



United States Department of State

Washington, D.C. 20520

September 26, 2022

Case No. FL-2021-00033

Gary Ruskin
4096 Piedmont Ave. #963
Oakland, CA 94611

Dear Mr. Ruskin:

As we noted in our letter dated August 24, 2022, we are processing your request for material under the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. Since our last letter, the Department of State ("Department") has processed in excess of 1,320 pages of material potentially responsive to your request. The Department has identified an additional 59 responsive records subject to the FOIA. We have determined 10 records may be released in part and 49 records must be withheld in their entirety.

An enclosure explains the FOIA exemptions and other grounds for withholding material. Where we have made redactions, the applicable FOIA exemptions are marked on each record. The records that were withheld in full are exempt from release pursuant to FOIA Exemption 1, 5 U.S.C. § 552 (b)(1). All non-exempt material that is reasonably segregable from the exempt material has been released and is enclosed.

We will keep you informed as your case progresses. If you have any questions, your attorney may contact Laurel Lum, Trial Attorney, at laurel.h.lum@usdoj.gov or (202) 305-8177. Please refer to the case number, FL-2021-00033, and the civil action number, 20-cv-08415, in all correspondence about this case.

Sincerely,

A handwritten signature in black ink, appearing to read "Diamonece Hickson", with a stylized flourish at the end.

Diamonece Hickson
Chief, Litigation and Appeals Branch
Office of Information Programs and Services

Enclosures: As stated.

The Freedom of Information Act (5 USC 552)

FOIA Exemptions

- (b)(1) Information specifically authorized by an executive order to be kept secret in the interest of national defense or foreign policy. Executive Order 13526 includes the following classification categories:
- 1.4(a) Military plans, systems, or operations
 - 1.4(b) Foreign government information
 - 1.4(c) Intelligence activities, sources or methods, or cryptology
 - 1.4(d) Foreign relations or foreign activities of the US, including confidential sources
 - 1.4(e) Scientific, technological, or economic matters relating to national security, including defense against transnational terrorism
 - 1.4(f) U.S. Government programs for safeguarding nuclear materials or facilities
 - 1.4(g) Vulnerabilities or capabilities of systems, installations, infrastructures, projects, plans, or protection services relating to US national security, including defense against transnational terrorism
 - 1.4(h) Weapons of mass destruction
- (b)(2) Related solely to the internal personnel rules and practices of an agency
- (b)(3) Specifically exempted from disclosure by statute (other than 5 USC 552), for example:
- | | |
|----------------|---|
| ARMSEXP | Arms Export Control Act, 50a USC 2411(c) |
| CIA PERS/ORG | Central Intelligence Agency Act of 1949, 50 USC 403(g) |
| EXPORT CONTROL | Export Administration Act of 1979, 50 USC App. Sec. 2411(c) |
| FS ACT | Foreign Service Act of 1980, 22 USC 4004 |
| INA | Immigration and Nationality Act, 8 USC 1202(f), Sec. 222(f) |
| IRAN | Iran Claims Settlement Act, Public Law 99-99, Sec. 505 |
- (b)(4) Trade secrets and confidential commercial or financial information
- (b)(5) Interagency or intra-agency communications forming part of the deliberative process, attorney-client privilege, or attorney work product
- (b)(6) Personal privacy information
- (b)(7) Law enforcement information whose disclosure would:
- (A) interfere with enforcement proceedings
 - (B) deprive a person of a fair trial
 - (C) constitute an unwarranted invasion of personal privacy
 - (D) disclose confidential sources
 - (E) disclose investigation techniques
 - (F) endanger life or physical safety of an individual
- (b)(8) Prepared by or for a government agency regulating or supervising financial institutions
- (b)(9) Geological and geophysical information and data, including maps, concerning wells

Other Grounds for Withholding

- NR Material not responsive to a FOIA request excised with the agreement of the requester

From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	Two-Child Policy, Ebola Preparedness and Other Medical Issues in Jilin Province
Date:	Mon, 29 Dec 2014 02:42:28 GMT

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MRN: 14 SHENYANG 474
Date/DTG: Dec 29, 2014 / 290241Z DEC 14
From: AMCONSUL SHENYANG
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, CH, PGOV, ECON, PREL, CDC, HHS, NSC
Captions: SENSITIVE
Subject: Two-Child Policy, Ebola Preparedness and Other Medical Issues in Jilin Province

1. (U) SUMMARY: ESTH Officer met with three senior ranking officials from Jilin Province's Health and Family Planning Bureau (HFPB) to discuss Ebola, major health issues, health insurance and also recent measures to allow some qualified families to have a second child. The province only recently enacted the central government's recommendation to allow an additional child for qualified parents and so far registration is well below the national average. The provincial officials are confident that Jilin is prepared for the unlikely eventuality that Ebola makes its way to their province. Northeast China's major health issues are related in part to high salt consumption, namely high blood pressure and cardiac and cerebral issues. One area of concern is the high prevalence of tumors of all kinds throughout the northeast region. END SUMMARY

Few Takers for Second Children

2. (U) The percentage of Jilin families taking advantage of the recent partial relaxation of China's one-child policy is, at 5.02 percent, much lower than expected and also lower than the national average of 12 percent. In August, Jilin Province joined many other provinces in implementing changes to family planning regulations to allow families to have a second child if at least one of the parents is an only child. Given their relatively late roll-out of this policy, Jilin is somewhat behind in meeting their initial expectations. Based on their research, they determined that roughly 124,500 couples qualified to apply for a second child, but only 6,255

families have applied to date, according to Mr. Yan Chuang, the Foreign Affairs official for HFPB. Their initial assumption was in the 10-15 percent range, which he stated was similar to the national average of 12 percent. Mr. Yan and Mr. Zhang both opined that they felt the reasons for this difference were in part due to this long-standing policy is well established in people's mindsets (though it was unclear why this would be any more true in Jilin than elsewhere in China) and perhaps due to the later start in Jilin Province. When pressed, they indicated that the economic situation in Jilin was not as strong as other parts of China, and this may have more to do with the low application rate.

Ready for Ebola!

3. (SBU) Jilin Province is capable of dealing with any Ebola cases that may arise, though medical officials consider the likelihood of Ebola's reaching Jilin to be very low, according to Mr. Zhang Tianxu, Chief of Jilin HFPB's Medical Affairs and Policy Office and Mr. Liu Yuchi, Jilin HFPB's Chief of the Western Medication Office. Jilin follows standard precautions for handling arrivals from the affected African regions such as taking temperature readings and checking for signs of fever. As Jilin's international airport generally only handles direct flights from a handful of neighboring countries, the province will not be the first stop for travelers leaving the affected regions. Following SARS, Avian Influenza and other contagious disease outbreaks within China, they are quite well prepared with isolation rooms and procedures for handling a wide variety of diseases, and have established four hospitals with isolation wards, Mr. Zhang stated. In response to ESTHOff's question, Mr. Zhang answered that Jilin has not sent any medical personnel to assist other Chinese government teams going to the affected areas, but there are two doctors from the Jilin government working elsewhere in Africa. Mr. Zhang also mentioned that Changchun City, capital of Jilin Province, has two of China's seven Biosafety Level 3 laboratories, but he would not elaborate on what roles they play in Changchun and appeared uncomfortable being asked about them.

Major Health Issues: Go a Little Easier on the Salt

4. (U) Though Jilin has made contingency plans for Ebola, provincial officials said that tumors and the health consequences of poor diet were much larger concerns. Jilin and its neighbors, Liaoning and Heilongjiang, have similar diets, and compared to the rest of China have high salt content in their food. This has led to higher rates of high blood pressure, cardiac and cerebral health issues in this region, according to Mr. Zhang. Due to climate, and a fairly untraveled population, they do not face as many contagious diseases as southern China, Mr. Zhang stated. One area where they are concerned is the high incidence of tumors. When asked what type of tumor, cancerous or benign, they simply answered all types of tumors, throughout the body. Jilin Provincial officials were not aware of much research cooperation with U.S. medical researchers, universities or hospitals, but were very interested in the possibility of finding partners within the U.S. and elsewhere to help them deal with some of these major issues. Though they felt that prestigious U.S. hospitals would not likely have much interest in Jilin, they would be happy to work with mid-ranked U.S. hospitals in research collaboration or exchanges, according to Mr. Zhang.

Low Income and Lack of Insurance Keep Health Care Standards Low

5. (U) Lack of adequate health insurance is a major factor affecting the quality of health care in Jilin. Company-based policies, and those for government workers, offer a certain level of services and access to better medicines, and those who can afford private supplemental insurance can get even better access to services and are provided the best of medications available. Farmers, however, who make up the majority of the region's population, generally are too poor to afford insurance, and the provinces allocate only a limited amount of funds per person, although it has increased from only RMB 80 in earlier periods to the current level of RMB 300 per person. Low rural income levels mean there is no real market for private insurance products aimed at farmers, which means that RMB 300 per head is often the total amount that rural people have available to cover medical expenses.

6. (U) Regulations that prevent government hospitals from borrowing money or having foreign shareholders have also kept hospitals from improving standards of care, Mr. Zhang mentioned. Without these additional potential funding sources, hospital revenues are limited to the pool of funds allocated for rural people and to insurance payouts for the minority of patients who have coverage. From an earlier visit with Liaoning Province's Provincial Health and Family Planning Bureau, ESTHOff was informed of pilot programs in seven cities in southern China that were allowing foreign hospitals access to the Chinese market. With health insurance being fairly new and not very developed in China, only the wealthy and perhaps expatriates with international class health insurance will be able to afford these types of hospitals. There are local private hospitals, but again, the pool of potential clients is limited, and many go abroad for treatment if they can afford to do so.

COMMENT

7. ~~(SBU)~~ The Jilin Provincial Health and Family Planning officials were tasked by the Foreign Affairs Office to meet with ESTHOff, and their initial attitude reflected the non-voluntary nature of the interaction. They had no business cards to exchange and actually claimed that this would be against policy. As far as they were aware, this was their bureau's first interaction with the U.S. Government. They warmed up slightly over the course of the meeting and were willing to answer many questions, although some areas initially seemed to be less welcome for discussion, such as the function of their two BSL 3 laboratories. The region appears to be in significant need of medical research, given the rapidly changing demographics, and they expressed a willingness to work with American-based scholars, researchers and hospitals. The market here may be large in numbers, but the insurance provided will not make it a financially attractive market on the whole, although a very small number of private hospitals might succeed in the various expatriate communities and with wealthier individuals in Changchun City, the capital of Jilin Province. There does appear to be a great opportunity here for medical research-based diplomacy.

Signature: Weinhold

Drafted By: (b)(6) (Shenyang)

Cleared By: Pol / Econ: (b)(6) (Shenyang)

Approved By: Exec: (b)(6) (Shenyang)

Released By: (b)(6) (Shenyang)

Info: DEPT OF COMMERCE WASHINGTON DC *ROUTINE*; DEPT OF HHS
WASHINGTON DC *ROUTINE*; ATLANTA GA, CDC *ROUTINE*; NATIONAL
SECURITY COUNCIL WASHINGTON DC *ROUTINE*; CHINA POSTS
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From:	(b)(6) <SwitzerBR@state.gov>
To:	(b)(6)@state.gov>
Subject:	(b)(6) shared "v0508 Circumstantial Evidence Re Wuhan Institute of Virology--Updated May 8 2020 (b)(6) with you.
Date:	Fri, 8 May 2020 20:57:22 +0000

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From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	Liberia Announces Discovery of Ebola Virus in Bat
Date:	Wed, 30 Jan 2019 13:58:41 GMT

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MRN: 19 MONROVIA 46
Date/DTG: Jan 30, 2019 / 301358Z JAN 19
From: AMEMBASSY MONROVIA
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: ECON, SHLH, KGHI, GN, LR
Captions: SENSITIVE
Reference: A) 18 MONROVIA 932
B) 18 MONROVIA 580
C) 18 MONROVIA 610
D) 19 MONROVIA 5
Subject: Liberia Announces Discovery of Ebola Virus in Bat

1. (U) Summary: On January 24, Liberia's Ministry of Health (MOH) and National Public Health Institute of Liberia (NPHIL) held a press conference and issued a press release announcing the discovery of the Ebola virus (*Zaire ebolavirus*) in a bat. There is currently no known case of Ebola in humans in Liberia and there is no heightened threat of Ebola Virus Diseases (EVD) to Liberians. The discovery was a collective, intra-ministerial effort with funding from the United States Agency for International Development (USAID) and technical assistance from the USAID-PREDICT project led by the EcoHealth Alliance (EHA) and the Society for the Conservation of Nature, Liberia (SCNL). The discovery is significant because it is the first detection of *Zaire ebolavirus* in a bat in West Africa and provides important evidence that this particular bat species may be a natural host for Ebola. This information will be used to develop key strategies to reduce the risk of future outbreaks. Following the press release, the MOH, NPHIL, USAID, U.S. Centers for Disease Control and Prevention (CDC) and other strategic partners launched community sensitization and outreach activities to ensure that accurate, actionable, and consistent information is circulated widely and swiftly. The MOH issued

guidelines to the public on how to avoid contact with bats and to protect food and water sources, and it created a public information hotline. International and Liberian news coverage has been positive, with no negative or erroneous coverage to date. End Summary.

Ministry of Health Issues Press Release

2. (U) On January 24, the MOH issued a press release with input from USAID and PREDICT detailing the following key points:

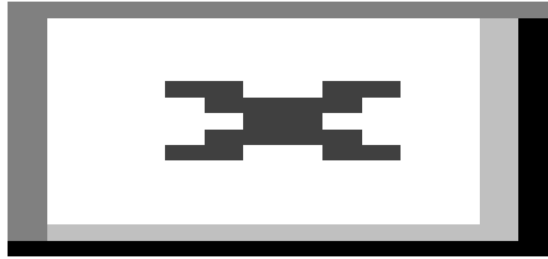
- As a result of pro-active research by the GOL to determine the cause of the unprecedented Ebola outbreak between 2014 and 2016, *Zaire ebolavirus* has been found in a cave-dwelling insect-eating bat, a Greater Long-fingered Bat, in Sanniquellie-Mahn Health District, Nimba County, close to the border with Guinea.
- The source of the 2014-2016 Ebola outbreak in West Africa was not definitive, and for this reason, research has been ongoing for the last two years by the MOH, NPHIL, and international partners to establish whether bats carry Ebola. The infected bat, along with hundreds of other bats, was sampled in late 2016 and tested between June and November 2018. To date, all other bats have tested negative for Ebola.
- The discovery was a collective effort, working in partnership with the MOH, NPHIL, Forestry Development Authority (FDA), and Ministry of Agriculture (MOA) with funding from USAID. Sampling and testing was conducted through the USAID-PREDICT project led by EcoHealth Alliance (EHA) and the Society for the Conservation of Nature, Liberia (SCNL). The discovery is significant because it is the first detection of *Zaire ebolavirus* in a bat in West Africa and provides important evidence that this particular type of bat may be a natural host for Ebola. Future studies will examine whether more of this type or other types of bats are infected, and how bats spread the virus. This information will be used to develop strategies to reduce the risk of future outbreaks.
- There are no known cases of Ebola Virus Disease (EVD) in people in Liberia at this time. The MOH, NPHIL, U.S. Government, and other partners continue to support surveillance and risk mitigation and preparedness should there be another human case in the future.

Findings from USAID Project PREDICT

3. (U) PREDICT is a project of USAID's Emerging Pandemic Threats program initiated in 2009 to strengthen global capacity for detection and discovery of potentially zoonotic viruses with epidemic and pandemic potential, such as Ebola. In Liberia, PREDICT is focused on identifying natural hosts for filoviruses, including Ebola. This work is being led by EcoHealth Alliance and its local counterpart, SCNL, in partnership with the NPHIL, MOH, FDA and MOA. PREDICT's findings include the following points:

- One Greater Long-fingered bat (species *Mineopterus inflatus*), sampled in Nimba County in September 2016, tested positive for *Zaire ebolavirus* and neutralizing antibodies against it.
- The USAID-PREDICT project sampled more than 5,000 bats between 2016 and 2018, and the Ebola-positive bat was tested between June and November 2018.
- While this virus is known to be fatal in humans, this discovery should not be a cause for concern. There have been no new human Ebola cases associated with this finding. Genetic sequence information confirms that the virus detected is *Zaire ebolavirus*, but at this time it cannot be determined whether or not it is the exact same virus that caused the 2014-2016 EVD epidemic in Liberia, Sierra Leone, and Guinea.
- Greater Long-fingered bats are small (weighing less than 20 grams) and eat insects. They are agriculturally important animals because they eat crop pests. They prefer to live in forest, caves, and mines and are commonly found throughout Africa. People should avoid entering caves or mines inhabited by these bats to reduce the risk of exposure to Ebola virus.

4. (U) The U.S. Embassy, through USAID and PREDICT, worked closely with the Liberian government to develop messages and strategies for community engagement, draft Liberian press releases and talking points, and negotiate release of the information to the public with GOL leadership. CDC continues to play an important role of advisor to NPHIL and MOH on the process, finding and implications.



Photos show USAID-PREDICT activity testing bats in Liberia.

Comment

5. ~~(SBU)~~ This important biomedical discovery is a powerful example of the significant achievements attained through the commitment of the governments of Liberia and the United States to the One Health approach, an integrated, inter-governmental, and interagency effort critical to detecting, preventing, and responding to pandemic disease threats that can affect global health security. However, although key milestones have been achieved with U.S. support, these gains are not irreversible. Liberia's rapid economic downturn over the past year (see reftels B-D) has hindered the GOL's ability to pay operational support to health surveillance workers, temporarily affecting one of the key global health security systems put in place following the 2014-2016 Ebola outbreak. Post will continue to work across the interagency to support and sustain the gains of the One Health approach toward the objectives of the Global Health Security Agenda. End Comment.

Signature: ELDER

Drafted By: (b)(6) (USAID)
Cleared By: POL-ECON; (b)(6)
(b)(6) (NIH)
(b)(6) (DOD)
(b)(6) (CDC)
(b)(6) (USAID/DIR)
EXEC: (b)(6)
(b)(6) (USAID)
(b)(6) (USAID)
Approved By: EXEC:Elder, Christine

Released By:

MONROVIA: (b)(6)

Info:

USDA FAS WASHDC *ROUTINE*; CDR USAFRICOM STUTTGART
GE *ROUTINE*; DEPT OF HHS WASHINGTON DC *ROUTINE*; ATLANTA GA,
CDC *ROUTINE*; ECOWAS COLLECTIVE *ROUTINE*

Dissemination Rule:

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Sender:	"SMART Archive" <>
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From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	Kenya: China Increasingly Engaged in Health Sector, But Not in Coordination with Other Donors
Date:	Fri, 13 Sep 2019 05:55:04 GMT

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MRN: 19 NAIROBI 2754
Date/DTG: Sep 13, 2019 / 130552Z SEP 19
From: AMEMBASSY NAIROBI
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, ECON, EAID, TBIO, CDC, CN, KE
Captions: SENSITIVE
Subject: Kenya: China Increasingly Engaged in Health Sector, But Not in Coordination with Other Donors

1. ~~(SBU)~~ Key points:

- Chinese government activity in the Kenyan health sector has increased, most notably in organizational development and direct financing for both private and public health interventions.
- China is increasingly undertaking public health interventions – as in mass antimalarial drug testing and in crisis Ebola response – led traditionally by the United States and other like-minded organizations, both in Kenya and across sub-Saharan Africa.
- While China has increased its activity in the public health sector, it has avoided regular engagement with other bilateral or multilateral health donor partners.

2. ~~(SBU)~~ Comment. (b)(5)

(b)(5)

(b)(5)

China's increased health sector activity in recent years points to a desire to be recognized as a major player in Kenya's public health response. While there conceivably could be potential opportunities to explore sharing resources and joint technical assistance in the health sector, Mission Nairobi retains a healthy skepticism of China's underlying motives.

3. ~~(SBU)~~ Specifically, there may be a significant opportunity for closer engagement between Embassy Nairobi's health agencies with the anticipated expanding presence of China CDC in Kenya. As funding

declines for U.S. government flagship programs such as the President's Emergency Plan for AIDS Relief and Global Health Security, the Embassy is focused on ensuring ownership and sustainability by the government of Kenya at both the national and county levels. Encouraging China to focus support in these disease areas, as well as in critical work such as immunizations; malaria prevention, control and treatment; and the hepatitis B vaccine could lead to strengthened and more diversified support for Kenya's own long-term planning. This could open up space for the U.S. to deepen its focus in other arenas including non-communicable diseases and outbreak response. **End comment.**

Building Health Capacity in Kenya and Beyond ... with Chinese Products and Technical Assistance

4. ~~(SBU)~~ China has regularly made its presence known in the Kenyan health sector through medical construction projects and the supply of medical equipment, most notably providing equipment to the Kenyan First Lady's signature health initiative, "Beyond Zero," and by building a hospital bearing the name of a previous Kenyan First Lady.

5. ~~(SBU)~~ Meanwhile, there is growing trend of Chinese academic research in Kenya, which may parallel the United States' extensive research network driven by the National Institutes of Health and U.S. universities. In early 2017, a leading Chinese scientist approached the U.S. Centers for Disease Control and Prevention (CDC) to garner support for mass drug administration trials for malaria, using a drug developed by the scientist, in western Kenya. CDC declined due to a lack of early phase trials and adequate data on the safety profile of the drug. CDC was informed through local contacts that these studies were subsequently discussed with Kenya's national malaria control program leadership, but as they were never presented at open meetings for technical stakeholders, the trial did not proceed.

6. ~~(SBU)~~ In 2018, prominent Chinese universities including Tsinghua University and Fudan University organized a symposium with a leading Kenyan academic institution to discuss health research collaboration in the country. In September 2019, the Chinese Academy of Sciences signed a Memorandum of Understanding with the African Academy of Sciences, based in Nairobi, to collaborate in health research, skills development, and technology transfer. This is expected to create pathways for greater pan-African engagement in scientific partnerships.

7. ~~(SBU)~~ A feature article emphasizing China's support for malaria eradication in Kenya, published in the *The Atlantic's* July 2019 issue, reinforces this perception of China's growing influence in public health research and implementation. In contrast, this American journal overlooks the U.S. CDC's malaria work in Kenya, ongoing since 1979, and critiques Western donors' funding of "expensive, experimental malaria interventions" in stated contrast to Chinese researchers allegedly "tested approach."

8. ~~(SBU)~~ The United States has historically led national-level support for laboratory science in Kenya, but in recent years, there has been increased engagement from Chinese scientific organizations and private Chinese companies. There are now Chinese-funded laboratory units at Kenya's National Public Health Laboratory campus and Chinese companies are providing county hospital laboratories with equipment. It should be noted that Kenya's use of Chinese lab equipment often requires Chinese-sourced chemical reagents be purchased to run these machines. For example, the Chinese company Dirui has installed biochemistry analyzers at the Siaya County Referral Hospital and other hospitals; these facilities in turn buy their reagents from Dirui. In December 2018, the Chinese Academy of Sciences also partnered with Maasai Mara University in Narok to equip the universities' laboratories and promote staff and student exchange programs.

China CDC Establishes First African Office

9. ~~(SBU)~~ Across the continent, China CDC offers technical trainings and workshops, occasionally in concert with U.S. CDC country offices and/or funded by entities such as the Bill and Melinda Gates Foundation. China CDC established its first overseas office in Sierra Leone in 2014. U.S. CDC Sierra Leone staff communicate with the China CDC country team frequently; however, even after multiple attempts to collaborate on projects, there has been limited engagement. This is exacerbated by the rotation of the China CDC technical team every six months, and of its country lead every 12 months.

10. ~~(SBU)~~ In a related development, during the Ebola outbreak in Sierra Leone in 2014, China CDC sent a mobile biosafety laboratory to the country to test for Ebola. China CDC then constructed a fixed biosafety level-3 (BSL-3) laboratory for the country that China highlighted as a crowning achievement. China CDC is testing for Viral Hemorrhagic Fevers (VHFs) and other pathogens, including monkey pox, at this Sierra Leone-China Friendship BSL 3 Lab. They recently trained 15 Ministry of Health lab staff on testing for Marburg virus, subsequent to findings of Marburg virus in bats in Sierra Leone. This lab has not undergone external validation, except for EVD testing during the epidemic.

China Explores Support for African Union's Africa CDC in Kenya and Ethiopia

11. ~~(SBU)~~ China CDC undertook a fact-finding mission to Kenya in January 2019 to determine how they could support the establishment of a Nairobi-based Regional Collaborating Center (RCC) of the African Union's developing Africa CDC. Leadership from China CDC's Center for Global Health paid a courtesy call with U.S. CDC Kenya (presentation attached), stating their interest in establishing long-term partnerships with both the Kenyans and CDC Kenya in support of the Africa CDC.

12. ~~(SBU)~~ China's primary support to date for the Africa CDC has been its \$80 million commitment to construct the Africa CDC headquarters office in Addis Ababa. China also provided Africa CDC with \$3 million to cover the cost for two Chinese technical advisors, as well as other activities in which Africa CDC is interested, reportedly with no strings attached. CDC staff in Addis report, however, that the Africa CDC's Chinese technical advisors in Addis have been reluctant to engage other public health stakeholders. This may be due to a limited understanding on how to collaborate for meaningful public health impact, as well as limited English language ability.

Chinese Limited Engagement in Kenyan Health Donor Fora

13. ~~(SBU)~~ To date, China has not participated in Kenya's major donor fora for public health stakeholders, so it is difficult to document the extent of their work as a donor partner in the health sector. Their only known engagement in donor health fora is from one Chinese NGO whose staff occasionally attend meetings for Kenya's Universal Health Coverage strategic planning. China's lack of participation both limits other stakeholders' visibility on Chinese activities and increases the likelihood of duplicating efforts and as well as the potential for corruption by donor recipients. This style of limited multilateral health engagement is consistent with trends CDC offices have seen elsewhere across Africa.

14. (U) Freetown and Addis Ababa have cleared this cable.

SBU

Signature: Kneedler

Drafted By: NAIROBI:(b)(6)
Cleared By: DoS:(b)(6)
ECON:(b)(6)
POL:(b)(6)
BIP/PEPFAR:(b)(6)
KENYA/HPN:(b)(6) (KEA/HPN)
ECON:(b)(6)

Approved By: EXEC:Kneedler, Eric W

Released By: NAIROBI:(b)(6)

Info: DEPT OF COMMERCE WASHINGTON DC *ROUTINE*; ATLANTA GA,
CDC *ROUTINE*; AFRICAN UNION COLLECTIVE *ROUTINE*; EAST AFRICAN
COMMUNITY COLLECTIVE *ROUTINE*

Dissemination Rule: Archive Copy

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Sender:	"SMART Archive" <>
Recipient:	SMART Core <>

From:	"SMART Archive" <>
To:	svcSMARTBTSP08 <svcSMARTBTSP08@state.gov>
Subject:	HHS/CDC EMERGING INFECTIOUS DISEASES RESEARCH COOPERATIVE AGREEMENT, CHINA, FY 15 ATD # 140310
Date:	Fri, 11 Jul 2014 09:39:52 -0400

UNCLASSIFIED~~SBU~~

MRN: 14 CDC ATLANTA GA 2140
Date/DTG: Jul 11, 2014 / 111340Z JUL 14
From: CDC ATLANTA GA
Action: BEIJING, AMEMBASSY *ROUTINE*
TAGS: XTAG, SHLH, OSCI, TBIO, CDC, CH
Captions: SENSITIVE
Pass Line: BEIJING FOR MANAGEMENT OFFICER
 BEIJING FOR CDC
 SECSTATE FOR EAP/EX
 HHS FOR OGA (b)(6)
Subject: HHS/CDC EMERGING INFECTIOUS DISEASES RESEARCH
 COOPERATIVE AGREEMENT, CHINA, FY 15 ATD # 140310

1. The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) respectfully requests U.S. Embassy clearance from the standpoint of American foreign policy objectives and its responsibilities under Title V of the International Relations Authorization Act, to make a grant award to the Chinese CDC; title of the projects are
 - a. Etiology of Community-acquired Pneumonia in Adults: Use of TAC Multiple Pathogen Detection Platform in the International Emerging Infections Program (IEIP) Sites (known as TAC hereafter)
 - b. Fudan University Cooperative Program
 - c. Development and evaluation of detection methods for multiple diarrheal pathogens
 - d. Laboratory Testing and Follow-up on Congenital Cytomegalovirus Infection
 - e. Evaluation of rubella seroconversion using measles-rubella vaccine among infants 8 months of age in China
 - f. Immunogenicity and safety of concurrent administration of measles vaccine with live attenuated Japanese encephalitis SA 14-14-2 vaccine in Chinese infants 8 months of age
2. Funding/Performance Period information: \$ 1,346,724
Award Date: September 15, 2014; Project Period: September 15, 2012-September 14, 2017; Principal Researcher: Chinese Centers for Disease Control and Prevention (CDC) – Beijing, China, CHINA
3. Purpose of the Projects
TAC: The TAC project is an epidemiological and pathogen study in China to evaluate the performance of TAC as a surveillance tool for identification of multiple

pathogens and potential co-infections among adult patients hospitalized with CAP. The purpose of this project is a continuation of the prospective study following the hospital-based case-control study (second year) aimed at further understanding the etiology of SARI among adults in China using TAC multiple pathogen detection platform.

Fudan University Cooperative Program: The Fudan University project will be conducted to: (1) understand influenza associated disease burden and economic burden of children under 5-years old based on Severe Acute Respiratory Infection (SARI) surveillance system in Suzhou; and (2) assess influenza vaccine effectiveness in preventing laboratory confirmed influenza in two districts of Suzhou.

Development and Evaluation of Detection Methods for Multiple Diarrheal

Pathogens: This project will: (1) evaluate the current commercial diagnosis kits available for multi-pathogens of diarrhea; (2) optimize the real-time PCR methods; and (3) conduct a field evaluation for different rapid diagnosis methods using stool samples from patients among sentinel hospitals. The purpose of the project is to build two rapid diagnosis systems to use for the routine diarrhea surveillance and pathogen detection during foodborne outbreaks.

Laboratory Testing and Follow-up on Congenital Cytomegalovirus Infection

The following are the objectives of this study :1. Examine the incidence and clinical manifestations of congenital CMV infection in China; 2. Assess the physical, mental, and hearing development in children with congenital CMV infection; 3.Examine the incidences of active CMV infection and shedding in women of reproductive age.

Immunogenicity and safety of concurrent administration of measles vaccine with live attenuated Japanese encephalitis SA 14-14-2 vaccine in Chinese infants 8 months of age

The primary objective of the study is to: 1) Demonstrate non-inferiority in seroconversion rates between concurrent administration of MCV and LJEV compared to MCV given alone among infants aged 8 months. The secondary objective of the study is to:2) Evaluate the reactogenicity and adverse events between concurrent administration of MCV and LJEV compared to MCV given alone among infants aged 8 months.

4. Human subjects: All projects pending ethical review by Chinese Centers for Disease Control & Prevention, Beijing, China and the Centers for Disease Control & Prevention, Atlanta, Georgia.
5. Animal information: N/A
6. **Contacts Information**

Principal Investigator: (b)(6) Director, China-U.S. Collaborative Program on Emerging and Re-Emerging Infectious Diseases, (b)(6)

(b)(6)

For additional information, please contact (b)(6) Project Manager,
China-U.S. Collaborative Program on Emerging and Re-Emerging
Infectious Diseases:

E-mail: (b)(6)

Phone: (b)(6)

CDC Project Officer: Sarah Hedges, Division of Global Health Protection; 1600 Clifton
Road NE MS D-68, Atlanta, GA 30329 Email: vow7@cdc.gov; Phone: 404-639-7414

CDC Grants Management Specialist: LaQuanda C. Lewis, MPH, Grants
Management Specialist, Procurement and Grants Office, Global Health
Branch; 2920 Brandywine Rd MS K-75, Atlanta, GA 30341; Email:
hrrf6@cdc.gov; Phone: 770-488-2969; Fax: 770-488-2688

7. Grant funds should be awarded by: **15 September 2014**. If no response is received by **August 1, 2014**, CDC will assume Embassy has no objection to funds being awarded.
8. In order to ensure prompt receipt of cable response at CDC, please transmit cable reply or cable request for additional information directly to ATLANTA GA, CDC attn.: LaQuanda C. Lewis.
9. CDC appreciates Embassy consideration and reply.
10. If additional information is needed, please contact: **Stephanie Gonsahn**, phone **404-718-8934**, Email **sxs5@cdc.gov**.

KENYON

Drafted By:	ATLANTA GA:Kumar, Lata
Cleared By:	CDC/CGH/OD:Kumar, Lata CDC/OCOO/PGO:Lewis, LaQuanda
Approved By:	ATLANTA GA:Gonsahn, Stephanie X
Released By:	ATLANTA GA:Gonsahn, Stephanie X
Info:	WASHDC, SECSTATE <i>ROUTINE</i> ; DEPT OF HHS WASHINGTON DC <i>ROUTINE</i>

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Sender:	"SMART Archive" <>
Recipient:	svcSMARTBTSP08 <svcSMARTBTSP08@state.gov>

From:	"SMART Archive" <>
To:	svcSMARTBTSP05 <svcSMARTBTSP05@state.gov>
Subject:	CHINA: DEMARCHE DELIVERED ON CARTAGENA PROTOCOL ON BIOSAFETY CONFERENCE
Date:	Wed, 24 Sep 2014 05:38:05 -0400

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MRN: 14 BEIJING 3748
Date/DTG: Sep 24, 2014 / 240938Z SEP 14
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: ECON, ETRD, EAGR, TBIO, AORC, TSPL, CH
Captions: SENSITIVE
Reference: 14 STATE 107426
Subject: CHINA: DEMARCHE DELIVERED ON CARTAGENA PROTOCOL ON BIOSAFETY CONFERENCE

1. ECONOFF transmitted on September 24 reftel talking points for the Seventh Conference of the Parties serving as the Meeting of the Parties (COP/MOP-7) to the Cartagena Protocol on Biosafety to the Chinese Ministry of Environmental Protection (MEP).
2. Post provided talking points to MEP's Department of Nature and Ecological Conservation. Deputy Director-General Bai Chengshou will lead a ten-member delegation scheduled to arrive at the conference on September 28. MEP informed ECONOFF that the delegation will also include a member from MEP's Bio-Safety Management office.
3. Post will attempt to schedule a meeting with Mr. Bai after his return to China and report any additional substantive responses septel.

Signature: BAUCUS

Drafted By: BEIJING: (b)(6) (Beijing)
Cleared By: ECON: (b)(6)
Approved By: ECON: (b)(6) (Beijing)
Released By: BEIJING: (b)(6) (Beijing)

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Sender:	"SMART Archive" <>
Recipient:	svcSMARTBTSP05 <svcSMARTBTSP05@state.gov>

From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	Angola: COVID-19: Government Signs Deal with China Shenzhen BGI Group for Five COVID-19 Testing Labs
Date:	Wed, 22 Jul 2020 11:32:29 GMT

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MRN: 20 LUANDA 552
Date/DTG: Jul 22, 2020 / 221130Z JUL 20
From: AMEMBASSY LUANDA
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: ECON, PGOV, PREL, SHLH, TBIO, KHIV, CDC, CN, AO
Captions: SENSITIVE
Reference: A) 20 LUANDA 418
B) 20 LUANDA 444
Subject: Angola: COVID-19: Government Signs Deal with China Shenzhen BGI Group for Five COVID-19 Testing Labs

1. ~~(SBU)~~ Summary: On July 16, the Angolan government and China Shenzhen BGI signed an agreement for BGI to construct five laboratories to detect COVID-19. The Chinese-constructed labs will likely only be compatible with Chinese supplies and equipment. The adherence to Chinese standards will complicate staffing, technical assistance, and the operability of the laboratories. The agreement follows high-profile donations and purchases of biosafety equipment and materials from other Chinese companies. Post notes the GRA twice made direct formal appeals (ref A and B) to us for help in procuring additional test kits. End Summary.

China Delivering to Meet Angolan Health Needs

2. ~~(SBU)~~ On July 16, the Angolan government (GRA) and China Shenzhen BGI (formerly the Beijing Genomics Institute) group representatives signed a contract to boost Angola's COVID-19 detection capacity. According to media reports, BGI will construct five Huoyan, or Fire Eye, laboratories to detect COVID-19 across the country, including in Uíge, Lunda Norte, and Huambo provinces, with a total daily capacity of 6,000 samples. Angola's Foreign Minister Tete Antonio said the agreement would provide Angola with virus detection capacity and give Angolans the opportunity to learn advanced technology. Silvia Lutucuta, Angola's Health Minister, thanked China for the assistance, emphasizing Angola and other countries have benefited from China's experience in fighting COVID-19. Ministry of Health officials put the

cost for the laboratories at \$6 million, the funding for which has been included in the revised 2020 Angolan national budget, set to be approved by the end of July.

3. ~~(SBU)~~ BGI group co-founder and chairman Yang Huanming underscored that BGI's Huoyan laboratory has played an important role in combating epidemics in China and around the world and has proven to be very effective. "More than 20 countries and regions have started or are in negotiations with more than 70 Huoyan laboratories, with the total daily test volume expected to exceed 300,000 tests. Brunei, the United Arab Emirates, Serbia, the Philippines, Gabon and other countries have put [laboratories] in place," he said. Yang added Huoyan laboratories were equipped with automated equipment for the extraction of high-performance nucleic acids to improve the efficiency of large-scale detection.

Historic Challenges with Chinese Health Facilities

4. ~~(SBU)~~ Molecular biology requires a highly trained and technically sound cadre of laboratory technicians to produce reliable test results. In the best circumstances, it is difficult to find well educated laboratory technicians outside of Luanda or to convince highly technical staff to move out of Luanda to more rural provinces. Chinese specific laboratory platforms will limit the technical assistance ability of the GRA's traditional laboratory technical partners (CDC and WHO) which will also impact GRA's ability to develop human resources to staff the new laboratories. Several health facilities in Angola have been built by Chinese companies; some required post-construction adaptations, and thereby incurred unbudgeted costs to be made usable. Other facilities were presented to GRA full of Chinese equipment with instructions for use only in Mandarin and signs and labels in the facilities also in Mandarin, making the equipment practically unusable and the facilities impossible to navigate.

5. ~~(SBU)~~ The agreement between the GRA and BGI followed high-profile donations and sales of biosafety material from China. On July 10, the Chinese company Yutong Bus donated 100,00 masks. In a public ceremony to mark receipt of the donation, Angolan Minister of Transportation Ricardo d'Abreu praised China's readiness to assist Angola's COVID-19 response, adding that Angola could always rely on China. In May, Angola purchased 380 tons of biosafety material from China to respond to COVID-19. Minister of Health Sílvia Lutucuta noted that the purchase was one of, if not the largest, procurements in Angolan history. The material included ventilators, surgical masks, test kits, and a wide array of equipment and biosafety materials.

Reinforcing Angolan Dependency on Chinese Supply Chains?

6. ~~(SBU)~~ Comment: Experience indicates that the equipment for these laboratories likely will not be compatible with supplies or other equipment from vendors outside China. Early in the COVID-19 pandemic, the Angolan National Reference Laboratory received equipment from China that only operates with Chinese consumables (from specimen collection swabs and viral transport media to testing reagents). If that is true of the BGI Group laboratories, the GRA will be completely dependent on the Chinese life sciences and medical equipment industry to support a large portion of the COVID-19 laboratory capacity in Angola. Post has similar concerns about reliance on a single source for equipment maintenance and troubleshooting both of which are critical for sustainability of the new laboratories. USG, and any other non-

Chinese, technical assistance will be limited at best in the Chinese product specific laboratories. However, China is stepping up to meet an Angolan need. The GRA has twice specifically reached out to the U.S. to help it purchase COVID-19 testing reagents (ref A and B). End Comment.

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Signature: FITE

Drafted By: LUANDA (b)(6)
Cleared By: HHS/CDC/GHT: (b)(6)
DOC/ITA: (b)(6)
Approved By: EXEC (b)(6)
Released By: LUANDA: (b)(6)
Info: BEIJING, AMEMBASSY *ROUTINE*; NAIROBI, AMEMBASSY *ROUTINE*;
AFRICAN UNION COLLECTIVE *ROUTINE*

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Sender:	"SMART Archive" <>
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From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	(SBU) Coronavirus Global Response Coordination Unit SitRep No. #19 - 02.19.2020 1600 ET
Date:	Wed, 19 Feb 2020 23:04:50 GMT

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~~SBU~~ DeControlled



MRN: 20 STATE 17888
Date/DTG: Feb 19, 2020 / 192254Z FEB 20
From: SECSTATE WASHDC
Action: WHITE HOUSE NATIONAL SECURITY COUNCIL WASHINGTON
DC *IMMEDIATE*; WHITE HOUSE WASHINGTON DC *IMMEDIATE*; HQ
USPACOM HONOLULU HI *IMMEDIATE*; CDR USSOCOM MACDILL AFB
FL *IMMEDIATE*; CDR USSOUTHCOM MIAMI FL *IMMEDIATE*; ALL
DIPLOMATIC AND CONSULAR POSTS COLLECTIVE *IMMEDIATE*
E.O.: 13526
TAGS: AEMR, AMGT, ASEC, CASC, MARR, PGOV, PREL, PINR, KFLO, JP, CN
Captions: SENSITIVE
Subject: (SBU) Coronavirus Global Response Coordination Unit SitRep No. #19 -
02.19.2020 1600 ET



U.S. DEPARTMENT *of* STATE
**Coronavirus Global Response Coordination Unit/
Diamond Princess Response Task Force**

SITREP No. # 19

February 19, 2020 - 1600 ET

~~SENSITIVE BUT UNCLASSIFIED//FOR OFFICIAL USE ONLY (SBU//FOUO)~~

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1. (U) Latest Update

- (U) There are 75,205 confirmed cases worldwide, 2,014 deaths, and 15,084 recovered patients. *(Johns Hopkins CSSE)*
- (U) The Chinese Center for Disease Control and Prevention has calculated a case fatality rate of 2.3 percent for the novel coronavirus, which is higher than influenza (0.1%) — but far lower than SARS (9.6%) and MERS (35%). *(CNN)*
- ~~(SBU)~~ U.S. Forces Korea announced service members, family members, civilians, and contractors who have attended New World Church in Daegu over the past 10 days must undergo a mandatory self-quarantine. The move comes after South Korea reported 15 confirmed cases of the virus stemming from the church on Wednesday. *(Marine Corps Times)*
- (U) The CDC issued new guidelines for American travelers to Hong Kong. *(CNBC)*

2. ~~(SBU)~~ Global Coronavirus Developments

- (U) South Korea confirmed 22 new cases of the coronavirus, bringing its total to 53, with most new patients traced to church services in the city of Daegu. *(Yonhap)*
- (U) Singapore reported three more confirmed cases, bringing its total to 84, with four in critical condition. *(Channel News Asia)*
- (U) Iranian authorities confirmed two elderly Iranian citizens died of the coronavirus. *(AP)*

3. (U) International Assistance

- (SBU) The WHO-China joint mission conducted a DVC with Wuhan public health staff and clinicians and visited a Beijing infectious disease hospital. *(20 BEIJING 296)*
- (U) On February 18 WHO announced shipment of supplies of personal protective equipment (PPE) to 21 countries and stated it would ship to another 106 in coming weeks. *(WHO)*
- (SBU) USAID-funded PPE arrived in Laos on February 6. USAID has two more PPE shipments expected to arrive within the next two weeks in Burma and Thailand, and an additional six shipments in progress to Uzbekistan, Kazakhstan, Tajikistan, Kyrgyzstan, Vietnam, and Nepal. *(USAID)*

4. ~~(SBU)~~ Support for U.S. Citizens

- (U) On February 18, U.S. citizens and LPRs remaining on the Diamond Princess received letters from CDC and Embassy Tokyo explaining they were

added to a federal list restricting travel by commercial aircraft to the United States until March 4. **(Embassy Tokyo, CDC)**

- ~~(SBU)~~ Diamond Princess: The 43 U.S. citizens remaining aboard have either tested negative or are awaiting results. Carnival will pay expenses and lodging during a 14-day period, as required by the aforementioned CDC letter. Embassy Tokyo is working on FAQs and instructions for citizens awaiting travel clearance. **(Embassy Tokyo)**
- ~~(SBU)~~ Westerdam: Approximately 280 U.S. citizens remain in Phnom Penh awaiting a charter flight coordinated by Holland America and scheduled to depart on February 20. Sixty-four U.S. citizens departed via commercial flights on February 18. **(Embassy Phnom Penh)**
- ~~(SBU)~~ Travel Advisories: CA added a health indicator and language on the virus to its Travel Advisory for Hong Kong on February 11. **(CA)**

5. Please direct all questions to the Coronavirus Global Response Coordination Unit at (b)(6) or CoronavirusGlobalResponseCoordinationUnit@state.gov.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: Pompeo

Drafted By: Beijing ESTH: (b)(6)

Cleared By: POL (b)(6) (b)(6)

SES (b)(6)

Approved By: POL (h)(6) (b)(6)

Released By: POEMS_S_ES_O: (h)(6)

Info: SECDEF WASHINGTON DC IMMEDIATE; JOINT STAFF WASHINGTON DC IMMEDIATE; COMFIFTHFLT IMMEDIATE; COMSIXTHFLT IMMEDIATE; NGA WASHINGTON DC IMMEDIATE; COMSOCEUR VAIHINGEN GE IMMEDIATE; JICPAC HONOLULU HI IMMEDIATE; CDR USCENTCOM MACDILL AFB FL IMMEDIATE; CDR USEUCOM VAIHINGEN GE IMMEDIATE; DA WASHINGTON DC IMMEDIATE; CDR USSTRATCOM OFFUTT AFB NE IMMEDIATE; DIA WASHINGTON DC IMMEDIATE; HQ USSOUTHCOM MIAMI FL IMMEDIATE; HQ USAFRICOM STUTTGART GE IMMEDIATE; CDR USAFRICOM STUTTGART GE IMMEDIATE; CIA WASHINGTON DC IMMEDIATE; FBI WASHINGTON DC IMMEDIATE; NMCC WASHINGTON DC IMMEDIATE; ATLANTA GA, CDC IMMEDIATE

XMT: BASRAH, AMCONSUL; CARACAS, AMEMBASSY; SANAA, AMEMBASSY; ST PETERSBURG, AMCONSUL; ALEXANDRIA, AMCONSUL

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CC:	(b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Subject:	PRC Uses Pandemic Response to Promote Traditional Chinese Medicine
Date:	Mon, 27 Jul 2020 06:35:21 +0000

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Info Office: IRO_DIR, PC_SAE, EB_EAP, FAO_EAP

MRN: 20 BEIJING 1272
Date/DTG: Jul 27, 2020 / 270631Z JUL 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: TSPL, PGOV, PREL, SHLH, TBIO, TPHY, SCUL, KPAO, FDA, HHS, NIH, NSF, CN
Captions: SENSITIVE
Reference: 20 CHENGDU 114
Subject: PRC Uses Pandemic Response to Promote Traditional Chinese Medicine

1. ~~(SBU)~~ **Summary and Comment:** Following the outbreak of SARS in 2003 and the 2009 H1N1 influenza pandemic, the PRC government began to actively promote traditional Chinese medicine (TCM), and the 2017 National TCM Law officially placed TCM on an equal status with Western medicine in the PRC healthcare system. Meanwhile, a 2016 State Council white paper made clear that the PRC views TCM as a soft power tool and would seek to export TCM to the rest of the world. The COVID-19 pandemic has subsequently given the PRC an avenue to further globalize TCM by having Chinese medical experts recommend TCM treatments for COVID-19 and provide TCM-based medical assistance to countries in Africa, Europe, the Middle East, and South East Asia. Despite these efforts to broaden the acceptance and use of TCM, many Chinese medical sector contacts remain skeptical about the effectiveness of and scientific basis for TCM treatments for COVID-19. In addition to questions about the effectiveness of TCM, concerns also remain about the use of trafficked wildlife in some TCM remedies, which post will report septel. **End Summary and Comment.**

PRC Steps Up Efforts to Globalize TCM

2. ~~(SBU)~~ Traditional Chinese Medicine (TCM) relies on a range of treatments that include herbal remedies prescribed to prevent and treat infectious diseases and illnesses. During the SARS outbreak in 2003 and the 2009 H1N1 pandemic, China's health ministry and the Chinese Center for Disease Control and Prevention strongly recommended the use of herbal TCM treatments and praised their curative effects ([link](#)). In 2016, China's State Council released its first white paper on traditional medicine clearly outlining the intention to "actively introduce TCM to the rest of the world" ([link](#)). The following year, the PRC passed the 2017 National TCM Law officially placing TCM on an equal status with Western medicine in the PRC healthcare system and requiring provincial governments to enhance the promotion of TCM prescriptions ([link](#)).

3. ~~(SBU)~~ During the COVID-19 outbreak, PRC authorities have doubled down on promoting TCM. The Beijing Municipal Health Commission released a draft regulation for public review on June 3 containing a section that would criminalize the "defamation" of TCM. Public security officials would punish any individual or organization found making "false or exaggerated claims" that "denigrated and defamed" TCM, according to a section of the regulation entitled "Protection and Inheritance of Traditional Chinese Medicine." Dr. Yu Xiangdong, a senior Chinese medical professional at the Central Hospital in Hubei province, who posted online comments in April pointing out that TCM treatments for COVID-19 were not science-based, was censored and demoted for his criticism.

4. ~~(SBU)~~ China's domestic market for TCM has grown at an average annual rate of more than 10 percent over the past five years, and was valued at \$43.6 billion last year, accounting for the vast majority of the global TCM market (which was estimated at \$50 billion in 2017). After the PRC signed health agreements with Ghana, Tanzania, Malawi, and Ethiopia, TCM exports to Africa had doubled within five years to \$80 million by 2017, demonstrating the success of PRC efforts to promote TCM in other markets. Among China's top 10 TCM export destinations, the percent increase of TCM exports to Vietnam (69 percent), India (34 percent), and Malaysia (25 percent) rose by double digits in 2019 alone, according to the PRC General Administration of Customs. The Ministry of Commerce has announced plans to lift restrictions on foreign investment directed towards the processing and production of TCM, which could contribute to further growth of the industry (ref A). Under the Belt and Road Initiative, the PRC Ministry of Commerce and the National Administration of Traditional Chinese Medicine established 17 TCM centers in China last year to help TCM companies further commercialize traditional medicine for the overseas market, increase TCM exports, and ultimately "enhance the soft power of Chinese culture" ([link](#)).

Seizing the "Opportunity" to Promote TCM During the COVID-19 Pandemic

5. (U) During the COVID-19 pandemic, PRC health experts have promoted the use of TCM for treatment of COVID-19 infected patients. The current outbreak presented an "opportunity" to expand the global use of TCM by integrating it with Western medicine for treatment of COVID-19, said PRC senior government advisor on COVID-19 Zhang Boli in an April 1 interview

([link](#)). In combination with Western medicine, TCM treatments were effective in alleviating symptoms, reducing mortality rates, and improving the rate of recovery for COVID-19 cases, claimed Zhang, referring to PRC National Health Commission (NHC) guidelines. [Note: Based on TCM treatments for COVID-19 cases in Wuhan, the NHC recommended several of the six herbal prescriptions known as the "three formulas and three medicines" for confirmed cases in its *Diagnosis and Treatment Protocol for COVID-19* ([link](#)). These TCM treatments reportedly relieved COVID-19 symptoms such as fever, cough, inflammation, diarrhea, loss of appetite, nausea, shortness of breath, and fatigue. End Note.] The State Council also released a white paper titled *Fighting COVID-19: China in Action* promoting the PRC's use of TCM treatments for COVID-19 ([link](#)). Zhang refuted the notion that China was politicizing the promotion of TCM or engaging in a form of "culture invasion," stressing that "saving lives outmatches everything."

6. (U) The PRC continues to include TCM experts on its medical teams and provide TCM in its medical assistance to countries impacted by COVID-19. PRC medical teams dispatched to Italy in March brought with them over 100,000 boxes of Lianhua Qingwen capsules as medical aid. [Note: Lianhua Qingwen - 莲花清瘟 - capsules contain 13 herbal components such as forsythia fruit and sweet wormwood that are prescribed for relieving fever, cough, and fatigue. TCM in foreign medical assistance from the PRC has mainly included herbal remedies without animal components tied to wildlife trafficking. End Note.] Shortly afterwards, the PRC sent about 20,000 boxes of instant TCM herbal mixtures to the Netherlands for distribution to other European countries, including Italy, Germany, France, and Spain. In the Middle East, Red Cross Society of China (RCSC) medical volunteers visited hospitals in Iran and extensively shared their clinical experience with convalescent plasma therapy and TCM, said the head of the Chinese medical team to Iran, Zhou Xiaohang. After Chinese medical experts recommended TCM treatments for COVID-19 during visits to Zimbabwe and Equatorial Guinea in May, Zimbabwe's Health and Child Care Minister Obadiah Moyo announced that Zimbabwe was planning to establish a TCM unit at the Parirenyatwa Group of Hospitals in Harare. China has also dispatched teams of TCM experts to Ethiopia, Cambodia, Iraq, and Laos, while various Chinese companies have donated TCM to countries such as Pakistan, Afghanistan, Saudi Arabia, Singapore, and Canada among others.

Mixed Reviews on the Effectiveness of TCM Treatments for COVID-19

7. (U) Publishing the results of his own study in May, leading PRC government medical adviser and prominent respiratory disease expert Zhong Nanshan argued that the TCM herbal capsule Lianhua Qingwen (LHQW) proved particularly effective as an anti-inflammatory and anti-viral treatment for COVID-19 during clinical trials ([link](#)). In a prospective multicenter open-label randomized controlled trial comparing LHQW plus the usual treatment for COVID-19 versus the usual treatment alone in 284 patients, the recovery rate for confirmed COVID-19 cases was significantly greater in the LHQW group (91.5%) compared to the usual treatment group (82.4%). [Note: A review of the clinical characteristics of the population in the study showed that most of the patients met the case definition for mild illness and would have been expected to clinically recover from their illness End Note.] The median time to symptom recovery was 7 days in the LHQW group versus 10 days in the treatment group. Time to recovery of symptoms such as fever, fatigue, and coughing were shorter in the LHQW group compared to the usual

treatment group. The rate of clinical cure (no fever for 3 days, symptom recovery, improvement in chest CT, and two negative SARS-CoV2 RNA tests at least 24 hours apart) was reported to be significantly higher in the LHQW treatment group (78.8%) versus the usual treatment group (66.2%). There were no differences in the rate of conversion to severe cases and no serious adverse events were reported. [Note: Online rumors claimed the son of Zhong Nanshan owned a TCM company which, according to many Chinese netizens, explained Zhong's recent strong support of TCM treatments for COVID-19 compared to his silence on TCM during the SARS outbreak. End Note.]

8. ~~(SBU)~~ Embassy medical contacts, however, remained skeptical about the benefits of TCM treatments for COVID-19 cases, citing a lack of clinical data to determine these treatments' effectiveness. Many TCM studies were based on empirical data rather than well-designed and rigorously implemented double-blind, randomized, placebo-controlled clinical trials, which are considered standard for medical research, stated an Embassy academic contact.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: Branstad

Drafted By:

BEIJING: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Cleared By:

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

Approved By:

Released By:

Info:

POL: (b)(6)
ECON: (b)(6)
ESTH: (b)(6)
HHS: (b)(6)
ESTH: (b)(6)
(b)(6) (C)
ECON: (b)(6)
ECON: (b)(6)
ESTH: (b)(6)
BEIJING: (b)(6)

NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; CIA WASHINGTON DC ROUTINE; DIA WASHINGTON DC ROUTINE; PACOM IDHS HONOLULU HI ROUTINE; DEPT OF COMMERCE WASHINGTON DC ROUTINE; CHINA POSTS COLLECTIVE ROUTINE; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE ROUTINE

XMT:

CHENGDU, AMCONSUL; CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

Action Post:

NONE

Dissemination Rule:

DIS_IRO_DIR, DIS_PC_SAE, DIS_EB_EAP, DIS_FAO_EAP

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Sender: "SMART Core" <svcsmartbtsewshprec2@state.gov>

Recipient: (b)(6)@state.gov;

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(b)(6)@state.gov>;
(h)(6)@state.gov>;
(h)(6)@state.gov>;
(b)(6)@state.gov>;
(b)(6)@state.gov>

From: (b)(6)@state.gov>
To: (b)(6)
CC:
Subject: Fw: April 14 EAP Press Guidance Taskings
Date: Tue, 14 Apr 2020 13:21:19 +0000

You're in the WaPo, man.

From: (b)(6)
Sent: Tuesday, April 14, 2020 9:00 AM
To: (b)(6) EAP-PG-Taskings-DL <EAP-PG-Taskings-DL@state.gov>;
(b)(6)
Cc: (b)(6)
(b)(6)
Subject: RE: April 14 EAP Press Guidance Taskings

Hi (b)(6) The link to the WaPo article is below. Just FYI, the line came from SPOX.

Washington Post Opinion Columnist Josh Rogin reports

~~SENSITIVE BUT UNCLASSIFIED~~

From: (b)(6)@state.gov>
Sent: Tuesday, April 14, 2020 8:54 AM
To: (b)(6) EAP-PG-Taskings-DL <EAP-PG-Taskings-DL@state.gov>; (b)(6)
Cc: (b)(6)
(b)(6)
Subject: RE: April 14 EAP Press Guidance Taskings

(b)(6)

Good morning. (b)(5)

(b)(5)

(b)(6)

Thank for any thoughts.

(b)(6)

~~SENSITIVE BUT UNCLASSIFIED~~

From: (b)(6)@state.gov>
Sent: Tuesday, April 14, 2020 8:13 AM
To: EAP-PG-Taskings-DL <EAP-PG-Taskings-DL@state.gov>
Subject: April 14 EAP Press Guidance Taskings

Please advise of your voluntary submissions as soon as possible.
REMINDER: Please help us to serve you better by copying the EAP-PRESS office distro when corresponding with individual members of the press team.
Thank you for your cooperation.

EAP/PM/S: MK/D/MED/CHINA: Per today's Wash Post, can State confirm the existence of cables highlighting concerns about procedures at the Wuhan Institute of Virology or the Wuhan Center for Disease Control and Prevention lab? Does the USG see any link between the labs research and safety protocols, and the emergence of Wuhan as the epicenter of the COVID-19 virus?

We plan to respond with the following:

(b)(5)

EAP/PM/ISN/DPRK: Please send updated lines on the DPRK's missile tests, or confirm that we will continue to use the current hold lines.

Sender:	(b)(6)@state.gov>
Recipient:	(b)(6)

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