

From:	(b)(6) (Beijing)" (b)(6)
To:	Beijing ESTH-HHS-FDA-CDC-NIH-NSF <BeijingESTH-HHS-FDA-CDC-NIH-NSF@state.gov>
CC:	(b)(6) (Beijing) (b)(6) (b)(6) (Beijing) (b)(6) (b)(6) (Beijing) (b)(6)
Subject:	FW: Invitation_China National Virome Project Initiative Meeting, Feb. 7 2017, Beijing
Date:	Wed, 25 Jan 2017 19:22:57 -0500

Latest agenda for the upcoming GVP meeting is attached. Invitations are starting to go out. Please let us know if you would like an invitation to participate.

Official
UNCLASSIFIED

From: Hongying Li [(b)(6)]@ecohealthalliance.org]
Sent: Thursday, January 26, 2017 3:13 AM
To: [(b)(6)](Beijing); [(b)(6)](Beijing); [(b)(6)](Beijing)
Cc: Fu (George) Gao; 白玉
Subject: Invitation_China National Virome Project Initiative Meeting, Feb. 7 2017, Beijing

This email is sent on behalf of Dr. George Fu Gao, Deputy Director of China CDC, Member of Chinese Academy of Sciences.

Dear Sir/Madam at USAID Beijing Office,

I am pleased to extend an invitation to you to participate the China National Virome Project Initiative Meeting on Feb. 7 at the Chinese Academy of Sciences in Beijing.

This meeting will bring together technical experts, scientists, policy-makers, and leaders from a number of organizations and departments to discuss about the strategies and plans to launch a China National Virome Project (CNVP). The core working group members from the Global Virome Project will attend this meeting to provide technical supports and resources for this initiative in China.

Please find more information about the meeting in the attachments. I look forward to your participation in this meeting. Please email to Bai Yu [(b)(6)] with your RSVP as soon as possible, and let us know if you have any questions or suggestions.

Sincerely,

George F Gao, DPhil
Deputy Director-General
China CDC
Director and Professor

CAS Key Laboratory of Pathogenic Microbiology and Immunology
Institute of Microbiology
Chinese Academy of Sciences
Beijing 100101
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Sender: (b)(6) (Beijing) (b)(6)

Beijing ESTH-HHS-FDA-CDC-NIH-NSF <BeijingESTH-HHS-FDA-CDC-NIH-NSF@state.gov>;

Recipient: (b)(6) (Beijing) (b)(6)
(b)(6) (Beijing) (b)(6)
(b)(6) (Beijing) (b)(6)

Dear Sir/Madam at USAID Beijing Office,

We are delighted to invite you to the **China National Virome Project Initiative Meeting on February 7, Tuesday, 2017 in Beijing, China** hosted by the Chinese Academy of Sciences.

As you are well aware, the emergence of novel infectious disease is posing an increasing threat to global health and security. To response to these threats, scientists and representatives from across the global have initiated a Global Virome Project (GVP) in 2016, aiming to prevent the repeated and unpredictable emergence and re-emergence of high impact viral epidemics compromising global health security and well-being of the peoples of the world.
(<http://www.globalviromeproject.org/about/>)

As a "hot spot" of emerging infectious diseases, China have been building her capacities to conduct surveillance and research on new virus discovery and pandemic control and prevention since the outbreak of SARS in 2003. These efforts have led to great progress and enabled China to join the international action for disease control and prevention during outbreaks. And with this, China will become the first country to join the Global Virome Project.

This meeting will bring together technical experts, scientists, policy-makers, and leaders from a number of organizations and departments to discuss about the strategies and plans to launch a China National Virome Project (CNVP). The core working group members from the Global Virome Project will attend this meeting to provide technical supports and resources for this initiative in China.

The China National Virome Project (CNVP) will be an important step forwards to understanding the viral threats and enabling the building a comprehensive system for prevention and control of future emerging diseases, as well as an opportunity to catalyze the development of new technology. As the Human Genome Project has dramatically shorten the time and cost of human genome sequencing, more viral threats will be characterized, etiology of undiagnosed illnesses will probably identified with discovery of unknown viruses through this the CNVP.

I look forward to your participation in this meeting. *Please email to Bai Yu (b)(6) with your RSVP as soon as possible*, and let us know if you have any questions or suggestions. We will provide you additional materials for the meeting, including the agenda, attendees, and other details, upon receiving your confirmation.

Sincerely,



Fu (George) Gao
Member of The Chinese Academy of Sciences
Deputy Director of Chinese Center for Disease Control and Prevention

China National Virome Project (CNVP) Initiative Meeting

7 February 2017 2:00 PM

E301 Institute of Microbiology, Chinese Academy of Sciences

Meeting Language: English

Tentative Agenda

1:30-2:00 p.m.	Registration	
2:20-2:20 p.m.	Welcome & Opening Address	George & TBD
2:20-2:50 p.m.	Introduction of Global Virome Project (GVP)	Dennis Carroll
2:50-3:10 p.m.	Q & A	Dennis & George
3:10-3:25 p.m.	Presentation	Lanjuan Li
3:25-3:40 p.m.	Presentation	Yongzhen Zhang
3:40-3:55 p.m.	Presentation	Wuchun Cao
3:55-4:10 p.m.	Presentation	Yingfei Ma
4:10-4:25 p.m.	Collaborative Viral Discovery Research in China	Peter Daszak
4:25-4:35 p.m.	Brief Summary	George Gao
4:35-5:00 p.m.	Discussion-How to initiate the CNVP & Closure	Moderated by George & Peter
5:00-7:00 p.m.	Participants free meetings and discussion	

Organization Attending (Tentative)

Ministry of Science and Technology 国家科技部
Veterinary Bureau, Ministry of Agriculture 国家农业部兽医局
National Health and Family Planning Commission 国家卫生与计划生育委员会
Chinese CDC 中国国家疾病预防控制中心
National Natural Science Foundation of China 国家自然科学基金委员会
Beijing Genomics Institute, BGI 华大基因
Harbin Veterinary Research Institute of Chinese Academy of Agricultural Sciences 中国农科院兽医研究所
Wuhan Institute of Virology, Chinese Academy of Sciences 中国科学院武汉病毒所
National Institute for Viral Disease Control and Prevention, China CDC 中国疾病预防控制中心病毒病预防控制所
CAS Key Laboratory of Pathogenic Microbiology and Immunology 中科院病原微生物与免疫学重点实验室
Medical School of Zhejiang University, State Key Laboratory of Infectious Diseases Diagnosis and Treatment 浙江大学医学部, 浙江大学附属第一医院、传染病诊治国家重点实验室
National Institute for Communicable Disease Control and Prevention, Chinese CDC 中国疾病预防控制中心传染病预防控制所

National Research Center for Exotic Animal Diseases, Chinese Animal Health and Epidemiology Center 中国动物卫生与流行病学中心，国家外来动物疫病研究中心
Institute of Microbiology and epidemiology, Academy of Military Medical Sciences 军事医学科学院微生物流行病学研究所
National Institute of Infectious Disease Control and Prevention of Chinese CDC, Zoonosis Office 中国疾控中心传染病预防控制所，人兽共患病室
National Research Center of Wildlife Borne Diseases, Institute of Zoology of Chinese Academy Science 中国科学院动物研究所野生动物疫病研究中心
Institute of Veterinary Science, Academy of Military Medical Sciences 人畜共患病研究教育部重点实验室，军事医学科学院军事兽医研究所
China Animal Disease Control Center 中国动物疫病防控中心
Institute of Ecology, Beijing Normal University 北京师范大学
MOH Key Laboratory of Systems Biology of Pathogens, Institute of Pathogen Biology, Chinese Academy of Medical Sciences & Peking Union Medical College 中国科学医学院 / 北京协和医学院，病原生物学研究所
Shenzhen Institute of Advanced Technology, Chinese Academy of Sciences 中国科学院深圳先进技术研究所
CAS Center for Influenza Research and Early-Warning (CASCIRE), Chinese Academy of Sciences 中国科学院流感研究与预警中心
East China Normal University 华东师范大学
Shanghai Institutes for Biological Sciences, Chinese Academy of Sciences 中科院上海生物科学研究所
Department of Epidemic Diseases Monitoring of Wild Animal, State Forestry Administration 国家林业局保护司野生动物疫源疫病防控处
China Animal Health and Epidemiology Center 中国动物卫生与流行病学中心
Nanjing Institute of Environmental Sciences (NIES), Ministry of Environmental Protection of China 环境保护部南京环境科学研究
Food & Agriculture Organization of the United Nations, China Office 国际粮农组织
China-US Collaborative Program on Emerging and Re-emerging Infectious Diseases, US Embassy
NIAID Office in China
National Science Foundation (NSF) Beijing Office
WHO China Office
World Bank China Office
USAID Beijing

From:	"Stilwell, David R" (b)(6)
To:	Buangan, Richard L (b)(6) Feith, David (b)(6) (b)(6)
Subject:	FW: CIP-Coronavirus Media Pulls 6 JUL 2020
Date:	Mon, 6 Jul 2020 17:55:10 +0000

This is outstanding. Instead of letting the story die, they keep refreshing it for us. First they blamed Italy, then Iran, then the US Army, now Spain. Keep digging comrades!

(b)(5)

China claims coronavirus started in Spain not Wuhan

<https://7news.com.au/travel/china/china-claims-coronavirus-started-in-spain-not-wuhan-c-1144777>

As the World Health Organisation prepares to begin its "scoping mission" determine the origins of coronavirus, China has sensationally claimed the virus started in Spain.

China has been widely criticised for its handling of coronavirus since the virus was first reported in Wuhan.

The WHO team comprising of animal experts and epidemiologists will travel to China to "set up an international mission" to explore Covid-19's origins.

But Chinese officials say the investigation should not be based on one country.

SARS-CoV-2, the virus that causes COVID-19, could be a hybrid that descended from different clades of bat and pangolin viruses, according to new research in Science Advances.

Research in Barcelona detected Covid-19 in a wastewater sample from March 2019.

Senior government health adviser Wang Guangfa said that suggests the virus originated in Europe before it came to China.

Other Chinese scientists have also pushed for the investigation to cover more countries.

"Identifying the source of the coronavirus must be based on negotiations and involve multiple countries," the chief epidemiologist for the Chinese Center for Disease Control and Prevention told state-run Global Times.

"It does not matter which country the scientific identification work starts with, as long as it involves all related countries and is fairly conducted."

From: Barrett, Elizabeth (b)(6)
Sent: Monday, July 6, 2020 9:41 AM
Subject: CIP-Coronavirus Media Pulls 6 JUL 2020

Good morning,

Attached please find today's Coronavirus media pulls (list of articles below). As a polite reminder, please keep within US Government channels. If you have any questions, please feel free to contact me.

China Developments. 2

China claims coronavirus started in Spain not Wuhan. 2

Hong Kong Developments. 3

Travel bubbles: commerce minister sounds cautious note on Hongkongers' holiday plans. 3

Hong Kong's three-week streak of zero local infections ends, as authorities consider tightening rules on test exemptions. 6

Korean Peninsula Developments. 8

In North Korea, Coronavirus Hurts More Than Any Sanctions Could. 8

Five USFK Affiliated Personnel Confirmed with COVID-19. 12

Vice defense ministers of S. Korea, Vietnam vow cooperation against COVID-19. 13

Japan, Senkaku Developments. 14

Japan agrees with experts to ease restrictions on events from July 10. 14

Tokyo marks 102 virus cases; 5th straight day total exceeded 100. 15

Japan soccer, baseball to allow fans at games from this week. 16

Southeast Asia Developments. 17

Xi Jinping: Joint COVID-19 Fight Shows China-Cambodia Community With A Shared Future Is Unbreakable. 17

23 community cases among 183 new COVID-19 infections in Singapore. 18

GE2020: PM Lee calls for support from all Singaporeans in getting through COVID-19 crisis. 19

Singaporeans return to work, using smartphone apps and QR codes to fight coronavirus. 22

Five new cases, no new deaths for over 3 weeks. 25

Discussions to reopen international borders still in progress, says Ismail Sabri 26

Indonesia records highest daily COVID-19 death toll, again. 27

Bali holds mass prayers for reopening from coronavirus lockdown. 28

Infections cross 44,000 with biggest daily spike of 2,434 cases. 28

Oceania Developments. 30

'New phenomenon': Why the borders between NSW and Victoria will shut 30

Ardern looks at Tasman bubble with NSW as states back border closure. 32

Fiji reports one new COVID-19 case. 33

South Asia Developments. 34

Taj Mahal will not reopen for tourists tomorrow after Covid-19 cases soar in Agra. 34

India's coronavirus epidemic overtakes Russia as Indonesia, Philippines see continued surge. 35

Middle East Developments. 39

China Delivers Anti-Coronavirus Medical Aid To Arab League. 39

China Stands Ready To Promote Comprehensive Strategic Partnership With Saudi Arabia: FM... 39

Africa Developments. 41

Update: Chinese, Ghanaian leaders exchange congratulations on 60th anniversary of diplomatic ties. 41

Latin America & Caribbean Developments. 43

Chinese Military Provides Supplies To Help Militaries Of Five Countries Combat COVID19. 43

V/r,

Elizabeth Barrett

Executive Assistant to Director

China & Indo-Pacific Security Affairs

CNA

3003 Washington Blvd. | Arlington, VA 22201

Office: (b)(6) Email: (b)(6)

Sender: "Stilwell, David R" (b)(6)
Buangan, Richard L (b)(6)
Recipient: Feith, David (b)(6)
(b)(6)

From: "Stilwell, David R" (b)(6)
To: (b)(6) (Geneva) (b)(6)
Subject: FW: CIP-Coronavirus Media Pulls 18 AUG 2020
Date: Tue, 18 Aug 2020 16:07:32 +0000

From: Stilwell, David R
Sent: Tuesday, August 18, 2020 10:30 AM
To: EAP-FO-Principals-DL (b)(6)
Cc: Ortagus, Morgan D (b)(6) (b)(6)
Subject: FW: CIP-Coronavirus Media Pulls 18 AUG 2020

Wow! The story keeps getting better. (b)(5)

(b)(5)

China's CDC, Built to Stop Pandemics Like Covid, Stumbled When It Mattered Most
<https://www.wsj.com/articles/chinas-cdc-built-to-stop-pandemics-stumbled-when-it-mattered-most-11597675108>

Local leaders in Wuhan, consumed with domestic politics, did an end run around the Western-educated virologist whose agency was supposed to contain new contagious diseases

(WALL STREET JOURNAL 17 AUG 20) ... Jeremy Page and Lingling Wei

BEIJING—Before going to bed, George Gao, the head of the Chinese Center for Disease Control and Prevention, typically completes his 10,000 steps for the day and then checks the news online.

When he scanned his feed on Dec. 30, he was stunned. Two leaked local-government notices warned about cases of unexplained pneumonia in the Chinese megacity of Wuhan. It was the first he'd heard of the outbreak, according to people close to him. 9

The 58-year-old virologist called the head of Wuhan's disease-control office, who confirmed the outbreak and revealed to Dr. Gao's growing alarm that it had been going on since at least Dec. 1, with 25 suspected cases so far, the people close to him said.

This wasn't how things were supposed to work.

Dr. Gao's agency, known as the China CDC, was set up in 2002 precisely to detect and stop epidemics that often emerge from southern China. It was a mission that grew more urgent after a deadly outbreak that year of severe acute respiratory syndrome, or SARS.

The China CDC trained hundreds of its staff in outbreak-response techniques with U.S. help, sent teams to fight Ebola in Africa and introduced a China-wide, real-time reporting system for infectious diseases. In Dr. Gao, they recruited an expert with credentials from Oxford and Harvard universities. "I can very confidently say there won't be another 'SARS incident,' " Dr. Gao said in a speech last year. "Because our country's infectious-disease surveillance network is very well-established, when a virus comes, we can stop it."

When the virus did come, though, Dr. Gao's agency failed at the outset.

Instead of the China CDC spotting the outbreak in early December and leading a coordinated response, the virus was rampant in Wuhan by the time Dr. Gao learned of it. By Jan. 23—when authorities ordered the city locked down—it was spreading across the world.

The pathogen would go on to infect more than 21 million people by mid-August, kill more than 760,000, cause trillions of dollars of economic damage and plunge China-U.S. relations into a crisis redolent of the Cold War.

Precisely what impact earlier Chinese action might have had is hard to say. One study by scientists in China, Britain and the U.S. estimated that if control measures had begun three weeks earlier, there would have been 95% fewer cases in China. Two weeks earlier: 86% fewer cases, the study found. One week earlier: 66% fewer.

China has rejected criticism of its response, especially from the U.S., and increasingly portrays its success in taming the virus within its borders as a vindication of President Xi Jinping's autocratic leadership style.

"The Chinese government didn't delay or hide anything," Ma Xiaowei, the head of the National Health Commission told a news conference in June. 10

Neither the China CDC, nor the commission—a cabinet-level agency overseeing the China CDC—responded to requests for comment. Dr. Gao declined to comment.

In interviews with Chinese doctors, officials and health experts; and foreign scientists and officials who have worked with China on disease control, The Wall Street Journal found:

- The China CDC missed early signals because hospitals didn't enter details in its real-time system, the technological core of its disease-surveillance efforts.
- The agency was outflanked by local authorities intent on hiding bad news from China's leader and elevating Wuhan's national political status. National officials delayed the response by forbidding publication of any research on the virus without approval, and shared critical information with the outside world in early January only after unauthorized leaks forced their hand.
- Financial and personnel problems hobbled the China CDC, which struggled to recruit and retain talented staff—a problem exacerbated by a withdrawal of U.S. funding and training support beginning in 2018.
- That China responded to the novel coronavirus faster than it did to SARS is beyond doubt, as is its ultimate success in controlling the virus at home and the failure of the U.S. and other governments to do so.

What concerns Chinese doctors and their foreign peers is that Beijing may be no better prepared for the next potential pandemic.

"The status of the CDC should change," Dr. Zhong Nanshan, a senior Chinese government medical adviser who played a decisive role in tackling both SARS and the new coronavirus, told a news conference in February. "If it doesn't after this, the same situation could arise again."

When the China CDC was launched, its aim was to replicate the U.S. Centers for Disease Control and Prevention, then the gold standard, in building state-of-the-art laboratories and data analytics and training an elite workforce to control epidemics.

Within a few months, China was engulfed by SARS, which killed 774 people world-wide. In 2004, the first China CDC chief resigned over another small SARS outbreak blamed on China CDC staff experimenting on the coronavirus that causes the illness.

The China CDC was hampered by its lack of authority within a health-care bureaucracy whose approach to disease control was based on an antiquated Soviet model.

As one of many "technical agencies" under the NHC, the China CDC was authorized to conduct research, give advice, provide training and take the lead in a health emergency. 11

It had no administrative authority over more than 3,000 regional disease-control offices, many set up in the 1950s. They took orders and funding from local governments, and often resented interference from Beijing. Unlike the U.S. CDC, the Chinese agency had no legal powers to quarantine people in an emergency, or to communicate directly with the public. It was far smaller, with about 2,000 full-time staff, compared with almost 12,000 at the U.S. CDC.

"From the beginning, it really wasn't being given the financial support, the opportunities for growth and the explicit roles that it needed," said Jeffrey Koplan, an Emory University professor, former U.S. CDC director and longtime adviser to the China CDC.

One early success was China's first internet-based disease-reporting system, which was launched nationwide in 2004 and upgraded with WHO help in 2008.

The system, which among other things required doctors to log any single case of unexplained pneumonia as soon as it was discovered, would send automated alerts to local and national disease-control officials.

By 2013, it had reduced the average reporting time from five days to four hours, according to Chinese health officials.

Still, it was dependent on doctors and local officials obeying the rules. Often, regional governments required doctors to discuss cases with hospital bosses and local health officials before logging them.

"A world-class reporting system is fantastic only if it's put in use properly," said Adam Chen, a health-policy professor at the University of Georgia, who works closely with the China CDC.

Soon after the Chinese agency was established, the U.S. CDC began posting officials to the American embassy in Beijing to help train hundreds of China CDC staff. For the U.S., the goal was to enhance preparedness for emerging pathogens, many of which it expected to come from China.

After Mr. Xi took power in 2012, Beijing had an additional motive: boosting its international influence. President Xi's signature foreign-policy initiative, the Belt and Road global infrastructure program, included plans for a "Health Silk Road" whereby China would help developing countries control disease.

The China CDC took its first big step in that direction in 2014 by sending a team led by Dr. Gao, then its deputy director, to Sierra Leone to help combat an Ebola outbreak. Another team went to Liberia. The U.S. and China agreed to collaborate on setting up an Africa CDC. 12

Despite its higher profile abroad, the China CDC was facing staffing problems at home. It struggled to find good new recruits after moving from Beijing's city center to a remote suburb, people who worked there said. Salaries were low.

"A physician midcareer, they were lucky to be able to afford a dinky apartment and a teeny tiny car, or a motor scooter" working for the China CDC, said George Conway, the U.S. CDC's resident adviser in China from 2012 to 2015. People like Dr. Gao could "make buckets more working for some biotech startup or in private practice."

When Dr. Gao took over in 2017, he saw an opportunity to boost the agency's standing, according to people who worked with him. He was, in many ways, the ideal candidate for such a task—an embodiment of China's growing wealth, scientific prowess and global outlook.

One of six siblings born into a poor family in north China's coal belt, he trained first as a veterinarian but shifted to microbiology and epidemiology for graduate studies in Beijing.

After winning a British government scholarship to study at Oxford in 1991, he continued his research there and at Harvard, backed by the Wellcome Trust, a British charity.

He returned to China in 2004 as part of a wave of Chinese scientists Beijing lured back by senior posts and financial incentives.

Unlike his immediate predecessor, who was known as a quiet and diligent administrator, Dr. Gao was charismatic, fluent in English, well-connected internationally and a much-published expert on how viruses jump from animals to humans.

Dr. Gao "was the star persona," said Dr. Conway, who worked alongside him in Beijing. "He's a very polished kind of guy. I mean, he would have gone up quickly at the U.S. CDC, too."

In 2018, Dr. Gao hosted a World Flu Day in China, attended by the WHO chief, and in 2019, he launched "China CDC Weekly," a publication in English and Chinese designed to replicate the U.S. CDC's influential Morbidity and Mortality Weekly Report, which provides details of emerging public-health issues.

As relations with the U.S. deteriorated, however, his position grew more precarious. In Beijing, Chinese officials with close U.S. ties were regarded with increasing suspicion. Some U.S. officials, meanwhile, were wary of Dr. Gao's enthusiasm for the Global Virome Project, a program to catalog emerging virus threats, fearing Beijing planned to use it to further strategic goals. 13

In 2018, after the White House designated China a “strategic competitor,” the National Science Foundation, which had provided grants for joint research, closed its office in Beijing. The U.S. CDC started scaling back its China program.

The withdrawal of U.S. funding added to the China CDC’s financial and personnel problems. Its annual budget of 286 million yuan (\$41 million) for 2020 was barely more than in 2016. The U.S. CDC had a budget of \$6.6 billion this year.

In a conference this May, Dr. Gao complained of funding and personnel shortfalls as well as “micromanagement” by Chinese authorities, saying: “Disease control work has clearly lagged behind our economic and social development.”

Early Warnings

Wei Guixian first started to feel sick on Dec. 10.

The 57-year-old seafood trader thought she had a cold, and walked to a small clinic near Wuhan’s Huanan market where she worked. Eight days later, she was drifting in and out of consciousness in the hospital, one of the earliest suspected cases in the outbreak.

“I thought giving birth was the most difficult thing,” she said in an interview. With this illness, “I felt I’d rather die.”

Even a fully empowered China CDC would likely have missed the very first cases of the coronavirus, which probably began spreading around Wuhan in October or November, most likely in people who never showed symptoms, or did but never saw a doctor, researchers say.

By early December, however, the China CDC’s real-time system should have been flagging Ms. Wei and other similar cases admitted to hospitals and clinics, those researchers say.

They had similar symptoms, including fever, fatigue, coughing and aching limbs, but tested negative for influenza, regular pneumonia and other known illnesses, according to local doctors.

Many visited or worked at the downtown Huanan market, a vast indoor warren of stalls selling mainly seafood but also wild animals, live and dead, including badgers, hedgehogs, raccoon dogs, bamboo rats and civet cats.

Some had no exposure to the market, however, an early indication that the virus was spreading between humans. 14

Because the early patients went to several different facilities, and the details weren't logged in the real-time system, no one was in a position to connect the dots between them.

"We could have known about these cases from mid-December, then we wouldn't have ended up 50 days later with the virus out of control," said one former deputy director of the China CDC.

Doctors treating early cases were alarmed when chest scans revealed severe lung damage. Some sent samples for testing at laboratories run by private companies, including Vision Medicals in the city of Guangzhou, according to people involved. Vision Medicals confirmed on its official WeChat account that it had tested a sample taken on Dec. 24 from a patient who got sick on Dec. 18, and said that was the earliest specimen to be tested. It declined to comment further.

By Dec. 27, at least one private laboratory had already sequenced most of the genome of the virus and identified a new SARS-like coronavirus, according to one doctor in Wuhan who saw results—three days before Dr. Gao read about the outbreak online.

The Chinese government's official version makes no mention of either the real-time system's failure or the private laboratories' results. Public release of the genome sequence wouldn't come for another two weeks.

The government's account begins on Dec. 27, when it says a doctor at the Hubei Provincial Hospital of Integrated Chinese and Western Medicine in Wuhan identified four patients with unexplained pneumonia and contacted the disease-control office of Wuhan's Jianghan District, where the hospital and the market are located.

Wang Wenyong, a 38-year-old official in that district office, drove to the hospital, took samples and sent them to the Wuhan city disease control office the next day, according to China Newsweek, a magazine affiliated with China's government-information office.

"Because it was three people from the same family, it was very clearly contagious, but we thought at first it might be influenza," the magazine quoted Dr. Wang saying.

Over the next two days, he was informed of three more cases at Hubei Integrated and four at Wuhan Central Hospital—all seven linked to Huanan market—and he alerted city disease-control officials one level up the bureaucratic chain, China Newsweek said.

Dr. Wang couldn't be reached for comment. 15

A doctor at Wuhan Central, Ai Fen, confirmed in an interview that she had alerted her hospital's management about four cases on Dec. 28, and they had then informed the Jiangnan District disease-control office.

She added a detail not mentioned by the Chinese government: She also sent a sample for laboratory testing, and the results, which arrived on Dec. 30, identified a SARS-like coronavirus, she said.

Alarmed, she shared those results with colleagues, who passed them to others, including Li Wenliang, an ophthalmologist whose death from the coronavirus would later trigger an outpouring of grief and anger online.

When Dr. Li saw the result, he alerted more than 100 medical-school classmates, telling them in a group posting on WeChat that afternoon there were "7 SARS cases confirmed at Huanan Seafood Market." He sent an update later saying "coronavirus confirmed, and type being determined" and warned the group not to leak the information.

It leaked anyway and circulated widely on social media.

For local officials, the timing could hardly have been worse.

Wuhan had just spent billions of dollars hosting the Military World Games, involving athletes from 110 countries, in a bid to raise its profile. Local leaders were campaigning for Wuhan to be elevated to the same status as megacities such as Beijing and Shanghai, which would grant its party chief a seat on the Politburo, currently comprising China's top 25 leaders.

President Xi attended the opening ceremony, praised Wuhan's effort to host the event and led local authorities to believe the decision could come within weeks, according to one city official. "The whole mind-set was to reduce a big problem into a small one, and a small one into nothing," the official said. "Nobody had anticipated the scale of the outbreak."

The city was preparing for an annual policy-setting meeting involving hundreds of local officials and political advisers, and for the Lunar New Year holiday, when millions of residents travel domestically or overseas.

Local authorities moved fast to shut down the online chatter, deleting Dr. Li's messages. He and Dr. Ai were both officially reprimanded by hospital authorities, according to people close to them.

Regional officials were trying to gauge the scale of the problem.

According to an internal report dated Dec. 30 and seen by the Journal, the provincial, city and Jiangnan district disease-control offices launched an investigation into the cases from Wuhan Central and Hubei Integrated hospitals. 16

They found that a total of 25 suspected cases had fallen sick since Dec. 1, and examined 20 of them, all of whom had contact with the Huanan market, the report said.

The west side of the market, where most of the suspected cases had stalls, was especially unsanitary, with "rubbish piled everywhere, a damp floor and poor ventilation," the report said, recommending it be cleaned and disinfected.

The report went to the city and provincial governments, but not to Beijing.

The Wuhan Municipal Health Commission, the local health department, which reports to the city government and the NHC, reacted by issuing two internal notices. One asked hospitals to search for other unexplained pneumonia cases linked to the market; the other ordered them to tighten safety procedures.

Those were the notices that were leaked and spotted online by Dr. Gao.

The WHO, which monitors information about potential outbreaks online, first learned the news the same way, picking up the reports around 11 a.m. Beijing time on Dec. 31, WHO officials say.

A team of China CDC experts—led by Li Qun, head of its Public Health Emergency Center—and other NHC personnel rushed to Wuhan that morning.

Dr. Li's team came up with a textbook plan: Sample goods and surroundings at the Huanan market, track wildlife suppliers, test market workers, investigate clinics nearby and examine patients.

Over the next few days, those plans would repeatedly come into conflict with those of other local and national officials.

By the time Dr. Li's team reached the market early on Jan. 1, the cleanup, as recommended by the Dec. 30 report from local agencies in Wuhan, was in full swing.

The Wuhan office had sent a team to the market in the early hours of Dec. 31 to take samples and remove some animals, and dispatched a local company, Jiangwei Disinfection, to sterilize the area.

Lu Junqing, the 31-year-old company manager, said he was given strict instructions by local officials not to talk to the public.

"The government was afraid that if pressure from public opinion was too great, it would have a negative impact," he said in an interview. 17

Dr. Gao had been confident that his team, using samples from the market, could quickly identify the intermediate host of the virus. He suspected it was a bamboo rat, but his team didn't find the virus in any animal samples from the market, only in samples taken from stalls, sewers and other surroundings.

The China CDC hit another roadblock when it tried to get local hospitals to start using the reporting system for new cases. Some began doing so from Jan. 3 but stopped within a few days, Feng Zijian, the deputy head of the China CDC, told state media in March.

What happened, according to one Wuhan official, is that local health authorities issued a conflicting internal order on Jan. 4 requiring every new case be examined first by a team of hospital experts, then by district, city and provincial disease-control officials, before it could be logged in the system. "The directive on how to report such cases was very clear: Doctors and hospitals must take great caution to report and disclose the cases to avoid causing any kind of panic in the public," the official said.

Chinese authorities announced no new cases at all between Jan. 5 and Jan. 18, a period that also covered the annual policy-setting meetings in Wuhan.

The China CDC team knew from its training it was essential to communicate quickly and clearly with the public so that people could take precautions and to prevent misinformation.

The NHC took a different view.

On Jan. 3, it issued an internal notice ordering laboratories that had tested samples to destroy them or hand them to the government and forbade anyone from publishing research on the virus directly or via the media, according to a copy seen by the Journal.

Dr. Gao, who was in Beijing trying to coordinate between local and national officials, was so exasperated that in a call with his U.S. counterpart, he came close to tears, according to people briefed on the conversation.

The NHC's efforts to control the flow of information weren't entirely successful.

Around midday on Jan. 3, a team of researchers at the Shanghai Public Health Clinic Center of Fudan University received a sample from a Wuhan hospital and started to sequence the genome without knowing anything about the patient or a potential link to the outbreak, according to people familiar with the matter. 18

In the early hours of Jan. 5, they said, a researcher who was working late saw the results: It said “very similar to SARS-type coronavirus.”

The team—led by Zhang Yongzhen, who also works at the China CDC—noticed something else: a gene for a “spike protein” on the pathogen’s surface that closely resembled the one used by the SARS-causing virus to bind to human cells. That indicated human-to-human transmission was very likely.

They sent an internal notice about their findings to the NHC that day, warning that the virus could likely spread via the respiratory tract and advising appropriate measures in public places.

No such measures were adopted for another two weeks. Nor were the results released publicly for several days.

On Jan. 9, a day after the Journal reported that China was dealing with a new coronavirus, a Chinese official publicly confirmed that for the first time. Still, it didn’t publish the genome—information that is essential for designing test kits.

Two days later, the Shanghai team’s work was published online not through official Chinese channels, but by a University of Sydney virologist, Edward Holmes, with whom Dr. Zhang had often worked. Dr. Zhang declined to comment.

Dr. Holmes said he was aware of the NHC’s Jan. 3 notice prohibiting public release at the time. “We decided to go ahead because this was an issue of such global public health importance that it just had to be done,” he said.

The following day, the NHC officially shared the genome with the world.

One pivotal moment, according to many people involved, came on Jan. 13, when Thailand announced its first confirmed coronavirus case: a 61-year-old Chinese woman from Wuhan who had visited a local fresh-food market, but not the Huanan one. China’s leadership was growing alarmed. In public, even some China CDC officials continued to play down the threat of the virus spreading between people: With no one using the real-time reporting system, the official tally of cases hadn’t budged since Jan 5. 19

Behind the scenes, some doctors and health experts were trying to convince China's top leaders there was human-to-human transmission. Dr. Gao joined Zhong Nanshan, the hero of SARS, in a third group of experts to visit Wuhan, starting on Jan. 18.

On arrival in Wuhan, local officials appeared furtive and anxious, a person involved in the trip said. Visiting local hospitals, Dr. Zhong led the questioning, grilling staff until they eventually admitted that 14 medical workers had been infected by a single patient, this person said, incontrovertible proof to party leaders that the virus was on the rampage.

On Jan 23, more than seven weeks after the first recorded case fell sick, authorities ordered Wuhan locked down.

From: Barrett, Elizabeth (b)(6)
Sent: Tuesday, August 18, 2020 10:17 AM
Subject: CIP-Coronavirus Media Pulls 18 AUG 2020

Good morning,

Attached please find today's Coronavirus media pulls (list of articles below). As a polite reminder, please keep within US Government channels. If you have any questions, please feel free to contact me.

U.S. Military Operations and Activities. 2

Exercise Rim of the Pacific 2020 Begins. 2

S. Korea, U.S. kick off joint summertime exercise amid COVID-19 concern. 3

China Developments. 5

China Seeks to Use Access to Covid-19 Vaccines for Diplomacy. 5

China's CDC, Built to Stop Pandemics Like Covid, Stumbled When It Mattered Most 8

Chinese tourists make a splash in Wuhan as millions of visitors flock to former heart of coronavirus outbreak. 19

American Chamber of Commerce gets permission to fly business executives to China. 20

China Sinopharm chief rules out high price for coronavirus vaccine. 22

Korean Peninsula Developments. 23

Defense ministry to ban all service personnel from vacationing, off-base travel over coronavirus. 23

S. Korea cancels civilian-military exercise on virus concerns, flood damage. 24

Foreigners with Coronavirus to Pay Full Cost If They Violate Quarantine Rules. 25

Gov't limits church activities in Seoul area to noo-contact worship services. 25

Japan, Senkaku Developments. 26

Tokyo's Post-Holiday Coronavirus Cases Dip As Nearby Navy Base Announces 12 New Infections. 26

Japan's travel ban to contain virus unfair, western businesses say. 28

Fujifilm Unit to Make COVID-19 Vaccine Candidate in Britain. 29

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COVID-19 cases detected again in cleared migrant worker dorms, about 7,000 quarantined due to new infections. 30

Covid-19 vaccine to remain free for 20-M indigents. 32

Over 1,800 Volunteers Register for Covid-19 Vaccine Trial 34

Vietnam Covid-19 death toll rises to 25. 35

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Curious case of Covid-19 in Delhi: Re-emergence seen in some cured patients. 36

Nepal's toll reaches 107 with three more Covid-19-related deaths; 581 new infections confirmed. 37

China donates masks, COVID-19 preventive posters for Sri Lanka's public buses. 38

Pakistan gives go-ahead to Phase 3 COVID-19 vaccine trial 39

Oceania Developments. 40

Australia will manufacture vaccine and give it free to citizens, PM says. 40

Residents caught between border forced to break Covid-19 restrictions to get food. 42

More quarantine stations planned. 44

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WHO calls for end to COVID-19 'vaccine nationalism' 45

People in 20s-40s driving coronavirus spread in Asia: WHO.. 46

V/r,

Elizabeth Barrett

Executive Assistant to Director

China & Indo-Pacific Security Affairs

CNA

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Office: (b)(6) Email: (b)(6)

Sender:	"Stilwell, David R (b)(6)
Recipient:	(b)(6) (Geneva) (b)(6)

From: (b)(6) (Wuhan) (b)(6)
(b)(6) (Phnom Penh) (b)(6)
To: (b)(6) (Wuhan) (b)(6)
(b)(6)
(b)(6)
Subject: Fw: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO
Date: Tue, 2 Jun 2020 12:18:01 +0000

FYI, AP story on China and WHO notification.

From: (b)(6)
Sent: Tuesday, June 2, 2020 6:47 AM
To: SPOX <SPOX@state.gov>; IO-PG <IO-PG@state.gov>; EAP-Press <EAP-Press@state.gov>; OES-PA-DG <OES-PA-DG@state.gov>; (b)(6) (Wuhan) (b)(6)
Subject: Fw: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO

good morning!

flagging the below.

From: PA Press Clips (b)(2)
Sent: Tuesday, June 2, 2020 5:06 AM
To: PA Monitoring Group <PAMonitoringGroup@state.gov>
Subject: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO

China delayed releasing coronavirus info, frustrating WHO

By The Associated Press

2 hours ago

Throughout January, the World Health Organization publicly praised China for what it called a speedy response to the new coronavirus. It repeatedly thanked the Chinese government for sharing the genetic map of the virus "immediately," and said its work and commitment to transparency were "very impressive, and beyond words."

But behind the scenes, it was a much different story, one of significant delays by China and considerable frustration among WHO officials over not getting the information they needed to fight the spread of the deadly virus, The Associated Press has found.

Despite the plaudits, China in fact sat on releasing the genetic map, or genome, of the virus for more than a week after three different government labs had fully decoded the information. Tight controls on information and competition within the Chinese public health system were to blame, according to dozens of interviews and internal documents.

Chinese government labs only released the genome after another lab published it ahead of authorities on a virologist website on Jan. 11. Even then, China stalled for at least two weeks more on providing WHO with detailed data on patients and cases, according to recordings of internal meetings held by the U.N. health agency through January — all at a time when the outbreak arguably might have been dramatically slowed.

WHO officials were lauding China in public because they wanted to coax more information out of the government, the recordings obtained by the AP suggest. Privately, they complained in meetings the week of Jan. 6 that China was not sharing enough data to assess how effectively the virus spread between people or what risk it posed to the rest of the world, costing valuable time.

"We're going on very minimal information," said American epidemiologist Maria Van Kerkhove, now WHO's technical lead for COVID-19, in one internal meeting. "It's clearly not enough for you to do proper planning."

"We're currently at the stage where yes, they're giving it to us 15 minutes before it appears on CCTV," said WHO's top official in China, Dr. Gauden Galea, referring to the state-owned China Central Television, in another meeting.

The story behind the early response to the virus comes at a time when the U.N. health agency is under siege, and has agreed to an independent probe of how the pandemic was handled globally. After repeatedly praising the Chinese response early on, U.S. President Donald Trump has blasted WHO in recent weeks for allegedly colluding with China to hide the extent of the coronavirus crisis. He cut ties with the organization on Friday, jeopardizing the approximately \$450 million the U.S. gives every year as WHO's biggest single donor.

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In the meantime, Chinese President Xi Jinping has vowed to pitch in \$2 billion over the next two years to fight the coronavirus, saying China has always provided information to WHO and the world "in a most timely fashion."

The new information does not support the narrative of either the U.S. or China, but instead portrays an agency now stuck in the middle that was urgently trying to solicit more data despite limits to its own authority. Although international law obliges countries to report information to WHO that could have an impact on public health, the U.N. agency has no enforcement powers and cannot independently investigate epidemics within countries. Instead, it must rely on the cooperation of member states.

The recordings suggest that rather than colluding with China, as Trump declared, WHO was kept in the dark as China gave it the minimal information required by law. However, the agency did try to portray China in the best light, likely as a means to secure more information. And WHO experts genuinely thought Chinese scientists had done "a very good job" in detecting and decoding the virus, despite the lack of transparency from Chinese officials.

WHO staffers debated how to press China for gene sequences and detailed patient data without angering authorities, worried about losing access and getting Chinese scientists into trouble. Under international law, WHO is required to quickly share information and alerts with member countries about an evolving crisis. Galea noted WHO could not indulge China's wish to sign off on information before telling other countries because "that is not respectful of our responsibilities."

In the second week of January, WHO's chief of emergencies, Dr. Michael Ryan, told colleagues it was time to "shift gears" and apply more pressure on China, fearing a repeat of the outbreak of Severe Acute Respiratory Syndrome that started in China in 2002 and killed nearly 800 people worldwide.

"This is exactly the same scenario, endlessly trying to get updates from China about what was going on," he said. "WHO barely got out of that one with its neck intact given the issues that arose around transparency in southern China."

Ryan said the best way to "protect China" was for WHO to do its own independent analysis with data from the Chinese government, because otherwise the spread of the virus between people would be in question and "other countries will take action accordingly." Ryan also noted that China was not cooperating in the same way some other countries had in the past.

"This would not happen in Congo and did not happen in Congo and other places," he said, probably referring to the Ebola outbreak that began there in 2018. "We need to see the data.....It's absolutely important at this point."

The delay in the release of the genome stalled the recognition of its spread to other countries, along with the global development of tests, drugs and vaccines. The lack of detailed patient data also made it harder to determine how quickly the virus was spreading — a critical question in stopping it.

Between the day the full genome was first decoded by a government lab on Jan. 2 and the day WHO declared a global emergency on Jan. 30, the outbreak spread by a factor of 100 to 200 times, according to retrospective infection data from the Chinese Center for Disease Control and Prevention. The virus has now infected over 6 million people worldwide and killed more than 375,000.

"It's obvious that we could have saved more lives and avoided many, many deaths if China and the WHO had acted faster," said Ali Mokdad, a professor at the Institute for Health Metrics and Evaluation at the University of Washington.

However, Mokdad and other experts also noted that if WHO had been more confrontational with China, it could have triggered a far worse situation of not getting any information at all.

If WHO had pushed too hard, it could even have been kicked out of China, said Adam Kamradt-Scott, a global health professor at the University of Sydney. But he added that a delay of just a few days in releasing genetic sequences can be critical in an outbreak. And he noted that as Beijing's lack of transparency becomes even clearer, WHO director-general Tedros Adhanom Ghebreyesus's continued defense of China is problematic.

"It's definitely damaged WHO's credibility," said Kamradt-Scott. "Did he go too far? I think the evidence on that is clear....it has led to so many questions about the relationship between China and WHO. It is perhaps a cautionary tale."

WHO and its officials named in this story declined to answer questions asked by The Associated Press without audio or written transcripts of the recorded meetings, which the AP was unable to supply to protect its sources.

"Our leadership and staff have worked night and day in compliance with the organization's rules and regulations to support and share information with all Member States equally, and engage in frank and forthright conversations with governments at all levels," a WHO statement said.

China's National Health Commission and the Ministry of Foreign Affairs had no comment. But in the past few months, China has repeatedly defended its actions, and many other countries — including the U.S. — have responded to the virus with even longer delays of weeks and even months.

"Since the beginning of the outbreak, we have been continuously sharing information on the epidemic with the WHO and the international community in an open, transparent and responsible manner," said Liu Mingzhu, an official with the National Health Commission's International Department, at a press conference on May 15.

The race to find the genetic map of the virus started in late December, according to the story that unfolds in interviews, documents and the WHO recordings. That's when doctors in Wuhan noticed mysterious clusters of patients with fevers and breathing problems who weren't improving with standard flu treatment. Seeking answers, they sent test samples from patients to commercial labs.

By Dec. 27, one lab, Vision Medicals, had pieced together most of the genome of a new coronavirus with striking similarities to SARS. Vision Medicals shared its data with Wuhan officials and the Chinese Academy of Medical Sciences, as reported first by Chinese finance publication Caixin and independently confirmed by the AP.

On Dec. 30, Wuhan health officials issued internal notices warning of the unusual pneumonia, which leaked on social media. That evening, Shi Zhengli, a coronavirus expert at the Wuhan Institute of Virology who is famous for having traced the SARS virus to a bat cave, was alerted to the new disease, according to an interview with Scientific American. Shi took the first train from a conference in Shanghai back to Wuhan.

The next day, Chinese CDC director Gao Fu dispatched a team of experts to Wuhan. Also on Dec. 31, WHO first learned about the cases from an open-source platform that scouts for intelligence on outbreaks, emergencies chief Ryan has said.

WHO officially requested more information on Jan. 1. Under international law, members have 24 to 48 hours to respond, and China reported two days later that there were 44 cases and no deaths.

By Jan. 2, Shi had decoded the entire genome of the virus, according to a notice later posted on her institute's website.

Scientists agree that Chinese scientists detected and sequenced the then-unknown pathogen with astonishing speed, in a testimony to China's vastly improved technical capabilities since SARS, during which a WHO-led group of scientists took months to identify the virus. This time, Chinese virologists proved within days that it was a never-before-seen coronavirus. Tedros would later say Beijing set "a new standard for outbreak response."

But when it came to sharing the information with the world, things began to go awry.

On Jan. 3, the National Health Commission issued a confidential notice ordering labs with the virus to either destroy their samples or send them to designated institutes for safekeeping. The notice, first reported by Caixin and seen by the AP, forbade labs from publishing about the virus without

government authorization. The order barred Shi's lab from publishing the genetic sequence or warning of the potential danger.

Chinese law states that research institutes cannot conduct experiments on potentially dangerous new viruses without approval from top health authorities. Although the law is intended to keep experiments safe, it gives top health officials wide-ranging powers over what lower-level labs can or cannot do.

"If the virologist community had operated with more autonomy....the public would have been informed of the lethal risk of the new virus much earlier," said Edward Gu, a professor at Zhejiang University, and Li Lantian, a PhD student at Northwestern University, in a paper published in March analyzing the outbreak.

Commission officials later repeated that they were trying to ensure lab safety, and had tasked four separate government labs with identifying the genome at the same time to get accurate, consistent results.

By Jan. 3, the Chinese CDC had independently sequenced the virus, according to internal data seen by the Associated Press. And by just after midnight on Jan. 5, a third designated government lab, the Chinese Academy of Medical Sciences, had decoded the sequence and submitted a report — pulling all-nighters to get results in record time, according to a state media interview. Yet even with full sequences decoded by three state labs independently, Chinese health officials remained silent. The WHO reported on Twitter that investigations were under way into an unusual cluster of pneumonia cases with no deaths in Wuhan, and said it would share "more details as we have them."

Meanwhile, at the Chinese CDC, gaps in coronavirus expertise proved a problem.

For nearly two weeks, Wuhan reported no new infections, as officials censored doctors who warned of suspicious cases. Meanwhile, researchers found the new coronavirus used a distinct spike protein to bind itself to human cells. The unusual protein and the lack of new cases lulled some Chinese CDC researchers into thinking the virus didn't easily spread between humans — like the coronavirus that causes Middle East respiratory syndrome, or MERS, according to an employee who declined to be identified out of fear of retribution.

Li, the coronavirus expert, said he immediately suspected the pathogen was infectious when he spotted a leaked copy of a sequencing report in a group chat on a SARS-like coronavirus. But the Chinese CDC team that sequenced the virus lacked specialists in the molecular structure of coronaviruses and failed to consult with outside scientists, Li said. Chinese health authorities rebuffed offers of assistance from foreign experts, including Hong Kong scientists barred from a fact-finding mission to Wuhan and an American professor at a university in China.

On Jan. 5, the Shanghai Public Clinical Health Center, led by famed virologist Zhang Yongzhen, was the latest to sequence the virus. He submitted it to the GenBank database, where it sat awaiting review, and notified the National Health Commission. He warned them that the new virus was similar to SARS and likely infectious.

"It should be contagious through respiratory passages," the center said in an internal notice seen by the AP. "We recommend taking preventative measures in public areas."

On the same day, WHO said that based on preliminary information from China, there was no evidence of significant transmission between humans, and did not recommend any specific measures for travelers.

The next day, the Chinese CDC raised its emergency level to the second highest. Staffers proceeded to isolate the virus, draft lab testing guidelines, and design test kits. But the agency did not have the authority to issue public warnings, and the heightened emergency level was kept secret even from many of its own staff.

By Jan. 7, another team at Wuhan University had sequenced the pathogen and found it matched Shi's, making Shi certain they had identified a novel coronavirus. But Chinese CDC experts said they didn't trust Shi's findings and needed to verify her data before she could publish, according to three people familiar with the matter. Both the National Health Commission and the Ministry of Science and Technology, which oversees Shi's lab, declined to make Shi available for an interview.

A major factor behind the gag order, some say, was that Chinese CDC researchers wanted to publish their papers first. "They wanted to take all the credit," said Li Yize, a coronavirus researcher at the University of Pennsylvania.

Internally, the leadership of the Chinese CDC is plagued with fierce competition, six people familiar with the system explained. They said the agency has long promoted staff based on how many papers they can publish in prestigious journals, making scientists reluctant to share data.

As the days went by, even some of the Chinese CDC's own staff began to wonder why it was taking so long for authorities to identify the pathogen.

"We were getting suspicious, since within one or two days you would get a sequencing result," a lab technician said, declining to be identified for fear of retribution.

On Jan. 8, the Wall Street Journal reported that scientists had identified a new coronavirus in samples from pneumonia patients in Wuhan, pre-empting and embarrassing Chinese officials. The lab technician told the AP they first learned about the discovery of the virus from the Journal.

The article also embarrassed WHO officials. Dr. Tom Grein, chief of WHO's acute events management team, said the agency looked "doubly, incredibly stupid." Van Kerkhove, the American expert, acknowledged WHO was "already late" in announcing the new virus and told colleagues that it was critical to push China.

Ryan, WHO's chief of emergencies, was also upset at the dearth of information.

"The fact is, we're two to three weeks into an event, we don't have a laboratory diagnosis, we don't have an age, sex or geographic distribution, we don't have an epi curve," he complained, referring to the standard graphic of outbreaks scientists use to show how an epidemic is progressing.

After the article, state media officially announced the discovery of the new coronavirus. But even then, Chinese health authorities did not release the genome, diagnostic tests, or detailed patient data that could hint at how infectious the disease was.

By that time, suspicious cases were already appearing across the region.

On Jan. 8, Thai airport officers pulled aside a woman from Wuhan with a runny nose, sore throat, and high temperature. Chulalongkorn University professor Supaporn Wacharapluesadee's team found the woman was infected with a new coronavirus, much like what Chinese officials had described. Supaporn partially figured out the genetic sequence by Jan. 9, reported it to the Thai government and spent the next day searching for matching sequences.

But because Chinese authorities hadn't published any sequences, she found nothing. She could not prove the Thai virus was the same pathogen sickening people in Wuhan.

"It was kind of wait and see, when China will release the data, then we can compare," said Supaporn.

On Jan. 9, a 61-year-old man with the virus passed away in Wuhan — the first known death. The death wasn't made public until Jan. 11.

WHO officials complained in internal meetings that they were making repeated requests for more data, especially to find out if the virus could spread efficiently between humans, but to no avail.

"We have informally and formally been requesting more epidemiological information," WHO's China representative Galea said. "But when asked for specifics, we could get nothing."

Emergencies chief Ryan grumbled that since China was providing the minimal information required by international law, there was little WHO could do. But he also noted that last September, WHO had issued an unusual public rebuke of Tanzania for not providing enough details about a worrisome Ebola outbreak.

"We have to be consistent," Ryan said. "The danger now is that despite our good intent...especially if something does happen, there will be a lot of finger-pointing at WHO."

Ryan noted that China could make a "huge contribution" to the world by sharing the genetic material immediately, because otherwise "other countries will have to reinvent the wheel over the coming days."

On Jan. 11, a team led by Zhang, from the Shanghai Public Health Clinical Center, finally published a sequence on virological.org, used by researchers to swap tips on pathogens. The move angered Chinese CDC officials, three people familiar with the matter said, and the next day, his laboratory was temporarily shuttered by health authorities.

Zhang referred a request for comment to the Chinese CDC. The National Health Commission, which oversees the Chinese CDC, declined multiple times to make its officials available for interviews and did not answer questions about Zhang.

Supaporn compared her sequence with Zhang's and found it was a 100% match, confirming that the Thai patient was ill with the same virus detected in Wuhan. Another Thai lab got the same results. That

day, Thailand informed the WHO, said Tanarak Plipat, deputy director-general of the Department of Disease Control at Thailand's Ministry of Public Health.

After Zhang released the genome, the Chinese CDC, the Wuhan Institute of Virology and the Chinese Academy of Medical Sciences raced to publish their sequences, working overnight to review them, gather patient data, and send them to the National Health Commission for approval, according to documentation obtained by the AP. On Jan. 12, the three labs together finally published the sequences on GISAID, a platform for scientists to share genomic data.

By then, more than two weeks had passed since Vision Medicals decoded a partial sequence, and more than a week since the three government labs had all obtained full sequences. Around 600 people were infected in that week, a roughly three-fold increase.

Some scientists say the wait was not unreasonable considering the difficulties in sequencing unknown pathogens, given accuracy is as important as speed. They point to the SARS outbreak in 2003 when some Chinese scientists initially — and wrongly — believed the source of the epidemic was chlamydia.

"The pressure is intense in an outbreak to make sure you're right," said Peter Daszak, president of the EcoHealthAlliance in New York. "It's actually worse to go out to go to the public with a story that's wrong because the public completely lose confidence in the public health response."

Still, others quietly question what happened behind the scenes.

Infectious diseases expert John Mackenzie, who served on a WHO emergency committee during the outbreak, praised the speed of Chinese researchers in sequencing the virus. But he said once central authorities got involved, detailed data trickled to a crawl.

"There certainly was a kind of blank period," Mackenzie said. "There had to be human to human transmission. You know, it's staring at you in the face... I would have thought they would have been much more open at that stage."

On Jan. 13, WHO announced that Thailand had a confirmed case of the virus, jolting Chinese officials.

The next day, in a confidential teleconference, China's top health official ordered the country to prepare for a pandemic, calling the outbreak the "most severe challenge since SARS in 2003", as the AP previously reported. Chinese CDC staff across the country began screening, isolating, and testing for cases, turning up hundreds across the country.

Yet even as the Chinese CDC internally declared a level one emergency, the highest level possible, Chinese officials still said the chance of sustained transmission between humans was low.

WHO went back and forth. Van Kerkhove said in a press briefing that "it is certainly possible there is limited human-to-human transmission." But hours later, WHO seemed to backtrack, and tweeted that "preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission" — a statement that later became fodder for critics.

A high-ranking official in WHO's Asia office, Dr. Liu Yunguo, who attended medical school in Wuhan, flew to Beijing to make direct, informal contacts with Chinese officials, recordings show. Liu's former classmate, a Wuhan doctor, had alerted him that pneumonia patients were flooding the city's hospitals, and Liu pushed for more experts to visit Wuhan, according to a public health expert familiar with the matter.

On Jan. 20, the leader of an expert team returning from Wuhan, renowned government infectious diseases doctor Zhong Nanshan, declared publicly for the first time that the new virus was spreading between people. Chinese President Xi Jinping called for the "timely publication of epidemic information and deepening of international cooperation."

Despite that directive, WHO staff still struggled to obtain enough detailed patient data from China about the rapidly evolving outbreak. That same day, the U.N. health agency dispatched a small team to Wuhan for two days, including Galea, the WHO representative in China.

They were told about a worrying cluster of cases among more than a dozen doctors and nurses. But they did not have "transmission trees" detailing how the cases were connected, nor a full understanding of how widely the virus was spreading and who was at risk.

In an internal meeting, Galea said their Chinese counterparts were "talking openly and consistently" about human-to-human transmission, and that there was a debate about whether or not this was sustained. Galea reported to colleagues in Geneva and Manila that China's key request to WHO was for help "in communicating this to the public, without causing panic."

On Jan. 22, WHO convened an independent committee to determine whether to declare a global health emergency. After two inconclusive meetings where experts were split, they decided against it — even as Chinese officials ordered Wuhan sealed in the biggest quarantine in history. The next day, WHO chief Tedros publicly described the spread of the new coronavirus in China as "limited."

For days, China didn't release much detailed data, even as its case count exploded. Beijing city officials were alarmed enough to consider locking down the capital, according to a medical expert with direct knowledge of the matter.

On Jan. 28, Tedros and top experts, including Ryan, made an extraordinary trip to Beijing to meet President Xi and other senior Chinese officials. It is highly unusual for WHO's director-general to directly intervene in the practicalities of outbreak investigations. Tedros' staffers had prepared a list of requests for information.

"It could all happen and the floodgates open, or there's no communication," Grein said in an internal meeting while his boss was in Beijing. "We'll see."

At the end of Tedros' trip, WHO announced China had agreed to accept an international team of experts. In a press briefing on Jan. 29, Tedros heaped praise on China, calling its level of commitment "incredible."

The next day, WHO finally declared an international health emergency. Once again, Tedros thanked China, saying nothing about the earlier lack of cooperation.

"We should have actually expressed our respect and gratitude to China for what it's doing," Tedros said.
"It has already done incredible things to limit the transmission of the virus to other countries."

Sender: (b)(6) (Wuhan) (b)(6)

(b)(6) (Phnom Penh) (b)(6)

Recipient: (b)(6) (Wuhan) (b)(6)

(b)(6)

(b)(6)

From: "Buangan, Richard L (b)(6)"
To: Stilwell, David R (b)(6)
(h)(6)
Subject: FW: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO
Date: Fri, 26 Jun 2020 16:16:25 +0000

Still searching but here's one article.

From: PA Press Clips <PAPressMediaMonitors@state.gov>
Sent: Tuesday, June 2, 2020 5:06 AM
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By The Associated Press
2 hours ago

Throughout January, the World Health Organization publicly praised China for what it called a speedy response to the new coronavirus. It repeatedly thanked the Chinese government for sharing the genetic map of the virus "immediately," and said its work and commitment to transparency were "very impressive, and beyond words."

But behind the scenes, it was a much different story, one of significant delays by China and considerable frustration among WHO officials over not getting the information they needed to fight the spread of the deadly virus, The Associated Press has found.

Despite the plaudits, China in fact sat on releasing the genetic map, or genome, of the virus for more than a week after three different government labs had fully decoded the information. Tight controls on information and competition within the Chinese public health system were to blame, according to dozens of interviews and internal documents.

Chinese government labs only released the genome after another lab published it ahead of authorities on a virologist website on Jan. 11. Even then, China stalled for at least two weeks more on providing WHO with detailed data on patients and cases, according to recordings of internal meetings held by the U.N. health agency through January — all at a time when the outbreak arguably might have been dramatically slowed.

WHO officials were lauding China in public because they wanted to coax more information out of the government, the recordings obtained by the AP suggest. Privately, they complained in meetings the week of Jan. 6 that China was not sharing enough data to assess how effectively the virus spread between people or what risk it posed to the rest of the world, costing valuable time.

"We're going on very minimal information," said American epidemiologist Maria Van Kerkhove, now WHO's technical lead for COVID-19, in one internal meeting. "It's clearly not enough for you to do proper planning."

"We're currently at the stage where yes, they're giving it to us 15 minutes before it appears on CCTV," said WHO's top official in China, Dr. Gauden Galea, referring to the state-owned China Central Television, in another meeting.

The story behind the early response to the virus comes at a time when the U.N. health agency is under siege, and has agreed to an independent probe of how the pandemic was handled globally. After repeatedly praising the Chinese response early on, U.S. President Donald Trump has blasted WHO in recent weeks for allegedly colluding with China to hide the extent of the coronavirus crisis. He cut ties with the organization on Friday, jeopardizing the approximately \$450 million the U.S. gives every year as WHO's biggest single donor.

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In the meantime, Chinese President Xi Jinping has vowed to pitch in \$2 billion over the next two years to fight the coronavirus, saying China has always provided information to WHO and the world "in a most timely fashion."

The new information does not support the narrative of either the U.S. or China, but instead portrays an agency now stuck in the middle that was urgently trying to solicit more data despite limits to its own authority. Although international law obliges countries to report information to WHO that could have an impact on public health, the U.N. agency has no enforcement powers and cannot independently investigate epidemics within countries. Instead, it must rely on the cooperation of member states.

The recordings suggest that rather than colluding with China, as Trump declared, WHO was kept in the dark as China gave it the minimal information required by law. However, the agency did try to portray China in the best light, likely as a means to secure more information. And WHO experts genuinely thought Chinese scientists had done "a very good job" in detecting and decoding the virus, despite the lack of transparency from Chinese officials.

WHO staffers debated how to press China for gene sequences and detailed patient data without angering authorities, worried about losing access and getting Chinese scientists into trouble. Under international law, WHO is required to quickly share information and alerts with member countries about an evolving crisis. Galea noted WHO could not indulge China's wish to sign off on information before telling other countries because "that is not respectful of our responsibilities."

In the second week of January, WHO's chief of emergencies, Dr. Michael Ryan, told colleagues it was time to "shift gears" and apply more pressure on China, fearing a repeat of the outbreak of Severe Acute Respiratory Syndrome that started in China in 2002 and killed nearly 800 people worldwide.

"This is exactly the same scenario, endlessly trying to get updates from China about what was going on," he said. "WHO barely got out of that one with its neck intact given the issues that arose around transparency in southern China."

Ryan said the best way to “protect China” was for WHO to do its own independent analysis with data from the Chinese government, because otherwise the spread of the virus between people would be in question and “other countries will take action accordingly.” Ryan also noted that China was not cooperating in the same way some other countries had in the past.

“This would not happen in Congo and did not happen in Congo and other places,” he said, probably referring to the Ebola outbreak that began there in 2018. “We need to see the data.....It’s absolutely important at this point.”

The delay in the release of the genome stalled the recognition of its spread to other countries, along with the global development of tests, drugs and vaccines. The lack of detailed patient data also made it harder to determine how quickly the virus was spreading — a critical question in stopping it.

Between the day the full genome was first decoded by a government lab on Jan. 2 and the day WHO declared a global emergency on Jan. 30, the outbreak spread by a factor of 100 to 200 times, according to retrospective infection data from the Chinese Center for Disease Control and Prevention. The virus has now infected over 6 million people worldwide and killed more than 375,000.

“It’s obvious that we could have saved more lives and avoided many, many deaths if China and the WHO had acted faster,” said Ali Mokdad, a professor at the Institute for Health Metrics and Evaluation at the University of Washington.

However, Mokdad and other experts also noted that if WHO had been more confrontational with China, it could have triggered a far worse situation of not getting any information at all.

If WHO had pushed too hard, it could even have been kicked out of China, said Adam Kamradt-Scott, a global health professor at the University of Sydney. But he added that a delay of just a few days in releasing genetic sequences can be critical in an outbreak. And he noted that as Beijing’s lack of transparency becomes even clearer, WHO director-general Tedros Adhanom Ghebreyesus’s continued defense of China is problematic.

“It’s definitely damaged WHO’s credibility,” said Kamradt-Scott. “Did he go too far? I think the evidence on that is clear....it has led to so many questions about the relationship between China and WHO. It is perhaps a cautionary tale.”

WHO and its officials named in this story declined to answer questions asked by The Associated Press without audio or written transcripts of the recorded meetings, which the AP was unable to supply to protect its sources.

“Our leadership and staff have worked night and day in compliance with the organization’s rules and regulations to support and share information with all Member States equally, and engage in frank and forthright conversations with governments at all levels,” a WHO statement said.

China’s National Health Commission and the Ministry of Foreign Affairs had no comment. But in the past few months, China has repeatedly defended its actions, and many other countries — including the U.S. — have responded to the virus with even longer delays of weeks and even months.

"Since the beginning of the outbreak, we have been continuously sharing information on the epidemic with the WHO and the international community in an open, transparent and responsible manner," said Liu Mingzhu, an official with the National Health Commission's International Department, at a press conference on May 15.

The race to find the genetic map of the virus started in late December, according to the story that unfolds in interviews, documents and the WHO recordings. That's when doctors in Wuhan noticed mysterious clusters of patients with fevers and breathing problems who weren't improving with standard flu treatment. Seeking answers, they sent test samples from patients to commercial labs.

By Dec. 27, one lab, Vision Medicals, had pieced together most of the genome of a new coronavirus with striking similarities to SARS. Vision Medicals shared its data with Wuhan officials and the Chinese Academy of Medical Sciences, as reported first by Chinese finance publication Caixin and independently confirmed by the AP.

On Dec. 30, Wuhan health officials issued internal notices warning of the unusual pneumonia, which leaked on social media. That evening, Shi Zhengli, a coronavirus expert at the Wuhan Institute of Virology who is famous for having traced the SARS virus to a bat cave, was alerted to the new disease, according to an interview with Scientific American. Shi took the first train from a conference in Shanghai back to Wuhan.

The next day, Chinese CDC director Gao Fu dispatched a team of experts to Wuhan. Also on Dec. 31, WHO first learned about the cases from an open-source platform that scouts for intelligence on outbreaks, emergencies chief Ryan has said.

WHO officially requested more information on Jan. 1. Under international law, members have 24 to 48 hours to respond, and China reported two days later that there were 44 cases and no deaths.

By Jan. 2, Shi had decoded the entire genome of the virus, according to a notice later posted on her institute's website.

Scientists agree that Chinese scientists detected and sequenced the then-unknown pathogen with astonishing speed, in a testimony to China's vastly improved technical capabilities since SARS, during which a WHO-led group of scientists took months to identify the virus. This time, Chinese virologists proved within days that it was a never-before-seen coronavirus. Tedros would later say Beijing set "a new standard for outbreak response."

But when it came to sharing the information with the world, things began to go awry.

On Jan. 3, the National Health Commission issued a confidential notice ordering labs with the virus to either destroy their samples or send them to designated institutes for safekeeping. The notice, first reported by Caixin and seen by the AP, forbade labs from publishing about the virus without government authorization. The order barred Shi's lab from publishing the genetic sequence or warning of the potential danger.

Chinese law states that research institutes cannot conduct experiments on potentially dangerous new viruses without approval from top health authorities. Although the law is intended to keep experiments safe, it gives top health officials wide-ranging powers over what lower-level labs can or cannot do.

"If the virologist community had operated with more autonomy....the public would have been informed of the lethal risk of the new virus much earlier," said Edward Gu, a professor at Zhejiang University, and Li Lantian, a PhD student at Northwestern University, in a paper published in March analyzing the outbreak.

Commission officials later repeated that they were trying to ensure lab safety, and had tasked four separate government labs with identifying the genome at the same time to get accurate, consistent results.

By Jan. 3, the Chinese CDC had independently sequenced the virus, according to internal data seen by the Associated Press. And by just after midnight on Jan. 5, a third designated government lab, the Chinese Academy of Medical Sciences, had decoded the sequence and submitted a report — pulling all-nighters to get results in record time, according to a state media interview. Yet even with full sequences decoded by three state labs independently, Chinese health officials remained silent. The WHO reported on Twitter that investigations were under way into an unusual cluster of pneumonia cases with no deaths in Wuhan, and said it would share "more details as we have them."

Meanwhile, at the Chinese CDC, gaps in coronavirus expertise proved a problem.

For nearly two weeks, Wuhan reported no new infections, as officials censored doctors who warned of suspicious cases. Meanwhile, researchers found the new coronavirus used a distinct spike protein to bind itself to human cells. The unusual protein and the lack of new cases lulled some Chinese CDC researchers into thinking the virus didn't easily spread between humans — like the coronavirus that causes Middle East respiratory syndrome, or MERS, according to an employee who declined to be identified out of fear of retribution.

Li, the coronavirus expert, said he immediately suspected the pathogen was infectious when he spotted a leaked copy of a sequencing report in a group chat on a SARS-like coronavirus. But the Chinese CDC team that sequenced the virus lacked specialists in the molecular structure of coronaviruses and failed to consult with outside scientists, Li said. Chinese health authorities rebuffed offers of assistance from foreign experts, including Hong Kong scientists barred from a fact-finding mission to Wuhan and an American professor at a university in China.

On Jan. 5, the Shanghai Public Clinical Health Center, led by famed virologist Zhang Yongzhen, was the latest to sequence the virus. He submitted it to the GenBank database, where it sat awaiting review, and notified the National Health Commission. He warned them that the new virus was similar to SARS and likely infectious.

"It should be contagious through respiratory passages," the center said in an internal notice seen by the AP. "We recommend taking preventative measures in public areas."

On the same day, WHO said that based on preliminary information from China, there was no evidence of significant transmission between humans, and did not recommend any specific measures for travelers.

The next day, the Chinese CDC raised its emergency level to the second highest. Staffers proceeded to isolate the virus, draft lab testing guidelines, and design test kits. But the agency did not have the authority to issue public warnings, and the heightened emergency level was kept secret even from many of its own staff.

By Jan. 7, another team at Wuhan University had sequenced the pathogen and found it matched Shi's, making Shi certain they had identified a novel coronavirus. But Chinese CDC experts said they didn't trust Shi's findings and needed to verify her data before she could publish, according to three people familiar with the matter. Both the National Health Commission and the Ministry of Science and Technology, which oversees Shi's lab, declined to make Shi available for an interview.

A major factor behind the gag order, some say, was that Chinese CDC researchers wanted to publish their papers first. "They wanted to take all the credit," said Li Yize, a coronavirus researcher at the University of Pennsylvania.

Internally, the leadership of the Chinese CDC is plagued with fierce competition, six people familiar with the system explained. They said the agency has long promoted staff based on how many papers they can publish in prestigious journals, making scientists reluctant to share data.

As the days went by, even some of the Chinese CDC's own staff began to wonder why it was taking so long for authorities to identify the pathogen.

"We were getting suspicious, since within one or two days you would get a sequencing result," a lab technician said, declining to be identified for fear of retribution.

On Jan. 8, the Wall Street Journal reported that scientists had identified a new coronavirus in samples from pneumonia patients in Wuhan, pre-empting and embarrassing Chinese officials. The lab technician told the AP they first learned about the discovery of the virus from the Journal.

The article also embarrassed WHO officials. Dr. Tom Grein, chief of WHO's acute events management team, said the agency looked "doubly, incredibly stupid." Van Kerkhove, the American expert, acknowledged WHO was "already late" in announcing the new virus and told colleagues that it was critical to push China.

Ryan, WHO's chief of emergencies, was also upset at the dearth of information.

"The fact is, we're two to three weeks into an event, we don't have a laboratory diagnosis, we don't have an age, sex or geographic distribution, we don't have an epi curve," he complained, referring to the standard graphic of outbreaks scientists use to show how an epidemic is progressing.

After the article, state media officially announced the discovery of the new coronavirus. But even then, Chinese health authorities did not release the genome, diagnostic tests, or detailed patient data that could hint at how infectious the disease was.

By that time, suspicious cases were already appearing across the region.

On Jan. 8, Thai airport officers pulled aside a woman from Wuhan with a runny nose, sore throat, and high temperature. Chulalongkorn University professor Supaporn Wacharapluesadee's team found the woman was infected with a new coronavirus, much like what Chinese officials had described. Supaporn partially figured out the genetic sequence by Jan. 9, reported it to the Thai government and spent the next day searching for matching sequences.

But because Chinese authorities hadn't published any sequences, she found nothing. She could not prove the Thai virus was the same pathogen sickening people in Wuhan.

"It was kind of wait and see, when China will release the data, then we can compare," said Supaporn.

On Jan. 9, a 61-year-old man with the virus passed away in Wuhan — the first known death. The death wasn't made public until Jan. 11.

WHO officials complained in internal meetings that they were making repeated requests for more data, especially to find out if the virus could spread efficiently between humans, but to no avail.

"We have informally and formally been requesting more epidemiological information," WHO's China representative Galea said. "But when asked for specifics, we could get nothing."

Emergencies chief Ryan grumbled that since China was providing the minimal information required by international law, there was little WHO could do. But he also noted that last September, WHO had issued an unusual public rebuke of Tanzania for not providing enough details about a worrisome Ebola outbreak.

"We have to be consistent," Ryan said. "The danger now is that despite our good intent...especially if something does happen, there will be a lot of finger-pointing at WHO."

Ryan noted that China could make a "huge contribution" to the world by sharing the genetic material immediately, because otherwise "other countries will have to reinvent the wheel over the coming days."

On Jan. 11, a team led by Zhang, from the Shanghai Public Health Clinical Center, finally published a sequence on virological.org, used by researchers to swap tips on pathogens. The move angered Chinese CDC officials, three people familiar with the matter said, and the next day, his laboratory was temporarily shuttered by health authorities.

Zhang referred a request for comment to the Chinese CDC. The National Health Commission, which oversees the Chinese CDC, declined multiple times to make its officials available for interviews and did not answer questions about Zhang.

Supaporn compared her sequence with Zhang's and found it was a 100% match, confirming that the Thai patient was ill with the same virus detected in Wuhan. Another Thai lab got the same results. That day, Thailand informed the WHO, said Tanarak Plipat, deputy director-general of the Department of Disease Control at Thailand's Ministry of Public Health.

After Zhang released the genome, the Chinese CDC, the Wuhan Institute of Virology and the Chinese Academy of Medical Sciences raced to publish their sequences, working overnight to review them,

gather patient data, and send them to the National Health Commission for approval, according to documentation obtained by the AP. On Jan. 12, the three labs together finally published the sequences on GISAID, a platform for scientists to share genomic data.

By then, more than two weeks had passed since Vision Medicals decoded a partial sequence, and more than a week since the three government labs had all obtained full sequences. Around 600 people were infected in that week, a roughly three-fold increase.

Some scientists say the wait was not unreasonable considering the difficulties in sequencing unknown pathogens, given accuracy is as important as speed. They point to the SARS outbreak in 2003 when some Chinese scientists initially — and wrongly — believed the source of the epidemic was chlamydia.

"The pressure is intense in an outbreak to make sure you're right," said Peter Daszak, president of the EcoHealthAlliance in New York. "It's actually worse to go out to go to the public with a story that's wrong because the public completely lose confidence in the public health response."

Still, others quietly question what happened behind the scenes.

Infectious diseases expert John Mackenzie, who served on a WHO emergency committee during the outbreak, praised the speed of Chinese researchers in sequencing the virus. But he said once central authorities got involved, detailed data trickled to a crawl.

"There certainly was a kind of blank period," Mackenzie said. "There had to be human to human transmission. You know, it's staring at you in the face... I would have thought they would have been much more open at that stage."

On Jan. 13, WHO announced that Thailand had a confirmed case of the virus, jolting Chinese officials.

The next day, in a confidential teleconference, China's top health official ordered the country to prepare for a pandemic, calling the outbreak the "most severe challenge since SARS in 2003", as the AP previously reported. Chinese CDC staff across the country began screening, isolating, and testing for cases, turning up hundreds across the country.

Yet even as the Chinese CDC internally declared a level one emergency, the highest level possible, Chinese officials still said the chance of sustained transmission between humans was low.

WHO went back and forth. Van Kerkhove said in a press briefing that "it is certainly possible there is limited human-to-human transmission." But hours later, WHO seemed to backtrack, and tweeted that "preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission" — a statement that later became fodder for critics.

A high-ranking official in WHO's Asia office, Dr. Liu Yunguo, who attended medical school in Wuhan, flew to Beijing to make direct, informal contacts with Chinese officials, recordings show. Liu's former classmate, a Wuhan doctor, had alerted him that pneumonia patients were flooding the city's hospitals, and Liu pushed for more experts to visit Wuhan, according to a public health expert familiar with the matter.

On Jan. 20, the leader of an expert team returning from Wuhan, renowned government infectious diseases doctor Zhong Nanshan, declared publicly for the first time that the new virus was spreading between people. Chinese President Xi Jinping called for the “timely publication of epidemic information and deepening of international cooperation.”

Despite that directive, WHO staff still struggled to obtain enough detailed patient data from China about the rapidly evolving outbreak. That same day, the U.N. health agency dispatched a small team to Wuhan for two days, including Galea, the WHO representative in China.

They were told about a worrying cluster of cases among more than a dozen doctors and nurses. But they did not have “transmission trees” detailing how the cases were connected, nor a full understanding of how widely the virus was spreading and who was at risk.

In an internal meeting, Galea said their Chinese counterparts were “talking openly and consistently” about human-to-human transmission, and that there was a debate about whether or not this was sustained. Galea reported to colleagues in Geneva and Manila that China’s key request to WHO was for help “in communicating this to the public, without causing panic.”

On Jan. 22, WHO convened an independent committee to determine whether to declare a global health emergency. After two inconclusive meetings where experts were split, they decided against it — even as Chinese officials ordered Wuhan sealed in the biggest quarantine in history. The next day, WHO chief Tedros publicly described the spread of the new coronavirus in China as “limited.”

For days, China didn’t release much detailed data, even as its case count exploded. Beijing city officials were alarmed enough to consider locking down the capital, according to a medical expert with direct knowledge of the matter.

On Jan. 28, Tedros and top experts, including Ryan, made an extraordinary trip to Beijing to meet President Xi and other senior Chinese officials. It is highly unusual for WHO’s director-general to directly intervene in the practicalities of outbreak investigations. Tedros’ staffers had prepared a list of requests for information.

“It could all happen and the floodgates open, or there’s no communication,” Grein said in an internal meeting while his boss was in Beijing. “We’ll see.”

At the end of Tedros’ trip, WHO announced China had agreed to accept an international team of experts. In a press briefing on Jan. 29, Tedros heaped praise on China, calling its level of commitment “incredible.”

The next day, WHO finally declared an international health emergency. Once again, Tedros thanked China, saying nothing about the earlier lack of cooperation.

“We should have actually expressed our respect and gratitude to China for what it’s doing,” Tedros said. “It has already done incredible things to limit the transmission of the virus to other countries.”

Sender: "Buangan, Richard (b)(6)

Recipient: Stilwell, David R (b)(6)

(b)(6)

From: (b)(6) (Wuhan) (b)(6)
To: Wuhan American Staff <WuhanAmericanstaff@state.gov>
Subject: Fw: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO
Date: Tue, 2 Jun 2020 14:49:33 +0000

sharing broadly

From: (b)(6) (Wuhan) (b)(6)
Sent: Tuesday, June 2, 2020 8:18 AM
To: (b)(6) (Phnom Penh) (b)(6) (b)(6) (Wuhan)
(b)(6) (b)(6)
(b)(6)
Subject: Fw: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO

FYI, AP story on China and WHO notification.

From: PA Press Clips <PAPressMediaMonitors@state.gov>
Sent: Tuesday, June 2, 2020 5:06 AM
To: PA Monitoring Group <PAMonitoringGroup@state.gov>
Subject: AP Exclusive: China delayed releasing coronavirus info, frustrating WHO

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But behind the scenes, it was a much different story, one of significant delays by China and considerable frustration among WHO officials over not getting the information they needed to fight the spread of the deadly virus, The Associated Press has found.

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The story behind the early response to the virus comes at a time when the U.N. health agency is under siege, and has agreed to an independent probe of how the pandemic was handled globally. After repeatedly praising the Chinese response early on, U.S. President Donald Trump has blasted WHO in recent weeks for allegedly colluding with China to hide the extent of the coronavirus crisis. He cut ties with the organization on Friday, jeopardizing the approximately \$450 million the U.S. gives every year as WHO's biggest single donor.

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If WHO had pushed too hard, it could even have been kicked out of China, said Adam Kamradt-Scott, a global health professor at the University of Sydney. But he added that a delay of just a few days in releasing genetic sequences can be critical in an outbreak. And he noted that as Beijing's lack of transparency becomes even clearer, WHO director-general Tedros Adhanom Ghebreyesus's continued defense of China is problematic.

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China's National Health Commission and the Ministry of Foreign Affairs had no comment. But in the past few months, China has repeatedly defended its actions, and many other countries — including the U.S. — have responded to the virus with even longer delays of weeks and even months.

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Meanwhile, at the Chinese CDC, gaps in coronavirus expertise proved a problem.

For nearly two weeks, Wuhan reported no new infections, as officials censored doctors who warned of suspicious cases. Meanwhile, researchers found the new coronavirus used a distinct spike protein to bind itself to human cells. The unusual protein and the lack of new cases lulled some Chinese CDC researchers into thinking the virus didn't easily spread between humans — like the coronavirus that causes Middle East respiratory syndrome, or MERS, according to an employee who declined to be identified out of fear of retribution.

Li, the coronavirus expert, said he immediately suspected the pathogen was infectious when he spotted a leaked copy of a sequencing report in a group chat on a SARS-like coronavirus. But the Chinese CDC team that sequenced the virus lacked specialists in the molecular structure of coronaviruses and failed to consult with outside scientists, Li said. Chinese health authorities rebuffed offers of assistance from foreign experts, including Hong Kong scientists barred from a fact-finding mission to Wuhan and an American professor at a university in China.

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The next day, the Chinese CDC raised its emergency level to the second highest. Staffers proceeded to isolate the virus, draft lab testing guidelines, and design test kits. But the agency did not have the authority to issue public warnings, and the heightened emergency level was kept secret even from many of its own staff.

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A major factor behind the gag order, some say, was that Chinese CDC researchers wanted to publish their papers first. "They wanted to take all the credit," said Li Yize, a coronavirus researcher at the University of Pennsylvania.

Internally, the leadership of the Chinese CDC is plagued with fierce competition, six people familiar with the system explained. They said the agency has long promoted staff based on how many papers they can publish in prestigious journals, making scientists reluctant to share data.

As the days went by, even some of the Chinese CDC's own staff began to wonder why it was taking so long for authorities to identify the pathogen.

"We were getting suspicious, since within one or two days you would get a sequencing result," a lab technician said, declining to be identified for fear of retribution.

On Jan. 8, the Wall Street Journal reported that scientists had identified a new coronavirus in samples from pneumonia patients in Wuhan, pre-empting and embarrassing Chinese officials. The lab technician told the AP they first learned about the discovery of the virus from the Journal.

The article also embarrassed WHO officials. Dr. Tom Grein, chief of WHO's acute events management team, said the agency looked "doubly, incredibly stupid." Van Kerkhove, the American expert, acknowledged WHO was "already late" in announcing the new virus and told colleagues that it was critical to push China.

Ryan, WHO's chief of emergencies, was also upset at the dearth of information.

"The fact is, we're two to three weeks into an event, we don't have a laboratory diagnosis, we don't have an age, sex or geographic distribution, we don't have an epi curve," he complained, referring to the standard graphic of outbreaks scientists use to show how an epidemic is progressing.

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But because Chinese authorities hadn't published any sequences, she found nothing. She could not prove the Thai virus was the same pathogen sickening people in Wuhan.

"It was kind of wait and see, when China will release the data, then we can compare," said Supaporn.

On Jan. 9, a 61-year-old man with the virus passed away in Wuhan — the first known death. The death wasn't made public until Jan. 11.

WHO officials complained in internal meetings that they were making repeated requests for more data, especially to find out if the virus could spread efficiently between humans, but to no avail.

"We have informally and formally been requesting more epidemiological information," WHO's China representative Galea said. "But when asked for specifics, we could get nothing."

Emergencies chief Ryan grumbled that since China was providing the minimal information required by international law, there was little WHO could do. But he also noted that last September, WHO had issued an unusual public rebuke of Tanzania for not providing enough details about a worrisome Ebola outbreak.

"We have to be consistent," Ryan said. "The danger now is that despite our good intent...especially if something does happen, there will be a lot of finger-pointing at WHO."

Ryan noted that China could make a "huge contribution" to the world by sharing the genetic material immediately, because otherwise "other countries will have to reinvent the wheel over the coming days."

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Zhang referred a request for comment to the Chinese CDC. The National Health Commission, which oversees the Chinese CDC, declined multiple times to make its officials available for interviews and did not answer questions about Zhang.

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day, Thailand informed the WHO, said Tanarak Plipat, deputy director-general of the Department of Disease Control at Thailand's Ministry of Public Health.

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By then, more than two weeks had passed since Vision Medicals decoded a partial sequence, and more than a week since the three government labs had all obtained full sequences. Around 600 people were infected in that week, a roughly three-fold increase.

Some scientists say the wait was not unreasonable considering the difficulties in sequencing unknown pathogens, given accuracy is as important as speed. They point to the SARS outbreak in 2003 when some Chinese scientists initially — and wrongly — believed the source of the epidemic was chlamydia.

"The pressure is intense in an outbreak to make sure you're right," said Peter Daszak, president of the EcoHealthAlliance in New York. "It's actually worse to go out to go to the public with a story that's wrong because the public completely lose confidence in the public health response."

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Infectious diseases expert John Mackenzie, who served on a WHO emergency committee during the outbreak, praised the speed of Chinese researchers in sequencing the virus. But he said once central authorities got involved, detailed data trickled to a crawl.

"There certainly was a kind of blank period," Mackenzie said. "There had to be human to human transmission. You know, it's staring at you in the face... I would have thought they would have been much more open at that stage."

On Jan. 13, WHO announced that Thailand had a confirmed case of the virus, jolting Chinese officials.

The next day, in a confidential teleconference, China's top health official ordered the country to prepare for a pandemic, calling the outbreak the "most severe challenge since SARS in 2003", as the AP previously reported. Chinese CDC staff across the country began screening, isolating, and testing for cases, turning up hundreds across the country.

Yet even as the Chinese CDC internally declared a level one emergency, the highest level possible, Chinese officials still said the chance of sustained transmission between humans was low.

WHO went back and forth. Van Kerkhove said in a press briefing that "it is certainly possible there is limited human-to-human transmission." But hours later, WHO seemed to backtrack, and tweeted that "preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission" — a statement that later became fodder for critics.

A high-ranking official in WHO's Asia office, Dr. Liu Yunguo, who attended medical school in Wuhan, flew to Beijing to make direct, informal contacts with Chinese officials, recordings show. Liu's former classmate, a Wuhan doctor, had alerted him that pneumonia patients were flooding the city's hospitals, and Liu pushed for more experts to visit Wuhan, according to a public health expert familiar with the matter.

On Jan. 20, the leader of an expert team returning from Wuhan, renowned government infectious diseases doctor Zhong Nanshan, declared publicly for the first time that the new virus was spreading between people. Chinese President Xi Jinping called for the "timely publication of epidemic information and deepening of international cooperation."

Despite that directive, WHO staff still struggled to obtain enough detailed patient data from China about the rapidly evolving outbreak. That same day, the U.N. health agency dispatched a small team to Wuhan for two days, including Galea, the WHO representative in China.

They were told about a worrying cluster of cases among more than a dozen doctors and nurses. But they did not have "transmission trees" detailing how the cases were connected, nor a full understanding of how widely the virus was spreading and who was at risk.

In an internal meeting, Galea said their Chinese counterparts were "talking openly and consistently" about human-to-human transmission, and that there was a debate about whether or not this was sustained. Galea reported to colleagues in Geneva and Manila that China's key request to WHO was for help "in communicating this to the public, without causing panic."

On Jan. 22, WHO convened an independent committee to determine whether to declare a global health emergency. After two inconclusive meetings where experts were split, they decided against it — even as Chinese officials ordered Wuhan sealed in the biggest quarantine in history. The next day, WHO chief Tedros publicly described the spread of the new coronavirus in China as "limited."

For days, China didn't release much detailed data, even as its case count exploded. Beijing city officials were alarmed enough to consider locking down the capital, according to a medical expert with direct knowledge of the matter.

On Jan. 28, Tedros and top experts, including Ryan, made an extraordinary trip to Beijing to meet President Xi and other senior Chinese officials. It is highly unusual for WHO's director-general to directly intervene in the practicalities of outbreak investigations. Tedros' staffers had prepared a list of requests for information.

"It could all happen and the floodgates open, or there's no communication," Grein said in an internal meeting while his boss was in Beijing. "We'll see."

At the end of Tedros' trip, WHO announced China had agreed to accept an international team of experts. In a press briefing on Jan. 29, Tedros heaped praise on China, calling its level of commitment "incredible."

The next day, WHO finally declared an international health emergency. Once again, Tedros thanked China, saying nothing about the earlier lack of cooperation.

"We should have actually expressed our respect and gratitude to China for what it's doing," Tedros said.
"It has already done incredible things to limit the transmission of the virus to other countries."

Sender: (b)(6) (Wuhan) (b)(6)

Recipient: Wuhan American Staff <WuhanAmericanstaff@state.gov>

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China delayed releasing coronavirus info, frustrating WHO

By The Associated Press

2 hours ago

Throughout January, the World Health Organization publicly praised China for what it called a speedy response to the new coronavirus. It repeatedly thanked the Chinese government for sharing the genetic map of the virus "immediately," and said its work and commitment to transparency were "very impressive, and beyond words."

But behind the scenes, it was a much different story, one of significant delays by China and considerable frustration among WHO officials over not getting the information they needed to fight the spread of the deadly virus, The Associated Press has found.

Despite the plaudits, China in fact sat on releasing the genetic map, or genome, of the virus for more than a week after three different government labs had fully decoded the information. Tight controls on information and competition within the Chinese public health system were to blame, according to dozens of interviews and internal documents.

Chinese government labs only released the genome after another lab published it ahead of authorities on a virologist website on Jan. 11. Even then, China stalled for at least two weeks more on providing WHO with detailed data on patients and cases, according to recordings of internal meetings held by the U.N. health agency through January — all at a time when the outbreak arguably might have been dramatically slowed.

WHO officials were lauding China in public because they wanted to coax more information out of the government, the recordings obtained by the AP suggest. Privately, they complained in meetings the week of Jan. 6 that China was not sharing enough data to assess how effectively the virus spread between people or what risk it posed to the rest of the world, costing valuable time.

"We're going on very minimal information," said American epidemiologist Maria Van Kerkhove, now WHO's technical lead for COVID-19, in one internal meeting. "It's clearly not enough for you to do proper planning."

"We're currently at the stage where yes, they're giving it to us 15 minutes before it appears on CCTV," said WHO's top official in China, Dr. Gauden Galea, referring to the state-owned China Central Television, in another meeting.

The story behind the early response to the virus comes at a time when the U.N. health agency is under siege, and has agreed to an independent probe of how the pandemic was handled globally. After repeatedly praising the Chinese response early on, U.S. President Donald Trump has blasted WHO in recent weeks for allegedly colluding with China to hide the extent of the coronavirus crisis. He cut ties with the organization on Friday, jeopardizing the approximately \$450 million the U.S. gives every year as WHO's biggest single donor.

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In the meantime, Chinese President Xi Jinping has vowed to pitch in \$2 billion over the next two years to fight the coronavirus, saying China has always provided information to WHO and the world "in a most timely fashion."

The new information does not support the narrative of either the U.S. or China, but instead portrays an agency now stuck in the middle that was urgently trying to solicit more data despite limits to its own authority. Although international law obliges countries to report information to WHO that could have an impact on public health, the U.N. agency has no enforcement powers and cannot independently investigate epidemics within countries. Instead, it must rely on the cooperation of member states.

The recordings suggest that rather than colluding with China, as Trump declared, WHO was kept in the dark as China gave it the minimal information required by law. However, the agency did try to portray China in the best light, likely as a means to secure more information. And WHO experts genuinely thought Chinese scientists had done "a very good job" in detecting and decoding the virus, despite the lack of transparency from Chinese officials.

WHO staffers debated how to press China for gene sequences and detailed patient data without angering authorities, worried about losing access and getting Chinese scientists into trouble. Under international law, WHO is required to quickly share information and alerts with member countries about an evolving crisis. Galea noted WHO could not indulge China's wish to sign off on information before telling other countries because "that is not respectful of our responsibilities."

In the second week of January, WHO's chief of emergencies, Dr. Michael Ryan, told colleagues it was time to "shift gears" and apply more pressure on China, fearing a repeat of the outbreak of Severe Acute Respiratory Syndrome that started in China in 2002 and killed nearly 800 people worldwide.

"This is exactly the same scenario, endlessly trying to get updates from China about what was going on," he said. "WHO barely got out of that one with its neck intact given the issues that arose around transparency in southern China."

Ryan said the best way to "protect China" was for WHO to do its own independent analysis with data from the Chinese government, because otherwise the spread of the virus between people would be in question and "other countries will take action accordingly." Ryan also noted that China was not cooperating in the same way some other countries had in the past.

"This would not happen in Congo and did not happen in Congo and other places," he said, probably referring to the Ebola outbreak that began there in 2018. "We need to see the data.....It's absolutely important at this point."

The delay in the release of the genome stalled the recognition of its spread to other countries, along with the global development of tests, drugs and vaccines. The lack of detailed patient data also made it harder to determine how quickly the virus was spreading — a critical question in stopping it.

Between the day the full genome was first decoded by a government lab on Jan. 2 and the day WHO declared a global emergency on Jan. 30, the outbreak spread by a factor of 100 to 200 times, according to retrospective infection data from the Chinese Center for Disease Control and Prevention. The virus has now infected over 6 million people worldwide and killed more than 375,000.

"It's obvious that we could have saved more lives and avoided many, many deaths if China and the WHO had acted faster," said Ali Mokdad, a professor at the Institute for Health Metrics and Evaluation at the University of Washington.

However, Mokdad and other experts also noted that if WHO had been more confrontational with China, it could have triggered a far worse situation of not getting any information at all.

If WHO had pushed too hard, it could even have been kicked out of China, said Adam Kamradt-Scott, a global health professor at the University of Sydney. But he added that a delay of just a few days in releasing genetic sequences can be critical in an outbreak. And he noted that as Beijing's lack of transparency becomes even clearer, WHO director-general Tedros Adhanom Ghebreyesus's continued defense of China is problematic.

"It's definitely damaged WHO's credibility," said Kamradt-Scott. "Did he go too far? I think the evidence on that is clear....it has led to so many questions about the relationship between China and WHO. It is perhaps a cautionary tale."

WHO and its officials named in this story declined to answer questions asked by The Associated Press without audio or written transcripts of the recorded meetings, which the AP was unable to supply to protect its sources.

"Our leadership and staff have worked night and day in compliance with the organization's rules and regulations to support and share information with all Member States equally, and engage in frank and forthright conversations with governments at all levels," a WHO statement said.

China's National Health Commission and the Ministry of Foreign Affairs had no comment. But in the past few months, China has repeatedly defended its actions, and many other countries — including the U.S. — have responded to the virus with even longer delays of weeks and even months.

"Since the beginning of the outbreak, we have been continuously sharing information on the epidemic with the WHO and the international community in an open, transparent and responsible manner," said Liu Mingzhu, an official with the National Health Commission's International Department, at a press conference on May 15.

The race to find the genetic map of the virus started in late December, according to the story that unfolds in interviews, documents and the WHO recordings. That's when doctors in Wuhan noticed mysterious clusters of patients with fevers and breathing problems who weren't improving with standard flu treatment. Seeking answers, they sent test samples from patients to commercial labs.

By Dec. 27, one lab, Vision Medicals, had pieced together most of the genome of a new coronavirus with striking similarities to SARS. Vision Medicals shared its data with Wuhan officials and the Chinese Academy of Medical Sciences, as reported first by Chinese finance publication Caixin and independently confirmed by the AP.

On Dec. 30, Wuhan health officials issued internal notices warning of the unusual pneumonia, which leaked on social media. That evening, Shi Zhengli, a coronavirus expert at the Wuhan Institute of Virology who is famous for having traced the SARS virus to a bat cave, was alerted to the new disease, according to an interview with Scientific American. Shi took the first train from a conference in Shanghai back to Wuhan.

The next day, Chinese CDC director Gao Fu dispatched a team of experts to Wuhan. Also on Dec. 31, WHO first learned about the cases from an open-source platform that scouts for intelligence on outbreaks, emergencies chief Ryan has said.

WHO officially requested more information on Jan. 1. Under international law, members have 24 to 48 hours to respond, and China reported two days later that there were 44 cases and no deaths.

By Jan. 2, Shi had decoded the entire genome of the virus, according to a notice later posted on her institute's website.

Scientists agree that Chinese scientists detected and sequenced the then-unknown pathogen with astonishing speed, in a testimony to China's vastly improved technical capabilities since SARS, during which a WHO-led group of scientists took months to identify the virus. This time, Chinese virologists proved within days that it was a never-before-seen coronavirus. Tedros would later say Beijing set "a new standard for outbreak response."

But when it came to sharing the information with the world, things began to go awry.

On Jan. 3, the National Health Commission issued a confidential notice ordering labs with the virus to either destroy their samples or send them to designated institutes for safekeeping. The notice, first reported by Caixin and seen by the AP, forbade labs from publishing about the virus without government authorization. The order barred Shi's lab from publishing the genetic sequence or warning of the potential danger.

Chinese law states that research institutes cannot conduct experiments on potentially dangerous new viruses without approval from top health authorities. Although the law is intended to keep experiments safe, it gives top health officials wide-ranging powers over what lower-level labs can or cannot do.

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On Jan. 13, WHO announced that Thailand had a confirmed case of the virus, jolting Chinese officials.

The next day, in a confidential teleconference, China's top health official ordered the country to prepare for a pandemic, calling the outbreak the "most severe challenge since SARS in 2003", as the AP

previously reported. Chinese CDC staff across the country began screening, isolating, and testing for cases, turning up hundreds across the country.

Yet even as the Chinese CDC internally declared a level one emergency, the highest level possible, Chinese officials still said the chance of sustained transmission between humans was low.

WHO went back and forth. Van Kerkhove said in a press briefing that “it is certainly possible there is limited human-to-human transmission.” But hours later, WHO seemed to backtrack, and tweeted that “preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission” – a statement that later became fodder for critics.

A high-ranking official in WHO’s Asia office, Dr. Liu Yunguo, who attended medical school in Wuhan, flew to Beijing to make direct, informal contacts with Chinese officials, recordings show. Liu’s former classmate, a Wuhan doctor, had alerted him that pneumonia patients were flooding the city’s hospitals, and Liu pushed for more experts to visit Wuhan, according to a public health expert familiar with the matter.

On Jan. 20, the leader of an expert team returning from Wuhan, renowned government infectious diseases doctor Zhong Nanshan, declared publicly for the first time that the new virus was spreading between people. Chinese President Xi Jinping called for the “timely publication of epidemic information and deepening of international cooperation.”

Despite that directive, WHO staff still struggled to obtain enough detailed patient data from China about the rapidly evolving outbreak. That same day, the U.N. health agency dispatched a small team to Wuhan for two days, including Galea, the WHO representative in China.

They were told about a worrying cluster of cases among more than a dozen doctors and nurses. But they did not have “transmission trees” detailing how the cases were connected, nor a full understanding of how widely the virus was spreading and who was at risk.

In an internal meeting, Galea said their Chinese counterparts were “talking openly and consistently” about human-to-human transmission, and that there was a debate about whether or not this was sustained. Galea reported to colleagues in Geneva and Manila that China’s key request to WHO was for help “in communicating this to the public, without causing panic.”

On Jan. 22, WHO convened an independent committee to determine whether to declare a global health emergency. After two inconclusive meetings where experts were split, they decided against it — even as Chinese officials ordered Wuhan sealed in the biggest quarantine in history. The next day, WHO chief Tedros publicly described the spread of the new coronavirus in China as “limited.”

For days, China didn’t release much detailed data, even as its case count exploded. Beijing city officials were alarmed enough to consider locking down the capital, according to a medical expert with direct knowledge of the matter.

On Jan. 28, Tedros and top experts, including Ryan, made an extraordinary trip to Beijing to meet President Xi and other senior Chinese officials. It is highly unusual for WHO’s director-general to directly intervene in the practicalities of outbreak investigations. Tedros’ staffers had prepared a list of requests for information.

"It could all happen and the floodgates open, or there's no communication," Grein said in an internal meeting while his boss was in Beijing. "We'll see."

At the end of Tedros' trip, WHO announced China had agreed to accept an international team of experts. In a press briefing on Jan. 29, Tedros heaped praise on China, calling its level of commitment "incredible."

The next day, WHO finally declared an international health emergency. Once again, Tedros thanked China, saying nothing about the earlier lack of cooperation.

"We should have actually expressed our respect and gratitude to China for what it's doing," Tedros said. "It has already done incredible things to limit the transmission of the virus to other countries."

Sender: (b)(6) (Wuhan) (b)(6)

Recipient: (b)(6) (Beijing) (b)(6)
(b)(6)

From:	Bruce B Struminger (b)(6)
To:	Birx, Deborah L (b)(6) Birx, Deborah L. EOP/NSC (b)(6)
Subject:	FW: One Health Workforce Next Gen COVID19 special sessions for AFROHUN and SEAOHUN
Date:	Wed, 4 Mar 2020 00:20:11 +0000

Fyi. b

Bruce Baird Struminger, MD, MA
 Senior Associate Director, ECHO Institute
 Associate Professor of Medicine, Division of Infectious Diseases
 University of New Mexico Health Sciences Center
 Albuquerque, New Mexico
 Mobile & WhatsApp: (b)(6)
<http://echo.unm.edu/>



From: "Vinter, Serena (CDC/DDPHSIS/CGH/OD)" (b)(6)
Date: Tuesday, March 3, 2020 at 3:15 PM
To: Bruce B Struminger (b)(6), Jonna Mazet (b)(6)
 Woutrina A Smith (b)(6), Brian H Bird (b)(6)
Cc: Jutta Lehmer (b)(6), Amy J Armistad (b)(6)
 Amy J Armistad (b)(6), Oladele Ogunseitan
 (b)(6) "Martin, Rebecca (CDC/DDPHSIS/CGH/OD)" (b)(6)
Subject: RE: One Health Workforce Next Gen COVID19 special sessions for AFROHUN and SEAOHUN

[[-- External - this message has been sent from outside the University --]]

Dear Bruce,

Thanks for the update and making all these connections. We can discuss tomorrow in person and then set up a call with whole group.

Serena

Serena Vinter
 International Task Force, Partnerships, Policy and Communications Team Lead
 2019 Novel Coronavirus Response
 Centers for Disease Control and Prevention

Email: (b)(6)
Mobile: (b)(6)

From: Bruce B Struminger (b)(6)
Sent: Tuesday, March 3, 2020 5:09 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) (b)(6) Jonna Mazet (b)(6)
Woutrina A Smith (b)(6) Brian H Bird (b)(6)
Cc: Jutta Lehmer (b)(6) Armistad, Amy (b)(6)
(b)(6) Armistad, Amy (b)(6)
(b)(6) Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
(b)(6)
Subject: One Health Workforce Next Gen COVID19 special sessions for AFROHUN and SEAOHUN

Dear Serena,

The UC Davis team led by Jonna Mazet [OHWNG PI] and Woutrina Smith [OHWNG Technical Director] and Brian Bird [formerly w CDC Special Pathogens] reached out to the USAID AOR and received a green light today to engage with CDC on developing special COVID19 ECHO learning sessions for the AFROHUN and SEAOHUN university networks in ~ 20 countries in Africa and Asia. We are hoping to conduct these learning sessions taking a similar approach to what we did for the US-MX Binational program and what you are preparing for the DOD/HIV 50+ country network March 12. We are hoping that we might be able to conduct these sessions the week of March 19 and leverage the learning from the March 12 sessions. We are thinking the program would be very similar to what we did for US-MX with CDC presenting on the four core areas and UC Davis [+/- OHWNG consortium partners like EcoHealth Alliance] adding a presentation or two on the One Health Perspective

1. SARS-Cov-2 and the global epidemiology [CDC]
2. COVID19 laboratory diagnostics [CDC]
3. COVID19 IPC [CDC]
4. COVID19 clinical manifestations and management [CDC]
5. One Health Perspective on COVID19 [UC Davis]

I am copying in most of the relevant colleagues in the OHWNG consortium who will be engaged in supporting this effort. Ideally we might have a call this week if possible to review the program and expectations.

Ideally the AFROHUN session would be conducted one day that week at ~7am Pacific/10am Eastern/6pm East Africa, though we may need to negotiate the timing based on feedback from our AFROHUN colleagues. For Asia, ideally the session might be in the evening US time so that it would be 8am or so in Asia. I will defer to my UC Davis colleagues on the exact timing they are hoping for and we can discuss what will work best for CDC. The OHWNG consortium is aware of the request from IANPHI [Ellen Whitney] to extend the invitation to their network. We are open to that idea.

Looking forward to working together on this special program. Please let us know when might be a good time for an initial call. We can also discuss it a bit when we meet tomorrow.

Yours, B

Bruce Baird Struminger, MD, MA
Senior Associate Director, ECHO Institute
Associate Professor of Medicine, Division of Infectious Diseases
University of New Mexico Health Sciences Center
Albuquerque, New Mexico
Mobile & WhatsApp: (b)(6)
<http://echo.unm.edu/>



Sender:	Bruce B Struminger (b)(6)
Recipient:	Birx, Deborah L (b)(6) Birx, Deborah L. EOP/NSC (b)(6)

From:	"Lang, Karin M" (b)(6)
To:	Coronavirus Global Response Coordination Unit <CoronavirusGlobalResponseCoordinationUnit@state.gov>
Subject:	FW: (SBU) Coronavirus Global Response Coordination Unit SitRep No. #19 - 02.19.2020 1600 ET CORRECTION
Date:	Wed, 19 Feb 2020 23:27:47 +0000

Team, want to correct a factual error in para 4. Tokyo did not/not send a letter to LPRs aboard the Diamond Princess since we do track LPRs and have no information on any that may be on board. However, the public announcement from CDC we shared made clear that ALL passengers and crew have DNB orders, including foreign citizens. Hope this helps.

Best, Karin

Karin M. Lang
Consul General and
Minister-Counselor for Consular Affairs
U.S. Embassy Tokyo

Tel: (b)(6)

Cell:

(b)(6)

From: SMART Core <svcsmartbtsewshprec2@state.gov>

Sent: Thursday, February 20, 2020 8:06 AM

To: (b)(6)

(b)(6)

(b)(6)



(b)(6)



(b)(6)

Subject: ~~(SBU)~~ Coronavirus Global Response Coordination Unit SitRep No. #19 - 02.19.2020 1600 ET

UNCLASSIFIED

~~SBU~~

DeControlled



Action Office: POL, ALDACS, RSO, DAO_INFO, CONS, GSO, MGT, CONGEN, IMO, CLO, ORA, LEGAT, EXEC

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



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

SITREP No. # 19

February 19, 2020 - 1600 ET

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

DeControlled

1. (U) Latest Update

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

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

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

3. (U) International Assistance

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

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

- (U) On February 18, U.S. citizens and LPRs remaining on the Diamond Princess received letters from CDC and Embassy Tokyo explaining they were added to a federal list restricting travel by commercial aircraft to the United States until March 4. (*Embassy Tokyo, CDC*)

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

5. Please direct all questions to the Coronavirus Global Response Coordination Unit at 202-647-1255 or CoronavirusGlobalResponseCoordinationUnit@state.gov.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: Pompeo

Drafted By: Beijing ESTH (b)(6)

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

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

Released By: POEMS_S_ES_O (b)(6)

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

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

Action Post: AMEMBASSY TOKYO

Dissemination Rule: POL, DISP_ALDAC, RSO, ODC, CONS_ACTION, GSO, MGT_ACTION, CONGEN, IMO, CLO, ORA, LEGAT, EXEC

UNCLASSIFIED

SBU

Sender: "Lang, Karin M" (b)(6)**Recipient:** Coronavirus Global Response Coordination Unit
<CoronavirusGlobalResponseCoordinationUnit@state.gov>

From:	(b)(6)
To:	(b)(6)
	Stilwell, David R (b)(6)
	Feith, David (b)(6)
	(b)(6)
CC:	(b)(6)
	Keshap, Atul (b)(6)
Subject:	FRaTG13 (shared in confidence)—
Date:	Sun, 29 Nov 2020 22:58:17 +0000

(b)(6)

The attached note from Dr. Quay seems important. I asked Dr. Quay to respond specifically to Anderson et al who were among the early proponents that COVID 19, undoubtedly, was of natural zoonotic origin. This assertion in various forms gets repeated like is serious scientific fact based truth—when it may be the opposite based on some of the very evidence they put forward.

Bizarrely Anderson et al also were among the main proponents of the view that Gain of Function for virological spread prediction was a waste of money (see below). This said, Anderson et al never contemplate that someone could genetically engineer a bio threat vector with the exact characteristics they observe as “natural.” Since many of us have dealt with unconventional warfare and weapons designed to scare, maim, destroy economic resilience, etc the type of analysis presented by Quay resonates from that perspective. Like IEDS and mines, the most effective weapons in UW are hiding and plain site. Same rules apply to BW, in theory. This genetic sequence analysis doesn’t confirm BW research as a possible origin but it does further highlight that the COVID 19 vector could have been bio-engineered for unknown reasons and somehow got out out into the wild. So Quay’s independent analysis does seem to conform with Segreto and

Deigin. <https://onlinelibrary.wiley.com/doi/epdf/10.1002/bies.202000240>

Prospects&Overviews ThegeneticstructureofSARS-CoV-2doesnotruleouta laboratoryorigin

2of9 SEGRETOANDDEIGIN adaptation to human cells. We here describe how the two main SARS-CoV-2features,(1)thepresenceofafurincleavagesitemissinginother ...

onlinelibrary.wiley.com

(b)(5)

(b)(5) We are broadening the inquiry within AVC to include outreach to the science community as well as a more head on discussion with the "community."

Thanks.

(b)(6)

From: Steven Quay (b)(6)

Sent: Sunday, November 29, 2020 8:24 AM

To: (b)(6)

Subject: Re: Fw: RaTG13 (shared in confidence)

(b)(6)

Here is my response to the Andersen argument that CoV-2 was not ideal for the receptor binding and so should have come from nature. The facts show the exact opposite.

Regards, Steve

On Sun, 29 Nov 2020 at 03:45, (b)(6) wrote:

Steve, Here are the same authors laying out why COV-19 had to be natural. (b)(5)

(b)(5)

(b)(6)

<https://www.nature.com/articles/s41591-020-0820-9.pdf>

From: (b)(6)

Sent: Saturday, November 28, 2020 2:32 PM

To: Steven Quay (b)(6)

Subject: Re: Fw: RaTG13 (shared in confidence)

Below: Nature commentary pointing out the futility, waste, and opportunity costs associated projects pursued by Ecohealth, WIV, NIAID, et al, in the name of "predicting the next outbreak". Though they don't address the grave hazards, and BW dual use issues, involved with the gain of function work in WIV's prediction research, they laid out other important fundamental flaws with Ecohealth and WIV's approach. The authors go on to make the more compelling case for better bio surveillance instead. <https://www.nature.com/articles/d41586-018-05373-w>



COMMENT

07 JUNE 2018

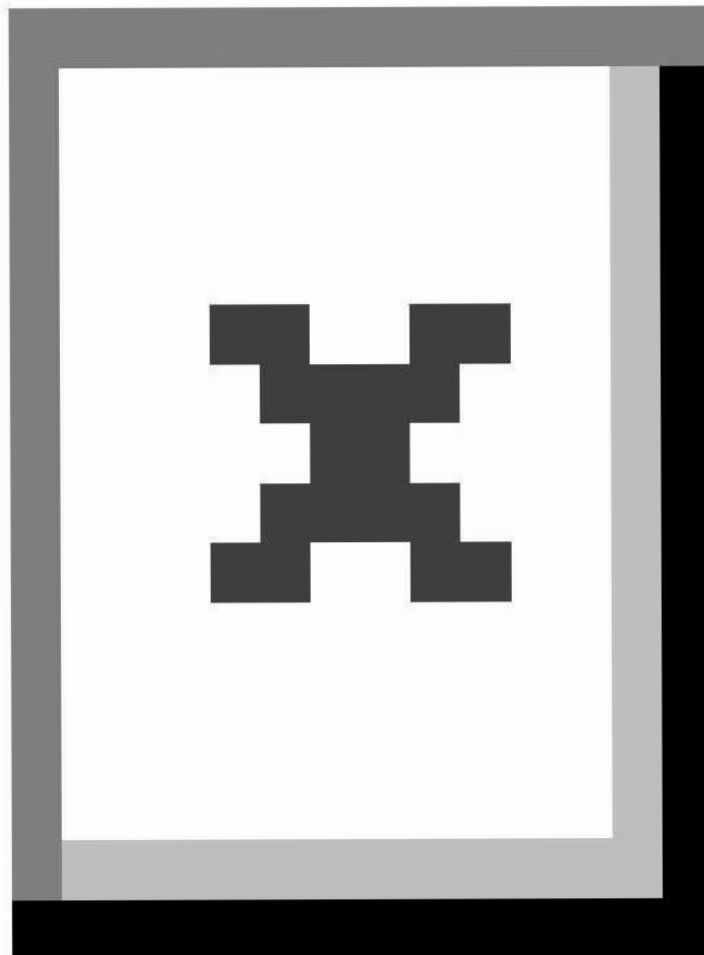
Pandemics: spend on surveillance, not prediction

Trust is undermined when scientists make overblown promises about disease prevention, warn Edward C. Holmes, Andrew Rambaut and Kristian G. Andersen.

The resurgence of Ebola virus in the Democratic Republic of the Congo this May is a stark reminder that no amount of DNA sequencing can tell us when or where the next virus outbreak will appear. More genome sequence data were obtained for the 2013–16 Ebola epidemic than for any other single disease outbreak. Still, health workers in Mbandaka, the country's northwestern provincial capital, are scrambling to contain a growing number of cases.

Over the past 15 years or so, outbreaks caused by viruses such as Ebola, SARS and Zika have cost governments billions of US dollars. Combined with a perception among scientists, health workers and citizens that responses to outbreaks have been inadequate, this has fuelled what seems like a compelling idea. Namely, that if researchers can identify the next pandemic virus before the first case appears, communities could drastically improve strategies for control, and even stop a virus from taking hold^{1,2}. Indeed, since 2009, the US Agency for International Development has spent US\$170 million on evaluating the “feasibility of preemptively mitigating pandemic threats”¹.

Various experts have flagged up problems with this approach (including the three of us)^{3,4}. Nonetheless, an ambitious biodiversity-based approach to outbreak prediction — the Pandemic Threat Project — was announced in February this year, with its proponents soliciting \$1.2 billion in funding from around the world (see ‘High stakes’). They estimate that other mammals and birds contain 1.67 million unknown viruses from the families of viruses that are most likely to jump to humans, and will use the funding to conduct a genomic survey of these unknown viruses, with the aim of predicting which might infect people¹.



Sources: NIH; Global Virome Project

Broad genomic surveys of animal viruses will almost certainly advance our understanding of virus diversity and evolution. **In our view, they will be of little practical value when it comes to understanding and mitigating the emergence of disease.**

We urge those working on infectious disease to focus funds and efforts on a much simpler and more cost-effective way to mitigate outbreaks — proactive, real-time surveillance of human populations.

The public has increasingly questioned the scientific credibility of researchers working on outbreaks. In the 2013–16 Ebola epidemic, for instance, the international response was repeatedly criticized for being too slow. And during the 2009 H1N1 influenza epidemic, people asked whether the severity of the virus had been overblown, and if the stockpiling of pharmaceuticals was even necessary⁵. Making promises about disease prevention and control that cannot be kept will only further undermine trust.

Forecasting fallacy

Supporters of outbreak prediction maintain that if biologists genetically characterize all of the viruses circulating in animal populations (especially in groups such as bats and rodents that have previously acted as reservoirs for emerging viruses), they can determine which ones are likely to emerge next, and ultimately prevent them from doing so. With enough data, coupled with artificial intelligence and machine learning, they argue, the process could be similar to predicting the weather⁶.

Reams of data are available to train models to predict the weather. By contrast, it is exceedingly rare for viruses to emerge and cause outbreaks. Around 250 human viruses have been described, and only a small subset of these have caused major epidemics this century.

Advocates of prediction also argue that it will be possible to anticipate how likely a virus is to emerge in people on the basis of its sequence, and by using knowledge of how it interacts with cells (obtained, for instance, by studying the virus in human cell cultures).

This is misguided. Determining which of more than 1.6 million animal viruses are capable of replicating in humans and transmitting between them would require many decades' worth of laboratory work in cell cultures and animals. Even if researchers

managed to link each virus genome sequence to substantial experimental data, all sorts of other factors determine whether a virus jumps species and emerges in a human population, such as the distribution and density of animal hosts. Influenza viruses have circulated in horses since the 1950s and in dogs since the early 2000s, for instance⁷. These viruses have not emerged in human populations, and perhaps never will — for unknown reasons.

In short, there aren't enough data on virus outbreaks for researchers to be able to accurately predict the next outbreak strain. Nor is there a good enough understanding of what drives viruses to jump hosts, making it difficult to construct predictive models.

Biodiversity-based prediction also ignores the fact that viruses are not fixed entities. New variants of RNA viruses appear every day. This speedy evolution means that surveys would need to be done continuously to be informative. The cost would dwarf the proposed \$1.2-billion budget for one-time sequencing.

Even if it were possible to identify which viruses are likely to emerge in humans, thousands of candidates could end up being identified, each with a low probability of causing an outbreak. What should be done in that case? Costs would skyrocket if vaccines and therapeutics were proposed for even a handful of these.

Screen and sequence

Currently, the most effective and realistic way to fight outbreaks is to monitor human populations in the countries and locations that are most vulnerable to infectious disease. This can be done by local clinicians, health workers in non-governmental organizations such as Médecins Sans Frontières (MSF; also known as Doctors Without Borders), and global institutions such as the World Health Organization (WHO).

We advocate the detailed screening of people who are exhibiting symptoms that cannot easily be diagnosed. Such tests should use the latest sequencing technologies to characterize all the pathogens that have infected an individual — the human 'infectome'⁸. To track previous infections, investigators should also assess each person's immune response, by analysing components of their blood using broad-scale serology⁹.

Emerging diseases are commonly associated with population expansions — when people encroach on habitats occupied by animals — as well as with environmental disturbances and climate change. Deforestation, for instance, can promote human interactions with animals that carry new threats, and can increase encounters with new vector species such as ticks and mosquitoes¹⁰. Animal die-offs, for example that of bar-headed geese (*Anser*

indicus) at Lake Qinghai in China in 2005 (which was caused by the H5N1 influenza virus), can also flag problem regions or emerging pathogens. Surveillance efforts should therefore focus on communities that live and work in such environments.

Identifying which pathogen is causing an outbreak is no longer the bottleneck it once was. It took researchers two years to determine HIV as the cause of AIDS in the early 1980s using microscopy and other techniques. By contrast, in 2012 it took only weeks for investigators using genomic technologies to discover the coronavirus that caused Middle East respiratory syndrome (MERS).

Rapid identification of viruses can be achieved only if such technologies — and the people trained to use them — are globally available, including in resource-limited regions where the risk of outbreaks might be higher. Thankfully, relevant capacity-building programmes are now beginning to be established, such as the Human Heredity and Health in Africa (H3Africa) Initiative, run by the UK Wellcome Trust and the US National Institutes of Health¹¹.

Once an emerging outbreak virus has been identified, it needs to be analysed quickly to establish what type it is; which molecular mechanisms (such as receptor type) enable it to jump between individuals; how it spreads through human populations; and how it affects those infected. In other words, at least four kinds of analysis are needed: genomic, virological, epidemiological and clinical. And the data must be passed to key stakeholders, from researchers and health workers on the ground to international agencies such as the WHO and the MSF. Data must be kept as free of restrictions as possible, within the constraints of protections of patient privacy and other ethical issues.

This will best be achieved through an established global network of highly trained local researchers, such as the WHO Global Outbreak Alert and Response Network (GOARN). Real-time tools for reconstructing and tracking outbreaks at the genomic level, such as portable sequencing devices, are improving fast⁸. Information gathered during recent outbreaks has quickly had tangible impacts on public-health decisions, largely owing to data generation and analysis by many research teams within days of people being infected¹².

For instance, in the 2013–16 Ebola epidemic, genome sequencing of the virus proved that a person could sexually transmit the disease more than a year after becoming infected. This prompted the WHO to increase its recommended number of tests for persistent infection in survivors of the disease.

Ultimately, the challenge is to link genomic, clinical and epidemiological data within days of an outbreak being detected, including information about how people in an affected community are interacting. Such an open, collaborative approach to tackling the emergence of infectious disease is now possible. This is partly thanks to technology, but is mainly due to a shift in perception about the importance of this approach. At least in genomic epidemiology, there is a growing move towards real-time, open-access data and analysis, aided by the use of preprint servers and wikis such as Virological (<http://virological.org>). This type of collaborative effort can complement the work of agencies including the WHO and the MSF, which focus predominantly on providing information, isolating those who have been infected, and so on.

So far, researchers have sampled little of the viral universe. Surveys of animals will undoubtedly result in the discovery of many thousands of new viruses. These data will benefit studies of diversity and evolution, and could tell us whether and why some pathogens might jump species boundaries more frequently than others. But, given the rarity of outbreaks and the complexity of host-pathogen interactions, it is arrogant to imagine that we could use such surveys to predict and mitigate the emergence of disease.

New viruses will continue to emerge unexpectedly. There is a lot we can and must do to be better prepared.

*Nature***558**, 180-182 (2018)

doi:<https://doi.org/10.1038/d41586-018-05373-w>

From: Steven Quay (b)(6)
Sent: Thursday, November 26, 2020 4:03 AM
To: (b)(6)
Subject: Re: Fw: RaTG13 (shared in confidence)

(b)(6)

Tank you for your kind words. We will be camping in the mountains of Taiwan until Saturday and I'm not sure of Internet access but please feel free to send me things. I hope you can have a happy Thanksgiving in some fashion this year.

Regards, Steve

On Wed, Nov 25, 2020, 11:31 PM (b)(6) wrote:
Steve,
Very helpful! Thank you.

(b)(5)

(b)(5)

(b)(5)

You are superb scientific detective and scientific researcher. A rare combination!

We are indebted for your insight and assistance,

David

From: Steven Quay (b)(6)

Sent: Wednesday, November 25, 2020 9:15 AM

To: (b)(6)

Cc: Lawrence Rimmel (b)(6)

Subject: Re: Fw: RaTG13 (shared in confidence)

(b)(6)

See answers attached. Regards, Steve

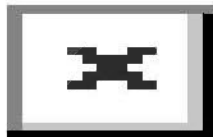
On Wed, 25 Nov 2020 at 14:56, (b)(6) wrote:
Steve,

(b)(5)

Thanks.

(b)(6)

<https://www.newsweek.com/controversial-wuhan-lab-experiments-that-may-have-started-coronavirus-pandemic-1500503>



Why The Wuhan Lab Remains A Suspect In the Coronavirus Investigation

After reporting that Covid-19 occurred naturally, U.S. intelligence modified its stance to say it might have leaked from a lab.

www.newsweek.com

From: Feith, David (b)(6)

Sent: Tuesday, November 24, 2020 7:29 PM

To: (b)(6) (b)(6) (b)(6)

(b)(6)

Subject: RE: RaTG13

With Q&A attached...

~~SENSITIVE BUT UNCLASSIFIED~~

From: Feith, David

Sent: Tuesday, November 24, 2020 7:25 PM

To: (b)(6); (b)(6) (b)(6)
(b)(5)
Subject: RaTG13

(b)(5)

WIV said that RaTG13 was found in the Yunnan cave in 2013, (b)(5)
(b)(5)

It seems that WIV's original Nature article of Feb. 3, 2020 didn't include this history:
<https://www.nature.com/articles/s41586-020-2012-7>. After public challenges, WIV published an addendum just last week, on Nov. 17 2020: <https://www.nature.com/articles/s41586-020-2951-z>. Shi Zhengli also gave an interview to Science published July 31 (<https://science.sciencemag.org/content/369/6503/487?rss=1>); the full Q&A attached includes her statement that WIV "didn't isolate this virus" (page 5). (b)(5)

(b)(5)

Appreciate any thoughts. Thanks.

--

David Feith
Deputy Assistant Secretary
Bureau of East Asian and Pacific Affairs (EAP)
U.S. Department of State

(b)(6) (o)
(c)
FeithD (b)(6)

~~SENSITIVE BUT UNCLASSIFIED~~

~~SENSITIVE BUT UNCLASSIFIED~~

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Steven C Quay, MD, PhD, FCAP
T: (b)(6)
Skype: (b)(6)
Dr. Quay Official Website
STAY SAFE: #1 Best Seller Amazon Medical eBooks

--

Steven C Quay, MD, PhD, FCAP
T: (b)(6)

Skype: (b)(6)

Dr. Quay Official Website

STAY SAFE: #1 Best Seller Amazon Medical eBooks

Sender: (b)(6)

Stilwell, David R (b)(6)

Feith, David (b)(6)

Recipient:

(b)(6)

Keshap, Atul (b)(6)

From:	"Stilwell, David R" (b)(6)
To:	Taylor, Mary Elizabeth (b)(6) (b)(6)
CC:	Brechbuhl, Thomas U (b)(6) Fritz, Jonathan D (b)(6) (b)(6)
Subject:	FOIA and WIV Cable
Date:	Wed, 10 Jun 2020 01:27:39 +0000

Let's use this to identify again our concerns about China's break-neck effort to achieve some 2021 and 2049 national goals. The virus leak is a direct result of top-down pressure for China to be seen as leading the world in vaccines and virus science. They're in a hurry so they take shortcuts; that's why this keeps happening. Our main objective here is to prevent this from happening again in 5 years.

(b)(6)

Need you and (b)(6) to check the language as we put this out with the FOIA'ed cable.

Text:

(b)(5)

How's that?

(b)(6)

From: (b)(6)
Sent: Friday, April 3, 2020 5:15 PM
To: (b)(6) Stilwell, David R (b)(6)
(b)(6)
Cc: (b)(6) Keshap, Atul (b)(6)
Subject: Re: WIV Cable

Here are the most relevant elements:

From 2018 Cables:

1. ~~(SBL)~~ **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). Given the legacy of SARS and the likelihood that the next global pandemic will originate in China, (b)(5)

(b)(5)

(b)(5)

End Summary with

Comment.

5. ~~(SBL)~~ During interactions with scientists at the WIV laboratory, they noted that the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory.

6. ~~(SBL)~~ 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, Drs. Shi and Cui Jie (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, (b)(5)

(b)(5)

(b)(5)

It is interesting

that 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.

Get Outlook for iOS

From: (b)(6)

Sent: Friday, April 3, 2020 5:14:18 PM

To: Stilwell, David R (b)(6) Fritz, Jonathan D (b)(6)

(b)(6)

Cc: (b)(6) Keshap, Atul (b)(6)

Subject: Re: WIV Cable

Attached. They're also on an email from a few days ago with (b)(6) others.

--

(b)(6)

Bureau of East Asian and Pacific Affairs (EAP)

U.S. Department of State

(b)(6)

(o)

(c)

(b)(6)

On April 3, 2020 at 5:11:51 PM EDT, Stilwell, David R. (b)(6) wrote:
First one to get me a soft copy of (b)(6) Wuhan cables gets a Samoa Cookie.
drs

David R. Stilwell

Ass't Secretary East Asia Pacific

(b)(6)

Sender: "Stilwell, David R" (b)(6)

Taylor, Mary Elizabeth (b)(6)

(b)(6)

Recipient: Brechbuhl, Thomas U. (b)(6)

Fritz, Jonathan D. (b)(6)

(b)(6)

From: "Beijing USAID (Beijing)" (b)(6)
 (b)(6) (Beijing) (b)(6)
 (b)(6) (Beijing) (b)(6)
 (b)(6) (Beijing) (b)(6)
 'Moolenaar, Ronald L. (CDC/(b)(6)@cdc.gov>;
 (b)(6) (Beijing) (b)(6)
 (b)(6) (Beijing) (b)(6)
 (b)(6) (Beijing) (b)(6)@state.gov>;
 'Greene, Carolyn M. (CDC/(b)(6)
 (b)(6) (Beijing) (b)(6);
To: (b)(6);
 (b)(6)@ecohealthalliance.org' (b)(6)@ecohealthalliance.org>;
 (b)(6)@ecohealthalliance.org' (b)(6)@ecohealthalliance.org>;
 (b)(6)@fao.org>;
 (b)(6)@fao.org>;
 (b)(6)@who.int>;
 (b)(6)@dfid.gov.uk>;
 (b)(6)@dfat.gov.au>;
 (b)(6)@gatesfoundation.org>;
 (b)(6)@wpro.who.int>
Subject: Early Dinner Reception in honor of Global Virome Project team visit to Beijing
Date: Thu, 31 Aug 2017 21:17:31 -0400

Hi all,

In conjunction with Global Virome Project team visit to Beijing, we would like to host an early dinner reception to update the progress of GVP and CNVP-China National Virome Project. And broadly, we will share insights for cooperation with China in global health security in the developing world.

Time: 16:30-18:00, Tuesday, September 5, 2017

Venue: (b)(6) Residence, 2-1-072, Liang Ma Qiao Diplomatic Compound-Area C

Special Guests:

George Gao Fu, Directo-General, China CDC, also Director, CAS Key Laboratory of Pathogenic Microbiology and Immunology, Institute of Microbiology

Shi Zhengli, Professor, Wuhan Institute of Virology, CAS

(b)(6) Global Health Security and Development, Bureau for Global Health, USAID/Washington

Peter Daszak, President, EcoHealth Alliance

Brooke Watson, Research Scientist, EcoHealth Alliance

Zhu Guangjian, China Field Coordinator, EcoHealth Alliance

Li Hongying, China Programs Coordinator, EcoHealth Alliance

For more information about GVP, please look at: <http://www.globalviromeoproject.org/about/>.

Thank you in advance for your participation.

(b)(6)

USAID (b)(6)

US Embassy Beijing

Tel: (b)(6) Email: (b)(6)

Sender: "Beijing USAID (Beijing)" (b)(6)

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

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

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

'Moolenaar, Ronald L. (CDC, (b)(6) @cdc.gov>;

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

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

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

'Greene, Carolyn M. (CDC, (b)(6) @cdc.gov>;

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

Recipient:

(b)(6)

(b)(6) @ecohealthalliance.org' (b)(6) @ecohealthalliance.org>;

(b)(6) @ecohealthalliance.org' (b)(6) @ecohealthalliance.org>;

(b)(6) @fao.org>;

(b)(6) @fao.org>;

(b)(6) @who.int>;

(b)(6) @dfid.gov.uk>;

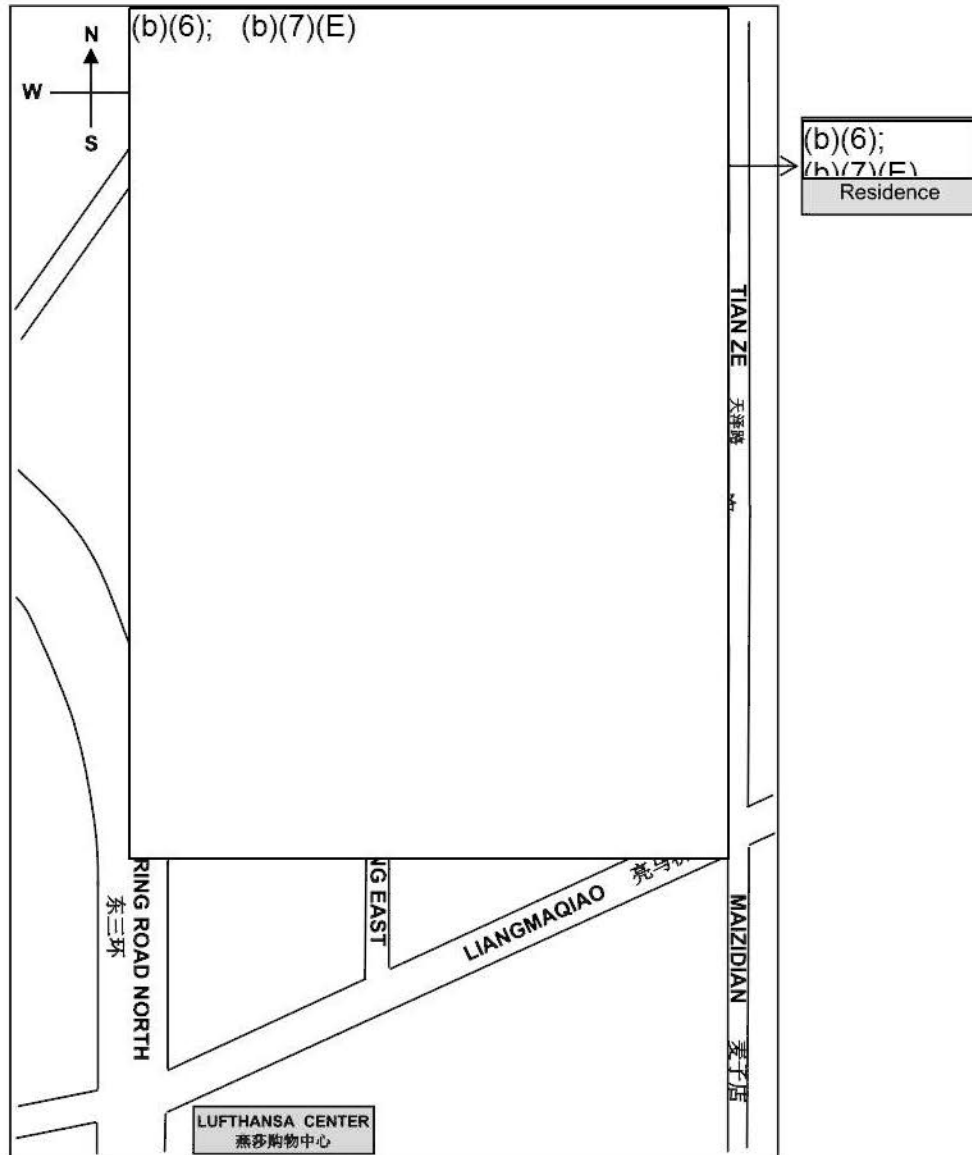
(b)(6) @dfat.gov.au>;

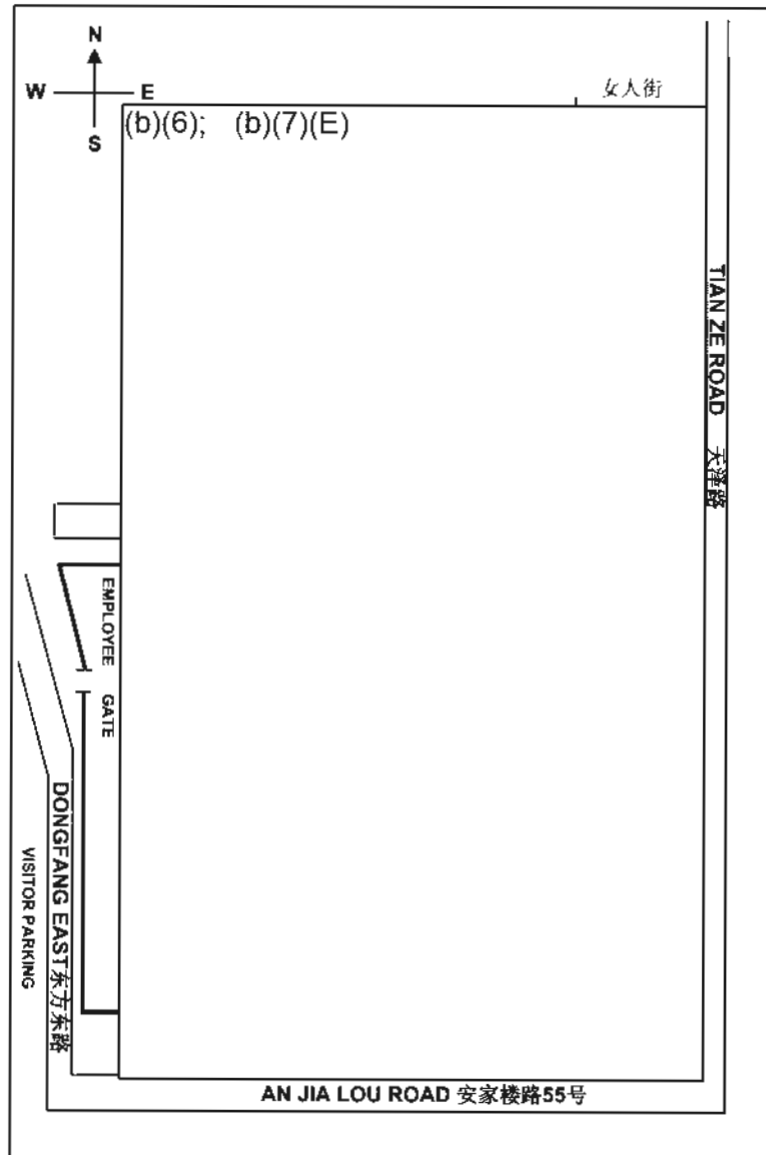
(b)(6) @gatesfoundation.org>;

(b)(6) @wpro.who.int>

Directions to (b)(6) House

(b)(6); (b)(7)(E)





From:	(b)(6)
To:	(b)(6)
Subject:	Coronavirus and GVP
Date:	Wed, 5 Feb 2020 18:32:29 +0000

Per our talk yesterday:

The Global Virome Project (GVP) follows in the footsteps of the US Agency for International Development's (USAID) work to preemptively mitigate pandemic threats. While the USAID Emerging Pandemic Threats (EPT) PREDICT project has already found 1,000 viruses from viral families that contain zoonotic diseases, the Global Virome Project aims to do so at a larger scale.

(b)(5)

<https://www.nytimes.com/2020/01/28/opinion/coronavirus-china.html> -- (b)(5)

(b)(5)

<https://pubmed.ncbi.nlm.nih.gov/29190287-discovery-of-a-rich-gene-pool-of-bat-sars-related-coronaviruses-provides-new-insights-into-the-origin-of-sars-coronavirus/> -- GVP assisted study to track the zoonotic origins of SARS and other coronaviruses.

<https://www.ecohealthalliance.org/wp-content/uploads/2018/04/Nature-SADS-CoV.pdf>

http://english.whioiv.cas.cn/Exchange2016/Foreign_Visits/201804/t20180403_191334.html -- My visit to the Wuhan Institute of Virology to visit lead scientist who helped conduct the Yunnan coronavirus bat study.

<https://www.contagionlive.com/news/global-virome-project-will-spend-next-10-years-identifying-unknown-viruses-in-the-wild>

Following recent outbreaks of viruses such as Zika and Ebola, public health researchers are increasingly working to discover new viruses before they emerge and cause human outbreaks. To meet that goal, this year will mark the launch of the Global Virome Project.

The World Health Organization (WHO) recently published its priority list of diseases and pathogens in need of research and development in 2018. Along with viruses such as Lassa fever, Rift Valley fever, and Zika, last on that list is Disease X, which the WHO says represents the understanding that a currently unknown pathogen may emerge to cause a serious global epidemic in the human population. While the inclusion of Disease X has been somewhat controversial, it reflects the growing belief that rather than waiting for the emergence of a new pathogen to react, the public health community needs to find the next viral threats and prepare for them before they cause human pandemics.

In a study published in 2017, researchers suggested that the most likely place to discover emerging pathogens would be along the fault lines of human-animal interaction. To that end, a new paper published in the journal Science has announced the impending launch of the Global Virome Project in

2018 to find unknown diseases in the wild, an effort expected to take 10 years and cost \$1.2 billion. The project was first announced in 2016 as a proposed cooperative scientific initiative to identify and characterize 99% of the world's zoonotic viruses with the potential to cause human epidemics.

"Nearly all recent pandemics have a viral etiology with animal origins, and with their intrinsic capacity for interspecies transmission, viral zoonoses are prime candidates for causing the next great pandemic," write the paper's authors. "However, if these viruses are our enemy, we do not yet know our enemy very well."

The Global Virome Project follows in the footsteps of the US Agency for International Development's (USAID) work to preemptively mitigate pandemic threats. While the USAID Emerging Pandemic Threats (EPT) PREDICT project has already found 1,000 viruses from viral families that contain zoonotic diseases, the Global Virome Project aims to do so at a larger scale. The authors note that about 263 viruses from 25 viral families are known to infect humans but estimate that there are 1.67 million viral species yet to be discovered in mammal and bird hosts, which are key reservoirs in viral zoonoses. About 631,000 to 827,000 of these unknown viruses have the potential to be transmitted from animals to infect humans.

"Furthermore, the rate of zoonotic viral spillover into people is accelerating, mirroring the expansion of our global footprint and travel networks, leading to a nonlinear rise in pandemic risk and an exponential growth in their economic impacts," the authors write.

This underscores the need for better preparation; to better prepare, more knowledge is needed.

"By developing an exhaustive catalog of viruses that exist in wildlife and knowing in what animals and where they exist will enable us to move forward to be proactive and prepare before an outbreak occurs. To achieve this, we must fill the knowledge gap for unknown viruses, including their ecology and drivers," said Edward Rubin, MD, PhD, chief scientific officer of Metabiota, in an interview with Contagion®. "Having a better understanding of the vast majority of the genomes of viruses that exist in nature will enable us to approach viral diseases and the development of countermeasures in new and powerful ways," he added.

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30335-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30335-3/fulltext)

Major global actors are starting to engage. "China will help lead a project to identify unknown viruses from wildlife to better prepare humans for major epidemics—if not global pandemics...The Global Virome Project will start in China and Thailand with field work to collect samples from wild animals and analyze the viruses detected", said Gao Fu, the head of the Chinese Centre for Disease Control and Prevention. Cost estimates for the Global Virome Project range from an initial \$1.2 billion to \$3.4 billion over a 10-year period.⁹ The projected cost is modest when it is put in perspective, in at least four regards.

Sender: (b)(6)

Recipient: (b)(6)

From: "Stilwell, David R" (b)(6)
Ortagus, Morgan D (b)(6)
To: (b)(6)
(b)(6)
CC: Tobin , Elizabeth (b)(6)
Buangan, Richard L (b)(6)
Subject: China Delayed releasing COVID info, frustrating WHO
Date: Tue, 2 Jun 2020 12:14:06 +0000

Good story. . .you knew it couldn't stay buried forever.

-
China delayed releasing coronavirus info, frustrating WHO

By The Associated Press

2 hours ago

Throughout January, the World Health Organization publicly praised China for what it called a speedy response to the new coronavirus. It repeatedly thanked the Chinese government for sharing the genetic map of the virus "immediately," and said its work and commitment to transparency were "very impressive, and beyond words."

But behind the scenes, it was a much different story, one of significant delays by China and considerable frustration among WHO officials over not getting the information they needed to fight the spread of the deadly virus, The Associated Press has found.

Despite the plaudits, China in fact sat on releasing the genetic map, or genome, of the virus for more than a week after three different government labs had fully decoded the information. Tight controls on information and competition within the Chinese public health system were to blame, according to dozens of interviews and internal documents.

Chinese government labs only released the genome after another lab published it ahead of authorities on a virologist website on Jan. 11. Even then, China stalled for at least two weeks more on providing WHO with detailed data on patients and cases, according to recordings of internal meetings held by the U.N. health agency through January — all at a time when the outbreak arguably might have been dramatically slowed.

WHO officials were lauding China in public because they wanted to coax more information out of the government, the recordings obtained by the AP suggest. Privately, they complained in meetings the week of Jan. 6 that China was not sharing enough data to assess how effectively the virus spread between people or what risk it posed to the rest of the world, costing valuable time.

"We're going on very minimal information," said American epidemiologist Maria Van Kerkhove, now WHO's technical lead for COVID-19, in one internal meeting. "It's clearly not enough for you to do proper planning."

"We're currently at the stage where yes, they're giving it to us 15 minutes before it appears on CCTV," said WHO's top official in China, Dr. Gauden Galea, referring to the state-owned China Central Television, in another meeting.

The story behind the early response to the virus comes at a time when the U.N. health agency is under siege, and has agreed to an independent probe of how the pandemic was handled globally. After repeatedly praising the Chinese response early on, U.S. President Donald Trump has blasted WHO in recent weeks for allegedly colluding with China to hide the extent of the coronavirus crisis. He cut ties with the organization on Friday, jeopardizing the approximately \$450 million the U.S. gives every year as WHO's biggest single donor.

In the meantime, Chinese President Xi Jinping has vowed to pitch in \$2 billion over the next two years to fight the coronavirus, saying China has always provided information to WHO and the world "in a most timely fashion."

The new information does not support the narrative of either the U.S. or China, but instead portrays an agency now stuck in the middle that was urgently trying to solicit more data despite limits to its own authority. Although international law obliges countries to report information to WHO that could have an impact on public health, the U.N. agency has no enforcement powers and cannot independently investigate epidemics within countries. Instead, it must rely on the cooperation of member states.

The recordings suggest that rather than colluding with China, as Trump declared, WHO was kept in the dark as China gave it the minimal information required by law. However, the agency did try to portray China in the best light, likely as a means to secure more information. And WHO experts genuinely thought Chinese scientists had done "a very good job" in detecting and decoding the virus, despite the lack of transparency from Chinese officials.

WHO staffers debated how to press China for gene sequences and detailed patient data without angering authorities, worried about losing access and getting Chinese scientists into trouble. Under international law, WHO is required to quickly share information and alerts with member countries about an evolving crisis. Galea noted WHO could not indulge China's wish to sign off on information before telling other countries because "that is not respectful of our responsibilities."

In the second week of January, WHO's chief of emergencies, Dr. Michael Ryan, told colleagues it was time to "shift gears" and apply more pressure on China, fearing a repeat of the outbreak of Severe Acute Respiratory Syndrome that started in China in 2002 and killed nearly 800 people worldwide.

"This is exactly the same scenario, endlessly trying to get updates from China about what was going on," he said. "WHO barely got out of that one with its neck intact given the issues that arose around transparency in southern China."

Ryan said the best way to "protect China" was for WHO to do its own independent analysis with data from the Chinese government, because otherwise the spread of the virus between people would be in question and "other countries will take action accordingly." Ryan also noted that China was not cooperating in the same way some other countries had in the past.

"This would not happen in Congo and did not happen in Congo and other places," he said, probably referring to the Ebola outbreak that began there in 2018. "We need to see the data.....It's absolutely important at this point."

The delay in the release of the genome stalled the recognition of its spread to other countries, along with the global development of tests, drugs and vaccines. The lack of detailed patient data also made it harder to determine how quickly the virus was spreading — a critical question in stopping it.

Between the day the full genome was first decoded by a government lab on Jan. 2 and the day WHO declared a global emergency on Jan. 30, the outbreak spread by a factor of 100 to 200 times, according to retrospective infection data from the Chinese Center for Disease Control and Prevention. The virus has now infected over 6 million people worldwide and killed more than 375,000.

"It's obvious that we could have saved more lives and avoided many, many deaths if China and the WHO had acted faster," said Ali Mokdad, a professor at the Institute for Health Metrics and Evaluation at the University of Washington.

However, Mokdad and other experts also noted that if WHO had been more confrontational with China, it could have triggered a far worse situation of not getting any information at all.

If WHO had pushed too hard, it could even have been kicked out of China, said Adam Kamradt-Scott, a global health professor at the University of Sydney. But he added that a delay of just a few days in releasing genetic sequences can be critical in an outbreak. And he noted that as Beijing's lack of transparency becomes even clearer, WHO director-general Tedros Adhanom Ghebreyesus's continued defense of China is problematic.

"It's definitely damaged WHO's credibility," said Kamradt-Scott. "Did he go too far? I think the evidence on that is clear....it has led to so many questions about the relationship between China and WHO. It is perhaps a cautionary tale."

WHO and its officials named in this story declined to answer questions asked by The Associated Press without audio or written transcripts of the recorded meetings, which the AP was unable to supply to protect its sources.

"Our leadership and staff have worked night and day in compliance with the organization's rules and regulations to support and share information with all Member States equally, and engage in frank and forthright conversations with governments at all levels," a WHO statement said.

China's National Health Commission and the Ministry of Foreign Affairs had no comment. But in the past few months, China has repeatedly defended its actions, and many other countries — including the U.S. — have responded to the virus with even longer delays of weeks and even months.

"Since the beginning of the outbreak, we have been continuously sharing information on the epidemic with the WHO and the international community in an open, transparent and responsible manner," said Liu Mingzhu, an official with the National Health Commission's International Department, at a press conference on May 15.

The race to find the genetic map of the virus started in late December, according to the story that unfolds in interviews, documents and the WHO recordings. That's when doctors in Wuhan noticed mysterious clusters of patients with fevers and breathing problems who weren't improving with standard flu treatment. Seeking answers, they sent test samples from patients to commercial labs.

By Dec. 27, one lab, Vision Medicals, had pieced together most of the genome of a new coronavirus with striking similarities to SARS. Vision Medicals shared its data with Wuhan officials and the Chinese Academy of Medical Sciences, as reported first by Chinese finance publication Caixin and independently confirmed by the AP.

On Dec. 30, Wuhan health officials issued internal notices warning of the unusual pneumonia, which leaked on social media. That evening, Shi Zhengli, a coronavirus expert at the Wuhan Institute of Virology who is famous for having traced the SARS virus to a bat cave, was alerted to the new disease, according to an interview with Scientific American. Shi took the first train from a conference in Shanghai back to Wuhan.

The next day, Chinese CDC director Gao Fu dispatched a team of experts to Wuhan. Also on Dec. 31, WHO first learned about the cases from an open-source platform that scouts for intelligence on outbreaks, emergencies chief Ryan has said.

WHO officially requested more information on Jan. 1. Under international law, members have 24 to 48 hours to respond, and China reported two days later that there were 44 cases and no deaths.

By Jan. 2, Shi had decoded the entire genome of the virus, according to a notice later posted on her institute's website.

Scientists agree that Chinese scientists detected and sequenced the then-unknown pathogen with astonishing speed, in a testimony to China's vastly improved technical capabilities since SARS, during which a WHO-led group of scientists took months to identify the virus. This time, Chinese virologists proved within days that it was a never-before-seen coronavirus. Tedros would later say Beijing set "a new standard for outbreak response."

But when it came to sharing the information with the world, things began to go awry.

On Jan. 3, the National Health Commission issued a confidential notice ordering labs with the virus to either destroy their samples or send them to designated institutes for safekeeping. The notice, first reported by Caixin and seen by the AP, forbade labs from publishing about the virus without government authorization. The order barred Shi's lab from publishing the genetic sequence or warning of the potential danger.

Chinese law states that research institutes cannot conduct experiments on potentially dangerous new viruses without approval from top health authorities. Although the law is intended to keep experiments safe, it gives top health officials wide-ranging powers over what lower-level labs can or cannot do.

"If the virologist community had operated with more autonomy....the public would have been informed of the lethal risk of the new virus much earlier," said Edward Gu, a professor at Zhejiang University, and

Li Lantian, a PhD student at Northwestern University, in a paper published in March analyzing the outbreak.

Commission officials later repeated that they were trying to ensure lab safety, and had tasked four separate government labs with identifying the genome at the same time to get accurate, consistent results.

By Jan. 3, the Chinese CDC had independently sequenced the virus, according to internal data seen by the Associated Press. And by just after midnight on Jan. 5, a third designated government lab, the Chinese Academy of Medical Sciences, had decoded the sequence and submitted a report — pulling all-nighters to get results in record time, according to a state media interview. Yet even with full sequences decoded by three state labs independently, Chinese health officials remained silent. The WHO reported on Twitter that investigations were under way into an unusual cluster of pneumonia cases with no deaths in Wuhan, and said it would share “more details as we have them.”

Meanwhile, at the Chinese CDC, gaps in coronavirus expertise proved a problem.

For nearly two weeks, Wuhan reported no new infections, as officials censored doctors who warned of suspicious cases. Meanwhile, researchers found the new coronavirus used a distinct spike protein to bind itself to human cells. The unusual protein and the lack of new cases lulled some Chinese CDC researchers into thinking the virus didn’t easily spread between humans — like the coronavirus that causes Middle East respiratory syndrome, or MERS, according to an employee who declined to be identified out of fear of retribution.

Li, the coronavirus expert, said he immediately suspected the pathogen was infectious when he spotted a leaked copy of a sequencing report in a group chat on a SARS-like coronavirus. But the Chinese CDC team that sequenced the virus lacked specialists in the molecular structure of coronaviruses and failed to consult with outside scientists, Li said. Chinese health authorities rebuffed offers of assistance from foreign experts, including Hong Kong scientists barred from a fact-finding mission to Wuhan and an American professor at a university in China.

On Jan. 5, the Shanghai Public Clinical Health Center, led by famed virologist Zhang Yongzhen, was the latest to sequence the virus. He submitted it to the GenBank database, where it sat awaiting review, and notified the National Health Commission. He warned them that the new virus was similar to SARS and likely infectious.

“It should be contagious through respiratory passages,” the center said in an internal notice seen by the AP. “We recommend taking preventative measures in public areas.”

On the same day, WHO said that based on preliminary information from China, there was no evidence of significant transmission between humans, and did not recommend any specific measures for travelers.

The next day, the Chinese CDC raised its emergency level to the second highest. Staffers proceeded to isolate the virus, draft lab testing guidelines, and design test kits. But the agency did not have the authority to issue public warnings, and the heightened emergency level was kept secret even from many of its own staff.

By Jan. 7, another team at Wuhan University had sequenced the pathogen and found it matched Shi's, making Shi certain they had identified a novel coronavirus. But Chinese CDC experts said they didn't trust Shi's findings and needed to verify her data before she could publish, according to three people familiar with the matter. Both the National Health Commission and the Ministry of Science and Technology, which oversees Shi's lab, declined to make Shi available for an interview.

A major factor behind the gag order, some say, was that Chinese CDC researchers wanted to publish their papers first. "They wanted to take all the credit," said Li Yize, a coronavirus researcher at the University of Pennsylvania.

Internally, the leadership of the Chinese CDC is plagued with fierce competition, six people familiar with the system explained. They said the agency has long promoted staff based on how many papers they can publish in prestigious journals, making scientists reluctant to share data.

As the days went by, even some of the Chinese CDC's own staff began to wonder why it was taking so long for authorities to identify the pathogen.

"We were getting suspicious, since within one or two days you would get a sequencing result," a lab technician said, declining to be identified for fear of retribution.

On Jan. 8, the Wall Street Journal reported that scientists had identified a new coronavirus in samples from pneumonia patients in Wuhan, pre-empting and embarrassing Chinese officials. The lab technician told the AP they first learned about the discovery of the virus from the Journal.

The article also embarrassed WHO officials. Dr. Tom Grein, chief of WHO's acute events management team, said the agency looked "doubly, incredibly stupid." Van Kerkhove, the American expert, acknowledged WHO was "already late" in announcing the new virus and told colleagues that it was critical to push China.

Ryan, WHO's chief of emergencies, was also upset at the dearth of information.

"The fact is, we're two to three weeks into an event, we don't have a laboratory diagnosis, we don't have an age, sex or geographic distribution, we don't have an epi curve," he complained, referring to the standard graphic of outbreaks scientists use to show how an epidemic is progressing.

After the article, state media officially announced the discovery of the new coronavirus. But even then, Chinese health authorities did not release the genome, diagnostic tests, or detailed patient data that could hint at how infectious the disease was.

By that time, suspicious cases were already appearing across the region.

On Jan. 8, Thai airport officers pulled aside a woman from Wuhan with a runny nose, sore throat, and high temperature. Chulalongkorn University professor Supaporn Wacharapluesadee's team found the woman was infected with a new coronavirus, much like what Chinese officials had described. Supaporn partially figured out the genetic sequence by Jan. 9, reported it to the Thai government and spent the next day searching for matching sequences.

But because Chinese authorities hadn't published any sequences, she found nothing. She could not prove the Thai virus was the same pathogen sickening people in Wuhan.

"It was kind of wait and see, when China will release the data, then we can compare," said Supaporn.

On Jan. 9, a 61-year-old man with the virus passed away in Wuhan — the first known death. The death wasn't made public until Jan. 11.

WHO officials complained in internal meetings that they were making repeated requests for more data, especially to find out if the virus could spread efficiently between humans, but to no avail.

"We have informally and formally been requesting more epidemiological information," WHO's China representative Galea said. "But when asked for specifics, we could get nothing."

Emergencies chief Ryan grumbled that since China was providing the minimal information required by international law, there was little WHO could do. But he also noted that last September, WHO had issued an unusual public rebuke of Tanzania for not providing enough details about a worrisome Ebola outbreak.

"We have to be consistent," Ryan said. "The danger now is that despite our good intent...especially if something does happen, there will be a lot of finger-pointing at WHO."

Ryan noted that China could make a "huge contribution" to the world by sharing the genetic material immediately, because otherwise "other countries will have to reinvent the wheel over the coming days."

On Jan. 11, a team led by Zhang, from the Shanghai Public Health Clinical Center, finally published a sequence on virological.org, used by researchers to swap tips on pathogens. The move angered Chinese CDC officials, three people familiar with the matter said, and the next day, his laboratory was temporarily shuttered by health authorities.

Zhang referred a request for comment to the Chinese CDC. The National Health Commission, which oversees the Chinese CDC, declined multiple times to make its officials available for interviews and did not answer questions about Zhang.

Supaporn compared her sequence with Zhang's and found it was a 100% match, confirming that the Thai patient was ill with the same virus detected in Wuhan. Another Thai lab got the same results. That day, Thailand informed the WHO, said Tanarak Plipat, deputy director-general of the Department of Disease Control at Thailand's Ministry of Public Health.

After Zhang released the genome, the Chinese CDC, the Wuhan Institute of Virology and the Chinese Academy of Medical Sciences raced to publish their sequences, working overnight to review them, gather patient data, and send them to the National Health Commission for approval, according to documentation obtained by the AP. On Jan. 12, the three labs together finally published the sequences on GISAID, a platform for scientists to share genomic data.

By then, more than two weeks had passed since Vision Medicals decoded a partial sequence, and more than a week since the three government labs had all obtained full sequences. Around 600 people were infected in that week, a roughly three-fold increase.

Some scientists say the wait was not unreasonable considering the difficulties in sequencing unknown pathogens, given accuracy is as important as speed. They point to the SARS outbreak in 2003 when some Chinese scientists initially — and wrongly — believed the source of the epidemic was chlamydia.

"The pressure is intense in an outbreak to make sure you're right," said Peter Daszak, president of the EcoHealthAlliance in New York. "It's actually worse to go out to go to the public with a story that's wrong because the public completely lose confidence in the public health response."

Still, others quietly question what happened behind the scenes.

Infectious diseases expert John Mackenzie, who served on a WHO emergency committee during the outbreak, praised the speed of Chinese researchers in sequencing the virus. But he said once central authorities got involved, detailed data trickled to a crawl.

"There certainly was a kind of blank period," Mackenzie said. "There had to be human to human transmission. You know, it's staring at you in the face... I would have thought they would have been much more open at that stage."

On Jan. 13, WHO announced that Thailand had a confirmed case of the virus, jolting Chinese officials.

The next day, in a confidential teleconference, China's top health official ordered the country to prepare for a pandemic, calling the outbreak the "most severe challenge since SARS in 2003", as the AP previously reported. Chinese CDC staff across the country began screening, isolating, and testing for cases, turning up hundreds across the country.

Yet even as the Chinese CDC internally declared a level one emergency, the highest level possible, Chinese officials still said the chance of sustained transmission between humans was low.

WHO went back and forth. Van Kerkhove said in a press briefing that "it is certainly possible there is limited human-to-human transmission." But hours later, WHO seemed to backtrack, and tweeted that "preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission" — a statement that later became fodder for critics.

A high-ranking official in WHO's Asia office, Dr. Liu Yunguo, who attended medical school in Wuhan, flew to Beijing to make direct, informal contacts with Chinese officials, recordings show. Liu's former classmate, a Wuhan doctor, had alerted him that pneumonia patients were flooding the city's hospitals, and Liu pushed for more experts to visit Wuhan, according to a public health expert familiar with the matter.

On Jan. 20, the leader of an expert team returning from Wuhan, renowned government infectious diseases doctor Zhong Nanshan, declared publicly for the first time that the new virus was spreading

between people. Chinese President Xi Jinping called for the “timely publication of epidemic information and deepening of international cooperation.”

Despite that directive, WHO staff still struggled to obtain enough detailed patient data from China about the rapidly evolving outbreak. That same day, the U.N. health agency dispatched a small team to Wuhan for two days, including Galea, the WHO representative in China.

They were told about a worrying cluster of cases among more than a dozen doctors and nurses. But they did not have “transmission trees” detailing how the cases were connected, nor a full understanding of how widely the virus was spreading and who was at risk.

In an internal meeting, Galea said their Chinese counterparts were “talking openly and consistently” about human-to-human transmission, and that there was a debate about whether or not this was sustained. Galea reported to colleagues in Geneva and Manila that China’s key request to WHO was for help “in communicating this to the public, without causing panic.”

On Jan. 22, WHO convened an independent committee to determine whether to declare a global health emergency. After two inconclusive meetings where experts were split, they decided against it — even as Chinese officials ordered Wuhan sealed in the biggest quarantine in history. The next day, WHO chief Tedros publicly described the spread of the new coronavirus in China as “limited.”

For days, China didn’t release much detailed data, even as its case count exploded. Beijing city officials were alarmed enough to consider locking down the capital, according to a medical expert with direct knowledge of the matter.

On Jan. 28, Tedros and top experts, including Ryan, made an extraordinary trip to Beijing to meet President Xi and other senior Chinese officials. It is highly unusual for WHO’s director-general to directly intervene in the practicalities of outbreak investigations. Tedros’ staffers had prepared a list of requests for information.

“It could all happen and the floodgates open, or there’s no communication,” Grein said in an internal meeting while his boss was in Beijing. “We’ll see.”

At the end of Tedros’ trip, WHO announced China had agreed to accept an international team of experts. In a press briefing on Jan. 29, Tedros heaped praise on China, calling its level of commitment “incredible.”

The next day, WHO finally declared an international health emergency. Once again, Tedros thanked China, saying nothing about the earlier lack of cooperation.

“We should have actually expressed our respect and gratitude to China for what it’s doing,” Tedros said. “It has already done incredible things to limit the transmission of the virus to other countries.”

-

Sender: "Stilwell, David R" (b)(6)
Ortagus, Morgan D (b)(6)
Recipient: (h)(6)
(h)(6)
Tobin , Elizabeth (b)(6)

Buangan, Richard L (b)(6)

(b)(6)

Beijing ECON clearances <BeijingECONclearances@state.gov>

Subject: China Coronavirus: Mission China Coordinates Authorized Departure, Wuhan Evacuation and Relief**Date:** Fri, 31 Jan 2020 09:43:03 +0000

Colleagues,

Latest Mission China cable on 2019-nCoV.

Best regards,

(b)(6)

UNCLASSIFIED~~-SBU-~~**Action Office:****Info Office:**POL, CONS, PAS, RSO, MGT, ECON, IMO, CDC, SCIENCE, MED
RSO_INFO, ECON_INFO, DAO_INFO, IMO_INFO, POL_INFO,
CONS_INFO, MGT_INFO, SCIENCE_INFO, EXEC_INFO**MRN:**20 BEIJING 234

Date/DTG: Jan 31, 2020 / 310938Z JAN 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, CDC, HHS, NIH, CN, PGOV, SENV, PREL, CASC, AMGT, AMED, KPAO, KMDR, ASEC, AID, KHIV
Captions: SENSITIVE
Reference: A) 20 BEIJING 226
B) 20 BEIJING 222
C) 20 BEIJING 218
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N) 20 BEIJING 172
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P) 20 BEIJING 164
Q) 20 BEIJING 142
R) 20 BEIJING 122
S) 20 BEIJING 108
T) 20 BEIJING 74
U) 19 WUHAN 112
V) 20 STATE 9544
Subject: China Coronavirus: Mission China Coordinates Authorized Departure, Wuhan Evacuation and Relief

1. ~~(SBU)~~ **Summary:** Mission China continued authorized departure of family members and non-emergency U.S. government employees January 31. The Mission China Task Force January 31 coordinated evacuation flights for U.S. citizens in Wuhan and the delivery of relief supplies on the incoming aircraft. Mission China will be closed for non-emergency services until February 9. The Mission China Task Force will continue to meet and focus fully on the response to the outbreak of the novel coronavirus. **End Summary.**

Assistance to AmCits and Relief Coordination for Wuhan

2. ~~(SBU)~~ Embassy Beijing continued January 31 to coordinate with the Department on assistance to and evacuation of U.S. citizens who remain in Wuhan. The Mission China Wuhan Relief Group continued to coordinate with the Department on placement aboard the evacuation aircraft – and receipt in Wuhan – of relief supplies and donations.

3. ~~(SBU)~~ Ambassador Branstad fielded several calls from other ambassadors in Beijing to update on U.S. progress in securing four additional planes to evacuate citizens from Wuhan. The other ambassadors expressed their appreciation for U.S. assistance and information.

CDC Experts at the Ready

4. ~~(SBU)~~ Following NHC's signaling their welcome of CDC participation in the 2019-nCoV response through WHO, CDC China country office immediately engaged with the WHO China Country Office to establish a framework for adding CDC technical experts to the WHO China Country Team. One Beijing-based CDC expert is positioned to engage immediately and

additional CDC headquarters experts are being identified and prepared for deployment.

5. ~~(SBU)~~ On January 31 Ambassador Branstad and HHS Secretary Azar had a phone call to discuss the situation on the ground in China. Secretary Azar noted the importance of U.S. experts being part of a WHO response team to China but also emphasized the need for more information to be provided by the Chinese government, especially related to the incubation period of the virus and human-to-human transmission data and any evidence of asymptomatic transmission. The Ambassador reiterated his continued dedication to raising these issues at the highest levels of the Chinese government and his focus on protecting the health and safety of all Mission China staff and American citizens in China.

Effectiveness of Transport Restrictions on Spread of Virus “Will Become Apparent”

6. ~~(SBU)~~ China CDC’s chief epidemiologist, Wu Zunyou, said in a TV news appearance on January 30, “The effectiveness of transport restrictions will become apparent in the next few days” ([link](#)). According to Dr. Wu, “Traffic restrictions have built a screen shielding healthy people from the source of infections and blocking the transmission of the virus.” Dr. Wu further speculated that if traffic restrictions had not been imposed, “There might be many ‘Wuhans’ around the country,” and case numbers would be in the many tens of thousands already. Dr. Wu also noted that most deaths have occurred among elderly patients.

Further Delays in Resumption of Some Government Functions

7. ~~(SBU)~~ The National Tax Bureau pushed back the February deadline for submitting taxes to February 24, with “additional appropriate extensions” for taxpayers in Hubei ([link](#)). The Ministry of Civil Affairs (MCA) issued a notice on January 30 recommending that local offices cancel marriage registrations scheduled for February 2 and requesting that all daily functions by marriage offices be shifted to appointment only until further notice ([link](#)). MCA further instructed social service agencies (halfway houses, centers for people with disabilities, etc.) to step up temperature checks, health screenings, and food and safety inspections, while continuing to provide most essential services.

Emerging Signs of “Acute” Shortages in Medical Supplies and Equipment

8. ~~(SBU)~~ China’s State Council issued an emergency notice on January 30 calling for all local governments to “take swift measures” to restore full production of medical supplies and personal protective equipment (PPE). Among the items of urgent need listed by the State Council were protective suits for healthcare workers, N95 respirators, protective goggles, negative-pressure ambulances, and “relevant medicines” ([link](#)).

9. ~~(SBU)~~ Hubei’s Economy and Information Technology Department announced that as of noon on January 30, the Hubei Society of the Red Cross, Hubei General Charity Association, and Hubei Youth Development Foundation had received donations of 6.15 million pieces of medical equipment, including 26,600 personal protective suits for healthcare workers, 479,000 N95 respirators, 1.729 million surgical masks, and 39,300 pairs of protective goggles ([link](#)).

10. ~~(SBU)~~ Despite the influx of donations, Hubei Vice-Governor Cao Guangjing acknowledged at a press conference that his government had “not solved the acute imbalance between supply and demand” of medical supplies in Hubei. Cao added, “We sincerely accept the criticism from all parts of society, especially that from medical professionals” ([link](#)). Areas outside Hubei have also indicated severe shortages of basic medical supplies and PPE, including in Henan province (*People’s Daily*).

Beijing

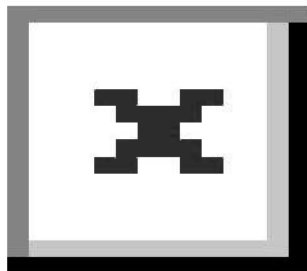
11. ~~(SBU)~~ Beijing City Health Commissioner Lei Haichao said at a press conference that as of the morning of January 30, there were no reported cases of sustained person-to-person

transmission in the city. So far, the infected patients have all come from outside the city or had close contact with those traveling from outside the city ([link](#)).

12. ~~(SBU)~~ At least three of the residential compounds housing CM personnel in Beijing have begun mandatory temperature checks for all persons entering. CM personnel in Diplomatic Residential Compound (DRC) facilities received a notice January 31 to fill out a health survey, informing DRC management of detailed travel history and any symptoms or illnesses currently experienced.

13. ~~(SBU)~~ In Beijing city, ESTH observed January 31 that subways, buses, taxis, and rideshare apps continued to function as normal. According to Beijing Metro, temperature checks by public health workers in PPE are currently being implemented at all subway stations within the network. Beijing Metro announced that it was installing thermal imaging systems at all stations to conduct temperature checks in order to handle the influx of passengers returning to Beijing after the Spring Festival holiday ([link](#)). At one station visited by ESTHOFF on January 31, temperature checks were being performed by security guards in with safety glasses and N95 respirators. The guards told ESTHOFF they would send passengers with high temperature readings to an "isolation area", a corner away from the entrance where the passengers would wait to for several minutes to have their temperatures taken two more times with different instruments. Passengers with fever would then be sent to the hospital on an ambulance.

14. ~~(SBU)~~ ESTHOFF visited three grocery stores in Beijing on January 31. All were fully stocked with fresh produce, meat, and dry goods (including instant noodles). Crowds were minimal, and no abnormal purchasing behavior or hoarding among shoppers was observed. Prices had not visibly increased. Incoming shoppers did not have to undergo temperature checks or screenings. Two of the stores had limited mask purchases to one per customer and still had some masks in stock (the third is an import grocer that does not normally sell masks.) Temperature checks for all customers were observed at another nearby vegetable market, however.



~~(SBU)~~ *Figure 1: Shoppers in Beijing grocery store*

15. ~~(SBU)~~ Several pharmacies visited by ESTHOFF continue to have their doors locked to incoming customers, providing service through a special after-hours window only. The pharmacies were completely sold out of masks and disinfectant.

16. ~~(SBU)~~ Beijing city FAO issued a Chinese-language letter to "foreign friends" on January 31 informing them of the public health emergency currently being experienced and providing them

with a 24-hour hotline for the FAO. The FAO letter did not stipule mandatory self-quarantine for travelers returning from out of town, although did suggest it for those coming "from areas with high rates of infection." Tianjin city government also issued an open letter "to all foreign friends" on January 30 (in English) assuring that the government would "fulfill its international obligations and respond to concerns by foreign citizens in Tianjin with a responsible attitude." Like Beijing, the Tianjin FAO has set up a 24-hour hotline for foreigners to call ([link](#)).

17. ~~(SBU)~~ The Hebei province government in northern China issued a notice on January 30 requiring that industries remain closed until midnight on February 9, with exceptions for public utilities and manufacturers of medical supplies, food products, and other daily necessities ([link](#)). [Note: Hebei is a base of heavy industry, producing 26 percent of domestic steel output in 2018, for example. End note.]

Chengdu

18. ~~(SBU)~~ The Australian Consulate in Chengdu has informed us that all their dependents have departed Chengdu. However, most of their staff remain.

19. ~~(SBU)~~ Thai LionAir is suspending all flights to Mainland China (affecting Chongqing and Chengdu). India's IndiGo is suspending its flights to and from Chengdu. Cathay Pacific and Qatar Airways continue to operate out of Chongqing. KLM is suspending all airlines going to and from Chengdu and Hangzhou from January 30-February 29.

20. ~~(SBU)~~ An Amcit reported that upon arrival at Chengdu's International airport on the evening of January 30, passengers were instructed to remain in their assigned seats while the plane waited on the tarmac. Two fully kitted health inspectors boarded the plane and removed two individuals to a separate bus for additional procedures. Flight attendants informed passengers they were not allowed to take pictures of the inspectors. While the reason the two individuals were removed is unknown, before take-off the flight crew repeatedly asked that two named passengers present themselves to staff if aboard, and warned all passengers that they must proactively report if they had traveled to Wuhan in the last 14 days. Otherwise, the AmCit reported that additional screening procedures included filling out a health form inquiring about symptoms and travel to Hubei, which is the same as reported by earlier travelers.

21. (U) According to local press reporting, authorities have set up 31 quarantine stations to screen all automobile and bus passengers entering Chengdu via highway. At the quarantine stations, authorities will perform temperature checks and register information regarding all passengers and automobiles. If an individual exhibits an abnormally high temperature, they will be "dealt with according to relevant regulations and procedures," the media report stated.

22. ~~(SBU)~~ Chongqing residents are concerned that the city could become another epicenter for coronavirus infection, based on the significant flow of people between Chongqing and Wuhan. Chongqing's population is also densely concentrated, compared to other cities in Southwest China. The Deputy Director of the Chongqing branch of China's Centre for Disease Control and Prevention was quoted on January 28 as saying that some 210,000 people had 'recently' travelled from Wuhan to Chongqing prior to the implementation of movement controls in Hubei province. Because of the large number of individuals with recent travel to quarantined areas, authorities have begun a widespread grid search campaign to identify people in Chongqing who have arrived recently from Wuhan. A widely circulated article from Chinese current affairs magazine Caixin quoted the dean of the University of Hong Kong's medical school as saying that Chongqing might be the next city seriously affected.

23. (U) The Chongqing Leading Group for Epidemic Prevention issued a notice on January 30 telling municipal residents who had spent time in Hubei during the Spring Festival not to return

to Chongqing until further notice.

24. (U) Deputy Director of Chongqing Drug Administration Bai Chaoshi announced on 30 January that all pharmacies in the city should register the details of individuals purchasing fever and cough related medicines. Deputy Director of Chongqing Municipal Health Committee Zhou Lin noted during a press conference that all cases of coronavirus must be registered with authorities via an online report within two hours of diagnosis.

25. (U) The Chongqing Municipal Government Information Office issued a public statement on January 30 saying that Chongqing mask manufacturers had resumed production, and that the city had sufficient capacity to produce 2.16 million medical masks per day. Authorities noted that as of January 29, Chongqing's stock of protective equipment included: 88,400 sets of "protective medical clothing"; 30,000 N95 masks; 50,000 medical masks; 3 million disposal medical masks; 31,000 goggles; 40,000 pairs of nitrile gloves; and 10,000 coronavirus detection kits.

26. (U) Chongqing announced the creation of a special working group to maximize output of medical masks, protective clothing, and thermometers. While output is reportedly steadily increasing, Chongqing does not have the raw materials necessary to produce large volumes of goggles, which are currently being imported from Shandong, Jiangsu, and Zhejiang provinces. Raw materials are being purchased from South Korea, Germany, Japan, Russia, the United States and Australia.

27. (U) Chongqing's Foreign Economic and Trade Group is engaging with distributors from the United States, France, Germany, Italy South Korea and Malaysia to secure other medical materials.

28. (U) On 30 January, the special working group announced medical gloves procured from Thailand, as well as unspecified items from the United States, had arrived in Chongqing.

29. (U) On 30 January, authorities designated the Chongqing Municipal Health Commission as the institution which would accept charitable donations on behalf of Chongqing's medical institutions, including hospitals.

Guangzhou

30. ~~(SBU)~~ China Southern, the main carrier out of Guangzhou (code share Delta, AA) told CG Guangzhou on January 30 it continued to operate daily Guangzhou flights to JFK, LAX, and SFO. ConGen staff is currently mainly routing via third locations (Narita, etc) on other airlines. City pair flights are sold out. As of 13:30, most flights compliant with Fly America are sold out. ConGen Guangzhou is seeking Embassy permission to use 3rd party carriers.

31. ~~(SBU)~~ CG Guangzhou's Nurse Practitioner (NP) assisted with the Wuhan evacuation and is now in the United States; he has been told by PRC officials January 30 he is unable to return to China given his Wuhan visit. A sustained NP absence would significantly affect CG Guangzhou's access to health assistance. Post's health unit is normally staffed by the NP and two LES nurses.

32. ~~(SBU)~~ UK Consulate contacts said a decision on possible staff departures was expected the afternoon of January 31.

33. ~~(SBU)~~ ConGen observed January 30 five nCoV-designated hospitals. The emergency rooms were uncrowded, there were no lines, and security posture was normal. Guangdong General Hospital continued to have relatively more intake/screening facilities and personnel in higher levels of Personal Protective Equipment than the other hospitals.

34. ~~(SBU)~~ Post's residential bottled water supplier is expected to resume deliveries February 3 at the earliest, a delay of several days from the original post-holiday resumption date. USDH

residential buildings can fill the gap as needed.

35. (SBU) Guangzhou officials announced January 30 that the city's food supply is stable and sufficient despite earlier consumer buying rushes, with nearly 70 percent of wet markets and supermarkets open; that the government is helping stabilize supply chains inside and outside the province to respond to rising market demand; and that the government will punish hoarding.

36. (SBU) As of January 31, grocery stores surveyed by Consulate staff were well and continuously stocked, with relatively few shoppers, short lines, and a calm atmosphere.

37. (SBU) Guangdong and Guangzhou authorities announced enhanced temperature checks and sanitation of inbound vehicles. For taxis and ride-hailing services, masks are mandatory but temperature checks are "optional." ConGenOffs have not reported optional temperature checks on DiDi.

38. (SBU) Authorities expect holiday return traffic to be "substantially" lighter than last year.

39. (SBU) Guangxi province suspended all inter-provincial bus services (inbound and outbound) on January 29 until further notice. Guangxi's Qinzhou suspended all public transport, including bus, taxis, and ride-hailing services, until further notice.

40. (SBU) CG Guangzhou CONS reported half of U.S. passport applicants scheduled for January 30 cancelled or were no-shows.

41. (SBU) Dow Chemical told Post its China employees would not return to production plants until the week of February 10, in line with the government's policy. Dow has no Amcit employees in Guangdong. For now, all Dow domestic travel must be approved by its Greater China managers and all international travel must be approved by its Asia Pacific managers.

42. (SBU) Ericsson told Post its China offices are currently closed, and re-openings likely will be in line with provincial government policies. The company has suspended most travel to/from China, but has not yet decided on evacuating expat employees. Ericsson has staff in Wuhan and other cities to support telecom infrastructure, and the company's focus is on keeping workers safe and mobile networks running.

Shanghai

43. (SBU) Shanghai's American business community is assessing the effect of the WHO's designation of the coronavirus as a Public Health Emergency of International Concern and the raising of the Department's travel advisory to Level 4. Firms we contacted anticipated a significant effect on the number of international staff who will travel to Shanghai or remain in country, but most were still assessing the longer-term impact on their operations and supply chain. Several diplomatic missions in Shanghai report that they have implemented measures to reduce staffing or are actively contemplating doing so. We are monitoring flight cancellations and will report them separately.

44. (SBU) On the ground, Shanghai still does not exhibit signs of significant disruption to local transportation, food distribution, or medical services. The Shanghai consular district accounts for about 11 percent of total confirmed cases, with approximately half of those in Zhejiang Province. Confirmed cases in Shanghai – currently around 130 – remain low both in absolute terms and relative to the size of the population. CG Shanghai has seen no visible signs of stress to the local healthcare system. Local hospitals resumed normal out-patient services on January 31 and eight leading public hospitals are offering online consultations via mobile phone apps and WeChat accounts. Except for a small health clinic, private hospitals that serve international clients, including the official American community, are operating normally. Most international schools which Consulate EFMs attend continue to plan on reopening Feb. 17, and local authorities have not indicated that they will instruct schools to remain closed after that date.

45. ~~(SBU)~~ ACS reports three American citizens in Shanghai and two in Hangzhou, Zhejiang have been asked to self-quarantine after exhibiting signs of fever or recent travel to Hubei. There is no indication they have tested positive for 2019-nCoV. Qingpu Prison authorities notified ACS that they are suspending consular prison visits for the month of February, citing public health reasons. Despite an approximate 50 percent cancellation of ACS appointments in the past two days, ACS will remain open this weekend to provide emergency consular services. Anhui, Jiangsu, and Zhejiang Foreign Affairs Offices (FAO), as well as the FAOs of various cities in these provinces, have issued statements directed toward foreigners with resources on where they can get additional information and how to protect oneself from catching coronavirus.

46. ~~(SBU)~~ Members of the Consulate community continue to find grocery stores accessible and well stocked, though supplies of some products are occasionally in short supply in some stores. The Shanghai municipal government is cracking down on price gouging of essential items, including at grocery stores. A Shanghai branch of Carrefour, a supermarket chain popular in the Consulate community, was fined RMB 2 million (USD 288,000) January 30 for inflating the prices of various vegetables.

47. ~~(SBU)~~ Though ridership on public transportation is very low, the subway network continues to operate as normal. The Didi ride hailing service also continues to operate, though Didi is requiring all passengers and drivers to wear protective masks. The airport and high-speed rail service continue to operate, though both face reduced or discontinued service on certain routes. As of January 30, all Shanghai railway stations set up temperature checks for arrivals and departures. Media reports rail authorities suspended trains from Shanghai to Beijing and cities in Guangdong, Henan, and Fujian provinces on January 30 to prevent the spread of 2019-nCoV. The suspension is expected to last until late-February. A number of airlines, including some U.S. carriers, have reduced or discontinued service to Shanghai from overseas, or have announced plans to do so in coming weeks. Some of these airlines have explicitly cited public health reasons as the main factor in their decision while others have pointed to reduced demand as the main driver. We anticipate the WHO announcement could result in fewer international flights being available.

48. (U) Tesla announced via its Sina Weibo social media feed on January 30 that it will donate RMB 5 million (USD 720, 500) to China CDC efforts to combat 2019-nCoV, as well as an additional RMB 5 million subsidize the energy costs of car charging stations during outbreak.

Shenyang

49. ~~(SBU)~~ There is no significant change to the situation in Shenyang city. There was marked increase in traffic over the last 24 hours as people began returning to the city in preparation for the opening of business on Monday February 3rd. Public transportation and taxis are operating. Public hospitals in Shenyang are not under-staffed and have not experienced overcrowding, based on a visit to three hospitals by MED unit staff and ESTHOff on January 28th. Of the five international schools that work with Consulate Shenyang, four will offer online instruction instead of regular classes. Quality Schools International (QSI), Transformation Academy, Canadian International School and the Montessori school are either suspending classes indefinitely or planning to conduct part of the semester online. The French International School will begin as scheduled on February 17th. Shenyang government is now requesting a daily report from all international schools on where students are located and where they have traveled. Shenyang Airport continues to operate normally with reduced flights. While China Southern's direct flight from Shenyang to Los Angeles continues to operate three times a week, flights to Korea, Thailand and Japan have been reduced. The reason for cancelling flights out of

Shenyang is attributed to the lack of passengers since the Chinese Government's tour group travel ban was enacted, said contacts at China Southern Airlines.

50. ~~(SBU)~~ Some cities in NE China have enacted stringent measures to prevent cases of coronavirus from entering the city limits. For example, Yanji city, near the North Korean border has suspended all public transportation and hotels will no longer accept non-residents. These "Isolation management" may also impact American citizens. ACS reports that an American citizen was refused freedom of movement within WangQing County, part of Yanbian Korean Autonomous Prefecture. He was traveling between BaiCao Village and another county location when he was caught between both areas. After significant effort on his own, he was allowed back to BaoCai. In addition, one U.S. media outlet reported on a group of 70 Americans in Kuandian County, near the border of North Korea, that were trying to leave from China. According to the one local U.S. media report, some of the Americans are now being quarantined in a hospital in Shenyang. Consulate Shenyang has reached out to the group to provide assistance. In addition, Heilongjiang Province has announced that businesses should wait until February 9 to reopen.

51. ~~(SBU)~~ French, German, Japanese, Korean and Russian consulates in Shenyang will return to normal status after the Lunar New Year and do not intend to minimize operations, said our contacts at each of the respective consulates. The Australian Consulate is planning to announce "assisted departure" for family members of their staff. The German Consul General is in Wuhan assisting with the evacuation of German citizens. The Liaoning Foreign Affairs Office will hold a video conference for all consulates on Saturday, February 1.

52. ~~(SBU)~~ Consulate Shenyang held an EAC meeting on January 30th and will hold a town hall meeting for all employees on Monday February 3, the first day LES are expected back to work after the extended holidays. Shenyang's next EAC meeting will be Saturday, February 1st.

Media/Social Media

53. (U) Xinhua and factual news reported on the WHO declaring the novel coronavirus outbreak a global health emergency, but that China disfavors travel and trade restrictions. Articles quote WHO DG Tedros Ghebreyesus that he believes that China will effectively contain and eventually defeat the epidemic, adding that China's efforts to combat the disease deserve respect and appreciation, and are worth learning. Wu Zunyou, chief epidemiologist of the Chinese Center for Disease Control and Prevention, said that the PHEIC declaration is a standard practice of the WHO. "China's current prevention and control measures are the strictest and very effective. We are confident that we can effectively contain the epidemic and finally overcome it," Wu said. Foreign Ministry Spokesperson Hua Chunying's remarks on WHO Declaring Pneumonia Outbreak Caused by Novel Coronavirus Public Health Emergency of International Concern were also widely amplified. Xinhua continued to report on cases, with 9,692 confirmed cases of novel coronavirus pneumonia, 213 deaths as of the end of Thursday. Other news focused on an interview with experts on the "wise decision" to close Wuhan, and the CPC allocating 108 million RMB (about 15.57 million USD) for coronavirus control as well as the CPC organization departments urged to play active role in fighting novel coronavirus. Other news amplified the Premier Li Keqiang urging vaccine, medicine development against epidemic. While China Daily said China is expected to witness its railway passenger trips slump nearly 75 percent to 3.2 million on Thursday, the sixth day of the lunar new year, from the equivalent day last year, according to the country's top railway operator. Global Times interviewed Zeng Guang, chief epidemiologist of the China Center for Disease Control and Prevention, saying China "must avoid losses caused by fear, overreaction: top epidemiologist.

54. (U) People's Daily continued to call the epidemic a battlefield and noted that China will "resolutely win this hard battle." The editorials says the total number of confirmed and suspected cases is still rising, far from the time of relief. To win this hard battle and rely on the people closely means to weave a large network of joint defense and control with greater strength, and to build a strong defense. Grid management should be carried out to ensure that the prevention and control measures are effectively implemented and no blind angle is and we should further mobilize all sectors of society and the people to participate in this hard battle to stimulate energy and gather strength. Global Times said in an editorial that China must "firmly grasp the principle of controlling epidemic spread." Continuing, "in the face of a turbulent epidemic, this is an important part of forming real solidarity. We have paid for our local and national negligence of the initial outbreak. But currently, the most important thing is not to calculate responsibilities. The fight continues and the battlefield expands. The situation may become more severe. When a public health crisis occurs, there is bound to be some social panic. But this doesn't mean the public has lost confidence. The majority of the Chinese people believe China can withstand this crisis and that the government can undertake various measures to ensure public safety."

Nationwide and International Cases

55. (SBU) China's National Health Commission (NHC) reported 1,982 newly confirmed cases on January 30 as of 24:00, raising the total number of confirmed cases to 9,692 ([link](#)). Total deaths reached 213, with 43 new deaths on January 30 (42 in Hubei and one in Heilongjiang). Of the total confirmed cases, 1,527 are in serious or critical condition. The number of people in isolation under medical observation increased by 25 percent over the previous day, now at 102,427, with 15,238 currently suspected cases.

Table 1: Total Confirmed Cases in Mainland China as of End of January 30

Province/City/Region	Total confirmed cases to date	New confirmed cases	Total deaths to date	New deaths reported
Anhui	237	37	--	--
Beijing	132	21	1	--
Chongqing	206	41	--	--
Fujian	120	19	--	--
Gansu	29	3	--	--
Guangdong	393	82	--	--
Guangxi	87	9	--	--
Guizhou	15	3	--	--
Hainan	49	3	1	--
Hebei	82	17	1	--
Heilongjiang	59	16	2	1
Henan	352	74	2	--
Hubei	5806	1220	204	42
Hunan	332	55	--	--
Inner Mongolia	20	2	--	--

Jiangsu	168	39	--	--
Jiangxi	240	78	--	--
Jilin	14	0	--	--
Liaoning	45	6	--	--
Ningxia	21	4	--	--
Qinghai	8	2	--	--
Shaanxi	87	31	--	--
Shandong	178	33	--	--
Shanghai	128	27	1	--
Shanxi	35	**	--	--
Sichuan	177	35	1	--
Tianjin	30	3	--	--
Tibet	1	**	--	--
Xinjiang	17	3	--	--
Yunnan	80	10	--	--
Zhejiang	537	109	--	--
TOTAL (NHC Reported)	9692	1982	213	43
TOTAL (From Provinces)	9685	1982	213	43

Notes: Data are from public case reports issued as of 16:00 on January 31; ** no new report available; -- zero cases. Source: NHC, provincial health commissions, and state media.

Table: Confirmed Cases in Other Countries and Regions as of January 31

Country/Region	Total Confirmed Cases	New Confirmed Cases
Thailand	14	0
Hong Kong	12	2
Japan	11	1
Singapore	10	0
Taiwan	9	1
Australia	9	2
Malaysia	8	1
Macau	7	0
United States	6	1
France	5	0
Germany	5	1
South Korea	4	0
United Arab Emirates	4	3
Canada	3	0

Vietnam	2	0
Nepal	1	0
Cambodia	1	0
Sri Lanka	1	0
Finland	1	0
India	1	1

Notes: As of 15:50 on January 31. Source: Ding Xiang Yuan, <http://www.dxy.cn/>

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: Branstad

Drafted By: BEIJING (b)(6) (Beijing) (b)(6) (Beijing) (b)(6)
(h)(6) (Shenyang) (h)(6) (Chengdu) (h)(6)
(Guangzhou); (b)(6) (Beijing)

Cleared By: ESTH: (b)(6) (Beijing)
INFO: (b)(6) (Beijing)
ECON: (h)(6)
POL-ECON: (b)(6) (Chris)
RSO: (b)(6) (Beijing)
CONS: (b)(6) (Beijing)
POL: (b)(6) (Beijing)
INFO: (h)(6) (Beijing)
MGT: (b)(6) (Beijing)
PD: (b)(6) (Beijing)
HHS/CDC/IRD: (b)(6) (Beijing)
ESTH: (b)(6) (Shenyang)
INFO: (b)(6) (Beijing)
INFO: (h)(6) (Beijing)

Approved By: A/DCM: (b)(6) (Beijing)

Released By: BEIJING (b)(6) (Beijing)

Info: SEOUL, AMEMBASSY ROUTINE; TAIPEI, AIT ROUTINE; HANOI, AMEMBASSY ROUTINE; SINGAPORE, AMEMBASSY ROUTINE; ULAANBAATAR, AMEMBASSY ROUTINE; PHNOM PENH, AMEMBASSY ROUTINE; BANGKOK, AMEMBASSY ROUTINE; HONG KONG, AMCONSUL ROUTINE; MANILA, AMEMBASSY ROUTINE; PARIS, AMEMBASSY ROUTINE; VLADIVOSTOK, AMCONSUL ROUTINE; NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; ATLANTA GA, CDC ROUTINE; DIA WASHINGTON DC ROUTINE; CIA WASHINGTON DC ROUTINE; PACOM IDHS HONOLULU HI ROUTINE; CHINA POSTS COLLECTIVE ROUTINE; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE ROUTINE

XMT: CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

Action Post: NONE

Dissemination Rule: POL, CONS_ACTION, PAS, RSO, MGT_ACTION, ECON, RSO_INFO, IMO, CDC, POL_INFO, DAO_INFO, IMO_INFO, SCIENCE, CONS_INFO, MED, SCIENCE_INFO

UNCLASSIFIED~~SBU~~

Sender: (b)(6) (Beijing)" (b)(6) @state.gov>

EAP-CM-ECON-DL (b)(6)

(b)(6)

OES-IHB-DG (b)(6)

(b)(6)

Mission China ESTH Americans - DL (b)(6)

(b)(6)

(b)(6)

BEIJING 2020 Coronavirus (b)(6)

(b)(6)

Recipient: (b)(6)

(b)(6)



Beijing ECON clearances <BeijingECONclearances@state.gov>

From:	(b)(6) (Beijing) (b)(6)
To:	(b)(6) (Beijing) (b)(6) Beijing EXEC Staffers (b)(6)
CC:	(b)(6) (Beijing) (b)(6) @state.gov>; (b)(6) (Beijing) (b)(6) (b)(6) (Beijing) (b)(6)
Subject:	A request: Regarding my upcoming travel to Beijing
Date:	Mon, 4 Sep 2017 21:51:54 -0400

Hi (b)(6) EXEC,

Please see the Bio for Dr. Weijun CHEN. Sorry for not being able to download he updates into Robo Tasker. Thanks,

(b)(6) USAID/Beijing

This email is UNCLASSIFIED.

From: (b)(6) (Beijing)
Sent: Tuesday, September 05, 2017 9:26 AM
To: (b)(6) (Beijing); Beijing EXEC Staffers
Cc: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (Beijing)
Subject: RE: A request: Regarding my upcoming travel to Beijing

Yes, please send it.

Thank you,

(b)(6)
Office Management Specialist, Rover
U.S. Embassy Beijing
Tel: (b)(6)
Cell: (b)(6)

Official
UNCLASSIFIED

From: (b)(6) (Beijing)
Sent: Tuesday, September 05, 2017 9:06 AM
To: (b)(6) (Beijing); Beijing EXEC Staffers
Cc: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (Beijing)
Subject: A request: Regarding my upcoming travel to Beijing

Hi (b)(6) EXEC,

Thanks for your quick reply and re-arranging. I will submit the access request for the replacement, Dr. Weijun Chen ASAP. Do you still need his Bio?

Thanks,

(b)(6) USAID/Beijing

This email is UNCLASSIFIED.

From: (b)(6) (Beijing)
Sent: Tuesday, September 05, 2017 8:53 AM
To: (b)(6) (Beijing); Beijing EXEC Staffers
Cc: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (Beijing)
Subject: RE: A request: Regarding my upcoming travel to Beijing

(b)(6)

Political Minister Counselor (b)(6) will now take the meeting. He is serving as A/DCM today.

Thank you,

(b)(6)
Office Management Specialist, Rover
U.S. Embassy Beijing
Tel: (b)(6)
Cell (b)(6)

Official
UNCLASSIFIED

From: (b)(6) (Beijing)
Sent: Tuesday, September 05, 2017 8:23 AM
To: Beijing EXEC Staffers
Cc: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (Beijing)
Subject: A request: Regarding my upcoming travel to Beijing
Importance: High

Hi EXEC,

We received the following emails from our visitors. We have planned a 3pm meeting with the Ambassador this afternoon. However, Dr. George Gao, Director-General of China CDC, will not be able to come because NHFPC-National Health and Family Planning Commission requested him to go for their

meeting. So they recommended Dr. Weijun Chen, Vice President, Beijing Genomics Institute, to join the meeting with the Ambassador this afternoon.

Not sure if this would be appropriate for switching a major visitor at this time?

(b)(6) will be traveling back from Hangzhou to Beijing this morning.

Thank you very much!

(b)(6) USAID/Beijing (b)(6)

This email is UNCLASSIFIED.

From: Hongying Li [mailto:(b)(6)@ecohealthalliance.org]
Sent: Monday, September 04, 2017 11:30 PM
To: (b)(6) (Beijing)
Cc: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) GH/HIDN
Subject: Re: A request: Regarding my upcoming travel to Beijing

Hi (b)(6)

Please only add Dr. Weijun Chen, because Dr. Zhang just texted me about a family emergency that he has to be in the hospital tomorrow afternoon.

Please Wechat anytime if any question or slides downloading issues.

Thanks,

(b)(6)

On Sep 4, 2017, at 10:36 PM, Hongying Li (b)(6)@ecohealthalliance.org wrote:

Hi (b)(6)

George Gao will have to attend another meeting with the Ministry of Health at 3pm, so unfortunately cannot join our meeting at the Embassy. However, he has recommended Dr. Yongzhen Zhang to represent China CDC to attend the meeting to pass his message. Also, we had a meeting with the Beijing Genomics Institute today, and Dennis has invited their Vice President, Dr. Weijun Chen, to join our meeting and the briefing for Ambassador. Other attendees, Peter, Brooke, Guangjian, and me are keeping the same schedule as before.

Below please find the ID information about these two scientists:

First Name	Last Name	Chinese ID	Title
Yongzhen	Zhang	(b)(6)	Director, Department of Zoonoses, National Institute for Communicable Disease Control and Prevention, China CDC

Weijun
Institute

Chen

(b)(6)

Vice President, Beijing Genomics

Sorry for this last-minute change. I will also try to get their bios to send to you tomorrow morning. Please let me know if this can be approved. Thank you

Best Regards,

Hongying

On Aug 29, 2017, at 9:53 AM, (b)(6) (Beijing) (b)(6) wrote:

Hi Hongying,

Well-noted. It is OK to add one more person. But we want to clarify the participants for the following marked in yellow:

1. A.Working Lunch for USAID/CDC/HHS/ESTH 12:00-13:15: focus on global health security portion of development assistance to discuss how GVP can be wrapped into US-China development cooperation.

(b)(5)

2. B.Health Working Group Meeting 13:30-14:50: the participants of this meeting is broader than the previous working lunch and it's an update on the Global Virome Project (GVP) to learn what China is thinking and doing on zoonotic diseases and getting ahead of future pandemics and its new relationship with the BRI.

(b)(5): (b)(6)

3. C.Briefing for Ambassador 15:00-16:00: to connect the discussions surrounding Secretary Price's visit on pandemic disease and global health security with US and Chinese initiatives on the ground in Beijing.

(b)(5)

5. D.Early Dinner Reception at Development Counselor's Residence 16:30-18:00: with colleagues from some of the multilateral and bilateral Missions to Beijing who are interested in cooperation with China in global health security in the developing world.

(b)(5)

Therefore, there are some logistic details to consider. For example, (b)(6) and Peter may arrive at the south gate of US Embassy at 11:45am; while the 6 of you can arrive at 13:15. When the 4 of them go to the Ambassador's office, the rest of you can still stay at the conference room (Mammoth Cave Conference Room) during 15:00-16:00? When their meeting with the Ambassador finishes, all of you can walk to (b)(6) residence which is not far from the Embassy compound. Please see the attached location map for (b)(6) residence.

And for entering US Embassy, I think you know all the details since you have been here before. Pls. tell them to bring an original pictured ID/passport and avoid too many electronic items. If you have a PPT presentation for the 13:30 health working group meeting, please let me know so that I can arrange in advance.

And for the meeting with the Ambassador, we have the bios for (b)(6) Peter, and George Gao, but we do not have that for Prof. SHI Zhenglin, can you provide? We need to pass on to the Ambassador's office.

Thank you very much!

(b)(6)

Administrative and Program Assistant

USAID/Beijing

US Embassy Beijing

Phone: (b)(6) **Fax:** (b)(6)

E-mail: (b)(6)

<http://www.usaid.gov> <http://beijing.usembassy-china.org.cn/usaid.html>

This email is UNCLASSIFIED.

From: Hongying Li [mailto:(b)(6)@ecohealthalliance.org]
Sent: Tuesday, August 29, 2017 1:26 AM
To: (b)(6) (Beijing)
Cc: (b)(6) (Beijing)
Subject: Re: A request: Regarding my upcoming travel to Beijing

Hi (b)(6),

Plan changes everyday... We are adding another person to the meeting. Dr. Guangjian Zhu, China Field Coordinator of Ecohealth Alliance.

Last Name	First Name	Passport or Chinese ID	Organization
Gao	Fu	(b)(6)	Director, China CDC/Professor, CAS
Daszak	Peter		President, EcoHealth Alliance
Shi	Zhengli		Professor, Wuhan Institute of Virology, CAS
Watson	Brooke		Research Scientist, EcoHealth Alliance
Zhu	Guangjian		China Field Coordinator, EcoHealth Alliance
Li	Hongying		China Programs Coordinator, EcoHealth Alliance
Contact Cell: +86 13041120837 (Hongying Li)			

Thanks,

(b)(6)

On Aug 28, 2017, at 4:58 PM, Hongying Li [(b)(6)@ecohealthalliance.org] wrote:

Hi (b)(6)

Apologies for these repeated emails. But just arrived in Beijing and found my phone number doesn't work any more.

So please use my new phone number: (b)(6) as the contact cell, or you can find me anytime on Wechat (b)(6). Thank you.

Best,

Hongying

On Aug 28, 2017, at 3:40 PM, Hongying Li (b)(6)@ecohealthalliance.org wrote:

Hi (b)(6),

Just got confirmation from George to attend the meetings on Sept. 5. So the updated information is as the follows:

Last Name	First Name	Passport or Chinese ID	Organization
Gao	Fu	(b)(6)	Director, China CDC/Professor, CAS
Daszak	Peter		President, EcoHealth Alliance
Shi	Zhengli		Professor, Wuhan Institute of Virology, CAS
Watson	Brooke		Research Scientist, EcoHealth Alliance
Li	Hongying		China Program Coordinator, EcoHealth Alliance
Contact Cell: +86 13261451848 (Hongying Li)			

Just in case, the email address of George and his assistant are: George Gao: (b)(6)@im.ac.cn and his assistant Ms. Yu Bai: (b)(6)

Thank you.

Best,

Hongying

On Aug 28, 2017, at 11:47 AM, Hongying Li (b)(6)@ecohealthalliance.org wrote:

Hi (b)(6),

Of course! Peter's email is (b)(6)@ecohealthalliance.org, please feel free to send the invites.

And thank you very much for sharing the meeting agenda, all sounds great, and I have forwarded it to George Gao and his assistant.

Per your previous request, below is the ID information of our attendees (except for George):

Last Name	First Name	Passport or Chinese ID No.	Organization
Daszak	Peter	(b)(6)	President, EcoHealth Alliance
Shi	Zhengli		Professor, Wuhan Institute of Virology, CAS
Watson	Brooke		Research Scientist, EcoHealth Alliance
Li	Hongying		China Program Coordinator, EcoHealth Alliance

Contact Cell: (b)(6) (Hongying Li)

Since I will be with them, so please feel free to contact me if there is any questions or issues need to be addressed.

(b)(6) will arrive in Beijing on Saturday at 5:20pm, his flight no. is CX5992, and he said he can take a taxi from the airport to the hotel, so no need to arrange pickup transportation. During other time in Beijing, I will take care of them.

Let me know if any further information I can provide, hope George will confirm his attendance soon. Thank you very much!

Best,

(b)(6)

On Aug 28, 2017, at 10:38 AM (b)(6) (Beijing) (b)(6) wrote:

Hi Li Hongying,

Can you kindly provide Peter's email address so that I can send the meeting invites to this calendar? I will also copy you. Thanks,

(b)(6) USAID/Beijing

This email is UNCLASSIFIED.

From: (b)(6) (Beijing)

Sent: Monday, August 28, 2017 9:19 AM

To: Hongying Li

Cc: (b)(6) (Beijing); (b)(6) (GH/HIDN); (b)(6) (Beijing)

Subject: RE: A request: Regarding my upcoming travel to Beijing

Hi, Hongying,

We know you are planning the trip so we'd like to share with you the below activities we've proposed to (b)(6) If you have any questions, just let us know.

On Sept.5:

1. Working Lunch for USAID/CDC/HHS/ESTH 12:00-1:00: focus on global health security portion of development assistance to discuss how GVP can be wrapped into US-China development cooperation.
2. Health Working Group Meeting 1:30-3:00: the participants of this meeting is broader than the previous working lunch and it's an update on the Global Virome Project (GVP) to learn what China is thinking and doing on zoonotic diseases and getting ahead of future pandemics and its new relationship with the BRI.

3. Briefing for Ambassador 3:00-4:00: to connect the discussions surrounding Secretary Price's visit on pandemic disease and global health security with US and Chinese initiatives on the ground in Beijing.
4. Reception at Development Counselor's apartment: with colleagues from some of the multilateral and bilateral Missions to Beijing who are interested in cooperation with China in global health security in the developing world.

We are very glad that George Gao and some other scientists would join (b)(6) to the Embassy. Please share with them the agenda as well. Kindly let us know which activities George and Chinese scientists will attend and we'll make preparations accordingly.

Thanks and best,

(b)(6)

Development Program Specialist
USAID Beijing

Tel: (b)(6)

Fax:

Mobile: (b)(6)

Email: (b)(6)

From: Hongying Li [mailto:(b)(6)@ecohealthalliance.org]
Sent: Wednesday, August 23, 2017 10:03 PM
To: (b)(6) (Beijing)
Cc: (b)(6) (Beijing); (b)(6) (Beijing)
Subject: Re: A request: Regarding my upcoming travel to Beijing

Hi (b)(6)

Very nice to hear from you!

(b)(6) will stay at the Kerry Hotel Beijing, close to the Embassy, and I will get his flight info. and send to you if he needs the pick up. (I will also be in Beijing with them, so it should be fine)

There may be 1-2 scientists from the Chinese Academy of Sciences attending the meeting at the US Embassy, so will confirm with Dennis to finalize the attendee list and send you the passport information by this Friday.

Will write back to you soon. Thank you!

Best,

Hongying

On Aug 23, 2017, at 4:41 AM, (b)(6) (Beijing) (b)(6) wrote:

Hi Li Hongying,

Since Peter will come together with Dennis for meetings inside the US Embassy Beijing on September 5th afternoon, can you pass on the passport information for Peter? As usual, I need:

- his full name as same as on the passport
- contact cell

Which hotel have you booked (b)(6) And I think we do not need to arrange airport pick-up or sending for him since Eco-Health Alliance will cover?

Thank you very much!

(b)(6)

Administrative and Program Assistant

USAID/Beijing

US Embassy Beijing

Phone: (b)(6) Fax: (b)(6)

E-mail: (b)(6)

<http://www.usaid.gov> <http://beijing.usembassy-china.org.cn/usaid.html>

From: Cara Chrisman [mailto:(b)(6)]

Sent: Wednesday, August 02, 2017 3:07 AM

To: (b)(6) (GH/HIDN)

Cc: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (Beijing)

Subject: Re: A request: Regarding my upcoming travel to Beijing

Hi (b)(6)

Thanks for all the information for (b)(6)!

On the point of scheduling, what information would be helpful to know? (b)(6) and Peter will likely arrive in Beijing on Sunday, 9/3. The hope is that they will spend Monday having various other GVP-related meetings, including meeting with George Gao (Chinese Academy of Sciences), who is one of the GVP Steering Committee members. They have reserved 9/5 for Embassy meetings and are currently available for dinner that evening. The plan is for them to travel to Hong Kong the morning of 9/6.

Much like with the Beijing GVP meeting, Hongying Li (EcoHealth Alliance) is handling the coordination of the visit ([\(b\)\(6\)@ecohealthalliance.org](mailto:(b)(6)@ecohealthalliance.org)) and I would be happy to connect the two of you if that would be helpful.

Additionally, as you get a sense of whether or not the 5th will work for the Embassy meetings and if a dinner will work, please let us know and we can work with Hongying to ensure that the rest of the schedule is built around that.

Thanks again,

(b)(6)

Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (b)(6)

Cell: (b)(6)

E-mail: (b)(6)

On Tue, Aug 1, 2017 at 10:17 AM, (b)(6) wrote:
(b)(6) the letter for (b)(6) would be perfect

Thanks

(b)(6)

Director, Emerging Threats Program
U.S. Agency for International Development
Office: (b)(6)
Mobile: (b)(6)

> On Jul 31, 2017, at 9:56 PM, (b)(6) (Beijing) (b)(6) wrote:

>

> Hi (b)(6)

>

> We would very much like to provide assistance for your Chinese visa application. But after viewing your draft letter that requires (b)(6) to endorse, I have questions on doing so.

>

> Usually, if you travel on your personal passport, you are not doing business trips, but for tourism purpose, right? If so, it seems inappropriate for (b)(6) to send you the following invitation letter. Instead, he can send you a letter for tourism purpose; or you do not need any letter for a tourism visa to China?

>

> Do you have a chance to renew your diplomatic passport? Is it OK to send an eCC by quoting your personal passport number? Anyway, we need an eCC for building access.

>

> Even when you travel by your diplomatic passport, our Visa-Let would only mention that you

will travel to China for doing consultations with US Embassy Beijing. We usually do not mention details since we are afraid that the Chinese Embassy may require more information or a Chinese receiving institution to issue a formal invitation letter that we have nowhere to ask for. Please see a sample as attached.

>

> Please check with someone in DC who handles your visa application.

>

> One more question is on your Agenda to Beijing. (b)(6) plans to arrange an inter-agency meeting and a possible meeting with the Ambassador on the afternoon of Sept. 5, followed by a dinner hosted by (b)(6). What about your other meetings in Beijing and how long will you stay in Beijing? Thank you very much!

>

> (b)(6) USAID/Beijing

>

>

> This email is UNCLASSIFIED.

>

>

> From: (b)(6) (Beijing)

> Sent: Tuesday, August 01, 2017 7:38 AM

> To: (b)(6) (GH/HIDN); (b)(6) (Beijing); (b)(6) (GH/PRH/RTU:AAAS)

> Subject: RE: A request: Regarding my upcoming travel to Beijing

>

> Sure. We understand the problem. We will get the letter back to you today.

>

> From: (b)(6) mailto:(b)(6)

> Sent: Tuesday, August 01, 2017 1:35 AM

> To: (b)(6) (Beijing); (b)(6) (Beijing); (b)(6) (GH/PRH/RTU:AAAS)

> Subject: A request: Regarding my upcoming travel to Beijing

>

> (b)(6) greetings from Washington. Quick request. In processing my visa for China I need a letter from you (because i am using my personal passport; my diplomatic passport has less than 6 months remaining but still has some very valuable and active visas for other countries). I have drafted a letter below. Could you modify as you wish and send it back on official letter head? Thanks

>

>

> (b)(6)

> Director

> Emerging Threats Division

> Bureau for Global Health

> U.S. Agency for International Development

>

> Dear (b)(6)

>

> I would like to invite you to come to Beijing the week of September 3 in order to follow up the discussions held earlier this year between USAID and the China Centers for Disease Control, the Beijing Genomics Institute and the China Academy of Science on the Global Virome Project (GVP). The government of China has continued to express their interest in an expanded partnership on GVP; your visit would be an important opportunity to further develop the details of such a partnership.

>

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>

>

> Official

> UNCLASSIFIED

>

> <winmail.dat>

Sincerely,

(b)(6)

USAID Development Counselor
U.S. Embassy

This email is UNCLASSIFIED.

Hongying Li, MPH 李泓莹

China Programs Coordinator

EcoHealth Alliance

460 West 34th Street – 17th floor

New York, NY 10001

(b)(6) (U.S. mobile)

(b)(6) (China mobile)

Hongying Li (Skype)

(b)(6) (WeChat)

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

Hongying Li, MPH 李泓莹

China Programs Coordinator

EcoHealth Alliance

460 West 34th Street – 17th floor

New York, NY 10001

(b)(6) (U.S. mobile)

(b)(6) (China mobile)

Hongying Li (Skype)

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EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent pandemics and promote conservation.

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