Please handle

Begin forwarded message:

From: Ani John
Date: March 13, 2020 at 3:13:38 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Urgent information about a Corona Virus Management Device

Dear Dr. Fauci,

Given the gravity of the corona pandemic, my brother and I are reaching out to make you aware of product that we think could help mitigate the spread of the virus and protect health care workers as well as the public. We have already tried the usual channels to contact the White House and the emergency authorization use division at the FDA but also wanted to bring this to your attention also.

Medixair™, an ultraviolet (UVc) air sterilizer with proven, well established unique patented germicidal technology to effectively and safely eradicate viruses and bacteria up to 99.9%. It is capable of delivering a log6 reduction in microbial concentration, by penetrating the nucleus of microorganisms, disrupting their DNA thus destroying the ability of the organism to reproduce; effectively rendering it harmless.

Medixair™ is a portable unit and can easily be installed in a variety of settings including hospitals, emergency rooms, waiting rooms, dentist offices, cruise ships and airport lounges. In both clinical trials and under in-vitro testing conditions (see attached white paper), Medixair™ has been demonstrated to be highly effective in protecting patients and health care workers from pathogens (e.g. MRSA, Clostridium Difficile) and also by preventing cross infection. Specifically, Medixair™ was tested and found effective for a strain of Coronavirus known as FCoV and thus COVID-19 would have the same susceptibility to eradication with UVc within a relatively short period of time (attached).
Medixair™ has been on the market since 2005 and is fully CE marked to EN standards. Currently it has been safely and effectively used in acute hospitals, dental surgeries, in UK, Malaysia, India, Israel, and Southern Africa.

Please let us know how we can help make these units available for use in the US during this critical period of time.

Kind regards,

Ani John, BSN, MPH, PhD
San Ramon, California

Mathew Kaye, Manufacturer of Medixair™
Dudley, United Kingdom
Please respond or refer.

From: Robert Danoff
Sent: Thursday, March 12, 2020 11:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b)(6)
Subject: Question from Jefferson Health NE Philadelphia

Hi Dr. Fauci,

Hope all is well.

Dr. Fauci, we will be setting up COVID-19 testing facilities and I wanted to ask your opinion regarding the following:

Is it ok to expand our testing beyond the current strict testing criteria to include those with lesser symptoms or potential exposure whom we want to rule out Covid-19?

We are concerned that while we isolate those with more severe symptoms who currently qualify for testing, the majority with lesser symptoms would be ambulatory and potentially spreading the illness to others. Plus, it is hard to get someone to isolate for 14 days without providing a diagnosis.

Just as we can test those we suspect for Influenza A, Influenza B and RSV, it would be helpful to be able to test those we suspect with Covid-19, including healthcare workers with no symptoms but with possible exposure.

Thank you for your time and your leadership for our nation’s healthcare.

Be well.

Rob

Rob Danoff DO, MS, FACOFP, FAAFP
Program Director, Family Medicine Residency
Program Director, Combined Family Medicine/Emergency Medicine Residency
Please respond.

From: Rose Marie Codling <rosemarie@literacymatters.education>
Sent: Thursday, March 12, 2020 11:16 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Varicella vaccine-COVID-19 connection

Dr. Fauci,
Is it possible that the varicella vaccine could be playing a role in why children are not presenting with the COVID-19 virus? If the vaccine became common around 1995, we would be seeing little to no infection of children and young adults up to about 25 years old, which seems to be the case. Could something in the varicella vaccine have provided immunity to COVID-19?

Just an idea from a concerned citizen...

Thank you for your remarkable leadership during this crisis.
Sincerely,
Rose Marie Codling

--

Rose Marie Codling, Ph.D.
Educational Consultant

Literacy MATTERS LLC
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 01:23:58 +0000
To: Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]
Cc: Erbelding, Emily (NIH/NIAID) [E]
Subject: RE: ASM Recommendations for speeding up COVID-19 testing

I would

From: Collins, Francis (NIH/OD) [E]
Sent: Thursday, March 12, 2020 8:22 PM
To: Fauci, Anthony (NIH/NIAID) [E]; Tabak, Lawrence (NIH/OD) [E]
Cc: Erbelding, Emily (NIH/NIAID) [E]
Subject: FW: ASM Recommendations for speeding up COVID-19 testing

Hi Tony and Larry,

Thoughts would be most welcome.

Francis

From: Collins, Francis (NIH/OD) [E]
Sent: Thursday, March 12, 2020 8:07 PM
To: Bertuzzi, Stefano [E]; Miller, Melissa [E]; Stevens-Garcia, Jonathan [E]; Segal, Allen [E]; McNult, Peggy [E]
Cc: Erbelding, Emily (NIH/NIAID) [E]
Subject: RE: ASM Recommendations for speeding up COVID-19 testing

Hi Stefano,

Thanks for this rapid turnaround survey and concise recommendations.

Adam, I’m glad to help with conveying this message to FDA – though we should involve ADM Giroir as well. How would you like to proceed?
Dear Francis and Adam –

Sorry for the slight delay in getting to you the recommendations that ASM collected from clinical lab directors. See attached document.

ASM leaders remain available for any further discussion that may be helpful to solve the current impasse. Please do not hesitate to contact us, we are here to serve as a resource to you.

Sincerely,

Stefano

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone: (b)(6)
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:20:57 +0000
To: Tabak, Lawrence (NIH/OD) [E]; Collins, Francis (NIH/OD) [E]
Subject: RE: Time-sensitive

Please be “presumptuous” and go for it. Many thanks.

From: Tabak, Lawrence (NIH/OD) [E] (b)(6)
Sent: Thursday, March 12, 2020 7:18 PM
To: Collins, Francis (NIH/OD) [E] (b)(6); Fauci, Anthony (NIH/NIAID) [E] (b)(6)
Subject: FW: Time-sensitive

Francis, Tony-

I am certainly willing to do this so that neither of you have to, but I did not want to be presumptuous in case either of you preferred a different spokesperson. Please let me know how I should respond to Mary.

Thanks
Larry

From: Mary Woolley <mwoolley@researchamerica.org>
Date: Thursday, March 12, 2020 at 10:02 AM
To: "Tabak, Lawrence (NIH/OD) [E]" (b)(6)
Cc: Ellie Dehoney <edehoney@researchamerica.org>
Subject: Time-sensitive

Larry,

I have a favor to ask. Would you or a designee be willing to join a teleconference next week with our alliance members to discuss NIH’s efforts to mitigate the negative impact of COVID-19 on federally-funded research? We would need no more than 30 minutes of your time, and can schedule around you. Ideally, though, we could make this happen soon (to state the obvious, everyone is feeling the need for touchpoints right now, and you are a wonderfully calming one for our university members!).

We could arrange the teleconference for as early as this Monday, the 16th: if there is a 30-minute window for you or a designee between 1:00 pm and 3:00 pm on that day or within that same block of time Tuesday, the 17th, we’ll commandeer it!

Thank you, Larry, for considering this ask. I’m sure it comes amidst many others.
I would love to close by saying something insightful about the indescribable times we were in, but all I can come up with is “indescribable.”

My Best,

Mary
Check this out and get back to me. Not sure what he is talking about.

From: Robert Tober
Sent: Thursday, March 12, 2020 6:44 PM
To: Fauci, Anthony (NIH/NIAID) [E]; Nancy Lascheid; Gail Dolan; Leslie Lascheid
Subject: Fw: Feds say Florida has ‘community spread’ of coronavirus. Florida disagrees.

Dear Dr. Fauci,

I am medical director of a charity clinic in Naples, Florida. Although we try to screen pts for cough, fever, sore throat, URI sx, dyspnea or unusual fatigue, apparently some patients are asymptomatic and neg for these 5 hallmarks but still contagious. There is conflict between what our Florida governor states and what CDC states. Do you believe all of our staff should be in goggles, mask, gown and gloves for AAL PATIENTS that we treat regardless of not meeting one of the 5 screening criteria above. If indeed there is community spread happening, I and many others are sitting ducks. It is not if but when!! Thanks for any guidance you might be able to provide. I am copying to my administrative staff as well.

Good luck. This is quite the challenge.

Robert Boyd Tober, M.D., FACEP
Medical Director Neighborhood Health Clinic
Naples, Florida 34102

Hi Dr. Fauci,

epiQar (https://epiQar.com/) is the only system in the world that can help experienced surgeons continue to support teams of less experienced surgeons worldwide, which we’re doing with Coronavirus quarantined surgeons in France & Italy now while we expand to other theaters.

For Coronavirus care we’ve just developed an easy plug in kit for remote hospital surgeries which US hospitals need to be made aware of before they get overwhelmed the way they are in Italy & China.

Here’s an article on epiQar from today in The Hill.

Please let me know how we can help your teams.

Thanks,

Jason Ressler
Director, Business Development
ENGAUGE/EPIQAR
www.eng.us
www.epiqar.com
The world’s first low-cost telementoring, surgeon training and instant Cloud-archiving Platform
US 888.615.7874
EUROPE 44 2031399059
NIAID inquiries, please.

From: Sushama Taiwalkar
Sent: Thursday, March 12, 2020 7:04 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: Very urgent Coronavirus

March 12, 2020
Dr. Fauci,

[Blank Space]

Sincerely,
Sushama

Get Outlook for Android
Thanks, Wafaa

On Mar 11, 2020, at 8:33 PM, El-Sadr, Wafaa M. wrote:

Adding Tony’s correct email address.

Dear Zunyou, John, Ralph and Tony,

Thank you for your superb presentations in the Special COVID-19 Session at the Virtual CROI 2020. As you can imagine, your presentations were very much appreciated by all the audience. There is great thirst for more information at this point in time, which made your presentations particularly timely and impactful.

All the best,
Wafaa

Wafaa El-Sadr, MD, MPH, MPA
Director, ICAP at Columbia University
University Professor of Epidemiology and Medicine
Mathilde Krim-amFAR Professor of Global Health
Tel: [b](6)
Fax: 212 342 1824
www.icap.columbia.edu
WE are working with Adam. Thank you

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
301-496-4409 fax

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Dear Tony and Patricia,

Hoping for tonight from the White House or in studio. Adam Verdugo has been in touch and hope we can lock down and confirm time.

Thank you

Norah O’Donnell
Norah:

Sorry that I took so long to get back to you. Just got out of the White House a little while ago to get to my office where I am now and it is obviously too late. Please copy my assistant, Patty Conrad, (copied here) in future correspondence. I am so swamped with coronavirus “stuff”, I rarely get to e-mail until late at night.

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: (301) 496-4409
FAX: (301) 496-4409
E-mail: ________________

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From: O'Donnell, Norah <NOD3@cbsnews.com>
Sent: Monday, March 9, 2020 10:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] ________________
Cc: Verdugo, Adam <VerdugoA@cbsnews.com>
Subject: Monday night

Dear Dr. Fauci,

You are doing an amazing job helping to educate and inform during this crisis.

Are you available tonight or any night this week to join us for the Evening News?
I am also happy to come to your office.

Thank you for your consideration.

Norah O'Donnell
Art:

Good idea. I will mention this to CDC during this AM's daily meeting. Hope that you are well.
Best,
Tony

From: Arthur Ammann
Sent: Wednesday, March 11, 2020 9:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b)(6)
Subject: RE: Art again

Tony. So good to see you now on TV in full charge. Your entire expression has changed almost like when I bumped into you in the Washington Metro after you had gotten off the plane with President Bush.

I have an interesting question regarding pneumococcal polysaccharide immunization. One of our staff members phoned. Her father is a physician in France and has many physician acquaintances. She was told that the doctors believe that the older patients who received pneumococcal vaccine have less of a mortality than those who did not get the vaccine.

When we did the studies and got the pneumococcal vaccine approved for the elderly in 1976 there was a battle about who should get it and whether was cost-effective. Since then, other studies have documented the benefit, especially in older people and you probably have received it. It is now routine but I know many elderly individuals have not gotten immunized. Historically, many, if not the majority of deaths from influenza in some of the past epidemics was a result of secondary infection with pneumococcus. I'm not hearing anything about urging people to get immunized with pneumococcal vaccine. The message would need to be clear so they don't confuse pneumococcal secondary infection with primary coronavirus infection. It would be a good idea for people to be urged to get the pneumococcal vaccine. If they had not received it. I'm not seeing any recommendations from the CDC or elsewhere regarding this.

--

Please note: this document has been produced by a voice recognition program and may contain errors or words that are out of context. Please let me know if clarification is required.

Arthur J Ammann M.D.
Hi Dr. Fauci,

I have been following the news and some interviews with yourself. I was hoping you would be willing to speak with me about our technology?

Testing for the positive patients and finding a vaccine are essential, but containment is paramount.

We have the only GERM CONTAINMENT TECHNOLOGY of it's kind.

The ongoing Coronavirus and FLU viruses pose a significant threat to public health globally and here in the US. We have the most powerful solution to minimize infection and maximize protection against SARS, EBOLA, FLU, and all types of germs and viruses.

With local 3rd party tested efficacy of 100%, no other technology anywhere can yield this result or sustainable 24/7/365 protection.

XTiO2 is a world exclusive containment technology with self-cleaning functions that can help minimize the risk of cross-contamination in hospitals, planes, public transportation, elevators, and public places.

XTiO2 technology works by forming an invisible protective layer on mostly ALL material surfaces (plastic, steel, glass, fabric, paper, walls, etc..). It is green, sustainable, and has yielded up to 100% efficacy proven by SGS LABS (US).
I look forward to hearing from you and attached is an information file for your review.

Thank you.

Michael Holbert

Cleancoating LLC
2522 State Rd., BLDG ISPBC
Bensalem, PA 19020
http://www.cleancoating.us
Email: (b) (6)
Direct: (b) (6)
Mobile: (b) (6)

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From: dennis malone
Date: March 11, 2020 at 6:35:32 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: CORONAVIRUS DATA SUPPORTING PROACTIVE EFFORT

Slr,

I appreciate the effort of your entire team in identification and resolution of the predicament the chinese government has gotten us into. That said, I believe you might add a more proactive edge by mining existing data. You're going to have to dig deep.

It seems that the common denominator in originating vector, at least by your news releases, is plainly travel-related co-mingling of persons not otherwise in contact. Therefore, I would propose that there is a great trove of existing data waiting to be filtered within the travel manifests' history of US-bound airlines and US-bound cruise vessels. Suggest as a start the collection of every manifest from the last 4 months or so, filtered and compared with principle contractees known to exist in the US, and list every other person on said aircraft/vessel that disembarked on US soil. DO NOT WAIT FOR PEOPLE TO GET SICK - Employ the National Guard and Coast Guard to track these folks and put a swab in their nose. If positive, then contact trace this smaller group. If negative maintain them on the list and force compliant reporting if they develop suspected symptoms.

I know it would seem to be a lot of work. However, I presume your are familiar with the FRAM Oil Filter Guy from the 1970s, where it's better to pay now than later because you're going to pay one way or another. Get a proactive jump on DETECTION, IDENTIFICATION, CONTROL. We're burning daylight.

Respectfully submitted,

Dennis J. Malone
From: Fauci, Anthony (NIH/NIADC) [E]
Sent: Wed, 11 Mar 2020 23:10:18 +0000
To: Sharon Cumbie
Subject: Re: Need to add cell phone disinfecting to the hand washing messaging
Attachments: image.png, POSTING.jpg

Thanks!

On Mar 11, 2020, at 6:46 PM, Sharon Cumbie wrote:

Dr. Fauci,

First, thank you for all you are doing to keep the public informed in a clear, direct, and truthful manner. I am writing to offer a suggestion.
The following is a post I just placed on my Facebook page:

It's a 2-step process!!!
We are seeing the ubiquitous pleas for proper hand-washing as a preventative against contracting the corona virus. BUT...I have observed people doing a great job of hand-washing, then picking up their dirty cell phones!! The cell phone should FIRST be wiped down using a disinfecting wipe (do NOT use sprays or household cleaning supplies). After cleaning the phone, THEN do a proper 20 second hand-washing. Now, CARRY ON!

Step 1: https://www.tomsguide.com/news/how-to-clean-your-phone-to-protect-against-coronavirus?bclid=IwAR1WfGawANytkUQSmSV2SM-UcZ57761mAsp-XRkUEKDsLYhcLRKXBOJio

Step 2: Proper Hand Washing
<image.png>

Photo message montage:

<POSTING.jpg>

I honestly do not see people disinfecting their cell phones. I am active in our community and am trying to get this information across to people in the community. They have told me it was helpful and something they had not considered. I thought it would be helpful for me to share with you.
Best Regards,
Sharon Cumbie

--
Please handle

Begin forwarded message:

From: Terri Davis
Date: March 11, 2020 at 7:04:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Coronavirus

Dear Dr. Fauci;
I live in Last week there was the first incidence of the Coronavirus. The officials in Media gave no true information on the individual but that it was a female. When questioned by the press as to the location in which the individual was - the response was that that information could not be given. I have also heard that it is in a violation of a person's privacy. No one is asking for the person's name or address. If the public were given the general area of the affected person they would probably stay clear of the area. The people directly in the area would be more cautious. Knowing where the person frequented, for example, the market would be pertinent in preventing spread of this virus. There is so much information about this virus that is unknown yet most officials continue to underscore the severity of this virus.

Sincerely,
Terri Davis

Sent from my iPad
Begin forwarded message:

From: David Craig
Date: March 11, 2020 at 7:05:42 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b)(6)>
Subject: Re: Application for NIH and Dr. Bruce Aylward from W.H.O.

Evening Dr. Fauci,
My name is David Craig and I am one of the Founders of the Medsoft Group, a Analytics, Telemetry and Reporting medical platform out of Canada. We would like to offer our solution to the NIH free of charge, much like we have done with Dr. Bruce Aylward and the World Health Organization earlier today.
Our application will track, log and provide a pathway to true two-way real time communication of COVID-19 as citizens around the US report their symptoms on their mobile device. We are currently implementing our technology with our partners at the University of Alberta, but we would like to refocus our immediate attention in helping with the novel coronavirus.
Deployment of our application would allow the NIH to manage and understand potential clusters and outbreaks of the pandemic, taking advantage of the estimated 96% of Americans that use a smart phone to easily record a potential case, providing all stakeholders across the US with the latest information.
Medsoft Group is ready to offer this immediately and without delay. With your cooperation we believe we could be up and running within a week, providing this invaluable tool to better understanding where and what the virus is doing around the country in real time.
Please let me know if you would like to speak further. We would be happy to demonstrate our technology as well as discuss how we would put this ambitious plan into place.

Best,

David Craig
Co-founder & Chief Executive Officer
Medsoft Group Inc.
IMPORTANT: The contents of this email and any attachments are confidential. They are intended for the named recipient(s) only. If you have received this email by mistake, please notify the sender immediately and do not disclose the contents to anyone or make copies thereof.
Thanks, Steve. I will forward to my program staff.

> On Mar 11, 2020, at 6:22 PM, Stephen Chiarello wrote:
> Anthony:
> This is Stephen Chiarello from I am a board-certified dermatologist and internist.
> Just a brief note and certainly somewhat quixotic: The treatment of toxic epidermal necrolysis With IV vitamin C and thiamine (benfotiamine) may well stop the cytokine cascade with the coronavirus. This was used Wayback in the polio epidemic before the vaccine with great success but limited subscription.
> I’ll send you the references.
> Sincerely,
> Steve chiarello
> Sent from my iPhone
From: Stephen Chiarello
Date: March 11, 2020 at 6:22:13 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Treatment of Corona virus

Anthony:
This is Stephen Chiarello from . I am a board-certified dermatologist and internist.

Just a brief note and certainly somewhat quixotic: The treatment of toxic epidermal necrolysis With IV vitamin C and thiamine (benfotoxamine) May well stop the cytokine cascade with the coronavirus. This was used Wayback in the polio epidemic before the vaccine with great success but limited subscription. I’ll send you the references.

Sincerely,
Steve chiarello

Sent from my iPhone
Please respond.

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

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

From: Whit Clark
Sent: Wednesday, March 11, 2020 7:39 AM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: From Whit Clark; possible theory and plausible new thinking about a Coronavirus

In later November, [redacted] area, we theorized that the Coronavirus May well have already been here before the close of 2019. China had likely had the outbreak begin much earlier but never acknowledged it; people traveling to China from the US could have returned and brought the virus with them at a much earlier date. When thinking about the number of people my daughter and I have known that had a bout of respiratory illness with a cough that continued much longer than the typical cold, we are proposing a theory that possibly Corona made its entry here much earlier....and this new expected outbreak may well be more of a continuation and less threatening than possibly theorized at this time. It is just a thought but I thought it was worth sharing. If true, we have already met the disease and the deaths attributed to “normal” flu and respiratory causes in the elderly and previously impaired, may have been caused by Coronavirus. This could be a slightly new twist and could present a slightly lower concern for a new major outbreak. Just a thought....

Whit Clark (William W)

Sent from my iPhone
PIs respond

Sent from my iPhone

Begin forwarded message:

From: LAB <LAB@LAB.com>
Date: March 10, 2020 at 11:23:49 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: The Coronavirus

Dear Dr. Fauci,

My name is Sargon Gorjlan and I am a research chemist at Clean Plus Chemical in Sydney. Many years ago I was working at Nanosonics company in Sydney on

I just wanted to share with you my experience with this type of work. I would suggest to have a look at Virox Patents. It will not do any harm. It might be the right way to go.

Sorry to take up your valuable time.

I wish you all the best and good luck!
Stop the spread.

**Instant Hand Sanitiser** is an alcohol based gel which kills bacteria (99.99%) within 30 seconds, no washing or rinsing required. Tested and approved according to TGA methods. Glycerin moisturiser & Vitamin E.

Contact us today to place your order.
Code number: 36430 (12 x 500mL CTN)

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Be earth-smart. Please consider the environment and cost of paper before you print.
From: Cassetti, Cristina (NIH/NIAID) [E]
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Breakthrough: Chloroquine phosphate has shown apparent efficacy in
treatment of COVID-19 associated pneumonia in clinical studies

Pls respond

Sent from my iPhone

Begin forwarded message:

From: RJ Claymont
Date: March 11, 2020 at 4:22:35 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" [b][c]
Subject: Breakthrough: Chloroquine phosphate has shown apparent efficacy in
treatment of COVID-19 associated pneumonia in clinical studies

Dr. Fauci -
Just thought I’d bring this article to your attention.
Are your researchers trying Chloroquine?

https://www.jstage.jst.go.jp/article/bst/advpub/0/advpub_2020.01047/_article

Best Regards
RJ Claymont
From: Frank LLosa - KetoneAid
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: NIH ketone ester for Coronavirus treatment?

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Frank LLosa - KetoneAid
Date: March 11, 2020 at 4:14:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: NIH ketone ester for Coronavirus treatment?

Dear Dr. Fauci

There was a paper recently showing a ketogenic diet helped tame the general flu, in mice.

Meanwhile, there is a drink developed via DARPA and NIH (Dr Veech) that mimics the benefits of the diet. It is called a ketone ester. Even shown to block effects of nuclear bomb style radiation (LD-70 to 100% survival).

Who can I soak to about testing this drink on mice for the general flu, or even humans with Coronavirus symptoms?

Can I send you the paper?

Thank you,

Frank Llosa
CEO KetoneAid
Please respond
Sent from my iPhone.

Begin forwarded message:

From: Ingmar Hoerr
Date: March 11, 2020 at 2:20:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b)(6)>
Subject: Curevac, meeting with President Trump

Dear Dr. Fauci,
I am the new CEO of CureVac. Would be good to update you on our efforts on Covid-19 vaccine here in Europe. This is a global challenge, we should learn from each other to act fast and avoid mistakes. I do not accept any barriers from Stephane Bancel just for competitive reasons. Happy to call or to meet personally.
Best regards, Ingmar Hoerr

Gesendet über BlackBerry Work
(www.blackberry.com)
Hello Anthony,

This is how the virus was created.

Intervirion Fusion. HIV-luc(ACE2) (500 ng of p24) was mixed with 1,000 ng of p24 of HIV-gp1 particles incorporating ASLV-A envelope, SARS-CoV S protein, or both envelopes in PBS at 4°C for 30 min to allow binding. Samples were raised to 37°C for 15 min to allow for conformational rearrangements. Virions were adjusted to the desired pH with 0.1 M citric acid. PBS, TPCK-trypsin (final concentration 10 µg/ml), CTSL, cathepsin B (CTSB) (final concentrations 2 µg/ml) or CTSL buffer alone was then added. Recombinant CTSL (R &D Systems) was preactivated by incubation for 15 min at 10 µg/ml in 50 mM Mes, pH 6.0, on ice. Recombinant CTSB (R &D Systems) was preactivated in 25 mM Mes, 5 mM DTT, pH 5.0, for 30 min at 25°C. After a 10-min incubation at 25°C, proteolysis was halted by the addition of 300 µl of DMEM10 containing leupeptin (25 µg/ml) and STI (75 µg/ml). Virions were then incubated at 37°C for 30 min to allow membrane fusion. 100 µl of the virion mixture was added in quadruplicate to HeLa-Tva cells pretreated for 1 h with leupeptin (20 µg/ml). The cells were spin-infected and incubated at 37°C for 5 h.
Sent from my iPhone.

Begin forwarded message:

**From:** Charles Knight  
**Date:** March 10, 2020 at 10:40:45 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]"  
**Subject:** Prevalence of smoking, and reported mortality rates in COVID-19

To whom it may concern:

I assert that the frequency of clinically significant disease, as well as severe disease and mortality of COVID-19 is much higher in smokers, as is the case with any pulmonary infection, such as influenza, or bacterial pneumonia.

This is clearly in addition to that due to the prevalence of elderly and immunocompromised patients; but smoking status overall may be a more significant risk factor for clinically significant disease.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease.

I would suspect that smoking is at least one reason that such a high mortality has recently been seen in Italy, and China, and I expect that mortality rates, as well as rates of clinically significant cases, will also be increased in other populations with increased prevalences of smokers, and strongly associated with the prevalence of smoking in the given population.

Of course, the reporting of severe disease will be modulated by the effectiveness of the given population in containing the virus, as well as the effective reporting of clinical disease within the community, whether severe or not.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease. I think that it should be addressed.

One wonders if it could be a modifiable risk factor, at least in certain patients (such as those who have not smoked for very long).
One also wonders whether this could be another good prognostic factor for limited reported/clinically significant cases (and thus limited perceived spread) in the United States, obviously in addition to our early, effective containment measures.

Just thought this might be helpful.

Dr. Charles W. Knight, MD

Sent from my iPhone
Hi Dr. Anthony Fauci,

I saw you on Meet the Press this weekend and you were so awesome! Very informative, calm, assuring but with the right amount of instilling the need for us all to move forward with the appropriate caution for ourselves. It's extremely reassuring to have you leading and guiding us during this time.

I'm emailing you because I work at Kaiser Permanente Hospital in [Redacted]. Our administration initially said if any Covid-19 patient came into the hospital needing emergency care and needing to be admitted they would be given an N95 mask and put in a negative pressure room. Now they reversed that decision and said they'd be put in a regular positive pressure rooms even after I showed them the CDC's recommendation for both confirmed and possible Covid-19 cases needing to be placed in negative pressure rooms/ALIR.

Well tonight a possible Covid-19 patient came to the Emergency Room and had to be admitted to the ICU. The patient was given just a regular mask and put in an elevator to the ICU. Management would not confirm if the patient was in a negative pressure room and wouldn't give staff N95 masks. I again showed them the CDC website hospital protocol Covid-19 recommendations but same response. And even was yelled at by the hospital nursing supervisor for asking about it.

I feel this is not safe at all for other patients, visitors and staff if the air is being recirculated not vented outside or through a hepa filter before recirculating back.
through the hospital. I don't know what to do. Please help. The hospital main phone number is [redacted] the Chief of the hospital is [redacted]

I know you're extremely busy now but any help or guidance is appreciated..even if it's just to confirm that any confirmed or suspected Covid-19 patient needs to be in a negative pressure room. Thanks so much!

Sincerely,

Kara Smalls
Sent from my iPhone

Begin forwarded message:

From: Joseph Wu <joewu@stanford.edu>
Date: March 10, 2020 at 6:11:52 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Cc: "David L.M. Preston" <preston@stanford.edu>, Amanda Chase <chaseama@stanford.edu>, Sanjay Malhotra <svmalhot@stanford.edu>
Subject: RE: Cancellation of 2020 Stanford Drug Discovery Symposium

Dear Dr. Fauci,

We greatly appreciate your willingness to participate in the 2020 Stanford Drug Discovery Symposium (SDDS). As you undoubtedly know, with the further spread of the novel coronavirus COVID-19, Stanford is taking precautionary measures to minimize any preventable spread of this viral disease. After much consideration, we feel it is in the best interest of our speakers, guests, and community to cancel the April 20-21, 2020, symposium.

We apologize for the inconvenience this may cause in your schedules. We do hope that you will agree to be our guest speaker NEXT year for our April 19-20, 2021. As soon as your schedule allows, please let us know if you would be able to speak at our 2021 SDDS meeting.
Please feel free to contact David Preston preston@stanford.edu or Amanda Chase chaseama@stanford.edu or myself joewu@stanford.edu if you have any questions.

Thank you for your understanding, and we hope to see you next year.

Lastly, THANK YOU for all service to our country and for educating the public about the coronavirus, we’re a big fan of yours on all the news media.

Sincerely,

Joseph C. Wu, MD, PhD
Sanjay Malhotra, PhD
Kuldev Singh, MD
Mark Mercola, PhD

Joseph C. Wu, MD, PhD
Director, Stanford Cardiovascular Institute
Simon H. Steltzer, MD, Professor of Medicine & Radiology
Stanford University School of Medicine

265 Campus Drive, Rm G1120B
Stanford, CA 94305-5454
Ph: 650-736-2246; Fax: 650-736-0234
Email: joewu@stanford.edu
Twitter: @StanfordCVI
Lab Website: http://wu lab.stanford.edu
Stanford CVI: http://med.stanford.edu/cvi.html

Stanford Cardiovascular Institute
From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 21:25:59 +0000
To: NIAID OD AM
Subject: FW: Fields Symposium

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
301-496-4409 fax

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From: David Knipe <david_knipe@hms.harvard.edu>
Sent: Tuesday, March 10, 2020 5:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b)(6)>
Subject: Fields Symposium

Dear Tony,

I am sorry to write that we are going to have to cancel the Fields Symposium for April 24th, but we will re-schedule when we can. As you may know, Harvard has cancelled all meetings larger than 100 (and this morning limited that to 25) through at least April 30th. We are sad to have to do this, but we need to help mitigate the spread of the virus. Harvard even told the undergraduates today to go home this weekend and take their classes online for maybe even the rest of the semester.

Thank you for all you are doing to keep everyone informed about the coronavirus outbreak. We are going to give you the Harvard "Veritas" award when you are next here.

Stay well.

Best regards,

David
David M. Knipe, Ph.D.
Higgins Professor and Head, Program in Virology
Dept. of Microbiology, Blavatnik Institute
Harvard Medical School
NRB Room 950B
77 Avenue Louis Pasteur
Boston, MA 02115
Ph. 617-432-1934
Lab web site: http://knipelab.med.harvard.edu
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:56:17 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)
Subject: FW: Funding, for Dr. Fauci

Please respond to this person.

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

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From: Rena Patel (b) (6)
Sent: Tuesday, March 10, 2020 1:33 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Funding, for Dr. Fauci

Responsiveness to emerging infectious disease threats is important. However, I worry that increasing funding is going away from global health priorities. It appears that the US Ending the HIV Epidemic has already diverted funding within NIH from global work to domestic. Will the NIH response to COVID-19 only worsen funding available for global health?

Thanks,
Rena

Rena Patel, MD, MPH
She/her
Assistant Professor
Division of Infectious Diseases, Dept. of Medicine
International Clinical Research Center, Dept. of Global Health
Email: (b) (6)
Mobile: (b) (6)
Skype: (b) (6)
Gary:

If you have the resources and capability to do it, you should.

Best regards,

Tony

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

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From: Gary Spinner
Sent: Tuesday, March 10, 2020 1:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] [redacted]
Subject: Testing for Covid-19

Just heard your CROI talk. Thank you so much.
Should we be testing for Covid-19 in patients with flu like symptoms in our Community Health Center by using commercially available tests for patients without history of travel or known contacts? We have two cases thus far in [redacted] where my center is located.

Gary Spinner
Southwest Community Health Center

Get Outlook for iOS
Dear Prof. Anthony Fauci,

At first, I express regret if I am bothering you in your busy schedule.

I know you care about asymptomatic infection of COVID-19. COVID-19 is spreading rapidly all over the world, especially in Iran and Italy, and possibly even more widely. Asymptomatic infections and healthy carriers are possible sources for transmission. However, such sources of infection cannot be effectively identified due to the symptoms absent. The research evidence is very lacking so far.
This encourages me to write to you to seek help! I will be most grateful if you could give us some suggestion.

Look forward to hearing from you soon,

With kind regards,

Yours sincerely,

Yong He
Steve:

Let us discuss this when we are together at the 4:00 PM TF meeting.

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: (301) 402-6798
FAX: (301) 402-7698
E-mail: fauci@nih.gov

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From: Roberts, Rich <rich.roberts@nih.gov>
Sent: Tuesday, March 10, 2020 12:05 AM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Coronavirus test

Dear Tony:

If you can find a few minutes, I would very much like to talk with you briefly about a new diagnostic LAMP test for coronavirus COVID-19 that we have developed here at NEB. I attach a paper now in the MedRxiv that briefly describes the test. It has been used already in Wuhan and because of its simplicity, speed and visual output we think it would be very useful for use here in the US. We have just met with several people at Mass General Hospital and will be working with them for local validation here in MA. The test itself is very inexpensive, does not require any special equipment nor training of technicians. This would appear ideal for the FDA and the CDC to know about, but I have not so far been able to reach
either Stephen Hahn or Robert Redfield. I would emphasize that our goals are to help deal with the humanitarian aspects of the current problems.

I can be reached on my cell at (b) (6) or in my office at the number below.

Rich

Sir Richard J. Roberts Ph.D. F.R.S.
1993 Nobel Laureate in Physiology or Medicine
Chief Scientific Officer
New England Biolabs
240 County Road
Ipswich, MA 01938-2723 USA

Tel: (b) (6)
Fax: (978) 412 9910
email: (b) (6)

Executive Assistant: (b) (6)
Tel: (b) (6)
Fax: (978) 412 9910
email: (b) (6)
From: [REDACTED] (b)(6)
Sent: Tue, 10 Mar 2020 11:13:29 -0400
To: Cassetti, Cristina (NIH/NIH) [E]
Cc: Auchincloss, Hugh (NIH/NIH) [E]
Subject: Fwd: Patented System - COVID-19

From Patty
Pls respond.

Sent from my iPhone

Begin forwarded message:

From: JOHN FLYNN (b)(6)
Date: March 10, 2020 at 10:49:44 AM EDT
To: "Fauci, Anthony (NIH/NIH) [E]" (b)(6)
Subject: Patented System - COVID-19

Dear Dr. Fauci,

I know that you are extremely busy, but I would respectfully urge you to take 5 mins. of your time to review the information below as I believe that I have a disruptive technology that can help prevent the spread of COVID-19.

My name is John Flynn. I previously founded a startup medical equipment company that was focused within the area of orthopedics, which I ran for twelve years. I ultimately sold the company to a public competitor, DJO Global. I have worked on different healthcare projects, but have exclusively spent the last twenty months focused on a new medical product within the area of infection prevention. My goal was to introduce what I believe is a disruptive product to help healthcare facilities to prevent the spread of MDRO’s in order to reduce HAI’s/SSI’s; however, I believe that it can also help to reduce the spread of Coronavirus.
you will have an interest in a further discussion.

Respectfully,

John Flynn
Cell: (b) (6)
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 10:45:53 -0000
To: Houndsburgh
Subject: RE: Thinking of you

Linda:
Many thanks for your kind note. It is much appreciated.
Best regards,
Tony

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

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-----Original Message-----
From: Houndsburgh
Sent: Monday, March 9, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Thinking of you

Dear Dr. Fauci,

You have been a bulwark for me since I was a resident in the 1980s, dealing with the AIDS epidemic at LA County General. For so many years, you have provided expert guidance in a calm, rational manner. As the Coronavirus becomes closer and closer to a pandemic, I know you have so much on your plate (louise voice, no?).

I send you my best wishes to stay well yourself during these trying times, and hope that you know how much you have meant, and continue to mean, to all physicians out there. You have given so much.

May God bless you always.

Best,

Linda Schmidt, MD
Internal Medicine
FYI

-----Original Message-----
From: 
Sent: Tuesday, March 10, 2020 5:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (b)>
Subject: Predict the potential outbreak of COVID-2019 in the region based on the age information of reported COVID-2019 infected people

Dear Prof. Anthony Fauci

My name is Chao Wu and I am a research staff in national clinical research center for infectious diseases, the first affiliated hospital of college of medicine of Zhejiang University of China.

Based on the public data of COVID-2019 infected people in China, I have developed a simple model to warn the potential outbreak of COVID-2019 in a region based on the age information of reported COVID-2019 infected people.

Hope this could provide useful information for preventing COVID-2019 spreading in US. And hope the two countries can be together to fight with COVID-2019

Best wishes!

Chao Wu
Room 6A1713
Qingchun Branch
The First Affiliated Hospital of College of Medicine of Zhejiang University, Hangzhou
Please take a look.

---

**From:** ezriel kornel
**Sent:** Monday, March 9, 2020 7:10 PM
**To:** Fauci, Anthony (NIH/NIAID) [E] ; Auchincloss, Hugh (NIH/NIAID) [E]
**Subject:** Fwd: FW: Coronavirus Remote Monitoring

I think this may be a very valuable program. I have no involvement but was sent to me for my input. Ezriel Kornel, MD

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

**From:** King, Nicholas <nicholas.king@bernstein.com>
**Date:** Mon, Mar 9, 2020, 5:07 PM
**Subject:** FW: Coronavirus Remote Monitoring

Hi Ed,

I thought you'd find this to be of interest. Greg is and I think there may be an opportunity to help health agencies. Do you know anyone that this could be passed along to?

Nicholas King
Vice President – Financial Advisor
nicholas.king@bernstein.com

---

**From:** Greg O'Keefe
**Sent:** Monday, March 09, 2020 9:05 AM
**To:** King, Nicholas <nicholas.king@bernstein.com>
**Subject:** Coronavirus Remote Monitoring
Nick,

Following up on our conversation this weekend, I am including some information below about our Remote Patient Monitoring platform which we are making available for free to health agencies and organizations participating in the response to COVID-19 in the United States.

Remote Patient Monitoring with FollowApp is a HIPAA-Compliant system that helps health officials to diagnose, contain and treat this highly transmissible viral threat by enabling the effective screening of large numbers of potential patients and to triage/prioritize targeted clinical interventions including the use of test kits.

FollowApp’s monitoring dashboard and patient mobile applications (iOS and Android) can be used to deliver two of the keys to an effective response plan: 1) encourage “self-quarantining” (a fundamental epidemiologic tenet) and 2) off-load exploding clinical volume threatening hospital Emergency Departments. Healthcare systems are thus able to maintain important contact with these populations and recommend targeted escalation of care when needed, while decreasing exposure to both clinicians and other patients.

The public perception of the lethality of this global pandemic is fueling panic which, in and of itself, is creating its own logistic issues that are already beginning to overwhelm hospital Emergency Departments. The dilemma for health care systems, then, becomes a question of identifying subpopulations at increased risk while at the same time, keeping these patients out of the hospital.

Please feel free to forward this email along with my contact information (cell: 9 9 9 9 9 9) -- I would be happy to provide a demo to anyone who may be interested.

Thank you again,

Greg

--
Greg O’Keeffe
President & CEO
Human Resolution Technologies, LLC
www.PatientMonitoring.com

LinkedIn

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Virus-free. www.avast.com
For further important information about AllianceBernstein please click here
http://www.alliancebernstein.com/disclaimer/email/disclaimer.html
[A/B] NIH-000730 BERNSTEIN
I had my staff review this and their edits/suggestions are incorporated into the attached document.
Best regards,
Tony

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From: CMS
Sent: Sunday, March 8, 2020 9:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b)(6)
Subject: Fwd: Revised Nursing Home Guidance

Would you mind reviewing our updated guidance to nursing homes? This is upgrading the policies around visiting etc. Would like to send this out tomorrow.

Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Shulman, Evan T. (CMS/CCSQ)" (b)(6)
Date: March 8, 2020 at 8:52:14 PM EDT
To: CMS (b)(6)
Cc: "Hittle, Matthew (CMS/OA)" (b)(6), "Brookes, Brady (CMS/OA)" (b)(6), "Moody-Williams, Jean D. (CMS/CCSQ)" (b)(6), "Wright, David R. (CMS/CCSQ)" (b)(6)
Subject: Revised Nursing Home Guidance

Seema,

Attached is the Nursing Home memo with revised guidance (changes are in red/italics). This includes suggestions from Shari and Patti Meier, but they are still reviewing the full document. We sent this to the CDC this afternoon and I just received their feedback (while
on this call). I skinned through their feedback and while they recommended some changes, they did not suggest any substantive changes.

Summary of revisions:

We've also been in contact with the industry, and believe they will support the revisions. Happy to answer any questions.

Thanks,
Evan

Evan Shulman
Director, Division of Nursing Homes
Quality Safety and Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services
Please respond to this person.

From: Rita DiCasagrande Olsen  
Sent: Monday, March 9, 2020 9:20 PM  
To: Fauci, Anthony (NIH/NIAID) [E] 
Subject: Coronavirus Case in Munich

Carissimo Dr. Fauci -

Greetings from Munich, Germany! It's hard to believe so many years have passed since our time working avian influenza preparedness. I have watched every single interview during the past few months and I could not be more relieved to see you at the helm of this new, rapidly evolving crisis.
I know you have very little time, so I will make this quick - hopefully to be followed by a more fulsome and proper hello.

We have a prominent American businessman (age 64) here in Munich who tested positive a little over a week ago after skiing in the Dolomites in Italy. He has a history of respiratory illnesses, including double pneumonias and various other similar complications. In short, he is sedated and intubated, and was placed on ECMO during the past 24 hours. The team is administering ritonavir and lopinavir, as well as broad spectrum antibiotics.

The German doctor here would like to acquire Remdesivir to have on hand if all other treatments fail. Because it is not being tested here, he inquired whether we could access it in the States. Would you be able to point me in the right direction for how, if even possible, we could transfer some to the Munich-based hospital here?

Thank you so much in advance. Any other insights of course are certainly welcome. You continue to be a national treasure. All the best - Rita
Please respond to him for me. Try to help him out.

Dr. Fauci,

Twenty years ago, I wrote the US curriculum "The Science of HIV" and we were honored to have you featured in our accompanying television broadcast, which was nominated for an Emmy (Discovery Channel). Years prior to that, I snagged my Masters from BU on some novel, emergent retrovirus called HIV.

Now, its time for me to do my magic and educate this new generation on COVID-19. This is a familiar audience (my people), since most use the science programs I have authored for K-8 for the past 30 years!

How do I best proceed with developing materials in sync with the national needs that demystify the concepts surrounding COVID-19? My skillset is in education, but my background in biology and biochem.

Please Google me and/or check out the links below.


https://www.hmhco.com/people/michael-cispezo
Sincerely,

Michael DiSpezio (another [b][b])

Virus-free. [www.avg.com]
Trevor:

Ditto what Francis said. If Bill is seeing the VP tomorrow, he will surely bring it up to me at our 4:00 PM daily Task Force meeting.

Thanks,
Tony

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

Truly interesting opportunity. Tony is doing a media blitz (Sean Hannity on Fox right now) but I’m sure he will check in – and I would imagine that VP Pence will turn to him to decide how to respond to Bill’s phone call. Doctor-based testing capability in the US has gone up substantially in the last couple of days – after admittedly a rocky start. But home testing presents a novel detection scheme. I assume from what you say that false negatives are uncommon and false positives are rare?
For Africa, this seems like a technology that ought to be deployed as soon as possible. It astounds me that there are no documented cases in East Africa yet— that defies everything we know about air traffic with China. Providing an opportunity for low-tech testing in Addis, or Kampala, or Nairobi, or Dar es Salaam seems like a highly desirable outcome.

My two cents.

Francis

From: Trevor Mundel  (b)(6)
Sent: Monday, March 9, 2020 5:57 PM
To: Collins, Francis (NIH/OD) [E] (b)(6); Fauci, Anthony (NIH/NIAID) [E] (b)(6); Dan Wattendorf (b)(6); Jennifer Weisman (b)(6)
Cc: Dan Wattendorf (b)(6); Jennifer Weisman (b)(6)
Subject: COVID-19

Dear Francis, Tony,

I wanted to give you a heads up on a call that Bill will have with Vice President Pence tomorrow around the COVID-19 situation. As you might be aware, we have been running an influenza transmission study in Seattle for the last 2 years. This involves at-home testing for ILL-symptomatic individuals (who log-in via a web app) and collection of nasal swabs, which are then sequenced for a range of respiratory pathogens. Dan can give you more details on this study if you have questions. When the Coronavirus situation arose, we added this to the list of pathogens and hence were able to detect some of the early cases in Washington.

The CDC has been very interested in the approach and at one point we had the highest screening capacity in the US (though only 400 samples per day, so I hope this is no longer true). At the same time, we have developed a COVID-19 at-home screening and information system with robust software that approximates what China was doing but also takes into account the opt-in requirements that are necessary in the US.

We want to propose going beyond the Seattle area— this would be gated only by availability of testing. We can deploy this ready-now system more broadly in the US. Ideally we would also do a parallel outreach to some African countries. I’d be interested in your views and would be happy to jump on a quick call.

Warm regards,
Trevor

Trevor Mundel, MD, PhD
President, Global Health Program
V: (b)(6)
F: +1.206.494.7041
E: (b)(6)
Executive Assistant
Office of the President, Global Health
Bill & Melinda Gates Foundation
www.gatesfoundation.org
Not for distribution. It may still be under review

Anthony S. Fauci, MD
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National Institutes of Health
Bethesda, MD 20892-2520
Phone: (301) 496-4409
E-mail: [b] (b) [b]

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-----Original Message-----
From: Del Rio, Carlos <[b] (b) [b]>
Sent: Monday, March 9, 2020 7:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] [b] (b) [b]>
Subject: Re: [External] Re: Nice job in Press Conference

Share the Australian paper when you can. Could not find it.

Carlos del Rio, MD.
Sent from my iPhone

> On Mar 9, 2020, at 7:54 PM, Fauci, Anthony (NIH/NIAID) [E] [b] (b) [b] wrote:
> Thanks, Carlos.
> On Mar 9, 2020, at 7:21 PM, Del Rio, Carlos [b] (b) [b] wrote:

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Well done!

Anthony S. Fauci, MD
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-----Original Message-----
From: Michael Gerson
Sent: Monday, March 9, 2020 5:47 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: My column, just FYI

Thanks, Mark. Good letter.

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](b) (6)
FAX: [b](301) 496-4409
E-mail: [b](b) (6)

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Attached.

Hope you're both well.

cheers,

Mark

--

Mark Harrington
Executive Director
Treatment Action Group
90 Broad Street, Suite 2503
New York, NY 10004 USA
[b](b) (6) - tel.
(b)(6)
mark.harrington@treatmentactiongroup.org
Pls handle

Sent from my iPhone

Begin forwarded message:

From: Mahendra De Silva 
Date: March 9, 2020 at 7:52:52 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Requesting a copy of your article

Dear Dr. Fauci:

Would you be kind enough to send me a copy of this important article (see below)?

Thank you.
Sincerely,
Mahendra De Silva, PhD

January 23, 2020

Coronavirus Infections—More Than Just the Common Cold

Catharine I. Paules, MD; Hilary D. Marston, MD, MPH; Anthony S. Fauci, MD
Krista:

Many thanks for your kind note.
Best regards,
Tony

> On Mar 9, 2020, at 7:25 PM, Krista Conley <b> wrote:
> Good evening Dr. Fauci;
> My name is Krista Conley and I was a staff assistant for Senator Kennedy’s Labor and Human Resources Committee in 1987. I was supporting the committee on health-related issues until one day, this smart-aleck of a guy walked in and said “You work for me, now.”
> That was Terry Beirn, and I spent the next year of my life working on the very first legislation for research funding and for anti-discrimination protections. Terry made me better, stronger, more empathetic than I ever thought possible. He worked me relentlessly - and it never felt like work. Those were very tough times, and we never let up, not even to eat.
> I fielded a lot of calls from you to Terry, and seeing the coronavirus press conference tonight, I wanted to thank you for your tireless public health efforts. You changed lives to the good for millions - Terry did his bit, too.
> It’s good to hear your voice at the lectern - makes me feel like we’ll get through it. Thank you for always jumping in - Krista Conley
Let us discuss

Begin forwarded message:

From: Sujata Thomas <sujatathomas@economist.com>
Date: March 9, 2020 at 7:41:03 PM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" <b(6)>, "Fauci, Anthony (NIH/NIAID) [E]" <b(6)>
Subject: Re: The Economist Asks request for Dr. Anthony Fauci

Hi,

I just wanted to follow up on this request for The Economist. The interview could happen at Dr. Fauci's convenience.

Thanks for the consideration.

Best,
Sujata

On Thu, 5 Mar 2020 at 08:48, Sujata Thomas <sujatathomas@economist.com> wrote:
Dear Dr. Fauci,

"The Economist Asks", The Economist's award-winning interview podcast would love to have you join the program this spring.

"The Economist Asks" is the Economist's flagship show, a current, frank and engaging profile-style interview, in a series that includes heads of state, cultural pioneers and business leaders, and hosted by Anne McElvoy.

Anne would like to discuss with you, your thoughts on coronavirus, its spread and the management of this global public health emergency.

We'd record 20 mins of interview, very flexible as to date and location - though we'd love to do it soon - and are open to include subjects you feel
need to be covered. We know you are likely inundated with requests, so if you could connect me with the appropriate person handling your speaking requests, we'd greatly appreciate it.

Economist Radio has over 12 million listens a month worldwide, with a core audience in the US and the UK. Previous guests on "The Economist asks" include Melinda Gates, Tony Blair, Hillary Clinton, Imran Khan, Salman Rushdie, Annie Lennox, Anna Wintour, Darren Aronofsky, David Sedaris, David Mamet, Margaret Atwood, Ursula Burns, Juan Manuel Santcs, Christine Lagarde, Jacinda Ardern, Michael Bloomberg, Pussy Riot, Pete Buttigieg among many others. You can listen to previous episodes here [acast.com/theeconomistasks](http://acast.com/theeconomistasks).

Thank you for your consideration and hope to hear from you or someone from your office.

Thanks,
Sujata
Sent from my iPhone

Begin forwarded message:

From: Laura
Date: March 9, 2020 at 5:48:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Still positive after 30 days

Dear Dr. Fauci,

Thank you,
Laura Umphries

Sent from my Verizon, Samsung Galaxy smartphone
From: 
To: Auchincloss, Hugh (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E] 
Subject: Fwd: Testing for COVID-19

From patty

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Robert Langston <b>(b) (6)
Date: March 9, 2020 at 6:38:20 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <b>(b) (6)
Subject: Testing for COVID-19

Hello Dr. Fauci,
Are you able to provide false positive and false negative values for patients with Corona Virus infection and colonization?
Thank you for taking time to read and respond my question.
My regards,
Robert Langston MD
From: Patty. Does asf need to see this

I am trying to empty his emails. Pls advise ASAP

Sent from my iPhone

Begin forwarded message:

From: "Handley, Gray (NIH/NIAID) [E]"
Date: March 9, 2020 at 6:51:14 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" "Lane, Cliff (NIH/NIAID) [E]" "Auchincloss, Hugh (NIH/NIAID) [E]"
Cc: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: CoV collaboration with Polish Medical Research Agency

Dear Dr. Sierpiński,

Dr. Fauci referred your message to me and other NIAID colleagues with a request that we respond on his behalf so as to avoid further delay. We certainly sympathize with your situation, as we also are working urgently to prevent, control and manage COVID-19 in the United States.

During his visit to NIH in 2018, I was pleased to meet Minister Szumowski and, although I was traveling when you visited Dr. Fauci last year, I am aware that the meeting was productive and that we remain interested in encouraging further U.S.-Poland scientific collaboration. In part, as a result of that meeting, we are also very pleased to be planning an NIH and ABM-sponsored clinical research training workshop in Poland later this year.

As you are likely aware, NIAID is collaborating with a number of organizations to develop vaccines for SARS-CoV-2. We are expecting the first vaccine to start Phase I trials within the next month. As vaccines move through Phase I testing, there may be opportunities to collaborate.

In addition, with NIAID as the regulatory sponsor, we have initiated a randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral...
remdesivir in hospitalized adults diagnosed with COVID-19. This adaptive design trial will allow for the addition of new treatment arms as promising new therapeutics for COVID-19 become available. Eventually, this trial may be expanded to include international sites, potentially including some that have been affiliated with our INSIGHT Network in the past. Three sites in Poland have participated in INSIGHT trials:

**Site Name:** Wroclawskie Centrum Zdrowia (Wroclaw)  
**Site Leader:** Brygida Knysz

**Site Name:** Wojewodzki Szpital Zakaźny (Warsaw)  
**Site Leader:** Andrzej Jerzy Horban

**Site Name:** Uniwersytecki Szpital Kliniczny (Białystok)  
**Site Leader:** Robert Flisiak

It might be a good idea to let any Polish sites/investigators considering participation in this trial know that ABM might have available funding to support international collaborative research, if that is the case. This may be important information as Polish scientists interact with other European scientists considering the development of a multi-site clinical trial.

In addition, there may be other opportunities for collaborative research engaging Polish Institutions with access to COVID-19 patients, particularly through the sharing of biological samples and research data. Another approach would be for interested Polish scientists to explore shared interests with U.S. colleagues who are planning to apply for COVID-19 funding in response to current Funding Opportunity Announcements in the NIH Guide to Grants and Contracts. To do what we can to facilitate possible collaborations, we would also welcome receiving additional information on specific COVID-19 research interests, capabilities and activities current in Poland.

Thank you again for reaching out to Dr. Fauci. We look forward to continuing to discuss potential areas of collaboration.

Best regards,

F. Gray Handley  
Associate Director for International Research Affairs  
National Institute of Allergy and Infectious Diseases  
National Institute of Health  
U.S. Department of Health and Human Services

Tel: (b) (6)  
Fax: 301 480 2954  
5601 Fishers Lane, Room 1E50  
Bethesda, MD 20892-9002

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From: Radosław Sierpiński
Date: March 9, 2020 at 6:42:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Cc: "Gupta, Ranjan (NIH/FIC) [E]"
Subject: CoV collaboration with Polish Medical Research Agency

Dear Doctor Fauci,

I hope this e-mail is finding you well and your efforts in fight against Coronavirus epidemics is giving some effects. As you know in Poland we have currently 15 cases of CoV infection and we are also fighting mostly with general society worries than epidemics. We would like also to take part in research on CoV vaccine or drug and Polish Medical Research Agency is planning to start financing some project on it as soon as possible. Both polish medical universities and institutes are fully prepared to take part in such project.

On behalf of Polish Minister of Health Prof. Łukasz Szumowski I would like to kindly ask you for some support and collaboration options with NIH in this very delicate issue. Maybe NIH can take some advisory role in our scientific project or Polish scientists may take some part in your work bilaterally.

Looking forward to hearing from you,

Radosław Sierpiński MD, PhD
President of Medical Research Agency in Poland

Medical Research Agency
ul. 5. Moniuszki 1A
00-014 Warszawa
www.abm.gov.pl
From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 20:13:17 +0000
To: NIAID OD AM
Subject: FW: Op to speak to U.S. CEO Community
Attachments: CEO overview_updated_5_31_19_ (1) (2).pdf

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  
301-496-4409 fax

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From: Greg Reilly <Greg@theceoforumgroup.com>
Sent: Monday, March 9, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Op to speak to U.S. CEO Community

Dr. Fauci,

Our national radio and magazine audience is the U.S. CEO community, and this is an invitation to be interviewed for The CEO Show and The CEO Forum Magazine. The opportunity is to deliver your words directly, verbatim, with no reporter's interpretation. [Company Overview attached.]

The line of questioning would be about advice for corporate leaders during a health crisis, such as we are experiencing now with COVID-19 and such that we may experience again in the future.

We could do the 19-minute interview by phone or in person in New York City.

Certainly we honor your service and excellence as a spokesperson.

Our outlets would be effective for your messages specific to business leaders.

Please consider this invitation.
Thank you
Greg Reilly

Greg Reilly | Associate Publisher
(b) (6) | greg@theceoforumgroup.com | www.theceoforumgroup.com
We will have additional needs. Will get back to you today about the amount and what the plan is.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
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From: Tabak, Lawrence [NIH/OD] [E] <(b)(6)>
Sent: Monday, March 9, 2020 1:01 PM
To: Collins, Francis [NIH/OD] [E] <(b)(6)>; Fauci, Anthony [NIH/NIAID] [E] <(b)(6)>
Subject: FW: Appropriations - second supp for coronavirus - professional judgement request
Importance: High

How do you want this approached please?
Thanks
Larry

From: "Mitchell, Michelle [NIH/OD] [E]" <(b)(6)>
Date: Monday, March 9, 2020 at 12:43 PM
To: "Tabak, Lawrence [NIH/OD] [E]" <(b)(6)>, "Shapiro, Neil [NIH/OD] [E]" <(b)(6)>, "Hallett, Adrienne [NIH/OD] [E]" <(b)(6)>, "Higgins, Lauren [NIH/OD] [E]" <(b)(6)>, "LaMontagne, Karen [NIH/OD] [E]" <(b)(6)>, "Bauer, Jenna [NIH/OD]" <(b)(6)>
Cc: "Fatemi, Hanna [NIH/OD] [E]" <(b)(6)>, "Guy, Gabriel [NIH/OD] [E]" <(b)(6)>, "Hancock, Robert [NIH/OD] [E]" <(b)(6)>, "Henson, James [NIH/OD] [E]" <(b)(6)>, "Hobson, Elise [NIH/OD] [E]" <(b)(6)>, "Holmes, John [NIH/OD] [E]" <(b)(6)>, "Hoskins, Margaret [NIH/OD] [E]" <(b)(6)>, "Hsu, William [NIH/OD] [E]" <(b)(6)>
Subject: Appropriations - second supp for coronavirus - professional judgement request
Importance: High

Hi,

Am I understanding the request correctly?  Any further clarifications?

Thanks,

Michelle
Subject: Appropriations - second supp for coronavirus - professional judgement request

Hi everyone,

Jen Cama with DeLauro just reached out to request our professional judgement on a second supplemental for the coronavirus. Below is her question. Would you let me know what I should tell her?

Question: Does NIH, in its professional judgment, recommend any additional funding for coronavirus?

Thanks.

Michelle
From Patty pls decline

Sent from my iPhone

Begin forwarded message:

From: Adam Miller <adam.miller@cbc.ca>
Date: March 9, 2020 at 1:44:59 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Media Request: CBC News

Hi Dr. Fauci,

I'm a senior journalist with the health unit at Canada's public broadcaster, CBC News, and I'm hoping to speak with you for a national story on COVID-19 preparedness in the U.S. and Canada.

I'm wondering if you'd be free for a brief phone interview on how prepared the U.S. has been throughout this outbreak and what further efforts need to be taken.

Thanks, I would only need five minutes of your time by phone.

Best,

Adam

--
Adam Miller
Senior Writer
CBC News
Desk: 416-205-5719
Cell: (b) (6)
Twitter: @adamsmiller

NIH-000758
Pls handle

Sent from my iPhone

Begin forwarded message:

From: Tenley Willock
Date: March 9, 2020 at 1:00:11 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b)(6)>
Subject: Celiac and Coronavirus

Hello Dr. Fauci,
I am a teacher from (b)(6) in a school district that closed this week due to the virus scare (b)(6). I am (b)(6) years old and I have (b)(6) What is my vulnerability to getting this virus teaching around young children. I know you have mentioned heart issues and chemotherapy. Can you please give me advice? Thank you so much! Thank you for your hard work!
Sincerely,
Tenley Willock

(b)(6)
Pls advise. Set this up?

Sent from my iPhone

Begin forwarded message:

From: Nicole Burak
Date: March 9, 2020 at 1:18:11 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Senator Barbara Boxer
Reply-To:

Dr. Fauci – my name is Nicole Kaneko and I work for Senator Barbara Boxer from California. I know the Senator is [b][6] and she is hoping you may have a few minutes to talk to her via phone regarding an exciting way to test for the COVID-19 virus. Thank you in advance.

Nicole Kaneko
From Patty
Not sure who responded. Can u take this repeat email.

Sent from my iPhone

Begin forwarded message:

From: DANIEL GAGNON
Date: March 9, 2020 at 1:16:07 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Fwd: Virus Transmission

Dr. Fauci:

I appreciated your office calling me last Thursday regarding my email concern below on the Covid 19 virus epidemic. The fact that China has a larger percentage of smokers in its population may have something to do with the faster spreading of the virus there. Male smokers outnumber females by a huge number and are therefore dying in much higher numbers because of that fact.

Has anyone at CDC looked into when a person is around cigarette smokers that the particles of smoke land onto a person's clothing. That person then comes home with those smoke particles on their clothing and they can be shed when the clothes are removed from their body thus placing the possible virus laden particles back into the air at home to infect others. Just smell your clothes the next day and you can no doubt smell smoke on them. Has this case in point been looked into as a possible means of spreading the virus? Since a side effect of the virus is the patient developing pneumonia would giving an elderly person the Prevar 13 shot help strengthen their immune system before the virus ever strikes them?

I wish you & other virologist God Speed with finding a vaccine that will stop the spread of this epidemic.

Daniel Gagnon
Begin forwarded message:

From: DANIEL GAGNON
Subject: Virus Transmission
Date: February 24, 2020 at 3:48:33 PM EST
To: 

Hi Dr. Fauci:

I have been a long time admirer of you in the field of modern medicine. This question I have relates to the current Coronavirus circulating around the world. For many years I have informed people that the ways a virus can be passed from person to person isn’t always by a sneeze, cough or by touching someone’s face with their hands. Has anyone in your medical community thought that if someone were smoking and was an infected person that once they expel the smoke particles into the air that those micro smoke particles may contain viruses that were in the respiratory system of an infected person. Everyone I mention this to don’t believe that this is possible. What are your thoughts on this matter? If so why hasn’t the medical community warned the public about this possibility as I stay away from all establishments that allow smoking on their premises.

Thank you,

Daniel Gagnon
From: [redacted]
Sent: Mon, 9 Mar 2020 13:18:14 -0400
To: Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Question re: coronavirus infection & pneumococcal vaccination

From patty

Can one of you pls respond. Thx

Sent from my iPhone

Begin forwarded message:

From: Manon Cox <[redacted]>
Date: March 9, 2020 at 1:06:33 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <[redacted]>
Subject: Question re: coronavirus infection & pneumococcal vaccination

Dear Dr. Fauci,

This is Manon Cox, former CEO of Protein Sciences, the developer of Flublok®.

First of all I would like to thank you for your realistic comments around the ongoing coronavirus outbreak. I am glad to see that not everyone is presenting a "Spanish Flu"-like scenario.

I am reaching out to you b/c I am noticing that so many people including professionals (MD's!) appear to be thinking that people with a coronavirus infection are dying from a cytokine storm whereas my understanding is that pneumonia (whether viral or bacterial) is generally the underlying of the lung failure.

My question to you is: Do we know whether people that have previously received a pneumococcal vaccination might be better protected from death after contracting a severe coronavirus infection? i.e., would it be possible that the coronavirus causes tissue damage resulting in a secondary pneumococcal infection?

I know better than anyone (after working over 15 years on Flublok approval) that it is not realistic to expect a coronavirus anytime soon but if we could message that a pneumococcal vaccine could be beneficial in ultimate outcome it would be good for vaccines in general as we do have pneumovax and Prevnar available.

Thank you for your consideration.
Kind regards, Manon Cox

Sent from Mail for Windows 10
This is from patty
Pls decline.

Sent from my iPhone

Begin forwarded message:

From: Kevin Clarke <clarke@americamedia.org>
Date: March 9, 2020 at 1:07:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Subject: Time for an interview with America Magazine?

Dear Dr. Fauci,

America magazine is the flagship effort of America Media in New York. We are a ministry of the Jesuits of the United States and Canada. America magazine may be the best known Catholic publication in the United States, publish for more than 100 years.

I realize you must be supremely busy under the circumstances, but I thought I would ask if you could spare a few minutes for an interview in New York, over the phone or on remote via Skype for one of our internet programs to talk about the coronavirus landfall here in the United States, how the public can best respond. We would also love to hear how your faith is helping you cope personally, perhaps how your Jesuit background is assisting your decision-making in this drama.

Let me know if you think anything might be possible.

Thanks,

Kevin Clarke

Kevin Clarke
Senior Editor and Chief Correspondent
1212 Sixth Ave, 11th Floor
New York, NY 10036
Phone: 212-515-0130 (office)
Thanks, Alison.

Anthony S. Fauci, MD  
Director  
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---

From: Alison Galvani  
Sent: Tuesday, March 3, 2020 4:04 PM  
To: Fauci, Anthony (NIH/NIAID) [E]  
Subject: In press paper about impact of travel restrictions attached

Hi Tony,

It may not be as pertinent as it was when we submitted it, but I thought you might be interested in our modeling on the global spread of COVID-19. It is in press at PNAS.

We also have a paper submitted to them about ICU and ventilator inadequacy in the US. I'd be happy to send it to you now or wait until after the peer-review process.

Thank you for everything you do to lead us through these crises.

All the best,
Alison

---

Alison Galvani, PhD  
Director, Yale Center for Infectious Disease Modeling and Analysis (CIDMA)
Burnett and Stender Families Professor of Epidemiology
Yale School of Public Health
Yale School of Medicine
New Haven, CT 06520

http://cidma.yale.edu/
Thank you.

Anthony S. Fauci, MD  
Director  
National Institute of Allergy and Infectious Diseases  
Building 31, Room 7A-03  
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Bethesda, MD 20892-2520  
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E-mail: [reddacted]

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Good Morning, Dr. Fauci,

I am [reddacted] Dr. Jacquelyn Madry-Taylor. I know she would want me to congratulate you on the outstanding information you are providing the nation about the Coronavirus. The success of [reddacted] career was directly related to you allowing her to work in your labs as she began her career in molecular immunology. Your name was mentioned quite frequently during those early years and throughout her work in the federal government. I, [reddacted] and other family members miss her so much and know that she would be on top of the information about this new virus as you present it. Thank you so much for being such a catalyst for her success and we applaud your efforts in identifying the source of the virus and finding a vaccine.

Sincerely,
Jacquelyn Madry-Taylor, EdD
Thank you!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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Fax: (301) 496-4409
E-mail: (b)(6)

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From: Kate Dickman (b)(6)
Sent: Monday, March 9, 2020 9:00 AM
To: Fauci, Anthony (NIH/NIAID) (b)(6)
Subject: Thank You

Dear Dr. Fauci,

I have been reading about your efforts to learn quickly about COVID-19, and subsequently educate the American public about its risks. I wanted to say how grateful I am for your expertise, perseverance and candor.

Updates about what Americans should do to keep safe, and understanding what may be deemed risky for personal and community health, are greatly needed in these days of information (and possibly misinformation) overload. Giving American people current information and clear, updated guidance is the best way to create grassroots, coordinated, widespread effort, while the CDC, NIH, and other government health organizations organize the top-down approaches to regional screening, emergency care, and COVID-19 research/testing for hopeful vaccination or treatment protocols.

I'm very relieved and assured to have strong voices of reason, experience, and merit helping 'us' navigate these murky waters. I'm grateful for your courage.

Thank you again.

Kate Dickman
resident of (b)(6) Northern California

Sent from Postbox
Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (301) 496-0666
FAX: (301) 496-4409
E-mail: afauci@nih.gov

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From: Alex Wolf, Esq. (212)717-2510 <awolf@wolflawyer.com>
Sent: Monday, March 9, 2020 8:43 AM
To: Fauci, Anthony (NIH/NIAID) [E](b)(6)
Subject: Containment Measures

Dear Dr. Fauci,

Why doesn’t CDC counsel entire country on need for containment measures as indicated by the following study:

Rapid Response was Crucial to Containing the 1918 Flu Pandemic
Would you know whether pulmonary sarcoidosis which has been in remission for years without medication puts one at greater risk of Covid-19 hospitalization as an underlying condition, or would only be higher risk if it was active and one was taking immunosuppressive drugs?

Thank you.

Alexander Wolf, Esq.
60 East 42nd Street
Suite 4600
New York, NY 10165
Gray:

Please work with Emily to see what we can do for this person, if only with advice.
Thanks,
Tony

Begin forwarded message:

From: Radoslaw Sierpiński
Date: March 9, 2020 at 6:42:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]"
Cc: "Gupta, Ranjan (NIH/FIC) [E]"
Subject: CoV collaboration with Polish Medical Research Agency

Dear Doctor Fauci,

I hope this e-mail is finding you well and your efforts in fight against Coronavirus epidemics is giving some effects. As you know in Poland we have currently 15 cases of CoV infection and we are also fighting mostly with general society worries than epidemics. We would like also to take part in research on CoV vaccine or drug and Polish Medical Research Agency is planning to start financing some project on it as soon as possible. Both polish medical universities and institutes are fully prepared to take part in such project.

On behalf of Polish Minister of Health Prof. Łukasz Szumowski I would like to kindly ask you for some support and collaboration options with NIH in this very delicate issue. Maybe NIH can take some advisory role in our scientific project or Polish scientists may take some part in your work bilaterally.

Looking forward to hearing from you,

Radosław Sierpiński MD, PhD
President of Medical Research Agency in Poland

AGENCJA BADAN MEDYCZNYCH

NIH-000775
Medical Research Agency
ul. S. Moniuszki 1A
00-014 Warszawa
www.abm.gov.pl
Hello,

Please take a look and respond.

----Original Message----
From: Collins, Francis (NIH/OD) [E]  
Sent: Monday, March 9, 2020 5:29 AM  
To: Fauci, Anthony (NIH/NIAID) [E] ; Erbelding, Emily (NIH/NIAID) [E] ; Austin, Christopher (NIH/NCATS) [E] ; Tabak, Lawrence (NIH/OD) [E]  
Cc:  
Subject: FW: Connecting with Tony Fauci

Passing this on in case Bill Chin's idea might be of interest.

Francis

----Original Message----
From: William Chin  
Sent: Sunday, March 8, 2020 10:48 PM  
To: Collins, Francis (NIH/OD) [E] ; Baker, Rebecca (NIH/OD) [E] ; Austin, Christopher (NIH/NCATS) [E] ; Roger Glass  
Cc:  
Subject: Connecting with Tony Fauci

Hi Francis et al, I write to get a message to Tony, who clearly is on the COVID-19 front lines of these days and "everywhere." At this early stage, you may agree that it is possible that containment and/or mitigation will not completely solve the current pandemic. Instead, effective treatment or amelioration of the worst complications is necessary. In this spirit, I have an idea that was spurred by a letter in Lancet last month authored by Al Benevolent (attached). In this communication they suggest that baricitinib (Olumiant; a JAK1/2 inhibitor registered by Lilly for the treatment of rheumatoid arthritis), using in silico techniques, might be useful in the treatment advanced COVID-19 pneumonia/ARDS identified. Baricitinib could possibly blunt the cytokine storm seen in the most severely affected patients via inhibition of JAK1/2, but also decrease viral entry in AT2 pulmonary cells and myocardial cells via inhibition of GAK and AAK1. It is has a relatively short plasma half-life and hence could be more useful than Roche’s tocilizumab/Anterma. Baricitinib has a good safety profile although as a drug to treat autoimmunity it is formally contraindicated in patients with infections, this could be offset by treatment patients with anti-virals such as Gilead’s remdesivir, etc. Perhaps you folks have already thought about/discussed its use but if not I’d like a chance to chat about my additional thoughts. Thanks. Bill
Thanks, Glenda!

From: Glenda Gray <Glenda.Gray@mrc.ac.za>
Sent: Tuesday, March 3, 2020 9:37 AM
To: Fauci, Anthony (NIH/NIAID) [E]; Rancourt, Anne (NIH/NIAID) [E]; Dieffenbach, Carl (NIH/NIAID) [E]
Subject: FW: 'You don't want to go to war with a president'

Dear Tony

Wonderful article, proud to be associated with you

Subject: 'You don't want to go to war with a president'


regards
Glenda

Glenda Gray
President & CEO South African Medical Research Council : Executive Management

South African Medical Research Council
Tel: +27 21 9380905 | Cell: [Redacted]
Francie van Zijl Drive, Parow Valley | Cape Town | Western Cape
www.samrc.ac.za

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Linda:
    Thanks for the note. I would cancel if I were you.
Tony

Hi Tony,

Just wanted to say thank you as a former colleague and friend for speaking truth to power during this coronavirus crisis.

So, am I right in thinking traveling to California for my major science meeting and some university lectures in a week should be canceled? I am

Thx

Linda
Great article. Glad to be the anonymous subject of your discussion. 😊

New article re nursing home restrictions and more here.

Dear Colleague,

**Two weeks ago** it was clear that COVID-19 would become a pandemic, and, sadly it has.

Now the United States is in the acceleration phase and cases, clusters, and large outbreaks will occur in many parts of the country.

I outline steps we can take to reduce the harms. The core concept to protect the most vulnerable. First, restrict visits to nursing homes. All of us can play a part reducing infections. Medically vulnerable people can protect themselves by reducing social contacts. I’m not sure I’d go quite as far as my good friend Bill Schaffner and say they should become semi-hermits, but that’s certainly a helpful frame of reference. Health care needs to get much safer, and ready to surge safely. And we need to stop mass gatherings, consider telework, figure out whether closing schools will help, and more.

Read what I’ve posted about ground zero in the COVID-19 pandemic in the US here.

I’ve shared on Twitter if you’d like to disseminate.

We’ll all be working together to protect as many people as quickly as possible.

Thank you,

Tom
Tom Frieden, MD, MPH
President and CEO

RESOLVE TO SAVE LIVES
An initiative of Vital Strategies

STAY CONNECTED
www.resolvetosavelives.org facebook twitter
Mark:
  Thanks for the note. Much appreciated.
Bet,
Tony

-----Original Message-----
From: Mark Feinberg <(b)(6)>
Sent: Sunday, March 8, 2020 9:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b)(6)>
Subject: Thanks so much

Dear Tony,

I hope you are doing well despite your extraordinarily busy schedule addressing the COVID-19 outbreak.

I just wanted to send you a note to offer sincere thanks and deep admiration for your tremendous efforts to provide the public with clear, insightful and accurate information about this very serious public health threat and for your great leadership in helping to guide efforts to respond to it in the most effective and scientifically grounded way.

Our nation is so fortunate to have your full and expert engagement in this response.

I can only imagine how busy you are and you need not worry about responding to this note. However, I did want to share one voice of appreciation and thanks.

Very best,

Mark
Dr. Anthony Fauci
Director of the National Institute of Allergy and Infectious Diseases

Dear Dr. Fauci:

It occurred to me that if viruses contain an iron atom, perhaps a form of magnetic treatment might stop or reduce the severity of the COVID-19 virus, so I investigated and found that viruses have one atom of iron. My suggestion is that experimentation on victims of the virus be conducted, perhaps by inserting a tiny magnet into their lungs to see if it might gather up the viruses circulating in the victim. Perhaps external application of magnetism would work as well. I'm sure your scientists will have even better approaches to solving this problem. I'm a problem solver, having published a book that solves many of the Earth's problems: "Thinking Outside The Oven -- Concomitant Concepts and Synergistic Solutions for the 21st Century" (available at Barnes & Noble and Amazon). I'm working on a sequel and if you find my idea useful I'll include a chapter on it.

Very respectfully,
Ned Conger
Sorry no.

From: Scheyder, Elizabeth C
Sent: Sunday, March 8, 2020 6:03 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Record a short interview with me for a UPenn course?

Dear Dr. Fauci,

I am embarrassed to admit that I was not familiar with your name when I read the story about you in today’s NY Times, but I was most impressed by the statement in the first sentence that you are “widely respected for [your] ability to explain science without talking down to [your] audience”.

I’m putting together the first offering of CLCH 300: Communicating Science, as part of the University of Pennsylvania’s new online Certificate in Climate Change. [https://ipsonline.sas.upenn.edu/academics/certificates/climate-change](https://ipsonline.sas.upenn.edu/academics/certificates/climate-change) A brief recorded conversation with you about your strategies for communicating without being patronizing would be most enlightening for my students.

The students in this course will be coming from a wide variety of backgrounds, and potentially from all over the globe. I think they would love to hear from a scientist who is so good at communicating his field of study to different audiences. And let’s face it, as soon as you say “NIH” as COVID-19 swirls around the globe, their ears will certainly perk up! I think the students would find our interview very engaging and informative.

The first run of the course will be from May 26 to July 20, 2020, but we can record the interview (online) any time, since I know you are already over-extended right now. I think 15 minutes would be plenty, and I would be happy to send you questions that I plan to use to guide the conversation in advance. If a synchronous conversation is impossible given your schedule, I would be happy to just send you a couple of questions and ask you to use them to guide a 10-15 minute video that you record yourself.

Please let me know what you think of this, and I will send you the syllabus when it’s finalized, including where our interview would fit. Then I can begin the process of coordinating this with the Associate Director of our Online Learning Studio.

Sincerely,

Elizabeth

Elizabeth C. Scheyder, Ph.D., P.E.
GAS Computing
Senior Instructional Technology Project Leader
& Lecturer in SAS
Williams 441B
From: Hellmich, Helen  
Sent: Sunday, March 8, 2020 5:52 PM  
To: Fauci, Anthony (NIH/NIAID) [E]  
Subject: can you use a miRNA-seq assay to detect covid-19 in blood samples?

Dr. Fauci, how are you sir?

Long ago, in the early 90’s, I was a post-doctoral fellow in the Laboratory of Viral and Molecular Pathogenesis at NIH. I don’t know if the same lab is still there. Now I work on brain injury and Alzheimer’s but my interest in viruses and mechanisms of viral pathogenesis has not waned and the recent covid-19 outbreak prompted me to do a little investigation on my own.

My studies of blood microRNA changes after TBI and AD suggest that principal component analysis of distinct changes in circulating miRNAs can identify the patient population. MicroRNA alterations can be measured by real-time PCR which I presume is the basis of the test that is developed for this disease but I am analyzing blood miRNA-seq expression profiles and now it is possible to quickly sequence blood samples in a few hours and get accurate results. Blood gene expression in my studies was more variable (lots of RNases in blood) so I found that microRNAs are much more stable in blood and serum samples.

I performed the PCA and heatmap analyses at two different stringencies and you can see that the patients can be unequivocally distinguished from the controls at very significant p and FDR values.

Just a thought but many clinical centers, hospitals, academic institutions can quickly perform transcriptome-wide sequencing. Blood RNA can be isolated in 1-2 hrs, sequencing libraries made in a few hours and one miRNA sequencing run can handle up to 48 samples and the data can be quickly analyzed.

Just my two cents on how NIH could accelerate the analysis of new blood samples for this new strain of coronavirus. You could mobilize hundreds of sequencing centers to help in the analysis.

Regards
Helen Hellmich, PhD
Associate Professor
Department of Anesthesiology
University of Texas Medical Branch
Thanks, Erik.

From: Erik Blutinger
Sent: Sunday, March 8, 2020 7:02 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Fighting the fight

Tony,

It’s been so inspiring seeing you fight tirelessly against COVID-19, sticking to the facts and stepping up to explain on a daily basis.

If there’s anything I can do to help from the world of emergency medicine beyond patient care, please let me know. Whether that means taking on a new project or pushing my specialty organization, the American College of Emergency Physicians (ACEP). I sit on their board and keep looking for ideas to help fight this pandemic.

Best wishes,
Erik

Erik J. Blutinger, MD, MSc
Department of Emergency Medicine
Mount Sinai Queens Hospital
From: William Schiesser
Sent: Sunday, March 8, 2020 6:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b)(6)
Cc: William Schiesser (b)(6)
Subject: COVID-19 model

Hello Dr. Fauci,

May I bring to your attention a prototype computer-based mathematical model for COVID-19 dynamics. I will be glad to send some details if you think they would be of interest.

Thank you for your consideration of this query.

W. E. Schiesser, PhD, ScD
http://www.lehigh.edu/~wes1/id_cover2.pdf
I recommend that you keep trying to work with Governor Newsom’s office since this is very specific for the state of California.

Dear Dr. Fauci,

I am writing to alert you to what I believe is a serious coronavirus health threat in California that is being posed by the California Department of Motor Vehicles.

It has long been the policy of the California DMV that all drivers OVER 70 YEARS OLD must renew their drivers licenses IN PERSON at DMV offices.

DMV offices are notorious for being extremely crowded and requiring long wait times where people are breathing on each other touching each other and undisinfectected surfaces and touch screens for hours.

As far as I am aware DMV offices are never sanitized so germs from thousands of people can remain there for weeks on end.

This is obviously a dangerous environment for anyone in the current worldwide coronavirus emergency yet nobody in the news media is reporting on it or even seems aware of the danger.

In light of your recent statement warning people over to 60 to avoid crowds this California DMV policy seems to be incredibly irresponsible and even life threatening but nobody is doing anything about it.

Only one day earlier on March 4 California Governor Gavin Newsom declared a State of Emergency in California to prevent the spread of coronavirus.

I find this situation to be utterly absurd since Newsom is allowing California citizens to be exposed to exactly the kind of coronavirus danger he claims to be preventing and apparently does not even know that the DMV is totally contradicting his emergency declaration, the CDC recommendations, the California State Health Department, the Los Angeles County Health Department, and the Pasadena City Health Department.

I am concerned that nobody seems to see the obvious public health threat. None of the relevant public health agencies have any information about this.
on their websites and the California DMV website makes NO MENTION WHATSOEVER of Coronavirus as a health threat in their overcrowded offices.

I would sincerely like to know what you make of this dangerous DMV policy. I also want to tell you that the California DMV is currently advertising on the radio asking even more people to crowd DMV offices in order to get the REAL ID license.

REAL ID further exacerbates the danger by drawing in more than NINE MILLION Californians to leave their germs in DMV offices over the next few months at the exact time we are in the midst of the greatest health emergency of this century and the most important recommendation is to AVOID CROWDS and stay at least six feet away from other people. Try staying six feet away from anyone in a crowded DMV office where hundreds of people are stuffed in like sardines.

Obviously a rational policy would be to suspend the requirement for drivers over 70 to renew in person and simply let them renew by mail until the coronavirus emergency is over. The same should be done for REAL ID. A total suspension to protect public health in a crisis is the only sane thing to do.

If I were the Director of the California DMV I would close all offices immediately and disinfect every inch of them, and not reopen until the coronavirus emergency is over. I would require that all DMV business should be done by mail or internet until the coronavirus threat is over.

Please tell me what you think about all this and I will forward your response to local Pasadena officials since state level officials are almost impossible to contact even in an emergency when they most need to get this kind of information from the public but apparently do not want to know about bad news.

I greatly appreciate your voice of reason in these scary times. I wish the officials of the State of California were as reasonable but they are apparently oblivious to a serious and unnecessary danger being created by one of their own state agencies.

Sincerely

Robert Maine
Please handle.

From: Michael Matin <michael.matin@hdltherapeutics.com>
Sent: Sunday, March 8, 2020 8:01 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: URGENT: [b][4]
Importance: High

Dear Dr. Fauci:

Please contact us at your earliest convenience so that we may provide you with further data and information concerning this treatment.

Best,

Michael M. Matin
Chairman & CEO
HDL Therapeutics, Inc.
60 HDL Theapeutics1 21st Street, Suite 300
Vero Beach, FL 32960

Dear [b][4]:

NIH-000792
Bob:

Many thanks for your note.

Best,

Tony

Tony,

Thank you for the science-based sanity you are bringing to the COVID-19 challenges. I follow your public comments with great interest (and publish them in our newspapers here in Pennsylvania) and find solace that you are leading the efforts to address this extraordinary health care challenge.

I cannot imagine the challenges you are facing, from disinformation to pure exhaustion, not to mention the scientific challenges that this virus brings. However, if anyone is capable of wrestling these challenges to the ground, it is you.

You have my profound appreciation and admiration.

Best wishes to you, and your family.

Bob

Robert M Krasne | Chief Executive Officer
STEINMAN COMMUNICATIONS
8 West King St, Lancaster, PA 17603
Please handle.

From: Barb E
Sent: Sunday, March 8, 2020 7:26 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Subject: Coronavirus Treatment Question

3-8-2020

Dr. Anthony S. Fauci;

I have attached an article I read online about a doctor in Taiwan treating patients with Coronavirus, with a combination of anti-viral drugs. Since the treatment helped the patients, I was wondering why they are not treating patients in the United States with those drugs.

Thank you.

Sincerely,
Barbara Eagan


By Paau Wongcha-um

Reuters*February 2, 2020

Cocktail of flu, HIV drugs appears to help fight coronavirus: Thai doctors Reuters*February 2, 2020
By Panu Wongcha-um

BANGKOK (Reuters) - Thai doctors have seen success in treating severe cases of the new coronavirus with combination of medications for flu and HIV, with initial results showing vast improvement 48 hours after applying the treatment, they said on Sunday.

The doctors from Rajavithi Hospital in Bangkok said a new approach in coronavirus treatment had improved the condition of several patients under their care, including one 70-year-old Chinese woman from Wuhan who tested positive for the coronavirus for 10 days.

The drug treatment includes a mixture of anti-HIV drugs lopinavir and ritonavir, in combination with flu drug oseltamivir in large doses.

"This is not the cure, but the patient's condition has vastly improved. From testing positive for 10 days under our care, after applying this combination of medicine the test result became negative within 48 hours," Dr. Kriangska Atipornwanich, a lung specialist at Rajavithi, told reporters.

"The outlook is good but we still have to do more study to determine that this can be a standard treatment."

Chinese health officials have already been administering the HIV and flu drugs to fight the coronavirus. The use of the three together in a cocktail seemed to improve the treatment, the Thai doctors said.

Another doctor said that a similar approach in two other patients resulted in one displaying some allergic reaction but the other showed improvement.

"We have been following international practices, but the doctor increased the dosage of one of the drugs," said Somsak Akkslim, director-general of the Medical Services Department, referring to the flu medicine Oseltamivir.

Thailand has recorded 19 cases of coronavirus. Of the Thai patients, eight have recovered and gone home while 11 are still under treatment in hospitals.
Somsak said the health ministry will meet on Monday to discuss the successful treatment in the case of the 70-year-old but said it is still too soon to say that this approach can be applied to all cases.

Initially we will apply this approach only to severe cases," he said.

(Reporting by Panu Wongcha-um; Editing by Peter Graff)
Emily/Cristina:

Please contact Chris Austin and see if there is anything that we can do to help/coordinate with them.

Thanks,

Tony

Hi Tony,

Can your team help?

Best, Francis

Hi Francis,

Very interesting paper. Larry likely let you know about the enclosed exchange, but enclosed if not.
Structure of the coronavirus spike protein and ACE2 interaction is just out...

Yo Chris,

Francis
Greg:

Thanks for this. I will bring it to our group. I hope that all is well with you.

Warm regards,
Tony

---

From: Greg Simon
Sent: Friday, March 6, 2020 7:22 PM
To: Fauci, Anthony (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]; Casseti, Cristina (NIH/NIAID) [E]
Subject: Fwd: TXA127 for COVID-19 pneumonia--CONFIDENTIAL

Here is the paper I mentioned from a friend of mine for your consideration. Thank you for all you're doing.

Greg

-------- Forwarded message --------
From: Rick Franklin
Date: Mon, Mar 2, 2020 at 5:46 PM
Subject: TXA127 for COVID-19 pneumonia--CONFIDENTIAL
To: Greg Simon

Here's the paper. Let me know what you think.

Best, Rick

---

Greg Simon
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 23:55:07 +0000
To: Redd, Stephen (CDC/DDPHSIS/OD); Birx, Deborah L (b) (6); Grigsby, Garrett (HHS/OS/OGA); Kadlec, Robert (OS/ASPR/IO); Redfield, Robert R. (CDC/OD)
Cc: Marston, Hilary (NIH/NIAID) [E] (b) (6); Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: (b) (5)
Attachments: SSRN-id3549276.pdf

Team: (b) (5)

Thanks,
Tony

Paper attached.

Potential inhibitors against papain-like protease of novel coronavirus (SARS-CoV-2) from FDA approved drugs

Version 2

Preprint

revised on 20.02.2020, 00:05 and posted on 20.02.2020, 16:51 by Rimanshee Arya Amit Das Vishal Prashar Mukesh Kumar

The cases of 2019 novel coronavirus (SARS-CoV-2) infection have been continuously increasing ever since its outbreak in China last December. Currently, there are no approved drugs to treat the infection. In this scenario, there is a need to utilize the existing repertoire of FDA approved drugs to treat the disease. The rational selection of these drugs could be made by testing their ability to inhibit any SARS-CoV-2 proteins essential for viral life-cycle.

We chose one such crucial viral protein, the papain-like protease (PLpro), to screen the FDA approved drugs in silico. The homology model of the protease was built based on the SARS-coronavirus PLpro structure, and the drugs were docked in S3/S4 pockets of the active site of the enzyme. In our docking studies, sixteen FDA approved drugs, including chloroquine and favipiravir, was found to bind the target enzyme with significant affinity and good geometry, suggesting their potential to be utilized against the virus.

FUNDING

Department of Atomic Energy, Government of India

Dear Dr. Fauci:
We are an individual researcher from Taiwan Biochemical Papain, my name is Terry Wang. Without funding support,

I am willing to participate in the process in the United States.

There are many ways to perform the treatment!

Sincerely,

Terry Wang in Taiwan.

Please contact me:

Email: (b)(6)

Address: (b)(6)

Cell phones: (b)(6)

Line ID: (b)(6)
Gregg:

Understood. I appreciate your note. I will keep pushing.

Best regards,
Tony

---

Tony, that part of the message was not directed at you. Peter Staley and I have seen you in action on TV and I've forced [b] [b] to watch you talking about social distancing, since she says the President says she has nothing to worry about. Bob Redfield and Secretary Azar haven’t been as forthright as you have.

The main thing that concerns many people I know: the roll-out of testing, surveillance has been botched and we're likely to have cases of COVID in our communities already without knowing it. Meanwhile some corporations, some universities, some other institutions have started to put social distancing into place, with a few municipalities doing the same, but there is no real guidance from CDC on when to act for most of us. There are plenty of instructions about getting prepared, but all seem to point towards waiting until there is an outbreak in one's community to do anything substantial, which seems if you'll excuse my language, ass-backwards, as one you see multiple cases, you’re likely to already have widespread community transmission.

I think this piece by Bill Hanage at Harvard explains where a lot of us are right now:
https://www.washingtonpost.com/outlook/coronavirus-testing-united-states/2020/03/05/a6ced5aa-5f0f-11ea-9055-5fa12981bbf_story.html

Stay well, we need you more than ever (and I mean that from the bottom of my heart). Most of the career civil servants on the email were copied not to chastise, it's the political appointees that most think got us into this mess.

---

Gregg:

I am surprised that you included me in your note. I genuflect to no one but science and always, always speak my mind when it comes to public health. I have consistently corrected misstatements by others and will continue to do so. I am including two links from Sunday
Shows today where I am extremely explicit and forceful. I would be happy to chat with you about this.

https://app.criticalmention.com/app/#/clip/public/2beb07d0-f72d-45b9-9ed6-60754bd93fa7?show_sentiment=false

https://app.criticalmention.com/app/#/clip/public/183207e9-e6e1-4164-b1e5-53e0dddb363?show_sentiment=false

Best regards,
Tony

From: Gregg Gonsalves
Sent: Sunday, March 8, 2020 11:17 AM
To: Fauci, Anthony (NIH/NIAID) [E]; Trammell, Jeff (NIH/OD) [E]; Redfield, Robert R. (CDC/OD) [E]; Collins, Francis (NIH/OD) [E]; Lane, Cliff (NIH/NIAID) [E]; Schuchat, Anne MD (CDC/OD) [E]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [E]; Birx, Deborah L [E]; Azar, Alex (OS/IOS) [E]; Redfield, Robert [E]; Harrison, Brian (HHS/IOS) [E]

Subject: We Are Desperate for Advice

Dear Tony, Bob and Deb et al,
The AIDS experts among you know me well. We’ve been first adversaries then colleagues for over 30 years.
They also know I can’t keep my mouth shut, which is a virtue and a failing, depending on the context.
Now:
There are thousands of people waiting for advice from our federal government on broader social distancing measures in light of the fact that our failure in early testing and surveillance means the coronavirus is likely already spreading in our communities.
If you thought the ire of AIDS activists 30 years ago was tough, the anger now spreading among researchers, scientists, clinicians and activists is going to be a conflagration.
All we see is genuflection in word and deed from most of you to a White House that wants this all to magically go away.
Yes, I know you’re all doing your best and behind the scenes our federal government is hard at work. For those I know, I don’t doubt your commitment to public service.
But time is running out.
We need vocally, unequivocal leadership now, that offers real guidance to communities about what to do, what might happen next.
Your own legacies will be defined by this moment, what you do and what you don’t, what you shy away from saying because you fear for your jobs or your short-term fortunes in the eyes of the President.
The status quo is untenable.
It’s going to get people killed by this virus.

Gregg
Gregg Gonsalves PhD
Assistant Professor, Epidemiology of Microbial Diseases
Yale School of Public Health

Associate Professor (Adjunct) and Research Scholar
Yale Law School

Co-Director, Yale Global Health Justice Partnership
Co-Chair, Global Health Studies Faculty Committee, Yale College
Affiliated Faculty, Addiction Medicine
Affiliated Faculty, Jackson Institute for Global Affairs
Sean:

As per our recent conversation, here is a paper that is under review at the NEJM. It is from Dr. Vincent Munster who works in my institute. It confirms what we surmised that after almost two weeks, the chances of viable virus being present in the facility is extremely low based on his studies reported in this paper. Figure 1B in the paper is of particular relevance regarding our discussion of surfaces.

Best regards,

Tony

Talked to Vincent. Attaching his manuscript, under review with NEJM. Vincent is available at (b) if you need him.

How the experiments were done:
Aerosol – A solution of live virus was made and aerosolized in a rotating drum (keeping it in aerosol form); at various time points, air was removed and amount of virus measured (using end-point titration on Vero cells).

Surface – A base solutions of live virus was made and placed on specific surfaces (plastic, etc) and at various time points, coating was taken away and virus contained was titrated.

Note that surface experiments with proteinaceous material (e.g., respiratory secretions) are underway, as are variations in relative humidity and temperature.

How do you interpret aerosol data?
Decay in aerosols occurs over three hours, so if the virus is aerosolized (via aerosol-generating procedures or cough), the moment it drops below a certain threshold, it would be hard to get an infectious dose/infection. Of course we do not actually know the infectious dose, which limits our ability to give firm guidance based on this data.
How do you interpret the surface stability data?
Copper seems to have some virucidal effect, as is seen with other viruses. Plastic and stainless steel don’t have much of an effect on the virus itself, and the virus persists for some time. As for cardboard, difficult to interpret because the surface absorbs a good deal, but there is some immediate decay.

Should we be concerned about packages based on your data?
This is of far lower concern than droplet and other fomite transmission. Typical shipping will allow ample time for viral decay, and the cardboard itself seems to have some direct effect on the virus (either through absorption or other effect). For example, in the experiment, Vincent applied 10e5 viral particles/mL and it drops 2 logs to 10e3 immediately, indicating that either due to absorption or direct effect on the virus.

Of course, if a mail carrier coughs on a package and then someone touches it directly after, there may be a risk. The typical shipping situation is likely not a concern.

Why are SARS-CoV-2 vs. SARS-CoV-1 different?
For the cardboard data in particular, there is a difference seen between SARS-CoV-2 and 1, which is likely due to error/variation in surface.
Would the use of a facial steam inhalator cause nonviability of the virus in someone who had contracted the virus?

Would spending time in a steam room have a similar effect?
There may be nothing to this, but we should at least be aware.

From: rosario leopardi
Sent: Sunday, March 8, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAD) [E]
Subject: Hazardous use of Remdesivir in CoV-19

Dear Dr Fauci,

I am copying below a letter I just sent to the editors of Lancet and NEJM that I think you should also read. It's informal as it is not meant for publication but just as a concern. Since I no longer work as a virologist, I am formally out of the field. I am however active as chief psychiatrist in Stockholm, Sweden. If you have doubts as to my expertise as a virologist or a physician, Dr Bernard Roizman at U of C knows me very well, as Markus Heilig does here in Sweden.

"I have noticed a striking difference in mortality by CoV-19 in different countries. China and Italy have a mortality that's at least 6-fold higher than that in South Korea. So far Germany and Scandinavia, totalling over 1300 cases, have not reported a single death. That's over a 35-40 fold difference.

Looking at the data more closely, I have found that China and Italy have been using the antiviral Remdesivir (Gilead Sciences) extensively on many patients in intensive care, justified as "compassionate use". In the epidemic areas of Italy this drug is now part of treatment guidelines for hospitalised patients, used on every single patient in "critical condition". (see attachment). The "rationale" is simply that the first two cases treated at the Spallanzani Hospital in Rome received this drug, and...well, actually survived.
Remdesivir has never passed a Phase 3 trial, but has already made big headlines in major international newspapers. Neither South Korea nor Germany or Scandinavian countries have yet used this drug.

I understand that this is a (relatively) long shot, but given the number of lives at stake, I would recommend that a carefully scrutiny by the scientific community on the use of this drug is warranted.

I have no conflict of interest.

Thank you for your attention".

Sincerely,

Rosario Leopardi, MD, PhD
Forensic Psychiatry Care Clinic
 Sweden

Sent from Outlook
Dear Colleagues,

BIO is heartened that so many of you have expressed interest in joining us for the BIO Coronavirus Collaboration Initiative Summit planned for March 12, 2020. Given the evolving circumstances surrounding the COVID-19 outbreak, and after discussions with our Board leadership, we have decided to postpone the BIO Summit so that we can make adequate arrangements to hold the meeting virtually. We made this decision out of an abundance of caution, so as to avoid placing anyone at unnecessary risk of exposure while we work together to improve our nation’s ability to respond to this outbreak. We will re-schedule this virtual meeting within the next two weeks using a digital technology that can allow for robust discussion among the participants.

In the interim, we plan to send out a short questionnaire on Monday to all company participants requesting information on your product, technology or service, which we plan to compile in a digital “book” and share with all participants in advance of the meeting. We believe this approach will help to make the meeting more efficient, allowing us to quickly shift to discussions of the
most important shared challenges and potential opportunities that exist between industry members, government leaders and non-government partners.

Please feel free to reach out to me with any questions. We will move quickly to establish a new date for this meeting and appreciate your flexibility in this regard. We look forward to talking with many of you then.

Thanks again for your commitment to enhancing the health and safety of people facing this outbreak around the globe.

Sincerely,

Phyllis A Arthur  
Vice President, Infectious Diseases and Diagnostics Policy  
Biotechnology Innovation Organization (BIO)  
1201 Maryland Ave SW, Suite 900  
Washington, D.C. 20024  
T: 202-962-6664  

parthur@bio.org

Join us at the 2020 BIO International Convention  
June 8-11, 2020 in San Diego, CA  
www.convention.bio.org
Please handle

Begin forwarded message:

From: Martin Engman <(b)(6)>
Date: March 8, 2020 at 9:30:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b)(6)>
Subject: COVID19, ACEIs and ARBs

Is there any evidence to suggest that patients already on treatment with angiotensin receptor blockers have a better or worse COVID-19 outcome than patients not on these medications? Similar question for initiating ARB treatment once COVID-19 has been diagnosed. And similar questions for ACE inhibitors. Thank you.

ML Engman, MD

NIH-000822