

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 12:58:59 +0000  
**To:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** FW: Respiratory Protection Program: Temporary Suspension of Fit Testing

For my clinical center Certification folder.

**Anthony S. Fauci, MD**  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Wu, Sarah (NIH/OD/ORS) [E] (b) (6)  
**Sent:** Monday, March 23, 2020 8:56 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Respiratory Protection Program: Temporary Suspension of Fit Testing

### **Respiratory Protection Program Participants:**

Due to the recent COVID-19 outbreak and supply chain shortage, we are temporarily suspending annual fit tests for employees at this time. You will still be required to complete fit testing if:

- you have experienced significant physical changes likely to impact the fit of your respirator such as:
  - substantial weight loss/gain
  - dental surgery
  - cosmetic surgery including the neck area and above
  - an accident
  - a new medical diagnosis
- you are directly involved in the COVID-19 response and are expected to be in close contact with potential COVID-19 patients
- you are emergency response personnel (police, fire department, etc.) required to be on-site throughout this pandemic

If you do not meet these criteria, you are not required to complete your fit test at this time. Please be advised that you will still need to complete the online training despite the suspension of fit testing. *Regular fit testing will resume once the COVID-19 emergency has subsided.*

Any questions concerning the HealthRx website should be directed toward [support@healthrx.com](mailto:support@healthrx.com). Please visit the manufacturer's websites for details on your particular respirator model. If you have questions about N95 respirators in general, feel free to email [nihrespirator@mail.nih.gov](mailto:nihrespirator@mail.nih.gov). Thank you for your efforts and consideration during this event.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 12:58:16 +0000  
**To:** Karen Backman  
**Subject:** RE: Your Unprecedented Leadership and Professionalism

Karen:

Many thanks for your kind note.

Best regards,

Tony

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
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**From:** Karen Backman (b) (6)  
**Sent:** Monday, March 23, 2020 8:53 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Your Unprecedented Leadership and Professionalism

Good morning Dr. Fauci,

I am not one to write emails to our leaders in government as I am sure that the message doesn't get to where it always needs to go. At the risk of you possibly seeing this email, you need to know that you are doing an incredible job.

I doubt you will be broadcasting this note but you should know that my husband and I take great comfort in seeing you up on the podium next to our country's leadership on the COVID-19 pandemic. You are a steady voice of reason and the right person for the job. Even when the President doesn't get it quite right, you manage to be professional in your delivery, information and steadfast manner. We can easily look past the President but we listen when you speak.

From the first time I heard you say on a Sunday morning talk show, "If you think we are overacting then we are probably doing the right things." I live in Maine and we are a rural state so we probably won't see the numbers that are elsewhere but we are listening and acting on your words of caution.

I can't imagine how much pressure you are under doing your job but we need more leadership such as yours. How you choose your words so carefully without getting flustered is a gift. I can only hope that you will continue to be the voice to get this country through this unprecedented event.

Stay healthy and keep doing what you're doing as it matters so much to this nation.

Sincerely,

Karen L. Backman

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 12:46:08 +0000  
**To:** (b) (6)  
**Subject:** Confidential  
**Attachments:** Press Conference Open - March 23 - with Fauci edits.docx

Here it is.

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 12:25:31 +0000  
**To:** info@mail.mblists.com  
**Subject:** RE: Fill the baseball void: Trivia, A-Rod clinic, classic games

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

Thank you, and best regards.

Anthony S. Fauci, M.D.

**Anthony S. Fauci, MD**  
**Director**  
**National Institute of Allergy and Infectious Diseases**  
**Building 31, Room 7A-03**  
**31 Center Drive, MSC 2520**  
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**From:** [REDACTED] (b) (6)  
**Sent:** Mon, 23 Mar 2020 07:32:09 -0400  
**To:** DMID Word Nerds  
**Subject:** Fwd: COVID-19- NOVEL DRUG  
**Attachments:** [REDACTED] (b) (4) 3\_17\_2020.pdf, ATT00001.htm

Sent from my iPhone

Begin forwarded message:

**From:** Radka Milanova [REDACTED] (b) (6) >  
**Date:** March 23, 2020 at 1:43:46 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)  
**Subject:** COVID-19- NOVEL DRUG

Dear Dr. Anthony Fauci:

I am involved with a US-based Company Bioxytran

(b) (4)

(b) (4)

I look forward to hearing from you.

*Kind regards,*

---

Radka Milanova, Ph.D.  
Office: + 604 488 8880  
Mobile: (b) (6)  
Email: [milanova@shaw.ca](mailto:milanova@shaw.ca)

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 01:37:39 +0000  
**To:** David Rubenstein  
**Subject:** FW: USA Today/David M. Rubenstein-- Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need

David:

You were so very kind to me in this article. Thank you so much.

Warm regards,

Tony

## **Coronavirus hero: Anthony Fauci is a great public servant in a time of great public need Fauci is the world's leading authority on infectious diseases and the best person in the country to help us deal with the COVID-19 crisis.**

David M. Rubenstein  
Opinion contributor

Some viewers of the daily White House coronavirus briefings may wonder why everyone increasingly defers to a diminutive, Brooklyn-accented 79-year-old doctor, Tony Fauci.

They do because, as I have learned over many years of talking with and more recently interviewing this man, he is without doubt the world's leading authority on infectious diseases. In any area of human activity or knowledge, there always seems to be one person who is the global gold standard. In the world of infectious diseases that person is Tony Fauci.

So the American people — indeed, people around the globe — should be grateful that Tony has dug into this crisis with the same work-around-the-clock, just-the-facts ma'am style that he has used while serving under and working with [six U.S. presidents](#). He is as apolitical as anyone can be. I have no idea if he is registered with any political party; I suspect though that he is rabidly Independent. His only focus is getting the facts out, providing the best health care treatment and information possible, and saving lives.

### **A top expert from AIDS to Ebola**

Tony Fauci [joined the National Institutes of Health](#) in 1968, after completing his medical training at Weill Cornell Medical Center, and he has led the National Institute of Allergy and Infectious Disease [since 1984](#) — 36 years. Hard to believe anyone can run anything that long and still be at the top of his game. But Tony is. During this period, he has dealt with every serious infectious disease challenge — malaria, Among Tony's best known accomplishments, beyond simply running the institute and training dozens of the world's top infectious disease professionals, has been helping to discover how HIV leads to AIDS and, later, leading the effort to create (at President George W. Bush's direction) the [President's Emergency Plan for AIDS Relief](#) (PEPFAR), which has transformed the treatment of HIV/AIDS in Africa, and other parts of the developing world. Millions of lives have been saved by this program alone. More recently, he has been an architect and powerful advocate of President Donald Trump's [plan for ending](#) the AIDS epidemic in the U.S. through HIV antiretroviral therapy targeted to disease hotspots.

In his spare time, Tony has been involved with writing or editing more than 1,100 scholarly articles and several textbooks, and, in the process, has become one of the most cited authorities of the entire medical profession.

For these breakthrough activities and his dedicated service (at a government salary) for more than a half century (he worked at NIH for 16 years before assuming his current role), Tony has received, and earned, the Presidential Medal of Freedom and a [Lasker Award](#) (called the American Nobel by many). With this long service and universal acclaim, one might think Tony would let it get to his head, at least a little bit. Not the case, though.

## **Selfless commitment to public service**

He is readily accessible to those who need treatment — he still runs a lab at NIH — or need information. Tony still lives in the same house he bought when he first moved to Washington, and it is there that he and his wife Christine have raised their three talented daughters (though none of them chose to attend medical school).

Until the latest crisis, Tony has often commuted to NIH by Metro, typically after running three miles for his daily exercise. And when he has been invited to make speeches in the Washington area or on Capitol Hill, he invariably turns down a car and driver for the Metro. (This practice has had to change of late for the obvious reasons).

There are, of course, many other dedicated federal servants who also view their commitment to the country and its people over financial rewards. But surely no federal civil servant, in any area, can exceed Tony Fauci's long-term and selfless commitment to this country and the health of its people.



I tried years ago, when Tony was approaching a normal retirement age, to see if he might want after a normal lifetime of federal service, to take some of his considerable skills and knowledge to the private sector. He quickly said no — money did not motivate him, serving the country did. And he stayed at NIH — to the country's good fortune.

If there is any one medical professional who can help the country deal with the COVID-19 crisis, it is Tony Fauci, an example of the best this country has to offer.

He is not a miracle worker. No one is.

But Tony Fauci has the decades of experience needed to understand infectious disease problems and prescribe a treatment that should, in time, provide the requisite comfort, even if, in the short term, the medicine is painful and inconvenient.

*David M. Rubenstein is the co-executive chairman of The Carlyle Group.*

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 01:23:55 +0000  
**To:** Marston, Hilary (NIH/NIAID) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; (b) (6)  
**Subject:** FW: Possible agenda for Wednesday  
**Attachments:** COVID-19 TransNIH\_032520 hm.docx

Please take the lead in putting together slides for Wednesday. If I can make it (which is uncertain), I will need them to make a presentation.

Thanks,\Tony

---

**From:** Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, March 22, 2020 7:10 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6); Wolinetz, Carrie (NIH/OD) [E] (b) (6); Anderson, James (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Re: Possible agenda for Wednesday

Thanks for the chance to weigh in. I have it blocked on my calendar and would look forward to the discussion. And I'm happy to pull slides together as outlined.

Here are some minor comments on the agenda, which looks excellent.

Looking forward to it,

Hilary

---

**From:** "Collins, Francis (NIH/OD) [E]" (b) (6)  
**Date:** Sunday, March 22, 2020 at 5:09 PM  
**To:** Hilary Marston <(b) (6)>  
**Cc:** "Tabak, Lawrence (NIH/OD) [E]" (b) (6); "Wolinetz, Carrie (NIH/OD) [E]" (b) (6); "Anderson, James (NIH/OD) [E]" (b) (6); Anthony Fauci (b) (6); Henry Lane (b) (6)  
**Subject:** Possible agenda for Wednesday

Hi Hilary,

I've been through the COVID-19 ideas collected from your Deputies meeting, plus reaching out for a few other inputs. What I hope to do is to assemble this into a lively three-hour discussion on Wednesday afternoon (2 - 5 PM). Tony is enthusiastic about our doing this, but his presence is unfortunately doubtful, given all of the other demands he faces. I'm counting on you and Cliff to be there, however – is this etched on your calendars?

Please see attached for my rather rough first attempt at an agenda. It's a lot of topics and the list will probably need to be culled – [REDACTED] (b) (5)

I would want there to be time for discussion in each theme, so that other ideas could be floated.

Please let me know your thoughts, ideally this evening. I'm also asking for input from others who are cc'd here.

Best, Francis

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 00:56:30 +0000  
**To:** Jon LaPook  
**Subject:** RE: Tony, my three minute shpiel on CBS Sunday Morning today.

Very well done as usual.

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

**From:** Jon LaPook <(b) (6)>  
**Sent:** Sunday, March 22, 2020 8:25 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Tony, my three minute shpiel on CBS Sunday Morning today.

<https://www.cbsnews.com/news/coronavirus-covid-19-social-distancing-how-to-reduce-risk-together/>

Jon

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

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 23 Mar 2020 00:51:49 +0000  
**To:** McNeil Jr, Donald G  
**Subject:** RE: big story of mine just posted

Donald:

You not only got it right, but it was an extraordinarily comprehensive, informative and sobering article. I do not agree with everything that is being done by various countries, and you have indicated that many of these approaches are controversial. However, your reporting of them is accurate and well-articulated. Bottom line is that this is an outstanding article.

Best,

Tony

**From:** McNeil Jr, Donald G <mcneil@nytimes.com>  
**Sent:** Sunday, March 22, 2020 7:33 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** big story of mine just posted

I would have interviewed you for it, but I know you're busy. I hope you think I got it right....

<https://www.nytimes.com/2020/03/22/health/coronavirus-restrictions-us.html>

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

**Tel:** +1 212 556 1142  
[mcneil@nytimes.com](mailto:mcneil@nytimes.com)

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

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 22 Mar 2020 23:27:37 +0000  
**To:** Murphy, Philip (NIH/NIAID) [E]  
**Subject:** RE: Suggestion

Phil:  
Thanks for the note. Very important point.  
Best,  
Tony

---

**From:** Murphy, Philip (NIH/NIAID) [E] (b) (6)  
**Sent:** Sunday, March 22, 2020 7:23 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Suggestion

Yeoman work, Tony. One suggestion: (b) (5)

[Redacted]

All the best,  
Phil

(b) (5)

(b) (3)



Phil



**From:** [REDACTED] (b) (6)  
**Sent:** Sun, 22 Mar 2020 17:23:08 -0400  
**To:** Cicala, Claudia (NIH/NIAID) [E]  
**Subject:** Re: Your idea about COVID-19

Thanks, Claudia

On Mar 22, 2020, at 5:17 PM, Cicala, Claudia (NIH/NIAID) [E]  
[REDACTED] (b) (6)

Dear Tony,

Thank you for taking the time to answer. I want you to know that a huge number of people here and in Italy asked me to pass along a message of support. Thank you for all you are doing.

Take a good care of yourself,  
Claudia

Sent from my iPhone

On Mar 22, 2020, at 1:27 PM, Fauci, Anthony (NIH/NIAID) [E]  
[REDACTED] (b) (6);

Jim:

[REDACTED] (b) (5)  
[REDACTED]  
[REDACTED]

Needless to say, this is a overwhelmingly compelling public health and scientific issue. Keep me posted.

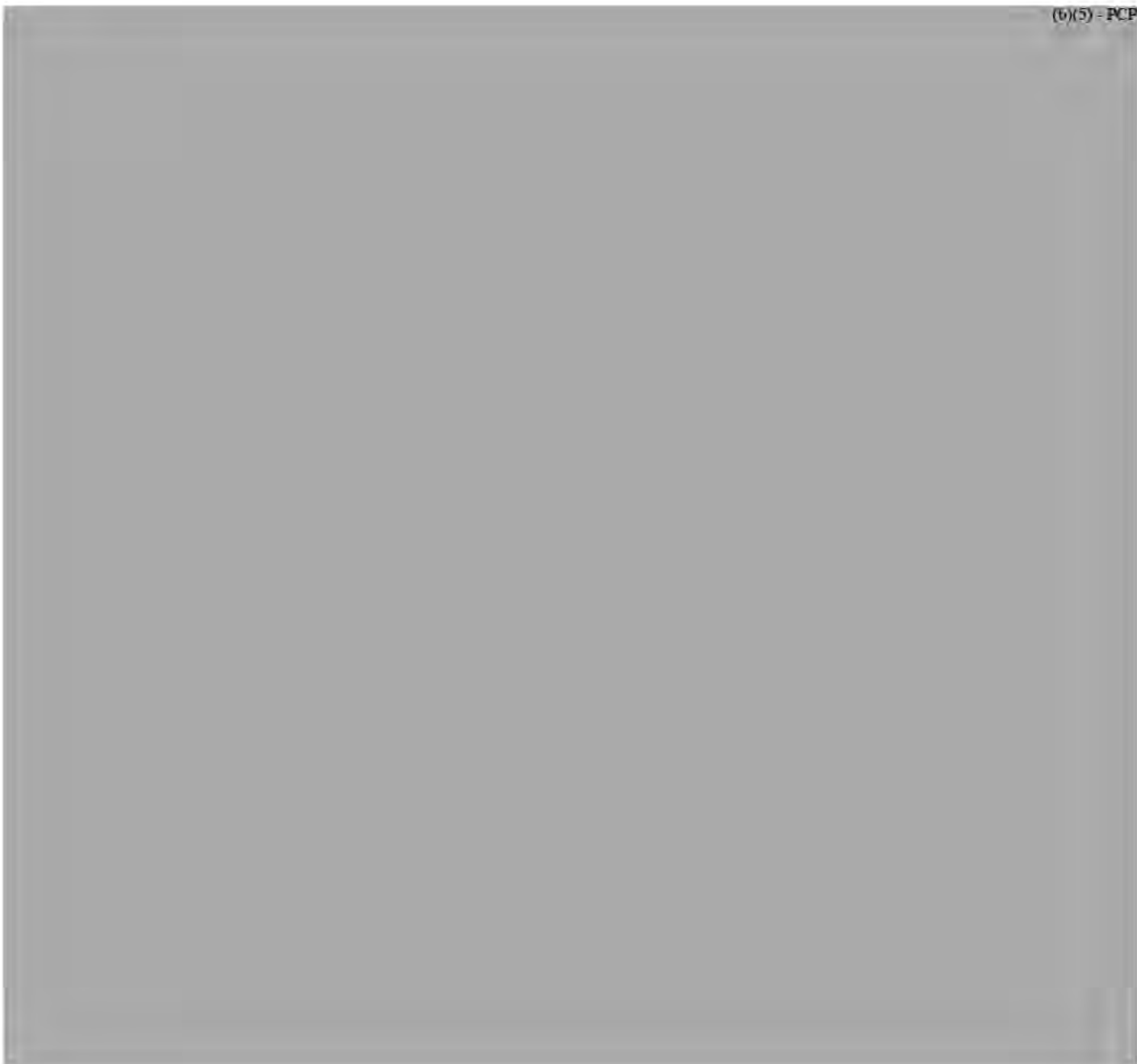
Thanks,  
Tony

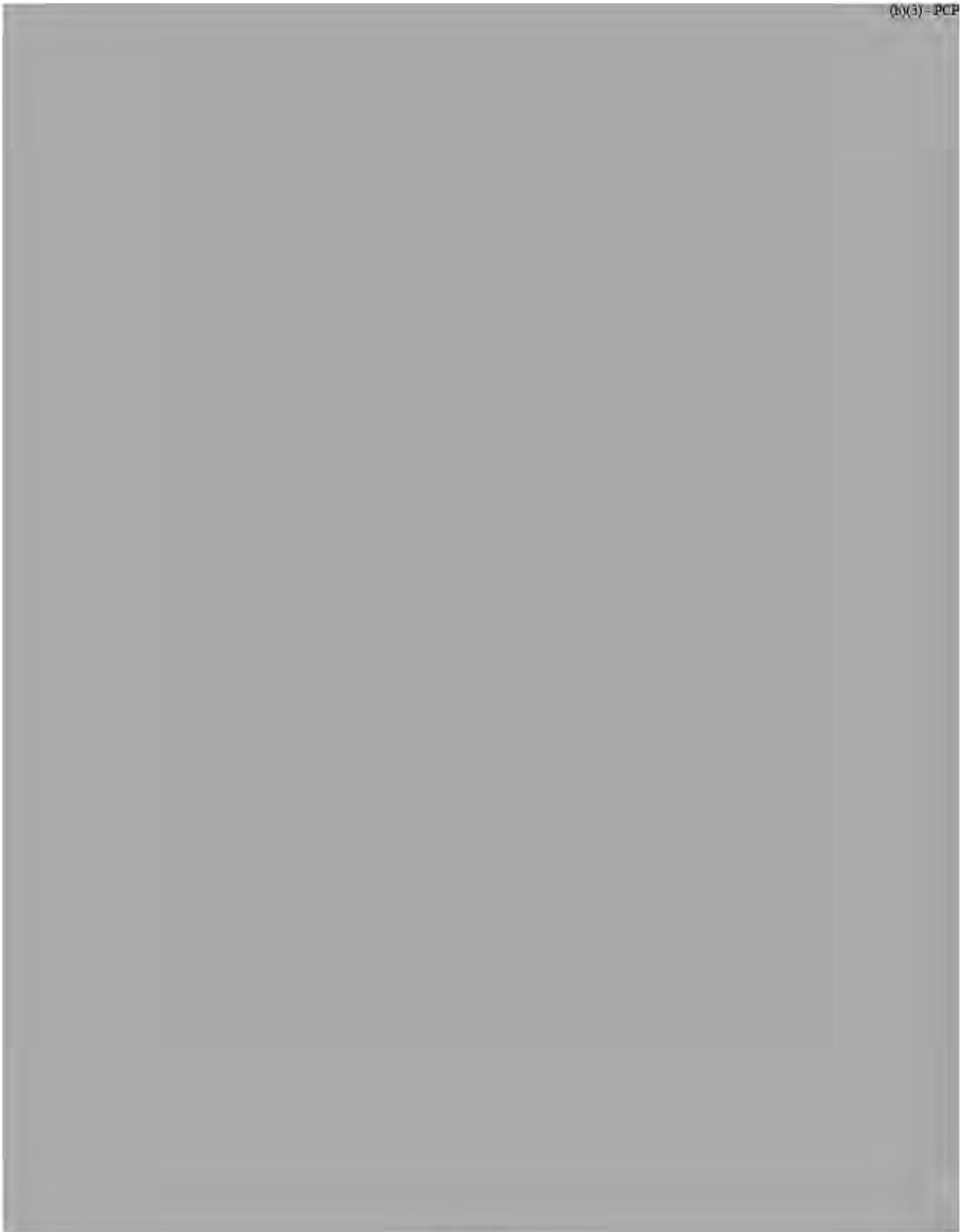
**Anthony S. Fauci, MD**  
Director  
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31 Center Drive, MSC 2520  
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Phone: [REDACTED] (b) (6)

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 22 Mar 2020 17:29:47 +0000  
**To:** Hallett, Adrienne (NIH/OD) [E]  
**Subject:** RE: Senate Supplemental #3

Thanks!

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

**From:** Hallett, Adrienne (NIH/OD) [E] <(b) (6)>  
**Sent:** Sunday, March 22, 2020 1:21 PM  
**To:** icddir-l@LIST.NIH.GOV  
**Subject:** Senate Supplemental #3

## NATIONAL INSTITUTES OF HEALTH NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

For an additional amount for “National Heart, Lung, and Blood Institute”, \$103,400,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally: *Provided*, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

## NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

For an additional amount for “National Institute of Allergy and Infectious Diseases”, \$706,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally:

*Provided*, That not less than \$156,000,000 of the amounts provided under this heading in this Act shall be provided for the study of, construction of, demolition of, renovation of, and acquisition of equipment for, vaccine and infectious diseases research facilities of or used by NIH, including the acquisition of real property: *Provided further*, That such amount is designated by

1. 2 the Congress as being for an emergency requirement pur-
2. 3 suant to section 251(b)(2)(A)(i) of the Balanced Budget
3. 4 and Emergency Deficit Control Act of 1985.

4.

5. 5 NATIONAL INSTITUTE OF BIOMEDICAL

6. 6 IMAGING AND BIOENGINEERING

7. 7 For an additional amount for “National Institute of
8. 8 Biomedical Imaging and Bioengineering”, \$60,000,000, to
9. 9 remain available until September 30, 2024, to prevent,
10. 10 prepare for, and respond to coronavirus, domestically or
11. 11 internationally: *Provided*, That such amount is designated
12. 12 by the Congress as being for an emergency requirement
13. 13 pursuant to section 251(b)(2)(A)(i) of the Balanced Budg-
14. 14 et and Emergency Deficit Control Act of 1985.

15.

16. 15 NATIONAL LIBRARY OF MEDICINE

17. 16 For an additional amount for “National Library of
18. 17 Medicine”, \$10,000,000, to remain available until Sep-
19. 18 tember 30, 2024, to prevent, prepare for, and respond to
20. 19 coronavirus, domestically or internationally: *Provided*,
21. 20 That such amount is designated by the Congress as being
22. 21 for an emergency requirement pursuant to section
23. 22 251(b)(2)(A)(i) of the Balanced Budget and Emergency
24. 23 Deficit Control Act of 1985.

HEN20279 S.L.C. 78

1. 1 NATIONAL CENTER FOR ADVANCING

2. 2 TRANSLATIONAL SCIENCES

3. 3 For an additional amount for “National Center for
4. 4 Advancing Translational Sciences”, \$36,000,000, to re-
5. 5 main available until September 30, 2024, to prevent, pre-
6. 6 pare for, and respond to coronavirus, domestically or
7. 7 internationally: *Provided*, That such amount is designated
8. 8 by the Congress as being for an emergency requirement

9. 9 pursuant to section 251(b)(2)(A)(i) of the Balanced Budg-  
10. 10 et and Emergency Deficit Control Act of 1985.

11.

12. 11 OFFICE OF THE DIRECTOR

13. 12 For an additional amount for “Office of the Direc-  
14. 13 tor”, \$30,000,000, to remain available until September  
15. 14 30, 2024, to prevent, prepare for, and respond to  
16. 15 coronavirus, domestically or internationally: *Provided*,  
17. 16 That these funds shall be available for the Common Fund  
18. 17 established under section 402A(c)(1) of the PHS Act: *Pro-*  
19. 18 *vided further*, That such amount is designated by the Con-  
20. 19 gress as being for an emergency requirement pursuant to  
21. 20 section 251(b)(2)(A)(i) of the Balanced Budget and  
22. 21 Emergency Deficit Control Act of 1985.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 22 Mar 2020 17:28:59 +0000  
**To:** Haskins, Melinda (NIH/NIAID) [E]  
**Cc:** Crawford, Chase (NIH/NIAID) [E]; Selgrade, Sara (NIH/NIAID) [E]; Mascola, John (NIH/VRC) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Dr. Fauci: Senate Draft COVID-19 Supp

Thanks. [REDACTED] (b) (5).

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

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**From:** Haskins, Melinda (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Sent:** Sunday, March 22, 2020 1:24 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Cc:** Crawford, Chase (NIH/NIAID) [E] [REDACTED] (b) (6); Selgrade, Sara (NIH/NIAID) [E]  
[REDACTED] (b) (6)  
**Subject:** Dr. Fauci: Senate Draft COVID-19 Supp



**From:** (b) (6)  
**Sent:** Sun, 22 Mar 2020 10:58:06 -0400  
**To:** Michela Carluccio  
**Subject:** Re: telmisartan and covid-19

Ms. Carluccio:

Thank you for your note. (b) (6)

Best regards,  
AS Fauci

On Mar 22, 2020, at 9:33 AM, Michela Carluccio  
(b) (6) wrote:

Dear Professor Fauci,

sorry for the disturb.

My name is Michela, I contacted her from Italy  
and I am (b) (6) years old.

I hope you understand my concern, I will  
contact you for advice if possible:

(b) (6)

(b) (5)

Sincerely,

Ms. Michela Carluccio

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 22 Mar 2020 05:29:11 +0000  
**To:** guy@vidaldesigncollaborative.com  
**Subject:** RE: ● Suggestion from former Israel Defense Forces member

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

Thank you, and best regards.

Anthony S. Fauci, M.D.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 21 Mar 2020 23:02:34 +0000  
**To:** Redfield, Robert R. (CDC/OD)  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** TF Agenda for tomorrow (Sunday)  
**Attachments:** White House Coronavirus Task Force Agenda 3.22.20.docx

Bob:

See attached TF Agenda for tomorrow.

(b) (5)

(b) (5)

(b) (5): Many thanks,

Tony

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

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**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 18:17:02 -0400  
**To:** Auchincloss, Hugh (NIH/NIAID) [E]  
**Cc:** Folkers, Greg (NIH/NIAID) [E]  
**Subject:** Fwd: Positive COVID-19 test result for (b) (6)

Sent from my iPhone

Begin forwarded message:

**From:** "Holland, Steven (NIH/NIAID) [E]" <(b) (6)>  
**Date:** March 21, 2020 at 4:40:28 PM EDT  
**To:** "McGowan, Colleen (NIH/OD/ORS) [E]" <(b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>, "Harper, Jill (NIH/NIAID) [E]" <(b) (6)>, "McGowan, John J. (NIH/NIAID) [E]" <(b) (6)>  
**Cc:** (b) (6)  
**Subject: Re: Positive COVID-19 test result for** (b) (6)

Thanks, Colleen. (b) (6), to bring him into the loop. I am also (b) (6) into this for her knowledge.

Steve

--

Director, Division of Intramural Research  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
Bldg. 10/11N248 MSC 1960  
Bethesda, MD 20892-1960

(b) (6) voice  
301-480-4507 fax  
(b) (6) email

Assistant lab: Eva Portillo  
(b) (6) email  
(b) (6) voice

Assistant to SD: Beth Schmidt

(b) (6)

(b) (6) voice

---

**From:** "McGowan, Colleen (NIH/OD/ORS) [E]" <(b) (6)>

**Date:** Saturday, March 21, 2020 at 4:17 PM

**To:** Steven Holland (b) (6)>, Anthony Fauci

(b) (6) Henry Lane (b) (6)>, Jill Harper

(b) (6), John J McGowan (b) (6)>

**Subject:** Positive COVID-19 test result for (b) (6)

I'm writing to share that we have received a positive COVID-19 test result of an (b) (6)

(b) (6) These results just came out of the 2pm test run today.

The (b) (6) supervisor is (b) (6). The person reported being symptomatic on 3/13/2020, contacted OMS on Monday, but didn't get scheduled for testing till Friday 3/20/20. I'm told (b) (6) continued to work (b) (6) even when feeling ill. I'm not permitted to share PHI, but I am told that OMS has notified the employee, and if they haven't done so already, OMS will contact the supervisor with general information regarding the person's general health status. They will not divulge a positive test result for COVID-19, but rather state a general health condition which precludes the staff member from working.

Since (b) (6) is working in (b) (6), I presume (b) (5) (b) (6), but please let me know if this isn't the case. ORF typically closes down the location for 7 days to allow environmental dissipation of contact surface contamination. I know this area is mission critical, so I will help you contact ORF about prioritizing cleaning procedures. We ask that you take great care in keeping that information as confidential as you can.

Thanks  
Colleen

Colleen A. McGowan, MHA, FACHE  
Director, NIH Office of Research Services  
Bldg 31, Room 4B54  
Office Phone: (b) (6)

1979 - 2019

**LOOKING  
FORWARD  
AT 40**

OFFICE OF  
RESEARCH SERVICES



**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 18:13:55 -0400  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: Jafri\_Research Volunteering

Sent from my iPhone

Begin forwarded message:

**From:** Riaz Jafri (b) (6) >  
**Date:** March 21, 2020 at 5:34:20 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** Jafri\_Research Volunteering

Hi Dr. Fauci,

Hope you are doing well and thanks for your leadership during this pandemic situation.

I have a medical degree and has experience in basic and clinical research for almost 30 years. Currently in clinical trials, doing studies monitoring. I would like to volunteer during this COVID-19 situations. Please let me know if I can share in anyway.

I appreciate it.

Best regards and be safe..

Dr. Syed R. Jafri

Ph: (b) (6)

Sent from my iPhone

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 18:13:34 -0400  
**To:** Cassetti, Cristina (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]  
**Subject:** Fwd: Possible joint collaboration Polish -American Collaboration

Hoping one of you can handle. Taking this out of ASF inbox

If we need to discuss with him let me know.

Sent from my iPhone

Begin forwarded message:

**From:** Aleksandra Wesołowska (b) (6) >  
**Date:** March 21, 2020 at 6:08:46 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** Possible joint collaboration Polish -American Collaboration

Dear Dr Anthony Fauci ,

I am writing in connection to email from Prof Robert Schwartz about possible Polish - American collaboration in the clinical trial focus on treatment patients suffer from COVID-19

As a Polish Medical Research Agency we desire facing this pandemic with NIAID leading vaccine and therapy efforts against SARS-Cov-2.

F. Gray Handley has got in contact with the President of our Agency last week but from that time we have no further information in this pressing issue.

I will be very appreciated if we could discussed with you or your eminent staff any possibility for polish scientists to joint collaboration with NIAID to fight coronavirus for patients all of the world.

I will be personally responsible to hold this topic on behalf of Polish Medical Research Agency.

Thank you for your time and incredible efforts you made to global health and safety.

I remain at your disposal,

**Aleksandra Wesółowska, PhD**  
Senior Research Coordinator



**Agencja Badań Medycznych**  
ul. Moniuszki 1A  
00-014 Warszawa  
[www.abm.gov.pl](http://www.abm.gov.pl)

**From:** Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 21 Mar 2020 16:43:19 +0000  
**To:** NIAID OD AM  
**Subject:** FW: Virtual Town Hall with College Students (30+ Schools)?

**From:** John Monahan <John.Monahan@georgetown.edu>  
**Sent:** Saturday, March 21, 2020 10:11 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Virtual Town Hall with College Students (30+ Schools)?

Tony --

First of all, thank you for all you are doing to lead our country's response during this crisis.

I hesitate to reach out to you with so much on your plate, but I think this idea might help with the national response.

In light of the continuing challenge of engaging young people in social distancing measures, combined with the fact that so many colleges and universities are now teaching online, Georgetown's Global Health Initiative and Institute for Politics and Public Service are considering a "virtual town hall" in which you could speak directly with students at colleges and universities via Zoom (or some other platform) about the collective challenge of COVID-19 and its risk to their health and to other members of their communities.

This could be a unique forum for you, as the most trusted person in the public dialogue, to make the case directly to young people about their vital role in social distancing to flatten the curve in their communities. We would use social media, of course, to push out key segments and messages from this event more broadly.

While Georgetown would organize this "virtual town hall", we would work closely with a network of more than 30 colleges and universities with which our Institute of Politics and Public Service regularly collaborates. We would also reach out to other schools to ensure a geographic reach and a mix of public and private institutions. Of course, our team would work closely with your staff to manage all logistics so as to use your scarce time as efficiently as possible.

Before we go any further in planning or thinking about this, I wanted to see if you would have time to participate or think this is a good idea.

Best!

John

John T. Monahan, JD

Senior Advisor to the President of Georgetown University  
Senior Fellow, McCourt School of Public Policy  
Senior Scholar, O'Neill Institute for National and Global Health Law  
Georgetown University  
3307 M Street NW, Suite 202  
Washington, DC 20057  
202-431-6556

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:48:05 -0400  
**To:** KEN GLEN  
**Subject:** Re: COVID-19

Thank you for your note.  
AS Fauci

Sent from my iPhone

On Mar 21, 2020, at 7:43 AM, KEN GLEN (b) (6) wrote:

Good morning, from Vancouver, Canada.

We hope you are keeping yourself, and your families safe.

Your calm approach, and real life experience being shared during the daily briefings is what everyone looking towards the USA for information needs to see.

As in anything, real knowledge, both sharing and accepting is critical to get everyone focused on overcoming the current situation.

We don't see social distancing between everyone at the news conferences, and that is disappointing, we also don't see Donald Trump acquiring the skills and abilities to truly turn over communication and leadership to people such as yourself and your colleagues on the podium.

While that is also disappointing, it has come to be expected, therefore easy to tune out.

Our Global world needs a Global approach of honesty and transparency, we can't afford to get this one wrong due to our normal tribal tendencies.

Best regards, be safe,

Ken & Cathy Glen (b) (6)

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:44:54 -0400  
**To:** Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]  
**Subject:** Fwd: Provider's question!

From Patty

Can one of u pls take this.

Sent from my iPhone

Begin forwarded message:

**From:** "Rostami, Nahid" <(b) (6)>  
**Date:** March 20, 2020 at 7:25:06 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Cc:** "Rostami, Nahid" <(b) (6)>  
**Subject:** Provider's question!

Dear Dr. Fauci,

I am one of the UCSF neonatologist and I have been (b) (6)  
(b) (6) I  
am (b) (6) now. As you know, in neonatal intensive care unit at least  
one parent stays at bedside. Considering the recent coronavirus  
outbreak, I am (b) (6) for both potential patient (b) (6)  
(b) (6) and staff exposures. I appreciate your advice and  
recommendation for (b) (6) who is working  
in an intensive care unit. Since I have to go to work, do I need to have  
extra percussions besides hand washing? If so, what would you  
recommend?

I appreciate your help.

Thanks,

Nahid Rostami

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:42:07 -0400  
**To:** Parks, Donna (djholmes@uidaho.edu)  
**Subject:** Re: Thank you

Thank you for your note.  
AS Fauci

Sent from my iPhone

> On Mar 20, 2020, at 8:49 PM, Parks, Donna (djholmes@uidaho.edu) <djholmes@uidaho.edu> wrote:

>

> Dear Dr.Fauci:

>

> I want to thank you and commend you for all you're doing during the COVID-19 pandemic. You are the voice of science and reason - and you seem to be able to get through to President Trump in a subtle way yet with a great deal of integrity. I don't envy you this gig - particularly with an administration that is so hostile to science, reason, and preparedness on the federal level.

>

> I'm still squirming from Trump's latest declarations that hydroxquinolone could be used for COVID. The more you can explain why this might not be the place to put federal resources right now, the better. Friends of mine are buying it off label in Mexico now, and as a biologist and medical educator I find this alarming.

>

> Thanks. You're the best.

>

> Donna Holmes Parks | djholmes@uidaho.edu

> WWAMI Medical Education Program

> University of Idaho and University of Washington

>

>



**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:39:16 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: Coronavirus interview

Sent from my iPhone

Begin forwarded message:

**From:** "Lindenberger, Isaac D." <lindenberger.9@buckeyemail.osu.edu>  
**Date:** March 21, 2020 at 1:19:57 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** **Coronavirus interview**

Dr. Fauci,

I have Paul Offit coming on my podcast tomorrow to discuss coronavirus, and I would love to have you on after him to talk about your thoughts and what we should do. My friend Nikki Roy recommended you who I have also interviewed for my vaccine show "Straight To The Point." If you're interested we can do an interview at your earliest convenience. My listeners would benefit greatly from it, thank you for your consideration.

Get [Outlook for Android](#)

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:38:39 -0400  
**To:** Friedmann, Theodore  
**Subject:** Re: COVID-19 information for the public

Thank you for your note.  
AS Fauci

Sent from my iPhone

> On Mar 21, 2020, at 2:01 AM, Friedmann, Theodore <tfriedmann@health.ucsd.edu> wrote:

>

> Dear Tony: I'm sure that you realize how dismayed and saddened many of us are at the inaccurate and harmful comments coming from our political leaders regarding the COVID-19 pandemic. That feeling hit a new height today with the irresponsible and nonsensical announcement from President Trump regarding his claimed effectiveness of chloroquine and hydroxychloroquine. This announcement and many other untruths were delusional, irrational, unscientific and revealed a profoundly harmful and unethical betrayal by President Trump his responsibility to protect the health of the public that put the public in severe danger. I was very glad to hear your public comments that countered this horribly dangerous misinformation. I hope that your message falls on receptive ears in the public and leads to a major change in the kind of public announcements that are currently being foisted on the desperate public who depend on knowing and acting based on the truth. Please continue and even expand your role as the truth teller in the who crowded collection of muzzled officials and sycophants who seem to be more devoted to deceiving the public rather than preparing the public for hard truths and solving the logistics failures of masks, availability of testing kits. Please continue your brave and essential role as honest broker that you play valiantly privately during your policy discussions that the public also deserves to know about the wrong and unethical self-serving propaganda that the public is fed by President Trump and some other members of the Corona Virus task force. It is a deadly governmental game. I wish you good luck in alerting the public to this immoral, unethical and deadly plague of governmental misinformation designed to shape political quandaries rather than public welfare. Please continue speaking out about public misinformation.

>

> Ted Friedmann, MD

>

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:38:11 -0400  
**To:** DMID Word Nerds  
**Subject:** Fwd: hypertensive drug - ACE2- inhibitor related and our work  
**Attachments:** A Combinatorial Antihypertensive Drug (Reserpine and Hydrazine) Does Not Cause Severe Depression.pdf, ATT00001.htm, medrxivcognitionandadelphanel.pdf, ATT00002.htm

Sent from my iPhone

Begin forwarded message:

**From:** "Dr. Jamuna R Subramaniam" <jamuna17@sriramachandra.edu.in>  
**Date:** March 21, 2020 at 2:04:14 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), jamuna subramaniam (b) (6)>  
**Subject:** hypertensive drug - ACE2- inhibitor related and our work

Dear Prof. Anthony Fauci,

Good Morning!

I am Dr. Jamuna R. Subramaniam. I did my Ph.D from Georgetown University and postdoc in Johns Hopkins on neurodegenerative diseases. After returning to India I started working on biogenic amine neurotransmitters. One of the major trajectory of my research career was on an FDA approved, antihypertensive drug. Given the current scenario of ACE2 being the receptor for Covid-19, and the widely used antihypertensive drugs also target the same. I thought of sensitizing you on a very effective antihypertensive drug, adelphane and adelphane esidrex made and sold by Novartis This contains a historical VMAT - biogenic amines loading in synaptic vesicles, molecule, reserpine. Here, in India, a well known Nephrologist, has used this to treat a community of close to 3000 patients for almost two decades. From him and others I have heard that it is a very effective, well tolerated antihypertensive. Reserpine is a historical molecule that it had been used in the Indian system of medicine, Ayurveda. But adelphane has the single specific purified molecule, reserpine, an alkaloid. Now Novartis has stopped making it. One of the reasons being given is reserpine's negative publicity when it was used an antipsychotic drug. The reason given was a side effect of severe depression. We did a study on these patients on adelphane and find that it had not caused depression. Further, it seems to be retaining cognition in these patients. I could not publish these in big journals as you can understand. I am enclosing these two papers.

As many lives are at stake, I thought I will sensitize you on this. Hope something good will come out of this. I am telling whomever I come across about the same. That is the best I can do. Hope the current scenario will show the living daylight for reserpine and helps the humanity.

Thank you

With regards  
Jamuna

--

Dr. Jamuna R. Subramaniam  
Associate Professor  
Center for Preclinical and Translational Medicine Research  
Central Research Facility  
Sri Ramachandra Institute of Higher Education and Research  
Porur, Chennai 600 116, India  
Extn:8170 ; Tel: 91-44-45928500;  
Cell: (b) (6)  
[www.sriramachandra.edu.in](http://www.sriramachandra.edu.in)

Academic Editor, PLoS One, Public Library of Science, San Francisco, USA  
Website:

Pubmed: <https://www.ncbi.nlm.nih.gov/pubmed/?term=Subramaniam+JR>

Research Gate: [https://www.researchgate.net/profile/Jamuna\\_Subramaniam](https://www.researchgate.net/profile/Jamuna_Subramaniam)

Google Scholar:

<https://scholar.google.co.in/citations?user=T4Z2VMAAAAAJ&hl=en>

**Quote:** "I remain an Optimist. Not that I can give any evidence that right is going to prosper, but because of my unflinching faith that right should prosper in the end" - Mahatma Gandhi

**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:37:38 -0400  
**To:** Mr Chiogna  
**Subject:** Re: The Virucidal Efficacy of Blue light (222 nm) UV light with Respect to CoronaVirus

Thank you for your note.  
AS Fauci

Sent from my iPhone

On Mar 21, 2020, at 2:46 AM, Mr Chiogna <jchiogna@holycross.bc.ca>wrote:

Dear Dr. Fauci,

My name is John Chiogna. I work as a Physics teacher in Vancouver British Columbia. Attached below is a short write up on a possible inexpensive means of quickly sanitizing private and public locations such as care facilities, hospitals, schools, churches, government workplaces, arenas, etc.

I'm sure that the efficacy of 222 nm light has been considered by some already. However, I have included some numbers that take into account human safety limits, as well as references to peer-reviewed journals that support my claims. It is my hope that this may make this simple idea more plausible.

Please consider the merits of such an idea and implement it as you wish, thank you.

Yours sincerely,  
John Chiogna

 [What is the Virucidal Efficacy of Blue light \(2...](#)

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**From:** [REDACTED] (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:35:58 -0400  
**To:** DMID Word Nerds  
**Subject:** Fwd: Note from a NIH "alumnus" re. SARS-CoV-2

Sent from my iPhone

Begin forwarded message:

**From:** Robert Wiskocil [REDACTED] (b) (6) >  
**Date:** March 21, 2020 at 4:30:43 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >  
**Subject:** Note from a NIH "alumnus" re. SARS-CoV-2

Dear Dr. Fauci,  
I used to work in Bob Goldberg's division at the NCI (Blgd 37) from '78-'80. I'm now a rheumatologist in the SF Bay Area.  
I'm including a Letter to the Editor (submitted 3.19.20) for the NEJM that proposes a cost-effective therapy for COVID-19. (I've included a slightly longer version with more references);

---

**N-acetyl cysteine for Coronavirus**  
Robert Wiskocil, MD

**Affiliation:** Private Practice Rheumatology

**Date:** March 19, 2020

**Telephone Number:** [REDACTED] (b) (6)

**Email:** [REDACTED] (b) (6)

**Abbreviations:** N-acetyl cysteine (NAC), porcine epidemic diarrhea virus (PEDV)

In a recent letter to Cell Research, Remdesivir and chloroquine were found to inhibit the SARS CoV-2 (COVID-19) virus activity and replication in Vero cells (1). That study was the basis for current clinical trials involving those medicines.

There might be a more cost-effective treatment for the Coronavirus. I believe it will be sensitive to oral high dose N-acetyl Cysteine

A final common pathway to host destruction (autophagy) in infected cells in both Corona and Rota viral infections involves the PI3K/AKT/mTOR pathway (2,3). This pathway is inhibited by "rapalogues" (like Rapamycin) where the

viral infection is stopped and the host cell survives. N-acetyl-cysteine, a potent anti-oxidant and glutathione precursor, alters the redox state of treated cells and can quench this same pathway (4,5). NAC (N-acetyl cysteine) has been used to rapidly clear Rotavirus diarrheal infections in children (6). Furthermore, the porcine epidemic diarrhea virus (PEDV) coronavirus has been studied in Vero cells. *In vitro*, NAC blocks that particular virus (7), and *in vivo*, NAC blocks intestinal damage caused by this virus (8). NAC likely provides a "redox clamp" on the autophagy pathway this virus exploits.

Since the PEDV coronavirus is effectively blocked in Vero cells by NAC, the SARS-CoV-2 (COVID-19) will likely also be inhibited. This test should be done, and if positive, clinical trials ought to follow.

Doses of 2.4-3.5 g/d of NAC have been used to treat patients with Lupus (4). That dose is well tolerated and inexpensive.

If NAC were effective in symptomatic patients, it could add a cost-effective measure of protection to healthcare workers and exposed individuals.

#### References:

- 1) Wang, M., Cao, R., Zhang, L. et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. **Cell Res**
- Y Yin et. al. PI3K-AKT-mTOR axis sustains rotavirus infection via the 4E-BP1 mediated autophagy pathway and represents an antiviral target. **Virulence**, 2018 VOL. 9, NO. 1, 83–98
- 3) J Kindrachuk et. al, Antiviral Potential of ERK/MAPK and PI3K/AKT/mTOR Signaling Modulation for Middle East Respiratory Syndrome Coronavirus Infection as Identified by Temporal Kinome Analysis **Antimicrobial Agents and Chemotherapy** February 2015 Volume 59 Number 2 p 1088-1099
- 4) Zhi-Wei Lai, et al, N-Acetylcysteine reduces disease activity by blocking mTOR in T cells of Lupus patients, **Arthritis Rheum**. 2012 September; 64(9): 2937–2946
- 5) C. C. Xu, S. F. Yang, L. H. Zhu, X. Cai, Y. S. Sheng, S. W. Zhu, J. X. Xu, Regulation of N-acetyl cysteine on gut redox status and major microbiota in weaned piglets, **Journal of Animal Science**, Volume 92, Issue 4, April 2014, Pages 1504–1511, <https://doi.org/10.2527/jas.2013-6755>

6) C Guerrero et al. N-Acetylcysteine Treatment of Rotavirus-Associated Diarrhea in Children **Pharmacotherapy**

7) Xu X, Xu Y, Zhang Q, et al. Porcine epidemic diarrhea virus infections induce apoptosis in Vero cells via a reactive oxygen species (ROS)/p53, but not p38 MAPK and SAPK/JNK signaling pathways. **Vet Microbiol.** 2019;232:1–12.

8) Wang L, Zhou J, Hou Y, et al. N-Acetylcysteine supplementation alleviates intestinal injury in piglets infected by porcine epidemic diarrhea virus. **Amino Acids.** 2017;49(12):1931–1943.

---

I hope you find this helpful!

Sincerely,

(b) (6)

Robert Wiskocil, MD  
(b) (6)



**From:** (b) (6)  
**Sent:** Sat, 21 Mar 2020 07:19:19 -0400  
**To:** PITTMAN, RYAN D  
**Subject:** Re: Preparing for COVID-19 in my Neighborhood

Sent from my iPhone

On Mar 21, 2020, at 12:10 AM, PITTMAN, RYAN D  
<rpittman@email.sc.edu>wrote:

Good Evening Dr. Fauci,

My name is Ryan Pittman. I live in (b) (6) South Carolina, right outside of (b) (6). The virus is here. Seeing as this is likely to get worse before it gets better, I want to be prepared to help people in my neighborhood when they start developing symptoms and the hospitals are not ready for them.

How do you recommend I go about doing this. I am prepared to acquire a modest stockpile of supplies to give to those suffering through this, but I am not entirely sure what would be best. The hope is to take your information and pass it on to those in other neighborhoods in the area, so we can come together and help as many people as we can get through this pandemic.

Thank you for your time.

Ryan Pittman, MS

University of South Carolina Department of Statistics

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sat, 21 Mar 2020 02:19:38 +0000  
**To:** Priscilla Kelly  
**Subject:** RE: Thank you from Science

Priscilla:

Thank you for your kind note.  
Best regards,  
Tony

---

**From:** Priscilla Kelly <pkelly@aaas.org>  
**Sent:** Friday, March 20, 2020 9:20 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Thank you from Science

Dear Tony,

I wanted to send our sincerest thanks from everyone at *Science*, for the superb leadership that you are showing the United States (and the world) during this pandemic. Thank you also for educating the public that the most productive countermeasures will be based on data-driven science. We will continue to do our part here at *Science* to publish the strongest COVID-19 studies to help advance research as rapidly as possible.

All the best,

Priscilla

---

Priscilla N. Kelly, Ph.D

Biomedicine Editor, *Science*

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 20 Mar 2020 22:45:24 +0000  
**To:** Stephen Hahn;Redfield, Robert R. (CDC/OD);Birx, Deborah L.  
EOP/NSC; (b) (6)  
**Subject:** Treatment Document  
**Attachments:** dbInformation for Clinicians on COVID-19 Therapies31hcl - with Fauci and Lane tracked changes showing.docx, dbInformation for Clinicians on COVID-19 Therapies31hcl - with Fauci and Lane tracked Clean copy.docx

Team:

As per my discussion with Steve a few minutes ago, I have made some changes in the document. (b) (5)

(b) (5)

(b) (5) I am attaching a tracked version of the document that was your FINAL as well as a clean copy with all of the changes accepted. Please take a look and Steve said that he would like to set up a quick call to discuss after you have had a look. I am very sorry to come in with these changes at this late point, but I really did not get a chance to have a good look at the document as I was in a car.

Thanks,

Tony

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 20 Mar 2020 21:08:04 +0000  
**To:** (b) (6)  
**Subject:** therapy  
**Attachments:** dbInformation for Clinicians on COVID-19 Therapies3.docx

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

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 20 Mar 2020 11:52:45 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Cc:** Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: Modeling of COVID-19 from Mike Levit

It would be a good idea to get a feel for what our modelling people think about this.  
Thanks,  
Tony

---

**From:** Lerner, Andrea (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, March 19, 2020 3:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Subject:** FW: Modeling of COVID-19 from Mike Levit

Dr. Fauci,

Just re-upping this as your inbox is hopefully less stuffed now. See original email at the bottom from Larry Tabak letting you know about this modeling work.

My summary is below and if you'd like me to ask some NIAID modeling SMEs what they think, let me know.

Andrea

.....

Dr. Fauci—

I took a look at this and here is my impression:

(b) (5)



I would defer to our modeling experts at NIAID as to the validity of his model—let me know if you'd like me to reach out to them. [REDACTED] (b) (5).  
CC'ing Hilary if she has additional thoughts.

Sincerely,

Andrea

---

**From:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)>  
**Date:** Monday, March 16, 2020 at 10:59 PM  
**To:** "Lerner, Andrea (NIH/NIAID) [E]" [REDACTED] (b) (6)>  
**Subject:** FW: Modeling of COVID-19 from Mike Levit

Please take a look and see what you think.

---

**From:** Tabak, Lawrence (NIH/OD) [E] [REDACTED] (b) (6)  
**Sent:** Friday, March 6, 2020 8:46 PM  
**To:** Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Cc:** Lauer, Michael (NIH/OD) [E] [REDACTED] (b) (6)>  
**Subject:** Modeling of COVID-19 from Mike Levit

Francis, Tony –

Mike Levitt (Nobel prize in Chemistry, 2013) sent the attached modeling of the COVID-19 epidemic to Mike Lauer. I don't know if this will prove useful but wanted to pass it along in case.

He indicated that he was amazed to see how an Excel level analysis could allow him to predict the China epidemic would end as early as 2-Feb and get what he considers the best estimates for case fatality ratio. His first report from 2-Feb is attached as well as his most recent two-part report.

Larry

**From:** [REDACTED] (b) (6)  
**Sent:** Fri, 20 Mar 2020 06:56:52 -0400  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** Fwd: COVID-19 multidisciplinary FAQ article  
**Attachments:** COVID Question\_v2.docx, ATT00001.htm

Begin forwarded message:

**From:** Andreas Kronbichler [REDACTED] (b) (6)  
**Date:** March 20, 2020 at 3:50:20 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6), [REDACTED] (b) (6)  
[REDACTED]  
**Subject: COVID-19 multidisciplinary FAQ article**

Dear Prof. Fauci,

May I briefly introduce myself: My name is Andreas Kronbichler, I am nephrologist based in Austria, and do have an interest in renal autoimmune disease. As such, I know your landmark study about cyclophosphamide use in GPA published in 1971; and I have learned that you were involved in the management of David Fajgenbaum MCD, whose story is so impressive.

I am contacting you and asking you for your help regarding a multidisciplinary FAQ article we would like to write and which does make sense in our eyes, given the rapid spread of this devastating infectious disease.

We would like to invite experts in the field to comment on a selected topic and then summarize this as a paper with hopefully high impact in the field.

If you agree, can you answer this question (around 400 words max.):

***Can you describe the pathophysiology and some of the immunological aspects of SARS-CoV-2 infection and COVID-19 disease?***

I would be personally very honored to work together with you. A selection of topics is attached to this e-mail.

With best regards,

Andreas Kronbichler M.D. Ph.D.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 20 Mar 2020 10:42:16 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Folkers, Greg (NIH/NIAID) [E]; Myles, Renate (NIH/OD) [E]  
**Subject:** RE: COVID-19 science brainstorm at NIH, and town meeting

Thanks, Francis.

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Friday, March 20, 2020 5:29 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C] <(b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)>; Myles, Renate (NIH/OD) [E] (b) (6)  
**Subject:** RE: COVID-19 science brainstorm at NIH, and town meeting

Thanks, Tony. The town meeting runs from 1 to 2. If your press conference runs late, I'd be glad to have you call in at any other time during that hour – we would squeeze you in!

Francis

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Sent:** Thursday, March 19, 2020 10:54 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Cc:** Conrad, Patricia (NIH/NIAID) [E] (b) (6); Barasch, Kimberly (NIH/NIAID) [C] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Subject:** RE: COVID-19 science brainstorm at NIH, and town meeting

Francis:

I was just told by the VP's office that I will have to be at the press conference between 11:00 and 12:30 PM. And so I definitely cannot be at NIH physically at 1:00 PM and if the press conference starts and finishes late, I may not even be able telephone in. My guess is that it will end before 1:00 PM and so I will likely be able to phone in. Let us see how tomorrow unfolds. Regarding the session of IC Directors, this would be fine with me.

Best,  
Tony

Patty:

Please let us discuss the phone in logistics if I cannot physically get there.  
Thanks,,  
Tony



---

**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Thursday, March 19, 2020 9:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6)  
**Subject:** COVID-19 science brainstorm at NIH, and town meeting

Hi Tony,

Nice Facebook session with Zuck! And I heard you were just on CNN, but I missed that one. I did an interview with Sheila Kaplan late this afternoon – and she greatly appreciated your message of apology. I don't think (b) (5).

When we spoke yesterday, you were enthusiastic about the convening of a 2 – 3 hour session of IC Directors and SMEs from their ICs, to brainstorm about additional scientific efforts that could be mounted at NIH to address COVID-19. It looks as if this can be arranged for an early afternoon next week. Obviously there would be nothing better than to have you there in person for this. While I know your schedule is not exactly under your control, is there any 2 – 3 hour period next week that might have a chance of being open for you? If not, who would you want to be the presenter of the current portfolio of NIAID investments? (b) (5)

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

We have the NIH virtual Town Meeting at 1 PM tomorrow. Is there any chance you can come to Wilson Hall in person for that? If not, is there a chance you can call in? I will serve as moderator, and after a few minutes of opening remarks, would hope to turn this over to you for ten minutes or so of the unique Fauci perspective. After that, Larry and Alfred will talk for a few minutes about the NIH COVID Response Team, and Jim Gilman will talk about what's happening at the CC. Then we'll open it up to questions, which we can accept in real time from the estimated 20,000 staff who will be logged in. But you wouldn't need to stay for all that – if we could somehow have your participation (either in person or on the phone) from about 1:10 to 1:20, that would be really wonderful. Please let me know if that will be possible.

Sorry about the long e-mail. Get some sleep!

Best, Francis

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 20 Mar 2020 03:01:09 +0000  
**To:** Besser, Richard  
**Subject:** RE: Checking in

Rich:

Thanks for the note. Much appreciated. I hope that all is well with you.  
Best regards,  
Tony

---

**From:** Besser, Richard <rbesser@rwjf.org>  
**Sent:** Thursday, March 19, 2020 3:59 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Subject:** Checking in

Hi Tony:

I hope you are well. I want to applaud you and thank you for your incredible leadership in communicating about this pandemic. I wish CDC were standing with you but I know that is not likely to happen. I hope that you will continue to talk about all that is being done to learn what works to mitigate the impact of the pandemic. Your absence these two days has been quite noticeable. If there is anything I can do to support you, please let me know.

Best regards,

Rich

Richard E. Besser, MD, President and CEO  
Office [REDACTED] (b) (6) | [rbesser@rwjf.org](mailto:rbesser@rwjf.org)  
Connect with me on [Twitter](#) | [LinkedIn](#) | [Facebook](#)

**Robert Wood Johnson Foundation**  
**Building a Culture of Health in America. Learn more at [rwjf.org](http://rwjf.org).**  
Follow the Foundation [Twitter](#) | [Facebook](#) | [YouTube](#)

.....  
**Please note:** In light of the requests made for increased social distancing related to the coronavirus (COVID-19), we have closed all three RWJF campuses in Princeton, New York City, and Washington until further notice. All RWJF employees are now working remotely, and all in-person meetings are either cancelled or will be conducted virtually. For the most up-to-date information regarding COVID-19 please see resources on [CDC](#), [NIH](#) as well as your state health department websites.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Fri, 20 Mar 2020 02:39:21 +0000  
**To:** Jonathan E. Shoag  
**Cc:** Elemento, Olivier  
**Subject:** RE: Specimens

Would be much more useful [REDACTED] (b) (5)

---

**From:** Jonathan E. Shoag [REDACTED] (b) (6)  
**Sent:** Thursday, March 19, 2020 9:33 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Cc:** Elemento, Olivier [REDACTED] (b) (6)  
**Subject:** FW: Specimens

Hi Dr. Fauci,

[REDACTED] (b) (5)

All the best,

Jonathan Shoag MD

---

**From:** [Denny, Joshua \(NIH/OD\) \[E\]](#)  
**Sent:** Monday, March 16, 2020 6:17 PM  
**To:** [Jonathan E. Shoag](#)  
**Cc:** [Olson, Janet E., Ph.D.](#); [Cicek, Mine](#); [Olivier Elemento](#); [Thibodeau, Steve](#); [Gebo, Kelly \(NIH/OD\) \[G\]](#)  
**Subject:** [EXTERNAL] Re: Specimens

Jonathan -

Thanks for the thoughts and the offer to help. This is indeed something we have discussed [REDACTED] (b) (5)

[REDACTED] I'm copying our chief medical & science officer, Kelly Gebo.

Best,  
Josh

On Mar 16, 2020, at 2:16 PM, Jonathan E. Shoag [REDACTED] (b) (6) wrote:

Hi Dr. Denny,

(b) (5)

All the best,

Jonathan Shoag MD

On Mar 16, 2020, at 12:47 PM, Thibodeau, Stephen N., Ph.D.

(b) (6) wrote:

Dear Jonathan

I am one of the Co-PI's of the Biobank for the All of Us Research Program.

Although samples are store here at Mayo, (b) (5)

(b) (5)

Sorry, the situation is evolving quite rapidly, so no additional information at this point.

Hope this helps.

Steve

---

**From:** Jonathan E. Shoag (b) (6)]

**Sent:** Monday, March 16, 2020 3:35 AM

**To:** Biobank

**Subject:** [EXTERNAL] Specimens

To Whom it May Concern,

I imagine someone has thought of this already- but do you know

if (b) (5)

(b) (5)

I study prostate cancer epidemiology at Weill Cornell, and in discussing this idea with the head of our precision medicine initiative, was informed that the AllofUs specimens reside at Mayo.

All the best,

Jonathan Shoag MD

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 22:16:02 +0000  
**To:** (b) (6)  
**Subject:** RE: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

(b) (6)

All of the therapy stuff is anecdotal. We are trying to get randomized clinical trials done instead of just compassionate use for all of these unproven drugs. (b) (6)

Best regards,  
Tony

---

**From:** (b) (6) >  
**Sent:** Thursday, March 19, 2020 4:19 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Re: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

Fascinating - thanks for sharing with me. The question that I have is whether COVID 19 adheres and infects epithelial cells through the same mechanism as SARS did. Why the increased lethality and how to we decrease likelihood of infection?

Just saw today that antiretroviral therapy and malaria agents are being touted as potential therapies - how well founded is this - anything more than anecdotal data to support this?

Hope you are getting a few moments of rest. (b) (6) and do not hesitate to call me if I can help.

Best,  
Ken

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 7:09 PM  
**To:** (b) (6) >  
**Cc:** Lane, Cliff (NIH/NIAID) [E] (b) (6)  
**Subject:** [EXTERNAL] FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

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The situation gets confusing. See attached brief commentary and e-mail string. As you can see, I was too tired to make any sense of it. However, my deputy (Cliff Lane) notes that this

paper argues the opposite, i.e. that ACE inhibitors might have a benefit and counters the argument to stop ACE inhibitor.s Bottom line is that we really do not know what the effect will be clinically with respect to COVID-19. In any event, (b) (6)

Best,  
Tony

---

**From:** Lane, Cliff (NIH/NIAID) [E] <(b) (6)>  
**Sent:** Wednesday, March 18, 2020 5:51 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

A 2005 paper post-SARS advocating for use of ACE inhibitors to increase ACE2. The opposing argument to stopping ACE inhibitors.

---

**From:** Anthony Fauci (b) (6)  
**Date:** Wednesday, March 18, 2020 at 5:22 PM  
**To:** "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>  
**Subject:** FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

I cannot make heads or tails of this. Please take a look and let me know what you think. Thanks.

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

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---

**From:** Ste McCon (b) (6)  
**Sent:** Wednesday, March 18, 2020 5:09 PM  
**Subject:** ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

"Clearly, the potential therapeutic utility of recombinant **ACE2 and angiotensin II receptor-inhibitors. [ARB's ?]s—already in clinical use for control of blood pressure**—for acute lung injury resulting from viruses and other causes will be a productive field for investigation. This is particularly relevant as we prepare to **confront a potential avian flu pandemic, [COVID-19 ?]** armed with only a limited number of therapeutic options."

Regards,

*Stephen D. McConnell, BS, MSc-CCP, CIS*

Lipidemiologist - Clinical Application Specialist

**Medicare-CMS ACO/MSSP/Direct-Contracting Consultant**

Medical Science Liaison

Mobile: [REDACTED] (b) (6)

[REDACTED] (b) (6)

Sent from my iPhone

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**From:** [REDACTED] (b) (6)  
**Sent:** Thu, 19 Mar 2020 08:30:51 -0400  
**To:** Holland, Steven (NIH/NIAID) [E]  
**Subject:** Re: Link to Wash post article re: Kim Hasenkrug

He is a good guy, but this is the second time for him

On Mar 19, 2020, at 8:20 AM, Holland, Steven (NIH/NIAID) [E]  
[REDACTED] (b) (6)

[https://www.washingtonpost.com/health/trump-ban-on-fetal-tissue-research-blocks-coronavirus-treatment-effort/2020/03/18/dd9f754-685c-11ea-abef-020f086a3fab\\_story.html](https://www.washingtonpost.com/health/trump-ban-on-fetal-tissue-research-blocks-coronavirus-treatment-effort/2020/03/18/dd9f754-685c-11ea-abef-020f086a3fab_story.html)

Just making you aware of the WP article this morning. This was a surprise to us and I have to believe that Kim was unaware of its preparation or release.

Steve

Director, Division of Intramural Research  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
Bldg. 10/11N248 MSC 1960  
Bethesda, MD 20892-1960  
[REDACTED] (b) (6) voice  
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[REDACTED] (b) (6) email

Assistant lab: Eva Portillo  
[REDACTED] (b) (6) email  
[REDACTED] (b) (6) voice

Assistant to SD: Beth Schmidt  
[REDACTED] (b) (6)  
[REDACTED] (b) (6) voice

---

**From:** Karyl Barron [REDACTED] (b) (6) >  
**Date:** Thursday, March 19, 2020 at 7:35 AM  
**To:** Amy Agrawal [REDACTED] (b) (6)  
**Subject:** Link to Wash post article re: Kim Hasenkrug

[https://www.washingtonpost.com/health/trump-ban-on-fetal-tissue-research-blocks-coronavirus-treatment-effort/2020/03/18/dd9f754-685c-11ea-abef-020f086a3fab\\_story.html](https://www.washingtonpost.com/health/trump-ban-on-fetal-tissue-research-blocks-coronavirus-treatment-effort/2020/03/18/dd9f754-685c-11ea-abef-020f086a3fab_story.html)

**From:** [REDACTED] (b) (6)  
**Sent:** Thu, 19 Mar 2020 08:29:22 -0400  
**To:** Verma, Seema (FDA/CDER) (CTR)  
**Subject:** Fwd: Long term care facilities

See below. As per your prior discussion

Begin forwarded message:

**From:** Dorothy Franklin [REDACTED] (b) (6)  
**Date:** March 19, 2020 at 8:22:24 AM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)  
**Subject:** Long term care facilities

Based on studies at Kirkland care facility indicating staff were spreading the coronavirus to multiple facilities sharing staff, is there or will there be guidance to require these facilities to retain a dedicated staff only?

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 02:33:41 +0000  
**To:** Redfield, Robert R. (CDC/OD); Stephen Hahn; Birx, Deborah L. EOP/NSC  
**Cc:** (b) (6); Troye, Olivia EOP/NSC; Short, Marc T. EOP/OVP; Miller, Katie R. EOP/OVP; Hicks, Hope C. EOP/WHO; kellyanne conway  
**Subject:** FW: NEJM: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19 <http://bit.ly/2x9Iji0>

As per my prior e-mail. The medical people likely are aware of this. It just came out tonight.

(b) (5)

---

**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 10:14 PM  
**Subject:** NEJM: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19  
<http://bit.ly/2x9Iji0>

Access provided by NIH Library

# A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19

List of authors.

- Bin Cao, M.D., et al.

## Abstract

### Background

No therapeutics have yet been proven effective for the treatment of severe illness caused by SARS-CoV-2.

### Methods

We conducted a randomized, controlled, open-label trial involving hospitalized adult patients with confirmed SARS-CoV-2 infection, which causes the respiratory illness Covid-19, and an oxygen saturation ( $SaO_2$ ) of 94% or less while they were breathing ambient air or a ratio of the partial pressure of oxygen ( $Pao_2$ ) to the fraction of inspired oxygen ( $Fio_2$ ) of less than 300 mm Hg. Patients were randomly assigned in a 1:1 ratio to receive either lopinavir–ritonavir (400 mg and 100 mg, respectively) twice a day for 14 days, in addition to standard care, or standard care alone. The primary end point was the time to clinical improvement, defined as the time from randomization to either an improvement of two points on a seven-category ordinal scale or discharge from the hospital, whichever came first.

### Results

A total of 199 patients with laboratory-confirmed SARS-CoV-2 infection underwent randomization; 99 were assigned to the lopinavir–ritonavir group, and 100 to the standard-care group. Treatment with lopinavir–ritonavir was not associated with a difference from standard care in the time to clinical improvement (hazard ratio for clinical improvement, 1.24; 95% confidence interval [CI], 0.90 to 1.72).

Mortality at 28 days was similar in the lopinavir–ritonavir group and the standard-care group (19.2% vs. 25.0%; difference, –5.8 percentage points; 95% CI, –17.3 to 5.7). The percentages of patients with detectable viral RNA at various time points were similar. In a modified intention-to-treat analysis, lopinavir–ritonavir led to a median time to clinical improvement that was shorter by 1 day than that observed with standard care (hazard ratio, 1.39; 95% CI, 1.00 to 1.91). Gastrointestinal adverse events were more common in the lopinavir–ritonavir group, but serious adverse events were more common in the standard-care group. Lopinavir–ritonavir treatment was stopped early in 13 patients (13.8%) because of adverse events.

## Conclusions

In hospitalized adult patients with severe Covid-19, no benefit was observed with lopinavir–ritonavir treatment beyond standard care. Future trials in patients with severe illness may help to confirm or exclude the possibility of a treatment benefit. (Funded by Major Projects of National Science and Technology on New Drug Creation and Development and others; Chinese Clinical Trial Register number, [ChiCTR2000029308](https://www.clinicaltrials.gov/ct2/show/study/ChiCTR2000029308). [opens in new tab.](#))

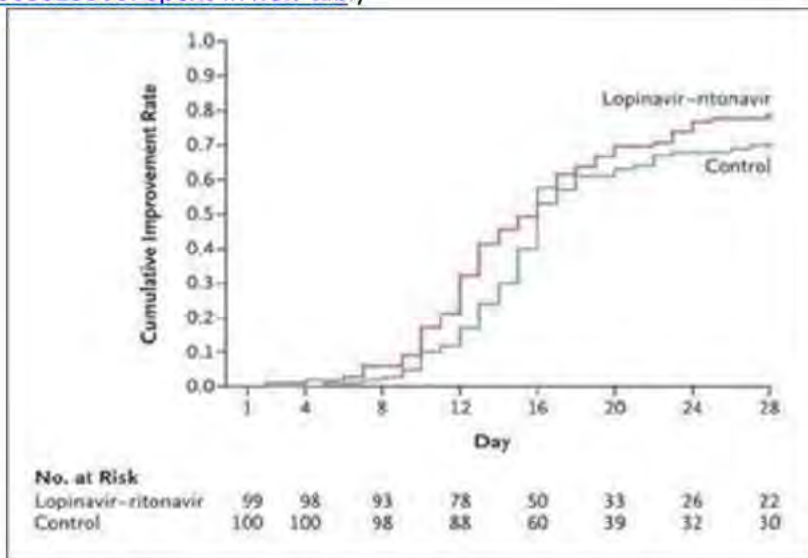


Figure 2. Time to Clinical Improvement in the Intention-to-Treat Population.

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**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 02:20:05 +0000  
**To:** sheila.kaplan@nytimes.com  
**Cc:** Collins, Francis (NIH/OD) [E]; Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus interview with Dr. Collins

Sheila:

I do not recall getting a request from you. I am completely swamped and so it may have just gotten buried in a pile and I did not see it. I apologize. I am mostly locked into the White House where we must give up our phones and so it makes it very difficult for me to return calls. I talk to Francis all the time and he is very well versed in these issues. He will do a fine job of providing you with the information you need. If you would still like to speak with me later on, we can try to make that work. Again, I am sorry if you felt snubbed.

Best regards,  
Tony

**From:** Kaplan, Sheila <[sheila.kaplan@nytimes.com](mailto:sheila.kaplan@nytimes.com)>  
**Sent:** Wednesday, March 18, 2020 4:10:58 PM  
**To:** Myles, Renate (NIH/OD) [E] (b) (6)  
**Cc:** Burklow, John (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E] (b) (6)  
**Subject:** Re: Coronavirus interview with Dr. Collins

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Can you please let me know when he might be available.

Thank you,

Sheila

--

Sheila Kaplan

Reporter, Washington Bureau

*The New York Times*

Office: (202) 862-0312

Cell: (b) (6)

--

Sheila Kaplan

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Cell: [REDACTED] (b) (6)

--  
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Reporter, Washington Bureau

*The New York Times*

Office: (202) 862-0312

Cell: [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 02:13:35 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Cc:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: Coronavirus interview with Dr. Collins

Francis:

Go for it. We need all the help we can get. I do not remember getting a request from Sheila. I will write and apologize.

Best,  
Tony

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 9:25 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E] (b) (6)  
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Francis

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Reporter, Washington Bureau

*The New York Times*

Office: (202) 862-0312

Cell: (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 02:12:30 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: typo, etc. fixed, [REDACTED] (b) (6)

Too long for me to read

---

**From:** Erik Nilsen <enilsen@bio-signal.com>  
**Sent:** Wednesday, March 18, 2020 10:11 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** typo, etc. fixed, [REDACTED] (b) (6)

Hi Dr. Fauci,

I'm now back in my office. I typed the original message on phone. I just noticed a bunch of typos. Below is a better version.

Regards,

Erik

Dear Dr. Fauci,

You're beyond busy but I hope you read this message.

[REDACTED] (b) (4)  
I'm only mentioning this so you don't think I'm a paranoid freak. I'm convinced you already know the outbreak is way past the point of containment, and, unfortunately, herd immunity will soon ensue. Then, outbreak 2 will happen shortly after, and, hopefully, not ad infinitum.

I'm writing to make sure you already know or at least suspect everything I'm about to tell you. I need to clear my conscience

because it's possible (albeit unlikely) that some of what tell you is new and possibly useful in, at least, saving lives in the USA.

I'm a physicist and have been modeling this outbreak since January. My panic started minutes after I learned ~5M people left Wuhan around January 22 a few days before the CCP starting locking the country down. The 5M people scattered to 13,000+ cities in China to visit family & friends for the Lunar Festival (Chinese New Year). I've been communicating with quite a few people around the world including an NYU epidemiologist (b) (6). We've both been warning our families, to mostly deaf ears at first, since January. It's been frustrating and exhausting, but, finally, most are as prepared as possible for what's about to happen.

I have lots of information about China due to my business, scientific, friendship, and other ties with many there, including immunologists & virologists at top-tier institutions and laboratories. My WeChat account (like Skype / Whatapp) was blocked by the CCP for 3 days late February / early March, but, after a warning message, it is now unblocked. I'm willing to share with you everything I know, think I know, or seriously suspect.

Here are a few examples:

I'm confident that China stop counting dead COVID-19 infected bodies since ~January 7, 2020. They've been adding fabricated data daily to show (to save face) the world and their own people an impressive flattening of China outbreak curve. It's easy to prove this via data analysis because, for example, improbable coincidences occurred in much of the data. My suspicions were eventually confirmed by at least two of my sources in China ( (b) (6) ). The data posted by China is not only garbage, it has misled the world into a false sense of security wrt death rate, age vs death, and other things; that is, if people analyzed the world's data including China, the

results are heavily biased towards nonsense, because China's number of cases accounted for the majority of cases worldwide (until a day or so ago).

I want to emphasize that I do not believe China intentionally did this to harm the world. I sincerely believe it was done for saving-face reasons. Saving face is possibly the most powerful motivating force in China. It is the key to understanding how most Chinese think and why they do what they do. China wanted the world to believe that their Herculean quarantining efforts contained the outbreak. However, I don't think this is true, even after spraying ~billions of gallons of "Clorox" all the country. The number of body bags my contacts told me about, even after short 15-minute walks to/from grocery stores in one city during CCP-authorized time slots, suggest the number of deaths is several orders of magnitude larger than what China's posted data indicates. Also, everyone I know in China continues to be in lock down (~6+ weeks now), and several went "silent" since about a week ago. This greatly troubles me because those who went silent live in Wuhan. And, yesterday, the CCP revoked permits/licenses for several foreign reporters who were trying to learn about the situation in Wuhan and other parts of China. Several of my sources have told me, in coded language, that the situation in at least Wuhan is not under control at all. In my opinion, China continues to be extremely concerned about saving face (first) and their economy (second). Their economy is already suffering terribly, and they can't afford to lose the many large manufacturing and other business agreements with foreign countries. This is why I believe they're trying, and succeeding to convince many, to convince most of their population that the outbreak is under control, and it will soon be ok to return to work -- even though it will not be safe, because of current outbreak and outbreak # 2 that will likely start soon. Citizens are not allowed to travel beyond a few stores and, in special cases, their work office, so even people who live there have no idea what's really going on especially in Hubei province including Wuhan. Also, an H15N outbreak seems to have recently started in

humans in Hunan province (which neighbors Hubei/Wuhan area).

I also have lots of information about USA.

Here is some:

I believe that many COVID-19 deaths were incorrectly labelled at 2019-2020 flu deaths. The spreading in the USA is almost certainly already homogeneous, because it's been going on since last year without any containment whatsoever. Once massive testing finally starts, this truth/reality will, unfortunately, become obvious. It will manifest itself as hyper exponential (hyperbolic) growth starting a day or two after the millions of testing kits arrive and start being used. The hyper exponential dynamics will eventually evolve to a more accurately calibrated exponential curve once the number to tests is large enough to properly sample the population. I don't think Italy is ahead of us. I think we're ahead and by a large amount.

A few other quick bits of info...

The time between infection and death seems to have decreased from about ~20 days (a few months) ago to possibly as short as ~8 days. And, the incubation period seems to be significantly longer. Both, and other data I've looked at, strongly suggest at least one mutation has occurred. This is extremely concerning to me. Another concern is the distribution of deaths vs. age appears to not be as strongly biased, compared to when China data was included, towards older people and/or people with chronic health conditions.

Over the past 15+ years, I've traveled to China multiple times per year. I'm pretty sure you've known this for a while, but I truly believe the outbreak tsunami in the USA is either already happened or is about to happen. As you know, as soon as a surge is sensed, the Tsunami will immediately follow. I believe we missed the containment boat quite a while ago. I've been

closely listening to your comments on TV, and I'm pretty sure you've already come to the same conclusion but don't want to cause mass panic (I understand that).

I'm 99% sure that SARS-CoV-2 been spreading in the USA since late November / early December last year. ]

(b) (6)

(b) (6)

(b) (6) She works at (b) (6) and it's possible that everyone in her office got infected too. Who knows how many people in Alaska got it too, but I suspect many tens of thousands possible much more. (b) (6)

(b) (6) but it has been impossible to get tested. I've called 5 places in Alaska and none wanted me to come it for the test.

I've instructed my family and, recently (after family), close friends to get some Alvesco (ciclesonide) for emergency use only. I've been told by colleagues on the front-line in Japan, China, and Korea, and found several pre-print papers, that it is an effective treatment for late-stage COVID-19 patients. Some patients on ventilators who were approaching death have fully recovered after treatment with ciclesonide; ciclesonide has much smaller particles than other corticosteroids so it reaches deeper into lungs and alveolis) . Also, the treatment seems to be a potent suppressor of virus replication. Recovered patients have tested negative shortly after the treatment. Of course, data is limited so can't be sure the treatment is effective. However, because Alvesco has been shown to be safe for infant - 100+ year-old patients, I'm ok with my family and I having it for emergency use. That is, only if healthcare facilities are unable to accept them or me as a patient to treat with ventilator,

corticosteroids (or whatever the best available treatment is at that time). Having Alvesco in our emergency kits is a much better option than someone avoidably dying because of an overburdened healthcare facility. The other drug I have, and have told my family and some friends to get, is called hydroxychloroquine -- also seem to be effective and safe. But, I think Alvesco is better because it appears to prevent the virus from replicating so infection is wiped out and no longer contagious. Alvesco seems to be two silver bullets in one.

I don't believe in coincidences and I'm not a conspiracy theorist, but there are many things out of Iran that also concern me greatly. That's all I say right now.

If all of this is old news to you, then I would greatly appreciate a response. It can be as short as "yes". Anyway, I had to share this information with you. Now my conscience is clear. My concern is that it's possible you don't have some of the above info, so I decided to send you this message.

I wrote this quickly, so I apologize in advance for any typos, etc.

I truly appreciated your efforts, and I'm now confident that President Trump, you, and everyone else involved is doing everything possible to ensure the best possible outcomes. I was deeply concerned a few weeks ago, when the gravity of the situation seemed to not be fully recognized by several in DC.

Feel free to call me anytime. My cell # is below. If you do call, I will keep anything we discuss confidential (if necessary).



Sincerely,

Erik

**Erik A. Nilsen, PhD**

 <sup>(b) (6)</sup> | [www.bio-signal.com](http://www.bio-signal.com) | [Request a demo or quote](#)



**Bio-Signal**  
Technologies

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 02:07:41 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus interview with Dr. Collins

See yellow highlight. Has Sheila Kaplan tried to get to me and has anyone said that I am "...not talking"? I doubt that.

---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 9:25 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Cc:** Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E]  
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**Cc:** Burklow, John (NIH/OD) [E] <(b) (6)>; Fine, Amanda (NIH/OD) [E]  
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**To:** Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E] (b) (6)

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Office: (202) 862-0312

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Office: (202) 862-0312

Cell: [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 02:05:42 +0000  
**To:** Doug Brust  
**Subject:** RE: Please Help

Doug:

Thanks for the note. I have pushed hard on PPEs and as you may know, the POTUS has involved the Department of Defense to provide 5 million N-95 respirators. Hopefully that will alleviate at least a portion of the PPE shortage. Regarding the bars and beaches, I have been screaming on TV 2 to 5 times per night to tell the younger generation to start taking this seriously. I am very surprised that Gov. DeSantis has not completely closed the bars, even if they serve food. Take out only. I will bring this up at the Task Force meeting tomorrow. Please take care of yourself. You are an indispensable front line warrior.

Best regards,

Tony

**From:** Doug Brust [REDACTED] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 8:16 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Please Help

Tony-

I know you're ridiculously busy so please do not be upset with me, but I am frustrated and yes angry. Again, I think you have to hear from the front line while formulating policy.

- Today at the RW clinic I dealt with at least 12 URI's with fever.
- We cannot test.
- We have no PPE in clinic.
- We have a case that tested positive for influenza then SARS-CoV-2--this scared me the most given I'm trying to r/o COVID-19 by doing PCR for other respiratory viruses.
- On the drive home just now, the gyms, bar-grilles and restaurants still packed. Yes, bars are closed in Florida--but if they serve food (which they all do).....they're open. Ans, so much for the 50% capacity "suggestion".
- The beaches still full for Spring Break. Look at the pics of St Pete.
- The DOH? This is from the the FL DOH just a few hours ago. Yes, this is **TODAY**.

"If a cluster of confirmed cases were to be discovered in Florida, the department would move quickly to engage with and isolate any infected individuals to prevent further spread," said Alberto Moscoso, the state health department's spokesman.

**I don't have to explain to you how ridiculous that statement is.**

- I've written to our DOH and Governor DeSantis three times (including speaking with his staff) asking to close restaurants (aside from take-out), gyms, beaches etc. They are "monitoring". I'm the HIV doc here. I'm it. You know how seriously I take caring for my patients. I have [REDACTED] (b) (6) [REDACTED] I am putting my life on the line so folks can go pump iron, drink beer, have a burger and get a tan.

The band is playing on. Again.

Please help.

With tons of respect and admiration,  
Doug

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 01:59:12 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Coronavirus

Please respond to this person.

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

**From:** Beth Abramson [REDACTED] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 9:58 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Coronavirus

Wondering whether it has been considered that only the vulnerable population (those over 60 and/or those with underlying health conditions) be isolated? I am a (b) (6) psychiatrist and after contemplating this option was wondering if this could still reduce the risk to healthcare Systems with less disruption to our society. I await your response and appreciate all you are doing. Beth Abramson MD [REDACTED] (b) (6)

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 01:54:06 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Plaquenil Shortage Causing National Health Emergency for Lupus Patients

Please respond.

---

**From:** Bruce Wilder [REDACTED] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 9:52 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Plaquenil Shortage Causing National Health Emergency for Lupus Patients

[REDACTED] (b) (6) When I tried to refill Plaquenil today, I learned that there was a national shortage due to doctors prescribing Plaquenil to their well patients and themselves. Recent news articles have reported its success in preventing and treating the coronavirus. What can you do to protect the life of [REDACTED] (b) (6) and the millions of other Americans who depend on this drug to stay alive?

Brenda Wilder

[REDACTED] (b) (6)



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Thu, 19 Mar 2020 01:53:32 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Please read- idea for Mask Shortage

Please take a look and handle.

---

**From:** Dusti Rainey <[REDACTED] (b) (6)>  
**Sent:** Wednesday, March 18, 2020 9:51 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Please read- idea for Mask Shortage

I have an idea to HELP with the MASK SHORTAGE!

Please don't disregard this, as this could help our whole country!

I know we are concerned as a nation about a mask shortage and I have an idea to what might help.

I Don't know who to go to that can help implement this and want your input if you think this is a viable aid, then maybe you can help me reach the right people to make the biggest impact, maybe even up to the Coronavirus team in the White House.

I have [REDACTED] (b) (6) & when I first heard about China quarantining 43 million people I got worried about masks, I looked up how to sew a mask for myself & family. I found a site that talked about sewing masks for cancer treatment patients and to use 100% quilters cotton for outside & 100% flannel cotton on inside. I started sewing several. I know they aren't the N95, but they are better than nothing IF needed. My Dr just told me yesterday not to go anywhere without a mask because it's too much of a risk for my health. It got me thinking. What if while people across the country were in home quarantine, ALL those who know how to sew, they sew these masks to donate in their communities. Not for use against Coronavirus, but for other things normal masks are used (food prep, non-sickness medical reasons, etc) then they aren't using up the valuable higher rated masks that are needed for doctors, nurses & first responders fighting Coronavirus. These masks can also be washed as needed again and again which will just keep saving other masks.

During the WH Press Release this morning, Seema expresses the need for masks & Dr Birx explained how the virus is being spread from surfaces, but that it can't survive in fabric. Which means maybe these cloth masks will even help against the spread of the virus.

Either way, if you can help ok for these to be used in some manner vs a medical mask being used will help prolong the need for more masks and hopefully 3M can have more made by then so we never have to experience an lack of masks.

What do you think?

Dusti Bacon

[REDACTED] (b) (6)

**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:56:42 -0400  
**To:** John Brouse  
**Subject:** Re: Covid19 treatment

Thank you for your note.  
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:02 PM, John Brouse (b) (6) wrote:

Sent from [Mail](#) for Windows 10  
Dear Dr. Fauci

I understand that South Korea has been administering Hydroxyl Chloroquine, a treatment for Malaria, to her citizens that have contracted Coronavirus. Is America considering this drug to help lessen the symptoms of this virus? This drug may not prevent anyone from getting ill, but may be a viable treatment to speed the recovery of individual afflicted with this disease.

Respectfully,

John Brouse

**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:55:14 -0400  
**To:** Holly Kreutter  
**Subject:** Re: airport screenings

Thank you for your note.  
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:10 PM, Holly Kreutter (b) (6) wrote:

Dear Dr Fauci,

First of all, thank you for all the hard work you've done to help mitigate the coronavirus outbreak. We're clearly not there yet, but are further along with your efforts.

I'm not sure whom to contact about this, and so am writing you because I'm confident you can get it to the right hands. With regards to the recent closures to Europe and so many Americans coming home, I was at first heartened to hear that all Americans returning would be medically screened and encouraged to/made to quarantine for 14 days. However, I was then disheartened to learn that that hasn't been the case, at least through this past Saturday.

(b) (6) was on business in Amsterdam last week and rushed home last Thursday after hearing on Wednesday evening about President Trump's Friday midnight shutdown. He came in through LAX from Amsterdam, and wasn't asked any medical questions, nor was he asked to quarantine. Then a friend came in through Miami from Paris on Saturday, and was only given a short medical form to fill out, and then let go. No medical check, no temperature screening, no further questions. From touchdown to taxi (plus picking up bags), 45 minutes total.

Having lived in Singapore through SARS, I'm deeply disturbed. We had medical/temperature checks at all airports, and mandatory quarantines for anyone with possible contact with a SARS contact/patient. The virus was quickly and efficiently contained, and the same has been done in Singapore to date with Covid 19.

I was heartened last Friday as I learned that the federal government was onboard, and hearing about significant measures that would be taken *soon*. I must say I've been disheartened as of today, with not enough tests, mask, respirators and ventilators in place. And then hearing of the lack of medical screenings at airports. Please help, as I know you've so desperately been trying to do. And please help to stem any incorrect information going out from our President, information which

gives us hope for a couple of days, and then dashes that and puts many into a frenzied despair. We can cope with what's happening, and will continue to change our behavior per the guidelines, but only with information that's accurate.

Thank you, and keep safe,

Holly Kreutter

Virginia Resident

**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:54:24 -0400  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: Volunteer status for current nursing students

Sent from my iPhone

Begin forwarded message:

**From:** Ivan Bocardo (b) (6) >  
**Date:** March 18, 2020 at 7:16:25 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Subject:** Volunteer status for current nursing students

Dear Dr. Anthony Fauci,

My name is Ivan Bocardo, and am a (b) (6) U.S. Army Medic (68W) deployed to Afghanistan in 2011-2012. I can send you my resume so you can see my skills and abilities that I can bring to the table. Am currently in nursing school ( R.N. ) in Rego Park, Queens with a (b) (6)

My school ( (b) (6) ) has recieved a request from New York Governor Cuomo's office looking for nursing students to help volunteer. However many students like myself are very hesitant to volunteer for the simple fact that it will interfere with our studies and we will still have to comply with class assignments and class exams and especially with final exams this current semester coming up at the middle to end of April 2020. Yet many of my fellow classmates would love a chance to stand up and deliver help during these trying times. However our school will not except any excuses for lateness or absence even though we are now on an online learning as of this moment. So our greatest fear is that we wont finish this semester and will not be able to start next semester ( it starts April 28, 2020 for our school )... basically 2 semesters wasted and it will push back our graduation date and furthermore incur more student loans in order to continue with school.

This is why I am writing to your office if an exception can be made and we can have OTJ ( on the job training for nursing) and recieve credit and for our current semester and possibly our next semester. Many of the students I speak about already have a Bachelor's degree ( I myself have a B.S. in Biology from (b) (6) ) and many are or have worked as Nurse aides in many NYC area local hospitals with many years of excellent experience. Imagine if you are able to approve this for many nursing school students in just the New York City area and Long Island Suburbs. This would be virtually an untapped experienced workforce of literally hundreds perhaps maybe thousands of hands on personnel ready to go to help relieve the over burdened health system workers and provide additional reinforcements due to the coronavirus. In not only my area of New York city but possibly all over the country where we can help providing help and additional assistance and reinforcements

Dr. Fauci, I am humbly asking for special permission, we all will need all the help we can get. Please consider this option as this can be a win/ win situation for not only NYC residents but for other areas of the country hit hard by this crisis. I have spoken to many of my fellow classmates and they all understand the risk and would be willing to share the burden with the

extreme pressures put on the health care system at this time. Many of us including myself would be willing to work on site or what ever site you may need us the most, many us fully understand that we could potentially be away from our families for an extensive unknown period of time which we are ready for and prepared for or possibly put our health on the line too.

I implore you to give us a chance and only ask for special permission for OTJ in order to fully finish our R.N. nursing degree.

Thank you for your time in reading this letter.

You are doing one fine heck of job in providing outstanding information and keeping the public informed

Sincerely,

Ivan Bocardo

Personal Cell phone [REDACTED] (b) (6)

**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:52:49 -0400  
**To:** Margaret Wilbur  
**Subject:** Re: coronavirus immunity

Thank you for your note.  
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:25 PM, Margaret Wilbur <(b) (6)> wrote:

Have we reached a time when it might be useful to prove who is immune to Covid-19? I understand that there is an antibody test already available. If we could identify who is already immune, we could then let those people return to daily life, work safely in essential positions, and feed the economy.

I practiced internal medicine in Cleveland, Ohio for (b) (6). I was amazed on a daily basis by the breakthrough that was PCR testing. Right now old-fashioned antibody tests might make a critical difference to us.

Margaret Wilbur, MD

(b) (6)

**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:52:29 -0400  
**To:** Ronald Frank  
**Subject:** Re: Dental offices and the coronavirus IMPORTANT

Thank you for your note.  
A.S. Fauci

Sent from my iPhone

> On Mar 18, 2020, at 7:28 PM, Ronald Frank (b) (6) > wrote:  
>  
> Dear Dr Fauci,  
>  
> Firstly, I would like to commend you on your expertise and leadership.  
>  
> As we develop a comprehensive plan to tackle the coronavirus pandemic, I believe that we have failed to address a critical piece of the puzzle to contain the virus.  
>  
> I am a physician and urologist, but I am astutely aware of the dental profession. I have a older brother who is a practicing dentist and I have voiced my concerns to him.  
>  
> Each and everyone of us who has had an appointment with a dentist knows the procedure of pressure irrigation in the mouth resulting in a mist and aerosol of secretions and saliva depositing on the faces of patients, the dentist and on all the surfaces in the treatment rooms. While the dentist wears a face mask, the spray of secretions, in a potential coronavirus carrier, widely contaminates surfaces, other employees and patients.  
>  
> I pose the question, should dental offices be actively treating patients during this critical phase in the Coronavirus pandemic? Everything which I have mentioned is corroborated by several practicing dentists. Is the he CDC and the NIH obligated to set guidelines and restrictions on dental care during this critical time as we try to get control of increasing numbers of cases. Should the ADA take a stronger stance during this crisis?  
>  
> I respectfully reserve these decisions and recommendations to you and your colleagues Thank you  
>  
> Sincerely,  
>  
> Ronald G. Frank, M.D.  
> 1500 Pleasant Valley Way  
> Suite 201  
> West Orange, New Jersey 07052  
> o. 973•731•6600  
>  
>  
> Sent from my iPhone



**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:51:14 -0400  
**To:** dalt222  
**Subject:** Re: Plaquenil for Covid 19

Thank you for your note.  
A.S. Fauci

Sent from my iPhone

On Mar 18, 2020, at 7:41 PM, (b) (6) wrote:

Dr Fauci,

I hope all is well with you. I am a Dermatologist practicing in the Metropolitan Detroit area. I have done some literature searching on potential treatments for the novel coronavirus and stumbled across a few case reports from China in 2005 at the time of the SARS outbreak. They detailed some successes in treatment of severe cases with chloroquine. I saw a more recent study showing hydroxychloroquine had better in vitro efficacy than chloroquine. Have you heard of this? Plaquenil is so innocuous, I wonder if we shouldn't just try it.

I think you are doing phenomenal work and really presenting a level, measured and realistic view of this epidemic to the world. Please keep up the great work. It is much appreciated

David A. Altman MD FAAD  
Assistant Clinical Professor  
Division of Internal Medicine  
Michigan State University College  
Of Human Medicine

Sent from my Verizon, Samsung Galaxy smartphone

**From:** (b) (6)  
**Sent:** Wed, 18 Mar 2020 19:50:23 -0400  
**To:** DMID Word Nerds  
**Subject:** Fwd: Interest in collaboration on COVID-19 antibody development

Pls handle

Sent from my iPhone

Begin forwarded message:

**From:** Dea Shahinas <(b) (6)>  
**Date:** March 18, 2020 at 7:41:40 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)  
**Cc:** (b) (6)>  
**Subject: Interest in collaboration on COVID-19 antibody development**

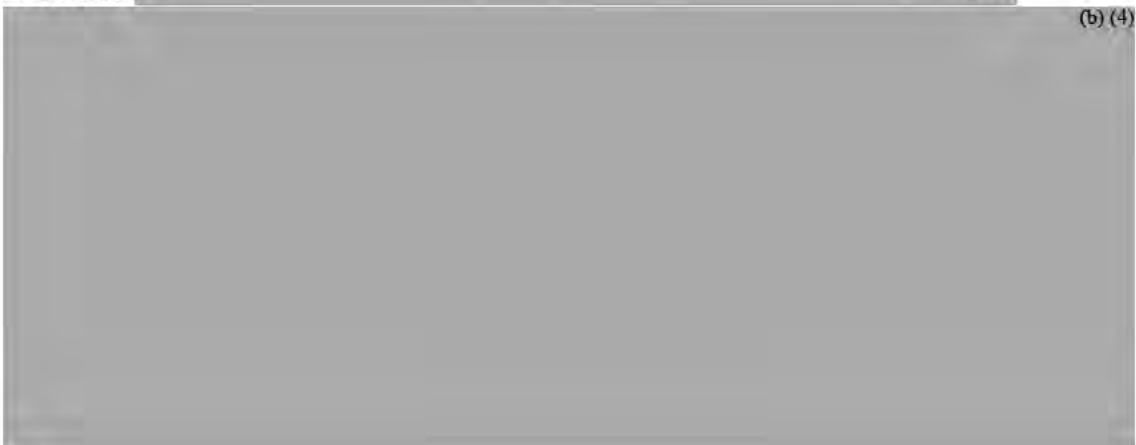
Dear Dr. Fauci,

We learned about your research on COVID-19 at NIAID and are interested in collaborating with you in order to fast-track our efforts in developing antibodies against this infection.

We have two decades of experience with single domain antibody (nanobody) technology.

I will provide below a brief summary about our company:

Virotek is a private Canadian biotech with focus on the development of novel biologics for the treatment of viral infections. Our primary focus area has been in the areas of infectious diseases and immuno-oncology in animal and human verticals. (b) (4)



We are also proposing [REDACTED] (b) (4)

[REDACTED] Please let us know if you are interested and we are happy to arrange for a time to discuss in further detail with you.

Best regards,

Dea Shahinas  
Director, R&D  
Virotek Inc.

[REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 23:09:32 +0000  
**To:** [REDACTED] (b) (6)  
**Cc:** [REDACTED] (b) (6)  
**Subject:** FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf  
**Attachments:** Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Annotated-YELLOW Nicholls S Peiris M NATURE-Med 9-2005.pdf

(b) (6)

The situation gets confusing. See attached brief commentary and e-mail string. As you can see, I was too tired to make any sense of it. However, my deputy (Cliff Lane) notes that this paper argues the opposite, i.e. that ACE inhibitors might have a benefit and counters the argument to stop ACE inhibitors. Bottom line is that we really do not know what the effect will be clinically with respect to COVID-19. In any event, [REDACTED] (b) (6)

Best,  
Tony

---

**From:** Lane, Cliff (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Sent:** Wednesday, March 18, 2020 5:51 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >  
**Subject:** Re: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

A 2005 paper post-SARS advocating for use of ACE inhibitors to increase ACE2. The opposing argument to stopping ACE inhibitors.

---

**From:** Anthony Fauci [REDACTED] (b) (6)  
**Date:** Wednesday, March 18, 2020 at 5:22 PM  
**To:** "Lane, Cliff (NIH/NIAID) [E]" [REDACTED] (b) (6)  
**Subject:** FW: ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

I cannot make heads or tails of this. Please take a look and let me know what you think. Thanks.

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

FAX: (301) 496-4409

E-mail: (b) (6)

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**From:** Ste McCon (b) (6) >

**Sent:** Wednesday, March 18, 2020 5:09 PM

**Subject:** ATTN: Dr. Fauci / Good ACE bad ACE do battle in lung injury SARS-CoV coronavirus Nicholls S Peiris M NATURE-Med 9-2005.pdf

"Clearly, the potential therapeutic utility of recombinant **ACE2 and angiotensin II receptor-inhibitors**. [ARB's ?]s—**already in clinical use for control of blood pressure**—for acute lung injury resulting from viruses and other causes will be a productive field for investigation. This is particularly relevant as we prepare to **confront a potential avian flu pandemic**. [COVID-19 ?] armed with only a limited number of therapeutic options."

Regards,

*Stephen D. McConnell, BS, MSc-CCP, CIS*

Lipidemiologist - Clinical Application Specialist

**Medicare-CMS ACO/MSSP/Direct-Contracting Consultant**

Medical Science Liaison

Mobile: (b) (6)

(b) (6)

Sent from my iPhone

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 23:03:32 +0000  
**To:** SWAMINATHAN, Soumya  
**Cc:** Collins, Francis (NIH/OD) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E]  
**Subject:** RE: Confidential and urgent request regarding

Thanks, Soumya.

---

**From:** SWAMINATHAN, Soumya (b) (6)  
**Sent:** Wednesday, March 18, 2020 6:49 PM  
**To:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Cc:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] (b) (6)  
**Subject:** Re: Confidential and urgent request regarding

Dear Francis

I am sure you have seen the results which came out today, and are inconclusive. The DG announced the launch of the WHO Solidarity trial, which will hopefully provide a definitive answer to all these questions. Many thanks to NIAID for their support.

Warm regards  
Soumya

Sent from my iPhone

On 17 Mar 2020, at 18:50, Collins, Francis (NIH/OD) [E] (b) (6) > wrote:

Hi Soumya,

See below. Is it possible for WHO to (b) (4)

(b) (4)

Thanks for any help you can give.

Francis

---

**From:** Hudson, Thomas J (b) (6) >  
**Sent:** Tuesday, March 17, 2020 10:15 AM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID)

[E] (b) (6)>; Hudson, Thomas J (b) (6)>

**Subject:** RE: Confidential and urgent request regarding

Dear Francis,

I have not received any response from Dr. Swaminathan to my message sent yesterday

(b) (4)

I expect that we are not the only group trying to get to WHO leaders. A call from Tony or you may be more successful.

In addition to my contact information below, I can be reached via my cell phone: (b) (6)

Tom

---

**THOMAS HUDSON**

Senior Vice-President, R&D

Chief Scientific Officer



**AbbVie, North Chicago**

1 North Waukegan Rd

R473, Building AP9-1

N Chicago, IL 60064

**TEL (OFFICE)** (b) (6)

**EMAIL** (b) (6)

[abbvie.com](http://abbvie.com)

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---

**From:** Collins, Francis (NIH/OD) [E] <[REDACTED] (b) (6)>  
**Sent:** Monday, March 16, 2020 8:43 AM  
**To:** Hudson, Thomas J [REDACTED] (b) (6)>  
**Cc:** Marston, Hilary (NIH/NIAID) [E] [REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Subject:** [EXTERNAL] RE: Confidential and urgent request regarding

Tom,

Thanks again for reaching out. I can only imagine [REDACTED] (b) (4)  
[REDACTED] (b) (4)

The best contacts would be the WHO Chief Scientist Soumya Swaminathan [REDACTED] (b) (6) and potentially Director General Tedros [REDACTED] (b) (6)

Let me know if you hit a roadblock with WHO. I might then want to weigh in too.

Francis

---

**From:** Hudson, Thomas J [REDACTED] (b) (6)  
**Sent:** Monday, March 16, 2020 9:16 AM  
**To:** Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6)>  
**Subject:** RE: Confidential and urgent request regarding

Thank you.

---

**THOMAS HUDSON**



Senior Vice-President, R&D  
Chief Scientific Officer



**AbbVie, North Chicago**

1 North Waukegan Rd  
R473, Building AP9-1  
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---

**From:** Collins, Francis (NIH/OD) [E] (b) (6) >  
**Sent:** Monday, March 16, 2020 8:14 AM  
**To:** Hudson, Thomas J (b) (6)  
**Cc:** Marston, Hilary (NIH/NIAID) [E] <(b) (6)>  
**Subject:** [EXTERNAL] RE: Confidential and urgent request regarding

Hi Tom,

Got your message, am looking into it, hope to get back to you later today.

Best, Francis

---

**From:** Hudson, Thomas J (b) (6)  
**Sent:** Monday, March 16, 2020 9:10 AM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6) >  
**Subject:** RE: Confidential and urgent request regarding

This follow-up message is a duplicate that I am sending to another e-mail address that I have on file.

Dear Francis,

I am sending this brief note as a request for guidance on an evolving situation with

(b) (4)

(b) (4)

I am reaching out to you to see if you have any suggestions or individuals that we should contact.

Best wishes,

Tom

---

**THOMAS HUDSON**

Senior Vice-President, R&D  
Chief Scientific Officer



**AbbVie, North Chicago**

1 North Waukegan Rd  
R473, Building AP9-1  
N Chicago, IL 60064

**TEL (OFFICE)** (b) (6)

**EMAIL** (b) (6)

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(b) (4)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 20:09:47 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Covid-19

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

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**From:** Ann Beloten (b) (6)  
**Sent:** Wednesday, March 18, 2020 4:07 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Covid-19

Dear Dr. Fauci,

I am writing to you because I have a question regarding Covid-19. How come you do not tell the complete truth to the American people regarding this virus? All I hear is the bad facts about it. Why not give people some help and tell us the good facts about it? Good facts such as the number of actual patients is very small compared to the whole population, most people who get it make a full and complete recovery. Are you enjoying the senseless panic you made? Panic where people are hoarding food/goods, stealing full shopping carts from the elderly, losing their jobs/wages, inadequate education now that schools are closed.

The number of people who will actually be sickened by the virus will be dramatically dwarfed by the people who lose their jobs, receive a poor education despite their teachers best efforts and miss out on once in a lifetime events such as weddings, graduations, communions.

What you are doing is not right for the American people!! You need to stop playing GOD and tell the people the complete truth!! The country and the people need to get back to our normal lives NOW!!

Sincerely,

Ann Beloten

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 20:07:28 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: Rapid diagnostic support for Covid-19

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

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**From:** Tony Lemmo (b) (6) >  
**Sent:** Wednesday, March 18, 2020 3:52 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Rapid diagnostic support for Covid-19

Hi Dr Fauci,

Hello from (b) (6)

I'm sure you are swamped. I'll be brief. I am CEO of the world's leading provider of dispensing equipment for the diagnostics market, BioDot Inc. We have been around for 25 years and provide enabling technology to virtually every rapid immunoassay and molecular diagnostics company in the world. We are actively involved today with companies around the globe to help commercialize lateral flow point of care products to help fight Covid-19. If there is anybody in your organization or on the task force that could help facilitate getting us involved with companies looking to produce tests - we are here to help! For example we are actively working with Biomedomics to get their LFD test into the community as fast as possible.

We will move heaven and earth to help the country in any way we can.

Thank you for all you have done and best of luck in fighting this pandemic

(b) (6)

Tony

-----

Anthony V. Lemmo, Ph.D  
CEO and President

BioDot Inc.  
2852 Alton Parkway  
Irvine, CA 92606  
P [REDACTED] (b) (6)  
F 949-440-3694  
[www.biodot.com](http://www.biodot.com)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 20:05:50 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Fabric Face Masks

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

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---

**From:** AmiSimms (b) (6) >  
**Sent:** Wednesday, March 18, 2020 4:01 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Fabric Face Masks

Dr Fauci,  
Thank you for your guidance and expertise at this difficult time.

My friend and I are quilters. She lives in (b) (6) and I live in (b) (6). She has created a pattern for a fabric face mask. We read Dr. Tufekci's op ed in the NYT yesterday and have been brainstorming together ever since on ways we can help.

<https://www.nytimes.com/2020/03/17/opinion/coronavirus-face-masks.html>

Several years ago I mobilized quilters throughout the US and we raised more than \$1.1 million for Alzheimer's Disease research. All grass roots, all volunteer. There are 7-10 million quilters in the US.

My friend and I would like to make a fabric face mask pattern available at no charge so that quilters, sewers, and crafters can make face masks. We understand these are nowhere near medical grade, but they would be better than nothing at all. (See research cited in link above.) They would be made from fabric scraps and supplies on hand; no trips to the fabric store would be necessary.

At this time there are no masks available to the public at all. Sewing for a cause would give purpose to those of us staying home. Wearing a mask on rare occasions when we do venture outside has the benefits signaling others to step back even if the masks do not protect against transmission of the virus.

We are just two individuals wanting to help. I've been advised by an attorney that sharing this free pattern might open us up to scrutiny from regulatory agencies or possible law suits. We don't want to step on any toes, nor do we want any legal entanglements.

Could the NIH make this pattern available? Or the CDC? There are millions of sewers who would be delighted to step up and help right now. It would be great for morale, and even though it's one step up from nothing, IT IS SOMETHING. This could even be scaled beyond individuals making fabric face masks for themselves. Masks could be sewn for others.

Could we please work with you?

Thank you for your consideration,

Ami Simms (b) (6) and Emanuela D'Amico (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 19:07:06 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Covid-19 symptoms outside of China

Point this person in the right direction

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

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

From: W W (b) (6) >  
Sent: Wednesday, March 18, 2020 3:05 PM  
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
Subject: Covid-19 symptoms outside of China

Dear Dr. Fauci,

Many insist on coughs as one of the requirements for self-isolation or testing for covid-19. However, I have read about instances where coughs were not experienced by those who tested positive.

Is it possible to share a list of covid-19 symptoms that \*exclude\* the patients in China and perhaps France due to their fairly high number of smokers? Does coughing remain a symptom? I am concerned about the health of our nursing home residents, as well as the financial well-being of service sector workers.

Thank you,  
Winnie



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 18:27:08 +0000  
**To:** Redfield, Robert R. (CDC/OD); Stephen Hahn; Birx, Deborah L. EOP/NSC  
**Cc:** (b) (6); Troye, Olivia EOP/NSC; Short, Marc T. EOP/OVP; Miller, Katie R. EOP/OVP; Hicks, Hope C. EOP/WHO; kellyanne conway  
**Subject:** Follow-up of today's conversation

Folks:



(b) (5). Happy to discuss.

Thanks,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

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accept liability for any statements made that are the sender's own and not expressly made on behalf of the NIAID by one of its representatives.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Wed, 18 Mar 2020 15:09:54 +0000  
**To:** (b) (6)  
**Subject:** FW: Bloomberg: 99% of Those Who Died From Virus Had Other Illness, Italy Says

Look at the hypertension percentage

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
31 Center Drive, MSC 2520  
National Institutes of Health  
Bethesda, MD 20892-2520  
Phone: (b) (6)  
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**From:** Folkers, Greg (NIH/NIAID) [E] (b) (6)  
**Sent:** Wednesday, March 18, 2020 9:52 AM  
**Subject:** Bloomberg: 99% of Those Who Died From Virus Had Other Illness, Italy Says

## 99% of Those Who Died From Virus Had Other Illness, Italy Says

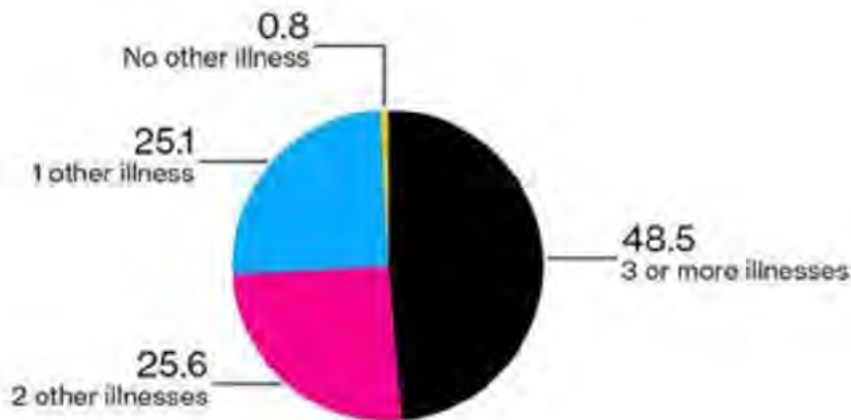
By [Tommaso Ebhardt](#), [Chiara Remondini](#), and [Marco Bertacche](#)  
March 18, 2020, 8:56 AM EDT

More than 99% of Italy's coronavirus fatalities were people who suffered from previous medical conditions, according to a study by the country's national health authority.

After deaths from the virus reached more than 2,500, with a 150% increase in the past week, health authorities have been combing through data to provide clues to help combat the spread of the disease.

Prime Minister Giuseppe Conte's government is evaluating whether to extend a nationwide lockdown beyond the beginning of April, daily [La Stampa](#) reported Wednesday. Italy has more than 31,500 confirmed cases of the illness.

### Italy Coronavirus Deaths By prior illnesses (%)



Source: ISS Italy National Health Institute, March 17 sample

The new study could provide insight into why Italy's death rate, at about 8% of total infected people, is higher than in other countries.

The Rome-based institute has examined medical records of about 18% of the country's coronavirus fatalities, finding that just three victims, or 0.8% of the total, had no previous pathology. Almost half of the victims suffered from at least three prior illnesses and about a fourth had either one or two previous conditions.

More than 75% had high blood pressure, about 35% had diabetes and a third suffered from heart disease.

The average age of those who've died from the virus in Italy is 79.5. As of March 17, 17 people under 50 had died from the disease. All of Italy's victims under 40 have been males with serious existing medical conditions.

While data released Tuesday point to a slowdown in the increase of cases, with a 12.6% rise, a separate study shows Italy could be underestimating the real number of cases by testing only patients presenting symptoms.

According to the GIMBE Foundation, about 100,000 Italians have contracted the virus, daily Il Sole 24 Ore reported. That would bring back the country's death rate closer to the global average of about 2%.

— With assistance by Karl Maier

**From:** Folkers, Greg (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 18:13:38 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]  
**Subject:** RE: Covid-19 coverage in Nature Reviews Immunology

Dear Alexandra,

Thank you for your kind words.

Yes, we can send you references of notable papers

My chief of staff, Greg Folkers (cc'd here), will be my conduit/surrogate.

Regards,

AS Fauci

---

**From:** Alexandra Flemming <[A.Flemming@nature.com](mailto:A.Flemming@nature.com)>  
**Sent:** Tuesday, March 17, 2020 10:26 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Subject:** Covid-19 coverage in Nature Reviews Immunology

Dear Tony,

Thank you again for contributing the fabulous year in review article to Nature reviews Immunology last year!

Given the current pandemic, we can only imagine how incredibly busy you are at the moment. At Nature Reviews Immunology we have decided that we would like to introduce an in-brief section that provides a brief overview of the most notable/important research on SARS-CoV-2, particularly with regards to its immunopathology and vaccine development. To this end, we are recruiting a small number of advisors to point us in the right direction – this would involve no actual writing, just sending us references to the papers as and when they come out. Would you, or a member of your team, be willing to act as an advisor for this project, by sending us between 1-5 references for notable papers per month? We feel that particularly in this fast evolving situation, it is of paramount importance that amongst the deluge of data, scientists are guided towards the most important papers.

I look forward to hearing from you,

With best regards,

Alexandra

**Dr Alexandra Flemming**

Chief Editor  
*Nature Reviews Immunology*

Nature Research  
4 Crinan Street, London N1 9XW, UK

(b) (6)

[a.flemming@nature.com](mailto:a.flemming@nature.com)  
[www.nature.com/nri](http://www.nature.com/nri)



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**From:** (b) (6)  
**Sent:** Tue, 17 Mar 2020 10:42:33 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]; Lane, Cliff (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]  
**Subject:** Fwd: Invitation: BIO Coronavirus Collaboration Initiative  
**Attachments:** INVITATION\_Fauci BIO COVID19 Virtual Summit 15Mar2020.pdf, ATT00001.htm

Let us discuss and decide one way or another.

Begin forwarded message:

**From:** Hannah Dorsey <hdorsey@bio.org>  
**Date:** March 16, 2020 at 3:51:02 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Cc:** "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, "Marston, Hilary (NIH/NIAID) [E]" <(b) (6)>, Phyllis Arthur <parthur@bio.org>  
**Subject: Invitation: BIO Coronavirus Collaboration Initiative**

Dear Dr. Fauci,

On behalf of BIO, I would like to invite you to participate in our multi-stakeholder COVID-19 Collaboration Virtual Summit which will take place March 24-25. We are hosting this summit in order to facilitate near-term collaboration among industry, government, academic and non-governmental experts to help confront this growing and unpredictable public health crisis.

We would like you to be a speaker during the Plenary session on March 24th. We would like you to give 5-10 minutes of opening remarks to the Summit participants. Please note that the plenary session of the event will be open to the press, while the remaining sessions will be closed to just invited guests to ensure a robust discussion and maximum collaboration. You are welcome to attend any of the subsequent Breakout sessions scheduled over the two days.

This virtual meeting will take place over two days:

- March 24th: 10:00am – 11:45am - Plenary Session
- March 24th: 12:00pm – 2:30pm – Treatment Break Out Session
- March 25th: 10:00am – 12:30pm – Prevention Break Out Session
- March 25th: 1:00pm – 3:30pm – Diagnostics Break Out Session



Attached is the full invitation to our event from our CEO Jim Greenwood, the full agenda will be to follow. Please let us know if you would be available as a speaker for the Plenary session on March 24<sup>th</sup>.

Best,  
Hannah Dorsey  
Coordinator, Health Policy  
Biotechnology Innovation Organization (BIO)  
1201 Maryland Ave. SW, Ste. 900  
Washington, DC 20024  
Office: (202) 962-6644  
[hdorsey@bio.org](mailto:hdorsey@bio.org)  
[www.bio.org](http://www.bio.org)

**From:** (b) (6)  
**Sent:** Tue, 17 Mar 2020 07:30:48 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** Fwd: Updates

Sent from my iPhone

Begin forwarded message:

**From:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>  
**Date:** March 17, 2020 at 7:14:00 AM EDT  
**To:** Janet Tobias <janet@ikanamedia.com>  
**Subject:** RE: Updates

Thanks, Janet. Please continue to work with Patty to make this happen.  
Best regards,  
Tony

---

**From:** Janet Tobias <janet@ikanamedia.com>  
**Sent:** Tuesday, March 17, 2020 7:00 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** Updates

Dear Tony:

Quick updates, we have partnered with Story Syndicate/John Hoffman (who was in charge of First In Human and Alzheimer's and Obesity projects) on the film about your life. This will help us make sure that next year this film has maximum impact and we carry the message widely of "men serving men" and public health. NIH Communications head John Burklow, and the main office, knows and is very supportive and excited about the potential impact. They have worked super closely with John in the past.

We are putting in the request for filming with the Vice President's office and we will work with Patty to figure out how to film your work and NIAID's work on COVID-19, which is important. But safety and

modelling appropriate behavior always first and foremost. Crews on my side tiny and all from Unseen Enemy.

Thanks for everything, every day, and stay healthy,

Janet

PS The Aids project, and the educational partnership with Howard Hughes Medical Insitute continues in good state, just on hold as it should be.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 03:04:31 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Question about COVID-19 Mechanism of Transmission

Please respond.

---

**From:** EDWARD EITZEN [REDACTED] (b) (6)  
**Sent:** Sunday, March 8, 2020 3:10 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Question about COVID-19 Mechanism of Transmission

Hi Tony:

Thank you for what you are doing for our country to try and limit the consequences of COVID-19. Many Americans are hanging on your every word, as they should be, and that includes me.

A question about COVID-19 mechanism of spread: The reported reproductive number from China of about 2.6 indicates a likelihood of large droplet spread as the mode of transmission from person to person. My question is - could there be a component of airborne spread (droplet nuclei) with this virus? If super spreaders exist with COVID-19, is airborne spread possible? Knowing the answer to this question would help to inform decisions about PPE and Decontamination in settings such as Emergency Departments. If this is not already known definitively, could NIOSH and some key partners possibly study it in current quarantine settings?

Thanks, Tony. God bless you and your important work!

Best, Ed

Edward Eitzen, M.D., M.P.H.  
Senior Partner, Biodefense and Public Health Programs  
Martin-Blanck and Associates  
2034 Eisenhower Avenue, Suite 270  
Alexandria, VA 22314-4678

Office Phone: 719-548-9207  
Cell Phone: [REDACTED] (b) (6)

[Email:](#) [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 03:02:00 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Flu statistics

Please respond for me.

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

**From:** Candace Gunn [REDACTED] (b) (6)  
**Sent:** Sunday, March 8, 2020 10:53 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>  
**Subject:** Flu statistics

Dear Dr. Fauci,

First of all, thank you so much for the wonderful job you are doing regarding the information on the coronavirus. You were excellent with Chris Wallace!

Is it possible to give facts on the FLU - number of people who have had it and how many have died - during the past month? I wonder if that might perhaps slow down the media frenzy.

Many thanks for your consideration of my question.

Best regards,

Candace Gunn

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 03:00:44 +0000  
**To:** Anderson, Roy M  
**Subject:** RE: Lancet Commentary on COVID-19

Roy:

Thank you for your kind note. Very nice article! I hope that all is well with you.

Best,  
Tony

---

**From:** Anderson, Roy M [REDACTED] (b) (6) >  
**Sent:** Saturday, March 7, 2020 5:27 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Lancet Commentary on COVID-19

Dear Tony,

I thought the attached may be of interest to you.

You have been doing a very good job in communicating the important issues around this epidemic – well done.

Kind regards,

Roy

Professor Sir Roy Anderson FRS FMedSci  
Director  
London Centre for Neglected Tropical Disease Research (LCNTDR)  
Department of Infectious Disease Research,  
Faculty of Medicine  
Imperial College London Praed Street  
London W2 1PG

Te [REDACTED] (b) (6)  
[REDACTED] (b) (6)

Assistant – [REDACTED] (b) (6)  
Project Manager – [REDACTED] (b) (6)  
Manager LCNTDR – [REDACTED] (b) (6)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 02:59:48 +0000  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** FW: Modeling of COVID-19 from Mike Levit  
**Attachments:** 1.Analysis\_of\_Coronavirus-2019\_Data\_Michael\_Levitt-v1.pdf,  
1.The\_Corona\_Chronologies. Part II - Rest of the World. Michael\_Levitt,Stanford.pdf,  
30.The\_Corona\_Chronologies. Part I - China. Michael\_Levitt,Stanford.pdf

Please take a look and see what you think.

---

**From:** Tabak, Lawrence (NIH/OD) [E] (b) (6) >  
**Sent:** Friday, March 6, 2020 8:46 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]  
(b) (6) >  
**Cc:** Lauer, Michael (NIH/OD) [E] (b) (6) >  
**Subject:** Modeling of COVID-19 from Mike Levit

Francis, Tony –

Mike Levitt (Nobel prize in Chemistry, 2013) sent the attached modeling of the COVID-19 epidemic to Mike Lauer. I don't know if this will prove useful but wanted to pass it along in case.

He indicated that he was amazed to see how an Excel level analysis could allow him to predict the China epidemic would end as early as 2-Feb and get what he considers the best estimates for case fatality ratio. His first report from 2-Feb is attached as well as his most recent two-part report.

Larry

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 02:54:15 +0000  
**To:** Eisinger, Robert (NIH/NIAID) [E]  
**Subject:** FW: Community-Spread Covid-19 Contact Tracking

Take a look and handle.

---

**From:** John G. Boland <[REDACTED] (b) (6)>  
**Sent:** Thursday, March 5, 2020 10:00 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** Community-Spread Covid-19 Contact Tracking

Dear Dr. Fauci:

Without success, for more than a week, I have tried to reach any techie CDC person about the problem of community-spread Covid-19 contact tracking.

Though your workload is unimaginable, I thought you might personally know and could provide contact information of an appropriate CDC or NIH epidemiologist.

\*\*\*Brief Summary of Concept\*\*\*skip to End, if obvious\*\*\*

Had I been to a doctor or ER with a virulent disease, they would immediately have asked where I had been, with whom, and for what duration. With that information, epidemiologists can notify and test those contacts... and their contacts... before their symptoms are evidenced.

This manual contact tracking process is workload intensive, calendar-day wasting, data-poor, and inaccurate.

"Location tracking" can provide the raw data needed to identify potential contacts automatically, early, and thoroughly, from information routinely collected by network providers.

The location, at a date and time, of a vast number of anonymous cell phones, over the preceding two weeks, would be very useful for identifying the index case and subsequent contacts of an individual.

As an illustration, the New York Times published, on 19 December 2019, "Twelve Million Phones, One Dataset, Zero Privacy" about the commercial location tracking industry:

<https://www.nytimes.com/interactive/2019/12/19/opinion/location-tracking-cell-phone.html>

\*\*\*End of Summary\*\*\*

Ignoring the techie and legal details, can you suggest an appropriate contact, while Covid-19 infections in the United States are few?

Your continuing dedication, candor, and data-driven focus are refreshing and very much appreciated, Dr. Fauci.

Best,

John G. Boland



(b) (6)

(24 hr, text or leave msg if no answer)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 02:53:27 +0000  
**To:** Tom Frieden  
**Subject:** RE: FYI

I tried to call you this evening but got voice mail that said you were not accepting calls. Let us try to connect soon.

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

From: Tom Frieden [REDACTED] (b) (6)  
Sent: Wednesday, March 4, 2020 11:12 AM  
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
Subject: FYI

<https://thehill.com/policy/healthcare/485604-meet-the-federal-governments-coronavirus-expert>

I know you don't read the papers but "super smart, super able to communicate very clearly, with a very deep ethical commitment to doing the right thing" is exactly what I think, not just what I'm telling the media.

All the best,

Tom

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 02:48:31 +0000  
**To:** Pardis Sabeti  
**Subject:** RE: Planning for a hearing on Global Health Security Team

Pardis:

Sorry that I did not respond sooner. I am getting over 1500 emails per day and this one got lost in the pile. Anything that you can do to help would be welcome.

Best,  
Tony

**From:** Pardis Sabeti <[REDACTED]> (b) (6)  
**Sent:** Tuesday, March 3, 2020 9:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6)  
**Subject:** Fwd: Planning for a hearing on Global Health Security Team

Dear Tony,

I hope that all is well given our current circumstances. I am sure you are very busy, so apologize for the intrusion, but would love your insight if you have a moment.

I just had a very interesting talk today with Wendy Ginsberg on the House Committee on Oversight and Reform, with an opportunity to testify at a hearing next Wednesday (email attached).

While I am very excited for an opportunity to advocate for further funding and operational support for pandemic preparedness, I also recognize that this format may not be the right one to do so. Moreover, I may not be the right person to do so, as I think you, Francis, or Eric Lander would do far better than me.

I imagine they have already asked you to participate, and would just love any insight you might have as to whether I should consider doing this, and if so, how I should proceed. I really only would want to do so if it is a place where I can help the larger infectious disease community and make a positive nonpolitical impact.

Thanks so much for your consideration,

Pardis

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

**From:** Ginsberg, Wendy <[REDACTED]> (b) (6)>  
**Date:** Mon, Mar 2, 2020 at 8:54 AM  
**Subject:** Planning for a hearing on Global Health Security Team  
**To:** [REDACTED] (b) (6)>

Richard Preston pointed me in your direction, saying you would be the right person to help me think through a potential hearing on codifying the global health security team on the National Security Council.

The hearing (as of right now in my mind) would

1. Examine the lessons learned from the Ebola and other previous outbreaks about how federal government design and operations can facilitate or hinder global health and stemming pandemics;
2. Analyze how eliminating the global health security team has put us several steps behind where we need to be in fighting coronavirus; and
3. Argue for codifying the team and its leadership as part of the larger national security apparatus and avoid kowtowing to outbreak fatigue.

I'm hoping you might be willing to speak with me about your expertise and thoughts in this area. I'm definitely not the expert and I would love someone with your background to ensure I'm getting this story right – and that I have the right people at the witness stand to tell it.

Would you have time to talk today or some time very soon? We are hoping to have this hearing next week.

Yours,  
Wendy



Wendy Ginsberg Ph.D  
Staff Director  
House Committee on Oversight and Reform  
Subcommittee on Government Operations

(b) (6)

--

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

Assistant: [REDACTED] (b) (6)

Phone: [REDACTED] (b) (6)

Website: [www.sabetilab.org](http://www.sabetilab.org)

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 01:46:44 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** FW: Wall Street Journal request

Please decide if we can do this.

**From:** Willick, Jason <jason.willick@wsj.com>  
**Sent:** Monday, March 16, 2020 9:44 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Wall Street Journal request

Dear Dr. Fauci,

My name is Jason Willick with the Wall Street Journal. I was wondering if you would be willing to talk to me for the WSJ weekend interview section on pandemics and the coronavirus—the US response but also the broader challenges from infectious disease. I know you are beyond busy, but I thought I'd ask. Let me know if this is a possibility and I can discuss more details.

Jason

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 00:27:13 +0000  
**To:** Michael liu  
**Subject:** RE: Great advice from Chinese expert

Michael:

Thank you for your note. We indeed have learned much from our Chinese colleagues. I appreciate your bringing these issues to our attention.

Best regards,  
Tony

**From:** Michael liu [REDACTED] (b) (6) >  
**Sent:** Monday, March 16, 2020 8:14 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)  
**Subject:** Great advice from Chinese expert

Dear Dr. Fauci,

Dr. Wenhong Zhang, has become very famous in China's war against COVID-19 because of his great excellence in anti-virus. Dr. Zhang is the Director of the Infectious Disease Department of Huashan Hospital in Shanghai. He is very good according to my observation all long. Another great doctor in China is Dr. Nanshan Zhong.

According to Dr. Zhang's video at [https://www.thepaper.cn/newsDetail\\_forward\\_6537248](https://www.thepaper.cn/newsDetail_forward_6537248), COVID-19 can really be prevented with 3 key measures, i.e. to keep social distancing, wash hands frequently and **wear masks**. I strongly suggest American people should wear masks like Chinese, South Korean people, etc., because even China's highest leader, Mr. Jinping Xi, wears masks. If it is difficult for all the US people to do this now, I suggest working staff in airports, supermarkets and other public places should wear masks firstly in order to avoid crossing infection.

Further, Dr. Zhang said, if a person is still infected though he/she takes the above 3 measures carefully, the person must be infected by his/her family members. So I propose the **concentrated isolation** of mild confirmed cases should be considered as I advised yesterday.

I strongly suggest American government should learn precious experience of anti-COVID-19 from and cooperate with the mainland China, Taiwan, South Korea with an open mind. If you need any help to contact with Dr. Zhang, I will do what I can.

I am very confident that the US government will lead American people to win the anti-COVID-19 war by you and other great experts. Science, expertise and great learning are best medicines.

God bless you! God bless America, China and the whole world!

Best regards,

Michael Liu

---

**发件人:** Fauci, Anthony (NIH/NIAID) [E] [mailto: (b) (6)]

**发送时间:** 2020年3月15日 13:28

**收件人:** Jingming Liu (Michael) < (b) (6)>

**主题:** Re: Great Advice on How to Avoid Family Spread of COVID-19

Thank you for your note  
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:26 PM, Jingming Liu (Michael) (b) (6) wrote:

Dear Dr. Fauci,

My name is Michael Liu. My family are living in (b) (6) now. I have been following spread of COVID-19 (Corona Virus) closely because such virus is very contagious and dangerous.

If a person is mildly sick with COVID-19, the CDC now suggests the person should “stay home except to get medical care”, i.e. home-isolation, according to <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

However, the home isolation may result in family spread of COVID-19 in certain kinds of families, e.g., parents are infected but their kids are too young to take care of them, adults are infected but their parents are too old and risky to look after them (if they live together), an old husband/wife is infected but the spouse is too vulnerable to take care of him/her, etc. In such scenarios, the home isolation may increase family spread and even community spread risks in the US.

**A great method to avoid home-isolation risks is the concentrated isolation, i.e. to isolate mild symptomatic people in a concentrated place instead of their homes.**

The concentrated isolation can avoid the above family spread risks, provide professional medical help to isolated people, reduce mental pressure of other family members, etc., so that it can reduce community spread risks. Such method has been proved to be effective by China’s war against COVID-19.

The concentrated place can be a hotel, university dorm building, etc., which should be easily managed for medical surveillance.

The concentration isolation may be voluntarily chosen by relevant families at the beginning, and adjusted to apply subject to different conditions.

Hope the above advice helpful!

Best regards,

Michael Liu



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 00:23:16 +0000  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Cc:** Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Routh, Jennifer (NIH/NIAID) [E]  
**Subject:** RE: offer from Mark Zuckerberg

I will write to or call Mark and tell him that I am interested in doing this. I will then tell him that you will get for him the name of the USG point of contact. I agree it should be Bill Hall who could then turf to the White House Comms if he wishes

---

**From:** Billet, Courtney (NIH/NIAID) [E] (b) (6) >  
**Sent:** Monday, March 16, 2020 6:53 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] < (b) (6) >  
**Cc:** Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer (NIH/NIAID) [E] (b) (6) >  
**Subject:** ASF: offer from Mark Zuckerberg

Per email below, Mark Zuckerberg has extended a few offers to do videos with you that we would be happy to seek clearance on for you to do, if you are amenable. These would have the weight and impact of television – really, more so. Please advise if you want to do and we will seek clearance with VP office and work with Patty to sort out the logistics.

But an even bigger deal is his offer (b) (4)  
(b) (6) The sooner we get that offer up the food-chain the better. I gave Bill Hall a heads-up about this opportunity and he is standing by to discuss this with HHS and WH comms, but I didn't want him to do anything without you being aware of the offer. Is it OK if I hand this aspect off to Bill to determine who the best point of contact would be so the Administration can take advantage of this offer, soonest?

Do you plan to call MZ? His cell number is in his message below.

---

**From:** Mark Zuckerberg (b) (6)  
**Sent:** Sunday, March 15, 2020 12:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Thanks and ideas

Tony:

I wanted to send a note of thanks for your leadership and everything you're doing to make our country's response to this outbreak as effective as possible. I also wanted to share a few ideas of ways we could help you get your message out, but I understand you're incredibly busy, so don't feel a need to reply unless these seem interesting.

This isn't public yet, but we're building a Coronavirus Information Hub that we're going to put at the top of Facebook for everyone (200+ million Americans, 2.5 billion people worldwide) with two goals: (1)

make sure people can get authoritative information from reliable sources and (2) encourage people to practice social distance and give people ideas for doing this using internet tools. This will be live within the next 48 hours.

As a central part of this hub, I think it would be useful to include a video from you because people trust and want to hear from experts rather than just a bunch of agencies and political leaders. This could be done in a number of formats if you're open to it. Probably best would be recording a Q&A where you answer people's top questions, but we'd be open to other formats too.

I'm also doing a series of livestreamed Q&As with health experts to try to use my large following on the platform (100 million followers) to get authoritative information out as well. I'd love to have you do one of these Q&As. This could be the video we put in the Coronavirus Hub or it could be a different thing that we distribute separately, but I think it could be effective as well.

Finally, [REDACTED] (b) (4)

[REDACTED]  
[REDACTED]  
[REDACTED]

Again, I know you're incredibly busy, so don't feel the need to respond if this doesn't seem helpful. If it's easy to talk live, give me a call anytime on my mobile phone: [REDACTED] (b) (6).

Thanks again for everything you're doing.

Mark

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 17 Mar 2020 00:22:45 +0000  
**To:** Mark Zuckerberg  
**Cc:** Conrad, Patricia (NIH/NIAID) [E];Billet, Courtney (NIH/NIAID) [E];Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** RE: Thanks and ideas

Mark:

Thank you for your kind note. I tried to call you, but got voice mail. FYI, my cell phone number is (b) (6). Your idea and proposal sound terrific. I would be happy to do a video for your hub. We need to reach as many people as possible and convince them to take mitigation strategies seriously or things will get much, much worse. Also, your idea about (b) (4) is very exciting. I am copying my Special Assistant, Patty Conrad. Her office number is (b) (6) (b) (6). Please have your people contact her to arrange for the video. I am also copying the Director of my Communications and Government Relations group. She can put your people in contact with the best person who could be the US Government point of contact for (b) (4).  
Best regards,  
Tony

---

**From:** Mark Zuckerberg (b) (6) >  
**Sent:** Sunday, March 15, 2020 12:18 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Thanks and ideas

Tony:

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of these Q&As. This could be the video we put in the Coronavirus Hub or it could be a different thing that we distribute separately, but I think it could be effective as well.

Finally, [REDACTED] (b) (4)

[REDACTED]  
[REDACTED]  
[REDACTED]

Again, I know you're incredibly busy, so don't feel the need to respond if this doesn't seem helpful. If it's easy to talk live, give me a call anytime on my mobile phone: [REDACTED] (b) (6)

Thanks again for everything you're doing.

Mark

**From:** (b) (6)  
**Sent:** Mon, 16 Mar 2020 19:40:27 -0400  
**To:** Lerner, Andrea (NIH/NIAID) [E]  
**Subject:** Fwd: Coronavirus antibodies

Please handle

Begin forwarded message:

**From:** Andrew Sprouse (b) (6)  
**Date:** March 16, 2020 at 4:00:44 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>  
**Subject: Re: Coronavirus antibodies**

If millennials are spreading the coronavirus should we allow them to be tested with milder symptoms? Otherwise they have no idea they have it.

On Mar 13, 2020, at 5:27 AM, Fauci, Anthony (NIH/NIAID) [E]  
(b) (6)>wrote:

It likely would

On Mar 13, 2020, at 2:58 AM, Andrew Sprouse  
(b) (6):

How about human breast milk? Would it have the antibodies as well?

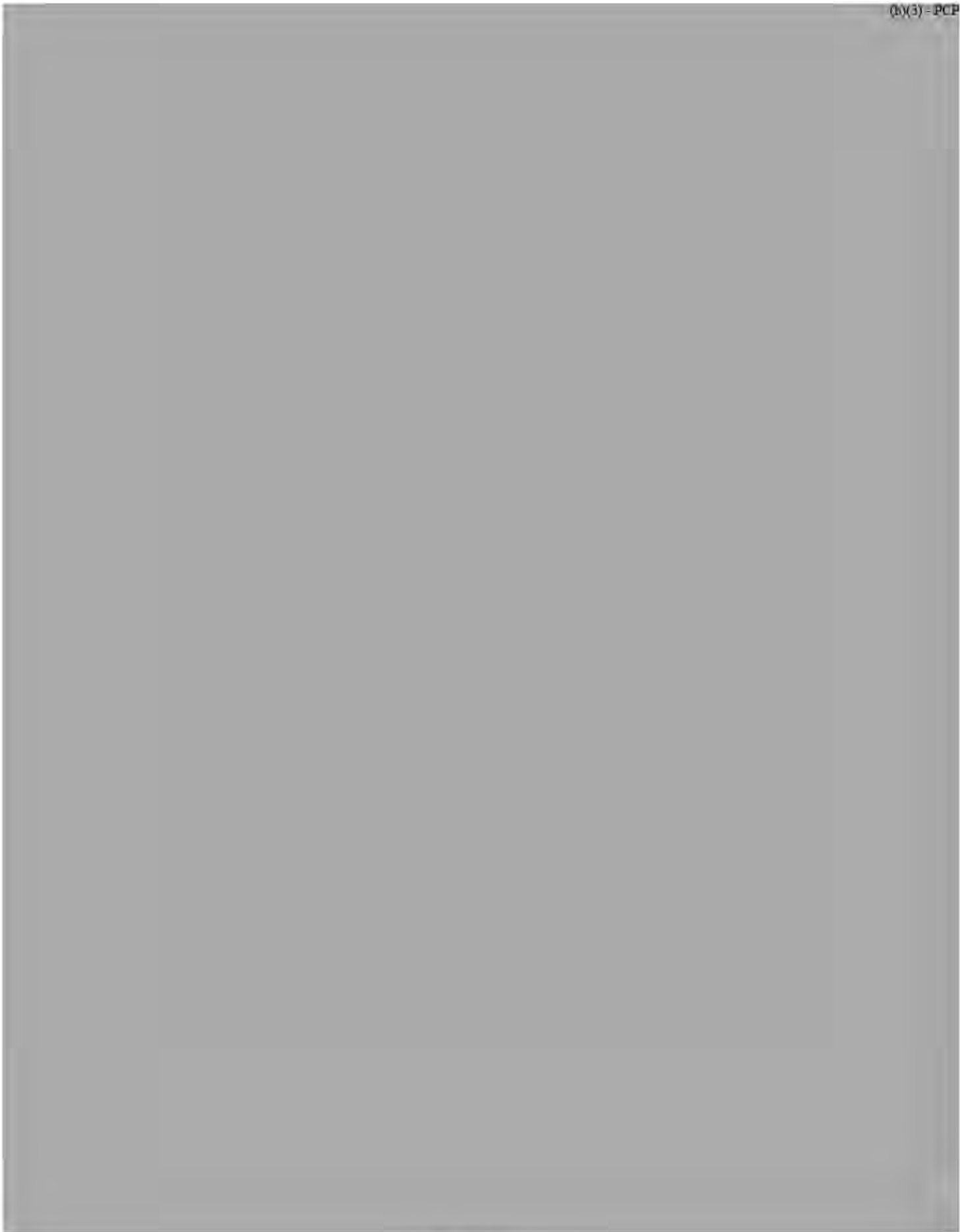
Sent from my iPhone

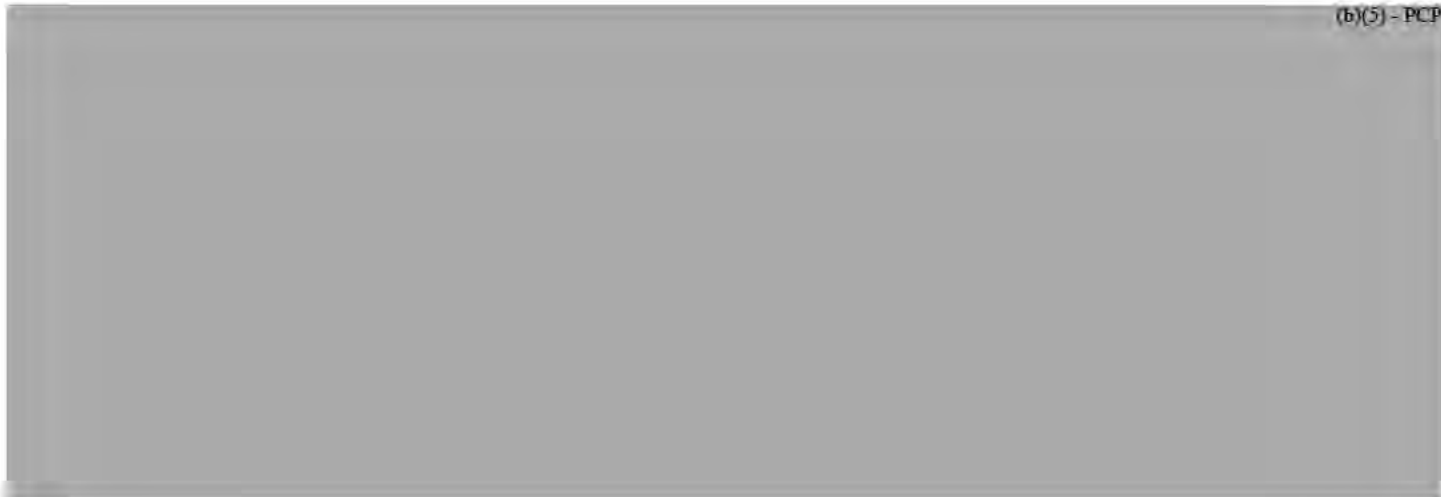
On Mar 12, 2020, at 7:53 PM,  
Andrew Sprouse  
(b) (6)>wrote:

Dr. Fauci,

If China is taking patients and using the plasma/antibodies from them to help cure other patients why couldn't we do that to healthy people to give them immunity to the virus?

Andrew





**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 16 Mar 2020 23:19:56 +0000  
**To:** Monticone, Giulia  
**Subject:** RE: COVID19 emergency

Your arguments are solid.

---

**From:** Monticone, Giulia <[REDACTED] (b) (6)>  
**Sent:** Monday, March 16, 2020 7:00 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>  
**Subject:** COVID19 emergency

Dear Dr. Fauci,

I am a postdoc researcher working at LSU health sciences center In New Orleans. I would like to communicate my concern about the COVID19 in the US.

I am Italian and my partner is Chinese and we have been carefully following the COVID19 spread first in China and now in Italy and Europe. Based on my scientific and personal knowledge I am confident to say that the US is only few weeks ahead of What is happening in Italy now and this could only be stopped if strict measures will be taken in the entire country as soon as possible.

If you have the power, I ask you to please try to convince the government to apply such measures, even if this means to shut down the entire country for some weeks. I know that the economy and money interests are what often prevents to take such decision, but in this case we are talking about life and death and we cannot risk this high price.

We have a very clear example of how severe the COVID19 can be if we do not act on time and this is unfortunately my country at this time. We also have a good example, China, in which very aggressive measures have been applied and, despite some delay in their application at first, they now have reached a strong regression in the virus spread and they gradually can restart the country. China measures were to close every city borders, close working places and every non essential activity. They asked the population to stay at home and go out only for food and health emergencies. I think this is what we should do in US too.

A recent study from Italy in which they tested every person in one Italian city showed that the 50-70% of the people positive for the virus were asymptomatic. This is such an important information that tells us the only way to prevent the spread is to prevent the people from moving because we cannot really know who is carrying the virus. Also, screening is important and should be ideally extended to everyone. [https://www.repubblica.it/salute/medicina-e-ricerca/2020/03/16/news/coronavirus\\_studio\\_il\\_50-75\\_dei\\_casi\\_a\\_vo\\_sono\\_asintomatici\\_e\\_molto\\_contagiosi-251474302/](https://www.repubblica.it/salute/medicina-e-ricerca/2020/03/16/news/coronavirus_studio_il_50-75_dei_casi_a_vo_sono_asintomatici_e_molto_contagiosi-251474302/)



My lab is based in New Orleans where the number of COVID19 cases is now growing fast. However, there is no sign from the university or my institute to close. We are working as usual with only some mild restrictions even if we have colleagues that are at home sick, or worse, that showed up at work coughing. The city mayor applied some restrictions but the people are still celebrating events on the street. Up to today we were acknowledged that we have a presumptive positive case in the building where we live. We are doing what we can as responsible individuals but tomorrow we will go to work again not knowing if we are spreading the virus.

I thank you for reading this email and I hope my arguments are solid and accurate enough to encourage you to take action.

Best wishes,  
Giulia

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 16 Mar 2020 21:28:51 +0000  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Subject:** RE: INTERVIEW QUOTE FOR ESPN FROM YOUR CALL WITH CARLO DEL RIOS

I did not say that they necessarily should actually cancel the tournament, i.e. not play the games. They could still play the tournament and have it televised without having many spectators in the gym. There is a big difference there. And I did not say that all sports should make a similar call

---

**From:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)  
**Sent:** Monday, March 16, 2020 3:22 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Subject:** INTERVIEW QUOTE FOR ESPN FROM YOUR CALL WITH CARLO DEL RIOS

PLEASE ADVISE

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

Disclaimer:

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**From:** Deatricks, Elizabeth (NIH/NIAID) [C] (b) (6)>  
**Sent:** Monday, March 16, 2020 3:19 PM  
**To:** Conrad, Patricia (NIH/NIAID) [E] (b) (6)>  
**Cc:** NIAID COGCORE <[COGCORE@mail.nih.gov](mailto:COGCORE@mail.nih.gov)>; NIAID Media Inquiries <[mediainquiries@niaid.nih.gov](mailto:mediainquiries@niaid.nih.gov)>; NIAID FOG <[fog@niaid.nih.gov](mailto:fog@niaid.nih.gov)>  
**Subject:** Interview request: ESPN

ESPN  
Tisha Thompson  
(b) (6)  
[Tisha.Thompson@espn.com](mailto:Tisha.Thompson@espn.com)

Deadline: COB today

Hi Patty,

This reporter is writing about the NCAA's reaction COVID-19, and would like confirmation that the following actually occurred:

*Dr. Brian Hainline said two members of the NCAA's advisory panel, Dr. Colleen Kraft and Dr. Del Rio, spoke with Dr. Fauci, who said he would back the NCAA in its decision to cancel the tournament. That Dr. Fauci "wholeheartedly" agreed and said to the NCAA reps, "Not only would he back us that this was the right thing to do...he believed that all sports should make a similar call."*

The reporter would like a quick call/confirmation this evening, before they publish the story.

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 16 Mar 2020 21:17:44 +0000  
**To:** Jon LaPook  
**Subject:** RE: Great news. (b) (6)  
(b) (6). Thanks again.

Wonderful!!

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

**From:** Jon LaPook (b) (6) >  
**Sent:** Monday, March 16, 2020 4:13 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b) (6) >  
**Subject:** Great news, (b) (6). Thanks again.

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

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 16 Mar 2020 21:17:06 +0000  
**To:** Cassetti, Cristina (NIH/NIAID) [E]  
**Subject:** FW: Treatments that may be useful against the novel coronavirus

Please respond.

---

**From:** PEAK (b) (6) >  
**Sent:** Monday, March 16, 2020 4:58 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6) >  
**Subject:** Treatments that may be useful against the novel coronavirus

Dear Dr. Fauci:

I am a (b) (6) assistant attorney general of the States of New York and Oregon. I have received some information that may be useful in dealing with the novel coronavirus, but I am not able to evaluate this information personally. It is in an article authored by a former asst. secretary of the US Treasury. I would like to make this information available to you for evaluation, and to that end I am copying it immediately below.

Sincerely,

Robert Roth  
Eugene, Oregon

**Treatments for Coronavirus That Have Worked in China**

[Paul Craig Roberts](#) • March 13, 2020

These are scientific papers showing effective treatments for coronavirus being used in China

Hydroxychloroquine

<https://www.ncbi.nlm.nih.gov/pubmed/32150618>

<https://reader.elsevier.com/reader/sd/pii/S0924857920300820?token=92457EBC4E75F28D02F311F610DB2D48113E501DC04D49C824E6FD819F77BE34A9937B4AEAC0D115710BDB7BCC2175B5>

These research papers show great antiviral promise for both Hydroxychloroquine and Chloroquine. The Chinese have started using them. So should we. The antiviral effects were originally discovered in Europe during SARS, but then forgotten about as SARS was so aggressive it killed the host too quickly and died out. French Prof Raoult and others have helped the Chinese advising them to proceed in this way and they had the good sense to trial it.

Unlike vaccines and costly new antivirals, Hydroxychloroquine and Chloroquine are generally safe, very well tested, cheap and readily available today. They could be a real game changer. Please publish and disseminate. Please also re-refer to the Blaylock cytokine paper to emphasize the importance of vitamin C, D3 etc.

Hydroxychloroquine and Chloroquine

<https://www.ncbi.nlm.nih.gov/pubmed/32150618>

<https://reader.elsevier.com/reader/sd/pii/S0924857920300820?token=92457EBC4E75F28D02F311F610DB2D48113E501DC04D49C824E6FD819F77BE34A9937B4AEAC0D115710BDB7BCC2175B5>

<https://www.ncbi.nlm.nih.gov/pubmed/?term=chloroquine+coronavirus>

(Republished from [PaulCraigRoberts.org](#) by permission of author or representative)

More at Roberts' homepage: [https://www.paulcraigroberts.org/wp-content/uploads/2020/03/14\\_2020.01012.pdf](https://www.paulcraigroberts.org/wp-content/uploads/2020/03/14_2020.01012.pdf)

**From:** (b) (6)  
**Sent:** Mon, 16 Mar 2020 16:23:09 -0400  
**To:** Luo, Yiming (NIH/NIAMS) [E]  
**Cc:** Kadlec, Robert (OS/ASPR/IO)  
**Subject:** Re: concerns regarding CDC recommendations for COVID-19 prevention in healthcare settings

Yiming:

Thanks for your note. I will forward your email to dr. Robert Kadlec who is in charge of the SNS.

Best regards,  
Tony

On Mar 16, 2020, at 2:53 PM, Luo, Yiming (NIH/NIAMS) [E]

(b) (6) >wrote:

Dear Dr. Fauci,

My name is Yiming and I am a clinical fellow in rheumatology at NIH/NIAMS. I have colleagues and friends working in community hospitals fighting against COVID-19 and we are deeply concerned regarding the CDC interim recommendations for COVID-19 prevention in healthcare settings saying that "facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand". Currently hospitals in New York City are asking their healthcare providers to wear surgical mask while treating COVID-19

COVID-19 is highly contagious in healthcare settings with a large proportion of healthcare professionals being infected reported in early literature [1]. A recent study suggested that asymptomatic patients can transmit SARS-CoV-2 which puts potentially additional threats to healthcare providers [2].

Although surgical mask can effectively prevent droplet transmission, whether and to what degree SARS-CoV-2 can transmit through aerosol approach is still uncertain. Studies with 2003 SARS virus suggest a high level of concerns for aerosol transmission [3], and a recent unpublished study from MedRxiv revealed that SARS-CoV-2 has similar aerosol stability compared to SARS [4].

Healthcare professionals are our frontline force against the coronavirus emergency and we cannot afford even a slight probability of a large scale infections among healthcare workers due to insufficient personal protective equipment. We hope that accessing the Strategic National Stockpile (SNS) and any potential mass production program are actively being considered to protect, and ultimately, save lives for U.S. people.

Sincerely,

Yiming Luo, MD

- [1] Wang et al, Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA. 2020 Feb 7. Doi: 10.1001/jama.2020.1585.
- [2] Chang et al, Protecting health care workers from subclinical coronavirus infection, Lancet Respir Med. 2020 Mar;8(3):e13. doi: 10.1016/S2213-2600(20)30066-7.
- [3] Jones et al, Aerosol transmission of infectious disease. J Occup Environ Med. 2015 May;57(5):501-8. doi: 10.1097/JOM.0000000000000448.
- [4] Doremalen et al, Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. doi: <https://doi.org/10.1101/2020.03.09.20033217> (MedRxiv)



**From:** [REDACTED] (b) (6)  
**Sent:** Mon, 16 Mar 2020 14:31:15 -0400  
**To:** Redfield, Robert R. (CDC/OD);Deborah Birx  
**Subject:** Fwd: [REDACTED] (b) (4)  
Algorithm for addressing people with mild upper respiratory symptoms in the age of Covid-19.

This is a [REDACTED] (b) (5)

Begin forwarded message:

**From:** Jon LaPook [REDACTED] (b) (6).  
**Date:** March 16, 2020 at 1:52:57 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)  
**Subject:** [REDACTED] (b) (4)  
**Algorithm for addressing people with mild upper respiratory symptoms in the age of Covid-19.**

Hi Tony,

Thank you so much for calling me this morning, and for your terrific help last night trying to think through the issue [REDACTED] (b) (4), (b) (6)

[REDACTED]

Given our discussion this morning, I think it would be very helpful if the task force on coronavirus came up with a clear algorithm for addressing issues related to people having symptoms that could be from a cold, flu, or other virus - and not related to the virus that causes COVID-19.

Let's say there's a hypothetical patient with some combination of sore throat, aches and pain, low grade fever in the 99's by mouth, and cough; there's no shortness of breath. Let's say they are now proactively self-quarantined at home and are in the process of evaluation. Questions include:

1. Who, if any, of the person's contacts within the previous days should be contacted?
2. If it's only "close contacts" – those who were within 6 feet of the person for an extended period of time:
  - a. What's the definition of extended period of time?
  - b. Does any physical touching – such as a hug or handshake – immediately mean there is significant contact?
  - c. How far back from the onset of the person's illness do we need to check for "close contacts?" This gets to the issue of how long before symptoms begin can asymptomatic shedding occur.
3. If no Covid-19 testing is available or the person has been told they are not sick enough for testing: how do we think about the potential risk to that person's contacts, for example, at home or work?

4. If Covid-19 testing is available: before the result is back, what is the advice for a corporation or other entity where the person being tested may have infected others through asymptomatic shedding of virus? Should the possible exposure, even if relatively "low risk", set off any protocol that deals with trying to minimize possible spread of the virus?

Obviously, there are many other specific questions. [REDACTED] (b) (4), (b) (6)

Thanks!

Jon

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

**From:** (b) (6)  
**Sent:** Mon, 16 Mar 2020 14:23:32 -0400  
**To:** Billet, Courtney (NIH/NIAID) [E]  
**Subject:** Fwd: coronavirus vaccine using cow pox-small pox example

Niaid inquiries

Begin forwarded message:

**From:** nishit sawal <(b) (6)>  
**Date:** March 16, 2020 at 1:39:58 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Auchincloss, Hugh (NIH/NIAID) [E]" <(b) (6)>, "Barasch, Kimberly (NIH/NIAID) [C]" <(b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, "Lerner, Andrea (NIH/NIAID) [E]" <(b) (6)>, "Mascola, John (NIH/VRC) [E]" <(b) (6)>, "Graham, Barney (NIH/VRC) [E]" <(b) (6)>  
**Subject: coronavirus vaccine using cow pox-small pox example**

hi sir,

currently an effective vaccine for covid-19 appears 12-16 months away. in view of rampant spread of disease , we can use the cow pox-small pox idea to minimize the disease mortality.

if general population at large was purposefully infected with human coronavirus strains which classically cause mild URTI's , the chances of them getting infected or more probably getting severely ill with covid-19 would be definitely reduced. we do not need to make a vaccine of these strains - classically they cause mild, self-limiting URTI's.

we have these resources and can do this in a very short period.

think over it - time to innovate like Edward Jenner did.

regards ,

Dr Nishit sawal.

Consultant Neurologist

Government Medical College and Hospital

Chandigarh,India

**From:** (b) (6)  
**Sent:** Mon, 16 Mar 2020 13:45:28 -0400  
**To:** Jethro Pen  
**Subject:** Re: Steven Hilton of Fox News' Covid19 Question to Dr Fauci et al.

Stay tuned

On Mar 16, 2020, at 1:40 PM, Jethro Pen (b) (6) wrote:

Dear Dr Fauci:

Apologies for further burdening your staff at this time of Covid19 crisis, by submitting this question.

Fox News' Host Steven Hilton posed a question to you on his March 15th program: my understanding of it - which my wife and I, (b) (6), believe to be a "good" question - is as follows:

"Given the relative safety of all but the elderly and those whose immune systems are compromised, and that they are far fewer than the rest of the population, why not quarantine only them?"

Mr Hilton says he believes there to be an answer, but it's not yet been given to the public. For what it's worth, I too believe there's an answer. I'm less certain that it's not been given. Below is the link to this matter on the Fox website.

<https://www.foxnews.com/opinion/steve-hilton-on-coronavirus-dr-fauci-officials-must-answer-the-big-question-americans-are-asking>

Thanks for such attention as this may be given. If in the present circumstances, that means none, I get it; nothing further is necessary or expected.

Happy to try to provide anything further which is needed or helpful.

Sincerely,

/s/ Jethro Pen

**From:** (b) (6)  
**Sent:** Mon, 16 Mar 2020 13:36:16 -0400  
**To:** Conrad, Patricia (NIH/NIAID) [E]  
**Cc:** Barasch, Kimberly (NIH/NIAID) [C]  
**Subject:** Fwd: March 26th hearing postponed

Yeah!

Begin forwarded message:

**From:** "Hallett, Adrienne (NIH/OD) [E]" (b) (6)  
**Date:** March 16, 2020 at 1:23:40 PM EDT  
**To:** "Hodes, Richard (NIH/NIA) [E]" (b) (6)>, "Volkow, Nora (NIH/NIDA) [E]" (b) (6)>, "Sharpless, Norman (NIH/NCI) [E]" (b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) "Bianchi, Diana (NIH/NICHHD) [E]" (b) (6)>, "Gordon, Joshua (NIH/NIMH) [E]" (b) (6), "Collins, Francis (NIH/OD) [E]" <(b) (6)  
**Cc:** "Kelley, Melinda (NIH/NIA/ERP) [E]" (b) (6)>, "Hobin, Jennifer (NIH/NIDA) [E]" <(b) (6), "Holohan, MK (NIH/NCI) [E]" (b) (6)>, "Haskins, Melinda (NIH/NIAID) [E]" (b) (6)>, "Kaeser, Lisa (NIH/NICHHD) [E]" (b) (6), "Ampofo, Phyllis (NIH/NIMH) [E]" (b) (6) "Mitchell, Michelle (NIH/OD) [E]" (b) (6)>  
**Subject:** March 26th hearing postponed

OMB is putting a hold on sending HHS witnesses to the Hill through the end of March. This will indefinitely postpone our budget hearing.

Thanks for your patience,  
Adrienne

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Dear Agency Legislative Affairs Teams:

Due to the full Administration mobilization underway, we are placing a temporary hold on sending up government witnesses who are engaged in the coronavirus response. The Executive Branch needs all of its resources directly focused on executing its day-to-day response to coronavirus. We will continue to practice "radical transparency" with Congress

and the American people, but participation in hearings cannot continue to divert resources from our response effort.

This pause is effective immediately. It is intended to last for three weeks, through the end of March, though we will reevaluate if it needs to be extended at a later date.

Importantly, as noted above, this does not only include witnesses for hearings that are explicitly focused on coronavirus, but also, to be determined on a case-by-case basis, witnesses and agencies who are playing vital roles on the Task Force or the broader Administration response, whether or not the hearing topic is coronavirus.

Therefore, please do not accept hearing invitations from Congress for hearings through March if you believe they meet the above criteria. If you already have hearings confirmed that you believe fits this criteria, please notify us immediately. You will likely have to postpone those hearings.

Four corners leadership offices have already been notified of this policy.

Please reach out to OMB if you have any questions, and we will be happy to work with you as we implement this policy.

Thank you.