From: Black, Jodi (NIH/OD) [E] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=782921B9F08249B59A582E93F6963F5F-BLACKJ]
Sent: 4/29/2020 6:58:45 PM
To: Lauer, Michael (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90fe9cae30c64cfbb67abd568e882796-lauerm]; Kosub, David (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3e3eccf57f4e4fcfaecaa7885f39bee5-kosubd]
CC: OER Press Group [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0373283dff404a969ea109f86919dc9b-OER Press G]
Subject: Re: OER PRESS/NEED YOUR HELP: Media inquiries on EcoHealth Alliance
Attachments: SR_29Apr2020_020207_56918587[1][2].csv

Hi David, just to be clear, the type 2 was only in the first year, thus the total dollars includes the type 1 award (5 years) and the 1st year of the second award to total 6 years of funding .
The type 1 award was about $3M for 5 years and the 1st year of type 2 was $292,161, so the total over 6 years is closer to 3.4M.

Hope that helps

Best,
Jodi

Jodi B. Black, PhD, MMSc
Deputy Director
Office of Extramural Research, NIH

From: Mike Lauer (b) (6)
Date: Wednesday, April 29, 2020 at 2:43 PM
To: David Kosub (b) (6), Jodi OER (b) (6)
Cc: OER Press Group <OERPressGroup@mail.nih.gov>, Mike Lauer (b) (6)
Subject: Re: OER PRESS/NEED YOUR HELP: Media inquiries on EcoHealth Alliance

Hi David – our WG meeting is on break. I'm fine with the language, (b) (5). Attached are the tables from RePORTER and from QVR – (b) (5) :)

Many thanks, Mike

From: "Kosub, David (NIH/OD) [E]" (b) (6)
Date: Wednesday, April 29, 2020 at 2:31 PM
To: "Black, Jodi (NIH/OD) [E]" (b) (6), "Lauer, Michael (NIH/OD) [E]" (b) (6)
Cc: OER Press Group <OERPressGroup@mail.nih.gov>
Subject: FW: OER PRESS/NEED YOUR HELP: Media inquiries on EcoHealth Alliance

Hi Jodi,
Would you be able to clear the revised statement from OCPL below in Mike's absence? They requested a response and are getting inundated with requests on this
THanks
David

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Wednesday, April 29, 2020 2:04 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda – Sorry, I'm tied up this afternoon – here's the table of the history of the grant.

Thanks, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Wednesday, April 29, 2020 at 1:48 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Just to update you we've received a few more inquiries on this. Hoping to get back to them as soon as possible. We know you're swamped but when you have a moment let us know if we are able to share the below response.

Thanks!
Amanda

From: Fine, Amanda (NIH/OD) [E]
Sent: Wednesday, April 29, 2020 12:38 PM
To: Lauer, Michael (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>
Subject: FW: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike-

Sorry for the delay, we were tied up rolling out the RADx announcement. Discussed with Renate and based on what you provided below, could we respond to these inquiries by saying the following. One question is whether this grant is for 5 or 6 years:

(b) (5)

(b) (5)

Thanks,
Amanda

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Tuesday, April 28, 2020 7:09 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda

(b) (5)

Many thanks, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Tuesday, April 28, 2020 at 5:54 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike-

As you are probably can guess we're getting a lot of media inquiries on this topic. There have been several articles that cite the April 19 letter from you to EcoHealth Alliance. Since this letter is now somewhat public, the first paragraph has definitely been quoted in several places, (b) (5)

(b) (5)

.

Thanks for your guidance,
Amanda

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Tuesday, April 28, 2020 1:39 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Myles, Renate (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)
Cc: Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda – (b) (5)

(b) (5)

Many thanks, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Tuesday, April 28, 2020 at 12:40 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Myles, Renate (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)
Cc: "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike-

Thanks, regarding the highlighted below, (b) (5)

Amanda

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Tuesday, April 28, 2020 12:12 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Myles, Renate (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)

Cc: Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda – (b) (5)
(b) (5)

Thanks, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Tuesday, April 28, 2020 at 12:05 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Myles, Renate (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)
Cc: "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike-

Science magazine asked for the "law or regulation" that gives NIH authority to stop funding a grant midstream in the absence of fraud or other findings of misconduct?

Based on what we discussed yesterday, how do you recommend we respond? (b) (5)

Thanks!
Amanda

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Monday, April 27, 2020 7:21 PM
To: Myles, Renate (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)
Cc: Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Renate – yes, agree, (b) (5)

Best, Mike

From: "Myles, Renate (NIH/OD) [E]" (b) (6)
Date: Monday, April 27, 2020 at 7:20 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Fine, Amanda (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)

Cc: "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike:

(b) (5)

Thanks,
Renate

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Monday, April 27, 2020 7:14 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda

Here's a revised paragraph. (b) (5)

Thanks, Mike

(b) (5)

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Monday, April 27, 2020 at 6:22 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]"

(b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike-

Thanks for sharing the report. Based on what you've shared, (b) (5)

Thanks in advance for your guidance,
Amanda

Standard language:

(b) (5)

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Monday, April 27, 2020 5:45 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda – (b) (5) But I'm not seeing this in any public venue.

Best, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Monday, April 27, 2020 at 4:27 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Thanks Mike-and is that response public?

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Monday, April 27, 2020 4:17 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Amanda – (b) (5)

Best, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Monday, April 27, 2020 at 3:40 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]" (b) (6)>, OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike-

Thanks so much again for your input. One question we're not sure how to answer, (b) (5) . Do you have guidance on how to respond to that question?

Thanks!
Amanda

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Monday, April 27, 2020 2:39 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6); Lauer, Michael (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Please send me an invite with your conference line, thanks

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Monday, April 27, 2020 at 2:32 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Showe, Melanie (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: RE: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Either work. What number should we call or do you want to use the OCPL conference line?

From: Lauer, Michael (NIH/OD) [E] (b) (6)
Sent: Monday, April 27, 2020 2:29 PM
To: Fine, Amanda (NIH/OD) [E] (b) (6); Black, Jodi (NIH/OD) [E] (b) (6); Showe, Melanie (NIH/OD) [E] (b) (6)
Cc: Myles, Renate (NIH/OD) [E] (b) (6); Wojtowicz, Emma (NIH/OD) [E] (b) (6); OER Press Group <OERPressGroup@mail.nih.gov>; Lauer, Michael (NIH/OD) [E] (b) (6)
Subject: Re: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Probably best for us to talk – I'm "free" from 3:05 to 3:25 if that works.

Thanks, Mike

From: "Fine, Amanda (NIH/OD) [E]" (b) (6)
Date: Monday, April 27, 2020 at 2:21 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6)
Cc: "Myles, Renate (NIH/OD) [E]" (b) (6), "Wojtowicz, Emma (NIH/OD) [E]" (b) (6), OER Press Group <OERPressGroup@mail.nih.gov>
Subject: FOR INPUT AND GUIDANCE: Media inquiries on EcoHealth Alliance

Hi Mike and Jodi-

NIAID has been receiving inquiries about the EcoHealth Alliance grant. In addition to the 2 listed below in Jen's email they received a similar one from Newsweek. We want to answer these questions. Would you provide guidance on how best to answer them? Thanks and hope you're both staying well.

Newsweek:

From: Fred Guterl <f.guterl@newsweek.com>

Hi, we're running a story tomorrow morning at 10 am that mentions Dr. Fauci and we'd like to ask for a comment.

The story is about the possibility that SARS-Cov-2 is a product of gain of function research at the Wuhan Institute of Virology. The story mentions Dr. Fauci as an early proponent of the work of Ron Fouchier et al. ten years ago, quotes from his Washington Post article of 2011 on the importance of the research as a way of preparing for a pandemic. We trace the lifting of the moratorium and subsequent accusations that the NIH was acting to too little transparency in approving projects.

Sorry to spring this on you on Sunday night. Many thanks in advance.

Best,
Fred

From: Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Monday, April 27, 2020 1:38 PM
To: Myles, Renate (NIH/OD) [E] (b) (6); Fine, Amanda (NIH/OD) [E] (b) (6)
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6); Stover, Kathy (NIH/NIAID) [E] (b) (6); Haskins, Melinda (NIH/NIAID) [E] (b) (6)
Subject: EcoHealth Alliance grant / Wuhan lab
Importance: High

Hi Renate –

NIAID received media inquiries last week from Snopes and Politifact related to the NIAID grant to EcoHealth Alliance (see below). Kathy and I just had a conversation with NIAID grants management and learned that OER communicated with this grantee on Friday and we believe media inquiries on this topic would be best handled by OER now. Happy to discuss more via phone. We are holding on any responses to media on this topic right now.

INQUIRY FROM SNOPES

QUESTION:
This is Dan Evon from the fact-checking website Snopes. We've been receiving questions about a recent article published in the Daily Mail that claims the Obama administration provided a $3.7 million grant to the Wuhan Institute of Virology, and I was hoping to get some more information from you.

The Daily Mail appears to be referring to NIAID award R01AI110964. That award went to the EcoHealth Alliance in New York and subsequently funded a research paper from the Wuhan Institute.

Has NIH issued any direct grants to the Wuhan Institute of Virology? The NIH RePORT tool shows funding to Wuhan University in 2019 and 2018, but not (unless I missed something) from previous years.

Did NIH provide a $3.7 million grant to the Wuhan Institute of Virology between 2008 and 2016? Can you tell me more about the grants awarded to Wuhan University in 2018 and 2019?

Any information you can provide would be greatly appreciated.

INQUIRY FROM POLITIFACT

QUESTION:
We're fielding a claim that NIH gave a $3.7 million grant to a virology lab in Wuhan in 2015. Can you share any relevant grant or contract activity around that time and place?

NIAID PROVIDED THIS RESPONSE (general cleared language):
First, to be clear, scientific research indicates there is no evidence that SARS-CoV-2 was created in a laboratory: https://www.sciencedaily.com/releases/2020/03/200317175442.htm

Most emerging human viruses come from wildlife, and these represent a significant threat to public health and biosecurity in the US and globally, as demonstrated by the SARS epidemic of 2002-03, and the current COVID-19 pandemic. The grant you are referencing is a multi-site, multi-country project supporting research that aims to understand what factors allow

coronaviruses, including close relatives to SARS, to evolve and jump into the human population and cause disease (called a spillover event). Specifically, the project includes studying viral diversity in animal (bats) reservoirs, surveying people that live in high-risk communities for evidence of bat-coronavirus infection, and conducting laboratory experiments to analyze and predict which newly discovered viruses pose the greatest threat to human health. The $3.7M dollar figure is the total funding over 6 years to all sites which include China, Thailand, Cambodia, Laos, Vietnam, Malaysia, Indonesia, and Myanmar. Additional details are available on the NIH RePORTER tool:
https://projectreporter.nih.gov/project_info_description.cfm?aid=9819304&icde=49588715&ddparam=&ddvalue=&ddsub=&cr=1&csb=default&cs=ASC&pball=

REPORTER FOLLOWED UP WITH THESE QUESTIONS:
Focusing on the money, does this Spending.gov summary (Grant tab; see Wuhan University) tell me how much the Wuhan lab in question got from the overall $3.7 million? I see $517,000. Could that be for a different project? I don't like to assume that what I see in one data set maps to what I see in another one. Also, is the project done, and has any money due to Wuhan been withdrawn/put on hold, etc? Lastly, if you want to make sure I see the scientific articles specific to the Wuhan research, please feel free to highlight them. I will go through the results list, but it's always better if you make sure I don't miss one.

I just noticed that the project description mentions only China, not the other countries you said. Can you sort that out for me? ("... sites which include China, Thailand, Cambodia, Laos, Vietnam, Malaysia, Indonesia, and Myanmar.")

Never mind about the $517,000. It's definitely not related. It's about an other virus. As much detail on the money trail as you can get will be most appreciated. And if that link to the Spending.gov query is relevant, please let me know.

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

From: Lauer, Michael (NIH/OD) [E] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=90FE9CAE30C64CFBB67ABD568E882796-LAUERM]
Sent: 3/30/2021 6:07:16 PM
To: Jacobs, Anna (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e76eeb11df9a4024b53864ffac4c4c56-jacobsal]; Lankford, David (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4f29a9bef672409d967e3aa5fb36e96a-lankford]
CC: Lauer, Michael (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90fe9cae30c64cfbb67abd568e882796-lauerm]
Subject: Re: FYI--Joint Statement of 13 Countries on the WHO-Convened COVID-19 Origins Study
Attachments: Re: A current issue and the possibility of a chat?

Hi Anna– thanks so much (b) (5) See attached – (b) (5)

Mike

From: "Jacobs, Anna (NIH/OD) [E]" (b) (6)
Date: Tuesday, March 30, 2021 at 2:01 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Lankford, David (NIH/OD) [E]" (b) (6)
Subject: FYI--Joint Statement of 13 Countries on the WHO-Convened COVID-19 Origins Study

https://www.state.gov/joint-statement-on-the-who-convened-covid-19-origins-study/

Anna L. Jacobs, J.D., M.S.
Senior Attorney
HHS Office of the General Counsel
Public Health Division, NIH Branch
31 Center Drive, Bldg. 31, Rm.2B-50
Bethesda, MD 20892
(b) (6) *(phone)*
301-402-1034 (fax)
(b) (6)

From: Tabak, Lawrence (NIH/OD) [E] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02E22836B5FF4E9988E3770CFC7EE770-TABAKL]
Sent: 3/29/2021 2:01:58 AM
To: Collins, Francis (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=410e1ca313f44ced9938e50d2ff0b6c2-collinsf]; Lauer, Michael (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90fe9cae30c64cfbb67abd568e882796-lauerm]; Wolinetz, Carrie (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c655040d47346c7b04d7bc11a403ecb-wolinetzcd]
Subject: Re: A current issue and the possibility of a chat?
Attachments: 2021.03.16 - NIH Letter on WIV[2].pdf; US STATE DEPT CABLES in Appendix to GOP-Report-OriginsOfCOVID-19-Global-Pandemic-Including-Roles-of-CCPandWHO.09.20.20[2].pdf

Francis,

(b) (5) The minority staff of E&C wrote a "Chairman-like" letter asking for documents (attached).

(b) (5)

Larry

From: Francis Collins (b) (6)
Date: Sunday, March 28, 2021 at 9:54 PM
To: "Tabak, Lawrence (NIH/OD) [E]" (b) (6), "Lauer, Michael (NIH/OD) [E]" (b) (6), "Wolinetz, Carrie (NIH/OD) [E]" (b) (6)
Subject: FW: A current issue and the possibility of a chat?

See below. (b) (5)

From: David A Relman (b) (6)
Sent: Saturday, March 27, 2021 1:07 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: David A Relman (b) (6)
Subject: A current issue and the possibility of a chat?

Francis—

I hope you are well (as well as one could hope given the times and circumstances).

I wonder whether you would have a bit of time for a chat with me about the current state of our understanding about the origins of the pandemic, and the increasingly divisive and polarized discussion about this topic, not only in the public forum but also within the scientific community?

I'm motivated to write you by three developments this past week: 1) a lengthy and pointed letter that was sent to you and made public by the Republican leadership of the House E&C Committee, which unfortunately featured my name and words on the front page; 2) calls yesterday from the Democratic leadership of the Maryland State Legislature for the dismissal of Robert Redfield as an advisor to the Governor for offering his opinion about the possibility of a lab leak in Wuhan; and 3) an email that was shared with me, written by a prominent ASM member and virologist chastising me out for raising questions about how much we don't know about the origins of the pandemic.

All of this is incredibly unfortunate, but it also highlights an important opportunity and need, that is, for the scientific community to step up and take an honest, dispassionate, deliberate, and impartial examination of the scientific data that bear on the origins question. There are some incredibly important questions, not just about what happened, but also about how we should go about understanding biological threats that arise from nature, as well as from the activities of humans, and how we should manage tradeoffs between benefits and risks in science. NIH can (and IMHO, really must) play a leading role in this discussion. This discussion will require a lot more transparency and humility (vice, confident assertions in the absence of good evidence), a willingness to listen to diverse points of view, as well as a willingness to acknowledge some important deficiencies in the current availability of data (that bear on the origins question).

All of this to say, might you be interested in discussing this?

Thanks for considering these thoughts and suggestions, at what I know must be a hectic time.

Best, David

David A. Relman, MD
Thomas C. and Joan M. Merigan Professor
Departments of Medicine, and of Microbiology & Immunology
Stanford University School of Medicine

Senior Fellow, Center for International Security and Cooperation
Stanford University

FRANK PALLONE, JR., NEW JERSEY
CHAIRMAN

CATHY McMORRIS RODGERS, WASHINGTON
RANKING MEMBER

ONE HUNDRED SEVENTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

March 18, 2021

The Honorable Francis Collins, M.D., Ph.D.
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr. Collins,

We write to request information, assistance, and needed-leadership from the National Institutes of Health (NIH) to advance an independent, scientific investigation into the origins of the COVID-19 pandemic.

The COVID-19 pandemic has been the worst public health crisis in the U.S. in about a hundred years. Over a year has passed since the deadly virus reached our shores and yet, the origin of the virus has yet to be determined. An independent, expert investigation of the origin of COVID-19 is of paramount importance to public health and biosecurity. As noted by Stanford Medical School Professor David Relman:

> A more complete understanding of the origins of COVID-19 clearly serves the interests of every person in every country on this planet. It will limit further recriminations and diminish the likelihood of conflict; it will lead to more effective responses to this pandemic, as well as efforts to anticipate and prevent the next one. It will also advance our discussions about risky science. And it will do something else: Delineating COVID-19's origin story will help elucidate the nature of our very precarious coexistence within the biosphere.[1]

Recently, the World Health Organization (WHO) attempted to investigate the origin of COVID-19. The WHO said that this investigative mission would be guided by the science, be

---

[1] David A. Relman, *Opinion: To stop the next pandemic, we need to unravel the origins of COVID-19*, PNAS (Nov. 2020), *available at* https://www.pnas.org/content/117/47/29246.

"open-minded," and "not exclude[e] any hypothesis."[2] Unfortunately, China did not provide complete access or independence for the critical WHO mission. On February 13, 2021, National Security Advisor Jake Sullivan issued the following statement:

> We have deep concerns about the way in which the early findings of the COVID-19 investigation were communicated and questions about the process used to reach them. It is imperative that this report be independent, with expert findings free from intervention or alteration by the Chinese government. To better understand this pandemic and prepare for the next one, China must make available its data from the earliest days of the outbreak.[3]

Because of rising tensions between the U.S. and China, the WHO scrapped plans for an interim report.[4] An international group of science experts, including specialists in virology, microbiology, and zoology, asked for a new review.[5]

The NIH, as a premier scientific institution, must lead in order to foster a transparent, independent, and science-based investigation into the origin of the COVID-19 pandemic. Such an effort must meet the WHO's stated goals of an open-minded investigation that does not exclude any plausible hypothesis.[6] In addition, the NIH is well-positioned to gather and provide information through oversight of its grants and other federal awards. Thus, the NIH is in a unique position to investigate the possibility that the pandemic stemmed from a laboratory accident or leak, especially regarding the Wuhan Institute of Virology (WIV).

NIH raised concerns over a possible link between WIV and the COVID-19 outbreak during its review of federal awards to EcoHealth Alliance, a global environmental health nonprofit organization dedicated to protecting wildlife and public health from the emergence of disease. Of the $13.7 million in federal awards that NIH authorized for EcoHealth Alliance, 17

---

[2] Smriti Mallapaty, *Where did COVID come from? WHO investigation begins but faces challenges*, NATURE (Nov. 11, 2020), *available at* https://www.nature.com/articles/d41586-020-03165-9.

[3] The White House, Statement of National Security Advisor Jake Sullivan (Feb. 13, 2021), *available at* https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/13/statement-by-national-security-advisor-jake-sullivan/.

[4] Betsy McKay, Drew Hinshaw and Jeremy Page, *WHO Investigators to Scrap Plans for Interim Report on Probe of Covid-19 Origins*, THE WALL STREET JOURNAL (Mar. 4, 2021), *available at* https://www.wsj.com/articles/who-investigators-to-scrap-interim-report-on-probe-of-covid-19-origins-11614865067?mod=latest_headlines

[5] Jaime Metzl, et al, *Call for a Full and Unrestricted International Forensic Investigation into the Origins of COVID-19* (March 4, 2021), *available at* https://s.wsj.net/public/resources/documents/COVID%20OPEN%20LETTER%20FINAL%20030421%20(1).pdf. The co-organizer of the letter and a WHO advisor on human genome editing, Jaime Metzl, PhD, said there is an eighty-five percent chance the pandemic started with an accidental leak from the WIV or Wuhan CDC laboratory, *available at* https://jamiemetzl.com/origins-of-sars-cov-2/. ("I have no definitive way of proving this thesis but the evidence is, in my view, extremely convincing. If forced to place odds on the confidence of my hypothesis, I would say there's an 85% chance the pandemic started with an accidental leak from the Wuhan Institute of Virology or Wuhan CDC and a 15% chance it began in some other way (in fairness, here is an article making the case for a zoonotic jump "in the wild"). If China keeps preventing a full and unrestricted international forensic investigation into the origins of the pandemic, I believe it is fair to deny Beijing the benefit of the doubt.")

[6] Washington Post Editorial Board, *We're still missing the origin story of this pandemic. China is sitting on the answers*, THE WASHINGTON POST (Feb. 5, 2021), *available at* https://www.washingtonpost.com/opinions/2021/02/05/coronavirus-origins-mystery-china/?arc404=true.

projects sponsored by the National Institute of Allergy and Infectious Disease (NIAID) have provided over $7.9 million in federal awards for research of viral emergence from bats in Southeast Asia.[7] EcoHealth Alliance passed some of its funding to the WIV, and in 2020, NIH made efforts to obtain information from EcoHealth Alliance about WIV related to concerns about the origins of COVID-19. In April 2020, NIH wrote to EcoHealth Alliance and Columbia University about an NIH-funded project entitled, "Understanding the Risk of Bat Coronavirus Emergency:"

> It is our understanding that one of the sub-recipients of the grant funds is the Wuhan Institute of Virology ('WIV'). It is our understanding that WIV studies the interaction between corona viruses and bats. The scientific community believes that the coronavirus causing COVID-19 jumped from bats to humans likely in Wuhan where the COVID-19 pandemic began. There are now allegations that the current crisis was precipitated by the release from WIV of the coronavirus responsible for COVID-19. Given these concerns, we are pursuing suspension of WIV from participation in Federal programs. It is in the public interest that NIH ensure that a sub-recipient has taken all appropriate precautions to prevent the release of pathogens that it is studying. This suspension of the sub-recipient does not affect the remainder of your grant assuming that no grant funds are provided to WIV following receipt of this email during the period of suspension.[8]

In January 2021, the U.S. Department of State issued a fact sheet about the activity at the WIV.[9] Among other revelations, it reported the following:

- The U.S. government has reason to believe that several researchers inside the WIV became sick in autumn 2019, before the first identified case of the outbreak, with symptoms consistent with both COVID-19 and common seasonal illnesses. This raises questions about the credibility of WIV senior researcher Shi Zhengli's public claim that there was "zero infection" among the WIV's staff and students of SARS-CoV-2 or SARS-related viruses.[10]

- Starting in at least 2016, WIV researchers conducted experiments involving RaTG13, the bat coronavirus identified by the WIV in January 2020 as the closest sample to SARS-CoV-2 (96.2 percent similar).[11] There was no indication that this research was suspended at any time prior to the COVID-19 outbreak.

- The WIV has a published record of conducting "gain-of-function" research to engineer chimeric viruses.[12] But the WIV has not been transparent or consistent about its record of

---

[7] NIH RePORTER, *Research Portfolio Online Reporting Tools* (queried Mar. 4, 2021), *available at* https://reporter.nih.gov/search/qlYUeI9DIk2JfWUdCcWxcA/projects/charts.
[8] Mark Moore, *NIH investigating Wuhan lab at center of coronavirus pandemic*, NEW YORK POST (Apr. 28, 2020), *available at* https://nypost.com/2020/04/28/nih-investigating-wuhan-lab-at-center-of-coronavirus-pandemic/.
[9] U.S. Department of State, *Fact Sheet: Activity at the Wuhan Institute of Virology*, Office of the Spokesperson (Jan. 15, 2021), *available at* https://2017-2021.state.gov/fact-sheet-activity-at-the-wuhan-institute-of-virology//index.html.
[10] *Id.*
[11] *Id.*
[12] *Id.*

studying viruses similar to the COVID-19 virus, including "RaTG13," which was sampled from a cave in Yunnan Province in 2013 after several miners died of SARS-like illness.[13]

- WHO investigators must have access to the records of the WIV's work on bat and other coronaviruses before the COVID-19 outbreak. As part of a thorough inquiry, they must have a full accounting of why the WIV altered and then removed online records of its work with RaTG13 and other viruses.[14]

- Despite the WIV presenting itself as a civilian institution, the U.S. has determined that the WIV has collaborated on projects with China's military.[15] The WIV has engaged in classified research, including laboratory animal experiments, on behalf of the Chinese military since at least 2017.[16]

- The U.S. and other donors who funded or collaborated on civilian research at the WIV have a right and obligation to determine whether any of our research funding was diverted to secret Chinese military projects at the WIV.[17]

Notably, the State Department's former lead investigator who oversaw the Task Force into the COVID-19 virus origin stated recently that he not only believes the virus escaped from the WIV, but that it may have been the result of research that the Chinese military, or People's Liberation Army, was doing on a bioweapon.[18]

Accordingly, it is imperative to determine not only where SARS-CoV-2 originated, but also how and if NIH's funding and research to projects at the WIV could have contributed to SARS CoV-2. To assist our requests and inquiry, please provide the following by April 19, 2021:

1. An assessment from a classified U.S. Defense Intelligence Agency (DIA) report included the possibility that the origins of SARS CoV-2 could have emerged accidentally from a laboratory in Wuhan, China due to unsafe laboratory practices.[19] The DIA report cited U.S. government and Chinese researchers who found "about 33 percent of the original 41 identified cases did not have direct exposure" to the market.[20] That, along with what is known of the WIV's work in past few years, raised reasonable suspicion that the

---

[13] *Id.*
[14] *Id.*
[15] *Id.*
[16] *Id.*
[17] *Id.*

[18] Jennifer Griffin, Former top State Dept. investigator says COVID-19 outbreak may have resulted from bioweapons research accident, Fox News (March 13, 2021), *available at* https://www.foxnews.com/world/top-state-official-coronavirus-bioweapon-accident

[19] Fred Guterl, Naveed Jamali and Tom O'Connor, *The Controversial Experiments ad Wuhan Lab Suspected of Starting the Coronavirus Pandemic*, NEWSWEEK (Apr. 27, 2020), *available at* https://www.newsweek.com/controversial-wuhan-lab-experiments-that-may-have-started-coronavirus-pandemic-1500503.
[20] *Id.*

pandemic may have been caused by a lab error, not a wet market.[21] Further, a WHO inspector on the recent mission noted that "we know not all of those first 174 early COVID-19 cases visited the market, including the man diagnosed in December 2019 with the earliest onset date."[22] What information does the NIH have on the earliest COVID-19 cases?

2. According to an editorial on February 23, 2021, in *The Wall Street Journal* by former Secretary of State Mike Pompeo and Miles Yu, "[China's] army of scientists claim to have discovered almost 2,000 new viruses in a little over a decade."[23] How many of these discovered viruses does the NIH have information on and were any of these viruses discovered at the WIV?

3. According to *The Wall Street Journal* editorial mentioned in the previous question, some have alleged that the WIV's virus-carrying animals were sold as pets and may even show up at local wet markets.[24] Is the NIH aware of these allegations? If so, please provide any information the NIH has related to these allegations.

4. Please provide all information that NIH has about laboratory accidents and/or biosafety practices at the WIV since January 1, 2015.

5. Please provide all information that NIH has from NIH staff, grantees, sub-grantees, contractors, or subcontractors about communications and events at the WIV from August 2019 to the present.

6. Please provide all information that NIH has from NIH staff, grantees, sub-grantees, contractors, or subcontractors about their communications with China-based NIH, Chinese National Science Foundation, CDC, and China CDC about events at the WIV from August 2019 to the present.

State Department Cables

---

[21] *Id.*

[22] Dominic Dwyer, I was the Australian doctor on the WHO's COVID-19 mission to China. Here's what we found about the origins of the coronavirus, THE CONVERSATION (Feb. 21, 2021), *available at*https://www.theguardian.com/commentisfree/2021/feb/22/i-was-on-the-whos-covid-mission-to-china-heres-what-we-found. *See also* Jeremy Page and Drew Hinshaw, *China Refuses to Give WHO Raw Data on Early Covid-19 Cases*, THE WALL STREET JOURNAL (Feb. 12, 2021), *available at* https://www.wsj.com/articles/china-refuses-to-give-who-raw-data-on-early-covid-19-cases-11613150580#:~:text=BEIJING%E2%80%94Chinese%20authorities%20refused%20to,over%20the%20lack%20of%20detail. ("Chinese authorities refused to provide World Health Organization investigators with raw, personalized data on early Covid-19 cases that could help them determine how and when the coronavirus first began to spread in China, according to WHO investigators who described heated exchanges over the lack of detail. The Chinese authorities turned down requests to provide such data on 174 cases of Covid-19 that they have identified from the early phase of the outbreak in the Chinese city of Wuhan in December 2019. Investigators are part of a WHO team that this week completed a monthlong mission in China aimed at determining the origins of the pandemic.")

[23] *Id.*

[24] Mike Pompeo and Miles Yu, *NIH Presses U.S. Nonprofit for Information on Wuhan Virology Lab,* THE WALL STREET JOURNAL (Feb. 23, 2021), available at https://www.wsj.com/articles/chinas-reckless-labs-put-the-world-at-risk-11614102828.

7. What information does NIH have about the WIV's responses to the 2018 U.S. Department of State cables (attached to this letter) regarding safety concerns?

8. The April 2018 cable from the U.S. Department of State stated that the WIV planned to invite University of Texas Medical Branch Galveston (UTMBG) researchers to do research in Wuhan's labs. Please provide any information NIH received that indicates whether the WIV invited UTMBG researchers, and whether UTMBG researchers conducted any research in Wuhan's labs.

    a. If there was such research, please provide information and any documents related to this research.

9. Why was it pertinent to the NIH investigation that the "nonprofit [EcoHealth Alliance] must provide the "WIV's responses to the 2018 Department of State cables regarding safety concerns"?[25]

    a. Did EcoHealth Alliance provide this information? If so, how did NIH use the information to further its investigation?

<u>EcoHealth Alliance, Columbia University Health Sciences</u>

10. Was the 2019 NIH federal award to EcoHealth Alliance reviewed and approved by the HHS Potential Pandemic Pathogen Care and Oversight (P3CO) committee?[26]

    a. If so, please provide the documentation with the committee's decision.

    b. Please also provide the names of the individuals who were members of the committee at the time.

11. Please provide all correspondence and communications between NIH and EcoHealth Alliance, since January 1, 2020, related to federal funding involving the WIV. The documentation should include, but not be limited to, correspondence between NIH and EcoHealth Alliance dated sometime in April 2020, on July 8, 2020, and sometime in August 2020.

12. In April 2020, NIH suspended a 2019 federal award to EcoHealth Alliance, in part, because NIH did not believe the work aligned with "program goals and agency priorities."[27] Please specify the work that was done by the EcoHealth Alliance that did

---

[25] Meredith Wadman, *NIH imposes 'outrageous' conditions on resuming coronavirus grant targeted by Trump*, SCIENCEMAG (Aug. 19, 2020), *available at* https://www.sciencemag.org/news/2020/08/nih-imposes-outrageous-conditions-resuming-coronavirus-grant-targeted-trump.
[26] National Institutes of Health, *Notice Announcing the Removal of the Funding Pause for Gain-of-Function Research Project* (Dec. 19, 2017), *available at* https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-071.html.
[27] *Id.*

not align with the agency's program goals and priorities, and when that work was conducted.

a. Was an evaluation of EcoHealth Alliance's work and whether it aligned with the agency's program goals and priorities conducted by the NIH before the award was issued? If yes, please provide any related documentation. If not, why not?

13. In April 2020 correspondence with EcoHealth Alliance, NIH wrote that it "received reports that the Wuhan Institute of Virology…has been conducting research at its facilities in China that pose serious bio-safety concerns."[28] What are the sources for those reports to NIH and what were the specific allegations reported?

14. Why did the NIH request that EcoHealth Alliance provide a sample of the pandemic coronavirus that the WIV used to determine its genetic sequence for SARS CoV-2?[29]

a. Why is this information important to NIH's investigation?

b. Has NIH obtained the sample and if so, what evaluations have been done, and for what purpose?

c. If NIH has not yet obtained the sample, what are the planned studies and evaluations NIH will conduct with the sample when it is obtained?

15. What is the nature of NIH's concerns about purported restrictions at the WIV including "diminished cell-phone traffic in October 2019, and the evidence that there may have been roadblocks surrounding the facility from October 14-19, 2019[,]" about the WIV lab or virus origin?[30]

a. What is the basis of information to NIH about the purported restrictions at the WIV?

b. What are the other purported restrictions at the WIV in October 2019?

16. After terminating EcoHealth Alliance's 2019 project entitled "Understanding the Risk of Bat Coronavirus Emergence," the NIH later offered to reinstate the EcoHealth Alliance funding in July 2020 if EcoHealth Alliance agreed to meet certain conditions.[31]

---

[28] Betsy McKay, *NIH Presses U.S. Nonprofit for Information on Wuhan Virology Lab*, THE WALL STREET JOURNAL (Aug. 19. 2020), *available at* https://www.wsj.com/articles/nih-presses-u-s-nonprofit-for-information-on-wuhan-virology-lab-11597829400.

[29] Meredith Wadman, *NIH imposes 'outrageous' conditions on resuming coronavirus grant targeted by Trump*, SCIENCEMAG (Aug. 19, 2020), *available at* https://www.sciencemag.org/news/2020/08/nih-imposes-outrageous-conditions-resuming-coronavirus-grant-targeted-trump.

[30] *Id.*

[31] Betsy McKay, *NIH Presses U.S. Nonprofit for Information on Wuhan Virology Lab*, THE WALL STREET JOURNAL (Aug. 19. 2020), *available at* https://www.wsj.com/articles/nih-presses-u-s-nonprofit-for-information-on-wuhan-virology-lab-11597829400.

a. Please provide all of the information presented to NIH from EcoHealth Alliance in response to NIH's conditions for reinstatement.

b. What actions did NIH take based upon the information received? How has the information been used in NIH's investigation?

c. One condition for the federal award reinstatement was for EcoHealth Alliance to arrange for an outside inspection of the WIV and its records, "with specific attention to addressing the question of whether WIV staff had SARS-CoV-2their possession prior to December 2019."[32] Why is it pertinent to the NIH's investigation if staff at WIV had SARS-CoV-2 in their possession prior to December 2019? What is the potential significance if the staff did have the virus in their possession prior to December 2019?

d. What information does NIH have that was used for the basis of requesting that the EcoHealth Alliance "must 'explain the apparent disappearance' of a scientist who worked in the Wuhan lab," and on social media was rumored to be "patient zero" of the pandemic?[33]

    i. What is the potential significance about the whereabouts of this scientist and the photo being removed from the website?

17. Please provide all correspondence and communications between NIH and Columbia University related to federal funding involving the WIV, including email correspondence in April 2020 between Dr. Michael Lauer, Deputy Director of extramural research, and Naomi Schrag of Columbia University.

    a. In an April 2020 email, Dr. Lauer advised Naomi Schrag of Columbia University that it would be helpful for NIH "to know about all China-based participants in this work since the Type 1 grant started in 2014 - who they were and how much money they received."[34] Why did NIH request that Columbia University provide information about all of the China-based participants?

        i. What is the pertinence of the timeframe starting in 2014 for the requested information?

        ii. Did Columbia University provide the NIH with the requested information about all of the China-based participants from all grantees since 2014? If so, please provide the information1. If not, why not?

Federal Funding Records

---

[32] *Id.*
[33] *Id.*
[34] Meredith Wadman and Jon Cohen, *NIH's axing of bat coronavirus grant a 'horrible precedent' and might break rules, critics say*, SCIENCEMAG (Apr. 30, 2020), *available at* https://www.sciencemag.org/news/2020/04/nih-s-axing-bat-coronavirus-grant-horrible-precedent-and-might-break-rules-critics-say.

18. Please provide ledgers or any accounting for dispersion of all NIH federal funding awards that EcoHealth Alliance has sent to the WIV, including through contracts, grants, donations, cooperative agreements, staffing, or any other support or means. In addition, please provide the results and outcomes from the funding and support.[35]

19. What is the total amount of NIH federal funding per year from 2017 through 2021 that has directly or indirectly supported the WIV scientists or research through grant recipients, including to EcoHealth Alliance; Wildlife Trust, Inc.; Columbia University Health Sciences; Trustees of Columbia University; University of North Carolina Chapel Hill; Vanderbilt University; University of Virginia; and Oregon Health and Science University?[36]

20. According to a report in *The Washington Post* on April 14, 2020, the WIV issued a news release in English about the final visit from U.S. Embassy scientist diplomats in Beijing, which occurred on March 27, 2018.[37] Does the NIH have a copy of this news release? If so, please provide a copy.

21. For NIH award recipients that have provided support to the WIV since January 1, 2012, please provide annual reports, trip reports related to the WIV, documentation of any survey or field trips by the WIV, and interim data summaries from the WIV.

22. Please provide copies of all grantee annual reports, progress reports, projects, studies, and observations since 2014 where foreign sites for all Type 1 and Type 2 awards have been documented as involving the WIV.

23. Please provide copies of all grantee annual reports, progress reports, projects, studies, and observations since 2014 for NIH domestic grantee awards with a foreign component involving the WIV.

24. Please provide the name(s) of the NIH program manager(s) or officer(s) responsible for overseeing the grants to EcoHealth Alliance and time period(s) of responsibility.

25. Please provide the name(s) of the NIH Scientific Review Officers responsible for reviewing and approving any NIH financial awards to EcoHealth Alliance and any other funding recipients that supported the WIV.

---

[35] Betsy McKay, *NIH Presses U.S. Nonprofit for Information on Wuhan Virology Lab*, THE WALL STREET JOURNAL (Aug. 19. 2020), *available at* https://www.wsj.com/articles/nih-presses-u-s-nonprofit-for-information-on-wuhan-virology-lab-11597829400.

[36] National Institutes of Health, Research Portfolio online Reporting Tools, NIH RePorter *available at* https://report.nih.gov/ (last accessed March 6, 2020).

[37] Josh Rogin, *Opinion: State Department cables warned of safety issues at Wuhan lab studying bat coronaviruses*, THE WASHINGTON POST (Apr. 14, 2020), *available at* https://www.washingtonpost.com/opinions/2020/04/14/state-department-cables-warned-safety-issues-wuhan-lab-studying-bat-coronaviruses/.

26. According to an editorial in *The Wall Street Journal*, the WIV housed tens of thousands of bat samples and laboratory animals in 2019.[38] Please provide any information the NIH has on the number of bat samples and animals at the WIV.

    a. Did any NIH scientists who are fluent in Mandarin review the Chinese scientific literature on the WIV research related to coronaviruses that is dated before February 1, 2020?

27. Does the NIH have the unpublished sequences of bat coronaviruses that were maintained in the WIV database before December 30, 2019, or before the database was removed from the internet?[39] Does NIH have the full sequences of the eight viruses sampled in the Yunnan province on an EcoHealth Alliance bat-virus sampling trip in 2015?

    a. Please provide NIH's analysis if the sequences have been analyzed.

    b. If NIH does not have the sequences, can NIH get this information from the EcoHealth Alliance or from other NIH-funded sources?

28. Please provide the original version of "Origin and cross-species transmission of bat coronaviruses in China" that was submitted to *Nature* by EcoHealth Alliance on October 6, 2019, published August 25, 2020, and funded in part by NIAID (award number R01AI110964).[40] If NIH does not have the October 6, 2019 report, can NIH obtain it from EcoHealth Alliance for this response? If so, please provide the report.

29. Have NIH, EcoHealth Alliance, or other NIH award recipient(s) been denied permission or access to results of any WIV research, which indirectly received financial support from NIH awards? If so, please provide the date(s), individuals involved, and circumstances of each denial.

We request that the NIH provide the requested documents and information in a coordinated response from all stakeholders and the appropriate divisions within NIH, including but not limited to subject matter experts from NIH's Division of Security and Emergency Response, the Office of Management Assessment, the Center for Scientific Review, the National Institute of Allergy and Infectious Diseases, and the Office of Extramural Research. After the requested information has been provided, we ask that the NIH provide a briefing to the Minority Committee staff to discuss the information that the NIH has related to the origins of SARS-CoV-2, including any potential links to the WIV. Finally, we request that you appoint an NIH working group representing an appropriate diversity of scientific disciplines to collect data and

---

[38] Mike Pompeo and Miles Yu, *NIH Presses U.S. Nonprofit for Information on Wuhan Virology Lab*, THE WALL STREET JOURNAL (Feb. 23, 2021), *available at* https://www.wsj.com/articles/chinas-reckless-labs-put-the-world-at-risk-11614102828.

[39] Washington Post Editorial Board, *We're still missing the origin story of this pandemic. China is sitting on the answers*, THE WASHINGTON POST (Feb. 5, 2021), *available at* https://www.washingtonpost.com/opinions/2021/02/05/coronavirus-origins-mystery-china/?arc404=true.

[40] Latinne, A., Hu, B., Olival, K.J. et al,. *Origin and cross-species transmission of bat coronaviruses in China*, Nature (Aug. 25, 2020), *available at* https://www.nature.com/articles/s41467-020-17687-3#Ack1.

information related to COVID-19 origins (including the WIV), and that the NIH working group coordinate and consult with foreign scientific agencies involved in similar work.

Your assistance with this request is greatly appreciated. If you have any questions, please contact Alan Slobodin or Diane Cutler of the Minority Committee staff.

Sincerely,

Cathy McMorris Rodgers
Republican Leader
Committee on Energy and Commerce

Brett Guthrie
Republican Leader
Subcommittee on Health

H. Morgan Griffith
Republican Leader
Subcommittee on Oversight and Investigations

Attachment

Cc: The Honorable Frank Pallone, Chairman
The Honorable Diana DeGette, Chair, Subcommittee on Oversight and Investigations
The Honorable Anna Eshoo, Chair, Subcommittee on Health

UNCLASSIFIED
SBU

MRN:	18 BEIJING 138
Date/DTG:	Jan 19, 2018 / 190739Z JAN 18
From:	AMEMBASSY BEIJING
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	SHLH, ETRD, ECON, PGOV, CN
Captions:	SENSITIVE
Reference:	17 WUHAN 48
Subject:	China Opens First Bio Safety Level 4 Laboratory

1. (SBU) **Summary and Comment:** The Chinese Academy of Sciences (CAS) has recently established what is reportedly China's first Biosafety Level 4 (BSL-4) laboratory in Wuhan. This state-of-the-art facility is designed for prevention and control research on diseases that require the highest level of biosafety and biosecurity containment. Ultimately, scientists hope the lab will contribute to the development of new antiviral drugs and vaccines, but its current productivity is limited by a shortage of the highly trained technicians and investigators required to safely operate a BSL-4 laboratory and a lack of clarity in related Chinese government policies and guidelines. (b)(5)

(b)(5)

(b)(5) **End Summary and Comment.**

China Investing in Infectious Disease Control

2. (U) Between November 2002 and July 2003, China faced an outbreak of Severe Acute Respiratory Syndrome (SARS), which, according to the World Health Organization, resulting in 8,098 cases and leading to 774 deaths reported in 37 countries. A majority of cases occurred in China, where the fatality rate was 9.6%. This incident convinced China to prioritize international cooperation for infectious disease control. An aspect of this prioritization was China's work with the Jean Merieux BSL-4 Laboratory in Lyon, France, to build China's first high containment laboratory at Wuhan's Institute of Virology (WIV), an institute under the auspices of the Chinese Academy of Sciences (CAS). Construction took 11 years and $44 million USD, and construction on the facility was completed on January 31, 2015. Following

two years of effort, which is not unusual for such facilities, the WIV lab was accredited in February 2017 by the China National Accreditation Service for Conformity Assessment. It occupies four floors and consists of over 32,000 square feet. WIV leadership now considers the lab operational and ready for research on class-four pathogens (P4), among which are the most virulent viruses that pose a high risk of aerosolized person-to-person transmission.

Unclear Guidelines on Virus Access and a Lack of Trained Talent Impede Research

3. (SBU) In addition to accreditation, the lab must also receive permission from the National Health and Family Planning Commission (NHFPC) to initiate research on specific highly contagious pathogens. According to some WIV scientists, it is unclear how NHFPC determines what viruses can or cannot be studied in the new laboratory. To date, WIV has obtained permission for research on three viruses: Ebola virus, Nipah virus, and Xinjiang hemorrhagic fever virus (a strain of Crimean Congo hemorrhagic fever found in China's Xinjiang Province). Despite this permission, however, the Chinese government has not allowed the WIV to import Ebola viruses for study in the BSL-4 lab. Therefore, WIV scientists are frustrated and have pointed out that they won't be able to conduct research project with Ebola viruses at the new BSL-4 lab despite of the permission.

(b)(6)

(b)(6) Thus, while the BSL-4 lab is ostensibly fully accredited, its utilization is limited by lack of access to specific organisms and by opaque government review and approval processes. As long as this situation continues, Beijing's commitment to prioritizing infectious disease control - on the regional and international level, especially in relation to highly pathogenic viruses, remains in doubt.

(b)(6) noted that the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory. University of Texas Medical Branch in Galveston (UTMB), which has one of several well-established BSL-4 labs in the United States (supported by the National Institute of Allergy and Infectious Diseases (NIAID of NIH)), has scientific collaborations with WIV, which may help alleviate this talent gap over time. Reportedly, researchers from GTMB are helping train technicians who work in the WIV BSL-4 lab. Despite this, (b)(6) they would welcome more help from U.S. and international organizations as they establish "gold standard" operating procedures and training courses for the first time in China. As China is building more BSL-4 labs, including one in Harbin Veterinary Research Institute subordinated to the Chinese Academy of Agricultural Sciences (CAAS) for veterinary research use, (b)(6) the training for technicians and investigators working on dangerous pathogens will certainly be in demand.

Despite Limitations, WIV Researchers Produce SARS Discoveries

6. (SBU) The ability of WIV scientists to undertake productive research despite limitations on the use of the new BSL-4 facility is demonstrated by a recent publication on the origins of SARS. Over a five-year study, (b)(6) (and their research team) widely sampled bats in Yunnan province with funding support from NIAID/NIH, USAID, and several Chinese funding agencies. The study results were published in PLoS Pathogens online on Nov. 30, 2017 (1), and it demonstrated that a SARS-like coronaviruses isolated from horseshoe bats in a single cave contain all the building blocks of the pandemic SARS-coronavirus genome that caused the human outbreak. These results strongly suggest that the highly pathogenic SARS-coronavirus originated in this bat population. Most importantly, the researchers also showed that various SARS-like coronaviruses can interact with ACE2, the human receptor identified for SARS-coronavirus. This finding strongly suggests that SARS-like coronaviruses from bats can be transmitted to humans to cause SARS-like disease. From a public health perspective, this makes the continued surveillance of SARS-like coronaviruses in bats and study of the animal-human interface critical to future emerging coronavirus outbreak prediction and prevention. (b)(5) (b)(5) WIV scientists are allowed to study the SARS-like coronaviruses isolated from bats while they are precluded from studying human-disease causing SARS coronavirus in their new BSL-4 lab until permission for such work is granted by the NHFCP.

1. Hu B, Zeng L-P, Yang X-L, Ge X-Y, Zhang W, Li B, et al. (2017) Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus. PLoS Pathog 13(11): e1006698. https://doi.org/10.1371/journal.ppat.1006698

Signature:	BRANSTAD
Drafted By:	(b)(6)
Cleared By:	
Approved By:	
Released By:	
Info:	CHINA POSTS COLLECTIVE *ROUTINE*
Dissemination Rule:	Archive Copy

UNCLASSIFIED
SBU

UNCLASSIFIED
SBU

MRN:	18 WUHAN 38
Date/DTG:	Apr 19, 2018 / 190561Z APR 18
From:	AMCONSUL WUHAN
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	SHLH, PGOV, CN, PREL, TBIO, KGHI, CDC, EAID, KHIV, IN, JP, TW, TSPL, PINS, SENV
Captions:	SENSITIVE
Reference:	A) 18 BEIJING 138 B) 17 BEIJING 2458 C) 11 MUMBAI 630 D) 17 TOKYO 716 E) 13 SEOUL 790
Subject:	China Virus Institute Welcomes More U.S. Cooperation on Global Health Security

1. (SBU) **Summary with Comment:** China's Wuhan Institute of Virology, a global leader in virus research, is a key partner for the United States in protecting global health security. Its role as operator of the just-launched Biosafety Level 4 (or "P4") lab -- the first such lab in China -- opens up even more opportunities for expert exchange, especially in light of the lab's shortage of trained staff (Ref A). (b)(5)

(b)(5)

(b)(5) **End Summary with Comment.**

2. (U) Wuhan Institute of Virology researchers and staff gave an overview of the lab and current cooperation with the United States to visiting Environment, Science, Technology and Health Counsellor Rick Switzer and Consulate Wuhan Consul General Jamie Fouss in late March. In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation, and experts from the University of Texas Medical Branch in Galveston. The institute reports to the Chinese Academy of Sciences in Beijing.

P4 Lab is Open and Transparent, Officials Emphasize

3. (SBU) The Wuhan P4 lab, referring to labs with the highest level of safety precautions, became fully operational and began working with live viruses early this year. Institute officials said they believed it is the only operational P4 lab in Asia aside from a U.S. Centers for Disease

Control (CDC)-supported facility in Pune, India (Ref C). China plans to stand up a second P4 lab in Harbin. Institute officials said Japan's biosafety labs are "old" and lack cutting-edge equipment, so they consider Japan's labs to be "P3 Plus" (*Note:* the Japanese government says it has one P4-level lab in the Tokyo suburbs, though its activities are limited, and Japan is building a new P4 lab in Nagasaki, see Ref D. Taiwan operates at least one P4 lab. South Korea was close to opening a P4 lab as of last year, see Ref E. *End.Note.*) Wuhan's lab is located about 20 miles from the city center in Zhengdian district, and the institute plans to gradually consolidate its other training, classroom and lab facilities at that location.

4. (U) Officials described the lab as a "regional node" in the global biosafety system and said it would play an emergency response role in an epidemic or pandemic. The lab's English brochure highlighted a national security role, saying that it "is an effective measure to improve China's availability in safeguarding national bio-safety if [a] possible biological warfare or terrorist attack happens."

5. (SBU) Institute officials said there would be "limited availability" for international and domestic scientists who had gone through the necessary approval process to do research at the lab. They stressed that the lab aimed to be a "worldwide, open platform" for virology. They said they welcomed U.S. Centers for Disease Control (CDC) experts, noting that the Chinese Academy of Sciences was not strong on human disease expertise, having only focused on it in the last 15 years, after the SARS outbreak. A Wuhan-based French consulate official who works on science and technology cooperation with China also emphasized that the lab, which was initiated in 2004 as a France-China joint project, was meant to be "open and transparent" to the global scientific community. "The intent was to set up a lab to international standards, and open to international research," he said. French experts have provided guidance and biosafety training to the lab, which will continue, the French official said. Institute officials said that France provided the lab's design and much of its technology, but that it is entirely China-funded and has been completely China-run since a "handover" ceremony in 2016.

6. (U) In addition to French assistance, experts from the NIH-supported P4 lab at the University of Texas Medical Branch in Galveston have trained Wuhan lab technicians in lab management and maintenance, institute officials said. The Wuhan institute plans to invite scientists from the Galveston lab to do research in Wuhan's lab. One Wuhan Institute of Virology researcher trained for two years at the Galveston lab, and the institute also sent one scientist to U.S. CDC headquarters in Atlanta for six months' work on influenza.

NIH-Supported Research Revises SARS Origin Story

7. (U) NIH was a major funder, along with the Natural Science Foundation of China (NSFC), of SARS research by the Wuhan Institute of Virology's [redacted] This lends weight to the theory that SARS originated in bat populations before jumping first to civet cats (likely via bat feces) and then to humans. [redacted]

(b)(6)
(b)(6) team has provided support in statistical modeling to assess the risk of more coronaviruses like SARS crossing over to human populations.

Ready to Help with the Global Virome Project

8. (U) Institute officials expressed strong interest in the Global Virome Project (GVP), and said Chinese funding for the project would likely come from Chinese Academy of Sciences funding already earmarked for One Belt, One Road-related initiatives. The GVP aims to launch this year as an international collaborative effort to identify within ten years virtually all of the planet's viruses that have pandemic or epidemic potential and the ability to jump to humans. "We hope China will be one of the leading countries to initiate the Global Virome Project," one Wuhan Institute of Virology official said. China attended a GVP unveiling meeting in January in Thailand and is waiting for more details on the initiative. The officials said that the Chinese government funds projects similar to GVP to investigate the background of viruses and bacteria. This essentially constituted China's own Virome Project, officials said, but they noted the program currently has no official name.

9. (SBU) The Wuhan Institute of Virology's (b)(6) is the (b)(6) (b)(6) (b)(6) which is designed to show "proof of concept" and be a forerunner to the Global Virome Project. (b)(6) with the EcoHealth Alliance (a New York City-based NGO that is working with the University of California, Davis to manage the (b)(6) recently planned to visit Wuhan to meet with (b)(6) (b)(6) noted that China has expressed interest in building the GVP database, which would put China in a leadership position. Other countries have confidence in China's ability to build such a database, but are skeptical on whether China could remain transparent as a "gatekeeper" for this information. (b)(6) said (b)(6) expressed frustration with the slow progress so far in launching GVP, noting that the effort lacked funding sources, needed to hire a CEO, and would have to boost its profile at G7, G20 and other high-level international meetings.

U.S.-China Workshop Explores Research Partnerships

10. (U) The Institute also has ongoing collaboration with the U.S. National Science Foundation, including a just-concluded workshop in Shenzhen, involving about 40 scientists from the United States and China, on the topic of the "Ecology and Evolution of Infectious Diseases." Co-sponsored by the Natural Science Foundation of China (NSFC), (b)(6) (b)(6) (b)(6) The workshop explored opportunities for U.S.-China research cooperation in areas like using "big data" to predict emerging infectious diseases, climate change's effect on vector-borne diseases, and pathogen transmission between wildlife, domestic animals and humans.

11. (SBU) Some workshop participants also expressed skepticism about the Global Virome Project's (GVP) approach, saying that gaining a predictive understanding of viruses with pandemic potential would require going beyond the GVP's strategy of sample collection, to take an "ecological" approach that considers the virome beyond vertebrate systems to identify

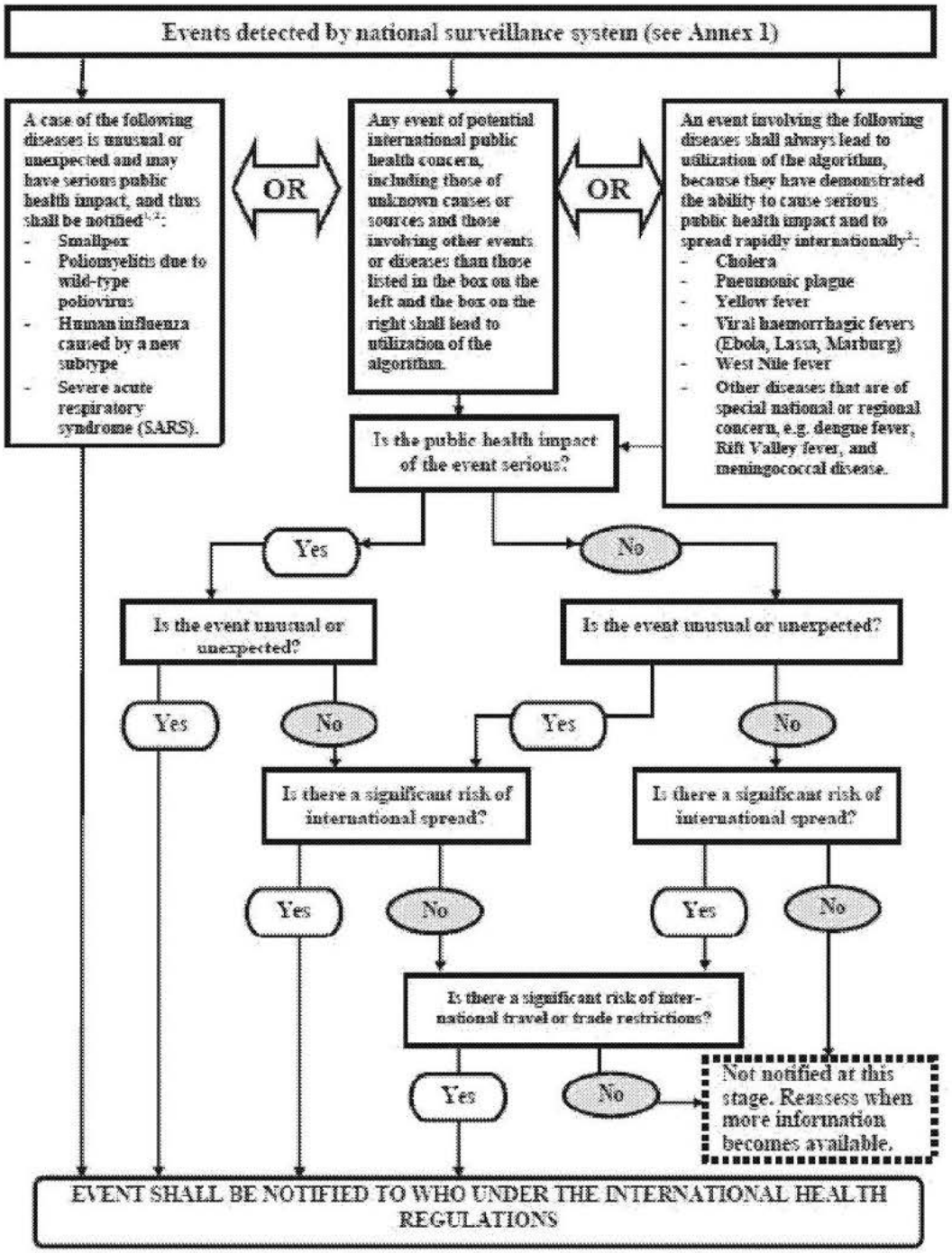
mechanisms driving pathogen evolution. A follow-on workshop will be held in June at the University of Berkeley. NSF and NSFC hope to jointly announce a funding call for collaborative projects later this year.

Signature:	FOUSS
Drafted By:	(b)(6)
Cleared By:	
Approved By:	
Released By:	
Info:	CHINA POSTS COLLECTIVE *ROUTINE*
Dissemination Rule:	Archive Copy

UNCLASSIFIED
SBU

ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



[1] As per WHO case definitions.
[2] The disease list shall be used only for the purposes of these Regulations.

From: Lauer, Michael (NIH/OD) [E] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=90FE9CAE30C64CFBB67ABD568E882796-LAUERM]
Sent: 1/12/2021 11:38:00 AM
To: Hayes, Darla (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea941352878b46a5958a9be54d7230a3-hayesdm]; NIH Litigation Hold [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8125e19f9f9947628b3b9d899590dd61-OMALitigati]; Baker, Rebeccah (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad60988f36ca495e8df86de7f10863e4-bakerrel]
CC: Lauer, Michael (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90fe9cae30c64cfbb67abd568e882796-lauerm]
Subject: Re: ACTION REQUIRED Open Society Justice Institute Litigation Hold PRIVILEGED AND CONFIDENTIAL - Due 1/15
Attachments: Litigation Hold Memo - Open Society Justice Initiative v. HHS 1-7-2021[1].pdf; OSJI v HHS et al - Health Agencies Lit Hold[1].pdf; Amended Complaint[1].pdf; Re: Wuhan Lab

Good morning

I have received, read, understand and intend to comply with these instructions.

I am attaching one item (which has multiple embedded items) that might be responsive. I'm not aware of anything else.

Many thanks, Mike

Michael S Lauer, MD
NIH Deputy Director for Extramural Research
1 Center Drive, Building 1, Room 144
Bethesda, MD 20892
Phone: (b) (6)
Email: (b) (6)

From: "Hayes, Darla (NIH/OD) [E]" (b) (6)
Date: Monday, January 11, 2021 at 5:53 PM
To: "Lauer, Michael (NIH/OD) [E]" (b) (6)
Subject: FW: ACTION REQUIRED Open Society Justice Institute Litigation Hold PRIVILEGED AND CONFIDENTIAL - Due 1/15

Good afternoon Mike,

Please see the attached litigation hold memorandum issued for a lawsuit concerning FOIA requests that was submitted by Plaintiff Open Society Justice Initiative to HHS, CDC, and NIH seeking certain records regarding the ongoing coronavirus pandemic. (b) (5)

(b) (5)

(b) (5)

Thank you,

Darla

From: NIH Litigation Hold <NIHLitigationHold@od.nih.gov>
Sent: Thursday, January 7, 2021 9:45 PM
To: Allen-Gifford, Patrice (NIH/OD) [E] (b) (6) Hayes, Darla (NIH/OD) [E] (b) (6); Levithan, Jennifer (NIH/OD) [E] (b) (6) Twyman, Leslie (NIH/OD) [E] (b) (6)
Cc: NIH Litigation Hold <NIHLitigationHold@od.nih.gov>; Baker, Rebeccah (NIH/OD) [E] (b) (6); McInerny, Julia (NIH/OD) [E] (b) (6); Robertson, Paul (NIH/OD) [E] (b) (6)
Subject: ACTION REQUIRED Open Society Justice Institute Litigation Hold PRIVILEGED AND CONFIDENTIAL
Importance: High

Good Evening,

Please see the attached litigation hold memorandum issued for a lawsuit concerning FOIA requests submitted by Plaintiff Open Society Justice Initiative to HHS, CDC, and NIH seeking certain records regarding the ongoing coronavirus pandemic. (b) (5)

(b) (5)

(b) (5)

Please do not hesitate to contact NIH Records Officer (Acting) Rebeccah Baker or NIHB attorneys Julia McInerny and Paul Robertson for clarification regarding this litigation hold. Thank you for your understanding and cooperation.

Respectfully,
Rebeccah Baker
Acting Branch Chief, NIH Records Officer
Information Management Branch
NIH/OD/OM/OMA/DCM/IMB

(b) (6)

From: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OGCIO@hhs.gov>
Sent: Thursday, January 7, 2021 12:18 PM
To: Agnew, Ann (HHS/IOS) (b) (6); Azar, Alex (OS/IOS) (b) (6); Kadlec, Robert (OS/ASPR/IO) (b) (6); Giroir, Brett (HHS/OASH) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6); Schuchat, Anne MD (CDC/OD) (b) (6); Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6); Iademarco, Michael (CDC/DDPHSS/CSELS/OD) (b) (6); Harrison, Brian (HHS/IOS) (b) (6); Bratcher-Bowman, Nikki (OS/ASPR/IO) (b) (6); Weber, Mark (HHS/ASPA) (b) (6); Franco, Celinda (HHS/OASH) (b) (6); Thomas, Alexandra L (IHS/OKC) (b) (6)
Cc: OS OGC-IO <ControlDesk.OGCIO@hhs.gov>; Keveney, Sean (HHS/OGC) (b) (6); Gibson, Megan (OS/OGC) (b) (6); Mullins, Tracey (HHS/OGC) (b) (6); Frye, Buddy (HHS/OGC) (b) (6); Smith-Simpson, Jacqlyn (OS/ASA/OCIO) (b) (6); Baker, Rebecca (NIH/OD) [E] (b) (6); Ballesteros, Karen (OS/ASA/OCIO) (b) (6); Barry, Daniel J (HHS/OGC)

(b) (6); Goulding, Michael (HHS/OGC) (b) (6); Pierce, Julia (HHS/OGC)
(b) (6); Lankford, David (NIH/OD)[E] (b) (6); Gianturco, Elizabeth (HHS/OGC)
(b) (6); Tress, Deborah W. (CDC/OCOO/OGC) (b) (6); Gaylord, Brandon
(OS/ASPA) (b) (6); Andoh, Roger (CDC/OCOO/OD) (b ; Layton, Chris (OS/IOS)
(b) (6); Sherman, Susan (HHS/OGC) (b) (6); Smith, Lorian (OS/ASPR/EXSEC)
(b) (6); Smith, Jennifer (HHS/OGC) (b) (6); Wilson, Avery (HHS/ASPA)
(b) (6); Stark, Lucy (OS/OGC) (b) (6); Poe, Stephen (HHS/OASH)
(b) (6) Roman, Ruth (HHS/OASH) (b) (6) Kocher, Paula L. (CDC/OCOO/OGC)
(b) (6); Gianturco, Elizabeth (HHS/OGC) (b) (6); Willis, Heber (HHS/OS/OGA)
(b) (6) Wilson, Mary (CDC/OCOO/OD) (b) (6)

Subject: LITIGATION HOLD -- Open Society Justice Institute v. HHS et al., No. 20 Civ. 6359 (S.D.N.Y.) (Consolidated under Open Society Justice Institute v. DoD et al., No. 20 Civ. 5096) 21-05844
Importance: High

This email serves as formal notice that a litigation hold has been issued for records responsive to Freedom of Information Act (FOIA) requests identified in Open Society Justice Initiative, No. 20-cv-06359 (S.D.N.Y.), and records that capture the search and response to those requests, due to a lawsuit concerning FOIA requests submitted by Plaintiff Open Society Justice Initiative to HHS, CDC, and NIH seeking certain records regarding the ongoing coronavirus pandemic. (b) (5)

(b) (5)

Thank you for your prompt and continuing attention to this matter. If you have questions, please contact Megan Gibson in the HHS OGC General Law Division, or contact the HHS OGC attorney who is working within your Division or Office on this matter.

Thank you,

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the General Counsel
Washington, D.C. 20201

MEMORANDUM

DATE: January 7, 2021

TO: Alex M. Azar II
Secretary
U.S. Department of Health and Human Services

Robert Kadlec
Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services

Brett Giroir
Assistant Secretary for Health
U.S. Department of Health and Human Services

Ryan Murphy
Principal Deputy Secretary for Public Affairs
U.S. Department of Health and Human Services

Garrett Griggsby
Director, Office of Global Affairs
U.S. Department of Health and Human Services

Dr. Robert Redfield
Director
Centers for Disease Control and Prevention

Anne Schuchat
Principal Deputy Director
Centers for Disease Control and Prevention

Nancy Messonier
Director, National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Michael Iademarco
Director, Center for Surveillance, Epidemiology and Laboratory Services
Centers for Disease Control and Prevention

Rima Khabbaz
Director, National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Francis Collins
Director
National Institutes of Health

Anthony Fauci
Director, National Institute of Allergy and Infectious Disease
National Institutes of Health

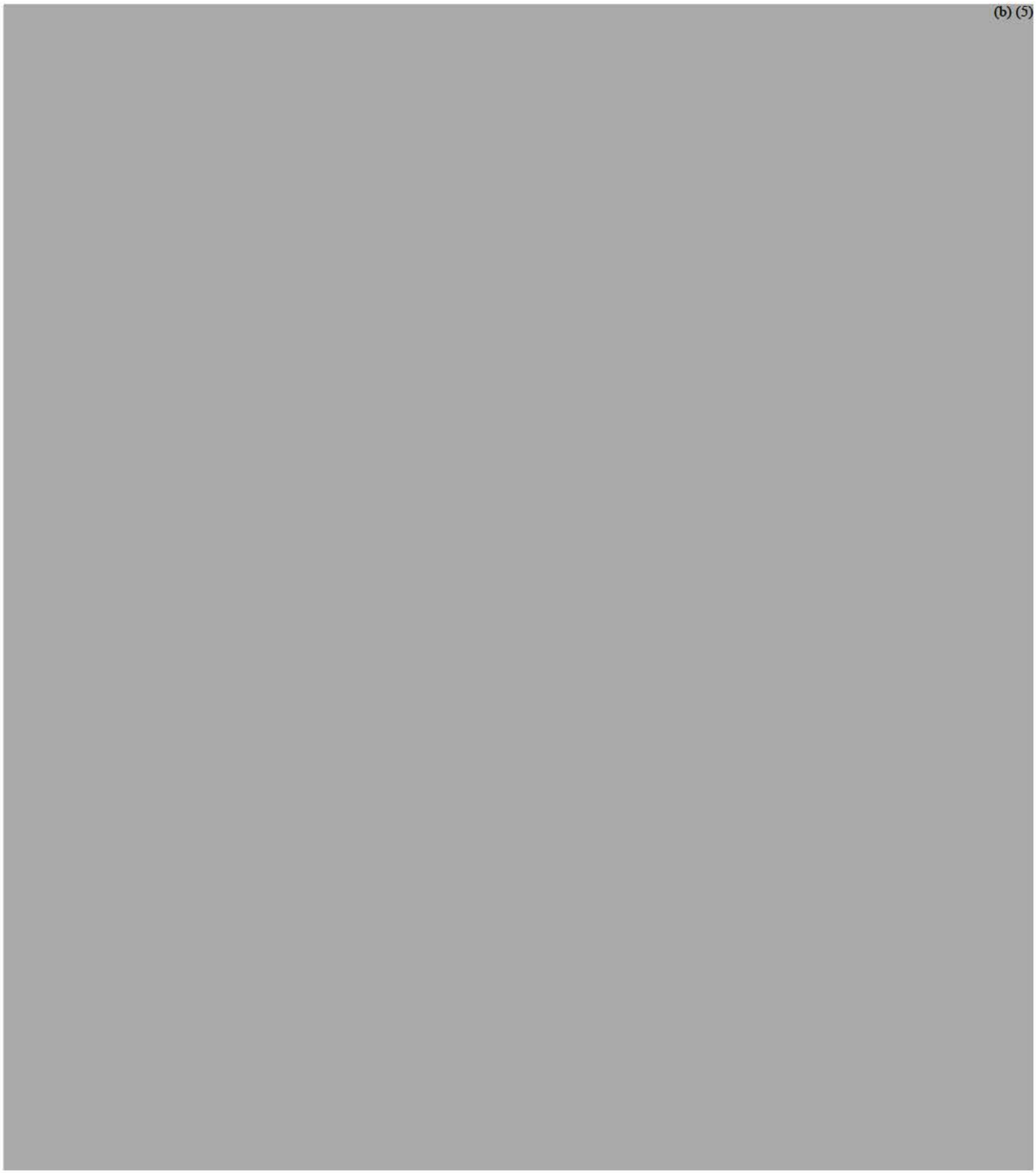
FROM: Sean Keveney
Deputy General Counsel

[redacted] (b) (6)

SUBJECT: Litigation Hold Notice for Records Related to *Open Society Justice Initiative v. Dep't of Health & Human Servs.*, 20-cv-06359 (S.D.N.Y.)

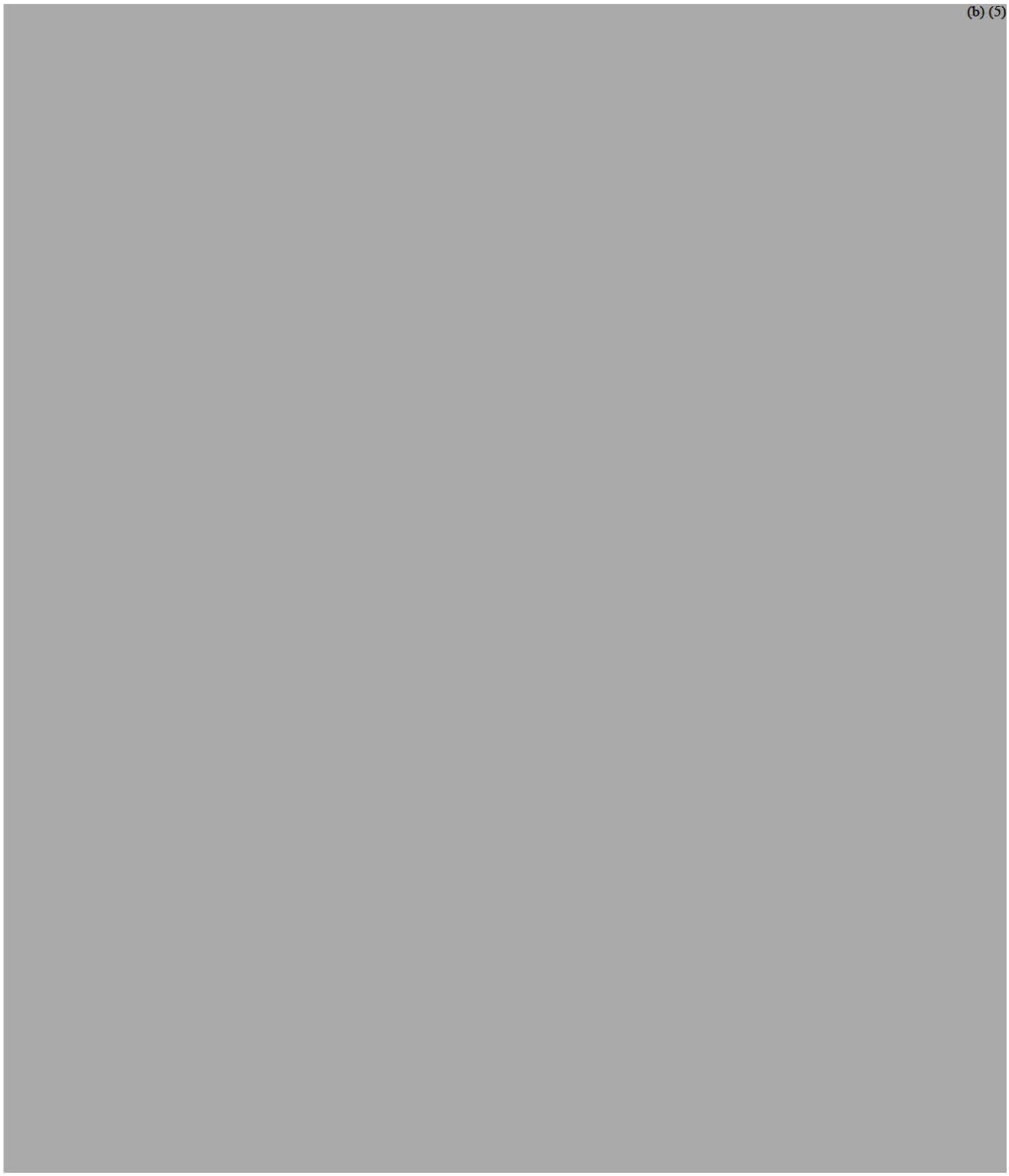
Note: Please treat this memorandum as a confidential communication. Do not inform any outside individual or organization, including any grantee, nonprofit, advocacy group, lawyer or law firm, provider, or supplier, about this memorandum or the guidance contained herein.

[redacted] (b) (5)

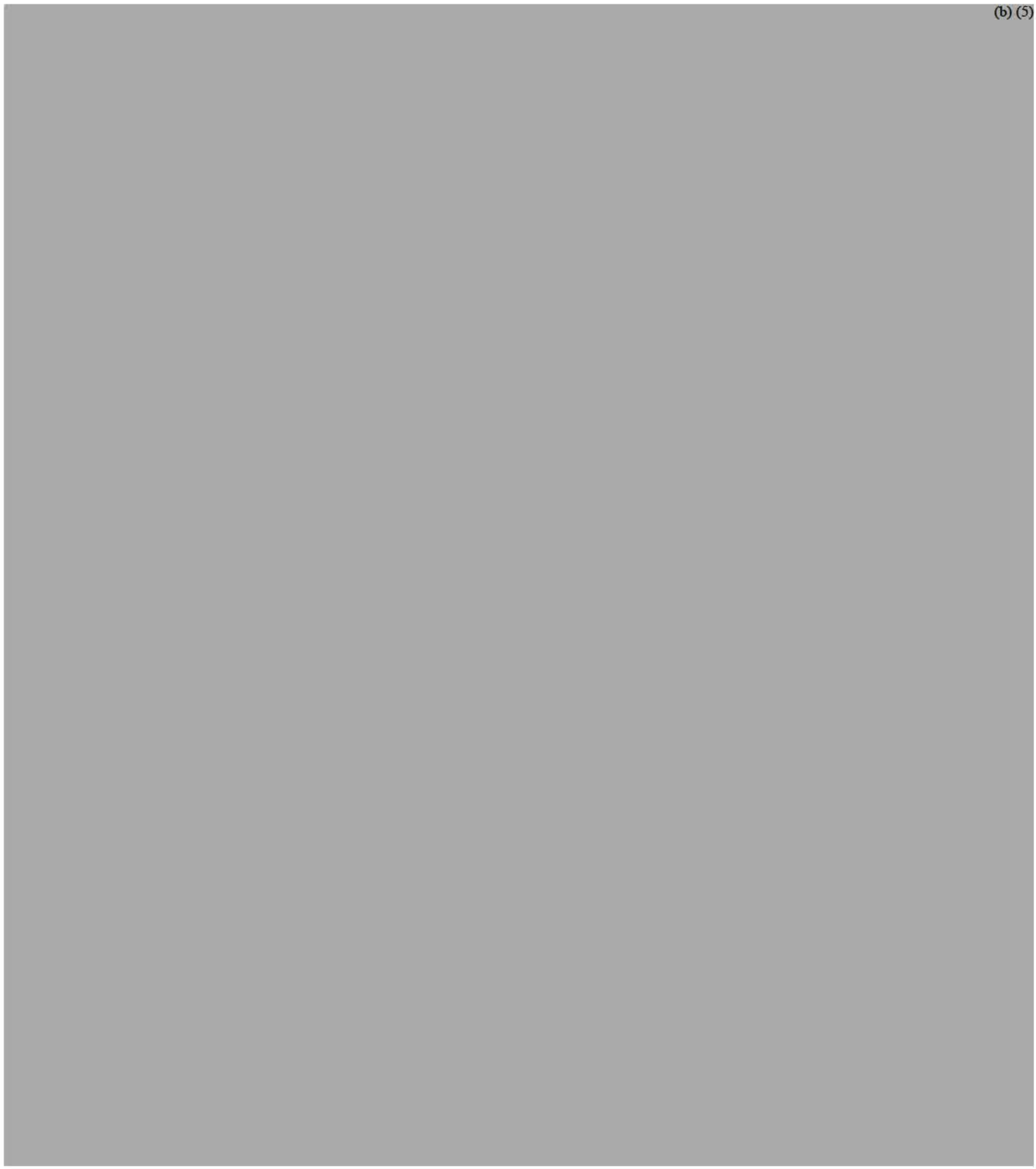

(b) (5)

(b) (5)

[redacted]

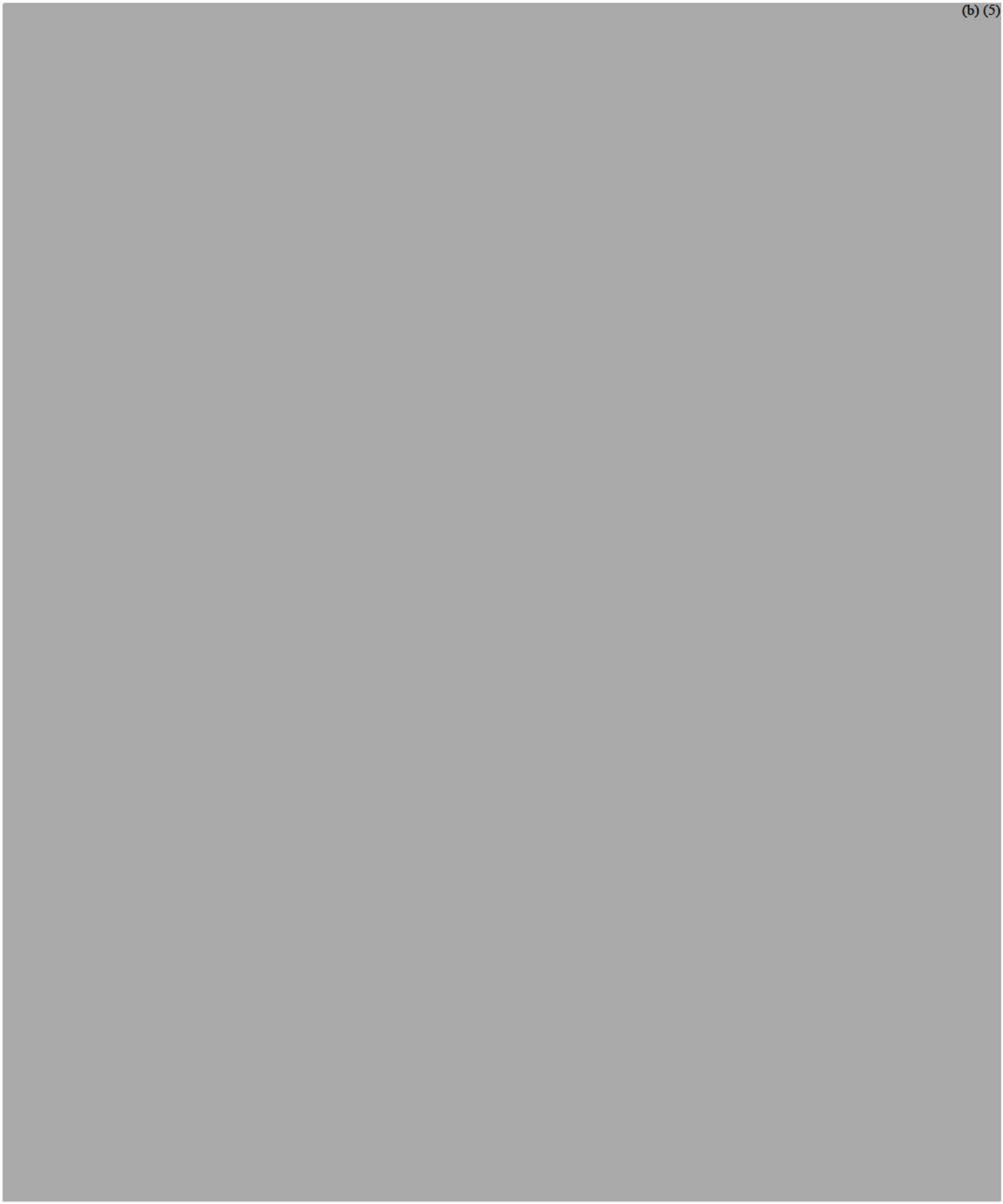

(b) (5)

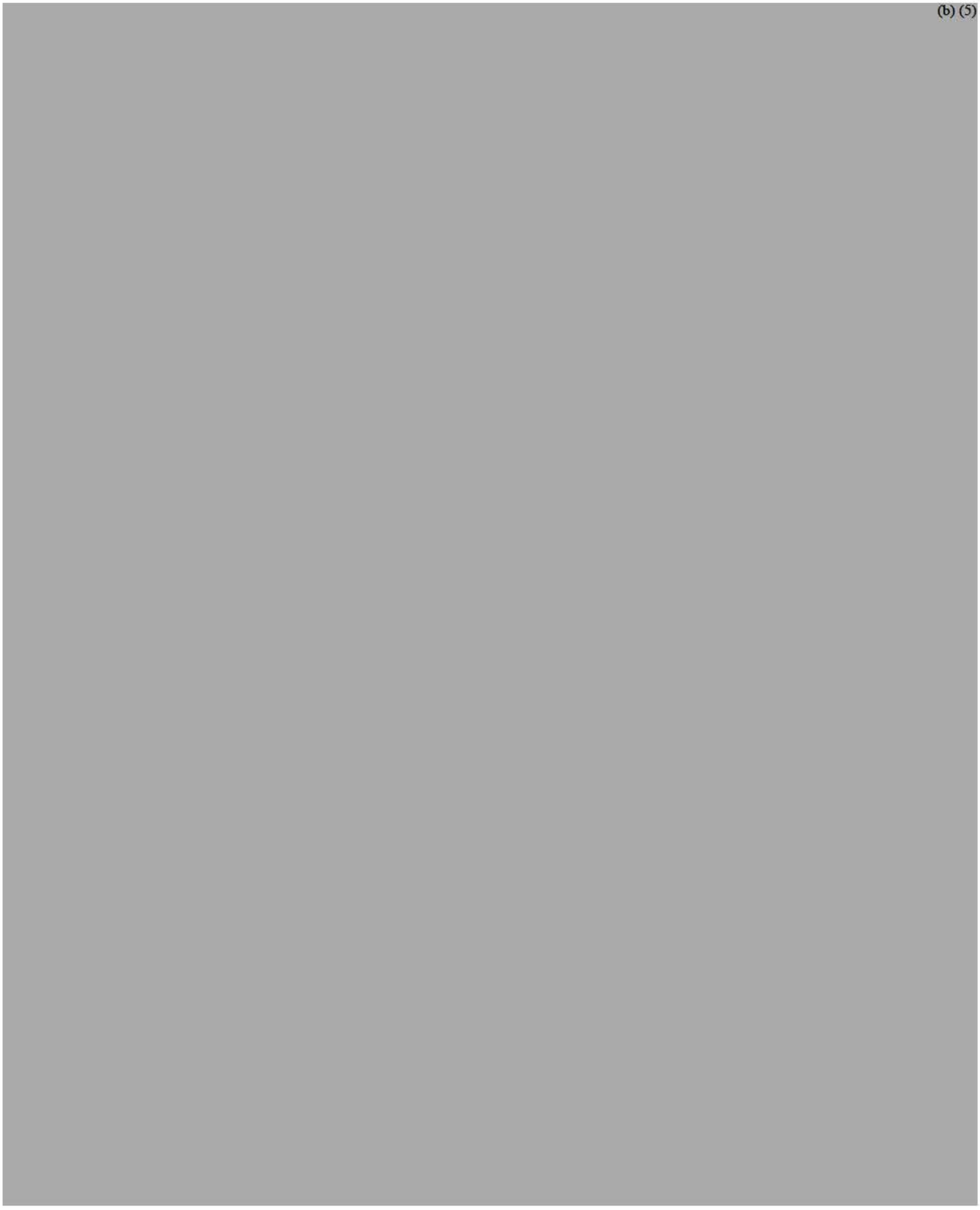
(b) (5)



(b) (5)

[redacted]


(b) (5)


(b) (5)


(b) (5)

U.S. Department of Justice

United States Attorney
Southern District of New York

86 Chambers Street
New York, New York 10007

January 5, 2021

LITIGATION HOLD NOTICE

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT PRIVILEGE
ATTORNEY WORK PRODUCT

(b) (5)

[redacted]

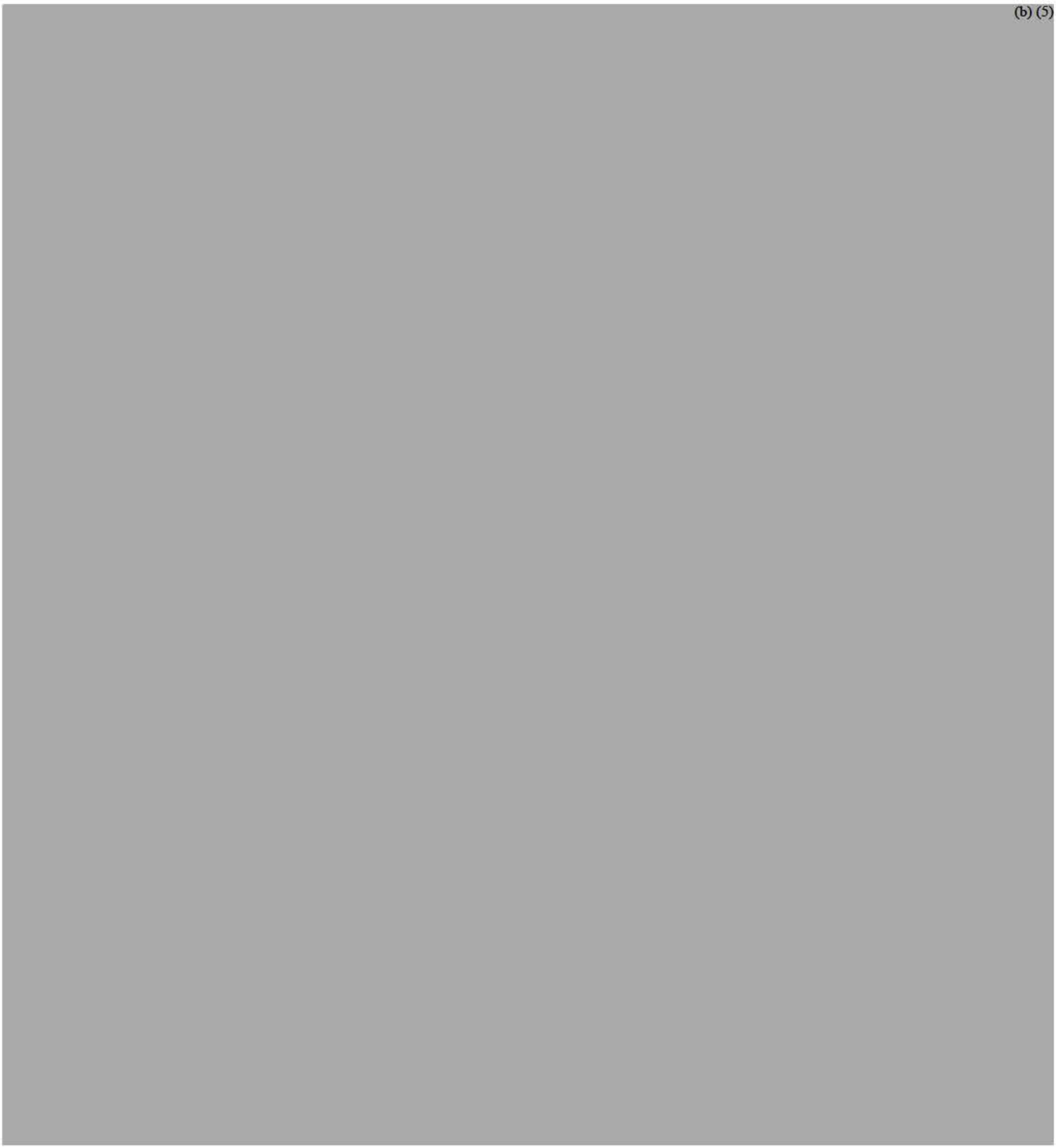
(b) (5)

[redacted]

(b) (5)

[redacted]

(b) (5)



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

OPEN SOCIETY JUSTICE INITIATIVE,

Plaintiff,

v.

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
CENTERS FOR DISEASE CONTROL AND PREVENTION,
FOOD AND DRUG ADMINISTRATION,
NATIONAL INSTITUTES OF HEALTH,
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES,
DEPARTMENT OF HOMELAND SECURITY, and
FEDERAL EMERGENCY MANAGEMENT AGENCY,

Defendants.

Civil Action No. 20-cv-06359

FIRST AMENDED COMPLAINT FOR INJUNCTIVE RELIEF

INTRODUCTION

1. This case is about the public's right, under the Freedom of Information Act ("FOIA"), to access records critical for assessing the government's response to the COVID-19 pandemic. Today, the United States has the largest number of reported COVID-19 cases in the world. In contrast to several countries in Europe and Asia where infections are declining, in the U.S., the pandemic is resurging. Over 162,000 people in the United States have died of the disease, over five million are infected, and these numbers are projected to rise in the coming months.[1]

[1] Centers for Disease Control and Prevention, *Coronavirus Disease 2019: Cases in the US* (Aug. 11, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html.

Defendants have failed to comply with their obligations under FOIA and obstructed the public's access to vital information about the government's competence to combat the virus and protect lives.

2. Accordingly, this is an action under FOIA, 5 U.S.C. § 552, seeking injunctive relief to compel Defendant Department of Health and Human Services ("HHS") and its Office of Global Affairs ("OGS"), Office of the Assistant Secretary for Preparedness and Response ("ASPR"), Office of the Surgeon General ("OSG"), and Public Health Service ("PHS") (collectively, "HHS and its Components"), HHS agency, Defendant Centers for Disease Control and Prevention ("CDC"), HHS agency, Defendant Food and Drug Administration ("FDA"), HHS agency, Defendant National Institutes of Health ("NIH") and Defendant National Institute of Allergy and Infectious Diseases ("NIAID"), Defendant Department of Homeland Security ("DHS") and its agency, Defendant Federal Emergency Management Agency ("FEMA"), to immediately release records responsive to Plaintiff's FOIA requests regarding the timing and substance of the Executive Branch's response to the COVID-19 pandemic.

3. Plaintiff brings this action because the statutory time limit for action has passed, but Defendants have neither issued final determinations on Plaintiff's requests nor disclosed any responsive records.

JURISDICTION AND VENUE

4. This Court has both subject matter jurisdiction over this action and personal jurisdiction over the parties pursuant to 5 U.S.C. § 552(a)(4)(B). This Court also has jurisdiction over this action pursuant to 28 U.S.C. § 1331. Venue lies in this district under 5 U.S.C. § 552(a)(4)(B) because Plaintiff's principal place of business is in this district.

PARTIES

5. The Open Society Justice Initiative ("OSJI") is a public interest law center dedicated to upholding human rights and the rule of law through litigation, advocacy, research, and technical assistance. It is part of the Open Society Institute, a tax-exempt, non-partisan, not-for-profit organization headquartered in New York City. OSJI is a "person" within the meaning of 5 U.S.C. § 551(2). Disseminating information is among OSJI's core activities. OSJI maintains a website, http://www.justiceinitiative.org, through which it disseminates publications, articles, and multimedia files relating to its mission. It also directly distributes hard copies of publications and disseminates information through quarterly email newsletters, blogs, Twitter, Facebook, and other media.

6. Defendant HHS is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and is therefore subject to FOIA. OGA, ASPR, OSG, and PHS are components of HHS. HHS and its Components have possession and control over some or all of the requested records.

7. Defendant CDC is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and is therefore subject to FOIA. CDC is also an agency of HHS. CDC has possession and control over some or all of the requested records.

8. Defendant FDA is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and is therefore subject to FOIA. FDA is also an agency of HHS. FDA has possession and control over some or all of the requested records.

9. Defendant NIH is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and is therefore subject to FOIA. NIH is also an agency of HHS. NIH has possession and control over some or all of the requested records.

10. Defendant NIAID is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and

is therefore subject to FOIA. NIAID is also an agency of HHS and part of NIH. NIAID has possession and control over some or all of the requested records.

11. Defendant DHS is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and is therefore subject to FOIA. DHS has possession and control over some or all of the requested records.

12. Defendant FEMA is an "agency" within the meaning of 5 U.S.C. § 552(f)(1) and is therefore subject to FOIA. FEMA is also an agency of DHS. FEMA has possession and control over some or all of the requested records.

STATEMENT OF FACTS

13. The earliest known case of COVID-19 (the disease caused by what is now known as SARS-CoV-2) reportedly can be traced back to November 17, 2019, in Hubei province, China.[2] By December 31, 2019, health officials in Wuhan posted a notice that they were investigating an outbreak of pneumonia in the city, and the World Health Organization ("WHO") acknowledged that on that date it "was informed of a cluster of cases of pneumonia of unknown cause."[3] As of January 3, 2020, Chinese authorities reported to the WHO a total of 44 patients with pneumonia of unknown etiology.[4]

14. Media reports provide varying accounts of when the Executive Branch first

---

2 Helen Davidson, *First Covid-19 case happened in November, China government records show*, The Guardian (Mar. 13, 2020), https://www.theguardian.com/world/2020/mar/13/first-covid-19-case-happened-in-november-china-government-records-show-report.

3 Wuhan Municipal Health Commission on the current situation of pneumonia in our city (*translated from Mandarin*), Dec. 31, 2019, *available at* http://www.wuhan.gov.cn/front/web/showDetail/2019123108989; World Health Organization, Coronavirus disease (COVID-2019) R&D, *available at* https://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/.

4 World Health Organization, *Pneumonia of unknown cause – China* (Jan. 5, 2020), https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/.

received notice of what is now known as SARS-CoV-2. According to the *Washington Post*, on January 3, 2020, a Chinese official informed CDC Director Robert Redfield of the outbreak of a respiratory illness in the city of Wuhan.[5] Redfield relayed the report to HHS Secretary Alex Azar who reportedly relayed it to the White House.[6]

15. Although the Executive Branch has publicly promised transparency, the White House reportedly ordered federal health officials to treat top-level coronavirus meetings as classified to keep meeting participation low and minimize leaks.[7] Classification prevented relevant officials from attending the meetings because they did not possess the requisite security clearances.[8]

16. On January 21, 2020, the CDC publicly confirmed the first U.S. novel coronavirus case, what is now known as SARS-CoV-2, in the state of Washington.[9] On January 29, 2020, the White House announced the formation of "a coronavirus task force," while noting that "[t]he risk of infection for Americans remains low."[10] On January 30, 2020, WHO declared the outbreak a

---

5 Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction.

6 *Id.*

7 Aram Roston & Marisa Taylor, *Exclusive: White House told federal health agency to classify coronavirus deliberations – sources*, Reuters (Mar. 11, 2020), https://www.reuters.com/article/us-health-coronavirus-secrecy-exclusive/exclusive-white-house-told-federal-health-agency-to-classify-coronavirus-deliberations-sources-idUSKBN20Y2LM.

8 *Id.*

9 Centers for Disease Control and Prevention, *First Travel-related Case of 2019 Novel Coronavirus Detected in United States* (Jan. 21, 2020), https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html.

10 White House, *Statement from the Press Secretary Regarding the President's Coronavirus Task Force* (Jan. 29, 2020), https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/.

"Public Health Emergency of International Concern."[11] Hours after that declaration, President Trump said during a speech on trade at a Michigan manufacturing plant that the virus was "going to have a very good ending for us. So that I can assure you."[12]

17. WHO began supplying diagnostic test kits to various countries in January, but the United States opted not to use that test, choosing to develop its own.[13] Contrary to an April 2018 agreement between the CDC and three of the biggest associations involved in lab testing, the Executive Branch reportedly prevented non-government laboratories from assisting in testing.[14] The CDC released a flawed test in February 2020 that took weeks to correct.[15]

18. The Executive Branch has responded disparately to state governors' requests for drugs, medical supplies and equipment, prompting questions about whether politics influenced their allocation across states.[16]

19. Since January 2020, President Trump has repeatedly downplayed the threat posed by the novel coronavirus.[17] On January 22, President Trump said he was not worried about a

---

[11] World Health Organization, *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)* (Jan. 30, 2020), https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

[12] Caitlin Oprysko, *Trump: Coronavirus will have 'a very good ending for us'*, Politico (Jan. 30, 2020), https://www.politico.com/news/2020/01/30/trump-close-cooperation-china-coronavirus-109701.

[13] Donald McNeil, *Did Federal Officials Really Question W.H.O. Tests for Coronavirus?*, N.Y. Times (Mar. 17, 2020), https://www.nytimes.com/2020/03/17/health/coronavirus-tests-who.html.

[14] Bob Ortega et al., *How the government delayed coronavirus testing*, CNN (Apr. 9, 2020), https://www.cnn.com/2020/04/09/politics/coronavirus-testing-cdc-fda-red-tape-invs/index.html.

[15] *Id.*

[16] Toluse Olorunnipa et al., *Governors plead for medical equipment from federal stockpile plagued by shortages and confusion*, Wash. Post (Mar. 31, 2020), https://www.washingtonpost.com/politics/governors-plead-for-medical-equipment-from-federal-stockpile-plagued-by-shortages-and-confusion/2020/03/31/18aadda0-728d-11ea-87da-77a8136c1a6d_story.html.

[17] David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15,

pandemic, stating, "We have it totally under control . . . . It's one person coming in from China, and we have it under control. It's going to be just fine."[18] On January 24, President Trump tweeted that the "United States greatly appreciates [China's] efforts and transparency," and "[i]t will all work out well."[19] On February 7, 2020, he tweeted that "as the weather starts to warm . . . the virus hopefully becomes weaker, and then gone."[20] On February 10, he stated at a New Hampshire rally, "looks like, by April, you know, in theory, when it gets a little warmer, it miraculously goes away."[21] On February 24, he tweeted that "[t]he Coronavirus is very much under control in the USA."[22] On March 7, President Trump stated that "anybody that needs a test gets a test. We – [t]hey're there. They have the tests. And the tests are beautiful."[23]

20. In March 2020, Jared Kushner, President Trump's son-in-law and senior adviser, reportedly created his own team of government allies and private industry representatives to work alongside the official coronavirus task force.[24] Kushner's outside advisers were reportedly

---

2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html.

[18] Matthew J. Belvedere, *Trump says he trusts China's Xi on coronavirus and the US has it 'totally under control'*, CNBC (Jan. 22, 2020), https://www.cnbc.com/2020/01/22/trump-on-coronavirus-from-china-we-have-it-totally-under-control.html.

[19] Donald J. Trump (@realDonaldTrump), Twitter (Jan. 24, 2020, 4:18 PM), https://twitter.com/realdonaldtrump/status/1220818115354923009.

[20] Donald J. Trump (@realDonaldTrump), Twitter (Feb. 7, 2020, 5:31 AM), https://twitter.com/realdonaldtrump/status/1225728756456808448.

[21] David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html.

[22] Donald J. Trump (@realDonaldTrump), Twitter (Feb. 24, 2020, 4:42 PM), https://twitter.com/realDonaldTrump/status/1232058127740174339.

[23] White House, *Remarks by President Trump After Tour of the Centers for Disease Control and Prevention, Atlanta, GA* (Mar. 6, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-tour-centers-disease-control-prevention-atlanta-ga/.

[24] Yasmeen Abutaleb et al., *Kushner coronavirus team sparks confusion, plaudits inside White House response efforts*, Wash. Post (Mar. 18, 2020), https://www.washingtonpost.com/politics/kushner-coronavirus-team-

emailing large groups of government employees from private email addresses.[25] Kushner reportedly was also the White House "point person" for "Project Airbridge," which purports to work with private companies to bring medical supplies from other countries to the United States.[26]

21. During his March 19 coronavirus briefing, President Trump suggested that the drugs chloroquine and hydroxychloroquine were a possible "game changer" for treating COVID-19,[27] despite insufficient evidence of their efficacy.[28] A few days later, a man died and his wife was hospitalized after the couple ingested a form of chloroquine.[29]

22. On April 3, 2020, President Trump reversed previous guidance on masks while announcing that people in the U.S. should wear face coverings in public to slow the spread of what is now known as SARS-CoV-2.[30] On April 14, contrary to his previous praise for China's "efforts

---

sparks-confusion-plaudits-inside-white-house-response-efforts/2020/03/18/02038a16-6874-11ea-9923-57073adce27c_story.html.

[25] *Id.*

[26] Kathryn Watson, *What is Project Airbridge?*, CBS News (Mar. 30, 2020), https://www.cbsnews.com/news/coronavirus-what-is-project-airbridge/.

[27] White House, *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing* (Mar. 19, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-6/.

[28] Charles Ornstein, *What We Know — and Don't Know — About Possible Coronavirus Treatments Promoted by Trump*, Politico (Mar. 29, 2020), https://www.propublica.org/article/what-we-know-and-dont-know-about-possible-coronavirus-treatments-promoted-by-trump; *see also* Michael Crowley et al., *Ignoring Expert Opinion, Trump Again Promotes Use of Hydroxychloroquine*, N.Y. Times (Apr. 5, 2020), https://www.nytimes.com/2020/04/05/us/politics/trump-hydroxychloroquine-coronavirus.html; Peter Baker et al., *Trump's Aggressive Advocacy of Malaria Drug for Treating Coronavirus Divides Medical Community*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/coronavirus-trump-malaria-drug.html.

[29] Scott Neuman, *Man Dies, Woman Hospitalized After Taking Form Of Chloroquine To Prevent COVID-19*, NPR (Mar. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820512107/man-dies-woman-hospitalized-after-taking-form-of-chloroquine-to-prevent-covid-19.

[30] Lena Sun & Josh Dawsey, *New face mask guidance comes after battle between White House and CDC*, Wash. Post (Apr. 4, 2019), https://www.washingtonpost.com/health/2020/04/03/white-house-cdc-turf-battle-over-guidance-broad-use-face-masks-fight-coronavirus/.

and transparency,"[31] President Trump announced that he had instructed the Executive Branch to suspend funding to the WHO because it "willingly took China's assurances to face value" and "pushed China's misinformation."[32]

23. On April 16, 2020, after the White House released nonbinding guidelines recommending how and when states and localities should begin to reopen parts of the economy, President Trump stated that governors could reopen businesses by May 1 or earlier if they believed it prudent.[33] On April 22, 2020, Dr. Rick Bright, former director of HHS Biomedical Advanced Research and Development Authority and ASPR deputy assistant secretary, said that he was dismissed from his positions and transferred to the NIH after he pressed for rigorous vetting of hydroxychloroquine, the drug embraced by President Trump for treating the virus.[34]

24. On April 23, 2020, President Trump suggested at a White House briefing that an "injection inside" the human body with a disinfectant could help combat COVID-19.[35] The same day, the Environmental Protection Agency issued a press release warning against ingesting disinfectants or applying them on the human body.[36] The day after the President suggested that a

---

31 Donald J. Trump (@realDonaldTrump), Twitter (Jan. 24, 2020, 4:18 PM), https://twitter.com/realdonaldtrump/status/1220818115354923009.

32 White House, *Remarks by President Trump in Press Briefing* (Apr. 14, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing/.

33 Peter Baker & Michael D. Shear, *Trump Says States Can Start Reopening While Acknowledging the Decision Is Theirs*, N.Y. Times (Apr. 16, 2020), https://www.nytimes.com/2020/04/16/us/politics/coronavirus-trump-guidelines.html.

34 *A doctor says he was removed from his federal post after pressing for rigorous vetting of treatments embraced by Trump*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-live-coverage.html#link-652aa9c3.

35 White House, *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing* (Apr. 23, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-31/.

36 Environmental Protection Agency, *EPA provides critical information to the American public about safe*

disinfectant injection could counter the virus, New York City's poison control center reported receiving a higher-than-normal number of calls, many of them relating to exposure to disinfectants.[37]

25. On June 20, 2020, President Trump hosted a rally in Tulsa, Oklahoma, despite concerns about rising numbers of coronavirus cases in the area and concerns about the event becoming a "super-spreader."[38] At the rally, President Trump referred to widespread testing as a "double-edged sword."[39] He added: "When you do testing to that extent, you're gonna find more people, you're going to find more cases. So I said to my people, 'slow the testing down, please.'"[40]

26. As of August 11, 2020, there are over five million confirmed cases of COVID-19 in the U.S. and over 162,000 have died of the disease in the U.S.[41] The CDC projects that by August 29, 2020, there will be between 175,000 and 190,000 reported COVID-19 deaths in the U.S.[42]

---

disinfectant use (Apr. 23, 2020), https://www.epa.gov/newsreleases/epa-provides-critical-information-american-public-about-safe-disinfectant-use.

37 Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments.

38 Dareh Gregorian, *Trump supporters crowd Tulsa ahead of Saturday rally*, NBC News (June 18, 2020), https://www.nbcnews.com/politics/2020-election/trump-supporters-crowd-tulsa-ahead-saturday-rally-n1231454.

39 *Trump urges slowdown in COVID-19 testing, calling it a 'double-edge sword'*, Reuters (June 21, 2020), https://www.reuters.com/article/us-health-coronavirus-trump-testing/trump-urges-slowdown-in-covid-19-testing-calling-it-a-double-edge-sword-idUSKBN23S0B4.

40 *Id.*

41 Centers for Disease Control and Prevention, *Coronavirus Disease 2019: Cases in the US* (Aug. 11, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html.

42 Centers for Disease Control and Prevention, *Coronavirus Disease 2019: Forecasts of Total Deaths* (Aug. 11, 2020), https://www.cdc.gov/coronavirus/2019-ncov/covid-data/forecasting-us.html.

27. As the U.S. braces for a "second wave" of the virus, public debate about the administration's response (or lack thereof) to the disease continues unabated.[43] Already, COVID-19 infections have surged in parts of the country this summer while President Trump insisted that the outbreak "will go away like things go away."[44] On August 4, President Trump stated, "You know there are those that say you can test too much" and claimed the COVID-19 outbreak was "under control as much as you can control it."[45] When asked about the fact that the United States was averaging over 1,000 deaths per day in the same interview, President Trump responded, "it is what it is."[46]

28. The immediate release of the requested records is critical for the public to evaluate the administration's response to the pandemic.

PLAINTIFF'S FOIA REQUESTS

29. On April 27, 2020, Plaintiff submitted FOIA requests to Defendant NIAID and Defendant NIH regarding COVID-19. These requests are incorporated by reference and attached as Exhibit A (NIAID) and Exhibit B (NIH).

30. On May 1, 2020, Plaintiff submitted a FOIA request to Defendant FDA regarding

---

[43] *See, e.g.*, Amy Goldstein, *Fauci worries U.S. covid-19 cases could climb to 100,000 daily*, Wash. Post (June 30, 2020), https://www.washingtonpost.com/health/fauci-worries-us-covid-19-cases-could-climb-to-100000-daily/2020/06/30/917617ba-bafc-11ea-80b9-40ece9a701dc_story.html.

[44] David Jackson, *Trump says schools should reopen because children are 'virtually immune'*, USA Today (Aug. 5, 2020), https://www.usatoday.com/story/news/politics/2020/08/05/coronavirus-trump-pushes-reopening-saying-children-immune/3297255001/.

[45] Sam Baker, *Trump: Coronavirus is "under control"*, Axios (Aug. 4, 2020), https://www.axios.com/trump-coronavirus-under-control-5f114a16-9952-428c-bc07-3cfa360b0977.html.

[46] William Cummings & Courtney Subramanian, *'It is what it is,' Trump says of rising coronavirus death toll as he insists outbreak is 'under control'*, USA Today (Aug. 4, 2020), https://www.usatoday.com/story/news/politics/2020/08/04/trump-tells-axios-rising-covid-19-death-toll-is-what-is/5579765002/.

COVID-19. That request is incorporated by reference and attached as Exhibit C.

31. On June 24, 2020, Plaintiff submitted FOIA requests to Defendant HHS and its Components, Defendant CDC, Defendant DHS, and Defendant FEMA regarding COVID-19. These requests are incorporated by reference and attached as Exhibit D (HHS and its Components), Exhibit E (CDC), and Exhibit F (DHS and FEMA).

32. Plaintiff requested expedited processing of all of the requests on the grounds that it is an organization "primarily engaged in disseminating information" and because the records sought contain information "urgently needed to inform the public about actual or alleged government activity." *See* Ex. D at 7-8 (citing 5 U.S.C. § 552(a)(6)(E)(v)(I)-(II)); Ex. E at 6-8 (same); Ex. C at 6-8 (same); Ex. B at 7-9 (same); Ex. A at 7-9 (same); Ex. F at 5-7 (same). Given the public health concerns at issue, Plaintiff further requested expedition on the grounds that failure to obtain the requested records on an expedited basis could "reasonably be expected to pose an imminent threat to the life or physical safety of an individual." *See id.* (citing 5 U.S.C. § 552(a)(6)(E)(v)(I)).

33. Plaintiff requested fee waivers for all of the requests on the grounds that it is a "representative of the news media" within the meaning of FOIA, *see* Ex. D at 9 (citing 5 U.S.C. §§ 552(a)(4)(A)(ii)(II)); Ex. E at 8-9 (same); Ex. C at 8-9 (same); Ex. B at 9-10 (same); Ex. A at 9-10 (same); Ex. F at 8 (same), and that disclosure of the requested records is in the public interest because it is "likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester." *Id.* (citing 5 U.S.C. § 552(a)(4)(A)(iii)).

AGENCY RESPONSES

National Institutes of Health

34. On May 14, 2020, NIH acknowledged its receipt of Plaintiff's request to NIH. A copy of this correspondence is incorporated by reference and attached as Exhibit G.

35. On May 18, 2020, NIH requested that Plaintiff consolidate its request to NIH with Plaintiff's request to NIAID. A copy of this correspondence is incorporated by reference and attached as Exhibit H.

36. On May 19, 2020, Plaintiff replied to NIH, seeking to clarify that a consolidated request would capture all records responsive to both requests and stating Plaintiff would have no objection to consolidation of the requests if that were the case. Ex. H.

37. On May 19, 2020, NIH replied confirming that the consolidated request would include all records responsive to both requests. Ex. H.

38. On May 19, 2020, Plaintiff consented to the consolidation. Ex. H.

39. To date, NIH has not made a determination on Plaintiff's request as required by FOIA and has not disclosed any responsive records.

40. Plaintiff has constructively exhausted administrative remedies on account of NIH's failure to comply with the 20-day time limit for making a determination on Plaintiff's request as required by FOIA.

National Institute of Allergy and Infectious Diseases

41. On May 18, 2020, NIH, responding in part on behalf of NIAID, requested that Plaintiff consolidate its request to NIH with its request to NIAID. Ex. H.

42. On May 19, 2020, Plaintiff replied to NIH, seeking to clarify that a consolidated request would capture all records responsive to both requests and stating Plaintiff would have no

objection to consolidation of the requests if that were the case. Ex. H.

43. On May 19, 2020, NIH replied confirming that the consolidated request would include all records responsive to both requests. Ex. H.

44. On May 19, 2020, Plaintiff consented to the consolidation. Ex. H.

45. To date, NIAID has not made a determination on Plaintiff's request as required by FOIA and has not disclosed any responsive records.

46. Plaintiff has constructively exhausted administrative remedies on account of NIH's failure to comply with the 20-day time limit for making a determination on Plaintiff's request as required by FOIA.

Food and Drug Administration

47. On May 1, 2020, FDA acknowledged receipt of Plaintiff's request to FDA. Ex. I.

48. On May 4, 2020, FDA requested clarification regarding whether Plaintiff's request included records for Dr. Peter Marks or Dr. Jeffrey Shuren. A copy of this correspondence is incorporated by reference and attached as Exhibit J.

49. On May 4, 2020, Plaintiff responded to that inquiry and stated that Plaintiff's request included records for both Dr. Marks and Dr. Shuren. A copy of this correspondence is incorporated by reference and attached as Exhibit J.

50. On May 5, 2020, FDA again acknowledged receipt of Plaintiff's request to FDA. In its response, FDA stated it may charge Plaintiff a fee for processing the request and that it may be unable to comply with FOIA's timeline. A copy of this correspondence is incorporated by reference and attached as Exhibit K.

51. On May 6, 2020, FDA granted Plaintiff's request for expedited processing. A copy of that correspondence is incorporated by reference and attached as Exhibit L.

52. To date, FDA has not made a determination on Plaintiff's request as required by FOIA and has not disclosed any responsive records.

53. Plaintiff has constructively exhausted administrative remedies on account of FDA's failure to comply with the 20-day time limit for making a determination on Plaintiff's request as required by FOIA.

Department of Health and Human Services and Its Components

54. On June 25, 2020, HHS acknowledged receipt of Plaintiff's request to HHS and its Components. A copy of this correspondence is incorporated by reference and attached as Exhibit M.

55. To date, HHS and its Components have not made a determination on Plaintiff's request as required by FOIA and have not disclosed any responsive records.

56. Plaintiff has constructively exhausted administrative remedies on account of HHS and its Components' failure to comply with the 20-day time limit for making a determination on Plaintiff's request as required by FOIA.

Centers for Disease Control and Prevention

57. On June 26, 2020, CDC acknowledged receipt of Plaintiff's request and assigned it internal tracking number 20-01876-FOIA. CDC denied Plaintiff expedited processing, stating that Plaintiff had "failed to show that there is an imminent threat to the life or physical safety of an individual" and had not "demonstrated that [Plaintiff is] a person primarily engaged in disseminating information." CDC also denied Plaintiff a fee waiver. Citing "unusual circumstances," CDC further stated that it would need more than 30 working days to respond to Plaintiff's FOIA request. A copy of CDC's June 26 letter is incorporated by reference and attached

as Exhibit N.

58. On July 9, 2020, Plaintiff appealed those adverse determinations regarding its request for expedited processing and a fee waiver. A copy of that appeal is incorporated by reference and attached as Exhibit O.

59. In that appeal, Plaintiff noted that the CDC's denial of a fee waiver ignored, as set forth in the request, that "disseminating information is among [Plaintiff's] core activities" as a nonprofit and "representative of the news media," which it accomplishes though a variety of mediums, free of charge, "to promote public understanding and robust debate." Notably, Plaintiff pointed out that the CDC's denial is flatly inconsistent with the decisions of its sister agencies to grant Plaintiff fee waivers after receiving the same information about Plaintiff's disseminating activities. Finally, the CDC's summary denial ignored that the administration's failures in responding to the virus "may well be a significant reason for why the U.S. is seeing a resurgence of the disease," making the requested information vital to the public's understanding of important "operations or activities of the government." Ex. O at 1-3.

60. Plaintiff also demonstrated that the CDC's summary denial of expedited processing was mistaken. Plaintiff again noted the clear and uncontradicted evidence that it was a nonprofit "primarily engaged in disseminating information," the sought information about a pandemic potentially posed "an imminent threat to the life or physical safety of an individual," and other agencies had granted expedited processing based on the same information. Ex. O at 3-5.

61. On July 16, 2020, HHS responded on behalf of CDC acknowledging that the appeal regarding CDC's denials was received on July 9, 2020. HHS further attempted to cite the unusual circumstances exception to extend its time to respond to Plaintiff's appeal, pointing to a "need to consult with another office or agency that has substantial interest in the determination of the

appeal." A copy of this correspondence is incorporated by reference and attached as Exhibit P.

62. Plaintiff has constructively exhausted administrative remedies on account of CDC's failure to comply with the 20-day time limit, even with a 10-day "unusual circumstances" extension, for making a determination on Plaintiff's request as required by FOIA.

63. As of August 21, 2020, CDC has not provided a response or decision on Plaintiff's administrative appeal. Accordingly, Plaintiff has exhausted all administrative remedies regarding Plaintiffs' requests for a fee waiver and for expedited processing, even with a 10-day "unusual circumstances extension."[47]

Department of Homeland Security and Federal Emergency Management Agency

64. On June 25, 2020, Defendant DHS responded to Plaintiff's request, acknowledging, on behalf of both DHS and FEMA, that the request was received on June 24, 2020, assigning reference number 2020-HQFO-01313, granting expedited processing, and conditionally granting the request for a fee waiver, pending a sampling of responsive documents. DHS also stated that it would invoke a 10-day extension, pursuant to 6 C.F.R. Part 5 § 5.5(c), for responding to Plaintiff's FOIA request. A copy of DHS's June 25 letter is incorporated by reference and attached as Exhibit Q.

65. On June 29, 2020, DHS contacted Plaintiff to request that Plaintiff limit certain requests "to the decision makers that would shed a light on our agency's operations; that would be GS 15, the Senior Executive Services (SES), and Political Appointees (PA)[,]" citing the volume

---

[47] Although Plaintiff filed an administrative appeal of CDC's denial of expedited processing, it was not required to do so. *See Judicial Watch, Inc.* v. *F.B.I.*, No. CIV.A. 01-1216 RBW, 2002 WL 34339771, at *3 n.5 (D.D.C. July 26, 2002) ("Congress certainly did not envision that constructive exhaustion would apply to expedited processing requests. . . ."). Accordingly, Plaintiff has also constructively exhausted its administrative remedies regarding CDC's denial of expedited processing for this reason.

of data initially retrieved. A copy of that request for clarification is incorporated by reference and attached as Exhibit R.

66. Plaintiff provided that clarification the next day, on June 30, 2020, stating its willingness "to limit the search as [] recommend[ed,]" provided that DHS would provide a "reasonable timeline for processing responsive records." In the spirit of cooperation, Plaintiff further stated it would be willing to receive rolling productions. A copy of that reply is incorporated by reference and attached as Exhibit S.

67. To date, DHS has not acknowledged Plaintiff's willingness to limit the search, nor has DHS provided a reasonable timeline, or addressed Plaintiff's proposal for rolling productions.

68. On July 1, 2020, FEMA acknowledged that it had received Plaintiff's FOIA request on June 24, 2020, and stated that DHS would process the request and contact Plaintiff regarding its release determination. A copy of this correspondence is incorporated by reference and attached as Exhibit T.

69. On July 6, 2020, FEMA asserted that it was meeting its FOIA obligations to Plaintiff through DHS and referred Plaintiff to DHS for any additional questions. A copy of this correspondence is incorporated by reference and attached as Exhibit U.

70. On July 7, 2020, DHS issued another request for clarification and narrowing to Plaintiff, asking Plaintiff to provide more information, narrow certain timeframes "and/or provide key search terms," and "provide the specific program office and/or FEMA employees [Plaintiff] would like [DHS] to search as well as key search terms." DHS further stated that it was placing its searches on hold until Plaintiff responded. A copy of this second request for clarification is incorporated by reference and attached as Exhibit V.

71. On July 10, 2020, Plaintiff responded to DHS's July 7, 2020 request, objecting to

DHS placing the searches on hold because DHS had "no reason" to do so and stating Plaintiff's expectation that the searches had been continuing. Plaintiff pointed out that DHS "did not specify which program office required more information[,]" making it difficult for Plaintiff to respond. Plaintiff stated that it would be "happy to work with [DHS] on this," but noted the obvious that "DHS and its components are in a better position to know where responsive records are located and how best to search for them." Again, in the spirit of cooperation, Plaintiff nonetheless provided suggestions and additional background, but noted the suggestions were "non-exhaustive" and would not limit its request. A copy of this correspondence is incorporated by reference and attached as Exhibit W.

72. On July 14, 2020, DHS acknowledged that it had received Plaintiff's July 10, 2020 clarification email and would "sen[d] it over to the program office searching for responsive records." A copy of this correspondence is incorporated by reference and attached as Exhibit X.

73. To date, DHS and FEMA have not issued determinations on Plaintiff's request as required by FOIA and have not disclosed any responsive records.

74. Plaintiff has constructively exhausted administrative remedies on account of the failure of DHS and FEMA to comply with the 20-day time limit, even with the 10-day "unusual circumstances" extension for making a determination on Plaintiff's request as required by FOIA.

CAUSE OF ACTION

Violation of the Freedom of Information Act, 5 U.S.C. § 552

1. Plaintiff repeats, re-alleges, and incorporates the foregoing paragraphs as if set forth in full.

2. Defendants' failure to comply with the statutory time limit for rendering a determination on Plaintiff's FOIA requests violates 5 U.S.C. § 552(a)(6)(A)(i) and Defendants' corresponding regulations.

3. Defendant CDC's failure to comply with the statutory time limit for rendering a decision on Plaintiff's appeal violates 5 U.S.C. § 552(a)(6)(A)(ii) and CDC's corresponding regulations.

4. Defendants' failure to make reasonable efforts to search for records responsive to Plaintiff's requests violates FOIA, 5 U.S.C. § 552(a)(3)(C), and Defendants' corresponding regulations.

5. Defendants' failure to promptly disclose records responsive to Plaintiff's requests violates FOIA, 5 U.S.C. § 552(a)(3)(A), and Defendants' corresponding regulations.

6. The failure of Defendants HHS and its Components, CDC, NIH, and NIAID to grant Plaintiff's requests for expedited processing violates FOIA, 5 U.S.C. § 552(a)(6)(E), and Defendants' corresponding regulations.

7. Defendants' failure to grant Plaintiff's request for a waiver of search, review, and duplication fees violates FOIA, 5 U.S.C. § 552(a)(4)(A)(iii), and Defendants' corresponding regulations.

8. Plaintiff has exhausted all applicable administrative remedies.

9. Plaintiff is entitled to injunctive relief with respect to the prompt disclosure of the requested documents.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests that this Court:

A. Expedite its consideration of this action pursuant to 28 U.S.C. § 1657(a);

B. Order Defendants to immediately conduct a thorough search for records responsive to Plaintiff's requests;

C. Order Defendants to immediately process any responsive records for disclosure and produce such records to Plaintiff;

D. Enjoin Defendants from charging Plaintiff search, review, and duplication fees relating to the requests;

E. Award Plaintiff its costs and reasonable attorneys' fees incurred in this action; and

F. Grant such other relief as the Court may deem just and proper.

Dated: August 21, 2020
Washington, D.C.

Respectfully submitted,

/s/ *Mark F. Mendelsohn*

Mark F. Mendelsohn
Tanya Manno (*pro hac vice* application to be submitted)
Joseph Granzotto (*pro hac vice* application to be submitted)
Brian Shiue (*pro hac vice* application to be submitted)

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
2001 K Street, NW
Washington, DC 20006
mmendelsohn@paulweiss.com
(202) 223-7300

Eric Alan Stone
Daniel J. Klein
PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 Avenue of the Americas
New York, NY 10019
(212) 373-3000

Amrit Singh
Natasha Arnpriester
Malcolm Dort
James A. Goldston
Open Society Justice Initiative
224 West 57th Street
New York, NY 10019
amrit.singh@opensocietyfoundations.org
(212) 548-0600

Attorneys for Plaintiff Open Society Justice Initiative

EXHIBIT A

OPEN SOCIETY JUSTICE INITIATIVE

James A. Goldston
Executive Director

justiceinitiative.org

OPEN SOCIETY FOUNDATIONS

Open Society Justice Initiative
224 West 57th Street
New York, NY 10019, USA

p. +1 212-548-0600
f. +1 212-548-4608

April 27, 2020

Via email

National Institute of Allergy and Infectious Diseases
Robin Schofield
Room 6G51
5601 Fishers Lane
Rockville, MD 20892
Email: foia@niaid.nih.gov

Re: Freedom of Information Act Request
Expedited Processing and Fee Waiver Requested

To whom it may concern:

This letter constitutes a request ("Request") pursuant to the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552 submitted on behalf of the Open Society Justice Initiative ("Justice Initiative"), an operational program of the Open Society Institute ("OSI"), a New York State charitable trust and nonprofit organization. We request records concerning the timing and substance of the Executive Branch's response to the novel coronavirus, now known as severe acute respiratory syndrome coronavirus 2 or "SARS-CoV-2," the virus that causes the disease known as coronavirus disease 2019 or "COVID-19."[1] We respectfully ask that requests contained herein be forwarded to any other component agency as appropriate.

Expedited processing is requested pursuant to 5 U.S.C. § 552(a)(6)(E), as is a fee waiver, pursuant to 5 U.S.C. § 552(a)(4)(A)(iii).

A. RECORDS REQUESTED

The Justice Initiative requests disclosure of the following records:[2]

---

[1] On February 11, 2020, the World Health Organization announced that the disease caused by the new coronavirus will be known by the official name of "COVID-19." World Health Organization, *Naming the coronavirus disease (COVID-19) and the virus that causes it*, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it.

[2] For the purpose of this request, the term "records" includes, but is not limited to, any and all agendas, agreements; analyses; calendars; correspondence; data; databases; directives; documents; e-mails and e-mail attachments, including sent through personal email accounts (e.g., Gmail); reports; rules; schedules; studies; tables of contents and contents of binders; talking points; technical specifications; training materials; examinations; faxes; files; guidance; guidelines; evaluations; instructions; letters; manifests; manuals; memoranda; notes; orders; prepared documentation for meetings, calls, teleconferences, or other discussions responsive to our request; policies; procedures; protocols; text messages and messages sent or received through other messaging applications (e.g., WhatsApp, iMessage, Signal); voicemails; and any other materials. In the event that such records once existed but have now been destroyed, please disclose any records that are integrally related to, summarize, or are interchangeable with said records. Press clippings and news articles that are unaccompanied by any commentary need not be produced.

I. Notice of SARS-CoV-2 and COVID-19

1. Records indicating when the Executive Branch was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
2. Records indicating the Executive Branch's response when it was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
3. Records indicating when President Donald Trump was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
4. Records indicating President Trump's response when he was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
5. Records including and/or discussing communications (before March 1, 2020) to and from the National Center for Medical Intelligence ("NCMI") about what is now known as SARS-CoV-2 and/or COVID-19.[3]
6. Records including and/or discussing January 2020 communications to and from a State Department epidemiologist about what is now known as SARS-CoV-2 and/or COVID-19.[4]
7. Records including and/or discussing January 2020 communications between Robert Redfield, Director, Centers for Disease Control and Prevention, and Chinese officials about what is now known as SARS-CoV-2 and/or COVID-19.[5]
8. Records including and/or discussing communications (from January 1, 2020 to February 29, 2020) between Alex Azar, Secretary, Health and Human Services, and President Donald Trump about what is now known as SARS-CoV-2 and/or COVID-19.[6]
9. Records including and/or discussing communications (from January 1, 2020 to February 29, 2020) to and from Dr. Carter Mecher, senior medical advisor, Department of Veterans Affairs, about what is now known as SARS-CoV-2 and/or COVID-19.[7]
10. Records including and/or discussing communications (from January 1, 2020 to March 31, 2020) to and from Robert Kadlec, Assistant Secretary for Preparedness and Response, about asymptomatic cases spreading what is now known as SARS-CoV-2 and/or COVID-19.[8]
11. Records discussing communications (from January 1, 2020 to February 29, 2020) from Peter Navarro, President Trump's trade advisor, about what is now known as SARS-CoV-2 and/or COVID-19.[9]

II. The Executive Branch's Efforts to Counter SARS-CoV-2 and COVID-19

12. Records discussing requests and need for and availability and allocation (including across states) of resources for testing for what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.[10]
13. Records discussing requests and need for and availability and allocation (including across states)[11] of

---

[3] *See, e.g,* Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273; Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[4] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[5] *See, e.g.,* Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction.

[6] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[7] *Id.*

[8] *Id.*

[9] Maggie Haberman, *Trade Adviser Warned White House in January of Risks of a Pandemic*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/navarro-warning-trump-coronavirus.html; Eric Lipton, et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[10] *See e.g.,* Thomas Fuller & Mike Baker, *Coronavirus Death in California Came Weeks Before First Known U.S. Death*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-first-united-states-death.html.

[11] Toluse Olorunnipa et al., *Governors plead for medical equipment from federal stockpile plagued by shortages and confusion*, Wash. Post (Mar. 21, 2020), https://www.washingtonpost.com/politics/governors-plead-for-medical-equipment-from-federal-stockpile-plagued-by-shortages-and-confusion/2020/03/31/18aadda0-728d-11ea-87da-77a8136c1a6d_story.html.

medical supplies and equipment (including but not limited to drugs, ventilators, and vaccines), Personal Protective Equipment ("PPE") and/or masks for what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.[12]

14. Records discussing immunity to what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.[13]
15. Records discussing the timing and duration of social distancing measures in the U.S.[14]
16. Records concerning extraordinary presidential authority, including but not limited to "presidential emergency actions" relating to what is now known as SARS-CoV-2 and/or COVID-19.[15]
17. Records indicating dates and agendas for meetings and decisions of the official White House coronavirus task force during January and February 2020.[16]
18. Records including and/or discussing "Four steps to mitigation," a February/March 2020 plan for addressing what is now known as SARS-CoV-2 and/or COVID-19.[17]
19. Records including and/or discussing a February 2020 document titled "U.S. Government Response to the 2019 Novel Coronavirus."[18]
20. Records including and/or discussing communications to or from Dr. Nancy Messonnier, Director of the National Center for Immunization and Respiratory Diseases, about her February 25, 2020 public warning about what is now known as SARS-CoV-2 and/or COVID-19.[19]
21. Records discussing Remdesivir, Chloroquine, Hydroxychloroquine ("Plaquenil"), Azithromycin ("Zithromax") and/or other drugs or substances, such as disinfectants, for treating what is now known as SARS-CoV-2 and/or COVID-19.[20]
22. Records discussing federal officials' questioning of and/or divergence from President Trump's public positions regarding what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to records concerning Dr. Rick Bright, Director of the Biomedical Advanced Research and Development Authority, and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.[21]
23. Records discussing in-person and/or mail-in voting in the context of what is now known as SARS-CoV-2 and/or COVID-19.[22]
24. Records including and/or discussing instructions to classify meetings and/or records relating to what

---

[12] *Id.*

[13] Lindsay Isaac & Jay Croft, *WHO says no evidence shows that having coronavirus prevents a second infection*, CNN, (Apr. 25, 2020), https://www.cnn.com/2020/04/25/us/who-immunity-antibodies-covid-19/index.html.

[14] Peter Baker & Michael D. Shear, *Trump Says States Can Start Reopening While Acknowledging the Decision Is Theirs*, N.Y. Times (Apr. 16, 2020), https://www.nytimes.com/2020/04/16/us/politics/coronavirus-trump-guidelines.html.

[15] Elizabeth Gotein & Andrew Boyle, *Trump Has Emergency Powers We Aren't Allowed to Know About*, N.Y. Times (Apr. 10, 2020), https://www.nytimes.com/2020/04/10/opinion/trump-coronavirus-emergency-powers.html.

[16] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[17] *Id.*

[18] *Id.*

[19] *Id.*

[20] *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*, White House (Mar. 19, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-6/; Charles Ornstein, *What We Know—and Don't Know—About Possible Coronavirus Treatments Promoted by Trump*, Politico (Mar. 29, 2020), https://www.propublica.org/article/what-we-know-and-dont-know-about-possible-coronavirus-treatments-promoted-by-trump, Michael Crowley et al., *Ignoring Expert Opinion, Trump Again Promotes Use of Hydroxychloroquine*, N.Y. Times (Apr. 5, 2020), https://www.nytimes.com/2020/04/05/us/politics/trump-hydroxychloroquine-coronavirus.html; Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 202), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments; Colin Dwyer, *Lysol Maker, Officials Reject Trump's Disinfectant Idea*, NPR (Apr. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/24/843571171/under-no-circumstance-lysol-maker-officials-reject-trump-s-disinfectant-idea; *EPA provides critical information to the American public about safe disinfectant use* (Apr. 23, 2020), https://www.epa.gov/newsreleases/epa-provides-critical-information-american-public-about-safe-disinfectant-use.

[21] *See e.g., A doctor says he was removed from his federal post after pressing for rigorous vetting of treatments embraced by Trump*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-live-coverage.html#link-652aa9c3; Niall Stanage, *Speculation grows about Fauci's future*, The Hill (Apr. 14, 2020), https://thehill.com/homenews/administration/492606-the-memo-speculation-grows-about-faucis-future; Deb Riechmann, Aamer Madhani & Jonathan Lemire, *Doctors struggle to stay true to science but not cross Trump*, Associated Press (Apr. 24, 2020), https://apnews.com/c5cbe2bb3160af9054a1ea5249fff091.

[22] Paul Steinhauser, *Trump takes new swipe at push to expand voting by mail amid coronavirus crisis*, Fox News (Apr. 14, 2020), https://www.foxnews.com/politics/trump-push-to-expand-voting-by-mail-amid-coronavirus-crisis.

is now known as SARS-CoV-2 and/or COVID-19.[23]

25. Communications between your agency and the White House regarding what is now known as SARS-CoV-2 and/or COVID-19.
26. Communications between the Executive Branch and non-government entities (including but not limited to private-sector companies, academic institutions and/or individuals) capable of developing tests, or assisting in testing, for what is now known as SARS-CoV-2 and/or COVID-19.[24]

III. Executive Branch SARS-CoV-2 and COVID-19 Communications with Congress, State Governors, and the WHO

27. Records including and/or discussing communications (before March 1, 2020) between any member of the Executive Branch and Congress regarding what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to briefings to Congress, members of Congress, Congressional Committees or Subcommittees, and/or Congressional staff about what is now known as SARS-CoV-2 and/or COVID-19.[25]
28. Records including and/or discussing communications between the White House and a state governor or his/her office about the timing and duration of social distancing measures and federal assistance to states for what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to any direct financial assistance and assistance on medical supplies and equipment (including but not limited to drugs, ventilators, and vaccines), personal protective equipment (PPE), masks and testing for what is now known as SARS-CoV-2 and/or COVID-19.
29. Records including and/or discussing communications between the Executive Branch and the World Health Organization ("WHO") about what is now known as SARS-CoV-2 and/or COVID-19.[26]

B. BACKGROUND

The earliest known case of COVID-19 (the disease caused by what is now known as SARS-CoV-2) reportedly can be traced back to November 17, 2019, in Hubei province, China.[27] By December 31, 2019, health officials in Wuhan posted a notice that they were investigating an outbreak of pneumonia in the city, and the World Health Organization ("WHO") acknowledged that on that date it "was informed of a cluster of cases of pneumonia of unknown cause."[28] As of January 3, 2020, Chinese authorities reported a total of 44 patients with pneumonia of unknown etiology to the WHO.[29]

Media reports provide varying accounts of when the U.S. Executive Branch first received notice of what is now known as SARS-CoV-2. *ABC News* reported, for example, that a November intelligence report by the military's National Center for Medical Intelligence ("NCMI") detailed concerns about what is now known as SARS-CoV-2, and the report "was briefed multiple times" to the Defense Intelligence Agency ("DIA"), the

---

[23] Aram Roston & Marisa Taylor, Exclusive: White House told federal health agency to classify coronavirus deliberations – sources, Reuters (Mar. 11, 2020), https://www.reuters.com/article/us-health-coronavirus-secrecy-exclusive/exclusive-white-house-told-federal-health-agency-to-classify-coronavirus-deliberations-sources-idUSKBN20Y2LM.

[24] Bob Ortega et al., *How the government delayed coronavirus testing*, CNN (Apr. 9, 2020), https://www.cnn.com/2020/04/09/politics/coronavirus-testing-cdc-fda-red-tape-invs/index.html.

[25] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[26] *Remarks by President Trump in Press Briefing,* White House (Apr. 14, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing/; Karen DeYoung, Lena Sun & Emily Rauhala, *Americans at World Health Organization Transmitted Real-Time Information about Coronavirus to Executive Branch*, Wash. Post (Apr. 19, 2020), https://www.washingtonpost.com/world/national-security/americans-at-world-health-organization-transmitted-real-time-information-about-coronavirus-to-trump-administration/2020/04/19/951c77fa-818c-11ea-9040-68981f488eed_story.html.

[27] Helen Davidson, *First Covid-19 case happened in November, China government records show*, The Guardian (Mar. 13, 2020), https://www.theguardian.com/world/2020/mar/13/first-covid-19-case-happened-in-november-china-government-records-show-report.

[28] Wuhan Municipal Health Commission on the current situation of pneumonia in our city (*translated from Mandarin*), Dec. 31, 2020, *available at* http://wjw.wuhan.gov.cn/front/web/showDetail/2019123108989; World Health Organization, Coronavirus disease (COVID-2019) R&D, *available at* https://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/.

[29] World Health Organization, *Pneumonia of unknown cause – China* (Jan. 5, 2020), https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/.

Pentagon's Joint Staff, and the White House.[30] According to the *New York Times*, in early January 2020, the State Department's epidemiologist wrote in a report to the director of national intelligence that the virus was likely to spread across the globe and become a pandemic, and NCMI independently arrived at the same conclusion.[31] The *New York Times* also reported that in January 2020, U.S. intelligence agencies regularly provided information about the global danger of what is now known as SARS-CoV-2 to Executive Branch officials and members of Congress, including in daily briefing papers and digests from the Office of the Director of National Intelligence ("ODNI") and the Central Intelligence Agency ("CIA").[32] According to the *Washington Post*, on January 3, 2020, a Chinese official informed Robert Redfield, Director for the Centers for Disease Control and Prevention ("CDC"), of the outbreak of a respiratory illness in the city of Wuhan.[33] Redfield relayed the report to Alex Azar, Secretary for Health and Human Services ("HHS"), who reportedly relayed it to the White House.[34]

Although the Executive Branch has publicly promised transparency, the White House reportedly ordered federal health officials to treat top-level coronavirus meetings as classified to keep meeting participation low and prevent leaks.[35] Classification prevented relevant officials from attending the meetings because they did not possess the requisite security clearances.[36]

On January 21, 2020, the CDC publicly confirmed the first U.S. novel coronavirus case, what is now known as SARS-CoV-2, in the state of Washington.[37] In a memorandum dated January 29, 2020, Peter Navarro, President Trump's trade advisor, warned the White House of "a full-blown pandemic, imperiling the lives of millions of Americans."[38] Although President Trump said he did not know about the memorandum at that time, press reports indicate that the President knew about it and was unhappy that Navarro had put his warning in writing.[39] The same day, the White House announced the formation of "a coronavirus task force," while noting that "[t]he risk of infection for Americans remains low."[40]

On January 30, 2020, the WHO declared the outbreak a "Public Health Emergency of International Concern."[41] Hours after that declaration, President Trump said during a speech on trade at a Michigan manufacturing plant, that the virus was "going to have a very good ending for us. So that I can assure you."[42]

---

[30] Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273.

[31] Eric Lipton, et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[32] Shane Harris et al., *U.S. intelligence reports from January and February warned about a likely pandemic*, Wash. Post (Mar. 20, 2020), https://www.washingtonpost.com/national-security/us-intelligence-reports-from-january-and-february-warned-about-a-likely-pandemic/2020/03/20/299d8cda-6ad5-11ea-b5f1-a5a804158597_story.html.

[33] Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction.

[34] *Id.*

[35] Aram Roston & Marisa Taylor, *Exclusive: White House told federal health agency to classify coronavirus deliberations – sources*, Reuters (Mar. 11, 2020), https://www.reuters.com/article/us-health-coronavirus-secrecy-exclusive/exclusive-white-house-told-federal-health-agency-to-classify-coronavirus-deliberations-sources-idUSKBN20Y2LM.

[36] *Id.*

[37] Press Release, *First Travel-related Case of 2019 Novel Coronavirus Detected in United States*, Centers for Disease Control and Prevention (Jan. 21, 2020), https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html.

[38] Maggie Haberman, *Trade Adviser Warned White House in January of Risks of a Pandemic*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/navarro-warning-trump-coronavirus.html

[39] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[40] *Statement from the Press Secretary Regarding the President's Coronavirus Task Force*, White House (Jan. 29, 2020), https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/.

[41] *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus* (2019-nCoV), World Health Organization (Jan. 30, 2020), https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

[42] Caitlin Oprysko, *Trump: Coronavirus will have 'a very good ending for us,'* Politico (Jan. 30, 2020), https://www.politico.com/news/2020/01/30/trump-close-cooperation-china-coronavirus-109701.

The WHO began supplying diagnostic test kits to various countries in January, but the U.S. did not use that test, choosing to develop its own.[43] Contrary to an April 2018 agreement between the CDC and three of the biggest associations involved in lab testing, the Executive Branch reportedly prevented non-government laboratories from assisting in testing.[44] The CDC released a flawed test in February 2020 that took weeks to correct.[45]

The Executive Branch has responded disparately to state governors' requests for drugs, medical supplies and equipment, prompting questions about whether politics influenced their allocation across states.[46]

From January until early March 2020, President Trump continued to downplay the threat posed by the novel coronavirus.[47] On January 22, President Trump said he was not worried about a pandemic, stating, "We have it totally under control…It's one person coming in from China, and we have it under control. It's going to be just fine."[48] On January 24, President Trump tweeted that the "United States greatly appreciates [China's] efforts and transparency," and "it will all work out well."[49] On February 7, 2020, he tweeted that "as the weather starts to warm…the virus hopefully becomes weaker, and then gone."[50] On February 10, he stated at a New Hampshire rally, "looks like, by April, you know, in theory, when it gets a little warmer, it miraculously goes away."[51] On February 24, he tweeted that "[t]he Coronavirus is very much under control in the USA."[52] On March 7, President Trump publicly stated that "[a]nybody that needs a test, gets a test. They're there. They have the tests. And the tests are beautiful."[53]

On March 13, 2020, however, President Trump declared a national state of emergency to combat the novel coronavirus.[54] On March 16, 2020, in response to a question about his repeated claim of everything being "under control" he said, "If you're talking about the virus, no, that's not under control for any place in the world…I was talking about what we're doing is under control, but I'm not talking about the virus."[55] On March 19, President Trump publicly suggested during his daily coronavirus briefing that the drugs Remdesivir, Choloroquine and Hydroxycloroquine were a possible "game changer" for treating COVID-19,[56] despite insufficient evidence of their efficacy.[57] A few days later, a man died and his wife was hospitalized

---

[43] Donald McNeil, *Did Federal Officials Really Question W.H.O. Tests for Coronavirus?*, N.Y. Times (Mar. 17, 2020), https://www.nytimes.com/2020/03/17/health/coronavirus-tests-who.html.
[44] Bob Ortega et al., *How the government delayed coronavirus testing*, CNN (Apr. 9, 2020), https://www.cnn.com/2020/04/09/politics/coronavirus-testing-cdc-fda-red-tape-invs/index.html.
[45] *Id.*
[46] Toluse Olorunnipa et al., *Governors plead for medical equipment from federal stockpile plagued by shortages and confusion*, Wash. Post (Mar. 21, 2020), https://www.washingtonpost.com/politics/governors-plead-for-medical-equipment-from-federal-stockpile-plagued-by-shortages-and-confusion/2020/03/31/18aadda0-728d-11ea-87da-77a8136c1a6d_story.html.
[47] David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html.
[48] Matthew J. Belvedere, *Trump says he trusts China's Xi on coronavirus and the US has it 'totally under control*, CNBC (Jan. 22, 2020), https://www.cnbc.com/2020/01/22/trump-on-coronavirus-from-china-we-have-it-totally-under-control.html.
[49] Donald J. Trump (@realDonaldTrump), Twitter (Jan. 24, 2020, 4:18 PM), https://twitter.com/realdonaldtrump/status/1220818115354923009.
[50] Donald J. Trump (@realDonaldTrump), Twitter (Feb. 7, 2020, 5:31 AM), https://twitter.com/realdonaldtrump/status/1225728756456808448.
[51] David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html.
[52] Donald J. Trump (@realDonaldTrump), Twitter (Feb. 24, 2020, 4:42 PM), https://twitter.com/realDonaldTrump/status/1232058127740174339.
[53] *Remarks by President Trump After Tour of the Centers for Disease Control and Prevention, Atlanta, GA*, White House (Mar. 7, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-tour-centers-disease-control-prevention-atlanta-ga/.
[54] Adam Edelman, Peter Alexander & Kristen Welke, *Trump declares national emergency to combat coronavirus, authorizes waiving of laws and regulations*, NBC News (Mar. 13, 2020), https://www.nbcnews.com/politics/donald-trump/trump-hold-friday-afternoon-press-conference-coronavirus-n1157981.
[55] Aaron Blake, *The increasingly damning timeline of Trump's coronavirus response*, Wash. Post (Apr. 8, 2020), https://www.washingtonpost.com/politics/2020/04/07/timeline-trumps-coronavirus-response-is-increasingly-damning/.
[56] *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*, White House (Mar. 19, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-6/.
[57] Charles Ornstein, *What We Know — and Don't Know — About Possible Coronavirus Treatments Promoted by Trump*, Politico

after the couple ingested a form of Chloroquine.[58]

On April 3, 2020, President Trump reversed previous guidance on masks while announcing that people in the U.S. should wear face coverings in public to slow the spread of what is now known as SARS-CoV-2.[59] On April 14, contrary to his previous praise for China's "efforts and transparency,"[60] President Trump announced that he had instructed the Executive Branch to suspend funding to the WHO because it "willingly took China's assurances to face value" and "pushed China's misinformation."[61]

On April 16, 2020, after the White House released nonbinding guidelines recommending how and when states and localities should begin to reopen parts of the economy, President Trump stated that governors could reopen businesses by May 1 or earlier if they believed it prudent.[62] On April 22, 2020, Dr. Rick Bright, former director of HHS Biomedical Advanced Research and Development Authority and deputy assistant secretary for preparedness and response, said that he was dismissed from his positions and transferred to the National Institutes of Health after he pressed for rigorous vetting of Hydroxychloroquine, the drug embraced by President Trump for treating the virus.[63]

On April 23, 2020, President Trump suggested at a White House briefing that an "injection inside" the human body with a disinfectant could help combat COVID-19.[64] The same day, the Environmental Protection Agency issued a press release warning against ingesting disinfectants or applying them on the human body.[65] The day after the President suggested that a disinfectant injection could counter the virus, New York City's poison control center reported receiving a higher-than-normal number of calls, many of them relating to exposure to disinfectants.[66]

C. APPLICATION FOR EXPEDITED PROCESSING

The Justice Initiative requests expedited processing pursuant to 5 U.S.C. § 552(a)(6)(E), as the information and records requested are urgently needed to inform the public about actual or alleged government activity, *see* 5 U.S.C. § 552(a)(6)(E)(v)(II), and as explained below, the Justice Initiative is an organization "primarily engaged in disseminating information…to inform the public concerning" that activity. 5 U.S.C. § 552(a)(6)(E)(v)(I-II). In addition, the Justice Initiative requests expedition on the grounds that failure to obtain requested records on an expedited basis could reasonably be expected to pose an imminent threat to the life

---

(Mar. 29, 2020), https://www.propublica.org/article/what-we-know-and-dont-know-about-possible-coronavirus-treatments-promoted-by-trump; *see also* Michael Crowley et al., *Ignoring Expert Opinion, Trump Again Promotes Use of Hydroxychloroquine*, N.Y. Times (Apr. 5, 2020), https://www.nytimes.com/2020/04/05/us/politics/trump-hydroxychloroquine-coronavirus.html; Peter Baker et al., *Trump's Aggressive Advocacy of Malaria Drug for Treating Coronavirus Divides Medical Community*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/coronavirus-trump-malaria-drug.html.

[58] Scott Neuman, *Man Dies, Woman Hospitalized After Taking Form Of Chloroquine To Prevent COVID-19*, NPR (Mar. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820512107/man-dies-woman-hospitalized-after-taking-form-of-chloroquine-to-prevent-covid-19

[59] Lena Sun & Josh Dawsey, *New face mask guidance comes after battle between White House and CDC*, Wash. Post (Apr. 4, 2019), https://www.washingtonpost.com/health/2020/04/03/white-house-cdc-turf-battle-over-guidance-broad-use-face-masks-fight-coronavirus/.

[60] Donald J. Trump (@realDonaldTrump), Twitter (Jan. 24, 2020, 4:18 PM), https://twitter.com/realdonaldtrump/status/1220818115354923009.

[61] *Remarks by President Trump in Press Briefing*, White House (Apr. 14, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing/.

[62] Peter Baker & Michael D. Shear, *Trump Says States Can Start Reopening While Acknowledging the Decision Is Theirs*, N.Y. Times (Apr. 16, 2020), https://www.nytimes.com/2020/04/16/us/politics/coronavirus-trump-guidelines.html.

[63] *A doctor says he was removed from his federal post after pressing for rigorous vetting of treatments embraced by Trump*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-live-coverage.html#link-652aa9c3.

[64] *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing, White House* (Apr. 23, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-31/.

[65] *EPA provides critical information to the American public about safe disinfectant use* (Apr. 23, 2020), https://www.epa.gov/newsreleases/epa-provides-critical-information-american-public-about-safe-disinfectant-use.

[66] Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments.

or physical safety of an individual. *See* 5 U.S.C. § 552(a)(6)(E)(v)(I).

The Executive Branch's efforts to counter SARS-CoV-2 are literally a matter of life and death for the American public. The virus is quickly spreading, killing thousands of people daily in the United States. [67] As of April 27, 2020, there were nearly one million confirmed cases of COVID-19 and over 55,000 individuals had died from the virus in the United States.[68] The eventual national death toll will be in the tens to hundreds of thousands, according to estimates by health experts and the government.[69]

The timing and content of the Executive Branch's response to the novel coronavirus, including what it knew or should have known about the virus and when, what measures it has taken to stem the spread, and how it is has engaged with Congress, state governors, WHO and other relevant bodies, is the subject of ongoing and intense public debate.[70] Executive Branch officials have issued conflicting statements about the threat of the virus, the availability of testing, the duration of the risk of transmission, and the efficacy of masks and particular medications and treatment for the disease.[71] As such, there is significant uncertainty about how to interpret government statements and actions relevant for determining how individuals in the U.S. should protect themselves from the coronavirus.[72] Significantly, after President Trump publicly suggested that Chloroquine was a possible "game changer," a man died and his wife was hospitalized after the couple ingested a form of the chemical.[73] The day after the President suggested that a disinfectant injection could

---

[67] *See e.g., Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times, https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html.

[68] *See e.g.,* COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at John Hopkins University, *U.S. Map*, https://coronavirus.jhu.edu/map.html (last accessed Apr. 27, 2020 at 3:41 pm (EST)).

[69] *See e.g.,* Peter Sullivan, *Fauci: 'Looks like' US deaths will be lower than original projection*, The Hill (Apr. 8, 2020), https://thehill.com/homenews/coronavirus-report/491779-fauci-looks-like-us-deaths-will-be-lower-than-original-projection.

[70] *See,* Section B, *supra*; *see also* Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction; Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273; Eric Lipton, et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html; Steve Benen, *White House's case against World Health Organization crumbles*, MSNBC (Apr. 20, 2020), https://www.msnbc.com/rachel-maddow-show/white-house-s-case-against-world-health-organization-crumbles-n1187776; Michael C. Bender & Rebecca Ballhaus *Trump's Coronavirus Focus Shifts to Reopening Economy, Defending His Response*, WSJ (Apr. 17, 2020), https://www.wsj.com/articles/trump-assails-critics-of-his-coronavirus-response-as-he-focuses-on-reopening-u-s-11587149080. For ongoing coverage by major media outlets updated in real-time, *see. e.g.,* Coronavirus, Wash. Post, https://www.washingtonpost.com/coronavirus/; The Coronavirus Outbreak, N.Y. Times, https://www.nytimes.com/news-event/coronavirus; Coronavirus, Fox News, https://www.foxnews.com/category/health/infectious-disease/coronavirus.

[71] *See* Section B, *supra*; *see also The Executive Branch keeps contradicting itself on coronavirus*, Wash. Post (Mar. 9, 2020), https://www.youtube.com/watch?v=QiJ1tAdCsTo; Jesse Naranjo & Rachel Roubein, *Trump vs. Pence: The administration contradicts itself on coronavirus*, Politico (Mar. 13, 2020), https://www.politico.com/news/2020/03/13/trump-vs-pence-coronavirus-contradictions-127636; Linda Qiu, Bill Marsh & Jon Huang, *The President vs. the Experts: How Trump Played Down the Coronavirus*, N.Y. Times (Mar. 18, 2020), https://www.nytimes.com/interactive/2020/03/18/us/trump-coronavirus-statements-timeline.html; Brad Brooks, *Like the flu? Trump's coronavirus messaging confuses public, pandemic researchers say*, Reuters (Mar. 13, 2020), https://www.reuters.com/article/us-health-coronavirus-mixed-messages/like-the-flu-trumps-coronavirus-messaging-confuses-public-pandemic-researchers-say-idUSKBN2102GY.

[72] *See e.g.,* David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html; Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273; Caitlin Oprysko, *Trump says he didn't know of, still hasn't seen Navarro memos on possible pandemic,* Politico (Apr. 7, 2020), https://www.politico.com/news/2020/04/07/trump-peter-navarro-coronavirus-memos-174237; Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction; Rachana Pradhan & Christina Jewett, *'Red Dawn Breaking Bad': Officials Warned About Safety Gear Shortfall Early On, Emails Show*, Kaiser Health News (Mar. 28, 2020), https://khn.org/news/red-dawn-breaking-bad-officials-warned-about-safety-gear-shortfall-early-on-emails-show/; Christopher Carbone, *America can't reopen without massive increase in coronavirus tests, experts warn*, Fox News (Apr. 20, 2020), https://www.foxnews.com/science/america-cant-reopen-without-more-coronavirus-tests-experts-warn; Beaches in Jacksonville, Florida reopen with restrictions, Fox News (Apr. 20, 2020), https://video.foxnews.com/v/6150879266001#sp=show-clips; Tamara Keith & Geoff Brumfiel, *Examining Trump's COVID-19 Rhetoric Against Factual Evidence*, NPR (Apr. 17, 2020) https://www.npr.org/2020/04/17/836719931/examining-trumps-covid-19-rhetoric-against-factual-evidence.

[73] Scott Neuman, *Man Dies, Woman Hospitalized After Taking Form Of Chloroquine To Prevent COVID-19*, NPR (Mar. 24, 2020),

counter the virus, New York City's poison control center reported receiving a higher-than-normal number of calls, many of them relating to exposure to disinfectants.[74]

In this context, failure to obtain the requested records on an expedited basis could reasonably be expected to pose an imminent threat to the life or physical safety of individuals in the United States. The information requested here is urgently needed for individuals in the United States to assess the government's response to the virus and to make informed decisions about life and physical safety.

Furthermore, the Justice Initiative is "primarily engaged in disseminating information" within the meaning of the FOIA.[75] *Am. Civil Liberties Union v. Dep't of Justice*, 321 F. Supp. 2d 24, 29 n.5 (D.D.C. 2004) (finding that a non-profit, public interest group that "gathers information of potential interest to a segment of the public, uses its editorial skills to turn the raw material into a distinct work, and distributes that work to an audience" is "primarily engaged in disseminating information" within the meaning of the statute and regulations); *cf. Elec. Privacy Info. Ctr. v. U.S. Dep't of Def.*, 241 F. Supp. 2d 5, 11-12 (D.D.C. 2003) (finding that the Electronic Privacy Information Center was a representative of the news media based on its publication of seven books about national and international policies relating to privacy and civil rights); *see also Nat'l Sec. Archive v. U.S. Dep't of Def.*, 880 F.2d 1381, 1386 (D.C. Cir. 1989) (National Security Archive deemed a representative of the news media after publishing one book and indicating its intention to publish a set of documents on national and international politics and nuclear policy).

The Justice Initiative is an operating public interest law center dedicated to upholding human rights and the rule of law through litigation, advocacy, research, and technical assistance, with offices in New York, London, and Berlin. It is part of the Open Society Institute ("OSI"), a tax-exempt, non-partisan, not-for-profit organization, headquartered in New York City. OSI believes that solutions to national, regional, and global challenges require the free exchange of ideas and thought, and works to build vibrant and inclusive societies, grounded in respect for human rights and the rule of law, whose governments are accountable and open to the participation of all people. In support of their shared mission, OSI and the Justice Initiative share information with the public free of charge, through their websites, newsletters, and other publications to promote public understanding and robust debate. Disseminating information is among the Justice Initiative's core activities. To accomplish its goals, the Justice Initiative maintains a website, www.justiceinitiative.org, through which it disseminates reports, briefing papers, fact sheets and other publications relating to its mission (https://www.justiceinitiative.org/publications). It also directly distributes hard copies of publications and disseminates information through quarterly email newsletters, blogs (www.opensocietyfoundations.org/voices), Twitter (www.twitter.com/OSFJustice) and Facebook (www.facebook.com/OpenSocietyFoundations).

We affirm that information and statements concerning the need for expedited processing are true and correct to the best of our knowledge and belief.

D. APPLICATION FOR FEE WAIVER

We request a waiver of search, review and duplication fees on the grounds that disclosure of the requested information "is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester." 5 U.S.C. § 552(a)(4)(A)(iii).

As set forth in Section C above, the information and records at issue will contribute significantly to the public understanding of the timing and content of the government's response to COVID-19. Moreover, the Justice Initiative, a non-profit entity, does not seek disclosure of these records for commercial gain and intends to

---

https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820512107/man-dies-woman-hospitalized-after-taking-form-of-chloroquine-to-prevent-covid-19

[74] Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments.

[75] *See* 5 U.S.C. § 552(a)(6)(E)(v)(II).

disseminate the information disclosed from this request to the public at no cost.

In addition, for the same reasons that render it "primarily engaged in disseminating information," *see* Section C *supra*, the Justice Initiative is also a "representative of the news media" within the meaning of the FOIA. As such, it is entitled to a fee waiver. *See* 5 U.S.C. § 552(a)(4)(A)(ii)(II); *see also Judicial Watch, Inc. v. Rossotti*, 326 F.3d 1309, 1312 (D.C. Cir. 2003) (recognizing Congress's intent that FOIA's fee waiver provision is to be "liberally construed in favor of waivers for noncommercial requesters.").

* * * * *

Pursuant to 5 U.S.C. § 552(a)(6)(E)(ii)(I) and 5 U.S.C. § 552(a)(6)(A)(i), respectively, we look forward to your reply to the request for expedited processing within ten calendar days, and to the request for disclosure within twenty days.

We request that responsive records be provided electronically in their native file format, if possible. *See* 5 U.S.C. § 552(a)(3)(B). Alternatively, we request that the records be provided electronically in a text-searchable, static-image format (PDF), in the best image quality in the agency's possession, and that the records be provided in separate, Bates-stamped files.

If this request is denied in whole or part, please justify all withholdings by reference to specific exemptions and statutes, as applicable. For each withholding please also explain why your agency "reasonably foresees that disclosure would harm an interest protected by an exemption" or why "disclosure is prohibited by law[.]" 5 U.S.C. § 552(a)(8)(A)(i). We seek the release of all segregable portions of otherwise exempt material, *see* 5 U.S.C. § 552(b). We also reserve the right to appeal any decision in relation to this Request.

Thank you for your prompt attention to this Request. Please **send all records and correspondence by email** to Amrit Singh at amrit.singh@opensocietyfoundations.org.

Sincerely,

Amrit Singh
Natasha Arnpriester
James A. Goldston
Open Society Justice Initiative
224 West 57th Street
New York, New York 10019
T: (212) 548 0600
Fax: (212) 548 4662

EXHIBIT B

OPEN SOCIETY JUSTICE INITIATIVE

James A. Goldston
Executive Director

justiceinitiative.org

OPEN SOCIETY FOUNDATIONS

Open Society Justice Initiative
224 West 57th Street
New York, NY 10019, USA

p. +1 212-548-0600
f. +1 212-548-4608

April 27, 2020

Via email

National Institutes of Health
Gorka Garcia-Malene
Building 31 Room 5B35
9000 Rockville Pike
Bethesda, MD 20892
Email: nihfoia@mail.nih.gov

Re: Freedom of Information Act Request
Expedited Processing and Fee Waiver Requested

To whom it may concern:

This letter constitutes a request ("Request") pursuant to the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552 submitted on behalf of the Open Society Justice Initiative ("Justice Initiative"), an operational program of the Open Society Institute ("OSI"), a New York State charitable trust and nonprofit organization. We request records concerning the timing and substance of the Executive Branch's response to the novel coronavirus, now known as severe acute respiratory syndrome coronavirus 2 or "SARS-CoV-2," the virus that causes the disease known as coronavirus disease 2019 or "COVID-19."[1] We respectfully ask that requests contained herein be forwarded to any other component agency as appropriate.

Expedited processing is requested pursuant to 5 U.S.C. § 552(a)(6)(E), as is a fee waiver, pursuant to 5 U.S.C. § 552(a)(4)(A)(iii).

A. RECORDS REQUESTED

The Justice Initiative requests disclosure of the following records:[2]

---

[1] On February 11, 2020, the World Health Organization announced that the disease caused by the new coronavirus will be known by the official name of "COVID-19." World Health Organization, *Naming the coronavirus disease (COVID-19) and the virus that causes it*, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it.

[2] For the purpose of this request, the term "records" includes, but is not limited to, any and all agendas, agreements; analyses; calendars; correspondence; data; databases; directives; documents; e-mails and e-mail attachments, including sent through personal email accounts (e.g., Gmail); reports; rules; schedules; studies; tables of contents and contents of binders; talking points; technical specifications; training materials; examinations; faxes; files; guidance; guidelines; evaluations; instructions; letters; manifests; manuals; memoranda; notes; orders; prepared documentation for meetings, calls, teleconferences, or other discussions responsive to our request; policies; procedures; protocols; text messages and messages sent or received through other messaging applications (e.g., WhatsApp, iMessage, Signal); voicemails; and any other materials. In the event that such records once existed but have now been destroyed, please disclose any records that are integrally related to, summarize, or are interchangeable with said records. Press clippings and news articles that are unaccompanied by any commentary need not be produced.

I. Notice of SARS-CoV-2 and COVID-19

1. Records indicating when the Executive Branch was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
2. Records indicating the Executive Branch's response when it was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
3. Records indicating when President Donald Trump was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
4. Records indicating President Trump's response when he was first informed of what is now known as SARS-CoV-2 and/or COVID-19.
5. Records including and/or discussing communications (before March 1, 2020) to and from the National Center for Medical Intelligence ("NCMI") about what is now known as SARS-CoV-2 and/or COVID-19.[3]
6. Records including and/or discussing January 2020 communications to and from a State Department epidemiologist about what is now known as SARS-CoV-2 and/or COVID-19.[4]
7. Records including and/or discussing January 2020 communications between Robert Redfield, Director, Centers for Disease Control and Prevention, and Chinese officials about what is now known as SARS-CoV-2 and/or COVID-19.[5]
8. Records including and/or discussing communications (from January 1, 2020 to February 29, 2020) between Alex Azar, Secretary, Health and Human Services, and President Donald Trump about what is now known as SARS-CoV-2 and/or COVID-19.[6]
9. Records including and/or discussing communications (from January 1, 2020 to February 29, 2020) to and from Dr. Carter Mecher, senior medical advisor, Department of Veterans Affairs, about what is now known as SARS-CoV-2 and/or COVID-19.[7]
10. Records including and/or discussing communications (from January 1, 2020 to March 31, 2020) to and from Robert Kadlec, Assistant Secretary for Preparedness and Response, about asymptomatic cases spreading what is now known as SARS-CoV-2 and/or COVID-19.[8]
11. Records discussing communications (from January 1, 2020 to February 29, 2020) from Peter Navarro, President Trump's trade advisor, about what is now known as SARS-CoV-2 and/or COVID-19.[9]

II. The Executive Branch's Efforts to Counter SARS-CoV-2 and COVID-19

12. Records discussing requests and need for and availability and allocation (including across states) of resources for testing for what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.[10]
13. Records discussing requests and need for and availability and allocation (including across states)[11] of

---

[3] *See, e.g,* Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273; Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[4] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[5] *See, e.g.,* Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction.

[6] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[7] *Id.*

[8] *Id.*

[9] Maggie Haberman, *Trade Adviser Warned White House in January of Risks of a Pandemic*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/navarro-warning-trump-coronavirus.html; Eric Lipton, et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[10] *See e.g.,* Thomas Fuller & Mike Baker, *Coronavirus Death in California Came Weeks Before First Known U.S. Death*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-first-united-states-death.html.

[11] Toluse Olorunnipa et al., *Governors plead for medical equipment from federal stockpile plagued by shortages and confusion*, Wash. Post (Mar. 21, 2020), https://www.washingtonpost.com/politics/governors-plead-for-medical-equipment-from-federal-stockpile-plagued-by-shortages-and-confusion/2020/03/31/18aadda0-728d-11ea-87da-77a8136c1a6d_story.html.

medical supplies and equipment (including but not limited to drugs, ventilators, and vaccines), Personal Protective Equipment ("PPE") and/or masks for what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.[12]

14. Records discussing immunity to what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.[13]
15. Records discussing the timing and duration of social distancing measures in the U.S.[14]
16. Records concerning extraordinary presidential authority, including but not limited to "presidential emergency actions" relating to what is now known as SARS-CoV-2 and/or COVID-19.[15]
17. Records indicating dates and agendas for meetings and decisions of the official White House coronavirus task force during January and February 2020.[16]
18. Records including and/or discussing "Four steps to mitigation," a February/March 2020 plan for addressing what is now known as SARS-CoV-2 and/or COVID-19.[17]
19. Records including and/or discussing a February 2020 document titled "U.S. Government Response to the 2019 Novel Coronavirus."[18]
20. Records including and/or discussing communications to or from Dr. Nancy Messonnier, Director of the National Center for Immunization and Respiratory Diseases, about her February 25, 2020 public warning about what is now known as SARS-CoV-2 and/or COVID-19.[19]
21. Records discussing Remdesivir, Chloroquine, Hydroxychloroquine ("Plaquenil"), Azithromycin ("Zithromax") and/or other drugs or substances, such as disinfectants, for treating what is now known as SARS-CoV-2 and/or COVID-19.[20]
22. Records discussing federal officials' questioning of and/or divergence from President Trump's public positions regarding what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to records concerning Dr. Rick Bright, Director of the Biomedical Advanced Research and Development Authority, and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.[21]
23. Records discussing in-person and/or mail-in voting in the context of what is now known as SARS-CoV-2 and/or COVID-19.[22]
24. Records including and/or discussing instructions to classify meetings and/or records relating to what

---

[12] *Id.*

[13] Lindsay Isaac & Jay Croft, *WHO says no evidence shows that having coronavirus prevents a second infection*, CNN, (Apr. 25, 2020), https://www.cnn.com/2020/04/25/us/who-immunity-antibodies-covid-19/index.html.

[14] Peter Baker & Michael D. Shear, *Trump Says States Can Start Reopening While Acknowledging the Decision Is Theirs*, N.Y. Times (Apr. 16, 2020), https://www.nytimes.com/2020/04/16/us/politics/coronavirus-trump-guidelines.html.

[15] Elizabeth Gotein & Andrew Boyle, *Trump Has Emergency Powers We Aren't Allowed to Know About*, N.Y. Times (Apr. 10, 2020), https://www.nytimes.com/2020/04/10/opinion/trump-coronavirus-emergency-powers.html.

[16] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[17] *Id.*

[18] *Id.*

[19] *Id.*

[20] *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*, White House (Mar. 19, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-6/; Charles Ornstein, *What We Know—and Don't Know—About Possible Coronavirus Treatments Promoted by Trump*, Politico (Mar. 29, 2020), https://www.propublica.org/article/what-we-know-and-dont-know-about-possible-coronavirus-treatments-promoted-by-trump, Michael Crowley et al., *Ignoring Expert Opinion, Trump Again Promotes Use of Hydroxychloroquine*, N.Y. Times (Apr. 5, 2020), https://www.nytimes.com/2020/04/05/us/politics/trump-hydroxychloroquine-coronavirus.html; Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 202), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments; Colin Dwyer, *Lysol Maker, Officials Reject Trump's Disinfectant Idea*, NPR (Apr. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/24/843571171/under-no-circumstance-lysol-maker-officials-reject-trump-s-disinfectant-idea; *EPA provides critical information to the American public about safe disinfectant use* (Apr. 23, 2020), https://www.epa.gov/newsreleases/epa-provides-critical-information-american-public-about-safe-disinfectant-use.

[21] *See e.g., A doctor says he was removed from his federal post after pressing for rigorous vetting of treatments embraced by Trump*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-live-coverage.html#link-652aa9c3; Niall Stanage, *Speculation grows about Fauci's future*, The Hill (Apr. 14, 2020), https://thehill.com/homenews/administration/492606-the-memo-speculation-grows-about-faucis-future; Deb Riechmann, Aamer Madhani & Jonathan Lemire, *Doctors struggle to stay true to science but not cross Trump*, Associated Press (Apr. 24, 2020), https://apnews.com/c5cbe2bb3160af9054a1ea5249fff091.

[22] Paul Steinhauser, *Trump takes new swipe at push to expand voting by mail amid coronavirus crisis*, Fox News (Apr. 14, 2020), https://www.foxnews.com/politics/trump-push-to-expand-voting-by-mail-amid-coronavirus-crisis.

is now known as SARS-CoV-2 and/or COVID-19.[23]

25. Communications between your agency and the White House regarding what is now known as SARS-CoV-2 and/or COVID-19.
26. Communications between the Executive Branch and non-government entities (including but not limited to private-sector companies, academic institutions and/or individuals) capable of developing tests, or assisting in testing, for what is now known as SARS-CoV-2 and/or COVID-19.[24]

III. Executive Branch SARS-CoV-2 and COVID-19 Communications with Congress, State Governors, and the WHO

27. Records including and/or discussing communications (before March 1, 2020) between any member of the Executive Branch and Congress regarding what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to briefings to Congress, members of Congress, Congressional Committees or Subcommittees, and/or Congressional staff about what is now known as SARS-CoV-2 and/or COVID-19.[25]
28. Records including and/or discussing communications between the White House and a state governor or his/her office about the timing and duration of social distancing measures and federal assistance to states for what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to any direct financial assistance and assistance on medical supplies and equipment (including but not limited to drugs, ventilators, and vaccines), personal protective equipment (PPE), masks and testing for what is now known as SARS-CoV-2 and/or COVID-19.
29. Records including and/or discussing communications between the Executive Branch and the World Health Organization ("WHO") about what is now known as SARS-CoV-2 and/or COVID-19.[26]

B. BACKGROUND

The earliest known case of COVID-19 (the disease caused by what is now known as SARS-CoV-2) reportedly can be traced back to November 17, 2019, in Hubei province, China.[27] By December 31, 2019, health officials in Wuhan posted a notice that they were investigating an outbreak of pneumonia in the city, and the World Health Organization ("WHO") acknowledged that on that date it "was informed of a cluster of cases of pneumonia of unknown cause."[28] As of January 3, 2020, Chinese authorities reported a total of 44 patients with pneumonia of unknown etiology to the WHO.[29]

Media reports provide varying accounts of when the U.S. Executive Branch first received notice of what is now known as SARS-CoV-2. *ABC News* reported, for example, that a November intelligence report by the military's National Center for Medical Intelligence ("NCMI") detailed concerns about what is now known as SARS-CoV-2, and the report "was briefed multiple times" to the Defense Intelligence Agency ("DIA"), the

---

[23] Aram Roston & Marisa Taylor, Exclusive: White House told federal health agency to classify coronavirus deliberations – sources, Reuters (Mar. 11, 2020), https://www.reuters.com/article/us-health-coronavirus-secrecy-exclusive/exclusive-white-house-told-federal-health-agency-to-classify-coronavirus-deliberations-sources-idUSKBN20Y2LM.

[24] Bob Ortega et al., *How the government delayed coronavirus testing*, CNN (Apr. 9, 2020), https://www.cnn.com/2020/04/09/politics/coronavirus-testing-cdc-fda-red-tape-invs/index.html.

[25] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[26] *Remarks by President Trump in Press Briefing,* White House (Apr. 14, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing/; Karen DeYoung, Lena Sun & Emily Rauhala, *Americans at World Health Organization Transmitted Real-Time Information about Coronavirus to Executive Branch*, Wash. Post (Apr. 19, 2020), https://www.washingtonpost.com/world/national-security/americans-at-world-health-organization-transmitted-real-time-information-about-coronavirus-to-trump-administration/2020/04/19/951c77fa-818c-11ea-9040-68981f488eed_story.html.

[27] Helen Davidson, *First Covid-19 case happened in November, China government records show*, The Guardian (Mar. 13, 2020), https://www.theguardian.com/world/2020/mar/13/first-covid-19-case-happened-in-november-china-government-records-show-report.

[28] Wuhan Municipal Health Commission on the current situation of pneumonia in our city (*translated from Mandarin*), Dec. 31, 2020, *available at* http://wjw.wuhan.gov.cn/front/web/showDetail/2019123108989; World Health Organization, Coronavirus disease (COVID-2019) R&D, *available at* https://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/.

[29] World Health Organization, *Pneumonia of unknown cause – China* (Jan. 5, 2020), https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/.

Pentagon's Joint Staff, and the White House.[30] According to the *New York Times*, in early January 2020, the State Department's epidemiologist wrote in a report to the director of national intelligence that the virus was likely to spread across the globe and become a pandemic, and NCMI independently arrived at the same conclusion.[31] The *New York Times* also reported that in January 2020, U.S. intelligence agencies regularly provided information about the global danger of what is now known as SARS-CoV-2 to Executive Branch officials and members of Congress, including in daily briefing papers and digests from the Office of the Director of National Intelligence ("ODNI") and the Central Intelligence Agency ("CIA").[32] According to the *Washington Post*, on January 3, 2020, a Chinese official informed Robert Redfield, Director for the Centers for Disease Control and Prevention ("CDC"), of the outbreak of a respiratory illness in the city of Wuhan.[33] Redfield relayed the report to Alex Azar, Secretary for Health and Human Services ("HHS"), who reportedly relayed it to the White House.[34]

Although the Executive Branch has publicly promised transparency, the White House reportedly ordered federal health officials to treat top-level coronavirus meetings as classified to keep meeting participation low and prevent leaks.[35] Classification prevented relevant officials from attending the meetings because they did not possess the requisite security clearances.[36]

On January 21, 2020, the CDC publicly confirmed the first U.S. novel coronavirus case, what is now known as SARS-CoV-2, in the state of Washington.[37] In a memorandum dated January 29, 2020, Peter Navarro, President Trump's trade advisor, warned the White House of "a full-blown pandemic, imperiling the lives of millions of Americans."[38] Although President Trump said he did not know about the memorandum at that time, press reports indicate that the President knew about it and was unhappy that Navarro had put his warning in writing.[39] The same day, the White House announced the formation of "a coronavirus task force," while noting that "[t]he risk of infection for Americans remains low."[40]

On January 30, 2020, the WHO declared the outbreak a "Public Health Emergency of International Concern."[41] Hours after that declaration, President Trump said during a speech on trade at a Michigan manufacturing plant, that the virus was "going to have a very good ending for us. So that I can assure you."[42]

---

[30] Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273.

[31] Eric Lipton, et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[32] Shane Harris et al., *U.S. intelligence reports from January and February warned about a likely pandemic*, Wash. Post (Mar. 20, 2020), https://www.washingtonpost.com/national-security/us-intelligence-reports-from-january-and-february-warned-about-a-likely-pandemic/2020/03/20/299d8cda-6ad5-11ea-b5f1-a5a804158597_story.html.

[33] Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction.

[34] *Id.*

[35] Aram Roston & Marisa Taylor, *Exclusive: White House told federal health agency to classify coronavirus deliberations – sources*, Reuters (Mar. 11, 2020), https://www.reuters.com/article/us-health-coronavirus-secrecy-exclusive/exclusive-white-house-told-federal-health-agency-to-classify-coronavirus-deliberations-sources-idUSKBN20Y2LM.

[36] *Id.*

[37] Press Release, *First Travel-related Case of 2019 Novel Coronavirus Detected in United States*, Centers for Disease Control and Prevention (Jan. 21, 2020), https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html.

[38] Maggie Haberman, *Trade Adviser Warned White House in January of Risks of a Pandemic*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/navarro-warning-trump-coronavirus.html.

[39] Eric Lipton et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[40] *Statement from the Press Secretary Regarding the President's Coronavirus Task Force*, White House (Jan. 29, 2020), https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/.

[41] *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus* (2019-nCoV), World Health Organization (Jan. 30, 2020), https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

[42] Caitlin Oprysko, *Trump: Coronavirus will have 'a very good ending for us,'* Politico (Jan. 30, 2020), https://www.politico.com/news/2020/01/30/trump-close-cooperation-china-coronavirus-109701.

The WHO began supplying diagnostic test kits to various countries in January, but the U.S. did not use that test, choosing to develop its own.[43] Contrary to an April 2018 agreement between the CDC and three of the biggest associations involved in lab testing, the Executive Branch reportedly prevented non-government laboratories from assisting in testing.[44] The CDC released a flawed test in February 2020 that took weeks to correct.[45]

The Executive Branch has responded disparately to state governors' requests for drugs, medical supplies and equipment, prompting questions about whether politics influenced their allocation across states.[46]

From January until early March 2020, President Trump continued to downplay the threat posed by the novel coronavirus.[47] On January 22, President Trump said he was not worried about a pandemic, stating, "We have it totally under control…It's one person coming in from China, and we have it under control. It's going to be just fine."[48] On January 24, President Trump tweeted that the "United States greatly appreciates [China's] efforts and transparency," and "it will all work out well."[49] On February 7, 2020, he tweeted that "as the weather starts to warm…the virus hopefully becomes weaker, and then gone."[50] On February 10, he stated at a New Hampshire rally, "looks like, by April, you know, in theory, when it gets a little warmer, it miraculously goes away."[51] On February 24, he tweeted that "[t]he Coronavirus is very much under control in the USA."[52] On March 7, President Trump publicly stated that "[a]nybody that needs a test, gets a test. They're there. They have the tests. And the tests are beautiful."[53]

On March 13, 2020, however, President Trump declared a national state of emergency to combat the novel coronavirus.[54] On March 16, 2020, in response to a question about his repeated claim of everything being "under control" he said, "If you're talking about the virus, no, that's not under control for any place in the world…I was talking about what we're doing is under control, but I'm not talking about the virus."[55] On March 19, President Trump publicly suggested during his daily coronavirus briefing that the drugs Remdesivir, Choloroquine and Hydroxycloroquine were a possible "game changer" for treating COVID-19,[56] despite insufficient evidence of their efficacy.[57] A few days later, a man died and his wife was hospitalized

---

[43] Donald McNeil, *Did Federal Officials Really Question W.H.O. Tests for Coronavirus?*, N.Y. Times (Mar. 17, 2020), https://www.nytimes.com/2020/03/17/health/coronavirus-tests-who.html.
[44] Bob Ortega et al., *How the government delayed coronavirus testing*, CNN (Apr. 9, 2020), https://www.cnn.com/2020/04/09/politics/coronavirus-testing-cdc-fda-red-tape-invs/index.html.
[45] *Id.*
[46] Toluse Olorunnipa et al., *Governors plead for medical equipment from federal stockpile plagued by shortages and confusion*, Wash. Post (Mar. 21, 2020), https://www.washingtonpost.com/politics/governors-plead-for-medical-equipment-from-federal-stockpile-plagued-by-shortages-and-confusion/2020/03/31/18aadda0-728d-11ea-87da-77a8136c1a6d_story.html.
[47] David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html.
[48] Matthew J. Belvedere, *Trump says he trusts China's Xi on coronavirus and the US has it 'totally under control*, CNBC (Jan. 22, 2020), https://www.cnbc.com/2020/01/22/trump-on-coronavirus-from-china-we-have-it-totally-under-control.html.
[49] Donald J. Trump (@realDonaldTrump), Twitter (Jan. 24, 2020, 4:18 PM), https://twitter.com/realdonaldtrump/status/1220818115354923009.
[50] Donald J. Trump (@realDonaldTrump), Twitter (Feb. 7, 2020, 5:31 AM), https://twitter.com/realdonaldtrump/status/1225728756456808448.
[51] David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html.
[52] Donald J. Trump (@realDonaldTrump), Twitter (Feb. 24, 2020, 4:42 PM), https://twitter.com/realDonaldTrump/status/1232058127740174339.
[53] *Remarks by President Trump After Tour of the Centers for Disease Control and Prevention, Atlanta, GA*, White House (Mar. 7, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-tour-centers-disease-control-prevention-atlanta-ga/.
[54] Adam Edelman, Peter Alexander & Kristen Welke, *Trump declares national emergency to combat coronavirus, authorizes waiving of laws and regulations*, NBC News (Mar. 13, 2020), https://www.nbcnews.com/politics/donald-trump/trump-hold-friday-afternoon-press-conference-coronavirus-n1157981.
[55] Aaron Blake, *The increasingly damning timeline of Trump's coronavirus response*, Wash. Post (Apr. 8, 2020), https://www.washingtonpost.com/politics/2020/04/07/timeline-trumps-coronavirus-response-is-increasingly-damning/.
[56] *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*, White House (Mar. 19, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-6/.
[57] Charles Ornstein, *What We Know — and Don't Know — About Possible Coronavirus Treatments Promoted by Trump*, Politico

after the couple ingested a form of Chloroquine.[58]

On April 3, 2020, President Trump reversed previous guidance on masks while announcing that people in the U.S. should wear face coverings in public to slow the spread of what is now known as SARS-CoV-2.[59] On April 14, contrary to his previous praise for China's "efforts and transparency,"[60] President Trump announced that he had instructed the Executive Branch to suspend funding to the WHO because it "willingly took China's assurances to face value" and "pushed China's misinformation."[61]

On April 16, 2020, after the White House released nonbinding guidelines recommending how and when states and localities should begin to reopen parts of the economy, President Trump stated that governors could reopen businesses by May 1 or earlier if they believed it prudent.[62] On April 22, 2020, Dr. Rick Bright, former director of HHS Biomedical Advanced Research and Development Authority and deputy assistant secretary for preparedness and response, said that he was dismissed from his positions and transferred to the National Institutes of Health after he pressed for rigorous vetting of Hydroxychloroquine, the drug embraced by President Trump for treating the virus.[63]

On April 23, 2020, President Trump suggested at a White House briefing that an "injection inside" the human body with a disinfectant could help combat COVID-19.[64] The same day, the Environmental Protection Agency issued a press release warning against ingesting disinfectants or applying them on the human body.[65] The day after the President suggested that a disinfectant injection could counter the virus, New York City's poison control center reported receiving a higher-than-normal number of calls, many of them relating to exposure to disinfectants.[66]

C. APPLICATION FOR EXPEDITED PROCESSING

The Justice Initiative requests expedited processing pursuant to 5 U.S.C. § 552(a)(6)(E), as the information and records requested are urgently needed to inform the public about actual or alleged government activity, *see* 5 U.S.C. § 552(a)(6)(E)(v)(II), and as explained below, the Justice Initiative is an organization "primarily engaged in disseminating information…to inform the public concerning" that activity. 5 U.S.C. § 552(a)(6)(E)(v)(I-II). In addition, the Justice Initiative requests expedition on the grounds that failure to obtain requested records on an expedited basis could reasonably be expected to pose an imminent threat to the life

---

(Mar. 29, 2020), https://www.propublica.org/article/what-we-know-and-dont-know-about-possible-coronavirus-treatments-promoted-by-trump; *see also* Michael Crowley et al., *Ignoring Expert Opinion, Trump Again Promotes Use of Hydroxychloroquine*, N.Y. Times (Apr. 5, 2020), https://www.nytimes.com/2020/04/05/us/politics/trump-hydroxychloroquine-coronavirus.html; Peter Baker et al., *Trump's Aggressive Advocacy of Malaria Drug for Treating Coronavirus Divides Medical Community*, N.Y. Times (Apr. 6, 2020), https://www.nytimes.com/2020/04/06/us/politics/coronavirus-trump-malaria-drug.html.

[58] Scott Neuman, *Man Dies, Woman Hospitalized After Taking Form Of Chloroquine To Prevent COVID-19*, NPR (Mar. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820512107/man-dies-woman-hospitalized-after-taking-form-of-chloroquine-to-prevent-covid-19

[59] Lena Sun & Josh Dawsey, *New face mask guidance comes after battle between White House and CDC*, Wash. Post (Apr. 4, 2019), https://www.washingtonpost.com/health/2020/04/03/white-house-cdc-turf-battle-over-guidance-broad-use-face-masks-fight-coronavirus/.

[60] Donald J. Trump (@realDonaldTrump), Twitter (Jan. 24, 2020, 4:18 PM), https://twitter.com/realdonaldtrump/status/1220818115354923009.

[61] *Remarks by President Trump in Press Briefing*, White House (Apr. 14, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing/.

[62] Peter Baker & Michael D. Shear, *Trump Says States Can Start Reopening While Acknowledging the Decision Is Theirs*, N.Y. Times (Apr. 16, 2020), https://www.nytimes.com/2020/04/16/us/politics/coronavirus-trump-guidelines.html.

[63] *A doctor says he was removed from his federal post after pressing for rigorous vetting of treatments embraced by Trump*, N.Y. Times (Apr. 22, 2020), https://www.nytimes.com/2020/04/22/us/coronavirus-live-coverage.html#link-652aa9c3.

[64] *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing, White House* (Apr. 23, 2020), https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-31/.

[65] *EPA provides critical information to the American public about safe disinfectant use* (Apr. 23, 2020), https://www.epa.gov/newsreleases/epa-provides-critical-information-american-public-about-safe-disinfectant-use.

[66] Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments.

or physical safety of an individual. *See* 5 U.S.C. § 552(a)(6)(E)(v)(I).

The Executive Branch's efforts to counter SARS-CoV-2 are literally a matter of life and death for the American public. The virus is quickly spreading, killing thousands of people daily in the United States. [67] As of April 27, 2020, there were nearly one million confirmed cases of COVID-19 and over 55,000 individuals had died from the virus in the United States.[68] The eventual national death toll will be in the tens to hundreds of thousands, according to estimates by health experts and the government.[69]

The timing and content of the Executive Branch's response to the novel coronavirus, including what it knew or should have known about the virus and when, what measures it has taken to stem the spread, and how it is has engaged with Congress, state governors, WHO and other relevant bodies, is the subject of ongoing and intense public debate.[70] Executive Branch officials have issued conflicting statements about the threat of the virus, the availability of testing, the duration of the risk of transmission, and the efficacy of masks and particular medications and treatment for the disease.[71] As such, there is significant uncertainty about how to interpret government statements and actions relevant for determining how individuals in the U.S. should protect themselves from the coronavirus.[72] Significantly, after President Trump publicly suggested that Chloroquine was a possible "game changer," a man died and his wife was hospitalized after the couple ingested a form of the chemical.[73] The day after the President suggested that a disinfectant injection could

---

[67] *See e.g., Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times, https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html.

[68] *See e.g.,* COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at John Hopkins University, *U.S. Map*, https://coronavirus.jhu.edu/map.html (last accessed Apr. 27, 2020 at 3:41 pm (EST)).

[69] *See e.g.,* Peter Sullivan, *Fauci: 'Looks like' US deaths will be lower than original projection*, The Hill (Apr. 8, 2020), https://thehill.com/homenews/coronavirus-report/491779-fauci-looks-like-us-deaths-will-be-lower-than-original-projection.

[70] *See,* Section B, *supra*; *see also* Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction; Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273; Eric Lipton, et al., *He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus*, N.Y. Times (Apr. 11, 2020), https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html; Steve Benen, *White House's case against World Health Organization crumbles*, MSNBC (Apr. 20, 2020), https://www.msnbc.com/rachel-maddow-show/white-house-s-case-against-world-health-organization-crumbles-n1187776; Michael C. Bender & Rebecca Ballhaus *Trump's Coronavirus Focus Shifts to Reopening Economy, Defending His Response*, WSJ (Apr. 17, 2020), https://www.wsj.com/articles/trump-assails-critics-of-his-coronavirus-response-as-he-focuses-on-reopening-u-s-11587149080. For ongoing coverage by major media outlets updated in real-time, *see. e.g.,* Coronavirus, Wash. Post, https://www.washingtonpost.com/coronavirus/; The Coronavirus Outbreak, N.Y. Times, https://www.nytimes.com/news-event/coronavirus; Coronavirus, Fox News, https://www.foxnews.com/category/health/infectious-disease/coronavirus.

[71] *See* Section B, *supra*; *see also The Executive Branch keeps contradicting itself on coronavirus*, Wash. Post (Mar. 9, 2020), https://www.youtube.com/watch?v=QiJ1tAdCsTo; Jesse Naranjo & Rachel Roubein, *Trump vs. Pence: The administration contradicts itself on coronavirus*, Politico (Mar. 13, 2020), https://www.politico.com/news/2020/03/13/trump-vs-pence-coronavirus-contradictions-127636; Linda Qiu, Bill Marsh & Jon Huang, *The President vs. the Experts: How Trump Played Down the Coronavirus*, N.Y. Times (Mar. 18, 2020), https://www.nytimes.com/interactive/2020/03/18/us/trump-coronavirus-statements-timeline.html; Brad Brooks, *Like the flu? Trump's coronavirus messaging confuses public, pandemic researchers say*, Reuters (Mar. 13, 2020), https://www.reuters.com/article/us-health-coronavirus-mixed-messages/like-the-flu-trumps-coronavirus-messaging-confuses-public-pandemic-researchers-say-idUSKBN2102GY.

[72] *See e.g.,* David Leonhardt, *A Complete List of Trump's Attempts to Play Down Coronavirus*, N.Y. Times (Mar. 15, 2020), https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html; Josh Margolin & James Gordon Meek, *Intelligence report warned of coronavirus crisis as early as November: Sources*, ABC News (Apr. 8, 2020), https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273; Caitlin Oprysko, *Trump says he didn't know of, still hasn't seen Navarro memos on possible pandemic,* Politico (Apr. 7, 2020), https://www.politico.com/news/2020/04/07/trump-peter-navarro-coronavirus-memos-174237; Yasmeen Abutaleb et al., *The U.S. was beset by denial and dysfunction as the coronavirus raged*, Wash. Post (Apr. 4, 2020), https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction; Rachana Pradhan & Christina Jewett, *'Red Dawn Breaking Bad': Officials Warned About Safety Gear Shortfall Early On, Emails Show*, Kaiser Health News (Mar. 28, 2020), https://khn.org/news/red-dawn-breaking-bad-officials-warned-about-safety-gear-shortfall-early-on-emails-show/; Christopher Carbone, *America can't reopen without massive increase in coronavirus tests, experts warn*, Fox News (Apr. 20, 2020), https://www.foxnews.com/science/america-cant-reopen-without-more-coronavirus-tests-experts-warn; Beaches in Jacksonville, Florida reopen with restrictions, Fox News (Apr. 20, 2020), https://video.foxnews.com/v/6150879266001#sp=show-clips; Tamara Keith & Geoff Brumfiel, *Examining Trump's COVID-19 Rhetoric Against Factual Evidence*, NPR (Apr. 17, 2020) https://www.npr.org/2020/04/17/836719931/examining-trumps-covid-19-rhetoric-against-factual-evidence.

[73] Scott Neuman, *Man Dies, Woman Hospitalized After Taking Form Of Chloroquine To Prevent COVID-19*, NPR (Mar. 24, 2020),

counter the virus, New York City's poison control center reported receiving a higher-than-normal number of calls, many of them relating to exposure to disinfectants.[74]

In this context, failure to obtain the requested records on an expedited basis could reasonably be expected to pose an imminent threat to the life or physical safety of individuals in the United States. The information requested here is urgently needed for individuals in the United States to assess the government's response to the virus and to make informed decisions about life and physical safety.

Furthermore, the Justice Initiative is "primarily engaged in disseminating information" within the meaning of the FOIA.[75] *Am. Civil Liberties Union v. Dep't of Justice*, 321 F. Supp. 2d 24, 29 n.5 (D.D.C. 2004) (finding that a non-profit, public interest group that "gathers information of potential interest to a segment of the public, uses its editorial skills to turn the raw material into a distinct work, and distributes that work to an audience" is "primarily engaged in disseminating information" within the meaning of the statute and regulations); *cf. Elec. Privacy Info. Ctr. v. U.S. Dep't of Def.*, 241 F. Supp. 2d 5, 11-12 (D.D.C. 2003) (finding that the Electronic Privacy Information Center was a representative of the news media based on its publication of seven books about national and international policies relating to privacy and civil rights); *see also Nat'l Sec. Archive v. U.S. Dep't of Def.*, 880 F.2d 1381, 1386 (D.C. Cir. 1989) (National Security Archive deemed a representative of the news media after publishing one book and indicating its intention to publish a set of documents on national and international politics and nuclear policy).

The Justice Initiative is an operating public interest law center dedicated to upholding human rights and the rule of law through litigation, advocacy, research, and technical assistance, with offices in New York, London, and Berlin. It is part of the Open Society Institute ("OSI"), a tax-exempt, non-partisan, not-for-profit organization, headquartered in New York City. OSI believes that solutions to national, regional, and global challenges require the free exchange of ideas and thought, and works to build vibrant and inclusive societies, grounded in respect for human rights and the rule of law, whose governments are accountable and open to the participation of all people. In support of their shared mission, OSI and the Justice Initiative share information with the public free of charge, through their websites, newsletters, and other publications to promote public understanding and robust debate. Disseminating information is among the Justice Initiative's core activities. To accomplish its goals, the Justice Initiative maintains a website, www.justiceinitiative.org, through which it disseminates reports, briefing papers, fact sheets and other publications relating to its mission (https://www.justiceinitiative.org/publications). It also directly distributes hard copies of publications and disseminates information through quarterly email newsletters, blogs (www.opensocietyfoundations.org/voices), Twitter (www.twitter.com/OSFJustice) and Facebook (www.facebook.com/OpenSocietyFoundations).

We affirm that information and statements concerning the need for expedited processing are true and correct to the best of our knowledge and belief.

D. APPLICATION FOR FEE WAIVER

We request a waiver of search, review and duplication fees on the grounds that disclosure of the requested information "is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester." 5 U.S.C. § 552(a)(4)(A)(iii).

As set forth in Section C above, the information and records at issue will contribute significantly to the public understanding of the timing and content of the government's response to COVID-19. Moreover, the Justice Initiative, a non-profit entity, does not seek disclosure of these records for commercial gain and intends to

---

https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820512107/man-dies-woman-hospitalized-after-taking-form-of-chloroquine-to-prevent-covid-19

[74] Jason Slotkin, *NYC Poison Control Sees Uptick In Calls After Trump's Disinfectant Comments*, NPR (Apr. 25, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/25/845015236/nyc-poison-control-sees-uptick-in-calls-after-trumps-disinfectant-comments.

[75] *See* 5 U.S.C. § 552(a)(6)(E)(v)(II).

disseminate the information disclosed from this request to the public at no cost.

In addition, for the same reasons that render it "primarily engaged in disseminating information," *see* Section C *supra*, the Justice Initiative is also a "representative of the news media" within the meaning of the FOIA. As such, it is entitled to a fee waiver. *See* 5 U.S.C. § 552(a)(4)(A)(ii)(II); *see also Judicial Watch, Inc. v. Rossotti*, 326 F.3d 1309, 1312 (D.C. Cir. 2003) (recognizing Congress's intent that FOIA's fee waiver provision is to be "liberally construed in favor of waivers for noncommercial requesters.").

* * * * *

Pursuant to 5 U.S.C. § 552(a)(6)(E)(ii)(I) and 5 U.S.C. § 552(a)(6)(A)(i), respectively, we look forward to your reply to the request for expedited processing within ten calendar days, and to the request for disclosure within twenty days.

We request that responsive records be provided electronically in their native file format, if possible. *See* 5 U.S.C. § 552(a)(3)(B). Alternatively, we request that the records be provided electronically in a text-searchable, static-image format (PDF), in the best image quality in the agency's possession, and that the records be provided in separate, Bates-stamped files.

If this request is denied in whole or part, please justify all withholdings by reference to specific exemptions and statutes, as applicable. For each withholding please also explain why your agency "reasonably foresees that disclosure would harm an interest protected by an exemption" or why "disclosure is prohibited by law[.]" 5 U.S.C. § 552(a)(8)(A)(i). We seek the release of all segregable portions of otherwise exempt material, *see* 5 U.S.C. § 552(b). We also reserve the right to appeal any decision in relation to this Request.

Thank you for your prompt attention to this Request. Please **send all records and correspondence by email** to Amrit Singh at amrit.singh@opensocietyfoundations.org.

Sincerely,

Amrit Singh
Natasha Arnpriester
James A. Goldston
Open Society Justice Initiative
224 West 57th Street
New York, New York 10019
T: (212) 548 0600
Fax: (212) 548 4662

EXHIBIT C

EXHIBIT D

EXHIBIT E

EXHIBIT F

EXHIBIT G

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

National Institutes of Health
Freedom of Information Office
Building 31, Room 5B-35
31 Center Drive, MSC 2107
Bethesda, Maryland 20892-2107
phone: (301) 496-5633
fax: (301) 402-4541

May 14, 2020

Amrit Singh
Open Society Justice Initiative
224 West 57th Street
New York, NY 10019-19

Re: FOI Case No. 54077

Dear Ms. Singh,

This is in reference to your April 27, 2020, Freedom of Information Act (FOIA) request addressed to the FOIA Office, National Institute of Allergies and Infectious Diseases (NIAID), National Institutes of Health (NIH) and received in the NIH FOIA Office on office April 27, 2020. You requested records concerning the timing and substance of the Executive Branch's response to the novel coronavirus, now known as severe acute respiratory syndrome coronavirus 2 or "SARS-CoV-2," the virus that causes the disease known as coronavirus disease 2019 or "COVID-19." Specifically, you requested the following:

Notice of SARS-CoV-2 and COVID-19

1. Records indicating when the Executive Branch was first informed of what is now known as SARS-CoV-2 and/or COVID-19.

2. Records indicating the Executive Branch's response when it was first informed of what is now known as SARS-CoV-2 and/or COVID-19.

3. Records indicating when President Donald Trump was first informed of what is now known as SARS-CoV-2 and/or COVID-19.

4. Records indicating President Trump's response when he was first informed of what is now known as SARS-CoV-2 and/or COVID-19.

5. Records including and/or discussing communications (before March 1, 2020) to and from the National Center for Medical Intelligence ("NCMI") about what is now known as SARS-CoV-2 and/or COVID-19.

6. Records including and/or discussing January 2020 communications to and from a State Department epidemiologist about what is now known as SARS-CoV-2 and/or COVID-19.

7. Records including and/or discussing January 2020 communications between Robert Redfield, Director, Centers for Disease Control and Prevention, and Chinese officials about what is now known as SARS-CoV-2 and/or COVID-19.

8. Records including and/or discussing communications (from January 1, 2020 to February 29, 2020) between Alex Azar, Secretary, Health and Human Services, and President Donald Trump about what is now known as SARS-CoV-2 and/or COVID-19.

9. Records including and/or discussing communications (from January 1, 2020 to February 29, 2020) to and from Dr. Carter Mecher, senior medical advisor, Department of Veterans Affairs, about what is now known as SARS-CoV-2 and/or COVID-19.

10. Records including and/or discussing communications (from January 1, 2020 to March 31, 2020) to and from Robert Kadlec, Assistant Secretary for Preparedness and Response, about asymptomatic cases spreading what is now known as SARS-CoV-2 and/or COVID-19.

11. Records discussing communications (from January 1, 2020 to February 29, 2020) from Peter Navarro, President Trump's trade advisor, about what is now known as SARS-CoV-2 and/or COVID-19.

II. The Executive Branch's Efforts to Counter SARS-CoV-2 and COVID-19

12. Records discussing requests and need for and availability and allocation (including across states) of resources for testing for what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.

13. Records discussing requests and need for and availability and allocation (including across states) of medical supplies and equipment (including but not limited to drugs, ventilators, and vaccines), Personal Protective Equipment ("PPE") and/or masks for what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.

14. Records discussing immunity to what is now known as SARS-CoV-2 and/or COVID-19 in the U.S.

15. Records discussing the timing and duration of social distancing measures in the U.S.14

16. Records concerning extraordinary presidential authority, including but not limited to "presidential emergency actions" relating to what is now known as SARS-CoV-2 and/or COVID-19.

17. Records indicating dates and agendas for meetings and decisions of the official White House coronavirus task force during January and February 2020.

18. Records including and/or discussing "Four steps to mitigation," a February/March 2020 plan for addressing what is now known as SARS-CoV-2 and/or COVID-19.

19. Records including and/or discussing a February 2020 document titled "U.S. Government Response to the 2019 Novel Coronavirus."

20. Records including and/or discussing communications to or from Dr. Nancy Messonnier, Director of the National Center for Immunization and Respiratory Diseases, about her February 25, 2020 public warning about what is now known as SARS-CoV-2 and/or COVID-19.

21. Records discussing Remdesivir, Chloroquine, Hydroxychloroquine ("Plaquenil"), Azithromycin ("Zithromax") and/or other drugs or substances, such as disinfectants, for treating what is now known as SARS-CoV-2 and/or COVID-19.

22. Records discussing federal officials' questioning of and/or divergence from President Trump's public positions regarding what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to records concerning Dr. Rick Bright, Director of the Biomedical Advanced Research and Development Authority, and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases.

23. Records discussing in-person and/or mail-in voting in the context of what is now known as SARS-CoV-2 and/or COVID-19.

24. Records including and/or discussing instructions to classify meetings and/or records relating to what is now known as SARS-CoV-2 and/or COVID-19.

25. Communications between your agency and the White House regarding what is now known as SARS-CoV-2 and/or COVID-19.

26. Communications between the Executive Branch and non-government entities (including but not limited to private-sector companies, academic institutions and/or individuals) capable of developing tests, or assisting in testing, for what is now known as SARS-CoV-2 and/or COVID-19.

III. Executive Branch SARS-CoV-2 and COVID-19 Communications with Congress, State Governors, and the WHO

27. Records including and/or discussing communications (before March 1, 2020) between any member of the Executive Branch and Congress regarding what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to briefings to Congress, members of Congress, Congressional Committees or Subcommittees, and/or Congressional staff about what is now known as SARS-CoV-2 and/or COVID-19.

28. Records including and/or discussing communications between the White House and a state governor or his/her office about the timing and duration of social distancing measures and federal assistance to states for what is now known as SARS-CoV-2 and/or COVID-19, including but not limited to any direct financial assistance and assistance on medical supplies and equipment (including but not limited to drugs, ventilators, and vaccines), personal protective equipment (PPE), masks and testing for what is now known as SARS-CoV-2 and/or COVID-19.

29. Records including and/or discussing communications between the Executive Branch and the World Health Organization ("WHO") about what is now known as SARS-CoV-2 and/or COVID-19.

You also requested expedited processing.

We wanted to notify you that **your request has not been perfected**. Specifically, the following items should be sought from other government agencies, as they are neither specific to NIH nor is NIH in a position to identify these records: *at least* items 1-4, 7-8, 26-29. In addition, the following items are not reasonably described, because agency staff would not be able to reasonably ascertain exactly which records are begin requested, or where to locate them without an unreasonable amount of effort: *at least* items 1-4, 6-8, 12-16, 21-22, 25-29.

At this time, we have placed your request in "tolled" status. Please reach out to us to discuss your request, at nihfoia@od.nih.gov. We will review your request for expedited processing as soon as your request is perfected.

If you are not satisfied with the processing and handling of this requests, you may contact the NIH FOIA Public Liaison and/or the Office of Government Information Services (OGIS):

NIH FOIA Public Liaison
Stephanie Clipper
Public Affairs Specialist
Office of Communications and Public Liaison
Building 31, Room 5B35
31 Center Drive
Bethesda, MD 20814
301-496-1828 (phone)
301-496-0818 (fax)
nihfoia@mail.nih.gov (email)

OGIS
National Archives and Records Admin.
8601 Adelphi Rd - OGIS
College Park, MD 20740-6001
202-741-5770 (phone)
1-877-684-6448 (toll-free)
202-741-5769 (fax)
ogis@nara.gov (email)

Sincerely,

Gorka Garcia-malene -S

Digitally signed by Gorka Garcia-malene -S
Date: 2020.05.14 18:13:40 -04'00'

Gorka Garcia-Malene
Freedom of Information Office, NIH

EXHIBIT H

From: Amrit Singh
To: "Redmond, Tim (NIH/OD) [E]"
Cc: Garcia-Malene, Gorka (NIH/OD) [E]; Natasha Arnpriester; Bordine, Roger (NIH/OD) [E]
Subject: RE: NIH FOIA Response to Amrit Singh
Date: 19 May 2020 14:53:00

Thank you, in that case, we consent to the consolidation.
Amrit

Amrit Singh
Director, Accountability, Liberty and Transparency Division,
Open Society Justice Initiative
224 W. 57th St
New York, N.Y. 10019
Tel: +1 212 5480660
Fax: +1 212 548 4662

From: Redmond, Tim (NIH/OD) [E] (b) (6)
Sent: 19 May 2020 14:40
To: Amrit Singh <amrit.singh@opensocietyfoundations.org>
Cc: Garcia-Malene, Gorka (NIH/OD) [E] (b) (6); Natasha Arnpriester <natasha.arnpriester@opensocietyfoundations.org>; Bordine, Roger (NIH/OD) [E] (b) (6)>
Subject: RE: NIH FOIA Response to Amrit Singh

Dear Ms. Singh,

Yes, that is in fact the case. The two identical FOIA requests will be consolidated and it will capture all NIH and NIAID records requested.

v/r

Tim Redmond
FOIA Specialist
NIH

From: Amrit Singh <amrit.singh@opensocietyfoundations.org>
Sent: Tuesday, May 19, 2020 1:10 PM
To: Redmond, Tim (NIH/OD) [E] (b) (6)
Cc: Garcia-Malene, Gorka (NIH/OD) [E] (b) (6); Natasha Arnpriester <natasha.arnpriester@opensocietyfoundations.org>
Subject: RE: NIH FOIA Response to Amrit Singh

Dear Mr. Redmond—thank you for your email. We had filed two separate FOIA requests, one with NIH, and the other with NIAID on the understanding that a search of NIH records would not necessarily capture NIAID records responsive to our FOIA request to NIAID. If you are representing that a search of NIH records would capture all records responsive to our NIAID FOIA

request, we have no objection to consolidating the two FOIA requests. I would be grateful if you could clarify that this is indeed what you are representing.
Best,
Amrit Singh
Director, Accountability, Liberty and Transparency Division,
and Senior Lawyer, National Security and Counterterrorism
Open Society Justice Initiative
224 W. 57th St
New York, N.Y. 10019

From: Redmond, Tim (NIH/OD) [E] (b) (6)
Sent: 18 May 2020 17:24
To: Amrit Singh <amrit.singh@opensocietyfoundations.org>
Cc: Garcia-Malene, Gorka (NIH/OD) [E] (b) (6)
Subject: RE: NIH FOIA Response to Amrit Singh

Thank you, Ma'am.

From: Amrit Singh <amrit.singh@opensocietyfoundations.org>
Sent: Monday, May 18, 2020 5:23 PM
To: Redmond, Tim (NIH/OD) [E] (b) (6)
Subject: RE: NIH FOIA Response to Amrit Singh

Thank you, acknowledging receipt of this email (your previous email had a typo in the address), and I will respond shortly.
Amrit

Amrit Singh
Director, Accountability, Liberty and Transparency Division,
Open Society Justice Initiative

From: Redmond, Tim (NIH/OD) [E] (b) (6)
Sent: 18 May 2020 17:20
To: Amrit Singh <amrit.singh@opensocietyfoundations.org>
Subject: NIH FOIA Response to Amrit Singh

Dear Ms. Singh,

It appears I previously sent this email to the wrong address (although I was not notified that it was wrong). Please respond back as soon as possible.

v/r

Tim Redmond
NIH FOIA Analyst

From: Redmond, Tim (NIH/OD) [E]
Sent: Monday, May 18, 2020 3:30 PM
To: amrit.sigh@opensocietyfoundations.org
Cc: NIH FOIA <nihfoia@od.nih.gov>
Subject: Recent FOIA Request RE: Expedited Processing

Dear Ms. Singh,

I hope this email finds you well.

It appears that you sent two separate FOIA request letters covering the same topic. One was sent to the National Institutes of Health (NIH), and the other sent to the National Institute of Allergy and Infectious Diseases. In each you asked for expedited processing. If these are in fact the same FOIA request, please let us know, as we can more efficiently respond to your Request.

I previously sent you a similar letter on Tuesday May 12, 2020, at 2:25 p.m. (EST), stating :

"It appears that you have filed the same FOIA request with NIH and with NIAID. If that is the case, please acknowledge and we will consolidate your requests."

Please reply at your earliest possible convenience, and if you have any questions, you can email me at this address.

v/r

Timothy Redmond
FOIA Specialist
NIH

EXHIBIT I

EXHIBIT J

EXHIBIT K

EXHIBIT L

EXHIBIT M

EXHIBIT N

EXHIBIT O

EXHIBIT A

EXHIBIT B

EXHIBIT C

EXHIBIT D

EXHIBIT P

EXHIBIT Q

EXHIBIT R

EXHIBIT S

EXHIBIT T

EXHIBIT U

EXHIBIT V

EXHIBIT W

EXHIBIT X

From: Lauer, Michael (NIH/OD) [E] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=90FE9CAE30C64CFBB67ABD568E882796-LAUERM]
Sent: 5/6/2020 6:51:58 PM
To: Aguirre, Lisa (IOS/ONS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=148aca8632f14d2ca6227b9b5cde0947-Lisa.Aguirr]; Hudgens, Alisa (HHS/OS/ONS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=deedce492c644b7097b1ca2de66dd60c-Alisa.Hudge]; Hollie, Les W (OIG/OI) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce86d8b40f64beca2902b16987311e8-Les.Hollie.]
CC: Lauer, Michael (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90fe9cae30c64cfbb67abd568e882796-lauerm]; Tabak, Lawrence (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02e22836b5ff4e9988e3770cfc7ee770-tabakl]; Muroff, Julie (NIH/OD) [E] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8f3fd404b36a4d4e8dda4a3dcb9a72c0-muroffj]
Subject: Wuhan Lab
Attachments: State Department cables warned of safety issues at Wuhan lab studying bat coronaviruses - The Washington Post.pdf; China Lab In Focus Of Coronavirus Outbreak.pdf; Coronavirus China Origin in Wuhan Lab Unproven, But Denials Unconvincing National Review.pdf; Botao Xiao origins of COVID 19 virus.pdf; PIIS0140673620301835.pdf; Daszak letter 4 24 20.pdf; EcoHealth Alliance re AI grant 4 19 20.pdf; Hong Kong Wuhan disease control researcher was once attacked by bats attacking mainland scholars questioned virus leakage Hong Kong 01 Social News.pdf

Hi Lisa, Alisa, and Les – as we discussed.

- Narrative below (scroll down to my note to Larry).
- Video (need to skip the political ads)
- Two letters (6th and 7th attachments)

(b) (5)

[redacted]

Hope this helps,

Mike

Michael S Lauer, MD
NIH Deputy Director for Extramural Research
1 Center Drive, Building 1, Room 144
Bethesda, MD 20892
Phone: (b) (6)
Email: (b) (6)

From: "Lauer, Michael (NIH/OD) [E]" (b) (6)
Date: Wednesday, April 22, 2020 at 9:56 AM
To: "Tabak, Lawrence (NIH/OD) [E]" (b) (6)
Cc: "Lauer, Michael (NIH/OD) [E]" (b) (6), "Black, Jodi (NIH/OD) [E]" (b) (6), "Schwetz, Tara (NIH/OD) [E]" (b) (6)
Subject: Wuhan Lab

Hi Larry – in follow-up to our 1:1 earlier today, (b) (5)

(b) (5)

Many thanks,

Mike

State Department cables warned of safety issues at Wuhan lab studying bat coronaviruses

Josh Rogin

A woman wearing a protective suit at a hospital in Wuhan, China. (Aly Song/Reuters)

Two years before the novel coronavirus pandemic upended the world, U.S. Embassy officials visited a Chinese research facility in the city of Wuhan several times and sent two official warnings back to Washington about inadequate safety at the lab, which was conducting risky studies on coronaviruses from bats. The cables have fueled discussions inside the U.S. government about whether this or another Wuhan lab was the source of the virus — even though conclusive proof has yet to emerge.

In January 2018, the U.S. Embassy in Beijing took the unusual step of repeatedly sending U.S. science diplomats to the Wuhan Institute of Virology (WIV), which had in 2015 become China's first laboratory to achieve the highest level of international bioresearch safety (known as BSL-4). WIV issued a news release in English about the last of these visits, which occurred on March 27, 2018. The U.S. delegation was led by Jamison Fouss, the consul general in Wuhan, and Rick Switzer, the embassy's counselor of environment, science, technology and health. Last week, WIV erased that statement from its website, though it remains archived on the Internet.

Full coverage of the coronavirus pandemic

What the U.S. officials learned during their visits concerned them so much that they dispatched two diplomatic cables categorized as Sensitive But Unclassified back to Washington. The cables warned about safety and management weaknesses at the WIV lab and proposed more attention and help. The first cable, which I obtained, also warns that the lab's work on bat coronaviruses and their potential human transmission represented a risk of a new SARS-like pandemic.

"During interactions with scientists at the WIV laboratory, they noted the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory," states the Jan. 19, 2018, cable, which was drafted by two officials from the embassy's environment, science and health sections who met with the WIV scientists. (The State Department declined to comment on this and other details of the story.)

Global Opinions writer Josh Rogin has obtained a 2018 U.S. diplomatic cable urging Washington to better support a Chinese lab researching bat coronaviruses. (Joshua Carroll, Kate Woodsome, Josh Rogin/The Washington Post)

The Chinese researchers at WIV were receiving assistance from the Galveston National Laboratory at the University of Texas Medical Branch and other U.S. organizations, but the Chinese requested additional help. The cables argued that the United States should give the Wuhan lab further support, mainly because its research on bat coronaviruses was important but also dangerous.

As the cable noted, the U.S. visitors met with Shi Zhengli, the head of the research project, who had been publishing studies related to bat coronaviruses for many years. In November 2017, just before the U.S. officials' visit, Shi's team had published research showing that horseshoe bats they had collected from a cave in Yunnan province were very likely from the same bat population that spawned the SARS coronavirus in 2003.

"Most importantly," the cable states, "the researchers also showed that various SARS-like coronaviruses can interact with ACE2, the human receptor identified for SARS-coronavirus. This finding strongly suggests that SARS-like coronaviruses from bats can be transmitted to humans to cause SARS-like diseases. From a public health perspective, this makes the continued surveillance of SARS-like coronaviruses in bats and study of the animal-human interface critical to future emerging coronavirus outbreak prediction and prevention."

The research was designed to prevent the next SARS-like pandemic by anticipating how it might emerge. But even in 2015, other scientists questioned whether Shi's team was taking unnecessary risks. In October 2014, the U.S. government had imposed a moratorium on funding of any research that makes a virus more deadly or contagious, known as "gain-of-function" experiments.

As many have pointed out, there is no evidence that the virus now plaguing the world was engineered; scientists largely agree it came from animals. But that is not the same as saying it didn't come from the lab, which spent years testing bat coronaviruses in animals, said Xiao Qiang, a research scientist at the School of Information at the University of California at Berkeley.

"The cable tells us that there have long been concerns about the possibility of the threat to public health that came from this lab's research, if it was not being adequately conducted and protected," he said.

There are similar concerns about the nearby Wuhan Center for Disease Control and Prevention lab, which operates at biosecurity level 2, a level significantly less secure than the level-4 standard claimed by the Wuhan Insititute of Virology lab, Xiao said. That's important because the Chinese government still refuses to answer basic questions about the origin of the novel coronavirus while suppressing any attempts to examine whether either lab was involved.

Sources familiar with the cables said they were meant to sound an alarm about the grave safety concerns at the WIV lab, especially regarding its work with bat coronaviruses. The embassy officials were calling for more U.S. attention to this lab and more support for it, to help it fix its problems.

"The cable was a warning shot," one U.S. official said. "They were begging people to pay attention to what was going on."

No extra assistance to the labs was provided by the U.S. government in response to these cables. The cables began to circulate again inside the administration over the past two months as officials debated whether the lab could be the origin of the pandemic and what the implications would be for the U.S. pandemic response and relations with China.

Inside the Trump administration, many national security officials have long suspected either the WIV or the Wuhan Center for Disease Control and Prevention lab was the source of the novel coronavirus outbreak. According to the New York Times, the intelligence community has provided no evidence to confirm this. But one senior administration official told me that the cables provide one more piece of evidence to support the possibility that the pandemic is the result of a lab accident in Wuhan.

"The idea that it was just a totally natural occurrence is circumstantial. The evidence it leaked from the lab is circumstantial. Right now, the ledger on the side of it leaking from the lab is packed with bullet points and there's almost nothing on the other side," the official said.

As my colleague David Ignatius noted, the Chinese government's original story — that the virus emerged from a seafood market in Wuhan — is shaky. Research by Chinese experts published in the Lancet in January showed the first known patient, identified on Dec. 1, had no connection to the market, nor did more than one-third of the cases in the first large cluster. Also, the market didn't sell bats.

The Opinions section is looking for stories of how the coronavirus has affected people of all walks of life. Write to us.

Shi and other WIV researchers have categorically denied this lab was the origin for the novel coronavirus. On Feb. 3, her team was the first to publicly report the virus known as 2019-nCoV was a bat-derived coronavirus.

The Chinese government, meanwhile, has put a total lockdown on information related to the virus origins. Beijing has yet to provide U.S. experts with samples of the novel coronavirus collected from the earliest cases. The Shanghai lab that published the novel coronavirus genome on Jan. 11 was quickly shut down by authorities for "rectification." Several of the doctors and journalists

who reported on the spread early on have disappeared.

On Feb. 14, Chinese President Xi Jinping called for a new biosecurity law to be accelerated. On Wednesday, CNN reported the Chinese government has placed severe restrictions requiring approval before any research institution publishes anything on the origin of the novel coronavirus.

The origin story is not just about blame. It's crucial to understanding how the novel coronavirus pandemic started because that informs how to prevent the next one. The Chinese government must be transparent and answer the questions about the Wuhan labs because they are vital to our scientific understanding of the virus, said Xiao.

We don't know whether the novel coronavirus originated in the Wuhan lab, but the cable pointed to the danger there and increases the impetus to find out, he said.

"I don't think it's a conspiracy theory. I think it's a legitimate question that needs to be investigated and answered," he said. "To understand exactly how this originated is critical knowledge for preventing this from happening in the future."

Read this piece in Chinese

Read this piece in Spanish

David Ignatius: How did covid-19 begin? Its initial origin story is shaky.

Marc A. Thiessen: China should be legally liable for the pandemic damage it has done

We need smart solutions to mitigate the coronavirus's impact. Here are 23.

Michael L. Barnett and David C. Grabowski: Covid-19 is ravaging nursing homes. We're getting what we paid for.

Megan McArdle: Why the lockdown skeptics are wrong

Xinyan Yu: My hometown showed us how a pandemic begins. Could it also show us how one ends?

China Lab In Focus Of Coronavirus Outbreak

Don Reisinger 05:35pm EDT

People wearing face masks wait to buy roasted duck at a restaurant in Wuhan, China's central Hubei ... [+]

AFP via Getty Images

For months, anyone who said the new SARS coronavirus might have come out of a virology research lab in Wuhan, China was dismissed as a right wing xenophobe.

When Zero Hedge — a financial news website whose comment section certainly fits the right wing stereotype — first put out its own bombastic version of the bat-borne virus escaping a research lab, they were banned from

Twitter.

FOX host Tucker Carlson starting banging this drum last week.

But on Tuesday, the narrative flipped. It's no longer a story shared by China bears and President Trump fans. Today, Josh Rogin, who is said to be as plugged into the State Department as any *Washington Post* columnist, was shown documents dating back to 2015 revealing how the U.S. government was worried about safety standards at that Wuhan lab. In fact, they were worried that one day, one of these experiments — including the one on bat coronaviruses — could escape and become a global nightmare.

In a best case scenario, Rogin's reveal may ultimately get China to cooperate more in regards to the origins of the virus, setting the table for better drugs to mitigate or even cure the deadly COVID-19. At the very least, for a government that likes to save face, the fact that the U.S. government helped build and fund the Wuhan virology lab in question should be enough for China to open that info vault to scientists at the World Health Organization.

Washington Post**Opinion | State Department cables warned of safety issues at Wuhan lab studying bat coronaviruses**

"I don't think it's a conspiracy theory. I think it's a legitimate question that needs to be investigated and answered," Xiao Qiang, a research scientist at the School of Information at the University of California at Berkeley told Rogin. "To understand exactly how this originated is critical knowledge for preventing this from happening in the future."

China has not been forthcoming about the new SARS coronavirus origins. They're not being entirely transparent, despite being heralded as such by some leaders.

An example of that secrecy from Rogin:

A medical worker cleans up, Wuhan, Hubei Province, China, April 14, 2020. Tomorrow, leishenshan ... [+]

Barcroft Media via Getty Images

"In January 2018, the U.S. Embassy in Beijing took the unusual step of repeatedly sending U.S. science diplomats to the Wuhan Institute of Virology (WIV), which had in 2015 become China's first laboratory to achieve the highest level of international bioresearch safety (known as BSL-4). WIV issued a news release in English about the last of these visits, which occurred on March 27, 2018. The U.S. delegation was led by Jamison Fouss, the consul general in Wuhan, and Rick Switzer, the embassy's counselor of environment, science, technology and health. Last week, WIV erased that statement from its website, though it remains archived on the Internet."

Worth noting, at least one young researcher from the lab —Huang Yanling — a graduate student rumored to be patient zero — was scrubbed from the lab's website.

The first, mysterious samples from infected individuals arrived at Wuhan Institute of Virology on December 30, 2019.

According to the Scientific American magazine, Shi Zhengli, a renown bat scientist in China, was told by the Institute's director that the Wuhan Center for Disease Control and Prevention — modeled after our own CDC — had detected a novel coronavirus in two hospital patients. They were suffering from an odd pneumonia. They wanted her laboratory to investigate because the virus belonged to the same family of bat-borne viruses that caused SARS, a disease that — by comparison — only infected 8,100 people and killed just

under 800 in an 8 month period in 2002-03.

"I had never expected this kind of thing to happen in Wuhan, in central China," she was quoted as saying by Scientific American on March 11. Her studies had shown that the southern, subtropical areas of Guangdong, Guangxi and Yunnan had the greatest risk of coronaviruses jumping to humans from animals—particularly bats, a known reservoir for many viruses. If bat coronaviruses were the culprit, she recalled to Scientific American, "could they have come from our lab?"

She has since promised the world that it did not come from her lab, though how she would know that for sure is unknown. We don't know where she is. If she is making the media rounds on Chinese television, few in the U.S. would believe her at this point.

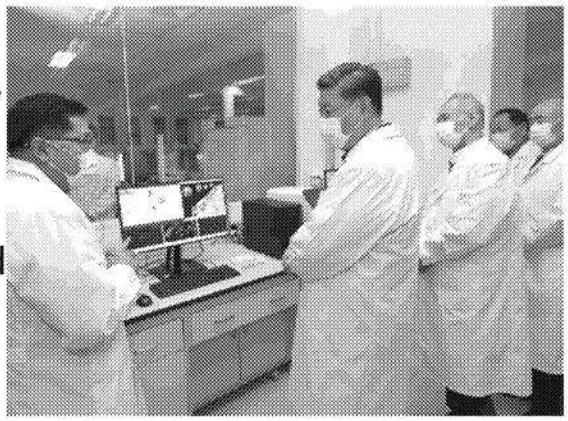
Her research on bat coronaviruses goes back to 2015. Here is one published in 2015 in Nature magazine. There is a lot of information about this new SARS, yet the world still seems stuck in the unknowns.

The U.S. government helped build and fund Wuhan virology labs. The thinking was that it was important for China to get up to par in the global life sciences. It was already a known center of previous outbreaks. Investing there and educating them on international safety standards was just preventative medicine.

Rogin's reporting suggests that government officials were well aware of the research being conducted in the lab on bat coronaviruses and were worried that the lab still had sub-par safety standards.

Rogin writes that, "What the U.S. officials learned during their visits concerned them so much that they dispatched two diplomatic cables categorized as Sensitive But Unclassified back to Washington. The cables warned about

safety and management weaknesses at the WIV lab and proposed more attention and help. The first cable, which I obtained, also warns that the lab's work on bat coronaviruses and their potential human transmission represented a risk of a new SARS-like pandemic."



Chinese President Xi Jinping hears about the progress on a vaccine at the Academy of Military ... [+]

Xinhua News Agency/Getty Images

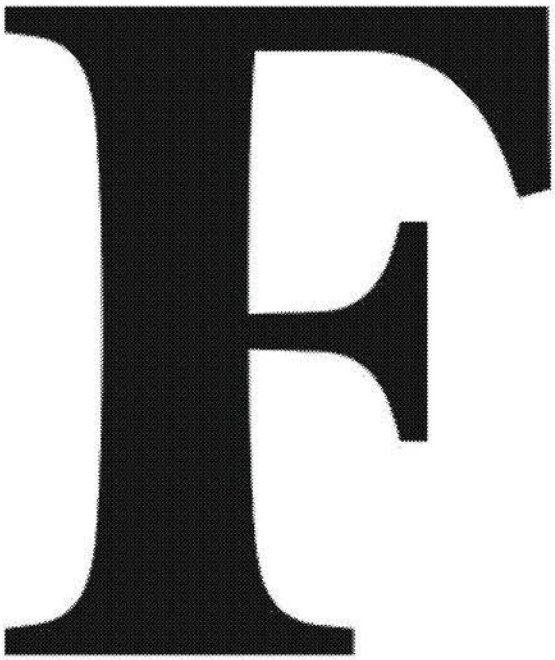
Rogin's article probably stemmed from conversations with someone inside the State Department boiling at the rim over many weeks as the U.S. faces a "stop the world" moment because of this pandemic.

Over the weekend, the Chinese government banned academic and other research institutions from publishing its research on coronaviruses on their websites.

The thinking there is, perhaps, that people in the U.S. and Europe are using those studies to place blame on the Chinese government. China has been working overtime to convince people that questioning the origin of the disease is racist.

The Washington Post story today brings the possibility of a lab leak into the mainstream. It moves the needle on getting a clearer handle on the origin of the virus, and that could eventually lead to more cooperation between the U.S. and China in making sure this does not happen again.

7 Of The Best Gaming Chairs For The Serious Gamer



Shopping

I write about technology and video games for Forbes Finds.

Forbes and/or the author may earn a commission on sales made from links on this page.

If you've been playing video games all this time without cushioning yourself within the comforting confines of a bespoke gaming chair, you're missing out. Gaming chairs are designed to offer a supportive and cozy experience while looking right at home alongside your gaming PC or console.

With gaming chairs, you'll find seats that are typically comfortable, look good and offer a variety of color and material options. Maintaining a good posture while sitting for long periods is of paramount importance, and these chairs will help you do just that.

The following were selected as some of the best gaming chairs due to their build quality, support and comfort, as well as style, looks and any additional features. They are also all reasonably priced for what they offer.

Vertagear Racing Series S-Line SL4000 Gaming Chair Black/Blue Edition

Walmart

Vertagear Racing Series S-Line SL4000 Gaming Chair Black/Blue Edition

450

The Vertagear S-Line SL4000 is built for comfort. The chair has supportive padding, which is perfect for gamers who want to game for multiple hours in a single session. The chair is easy to assemble too — one person can put it together within 30 minutes or so.

On the bottom of the chair, there are custom Penta RS1 casters, which are coated with PU for a soft and smooth gliding experience on the chair, so moving around shouldn't feel bumpy.

The chair is a little expensive depending on the color you get, but it's still a great choice and should create an awesome gaming experience.

Noblechairs Epic Gaming Chair

Amazon

Noblechairs Epic Gaming Chair

419

The Noblechairs Epic is an excellent gaming chair that comes in your choice of

PU leather, NAPPA leather or real leather. It has air gaps at the top to improve airflow to help keep you cool and is built with ergonomics in mind, so you can sit more comfortably. In fact, Noblechairs said that the chairs will conform to the shape of your back and has obtained international certifications for the design.

Like the Secret Lab Omega, the Noblechairs Epic has a tilting mechanism that will allow you to lock it into place wherever you see fit. That allows you to obtain the perfect recline while you're playing games and dramatically enhances the broader experience. It even comes with what Noblechairs calls 4D armrests that let you adjust their height, depth, width and angle to maximize comfort.

Secretlab Omega 2020 Prime 2.0 PU Leather LCS Gaming Chair

Amazon

Secretlab Omega 2020 Prime 2.0 PU Leather LCS Gaming Chair

350

If you like your gaming chair to look a little more refined, a little less colorful and more demure, then the SecretLab Omega is a great choice. Not only is it competitively priced, but it offers heavy discounts if you shop directly, whether you opt for the more affordable PU leather, fabric covering or even its more premium leather option, though that does come at an added cost.

Updated in 2020, the Omega is the mid-size option that SecretLab offers, fitting everyone up to and below 5'11. There are larger and smaller offerings for those who fall outside the standard height and weight range though, with all shapes and sizes catered to.

Whichever size you opt for, you'll be able to enjoy the Omega's built-in lumbar support (no pillow required), durable armrests and even a gel-lined neck pillow to help keep you cool during the most intense of gaming sessions.

GTRACING Gaming Chair Racing Chair

Amazon

GTRACING Gaming Chair Racing Chair

156

It might not have the catchiest of names, but the GTRacing Pro GTF88 is an excellent gaming chair at an even more excellent price. Reduced to under $150 at the time of writing, it's supremely affordable when compared with some of its contemporaries, and though it doesn't have the most high-end of feature sets, it's still a great gaming chair that will both support and comfort you no matter what game you're playing and for how long.

With a sturdy metal frame and ergonomic design, your back, shoulders and arms are all well supported, making sure that you don't develop poor posture habits, the bane of any gamer. That includes pillows for lumbar support and headrest, each of which — and the chair itself — are packed with high-density foam for a superior seating experience.

You can also customize the chair to your heart's desire, with options for swivel, reclining, rocking and height adjustment. Even the armrests can be rotated and height adjusted.

Available in a variety of colors and coated in 100 percent Grade A PU leather, this racing-inspired seat will be a great addition to your gaming arsenal at an affordable price.

Corsair CF-9010029-WW T3 RUSH Gaming Chair

Newegg

Corsair CF-9010029-WW T3 RUSH Gaming Chair

424

Corsair might be most well known for starting the RGB revolution on PC components, but it also makes fantastic gaming chairs; particularly of the mesh fabric kind. Its T3 Rush is the latest generation of gaming chair from the component company and it's only improved on what came before.

Designed to help alleviate heat buildup that is all too commonplace on some gaming chairs (particularly with PU leather) the T3 Rush is covered entirely in a soft fabric that makes it breathable, comfortable and soft to the touch.

With included neck cushion and memory foam lumbar support, the T3 Rush sacrifices nothing in its goal to improve comfort and support. Supremely adjustable, you can change the angle of the seat until it's practically a bed, sit straight up, tweak the height and even adjust the orientation of the armrests through four dimensions to make your T3 look and feel exactly how you like it.

Arozzi Verona Junior Gaming Chair for Kids

Amazon

Arozzi Verona Junior Gaming Chair for Kids

249

Not everyone is as hulking as their gaming avatars, and not everyone who needs a gaming chair is an adult. The Arozzi Verona Junior gaming chair is designed for growing gamers and those with a smaller than average physical footprint, with a maximum weight of just 130lbs. But by catering to such a niche, it offers a fantastic experience specifically tailored to that body type.

Ergonomically designed for a healthy posture, the Verona Junior enjoys both lumbar and headrest pillows, as well as armrests that can be tweaked to the exact position you need them to be in. You can rotate them, or adjust them up and down, though there are no lateral movement options.

Available in a variety of color options and with a comfortable, easy-to-clean pleather exterior, the Verona Junior is a fantastic gaming chair for a growing gamer or someone with a slighter build.

Nitro Concepts S300 EX Gaming Chair

Amazon

NITRO CONCEPTS S300 EX Gaming Chair

300

Designed to be its most comfortable gaming chair yet, Nitro Concepts' S300

EX builds on its already sterling pedigree for gaming chair production, with a few new additions. Integrating its new Health Enhancing Adjustment Technology, or H.E.A.T., it leverages lumbar and head support pillows for individual adjustment to the unique contours of your body. They're backed up by cooling holes in the neck-rest, making sure that even with the nylon seat-coating, you'll never get too hot during intense play.

They're built atop a steel frame for additional support, which can be leaned back, rocked, height adjusted and rotated, while the armrests can move up, down, forward and backwards, letting you make this gaming chair just right for your particular seating habits. It's also available in four stylish color options, each with color matching stitching and attractive accents.

Don't want something gaudy? Nitro Concepts has you covered too. The Stealth color option makes everything black, letting your gaming chair blend into the background so you can focus on your game and not look like a stereotypical "gamer" while doing it. You might even be able to swing it as an office chair upgrade.

I'm a freelance technology, video game, and entertainment journalist. I've been writing about the world of technology, video games, and entertainment for the last decade.

...

The Trail Leading Back to the Wuhan Labs

Jim Geraghty April 3, 2020 1:20 PM

Medical workers in protective suits attend to a patient inside an isolated ward of the Wuhan Red Cross Hospital in Wuhan, the epicenter of the novel coronavirus outbreak, in Hubei Province, China, February 16, 2020. *(China Daily via Reuters)*

There's no proof the coronavirus accidentally escaped from a laboratory, but we can't take the Chinese government's denials at face value.

NRPLUS MEMBER ARTICLE

/

It is understandable that many would be wary of the notion that the origin of the coronavirus could be discovered by some documentary filmmaker who used to live in China. Matthew Tye, who creates YouTube videos, contends he has identified the source of the coronavirus — and a great deal of the information that he presents, obtained from public records posted on the

Internet, checks out.

The Wuhan Institute of Virology in China indeed posted a job opening on November 18, 2019, "asking for scientists to come research the relationship between the coronavirus and bats."

The Google translation of the job posting is: "Taking bats as the research object, I will answer the molecular mechanism that can coexist with Ebola and SARS- associated coronavirus for a long time without disease, and its relationship with flight and longevity. Virology, immunology, cell biology, and multiple omics are used to compare the differences between humans and other mammals." ("Omics" is a term for a subfield within biology, such as genomics or glycomics.)

PI Introduction:

Peng Zhou, Ph.D., Researcher, Wuhan Institute of Virology, Chinese Academy of Sciences, and Leader of Bat Virus Infection and I mmunization. He received his PhD in Wuhan Virus Research Institute in 2010 and has worked on bat virus and immunology in Austr alia and Singapore. In 2009 , he took the lead in starting the research on the immune mechanism of bat long-term carrying and trans mitting virus in the world. So far, he has published more than 30 SCI articles, including the first and corresponding author's Nature , Cell Host Microbe and PNAS . At present, research on bat virus and immunology is continuing, and it has received support from the National Excellent Youth Fund, the Pilot Project of the Chinese Academy of Sciences, and the Major Project of the Ministry of Scie nce and Technology.

The main research directions of the research group:

Taking bats as the research object, I will answer the molecular mechanism that can coexist with Ebola and SARS- associated corona virus for a long time without disease, and its relationship with flight and longevity. Virology, immunology, cell biology, and multipl e omics are used to compare the differences between humans and other mammals.

On December 24, 2019, the Wuhan Institute of Virology posted a second job posting. The translation of that posting includes the declaration, "long-term research on the pathogenic biology of bats carrying important viruses has confirmed the origin of bats of major new human and livestock infectious diseases such as SARS and SADS, and a large number of new bat and rodent new viruses have been discovered and identified."

PI Introduction

Zhengli Shi, Ph.D., Researcher, Leader of Emerging Virus Group, Wuhan Institute of Virology, Chinese Academy of Scien ces, Director of Emerging Infectious Disease Research Center of Wuhan Institute of Virology, Chinese Academy of Scienc es , Editor-in-Chief , Virologica Sinica . Long-term research on the pathogenic biology of bats carrying important viruses h as confirmed the origin of bats of major new human and livestock infectious diseases such as SARS and SADS, and a larg e number of new bat and rodent new viruses have been discovered and identified. So far in Nature , Science , Nat Rev Mic robiol , the Cell Host Microbe , Nat Microbiol , PLoS Pathog and other SCI papers published journals 110 over papers, 20 14 onwards for five consecutive years was selected Elsevier "China highly cited scholars' list (Immunology and Microbiol ogy). Has won the " advanced worker " of the Chinese Academy of Sciences , the " May 1 Labor Medal " , Hubei Provinc e has outstanding contributions to young and middle-aged experts, Chinese Academy of Sciences "Excellent Graduate Inst ructor", French Palm Education Knight Medal and other honors. As the first person to complete the research on "Chinese b at carrying important viruses", he won the first prize of the 2017 Hubei Natural Science Award and the second prize of the 2018 National Natural Science Award. Elected to the American Academy of Microbiology in 2019 .

Tye contends that that posting meant, "we've discovered a new and terrible virus, and would like to recruit people to come deal with it." He also contends that "news didn't come out about coronavirus until ages after that." Doctors in

Wuhan knew that they were dealing with a cluster of pneumonia cases as December progressed, but it is accurate to say that a very limited number of people knew about this particular strain of coronavirus and its severity at the time of that job posting. By December 31, about three weeks after doctors first noticed the cases, the Chinese government notified the World Health Organization and the first media reports about a "mystery pneumonia" appeared outside China.

Scientific American verifies much of the information Tye mentions about Shi Zhengli, the Chinese virologist nicknamed "Bat Woman" for her work with that species.

> Shi — a virologist who is often called China's "bat woman" by her colleagues because of her virus-hunting expeditions in bat caves over the past 16 years — walked out of the conference she was attending in Shanghai and hopped on the next train back to Wuhan. "I wondered if [the municipal health authority] got it wrong," she says. "I had never expected this kind of thing to happen in Wuhan, in central China." Her studies had shown that the southern, subtropical areas of Guangdong, Guangxi and Yunnan have the greatest risk of coronaviruses jumping to humans from animals — *particularly bats, a known reservoir for many viruses. If coronaviruses were the culprit, she remembers thinking, "could they have come from our lab?"*
>
> . . . By January 7 the Wuhan team determined that the new virus had indeed caused the disease those patients suffered — a conclusion based on results from polymerase chain reaction analysis, full genome sequencing, antibody tests of blood samples and the virus's ability to infect human lung cells in a petri dish. The genomic sequence of the virus — now officially called SARS-CoV-2 because it is related to the SARS pathogen — was 96 percent identical to that of a coronavirus the researchers had identified in

> horseshoe bats in Yunnan, they reported in a paper published last month in *Nature*. "It's crystal clear that bats, once again, are the natural reservoir," says Daszak, who was not involved in the study.

Some scientists aren't convinced that the virus jumped straight from bats to human beings, but there are a few problems with the theory that some other animal was an intermediate transmitter of COVID-19 from bats to humans:

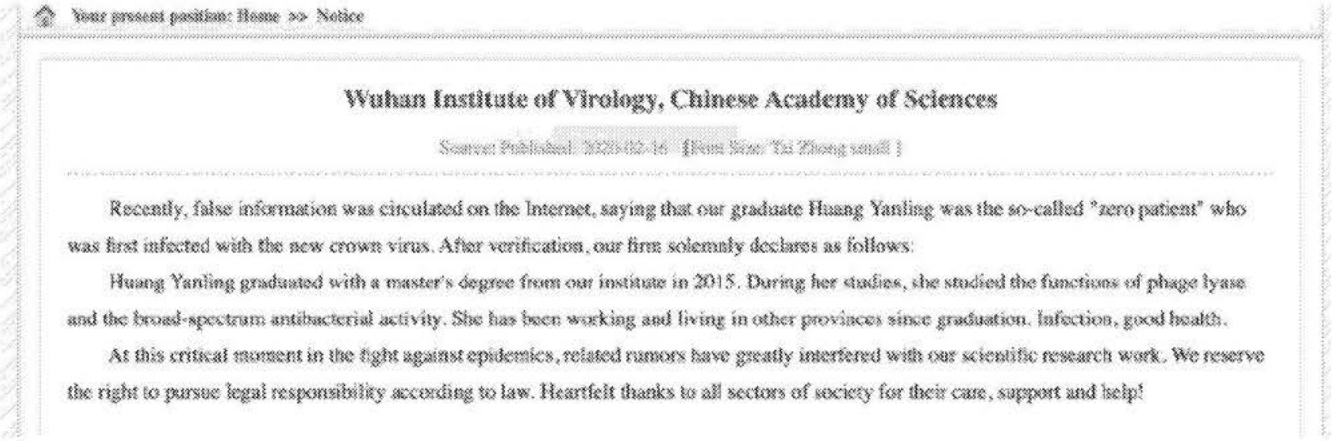
> Analyses of the *SARS*-CoV-2 genome indicate a single spillover event, meaning the virus jumped only once from an animal to a person, which makes it likely that the virus was circulating among people before December. Unless more information about the animals at the Wuhan market is released, the transmission chain may never be clear. There are, however, numerous possibilities. A bat hunter or a wildlife trafficker might have brought the virus to the market. Pangolins happen to carry a coronavirus, which they might have picked up from bats years ago, and which is, in one crucial part of its genome, virtually identical to *SARS*-CoV-2. But no one has yet found evidence that pangolins were at the Wuhan market, or even that venders there trafficked pangolins.

On February 4 — one week before the World Health Organization decided to officially name this virus "COVID-19" — the journal *Cell Research* posted a notice written by scientists at the Wuhan Institute of Virology about the virus, concluding, "our findings reveal that remdesivir and chloroquine are highly effective in the control of 2019-nCoV infection in vitro. Since these compounds have been used in human patients with a safety track record and shown to be effective against various ailments, we suggest that they should be assessed in human patients suffering from the novel coronavirus disease." One of the authors of that notice was the "bat woman," Shi Zhengli.

In his YouTube video, Tye focuses his attention on a researcher at the Wuhan

Institute of Virology named Huang Yanling: "Most people believe her to be patient zero, and most people believe she is dead."

There was enough discussion of rumors about Huang Yanling online in China to spur an official denial. On February 16, the Wuhan Institute of Virology denied that patient zero was one of their employees, and interestingly named her specifically: "Recently there has been fake information about Huang Yanling, a graduate from our institute, claiming that she was patient zero in the novel coronavirus." Press accounts quote the institute as saying, "Huang was a graduate student at the institute until 2015, when she left the province and had not returned since. Huang was in good health and had not been diagnosed with disease, it added." None of her publicly available research papers are dated after 2015.



Your present position: Home >> Notice

Wuhan Institute of Virology, Chinese Academy of Sciences

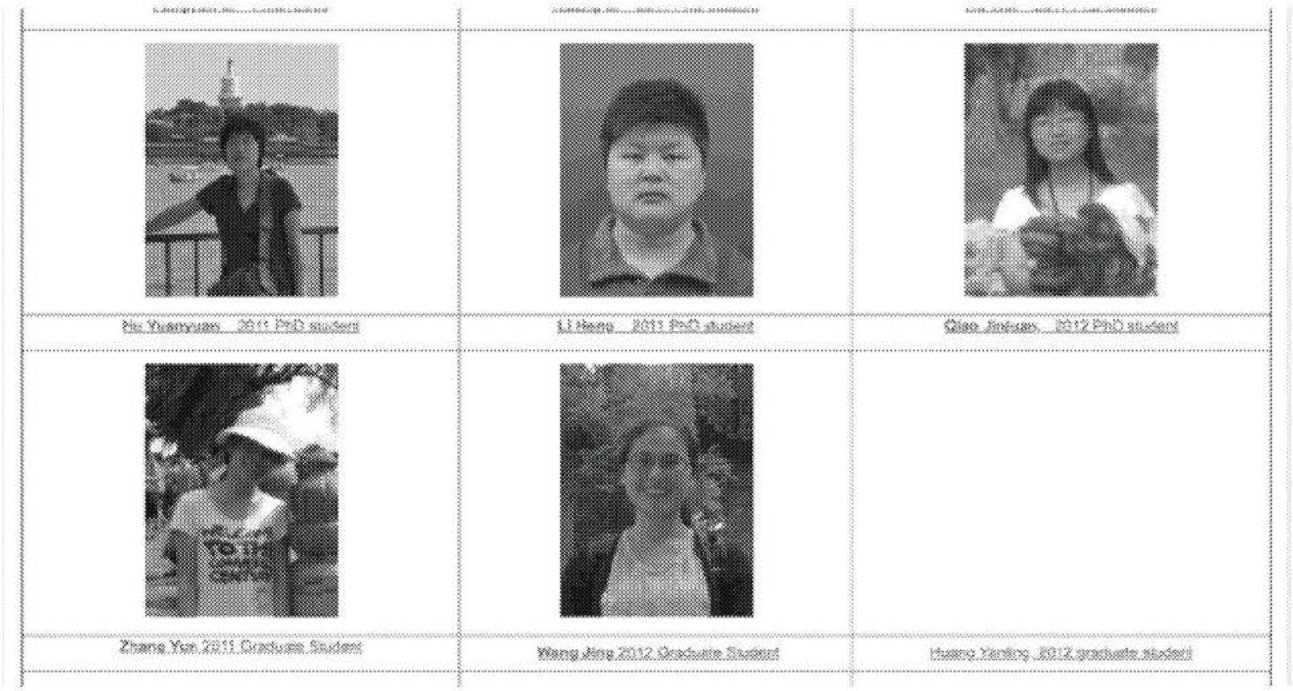
Source: Published: 2020-02-16 [Font Size: Tai Zhong small]

Recently, false information was circulated on the Internet, saying that our graduate Huang Yanling was the so-called "zero patient" who was first infected with the new crown virus. After verification, our firm solemnly declares as follows:

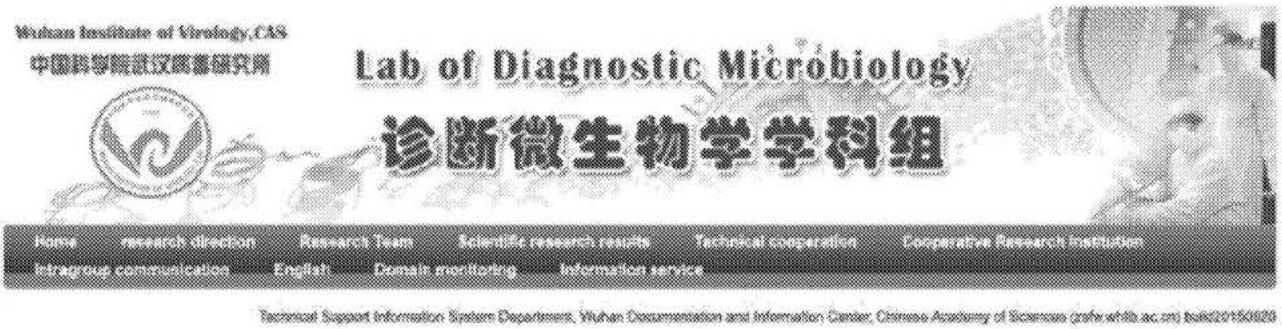
Huang Yanling graduated with a master's degree from our institute in 2015. During her studies, she studied the functions of phage lyase and the broad-spectrum antibacterial activity. She has been working and living in other provinces since graduation. Infection, good health.

At this critical moment in the fight against epidemics, related rumors have greatly interfered with our scientific research work. We reserve the right to pursue legal responsibility according to law. Heartfelt thanks to all sectors of society for their care, support and help!

The web page for the Wuhan Institute of Virology's Lab of Diagnostic Microbiology does indeed still have "Huang Yanling" listed as a 2012 graduate student, and her picture and biography appear to have been recently removed — as have those of two other graduate students from 2013, Wang Mengyue and Wei Cuihua.



Her name still has a hyperlink, but the linked page is blank. The pages for Wang Mengyue and Wei Cuihua are blank as well.

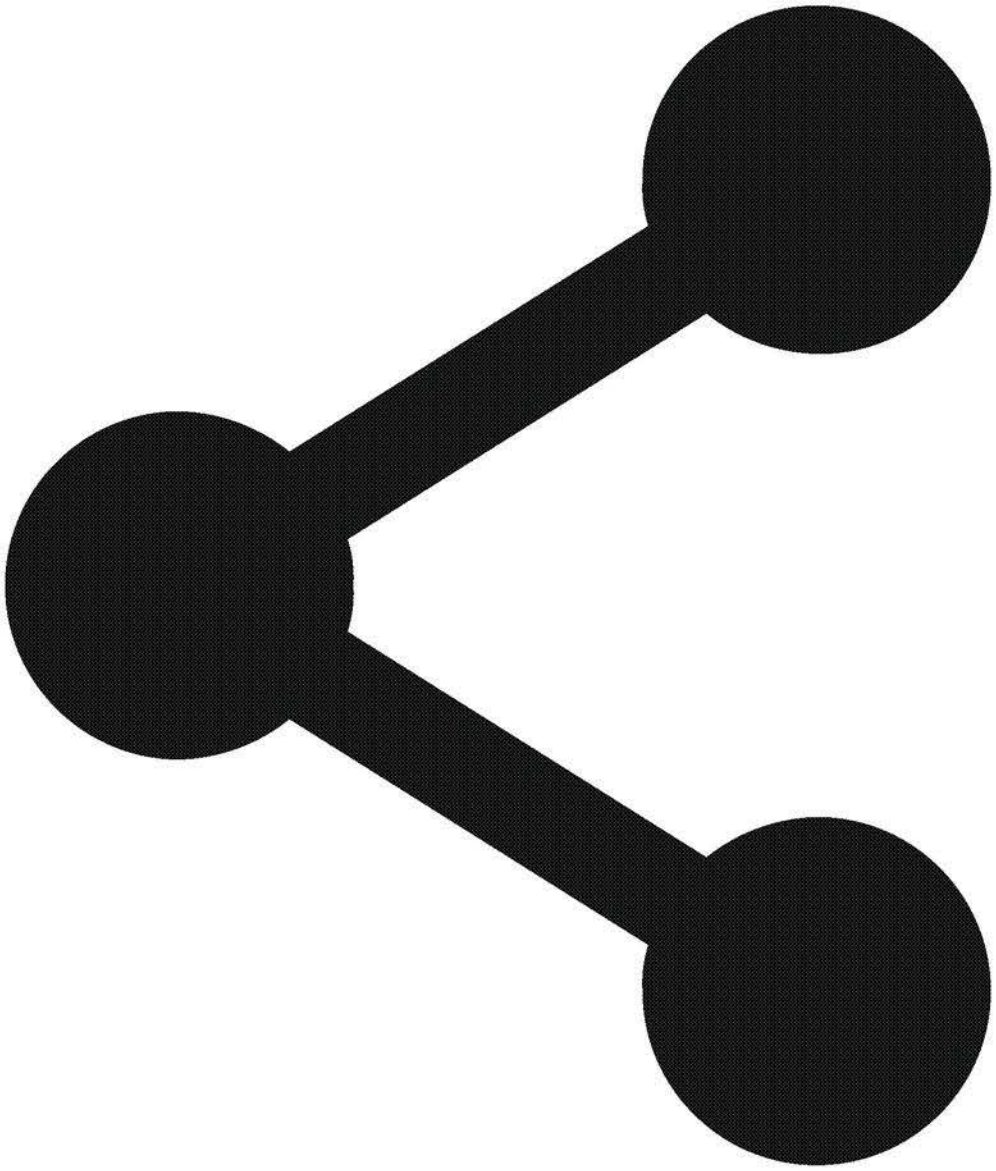


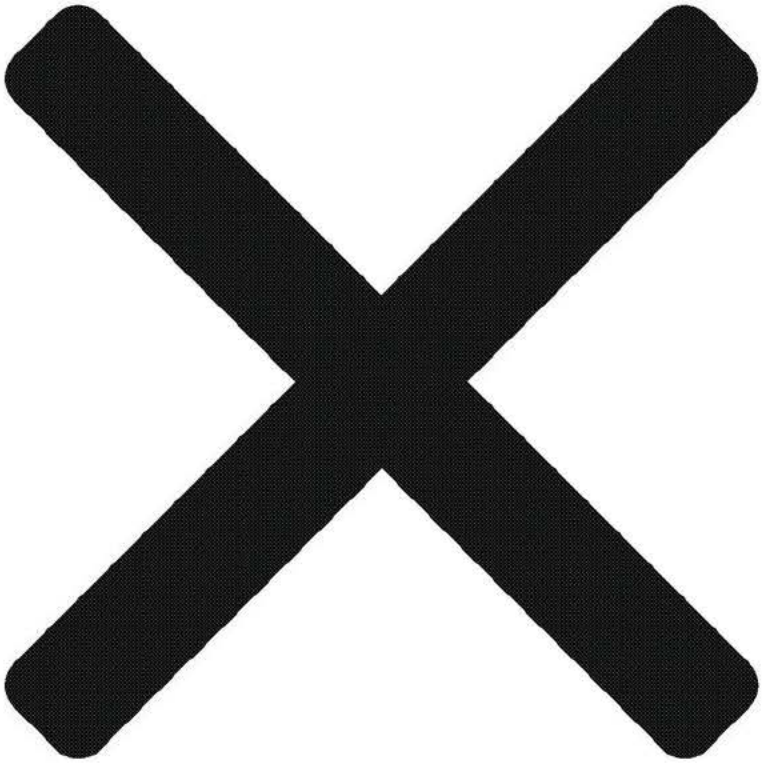
(For what it is worth, the *South China Morning Post* — a newspaper seen as being generally pro-Beijing — reported on March 13 that "according to the

government data seen by the Post, a 55 year-old from Hubei province could have been the first person to have contracted Covid-19 on November 17.")

On February 17, Zhen Shuji, a Hong Kong correspondent from the French public-radio service Radio France Internationale, reported: "when a reporter from the Beijing News of the Mainland asked the institute for rumors about patient zero, the institute first denied that there was a researcher Huang Yanling, but after learning that the name of the person on the Internet did exist, acknowledged that the person had worked at the firm but has now left the office and is unaccounted for."

NOW WATCH: 'Health Officials Warn There Is No Proof Coronavirus Is Impacted By Spring And Summer Weather'





https://www.nationalreview.com/2020/04/coronavirus-

Tye says, "everyone on the Chinese internet is searching for [Huang Yanling] but most believe that her body was quickly cremated and the people working at the crematorium were perhaps infected as they were not given any information about the virus." (The U.S. Centers for Disease Control and

Prevention says that handling the body of someone who has died of coronavirus is safe — including embalming and cremation — as long as the standard safety protocols for handing a decedent are used. It's anyone's guess as to whether those safety protocols were sufficiently used in China before the outbreak's scope was known.)

As Tye observes, a public appearance by Huang Yanling would dispel a lot of the public rumors, and is the sort of thing the Chinese government would quickly arrange in normal circumstances — presuming that Huang Yanling was still alive. Several officials at the Wuhan Institute of Virology issued public statements that Huang was in good health and that no one at the institute has been infected with COVID-19. In any case, the mystery around Huang Yanling may be moot, but it does point to the lab covering up something about her.

China Global Television Network, a state-owned television broadcaster, illuminated another rumor while attempting to dispel it in a February 23 report entitled "Rumors Stop With the Wise":

> On February 17, a Weibo user who claimed herself to be Chen Quanjiao, a researcher at the Wuhan Institute of Virology, reported to the public that the Director of the Institute was responsible for leaking the novel coronavirus. The Weibo post threw a bomb in the cyberspace and the public was shocked. Soon Chen herself stepped out and declared that she had never released any report information and expressed great indignation at such identity fraud on Weibo. It has been confirmed that that particular Weibo account had been shut down several times due to the spread of misinformation about COVID-19.

That Radio France Internationale report on February 17 also mentioned the next key part of the Tye's YouTube video. "Xiaobo Tao, a scholar from South China University of Technology, recently published a report that researchers at

Wuhan Virus Laboratory were splashed with bat blood and urine, and then quarantined for 14 days." HK01, another Hong Kong-based news site, reported the same claim.

This doctor's name is spelled in English as both "Xiaobo Tao" and "Botao Xiao." From 2011 to 2013, Botao Xiao was a postdoctoral research fellow at Harvard Medical School and Boston Children's Hospital, and his biography is still on the web site of the South China University of Technology.

Botao Xiao

Date: 2017-05-14

Botao Xiao

Email: botaoxiao@gmail.com or botaoxiao2013@mail.northwestern.edu

Office: B6-405
Single Molecule Lab: B6-138

Education

Ph.D., Northwestern University, Evanston, IL, USA, 2011
M.S., Chongqing University, Institute of Mechanics, Chinese Academy of Sciences, 2004
B.S., Chongqing University, 2005

Professional Experience

2017-Present, Professor, South China University of Technology
2013-2017, Professor, Huazhong University of Science and Technology
2011-2013, Postdoctoral Research Fellow, Harvard Medical School, Boston Children's Hospital

Research Description

The Xiao group study mainly in the fields of cellular and molecular biomechanics, single molecule biophysics and engineering. Current research areas are: protein-ligand interactions, DNA and RNA assembly, high throughput nanoscale measurements and manipulation, mathematical modeling and quantitative analysis. The experimental techniques include: magnetic tweezers, optical tweezers, biomembrane force probe, fluorescent microscopy, atomic force microscopy, and electrophysiology. Our current research is using high throughput single

At some point in February, Botao Xiao posted a research paper onto ResearchGate.net, "The Possible Origins of 2019-nCoV coronavirus." He is listed as one author, along with Lei Xiao from Tian You Hospital, which is affiliated with the Wuhan University of Science and Technology. The paper was removed a short time after it was posted, but archived images of its pages can be found here and here.

The first conclusion of Botao Xiao's paper is that the bats suspected of carrying the virus are extremely unlikely to be found naturally in the city, and despite the stories of "bat soup," they conclude that bats were not sold at the market and were unlikely to be deliberately ingested.

> The bats carrying CoV ZC45 were originally found in Yunnan or Zhejiang province, both of which were more than 900 kilometers away from the seafood market. Bats were normally found to live in caves and trees. But the seafood market is in a densely-populated district of Wuhan, a metropolitan [area] of ~15 million people. The probability was very low for the bats to fly to the market. According to municipal reports and the testimonies of 31 residents and 28 visitors, the bat was never a food source in the city, and no bat was traded in the market.

The U.S. Centers for Disease Control and Prevention and the World Health Organization could not confirm if bats were present at the market. Botao Xiao's paper theorizes that the coronavirus originated from bats being used for research at either one of two research laboratories in Wuhan.

> We screened the area around the seafood market and identified two laboratories conducting research on bat coronavirus. Within ~ 280 meters from the market, there was the Wuhan Center for Disease Control & Prevention. WHCDC hosted animals in laboratories for research purpose, one of which was specialized in pathogens collection and identification. In one of their studies, 155 bats including *Rhinolophus affinis* were captured in Hubei province, and other 450 bats were captured in Zhejiang province. The expert in Collection was noted in the Author Contributions (JHT). Moreover, he was broadcasted for collecting viruses on nation-wide newspapers and websites in 2017 and 2019. He described that he was once by attacked by bats and the blood of a bat shot on his skin. He knew the extreme danger of the infection so he quarantined himself for 14 days.

> In another accident, he quarantined himself again because bats peed on him.
>
> Surgery was performed on the caged animals and the tissue samples were collected for DNA and RNA extraction and sequencing. The tissue samples and contaminated trashes were source of pathogens. They were only ~280 meters from the seafood market. The WHCDC was also adjacent to the Union Hospital (Figure 1, bottom) where the first group of doctors were infected during this epidemic. It is plausible that the virus leaked around and some of them contaminated the initial patients in this epidemic, though solid proofs are needed in future study.
>
> The second laboratory was ~12 kilometers from the seafood market and belonged to Wuhan Institute of Virology, Chinese Academy of Sciences . . .
>
> In summary, somebody was entangled with the evolution of 2019-nCoV coronavirus. In addition to origins of natural recombination and intermediate host, the killer coronavirus probably originated from a laboratory in Wuhan. Safety level may need to be reinforced in high risk biohazardous laboratories. Regulations may be taken to relocate these laboratories far away from city center and other densely populated places.

However, Xiao has told the *Wall Street Journal* that he has withdrawn his paper. "The speculation about the possible origins in the post was based on published papers and media, and was not supported by direct proofs," he said in a brief email on February 26.

The bat researcher that Xiao's report refers to is virologist Tian Junhua, who works at the Wuhan Centre for Disease Control. In 2004, the World Health Organization determined that an outbreak of the SARS virus had been caused by two separate leaks at the Chinese Institute of Virology in Beijing. The Chinese government said that the leaks were a result of "negligence" and the

responsible officials had been punished.

In 2017, the Chinese state-owned Shanghai Media Group made a seven-minute documentary about Tian Junhua, entitled "Youth in the Wild: Invisible Defender." Videographers followed Tian Junhua as he traveled deep into caves to collect bats. "Among all known creatures, the bats are rich with various viruses inside," he says in Chinese. "You can find most viruses responsible for human diseases, like rabies virus, SARS, and Ebola. Accordingly, the caves frequented by bats became our main battlefields." He emphasizes, "bats usually live in caves humans can hardly reach. Only in these places can we find the most ideal virus vector samples."

One of his last statements on the video is: "In the past ten-plus years, we have visited every corner of Hubei Province. We explored dozens of undeveloped caves and studied more than 300 types of virus vectors. But I do hope these virus samples will only be preserved for scientific research and will never be used in real life. Because humans need not only the vaccines, but also the protection from the nature."

The description of Tian Junhua's self-isolation came from a May 2017 report by Xinhua News Agency, repeated by the Chinese news site JQKNews.com:

> The environment for collecting bat samples is extremely bad. There is a stench in the bat cave. Bats carry a large number of viruses in their bodies. If they are not careful, they are at risk of infection. But Tian Junhua is not afraid to go to the mountain with his wife to catch Batman.
>
> Tian Junhua summed up the experience that the most bats can be caught by using the sky cannon and pulling the net. But in the process of operation, Tian Junhua forgot to take protective measures. Bat urine dripped on him like raindrops from the top. If he was infected, he could not find any medicine. It was written in the report.

> The wings of bats carry sharp claws. When the big bats are caught by bat tools, they can easily spray blood. Several times bat blood was sprayed directly on Tians skin, but he didn't flinch at all. After returning home, Tian Junhua took the initiative to isolate for half a month. As long as the incubation period of 14 days does not occur, he will be lucky to escape, the report said.

Bat urine and blood can carry viruses. How likely is it that bat urine or blood got onto a researcher at either Wuhan Center for Disease Control & Prevention or the Wuhan Institute of Virology? Alternatively, what are the odds that some sort of medical waste or other material from the bats was not properly disposed of, and that was the initial transmission vector to a human being?

Virologists have been vehemently skeptical of the theory that COVID-19 was engineered or deliberately constructed in a laboratory; the director of the National Institutes of Health has written that recent genomic research "debunks such claims by providing scientific evidence that this novel coronavirus arose naturally." And none of the above is definitive proof that COVID-19 originated from a bat at either the Wuhan Center for Disease Control & Prevention or the Wuhan Institute of Virology. Definitive proof would require much broader access to information about what happened in those facilities in the time period before the epidemic in the city.

But it is a remarkable coincidence that the Wuhan Institute of Virology was researching Ebola and SARS-associated coronaviruses in bats before the pandemic outbreak, and that in the month when Wuhan doctors were treating the first patients of COVID-19, the institute announced in a hiring notice that "a large number of new bat and rodent new viruses have been discovered and identified." And the fact that the Chinese government spent six weeks insisting that COVID-19 could not be spread from person to person means that its denials about Wuhan laboratories cannot be accepted without

independent verification.

Jim Geraghty is the senior political correspondent of *National Review*. @jimgeraghty

The possible origins of 2019-nCoV coronavirus

Preprint · February 2020

DOI: 10.13140/RG.2.2.21789.29601

2 authors, including:

Botao Xiao
South China University of Technology
26 PUBLICATIONS **265** CITATIONS

SEE PROFILE

The possible origins of 2019-nCoV coronavirus

Botao Xiao[1,2*] and Lei Xiao[3]

[1] Joint International Research Laboratory of Synthetic Biology and Medicine, School of Biology and Biological Engineering, South China University of Technology, Guangzhou 510006, China

[2] School of Physics, Huazhong University of Science and Technology, Wuhan 430074, China

[3] Tian You Hospital, Wuhan University of Science and Technology, Wuhan 430064, China

* Corresponding author: xiaob@scut.edu.cn

Tel / Fax: 86-20-3938-0631

The 2019-nCoV coronavirus has caused an epidemic of 28,060 laboratory-confirmed infections in human including 564 deaths in China by February 6, 2020. Two descriptions of the virus published on Nature this week indicated that the genome sequences from patients were 96% or 89% identical to the Bat CoV ZC45 coronavirus originally found in *Rhinolophus affinis* [1,2]. It was critical to study where the pathogen came from and how it passed onto human.

An article published on The Lancet reported that 41 people in Wuhan were found to have the acute respiratory syndrome and 27 of them had contact with Huanan Seafood Market [3]. The 2019-nCoV was found in 33 out of 585 samples collected in the market after the outbreak. The market was suspicious to be the origin of the epidemic, and was shut down according to the rule of quarantine the source during an epidemic.

The bats carrying CoV ZC45 were originally found in Yunnan or Zhejiang province, both of which were more than 900 kilometers away from the seafood market. Bats were normally found to live in caves and trees. But the seafood market is in a densely-populated district of Wuhan, a metropolitan of ~15 million people. The probability was very low for the bats to fly to the market. According to municipal reports and the testimonies of 31 residents and 28 visitors, the bat was never a food source in the city, and no bat was traded in the market. There was possible natural recombination or intermediate host of the coronavirus, yet little proof has been reported.

Was there any other possible pathway? We screened the area around the seafood market and identified two laboratories conducting research on bat coronavirus. Within ~280 meters from the market, there was the Wuhan Center for Disease Control & Prevention (WHCDC) (Figure 1, from Baidu and Google maps). WHCDC hosted animals in laboratories for research purpose, one of which was specialized in pathogens collection and identification [4-6]. In one of their studies, 155 bats including *Rhinolophus affinis* were captured in Hubei province, and other 450 bats were captured in Zhejiang province [4]. The expert in collection was noted in the Author Contributions (JHT). Moreover, he was broadcasted for collecting viruses on nation-wide newspapers and websites in 2017 and 2019 [7,8]. He described that he was once by attacked by bats and the blood of a bat shot on his skin. He knew the extreme danger of the infection so he quarantined himself for 14 days [7]. In another accident, he quarantined himself again because bats peed on him. He was once thrilled for capturing a bat carrying a live tick [8].

Surgery was performed on the caged animals and the tissue samples were collected for DNA and RNA extraction and sequencing [4,5]. The tissue samples and contaminated trashes were source of pathogens. They were only ~280 meters from the seafood market. The WHCDC was also adjacent to the Union Hospital (Figure 1, bottom) where the first group of doctors were infected during this epidemic. It is plausible that the virus leaked around and some of them contaminated the initial patients in this epidemic, though solid proofs are needed in future study.

The second laboratory was ~12 kilometers from the seafood market and belonged to Wuhan Institute of Virology, Chinese Academy of Sciences [1,9,10]. This laboratory reported that the Chinese horseshoe bats were natural reservoirs for the severe acute respiratory syndrome coronavirus (SARS-CoV) which caused the 2002-3 pandemic [9]. The principle investigator participated in a project which generated a chimeric virus using

the SARS-CoV reverse genetics system, and reported the potential for human emergence [10]. A direct speculation was that SARS-CoV or its derivative might leak from the laboratory.

In summary, somebody was entangled with the evolution of 2019-nCoV coronavirus. In addition to origins of natural recombination and intermediate host, the killer coronavirus probably originated from a laboratory in Wuhan. Safety level may need to be reinforced in high risk biohazardous laboratories. Regulations may be taken to relocate these laboratories far away from city center and other densely populated places.

Contributors

BX designed the comment and performed literature search. All authors performed data acquisition and analysis, collected documents, draw the figure, and wrote the papers.

Acknowledgements

This work is supported by the National Natural Science Foundation of China (11772133, 11372116).

Declaration of interests

All authors declare no competing interests.

References

1. Zhou P, Yang X-L, Wang X-G, et al. A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Na*ture 2020. https://doi.org/10.1038/s41586-020-2012-7.
2. Wu F, Zhao S, Yu B, et al. A new coronavirus associated with human respiratory disease in China. *Nature* 2020. https://doi.org/10.1038/s41586-020-2008-3.
3. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The Lancet* 2019. https://doi.org/10.1016/S0140-6736(20)30183-5.
4. Guo WP, Lin XD, Wang W, et al. Phylogeny and origins of hantaviruses harbored by bats, insectivores, and rodents. *PLoS pathogens* 2013; **9**(2): e1003159.
5. Lu M, Tian JH, Yu B, Guo WP, Holmes EC, Zhang YZ. Extensive diversity of rickettsiales bacteria in ticks from Wuhan, China. *Ticks and tick-borne diseases* 2017; **8**(4): 574-80.
6. Shi M, Lin XD, Chen X, et al. The evolutionary history of vertebrate RNA viruses. *Nature* 2018; **556**(7700): 197-202.
7. Tao P. Expert in Wuhan collected ten thousands animals: capture bats in mountain at night. *Changjiang Times* 2017.
8. Li QX, Zhanyao. Playing with elephant dung, fishing for sea bottom mud: the work that will change China's future. *thepaper* 2019.
9. Ge XY, Li JL, Yang XL, et al. Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* 2013; **503**(7477): 535-8.
10. Menachery VD, Yount BL, Jr., Debbink K, et al. A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence. *Nature medicine* 2015; **21**(12): 1508-13.

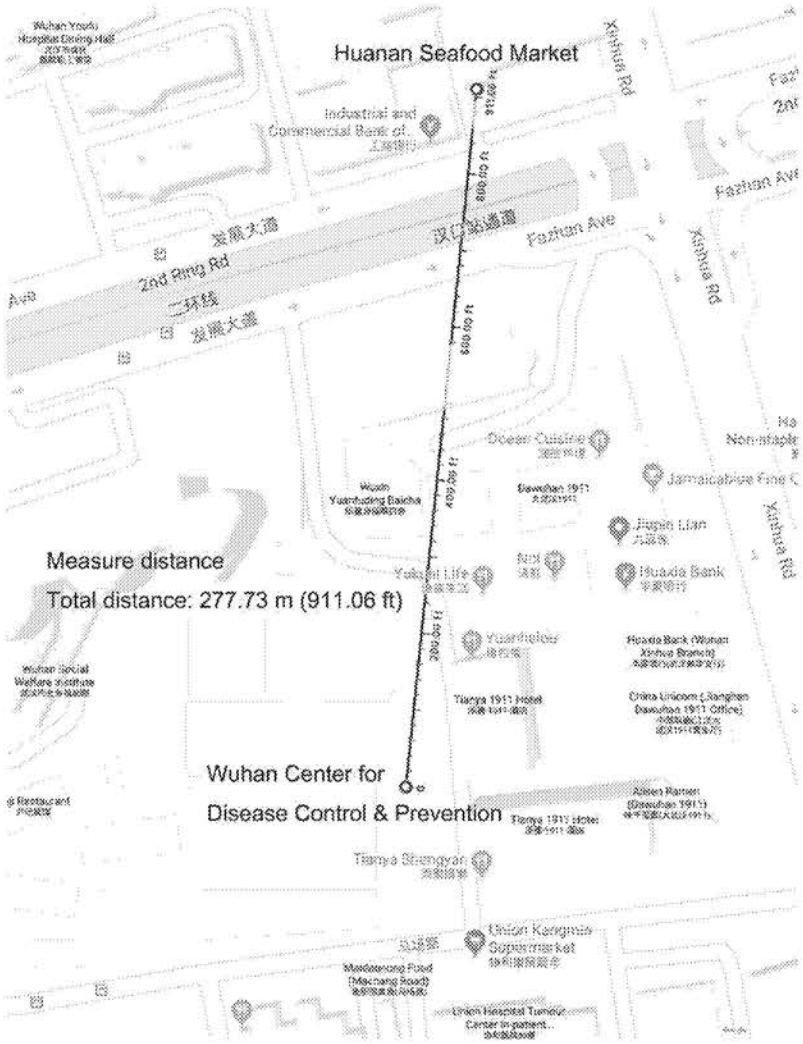


Figure 1. The Huanan Seafood Market is close to the WHCDC (from Baidu and Google maps).

Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China

Chaolin Huang, Yeming Wang*, Xingwang Li*, Lili Ren*, Jianping Zhao*, Yi Hu*, Li Zhang, Guohui Fan, Jiuyang Xu, Xiaoying Gu, Zhenshun Cheng, Ting Yu, Jiaan Xia, Yuan Wei, Wenjuan Wu, Xuelei Xie, Wen Yin, Hui Li, Min Liu, Yan Xiao, Hong Gao, Li Guo, Jungang Xie, Guangfa Wang, Rongmeng Jiang, Zhancheng Gao, Qi Jin, Jianwei Wang†, Bin Cao†*

Summary

Background A recent cluster of pneumonia cases in Wuhan, China, was caused by a novel betacoronavirus, the 2019 novel coronavirus (2019-nCoV). We report the epidemiological, clinical, laboratory, and radiological characteristics and treatment and clinical outcomes of these patients.

Methods All patients with suspected 2019-nCoV were admitted to a designated hospital in Wuhan. We prospectively collected and analysed data on patients with laboratory-confirmed 2019-nCoV infection by real-time RT-PCR and next-generation sequencing. Data were obtained with standardised data collection forms shared by WHO and the International Severe Acute Respiratory and Emerging Infection Consortium from electronic medical records. Researchers also directly communicated with patients or their families to ascertain epidemiological and symptom data. Outcomes were also compared between patients who had been admitted to the intensive care unit (ICU) and those who had not.

Findings By Jan 2, 2020, 41 admitted hospital patients had been identified as having laboratory-confirmed 2019-nCoV infection. Most of the infected patients were men (30 [73%] of 41); less than half had underlying diseases (13 [32%]), including diabetes (eight [20%]), hypertension (six [15%]), and cardiovascular disease (six [15%]). Median age was 49·0 years (IQR 41·0–58·0). 27 (66%) of 41 patients had been exposed to Huanan seafood market. One family cluster was found. Common symptoms at onset of illness were fever (40 [98%] of 41 patients), cough (31 [76%]), and myalgia or fatigue (18 [44%]); less common symptoms were sputum production (11 [28%] of 39), headache (three [8%] of 38), haemoptysis (two [5%] of 39), and diarrhoea (one [3%] of 38). Dyspnoea developed in 22 (55%) of 40 patients (median time from illness onset to dyspnoea 8·0 days [IQR 5·0–13·0]). 26 (63%) of 41 patients had lymphopenia. All 41 patients had pneumonia with abnormal findings on chest CT. Complications included acute respiratory distress syndrome (12 [29%]), RNAaemia (six [15%]), acute cardiac injury (five [12%]) and secondary infection (four [10%]). 13 (32%) patients were admitted to an ICU and six (15%) died. Compared with non-ICU patients, ICU patients had higher plasma levels of IL2, IL7, IL10, GSCF, IP10, MCP1, MIP1A, and TNFα.

Interpretation The 2019-nCoV infection caused clusters of severe respiratory illness similar to severe acute respiratory syndrome coronavirus and was associated with ICU admission and high mortality. Major gaps in our knowledge of the origin, epidemiology, duration of human transmission, and clinical spectrum of disease need fulfilment by future studies.

Funding Ministry of Science and Technology, Chinese Academy of Medical Sciences, National Natural Science Foundation of China, and Beijing Municipal Science and Technology Commission.

Introduction

Coronaviruses are enveloped non-segmented positive-sense RNA viruses belonging to the family Coronaviridae and the order Nidovirales and broadly distributed in humans and other mammals.[1] Although most human coronavirus infections are mild, the epidemics of the two betacoronaviruses, severe acute respiratory syndrome coronavirus (SARS-CoV)[2–4] and Middle East respiratory syndrome coronavirus (MERS-CoV),[5,6] have caused more than 10 000 cumulative cases in the past two decades, with mortality rates of 10% for SARS-CoV and 37% for MERS-CoV.[7,8] The coronaviruses already identified might only be the tip of the iceberg, with potentially more novel and severe zoonotic events to be revealed.

In December, 2019, a series of pneumonia cases of unknown cause emerged in Wuhan, Hubei, China, with clinical presentations greatly resembling viral pneumonia.[9] Deep sequencing analysis from lower respiratory tract samples indicated a novel coronavirus, which was named 2019 novel coronavirus (2019-nCoV). Thus far, more than 800 confirmed cases, including in health-care workers, have been identified in Wuhan, and several exported cases have been confirmed in other provinces in China, and in Thailand, Japan, South Korea, and the USA.[10–13]

Lancet 2020; 395: 497–506

Published Online January 24, 2020 https://doi.org/10.1016/S0140-6736(20)30183-5

This online publication has been corrected. The corrected version first appeared at thelancet.com on January 30, 2020

See Comment pages 469 and 470

*Contributed equally

†Joint corresponding authors

Jin Yin-tan Hospital, Wuhan, China (Prof C Huang MD, Prof L Zhang MD, T Yu MD, J Xia MD, Y Wei MD, Prof W Wu MD, Prof X Xie MD); Department of Pulmonary and Critical Care Medicine, Center of Respiratory Medicine, National Clinical Research Center for Respiratory Diseases (Y Wang MD, G Fan MS, X Gu PhD, H Li MD, Prof B Cao MD), Institute of Clinical Medical Sciences (G Fan, X Gu), and Department of Radiology (M Liu MD), China-Japan Friendship Hospital, Beijing, China; Institute of Respiratory Medicine, Chinese Academy of Medical Sciences, Peking Union Medical College, Beijing, China (Y Wang, G Fan, X Gu, H Li, Prof B Cao); Department of Respiratory Medicine, Capital Medical University, Beijing, China (Y Wang, H Li, Prof B Cao); Clinical and Research Center of Infectious Diseases, Beijing Ditan Hospital, Capital Medical University, Beijing, China (Prof X Li MD, Prof R Jiang MD); NHC Key Laboratory of Systems Biology of Pathogens and Christophe Merieux Laboratory, Institute of Pathogen Biology (Prof L Ren PhD, Y Xiao MS, Prof L Guo PhD, Q Jin PhD, Prof J Wang PhD), and Institute of Laboratory Animal Science (Prof H Gao PhD), Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China; Tongji Hospital (Prof J Zhao MD, Prof J Xie MD), and Department

of Pulmonary and Critical Care Medicine, The Central Hospital of Wuhan (Y Hu MD, W Yin MD), Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China; Tsinghua University School of Medicine, Beijing, China (J Xu MDc); Department of Respiratory medicine, Zhongnan Hospital of Wuhan University, Wuhan, China (Prof Z Cheng MD); Department of Pulmonary and Critical Care Medicine, Peking University First Hospital, Beijing, China (Prof G Wang MD); Department of Pulmonary and Critical Care Medicine, Peking University People's Hospital, Beijing, China (Prof Z Gao MD); and Tsinghua University-Peking University Joint Center for Life Sciences, Beijing, China (Prof B Cao)

Correspondence to:
Prof Bin Cao, Department of Pulmonary and Critical Care Medicine, China-Japan Friendship Hospital, Beijing 100029, China
caobin_ben@163.com

or

Prof Jianwei Wang, NHC Key Laboratory of Systems Biology of Pathogens and Christophe Merieux Laboratory, Institute of Pathogen Biology, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing 100730, China
wangjw28@163.com

Research in context

Evidence before this study

Human coronaviruses, including hCoV-229E, OC43, NL63, and HKU1, cause mild respiratory diseases. Fatal coronavirus infections that have emerged in the past two decades are severe acute respiratory syndrome coronavirus (SARS-CoV) and the Middle East respiratory syndrome coronavirus. We searched PubMed and the China National Knowledge Infrastructure database for articles published up to Jan 11, 2020, using the keywords "novel coronovirus", "2019 novel coronavirus", or "2019-nCoV". No published work about the human infection caused by the 2019 novel coronavirus (2019-nCoV) could be identified.

Added value of this study

We report the epidemiological, clinical, laboratory, and radiological characteristics, treatment, and clinical outcomes of 41 laboratory-confirmed cases infected with 2019-nCoV. 27 (66%) of 41 patients had a history of direct exposure to the Huanan seafood market. The median age of patients was 49·0 years (IQR 41·0–58·0), and 13 (32%) patients had underlying disease. All patients had pneumonia. A third of patients were admitted to intensive care units, and six died. High concentrations of cytokines were recorded in plasma of critically ill patients infected with 2019-nCoV.

Implications of all the available evidence

2019-nCoV caused clusters of fatal pneumonia with clinical presentation greatly resembling SARS-CoV. Patients infected with 2019-nCoV might develop acute respiratory distress syndrome, have a high likelihood of admission to intensive care, and might die. The cytokine storm could be associated with disease severity. More efforts should be made to know the whole spectrum and pathophysiology of the new disease.

We aim to describe epidemiological, clinical, laboratory, and radiological characteristics, treatment, and outcomes of patients confirmed to have 2019-nCoV infection, and to compare the clinical features between intensive care unit (ICU) and non-ICU patients. We hope our study findings will inform the global community of the emergence of this novel coronavirus and its clinical features.

Methods

Patients

Following the pneumonia cases of unknown cause reported in Wuhan and considering the shared history of exposure to Huanan seafood market across the patients, an epidemiological alert was released by the local health authority on Dec 31, 2019, and the market was shut down on Jan 1, 2020. Meanwhile, 59 suspected cases with fever and dry cough were transferred to a designated hospital starting from Dec 31, 2019. An expert team of physicians, epidemiologists, virologists, and government officials was soon formed after the alert.

Since the cause was unknown at the onset of these emerging infections, the diagnosis of pneumonia of unknown cause in Wuhan was based on clinical characteristics, chest imaging, and the ruling out of common bacterial and viral pathogens that cause pneumonia. Suspected patients were isolated using airborne precautions in the designated hospital, Jin Yin-tan Hospital (Wuhan, China), and fit-tested N95 masks and airborne precautions for aerosol-generating procedures were taken. This study was approved by the National Health Commission of China and Ethics Commission of Jin Yin-tan Hospital (KY-2020-01.01). Written informed consent was waived by the Ethics Commission of the designated hospital for emerging infectious diseases.

Procedures

Local centres for disease control and prevention collected respiratory, blood, and faeces specimens, then shipped them to designated authoritative laboratories to detect the pathogen (NHC Key Laboratory of Systems Biology of Pathogens and Christophe Mérieux Laboratory, Beijing, China). A novel coronavirus, which was named 2019-nCoV, was isolated then from lower respiratory tract specimen and a diagnostic test for this virus was developed soon after that.[14] Of 59 suspected cases, 41 patients were confirmed to be infected with 2019-nCoV. The presence of 2019-nCoV in respiratory specimens was detected by next-generation sequencing or real-time RT-PCR methods. The primers and probe target to envelope gene of CoV were used and the sequences were as follows: forward primer 5′-ACTTCTTTTTCTTGCTTTCGTGGT-3′; reverse primer 5′-GCAGCAGTACGCACACAATC-3′; and the probe 5′CY5-CTAGTTACACTAGCCATCCTTACTGC-3′BHQ1. Conditions for the amplifications were 50°C for 15 min, 95°C for 3 min, followed by 45 cycles of 95°C for 15 s and 60°C for 30 s.

Initial investigations included a complete blood count, coagulation profile, and serum biochemical test (including renal and liver function, creatine kinase, lactate dehydrogenase, and electrolytes). Respiratory specimens, including nasal and pharyngeal swabs, bronchoalveolar lavage fluid, sputum, or bronchial aspirates were tested for common viruses, including influenza, avian influenza, respiratory syncytial virus, adenovirus, parainfluenza virus, SARS-CoV and MERS-CoV using real-time RT-PCR assays approved by the China Food and Drug Administration. Routine bacterial and fungal examinations were also performed.

Given the emergence of the 2019-nCoV pneumonia cases during the influenza season, antibiotics (orally and intravenously) and oseltamivir (orally 75 mg twice daily) were empirically administered. Corticosteroid therapy

(methylprednisolone 40–120 mg per day) was given as a combined regimen if severe community-acquired pneumonia was diagnosed by physicians at the designated hospital. Oxygen support (eg, nasal cannula and invasive mechanical ventilation) was administered to patients according to the severity of hypoxaemia. Repeated tests for 2019-nCoV were done in patients confirmed to have 2019-nCoV infection to show viral clearance before hospital discharge or discontinuation of isolation.

Data collection

We reviewed clinical charts, nursing records, laboratory findings, and chest x-rays for all patients with laboratory-confirmed 2019-nCoV infection who were reported by the local health authority. The admission data of these patients was from Dec 16, 2019, to Jan 2, 2020. Epidemiological, clinical, laboratory, and radiological characteristics and treatment and outcomes data were obtained with standardised data collection forms (modified case record form for severe acute respiratory infection clinical characterisation shared by WHO and the International Severe Acute Respiratory and Emerging Infection Consortium) from electronic medical records. Two researchers also independently reviewed the data collection forms to double check the data collected. To ascertain the epidemiological and symptom data, which were not available from electronic medical records, the researchers also directly communicated with patients or their families to ascertain epidemiological and symptom data.

Cytokine and chemokine measurement

To characterise the effect of coronavirus on the production of cytokines or chemokines in the acute phase of the illness, plasma cytokines and chemokines (IL1B, IL1RA, IL2, IL4, IL5, IL6, IL7, IL8 (also known as CXCL8), IL9, IL10, IL12p70, IL13, IL15, IL17A, Eotaxin (also known as CCL11), basic FGF2, GCSF (CSF3), GMCSF (CSF2), IFNγ, IP10 (CXCL10), MCP1 (CCL2), MIP1A (CCL3), MIP1B (CCL4), PDGFB, RANTES (CCL5), TNFα, and VEGFA were measured using Human Cytokine Standard 27-Plex Assays panel and the Bio-Plex 200 system (Bio-Rad, Hercules, CA, USA) for all patients according to the manufacturer's instructions. The plasma samples from four healthy adults were used as controls for cross-comparison. The median time from being transferred to a designated hospital to the blood sample collection was 4 days (IQR 2–5).

Detection of coronavirus in plasma

Each 80 μL plasma sample from the patients and contacts was added into 240 μL of Trizol LS (10296028; Thermo Fisher Scientific, Carlsbad, CA, USA) in the Biosafety Level 3 laboratory. Total RNA was extracted by Direct-zol RNA Miniprep kit (R2050; Zymo research, Irvine, CA, USA) according to the manufacturer's instructions and 50 μL elution was obtained for each sample. 5 μL RNA was used for real-time RT-PCR, which targeted the *NP* gene using AgPath-ID One-Step RT-PCR Reagent (AM1005; Thermo Fisher Scientific). The final reaction mix concentration of the primers was 500 nM and probe was 200 nM. Real-time RT-PCR was performed using the following conditions: 50°C for 15 min and 95°C for 3 min, 50 cycles of amplification at 95°C for 10 s and 60°C for 45 s. Since we did not perform tests for detecting infectious virus in blood, we avoided the term viraemia and used RNAaemia instead. RNAaemia was defined as a positive result for real-time RT-PCR in the plasma sample.

Definitions

Acute respiratory distress syndrome (ARDS) and shock were defined according to the interim guidance of WHO

For the **International Severe Acute Respiratory and Emerging Infection Consortium-WHO case record form for severe acute respiratory infections** see https://isaric.tghn.org/protocols/severe-acute-respiratory-infection-data-tools/

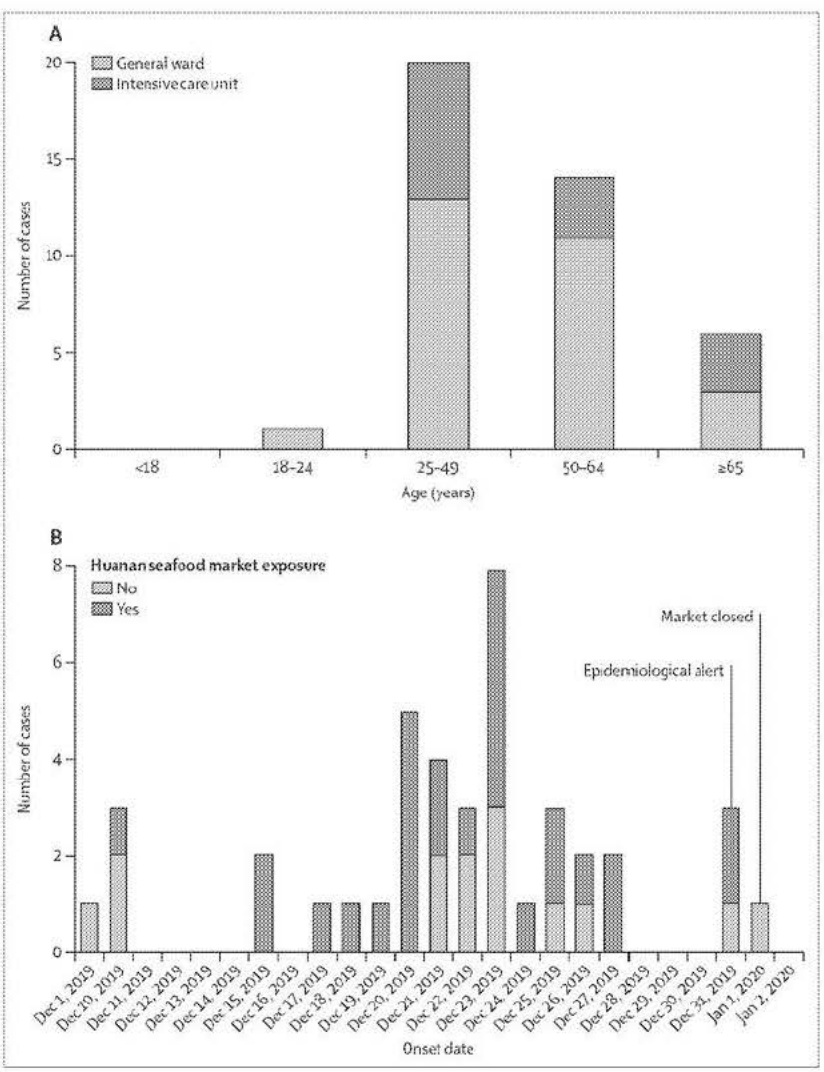


Figure 1: **Date of illness onset and age distribution of patients with laboratory-confirmed 2019-nCoV infection**

(A) Number of hospital admissions by age group. (B) Distribution of symptom onset date for laboratory-confirmed cases. The Wuhan local health authority issued an epidemiological alert on Dec 30, 2019, and closed the Huanan seafood market 2 days later.

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
Characteristics				
Age, years	49·0 (41·0–58·0)	49·0 (41·0–61·0)	49·0 (41·0–57·5)	0·60
Sex	..	..	..	0·24
Men	30 (73%)	11 (85%)	19 (68%)	..
Women	11 (27%)	2 (15%)	9 (32%)	..
Huanan seafood market exposure	27 (66%)	9 (69%)	18 (64%)	0·75
Current smoking	3 (7%)	0	3 (11%)	0·31
Any comorbidity	13 (32%)	5 (38%)	8 (29%)	0·53
Diabetes	8 (20%)	1 (8%)	7 (25%)	0·16
Hypertension	6 (15%)	2 (15%)	4 (14%)	0·93
Cardiovascular disease	6 (15%)	3 (23%)	3 (11%)	0·32
Chronic obstructive pulmonary disease	1 (2%)	1 (8%)	0	0·14
Malignancy	1 (2%)	0	1 (4%)	0·49
Chronic liver disease	1 (2%)	0	1 (4%)	0·68
Signs and symptoms				
Fever	40 (98%)	13 (100%)	27 (96%)	0·68
Highest temperature, °C	..	..	..	0·037
<37·3	1 (2%)	0	1 (4%)	..
37·3–38·0	8 (20%)	3 (23%)	5 (18%)	..
38·1–39·0	18 (44%)	7 (54%)	11 (39%)	..
>39·0	14 (34%)	3 (23%)	11 (39%)	..
Cough	31 (76%)	11 (85%)	20 (71%)	0·35
Myalgia or fatigue	18 (44%)	7 (54%)	11 (39%)	0·38
Sputum production	11/39 (28%)	5 (38%)	6/26 (23%)	0·32
Headache	3/38 (8%)	0	3/25 (12%)	0·10
Haemoptysis	2/39 (5%)	1 (8%)	1/26 (4%)	0·46
Diarrhoea	1/38 (3%)	0	1/25 (4%)	0·66
Dyspnoea	22/40 (55%)	12 (92%)	10/27 (37%)	0·0010
Days from illness onset to dyspnoea	8·0 (5·0–13·0)	8·0 (6·0–17·0)	6·5 (2·0–10·0)	0·22
Days from first admission to transfer	5·0 (1·0–8·0)	8·0 (5·0–14·0)	1·0 (1·0–5·5)	0·0023
Systolic pressure, mm Hg	125·0 (119·0–135·0)	145·0 (123·0–167·0)	122·0 (118·5–129·5)	0·018
Respiratory rate >24 breaths per min	12 (29%)	8 (62%)	4 (14%)	0·0023

Data are median (IQR), n (%), or n/N (%), where N is the total number of patients with available data. p values comparing ICU care and no ICU care are from χ^2 test, Fisher's exact test, or Mann-Whitney U test. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit.

Table 1: **Demographics and baseline characteristics of patients infected with 2019-nCoV**

for novel coronavirus.[9] Hypoxaemia was defined as arterial oxygen tension (PaO_2) over inspiratory oxygen fraction (FIO_2) of less than 300 mm Hg.[15] Acute kidney injury was identified and classified on the basis of the highest serum creatinine level or urine output criteria according to the kidney disease improving global outcomes classification.[16] Secondary infection was diagnosed if the patients had clinical symptoms or signs of nosocomial pneumonia or bacteraemia, and was combined with a positive culture of a new pathogen from a lower respiratory tract specimen (including the sputum, transtracheal aspirates, or bronchoalveolar lavage fluid, or from blood samples taken ≥48 h after admission).[17] Cardiac injury followed the definition used in our previous study in H7N9 patients.[18] In brief, cardiac injury was diagnosed if serum levels of cardiac biomarkers (eg, troponin I) were above the 99th percentile upper reference limit, or new abnormalities were shown in electrocardiography and echocardiography.

Statistical analysis

Continuous variables were expressed as median (IQR) and compared with the Mann-Whitney U test; categorical variables were expressed as number (%) and compared by χ^2 test or Fisher's exact test between ICU care and no ICU care groups. Boxplots were drawn to describe plasma cytokine and chemokine concentrations.

A two-sided α of less than 0·05 was considered statistically significant. Statistical analyses were done using the SAS software, version 9.4, unless otherwise indicated.

Role of the funding source

The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report. The corresponding authors had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Results

By Jan 2, 2020, 41 admitted hospital patients were identified as laboratory-confirmed 2019-nCoV infection in Wuhan. 20 [49%]) of the 2019-nCoV-infected patients were aged 25–49 years, and 14 (34%) were aged 50–64 years (figure 1A). The median age of the patients was 49·0 years (IQR 41·0–58·0; table 1). In our cohort of the first 41 patients as of Jan 2, no children or adolescents were infected. Of the 41 patients, 13 (32%) were admitted to the ICU because they required high-flow nasal cannula or higher-level oxygen support measures to correct hypoxaemia. Most of the infected patients were men (30 [73%]); less than half had underlying diseases (13 [32%]), including diabetes (eight [20%]), hypertension (six [15%]), and cardiovascular disease (six [15%]).

27 (66%) patients had direct exposure to Huanan seafood market (figure 1B). Market exposure was similar between the patients with ICU care (nine [69%]) and those with non-ICU care (18 [64%]). The symptom onset date of the first patient identified was Dec 1, 2019. None of his family members developed fever or any respiratory symptoms. No epidemiological link was found between the first patient and later cases. The first fatal case, who had continuous exposure to the market, was admitted to hospital because of a 7-day history of fever, cough, and dyspnoea. 5 days after illness onset, his wife, a 53-year-old woman who had no known history of exposure to the market, also presented with pneumonia and was hospitalised in the isolation ward.

The most common symptoms at onset of illness were fever (40 [98%] of 41 patients), cough (31 [76%]), and myalgia or fatigue (18 [44%]); less common symptoms

were sputum production (11 [28%] of 39), headache (three [8%] of 38), haemoptysis (two [5%] of 39), and diarrhoea (one [3%] of 38; table 1). More than half of patients (22 [55%] of 40) developed dyspnoea. The median duration from illness onset to dyspnoea was 8·0 days (IQR 5·0–13·0). The median time from onset of symptoms to first hospital admission was 7·0 days (4·0–8·0), to shortness of breath was 8·0 days (5·0–13·0), to ARDS was 9·0 days (8·0–14·0), to mechanical ventilation was 10·5 days (7·0–14·0), and to ICU admission was 10·5 days (8·0–17·0; figure 2).

The blood counts of patients on admission showed leucopenia (white blood cell count less than 4×10^9/L; ten [25%] of 40 patients) and lymphopenia (lymphocyte count $<1{\cdot}0\times10^9$/L; 26 [63%] patients; table 2). Prothrombin time and D-dimer level on admission were higher in ICU patients (median prothrombin time 12·2 s [IQR 11·2–13·4]; median D-dimer level 2·4 mg/L [0·6–14·4]) than non-ICU patients (median prothrombin time 10·7 s [9·8–12·1], p=0·012; median D-dimer level 0·5 mg/L [0·3–0·8], p=0·0042). Levels of aspartate aminotransferase were increased in 15 (37%) of 41 patients, including eight (62%) of 13 ICU patients and seven (25%) of 28 non-ICU patients. Hypersensitive troponin I (hs-cTnI) was increased substantially in five patients, in whom the diagnosis of virus-related cardiac injury was made.

Most patients had normal serum levels of procalcitonin on admission (procalcitonin <0·1 ng/mL; 27 [69%] patients; table 2). Four ICU patients developed secondary infections. Three of the four patients with secondary infection had procalcitonin greater than 0·5 ng/mL (0·69 ng/mL, 1·46 ng/mL, and 6·48 ng/mL).

On admission, abnormalities in chest CT images were detected among all patients. Of the 41 patients, 40 (98%) had bilateral involvement (table 2). The typical findings of chest CT images of ICU patients on admission were bilateral multiple lobular and subsegmental areas of consolidation (figure 3A). The representative chest CT findings of non-ICU patients showed bilateral ground-glass opacity and subsegmental areas of consolidation (figure 3B). Later chest CT images showed bilateral ground-glass opacity, whereas the consolidation had been resolved (figure 3C).

Initial plasma IL1B, IL1RA, IL7, IL8, IL9, IL10, basic FGF, GCSF, GMCSF, IFNγ, IP10, MCP1, MIP1A, MIP1B, PDGF, TNFα, and VEGF concentrations were higher in both ICU patients and non-ICU patients than in healthy adults (appendix pp 6–7). Plasma levels of IL5, IL12p70, IL15, Eotaxin, and RANTES were similar between healthy adults and patients infected with 2019-nCoV. Further comparison between ICU and non-ICU patients showed that plasma concentrations of IL2, IL7, IL10, GCSF, IP10, MCP1, MIP1A, and TNFα were higher in ICU patients than non-ICU patients.

All patients had pneumonia. Common complications included ARDS (12 [29%] of 41 patients), followed by RNAaemia (six [15%] patients), acute cardiac injury (five [12%] patients), and secondary infection (four [10%] patients; table 3). Invasive mechanical ventilation was required in four (10%) patients, with two of them (5%) had refractory hypoxaemia and received extracorporeal membrane oxygenation as salvage therapy. All patients were administered with empirical antibiotic treatment, and 38 (93%) patients received antiviral therapy (oseltamivir). Additionally, nine (22%) patients were given systematic corticosteroids. A comparison of clinical features between patients who received and did not receive systematic corticosteroids is in the appendix (pp 1–5).

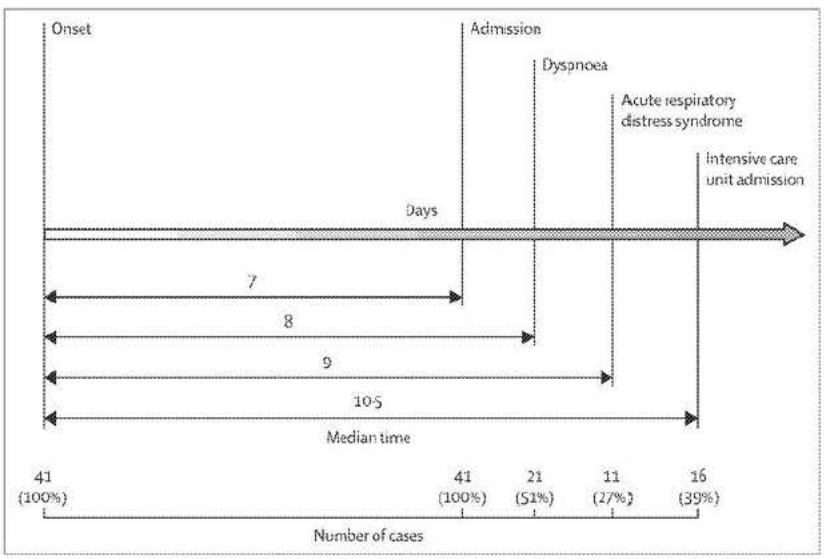


Figure 2: Timeline of 2019-nCoV cases after onset of illness

As of Jan 22, 2020, 28 (68%) of 41 patients have been discharged and six (15%) patients have died. Fitness for discharge was based on abatement of fever for at least 10 days, with improvement of chest radiographic evidence and viral clearance in respiratory samples from upper respiratory tract.

Discussion

We report here a cohort of 41 patients with laboratory-confirmed 2019-nCoV infection. Patients had serious, sometimes fatal, pneumonia and were admitted to the designated hospital in Wuhan, China, by Jan 2, 2020. Clinical presentations greatly resemble SARS-CoV. Patients with severe illness developed ARDS and required ICU admission and oxygen therapy. The time between hospital admission and ARDS was as short as 2 days. At this stage, the mortality rate is high for 2019-nCoV, because six (15%) of 41 patients in this cohort died.

See Online for appendix

The number of deaths is rising quickly. As of Jan 24, 2020, 835 laboratory-confirmed 2019-nCoV infections were reported in China, with 25 fatal cases. Reports have been released of exported cases in many provinces in China, and in other countries;

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
White blood cell count, $\times 10^9$ per L	6·2 (4·1–10·5)	11·3 (5·8–12·1)	5·7 (3·1–7·6)	0·011
<4	10/40 (25%)	1/13 (8%)	9/27 (33%)	0·041
4–10	18/40 (45%)	5/13 (38%)	13/27 (48%)	..
>10	12/40 (30%)	7/13 (54%)	5/27 (19%)	..
Neutrophil count, $\times 10^9$ per L	5·0 (3·3–8·9)	10·6 (5·0–11·8)	4·4 (2·0–6·1)	0·00069
Lymphocyte count, $\times 10^9$ per L	0·8 (0·6–1·1)	0·4 (0·2–0·8)	1·0 (0·7–1·1)	0·0041
<1·0	26/41 (63%)	11/13 (85%)	15/28 (54%)	0·045
≥1·0	15/41 (37%)	2/13 (15%)	13/28 (46%)	..
Haemoglobin, g/L	126·0 (118·0–140·0)	122·0 (111·0–128·0)	130·5 (120·0–140·0)	0·20
Platelet count, $\times 10^9$ per L	164·5 (131·5–263·0)	196·0 (165·0–263·0)	149·0 (131·0–263·0)	0·45
<100	2/40 (5%)	1/13 (8%)	1/27 (4%)	0·45
≥100	38/40 (95%)	12/13 (92%)	26/27 (96%)	..
Prothrombin time, s	11·1 (10·1–12·4)	12·2 (11·2–13·4)	10·7 (9·8–12·1)	0·012
Activated partial thromboplastin time, s	27·0 (24·2–34·1)	26·2 (22·5–33·9)	27·7 (24·8–34·1)	0·57
D-dimer, mg/L	0·5 (0·3–1·3)	2·4 (0·6–14·4)	0·5 (0·3–0·8)	0·0042
Albumin, g/L	31·4 (28·9–36·0)	27·9 (26·3–30·9)	34·7 (30·2–36·5)	0·00066
Alanine aminotransferase, U/L	32·0 (21·0–50·0)	49·0 (29·0–115·0)	27·0 (19·5–40·0)	0·038
Aspartate aminotransferase, U/L	34·0 (26·0–48·0)	44·0 (30·0–70·0)	34·0 (24·0–40·5)	0·10
≤40	26/41 (63%)	5/13 (38%)	21/28 (75%)	0·025
>40	15/41 (37%)	8/13 (62%)	7/28 (25%)	..
Total bilirubin, mmol/L	11·7 (9·5–13·9)	14·0 (11·9–32·9)	10·8 (9·4–12·3)	0·011
Potassium, mmol/L	4·2 (3·8–4·8)	4·6 (4·0–5·0)	4·1 (3·8–4·6)	0·27
Sodium, mmol/L	139·0 (137·0–140·0)	138·0 (137·0–139·0)	139·0 (137·5–140·5)	0·26
Creatinine, µmol/L	74·2 (57·5–85·7)	79·0 (53·1–92·7)	73·3 (57·5–84·7)	0·84
≤133	37/41 (90%)	11/13 (85%)	26/28 (93%)	0·42
>133	4/41 (10%)	2/13 (15%)	2/28 (7%)	..
Creatine kinase, U/L	132·5 (62·0–219·0)	132·0 (82·0–493·0)	133·0 (61·0–189·0)	0·31
≤185	27/40 (68%)	7/13 (54%)	20/27 (74%)	0·21
>185	13/40 (33%)	6/13 (46%)	7/27 (26%)	..
Lactate dehydrogenase, U/L	286·0 (242·0–408·0)	400·0 (323·0–578·0)	281·0 (233·0–357·0)	0·0044
≤245	11/40 (28%)	1/13 (8%)	10/27 (37%)	0·036
>245	29/40 (73%)	12/13 (92%)	17/27 (63%)	..
Hypersensitive troponin I, pg/mL	3·4 (1·1–9·1)	3·3 (3·0–163·0)	3·5 (0·7–5·4)	0·075
>28 (99th percentile)	5/41 (12%)	4/13 (31%)	1/28 (4%)	0·017
Procalcitonin, ng/mL	0·1 (0·1–0·1)	0·1 (0·1–0·4)	0·1 (0·1–0·1)	0·031
<0·1	27/39 (69%)	6/12 (50%)	21/27 (78%)	0·029
≥0·1 to <0·25	7/39 (18%)	3/12 (25%)	4/27 (15%)	..
≥0·25 to <0·5	2/39 (5%)	0/12	2/27 (7%)	..
≥0·5	3/39 (8%)	3/12 (25%)*	0/27	..
Bilateral involvement of chest radiographs	40/41 (98%)	13/13 (100%)	27/28 (96%)	0·68
Cycle threshold of respiratory tract	32·2 (31·0–34·5)	31·1 (30·0–33·5)	32·2 (31·1–34·7)	0·39

Data are median (IQR) or n/N (%), where N is the total number of patients with available data. p values comparing ICU care and no ICU care are from χ^2, Fisher's exact test, or Mann-Whitney U test. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit. *Complicated typical secondary infection during the first hospitalisation.

Table 2: **Laboratory findings of patients infected with 2019-nCoV on admission to hospital**

some health-care workers have also been infected in Wuhan. Taken together, evidence so far indicates human transmission for 2019-nCoV. We are concerned that 2019-nCoV could have acquired the ability for efficient human transmission.[19] Airborne precautions, such as a fit-tested N95 respirator, and other personal protective equipment are strongly recommended. To prevent further spread of the disease in health-care settings that are caring for patients infected with 2019-nCoV, onset of fever and respiratory symptoms should be closely monitored among health-care workers. Testing of respiratory specimens should be done immediately once a diagnosis is suspected. Serum antibodies should be tested among health-care workers

before and after their exposure to 2019-nCoV for identification of asymptomatic infections.

Similarities of clinical features between 2019-nCoV and previous betacoronavirus infections have been noted. In this cohort, most patients presented with fever, dry cough, dyspnoea, and bilateral ground-glass opacities on chest CT scans. These features of 2019-nCoV infection bear some resemblance to SARS-CoV and MERS-CoV infections.[20,21] However, few patients with 2019-nCoV infection had prominent upper respiratory tract signs and symptoms (eg, rhinorrhoea, sneezing, or sore throat), indicating that the target cells might be located in the lower airway. Furthermore, 2019-nCoV patients rarely developed intestinal signs and symptoms (eg, diarrhoea), whereas about 20–25% of patients with MERS-CoV or SARS-CoV infection had diarrhoea.[21] Faecal and urine samples should be tested to exclude a potential alternative route of transmission that is unknown at this stage.

The pathophysiology of unusually high pathogenicity for SARS-CoV or MERS-CoV has not been completely understood. Early studies have shown that increased amounts of proinflammatory cytokines in serum (eg, IL1B, IL6, IL12, IFNγ, IP10, and MCP1) were associated with pulmonary inflammation and extensive lung damage in SARS patients.[22] MERS-CoV infection was also reported to induce increased concentrations of proinflammatory cytokines (IFNγ, TNFα, IL15, and IL17).[21] We noted that patients infected with 2019-nCoV also had high amounts of IL1B, IFNγ, IP10, and MCP1, probably leading to activated T-helper-1 (Th1) cell responses. Moreover, patients requiring ICU admission had higher concentrations of GCSF, IP10, MCP1, MIP1A, and TNFα than did those not requiring ICU admission, suggesting that the cytokine storm was associated with disease severity. However, 2019-nCoV infection also initiated increased secretion of T-helper-2 (Th2) cytokines (eg, IL4 and IL10) that suppress inflammation, which differs from SARS-CoV infection.[22] Further studies are necessary to characterise the Th1 and Th2 responses in 2019-nCoV infection and to elucidate the pathogenesis. Autopsy or biopsy studies would be the key to understand the disease.

In view of the high amount of cytokines induced by SARS-CoV,[22,24] MERS-CoV,[25,26] and 2019-nCoV infections, corticosteroids were used frequently for treatment of patients with severe illness, for possible benefit by reducing inflammatory-induced lung injury. However, current evidence in patients with SARS and MERS

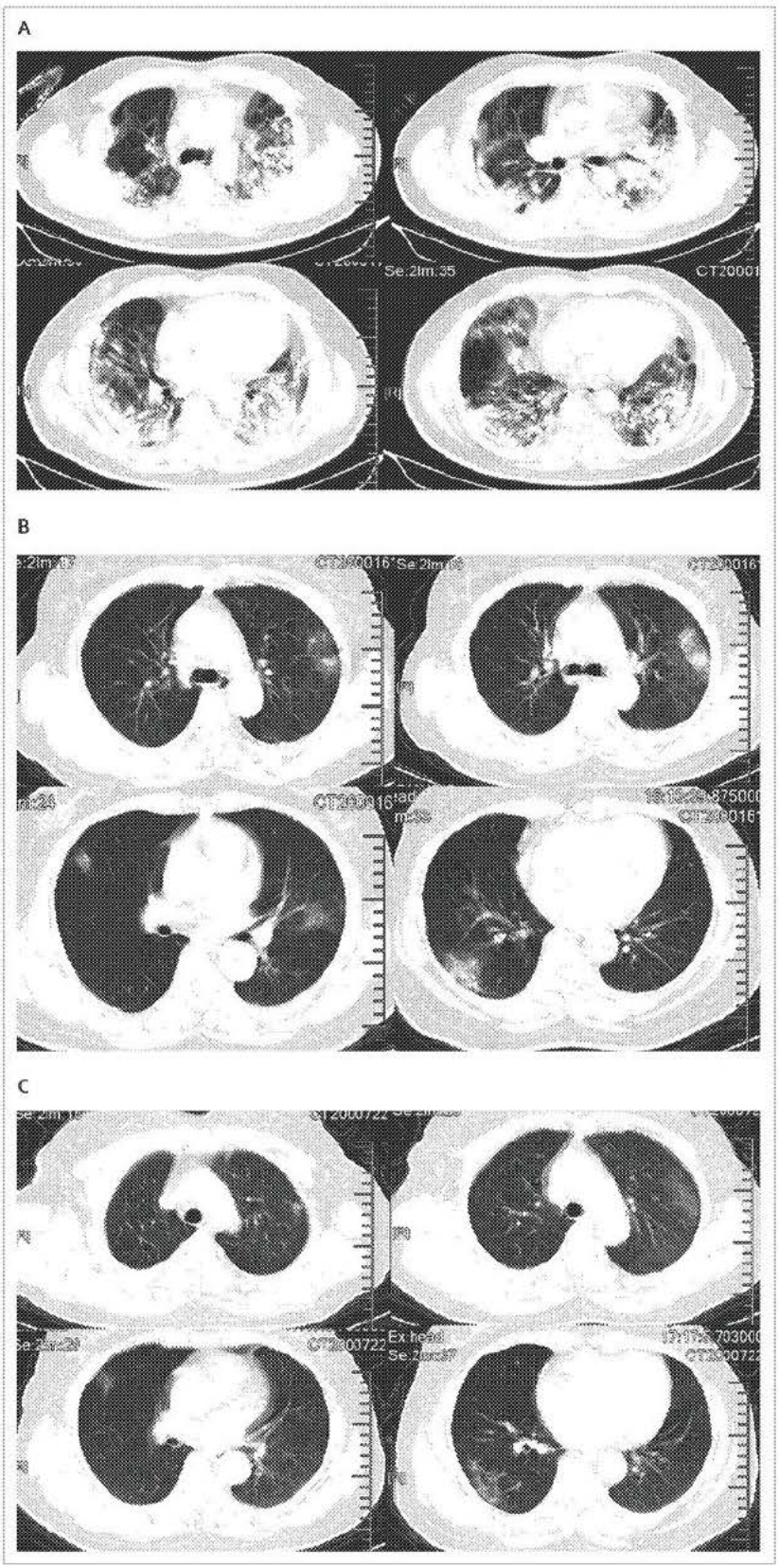


Figure 3: **Chest CT images**

(A) Transverse chest CT images from a 40-year-old man showing bilateral multiple lobular and subsegmental areas of consolidation on day 15 after symptom onset. Transverse chest CT images from a 53-year-old woman showing bilateral ground-glass opacity and subsegmental areas of consolidation on day 8 after symptom onset (B), and bilateral ground-glass opacity on day 12 after symptom onset (C).

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
Duration from illness onset to first admission	7·0 (4·0–8·0)	7·0 (4·0–8·0)	7·0 (4·0–8·5)	0·87
Complications				
Acute respiratory distress syndrome	12 (29%)	11 (85%)	1 (4%)	<0·0001
RNAaemia	6 (15%)	2 (15%)	4 (14%)	0·93
Cycle threshold of RNAaemia	35·1 (34·7–35·1)	35·1 (35·1–35·1)	34·8 (34·1–35·4)	0·35
Acute cardiac injury*	5 (12%)	4 (31%)	1 (4%)	0·017
Acute kidney injury	3 (7%)	3 (23%)	0	0·027
Secondary infection	4 (10%)	4 (31%)	0	0·0014
Shock	3 (7%)	3 (23%)	0	0·027
Treatment				
Antiviral therapy	38 (93%)	12 (92%)	26 (93%)	0·46
Antibiotic therapy	41 (100%)	13 (100%)	28 (100%)	NA
Use of corticosteroid	9 (22%)	6 (46%)	3 (11%)	0·013
Continuous renal replacement therapy	3 (7%)	3 (23%)	0	0·027
Oxygen support	..	..	.	<0·0001
Nasal cannula	27 (66%)	1 (8%)	26 (93%)	..
Non-invasive ventilation or high-flow nasal cannula	10 (24%)	8 (62%)	2 (7%)	..
Invasive mechanical ventilation	2 (5%)	2 (15%)	0	..
Invasive mechanical ventilation and ECMO	2 (5%)	2 (15%)	0	..
Prognosis	..	..	..	0·014
Hospitalisation	7 (17%)	1 (8%)	6 (21%)	..
Discharge	28 (68%)	7 (54%)	21 (75%)	..
Death	6 (15%)	5 (38%)	1 (4%)	..

Data are median (IQR) or n (%). p values are comparing ICU care and no ICU care. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit. NA=not applicable. ECMO=extracorporeal membrane oxygenation. *Defined as blood levels of hypersensitive troponin I above the 99th percentile upper reference limit (>28 pg/mL) or new abnormalities shown on electrocardiography and echocardiography.

Table 3: **Treatments and outcomes of patients infected with 2019-nCoV**

suggests that receiving corticosteroids did not have an effect on mortality, but rather delayed viral clearance.[27–29] Therefore, corticosteroids should not be routinely given systemically, according to WHO interim guidance.[30] Among our cohort of 41 laboratory-confirmed patients with 2019-nCoV infection, corticosteroids were given to very few non-ICU cases, and low-to-moderate dose of corticosteroids were given to less than half of severely ill patients with ARDS. Further evidence is urgently needed to assess whether systematic corticosteroid treatment is beneficial or harmful for patients infected with 2019-nCoV.

No antiviral treatment for coronavirus infection has been proven to be effective. In a historical control study,[31] the combination of lopinavir and ritonavir among SARS-CoV patients was associated with substantial clinical benefit (fewer adverse clinical outcomes). Arabi and colleagues initiated a placebo-controlled trial of interferon beta-1b, lopinavir, and ritonavir among patients with MERS infection in Saudi Arabia.[32] Preclinical evidence showed the potent efficacy of remdesivir (a broad-spectrum antiviral nucleotide prodrug) to treat MERS-CoV and SARS-CoV infections.[33,34] As 2019-nCoV is an emerging virus, an effective treatment has not been developed for disease resulting from this virus. Since the combination of lopinavir and ritonavir was already available in the designated hospital, a randomised controlled trial has been initiated quickly to assess the efficacy and safety of combined use of lopinavir and ritonavir in patients hospitalised with 2019-nCoV infection.

Our study has some limitations. First, for most of the 41 patients, the diagnosis was confirmed with lower respiratory tract specimens and no paired nasopharyngeal swabs were obtained to investigate the difference in the viral RNA detection rate between upper and lower respiratory tract specimens. Serological detection was not done to look for 2019-nCoV antibody rises in 18 patients with undetectable viral RNA. Second, with the limited number of cases, it is difficult to assess host risk factors for disease severity and mortality with multivariable-adjusted methods. This is a modest-sized case series of patients admitted to hospital; collection of standardised data for a larger cohort would help to further define the clinical presentation, natural history, and risk factors. Further studies in outpatient, primary care, or community settings are needed to get a full picture of the spectrum of clinical severity. At the same time, finding of statistical tests and p values should be interpreted with caution, and non-significant p values do not necessarily rule out difference between ICU and non-ICU patients. Third, since the causative pathogen has just been identified, kinetics of viral load and antibody titres were not available. Finally, the potential exposure bias in our study might account for why no paediatric or adolescent patients were reported in this cohort. More effort should be made to answer these questions in future studies.

Both SARS-CoV and MERS-CoV were believed to originate in bats, and these infections were transmitted directly to humans from market civets and dromedary camels, respectively.[35] Extensive research on SARS-CoV and MERS-CoV has driven the discovery of many SARS-like and MERS-like coronaviruses in bats. In 2013, Ge and colleagues[36] reported the whole genome sequence of a SARS-like coronavirus in bats with that ability to use human ACE2 as a receptor, thus having replication potentials in human cells.[37] 2019-nCoV still needs to be studied deeply in case it becomes a global health threat. Reliable quick pathogen tests and feasible differential diagnosis based on clinical description are crucial for clinicians in their first contact with suspected patients. Because of the pandemic potential of 2019-nCoV, careful surveillance is essential to monitor its future host adaption, viral evolution, infectivity, transmissibility, and pathogenicity.

Contributors

BC and JW had the idea for and designed the study and had full access to all data in the study and take responsibility for the integrity of the

data and the accuracy of the data analysis. YWa, GF, XG, JiXu, HL, and BC contributed to writing of the report. BC contributed to critical revision of the report. YWa, GF, XG, JiXu, and HL contributed to the statistical analysis. All authors contributed to data acquisition, data analysis, or data interpretation, and reviewed and approved the final version.

Declaration of interests

All authors declare no competing interests.

Data sharing

The data that support the findings of this study are available from the corresponding author on reasonable request. Participant data without names and identifiers will be made available after approval from the corresponding author and National Health Commission. After publication of study findings, the data will be available for others to request. The research team will provide an email address for communication once the data are approved to be shared with others. The proposal with detailed description of study objectives and statistical analysis plan will be needed for evaluation of the reasonability to request for our data. The corresponding author and National Health Commission will make a decision based on these materials. Additional materials may also be required during the process.

Acknowledgments

This work is funded by the Special Project for Emergency of the Ministry of Science and Technology (2020YFC0841300) Chinese Academy of Medical Sciences (CAMS) Innovation Fund for Medical Sciences (CIFMS 2018-I2M-1-003), a National Science Grant for Distinguished Young Scholars (81425001/H0104), the National Key Research and Development Program of China (2018YFC1200102), The Beijing Science and Technology Project (Z191100700660000), CAMS Innovation Fund for Medical Sciences (2016-I2M-1-014), and National Mega-projects for Infectious Diseases in China (2017ZX10103004 and 2018ZX10305409). We acknowledge all health-care workers involved in the diagnosis and treatment of patients in Wuhan; we thank the Chinese National Health Commission for coordinating data collection for patients with 2019-nCoV infection; we thank WHO and the International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC) for sharing data collection templates publicly on the website; and we thank Prof Chen Wang and Prof George F Gao for guidance in study design and interpretation of results.

References

1 Richman DD, Whitley RJ, Hayden FG, eds. Clinical virology, 4th edn. Washington: ASM Press, 2016.
2 Ksiazek TG, Erdman D, Goldsmith CS, et al. A novel coronavirus associated with severe acute respiratory syndrome. *N Engl J Med* 2003; **348**: 1953–66.
3 Kuiken T, Fouchier RAM, Schutten M, et al. Newly discovered coronavirus as the primary cause of severe acute respiratory syndrome. *Lancet* 2003; **362**: 263–70.
4 Drosten C, Günther S, Preiser W, et al. Identification of a novel coronavirus in patients with severe acute respiratory syndrome. *N Engl J Med* 2003; **348**: 1967–76.
5 de Groot RJ, Baker SC, Baric RS, et al. Middle East respiratory syndrome coronavirus (MERS-CoV): announcement of the Coronavirus Study Group. *J Virol* 2013; **87**: 7790–92.
6 Zaki AM, van Boheemen S, Bestebroer TM, Osterhaus ADME, Fouchier RAM. Isolation of a novel coronavirus from a man with pneumonia in Saudi Arabia. *N Engl J Med* 2012; **367**: 1814–20.
7 WHO. Summary of probable SARS cases with onset of illness from 1 November 2002 to 31 July 2003. Dec 31, 2003. https://www.who.int/csr/sars/country/table2004_04_21/en/ (accessed Jan 19, 2020).
8 WHO. Middle East respiratory syndrome coronavirus (MERS-CoV). November, 2019. http://www.who.int/emergencies/mers-cov/en/ (accessed Jan 19, 2020).
9 WHO. Novel coronavirus – China. Jan 12, 2020. http://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/ (accessed Jan 19, 2020).
10 WHO. Novel coronavirus – Thailand (ex-China). Jan 14, 2020. http://www.who.int/csr/don/14-january-2020-novel-coronavirus-thailand/en/ (accessed Jan 19, 2020).
11 WHO. Novel coronavirus – Japan (ex-China). Jan 17, 2020. http://www.who.int/csr/don/17-january-2020-novel-coronavirus-japan-ex-china/en/ (accessed Jan 19, 2020).
12 WHO. Novel coronavirus – Republic of Korea (ex-China). Jan 21, 2020. http://www.who.int/csr/don/21-january-2020-novel-coronavirus-republic-of-korea-ex-china/en/ (accessed Jan 23, 2020).
13 CDC. First travel-related case of 2019 novel coronavirus detected in United States. Jan 21, 2020. https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html (accessed Jan 23, 2020).
14 Tan W, Zhao X, Ma X, et al. A novel coronavirus genome identified in a cluster of pneumonia cases — Wuhan, China 2019–2020. http://weekly.chinacdc.cn/en/article/id/a3907201-f64f-4154-a19e-4253b453d10c (accessed Jan 23, 2020).
15 Sanz F, Gimeno C, Lloret T, et al. Relationship between the presence of hypoxemia and the inflammatory response measured by C-reactive protein in bacteremic pneumococcal pneumonia. *Eur Respir J* 2011; **38** (suppl 55): 2492.
16 Kidney disease: improving global outcomes (KDIGO) acute kidney injury work group. KDIGO clinical practice guideline for acute kidney injury. March, 2012. https://kdigo.org/wp-content/uploads/2016/10/KDIGO-2012-AKI-Guideline-English.pdf (accessed Jan 23, 2020).
17 Garner JS, Jarvis WR, Emori TG, Horan TC, Hughes JM. CDC definitions for nosocomial infections, 1988. *Am J Infect Control* 1988; **16**: 128–40.
18 Gao C, Wang Y, Gu X, et al. Association between cardiac injury and mortality in hospitalized patients infected with avian influenza A (H7N9) virus. *Crit Care Med* 2020; published online Jan 20. DOI:10.1097/CCM.0000000000004207.
19 Perlman S, Netland J. Coronaviruses post-SARS: update on replication and pathogenesis. *Nat Rev Microbiol* 2009; **7**: 439–50.
20 Lee N, Hui D, Wu A, et al. A major outbreak of severe acute respiratory syndrome in Hong Kong. *N Engl J Med* 2003; **348**: 1986–94.
21 Assiri A, Al-Tawfiq JA, Al-Rabeeah AA, et al. Epidemiological, demographic, and clinical characteristics of 47 cases of Middle East respiratory syndrome coronavirus disease from Saudi Arabia: a descriptive study. *Lancet Infect Dis* 2013; **13**: 752–61.
22 Wong CK, Lam CWK, Wu AKL, et al. Plasma inflammatory cytokines and chemokines in severe acute respiratory syndrome. *Clin Exp Immunol* 2004; **136**: 95–103.
23 Mahallawi WH, Khabour OF, Zhang Q, Makhdoum HM, Suliman BA. MERS-CoV infection in humans is associated with a pro-inflammatory Th1 and Th17 cytokine profile. *Cytokine* 2018; **104**: 8–13.
24 He L, Ding Y, Zhang Q, et al. Expression of elevated levels of pro-inflammatory cytokines in SARS-CoV-infected ACE2+ cells in SARS patients: relation to the acute lung injury and pathogenesis of SARS. *J Pathol* 2006; **210**: 288–97.
25 Faure E, Poissy J, Goffard A, et al. Distinct immune response in two MERS-CoV-infected patients: can we go from bench to bedside? *PLoS One* 2014; **9**: e88716.
26 Falzarano D, de Wit E, Rasmussen AL, et al. Treatment with interferon-α2b and ribavirin improves outcome in MERS-CoV-infected rhesus macaques. *Nat Med* 2013; **19**: 1313–17.
27 Stockman LJ, Bellamy R, Garner P. SARS: systematic review of treatment effects. *PLoS Med* 2006; **3**: e343.
28 Lansbury L, Rodrigo C, Leonardi-Bee J, Nguyen-Van-Tam J, Lim WS. Corticosteroids as adjunctive therapy in the treatment of influenza. *Cochrane Database Syst Rev* 2019; **2**: CD010406.
29 Arabi YM, Mandourah Y, Al-Hameed F, et al. Corticosteroid therapy for critically ill patients with Middle East respiratory syndrome. *Am J Respir Crit Care Med* 2018; **197**: 757–67.
30 WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. Jan 11, 2020. https://www.who.int/internal-publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected (accessed Jan 19, 2020).
31 Chu CM. Role of lopinavir/ritonavir in the treatment of SARS: initial virological and clinical findings. *Thorax* 2004; **59**: 252–56.
32 Arabi YM, Alothman A, Balkhy HH, et al. Treatment of Middle East respiratory syndrome with a combination of lopinavir-ritonavir and interferon-β1b (MIRACLE trial): study protocol for a randomized controlled trial. *Trials* 2018; **19**: 81.

33 Sheahan TP, Sims AC, Graham RL, et al. Broad-spectrum antiviral GS-5734 inhibits both epidemic and zoonotic coronaviruses. *Sci Transl Med* 2017; **9**: eaal3653.

34 Sheahan TP, Sims AC, Leist SR, et al. Comparative therapeutic efficacy of remdesivir and combination lopinavir, ritonavir, and interferon beta against MERS-CoV. *Nat Commun* 2020; **11**: 222.

35 Cui J, Li F, Shi Z-L. Origin and evolution of pathogenic coronaviruses. *Nat Rev Microbiol* 2019; **17**: 181–92.

36 Ge X-Y, Li J-L, Yang X-L, et al. Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* 2013; **503**: 535–38.

37 Wang M, Hu Z. Bats as animal reservoirs for the SARS coronavirus: hypothesis proved after 10 years of virus hunting. *Virol Sin* 2013; **28**: 315–17.

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

National Institutes of Health
National Institute of Allergy
and Infectious Diseases
Bethesda, Maryland 20892

24 April 2020

Drs. Aleksei Chmura and Peter Daszak
EcoHealth Alliance, Inc.
460 W 34th St
Suite 1701
New York, NY 10001

Re: Termination of NIH Grant R01 AI 110964

Dear Drs. Chmura and Daszak:

I am writing to notify you that the National Institute of Allergy and Infectious Diseases (NIAID), an Institute within the National Institutes of Health (NIH), under the Department of Health and Human Services (HHS) has elected to terminate the project *Understanding the Risk of Bat Coronavirus Emergence*, funded under grant R01 AI110964, for convenience. This grant project was issued under the authorization of Sections 301 and 405 of the Public Health Service Act as amended (42 USC 241 and 284). This grant was funded as a discretionary grant as outlined in the NIH Grants Policy Statement, which states that the decision not to award a grant, or to award a grant at a particular funding level, is at the discretion of the agency, in accordance with NIH's dual review system.

At this time, NIH does not believe that the current project outcomes align with the program goals and agency priorities. NIAID has determined there are no animal and human ethical considerations, as this project is not a clinical trial, but rather an observational study.

As a result of this termination, a total of $369,819.56 will be remitted to NIAID and additional drawdowns will not be supported. The remaining funds have been restricted in the HHS Payment Management System, effective immediately.

Please let me know if you have any questions concerning the information in this letter.

Sincerely,

Lauer, Michael (NIH/OD) [E] Digitally signed by Lauer, Michael (NIH/OD) [E]
Date: 2020.04.24 16:41:16 -04'00'

Michael S Lauer, MD
NIH Deputy Director for Extramural Research
Email: (b) (6)

cc: Dr. Erik Stemmy
Ms. Emily Linde

Date: April 19, 2020

From: Michael S Lauer, MD
NIH Deputy Director for Extramural Research

Lauer, Michael (NIH/OD) [E] Digitally signed by Lauer, Michael (NIH/OD) [E] Date: 2020.04.19 10:47:40 -04'00'

To: Kevin Olival, PhD
Vice-President for Research
EcoHealth Alliance
(b) (6)

Naomi Schrag, JD
Vice-President for Research Compliance, Training, and Policy
Columbia University
(b) (6)

Subject: Project Number 2R01AI110964-06

Dear Dr. Olival and Ms. Schrag:

EcoHealth Alliance, Inc. is the recipient, as grantee, of an NIH grant entitled "Understanding the Risk of Bat Coronavirus Emergence." It is our understanding that one of the sub-recipients of the grant funds is the Wuhan Institute of Virology ("WIV"). It is our understanding that WIV studies the interaction between corona viruses and bats. The scientific community believes that the coronavirus causing COVID-19 jumped from bats to humans likely in Wuhan where the COVID-19 pandemic began. There are now allegations that the current crisis was precipitated by the release from WIV of the coronavirus responsible for COVID-19. Given these concerns, we are pursuing suspension of WIV from participation in Federal programs.

While we review these allegations during the period of suspension, you are instructed to cease providing any funds from the above noted grant to the WIV. This temporary action is authorized by 45 C.F.R. § 75.371(d) ("Initiate suspension or debarment proceedings as authorized under 2 C.F.R. part 180"). The incorporated OMB provision provides that the funding agency may, through suspension, immediately and temporarily exclude from Federal programs persons who are not presently responsible where "immediate action is necessary to protect the public interest." 2 C.F.R. § 180.700(c). It is in the public interest that NIH ensure that a sub-recipient has taken all appropriate precautions to prevent the release of pathogens that it is studying. This suspension of the sub-recipient does not affect the remainder of your grant assuming that no grant funds are provided to WIV following receipt of this email during the period of suspension.

[Wuhan Pneumonia] Wuhan disease control researcher was once attacked by bat attacked mainland scholars questioning virus leak

Social News

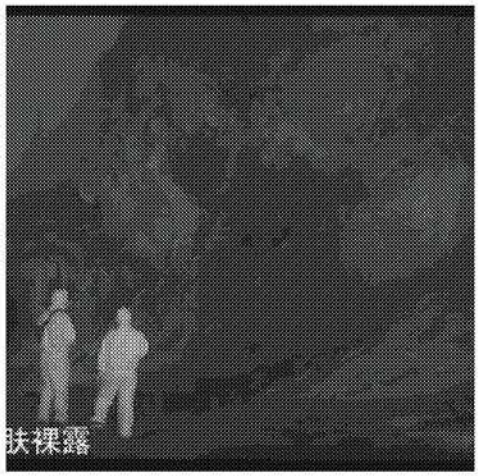
讚好 4,575

Written by: Wei Jingquan 2020-02-15 17:44 Last update date:2020-02-15 19:26

The new coronavirus (2019-nCoV) pneumonia epidemic continues, and WHO experts point out that the virus may originate from bats, especially Rhinolophus Bat. Xiaobo Tao, a professor at South China University of Technology, published a report entitled "Possibility of New Coronavirus (2019-nCoV) Source", pointing out that the Wuhan Disease Control Cen less than 300 meters away from the South China Seafood Market, wh was allegedly the source of the outbreak, had captured bat To study coronavirus, more researchers were splashed by the blood and urine of bats. The researchers had to isolate themselves for 14 days.

academic journal, but only on the scientific paper sharing website. The paper has not been found. "Hong Kong 01" reporter wanted to call Xiao Botao for verification, but the other party did not listen to the call. Earlier it was suspected that the epidemic was related to another laboratory in Wuhan and the Wuhan Institute of Virology, Chinese Academy of Sciences, but officials denied it many times.

▼ The process of capturing bats in Wuhan CDC ▼



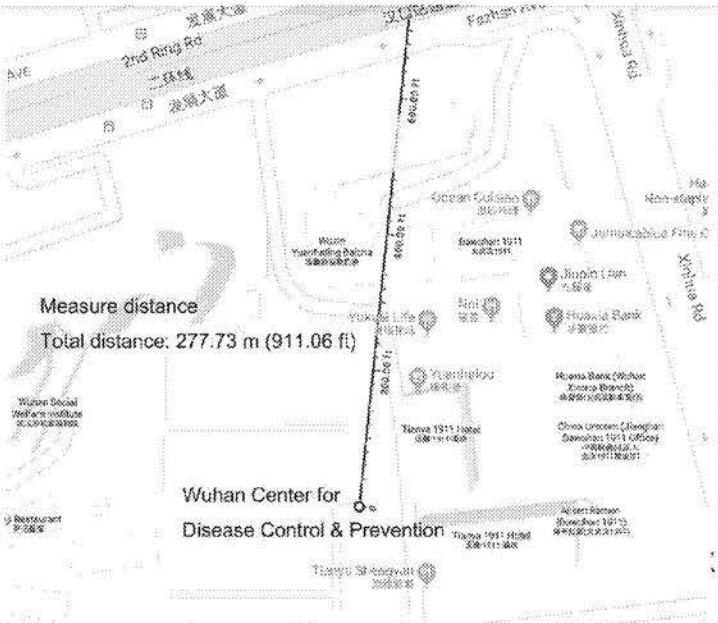
+ 4

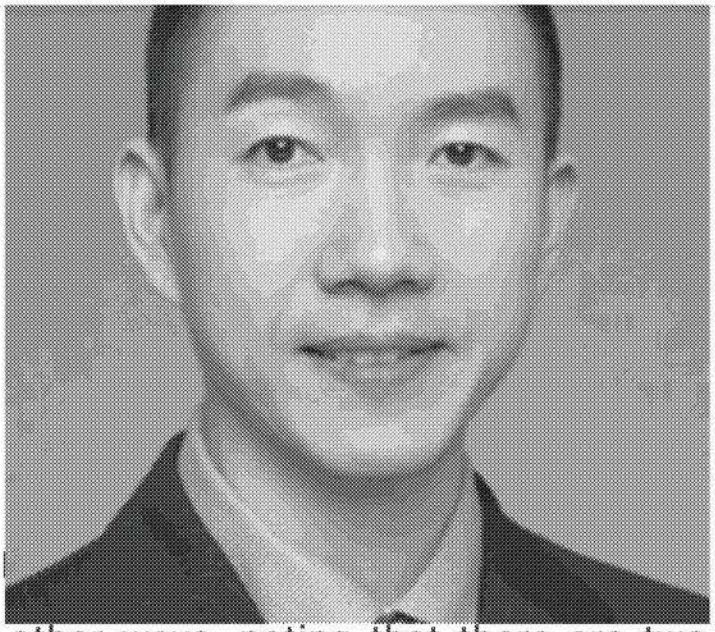
The scholar who wrote this report is Professor Xiao Botao of the School of Biological Science and Engineering of South China University of Technology. He used to work at Harvard Medical School and has collaborated with Northwestern University in the United States. He has been awarded the National Natural Science Foundation many times. Fund support. As of February 6, the report refers to the new coronavirus gene sequencing found that 96% and 89% are similar to the coronavirus (CoV ZC45) found in the head bat (CoV ZC45), but it is necessary to study the pathogen and how to pass it to humans. The report cited medical journal research, stating that 27 of the 41 people infected in Wuhan were linked to South China Seafood City, and 33 of the 585 samples collected in South China Seafood City had detected new coronaviruses.

However, the bat carrying CoV ZC45 was first discovered in Yunnan and Zhejiang provinces, more than 900 kilometers away from South China Seafood City. In addition, bats usually live in the wild, and the population is dense. The possibility of bats flying to the place is "very low." . Although the South China Seafood Market sells game meat, it does not sell bats.

market and identified two laboratories conducting research on bat coronavirus. Within ~280 meters from the market, there was the Wuhan Center for Disease Control & Prevention (WHCDC) (Figure 1, from Baidu and Google maps). WHCDC hosted animals in laboratories for research purpose, one of which was specialized in pathogens collection and identification [4-6]. In one of their studies, 155 bats including *Rhinolophus affinis* were captured in Hubei province, and other 450 bats were captured in Zhejiang province [4]. The expert in collection was noted in the Author Contributions (JHT). Moreover, he was broadcasted for collecting viruses on nation-wide newspapers and websites in 2017 and 2019 [7,8]. He described that he was once by attacked by bats and the blood of a bat shot on his skin. He knew the extreme danger of the infection so he quarantined himself for 14 days [7]. In another accident, he quarantined himself again because bats peed on him. He was once thrilled for capturing a bat carrying a live tick [8].

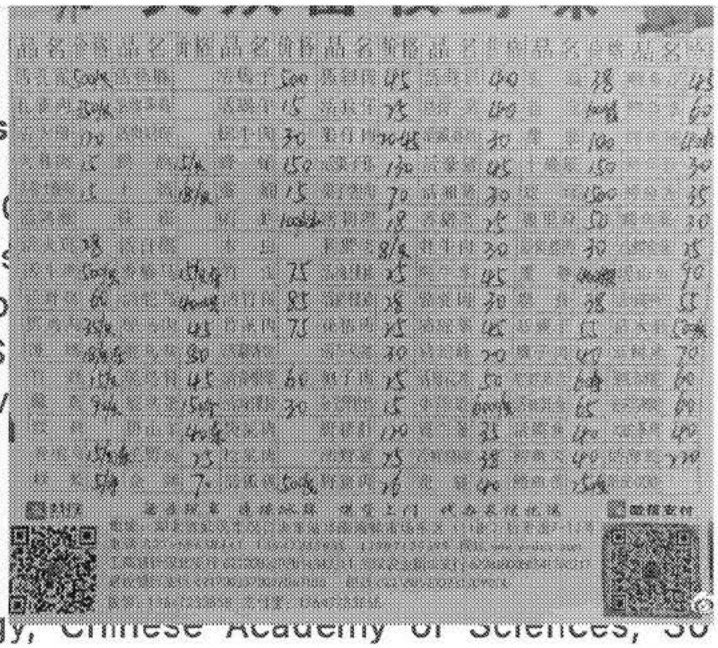
Surgery was performed on the caged animals and the tissue samples were collected for DNA and RNA extraction and sequencing [4, 5]. The tissue samples and contaminated trashes were source of pathogens. They were only ~280 meters from the seafood market. The WHCDC was also adjacent to the Union Hospital (Figure 1, bottom) where the first group of doctors were infected during this epidemic. It is plausible that the virus leaked around and some of them contaminated the initial patients in this epidemic, though solid proofs





The report mentions the possibility of other ways, noting that there are two laboratories in Wuhan, in addition to the Wuhan Institute of Virology of the Chinese Academy of Sciences, which is 30 kilometers away from the South China Seafood Market and at the P4 level. WHCDC), the center possesses animals for research purposes including collecting and distinguishing pathogens.

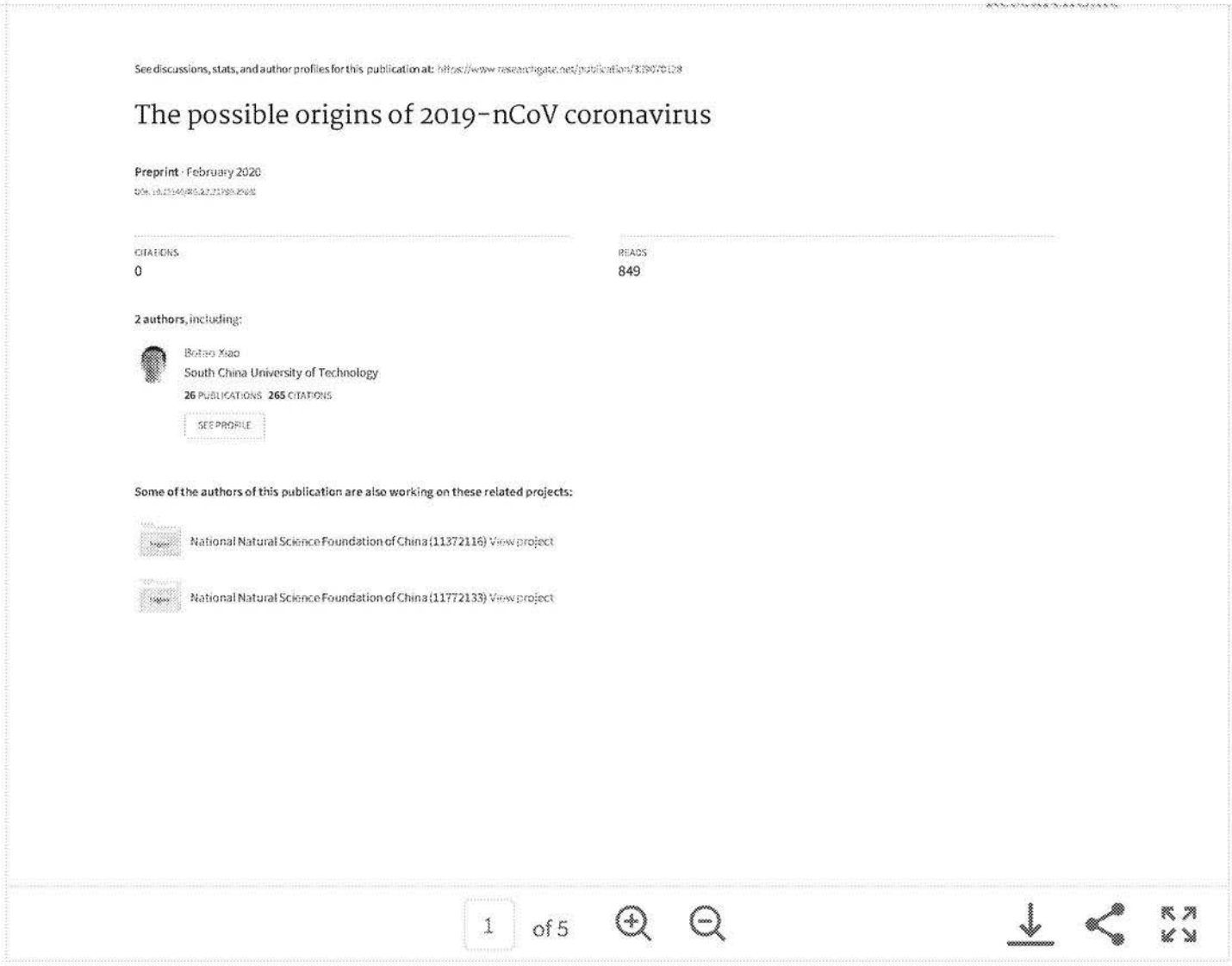
The report quotes past official information that the Wuhan CDC once captured 155 bats from Hubei Province, including the chrysanthemum bat, and another 450 bats from Zhejiang Province. However, the researcher in charge of the research had been interviewed by the media in 2017 and 2019 to mention two accidents, including that he had been attacked by a bat, and the blood of the bat splashed on his skin, so he was isolated for 14 days; The bat urinates and must be isolated; he has found a live tick on the bat.



As for the Wuhan Institute of Virology, Chinese Academy of Sciences, 30 kilometers away from South China Seafood City, it has been tracking SARS-CoV virus research in 2003, such as using reverse genetics methods. Therefore, "direct speculation" refers to the possibility that the laboratory has leaked SARS-CoV or its derivatives.

▼ Professor Xiao Botao of South China University of Technology Full Paper
▼

Originsof2019-NCoV XiaoB Res by Zerohedge on Scribd



See discussions, stats, and author profiles for this publication at: https://www.researchgate.net/publication/338978128

The possible origins of 2019-nCoV coronavirus

Preprint · February 2020

DOI: 10.13140/RG.2.2.21798.25602

CITATIONS
0

READS
849

2 authors, including:

Botao Xiao
South China University of Technology
26 PUBLICATIONS 265 CITATIONS
SEE PROFILE

Some of the authors of this publication are also working on these related projects:

National Natural Science Foundation of China (11372116) View project

National Natural Science Foundation of China (11772133) View project

1 of 5

Summary quoted opinion that high-risk laboratories should stay away from people

The report concluded that some people are concerned about the evolution of the 2019-nCoV coronavirus. In addition to the natural reorganization and the origin of the intermediate host, the lethal coronavirus may also come from the Wuhan laboratory. The safety level of the high-risk biological laboratory may need to be strengthened. Regulations should be taken to keep the laboratory location away from the city center and other densely populated places.

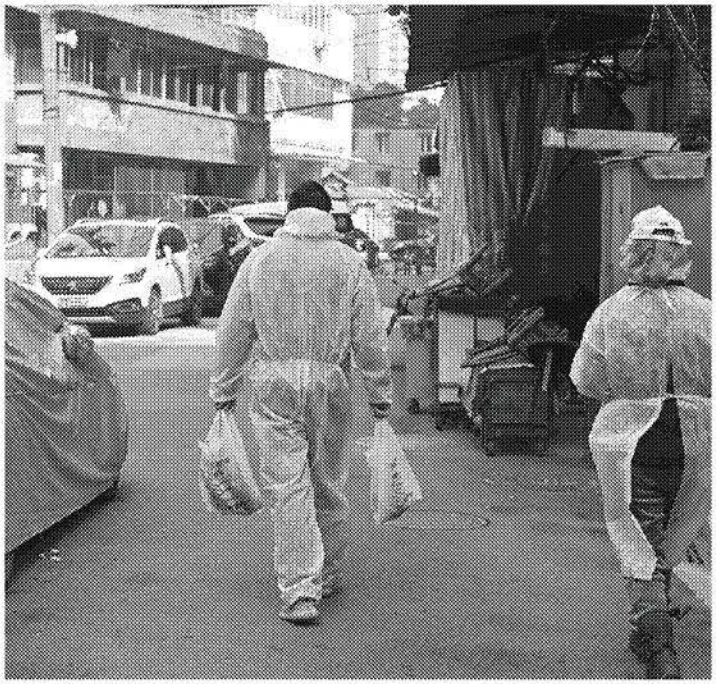
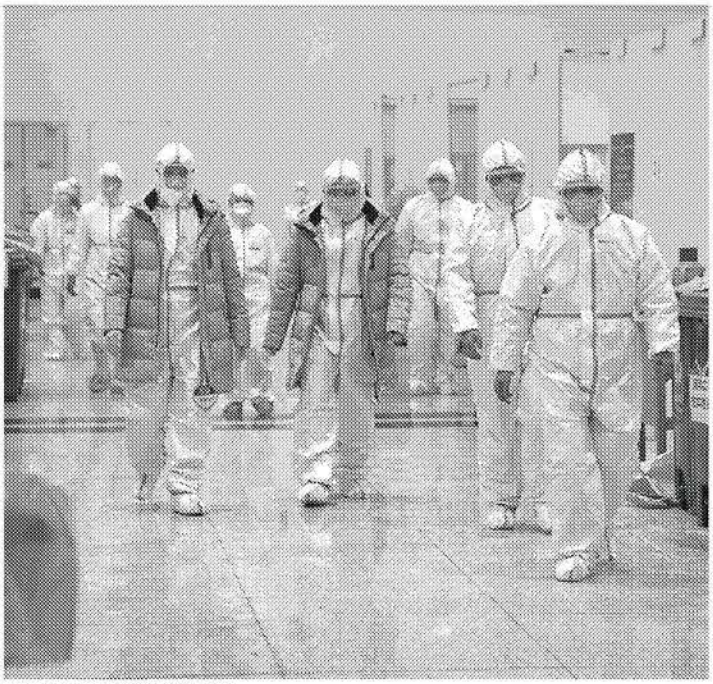
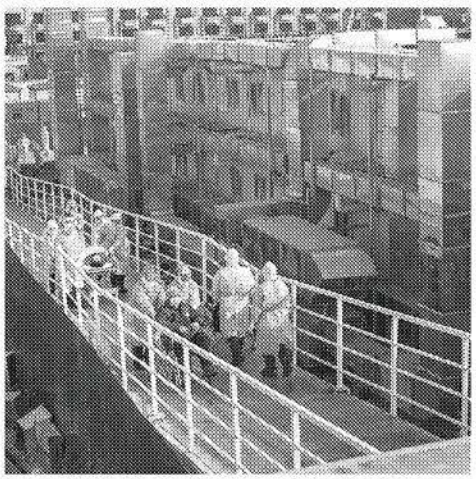
This report was published on the research sharing website Research Gate on February 6, and was not published in an authoritative academic journal, but Research Gate has not found the article. "Hong Kong 01" reporter called Xiao Botao for enquiries, but the other party did not answer the call

The city of Wuhan was closed, public transportation stopped, tens of thousands of people were infected, people in the city were panicked, residents wore masks when they went out, and even more people went to the supermarket to protect themselves with plastic bags. (Chinatopix / Associated Press)

WHO: No intermediate host found

A World Health Organization official said on February 11th that after the Chinese health department disclosed the viral gene sequencing, scientists found that the new coronavirus may have come from bats, and then transferred to an intermediate host, and then infected humans. However, it is temporarily unknown which animal the intermediate host is. Sylvie Briand, director of the Infectious Diseases Hazard Management Department, attended a press conference at the Geneva headquarters and said that after the scientists arrived at the South China Seafood Market in Wuhan, the epid stricken area, a large number of bats were not found, and further researc needed.

▼ Wuhan pneumonia epidemic spread more than 60,000 people diagnosed


+ 5

Virus researcher "guaranteeed by life" denied laboratory leak

There have been doubts about the epidemic related to the laboratories in the Mainland, including the laboratory of the Wuhan Institute of Virology, the Chinese Academy of Sciences, which is 30 kilometers away from the South China Seafood Market and the highest level 4 (P4).

Shi Zhengli, a researcher at the Wuhan Institute of Virology, Chinese Academy of Sciences, said on February 2 that the "guarantee of life" was not leak the laboratory, referring to "the new coronavirus is nature's punishmen humans' uncivilized living habits," meaning it is related to wild game. Peter Daszak, a long-time partner of Shi Zhengli and a disease ecologist of the American non-profit organization Environmental Ecology and Health Alliance,

At the press conference of the State Council's Joint Defense and Joint Control Mechanism today (15th), Wu Yuanbin, director of the Department of Social Development and Technology of the Ministry of Science and Technology, said, "Guiding Opinions on Strengthening the Biosafety Management of the New Coronavirus High-grade Viral Microbiology Laboratory" is issued, requiring all competent departments to strengthen the management of laboratories, especially viruses, to ensure biosecurity.

▼ Wuhan CDC captures and studies bat documentary ▼

[Wuhan Pneumonia] WHO: Viruses or bats infect humans through intermediate hosts

China releases new coronavirus resource library 80% similar to SARS

[Wuhan Pneumonia · Multiple Images] The latest virus exposure looks SARS and MERS

【Wuhan Pneumonia】 Researcher of the Institute of Virology: Using life to

Coronavirus disease

19 0 3 5 7

全部評論 (146)

由新至舊

發表評論...

＊會員之留言需符合香港特別行政區法例
＊香港01及用戶管理者保留刪除違反相關條款及細則之文章及/或留言之權利

用戶_6454556

吹吹風，試試反應。

2020年2月16日 07:23. 回應. 讚好

用戶_9894522

有証据嗎，冇，不要乱作。

2020年2月16日 04:48. 回應. 讚好

更多評論

originated from the Wuhan Laboratory Ministry of Foreign Affairs: no scientific basis

Instant China 2020-04-16

New Coronary Pneumonia | Experts from Wuhan Virus Institute deny artificial synthesis: humans do not have such wisdom

Featured Chamber 2020-04-19

[New Coronary Pneumonia] US media: The embassy in China warned the Wuhan laboratory of safety problems two years ago

Instant International 2020-04-15

Chinese viruses, laboratory leaks, and plague: who can bear the heinous guilt?

Featured Analyze comments 13 hours ago

【Wuhan Pneumonia】 The postgraduate on the Internet is "Patient Zero" Wuhan Virus Institute: No one is infected

Featured Chamber 2020-02-16

[Wuhan Pneumonia] WHO: Viruses or bats infect humans through intermediate hosts

Instant International 2020-02-12

【Wuhan Pneumonia】 Get the complete poison chain from snake

香港01

[Wuhan Pneumonia] New discovery in virus-infected potential intermediary host inland research: pangolin

Featured Hot topic 2020-02-07

[Wuhan Pneumonia] Has the questioned Wuhan Virus Research Institute edited the virus manually?

Instant China 2020-02-06

[Wuhan Pneumonia] Mainland research refers to snake as virus intermediary host Xu Shuchang: only inference is not true

Social News 2020-01-24

[New Coronary Pneumonia] Mainland experts: the virus is not artificially recommended to trace the source of bat habitat

Chamber 2020-03-10

【Wuhan Pneumonia】 Deeply caught in the eye of public opinion storm to deconstruct the development history of Wuhan Institute of Virology, Chinese Academy of Sciences

Featured Chamber 2020-02-17

【Wuhan Pneumonia】 Researcher of the Institute of Virology: Using life to guarantee the epidemic has nothing to do with the laboratory

Featured Instant China 2020-02-04

[Wuhan pneumonia] CCTV has reported a new coronavirus expert in

【Wuhan Pneumonia】 Wrong bat? Latest research by mainland scholars: Coronavirus may be the source

Instant China 2020-01-23

[Wuhan Pneumonia] Research by the Chinese Academy of Sciences: Viruses have a strong ability to infect humans or bats

Featured Instant China 2020-01-22

[New Coronary Pneumonia] The US intelligence community examines whether the virus has accidentally flowed out from Chinese experiments

Instant International 2020-04-18

[Wuhan pneumonia] New virus and bats in Zhoushan most resemble experts: Tracing game is not easy

Featured Social News 2020-01-11

[Wuhan Pneumonia] First exposure expert of coronavirus gene sequencing: 73% identical to SARS gene

Featured Social News 2020-01-11

【Wuhan Pneumonia】 South China Agricultural University: Pangolin is a potential intermediate host for the virus

Featured Instant China 2020-02-07

【Wuhan Pneumonia】 New coronavirus material and two

RESEARCH
Department of Health and Human Services
National Institutes of Health
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Issue Date: 05/27/2014

Grant Number: 1R01AI110964-01
FAIN: R01AI110964

Principal Investigator(s):
PETER DASZAK, PHD

Project Title: Understanding the Risk of Bat Coronavirus Emergence

Aleksei
President
460 West 34th Street
17th Floor
New York, NY 100012317

Award e-mailed to: (b) (6)

Budget Period: 06/01/2014 – 05/31/2015
Project Period: 06/01/2014 – 05/31/2019

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of $666,442 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to ECOHEALTH ALLIANCE, INC. in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute Of Allergy And Infectious Diseases of the National Institutes of Health under Award Number R01AI110964. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website http://grants.nih.gov/grants/policy/coi/ for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Laura A. Pone
Grants Management Officer
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Additional information follows

SECTION I – AWARD DATA – 1R01AI110964-01

Award Calculation (U.S. Dollars)

Salaries and Wages	$167,708
Fringe Benefits	$54,168
Supplies	$21,400
Travel Costs	$35,918
Other Costs	$10,000
Consortium/Contractual Cost	$227,663
Federal Direct Costs	$516,857
Federal F&A Costs	$149,585
Approved Budget	$666,442
Federal Share	$666,442
TOTAL FEDERAL AWARD AMOUNT	$666,442
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$666,442

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
1	$666,442	$666,442
2	$630,445	$630,445
3	$611,090	$611,090
4	$597,112	$597,112
5	$581,646	$581,646

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

CFDA Number:	93.855
EIN:	1311726494A1
Document Number:	RAI110964A

PMS Account Type:	P (Subaccount)
Fiscal Year:	2014

IC	CAN	2014	2015	2016	2017	2018
AI	8472350	$666,442	$630,445	$611,090	$597,112	$581,646

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:
PCC: M51C / **OC**: 414A / **Released**: AMIDONL 05/20/2014
Award Processed: 05/08/2014 01:52:21 PM

SECTION II – PAYMENT/HOTLINE INFORMATION – 1R01AI110964-01

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm

SECTION III – TERMS AND CONDITIONS – 1R01AI110964-01

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.

b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm for certain references cited above.)

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the Central Contractor Registration. Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See http://grants.nih.gov/grants/policy/awardconditions.htm for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01AI110964. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see http://grants.nih.gov/grants/policy/awardconditions.htm for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: http://publicaccess.nih.gov/.

Treatment of Program Income:
Additional Costs

SECTION IV – AI Special Terms and Conditions – 1R01AI110964-01

THIS AWARD CONTAINS GRANT SPECIFIC RESTRICTIONS. THESE RESTRICTIONS MAY ONLY BE LIFTED BY A REVISED NOTICE OF AWARD.

RESTRICTION: This award is issued with the knowledge that subjects may be involved within the period of support, but definite plans were not set forth in the application as per 45 CFR 46.118. No human subjects may be involved in any project supported by this award until all requirements for Human Subjects research as identified in the PHS398/SF424 Instructions have been provided to and approved by NIH.

RESTRICTION: The present award is being made without a currently valid certification of IRB approval for this project with the following restriction: Only activities that are clearly severable and independent from activities that involve human subjects may be conducted pending the NIAID's acceptance of the certification of IRB review and approval.

No funds may be drawn down from the payment system and no obligations may be made against Federal funds for any research involving human subjects prior to the NIAID's notification to the grantee that the identified issues have been resolved and this restriction removed.

~~~~~~~~~

This award includes funds for subcontract/consortium activity with Wuhan Institute of Virology, CHINA and is budgeted as follows:

	-Yr 1	-Yr 2	-Yr 3	-Yr 4	-Yr 5
Total Direct Costs	$123,699	$128,718	$147,335	$147,335	$147,335
F&A Costs @ 8%(MTDC)	$9,896	$10,297	$11,787	$11,787	$11,787
TOTAL COSTS	$133,595	$139,015	$159,122	$159,122	$159,122

Consortiums are to be established and administered as described in the NIH Grants Policy Statement. This written agreement with the consortium must address the negotiated arrangements for meeting the scientific, administrative, financial, and reporting requirements for this grant.

~~~~~~~~~

This award includes funds for subcontract/consortium activity with East China Normal University, CHINA and is budgeted as follows:

	-Yr 1	-Yr 2	-Yr 3	-Yr 4	-Yr 5
Total Direct Costs	$87,100	$67,300	$50,108	$39,167	$14,850
F&A Costs @ 8%(MTDC)	$6,968	$5,384	$4,009	$3,133	$2,404
TOTAL COSTS	$94,068	$72,684	$54,117	$42,300	$32,454

Consortiums are to be established and administered as described in the NIH Grants Policy Statement. This written agreement with the consortium must address the negotiated arrangements for meeting the scientific, administrative, financial, and reporting requirements for this grant.

~~~~~~~~~

Select Agents:
Awardee of a project that at any time involves a restricted experiment with a select agent, is responsible for notifying and receiving prior approval from the NIAID. Please be advised that changes in the use of a Select Agent will be considered a change in scope and require NIH awarding office prior approval. The approval is necessary for new select agent experiments as well as changes in on-going experiments that would require change in the biosafety plan and/or biosafety containment level. An approval to conduct a restricted experiment granted to an individual cannot be assumed an approval to other individuals who conduct the same restricted experiment as defined in the Select Agents Regulation 42 CFR Part 73, Section 13.b (http://www.selectagents.gov/Regulations.html).

Highly Pathogenic Agent:
NIAID defines a Highly Pathogenic Agent as an infectious Agent or Toxin that may warrant a biocontainment safety level of BSL3 or higher according to the current edition of the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL) (http://www.cdc.gov/OD/ohs/biosfty/bmbl5/bmbl5toc.htm). Research funded under this grant must adhere to the BMBL, including using the BMBL-recommended biocontainment level at a minimum. If your Institutional Biosafety Committee (or equivalent body) or designated institutional biosafety official recommend a higher biocontainment level, the highest recommended containment level must be used.
When submitting future Progress Reports indicate at the beginning of the report:

If no research with a Highly Pathogenic Agent or Select Agent has been performed or is planned to be performed under this grant.

If your IBC or equivalent body or official has determined, for example, by conducting a risk assessment, that the work being planned or performed under this grant may be conducted at a biocontainment safety level that is lower than BSL3.

If the work involves Select Agents and/or Highly Pathogenic Agents, also address the following points:

Any changes in the use of the Agent(s) or Toxin(s) including its restricted experiments that have resulted in a change in the required biocontainment level, and any resultant change in location, if applicable, as determined by your IBC or equivalent body or official.
~~~~~~~~~

If work with a new or additional Agent(s)/Toxin(s) is proposed in the upcoming project period, provide:

o A list of the new and/or additional Agent(s) that will be studied;
o A description of the work that will be done with the Agent(s), and whether or not the work is a restricted experiment;
o The title and location for each biocontainment resource/facility, including the name of the organization that operates the facility, and the biocontainment level at which the work will be conducted, with documentation of approval by your IBC or equivalent body or official. It is important to note if the work is being done in a new location.

STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

Grants Management Specialist: Laura A. Pone
Email: (b) (6) **Phone**: (b) (6) **Fax**: 301-493-0597

Program Official: Erik J. Stemmy
Email: (b) (6) **Phone**: (b) (6)

SPREADSHEET SUMMARY
GRANT NUMBER: 1R01AI110964-01

INSTITUTION: ECOHEALTH ALLIANCE, INC.

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	$167,708	$167,708	$167,708	$167,708	$167,708
Fringe Benefits	$54,168	$54,168	$54,168	$54,168	$54,168
Supplies	$21,400	$19,250	$7,250	$7,000	$3,500
Travel Costs	$35,918	$35,918	$35,918	$35,918	$35,918
Other Costs	$10,000	$13,550	$11,050	$9,800	$9,400
Consortium/Contractual Cost	$227,663	$211,699	$213,239	$201,422	$191,576
TOTAL FEDERAL DC	$516,857	$502,293	$489,333	$476,016	$462,270
TOTAL FEDERAL F&A	$149,585	$128,152	$121,757	$121,096	$119,376
TOTAL COST	$666,442	$630,445	$611,090	$597,112	$581,646

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	44.1%	44.1%	44.1%	44.1%	44.1%
F&A Cost Base 1	$339,194	$290,594	$276,094	$274,594	$270,694
F&A Costs 1	$149,585	$128,152	$121,757	$121,096	$119,376

Notice of Award

RESEARCH
Department of Health and Human Services
National Institutes of Health

Federal Award Date: 08/05/2019

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Grant Number: 2R01AI110964-06 REVISED
FAIN: R01AI110964

Principal Investigator(s):
PETER DASZAK, PHD

Project Title: Understanding the Risk of Bat Coronavirus Emergence

Dr. Daszak, Peter
PD/PI
460 West 34th Street
Suite 1701
New York, NY 100012320

Award e-mailed to: (b) (6)

Period Of Performance:
Budget Period: 07/24/2019 – 06/30/2020
Project Period: 06/01/2014 – 06/30/2024

Dear Business Official:

The National Institutes of Health hereby revises this award to reflect a decrease in the amount of $71,770 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to ECOHEALTH ALLIANCE, INC. in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute Of Allergy And Infectious Diseases of the National Institutes of Health under Award Number R01AI110964. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website http://grants.nih.gov/grants/policy/coi/ for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Tseday G Girma
Grants Management Officer
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Additional information follows

SECTION I – AWARD DATA – 2R01AI110964-06 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	$170,123
Fringe Benefits	$53,590
Personnel Costs (Subtotal)	$223,713
Consultant Services	$49,750
Materials & Supplies	$20,850
Travel	$15,027
Subawards/Consortium/Contractual Costs	$229,651
Federal Direct Costs	$538,991
Federal F&A Costs	$122,989
Approved Budget	$661,980
Total Amount of Federal Funds Obligated (Federal Share)	$661,980
TOTAL FEDERAL AWARD AMOUNT	$661,980
AMOUNT OF THIS ACTION (FEDERAL SHARE)	($-71,770)

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
6	$661,980	$661,980
7	$637,980	$637,980
8	$637,980	$637,980
9	$637,980	$637,980
10	$637,980	$637,980

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

CFDA Name:	Allergy and Infectious Diseases Research
CFDA Number:	93.855
EIN:	1311726494A1
Document Number:	RAI110964B
PMS Account Type:	P (Subaccount)
Fiscal Year:	2019

IC	CAN	2019	2020	2021	2022	2023
AI	8472364	$661,980	$637,980	$637,980	$637,980	$637,980

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:
PCC: M51C B / **OC**: 414B / **Released**: GIRMATG 08/02/2019
Award Processed: 08/05/2019 12:01:51 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 2R01AI110964-06 REVISED

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm

SECTION III – TERMS AND CONDITIONS – 2R01AI110964-06 REVISED

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.

c. 45 CFR Part 75.
d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See http://grants.nih.gov/grants/policy/awardconditions.htm for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01AI110964. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see http://grants.nih.gov/grants/policy/awardconditions.htm for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: http://publicaccess.nih.gov/.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Apperdix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:
Additional Costs

SECTION IV – AI Special Terms and Conditions – 2R01AI110964-06 REVISED

Clinical Trial Indicator: No
This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

REVISED AWARD: This award is revised to adjust the budget in accordance with the letter from Aleksei Chmura/ECOHealth Alliance.

Supersedes previous Notice of Award dated **07/24/2019**.

****

This Notice of Award (NoA) includes funds for activity with **The University of North Carolina at Chapel Hill** in the amount of **$77,750** (**$50,000** direct costs **+ $27,750**F&A costs).

This Notice of Award (NoA) includes funds for activity with **Wuhan Institute of Virology** in the amount of **$76,301** (**$70,649** direct costs **+ $5,652** F&A costs).

This Notice of Award (NoA) includes funds for activity with **Institute of Pathogen Biology** in the amount of **$75,600** (**$70,000** direct costs **+ $5,600** F&A costs).

****

The Research Performance Progress Report (RPPR), Section G.9 (Foreign component), includes reporting requirements for all research performed outside of the United States. Research conducted at the following site(s) must be reported in your RPPR:

Wuhan Institute of Virology, CHINA

Institute of Pathogen Biology, CHINA

East China Normal University, CHINA

Duke-NUS Medical School, SINGAPORE

****

This award reflects current Federal policies regarding Facilities & Administrative (F&A) Costs for foreign grantees including foreign sub-awardees, and domestic awards with foreign sub-awardees. Please see: Chapter 16 Grants to Foreign Organizations, International Organizations, and Domestic Grants with Foreign Components, Section 16.6 "Allowable and Unallowable Cost" of the NIH Grants Policy.

****

This award may include collaborations with and/or between foreign organizations. Please be advised that short term travel visa expenses are an allowable expense on this grant, if justified as critical and necessary for the conduct of the project.

****

The budget period anniversary start date for future year(s) will be **July** 1.

****

Dissemination of study data will be in accord with the Recipient's accepted genomic data sharing plan as stated in the page(s) **203** of the application. Failure to adhere to the sharing plan as mutually agreed upon by the Recipient and the NIAID may result in Enforcement Actions as described in the NIH Grants Policy Statement.

****

This award is subject to the Clinical Terms of Award referenced in the NIH Guide for Grants and Contracts, July 8, 2002, NOT AI-02-032. These terms and conditions are hereby incorporated by

reference, and can be accessed via the following World Wide Web address: https://www.niaid.nih.gov/grants-contracts/niaid-clinical-terms-award All submissions required by the NIAID Clinical Terms of Award must be forwarded electronically or by mail to the responsible NIAID Program Official identified on this Notice of Award.

****

Awardees who conduct research involving Select Agents (see 42 CFR 73 for the Select Agent list; and 7 CFR 331 and 9 CFR 121 for the relevant animal and plant pathogens at http://www.selectagents.gov/Regulations.html) must complete registration with CDC (or APHIS, depending on the agent) before using NIH funds. No funds can be used for research involving Select Agents if the final registration certificate is denied.

Prior to conducting a restricted experiment with a Select Agent or Toxin, awardees must notify the NIAID and must request and receive approval from CDC or APHIS.

****

Select Agents:
Awardee of a project that at any time involves a restricted experiment with a select agent, is responsible for notifying and receiving prior approval from the NIAID. Please be advised that changes in the use of a Select Agent will be considered a change in scope and require NIH awarding office prior approval. The approval is necessary for new select agent experiments as well as changes in on-going experiments that would require change in the biosafety plan and/or biosafety containment level. An approval to conduct a restricted experiment granted to an individual cannot be assumed an approval to other individuals who conduct the same restricted experiment as defined in the Select Agents Regulation 42 CFR Part 73, Section 13.b (http://www.selectagents.gov/Regulations.html).

Highly Pathogenic Agent:
NIAID defines a Highly Pathogenic Agent as an infectious Agent or Toxin that may warrant a biocontainment safety level of BSL3 or higher according to the current edition of the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL) (http://www.cdc.gov/OD/ohs/biosfty/bmbl5/bmbl5toc.htm). Research funded under this grant must adhere to the BMBL, including using the BMBL-recommended biocontainment level at a minimum. If your Institutional Biosafety Committee (or equivalent body) or designated institutional biosafety official recommend a higher biocontainment level, the highest recommended containment level must be used.
When submitting future Progress Reports indicate at the beginning of the report:

If no research with a Highly Pathogenic Agent or Select Agent has been performed or is planned to be performed under this grant.

If your IBC or equivalent body or official has determined, for example, by conducting a risk assessment, that the work being planned or performed under this grant may be conducted at a biocontainment safety level that is lower than BSL3.

If the work involves Select Agents and/or Highly Pathogenic Agents, also address the following points:

Any changes in the use of the Agent(s) or Toxin(s) including its restricted experiments that have resulted in a change in the required biocontainment level, and any resultant change in location, if applicable, as determined by your IBC or equivalent body or official.

If work with a new or additional Agent(s)/Toxin(s) is proposed in the upcoming project period, provide:

- A list of the new and/or additional Agent(s) that will be studied;
- A description of the work that will be done with the Agent(s), and whether or not the work is a restricted experiment;
- The title and location for each biocontainment resource/facility, including the name of the organization that operates the facility, and the biocontainment level at which the work will be conducted, with documentation of approval by your IBC or equivalent body or official. It is important to note if the work is being done in a new location.

STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

Grants Management Specialist: Tseday G Girma
Email: (b) (6) **Phone**: (b) (6) **Fax**: 301-493-0597

Program Official: Erik J. Stemmy
Email: (b) **Phone**: (b) (6)

SPREADSHEET SUMMARY
GRANT NUMBER: 2R01AI110964-06 REVISED

INSTITUTION: ECOHEALTH ALLIANCE, INC.

Budget	Year 6	Year 7	Year 8	Year 9	Year 10
Salaries and Wages	$170,123	$170,123	$170,123	$170,123	$170,123
Fringe Benefits	$53,590	$53,590	$53,590	$53,590	$53,590
Personnel Costs (Subtotal)	$223,713	$223,713	$223,713	$223,713	$223,713
Consultant Services	$49,750	$49,750	$49,750	$49,750	$49,750
Materials & Supplies	$20,850	$14,850	$14,850	$14,850	$14,850
Travel	$15,027	$15,027	$15,027	$15,027	$15,027
Subawards/Consortium/Contractual Costs	$229,651	$229,651	$229,651	$229,651	$229,651
Publication Costs		$6,000	$6,000	$6,000	$6,000
TOTAL FEDERAL DC	$538,991	$538,991	$538,991	$538,991	$538,991
TOTAL FEDERAL F&A	$122,989	$98,989	$98,989	$98,989	$98,989
TOTAL COST	$661,980	$637,980	$637,980	$637,980	$637,980

Facilities and Administrative Costs	Year 6	Year 7	Year 8	Year 9	Year 10
F&A Cost Rate 1	32%	32%	32%	32%	32%
F&A Cost Base 1	$384,340	$309,340	$309,340	$309,340	$309,340
F&A Costs 1	$122,989	$98,989	$98,989	$98,989	$98,989