

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:34:42 -0400
To: Billet, Courtney (NIH/NIAID) [E]
Subject: Fwd: A SIMPLE STRATEGY FOR PREVENTING CORONAVIRUS SPREAD

Niaid inquiries

Begin forwarded message:

From: Walter Tengelsen <(b) (6)>
Date: March 16, 2020 at 1:32:43 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **A SIMPLE STRATEGY FOR PREVENTING CORONAVIRUS SPREAD**

To: Dr. Anthony S. Fauci, MD, Head of NIAID

From: Walter Tengelsen, Chmn. of MACROSYSTEMS INST.

First,, allow me to thank *and congratulate* you for telling the government, and the press, about our nation's *unpreparedness* for the coronavirus spread. But while we wait for Big Pharma to develop a vaccine for this disease, there is something that could be done NOW to prevent the spread of the virus ... and it wouldn't cost the government anything! Allow me to explain.

Decades ago, when I was a designer in Aerospace, and took my drawings up to the blueprint room for copies, I would always notice the 'aroma' of ammonia in the room. Inquiring about the safety of this constant exposure by the blueprinting staff I was told that there are three groups of people who **don't** get colds: 1) those working in salt mines, 2) those working in sewers, and 3) those working in blueprint rooms! A few decades later I was advised, *by an MD*, that the way to avoid colds is to keep saucers of household **ammonia** in my house rooms (and in the office rooms, if allowed), and that one would not even notice the smell after a few days. Since cold virus transmission is by aerosol particles from the already-infected, and the dilute ammonia fumes are able to

'inactivate' them, **might these ammonia fumes be able to protect us against the coronavirus?**

Admittedly, too much ammonia gas can be very irritating (and even fatal, as in WW!), but evidently people seem to survive and thrive at the just-noticeable gas levels being recommended here. If there is some potential lung damage from ammonia gas, that might be prevented by taking (freeze-dried) stinging nettles **leaf**, a widely recognized lung-cleaning supplement that is recommended by Naturopathic Doctors. But it would seem that the potential benefits of limiting the spread of the coronavirus in our entire population far outweighs the risks of lung damage. Since most homes already have bottles of ammonia (in their laundry area), **this preventive strategy could be implemented immediately**, and would provide the public with the satisfaction of feeling *they* are doing 'their part' in combatting this pandemic ...and protecting themselves and their loved-ones.

NOTE: I am NOT a medical doctor, but an electronic systems engineer and scientist (who takes systems engineering as a license to meddle in all things), but I was the first male family member in 4 generations who did NOT become a pharmacist or physician. I'm emailing my (old address) CV separately, but the email and cell phone number -- (b) (6) still reach me as I'm (b) (6), and then plan to return to my new home in (b) (6) (IF there's no travel restrictions in force)! I can be reached via email or cell phone to explain this preventive strategy further. Meanwhile, good luck on all your efforts to contain this pandemic; the next four weeks or so will be critical!

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:33:40 -0400
To: Carlos del Rio
Subject: Re: FYI...

Thanks, Carlos

On Mar 16, 2020, at 1:31 PM, Del Rio, Carlos (b) (6) >wrote:

Dear super-star friends:

I wanted to give you a heads up about a letter (attached) that myself as well as two AAAS Leshar fellows have been working on. Our goal is to send this with as many signatures as possible to the WH. Most of what we ask for is what you are already doing or going to be doing but we are calling for **enforced social distancing measures, including closing or severely limiting all non-essential business and schools nationwide**. I hope this is useful in our efforts.

Sincerely,

Carlos del Rio, MD, FIDSA

Distinguished Professor for Emory Clinical and Academic Affairs at Grady
Professor of Medicine
Executive Associate Dean for Emory at Grady
Emory University School of Medicine
Professor of Global Health and Epidemiology
Rollins School of Public Health
Co-Director, Emory CFAR
Tel: (b) (6)
Tweeter: (b) (6)
Pronouns: he/him/his

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<Open letter from the Infectious Disease scientific and medical community on COVID-19.docx>

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:19:42 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Can existing SARS vaccine be used to possibly limit severity of COVID-19 illness?

Please handle

Begin forwarded message:

From: Benjamin Cintz <(b) (6)>
Date: March 16, 2020 at 1:10:48 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Can existing SARS vaccine be used to possibly limit severity of COVID-19 illness?

Dr. Fauci,

I have read that COVID-19 is closely related to SARS.

I am wondering if the existing SARS vaccine be used to possibly limit the severity of COVID-19 illness in highly at-risk populations?

Thanks,

Ben Cintz

Mobile: (b) (6)

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:12:18 -0400
To: Marston, Hilary (NIH/NIAID) [E]
Subject: Fwd: Coronavirus Antidote
Attachments: Zn2+ Inhibits Coronavirus - 14 March 2020.pdf, ATT00001.htm

People respond

Begin forwarded message:

From: FH Mughal (b) (6) >
Date: March 16, 2020 at 1:05:20 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Fw: Coronavirus Antidote

I'm anxiously waiting for your response. Kindly respond, the soonest - Thank you

----- Forwarded Message -----

From: FH Mughal (b) (6)
To: (b) (6) >
Sent: Sunday, March 15, 2020, 03:54:48 AM PDT
Subject: Coronavirus Antidote

Dear Dr Anthony Fauci and Hilary D. Marston

Kindly enlighten me on the following points:

Can the high temperature (30-35 degrees C) kill the virus?

Can the heatwave (40-49 degrees C) kill the virus?

During last heatwave, the temperature in some cities of Pakistan was 47-49 degrees C.

What is the antidote for coronavirus?

In the following link, Pastor Jim Bakker is suggesting that the silver solution can kill the coronavirus within 12 hours. What are your views:

[Coronavirus 'Cure' Claims Get FTC Warning, So Maybe Don't Drink Silver](#)



Coronavirus 'Cure' Claims Get FTC Warning, So Maybe Don't Drink Silver

Thomas Brewster

Science says drinking silver won't cure coronavirus, but companies offering the "cure" are trying to capitalize ..



Coronavirus 'Cure' Claims Get FTC Warning, So Maybe Don't Drink Silver

Thomas Brewster

Science says drinking silver won't cure coronavirus, but companies offering the "cure" are trying to capitalize ...

In the attached paper, the authors say zinc can inactivate the virus. Your comments on silver and zinc, please.

Could I kindly request for an early response, please.

Thank you,

Kind regards,

F H Mughal (Mr)
Karachi, Pakistan

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:04:59 -0400
To: Billet, Courtney (NIH/NIAID) [E]
Subject: Fwd: Hypothesis for reducing fatalities from Coronavirus

NIAID inquiries

Begin forwarded message:

From: Patrick Hackenberry (b) (6)
Date: March 16, 2020 at 12:59:07 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Hypothesis for reducing fatalities from Coronavirus

Dear Dr. Fauci / to whom it may concern:

I am not a medical doctor but I have an idea. I know you have every expert on earth working on this virus. I am watching the attempts to slow the transmission and "flatten the curve."

What if we could reduce the fatality rate ? Wouldn't that be huge and assist in reducing the panic ?

I am hearing that hospitals are going to be short on respirators and that the virus attacks the lungs. My idea - might help people to breath more efficiently.

Summary:

Here is my idea: Doctors need to utilize methods that endurance athletes have used in the past to **increase their red blood cells in order to increase their body's blood-oxygen carrying capacity.**

Further description:

Athletes like Lance Armstrong used blood doping and other ways to increase their Erythropoietin (EPO). This was called cheating in sports. However, the results gave him an advantage because his body could get more (VO-2 max) oxygen with a single breath compared to others. This helped Armstrong to become more "super human." I agree that this should be illegal in sports. However, I think it would be great if a person was fighting for their life to be super human.

There are natural ways to increase your EPO and there are drugs to trick your body into producing more EPO. One of the best natural ways is high altitude training (think Boulder, CO and Kenya marathon runners). Also, the risks involved in increased red blood cell count obviously include stroke, blood clot, heart attack and many others. But I think that if monitored closely and as a last resort this method might help some people to survive this outbreak.

Sincerely,

Patrick Hackenberry

From (b) (6)
(b) (6) cell

I have NO connections to the website(s) or companies below:
Reference the article below from www.hammernutrition.com

By: William Misner, Ph.D.

From 1996 until his retirement in 2006, Dr. Bill worked full-time as Director of Research & Development at Hammer Nutrition. Among his many accomplishments, both academically and athletically, he is an AAMA Board Certified Alternative Medicine Practitioner and the author of "What Should I Eat? A Food-Endowed Prescription For Well Being". - Dr Bill's Full Bio

What is EPO?

Erythropoietin (EPO) is a naturally occurring hormone that stimulates the production of red blood cells (RBC). Erythropoietin is a glycoprotein hormone produced in the kidneys, containing a 165-amino acids structure. Most erythropoietin is produced by the kidney's renal cortex, but some is also produced in the liver (mainly in the fetus), the brain and uterus.

Why is it important?

Erythropoietin production is stimulated by low oxygen levels in interstitial cells of the peritubular capillaries in the kidneys. Following its production in the kidneys, EPO travels to the bone marrow where it stimulates production of red blood cells

(RBC's) [2]. EPO increases the body's blood-oxygen carrying capacity, but only up to a point. An overabundance may compromise health and hinder blood flow dynamics with performance-limiting implications. In the absence of EPO, only a few RBC's are formed by the bone marrow.

Why are RBC's important?

Red blood cells carry iron-rich hemoglobin for up to 120-days, then they die. Unless there is a continual supply of Iron, Vitamin B-12, Vitamin C and Folacin, anemia and reduced oxygen carrying capacity manifests in two ways:

Low red blood cell count
Malformed red blood cells.

How can one increase their oxygen carrying capacity?

There is a distinct difference between unethical, harmful, EPO-blood doping methods and the safe nutrition that effectively increases individual oxygen-carrying capacity. One can improve their health and oxygen carrying capacity similar to EPO without compromising the athlete's health or integrity. EPO levels up to 48% safely improve performance in males, however beyond this level, the risk of compromised health increases. Look to dietary suggestions below regarding vitamins, minerals, proteins, and avoiding anemia to ensure oxygen carrying capacity.

Can excess EPO can be lethal?

Yes. The margin between effective and lethal quantities of EPO is very narrow. EPO use can be LETHAL. Many athletes seeking to derive its performance-enhancing effects have died from incorrectly-administered EPO. Inappropriate use of exogenous EPO can cause elevated hematocrit levels (i.e. thickened blood that is difficult to pump). Elevated EPO increases the risk of heart attack due to the increase in hematocrit. Choosing sustainable, healthy choices is preferred.

Exogenous EPO is totally cleared from the urine within 48 hours of its administration and is cleared from the blood within 72 hours of its administration but its physiological effects prevail for several months).[3] A look at EPO's complex pathway further illustrates a complex physiological process below, see PATHWAYS[4]. Research followed over 7,000 middle-aged men for more than 12 years, and discovered that the risk of diabetes increases proportionate to hematocrit increase.[19] [20]. Men with hematocrits above 48 percent have a 400% increased risk of non-insulin-dependent-diabetes mellitus. The upper recommended levels for a female is slightly lower at 45%.

This nutritional intervention parallels exercise intensity's effect for increasing EPO. Nutritional and training interventions for resolving low EPO levels during iron

supplementation (only prescribed by a physician who should monitored progress) should not be permitted above a reference range of 48% in males and 45% in females. Similar research confirms this report.[21] [22] [23]

Does exercise intensity increase EPO?

It's complicated. Roberts & Smith measured the effects of exercise-induced hypoxia on the physiological production of erythropoietin. Twenty athletes exercised for 3 min at 106-112% maximal oxygen consumption. The fitness of these athletes provides a physiological environment for increasing EPO naturally from short 3-minute all-out intervals. Estimated oxyhemoglobin saturation was measured by reflective probe pulse oximetry (Nellcor N200) and was validated against arterial oxyhemoglobin saturation by CO-oximetry in eight athletes. Serum erythropoietin concentrations, as measured using the INCSTAR Epo-Trac radioimmunoassay, increased significantly by 19-37% at 24 hours post-exercise in 11 participants who also had an arterial oxyhemoglobin saturation \leq 91%. Decreased ferritin levels and increased reticulocyte counts were observed at 96 hours post-exercise. However, no significant changes in EPO levels were observed in nine non-desaturating athletes and eight non-exercise controls. Good agreement was shown between arterial oxyhemoglobin saturation and percent estimated oxyhaemoglobin saturation (limits of agreement = -3.9 to 3.7. They concluded that a short 3 minutes supramaximal exercise period could induce both hypoxemia and increased erythropoietin levels in well-trained individuals. The decline of arterial hypoxemia levels below 91% during exercise appears to be necessary for the exercise-induced elevation of serum erythropoietin levels. Furthermore, reflective probe pulse oximetry was found to be a valid predictor of percent arterial oxyhemoglobin saturation during supramaximal exercise when percent estimated oxyhemoglobin saturation \geq 86%.[9]

What naturally occurring, nutritional building blocks aid in EPO production?

Protein adequacy is a factor in erythropoietin (EPO) production. Inadequate protein nutrition can reduce the EPO produced. The erythroid response to Erythropoietin (EPO) is highly dependent on dietary protein adequacy and quality. The mouse spleen is an erythropoietic organ, which contains an EPO-responsive cell population that can be easily amplified by administration of the hormone. Researchers determined the effect of a protein-free diet offered freely to mice up to two days after injection of r-Hu EPO (1000mU/200 ul) on the response of the above population. Splenic cell suspensions from control and experimental mice were prepared in microwells containing 400 mU r-Hu EPO and appropriate medium. The response to EPO was evaluated in terms of ³H-thymidine uptake. The results obtained indicate that acutely induced protein restriction suppressed the response of the EPO-responsive splenic cell population to EPO when it was imposed on mice immediately after hormone injection, and suggest the appearance of deficient rates of differentiation of erythropoietic units by protein restriction.[11] Adequate dietary protein intake is 1.4-1.7 grams/kilogram body weight per day for an endurance

athlete.

What other nutritional elements and processes affect the natural production of EPO and the body's oxygen carrying capacity?

Dietary Iron. To ensure oxygen carrying capacity, one should take the recommended daily value of iron. Food sources of iron are red meat, liver, and egg yolks. Most flour, bread, and cereals are iron-fortified. If the diet continues to be iron-deficient, only a physician should prescribe and supervise iron supplementation.

Calories. Calories are needed for EPO production. Calorie sufficiency (in spite of exercise expense) is required for optimal EPO-release. If training is causing weight loss, then EPO loss may be occurring. In order to test the hypothesis that the early cessation of erythropoietin (Ep) production during hypobaric hypoxia is induced by lowered food intake, researchers compared the plasma Ep titer of rats after exposure to continuous hypoxia (42.6 kPa = 7000 m altitude) for 4 days in fed or fasted rats after exposure to discontinuous hypoxia. They found that plasma Ep was rather low after 4 days of continuous hypoxia. Their findings showed that fasting lowers the EPO-response to hypoxia in normal rats [12].

Hormone and Glucose. EPO production also has hormonal-dependant roots complexly related to glucose metabolism, and calorie adequacy. The effect of Thyroid-T3 replacement and glucose supplementation on erythropoietin production was investigated in fasted hypoxic rats. It was found that 48 hr of fasting significantly reduced the circulating levels of thyroid hormones and the production of renal and extrarenal erythropoietin in response to hypoxia. These effects of fasting were completely abolished when the animals had free access to 25% glucose solution as drinking water, despite their lack of protein intake. Replacement doses of T3 (0.5 micrograms/100 gm per day) restored erythropoietin production in the fasted animals but also increased the response of the fed controls. To avoid the effect of endogenous T3, the experiments were repeated in thyroidectomized rats. EPO production in athyroid rats was found to be markedly decreased, with values equivalent to those found in normal fasted animals, and were not affected by fasting or glucose supplementation. Replacement doses of T3 increased EPO production in all three groups, but the fasted animals needed five times as much T3 to obtain a response similar to that observed in the fed group. Glucose supplementation enhanced the effect of T3 in the fasted animals but did not completely restore them. These results indicate that caloric deprivation is primarily responsible for the decreased EPO production induced by fasting and that this effect is probably mediated by both a decreased level of T3 and a decreased responsiveness to it.[13] A calorie deficit therefore requires 500% more Thyroid Hormone (T3) to maintain EPO levels. This is a good reason for monitoring calorie intake during high training calorie expense.

Iron absorption. Dietary interventions significantly advance nonheme iron absorption rate during EPO production. It is very important to include foods to

enhance nonheme iron absorption, especially when an exercise-induced iron loss is high or when no heme iron is consumed, such as in a vegetarian diet. Absorption of heme iron is very efficient; the presence of red meat increases absorption of non-heme iron +400%. Only 1-7% of the nonheme iron in vegetable staples in rice, maize, black beans, soybeans, and wheat are absorbed consumed alone. Vitamin C improves the rate of absorption of nonheme iron from red meats. Diets that include a minimum of 5 servings of fruits and vegetables daily provide adequate vitamin C to boost nonheme iron absorption. Calcium, polyphenols, tannins from tea, and phytates (a component of plant foods), rice, and grains inhibit the absorption of nonheme iron. Some of the protein found in soybeans inhibits nonheme iron absorption. Most healthy individuals maintain normal iron stores when the diet provides a wide variety of foods. However, if the diet contains large amounts of oxalates and phytates from dark green leafy vegetables and whole cereal grains the absorption of iron decreases due to binding with iron in the gut. High absorption of heme iron is further advanced by foods containing vitamin C in an acid environment found of the stomach. The recommended for daily iron intake is between 10-18 milligrams for adult males and postmenopausal females. Most endurance athletes consume too much iron. Iron is added to breads, cereals, and most packaged foods.

From a computer-generated dietary analysis on 16 endurance athletes and 9 non-athletes, iron intake from their reported food intake was assessed.

The results of this data is as follows:

GROUP

PERCENT DAILY IRON (RDI/RDA)

MALE ENDURANCE ATHLETE

279%

FEMALE ENDURANCE ATHLETE

193%

MALE SEDENTARY

158%

FEMALE SEDENTARY

115%

What are some food combinations that increase the absorption of iron?

How foods are combined may affect iron absorption rate. Excess iron overdose is unhealthy and should be avoided. Common side effects of acute iron overload are gastro-intestinal pain, constipation, nausea, and heartburn. Excess iron levels may generate a continuous low-grade infection. Foods are the best source of iron. The best food source of iron is liver and red meats. These foods contain heme iron, which is better absorbed than non-heme iron. Non-heme iron can be found in dark green, leafy vegetables (spinach, chard and kale) and whole cereal grains (bran and whole wheat bread). Include dark green, leafy vegetables and whole cereal grains in the daily diet. Oxalates and phytates found in dark green leafy vegetables and whole cereal grains decrease the absorption of iron because they bind with iron in the gastrointestinal tract. Iron fortified cereals increase iron from the diet. Anemia may develop on a meat-free diet and/or if the iron store or intake is low.

Red meat contains arachidonic acid, an EPO-precursor nutrient, but it also contains high levels of saturated fats and cholesterol suggesting a little (now and then) is good but too much will harmfully compromise cardiovascular lipid levels. Adding iron to the diet in supplemental form is not recommended except under the supervision of a physician who is monitoring blood serum levels for a specific outcome. It has been shown that eating red meat 1-2 per week may contribute to providing substrates known to regenerate EPO as shown in animal research. The ability of Arachidonic Acid (AA), the bisenoic prostaglandin precursor to stimulate erythropoiesis and Erythropoietin (EP) Production in exhypoxic polycythemic mice and the programmed isolated perfused canine kidney was found to stimulate erythropoiesis when administered to exhypoxic polycythemic mice in the lowest dose tested (50 microgram/kg i.p.). Endogenously synthesized prostaglandins, their intermediates and/or other products of AA metabolism, such as prostacyclin and prostaglandins play an important role in the control EPO production.[14] Hematocrit levels are restored through the supplying dietary or supplemental specific substrates to support the body's natural EPO-producing mechanisms during endurance exercise stress.

SUBSTRATES THAT ASSIST EPO METABOLISM[15]

Acidophilus - 15-30 Billion Count Probiotics
Coenzyme Q10 - 150-300 mg daily
Garlic - 2 cloves or 2 capsules up to 3 x day
Kelp - 100-225 micrograms
Vitamin B6 - 50-100 mg
Vitamin B12 - 200-1,000 mcg
Folic Acid - 800 mcg
Proteolytic enzymes - Bromelain & Papain
Selenium - 200 mcg
Vitamin A - 15,000 IU daily or Beta Carotene - 25,000 IU daily
Vitamin B Complex - 50-100 mg
Vitamin C plus Bioflavonoids - 1-3 grams (divided dose)
Vitamin E - 400 IU daily

Copper - 2 mg

Zinc 40 mg daily ---->(Do not take zinc in amounts over 40 mg daily as it may interfere with metabolism of iron and copper)

More Dietary Recommendations

There is a method to improve iron uptake in the absence of oxalate or phytate rich foods previously mentioned above. If hematocrit, hemoglobin, or ferritin blood lab measures are low, the athlete may add 1-gram of vitamin C to a 3-4 ounce lean cut of red meat cooked in an iron skillet one to two times each week. A complete dietary protocol for cancer patients going through chemotherapy and radiation was published and is applicable to over-trained endurance athletes who present low hematocrit levels.[16]

Conclusion

In normal adults, the kidneys produce EPO, which initiates approximately 90% of natural erythropoietin production. Tissue oxygenation exposure regulates the production of erythropoietin. Less oxygen saturation in the air we inhale (either by altitude or hypoxic interval training) stimulates the kidneys to activate the chemical messengers to instruct the bone marrow to increase the production of EPO to resolve the lack of oxygen exposure. Hypoxia or Anemia stimulates the kidney production of erythropoietin to increase production red blood cells. EPO released from the kidneys increases the rate of red blood cell division and differentiation of specific cells in the bone marrow.

Dietary deficiency of specific foods and micronutrients, hormone imbalance, and lack of specific hypoxic training stress inhibit the endogenous (natural) production of EPO. Additionally, nutritional imbalance from caloric restriction (or exercise related expense), dehydration, fluid intoxication, excess calcium, excess inositol, excess oxalates foods, excess phytic acid from cereal grains, or a lack of hypoxic interval training all inhibit the natural production of EPO also. [17] [18],

Manipulating diet for protein and total calorie adequacy, monitoring hydration, using supplements, timing food combinations, adding weekly hypoxic exercise followed by easy or rest days all increases the release of natural EPO for healthy maximal oxygen carrying capacity. Plus, there are many ways to use diet and wellness to ensure that the body's production of red blood cells is sound and that their oxygen carrying capacity is functioning.

[1] Director of Research & Product Development for HAMMER NUTRITION LTD. 1-800-336-1977, Whitefish, Montana.

[2] Courtesy of From Wikipedia, the free encyclopedia @:
http://en.wikipedia.org/wiki/Main_Page

- [3] In-Tele-Health 2002 (from Hyperhealth Pro CD-ROM)
- [4] Courtesy of Biocarta @
http://www.biocarta.com/pathfiles/h_eponfkbPathway.asp
- [5] CLINICAL PHARMACOLOGY OF PROCRTIT@:
http://www.procrit.com/profonly/nephrology/what_is_procrit/clinical_pharmacology.html
- [6] Fisher JW. Pharmacologic modulation of erythropoietin production. *Annu Rev Pharmacol Toxicol.* 1988;28:101-22.
- [7] Plasmapheresis is the process of separating certain cells from the plasma in the blood by a machine; only the cells are returned to the person. Plasmapheresis can be used to remove excess antibodies from the blood.
- [8] Roberts D, Smith DJ, Donnelly S, Simard S., Plasma-volume contraction and exercise-induced hypoxaemia modulate erythropoietin production in healthy humans. *Clin Sci (Lond).* 2000 Jan;98(1):39-45.
- [9] Roberts D, Smith DJ. Erythropoietin concentration and arterial haemoglobin saturation with supramaximal exercise. *J Sports Sci.* 1999 Jun;17(6):485-93.
- [10] Brun JF, Bouchahda C, Chaze D, Benhaddad AA, Micallef JP, Mercier J. The paradox of hematocrit in exercise physiology: which is the "normal" range from a hemorheologist's viewpoint? *Clin Hemorheol Microcirc.* 2000;22(4):287-303.
- [11] Depressed response of the erythropoietin-responsive splenic cell population to erythropoietin in acutely protein restricted mice. *In Vivo.* 1995 Jan-Feb;9(1):71-3.
- [12] Jelkmann W, Kurtz A, Bauer C., Effects of fasting on the hypoxia-induced erythropoietin production in rats. *Pflugers Arch.* 1983 Feb;396(2):174-5.
- [13] Caro J, Silver R, Erslev AJ, Miller OP, Birgegard G., Erythropoietin production in fasted rats. Effects of thyroid hormones and glucose supplementation. *J Lab Clin Med.* 1981 Dec;98(6):860-8.
- [14] Foley JE, Gross DM, Nelson PK, Fisher JW. The effects of arachidonic acid on erythropoietin production in exhypoxic polycythemic mice and the isolated perfused canine kidney. *J Pharmacol Exp Ther.* 1978 Nov;207(2):402-9.
- [15] As with any supplement, always confirm with your physician as to the appropriate level and selection prior to use.
- [16] Nutritional Interventions for Reducing the Negative Side Effects of Chemotherapy, Bill Misner, Ph.D. http://www.cancure.org/Chemo_support.htm

[17] Oxalate-rich foods are: Spinach, Cereals, Green Beans (steamed), Potato (raw), Peanut Butter, Tea (brewed), Celery, Chocolate, Ravioli, and White Bread.

[18] Phytate-rich foods are Grains, Corn, Oats, Rice Bran, Wheat Bran, Legumes, Peanuts, Soybeans, and Seeds.

[19] Catalano C, Muscelli E, Natali A, Mazzoni A, Masoni A, Bernardini B, Seghieri G, Ferrannini E. Reciprocal association between insulin sensitivity and the haematocrit in man. *Eur J Clin Invest.* 1997 Jul;27(7):634-7.

[20] Wannamethee SG, Perry IJ, Shaper AG. Hematocrit and risk of NIDDM. *Diabetes.* 1996 May;45(5):576-9.

[21] Sit D, Kadiroglu AK, Yilmaz ME, Kara IH, Isikoglu B. The prevalence of insulin resistance and its relationship between anemia, secondary hyperparathyroidism, inflammation, and cardiac parameters in chronic hemodialysis patients. *Ren Fail.* 2005;27(4):403-7.

[22] Evrengul H, Dursunoglu D, Kaftan A, Kilicaslan F, Tanriverdi H, Kilic M. Relation of insulin resistance and left ventricular function and structure in non-diabetic patients with essential hypertension. *Acta Cardiol.* 2005 Apr;60(2):191-8.

[23] Amoah AG, Schuster DP, Gaillard T, Osei K. Insulin resistance, beta cell function and cardiovascular risk factors in Ghanaians with varying degrees of glucose tolerance. *Ethn Dis.* 2002 Fall;12(4):S3-10-7.

From: (b) (6)
Sent: Mon, 16 Mar 2020 13:00:10 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: natural course of the coronavirus pandemic

Please handle

Begin forwarded message:

From: Martin Gelbaum (b) (6) >
Date: March 16, 2020 at 12:52:24 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Cc: Martin Gelbaum (b) (6) >
Subject: natural course of the coronavirus pandemic
Reply-To: (b) (6)

2020-03-16

Dear Dr. Fauci,

Thank you very much for courageous and tireless efforts to defeat the coronavirus pandemic.

One of the statements attributed to you puzzled me.

The article

Dr. Anthony Fauci Says He Would Like a 'Dramatic' Reduction of Personal Interactions at Social Gatherings to Fight Coronavirus, by [Donica Phifer, newsweek.com](https://www.newsweek.com/donica-phifer)

March 15, 2020 02:20 PM

<https://www.newsweek.com/dr-anthony-fauci-says-he-would-like-dramatic-reduction-personal-interactions-social-1492410>

quotes you as saying,

"I've said many times if you just leave it alone and left the virus to its own devices then it'll go way up and it'll come down naturally over a period of several weeks," Fauci said. "Unfortunately for our colleagues in Italy, in France, and certainly in China, that's what happened."

Question: Is the implication that the virus would have stopped spreading rapidly in China even if their government had not instituted drastic measures to curtail the epidemic?

Put another way: Is it not correct that the drastic measures implemented by the Chinese government were very helpful in halting the spread of the virus in China?

From yet another angle: Is it correct that the public health measures adopted in South Korea and Taiwan have proved very effective in controlling the spread of the epidemic?

Thank you very much again for your hard work,
Martin

From: (b) (6)
Sent: Mon, 16 Mar 2020 12:58:37 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: thank you

Please handle

Begin forwarded message:

From: Robyn Cotter (b) (6)
Date: March 16, 2020 at 12:53:29 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: thank you

Hello Dr. Fauci,

(b) (6) I live a very normal life in a Tennessee suburb. We have always kept a modest supply of important survival items in our home, so we are prepared, not panicked. We are carefully following the information and facts regarding the Coronavirus and taking the appropriate safety suggestions.

The reason for my email today is to thank you for your expertise. You must be exhausted from the stress. Not to mention having to continually repeat yourself... and stretch your political diplomacy to the breaking point while walking the fine line between stating facts and debunking myths (or outright lies).

Please know that my family and I thank you for your continued professionalism, swift communication of facts and overall leadership while we ride this rollercoaster with our neighbors and the rest of the world.

Sincerely,
Robyn Cotter

From: (b) (6)
Sent: Mon, 16 Mar 2020 12:56:53 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: [EXTERNAL] Re: Fox News Request for Dr. Fauci

FYI

Begin forwarded message:

From: "Koerber, Ashley" <Ashley.koerber@FOXNEWS.COM>
Date: March 16, 2020 at 12:56:25 PM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)
Cc: "Deatrack, Elizabeth (NIH/NIAID) [C]" (b) (6), "Routh, Jennifer (NIH/NIAID) [E]" (b) (6), "Oplinger, Anne (NIH/NIAID) [E]" (b) (6), "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Hi Patricia,
Would Dr. Fauci be available to join Bret Baier in the 6pm hour one night this week?
I understand he is very busy, but we would accommodate him any night that he is available.
Please get back to me when you can - thanks!
-Ashley

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)
Sent from my iPhone

On Mar 13, 2020, at 15:32, Conrad, Patricia (NIH/NIAID) [E] (b) (6) wrote:

I am sorry – we cannot make this work. Apologies.

Patricia L. Conrad

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

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From: Baier, Bret <bret.baier@FOXNEWS.COM>
Sent: Friday, March 13, 2020 3:30 PM
To: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>; Conrad, Patricia (NIH/NIAID) [E] (b) (6)>
Cc: Deatrck, Elizabeth (NIH/NIAID) [C] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] (b) (6); Oplinger, Anne (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: RE: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Thank you for considering.

I know Dr. Fauci has been a lot... and will be this weekend... but tonight to wrap the week.. after the national emergency declaration....

We'd love to have him

Bret

Bret Baier
Chief Political Anchor, Fox News Channel
Anchor & Executive Editor "Special Report with Bret Baier"

From: Koerber, Ashley
Sent: Friday, March 13, 2020 3:27 PM
To: 'Conrad, Patricia (NIH/NIAID) [E]' <(b) (6)>
Cc: Deatrck, Elizabeth (NIH/NIAID) [C] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] <(b) (6)>; Oplinger, Anne (NIH/NIAID) [E] (b) (6)>; Baier, Bret

<bret.baier@FOXNEWS.COM>

Subject: RE: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Hi Patricia,

I know this is last minute, but any chance Dr. Fauci can join us in the 6pm hour tonight? Looping in Bret as well.

Please get back to us when you can – thanks!

-Ashley

From: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>
Sent: Thursday, March 12, 2020 8:58 AM
To: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>
Cc: Deatrick, Elizabeth (NIH/NIAID) [C] [REDACTED] (b) (6)>; Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6)>; Oplinger, Anne (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: RE: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Sorry – will not work.

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
[REDACTED] (b) (6)
301-496-4409 fax

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From: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>
Sent: Thursday, March 12, 2020 8:55 AM
To: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>
Cc: Deatrick, Elizabeth (NIH/NIAID) [C] [REDACTED] (b) (6) Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6)>; Oplinger, Anne

(NIH/NIAID) [E] [REDACTED] (b) (6)>

Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci

Hi Patricia,

Would Dr. Fauci be available to join Bret tonight in the 6pm hour?

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
[REDACTED] (b) (6)(cell)

Sent from my iPhone

On Mar 10, 2020, at 11:20, Conrad, Patricia (NIH/NIAID) [E]
[REDACTED] (b) (6)>wrote:

Oh – tonight is even worse. I don't think it will work

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
[REDACTED] (b) (6)
301-496-4409 fax

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From: Koerber, Ashley <Ashley.koerber@FOXNEWS.COM>

Sent: Tuesday, March 10, 2020 11:08 AM

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

Cc: Deatrck, Elizabeth (NIH/NIAID) [C]

< (b) (6)>; Routh, Jennifer (NIH/NIAID) [E]
(b) (6)>; Oplinger, Anne (NIH/NIAID) [E]
(b) (6)>

Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci @
6pm on Tuesday

I'm asking about tonight.

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 10, 2020, at 10:51, Conrad, Patricia
(NIH/NIAID) [E] < (b) (6)> wrote:

Hi Ashley I don't think we can make this work
tomorrow. If anything changes will let you know.

Sent from my iPhone

On Mar 10, 2020, at 10:49 AM,
Koerber, Ashley
<Ashley.koerber@foxnews.com> wrote:
te:

Hey Patricia,

Just checking on this!

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 9, 2020, at
15:11, Koerber, Ashley

<Ashley.koerber@foxnews.com>wrote:

Our special is actually 6-8pm tomorrow, so we could do either 6pm hour or 7pm hour.

From: Koerber, Ashley
Sent: Monday, March 9, 2020 11:48 AM
To: Patricia Conrad

 (b) (6)

Subject: Fox News
Request for Dr. Fauci @
6pm on Tuesday

Hey Patricia,

Would Dr. Fauci be available to join us in the 6pm hour tomorrow (Tuesday) to discuss the latest with COVID-19 from any of the NIH studios? Bret Baier and Martha MacCallum are co-anchoring from New York.

Please get back to me when you can - thanks!

-Ashley

Ashley Koerber Moir

Booking Producer
*Special Report w/
Bret Baier*

Fox News Channel -
DC Bureau

(b) (6) (cell)

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From: (b) (6)
Sent: Mon, 16 Mar 2020 12:55:29 -0400
To: Victoria Baron
Subject: Re: Thank you

Victoria:

I saw it and thanks for sending it.
Best regards,
Tony

> On Mar 16, 2020, at 12:53 PM, Victoria Baron (b) (6) > wrote:

>

> Dear Dr Fauci.

>

> I am a California resident and wanted to take a moment to thank you for your professionalism and integrity during this crisis with the Coronavirus.

>

> It is so evidently clear that you are forced to work "around" the ignorance, ineptness and narcissism of Donald Trump, yet you continue to provide the country with the truth.

>

> I'm guessing that the odds of you actually seeing this email might be slim but I feel better for having sent it. You will be remembered as a hero during a very dark time.

>

> With Appreciation,

>

> Victoria Baron

> (b) (6)

>

> Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 11:54:30 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: press release and "cheat sheet"
Attachments: NIAID press release mRNA Phase 1 FINAL.docx, CONDENSED mRNA phase 1 talking points 3.14 CB.docx

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

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From: Billet, Courtney (NIH/NIAID) [E] (b) (6)
Sent: Sunday, March 15, 2020 10:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E]
<(b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer
(NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)
Subject: ASF: press release and "cheat sheet"

Attached, per discussion.

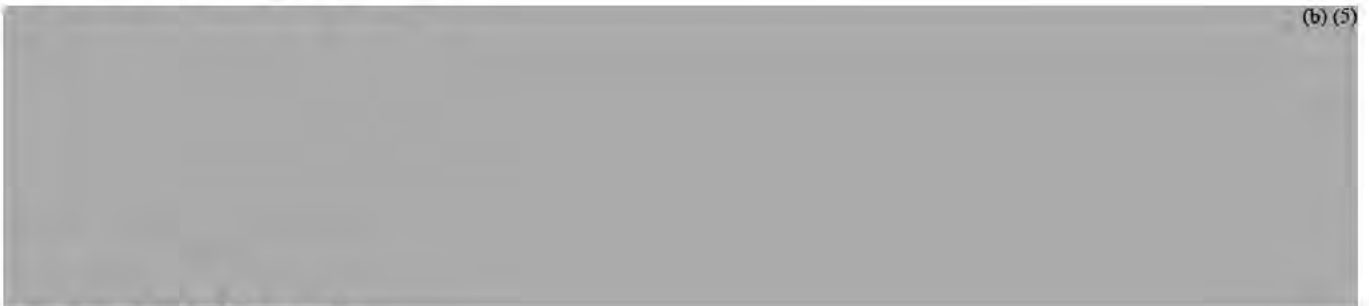
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 11:03:39 +0000
To: Marston, Hilary (NIH/NIAID) [E]; Collins, Francis (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E]
Subject: RE: URGENT: Confidential and urgent request regarding (b) (4)

Thanks!

From: Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Sent: Monday, March 16, 2020 7:00 AM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Re: URGENT: Confidential and urgent request regarding (b) (4)

I will draft something for you today.

(b) (5)




I will send a draft later today.

Best,
Hilary

On Mar 16, 2020, at 5:05 AM, Collins, Francis (NIH/OD) [E] <(b) (6)> wrote:

Hi Tony and Hilary,

See message below from Tom Hudson of Abbvie. (b) (5)



Francis

From: Hudson, Thomas J (b) (6)
Sent: Sunday, March 15, 2020 11:08 PM

To: Collins, Francis (NIH/OD) [E] <[REDACTED] (b) (6)>
Subject: Confidential and urgent request regarding

Dear Francis,

I am sending this brief note as a request for guidance on an evolving situation with
(b) (4)



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

Best wishes,

Tom

THOMAS HUDSON
Senior Vice-President, R&D
Chief Scientific Officer



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

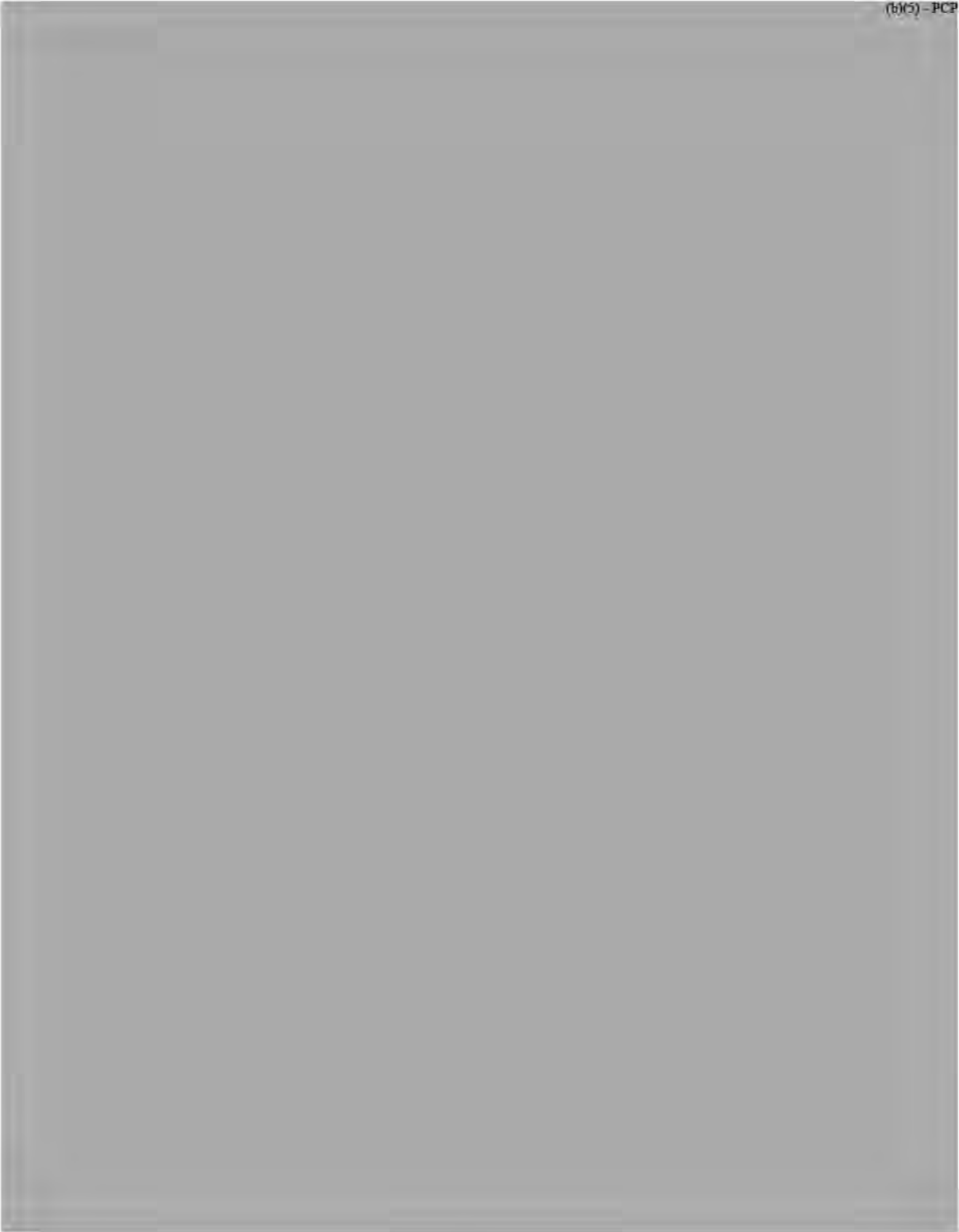
TEL (OFFICE) [REDACTED] (b) (6)

EMAIL ([REDACTED])
b

abbvie.com

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From: (b) (6)
Sent: Mon, 16 Mar 2020 06:09:17 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Dental

Respond

Sent from my iPad

Begin forwarded message:

From: (b) (6)
Date: March 16, 2020 at 5:54:34 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Dental

I ask you to address the explosion of concerns among the dental community in regards to COVID-19. We, the dental community, already high risk personnel, are at an even higher risk at this point and time. Many of those who do not work in the dental community are not aware of how high risk our current situation is. For 8-12 hours a day we are creating aerosols while sitting 8-12 inches from a persons open mouth. These aerosols contain saliva and blood droplets, along with billions of other bacteria and materials. In dentistry, saliva is considered a blood borne pathogen. Although OSHA requires Level 3 masks for all aerosol producing procedures, not all offices are complying. This DOES NOT matter anyway as we know SURGICAL MASKS DO NOT FILTER OUT THE COVID-19 virus. I ask that you suspend non essential dental procedures such as dental cleanings and other procedures that are non-emergent. That we triage patients and accept EMERGENCIES ONLY. We are at such a HIGH risk, not only to ourselves and our families, but a HIGH RISK to spreading this virus COMMUNITY wide. Many of us are taking extra precautions but screening patients, but with a up-to-14 day incubation period, that obviously does not matter.

Please hear our plea to address our concerns. The American Dental Association and the American Dental Hygienists Association has failed us.

Thank you
Alicia Jewell

Sent from my Verizon, Samsung Galaxy smartphone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:04 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Lifting EUA
Attachments: COVID-19 ASM survey comments.docx

Hilary:

Please take a look at this and see if there is anything that we can do here.

Thanks,

Tony

From: Bertuzzi, Stefano (b) (6) >
Sent: Sunday, March 15, 2020 8:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Segal, Allen (b) (6); Melissa Miller (b) (6) >; Stevens-Garcia, Jonathan (b) (6) >; Watts, Mary Lee (b) (6)
Subject: Lifting EUA

Hi Tony –

Per our conversation, see the attached email asking FDA to lift the EUA, which would allow CLIA hospital labs to ramp up test capacity significantly. We have sent this letter also to Francis and to Adam Boehler and were on a call with them. Jeff Shuren at FDA also knows, but we think it will be important to take action quickly.

Many thanks, let me know if you need anything else from me at this time.

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: Mon, 16 Mar 2020 10:07:03 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: TytoCare: COVID19 Telehealth Support

From: David Bardan <[REDACTED] (b) (6)>
Sent: Sunday, March 15, 2020 9:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Cc: Shriya Palekar <Shriyap@tytocare.com>
Subject: TytoCare: COVID19 Telehealth Support
Importance: High

Hi Dr. Fauci – good evening. I represent TytoCare, a company that built the industry’s first and only all-in-one medical device that pairs with a virtual exam, going beyond the means of audio and visual. TytoHome, an OTC and FDA approved/cleared device is meant to either synchronously or asynchronously examine a patient with capabilities to capture heart/lung/gastrointestinal sounds, ear/throat/skin exams, and temperature.

Due to the outbreak of COVID-19, Tyto has experienced an influx of orders worldwide to support those that need to be monitored when quarantined. I would like to offer Tyto’s assistance here in the U.S. and think through ways and opportunities that the product can make a difference.

Please see a few a couple of examples on how Tyto is making a difference below:

- **Patient Quarantine/Discharge at Home**
 - Design: patients receive TytoHome or have it delivered for remote evaluation by infectious disease specialists
 - Example: [Home Admission Service with TytoCare](#)
- **Create & manage quarantine locations, onsite or offsite**
 - Setup: Patients do a self-exam with TytoClinic while a provider evaluates them from a distance
 - Patient is remotely guided to fully disinfect the device and station before it’s returned to staff for a second round disinfection
 - Example: [Nursing Home Triage](#)

Thank you for all that you do during this difficult time.

Thanks,
David

David Bardan
Vice President, Provider Solutions

m: [REDACTED] (b) (6)

215 W 40th Street, 9th Floor
New York, NY 10018
www.tytocare.com



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:03 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Leronlimab

Please check out and respond.

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

From: nicholas Agresti [REDACTED] (b) (6)>
Sent: Sunday, March 15, 2020 9:15 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: Leronlimab

Dr. Fauci,

I can't even imagine how busy you are. I am a gastroenterologist in [REDACTED] (b) (6) Georgia. I read about Leronlimab for coronavirus. Any word on results of the clinical trial?

Thank you

Nicholas Agresti MD

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:52:40 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: COVID-19

Please handle

Sent from my iPad

Begin forwarded message:

From: Deb Whitney (b) (6) >
Date: March 15, 2020 at 10:28:48 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: COVID-19

Thank you for your frank speaking about COVID-19. I credit your willingness to stand up and speak aloud that "the emperor has no clothes" ... You have already helped so many through the current pandemic. I know you will understand my concern. But, please help me spread this message as well.

In light of public school closures...these include children and young people from kindergarten through high school. These closures also include preschool programs (Voluntary Pre-K in Florida) for 4-year-olds that are part of a public elementary school.

These school closures do not apply to children whose ages range from infants through preschool (including VPK) receiving care and education in private, corporate, or faith-based centers. My center is one of these, and we are not closing.

This is a business decision.
No kids = No money.
At what price?

We have more than 90 infants, toddlers and young children enrolled at our center, with 20-plus employees on premises throughout the day between the hours of 6:30 am and 6:00 pm. Ours is a 5-Star rated, NAEYC accredited preschool program. I have 17 three-year-old preschool children in my classroom on any given day, with 3 teachers assigned to this room. This is a high quality program.

Please explain how I am supposed to take recommended precautions against COVID-19?

Does social distance apply only to adults? If not, please help me know how to maintain social distance of 3 feet between children and adults at arrival or departure times when I am helping a child with separation from their primary care giver or saying goodbye at the end of the day? How do I maintain social distance between children during center time in the block area, in the

dramatic play area, in the classroom library or computer center, during story time or music circle? Our 3 table surfaces are used for multiple activities through the day including meals—and they seat six children at each table. Friday afternoon, I had 9 children sharing space and materials engaged in cooperative play for an extended period outside in a sandbox that measures 5'x10'...you do the math. Our spacing for cots at nap time is considerably less than 3 feet.

We have no hot water in our classroom for hand washing for children or staff which is considered a safety measure. We are relentless in our efforts to teach hygiene to 3-year-old children who cough, sneeze, vomit upon (and occasionally may spit, bite or lick) each other or a staff member. We work to teach them to use a tissue instead of their hand/arm/shirt to wipe a runny nose...then throw it in the trash and wash their hands again. Believe me when I say a determined child can sing "Happy Birthday" twice in an amazingly short time—definitely less than 20 seconds—all the while whipping through instructions to wash the tops, bottoms and fingers of their hands while they sing. Hand washing is monitored by 3 adults through the day to ensure it happens after each cough, sneeze, nose wipe and use of the bathroom. Hands are washed after sensory play indoors or out, before am snack, lunch, and pm snacks (and sometimes during), and when we transition from outside play. At a minimum, these 17 children are taking turns washing hands (at our single sink) six times during a full day at preschool—before we add in those runny noses, coughs or sneezes.

Avoid touching shared objects...seriously? We work daily to teach these 3-year-olds to share materials and space. Yes, we disinfect our toys regularly and our room daily—but that stuffed animal may move from dramatic play to the reading nook and to a nap cot all in one day and may be held by a different child with each move. Our families send a blanket from home for their child to use through the week at nap time—along with a soft "sleep toy" if this is needed, to sooth their child to sleep. These items are stored in the child's open "cubby box" in the classroom through the week. Do we know how long COVID-19 "lives" on soft surfaces?

I am convinced school closures are necessary at this time to stem community spread of COVID-19. I understand the strain on multiple levels this will inevitably put on families to provide care for and education of their own children for this period. But—young children can contract this virus and can spread it even though they may not demonstrate symptoms themselves. Or, what may be dismissed as allergies or "just a cold" may not be. Young children can carry this virus home to their family and neighborhoods just as easily as a school age child; and, they can certainly bring it into our center from their home. How many of our children in preschool depend upon elderly family members for their care? We have infants as young as 6 weeks old and children through 5 years old at our center. How many young children in care are we willing to expose? How many and which grandparents are we going to risk?

(b) (6)

(b) (6) Forget sporting events, museums, concerts or even worship services--I am worried about going to work on Monday...and uncertain what may happen if I stay home.

Again...

This is a business decision.

No kids = No money
At what price?

--
Respectfully,

Deb Whitney

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:48:23 -0400
To: Glen Goldmark
Subject: Re: Thank you

Glen:
Thank you for your kind note.
Best regards,
Tony

Sent from my iPad

> On Mar 15, 2020, at 10:39 PM, Glen Goldmark (b) (6) > wrote:
>
> Dr. Fauci,
>
> You are my hero! Thank you for being the voice of reason and credibility during the COVID-19 crisis.
>
> All the best,
>
> Glen Goldmark

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:43:39 -0400
To: Emory Ford
Subject: Re: Great Job

Emory:

Thank you for your kind note. It is much appreciated.
Best regards,
Tony

Sent from my iPad

- > On Mar 15, 2020, at 10:23 PM, Emory Ford (b) (6) wrote:
- >
- > Dear Dr. Fauci:
- >
- > You are doing a great job and a great service to the country. Amid the chaos you are one of few voices that provides clear, accurate information on the coronavirus pandemic.
- >
- > Please continue providing that service despite the presidents continued effort(s) to spin the situation with misleading and false information. In the end biology wins, the virus ignores political needs and wants.
- >
- > Emory A. Ford PhD

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:38:20 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: "Leading Through A Time of Crisis In Healthcare" - ZRG Thought Leadership

Sent from my iPhone

Begin forwarded message:

From: Greg Gerson <ggerson@zrgpartners.com>
Date: March 15, 2020 at 7:34:59 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: "Leading Through A Time of Crisis In Healthcare" - ZRG Thought Leadership

Hi Dr. Fauci -

I am reaching out as you have been doing an incredible job as part of the White House Coronavirus Task Force. These are difficult times and you seem to provide the most informative interviews without sending signals of panic to the American public.

Not sure if you remember, but we were in touch years back through many executive clinical leadership searches I conducted during my 18 years at Korn Ferry. I am now leading the hospital/health system practice for ZRG. ZRG is an innovative global boutique firm disrupting the traditional executive search industry.

As a result of the COVID-19 crisis, I am speaking with/interviewing many healthcare leaders (Chief Medical Officers, Hospital CEOs, Leading Scientists, etc.) as part of a thought leadership piece.

The topic is "Leading Through a Time of Crisis in Healthcare". I know you are extremely busy with the task force, but I would very much appreciate if you have some time for an interview/call.

As you know, strong leadership is crucial in times of crisis and we are facing weeks/months of extremely important decisions by our healthcare leaders nationwide.

Do you have any availability over the next few weeks to connect? I will make myself available to meet and/or have a video or phone call at your convenience.

Hope to hear from you soon.

Regards,

Greg

Greg Gerson
Managing Director



ZRG Partners, LLC
Americas | EMEA | Asia Pacific
C: [REDACTED] (b) (6)
O: 215-422-3576



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From: (b) (6)
Sent: Sun, 15 Mar 2020 19:37:43 -0400
To: Lei Wu
Subject: Re: Please shut down the country NOW

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 7:35 PM, Lei Wu (b) (6) >wrote:

Dr. Fauci. This is Lei Harrison. In the coronavirus crisis, as a former (b) (6) I have been calm until now. No one can anymore after seeing the photos of the international airports today where hundreds if not thousands of people standing in line for 5-6 hours and realizing immediately the virus transmission will explode exponentially because of this. I strongly request:

1. Shut down the country NOW. Mobility has to be as low as possible. We have to do the very best RIGHT NOW to break the transmission chain.
2. Please talk to Dr. Zhong Nanshan (钟南山), the Chinese doctor and advisor during the coronavirus crisis. His advice and experience would be of tremendous value for the U.S. now.
3. Sofar, we've been acting in a reactive instead of proactive fashion. Not anymore. People need to realize that we are entering war time. We need to act fast, in light speed to beat the virus.
4. Healthcare workers need to most strongly protected- treat it as airborne if needed at the hospitals and pharmacies. Supplies of essential protective medical supplies for healthcare workers are equally important as supplies needed for the patients. Make sure supply chain from China is uninterrupted; and have American companies to start making masks, ventilators etc. Plan ahead.

5. Grocery store and restaurants can potentially become a hub too. They need to have high level of hygiene, and ideally no contact with the customers.
6. Garbage and belongs and bodies need to be burned.
7. Safety protocol at the labs, public and private labs that have access to the virus or experimental animals with the virus.
8. Plan ahead. Instruct patient to self-treat or be treated by family at home. If we ever come to it, recruit and train volunteers (how and whom?) to help taking care of patients.

Dr. Fauci. Clock is ticking. It's a race against time. And it's time that every single American takes responsibility. Please lead us through the crisis.

Respectfully,
Lei Harrison

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:37:15 -0400
To: Lori Hall
Subject: Re: Real Estate Appraisals-Coronavirus (COVID-19)

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 7:35 PM, Lori Hall (b) (6) >wrote:

Dr. Fauci,

Thank you for your important work and for educating the public. Earlier today I sent the message below to President Trump. I am writing out of concern both for my husband's safety, others in the industry, and knowing refinances (especially with low rates) will help the American people through this unprecedented time. I understand that our Local and National Government continues to look at all potential solutions, with advice from experts such as yourself. I fully understand this suggestion from one mom and wife might be way too simplistic for banks/lenders to even consider. I am hoping to be ahead of the curve and that it starts/continues what I consider to be a much needed conversation for this industry, for the safety for appraisers and homeowners alike, and for the pipeline for the lenders. It's very much appreciated.

Be Safe. Kindest Regards,
Lori Hall

Dear Mr President,

First, our great appreciation to you and your staff for all you do every day and in keeping our country & citizens safe. We have a family real estate appraisal business (Chicago Metro Area). I handle all service related items from the comfort of my home. However, my husband, William Hall, who is a Certified General Real Estate Appraiser, is out in the field all day performing interior appraisals. I have reached out to all our appraisal management companies with this question to ask their lenders. Considering the abundance of caution everyone is taking and the refinance industry seeing unprecedented volume, is there any talk about lenders moving to exterior only appraisals (and possibly following up after with an interior)? We heard from ServiceLink, a Fidelity company, and they have not heard any word from their national banks/lenders changing to exterior only appraisals at this time. Thank you very much!

God Bless,
Lori Hall

Best Regards,
Lori Hall

***For updated real estate news & more, please visit our website
at: www.alphavalues.net***

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:11:49 -0400
To: Gandam, Shyam Kiran
Subject: Re: Front line physicians in Limbo needing reassurance

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:13 PM, Gandam, Shyam Kiran
(b) (6) wrote:

Dear Dr.Fauci ,

I would like to congratulate you for your excellent work and thank you for leading us in the fight against COVID-19 pandemic.

We are 14 critical care physicians and almost 30 hospitalist physicians at Memorial medical center and HSHS St. John medical center in Springfield Illinois and are the frontline workers in dealing with the situation.

We are developing protocols and creating safety net for the hospitals and community with the help of your guidance.

I would like to bring up an issue plaguing us with concern for years and now even more so. It concerns us and more importantly our helpless families. It might be untimely to bring up this issue but it is very important for us and our families.

(b) (6)
During this pandemic, it's important that physicians can help other areas in the country in need. Immigrant work force on Work Visa (H-1 visa) constitutes at least 50% of physicians.

(b) (6)

(b) (6)
Your assistance in bringing up these issues with the president will help us work with reassurance from government and help our community with peace of mind.

Again, We thank you for the hard work you and your team are putting to guide us in these tumulus times.

Regards,
Shyam Kiran Gandam MD
Critical Care Medicine
Associate professor, SIU school of medicine
Springfield Clinic
Springfield, Illinois

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:10:41 -0400
To: ABCDE FGHIJK
Subject: Re: COVID-19 - The necessity of using fluorescent light lamps to prevent or reduce or slow down the spread of coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:15 PM, ABCDE FGHIJK (b) (6) wrote:

Dear Dr. Anthony S. Fauci,

It's critical to disinfect droplets, aerosols and surfaces continuously to prevent or reduce or slow down the spread of COVID-19.

The best way is using UVC ultraviolet light. UVC's wavelength is germicidal and it is capable to inactivate coronavirus by destroying nucleic acids and

disrupting its DNA because Wavelengths between about 200nm and 300nm are strongly absorbed by nucleic acids. The absorbed energy can result in

defects including pyrimidine dimers. These dimers can prevent replication or can prevent the expression of necessary proteins, resulting in the death or

inactivation of the coronavirus.

Fluorescent light lamps emit ultraviolet (UV) light, including UVC ultraviolet light.

I think it's necessary to use fluorescent tube light lamps and CFL (Compact fluorescent lamps) lamps in hospitals, Health centers, stores, supermarkets,

elevators, public lavatory, toilets, restrooms and other public places and should always be on 24 hours a day, 7 days a week in order to be effective.

Research has shown that Fluorescent light lamps must be installed without any glass shade or decorative shade and should be at least 40 watts.

I hope you find the UVC-based continuous disinfection solution helpful.

Thank you for your time and consideration.

Sincerely,

P. Salimi

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:09:44 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: Sia Hersini (b) (6)
Date: March 15, 2020 at 4:15:21 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>

Dear Dr. Fauci,

Many years ago, I did some research on the effect of SIV infection on the Macaque immune response.

I have some thoughts on the current COVID-19 spread and in general about other virus with unknown cure or immunity vaccine.

In research, we have adhered to a scientific method necessary for the protection of the public in the development of new technology and treatment. There are times however when that Boyle method and philosophy should give way to Descartes approach.

The current infection has thus far shown a predilection for causing severe illness in men more than women and in adults over 30 sparing children from mortality. I believe there is a reason for this and it's not because of past exposure to other coronovirus strains. I believe it is because of children being in the middle of or having recently completed their immunization schedule for school. These immunizations are absolutely not providing an immunity to COVID-19, BUT, they are causing an increase in the numbers of gamma delta t cells and NK cells. The children are responding better to a virus with an 5.1 day median incubation period because of the higher values of gd and nk cells. Women have a better gd and nk cell response to the flu and other viral infections which could explain why there is a gender difference in mortality. I would suggest that adults update their vaccines and especially the hep b. Interestingly, the hep viruses illicit a better gd and nk cell response and although most Western countries require hep b for health care workers, the immunization rate in China is only 60% which may explain the high mortality among health care providers.

This has been on my mind for a few days and I felt I should share.

Thank you for your time

Sia

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:09:26 -0400
To: Eliot Robinson
Subject: Re: Prc guidance on coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:15 PM, Eliot Robinson
<eliot@robinsonmanagementservice.com> wrote:

Dr. Fauci,

thank you for all you do.

one of my chinese friends sent me the attached prc guidance on coronavirus. it includes both western medicine as well as traditional medicine approached. On its face, it seems to be complete and very up to date.

I apologise for your having to follow of dear leader trump's instructions to praise him.

thanks

eliot

--

Eliot Steele Robinson
Robinson Management Service
4290 Bella Cascada Street
Las Vegas, NV 89135-2436
(b) (6)(cell) 702-330-9921 (fax)
Eliot@RobinsonManagementService.com
<https://www.RobinsonManagementService.com>
DUNS 079879598 CAGE 7EEU6 JCP 0073645
<Guidance+for+Corona+Virus+Disease+2019 : Prevention,+Control,+Diagnosis+a
nd+Management.pdf>

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:06:03 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Coronavirus

From patty

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Kathleen Quinlan (b) (6) >
Date: March 15, 2020 at 5:16:22 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Coronavirus

Dear Dr. Fauci,

I have a question which has been troubling me since we began checking people's temperatures. (b) (6). I have seen the temperature cutoff is 99.5F. (b) (6) ? I doubt very much that in screening people the question is asked them whether they have taken a medicine for pain or for fever in the last 24 hours. I am a nurse and many people do realize that the common pain relievers also relieve fevers. Should we up our game and do better at screening? You seem to be the wisest person on the government task force for the Coronavirus. I hope this reaches you.

Thanks,
Kathy Quinlan

P.S. Please practice social distancing during the White House briefing, etc. It is hard to watch all of you people bunched around the President and telling the public to stay 6 feet apart. If you do it maybe the others will follow suit.

Sent from my iPad

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:04:54 -0400
To: flippi 333333
Subject: Re: Coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 5:22 PM, flippi 333333 (b) (6) wrote:

Dr. Fauci: Sending all **students home may be increasing the spread of Covid-19** in the US because the young people now off college, middle and high school, see this as a vacation to go out and frequent social businesses, parents are taking kids out to entertain them, and they are traveling to visit friends in other cities and states, all aiding the spread of Covid-19.

Please consider more strict MANDATES TO ENFORCE TEMPORARY CLOSING OF RESTAURANTS, BARS, BOWLING ALLIES, MOVIE THEATERS, MALLS or other places of gathering and TRAVEL ONLY IF IT IS AN EMERGENCY, to mitigate the increasing cases of Covid-19 in the US. People are clearly not taking the advice given to minimize social or public gatherings.

In order for our United States not to follow the same fate as Italy, we need mandated changes asap. Please consider telling **people over 60 or 65 to also stay home from work for a 2-week period.**

Thank you very much for your fine leadership in this critical matter.
Concerned parent and scientist,
Robbin.

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:02:51 -0400
To: Luanne Novak
Subject: Re: Corona virus suggestions

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 5:39 PM, Luanne Novak (b) (6) > wrote:

>

>

> Dear Dr. Fauci:

>

> First, thank you for your honest and forthright testimony and advice during this crisis. Your calm but serious approach is a great comfort to me. (b) (6)

>

>

> He is a Pharmacologist by training, and taught physiology at the School of Health Professions at Baylor College of Medicine until he retired in January. We have been discussing the COVID-19 situation and he has several suggestions. (b) (6).

>

> 1. Since South Korea got such a quick handle on this situation, could we buy their tests? Since it has taken such a long time for the US to gear up, could we not just buy their system turn-key?

>

> NPR reported that there is a national stockpile of respirators - when will those be released?

> 2. Since China appears to be back online, can the US contract with them to build mechanical respirators to replenish our "strategic reserve"?

>

> I hope that you will continue to be able to speak the truth, and that you stay healthy.

>

> Many thanks,

> Luanne Novak and David Johnson, PhD

> (b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:01:28 -0400
To: Daniel Gutstein
Subject: Re: Daniel Gutstein: Regarding Synagogue Services during the Covid-19 Pandemic

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 5:53 PM, Daniel Gutstein <(b) (6)> wrote:

>
>

> Dear Dr. Fauci,

> I would like to commend you for providing needed doses of stability and reassurance to our nation at this troubled time. Your knowledge and professionalism have been indispensable to the masses. I am an assistant to the rabbi of a Jewish congregation in Chicago which holds services thrice daily. Due to the tight-nit nature of the larger Jewish community, many synagogues in the city and surrounding suburbs have closed indefinitely in order to limit the community spread of the Covid-19 virus. (One person visiting the community from New York and who interacted with numerous individuals has so far tested positive.) Our synagogue is few in parishioners though is an essential sanctum of sustenance and faith to those who make usage of its services. We would like to keep our doors open for the longest duration possible but remain cognizant of the realities of the pandemic. Considering that we gather in a sanctuary of impressive size with usually no more than 20 members who are stationed at a distance apart from one another, would it be responsible to continue services for the remainder of the week and this upcoming Sabbath so long as no specific member of the congregation itself has contracted the virus?

> Thank you.

> Wishing you sustained health and much success,

> Daniel Gutstein

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 23:00:03 +0000
To: Talbert, Patricia Y
Subject: Re: Public Health 101: -- Please listen to my Public Health Cry/Recommendation
Attachments: Outlook-1516124588.jpg

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:14 PM, Talbert, Patricia Y <patricia.talbert@howard.edu> wrote:

Greetings Dr. Fauci,
As you know, we are currently experiencing a public health pandemic, Coronavirus (COVID-19). I am asking that you take a moment to listen to Fareed Zakaria's show that was aired today, Sunday, March 15, 2020, at (<https://www.cnn.com/shows/fareed-zakaria-gps>). Please listen to the message and review the attached chart that was presented on Fareed's show. This is NOT about politics, but instead the people. Therefore, **let's call to action** that the United States of America government officials and leaders call for a mandate similar to other countries, such as China, Italy, and Spain (i.e., now, New York & Illinois) to help reduce the spread of this virus, flatten the curve, reduce the inundation to our healthcare system, (which is about to experience the worst morbidity and mortality outcomes), and work to save lives.
There are too many unknowns for us to continue to go on as status quo. Let's be public health officials and petition to mandate the US Administration to move to action – by putting in place a Mandatory Shutdown of Movement throughout this Country.

Currently, we have approximately (9 airports in the United States) in total chaos, which will be another wave and spread of this virus. We are not proactive; instead, we continue to react late. This is not the public health that I know and have seen throughout the duration of my public health vocation. We have to change this Pandemic, so let's get to work.

#Cry for Pubic Health Action Needed -----**We need this Administration/Government Committee to LockDown the United States of America. This can slow down the spread of this disease, save lives, and maybe within 30 days we can get back on our feet.**

Warm and sincere regards - please push action.

Dr. Pat Talbert

Dr. Pat Y.B. Talbert

Patricia Y. B. Talbert, PhD, MPH, MS, CPHA, CHES, cPHN

Associate Dean of Academic Affairs and Administration

Howard University, College of Nursing and Allied Health Sciences

Health Sciences Executive Suite, Towers 6000

2041 Georgia Avenue NW

Washington DC 20059

Email: patricia.talbert@howard.edu

Howard U: <https://home.howard.edu/>

CNAHS: <https://cnahs.howard.edu/>

Cell#: (b) (6)

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Rev. Martin Luther King, Jr.

"Once a task is just begun, never leave it till it's done. Be the labour great or small, do it well or not at all." Quincy Jones

<Outlook-1516124588.jpg>

<COVID-19 Testing Data 2020.jpeg>



150

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1867 - 2017

Excellence in Truth and Service

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:40 -0400
To: Lindley Lee
Subject: Re: Under 10 Minute P-O-C Testing Reported by Colorado

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, Lindley Lee (b) (6) >wrote:

Dr. Fauci,

I am not sure you are aware, but there is already a point-of-care solution available for Coronavirus, and the Denver newsrooms have been reporting about it. 9News and FoxNews are all reporting about Aytu BioScience of Englewood, Colorado. The kits have already been used in China, and are immediately available to assist burden the testing time and backlog. Who do we need to inform of this already available option? Thank you.

Regards,

Lindley Lee

(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:19 -0400
To: JOHN Lightbody
Subject: Re: Thank You!

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, JOHN Lightbody (b) (6) wrote:

Dear Dr. Fauci,
Thank you for your service and your honesty.
It is difficult for me to watch you telling the truth with all of the people of the
Trump Administration spouting lies constantly!
Keep up the good work!
Our prayers are with you and those who are working to help this country
deal with this coronavirus.
Sincerely,
Sonja C. Lightbody
(proud (b) (6) Federal employee)
(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:06 -0400
To: Clarence Jones
Subject: Re: A Telemedicine Book to help Doctors & Staff Cope with the COVID-19 Overload

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, Clarence Jones <cjones@winning-newsmedia.com> wrote:

Dr. Fauci:

If your predictions come true, the entire medical system will soon be overwhelmed. Only massive use of telemedicine will be able to cope with the overload.

I'm a former TV reporter, now full-time writer, with nine books in print. One of them - "Webcam Savvy for Telemedicine" -- can help those in the medical community quickly learn how to use this medium. It is available at amazon.com in both print & digital versions. https://smile.amazon.com/Webcam-Savvy-Telemedicine-Clarence-Jones/dp/1546501894/ref=sr_1_fkmr0_1?keywords=webca%2C+savvy+for+telemedicine&qid=1584307097&sr=8-1-fkmr0

I'll attach a PDF copy to this message & also send the same message without an attachment, just in case your system rejects messages with attachments. I can also overnight you a print copy if you'd like. Bulk pricing is available for both print & digital versions.

You've become a rock star in the current crisis. As a long-time on-camera coach, I don't think I could teach you a THING you haven't already mastered. Congratulations.

--

Cheers,
Clarence Jones

(b) (6).

(b) (6)

Landline: (b) (6)

Cell: (b) (6)

website: www.winning-newsmedia.com

--

Books by Clarence Jones in both print and e-book versions:

--

[LED Basics: Choosing and Using the Magic Light](#)

[Sweetheart Scams - Online Dating's Billion-Dollar Swindle](#)

[They're Gonna Murder You - War Stories From My Life at the News Front](#)

[Winning with the News Media - A Self-Defense Manual When You're the Story](#)

[Webcam Savvy - For the Job or the News](#)

[Webcam Savvy - For Telemedicine](#)

[Filming Family History - How to Save Great Stories for Future Generations](#)

[Sailboat Projects - Clever Ideas and How to Make Them](#)

[More Sailboat Projects - Clever Ideas and How to Make Them](#)

<Webcam Savvy for Telemedicine & covers.pdf>

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:57:17 -0400
To: NIAID OD AM
Subject: Fwd: CANCELLATION amfAR Capitol Hill Briefing, Ending the HIV/AIDS Epidemic on Thursday, March 26th

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 15, 2020 at 6:25:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Folkers, Greg (NIH/NIAID) [E]" <(b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)
Subject: CANCELLATION amfAR Capitol Hill Briefing, Ending the HIV/AIDS Epidemic on Thursday, March 26th
Reply-To: (b) (6)

Dear Tony:
amfAR, The Foundation for AIDS Research will be postponing our Capitol Hill Briefing, "Ending the HIV/AIDS Pandemic: Lessons Learned for the Coronavirus Outbreak" planned for Thursday, March 26th, due to the declaration of a National Emergency in our country.

Once the coronavirus public health crisis abates, amfAR will reschedule the briefing and hope that you will be able to speak as planned. At that meeting, you and several other of our nation's leading health officials will address two pandemics - AIDS and COVID-19, and the lessons learned from fighting both of these diseases. We will very much look forward to hearing your perspectives about global initiatives for ending AIDS and the work done to eradicate the coronavirus pandemic. We know your remarks will help provide a roadmap for ending HIV and other infectious disease threats now and in the years ahead.

I was proud to see the contributions of the US Public Health Service highlighted in today's WH briefing. You did an excellent job with your remarks.

Thanks for your work and dedication to safeguarding and advancing global health. Hope we get a chance to catch up soon.

Sincerely,

Susan

Susan Blumenthal, MD, MPA
Senior Policy and Medical Advisor, amfAR
Rear Admiral (ret)
Former US Assistant Surgeon General
First Deputy Asst Secretary for Women's Health

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:56:55 -0400
To: Linda Jones
Subject: Re: Emulating Social Distancing During Press Conference

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 6:25 PM, Linda Jones (b) (6) > wrote:
>
> Thank you so much for all your EXTREMELY IMPORTANT info on COVID-19. You are a national treasure.
> Please emulate Social Distancing during ALL press conferences and the press Corp as well.
> Please be safe and stay well.
> Linda Jones
>
> Sent from my iPad

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:55:37 -0400
To: el
Subject: Re: Coronavirus Cases in New Jersey

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:30 PM, el (b) (6) wrote:

Dear Dr. Fauci,
My apologies if you have already spoken with Mike Maron, but it seems the political machine here in New Jersey is ignoring our own medical experts and I thought it important that your team be aware of how this crisis is manifesting on the front lines:
<https://www.roi-nj.com/2020/03/14/opinion/life-at-the-epicenter-of-n-j-s-coronavirus-outbreak/>
Our family is keeping you and your team in our thoughts and prayers.

With infinite respect for you and the daunting task you face,
Rosanna Galluccio

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:52:24 -0400
To: Eva Sperling MD
Subject: Re: For your urgent attention (COVID-19)

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 15, 2020, at 6:38 PM, Eva Sperling MD (b) (6) wrote:

Dear Dr. Fauci,
Thank you for your leadership during the current COVID-19 crisis. We're writing to ask you to consider spearheading an additional initiative in this effort.

As you know, one of our greatest immediate needs is an adequate supply of **ventilators for use in hospitals**. We will face a severe shortage of this crucial equipment during a surge of COVID-19 hospitalizations. This will create a bottleneck in our ability to deliver care, a situation where we have to triage who should live and who should die. Tragically, we see this happening already in Italy. This is a situation we must avoid.

So we propose to immediately help existing factories to increase production, to convert other existing factories for the production of ventilators and to build new factories to do so.

Some of this will take a long time to accomplish but this pandemic is also predicted to be with us for a long time. We must stay ahead.

We should make an all-out effort to supply our hospitals properly and quickly. We are in a time of war and we must make the commensurate effort now.

We believe we have the knowledge and the resources to do such a thing.

We just need the will, and the leadership.

We're writing to urge you to use your position of leadership to make this happen.

Here is a link to NPR's report on this crucial issue: <https://www.npr.org/sections/health-shots/2020/03/14/815675678/as-the-pandemic-spreads-will-there-be-enough-ventilators>

Thank you,

Eva Sperling, MD
Elisabeth Sperling

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:33:20 -0400
To: Xiaoyang Hua, M.D., Ph.D.
Subject: Re: COVID-19 some suggestions

Thank you for your note

Sent from my iPhone

> On Mar 15, 2020, at 3:17 PM, Xiaoyang Hua, M.D., Ph.D. (b) (6) > wrote:

>

> Dear Dr. Fauci:

> I am writing to you to express my deepest concerns on the COVID-19 outbreak in the USA and would like to share some thoughts with you.

>

> I am a (b) (6) and an otolaryngologist at the Duke Medical Center. I completed my training in Otolaryngology at the University of Iowa in 2019. From 2013 to 2015, I did a research fellowship with Dr. Stanley Perlman, an expert in coronavirus, to study SARS. Before I came to the States, I was an ENT doctor and had worked in the epicenter of the COVID-19 outbreak, Wuhan, China for several years. Many of my friends, neighbors, and colleagues were infected. Some of them have died or are dying. I truly appreciate what you have done to wake the Americans and warn them about this dangerous virus outbreak. I hope we are not repeating the mistakes that the Chinese and Italians have made earlier.

>

> I know many physicians and nurses who have been on the frontlines against this coronavirus outbreak in Wuhan China. Over the past a couple of months, I have been communicating with them about the COVID-19 outbreak. I have obtained much firsthand information about this virus from medical professionals, including the ICU directors of major hospitals in Wuhan. Here I want to share some thoughts with you and hope that I can help prevent the worst in the USA.

>

> For the government:

>

> 1. Close all public schools immediately. My family is in (b) (6). They are yet to decide if they should close the schools after the spring break. This is one example that has concerned me a lot. In the email from the (b) (6) School District, quote: "there are many factors to be considered any time a decision is made to close schools. These factors range from evaluating the consequences of missed instruction to providing meals to students who rely on the school's food service program", this is extremely short-sighted. These factors, as quoted above, will be very minor issues and easier to handle, compared with the potential catastrophic consequences should the virus outbreak be out of control and have paralyzed our already-overwhelmed medical system in the USA. I hope the federal government can issue an administrative order to close the public schools.

>

> 2. Cancel or postpone any large gathering events more than 20 people. Use tele-conference if necessary.

>

> 3. Every county in this country should have contingent plan in place and have one or several isolation facilities/temporary shelters in the remote areas using college dorms or hotels, in preparation of future large outbreaks of COVID-19 in the community.

>

> 4. Work with local or state media to inform the public of the status of basic life necessity (e.g. food, water, tissue paper) and essential medical supplies (including PPE). If there is a shortage, the estimated back-to-stock timeline should be provided. For PPEs, if the shortage cannot be solved within a short period of time, they should be saved for those who truly need them including medical professionals treating patients with COVID-19. All local medical supply businesses should turn in their inventories since the State Emergency has been declared. These timely updates will provide assurance to the public to avoid panic and chaos.

- >
- > 5. Encourage online shopping and drive-thru pick-up including groceries. Help the local businesses to expand their delivering capacities.
- >
- > 6. Provide the public live updates on the outbreak, including the number of confirmed cases, their current clinical status, strategies of tracing their close contacts, as well as the number of total cases being tested. From what I have learned, the more transparent the government is, the less panic the public will be.
- >
- > 7. Issue laws that prohibit intentional spread of COVID-19, irresponsible behaviors that put other innocent people or medical professionals at risk of contracting the virus.
- >
- >
- >
- > For medical professionals:
- >
- > Early January in Wuhan, many patients very likely contracted COVID-19 in the local hospitals when they visited their physicians for other medical conditions. In addition, the medical system in Wuhan China was almost paralyzed at that time. One of major reasons is that many medical professionals were infected and sick. The medical professionals are the backbone in the fight against this virus outbreak. We need to prepare for the worst scenario that this outbreak can last for a few or several months. We need to protect our medical professionals first.
- >
- > 1. Set up a centralized Fever/COVID-19 hotline operated by trained provider/nursing staff. This telephone line can use the current available state information hotline, with expanded functions serving as a gatekeeper and triage mechanism for potential COVID-19 patients to receive guidance on where to seek help before visiting a busy clinic, an urgent care, or a hospital emergency room to minimize the chances of cross-infection and over-whelming large medical centers.
- >
- > 2. Establish designated Fever/COVID-19 clinics or hospitals led by well-trained ID teams (MD, NP), especially in highly populated areas. These clinics will serve as the secondary triage and referral centers for the aforementioned Fever/COVID-19 hotline, plus for primary care clinics that are not equipped with adequate staff and testing tools. These clinics should have adequate staff including physicians and middle level providers, equipped with testing kits to perform COVID-19 test onsite. They should have the capacity of testing drive-through patients, securing airway for ventilation if needed before transferring severe patients to tertiary medical facilities. They should be operated collaboratively with larger healthcare systems like U Iowa, Unity Point, and Mercy who are setting up their own isolated COVID-19 centers for more severe cases.
- >
- > 3. Establish a clear communication and transfer protocol between Fever/COVID-19 hotlines, clinics and treating hospitals for management of suspicious and confirmed cases. For those with mild COVID-19 infection, they should be self-quarantined at home and monitored closely and remotely. If they cannot perform self-quarantine safely, such as living by themselves or in nursing homes, they should be kept in the county isolation facilities (as mentioned above), being monitored there.
- >
- > 4. If drive-through testing is available at CVS or Walgreen, patients with positive results should call the hotline or their PCPs first if clinically stable to receive guidance for self-quarantine, monitoring and follow-up. If they cannot perform self-quarantine safely, they should be kept in the county isolation facilities as mentioned above.
- >
- > 5. Inform the public and other healthcare providers of the availability of these Fever/COVID-19 hotline and clinics, encouraging patients with symptoms to utilize these resources first before visiting clinics, emergency rooms to reduce the chances of cross-infection, and the burden on large medical centers.
- >
- > 6. Encourage medical professionals to call their clinic patients for screening. Allow the medical providers to postpone all non-urgent medical visits for annual checkups, stable and non-urgent chronic conditions et al.
- >
- > 7. Encourage all physicians and healthcare professionals who provide direct patient care to wear personal protective equipment (PPE) such as masks, eye shields and gloves to protect themselves and to minimize the chances of spreading the virus to other patients, if necessary or based on their screening phone calls.

>

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>

> Sincerely,

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>

> Kind regards,

> -----

> Xiaoyang Hua, MD/PhD

> Duke Head and Neck Surgery

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>

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:08:54 -0400
To: Jon LaPook
Subject: Re: TIME SENSITIVE; from Jon LaPook to Tony Fauci

I would not use an age number, but if you had to I would say 70. I would say “serious” underlying condition. Not sure about ACE inhibitors.

On Mar 15, 2020, at 3:01 PM, Jon LaPook (b) (6) > wrote:

Tony,

Since “elderly” means different things to different people (to me, it’s 10 years older than me – and I’m (b) (6), should I give a certain age after which people should voluntarily self-isolate now?

And for underlying conditions, should I say “serious underlying conditions” or leave it vague at “underlying medical conditions?” I think the more specific the better.

And, finally, I’m hearing that it’s puzzling that hypertension is such a risk factor and that perhaps people on ACE inhibitors are upregulating receptors for ACE2 in the lung. Any evidence of that? If so, maybe we should switch people off ACE inhibitors for now.

Thanks,
Jon

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, March 15, 2020 2:46 PM
To: Jon LaPook (b) (6) >
Subject: RE: TIME SENSITIVE; from Jon LaPook to Tony Fauci

Jon:

Looks quite good. I suggest that you lean out there and explicitly say that the elderly and certainly those with underlying conditions should voluntarily self-isolate now.

Best regards,
Tony

From: Jon LaPook (b) (6)
Sent: Sunday, March 15, 2020 2:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: TIME SENSITIVE; from Jon LaPook to Tony Fauci

Hi Tony,

I would like to post this widely today, but want your input first. Can you please make suggestions/additions/corrections?

Thanks so much!

Jon

The World Health Organization has declared the Covid-19 outbreak to be a pandemic -- official recognition that the virus respects no borders and now affects masses of people in countries all over the world. And there is no denying the world is changing, in painful ways. We see it in financial markets, where prices are plunging -- and in supermarkets, where customers are stripping shelves bare. All driven by fear, as the number of virus cases grows with each passing day. While we may feel powerless over this threat, we are not. There are important things we can and must do -- and right now.

To borrow a phrase from the war on terror, the coronavirus only has to be right once to infect us. We have to be right every time to prevent it. So, every time you cough or sneeze, use a tissue or the crook of your arm. Every time you think of it, wash your hands -- as frequently as you can. Every time you can, practice "social distancing" -- stay away from others during this outbreak. Social distancing is now being enforced throughout our society. Schools are closing, sporting events of every kind are being canceled. The curtain has even come down on Broadway shows as the Great White Way goes dark.

Despite our best efforts, it's likely many of us will eventually get infected by the virus, since we have no immunity to it. If that's the case, you may ask, does it really matter **when** we get infected? The answer is a resounding yes! And here's why: slowing the spread of coronavirus -- and consequently delaying infections -- can make an enormous difference in our ability to handle the pandemic.

Take a look at this illustration. It appeared in the Economist and is based on a CDC report. The blue curve shows what happens when you do nothing. The number of infections peaks relatively quickly. This can overwhelm a healthcare system that is not prepared to handle such a huge number of patients. Emergency rooms and hospitals can become overloaded. We may see shortages of medical supplies -- including protective gear and breathing machines -- and shortages of healthcare workers, especially if many of them become infected. But look at the yellow curve. It shows what can happen when you slow the epidemic. The outbreak is stretched out. And while it may last longer, the peak number of infections is much lower, putting less stress on the healthcare system and allowing better care for each patient. It also gives scientists more time to develop new treatments and vaccines.

Is there any evidence this works? Absolutely, especially when coupled with the time-proven technique of aggressive testing to find and isolate infected people as early as possible. In China, where there has been strict quarantine and social distancing in the epicenter of the outbreak, new infections have dramatically slowed. In South Korea, where health officials cleverly used drive-through testing, we're also seeing the number of new cases slow down. And there's a history lesson from the 1918 flu pandemic. Back then, Philadelphia held a parade attended by several hundred thousand people. Soon, every hospital bed in the city reportedly was filled with sick patients. Saint Louis, on the other hand, practiced social isolation and saw fewer cases.

So we have work to do, and it won't be easy, because it means changing the way we live our daily lives and how we interact with our neighbors. And we have to start now -- when we can make the most difference.

And here's something we need to keep in mind. We are all in this together. So even as we keep a distance from each other physically, we need to stay close emotionally. Social isolation is bad for your health! If ever there was a time to call or video chat with friends and loved ones. And don't forget to reach out to the elderly --who may be alone and afraid.

Demonstrating grace under pressure is easier said than done. But that is this doctor's prescription for getting through this. And, if we treat each other with kindness and empathy, we **will**.

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

PLEASE NOTE: IF YOU LEAVE ME A MEDICAL MESSAGE AND DO NOT HEAR BACK WITHIN 24 HOURS, PLEASE CALL MY OFFICE AT [646-754-2000](tel:646-754-2000). PLEASE NEVER LEAVE AN EMAIL ABOUT AN URGENT MEDICAL ISSUE.

This message is confidential.

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From: (b) (6)
Sent: Sun, 15 Mar 2020 15:02:52 -0400
To: Liz
Subject: Re: Concern for young 'Vapers' population; this will be serious for them. Vaping was already it's own epidemic.

Good point

> On Mar 15, 2020, at 2:42 PM, Liz (b) (6) wrote:
>
> Hello Dr. Fauci,
>
> I hope you will see this message. The subject line is part of the equation, for Covid-19, in the US which is an unknown. I am highly concerned how It will affect this group. Please let all healthcare systems know to be aware and have this on their radar. We keep hearing it's for older adults but it's for people with compromised lungs among other all pre-existing conditions you've mentioned.
>
> Sincerely,
> Lyzzy Crouse

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 15:02:32 -0400
To: Schuchat, Anne MD (CDC/OD)
Subject: Fwd: Concern for young 'Vapers' population; this will be serious for them.
Vaping was already it's own epidemic.

This person makes a good point.

Begin forwarded message:

From: Liz [REDACTED] (b) (6) >
Date: March 15, 2020 at 2:42:24 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)
Subject: **Concern for young 'Vapers' population; this will be serious for them.
Vaping was already it's own epidemic.**

Hello Dr. Fauci,

I hope you will see this message. The subject line is part of the equation, for Covid-19, in the US which is an unknown. I am highly concerned how It will affect this group. Please let all healthcare systems know to be aware and have this on their radar. We keep hearing it's for older adults but it's for people with compromised lungs among other all pre-existing conditions you've mentioned.

Sincerely,
Lyzzy Crouse

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 18:33:06 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Tools that may help you

Please handle.

From: Landrigan, David (b) (6)
Sent: Sunday, March 15, 2020 1:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6)
Subject: Tools that may help you

Tony,

It has been about 20 years since you and I talked about SARS and my model that David Williams at WHO used. I didn't know if your old email still worked, so I'm using the directory listing by NIH in addition. I have some ideas to share with you about the use of tools in the current war on covid-19.

Your 'close the bars' statement is right on target with what I was writing when I heard you say it. It was a great illustration counterintuitive to what will work. You could have more correctly said keep the bars open only to those in their twenties and thirties. Five minutes later Mayor DeBlasio said everything is on the table including closing bars and restaurants! Below you will see me argue why there are better approaches and this total closure approach is the wrong move. Selective participation will work in our favor to blunt the curve! Total closure will not work and can work against us!

In a period of two weeks demand for medical treatment can go from 50% of hospital capacity to 200% due to disease progression and binomial expansion. You know the math and ideas, so there's no need to go into them. There is a need to closely consider how available tools are being used to mitigate an overwhelming of the health care system. I can tell you now that what needs to be done isn't being done and that the road we are on now will at most postpone crossing the threshold of 100% capacity. It will not achieve the desired result of distributing cases over a greater time period so that being overwhelmed is avoided.

Consider the curves:

The 'without protective measures' curve is the normal distribution as modeled by the binomial distribution. The 'with protective measures' distribution is what we want to achieve, although that would be foreign to an experimentalist. We don't want the number of cases to exceed capacity as indicated by the horizontal dotted line. If the 'protective measures' are social distancing, school closings, entertainment/sporting cancelations, restaurant closings, and hygiene and similar uniformly applied measures, the 'with' curve should have a shape similar to the 'without' curve, just shifted to the right, unless there is some unpartitioned factor interaction. The flattened curve WILL NOT RESULT because errors should be random and SAMENESS OF TREATMENT PRODUCES SAMENESS OF EFFECT. With UNIFORM application of measures the curve after application will still exceed a height showing the system capacity has been exceeded.

We could expect to flatten the mesokurtic 'without' curve into the platykurtic 'with' curve by systematic time staggering in the use of the protective measures and selectively applying the measures to drive toward herd immunity. As immunity builds toward HIT (Herd Immunity Threshold), there will be greater and greater slowing of infections as the linkages for transmission decrease. There are two points to consider here.

The first point is whether measures should be applied in a uniform and blanket manner. The answer is typically no when the effect is on an existing population because the curve won't flatten. There are two aspects of the application of measures to consider. Is the effect of the application defining the population or is it an effect within a defined population. In the instance of halting all air traffic to the US from China, the population is being defined and altered if influx is allowed and that would both increase the infections and population turbulence. There would be movement away from HIT. Any measure such as people influx, which moves the US away from HIT, is to be avoided.

School, restaurant, and sporting event closings need to be examined in relationship to their impact on an existing, not an increasing population. The actions have many criteria to influence them, but from the viewpoint of keeping the healthcare system from becoming overwhelmed closings that are staggered, variable, and alternating will work to increase movement toward HIT and promote flattening of the 'with' curve.

The second point to consider is whether we can move the US toward HIT by age selective application of available measures. The answer is yes and this could provide the best tool. Susceptibility and strengths of covid-19 infections covary with age. People less than 30 rarely have severe infections and the younger ones may not become infected. People under 40 show a low frequency of severe infection. It will be important to know if there is a large age cohort exempt from infection because that would undermine part of the result from selective application of measures or limit the sampling age because these people wouldn't develop immunity, but might contribute to delaying herd effects. If they develop immunity their contribution can be substantial and they can be kept separated from more vulnerable people until and unless it is established that there isn't a need.

Opening night clubs, sporting events, restaurants, and other places to people in their twenties and thirties will build immunities, break infection transmission links, and move toward HIT with little or no risk to the people or the rest of the herd. Have admission to the venues by existing ID, like a driver's license with age, and have agreement that they do not mingle with vulnerable older people. Leaving the bars open to people in their 20's and 30's will flatten the curve!

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 18:32:34 +0000
To: Birx, Deborah L. EOP/NSC
Subject: RE: [EXTERNAL] CNN question/German vaccine company?

This is the first that I have heard anything about this subject.

From: Birx, Deborah L. EOP/NSC [REDACTED] (b) (6) >
Sent: Sunday, March 15, 2020 1:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Fwd: [EXTERNAL] CNN question/German vaccine company?

Do you know anything about this?

Sent from my iPhone

Begin forwarded message:

From: "Miller, Katie R. EOP/OVP" [REDACTED] (b) (6)
Date: March 15, 2020 at 1:14:28 PM EDT
To: "Birx, Deborah L. EOP/NSC" [REDACTED] (b) (6) >
Subject: Fwd: [EXTERNAL] CNN question/German vaccine company?

Sent from my iPhone

Begin forwarded message:

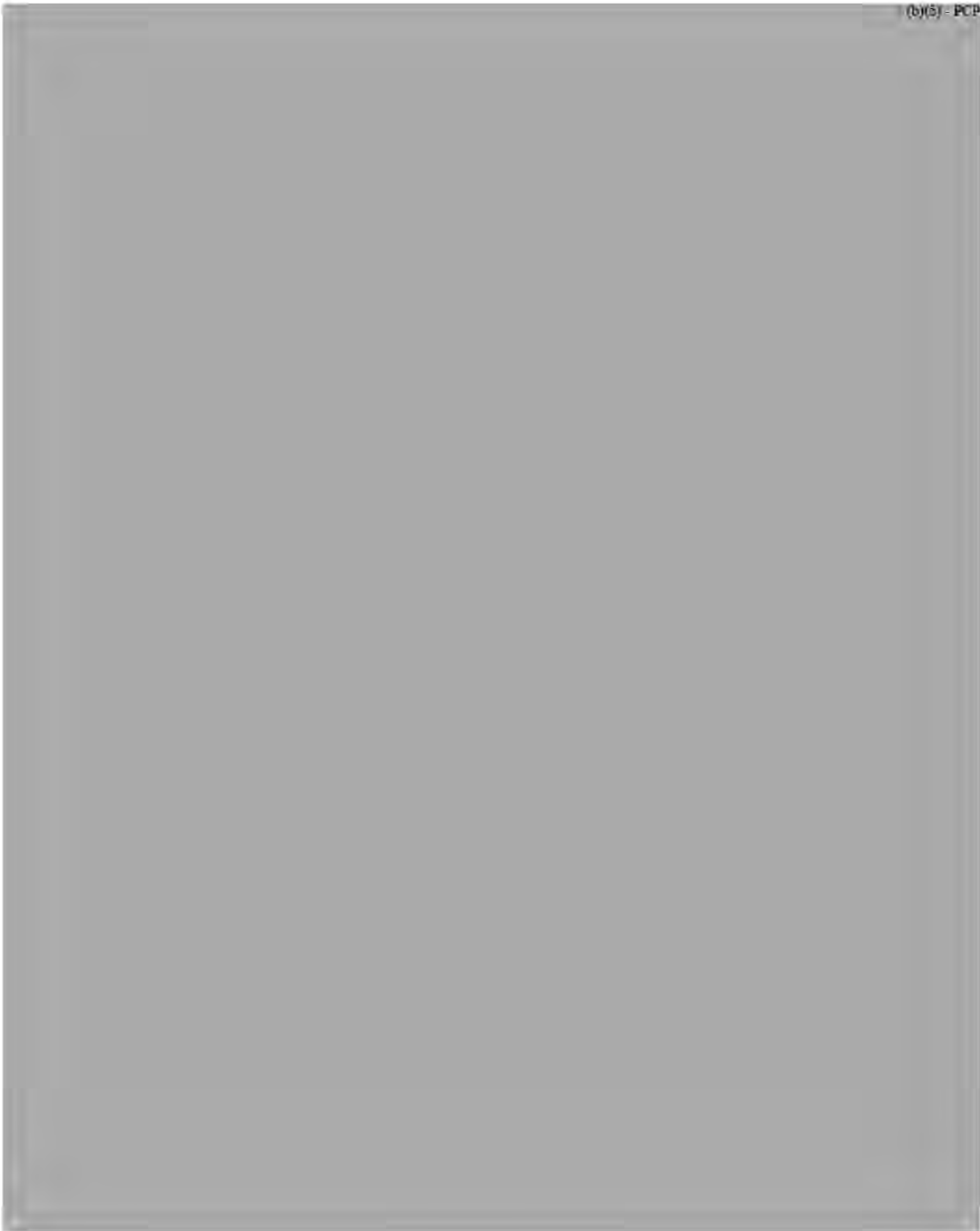
From: "Liptak, Kevin" <Kevin.Liptak@turner.com>
Date: March 15, 2020 at 1:09:32 PM EDT
To: "Miller, Katie R. EOP/OVP" [REDACTED] (b) (6) >, "Fetalvo, Ninio J. EOP/OVP" [REDACTED] (b) (6) >, DL NSC Press [REDACTED] (b) (6) >
Subject: [EXTERNAL] CNN question/German vaccine company?

Afternoon — checking to see whether the White House has any comment on these allegations in German media that President Trump is offering large sums of money to lure a German vaccine maker to the United States? ><https://www.reuters.com/article/us-health-coronavirus-germany-usa-idUSKBN2120IV><

Thanks
Kevin

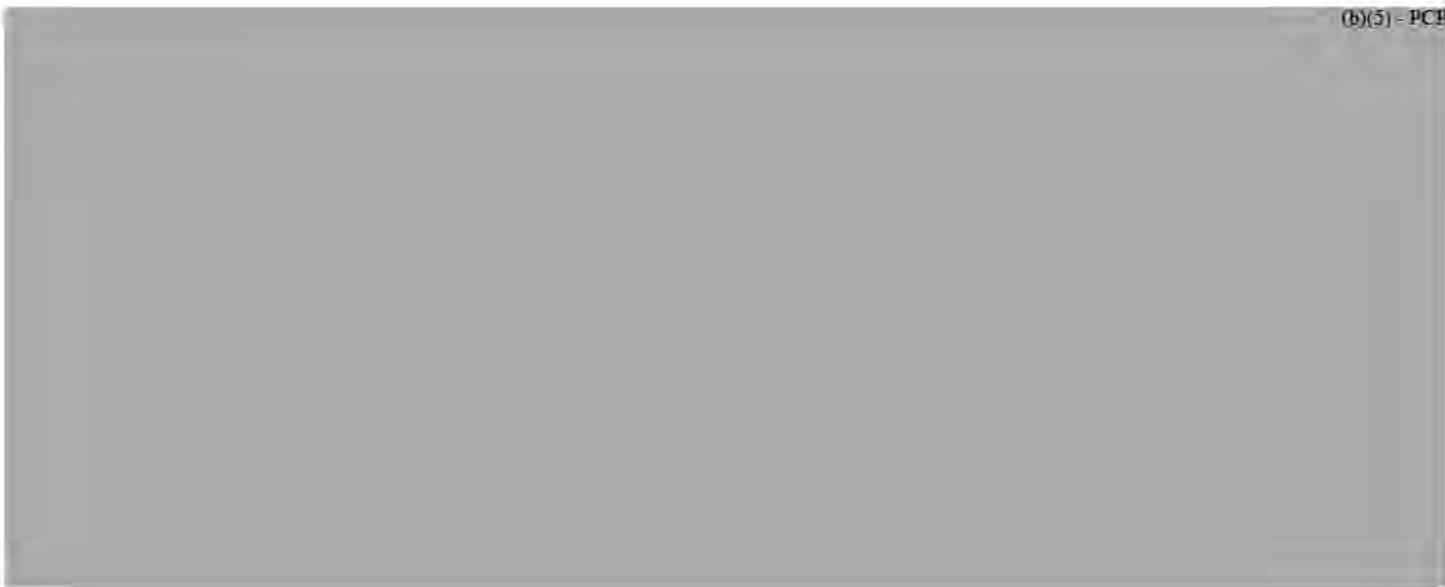
Kevin Liptak
CNN White House

(b) (6)









From: (b) (6)
Sent: Sun, 15 Mar 2020 13:30:08 -0400
To: Soumya Jayaraj
Subject: Re: Concern about Covid spread in South Padre Island Texas

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:29 PM, Soumya Jayaraj (b) (6) wrote:

Hello Dr. Fauci,

I hope you get to read this and you can do something about it. I am writing from (b) (6). Here at South Padre Island spring break events are going in full swing with no concern whatsoever about coronavirus spread. We do not have positive cases yet in the Rio Grande Valley but this is inviting the disease here.

People come from all over USA, especially students in huge numbers for spring break to SPI. In spite of repeated requests by press and general public the authorities have not shut down the event. I am attaching a couple of articles below . It is very concerning to see the authorities do not seem to understand the gravity of the situation and the importance of social distancing which is the need of the hour. Kindly look into this and please do what you can to put a stop to this.

Please note the crowd is expected to increase next week.

Appreciate your help.

Thanks
Regards
Soumya Jayaraj

<https://www.themonitor.com/2020/03/12/spi-spring-break-continue/>

<https://www.facebook.com/KRGVChristian/videos/195404708568768/>

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:29:23 -0400
To: Daphne Coley
Subject: Re: Confidence in you

Thank you for your note
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 1:22 PM, Daphne Coley (b) (6) wrote:
>
> Dear Dr. Fauci,
>
> Out of this whole mess you are the voice of reason that is most comforting. Your intelligence, calm demeanor and lack of personal agenda (I hope) come through in your explanations of this recent crisis.
>
> I have read how many lives that you saved during the AIDS crisis and laude you for it. I trust, given enough rein, that you can do it for the COVID-19 crisis.
>
> You must be feeling the weight of crushing political and media forces ___ a real tightrope. Then, of course you do have to worry about the illness itself, which should be your primary concern but might be problematic given the infighting and
> territorial nature of politics.
>
> Anyway, I wanted you to know that you have a real fan in (b) (6). If there are two there are many, many more. Just keep on doing what you do so well and know that you are appreciated by lots of Americans.
>
> Best,
> Daphne Coley

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:28:26 -0400
To: rclavalle
Subject: Re: Thank you!

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:25 PM, rclavalle (b) (6) >wrote:

Good afternoon Sir,

Thank you for your continued vigilance in protecting the American people. Your wise guidance regarding a temporary national lockdown may greatly help in reducing the spread of COVID-19.

If this action were to occur it should be in phases:

Phase 1: Federal Quarantine. Effective Immediately until 4 MAY 2020 (or further notice) - ONLY Key and Essential federal employees of all agencies (IC included) should report to work. Everyone else is on administrative leave. While buildings are empty, staff remaining should conduct deep cleaning (air systems, etc.) to ensure a healthy environment when employees come back to work.

Phase 2: Federal recall: Beginning 4 MAY 2020, federal employees are called back to work on an as-needed basis (indefinitely) depending on how the virus trends. Excluding postal workers, that accounts for nearly 2 million full-time employees. There should be a mandatory home-quarantine so people are not out spreading the disease.

Phase 3: Mitigation and recovery. Federal agencies need to produce mitigation measures (crisis action plans) should something of this nature occur in the future. Federal agencies must be ready to respond in an organized manner when a crisis occurs.

Throughout this COVID-19 event, military and law enforcement must have an increased presence to prevent mass hysteria and mob mentality. Increased military and law enforcement presence may help enforce the home quarantine measures and prevent looting and other crimes that tend to occur during crisis events.

The National messages may include the following:

The top priority is the safety and security of the people
We will make decisions based on health guidance and current conditions here and elsewhere
We will get through this together (share resources, express kindness etc.)
We need to care for each other - It is vital it is to unite around this crisis
As a Nation, we need to come together as a community to survive this international disaster
This health crisis is challenging each of us to make sacrifices and implement changes out of the norm.
Ultimately, this crisis is not about us. It's about our responsibility to each other.
Thank you for all you are doing during this difficult time.

Thank you, Sir, for taking the time to review this correspondence.

Best regards,
RC LaValle-McIntosh

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:21:50 -0400
To: Laetitia Moreau
Subject: Re: Alert: ADVIL = killer with COVID19 , references and more

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:16 PM, Laetitia Moreau
(b) (6) wrote:

Estimated doctor Fauci
with covid there are dos and don'ts.
An important DON'T first and a DO here
I heard from France and Europe. USA to be advised.

**Self medication / Unecessary medication of Advil
&corticoids is highly dangerous with Covid**

4 young adults were in critical conditions in France
with no special reasons except they self medicated on
Advil

https://www.theguardian.com/world/2020/mar/14/anti-inflammatory-drugs-may-aggravate-coronavirus-infection?CMP=share_btn_tw

In French news

<https://www.lefigaro.fr/sciences/coronavirus-alerte-sur-1-ibuprofene-et-autres-anti-inflammatoires-20200314>

French people directly instructed by Health Minister to
avoid Advil

<https://twitter.com/olivierveran/status/1238776545398923264>

Reference articles

<https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930116-8>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30317-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30317-2/fulltext)

Also about Do. I have been sharing about sleep / morning sun and covid.

Sleep protects against virus. We should keep standard time permanently. A good move already in normal times. Covid is an additional reason.

<https://www.ucsf.edu/news/2015/08/131411/short-sleepers-are-four-times-more-likely-catch-cold>

<https://www.ncbi.nlm.nih.gov/pubmed/26118561>

"The impact of daytime light exposures on sleep and mood in office workers." High levels in the morning is associated with reduced sleep onset latency ... and increased sleep quality. [ncbi.nlm.nih.gov/pubmed/2852625](https://www.ncbi.nlm.nih.gov/pubmed/2852625)

Thank you for your work.

Laetitia Moreau

(b) (6)

<>

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:19:05 -0400
To: (b) (6)
Subject: Re: Suggestion for the Coronavirus Task Force

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 12:05 PM, (b) (6)
>wrote:

Dear Director Fauci,
While important stores with pharmacies (Walmart, CVS, Walgreens) remain open, many elderly folks are afraid to enter due to the mixing of young and old and the increased risk of coronavirus exposure. I suggest that these stores designate certain hours for for those 60 years of age and older. Now that stores are reducing hours to clean and restock the stores overnight, the best hours might be first thing in the morning. For example for Walmart, the hours designated for those 60 and over could be 6 a.m. to 9 a.m. This could reduce their exposure to younger people who might have the virus but who are asymptomatic (or relatively so). This same idea could be applied to grocery stores.

Best wishes

Alan R. Ertle, MD, MPH, MBA

(b) (6)

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 13:17:01 -0400
To: Herb
Subject: Re: Coronavirus

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 12:24 PM, Herb [REDACTED] (b) (6) wrote:

You may want to know that [REDACTED] (b) (6)
[REDACTED] I feel that the
information I have might be of interest to your position in this matter. If so, please reply by
return email. Thank you. Herbert E. Johnson

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Sun, 15 Mar 2020 12:02:05 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Request for interview

Sent from my iPhone

Begin forwarded message:

From: Larry Milian <lmilian@slammiami.com>
Date: March 15, 2020 at 10:42:39 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: Larry Milian <lmilian@slammiami.com>
Subject: Request for interview

Dr. Fauci,

My name is Larry "The Amigo" Milian and I am the National General Manager and Program Director for SLAM Radio on Sirius XM 145. I would like to respectfully request to have you on with me on my national morning show to update and discuss Coronavirus.

I will be on air tomorrow starting at 7am est. While my show normally ends at 11am, I have decided to stay on air in order to keep our listeners properly informed.

I would like to thank you in advance. Kindly email me or call me back ((b) (6)) and let me know what might be the best time to come in the air with me.

Larry "The Amigo" Milian
National General Manager/Program Director
SLAM Radio on Sirius XM - Channel 145
LMilian@SLAMMiami.com
(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 11:57:49 -0400
To: Alex Tanner
Subject: Re: Nasal spray

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 15, 2020, at 11:56 AM, Alex Tanner (b) (6) > wrote:
>
> Greetings Dr. Fauci:
>
> Wouldn't some concoction/ratio of bleach to water put in a nose spray bottle help prevent or kill covid-19? What
> about hydrogen peroxide?
>
> Regards,
> Alex
>
> Charles A Tanner
> (b) (6)
>
> Sent from my iPhone

From: (b) (6)
Sent: Sun, 15 Mar 2020 11:57:34 -0400
To: Deborah Lowery
Subject: Re: Hospitalization of covid-19 positive patients

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 15, 2020, at 11:57 AM, Deborah Lowery (b) (6) > wrote:

>

> Every large US city has several hospitals within city limits. Would it be possible to set up at least one hospital for ONLY covid-19 positive patients requiring hospitalization. This could help prevent transfer of virus to those hospitalized that do not have the virus and could help reduce the need for more personal protective supplies needed for staff, since only those staff at that particular hospital would be taking care of those with covid-19. Thank You for your time.

> Deborah Lowery

From: (b) (6)
Sent: Sun, 15 Mar 2020 10:17:01 -0400
To: Esam.Almarzouq
Subject: Re: God bless you all

Thank you for your kind note.

- > On Mar 15, 2020, at 10:13 AM, Esam.Almarzouq <esam.almarzouq@jsgroup.com.kw> wrote:
- >
- > Dear Dr Anthony
- >
- > My name is Esam AlMarzouq from (b) (6) a country that I am sure you know. My daughter is studying in one of the universities in (b) (6)
- >
- > I just wanted to take the opportunity to say God bless you for all the effort taken by you along with your colleagues in NIAID and President office to contain CoronaVirus. I am confident, with God help we shall all overcome Covid-19 pandemic.
- >
- > All the best wishes to you all
- >
- > Regards
- > Esam AlMarzouq
- > CEO - JS GROUP, private company in the area of general trading and construction in Kuwait

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 09:28:21 -0400
To: Mary Lane
Subject: Re: Honest Communication

Thanks!

> On Mar 15, 2020, at 9:17 AM, Mary Lane [REDACTED] (b) (6) > wrote:
>
> Thank you so much for being honest about the coronavirus. We feel we can trust what you say!
>
> Sent from my iPhone

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 09:15:29 -0400
To: NIAID Public Inquiries
Subject: Fwd: Indigenous Peoples - Bat Guano Harvesters - COVID-19

Sent from my iPhone

Begin forwarded message:

From: Geoffrey Wilcox [REDACTED] (b) (6)
Date: March 15, 2020 at 9:11:50 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <[REDACTED] (b) (6)>
Subject: Indigenous Peoples - Bat Guano Harvesters - COVID-19

Dear Mr Fauci:

Is it possible to be immune to the virus? What if any research has been done on the indigenous people around the world, including the US, that have harvested guano for centuries?

Geoff Wilcox

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:58:46 +0000
To: Collins, Francis (NIH/OD) [E]
Subject: RE: Draft all hands message
Attachments: Draft_All_Staff_First_NIHStaff_Coronavirus_3.14.20_V2 fsc clean - with minor Fauci edit.docx

Francis:

It looks fine, but I made one minor edit that is tracked.

Thanks,

Tony

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Saturday, March 14, 2020 9:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Draft all hands message

Hi Tony,

If you have a couple of minutes to review it, please let me know if you see any problems with this draft all-hands message.

FC

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:11:43 +0000
To: Robert Jones
Subject: RE: Avoiding Italy's Coronavirus Disaster

Thank you for the note.

From: Robert Jones <[REDACTED] (b) (6)>
Sent: Saturday, March 14, 2020 8:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Avoiding Italy's Coronavirus Disaster

Dear Dr. Fauci,

Thank you for your leadership. I ask that you take two minutes to read the following article in today's Boston Globe written by an Italian journalist.

<https://www.bostonglobe.com/2020/03/13/opinion/coronavirus-cautionary-tale-italy-dont-do-what-we-did/>

Bottom line: Please consider a lockdown or some form of a lockdown by the end of this week.

Best regards,
Bob Jones

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:00:13 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Covid 19 Minocycline

From: Ramaswamy, Sriram [REDACTED] (b) (6)
Sent: Saturday, March 14, 2020 9:00 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Covid 19 Minocycline

Hi Dr. Fauci,

Pardon the intrusion into your email. I am sure you are super busy spearheading the fight against COVID-19, hence I will cut to the chase. If your research team is looking for ideas to manage this novel virus, perhaps you can consider adjuvant minocycline. Personally I conducted a small proof of concept study with minocycline in veterans with PTSD and am now collaborating with the San Francisco VA for a larger and definitive study. The point I am making that minocycline has potential benefits beyond antibacterial.. I see that there is preliminary evidence that it can slow down viral replication.

Anyway you are the international expert and we all THANK YOU for all that you do!

Best,

Sriram Ramaswamy, MD
Professor of Psychiatry
Vice Chair for Research

Department of Psychiatry
Creighton University School of Medicine
7710 Mercy Road, Suite 601
Omaha, Nebraska 68124-237

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:24:11 -0400
To: Fabien
Subject: Re: Great talk, as usual...

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 3:42 PM, Fabien (b) (6) >wrote:

Dear Professor,
We see you every where at television in France currently.
I fully understand that you have much more urgent to do than answering my previous email and I apologize to have bothered you.
Bon courage...
With all my respect and admiration, for decades,
Fabien Sordet.

Envoyé de mon iPhone

Le 10 mars 2020 à 19:09, Fabien (b) (6) >a écrit :

Dear Professor Fauci,

Great talk at CROI... Thank you.

I follow your works on HIV for 25 years.

(b) (6) when I stated to work on HIV myself.

This give me the chance to have your email address, but it is not as health care professional that I write you today. Just as human, lambda human...

My parents are a bit older than you.

Imagine for yourself;

If tomorrow, whereas you are already vaccinated against Flu, you have significative start of fever and cough, in an environment

where Covid-19 is epidemic, would you right away take Kaletra and Plaquenil (knowing the fact that if there is a little chance it works, the soonest is the best) ?

Kind Regards,

Dr Fabien Sordet, [REDACTED] (b) (6)

[REDACTED]

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:23:16 -0400
To: Janice Strauss
Subject: Re: Truthful science information

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:04 PM, Janice Strauss <(b) (6)> wrote:

>

> Dr. Fauci,

>

> Thank you for your determination and stamina to inform the American public with science-based updates and information regarding the novel coronavirus.

>

> Without the appropriate data the virus trajectory will leave the country in a state of greater uncertainty and fear. Among many of the public who watch the task force briefings you remain a bulwark against chaos and panic.

>

> When politicians announce policy regarding the virus they may fear accusations of “flip flopping” when a fluid situation requires nimbleness through recalibration or reversal. That instinct is not party-based. However, an honest, neutral agent eschewing disinformation, misinformation, or omissions might better protect the public than a politician concerned with polls, contributions, and election results.

>

> Thank you, Dr. Fauci, for being the honest, neutral agent despite direct or untoward pressure to ignore science-based evidence.

>

> Sincerely,

> Janice Strauss

>

>

>

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:22:43 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Helping to mass produce more dosages of coronavirus vaccines and antibodies at lower cost with potentially greater potency

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Mark Emalfarb (b) (6)
Date: March 14, 2020 at 4:11:01 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: **Helping to mass produce more dosages of coronavirus vaccines and antibodies at lower cost with potentially greater potency**

Dear Dr. Fauci

I don't want to overburden you with a long email, so I'll try and get to the point.

First, we have developed a gene expression system, our C1 cell line which is significantly more efficient than traditional cell lines being used by Big Pharma to manufacture recombinant vaccines and drugs. The hyper productive C1 cells can be grown at flexible commercial scales and are proving to be the most efficient, cost effective way to produce the tens of millions of preventative vaccines and/or antibody treatments the world so desperately needs.

In a collaboration with Sanofi, C1 cells were developed to produce recombinant proteins for use in manufacturing a lower cost better performing influenza vaccine. After conducting a

mice trial Sanofi concluded that the use of our C1 platform resulted in equal or better influenza protection, using a lower amount of vaccine that could be produced at 10-30 times higher productivity levels.

The Original Sanofi Presentation can be found at the following link:

<https://www.dyadic.com/wp-content/uploads/2018/01/Sanofi-Pasteur-C1-Presentation.pdf>



Working together we can “Keep America Safe” by helping to address the immediate coronavirus outbreak, be better prepared for future infectious diseases, pandemic, and epidemic outbreaks, and leveraging this unfortunate situation to advance biopharmaceutical manufacturing to help speed development, lower the cost and improve the performance of

biologic vaccines and drugs such as insulin, seasonal flu and other vaccines and antibodies to make healthcare more accessible and affordable to patients.

I am confident that a meeting with you can be very productive in further stimulating big pharma and other research institutions to speed effective, low cost vaccines and antibodies to market.

Given the severity of the current coronavirus situation, I am prepared to make myself available for a meeting at your convenience.

My cell number is [REDACTED] (b) (6) should you want to reach me quickly.

Sincerely,

Mark Emalfarb
Chief Executive Officer

Mark Emalfarb
CEO
Dyadic International, Inc.

[REDACTED] (b) (6) (Office)
[REDACTED] (b) (6) (Cell)

www.dyadic.com

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:21:17 -0400
To: Richard Lynn
Subject: Re: So proud

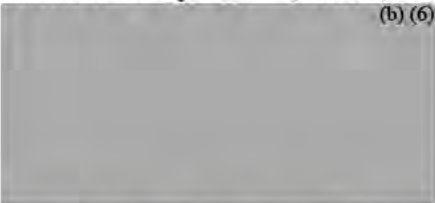
Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 4:41 PM, Richard Lynn (b) (6) >wrote:

So well said Carol.
Be well
Richard

Richard A. Lynn, MD,FACS,RPVI



On Fri, Mar 13, 2020, 5:23 PM Carol Storey-Johnson
<csjohnso@med.cornell.edu>wrote:

Dear Dr. Fauci--

I fully agree with Dr. Lynn's message. I have been following your commentary on the current COVID-19 pandemic. Our Dean, Dr. Augustine Choi, has also been a major positive voice at WCM, communicating frequently with our community and, in his role as an expert in pulmonary diseases, echoing your messages at WCM as we struggle to educate students and trainees and manage the overwhelming questions and administrative issues that present themselves at this time. The measures he has implemented at WCM have been scientifically sound and commensurate with national expert (yours included) recommendations.

As a member of the Board of Directors of the Alumni Association, I am also so proud of your work in this critical time for our nation. I'm sure WCM is appreciative of your representing the quality of your training, career experience, scientific thinking, and academic acumen in your advice to the nation and its people in these challenging times.

The Alumni Association has recognized your work in the past, but your continued efforts speak so well to the excellence in the rigor and standards of the

educational, research, and clinical experience that all of our alumni have had at WCM.

We wish you well and hope that you have continued influence in these matters.

Sincerely,

Carol Storey-Johnson MD
Professor Emerita of Medicine
Weill Cornell Medical College

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From: Richard Lynn <[REDACTED] (b) (6)>
Sent: Tuesday, March 3, 2020 8:22 AM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Cc: nl121 <nl121@cumc.columbia.edu>; Natasha I Leibel <nl121@columbia.edu>; kathleen foley <[REDACTED] (b) (6)>; Carol Storey-Johnson <csjohnso@med.cornell.edu>; Lewis M Drusin <ldrusin@med.cornell.edu>
Subject: [EXTERNAL] So proud

Dear Tony,

As a member of the Board of Directors of Weill Cornell Med Alumni Association, I am so proud of what you are doing and proud that it all started in Olin Hall and 1300 York Ave.

Drs McDermott, Hook, Kilbourne, Kean and Johnson must have great pride in how you are a voice of science and reason during this crisis.

Stay strong and thank you

Richard <[REDACTED] (b) (6)>

Richard A. Lynn, MD,FACS,RPVI



From: (b) (6)
Sent: Sat, 14 Mar 2020 19:19:57 -0400
To: Jim Edwards
Subject: Re: Nitrile gloves request for COVID19

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:49 PM, Jim Edwards (b) (6) wrote:

>

>

> Dear Dr. Fauci:

>

> Regarding testing by drive through cars, (b) (6)

>

> It has been hard for me to grocery shop during this coronavirus illness because the retailers are allowing the employees and baggers to (b) (6).

>

> I so wish you could address this for us (b) (6)

>

> You do not know how much this would mean to me.

>

> Thank you for your service!

>

> Best Regards,

>

> Robbin Edwards (b) (6)

>

>

>

>

>

>

>

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:19:29 -0400
To: Norm Harris
Subject: Re: Thank you VERY VERY much

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:51 PM, Norm Harris (b) (6) > wrote:
>
>
> For your recent frequent, focused, knowledgeable and understandable assessments and recommendations regarding the COVID-19 pandemic.
>
> A clear and transparent voice makes a very positive difference.
>
> Thank you,
>
> Linda and Norm Harris
> (b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:18:47 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Our Company Offer of Assistance During this Critical Time of the Coronavirus.

Pls handle.
Sent from my iPhone

Begin forwarded message:

From: Kay Savio <(b) (6)>
Date: March 14, 2020 at 4:59:41 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Auchincloss, Hugh (NIH/NIAID) [E]" (b) (6)>,
"McGowan, John J. (NIH/NIAID) [E]" (b) (6)>
Subject: Our Company Offer of Assistance During this Critical Time of the Coronavirus.

Dear Dr. Fauci:

I work for Focus Pointe Global, a Schlesinger Group Clinical Research Company that has a data base of over 6 million participants globally. Our company is the largest of its kind in the world. I wanted to reach out to the NIH & NIAID to see if there is any way our company can be of help during the coronavirus epidemic.

We have the unique ability to survey this panel of participants online or in person, asking various questions getting data back fairly quickly (approximately 2 weeks). Our company utilizes industry leading techniques and can follow this group for years in the future. We have worked with the NIH, CDC & such institutions as Northwestern University, Stanford, Harvard, Battelle, NORC, ICF etc., for many years.

Please contact me if this is of interest and our company can be of help.

Kind Regards,

Kay Savio
VP Client Development & Clinical Research
Focus Pointe Global – A Schlesinger Company

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



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From: (b) (6)
Sent: Sat, 14 Mar 2020 19:16:32 -0400
To: NIAID Public Inquiries
Subject: Fwd: COVID-19 reporting

Sent from my iPhone

Begin forwarded message:

From: G C (b) (6)
Date: March 14, 2020 at 5:18:16 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: COVID-19 reporting

In VA, there is a woman who says she had "the corona" back in November and her husband had it in December.

If this is fact, how can we trust our government when it comes to Public Health?

Sent from my iPad

From: [REDACTED] (b) (6)
Sent: Sat, 14 Mar 2020 19:15:18 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Proposal for new treatment of established COVID-19 - CORRECTED EMAIL
Attachments: PastedGraphic-10.tiff, ATT00001.htm

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: "Prof. Shimon Slavin" [REDACTED] (b) (6)
Date: March 14, 2020 at 5:36:53 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6)
Subject: **Proposal for new treatment of established COVID-19 - CORRECTED EMAIL**

I APOLOGISE FOR SOME TYPOS IN MY PREVIOUS EMAIL SENT TO YOU OUT OF SPONTANEOUS ENTHUSIASM. PLEASE CONSIDER THIS CORRECTED VERSION INSTED.

Dear Dr. Fauci,

You may not remember but we have met years back when I was at Stanford University and Training with the late Donald E Thomas to consider cell therapy of HIV based on the use of reduced intensity, non-myeloablative conditioning in preparation for stem cell transplantation to induce tolerance and then apply cell therapy with donor lymphocytes which I have proposed for consideration of treatment of patients with HIV with secondary malignancy.

The purpose of this email is to try and capture your attention in order to consider a new treatment option for COVID-19 that can be applied for patients in need with evidence of disease with no delay. Whereas many companies focus on development of anti-corona vaccine, I believe the more rational approach should be to develop treatment for COVID-19 and then, if the virus will be deleted and/or the disease controlled or modified, vaccination will result without the need for specific corona-specific vaccination which is not yet available and by the time it may be available it may no longer be relevant.

I am serving as the Medical Director of a company in Hungary and we believe that one simple and safe experimental treatment of patients with existing viral disease may already be at hand, [REDACTED] (b) (4)



I will greatly appreciate if you could give me a call or have one of your colleagues contact me and then I will be able to discuss the concept in greater details, after I will provide supportive scientific and clinical literature.

I am available 24/7 on my mobile phone listed below.

Shimon Slavin, M.D.
Professor of Medicine
Scientific & Medical Director, Biotherapy International
The Center for Innovative Cancer Immunotherapy & Cellular Medicine
Weizmann Center, 14 Weizmann Street
Floor 15, Suite 1503
Tel Aviv 64239, Israel

Email: [redacted] (b) (6)
Mobile phone: [redacted] (b) (6)

NIH-0000619

The logo for Biotherapy International features a circular emblem on the left. The emblem has a green outer ring and a white center containing a stylized human figure with arms raised. To the right of the emblem, the word "Bio" is written in a large, bold, green serif font, and "therapy" is written in a smaller, black, lowercase sans-serif font. Below "Biotherapy", the word "International" is written in a black, lowercase sans-serif font.

Biotherapy
International

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:11:42 -0400
To: Alex Amonette
Subject: Re: Thank you for your leadership!

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 5:43 PM, Alex Amonette <(b) (6)> wrote:

Dear Dr. Fauci,

Thank you for your leadership and expertise on the coronavirus and for your other great works. You are a true hero. Thank goodness you are here for all of us right now.

No reply expected.

To your continued good health for many many years to come!

Sincerely,
Alexandra Amonette
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 19:22:47 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Subject: FW: Use SARS Drugs

From: [REDACTED] (b) (6)
Sent: Saturday, March 14, 2020 3:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Use SARS Drugs

Dr. Fauci; In germany they found the drug camostat mesilate they used on SARS in 2003 kills the coronavirus in a petri dish. why wouldn't you give it a try? Will drug companies lose too much monies? Makes sense to use an already approved drug with little side effects. God is watching !!!!!!!!!!!!!

From: Folkers, Greg (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 17:49:09 +0000
To: Halula, Madelon (NIH/NIAID) [E];Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Thank you - It's worth it

Thank you!

From: Halula, Madelon (NIH/NIAID) [E] (b) (6) >
Sent: Monday, March 9, 2020 10:10 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you - It's worth it

Dear Dr. Fauci,
Thank you for being willing to step up publicly and have your life overtaken by the coronavirus.
This can't be easy and is likely to be harder in the coming weeks and months.
Know that we appreciate it and that I am willing to do whatever needs doing to help.

Sincerely,
Madelon Halula

Madelon Halula, PhD
Initiative Coordinator
Email: (b) (6)
Tel: (b) (6)
FAX: 240-627-3466
DHHS NIH NIAID DAIDS
Scientific Programs & Operations Branch
MSC 9831 (rm 8C48)
5601 Fishers Lane
Rockville, MD 20852-9831

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From: (b) (6)
Sent: Sat, 14 Mar 2020 13:15:38 -0400
To: Mike Betts
Subject: Re: Coronavirus response

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 14, 2020, at 12:19 PM, Mike Betts (b) (6) >wrote:

I wanted to convey an idea I had with regard to the coronavirus. It seems to me that trying to contain the virus as we are doing at present will be futile. Since the virus can be present for many days without a person having any symptoms, you would literally need to test everyone at the same time to determine who has it--an impossible task.

I have a different thought. We know that the virus is especially dangerous for the old and/or immunosuppressed. IMO we should be focusing all of our efforts on keeping that group from becoming infected. To do so that group should be encouraged to self-isolate, to limit their social interactions and other groups should be instructed to avoid them. Sort of a reverse-quarantine idea. All testing would be done within those groups and all groups would also be encouraged to continue with the hygienic suggestions they've already received.

The problem right now is that the media has created a panic. Last night my wife and I went to the local Whole Foods and many of the shelves were empty and healthy younger people were wearing masks.

The message is not getting out that the virus is almost solely dangerous to the elderly and immunosuppressed. [Why aren't the demographics being released? That in itself could calm many people.] With my suggestion, exposures to them would be diminished, significantly reducing the number of deaths, as well as

the potential impact on hospitals. Any person outside of that group that was severely affected could be identified and treated. Quarantining otherwise healthy people outside of those groups who finally demonstrate symptoms--like the NBA players--is ridiculous. They are likely to get the sniffles and have also already spread the virus. As long as they're not spreading it to the endangered group we should not worry about it.

In sum, we need to isolate the vulnerable and realize that the mortality rate for people outside of that group is likely lower than the flu.

Of course, while this occurs we are working on finding treatments and vaccines. But sending home workers who have next to no likelihood of being significantly impacted by this virus is ridiculous. The virus hits hardest the old and infirm, two groups that are most likely NOT to even be in the workforce!

To me, this solution is a lot simpler than what is being tried right now and is much more likely of success. To everyone besides the endangered group this virus is literally less dangerous than the flu. There is no reason that anyone outside of the endangered group should have any concern at all and we need to make that clear. Please let me know what you think.

Sincerely,

Michael Betts

(b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 13:14:36 -0400
To: Sharon Ganderson
Subject: Re: Subject. Virus recommendations

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 14, 2020, at 12:42 PM, Sharon Ganderson
<(b) (6)> wrote:

Dear Dr. Fauci:

Thank you for your incredible dedication & expertise in dealing with the coronavirus situation. My concern is that when the President & the virus team and others are seen together they stand close together & shake hands. This has been ill advised by all the medical experts, including you.

I'm hoping you and the other experts will strongly advise changes in this behavior in accordance with current recommendations. We need them to set a good example for all.

Many thanks for your help - it's greatly appreciated.

Sharon Fink

(b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 13:12:23 -0400
To: Adrienne DeLucca
Subject: Re: THANK YOU

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 14, 2020, at 1:04 PM, Adrienne DeLucca (b) (6) > wrote:

>

>

> Dear Dr. Fauci:

>

> My name is Adrienne DeLucca and I live in Connecticut. I am a Labor Attorney and represent almost 40,000 public school teachers. You may not read this until months from now as I know you are working tirelessly on the Coronavirus Task Force. I just felt the need to send you a quick note to thank you. Your expertise and presence during interviews and White House briefing has offered me so much comfort at such an anxiety ridden time. I have heard from so many friends and family members who feel the same way about you. Without your involvement we would be lost as yours is the most credible voice that we have come to rely on. Thank you for all you are doing for our country. We are all so lucky to have you. I pray that you and your family stay healthy.

>

> Sincerely,

> Adrienne DeLucca

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:10:59 +0000
To: Celia Lewis
Subject: RE: No BS

Celia and Jim:

Thank you for your kind note.
Berst,
Tony

From: Celia Lewis <[REDACTED] (b) (6)>
Sent: Saturday, March 14, 2020 6:44 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: No BS

Dear Dr. Fauci:

My husband and I are both [REDACTED] (b) (6) so we've followed a lot of TV news regarding COVID-19.

We want to express our appreciation for your "no BS" presentation of the realities of the disease spread and what we, as a country, can expect.

We hear the politicians and the news anchors, but we find our comfort in the unwavering truth you deliver through the lens of your decades of experience and expertise.

And we thank you, more than you know.

Highest regards,
Celia and Jim Lewis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:09:28 +0000
To: Diane Gaary
Subject: RE: Thank you

Thanks, Diane. I will try your suggestions.

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

From: Diane Gaary (b) (6)
Sent: Saturday, March 14, 2020 7:45 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank you

Dear Dr Fauci,

Thank you.

Your efforts to inform and help all of us during the Covid-19 situation are greatly appreciated.

You are in our prayers.

Sincerely,

Diane Gaary

PS. I am a speaking voice teacher.

If your voice is tired from the constant talking, here are 2 easy suggestions:

- 1) a closed mouthed yawn (as one might do in a boring class) is a quick stretch and tension reliever for the entire vocal mechanism
- 2) 10-20 minutes of constructive rest (on your back with knees bent and head on a book to keep it inline with your spine) will put your spine into a passive traction and give your back and neck muscles a chance to rest and release

I know you don't have much time for this sort of thing, but decreasing your physical stress will help your voice tremendously and help you work even more efficiently.

Once again, Thank you for your knowledge commitment, and integrity.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:05:46 +0000
To: Deb Webster
Subject: RE: Thank you

Deborah:

Thank you for your kind note.
Best,
Tony

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

From: Deb Webster [redacted] (b) (6)>
Sent: Saturday, March 14, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] [redacted] (b) (6)
Subject: Thank you

Dr. Fauci,

I have been so very heartened and impressed with your forthcoming and rational communications and actions around the COVID-19 crisis. This includes your insistence on speaking truth to power and taking more aggressive steps in this combat.

Don't relent, and keep up the great work. We all need you.

I wish you well.

Deborah Webster
[redacted] (b) (6)

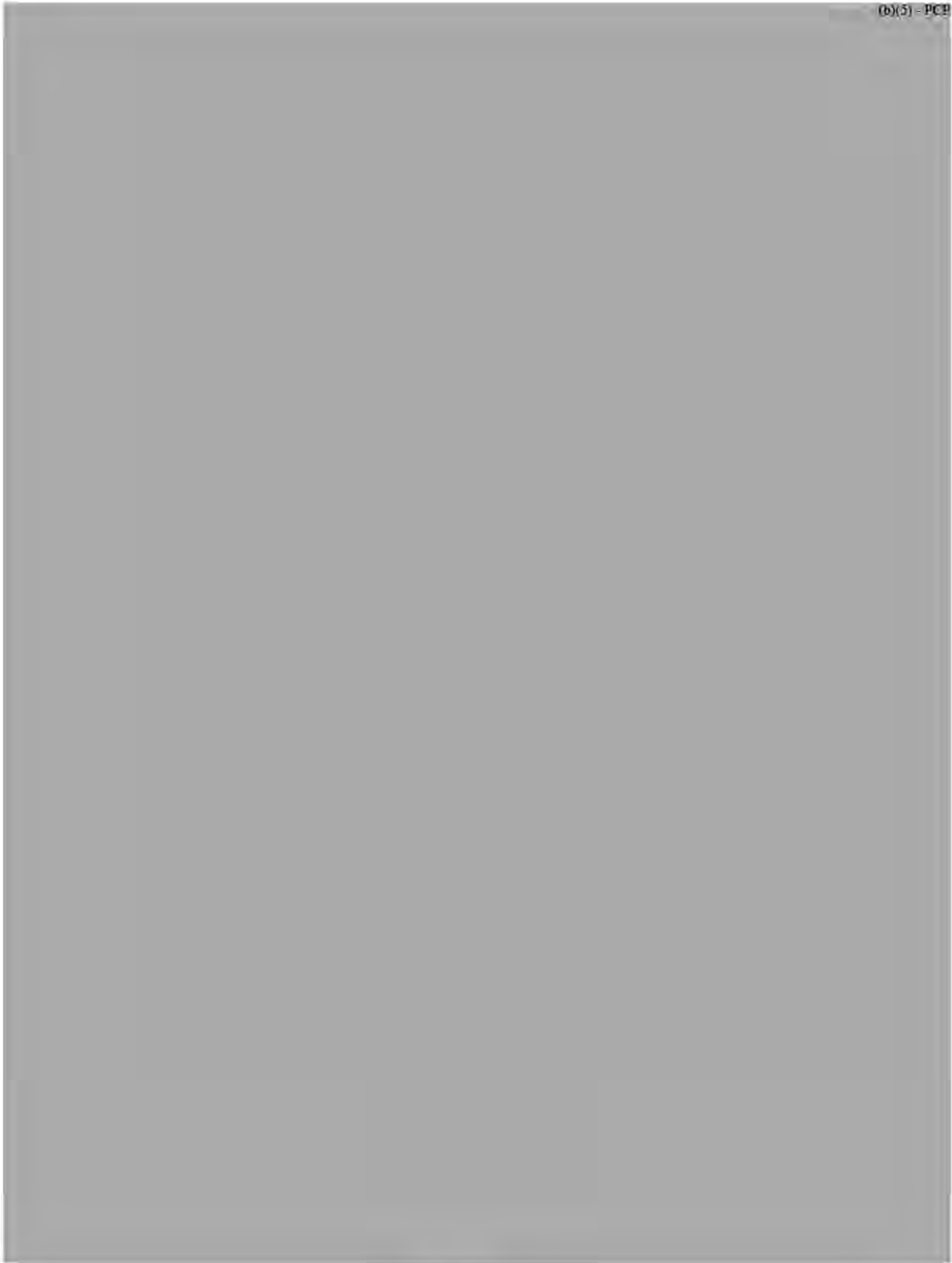
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 12:58:29 +0000
To: William Templeton
Subject: RE: Thank you

William. Thank you for your kind note.
Best,
Tony


From: William Templeton [REDACTED] (b) (6) >
Sent: Saturday, March 14, 2020 8:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Thank you

I [REDACTED] (b) (6) as an Infectious Diseases physician in southern Indiana and Louisville.
During my career I cared for hundreds of individuals with HIV/AIDS and remember well your tireless efforts in this regard.
Even in the midst of the current coronavirus pandemic, your knowledge and expertise continue to prevail- a model for many. There has never been a more important time for dissemination of facts not blind faith.
Again, congratulations !

William C. Templeton, MD



(b)(5) - PCP



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 00:32:38 +0000
To: Bill Canavan
Subject: RE: REGIS v FORDHAM (b) (6)

Billy:

Thank you so much for you note. You brought back a flash of happy memory that was wedged in the bottom of my brain. What a game that was! Billy Canavan and Donnie Walsh versus Tony Fauci and Artie Guarino. You guys were clearly better than we were; yet we won which proved to me then that anything is possible. Thanks again for bringing back such amazing memories. I hope that you are well and I wish you all the best.

Warm regards,

Tony

From: Bill Canavan (b) (6) >
Sent: Friday, March 13, 2020 8:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: REGIS v FORDHAM1958 ...

TONY ...

BEAT CORONAVIRUS THE WAY YOU AND ARTIE BEAT DONNIE AND ME (b) (6) REGARDS ...
BILLY CANAVAN ...

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 17:54:56 +0000
To: Alecia Siuta;Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Thank you and how can I help? From the wife of a hospitalist

Dr. Fauci asked me to thank you for your note.

Best,

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

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

From: Alecia Siuta (b) (6)>
Sent: Friday, March 13, 2020 1:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Thank you and how can I help? From the wife of a hospitalist

Dr. Fauci,

Thank you so much for being the honest, clear minded medical leader that our country needs right now. You are doing a superb job handling this difficult situation. My (b) (6) a hospitalist in State College, PA is on the front lines of this impending crisis in our community (he is (b) (6) and also works clinically for both internal medicine and pediatrics).

I appreciate the clear and easy to understand campaign to the general public to "flatten the curve" and slow the inevitable spread so that we don't overwhelm the medical community's capacity to care for the seriously ill. I suggest that to add to this campaign (especially given the serious lack of testing; currently he is waiting 4-7 days for test results for hospitalized suspected covid-19 patients) that you make it clear to the American public that they should NOT go to their doctor/hospital/urgent care and instead stay at home, isolate themselves, and make a phone call to their doctor's office or some sort of dept of health hotline.

If everyone with mild/moderate symptoms (and their immediate contacts) are bringing the virus into medical facilities, it greatly increases exposure and puts healthcare workers (and their families and communities) at unnecessary risk. We need to convey to the American public the importance of keeping our healthcare workers from falling ill (and into quarantine) so that they can treat those that absolutely need to be hospitalized. There also should be a mandated no visitor policy for suspected/confirmed patients at every point of care.

I am interested in helping in any way I am able. Please let me know what I can do to increase awareness and spread the vital messages you are trying to convey.

Thank you for your service and sacrifice for the greater good of the American people,

Sincerely,
Alecia Fay Siuta



Sent from my iPhone

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 15:52:12 +0000
To: Lynda Hayashi;Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: drive up covid-19 tests for Washington State

Dr. Fauci wanted me to thank you for your note.

Best,

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

(b) (6)
301-496-4409 fax

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From: Lynda Hayashi (b) (6)
Sent: Thursday, March 12, 2020 10:17 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: drive up covid-19 tests for Washington State

If South Korea can make this happen why can't we? At least here in the most hardest hit state.
Please make this happen. We're all scared.
Lynda C. Hayashi

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:23:12 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus question - please read

Sent from my iPhone

Begin forwarded message:

From: Zofia Agee (b) (6) >
Date: March 13, 2020 at 8:02:50 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Coronavirus question - please read

Dr. Fauci,

I'm not a medical professional. I'm just someone who is paying attention to what is going on. I'm hearing that in many cases people have died because they developed pneumonia due to coronavirus. Since there is no coronavirus vaccine and won't be for a while can pneumonia be prevented by getting pneumonia vaccination? To me, that seems like a very logical course. I was actually trying to get that vaccine but I was turned away because I do not have any medical history showing that I need it and I'm not 65 yet. Could this be some way to lower the death while working on the vaccine? I have sent this to a few other places/people but not sure I'm reaching the right people, so I'm hoping it will reach you or someone in your office that will read it).

If we can not cure the virus yet, maybe we could get in front of it and prevent it from being deadly...

Just a thought.

Zofia Agee

--

Zofia Agee

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:18:32 -0400
To: NIAID Public Inquiries
Subject: Fwd: thanks very much for your honesty and clear-eyed scientific integrity about coronavirus! an analysis you might want to read or share

Sent from my iPhone

Begin forwarded message:

From: Jonathan Fritz (b) (6)
Date: March 13, 2020 at 8:31:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: **thanks very much for your honesty and clear-eyed scientific integrity about coronavirus! an analysis you might want to read or share**

Hello Dr. Fauci,

I would like to thank you for being one of the few honest and trustworthy scientific voices

as the world and the US confront the challenges of coronavirus. I was recently sent this thoughtful statistical analysis and thought you or one of your colleagues might wish to see it.

best wishes, yours, Dr. Jonathan Fritz

<https://medium.com/@tomaspuero/coronavirus-act-today-or-people-will-die-f4d3d9cd99ca>

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:16:52 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: NK Cells for COVID-19

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Jeffrey Miller <(b) (6)>
Date: March 13, 2020 at 8:53:29 AM EDT
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Re: NK Cells for COVID-19

Dr. Fauci,

I am working with Ashley Haase and others at Minnesota to think through the feasibility and wisdom of this approach. Let me know your thoughts if you have the time. You look busy lately!

Jeff

On Fri, Mar 13, 2020 at 7:49 AM Julian Adams <(b) (6)> wrote:

Dear Dr Fauci (Tony),

You may remember me from the early 90's as I was the inventor of nevirapine, the first NNRTi. We met several times at NIAID and FDA. I have since turned my scientific interests to cancer research and discovered and developed Velcade for multiple myeloma. And I have changed career paths again, turning to immunotherapy to treat cancer. I am currently the CEO of Gamida Cell with a focus on cellular therapies.

One of our programs is the expansion of allogeneic NK cells. We are collaborating with Dr Jeff Miller at the University of Minnesota and are administering 10-20 billion freshly expanded NK cells in combination with rituximab to patients with NHL. The results are stunning with 8/11 patients

achieving CR or very good PR with a single infusion. (see EBMT abstract below). In addition, the safety profile has been remarkably good since two thirds of our patients have Karnofsky performance <80. (NO CRS or Tumor lysis syndrome or neurotoxicity has been observed)

(b) (4)

I thank you in advance, and look forward to your response, (also copied is Dr Simantov, our Chief Medical Officer)

Warmest regards,

Julian Adams, PhD

EBMT Abstract: (the conference due to have taken place in Madrid is postponed but the abstract is available online)

RESULTS OF A PHASE 1 TRIAL OF GDA-201, NICOTINAMIDE-EXPANDED ALLOGENEIC NATURAL KILLER CELLS (NAM-NK) IN PATIENTS WITH REFRACTORY NON-HODGKIN LYMPHOMA (NHL) AND MULTIPLE MYELOMA

Veronika Bachanova¹, David McKenna¹, Xianghua Luo¹, Todd DeFor¹, Murali Janakiram¹, Claudio Brunstein¹, Daniel Weisdorf¹, Erica Warlick¹, Rose Wangen¹, Fiona He¹, Joseph Maakaron¹, Zuzan Cayci¹, Bartosz Grzywacz¹, Guy Brachya², Tony Peled², Jeffrey

Miller¹ University of Minnesota, Masonic Cancer Center, Minneapolis, MN, United States, ²Gamida Cell, Jerusalem, Israel

Background: NK cells have the capacity to kill tumor targets and potential in cancer therapy. Limitations include specificity, persistence after infusion and how to maximize NK cell activity in vivo. We report results of a Phase 1 clinical trial of GDA-201, a cellular product composed of Natural killer (NK) cells from healthy donors expanded ex-vivo with nicotinamide (NAM) and IL-15, a unique ex vivo activation strategy to induce persistence. Prior in vitro studies and pre-clinical models demonstrated that NAM-exposed NK cells exhibit augmented resistance against exhaustion and improved killing function, proliferation, and organ trafficking. We report safety and preliminary efficacy from a phase I trial of GDA-201 in patients (pts) with relapsed or refractory (R/R) NHL or MM.

Methods: Following donor apheresis, CD3-depleted mononuclear cells were cultured for 14-16 days with NAM (5mM) and IL-15 (20ng/ml), resulting in a 40-fold increase in NK cells and increased expression of CD62L from 2.9% to 21%. GDA-201 contained ~98% NK cells, and CD3 content was maintained at <0.5% (<5x10⁵/kg/dose). Pts with R/R B-cell NHL or MM received cyclophosphamide (400mg/m² IV x 3d) and fludarabine (30 mg/m² /d IV x 3d), followed by two doses of GDA-201 (Days 0 and 2) and low-dose IL-2 (6 million units sc). Pts with NHL or MM received rituximab (375 mg/m²) or elotuzumab (10 mg/kg), respectively, x 3 weekly infusions to enhance NK cell targeting through antibody-dependent cellular cytotoxicity (ADCC).

Results: 25 pts were enrolled: 11 with NHL (5 follicular, 5 diffuse large cell lymphoma, 1 mantle cell lymphoma) and 14 with MM, in 3 cohorts of escalating GDA-201 dose; 14 pts received the maximum target dose (median 1.7 x 10⁸ cells/kg, range 1.6-2.0 x 10⁸ cells/kg). There were no dose limiting toxicities. The most common grade 3/4 adverse events were neutropenia and thrombocytopenia, febrile neutropenia (n=2), increased creatinine, hyponatremia, pulmonary edema; all events were transient. There were no neurotoxic events, confirmed CRS, GVHD or marrow aplasia. One patient died of E-coli sepsis.

Among 11 NHL pts, there were 7 CR and 1 PR with an overall response rate of 72%. Median duration of response is 11 months (CR patients) and 3 months (PR patients). In MM patients, 1 patient with extramedullary disease had CR and 4 had SD with median duration 2.5 months. In our previous study using overnight activated NK cells, persistence 7 days after adoptive transfer was limited. Using GDA-201, flow cytometry confirmed

the persistence of donor NAM-NK in peripheral blood up to day 7-10 (day 7 range 2-55% donor NK cells; Figure 1), as well as enhanced in vivo proliferation (median Ki67 99%). In addition, the enhanced expression of the homing receptor CD62L correlated with trafficking to bone marrow and lymph nodes in vivo as confirmed by flow cytometry of biopsied tissues at day 4.

Conclusions: Cellular therapy using GDA-201 with monoclonal antibodies was safe, and demonstrated early evidence of clinical activity in heavily pre-treated pts with advanced NHL and MM. Laboratory studies show that the GDA-201 product shows better persistence. Larger phase II studies are warranted.

Clinical Trial Registry: clinicaltrials.gov NCT03019666

Disclosure: Funding for the trial is provided by Gamida Cell. BMS is providing drug only support.

Veronika Bachanova: Research Funding Gamida Cell , Advisory Board:
Gamida Cell

Julian Adams, Ph.D.

Chief Executive Officer

Gamida Cell

673 Boylston St 4th Fl

Boston, MA 02116

(b) (6)

Heather DiVecchia

Chief of Staff

Gamida Cell Ltd. Cell Therapy Technologies

673 Boylston Street, 4th Floor

Boston, MA 02116

Direct: + (b) (6)

(b) (6)

www.gamida-cell.com

gamida Cell

--

Jeffrey S. Miller, M.D.
Professor of Medicine
Deputy Director, Masonic Cancer Center
Division of Hematology, Oncology and Transplantation, University of Minnesota
Roger L. and Lynn C. Headrick Family Chair in Cancer Therapeutics

Regular Mail:
Division of Hematology, Oncology, and Transplantation
420 Delaware St. SE, Mayo Mail Code 806
Minneapolis, MN 55455

Federal Express or courier delivery:
University of Minnesota Cancer Center, Room 654A
425 E. River Road
Minneapolis, MN 55455

E-mail: (b) (6)
Phone: (b) (6) Fax: 612-626-3941
Hospital Operator: 612-273-3000 beeper# (b) (6)

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From: (b) (6)
Sent: Fri, 13 Mar 2020 09:10:05 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: UV light for COVID-19 prevention

Sent from my iPhone

Begin forwarded message:

From: David Levi (b) (6) >
Date: March 13, 2020 at 9:06:16 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: UV light for COVID-19 prevention

Thank you for all your hard work trying to deal with this horrible pandemic. Please consider ways to get UV light cleaning devices throughout the U.S. that they are currently using in Wuhan, China to attempt to contain this virus. Closed schools and sports venues can be cleaned with UV light while workers wear PPE and sunglasses to protect themselves. This pandemic could be seen as an opportunity to help prevent the spread of other contagious diseases by implementing rational public policy such as UV cleaning when schools and sporting events have concluded. It may also help "flatten the curve" and hopefully rebuild consumer confidence so we can resume activities such as travel and commerce that is vital for the healthy of not only our economy but our citizens.

Thank you again for your work and your time.

Sincerely,

Dr. David Levi

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:09:39 -0400
To: NIAID Public Inquiries
Subject: Fwd: Metrics

Sent from my iPhone

Begin forwarded message:

From: Steve Fisher <(b) (6)>
Date: March 13, 2020 at 9:06:43 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Metrics

Thanks for your hard work on Coronavirus. What we desperately need are specific metrics (available daily to everyone) on the disease. We also need to know how to evaluate them. When will we know if it is getting better? It is really as bad as the media would have us believe? Please set some goals and objectives on the metrics so we know where we are and know when we have won or lost.

Yesterday Rush Limbaugh compared this to data on the Swine Flu in 2009 (60 million cases, 275,000 hospitalizations, 12,500 deaths from your website) and suddenly the Corona virus doesn't sound very bad at all. Yet we have shut down the world economy and done irreparable harm to many lives. Can you explain this? Frankly no one even remembers the Swine Flu epidemic only 10 years ago.

Stephen Fisher

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 07:22:03 -0400
To: Morris Flaum
Subject: Re: Thank you

Thanks, Morris. I appreciate your note

On Mar 13, 2020, at 12:37 AM, Morris Flaum (b) (6) wrote:

Dear Tony,

I had the good fortune of working with you and Harvey Galnick when I was a Clinical Associate at the NIH from 1977-1979.

I am writing to express my deep appreciation for speaking truth to power and being one of the few honest voices in the government at this time of crisis.

Your confidence and approach to articulating the issue and ramifications have provided critical information to the American population.

Although COVID-19 is a unique event, we would have been much better prepared had you been leading the efforts in dealing with this outbreak.

The US owes you a great deal of gratitude.

Morris Flaum

Morris A Flaum, MD, MBA
Flaum Consultants, LLC
Consultant to the Healthcare Industry

From: (b) (6)
Sent: Fri, 13 Mar 2020 07:18:58 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Trial by fire?

Please handle

Begin forwarded message:

From: Aaron Harber (b) (6)
Date: March 13, 2020 at 6:52:52 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Trial by fire?

Dear Tony,

You're doing a great job under terrible circumstances so I hope you hang in there. I'm sure the President is driving you nuts at times.

I know you're probably far too busy to do yet another program with me (HarberTV.com/Fauci) but, if you can send me a couple of quick answers this morning, that would be great.

1. Do you think it's realistic we could have an effective vaccine for the COVID-19 virus by this Fall? My guess is it will be more like the Fall of 2021 but tell me if I might be wrong.
2. Given that we've known about the probability of a pandemic, why are we so poorly prepared to address it (e.g., masks, testing kits, medical staffing et cetera)? I realize most of the needs rarely occur and when they do, there are extraordinary spikes in demand for certain products and expertise but one would think there are ways to address this far better than we have.
3. Is there anything people should know that is not being emphasized?

Thanks for any response you can send, even if it's a few words. And keep up the good work. You are greatly appreciated.

Best wishes,

Aaron

Aaron@HarberTV.com

P: (b) (6)(+voicemail) C: (b) (6) (+texts)
HarberTV.com/Info + HarberTV.com/Award

From: (b) (6)
Sent: Mon, 16 Mar 2020 14:53:22 -0400
To: Adams, Jerome (HHS/OASH); Brett Giroir
Subject: Fwd: Revised social distancing documents - word and powerpoint versions
Attachments: US Social Distancing Recommendations - CDC 1151am_3_16_2020 clean.docx, ATTO0001.htm, US Social Distancing Recommendations - CDC 1151am_3_16_2020 track changes.docx, ATTO0002.htm, Social Distancing v5 3 16 2020.pptx, ATTO0003.htm

FYI

Begin forwarded message:

From: "Schuchat, Anne MD (CDC/OD)" (b) (6)>
Date: March 16, 2020 at 12:04:14 PM EDT
To: "Birx, Deborah L. EOP/NSC" (b) (6)>, "Azar, Alex (OS/IOS)" (b) (6), "Giroir, Brett (HHS/OASH)" (b) (6), "Harrison, Brian (HHS/IOS)" (b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>
Cc: "Redfield, Robert R. (CDC/OD)" <(b) (6)>, "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6)>, "Schuchat, Anne MD (CDC/OD)" (b) (6), "Green, Hugh (CDC/OD/OCS)" (b) (6)>, "Hoo, Elizabeth (CDC/OD/OCS)" (b) (6)>
Subject: Revised social distancing documents - word and powerpoint versions

On behalf of Dr Redfield, I am forwarding a revised word document (clean and track changes) and a revised powerpoint with two slides.

These drafts incorporate feedback that Dr Redfield received from the WHTF as well as the emerging evidence-base. Thus we have combined prior advice on yesterday's version that

Anne Schuchat, MD
Principal Deputy Director
Centers for Disease Control and Prevention
Rear Admiral, US Public Health Service (Retired)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 12:37:15 +0000
To: Howard Bauchner;Butler, Jay C. (CDC/DDID/OD);Preeti Malani;Eli Perencevich;Phil Fontanarosa
Cc: Edward Livingston
Subject: RE: Testing - JAMA - Important

Howard/Jay:

I liked Jay's answers to Howard's questions even though there were still some open issues. I will have to leave it to Jay and the CDC to continue with the discussion since I am really swamped. Sorry.

Thanks,
Tony

From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>
Sent: Saturday, March 14, 2020 7:48 AM
To: Butler, Jay C. (CDC/DDID/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Preeti Malani <pmalani@med.umich.edu>; Eli Perencevich <Eli-perencevich@uiowa.edu>; Phil Fontanarosa <Phil.Fontanarosa@jamanetwork.org>
Cc: Edward Livingston <Edward.Livingston@jamanetwork.org>
Subject: Re: Testing - JAMA - Important

Thanks Jay

Have also copied Ed –

This is going to become very very important – (b) (4)

This is crossing my desk 4-5 times per day now – and will only get more important (and sadly confusing) – in the weeks to come.

Some questions would focus on public others on HCW (where I am sure general guide; talk with your CMO).

I do love the mention of monopoly – (b) (6)

What you think?

HCB

Howard Bauchner, MD
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

From: "Butler, Jay C. (CDC/DDID/OD)" <(b) (6)>

Date: Saturday, March 14, 2020 at 6:42 AM

To: Howard Bauchner <Howard.Bauchner@jamanetwork.org>, Tony Fauci <(b) (6)>, Preeti Malani <pmalani@med.umich.edu>, Eli Perencevich <Eli-perencevich@uiowa.edu>, Phil Fontanarosa <Phil.Fontanarosa@jamanetwork.org>

Subject: Re: Testing - JAMA - Important

[Warning External Email]

Good morning, Howard—some answers and non-answers. As is the case for most answers, the most accurate is “it depends”, but I realize that is not helpful in busy clinical settings:

No symptoms – get test positive – can you work

At this point in the pandemic, no. While we do not know what role asymptomatic infection may play in transmission and it is plausible that someone who is NOT coughing and sneezing (or any other respiratory droplet self-generating acts) is going to be less infectious than someone who is, persons known to be infected should self-isolate. This, of course, is particularly important for someone who has closed contact with someone at greater risk of severe illness and health care providers.

Symptoms – test negative – can you work – or do you need 2 negatives – or the test has to be done 2-3-4 days after you develop symptoms

Even before COVID-19, working while ill with a respiratory illness puts others at risk. Particularly during when flu activity is high. Not toughing it out and going into work while sick is more important now than ever and is an important component of social distancing—this is one of the foundational ways that we distribute the impact of the pandemic over as long of a period as possible. (We are all getting good at drawing the two pandemic curves in the air on imaginary x- and y-axes.). One of the critical areas where we need more data is on when someone who is infected becomes test-positive. Presumably, test-positivity would correlate with viral load in the respiratory tract and a + would indicate greater likelihood of infectiousness. But the real challenge of the return-to-work issue lies in your next question:

Test positive – back to work when – do you need negative tests – or just time - ? 2 weeks after first symptoms, first test positive.

Ah, there is the rub—currently, the recommendations vary—CDC has gone with 2 negative swabs 24 hours apart, but we do not believe that positivity during recovery necessarily proves infectiousness. This is a crucial question. We are reviewing the available data, examining at how PCR positivity, cycle threshold, and viral culture line up—the goal is to develop good,

clinical parameters to justify ending precautions, rather than requiring microbiological tests. A Get Out of Isolation Free card, if you will. The hypothesis we are testing to 2 weeks after onset and >72 hours without symptoms. Currently the published recommendations are not satisfying:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

I may have more information on this topic later today.

Finally, in all complex epidemics, there is a tendency to search for a silver bullet—that one thing that will solve all of our problems. When an intervention is in short supply, the bullet turns platinum—“if only we could do x, the problem would be solved”. This was vaccine in 2009 H1N1, naloxone in the opioid crisis, and now testing in coronavirus. Increased access to testing is desperately needed to control the COVID-19 pandemic. However, it is going to take a scientifically and wholistic and systemic approach to mitigate the impact. You have nicely outlined some of the “next questions” that are raised when testing is more widely available.

More to follow.

Best regards,
Jay

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From: Howard Bauchner <Howard.Bauchner@jamanetwork.org>

Sent: Saturday, March 14, 2020 5:53 AM

To: Butler, Jay C. (CDC/DDID/OD); Fauci, Anthony (NIH/NIAID) [E]; Preeti Malani; Eli Perencevich; Phil Fontanarosa

Subject: Testing - JAMA - Important

Jay/Tony

Some very complicated questions around testing have come up and will only increase.

No symptoms – get test positive – can you work

Symptoms – test negative – can you work – or do you need 2 negatives – or the test has to be done 2-3-4 days after you develop symptoms

Test positive – back to work when – do you need negative tests – or just time - ? 2 weeks after first symptoms, first test positive.

As tests become more widely available this will be devil folks.

Any ideas who can write about this.

Jay – does CDC have specific recommendations.

Sorry to bother on Saturday morning -but would like to get up a VP as soon as Tuesday.

HCB

Howard Bauchner, MD

Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 22 Mar 2020 23:06:12 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Antibody Tests and Follow-on Use of 'Survivors'

From: Estes, Franklin J (Frank) LTC USARMY 335 SIG CMD (USA) (b) (6)
Sent: Sunday, March 22, 2020 12:30 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Antibody Tests and Follow-on Use of 'Survivors'

Dr. Fauci,

I apologize in advance for bugging you but please read and pass along to the appropriate person, if useful.

In the coming weeks, an antibody test for COVID-19 should be available (I suspect). As 'survivors' are identified in the general population and are determined to be largely 'immune' to COVID-19, I think those people should be given the opportunity to administer testing to others in the general population. The employment of VOLUNTEER survivors in the administration of tests would allow immune individuals to quickly learn how to collect samples and deal with potential infected patients face-to-face without fear of jeopardizing their own health or the health of the communities in which they live. This would free up highly trained nurses and doctors from testing and have an exponential benefit as survivors administer tests for infection and tests for antibodies and, thus, identify additional survivors. This would support more aggressive testing to bring about the eventual end of this virus when we try to identify every last infected individual who needs to be quarantined.

Note: I understand we haven't yet determined whether survivors can be re-infected. So early volunteers may be subjected to further sickness. But the rate of re-infection should be less as a percentage than the rate of infection among the general population. And re-infection would likely be less severe.

Note2: Creating a VOLUNTARY REIGSTRY of survivors (those with sufficient antibodies) may have a secondary benefit to businesses. It would allow businesses to quickly hire employees who could come in contact with the general public (thinking of current food delivery, grocery stores, daycare...and later...teachers, anyone in the medical or dental field, other retail businesses).

I do understand my recommendations would generate HIPAA concerns but these are extraordinary times which call for out-of-the-box ideas...and this would all be voluntary.

Thank you for taking a couple of minutes to read this and thank you for managing a very difficult crisis. You and others on your team have saved a lot of lives and we are eternally grateful.

Respectfully,

Frank Estes
(b) (6)
(cell)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 17 Mar 2020 11:17:11 +0000
To: (b) (6) USAR MEDCOM (USA)
Subject: RE: Recommendation

(b) (6)

Thank you for your note.
Best regards,
Tony

From: (b) (6) USAR MEDCOM (USA) (b) (6) >
Sent: Tuesday, March 17, 2020 6:52 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Recommendation

Dr. Fauci,
I am a Nurse Practitioner (b) (6) for the US Army. I have a recommendation as we move through this terrible time in the US as well as the world. To preserve the healthcare workforce why not give 25% of all health workers in the military the trial vaccine? Keep these workers away from patients until which time that the body can build immunity. Let's not expose the entire medical workforce to the COVID-19. The idea is that this 25% can take care of the population (post-vaccine) without worry of getting ill and causing further spread of the disease. If there is possibility of the vaccine, trial age cohorts and demographics could play a crucial part in testing. Thank you for all you are doing to protect the health of our Nation.

Respectfully,
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 20 Mar 2020 23:47:21 +0000
To: Hahn, Stephen
Cc: Redfield, Robert R. (CDC/OD); Birx, Deborah L. EOP/NSC; Lane, Cliff (NIH/NIAID) [E]; (b) (6); Rom, Colin (FDA/OC)
Subject: RE: Treatment Document

Sounds good to me.
Thanks,
Tony

From: Hahn, Stephen (b) (6) >
Sent: Friday, March 20, 2020 7:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Redfield, Robert R. (CDC/OD) (b) (6); Birx, Deborah L. EOP/NSC (b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6); (b) (6); Rom, Colin (FDA/OC) (b) (6) >
Subject: Re: Treatment Document

Tony,
Looks like (b) (5). The group wants to make some more edits and then send out this evening for review. We would like to meet up prior to or after the task force meeting tomorrow. Sound OK?
Steve

Sent from my iPad

On Mar 20, 2020, at 7:06 PM, Hahn, Stephen (b) (6) > wrote:

I have a couple of comments

(b) (5)

I'll await for other comments.

Thanks
Steve

Sent from my iPad

On Mar 20, 2020, at 6:45 PM, Fauci, Anthony (NIH/NIAID) [E]

(b) (6) wrote:

Team:

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

(b) (5)

(b) (5)

(b) (5) I am

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

Thanks,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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