:eoconnor@rockfound.org)  
[www.rockfound.org](http://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  
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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

Dear Dr. Fauci,

My name is (b) (6) and I am a current student at (b) (6)  
(b) (6)  
(b) (6) I have already applied to the NIH Postbac IRTA program, and I am writing to express my sincere interest in joining your lab and to inquire whether your lab will be accepting any IRTA fellows this coming summer or fall.

I have been working in the lab of (b) (6)  
(b) (6)

This position furthers my goals of [REDACTED] (b) (6)

[REDACTED] (b) (6) The attached CV and my online application should provide more information about my qualifications. Please let me know if there is any other information I can provide. Thank you in advance for your consideration of my interest. I hope to hear back from you soon!

Warm regards,

[REDACTED] (b) (6)



**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  
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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-player/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 , the figure can be made prettier the wording perhaps crisper but NEJM redraws figures anyway.

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 <hhh@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.  
I hope I will have some interesting COVID-19 serologic results to share with you shortly from our studies in the Hopkins ED.

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 <hhh@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)



**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

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.  
I hope I will have some interesting COVID-19 serologic results to share with you shortly from our studies in the Hopkins ED.

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. (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 ISSTDR, 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)

FAX: (301) 496-4409

E-mail: (b) (6)

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On Apr 19, 2020, at 2:21 PM, Bill Gertz <[bgertz@washingtontimes.com](mailto: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](http://TheGertzFile.com)

<twtdlogo.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.

It's been a very hard few months as these conspiracy theorists have gradually become politicized and hardened in their stance. Especially because the work we've been doing in collaboration with Chinese virologists has given us incredible insight into the risks that these viruses represent, so that we can directly help protect our nation from bat-origin coronaviruses. We're fighting to keep the communications open with our Chinese colleagues, so that we can better address future pandemics like COVID-19.

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

**Peter Daszak**

*President*

EcoHealth Alliance  
460 West 34<sup>th</sup> Street  
New York, NY 10001  
USA

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

Website: [www.ecohealthalliance.org](http://www.ecohealthalliance.org)

Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

*EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation*



**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.

---

**Anthony S. Fauci, MD**  
Director  
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Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
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Bethesda, MD 20892-2520  
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E-mail: (b) (6)

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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: [REDACTED] (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  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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---

**From:** Corey MD, Larry [REDACTED] (b) (6) >  
**Sent:** Saturday, April 18, 2020 12:34 AM  
**To:** Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Mascola, John (NIH/VRC) [E] [REDACTED] (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  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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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) on behalf of the Woodruff School of Mechanical Engineering at Georgia Tech, who has developed ventilators and they are seeking where they may go for a fast-track regarding FDA approval. I have included a Dropbox link with an informational deck here:



Georgia Tech - Woodruff School of Mechanical Engineering - Ventilators

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:** Grady, Christine (NIH/CC/BEP) [E]; Alison Fauci  
(b) (6); Jennifer; Megan Fauci; (b) (6)  
**Subject:** FW: article and bb rim  
**Attachments:** The Mentor Who Made Dr. Anthony Fauci - WSJ - large text.pdf

This article about my relationship with Shelly Wolff is worth reading

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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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] (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, (b) (6)  
(b) (6)  
(b) (6).

(b) (6)  
(b) (6) 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  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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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) "COX, Paul Michael" "GREIN, Thomas"  
(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) >, "DRURY, Patrick Anthony" (b) (6) >, "Dr VAN KERKHOVE, Maria" (b) (6)  
(b) (6)  
(b) (6) "POOLE, Marcia" "GRAAFF, Peter Jan" (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/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 <DGOoffice@who.int>,  
"SCHWARTLANDER, Bernhard F." (b) (6)>, "MAHJOUR,  
Jaouad" (b) (6), "FALL, Ibrahima Soce" (b) (6)>, "GREIN,  
Thomas" (b) (6), "MINHAS, Raman" (b) (6)>, "COX, Paul  
Michael" (b) (6)>, "AL-SHORBAJI, Farah" (b) (6),  
"POOLE, Marcia" (b) (6)>, "DRURY, Patrick Anthony"  
(b) (6)>, "GRAAFF, Peter Jan" (b) (6)>, "Dr VAN  
KERKHOVE, Maria" (b) (6)>, "KABIR, Sophia"  
(b) (6)>, "FARES, Christine Youssef" (b) (6),  
"AYLWARD, Raymond Bruce J." (b) (6)>, "SMITH, Ian Michael"  
(b) (6)

**Subject: The global health leaders call, 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)

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

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

Dial by your location

+41 43 210 71 08 Switzerland  
+41 43 210 70 42 Switzerland  
0 800 561 252 Switzerland Toll-free  
0 800 002 622 Switzerland Toll-free  
+1 253 215 8782 US (Tacoma)  
+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

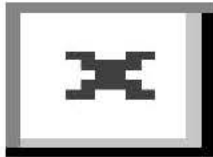
Jeff:

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

---

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

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](http://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 [REDACTED] (b) (6); Fax: (206) 296-4803  
E-mail: [REDACTED] (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 we stand firm with the \$223 million, but await the response from Francis.

---

**From:** Shapiro, Neil (NIH/OD) [E] (b) (6) >  
**Sent:** Sunday, April 26, 2020 10:32 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6) >; Tabak, Lawrence (NIH/OD) [E] (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Johnson, Alfred (NIH/OD) [E] (b) (6) >; Hallett, Adrienne (NIH/OD) [E] <(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 3<sup>rd</sup> Supplemental spend plan, and have encountered a hitch with OMB concerning the VRC/RML proposal. They say they have not received additional detail necessary to justify a facilities allocation above the amount stated in the CARES Act ("not less than \$156 million"), and they want NIH to redistribute the additional \$67 million planned for the two facilities (\$223 million total) to other COVID-19 activities. We have provided ASFR with responses to OMB's questions about these projects, but ASFR staff wouldn't share the material with OMB until their policy leadership signed off. This has been a major problem with ASFR for the past three years.

I raised the issue to Norris, and he asked me to confirm for HHS policy leadership that the two of you want to retain the facilities allocation at \$223 million as presented. The appropriators already know that we intend to allocate more than \$200 million to the two projects and to put the current levels in the spend plan. The "not less than" language was added to the bill at our request because we realized that the number was too low. Alex Keenan asked for the current levels during a quarterly B&F conference call on 4/15; I avoided the specifics of the spend plan but wanted to be sure they all understood that we planned to exceed the \$156 million.

OK to stand firm on the \$223 million allocation? 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 Holden?

---

**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  
<[onbehalf@manuscriptcentral.com](mailto:onbehalf@manuscriptcentral.com)>  
**Date:** April 25, 2020 at 12:31:26 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>  
**Subject:** **New England Journal of Medicine 20-13479**  
**Reply-To:** "[editorial@nejm.org](mailto:editorial@nejm.org)" <[editorial@nejm.org](mailto: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 00:45:21 +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 Vitek. 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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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 Bix, 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 Innovation  
Director of PolicyLab

**Children's Hospital of Philadelphia**

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[www.policylab.chop.edu](http://www.policylab.chop.edu) | [@PolicyLabCHOP](https://twitter.com/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  
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Bethesda, MD 20892-2520  
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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**

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Professor of Pediatrics  
**Perelman School of Medicine**  
**University of Pennsylvania**



**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. Hopefully, we will have much better drugs than remdesivir that we can administer by more standard ways than what you describe.

Best regards,  
Tony

---

**From:** Xizhong, Cui (NIH/CC/CCMD) [E] (b) (6) >  
**Sent:** Sunday, April 26, 2020 8:36 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (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.

Recently there are a lot of criticism on Present's Trump's words: disinfecting the lungs. These suggestions sounds weird to many people. But it could give us a new thought as an investigators and doctors. In the monkey models, remdesivir IV can reduce the COVID-19 titers significantly and improved the survival, but the effect in human trial in China is not conclusive.

Here is my thought. In these animal models, the animal were normal before the infection. But the severe COVID-19 patients had bad circulation because of diabetes or cardiovascular disease or lung diseases, and possibly had very bad pulmonary circulation. Then how much drug could arrives at lung epithelial cells? And most virus replicates in lung epithelial cells, not in the blood circulation. Could the locally administered remdesivir, ie injected into the lungs or given as mist using a special nebulizer which can make the mist a much smaller diameter, have a better effect in humans?

This way might reduce the amount of drug use and reduce the side effect. I sent this email the Gilead already.

(b) (6)

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: [REDACTED] (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  
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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@gsk.com](mailto:rino.r.rappuoli@gsk.com) and I will serve as the administrative/logistics contact at [KristinaH@KeystoneSymposia.Org](mailto:KristinaH@KeystoneSymposia.Org).

Best,  
Kristina

**Kristina H. Richardson, MS**  
Scientific Advisory Board Coordinator  
Administrative Assistant: CSO & Global Development  
+ (b) (6) | [kristinah@keystonesymposia.org](mailto:kristinah@keystonesymposia.org)

<image001.png>

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160 US Highway 6, Ste. 200 | Silverthorne | CO 80498 | USA (courier only)

970.262.1230 | 800.253.0685 | [www.keystonesymposia.org](http://www.keystonesymposia.org)  
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<image002.png>

<image003.png>

<image004.png>

<image005.png>

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Accelerating Life Science Discovery

INCLUDE

NIH 09.15.2020 Production 2 - 000219

DIVERSITY IN THE SCIENTIFIC WORKFORCE











**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@bclplaw.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



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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 [REDACTED] (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 [REDACTED] (b) (6).

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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National Institutes of Health  
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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] [REDACTED] (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



**Gayle Smith** | President & Chief Executive Officer | (b) (6)  
[ONE.ORG](https://www.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  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
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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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(b) (6) (lab)  
Fax: (301) 480-5291  
E-mail: (b) (6)

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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. The role of microthrombi in the pathogenesis of COVID-17 is starting to strongly emerge. We are strongly urging the NHLBI people to do a clinical trial in this area.

Best,  
Tony

Anthony S. Fauci, MD  
Director  
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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:

I want to share with you the news of a potential breakthrough for Covid-19 treatment coming from the main Infectious Diseases Hospital in Milan (not yet picked up by the American news). They performed post-mortem on 30 patients who died of pneumonia and found that all of them had diffuse microvascular pulmonary thrombosis, which is consistent with the clinical observation of a sudden aggravation of symptoms after several days of infection and especially death in a few hours after being placed on ventilators. They treated a few severe cases with potent platelet anti-aggregants, and apparently they all had dramatic respiratory improvement and went off ventilators. They found that heparin alone is not sufficient at that stage, and therefore decided to use the same protocol that is used to prevent coronary stent thrombosis. If this is true, it could be a game changer. I am trying to get more information now because these results are not published yet, although there are already many reports about thrombotic complications.

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](mailto:joe.davidson@washpost.com)*  
*Twitter: @JoeDavidsonWP*  
*Website: [wapo.st/JoeDavidson](http://wapo.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 COGCORE <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](mailto: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  
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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@gsk.com](mailto:rino.r.rappuoli@gsk.com) and I will serve as the administrative/logistics contact at [KristinaH@KeystoneSymposia.Org](mailto:KristinaH@KeystoneSymposia.Org).

Best,  
Kristina

**Kristina H. Richardson, MS**  
Scientific Advisory Board Coordinator  
Administrative Assistant: CSO & Global Development  
+ (b) (6) | [kristinah@keystonesymposia.org](mailto:kristinah@keystonesymposia.org)

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Visit [virtual.keystonesymposia.org](http://virtual.keystonesymposia.org) to view our digital content.



**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  
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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)>; Erbelding, 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/par-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  
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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 Lauerma (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/MXJ* — *Internista*

*critica [UNAM] —*  
*IA]*

*abetología — Educación*

— SIZ member

**8177**



Hôpital  
Erasme



ULB

Cliniques universitaires d  
Route de Lennik 808 - B -  
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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E-mail: (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)  
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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. Faucy,

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)  
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E-mail: (b) (6)

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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] (b) (6)  
**Inviato:** giovedì 16 aprile 2020 00:02  
**A:** Goletti Delia (b) (6)  
**Oggetto:** RE: Italian press...for you!

Delia:  
Thank you very much for sending these.  
Best regards,  
Tony

---

**From:** Goletti Delia (b) (6) >  
**Sent:** Wednesday, April 15, 2020 2:51 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(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://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.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](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 baricinib, 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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[http://www.inmi.it/ricerca\\_traslazionale.html](http://www.inmi.it/ricerca_traslazionale.html); [http://www.inmi.it/ricerca\\_traslazionale\\_english.html](http://www.inmi.it/ricerca_traslazionale_english.html)

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  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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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

I think there is a strong argument to be made for using an established vehicle for communicating our guidelines to clinicians – otherwise, why bother? Plus, it's hard to be low-key at the same time we've put out a press release – that horse has left the barn! (And, Jonathan Karl asked POTUS about the guidelines at today's WH presser.) Maybe let's sleep on it and discuss tomorrow? 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

Entirely your call. I had thought the directive was to remain low-key.

---

**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](#)**

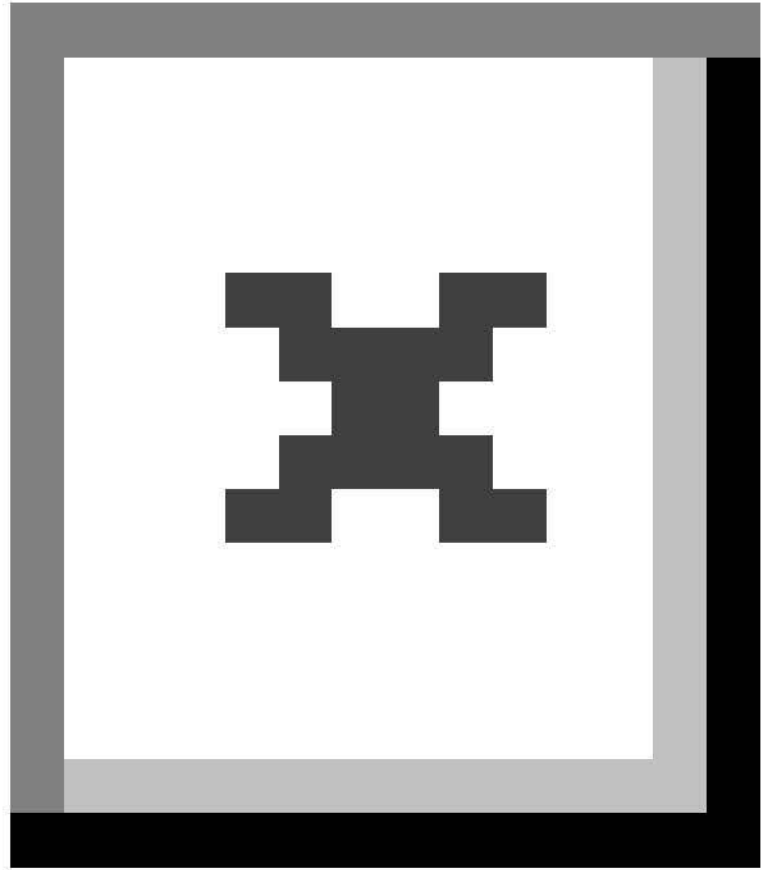
04/21/2020 11:30 AM EDT

"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.

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---

**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

“Living document” expected to be updated often as new clinical data accrue.

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▪



**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.

Anthony S. Fauci, MD  
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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:** 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  
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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, but I still don't quite understand how the CVP fits with the BCG org chart, which was predicated on a Manhattan Project model – it would help me to start over and not depend on that.

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:

I strongly support what John has put down in his e-mail to you and me.

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,

Given the key structural changes ongoing, I think we should revisit the memorandum from Bob Kadlec and work towards an organization structure that will get us effective vaccines for distribution.

I have modified the original BCG slides down to essentially 3 informational slides attached. I think the proposed modified structure would work.

Some additional background and comments:

I mentioned to Tony that we currently have a partially effective vaccine working group, with NIH, BARDA, CDC and FDA that we established our own. But this group has no official structure or mandate, except that Emily Erbelding and Robert Johnson (BARDA) co-chair the group which only meets for one hour every other week. To be fully effective toward the goal of getting a vaccine for all, we need a clear mission mandate, structure, and chain of command and responsibilities.

A key point to understand is that this document describes the HHS organizational structure, so that NIH, BARDA, CDC and FDA can work together – which is the problem recognized by HHS; BARDA was in a Silo.



Once established, the Coronavirus Vaccine Program (CVP) becomes the key link with the NIH led ACTIV PPP, which at the end of the day is critical to coordinate with biopharma, who will make and license the vaccines.

Just as one example. How do we effectively conduct large scale phase 3 studies with 5 different vaccines? This calls for the enrollment of something in the range of 50,000 subjects and requires the fully organized capabilities of NIH networks, BARDA, CDC epidemiology and FDA regulatory guidance. But, if we can show one protein vaccine works – others can be bridged using an immunological correlate, saving need for another efficacy study. Same principle for mRNA. HHS has to be organized to execute all this.

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

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<< 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.

Francis followed up and asked me a few more questions; E.g. Why do we need an HHS organized group when we have ACTIV.

The answer is that USG cannot conduct its internal business (e.g. sharing confidential information about each company) if academic and private sector staff are part of the group.

So while ACTIV PPP is great - and necessary, it can not supplant the need for an organized HHS structure.

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,

HHS needs some structure to work together on vaccines. CVP is the organized HHS entity to do this. Does that make sense?

I kept some parts of the BCG slides for continuity. For overall program lead – we don't need an outside person – the group could be chaired, or co-chaired by NIH and BARDA for example. For Zika, the group was co-chaired by Tony and Niki Lurie (ASPR). Here, it could be Tony or you, and head of BARDA. The important part is that the group has a mandate and structure.

Right now – there is frank disorganization at multiple levels. Multiple parallel discussions and calls on animal models, assays, clinical development

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. This is definitely a good moment to put together an optimum plan for COVID-19 therapeutics and vaccines. It is now clear that Rick Bright has been removed from any role on those issues, and will instead be devoted completely to diagnostics, reporting to me and bringing with him \$1B that is to be devoted solely to testing. The BARDA connection for vaccines will now be Robert Johnson. I am glad to see he has already had a liaison role to NIH – but I am seeking approval from HHS that this relationship be further strengthened, including a component of a direct reporting role. That seems to me to be the best way to assure that this connection has real substance.

The BCG slides seem to assume that a Leslie Groves/Manhattan Project equivalent individual would be identified to serve as “overall program lead”. But I am not hearing much more about this, and it's possible that idea has faded. I don't quite see where CVP fits in your revised version of the org chart – can you clarify?

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,

Given the key structural changes ongoing, I think we should revisit the memorandum from Bob Kadlec and work towards an organization structure that will get us effective vaccines for distribution.

I have modified the original BCG slides down to essentially 3 informational slides attached. I think the proposed modified structure would work.

Some additional background and comments:

I mentioned to Tony that we currently have a partially effective vaccine working group, with NIH, BARDA, CDC and FDA that we established our own. But this group has no official structure or mandate, except that Emily Erbelding and Robert Johnson (BARDA) co-chair the group which only meets for one hour every other week. To be fully effective toward the goal of getting a vaccine for all, we need a clear mission mandate, structure, and chain of command and responsibilities.

A key point to understand is that this document describes the HHS organizational structure, so that NIH, BARDA, CDC and FDA can work together – which is the problem recognized by HHS; BARDA was in a Silo.

Once established, the Coronavirus Vaccine Program (CVP) becomes the key link with the NIH led ACTIV PPP, which at the end of the day is critical to coordinate with biopharma, who will make and license the vaccines.

Just as one example. How do we effectively conduct large scale phase 3 studies with 5 different vaccines? This calls for the enrollment of something in the range of 50,000 subjects and requires the fully organized capabilities of NIH networks, BARDA, CDC epidemiology and FDA regulatory guidance. But, if we can show one protein vaccine works – others can be bridged using an immunological correlate, saving need for another efficacy study. Same principle for mRNA. HHS has to be organized to execute all this.

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

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<< 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



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(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

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Phone: (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

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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  
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(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)

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Director

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National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

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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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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:** 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)  
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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

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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

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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  
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**From:** Benoit Ponton <bponton@cqa-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 BAUDOUX, an internationally known Belgian pharmacist and “aromatologist”: ***there is a multitude of research on the antiviral properties of essential oils. The results are impressive and indisputable. Here are some viruses for which we have real data:***

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

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

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

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

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

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

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

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

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

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

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

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

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

- See also reference 22 below.

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

Here is a summary of Mr. FRANCHOMME's analysis:  
COVID-19, it's not over...

- SARS-Cov-2 continues to wreak havoc around the world
- we don't know when it will turn off or if it will be temporarily or permanently
- it is not known whether it will generate strong or weak immune protection such as coronaviruses that have been circulating in humans for a long time and whether, in this case, there is an interest in developing a vaccine
- it is not known if it remains in the blood several weeks after the remission of symptoms with risk of 'recontamination'

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

## CONCLUSION

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

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

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

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

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

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

Cordially,

Benoit Ponton  
BP/bp

CC: M. Pierre FRANCHOMME

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

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

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

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

Thanks, Carlos.

**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:** 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/jama/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  
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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

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---

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

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

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

Sincerely,

**Carlos**

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**Sent:** Sat, 18 Apr 2020 19:34:53 +0000  
**To:** Jeffrey V. Ravetch  
**Cc:** Lusso, Paolo (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; (b) (6); Cassetti, Cristina (NIH/NIAID) [E]; Erbeling, 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  
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:** Jeffrey V. Ravetch (b) (6) >  
**Sent:** Friday, April 17, 2020 1:26 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** new manuscript

Tony,

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

I'd be grateful for your comments.

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

Best regards,



Jeff

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

Andrea:

This is a former post-doc in my lab. Please read this, get back to her apologizing that I could not respond and see if anyone (DMID, IRP, etc.) is interested in this. I obviously can have no part in it.

Thanks,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
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**From:** Ehrenreich, Hannelore (b) (6)>  
**Sent:** Friday, April 17, 2020 1:46 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Concept Paper for NEJM on Novel Clinical Trial in COVID-19

Dear Tony,

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

In light of the present therapeutic situation in COVID-19, any measure to improve course and outcome of seriously affected individuals is of utmost importance. In the attached special report to be submitted to NEJM, we summarize evidence that supports the use of human recombinant **erythropoietin (EPO) for ameliorating course and outcome of seriously ill COVID-19 patients.**

We delineate in brief chapters how EPO targets several of the gravest sequelae of these patients: (1) It improves respiration at several levels including lung, brainstem, spinal cord and respiratory muscles. (2) It counteracts overshooting inflammation caused by cytokine storm/inflammasome. (3) It acts neuroprotective and neuroregenerative in brain and peripheral nervous system.

Finally, we provide a sketch for a **double-blind placebo-controlled randomized clinical trial including severely affected patients**, which is intended to start shortly.

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

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

All my best, Hannelore

-----Ursprüngliche Nachricht-----

Von: Ehrenreich, Hannelore

Gesendet: Samstag, 21. März 2020 13:24

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

Fax: 49-551-3899 670

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

Prof. hon. University of Göttingen  
Faculty of Biology & Psychology



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 18 Apr 2020 19:21:39 +0000  
**To:** Stover, Kathy (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E];Folkers, Greg (NIH/NIAID) [E];Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: FOR ASF REVIEW: Draft MA re: NIAID COVID 19 Strategic Research Plan

Looks fine. Thanks.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
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---

**From:** Stover, Kathy (NIH/NIAID) [E] (b) (6)>  
**Sent:** Friday, April 17, 2020 2:42 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
**Cc:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Subject:** FOR ASF REVIEW: Draft MA re: NIAID COVID 19 Strategic Research Plan

Hi Dr. Fauci,

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

Best,  
Kathy

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

Bethesda, MD 20892

Phone: (b) (6)

E-mail: (b) (6)

NIAID Media Line: (301) 402-1663

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

Steve:

Here we go again! We really need to have FDA involved in either making sure that these tests are validated or making a statement in general warning that these new antibody tests that are springing up require validation before we can act on or develop policies and strategies based on such data.

Tony

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



85



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.

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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 Lafrate, 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](mailto:jonathan.saltzman@globe.com)

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

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

Larry

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

Sent from my iPhone

Begin forwarded message:

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

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

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

---

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

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

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



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

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

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

---

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

[Warning External Email]  
Hello Howard,

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

Keep up the amazing work.

Kind regards,

Maurizio

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

President Elect ESICM

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Grazie

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Thank You

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 18 Apr 2020 13:46:56 +0000  
**To:** Greg Folkers (b) (6); Morens, David (NIH/NIAID) [E]  
**Subject:** FW: CDC: Can you explain why the estimates on this page are different from previously published and reported estimates for 2017-2018? <https://bit.ly/2Ki5Ry4>

We really need to talk about this. Does this impact their calculations regarding COVID-19, i.e. have they fixed their problem???

---

**From:** Morens, David (NIH/NIAID) [E] (b) (6)  
**Sent:** Friday, April 17, 2020 6:49 PM  
**To:** Folkers, Greg (NIH/NIAID) [E] <(b) (6)>  
**Cc:** NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** Re: CDC: Can you explain why the estimates on this page are different from previously published and reported estimates for 2017-2018? <https://bit.ly/2Ki5Ry4>

Greg, please keep this confidential but you should know that for over a decade the flu folks at CDC have shockingly messed up their tabulations of flu mortality. We discovered 5-10 years ago that various web page and published data were totally inconsistent and could only be explained by major uncaught errors

The reasons are complicated and too geeky to get into here, but apparently various folks in The flu division made and put up and published mutually- inconsistent figures based on differing subjective assumptions

Several years ago, maybe 4-5, we reached out to the top flu people at CDC informing them that their own data were problematic, that as a sister agency we did NOT want to draw attention to it but work with them privately to fix and reconcile the problems. At first they were grateful, and set up a mechanism to work with us, but then when they discovered the depths of their own mistakes, or so it seems to me, they did the usual CDC thing and circled the wagons, refused to return calls and emails, etc. we didn't pursue things but were left unsettled.

To repeat, this was at the level of cdc's flu leadership. I think we have to accept that they have serious issues and have not fixed them. D

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

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



**Can you explain why the estimates on this page are different from previously published and reported estimates for 2017-2018? (For example, total flu-related deaths during 2017-2018 was previously estimated to be 79,000, but the current estimate is 61,000)?**

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](mailto:alice.park@time.com)  
@aliceparkny

On Fri, Apr 17, 2020 at 9:35 AM Alice Park <[alice.park@time.com](mailto: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](mailto: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](http://www.DrTomFrieden.net)  
(b) (6)

[<image001.png>](#)

[<image002.png>](#)

[<image003.jpg>](#)

**RESOLVE TO SAVE LIVES**  
An initiative of Vital Strategies

**STAY CONNECTED**  
[www.resolvetosavelives.org](http://www.resolvetosavelives.org) [facebook](#) [twitter](#)

<COV035\_BoxItInBriefing\_FINAL.pdf>









# RESOLVE

NIH FOIA 54106 Re-review - 000709  
NIH 10.15.2020 Production - 000037

Obtained by [ICANdecide.org](https://www.icandecide.org) via FOIA

## TO SAVE LIVES

AN INITIATIVE OF VITAL STRATEGIES

**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 COBID-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 row 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:

I would not do anything about this right now. It is a shiny object that will go away in time.

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

Wondering if there is something NIH can do to help put down this very destructive conspiracy, with what seems to be growing momentum:

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

I hoped the Nature Medicine article on the genomic sequence of SARS-CoV-2 would settle this. But probably that didn't get much visibility.

Anything more we can do? Ask the National Academy to weigh in?

Francis

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

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

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

Continue to ignore me.

[http://www.htct.com.br/en-hemoglobin-value-may-be-decreased-avance-S2531137920300298?fbclid=IwAR3zdsJZE\\_1M5gxNpqzrlf862INlbRMFPJ9qfRLnsC2FqZNkjCrsw4KDtGc](http://www.htct.com.br/en-hemoglobin-value-may-be-decreased-avance-S2531137920300298?fbclid=IwAR3zdsJZE_1M5gxNpqzrlf862INlbRMFPJ9qfRLnsC2FqZNkjCrsw4KDtGc)

Dr. Josh Backon  
[backon@mail.huji.ac.il](mailto:backon@mail.huji.ac.il)

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

**From:** Coleman, Amanda (NIH/NIAID) [C] <[REDACTED] (b) (6)>  
**Date:** Thu, Apr 9, 2020 at 6:18 PM  
**Subject:** RE: Covid-19. thromboxane inhibitors, and heme binding (O2 desaturation)  
**To:** Dr. Josh Backon <[backon@mail.huji.ac.il](mailto: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] [REDACTED] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
[REDACTED] (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](http://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=](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=](https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=backon+ginger&btnG=)

-  
**CHLOROQUINE FOR TREATING COVID-19**  
-



[https://scholar.google.com/scholar?hl=en&as\\_sdt=0%2C5&q=chloroquine+covid-19&oq=ch&fbclid=IwAR11Le376M22\\_IUr3UsD6\\_yz-sASmpGgIpI3h3PTOpCHA4Ycu321ZPevD-A](https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=chloroquine+covid-19&oq=ch&fbclid=IwAR11Le376M22_IUr3UsD6_yz-sASmpGgIpI3h3PTOpCHA4Ycu321ZPevD-A)

-

## **GINGER IS A POTENT ANTIVIRAL**

[https://scholar.google.com/scholar?hl=en&as\\_sdt=0%2C5&q=ginger+antiviral&oq=gin](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](https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=turmeric+antiviral&oq=tur)

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

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

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

-

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

### **N-ACETYLCYSTEINE**

[https://scholar.google.com/scholar?hl=en&as\\_sdt=0%2C5&q=n-acetylcysteine+%22inflammatory+cytokines%22&btnG=](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](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, O<sub>2</sub> 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](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 8<sup>th</sup>, 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](https://www.business-standard.com/article/current-affairs/coronavirus-live-updates-covid-19-cases-in-india-global-death-toll-state-wise-delhi-maharashtra-tablighi-nizamuddin-lockdown-extension-latest-news-120040800236_1.html)

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

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

## ANTIPARASITIC DRUG IVERMECTIN KILLS COVID-19

[https://pharmafield.co.uk/pharma\\_news/study\\_shows\\_anti-parasitic\\_drug\\_ivermectin\\_kills\\_coronavirus/](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](https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=%22ivermectin%22+thromboxane+&btnG)

≡

## CARBON DIOXIDE AS THROMBOXANE INHIBITORS

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

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

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

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

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

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

[https://www.the-scientist.com/news-opinion/cats-ferrets-susceptible-to-sars-cov-2-study-67374?utm\\_campaign=TS\\_DAILY+NEWSLETTER\\_2020&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=85706789&hsenc=p2ANqtz--SZXoVVbO1SHcR025FPiWgMcM3\\_nz7fHSHOrKRp9f-LxTy9Bxj0Jsl7hJtDQ\\_oDM2xsozsH438n5c\\_1Mj-78bT3Rz2mQ&hsmi=85706789&fbclid=IwAR3bW76GVI4rConuw7YPcDL9IZE9JkQQSm9Lu\\_y-RE4y2LNmo0o6v\\_tafUk](https://www.the-scientist.com/news-opinion/cats-ferrets-susceptible-to-sars-cov-2-study-67374?utm_campaign=TS_DAILY+NEWSLETTER_2020&utm_source=hs_email&utm_medium=email&utm_content=85706789&hsenc=p2ANqtz--SZXoVVbO1SHcR025FPiWgMcM3_nz7fHSHOrKRp9f-LxTy9Bxj0Jsl7hJtDQ_oDM2xsozsH438n5c_1Mj-78bT3Rz2mQ&hsmi=85706789&fbclid=IwAR3bW76GVI4rConuw7YPcDL9IZE9JkQQSm9Lu_y-RE4y2LNmo0o6v_tafUk)

[https://bpspubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1476-5381.1983.tb09393.x?fbclid=IwAR1SzFkyOR4mVyVvh9ayQP\\_U-zj4Cw1Vo4I9b2jRHebfjmSQCD6BykteHqQ](https://bpspubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1476-5381.1983.tb09393.x?fbclid=IwAR1SzFkyOR4mVyVvh9ayQP_U-zj4Cw1Vo4I9b2jRHebfjmSQCD6BykteHqQ)

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

David:

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

Best regards,

Tony (b) (6)

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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

4/13/20

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

Dear Dr. Fauci:

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



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

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

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

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

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

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

Our prayers are with you.

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

(b) (6)

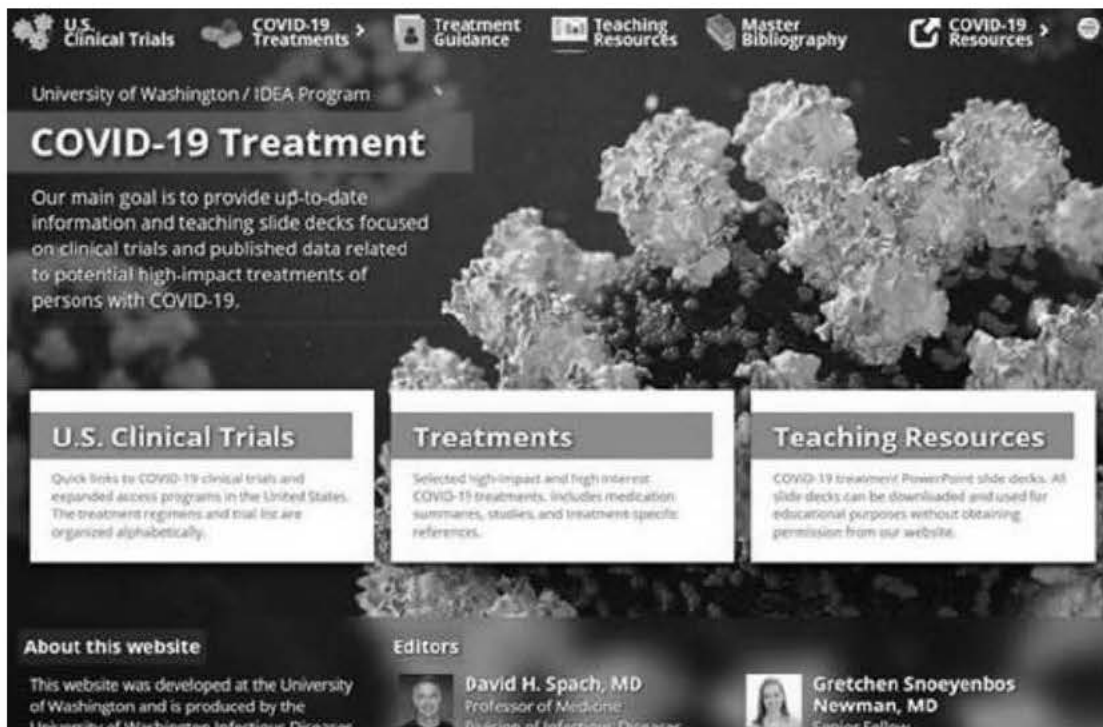


**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 16 Apr 2020 11:32:27 +0000  
**To:** (b) (6)  
**Subject:** FW: New web portal --- UW IDEA: COVID-19 Treatment <https://bit.ly/3ckkv48>

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>



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

Please handle.

---

**From:** Schwetz, Tara (NIH/OD) [E] ([REDACTED] (b) (6))  
**Sent:** Tuesday, April 14, 2020 8:52 PM  
**To:** ICDDIR-L@list.nih.gov  
**Cc:** List DEPDIR-L <DEPDIR-L@list.nih.gov>; NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>  
**Subject:** Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

Colleagues,

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

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

The ask in short:

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

Best,

**Tara A. Schwetz, PhD**  
Acting Director, NINR

Associate Deputy Director, NIH

A: Building 1, Room 138

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

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 16 Apr 2020 02:51:30 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Emergency clinical trial COVID PE  
**Attachments:** 4\_OVID\_protocol\_15042020.docx

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

---

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

Dear Anthony

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

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

We know that most COVID death are sudden at home. Only few are dying in hospitals.  
The main reason of death is pulmonary embolism rather than pulmonary infection.  
Almost no COVID outpatient receives thromboprophylaxis.  
Thromboprophylaxis is not recommended in medical outpatients.

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](http://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

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**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)>; Casseti, 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](mailto: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 + (b) (6)



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

Please take a look at this and handle. Thanks.

---

**From:** Schwetz, Tara (NIH/OD) [E] ([REDACTED] (b) (6)) >  
**Sent:** Wednesday, April 15, 2020 8:59 PM  
**To:** ICDDIR-L@list.nih.gov  
**Cc:** List DEPDIR-L <DEPDIR-L@list.nih.gov>; NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>; Gladman, Jordan (NIH/OD) [E] <[REDACTED] (b) (6)>  
**Subject:** Re: Request: Proposal Summaries - POCs Due 4/15; Summaries Due 4/20

All,

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

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

Best,

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

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

Colleagues,



As discussed this afternoon, please find attached the POC sign-up sheet (tab 1; tabs 2-3 list the various proposals by category, theme, and IC), the IC-specific proposals, and the economic recovery proposals. We ask that you please complete the POC sign-up and send it to Jordan Gladman ([jordan.gladman@nih.gov](mailto: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

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

Hi Dr. Fauci:

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

Best,  
Renate

Renate Myles, MBA  
Deputy Director for Public Affairs  
Office of Communications and Public Liaison  
National Institutes of Health  
Tel: (b) (6)

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

Patty:

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

Thanks,  
Tony

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

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

Francis

---

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

Good Afternoon,

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

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

Regards,

***Nicole Parker, Ph.D.***

AIRI Washington Office - Lewis-Burke Associates, LLC

440 1<sup>st</sup> Street NW Suite 700

Washington, DC 20001

202-289-7475

[Nicole@lewis-burke.com](mailto:Nicole@lewis-burke.com)

[www.lewis-burke.com](http://www.lewis-burke.com)

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**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 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

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**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)





**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.

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# SCHULMANBHATTACHARYA



**James “Jake” Schaller  
Attorney**

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**Direct: (240) 356-9508**

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Bethesda, Maryland 20814  
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**Bio-Tech Corridor Office:**

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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

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**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.





(b) (4)

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

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**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](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

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**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](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

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**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

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

attached

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

Welcome Marcus Plescia, chief medical officer of ASTHO!

Updates:

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

Outreach:

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

Please amplify these links on social media.

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

Thanks,  
PK

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



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

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

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

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

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

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

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

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

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**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

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**From:** Kilmarx, Peter (NIH/FIC) [E]  
**Sent:** Sunday, April 5, 2020 8:45 AM  
**To:** Conover, Craig (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Duchin, Jeff <(b) (6)>; Stephen Morrison (b) (6); John Monahan (b) (6); Charles Holmes (b) (6); Jeremy Konyndyk (b) (6); Rebecca Katz (b) (6); Tom Inglesby (b) (6); Glenn Blumhorst: <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Kenyon, Thomas (b) (6) Anna Carroll (b) (6); Scott Dowell <(b) (6)>; Jonathan Pearson (b) (6); O'Connor, Eileen (b) (6); Myers, Michael (b) (6); Robynn Leidig (b) (6); (b) (6)>

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

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



A few items from the call:

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

Other updates:

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

Next steps:

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

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

Please share any corrections, updates, suggestions.

Thanks,  
PK

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

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

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

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

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

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

**Where:** Zoom meeting

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

Agenda:

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

Topic: Next steps on COVID-19 Response Corps

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

Join Zoom Meeting

(b) (4)

Meeting ID: (b) (4)

One tap mobile

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

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

Dial by your location

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

Meeting ID: (b) (4)



Find your local number: <https://zoom.us/j/801180118011>

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**From:** Kilmarx, Peter (NIH/FIC) [E]  
**Sent:** Thursday, April 2, 2020 1:29 PM  
**To:** 'Conover, Craig' (b) (6); 'Angela Dunn' (b) (6); 'Cindy Burnett' (b) (6); 'Duchin, Jeff' <(b) (6)>; Stephen Morrison (b) (6); 'John Monahan' (b) (6); 'Charles Holmes' (b) (6); 'Jeremy Konyndyk' (b) (6); 'Rebecca Katz' <(b) (6)>; 'Tom Inglesby' (b) (6); 'Glenn Blumhorst' (b) (6); Glass, Roger (NIH/FIC) [E] (b) (6); 'Kenyon, Thomas' (b) (6); 'Anna Carroll' (b) (6); 'Scott Dowell' (b) (6); 'Jonathan Pearson' (b) (6); 'O'Connor, Eileen' (b) (6); 'Myers, Michael' (b) (6);

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

Hi all,

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

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

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

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

---

**From:** Kilmarx, Peter (NIH/FIC) [E]  
**Sent:** Sunday, March 29, 2020 4:47 PM  
**To:** Conover, Craig (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Duchin, Jeff <(b) (6)>; Stephen Morrison (b) (6); John Monahan (b) (6); Charles Holmes (b) (6); Jeremy Konyndyk (b) (6); Rebecca Katz <(b) (6)>; Tom Inglesby (b) (6); Glenn Blumhorst: <(b) (6)>; Glass, Roger (NIH/FIC) [E] (b) (6); Kenyon, Thomas (b) (6); Anna Carroll (b) (6);

(b) (6); Scott Dowell (b) (6)  
Jonathan Pearson (b) (6)  
**Subject:** INFO: Update on COVID-19 Response Corps

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

Updates:

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

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

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

Please share your suggestions.

Thanks to all,  
PK

---

**From:** Kilmarx, Peter (NIH/FIC) [E]  
**Sent:** Tuesday, March 24, 2020 6:02 PM  
**To:** Charles Holmes (b) (6); Angela Dunn (b) (6); Cindy Burnett (b) (6); Conover, Craig (b) (6) Duchin, Jeff (b) (6); Glass, Roger (NIH/FIC) [E] (b) (6); Glenn Blumhorst (b) (6); Stephen Morrison (b) (6) John Monahan (b) (6)  
**Subject:** RE: Call - follow-up: COVID-19 Response Corps

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

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

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

Thanks,

PK

---

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

Thanks Charles. This is very helpful.

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

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

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

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

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

More input:

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



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

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

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

Thanks Charles.

Draft OpEd forthcoming today. Everyone please think about authors.

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

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

Great feedback, Peter. More from Vanessa Kerry:

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

Charles

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

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

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

Some feedback from others:

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



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

---

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

Thanks for all your work on this, Peter!

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

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

This is one area where assistance would be valuable.

CC

---

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

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

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

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

Next steps:

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

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

SMEs/champions:

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

Champions:

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

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

---

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

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

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



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

**Subject:** RE: Call: COVID-19 Response Corps

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

Here's an updated agenda:

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

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

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

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

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

**Subject:** Call: COVID-19 Response Corps

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

**Where:** WebEx

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

Agenda:

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

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

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--

Charles B. Holmes, MD, MPH  
Professor of Medicine  
Faculty Co-Director, Center for Global Health Practice and Impact  
Georgetown University Medical Center  
Building D, Suite 120  
[4000 Reservoir Rd NW, Washington DC 20057](mailto:cholmes@georgetown.edu)  
Phone [REDACTED] (b) (6)

--

Charles B. Holmes, MD, MPH  
Professor of Medicine  
Faculty Co-Director, Center for Global Health Practice and Impact  
Georgetown University Medical Center  
Building D, Suite 120  
[4000 Reservoir Rd NW, Washington DC 20057](mailto:cholmes@georgetown.edu)  
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:** UWVL\_COVID19dx\_ (b) (6).docx

Larry:

I will call you about this today. This is really important. What is the status of the publication?

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:** Eisinger, Robert (NIH/NIAID) [E] (b) (6) > **On Behalf Of** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Monday, April 13, 2020 7:10 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (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: (b) (6)  
Email: (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,  
As always, when Bob Langer comes up with ideas, they are intriguing.  
At present there are at least 88 different ideas for Covid-19 vaccines in development. We are deeply involved in the production of several of them and expect to be involved in the evaluation of many more. When the time comes, delivery to billions of people will become the issue. Bob's ability to store information about past vaccination could provide a passport back to the workplace and his ability to provide multiple doses could avoid the need for multiple health care visits. Thank you for bringing these ideas to my attention.  
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/micropartides-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:** (b) (6) Alison Fauci (b) (6); Megan Fauci; Grady, Christine (NIH/CC/BEP) [E]  
**Subject:** RE: FW: Google Alert - Fauci AND Tony OR Anthony

Love you all!

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:** Jenny Fauci (b) (6) >  
**Sent:** Monday, April 13, 2020 7:55 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** (b) (6) Alison Fauci (b) (6)  
Megan Fauci (b) (6) Grady, Christine (NIH/CC/BEP) [E] (b) (6)  
**Subject:** Re: FW: Google Alert - Fauci AND Tony OR Anthony

Just finished it. Wow. (b) (6)

On Sat, Apr 11, 2020 at 1:27 PM Fauci, Anthony (NIH/NIAID) [E] (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 ...



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#### anthony fauci

The Bulwark Podcast

**anthony fauci**, anti-anti-trumpism, china, coronavirus, covid-19, donald trump, elections, hydroxychloroquine, masks, navy peter navarro, white house, ...



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#### 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 +39 0516920293

---

Pizzoli S.p.A.  
Via Zenzalino Nord, 1 - 40054 Budrio - Bologna



[www.pizzoli.it](http://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 1<sup>st</sup> 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,

(b) (6)



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**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 <sppark@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: (b) (6) / E: [sppark@immunemed.co.kr](mailto:sppark@immunemed.co.kr)

W: [www.immunemed.co.kr/en/](http://www.immunemed.co.kr/en/)

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- 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)  
[REDACTED]  
[REDACTED]  
[REDACTED]  
**Cc:** Dzau, Victor J. <VDzau@nas.edu>; [REDACTED] (b) (6) Mun, Jenny <JMun@nas.edu>; Hannon, Emma <EHannon@nas.edu>; [REDACTED] (b) (6)  
[REDACTED]  
[REDACTED]  
'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](mailto: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!

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**From:** Seth Berkley (Private) [REDACTED] (b) (6) >  
**Sent:** Saturday, March 28, 2020 3:48 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6) >  
**Subject:** Checking in

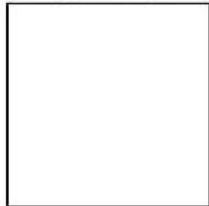
Hi Tony: You are doing an amazing job during these very difficult times!

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

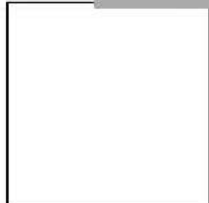
**The private email account of  
Dr Seth Berkley**



Chief Executive Officer  
Gavi, the Vaccine Alliance

Tel: [REDACTED] (b) (6)  
Skype [REDACTED]  
Twitter @GaviSeth

Email: [REDACTED] (b) (6)





The Global Health Campus, Chemin du Pommier 40,  
1218 Le Grand-Saconnex, Switzerland

Tel: [REDACTED] (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](http://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.hubslit.org](http://www.hubslit.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. . . Rebola. . . the flu . . . er, what?, . . . I mean, you know, the Coroner 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](#), [humor](#), [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



John, As you know, we have what we believe to be a powerful approach to vaccine development that we want to deploy toward COVID-19 and more importantly to threats that follow. The approach actually addresses what was brought up in our first PCAST report, and the adjuvant has already been shown to be safe and effective in healthy human volunteers. In other words, we are in a position to fast track development. We are working with flu expert and NAS member, Professor Bob Lamb and a very clever young Chemical Engineer, Andrew Lee. I am taking you up on your offer to get the white paper in front of White House decision makers. My guess is that they will be overwhelmed sorting through the garbage to find the gems. Hope you and family are staying safe and healthy in these very certain times. Thanks and best regards, Chad

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 12 Apr 2020 22:19:10 +0000  
**To:** Brooks, John T. (CDC/DDID/NCHHSTP/DHPSE)  
**Subject:** RE: Humor form a high school classmate that I hope brightens your day

Thanks, John.

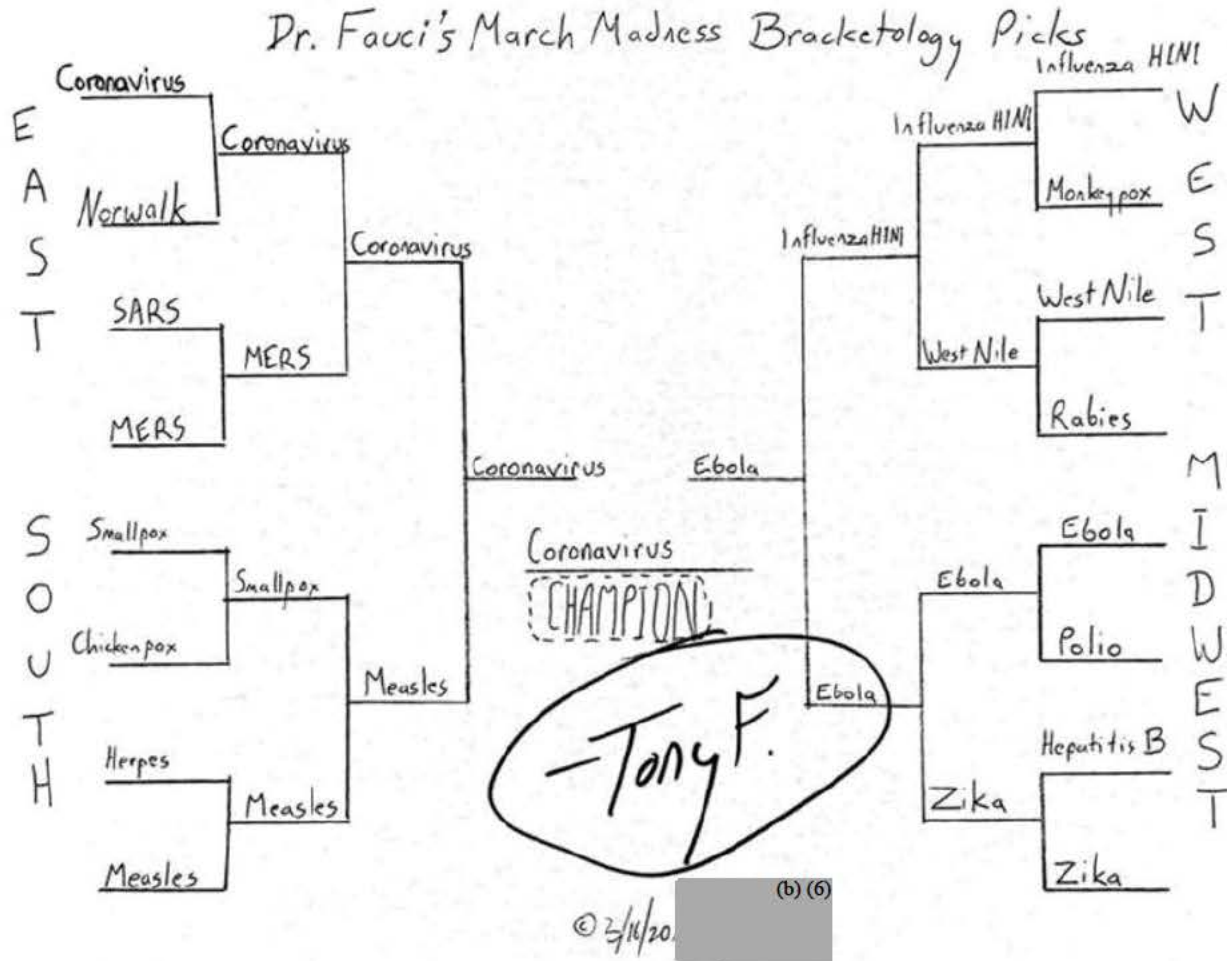
---

**From:** Brooks, John T. (CDC/DDID/NCHHSTP/DHPSE) [REDACTED] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 8:06 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Marston, Hilary (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Humor form a high school classmate that I hope brightens your day

Tony,

A high school friend who is now an [REDACTED] (b) (6) posted this sketch he made to our high school Facebook page.

Hope you are well. Your clarity on camera is fantastic.



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.





**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:** Grady, Christine (NIH/CC/BEP) [E]  
**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)

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.

**We would like your input on the ranking of Jim's request (#3). Let me know if you agree with the ranking or if it should be moved higher/lower on the list.** Also, of course, feel free to re-rank any item.

Sincerely,  
Jennifer

PI	Supplement Description	Cost	Priority Order for LAB
Paolo Lusso	HIV vaccine study in macaques	(b) (5)	1
Susan Moir	Equipment: BD FACSAria Fusion Cell Sorter (replace 15 yo equipment)		2
Anthony Fauci/Arthos	Non-neutralizing HIV gp120 V2 loop antibodies inhibit gp120-mediated CD4+ T cell activation and HIV infection.		3
Thomas Quinn, Andrew Redd, Steve Reynolds (1)	Bio-Rad's QX200 Droplet Digital PCR (ddPCR) System. QX200 Droplet Reader, plus their associated software and consumables. Technology transfer of universal subtype HIV Intact Proviral DNA Assay (IPDA-U) to Uganda		4
Connors	Production of HIV or Norovirus-Specific Antibodies		5



John Kehrl	Assess role of neutrophils in antibody mediated clearance of viral particles from the blood.	(b) (5)	6
Steve Reynolds, Thomas Quinn (2)	Model U85-25 So-Low Freezer -85; Two freezers needed for specimen storage to replace 2 old and non functional freezers	(b) (5)	7
John Kehrl	NLRP3 inflammasome interaction map to develop novel therapeutics.	(b) (5)	8
Sereti	study role of inflammasome/complement activation in COVID-19	(b) (5)	9
Tae-Wook Chun, Ph.D.	Equipment request: QIacuity Four Platform Digital PCR System (QIAGEN)	(b) (5)	10
Chertow	Mobile Fluoroscopic C-Arm (GE OEC, Phillips Pulsera, Seimens Cios, or like, new or refurbished)	(b) (5)	11

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 [REDACTED] (b) (6)>  
**Sent:** Thursday, April 2, 2020 4:04 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** Fwd: reaching out thinking of you

Begin forwarded message:

**From:** "Harold C. Slavkin" [REDACTED] (b) (6)>  
**Subject:** reaching out thinking of you  
**Date:** April 2, 2020 at 11:39:40 AM PDT  
**To:** [REDACTED] (b) (6)  
**Cc:** "Somerman, Martha (NIH/NIDCR) [E]" [REDACTED] (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)

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

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 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

Well – I think we know what Janet will say – she will definitely prefer not to have any competition! I’m not sure that it’s kosher to run a different production team’s proposal past Janet. I feel that there is a distinction because Janet’s film is so personal, with liberal access to your family and personal life. That’s not what we would be giving this team.

It may be easiest to take the path of least resistance and decline this one. But we will be getting other requests like this and we should probably be consistent in how we handle them. Does Janet have an exclusive on your life story? Something to think about. We can discuss more tomorrow before we do anything.

---

**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

This sounds like it would directly conflict with what Janet is already doing. You should run this by her and get her take. She have already put a lot of work on her project. If Janet has a problem with this, I do not think we should do it. 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](mailto: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 me 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 <[REDACTED] (b) (6)>  
Sent: Saturday, April 11, 2020 5:14 PM  
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
Cc: Daniel Lucey <[REDACTED] (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 <[REDACTED] (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 simultaneously 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 [REDACTED] (b) (6) >  
**Sent:** Thursday, March 26, 2020 12:59 PM  
**To:** Barton Haynes, M.D. [REDACTED] (b) (6) >  
**Subject:** Re: saw your video

[https://www.dropbox.com/s/2f6b142lv63e10f/IMG\\_0250.MOV?dl=0](https://www.dropbox.com/s/2f6b142lv63e10f/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.

I may be wrong .....but I don't think there is really anything to see.

As I understand it, these guys will be studying samples in the lab that have been mailed in to them.

They are not gumshoe detectives out in the field.

To me, having her "imbedded" in the lab is a nonstarter.

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](mailto: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.

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](mailto: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](mailto: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. [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

I am going to refer him to you per the last note. Best bart

---

**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

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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](mailto: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,

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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)  
[REDACTED] (b) (6) c)  
[ben.cohen@wsj.com](mailto: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

**From:** Ben Cohen <[ben.cohen@wsj.com](mailto:ben.cohen@wsj.com)>  
**Sent:** Sunday, April 12, 2020 10:31 AM  
**To:** Barton Haynes, M.D. (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)  
(b) (6) (c)  
ben.cohen@wsj.com



**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) (4)  
[REDACTED]  
**Attachments:** [REDACTED] (b) (4)

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] [REDACTED] (b) (6) >  
**Subject:** [REDACTED] (b) (4)  
[REDACTED]

Dear Dr. Fauci

I know that you are very occupied.

[REDACTED] (b) (4)

Please handle the draft confidentially.

Thank you very much!  
Sincerely, D. Novosel, Switzerland

[www.novosel.ch](http://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)  
FAX: (301) 496-4409  
E-mail: (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,

(b) (6)

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**  
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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]; Grady, Christine (NIH/CC/BEP) [E]  
**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....and also Chris.

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](http://abea.net)) on Friday April 24<sup>th</sup>? This year marks the 100<sup>th</sup> 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](mailto: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** <em@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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Yours sincerely,

Phoebe Hall  
Senior Editor  
The Lancet Infectious Diseases

E-mail: [phoebe.hall@lancet.com](mailto:phoebe.hall@lancet.com)

---

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--

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. [REDACTED] (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  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: [REDACTED] (b) (6)  
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**From:** Jack Killen [REDACTED] (b) (6)  
**Sent:** Tuesday, April 7, 2020 1:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Cc:** Auchincloss, Hugh (NIH/NIAID) [E] [REDACTED] (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, [REDACTED] (b) (6)  
[REDACTED] (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, Christine, and your family.

**Jack Killen MD**

(b) (6)

A large rectangular area of the document is redacted with a solid grey fill. The text "(b) (6)" is positioned at the top right corner of this redacted area.



**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  
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:** 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 13<sup>th</sup>, 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  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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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:** (b) (6); Jennifer; Megan Fauci; Alison Fauci ( (b) (6) ); Grady, Christine (NIH/CC/BEP) [E]  
**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.

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**From:** Folkers, Greg (NIH/NIAID) [E] (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.

#### ADVERTISEMENT

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.’ ”

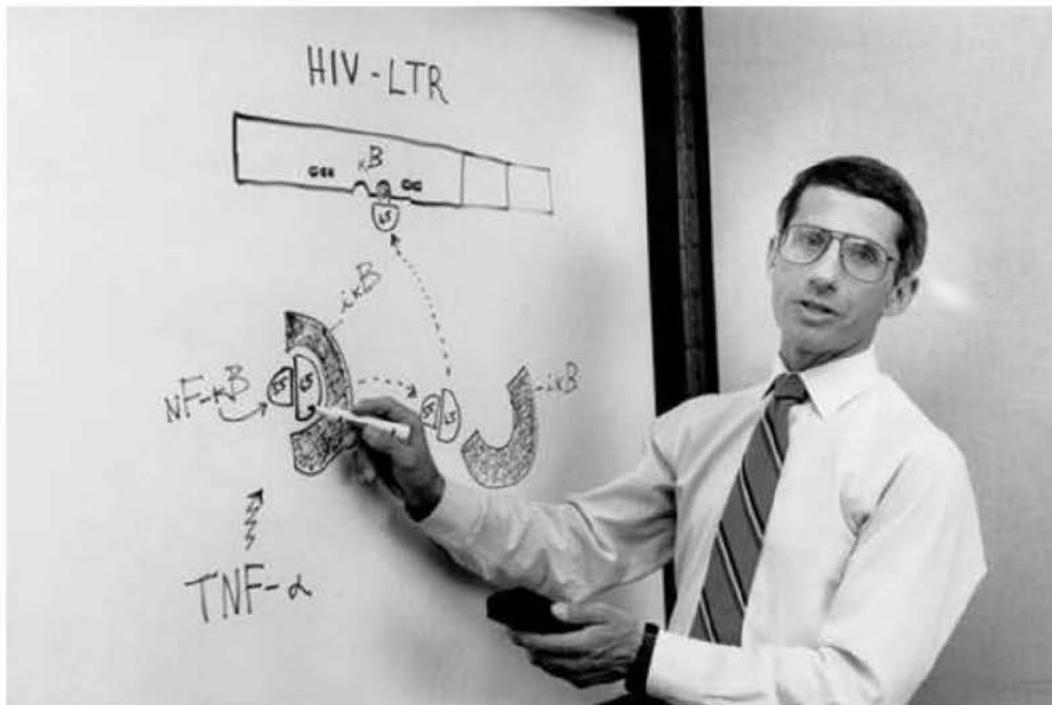
Fauci wanted to work in the U.S. Public Health Service; his fallback was the Navy. He got his first choice, and ended up at the National Institutes of Health, which was then establishing itself as the country’s primary center for biomedical research. Nearly everyone in academic medicine spent some time 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 focused 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  
Director  
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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  
Director  
National Institute of Allergy and Infectious Diseases  
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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 10 Apr 2020 15:12:24 +0000  
**To:** (b) (6); Alison Fauci ( (b) (6) ); Megan Fauci; Jennifer; Grady, Christine (NIH/CC/BEP) [E]  
**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] (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."

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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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

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**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)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 10 Apr 2020 01:35:00 +0000  
**To:** (b) (6)  
**Subject:** RE: We Believe in You

(b) (6):  
Many thanks for your e-mail. Stay well and safe.  
Best regards,  
Tony

---

**From:** (b) (6)  
**Sent:** Thursday, April 9, 2020 8:07 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: We Believe in You

Tony,  
I would only hope that one of your staff see my email and are prudent to know that this is being sent to him by one of his kin and passes it along to you.

Sincerely,

(b) (6)

On Thursday, April 9, 2020, 05:54:17 PM EDT, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

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

Thank you, and best regards.

Anthony S. Fauci, M.D.

**From:** (b) (6)  
**Sent:** Thu, 9 Apr 2020 17:18:14 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: INTERVIEW REQUEST with Dr Anthony Fauci - Radio-Canada News Program 24h/60min

Let us discuss

Begin forwarded message:

**From:** NATHALIE LEMIEUX <nathalie.lemieux@radio-canada.ca>  
**Date:** April 9, 2020 at 5:02:20 PM EDT  
**To:** "NIAID NEWS (NIH/NIAID)" <NIAIDNEWS@niaid.nih.gov>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject:** INTERVIEW REQUEST with Dr Anthony Fauci - Radio-Canada News Program 24h/60min

Hello

My name is Nathalie Lemieux and I am a research journalist for 24h in 60min, an information and public affairs program hosted by Anne-Marie Dussault and broadcast on the CBC/Radio-Canada's French national news network. <https://ici.radio-canada.ca/tele/24-60/site> We are based in Montréal and the broadcast is aired across Canada weekdays on prime time (between 7pm and 8PM ET)

As we are also living through this Covid-19 pandemia, we would be delighted to do an interview with Dr Anthony Fauci

\*Of course, host Anne-Marie Dussault can do the interview in English

When: subject to Dr Fauci's availability ...  
How: Skype or Facetime (in respect of containment obligations)  
How long: 7-8 min

Could this proposal be of interest to Dr Fauci?

Thank you for letting me know the possibilities... we are aware of Dr Fauci's tight

schedule

You can reach me at any time via this email [nathalie.lemieux@radio-canada.ca](mailto:nathalie.lemieux@radio-canada.ca) or  
on my cell phone: [REDACTED] (b) (6)

--

**Nathalie Lemieux**

Journaliste à la recherche

Émission 24 heures en 60 minutes

RDI/Radio-Canada

Cell: [REDACTED] (b) (6)





**From:** (b) (6)  
**Sent:** Thu, 9 Apr 2020 16:51:32 -0400  
**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: SARS-CoV-2 serosurvey study launch

Looks fine! Thanks

On Apr 9, 2020, at 1:48 PM, Stover, Kathy (NIH/NIAID) [E]  
(b) (6) wrote:

Hi Dr. Fauci,

Please find attached for your review a draft press release announcing the launch of Dr. Memoli's serostudy to detect previously undiagnosed coronavirus infections. Your draft quote is as follows:

“This study will give us a clearer picture of the true magnitude of the COVID-19 pandemic in the United States by telling us how many people in different communities have been infected without knowing it, because they had a very mild, undocumented illness or did not access testing while they were sick,” said Anthony S. Fauci, M.D., NIAID director. “These crucial data will help us measure the impact of our public health efforts now and guide our COVID-19 response moving forward.”

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

<SARSCoV2 serosurvey Release FOG cleared.docx>

<SARSCoV2 serosurvey NSWB Clearance Form.doc>

<SARS\_COV2\_SERUM\_SAMPLING\_Clean Changes\_Copy\_4.2.2020.docx>

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 9 Apr 2020 16:40:28 +0000  
**To:** [REDACTED] (b) (6) [E]  
**Subject:** FW: New Yorker: Fauci Urges Trump to Attack the Coronavirus as if It Were an Inspector General

This Borowitz guy is something else....

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

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---

**From:** Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Sent:** Thursday, April 9, 2020 12:33 PM  
**To:** NIAID COGCORE <COGCORE@mail.nih.gov>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>; NIAID OD AM <NIAIDODAM@niaid.nih.gov>  
**Subject:** New Yorker: Fauci Urges Trump to Attack the Coronavirus as if It Were an Inspector General

Satire from The Borowitz Report

## Fauci Urges Trump to Attack the Coronavirus as if It Were an Inspector General



By Andy Borowitz  
April 8, 2020



Photograph by Lo Scalzo / Bloomberg / Getty

WASHINGTON (*The Borowitz Report*)—In what he described as a “potentially major breakthrough,” Dr. Anthony Fauci has convinced [Donald Trump](#) to attack *COVID-19* as if it were an inspector general. Fauci, who has been frustrated in his efforts to get through to Trump, compared the global pandemic to an inspector general while in a closed-door meeting with the President on Wednesday.

“What do you hate more than anything, Mr. President?” Fauci asked.

“Jim Acosta,” Trump immediately replied.

“O.K., fine. But, besides Jim Acosta,” Fauci said, “it would be an inspector general, right?”

“You’re right, Tony,” Trump agreed. “I hate those losers.”

“Well, think of *COVID-19* as the worst inspector general in the world,” Fauci continued. “It’s overseeing everything you do and making you follow the law. It’s keeping you from spending taxpayer money on anything you want. You wouldn’t stand for that, would you?”

Reportedly, Trump appeared shaken by Fauci’s analogy. “Damn it, Tony, when you put it that way, we’ve got to do something about *COVID-19*,” he said.

Speaking to reporters, Fauci said that he was “cautiously optimistic” that his inspector-general analogy would finally spur Trump to action, but added, “Jared could still screw this up.”

**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, 9 Apr 2020 10:17:45 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Mediaset, Italian television broadcast, interview request

FYI

---

**From:** Alessandro Matarante <alessandro.matarante@outlook.it>  
**Sent:** Thursday, April 9, 2020 5:49 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>  
**Subject:** Mediaset, Italian television broadcast, interview request

Hello Dr. Anthony Fauci,

I'm Alessandro Matarante, an Italian reporter, currently working for Mediaset, Italy's most important television broadcast. Specifically, I work for Quarta Repubblica, a program aired every Monday in prime-time, led by reporter Nicola Porro.

I'm writing this e-mail because it would be a pleasure and an honor for us to interview you about the coronavirus emergency and the way the United States are facing it.

Clearly, we are available to consider any kind of day and hour to make the interview, and so we are to consider together the contents of the interview.

Hoping for a positive answer,  
I wish you a pleasant day.

Alessandro - [REDACTED] (b) (6)

[https://www.mediasetplay.mediaset.it/programmi-tv/quartarepubblica\\_b100002038](https://www.mediasetplay.mediaset.it/programmi-tv/quartarepubblica_b100002038)

**From:** (b) (6)  
**Sent:** Wed, 8 Apr 2020 17:17:42 -0400  
**To:** Lusso, Paolo (NIH/NIAID) [E]  
**Subject:** Re: Research Day organized by the Italian Embassy

Paolo:

I am very, very sorry, but I just cannot do this right now. I am swamped and my time is not my own. I hope that they understand.

Best,  
Tony

On Apr 8, 2020, at 4:00 PM, Lusso, Paolo (NIH/NIAID) [E]  
(b) (6) wrote:

Dear Tony:

I am sorry to bother you with another request during this period. The Italian Embassy is organizing its yearly Research Day (Giornata della Ricerca) that this year will be held strictly online (via Zoom or other e-meeting tool) and centered entirely on the Coronavirus pandemic.

The Italian Ambassador, Mr. Varricchio, would be delighted if you accept to be his guest of honor at the event and asked me to informally enquire with you, before sending an official invitation, if there is any chance you could participate. He understands how crazy your schedule is during this crisis. They would like you to deliver a 30 min lecture on a theme of your choice, preferably related to the state of the art of the pandemic management. The tentative date for the event is between April 20 and April 30, but they are waiting to finalize the date based on your preference, if you are able to accept (even in early May).

Please, let me know if you can accommodate this additional engagement. You will make them very very happy!

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

Phone: [REDACTED] (b) (6) (personal)

[REDACTED] (b) (6) (lab)

Fax: (301) 480-5291

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

-----  
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**From:** (b) (6)  
**Sent:** Wed, 8 Apr 2020 16:58:55 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: request of interview by Giuseppe Sarcina, corriere della Sera

Let us discuss

Begin forwarded message:

**From:** Sarcina Giuseppe <gsarcina@res.it>  
**Date:** April 8, 2020 at 4:16:32 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject:** R: request of interview by Giuseppe Sarcina, corriere della Sera

Dear Doc. Fauci,  
this is Giuseppe Sarcina, the us correspondent of Corriere della Sera, the main italian newspaper.  
I understood that you are looking at the italian case with great attention.  
I wonder if you can grant me a short interview.  
I have sent an email march 21. But then I saw that you spoke with an other italian newspaper. So I would like to have a chance to have your voice for our Readers as well. Corriere della Sera is a newspaper based in Milano, Lombardy, The region most affected by the coronavirus.  
Thank you  
Warm Regards  
Giuseppe Sarcina  
Washington dc

(b) (6)>  
**Oggetto:** request of interview by Giuseppe Sarcina, corriere della Sera

Dear Doc. Fauci,  
this is Giuseppe Sarcina, the us correspondent of Corriere della Sera, the main italian newspaper.  
I understood that you are looking at the italian case with great attention.  
I wonder if you can grant me a short interview.  
That would be really helpful for our readers



Thank you  
Warm Regards  
Giuseppe Sarcina  
Washington dc

**From:** [REDACTED] (b) (6)  
**Sent:** Wed, 8 Apr 2020 16:57:55 -0400  
**To:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** Fwd: Global Health Leaders Call, Thursday, 8 April at 14:30 CET  
**Attachments:** image001.png, ATT00001.htm, COVID19 Strategy Update V3.2.docx, ATT00002.htm

Please print out for tomorrow. Thanks

Begin forwarded message:

**From:** "KABIR, Sophia" [REDACTED] (b) (6) >  
**Date:** April 8, 2020 at 4:21:00 PM EDT  
**To:** SHOC <shoc@who.int>, Office of the Director-General <DGOoffice@who.int>, "Redfield, Robert R. (CDC/OD)" [REDACTED] (b) (6)  
[REDACTED] (b) (6)  
[REDACTED] (b) (6)  
[REDACTED] (b) (6) >, David Heymann <[REDACTED] (b) (6)>, "Felicity Harvey" [REDACTED] (b) (6)  
[REDACTED] (b) (6) "Chris.Elias" [REDACTED] (b) (6)  
[REDACTED] (b) (6) >, "J.Farrar" <[REDACTED] (b) (6)>  
[REDACTED] (b) (6) "Fauci, Anthony" [REDACTED] (b) (6)  
(NIH/NIAID) [E]" [REDACTED] (b) (6)  
[REDACTED] (b) (6)  
"GREIN, Thomas" [REDACTED] (b) (6), "COX, Paul Michael" [REDACTED] (b) (6)  
"SCHWARTLANDER, Bernhard F." [REDACTED] (b) (6) >, "MINHAS, Raman" [REDACTED] (b) (6)  
"Conrad, Patricia (NIH/NIAID) [E]" [REDACTED] (b) (6) >, "MAHJOUR, Jaouad" [REDACTED] (b) (6) "FALL, Ibrahima Soce" [REDACTED] (b) (6) >, "Thomas R. Frieden" [REDACTED] (b) (6)  
Lynn Banks <[REDACTED] (b) (6)>, President | Resolve to Save Lives <president@resolvetosavelives.org>, [REDACTED] (b) (6)  
[REDACTED] (b) (6) >  
"AL-SHORBAJI, Farah" [REDACTED] (b) (6)  
[REDACTED] (b) (6) Robynn Leidig [REDACTED] (b) (6),  
"DRURY, Patrick Anthony" [REDACTED] (b) (6) >, "Dr VAN KERKHOVE, Maria" [REDACTED] (b) (6)  
[REDACTED] (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/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)  
"SHIN, Young-Soo" (b) (6) >,  
(b) (6) >, Feng Ding  
< (b) (6)  
"SMITH, Ian Michael"  
(b) (6) >, "AYLWARD, Raymond Bruce J." (b) (6) >,  
(b) (6)

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

**Subject: Global Health Leaders Call, Thursday, 8 April at 14:30 CET**

Dear colleagues,

On behalf of Mike Ryan, allow me to share with you the draft COVID-19 Strategy Update, which will be subject of discussion at tomorrow's Global Health Leaders Call at 14.30 CET.

The epidemiological update and analysis, as well as the **Zoom connection** will be shared tomorrow morning.

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?

If you experience any technical difficulties joining this conference call, please contact the WHO HQ EOC operator at: **+41 22 79 15 533**

Kind regards,

Sophia

**Sophia Kabir**

Executive Officer

Office of the Executive Director

WHO Health Emergencies Programme (WHE)

Tel. [REDACTED] (b) (6)

Mobile [REDACTED] (b) (6)

Website: [WHO in emergencies](#) | [WHO Facebook](#) | [WHO Twitter](#)



HEALTH  
**EMERGENCIES**  
programme



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 8 Apr 2020 17:28:01 +0000  
**To:** Awwad, David (NIH/NIAID) [C]  
**Subject:** FW: NIAID Information RE: Update Your PIV Card (HHS ID Badge) Certificates Before They Expire

Do I need to do anything?

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (301) 496-2263  
FAX: (301) 496-4409  
E-mail: [afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)

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---

**From:** NIAID News and Information (NIH/NIAID) <[niaidnewsinfo@niaid.nih.gov](mailto:niaidnewsinfo@niaid.nih.gov)>  
**Sent:** Wednesday, April 8, 2020 10:18 AM  
**To:** NIAID Announcements <[NIAID-announce@niaid.nih.gov](mailto:NIAID-announce@niaid.nih.gov)>  
**Subject:** NIAID Information RE: Update Your PIV Card (HHS ID Badge) Certificates Before They Expire

(b) (2)

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

From: ORS Information Line <[orsinfo@ors.od.nih.gov](mailto:orsinfo@ors.od.nih.gov)>  
Sent: Tuesday, April 7, 2020 6:23 PM

To: [NIH-STAFF@LIST.NIH.GOV](mailto:NIH-STAFF@LIST.NIH.GOV)

Subject: Update Your PIV Card (HHS ID Badge) Certificates Before They Expire



If you need help, please contact the NIH IT Service Desk: <http://itservicedesk.nih.gov/>  
301-496-4357 (HELP), 301-496-8294 (TTY), or 1-866-319-4357 (HELP)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 8 Apr 2020 17:25:25 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]; Doepel, Laurie (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]  
**Subject:** RE: PR HHS Treatment Guidelines for COVID-19

We should include in the statement something about the fact that the guidelines will be continually updated as new information is available.

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

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---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, April 8, 2020 12:58 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Stover, Kathy (NIH/NIAID) [E] (b) (6) >; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Doepel, Laurie (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)  
**Subject:** ASF: PR HHS Treatment Guidelines for COVID-19

This is a press release that we (Laurie) drafted for HHS to announce the HHS treatment guidelines. Cliff has reviewed. I know how slammed you are. In the interest of time, I would like to move this to Bill Hall now, with the understanding that we can catch up with any changes you might have before the release is actually issued.

FYI, the release includes a quote for you as follows:

"Currently most of the information that we have regarding how to treat COVID-19 is based on relatively small or uncontrolled studies and anecdotal reports," noted Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID) and member of the White House Coronavirus Task Force. "We have an imperative as physician scientists to pursue research to definitively

identify which treatments are safe and effective for the thousands of patients around the world who are suffering and dying from this disease. These Treatment Guidelines provide a clear starting point for pursuing such studies. Furthermore, the outcome of that clinical research will feed back into these Guidelines to optimize the care of COVID-19 patients in the future.”



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 8 Apr 2020 16:59:29 +0000  
**To:** Barillas, Carolina (NIH/NIAID) [E]  
**Cc:** Holland, Steven (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** RE: Article - BCG protection from COVID-19 mortality

Thanks, Carolina.

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:** Barillas, Carolina (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Wednesday, April 8, 2020 12:39 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Holland, Steven (NIH/NIAID) [E] <(b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Article - BCG protection from COVID-19 mortality

Hello everyone,

I found this article that comes to a similar conclusion regarding the protective role of universal BCG vaccination on COVID-19 mortality. I will be working with an epidemiologist from Virginia Tech to see if we can provide stronger quantitative analysis and modelling.  
All the best,

Carolina

---

Carolina Barillas Mury, M.D., Ph.D.  
Chief, Mosquito Immunity and Vector Competence Section  
Laboratory of Malaria and Vector Research  
National Institutes of Health  
12735 Twinbrook Parkway, Room 2E-20C

Rockville, MD 20852

Phone: (b) (6) Fax: (301) 480 0930

E-mail: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 8 Apr 2020 15:09:38 +0000  
**To:** [REDACTED] (b) (6)  
**Subject:** FW: Google Alert - Fauci AND Tony OR Anthony

Click on the “Cuomo Crush” and “Fauci Fever” link below. It will blow your mind. Our society is really totally nuts.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
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---

**From:** Google Alerts <googlealerts-noreply@google.com>  
**Sent:** Tuesday, April 7, 2020 11:30 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Google Alert - Fauci AND Tony OR Anthony

## Google Alerts

### Fauci AND Tony OR Anthony

As-it-happens update · April 8, 2020

NEWS

---

#### [Dr. Anthony Fauci, Trump address Iowa's lack of shelter-in-place](#)

Little Village

Speaking at President Trump's press conference late Monday afternoon, Dr. **Anthony Fauci** mentioned Iowa, and a clip of his comments was quickly ...



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---

[Dr. Fauci: 'We need to put our foot on the accelerator' to see an end to COVID-19 pandemic](#)

fox4kc.com

WASHINGTON — Even though he says the worst is yet to come, Dr. **Anthony Fauci**, the nation's top infectious-disease expert, has seen signs of ...



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---

[Fauci: African-American Community at Higher Risk for Coronavirus Complications](#)

NBC4 Washington

Dr. **Anthony Fauci**, director of the NIAID, spoke on Tuesday about the impact the coronavirus pandemic is having on the ... [Read More ...](#)



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[John Calipari Confirms Bill Clinton, Mark Cuban, and Dr. Fauci as Guests on 'Coffee With Cal'](#)

kentuckysportsradio.com

**Anthony Fauci**. Every Monday for the next 25 weeks, Calipari's show will "feature positive messaging and conversation with high-profile guests from the ...



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---

['Cuomo Crush' and 'Fauci Fever' — Sexualization Of These Men Is a Real Thing on The Internet](#)

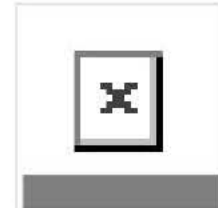
Talent Recap

The coronavirus pandemic has led brothers Andrew and Chris Cuomo and Dr.

**Anthony Fauci** to the forefront COVID news and updates, but it also ...



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[Before the White House, Trump called NIH 'terrible,' questioned vaccines](#)

KPQ

President Donald Trump speaks to the press while Director of the National Institute of Allergy and Infectious Diseases **Anthony Fauci** speaks during a ...



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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 8 Apr 2020 13:23:07 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: On the record

Yes. Please point him to what I said yesterday.

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

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
Sent: Wednesday, April 8, 2020 9:20 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
Subject: FW: On the record

Pls see below....Bob Franken...

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

From: Billet, Courtney (NIH/NIAID) [E] (b) (6)>  
Sent: Wednesday, April 8, 2020 9:03 AM  
To: Conrad, Patricia (NIH/NIAID) [E] <(b) (6)>  
Cc: Stover, Kathy (NIH/NIAID) [E] (b) (6) Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
Subject: RE: On the record

I think he probably knows Bob Franken personally so I'm wondering if you might want to flag this for him, as he might decide it warrants a personal response.

Otherwise, he did speak about health disparities at yesterday's WH press conference, and we could certainly point Franken to those comments and then also direct him to NIMHD. It might seem like a blow-off but I don't see us doing more than that with this.

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

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
Sent: Wednesday, April 8, 2020 8:56 AM  
To: Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6) Routh, Jennifer (NIH/NIAID) [E] (b) (6)  
Cc: NIAID OCGR NSWB <NIAIDOCGRNSWB@mail.nih.gov>  
Subject: FW: On the record

Defer to you to decide on this

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

From: Bob Franken [REDACTED] (b) (6) >  
Sent: Wednesday, April 8, 2020 5:17 AM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
Subject: On the record

Tony:

For my syndicated column, I want to do a piece on the racial aspect of coronavirus. I'm not seeing any breakdown of deaths in the poorer areas as opposed to the more prosperous ones.

Isn't that the telling statistic here that the economically less well off live in areas where medical services are inadequate and as a result they have more underlying conditions that make them more vulnerable? Isn't it relevant that people of color are predominantly among the poorer in our country for a variety of reasons?

I will appreciate your comments, particularly since you have so little to do these days.

Warmest regards,

Bob

Bob Franken  
[www.bobfranken.tv](http://www.bobfranken.tv)

**From:** (b) (6)  
**Sent:** Wed, 8 Apr 2020 07:18:27 -0400  
**To:** (b) (6)  
**Subject:** Re: last questions, i promise

In first response, I meant to say "I always qualified the statement....." .not "I almost qualified the statement..."

On Apr 8, 2020, at 7:04 AM, Michael Specter (b) (6) wrote:

Thank you. Will do all this and (b) (6)

On Wed, Apr 8, 2020 at 03:59 Fauci, Anthony (NIH/NIAID) [E]  
<(b) (6)> wrote:

Michael:

See comments below in red.

Thanks,

Tony

**From:** Michael Specter <(b) (6)>  
**Sent:** Wednesday, April 8, 2020 1:25 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** last questions, i promise

Hi. Mostly these are two second yes or no answers - though I need to understand the b cell issue better.

Thank you for all this. Hang in there:

1.)

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 especially concerned about the possible impact of a lethal strain of influenza." True, but I almost qualified the



statement and said it most likely would be influenza, but I was concerned with any type of novel respiratory virus that efficiently spread from human to human and that had a high degree of morbidity and mortality

2.) Dyker Heights versus Bensonhurst:

- 
- What do we say about where he grew up.? He always says Bensonhurst. The apartment was technically in Dyker Heights, though the neighborhood lines shift. And I never see him mention moving neighborhoods. Did he move? Yes. I moved. I was born at [REDACTED] (b) (6) in the middle of the Bensonhurst section of Brooklyn. When I was 9 years old my father opened a Pharmacy on 8302-13<sup>th</sup> Avenue at the outer edge of the Dyker Heights Section of Brooklyn (only We moved into an apartment over the pharmacy.
- 

3.) [ the question below is the meaning of hyperactive. Does it mean producing too many B cells or that they were too active, as in working too hard, producing too many antibodies??] Not necessarily too many B cells. It means that the B cells that are there, are aberrantly turned on

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. The virus was somehow leading its hosts to overproduce a defense that normally would keep them healthy. Fauci 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. “I think that speaks for sound scientific and clinical observation.” The politics of seeking a cure, though, would be far harder to manage.

- 4.). This I asked before you could not speak to me but we can take me out of it. Or do whatever you like: I asked Fauci if he thought that novel coronavirus would force a change in attitude among political leaders and funding agencies. [REDACTED] (b) (6)  
[REDACTED] (b) (6)
- 

5.). This you have said in more than one place. People kind of became alarmed when you were absent so just want to be sure you don't mind it in here: **No problem.**

Fauci said that there was nothing meaningful about his absence from the Mar.23 White House briefing, “I was tied up in a task force meeting, and we were trying to work out some difficult policies and the topic of the briefing that day was more related to other members of the Task Force. He also said, “I have no trouble with the President. When I talk to him, he listens.”

Michael Specter  
Staff Writer  
The New Yorker

Adjunct Professor of Bioengineering

Stanford University

(b) (6)

Phone: (Work, Cell, SMS) + (b) (6)

--

Michael Specter  
Staff Writer  
The New Yorker  
Adjunct Professor of Bioengineering  
Stanford University

(b) (6)

Phone: (Work, Cell, SMS) (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 8 Apr 2020 10:42:24 +0000  
**To:** Perez-Stable, Eliseo (NIH/NIMHD) [E]  
**Subject:** RE: WH Briefing

Thanks, Eliseo. Stay safe and well.  
Best,  
Tony

---

**From:** Perez-Stable, Eliseo (NIH/NIMHD) [E] (b) (6) >  
**Sent:** Tuesday, April 7, 2020 11:53 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: WH Briefing

Hey Tony, you are the man! Best, Eliseo

---

**From:** Natasha Williams (b) (6)  
**Date:** Tuesday, April 7, 2020 at 8:42 PM  
**To:** Eliseo Perez Stable (b) (6) >, Courtney Aclin  
(b) (6) >  
**Subject:** WH Briefing

Hello Eliseo and Courtney,

During the White House briefing on COVID-19 this evening, there was a discussion on the disproportionate impact of COVID-19 on African Americans, health disparities and data collection. Please see CSPAN Clips below I cued up.

<https://www.c-span.org/video/?c4866877/user-clip-covid-19-african-american-community>

<https://www.c-span.org/video/?c4866892/user-clip-dr-fauci-health-disparities-african-american-community>

<https://www.c-span.org/video/?c4866897/user-clip-data-collection-question-african-american-community>

I know we are not commenting but I would like to recommend that we have some talking points prepared and on hold in case we receive congressional inquiries. These topics are also receiving coverage on the networks.

Thank you,  
Natasha

**Natasha H. Williams, PhD, JD, LLM, MPH**  
**Legislative Liaison**

**National Institute on Minority Health and Health Disparities**  
**National Institutes of Health**  
Bethesda, MD 20892

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Phone: (b) (6) | [www.nimhd.nih.gov](http://www.nimhd.nih.gov)

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**From:** Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 7 Apr 2020 22:58:33 +0000  
**To:** Chris Joffe;Fauci, Anthony (NIH/NIAID) [E]  
**Subject:** RE: Supporting Schools In Covid-19

Due to the high demand on Dr. Fauci's time during the current outbreak – we must decline your request at this time. Thank you for your understanding.

Best,

Patricia L. Conrad  
Public Health Analyst and  
Special Assistant to the Director  
National Institute of Allergy and Infectious Diseases  
The National Institutes of Health

(b) (6) (office)

(b) (6) (cell)

**From:** Chris Joffe <Chris@joffeemergencyservices.com>  
**Sent:** Tuesday, April 7, 2020 6:46 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Supporting Schools In Covid-19

Dr. Fauci -

I'm a safety/security consultant to independent and charter schools. I run a firm supporting ~1,000 of them. What, if anything, would you want them to know? **I'm wondering if there's any chance in the world you'd be willing to join us and a few hundred schools for a 15 - 30-minute webinar one day next week?**

Specifically, schools are looking for information/perspective as it relates to what to expect as we return to a new normal and the like. Beyond that, they've begun to ask questions such as what we can be thinking about for this short period of time between the return to school and the development of a vaccine. What would best practice look like for us to educate, but maintain social distance? I believe we can manage a lot of the operationalizing but would be immensely grateful for some high-level guidance to follow.

I recognize how incredibly busy this time is for you and would be so incredibly grateful for any time you might be willing to spare for this audience.

With immense gratitude,

Chris Joffe

--

Chris Joffe  
CEO | Joffe Emergency Services  
HQ | Santa Monica, CA  
Twitter: [@joffechris](https://twitter.com/joffechris)

(b) (6)

Executive Assistant

E: (b) (6)

P: (b) (6)

▪

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 7 Apr 2020 15:45:18 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** RE: NFLPA-NFL Task Force

I do not think we need to bring to TF. I suggest that we run it by Devin O'Malley and see what he thinks. He has a good feel for this type of stuff.

**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:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Sent:** Tuesday, April 7, 2020 11:09 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: NFLPA-NFL Task Force

Pls see below – is this something you want to bring to TF?

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>  
**Sent:** Saturday, April 4, 2020 12:06 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Cc:** Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Auchincloss, Hugh (NIH/NIAID) [E] (b) (6)>  
**Subject:** RE: NFLPA-NFL Task Force

This is not so much a comms thing but more a request to consult with ASF on a possible plan for playing football without fans present. I think this should be put to him. I know POTUS is talking today (may have already) with the various professional sports commissioners. ASF may want to do this, or take it to the TF to discuss uniform guidance for proposals like this.

---

**From:** (b) (6)  
**Sent:** Saturday, April 4, 2020 11:01 AM

**To:** Billet, Courtney (NIH/NIAID) [E] (b) (6)>  
**Cc:** Thom Mayer (b) (6)>  
**Subject:** NFLPA-NFL Task Force

Hi Courtney,

1<sup>st</sup>, I hope you, your family and your loved ones are harboring safely through this storm. 2<sup>nd</sup>, thanks for your efforts and those of Dr. Fauci-he is truly a national treasure during this crisis and it is deeply appreciated.

I appreciate your help and introductions on how our players can be helpful. As you know Drew and Brittany Brees made a \$5M contribution to the Louisiana coronavirus efforts and they have done a lot of press. Drew's message has been "Hang in there-hang tough! We are in this together."

I've done several webinars with our players and their families, both educating them and pointing out their role both with friends and family as well as on social media to let NFL fans know that whether or not we have an NFL season depends to a large extent upon those fans following the guidelines zealously-as zealously as they follow NFL games!

That message seems to be getting through.

I write now with a request for a little bit of Dr. Fauci's time in about 2 weeks. I requested that we stand up a joint NFLPA-NFL Task Force to scenario plan a pathway to getting NFL Club facilities open, with a view towards if and when we might look towards an NFL season, even if games are played with no fans. My request is to have Dr. Fauci give a telephone briefing to our group on this difficult topic, which would of course be confidential. The floor would be his and I can brief him prior to the call on what we have been working on. If he were willing, we can do the call anytime, probably during the week of April 13, although of course the modeling shows that would be during the peak of the outbreak. We could also do it the week before or after.

Thanks so much for considering this. We are mindful of the psychological toll the virus is taking and the lift NFL games would give to a sports-starved population, but only if it can be done safely for the players and the fans who (ultimately) allow them to play this great game.

Again, thanks!

Best,

Doc

**Thom Mayer, MD, FACEP, FAAP, FACHE**

Medical Director



**NFL Players Association**

11150 Sunset Hills Road, Ste 305

Reston, VA 20190



Mobile: [REDACTED] (b) (6)  
NFLPA.COM

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 7 Apr 2020 15:24:35 +0000  
**To:** Barillas, Carolina (NIH/NIAID) [E]  
**Cc:** Holland, Steven (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; [REDACTED] (b) (6)  
**Subject:** RE: BCG protection from COVID-19 mortality

Carolina:

You have a potentially important point here. I was approached by another scientist (introduced to me by Bob Gallo) who has data from Russia years ago where in cohorts who were vaccinated with oral polio vaccine (OPV) during the Albert Sabin days, those who received OPV had a much lower incidence of clinical influenza compared to those who did not receive OPV. It could be that immune boosts of any type give a non-specific protection. Could be related to the fact that following measles vaccination of children, all-cause mortality is lower than in unvaccinated children.

Best regards,  
Tony

Anthony S. Fauci, MD  
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---

**From:** Barillas, Carolina (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Sent:** Tuesday, April 7, 2020 11:04 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Cc:** Holland, Steven (NIH/NIAID) [E] [REDACTED] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** BCG protection from COVID-19 mortality

Good morning Tony,

I have been puzzled by the great discrepancies in prevalence and mortality from COVID-19 between different countries. I am enclosing a file with the maps comparing the prevalence in the USA vs Latin America, between Western Europe and Eastern Europe. I also include a map on the BCG vaccinations policies in different countries. The countries hardest hit by COVID-19 (high mortality), the USA, Italy, Netherlands and Belgium are those that never had universal BCG vaccination. I also include a table comparing very similar countries with very different prevalence and mortality and added a row indicating BCG vaccination policy in every country. **Please take 5 minutes to look at the information in this attachment, as I found an exceptional association between BCG vaccination and COVID-19 prevalence and mortality at a global level and the implications extremely important.**

Prediction: Hispanics that migrated to the USA will have much lower prevalence and mortality of COVID-19, as they were vaccinated as newborns in their countries of origin.

Strategy: Health workers in the USA should get vaccinated with BCG. At least a randomized vaccination trial should be started, similar to the one underway in France.

All the best,

Carolina

-----  
Carolina Barillas Mury, M.D., Ph.D.  
Chief, Mosquito Immunity and Vector Competence Section  
Laboratory of Malaria and Vector Research  
National Institutes of Health  
12735 Twinbrook Parkway, Room 2E-20C  
Rockville, MD 20852  
Phone: (b) (6) Fax: (301) 480 0930  
E-mail: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 7 Apr 2020 14:51:59 +0000  
**To:** Alison Galvani  
**Subject:** RE: Your PNAS article "Projecting hospital utilization during the COVID-19 outbreaks in the United States" has published

Alison:

Thanks for sending this. I hope that all is well with you. Keep up your great work.

Best regards,  
Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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**From:** Alison Galvani (b) (6)  
**Sent:** Friday, April 3, 2020 3:34 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Singer, Burton H (b) (6); Seyed Moghadas (b) (6)  
**Subject:** Fwd: Your PNAS article "Projecting hospital utilization during the COVID-19 outbreaks in the United States" has published

Hi Tony,

Please find attached our second COVID publication. This one focuses on projections of the number of ICU beds that will be needed at the peak of the outbreak.

Please don't hesitate to let me know if we can be of any assistance.

Take care,  
Alison



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

From: <[journalstaff@pnascentral.org](mailto:journalstaff@pnascentral.org)>

Date: Fri, Apr 3, 2020 at 2:06 PM

Subject: Your PNAS article "Projecting hospital utilization during the COVID-19 outbreaks in the United States" has published

To: [REDACTED] (b) (6)

PNAS is pleased to announce that your paper "Projecting hospital utilization during the COVID-19 outbreaks in the United States" has published online at: [www.pnas.org](http://www.pnas.org). Did you know article-level metrics data and article downloads are now available for all PNAS articles? Article-level metrics provide a new way of measuring the reach and impact of an article by tracking the mentions it receives online. Clicking on the "Authors & Info" tab near the top of each article and scrolling down will reveal a summary of mentions of the article across news sites, blogs, social media, and other online sources- which are visualized in a colorful icon, or "badge." The number in the middle of the badge is the Altmetric score, which is based on the volume, type, and author of the mentions. You can click on the badge or "view more" to explore the individual mentions from each source. Article downloads by month and by article format appear below the badge.

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--

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

[REDACTED] (b) (6)  
<http://cidma.yale.edu/>

*Follow me at @Alison\_Galvani*  
*Follow CIDMA @YCIDMA*

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 7 Apr 2020 14:47:59 +0000  
**To:** Glass, Roger (NIH/FIC) [E]  
**Subject:** RE: To cheer you up!

Thanks, Roger!

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  
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---

**From:** Glass, Roger (NIH/FIC) [E] (b) (6) >  
**Sent:** Friday, April 3, 2020 12:36 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** To cheer you up!

Tony

Read the last lines and see the photo! Your words from the past are remembered and have changed the careers of our fellows.

No need to respond.

Roger

Sent from my iPad

Begin forwarded message:

**From:** (b) (6)  
**Date:** April 3, 2020 at 11:30:23 AM CDT  
**To:** "Glass, Roger (NIH/FIC) [E]" (b) (6) >  
**Subject:** Hello

Dr. Glass,

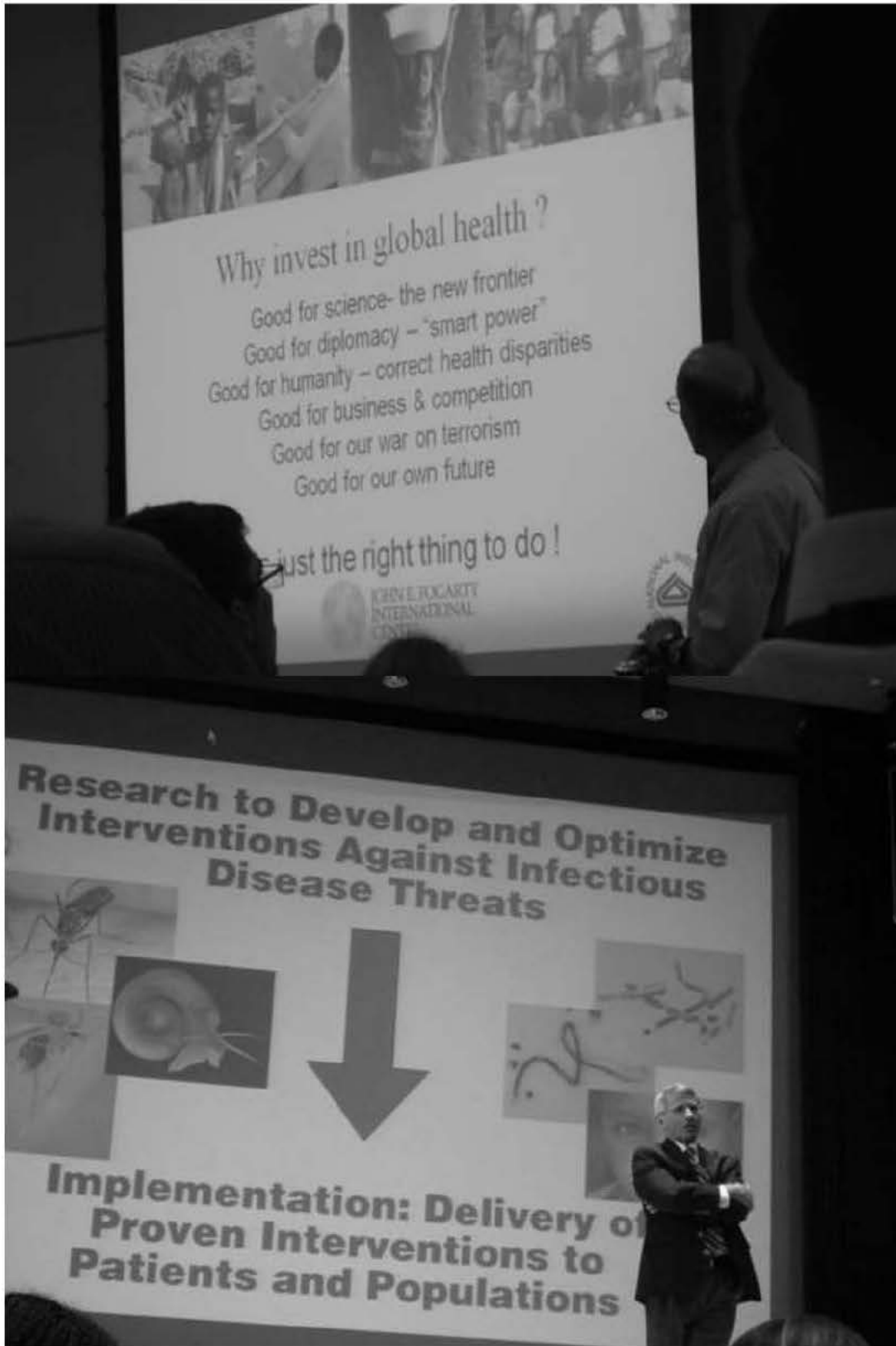
I hope you are well and I wanted to check in to see how you are doing in this scary and traumatic time for our world.

During these times, I'm especially thankful for the training I received from the Fogarty Institute. I remember your wise words at our Fogarty orientation in 2011- on why investing in Global health is so critical. No truer words have been spoken especially at times like these!

I'm currently communicating with my former colleagues in Zambia (Mpanji and Innocent pictured here with me <https://www.thermofisher.com/blog/behindthebench/using-sanger-sequencing-to-detect-drug-resistance-mutations-in-hiv-in-zambia/>) from CIDRZ to see how testing can be brought up via the public health infrastructure in place currently. Thankfully, the number of cases is very low, although the unreported cases are much higher than likely captured (<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>). My friend who is a Lieutenant Physician actually likely contracted COVID-19 in January and wrote that she and others had treated a patient returning from Wuhan who was pregnant of respiratory illness upon coming back to Lusaka to deliver, only to die of pleural effusion later. They subsequently developed flu-like symptoms and resolved, but these are the types of cases that likely go undetected and can potentially contribute to community spread of the disease.

Thank you again for being such a wonderful role model, and I look to leaders like you and Dr. Fauci to help our nation think with prudent but difficult decisions.

Kind regards,  
Lillian





**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 11 Apr 2020 23:21:25 +0000  
**To:** Upton, Fred  
**Subject:** RE: GOP lawmakers: Fauci may be doing more harm than good | TheHill

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

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

From: Upton, Fred (b) (6) >  
Sent: Saturday, April 11, 2020 6:31 PM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
Subject: Re: GOP lawmakers: Fauci may be doing more harm than good | TheHill

Update. Biggs and Buck are the only 2 members of Congress that voted agn the first two bills dealing with COVID -19. The first vote had only the 2 of them vote no. NRN

Sent from my iPhone

> On Apr 11, 2020, at 5:45 PM, Upton, Fred (b) (6) > wrote:

>

> It's upton again and no need to respond. U may get asked about this story and u should know that both Buck and Biggs were among the 40 that voted no on the 2nd package which provided assistance and testing (think it was \$13B). It was not a surprise that they voted no as they r joined with Tom Massie in almost everything. Keep being a science truth teller ☐ ☐

> <https://thehill.com/homenews/coronavirus-report/492359-gop-lawmakers-fauci-may-be-doing-more-harm-than-good>

>

>

> Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 11 Apr 2020 19:26:02 +0000  
**To:** Upton, Fred  
**Subject:** RE: It's Fred upton

Fred:

Thanks for the note. The answer is almost certainly yes, but there would not be enough of them whereby we can compare the results in those who were receiving Hydroxychloroquine or not for their lupus. Large natural history studies, which we will be initiating could possibly answer that question.

Best regards,  
Tony

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

From: Upton, Fred (b) (6)  
Sent: Friday, April 10, 2020 6:01 AM  
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>  
Subject: It's Fred upton

U gave me your email at the Capitol briefing. Question, with all the discussion on hydrox.—have there been any Covid-19 cases that have struck lupus victims? TY

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 12 Apr 2020 22:44:30 +0000  
**To:** Marston, Hilary (NIH/NIAID) [E]  
**Subject:** FW: Collection of COVID-19 patient data from medical records

Please take a look at this and figure out whether we should do something.

---

**From:** Hahn, Stephen <(b) (6)>  
**Sent:** Thursday, March 26, 2020 5:40 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Redfield, Robert R. (CDC/OD) <(b) (6)>; Debi Birx <(b) (6)>  
**Cc:** Abernethy, Amy (FDA/OC) <(b) (6)>; Lenihan, Keagan (FDA/OC) <(b) (6)>  
**Subject:** Collection of COVID-19 patient data from medical records

Tony, Bob and Debi,

Amy is working on a pathway to collect data from electronic medical records in selected areas of the country (addressing all of the appropriate privacy concerns). We're looking for data elements to collect and wonder if your teams could give us some insight from a public health perspective. I am copying Amy to see if she has anything else to add. Perhaps you could assign someone to work with Amy.

Thanks

Steve

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 18 Apr 2020 18:55:23 +0000  
**To:** Kamoie, Brian  
**Subject:** RE: Thank You

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

Anthony S. Fauci, MD  
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**From:** Kamoie, Brian (b) (6) >  
**Sent:** Saturday, April 18, 2020 12:33 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Thank You

Tony,

Thank you for all that you are doing in the fight against COVID-19. Your steady leadership and grounding in the science, and your ability to communicate complex information clearly to policymakers and the public, are what the world needs during this crisis. I know we will see the other side of this pandemic, and you will have once again saved many lives with your work.

I am one step removed from this response, as I am on a detail assignment from FEMA to the Naval Academy, but have been sharing information with the Superintendent and his senior leadership team so that they can make good decisions to protect the community while meeting the Academy's mission. I have thought back to the H1N1 response in 2009-2010 many times since this began.

Again, thank you for what you're doing. My best wishes to you and your family.

Best,  
Brian



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 13 Apr 2020 01:14:17 +0000  
**To:** Mascola, John (NIH/VRC) [E]  
**Cc:** Erbelding, Emily (NIH/NIAID) [E]; Dieffenbach, Carl (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Pursuant to My Email on Friday  
**Attachments:** Vaccine strategy-200411-v 13.pptx, Secretary Determination Memorandum-Project Warp Speed-041120 1825 draft.doc

John:

Let us briefly discuss this tomorrow AM. What do you think of their timeline in Slide #5? Is it feasible?

Best,  
Tony

---

**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



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 7 Apr 2020 14:48:49 +0000  
**To:** Becks, Karen (HHS/IOS)  
**Subject:** RE: Crazy COVID-19 face cover idea

Karen:

Thanks for your note.

Best regards,

Tony

Anthony S. Fauci, MD  
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**From:** Becks, Karen (HHS/IOS) (b) (6)  
**Sent:** Friday, April 3, 2020 12:54 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Crazy COVID-19 face cover idea

Hi, Dr. Fauci.

Thank you so much for keeping things honest and know that I am such a champion of you.

I hope that reaching out is okay. I work at HHS/IOS team. As I sit here at home and have been thinking about the shortage of medical supplies, doggie cones actually can be used as protection for our health care workers. Just a thought that looks and sounds crazy but can help.

Stay safe.

Kindest Regards,

Karen Becks  
U.S. Department of Health and Human Services  
Immediate Office of the Secretary  
200 Independence Avenue, SW  
Washington, DC 20201  
Desk: (b) (6)  
Mobile: (b) (6)

Brian Kamoie  
DHS/FEMA  
[REDACTED] (b) (6) (mobile)