



United States Department of State

Washington, D.C. 20520

August 31, 2023

Case No. FL-2022-00076

Mr. Sainath Suryanarayanan, PhD
U.S. Right to Know
4096 Piedmont Ave. #963
Oakland, CA 94611

Dear Mr. Suryanarayanan:

As noted in our letter dated July 30, 2023, we are processing your request under the Freedom of Information Act (“FOIA”), 5 U.S.C. § 552. Thus far, the Department of State (“Department”) has located an additional 31 responsive records subject to the FOIA. Upon review, we have determined all 31 records may be released in part.

An enclosure explains the FOIA exemptions and other grounds for withholding material. Where we have made redactions, the applicable FOIA exemptions are marked on each record. Where applicable, the Department has considered the foreseeable harm standard when reviewing these records and applying FOIA exemptions. All non-exempt material that is reasonably segregable from the exempt material has been released and is enclosed.

We will keep you informed as your case progresses. If you have any questions, your attorney may contact Savith Iyengar, Assistant U.S. Attorney, at savith.iyengar@usdoj.gov. Please refer to the case number, FL-2022-00076, and the civil action number, 22-cv-04359, in all correspondence about this case.

Sincerely,

A handwritten signature in black ink, appearing to read "Diamonece Hickson". The signature is fluid and cursive, with a large initial "D" and "H".

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

Enclosures: As stated.

The Freedom of Information Act (5 USC 552)

FOIA Exemptions

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

Other Grounds for Withholding

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

From: "Stilwell, David R" (b)(6)@state.gov>
To: Buangan, Richard L (b)(6)@state.gov>; (b)(6)@state.gov>
CC: Ortagus, Morgan D (b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>
Subject: RE: SPOX Tweet Suggestions
Date: Mon, 6 Apr 2020 19:20:05 +0000

This is the line I took with the Bullpen just now as well. (b)(5)
 (b)(5)
 (b)(5) That's what cooperation looks like.

SENSITIVE BUT UNCLASSIFIED

From: Buangan, Richard L (b)(6)@state.gov>
Sent: Monday, April 6, 2020 3:07 PM
To: (b)(6)@state.gov>
Cc: Stilwell, David R (b)(6)@state.gov>; Ortagus, Morgan D (b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>
Subject: RE: SPOX Tweet Suggestions

This is fantastic.

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov>
Sent: Monday, April 6, 2020 3:03 PM
To: Buangan, Richard L (b)(6)@state.gov>
Cc: Stilwell, David R (b)(6)@state.gov>; Ortagus, Morgan D (b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>
Subject: RE: SPOX Tweet Suggestions

Richard, see below (b)(5) as we discussed on the call, so we can set up the Secretary for tomorrow. Can you please have a look at the wording below.

(b)(5)

SENSITIVE BUT UNCLASSIFIED

From: Buangan, Richard L <(b)(6)@state.gov>

Sent: Monday, April 6, 2020 1:53 PM

To: (b)(6)@state.gov

Cc: Stilwell, David R <(b)(6)@state.gov>; Ortagus, Morgan D <(b)(6)@state.gov>

Subject: SPOX Tweet Suggestions

(b)(6)

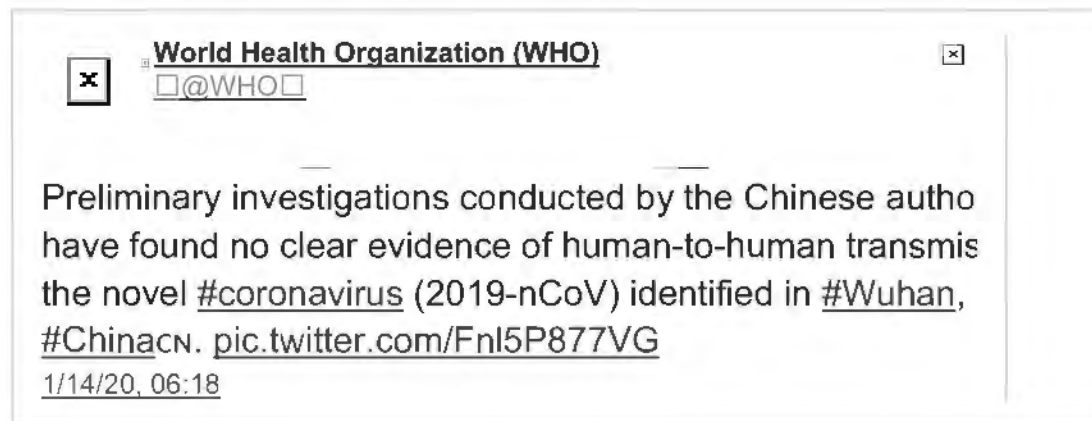
Sorry for the delay. Here are EAP's two tweets as cleared by A/S Stilwell. We can have a tweet graphic that GPA would be designing for Tweet #2 if you like that one to move forward.

Richard

Tweet #1

@StateSpox: (b)(5)

(b)(5) Here's their original story, despite already knowing that human-to-human transmission had occurred.



Tweet #2

@StateSpox: (b)(5)

(b)(5) #TransparencyNow

Graphic: Timeline of Li Wenliang, Ai Fen, the other doctors, the three citizen journalists, the Shanghai lab that shared the genome.

SENSITIVE BUT UNCLASSIFIED

Sender: "Stilwell, David R" (b)(5)@state.gov>
Buangan, Richard L (b)(5)@state.gov>;
Recipient: (b)(5)@state.gov>;
Ortagus, Morgan D (b)(5)@state.gov>;
Yu, Miles (b)(5)@state.gov>

From: (b)(6)@state.gov
To: Park, Christopher J (T)(b)(6)@state.gov;
ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
CC: T_SpecAssts <T_SpecAssts@state.gov>
Subject: RE: Press guidance on China / COVID investigation
Date: Tue, 26 Jan 2021 17:09:09 +0000

Will do. Thanks.

From: Park, Christopher J (T)(b)(6)@state.gov
Sent: Tuesday, January 26, 2021 12:03 PM
To: ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Cc: T_SpecAssts <T_SpecAssts@state.gov>
Subject: Re: Press guidance on China / COVID investigation

(b)(5)

From: (b)(6)@state.gov
Sent: Tuesday, January 26, 2021 11:49 AM
To: Park, Christopher J (T)(b)(6)@state.gov
Cc: ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Subject: FW: Press guidance on China / COVID investigation

Chris (b)(5)

(b)(5)

(b)(6)

From: (b)(6)@state.gov
Sent: Tuesday, January 26, 2021 11:26 AM
To: ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Subject: Press guidance on China / COVID investigation

FYI

In response to:

(b)(5)

(b)(5)

From: (b)(6)@state.gov>

Sent: Tuesday, January 26, 2021 11:17 AM

To: (b)(6)@state.gov>; (b)(6)@state.gov>

Subject: China COVID PG Tasking List for January 25, 2021

China/COVID press guidance FYSA.

(b)(6)

From: (b)(6)@state.gov>

Sent: Tuesday, January 26, 2021 8:22 AM

To: (b)(6)@state.gov>

Cc: ISN-CPA-DL <ISN-CPA-DL@state.gov>

Subject: Re: Tasking List for January 25, 2021

Morning (b)(6)

Attached are the two PG's you requested as pulled from Content Commons.

(b)(6)

(b)(6)

Public Affairs Specialist, Bureau of International Security & Nonproliferation

E-mail: (b)(6)@state.gov

From: (b)(6)@state.gov>

Sent: Monday, January 25, 2021 4:19 PM

To: (b)(6)@state.gov>

Subject: RE: Tasking List for January 25, 2021

Thanks (b)(6)

From: (b)(6)@state.gov>

Sent: Monday, January 25, 2021 3:46 PM

To: (b)(6)@state.gov>

Subject: Re: Tasking List for January 25, 2021

Hello (b)(6)

I am still waiting on the lines you requested but wanted to let you know I still have yet to receive them. I know it's really late but I am still working on it.

Thanks,

(b)(6)

(b)(6)

Public Affairs Specialist, Bureau of International Security & Nonproliferation

E-mail: (b)(6)@state.gov

From: (b)(6)@state.gov

Sent: Monday, January 25, 2021 8:07 AM

To: (b)(6)@state.gov; ISN-Iran-DL <ISN-Iran-DL@state.gov>; ISN-TF231-DL <ISN-TF231-DL@state.gov>; ISN-CATR-DL <ISN-CATR-DL@state.gov>; ISN-MNSA-DL <ISN-MNSA-DL@state.gov>; ISN-PC-DL <ISN-PC-DL@state.gov>; ISN-RA-East Asia Team-DL <ISN-RA-EastAsiaTeam-DL@state.gov>; ISN-PC-East Asia Team-DL <ISN-PC-EastAsiaTeam-DL@state.gov>; ISN-RA-DL <ISN-RA-DL@state.gov>

Cc: ISN-CPA-DL <ISN-CPA-DL@state.gov>

Subject: RE: Tasking List for January 25, 2021

Good morning, (b)(6) (b)(5) would like to see this item:

(b)(5)

(b)(5)

I also see this item under the EAP subject line in the original email. Is it possible to see this item as well?

(b)(5)

Best,

(b)(6)

From: (b)(6)@state.gov

Sent: Monday, January 25, 2021 8:00 AM

To: ISN-Iran-DL <ISN-Iran-DL@state.gov>; ISN-TF231-DL <ISN-TF231-DL@state.gov>; ISN-CATR-DL <ISN-

CATR-DL@state.gov>; ISN-MNSA-DL <ISN-MNSA-DL@state.gov>; ISN-PC-DL <ISN-PC-DL@state.gov>;
ISN-RA-East Asia Team-DL <ISN-RA-EastAsiaTeam-DL@state.gov>; ISN-PC-East Asia Team-DL <ISN-PC-
EastAsiaTeam-DL@state.gov>; ISN-RA-DL <ISN-RA-DL@state.gov>

Cc: ISN-CPA-DL <ISN-CPA-DL@state.gov>

Subject: Fw: Tasking List for January 25, 2021

Morning everyone,

Please see the items of interest below. Please let me know if you would like to see, clear, and/or offer points:

(b)(5)
(b)(5)

(b)(5)

(b)(5)

(b)(5)

Thank you,

(b)(6)

(b)(6)

Public Affairs Specialist, Bureau of International Security & Nonproliferation

E-mail: (b)(6)@state.gov

From: (b)(6)@state.gov>
Sent: Monday, January 25, 2021 7:01 AM
To: PAO Group <PAOGroup2@state.gov>
Subject: Tasking List for January 25, 2021

Good Morning,

Flag – Taskings highlighted in yellow are in addition to the weekend Tasking List sent ...

There will be not be a Department Press Briefing (DPB) today. Please note changes to the Guidance Collection scheduling process below.

Spokesperson Ned Price will hold Guidance Collection *via Google Meet*:

Google Meet Instructions:

Meeting ID - meet.google.com/wfo-rjha-inp

Phone Numbers - (b)(6)

PIN: 285 383 652#

IMPORTANT: The purpose of Guidance Collection is to prepare the spokesperson for the DPB or if no DPB scheduled, to prepare the spokesperson to respond to press issues of the day. **If you would like to brief the Spokesperson at Guidance Collection and do not have a tasking below, please email PAPressDuty@state.gov NLT 9:00am to secure a briefing time slot.** All bureaus with taskings will automatically be assigned a briefing time slot during today's Guidance Collection. The Guidance Collection schedule will be released o/a 9:30am.

Please note, we will use the E-Book process. **Press Guidance for review during Guidance Collection must be submitted as a Word doc (.docx format) to GuidanceCollection@state.gov NLT 10:00am in order to be uploaded into the E-Book.** For further guidance, please follow the process outlined in the PAO Checklist. (Note: guidance should NOT be submitted to this distro outside of SPOX guidance collection. Final guidance should be sent separately to PAPressDuty@state.gov for inclusion in the day's package on Content Commons.)

Format: The template for guidance is on our GPA Sharepoint site at <https://usdos.sharepoint.com/sites/GPA/SitePages/PressTemplates.aspx>. Guidance has two parts. For the *Spokesperson's Book*, guidance should not exceed two pages and should include relevant official quotes and topline points. For the *Final Package*, press guidance should follow the standard template -- including quotes, topline points, as well as Q&A, and background as needed.

Font size: Please use Times New Roman 20 point and 1.5 spacing when submitting guidance for the E-Book. Reduce to 14 point when sending electronic guidance for inclusion in the Final Package, and please submit as a Word attachment (.docx format) in either case.

Final guidance: The Press Office will publish a Final Guidance package on Content Commons every business day. Final guidance for inclusion in the package should be submitted to PAPressDuty@state.gov by 4:00pm each day. Late submissions can be submitted for publication until 8:00pm, when the package closes.

Thanks,

(b)(6)

Withheld pursuant to exemption

(b)(5)

(b)(5)

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

Recipient: Park, Christopher J (T) (b)(6)@state.gov>;
ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>;
T_SpecAssts <T_SpecAssts@state.gov>

From: "Park, Christopher J" (b)(6)@state.gov>
To: (b)(6)@state.gov>;
(b)(6)@state.gov>;
ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Subject: RE: For Clearance by Noon Tomorrow 6/3: Hard Q&As for Coordinator Smith HFAC Hearing
Date: Fri, 4 Jun 2021 15:11:33 +0000

Thank you. The below look fine to me.

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov>
Sent: Friday, June 4, 2021 9:25 AM
To: (b)(6)@state.gov>; ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Subject: RE: For Clearance by Noon Tomorrow 6/3: Hard Q&As for Coordinator Smith HFAC Hearing

Thanks, (b)(6) We need **Chris's eyes** on the COVID19 ones related to the DOS fact sheet and internal debates (**by Noon**). I think they're ok (though they're kind of non-answers), and copied them here for ease (and link is in the thread for direct editing)

(b)(5)

(b)(5)

(b)(6)

Foreign Affairs / Science Officer
Biological Policy Staff | Bureau of International Security and Nonproliferation
U.S. Department of State

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov>

Sent: Friday, June 4, 2021 7:05 AM

To: ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>

Subject: Re: For Clearance by Noon Tomorrow 6/3: Hard Q&As for Coordinator Smith HFAC Hearing

(b)(5)

Thanks!

V/R,

(b)(6)

(b)(6)

Office of the Biological Policy Staff | Bureau of International Security and Nonproliferation
U.S. Department of State | CORTEK Contract Support

O: (b)(6) M: (b)(6)

(b)(6)@state.gov

From: (b)(6)@state.gov>

Sent: Thursday, June 3, 2021 8:22 PM

To: (b)(6)@state.gov>

Cc: BEP <BEP@state.gov>; ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>

Subject: Re: For Clearance by Noon Tomorrow 6/3: Hard Q&As for Coordinator Smith HFAC Hearing

(b)(6)

Thanks for tagging us in. I've cleared for ISN/CTR equities and defer to BPS on the COVID origins question that (b)(6) tagged for ISN's review.

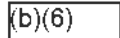
Cheers,

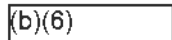
Please find linked below for your clearance a set of hard Q&As for Coordinator Smith’s hearing before HFAC. We would greatly appreciate your review no later than noon tomorrow, June 3. Much of this is pre-cleared language that needs updating. Please do not worry about formatting, as we will get everything in the right place before the document is finalized.

 [QA Smith HFAC.docx](#)

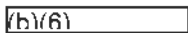
Please let us know if you have any questions.

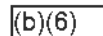
Many thanks,






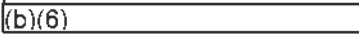
Foreign Affairs Officer
Office of International Health and Biodefense
Bureau of Oceans and International Environmental and Scientific Affairs
U.S. Department of State

Mobile: 

@state.gov



Sender: "Park, Christopher J" @state.gov>

Recipient: @state.gov>;
@state.gov>;
ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>

From: (b)(6)@state.gov>
To: Park, Christopher J (b)(6)@state.gov>
Subject: RE: China nixed meeting on biowarfare concerns as coronavirus queries increased
Date: Mon, 26 Apr 2021 15:26:40 +0000

I would let it ride but will ask (b)(6) and let you know

SENSITIVE BUT UNCLASSIFIED

From: Park, Christopher J (h)(6)@state.gov>
Sent: Monday, April 26, 2021 10:34 AM
To: (h)(6)@state.gov>
Subject: RE: China nixed meeting on biowarfare concerns as coronavirus queries increased

(b)(5) or just going to let it ride?

SENSITIVE BUT UNCLASSIFIED

From: (b)(6) (h)(6)@state.gov>
Sent: Monday, April 26, 2021 10:18 AM
To: Park, Christopher J (h)(6)@state.gov>
Subject: RE: China nixed meeting on biowarfare concerns as coronavirus queries increased

Billingslea

BTW, I'll attend the bio sub-IPC with (b)(6) from 5959, otherwise I would have joined you up in T space – or you more than welcome to join us in our conference room and can also discuss this in more details.

SENSITIVE BUT UNCLASSIFIED

From: Park, Christopher J (b)(6)@state.gov>
Sent: Monday, April 26, 2021 9:59 AM
To: (b)(6)@state.gov>; (h)(6); ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Cc: (h)(6)@state.gov>; T_SpecAssts <T_SpecAssts@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (h)(6)@state.gov>; (h)(6)@state.gov>; (h)(6)@state.gov>
Subject: RE: China nixed meeting on biowarfare concerns as coronavirus queries increased

Well, that's clear as mud:

"The Washington Times quoted a senior Trump administration official in May alleging that China is engaged in a covert biological weapons program that includes building arms capable of attacking ethnic groups with pathogens.

'We are looking at potential biological experiments on ethnic minorities,' the official said on the condition of anonymity."

From: (b)(6)@state.gov
Sent: Monday, April 26, 2021 9:53 AM
To: Park, Christopher J (b)(6)@state.gov; (b)(6); ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Cc: (b)(6)@state.gov; T_SpecAssts <T_SpecAssts@state.gov>; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov
Subject: RE: China nixed meeting on biowarfare concerns as coronavirus queries increased

I think Gertz is referring to this report, where an "official" spoke on the condition of anonymity:

<https://www.washingtontimes.com/news/2020/jun/23/china-conducting-covert-biological-weapons-research/>

(b)(6)

Foreign Affairs / Science Officer

Biological Policy Staff | Bureau of International Security and Nonproliferation

U.S. Department of State

From: Park, Christopher J (b)(6)@state.gov
Sent: Monday, April 26, 2021 9:41 AM
To: (b)(6) ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Cc: (b)(6)@state.gov; T_SpecAssts <T_SpecAssts@state.gov>; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov
Subject: RE: China nixed meeting on biowarfare concerns as coronavirus queries increased

Sigh. Not too surprising, but a massive and unhelpful distortion. Does anybody know what "senior State Department official" made allegations about genetically selective ethnic weapons?

From: (b)(6)
Sent: Monday, April 26, 2021 9:09 AM
To: ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Cc: (b)(6)@state.gov
Subject: Fw: China nixed meeting on biowarfare concerns as coronavirus queries increased

In case you haven't seen it.

China nixed meeting on biowarfare concerns as coronavirus queries increased

Print

By Bill Gertz - The Washington Times - Sunday, April 25, 2021

China canceled an online meeting with American officials last year to discuss mounting concerns regarding secret Chinese biological weapons work in possible violation of an international treaty, according to a new report. The meeting between State Department arms control officials and their Chinese counterparts was planned as a video conference rather than in person because of COVID-19 travel curbs. Chinese officials, citing unspecified technical problems, failed to show for the session, according to an account published this month in the State Department's annual report on compliance with arms agreements. It was the first time in four years that Beijing refused to meet with U.S. officials to discuss suspected Chinese violations of the 1975 Biological and Toxin Weapons Convention, known as the BWC, fueling concerns that Beijing is working on weapons that kill with microbes or toxins.

The latest arms compliance report also contains a slight but significant change in wording from last year's report, suggesting U.S. intelligence agencies have clarified some questions about China's covert biological warfare work. The 2020 report said China had engaged in activities with potential military applications. The 2021 report omits the word "potential," indicating that the finding is based on new intelligence regarding the research.

One possible source for the new information is a People's Liberation Army doctor who defected to a European nation last year with details on Beijing's biowarfare program. The Washington Times reported the defection in September.

China's cancellation of the biological warfare meeting was revealed as the COVID-19 pandemic raised new questions about whether the virus behind the disease leaked from a Wuhan laboratory linked to secret Chinese military research.

The annual compliance report examines the records of the U.S. and a number of other states complying with international agreements on nuclear proliferation, chemical and biological weapons, and missile testing. This year's report had critical remarks on China, Iran, North Korea, Syria, Russia and other countries.

A virus lab leak is one of two theories about the origin of the coronavirus that causes COVID-19, Director of National Intelligence Avril Haines told Congress this month. The second is a leap of the virus from a bat to a host animal and then to humans, although no animal host has been identified so far.

Many scientists have ruled out the idea that the virus was engineered as a biological weapon, but other scientists and some American officials say that prospect should not be dismissed, based on mounting evidence of a covert Chinese military biological warfare program.

Retired Israeli Lt. Col. Dany Shoham, an expert on China's biological warfare program, stated in an article published in December that the probability of human intervention in creating the coronavirus in a lab is higher than a naturally occurring, spontaneous evolutionary virus adaptation.

A Chinese Embassy spokesman did not return an email seeking comment, though Beijing has long rejected the idea that the Wuhan lab could have been the source of the virus behind the global pandemic.

The compliance report said China appears to be engaged in secret work on germ weapons while keeping details of the work secret.

According to the report, the Chinese military carried out biological activities with dual-use, military-civilian applications. The activities “raise concerns regarding [China's] compliance with Article I of the [Biological Weapons Convention],” the report said.

Article 1 of the convention binds signatories to “never in any circumstances” produce microbial or biological agents that are not for peaceful use. It also prohibits signatories from making weapons or delivery systems for biological agents or toxins.

China signed the convention in 1984 and under its terms was to disclose all current and past germ weapons efforts.

“The United States has compliance concerns with respect to Chinese military medical institutions' toxin research and development because of the dual-use applications and their potential as a biological threat,” the report states.

China has more than 40 military research institutes run by the People's Liberation Army that are said to be engaged in covert biological weapons work.

A senior State Department official disclosed last year that secret Chinese biological warfare work includes engineered weapons designed to attack specific ethnic groups with pathogens. “We are looking at potential biological experiments on ethnic minorities,” the official said in May.

'Genetic attacks'

Statements by Chinese military officials have backed the intelligence on ethnic biological warfare weapons.

Retired Chinese Gen. Zhang Shibo wrote in a 2017 book that biotechnology progress had increased the danger of the use of offensive bioweapons, including those capable of “specific ethnic genetic attacks.”

At a United Nations conference in 2011, a Chinese official made a formal submission for the first time revealing Beijing’s concerns about population-specific bioweapons capable of attacking ethnic groups. The concerns were laid out in a U.N. guidebook based on a 12-nation conference on the BWC in 2011.

U.S. government analysts also do not believe that China has totally eliminated its biological warfare program as required by the convention, the report said. China’s offensive biological weapons program began in the 1950s and continued through the 1980s. Beijing, critics contend, has failed to disclose details as required by the convention.

“As part of its historical BW program, China had probably weaponized ricin, botulinum toxins and the causative agents of anthrax, cholera, plague and tularemia,” said the report, noting continued biotechnology infrastructure and cooperation with unspecified “countries of concern.”

U.S. intelligence analysts contend that the Chinese activities may run counter to the convention’s restrictions that prohibit development, production or stockpiling of biological agents or toxins that are not for peaceful purposes. The canceled online meeting would have clarified some of the questions. The U.S. had been holding annual meetings with the Chinese on the topic from 2017 to 2019.

The State Department in January provided the first public information about Chinese military biological weapons research.

It included a fact sheet on the Wuhan Institute of Virology, a complex with secure laboratories that is known to be engaged in research on bat coronaviruses like the one that causes COVID-19. According to the fact sheet, China’s “deadly obsession with secrecy and control comes at the expense of public health in China and around the world.”

The fact sheet revealed for the first time that several researchers at the Wuhan Institute of Virology became sick in the autumn of 2019 with COVID-like symptoms.

“This raises questions about the credibility of WIV senior researcher Shi Zhengli’s public claim that there was ‘zero infection’ among the WIV’s staff and students of SARS-CoV-2 or SARS-related viruses,” the fact sheet said.

“Accidental infections in labs have caused several previous virus outbreaks in China and elsewhere, including a 2004 SARS outbreak in Beijing that infected nine people, killing one.”

The report also revealed that Chinese researchers at the WIV had been carrying out experiments on a virus called RaTG13, a bat coronavirus that is highly similar to the COVID-19 virus, since 2016.

“The WIV has a published record of conducting ‘gain-of-function’ research to engineer chimeric viruses,” the report said. “But the WIV has not been transparent or consistent about its record of studying viruses most similar to the COVID-19 virus, including RaTG13, which it sampled from a cave in Yunnan Province in 2013 after several miners died of SARS-like illness.”

A World Health Organization-Chinese government investigation into the origin of the COVID-19 virus did not mention the State Department facts in its final report. It concluded that the lab leak theory was “highly unlikely” and not worth further scientific study for now.

Thorough accounting

China has consistently and ardently denied that the virus came from a Wuhan laboratory. Critics say China is spreading disinformation about the virus’ origin. Chinese officials have suggested that the virus originated in a U.S. laboratory and was brought to China by visiting American military troops. Beijing also has claimed the virus entered China on frozen food packaging, something experts dismissed as unlikely.

The State Department report said a thorough inquiry into the virus must include a full accounting of why the Wuhan lab apparently altered and removed online records of work on RaTG13 and other viruses. The fact sheet also contended that significant secret military research was being carried out at the Wuhan facility, including laboratory animal experiments on behalf of the Chinese military since at least 2017.

“Secrecy and non-disclosure are standard practice for Beijing,” the report said. “For many years the United States has publicly raised concerns about China’s past biological weapons work, which Beijing has neither documented nor demonstrably eliminated, despite its clear obligations under the Biological Weapons Convention.”

The National Institutes of Health in 2015 provided over \$3 million in funding to the WIV through the New York-based EcoHealth Alliance. The Trump administration cut off the funding in April 2020.

The State Department said the United States and other donors that have funded or collaborated with WIV research “have a right and obligation to determine whether any of our research funding was diverted to secret Chinese military projects at the WIV.”

The report said the disclosures about the institute “just scratch the surface of what is still hidden about COVID-19’s origin in China.”

The compliance report also dealt with other arms control issues and said China continued stepped up work at its Lop Nur nuclear weapons test site in western China. The activities raise concerns that Beijing is secretly conducting nuclear weapons tests contrary to a non-testing moratorium.

“In recent years, China’s possible preparation to operate its Lop Nur test site year-round and lack of transparency on its nuclear testing activities have raised concerns regarding its adherence to the U.S. zero-yield standard,” the report said. “China continued work at its Lop Nur nuclear weapons test site throughout 2020.”

China, the report said, also continued to sell missiles and related technology contrary to the 1987 Missile Technology Control Regime, an informal anti-proliferation accord, and failed to adhere to a 2000 commitment made to the United States not to assist any country in developing ballistic missiles capable of delivering nuclear weapons by selling missiles and equipment to Iran in 2020.

Few details were provided.

“Although the United States has asked that China investigate and put a stop to such activities, most of these cases remain unresolved,” the report said.

Sanctions were imposed last year on eight Chinese companies under the Iran, North Korea, and Syria Nonproliferation Act for transferring missile technology to Iran.

A United Nations panel of experts reported several years ago that China provided North Korea with trucks that were converted into transporter-erector launchers for Pyongyang’s long-range nuclear missiles. North Korea’s mobile intercontinental ballistic missiles have been showcased in military parades carried on Chinese-designed road-mobile launchers.

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

Recipient: Park, Christopher J (b)(6)@state.gov>

From: (b)(6)@state.gov>
To: DiNanno, Thomas G (b)(6)@state.gov>
CC: (b)(6)@state.gov>

Subject: RE:

Date: Tue, 8 Dec 2020 21:21:45 +0000

As discussed

(b)(6)
 Senior Advisor
 AVC Bureau
 Department of State
 (b)(6)

From: DiNanno, Thomas G (b)(6)@state.gov>
Sent: Tuesday, December 8, 2020 3:23 PM
To: (b)(6)@state.gov>
Subject:

With my comments

Thomas DiNanno
 Acting Assistant Secretary
 Bureau of Arms Control, Verification & Compliance
 U.S. Department of State
 Washington D.C.
 (b)(6)

Sender: (b)(6)@state.gov>
Recipient: DiNanno, Thomas G (b)(6)@state.gov>;
 (b)(6)@state.gov>

Withheld pursuant to exemption

(b)(5)

From: (b)(6)@state.gov>
To: ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>
Subject: FW: ARTICLE: US Should Lead on Biosecurity
Date: Wed, 17 Mar 2021 20:02:14 +0000

+ rest of BPS

A couple inaccuracies and a return to "new negotiations" or high level summit focused on deliberate BW seems highly unlikely. Surely, there are other meaningful things we can do somewhere in the in-between space of BW-specific summits and new negotiations vs. status quo with high level U.S. leadership.

From: (b)(6)@state.gov>
Sent: Wednesday, March 17, 2021 12:50 PM
To: (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; Park, Christopher J (T) (b)(6)@state.gov>; (b)(6)@state.gov>
Subject: ARTICLE: US Should Lead on Biosecurity

In case you hadn't seen: <https://www.foreignaffairs.com/articles/united-states/2021-03-16/pathogens-have-worlds-attention>

Pathogens Have the World's Attention

The United States Should Lead a New Push Against Bioweapons

By Nathan Levine and Chris Li
March 16, 2021

The novel coronavirus has demonstrated just how devastating a transmissible pathogen can be—and just how difficult to contain. After a year of pandemic spread, COVID-19, the disease the virus causes, has killed more than 2.5 million people, ravaged the global economy, and set off a cascade of

social and political consequences that the world is only beginning to apprehend.

But the sobering truth is that, as deadly diseases go, the world got lucky. The global case fatality rate of COVID-19 is around two percent. One need only compare this to SARS (ten percent), smallpox (30 percent), pulmonary anthrax (80 percent), or Ebola (90 percent) to consider that the coronavirus could easily have been much, much worse. What's more, these are all natural pathogens. The toll from a virus genetically engineered to increase transmissibility and lethality as a bioweapon could be almost inconceivable.

U.S. President Joe Biden has spoken frequently of restoring the United States' credibility as a global leader. That task, which comes at a moment of global crisis, will require the United States to recommit to multilateral diplomacy, even while managing a dangerously deteriorating relationship with China. By acting on biosecurity—a neglected priority hiding in plain sight—Biden can make progress on all of these goals. Washington has an opportunity to lead in an era of heightened great-power competition, address the need for arms control measures that reduce the risk of biological weapons, and potentially even push China to cooperate to that end.

AN UNAVOIDABLE CONVERSATION

There can be little doubt as to the destructive capacity of bioweapons. Indeed, the release of one, whether intentional or unintentional, could have an effect wholly comparable to that of a nuclear weapon. And a weaponized pathogen is nowhere near as difficult to produce as even the crudest nuclear device: the World Health Organization concluded in 2015 that the virus responsible for smallpox could be re-created in three

months through synthetic biology, using publicly available genomes, in a process most lab technicians or undergraduate students could manage.

U.S. President Richard Nixon recognized this catastrophic potential in 1969 when he ordered the termination of the United States' offensive biological weapons program that year, declaring that "mankind already carries in its own hands too many of the seeds of its own destruction." His decision paved the way for the signing in 1972 of the landmark Biological Weapons Convention (BWC), which bans the development, production, or stockpiling of biological agents that have no peaceful use. Today, a total of 183 countries (all but ten UN member states) are signatories.

Nonetheless, after the Cold War, attention to the issue languished. The BWC was always an unfinished project, in that it lacked any legally binding mechanism to verify compliance. Starting in 1994, member states worked together to draw up a protocol to supply such a mechanism. But in 2001, the administration of U.S. President George W. Bush not only rejected the proposal as not in the national interest but, through the efforts of then Undersecretary of State John Bolton, successfully killed the proposed protocol and blocked further negotiation.

Now, however, the American public—and the entire world—is acutely aware of humankind's deep, interconnected vulnerability to biological threats. As the COVID-19 pandemic demonstrates, viruses carry no passports and respect no borders. Pathogens that emerge from any corner of the world can impose severe costs on the rest of the globe. Thus the present moment provides an opportunity for extraordinary unity behind a new round of multilateral negotiations on

biosecurity. Indeed, publics are likely to demand this from their governments.

In fact, the conversation is likely unavoidable. By coincidence or providence, the Review Conference of the BWC, a meeting held every five years to assess the performance of the convention, is scheduled for November 2021. The run-up to the conference over the course of this year, including a preparatory meeting in April, is certain to become a focal point for global debate on what should be done to increase biosecurity and biosafety.

CALLING CHINA'S BLUFF

The Biden administration has an opportunity to restore the United States' leadership role on bioweapons—but doing so will require navigating the strained U.S. relationship with China. Beijing and Washington spent much of 2020 squabbling about biosecurity and the origin of the coronavirus. The administration of U.S. President Donald Trump alleged that the virus could have escaped from the Wuhan Institute of Virology and even reinforced this charge in a January 2021 State Department report that accused the lab of having conducted “secret projects with China’s military.” Chinese Foreign Ministry spokesperson Hua Chunying retorted that the United States “should open [its] biological lab at Fort Detrick . . . [and] invite WHO experts to conduct origin-tracing in the United States,” echoing a conspiracy theory that the U.S. military introduced the virus to China.

China has already prepared to take a leading role on biosecurity. Last October, at the UN, it committed to “strengthen[ing] global biosecurity governance” and to “deal[ing] with the . . . threats posed by biological warfare and

bio-terrorism.” Moreover, it has tried to portray the United States as the only country opposing cooperation on biosecurity. At the UN, China declared that it “urge[s] the U.S. side to stop standing in the way of negotiations on a BWC verification protocol.” Beijing has even used the United States’ alleged opposition as an excuse for not engaging on arms control generally. For instance, in 2020, Washington invited Beijing to join bilateral talks addressing nuclear-testing concerns. But Beijing refused, declaring Washington’s call “absurd” because “the United States stood singly in the way of negotiations for a [BWC] protocol that includes a verification regime.”

The Biden administration should move to preemptively call China’s bluff. It should rally global cooperation on biosecurity—before Beijing can hijack the BWC review process to entrench its own narrative of being the so-called responsible power. The United States should extend an offer to engage in new negotiations—one that China will have a hard time justifying turning away.

The United States and China have more to gain from cooperating on biosecurity than they do from allowing their disputes to thwart progress. The symbolic optics of engaging productively on this issue would redound to both countries’ benefit, in portraying both as leaders within the international order. And such cooperation could, in a small way, help to stabilize the U.S.-Chinese relationship. With relations arguably at their lowest point since normalization four decades ago, both Washington and Beijing have an interest in finding some remaining areas for cooperation on issues of genuine shared interest. Biosecurity cries out as one such area. Moreover, cooperating on biological weapons may help supply a foundation for future dialogue on other, more

complex and controversial arms control concerns, such as nuclear weapons, hypersonic missiles, and autonomous weapons.

A NEW ARCHITECTURE

The United States should demonstrate its commitment to a renewed biosecurity effort by announcing a series of summits, modeled on the summits that the administration of U.S. President Barack Obama held on nuclear security in Washington, Seoul, and The Hague. The Biden administration should not automatically foreclose the possibility that Beijing might host one of these summits, contingent on Beijing's willingness to take initial steps, such as no longer blaming Washington for allegedly introducing the novel coronavirus to Wuhan.

The summits would allow for a multilateral discussion of emerging biological threats that were not on the horizon when the BWC was drafted almost a half century ago. Among these concerns are novel scientific tools with potential military applications, such as synthetic biology and gene editing. Summit attendees could also work toward developing a much-needed verification mechanism for the BWC. Currently, the only way to address noncompliance is for one signatory state to request that the UN Security Council formally investigate another—but making such a request is a highly confrontational act, so states do not use it.

The BWC could urgently update its other administrative architecture as well, even before tackling a verification mechanism. Creating and funding a standing body with greater authority and capacity to oversee the BWC should be a summit priority. At present, the convention depends for its administrative needs on the tiny Implementation Support

Unit, an office housed within the Geneva branch of the UN Office for Disarmament Affairs, and has a very limited mandate and a grand total of three full-time staff members. The ISU is funded not from the UN budget but by contributions from member countries, many of which have consistently failed to pay. If China or the United States wants to demonstrate leadership on biosecurity, either can start by significantly increasing financial contributions to the ISU and pushing other states to pay what they owe.

Most important—even more than the details of the Biden administration's efforts to revitalize global biosecurity cooperation—will be that Washington visibly take leadership on an issue whose urgency has never been clearer. The symbolism of doing so will be as significant as the practical impact. Leadership on biosecurity is low-hanging fruit, and the Biden administration would be wise to seize it quickly.

(b)(6)

Foreign Affairs Officer | Office of Conservation and Water (ECW)

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From: (b)(6)@state.gov>
To: DiNanno, Thomas G (b)(6)@state.gov>
Subject: Fw: Alina Chan's findings as summarized by Joseph Mercola
Date: Mon, 14 Dec 2020 17:52:01 +0000

From: (b)(6)@state.gov>
Sent: Monday, December 14, 2020 10:35 AM
To: (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Subject: RE: Alina Chan's findings as summarized by Joseph Mercola

Chan, Quay, and I believe others, have noted the fact that SARS-CoV-2 did not act like a new zoonotic spillover virus because we have not seen:

1. Any significant mutations since the earliest cases (in other words it was already evolved for human hosts)
2. No evidence of the virus in pre-outbreak samples as has been seen in previously known natural outbreaks

From: (b)(6)@state.gov>
Sent: Monday, December 14, 2020 10:25 AM
To: (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Cc: (b)(6)@state.gov>
Subject: Alina Chan's findings as summarized by Joseph Mercola

- According to Alina Chan, a molecular PostDoc biologist at the Broad Institute of Harvard and MIT, SARS-CoV-2 did not evolve in a manner you'd expect, had it jumped from an animal to a human. It sprang into action fully evolved for human transmission
- It appears *Nature*, a top medical journal, **has allowed some authors to secretly alter data sets in their papers without publishing notices of correction**
- Chan's investigation reveals **authors have renamed samples, failed to attribute them properly, and produced a genomic profile that doesn't match the samples in their paper. Others are missing data**
- RaTG13 — the coronavirus that most resembles SARS-CoV-2, being 96% identical — is actually btCoV-4991, a virus found in samples collected in 2013 and published in 2016
- **If SARS-CoV-2, the virus responsible for COVID-19 and the subsequent response to it, came from a lab, then we need to reassess the future of gain-of-function research that allows for the weaponization of viruses**

Sender: (b)(6)@state.gov>
Recipient: DiNanno, Thomas G (b)(6)@state.gov>

FL-2022-00076

A-00000574580

"UNCLASSIFIED"

[08/31/2023]

From: "Palladino, Robert J" (b)(6)@state.gov>
To: (b)(6)@dni.gov <(b)(6)>;
(b)(6)@hhs.gov <(b)(6)>
CC: Biegun, Stephen E (b)(6)@state.gov>;
(b)(6)@dni.gov (b)(6)@dni.gov>
Subject: From Deputy Secretary Steve Biegun, re: Wuhan Institute of Virology statement & fact sheet
Date: Thu, 14 Jan 2021 15:27:40 +0000

Sirs:

Deputy Secretary Biegun requests that you personally review the attached Statement from the Secretary of State and its accompanying Fact Sheet.

Both discuss the Wuhan Institute of Virology.

Please let me know if you approve the content or have any concerns as soon as possible.

With best regards,
Robert

Robert Palladino
Chief of Staff to the Deputy Secretary of State
o:(b)(6) c:(b)(6)
(b)(6)@state.gov

SENSITIVE BUT UNCLASSIFIED

Sender: "Palladino, Robert J" (b)(6)@state.gov>
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Recipient: (b)(6)@hhs.gov (b)(6)@hhs.gov>;
Biegun, Stephen E (b)(6)@state.gov>;
(b)(6)@dni.gov <(b)(6)@dni.gov>

Withheld pursuant to exemption

(b)(5)

EAP: David R. Stilwell []

Drafted: EAP Front Office

Clearances:

S: (b)(6)
EAP/FO: Atul Keshap (ok)
EAP/FO: Richard Buangan (ok)
EAP/FO: Jonathan Fritz (ok)
D: Robert Palladino ()
P: Rick Waters (ok)
T: Marshall Billingslea (ok)
S/P: Miles Yu (ok)
SPOX: Morgan Ortagus/Cale Brown ()

From: (b)(6)@state.gov>
 Stilwell, David R (b)(6)@state.gov>;
To: Feith, David (b)(6)@state.gov>;
 Ortagus, Morgan D (b)(6)@state.gov>;
 (b)(6)@state.gov>
CC: (b)(6)@state.gov>;
 (b)(6)@state.gov>;
 Yu, Miles (b)(6)@state.gov>
Subject: Freedom of speech and (b)(5)
Date: Mon, 6 Jul 2020 13:54:37 +0000

Indeed. There's the unmistakable pattern. Just some of the updates over the weekend on the recurring theme of freedom of information and freedom of speech:

- 1 WHO never got CCP notification about the outbreak
- 2 CCP arrested Xu Zhangrun over his criticism of Xi and the virus
- 3 arresting protestors in Hong Kong and driving people to self censorship on social media
- 4 news below that Facebook pausing the surrender of user data to Hong Kong government.

Perhaps (b)(5)

(b)(5)

(b)(6)

Facebook Suspending Review of Hong Kong Requests for User Data
 Facebook's WhatsApp messaging service is also pausing reviews 'pending further assessment' of China's national-security law for territory

By Newley Purnell

July 6, 2020

Breaking news

* Facebook suspending review of government requests for user data from Hong Kong:

Spokeswoman

* Facebook cites need to assess China's new-security law and do human rights due diligence

* Facebook move follows earlier decision by its WhatsApp messaging service

(b)(6) (E/STAS)

The Science and Technology Adviser to the Secretary of State

U.S. Department of State

From: Stilwell, David R (b)(6)@state.gov>

Sent: Monday, July 6, 2020 8:29:01 AM

To: Feith, David (b)(6)@state.gov>; Ortagus, Morgan D (b)(6)@state.gov>; (b)(6)

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

Cc: (b)(6) (OAG) (b)(6)@usdoj.gov>; (b)(6)@state.gov>;

(b)(6) Geneva (b)(6)@state.gov>

Subject: RE: More COVID coverup reporting

There should be (b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5) Beijing has repeatedly been given credit for short term claims of virtue, yet we've never followed up to check compliance.

(b)(5) especially as the WHO is supposed to travel to China this week to investigate COVID origins.

From: Feith, David (b)(6)@state.gov>

Sent: Sunday, July 5, 2020 8:49 PM

To: Ortagus, Morgan D (b)(5)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>

Cc: (b)(6) OAG (b)(6)@usdoj.gov>; (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>

Subject: Re: More COVID coverup reporting

(b)(6) who I think has already asked for (b)(5)

--
David Feith
Senior Advisor
Bureau of East Asian and Pacific Affairs (EAP)
U.S. Department of State

(b)(6) (o)
(b)(6) (c)
(b)(6)@state.gov

On July 5, 2020 at 8:46:39 PM EDT, Ortagus, Morgan D (b)(6)@state.gov> wrote:
We go to the podium every Wednesday Gang!

Get Outlook for iOS

From: Feith, David (b)(6)@state.gov>

Sent: Sunday, July 5, 2020 8:25:50 PM

To: (b)(6)@state.gov>

Cc: (b)(6) OAG (b)(6)@usdoj.gov>; (b)(6)@state.gov>; Ortagus, Morgan D (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>

Subject: Re: More COVID coverup reporting

Amen. And our colleagues in Geneva who work the WHO are providing details so when needed we can deploy precisely.

--

David Feith
Senior Advisor
Bureau of East Asian and Pacific Affairs (EAP)
U.S. Department of State
(b)(6) (o)
(b)(6) (c)
(b)(6)@state.gov

On July 5, 2020 at 8:20:25 PM EDT, (b)(6)@state.gov wrote:
Hopefully this important revelation gets (b)(5)

(b)(6) E/STAS)
The Science and Technology Adviser to the Secretary of State
U.S. Department of State

From: Feith, David (b)(6)@state.gov
Sent: Thursday, July 2, 2020 11:35:17 PM
To: EAP-FO-Principals-DL <EAP-FO-Principals-DL@state.gov>; DL NSC Asia (b)(6)
(b)(6) Matthew Pottinger (b)(6) (b)(6) S)
(b)(6)@state.gov>; Ortagus, Morgan D (b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>;
(b)(6)@state.gov>; (b)(6) (Geneva) (b)(6)@state.gov>;
(b)(6) (Bangkok)
(b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)
(b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>;
Eckels-Currie, Kelley (b)(6)@state.gov>
Subject: RE: More COVID coverup reporting

Amazing:

WHO admits China never reported the existence of coronavirus outbreak

The Washington Examiner [7/2/2020 4:31 PM, Jerry Dunleavy, Neutral] reports that the World Health Organization backtracked on its assertion that the Chinese government alerted the United Nations agency about the coronavirus outbreak. The WHO quietly updated its "Timeline of WHO's response to COVID-19" on Tuesday following the House Foreign Affairs Committee Republicans' mid-June Interim Report on Origins of COVID-19 Pandemic (led by ranking member and China task force Chairman Rep. Michael McCaul of Texas), which concluded that "despite public reporting to the contrary ... China never notified the WHO about the outbreak in Wuhan." "I'm glad to see the WHO and the Chinese Communist Party have both read my interim report on the origins of the pandemic and are finally admitting to the world the truth – the CCP never reported the virus outbreak to the WHO in violation of WHO regulations," McCaul said in a statement to the Washington Examiner. "The question now is whether the CCP will continue their false propaganda campaign that continues to claim they warned the world or

whether they will come clean and begin to work with the world health community to get to the bottom of this deadly pandemic."

The Washington Free Beacon [7/2/2020 12:38 PM, Adam Kredo, Neutral] reports that the quiet admission from the international health organization flies in the face of claims from some of its top officials, including WHO director general Tedros Adhanom, who maintained for months that China had informed his organization about the emerging sickness. China and its allies at the WHO insisted in multiple interviews and press conferences that China came to the health organization with information about the virus. This is now known to be false. The WHO's backtracking lends credibility to a recent congressional investigation that determined China concealed information about the virus and did not initially inform the WHO, as it was required to do. The WHO's updated timeline, posted online this week, now states that officials first learned about the virus on Dec. 31, 2019, through information posted on a U.S. website by doctors working in Wuhan, where the virus first emerged. This contradicts the agency's initial timeline, which said that China first presented this information at that date. That initial timeline stated that the "Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province" on Dec. 31. Chinese officials and state-controlled media also claimed for months that the communist regime informed the WHO on or around Dec. 31. In recent days, however, Chinese officials have dropped that talking point.

From: Feith, David

Sent: Tuesday, June 2, 2020 10:35 PM

To: EAP-FO-Principals-DL <EAP-FO-Principals-DL@state.gov>; DL NSC Asia (b)(6)
(b)(6) Matthew Pottinger (b)(6); (b)(6) S)
(b)(6) @state.gov>; Ortagus, Morgan D (b)(6) @state.gov>; Yu, Miles (b)(6) @state.gov>;
(b)(6) @state.gov>; (b)(6) (Geneva) <(b)(6) @state.gov>;
(b)(6) (b)(6) Bangkok)
(b)(6) @state.gov>

Subject: More COVID coverup reporting

Lest we forget. Highlights of particularly notable bits, including on the Jan. 3 order to destroy samples, Professor Zhang Yongzhen releasing the genome sequence before the government, early Wall Street Journal reporting that angered officials, the coverup complicating the first foreign case in Bangkok, etc.

<https://apnews.com/3c061794970661042b18d5aeaaed9fae?>

China delayed releasing coronavirus info, frustrating WHO

By The Associated Press

June 2, 2020

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."

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David Feith

Senior Advisor

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From: "Sparber, Madison B" <(b)(6)@state.gov>
To: Yu, Miles (b)(6)@state.gov>
Subject: Evidence - Full articles
Date: Wed, 29 Apr 2020 20:15:32 +0000

Miles,

Attached is the Word doc version. There were four end notes I could not include:

#17 https://www.researchgate.net/publication/331492838_Bat_Coronaviruses_in_China

#18

https://www.researchgate.net/publication/338957445_Uncanny_similarity_of_unique_inserts_in_the_2019-nCoV_spike_protein_to_HIV-1_gp120_and_Gag

#19 <https://www.biorxiv.org/content/10.1101/2020.01.30.927871v1>

#20 *Preventing Biological Threats: What You Can Do*, Simon Whitby, et al., Bradford Disarmament Research Centre, University of Bradford, UK.

These were PDFs that can be accessed on their websites.

Thanks!

Best,
Madison

SENSITIVE BUT UNCLASSIFIED

Sender: "Sparber, Madison B" (b)(6)@state.gov>
Recipient: Yu, Miles (b)(6)@state.gov>

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1. "Invisible Line of Defense...The Projects That Are Changing China Yet Unknown to You,"Guangdong Communist Youth League, *Shenzhen News*

玩大象粪，捞海底泥...这些改变中国未来的工作你恐怕都没听过

不知不觉我们即将告别 2019 迎来 2020 年
这一年发生了太多
这一年有崩溃
(我太难了!!!)



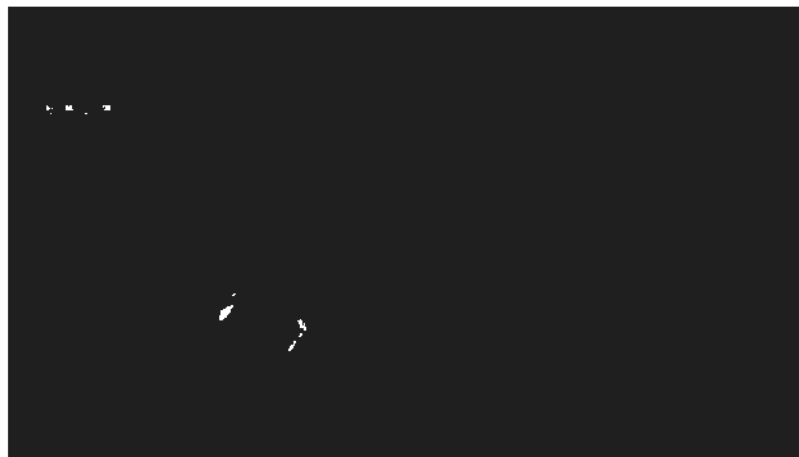
还有感动
(他太难了!!!)
更有一群人干着你想都想不到的活!!!
玩着大象粪



逛着蝙蝠洞



没事就跑到海底捞泥



这些奇葩活就问你敢不敢干？

他们敢。

最近，一组记录科考工作者的系列短视频《旷野青春》为我们讲述了这样一群做着“奇葩活”的年轻科学工作者

他们将自己的青春挥洒在人迹罕至的旷野之上从一个个青年科学家奋斗的身影中我们仿佛能窥见**中国科学技术发展的未来**他们正为此打下一桩桩基石



种子猎人

高原、森林、峭壁、峡谷

在“种子猎人”的眼中没有禁区

种子在哪里，他们就找到哪里

2005年，中国着手建立了自己的国家级种子库全称**中国西南野生生物种质资源库**短短十几年间这座资源库已经收集保存了超过**一万种**种子使我国**34.5%**的种子植物实现了战略安全保存

而这数万份的种子正是以张挺为代表的“种子猎人”们跋山涉水一粒粒采摘回来的他们时而要像登山家一样翻越一道道峻岭高峰时而要像精明的猎人一样追寻着现场的蛛丝马迹时而又要像聪明的侦探一样从百年前文献中寻找模糊的线索一点点推理出种子可能存在的地方

采集，拍照，

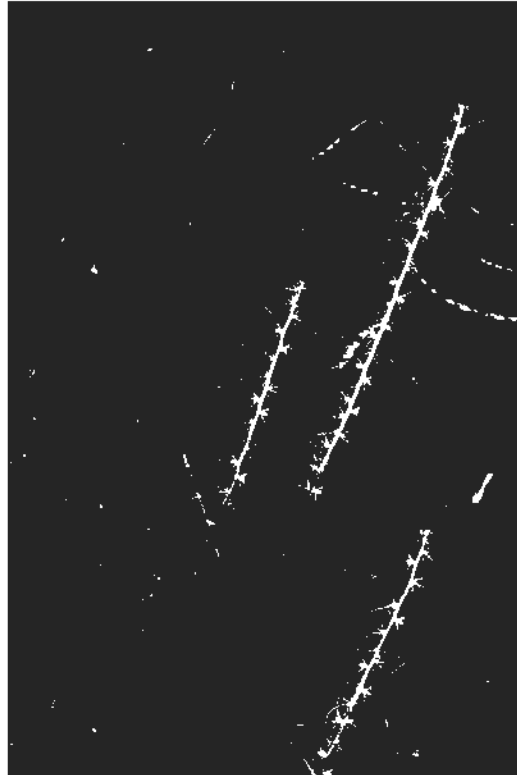
记录，清洗，

脱水，冷藏

身体和精神时常处于高度紧张的状态

一套流程下来很多采集队的队员们都因劳累患了病但哪怕再累为了保证种子的活力他们也要把刚刚采集到的种子做好入库前的处理才会去休息

2012年张挺带队前往广东最高峰——乳源南岭寻找中国白丝草这种草本植物矮小又纤细让张挺不得不用微距镜头贴着植物拍照检查照片时才发现白丝草的正上方盘旋着一条碧绿的竹叶青刚刚张挺照相的手，紧贴着蛇的毒牙



竹叶青照片

尽管采集队上山都会准备好各种蛇药和止血橡胶管但是在远离现代医学的深山老林中被毒蛇咬一口也是一件很危险的事情

张挺他们用智慧和意志与大自然“斗智斗勇”、才将一粒粒种子完好带回充实了中国的种质库保护了中国的基因库

“我们现在去做采集培训时，有好多年轻人”

有了年轻人，就意味着**这项事业后继有人。**

人象谈判师

在云南的西双版纳

同样有一群年轻人

每天面对一种力大无穷

却又暴躁无常的动物——大象

她们是人与大象之间的“谈判”专员

当地人种植的粮食

在大象眼里是非常美味的晚餐

这种智商相当于 6-8 岁的人类

且高度社会化的动物

经常成群结队地冲进人类的农田中掠食
与保护庄稼的农民发生激烈冲突
愤怒的大象甚至会故意摧毁农田甚至村庄
也因此遭到了村民的“报复”
被报复性猎杀的母象
为了弥合人象之间的冲突

3 名 90 后的女大学生成为了“人象谈判师”

来自基诺族的王智红专攻动物行为学
她能根据大象的脚印
分析出大象群落的特征
来自汉族的蒋桂莲是科技达人
她会用摄像头、无人机来追踪大象的活动
佤族姑娘汤永晶主修遗传学
她能通过大象的粪便探寻大象的饮食习惯
了解对方是谈判的基础
三人合照
在这场无声的谈判中
任何文饰都变得苍白
人类社会的逻辑也不见得有用
比如自上世纪 90 年代以来
西双版纳就为亚洲象准备了“大象食堂”
专门种植大象喜爱的食物供大象取食
但是大象并不按照这套逻辑行动
人象之间的冲突仍有发生
象群与人类发生冲突
每个象群的想法似乎也不尽相同
三人组只能一点点摸索和大象交流的方法
至少她们的前辈们也是这样做的
在一代代人的努力下
云南野生亚洲象种群数量

已经从 30 年前的 180 头

增长到了现在的 300 头左右

人象之间的冲突越来越少

人与大象之间的关系

也从矛盾走向了共生

三个姑娘也从最开始的不适应

慢慢热爱起野外工作

更对大自然多了一份敬畏之心

在旷野中走出自己的青春

海底拾遗人

有人在山中追寻大象的脚步

也有人在水下追寻先烈们的足迹

山东省水下考古研究中心的詹森杨

就是这些在水下打捞甲午沉舰的

海底拾遗人中的一员

提起水下考古你会想到什么？是寻宝、探险、文物、宝藏？还是神秘的水下世界？或是古老的海底遗迹？这些东西结合在一起总让人有一些浪漫的幻想

但实际上水下考古工作不仅枯燥而且危险两个月的考古时间中有一个半月是在用抽泥管将沉船上的淤泥抽洗干净既要防止泥沙飞舞又要防止遗迹受力不均倒塌

除此之外，复杂多变的洋流危险而又富有攻击性的海洋生物都会对水下考古队员的人身安全造成威胁。尽管如此，当污泥褪去显露出坚实船体的那一刻詹森杨心中**巨大的成就感油然而生。**

曾几何时那些长眠在海底的中国文物被他国非法盗捞，公开拍卖深深伤害了中国人，尤其是考古人的心...一代代水下考古人的传承和发展就是为了能让这些**文物回归家乡**

2019 年 9 月，定远舰一期考古工作结束适逢中华人民共和国成立 70 周年前夕“詹森杨们”不仅要将是远舰上先烈们的故事带回同时也要把**中国不再受外侮**的消息带给那些在水下长眠的英魂

驭电行者

除了水下考古人员还有一群人同样在“水下”默默地工作他们就是实施“千伏交流苏通 GIL 综合管廊工程”的**电力工程师们**作为世界首个特高压交流双环网的咽喉要道这个工程可以说是整个华东地区供电的“**保险丝**”

吕淳，人称“吕工”就是这些电力工程师中的一员为了保证华东地区电力供应的稳定吕工已经在长江水下的隧道中工作了 260 多天了



苏通 GIL 综合管廊工程

这是史无前例的挑战百万伏特高压环网的交汇点与天堑长江不期而遇如何让电能飞跃十里宽的江面成了整个工程中最大的难题

项目经过无数的推敲和权衡最终决定挖通长江将特高压输电电缆通过隧道穿越长江这也是为什么“吕工们”会一直在“水下”工作

他们必须保证管道中的惰性气体六氟化硫年泄漏率小于万分之一

这种绝缘性极佳的气体仿佛铁箍一样将百万伏特的电龙锁在管道中一旦泄漏丝毫，后果不堪设想因此这 1800 段的管道必须严丝合缝为了测验管道的气密性是否合格吕淳和同事可能会进行一整天的微水实验

终于，在 2019 年 9 月 15 日华东特高压交流环网全线贯通清洁的电能稳定不断地供应而来这条超长距离绝缘高压输电线路**电压等级最高、输送容量最大、技术水平最先进**创下了三项世界之最再一次印证了“基建狂魔”的实力

君住长江尾我在长江头有人在长江的尾巴修电力隧道也有人在长江的源头做冰川科考
冰川树语者

他叫朱海峰是中国科学院青藏高原研究所的一名研究员他靠钻取树芯，研究树的年轮，来追寻冰川的足迹。

在长江的源头厚厚的冰川覆盖着五万公里的土地那里好像一个白茫茫的冰雪王国
冰雪堆积受压流动，就成了冰川冰川消亡之后，树木会立刻在这里生根发芽找到冰川
流域内的老树、病树和死去的树就能知道冰川来去的过往。

为了追寻冰川变迁的足迹朱海峰穿越了一个又一个无人区翻越了一个又一个冰碛垄钻
出它的年轮来验证自己对冰川和气候变迁的推测

**“干这行成就感很强的，尤其是当你钻了十几棵树，发现和自己的猜想全部一样的时
候。”**

2001年，第一次登上青藏高原的朱海峰高原反应极为严重。“感觉脑袋要炸了一
样”

然而近20年的野外工作经验让他习惯了直面各种危险冰碛垄坍塌他镇定地扒着还未
坍塌的边缘等待坍塌结束才让学生慢慢把自己拉上来在冰冷的淤泥中连走四天脚部感染了
未知的棕色脚癣他也不以为意他的足迹遍布青藏高原的各大冰川**这个生命的禁区是他最熟
悉的实验室**

尽管朱海峰见证了一次又一次的冰川消亡但每当确认一个冰川的“遗骸”时他的眼里
还是会露出惋惜的神情

冰川是地球上重要的淡水资源，是**江河之源**。在过去的三十年中青藏高原上的冰川面
积缩减了15%之多

世界范围内还有无数的科考人员和朱海峰一样为冰川的存亡不断奔走着他们每个人都
真切希望着希望几十年、几百年后淡蓝色的冰川依旧能一路欢歌奔向大海滋润沿途广袤的
土地**哺育着生活在这片土地上的人民**

冰川融水河

隐形防线

为了给人类构建一条隐形的防线

他满山遍野地抓老鼠钻了数百个蝙蝠洞接触各种危险的病毒

他叫田俊华是武汉市疾控中心的一名**病媒生物防治技术员**

病毒通过媒介生物传染人类但病毒的克星恰恰就是病媒生物本身病媒生物在进化过程
中与病毒共同依存形成了抑制病毒的抗体这些抗体为制作疫苗奠定了**最重要的基础**

为了抓到这些病媒生物田俊华穿梭在山野间深入一个又一个的丛林和洞穴中寻找潜伏
在蝙蝠、蜚虫身上的病毒

然而，病媒生物的抓取不仅困难重重更随时有危险相伴。

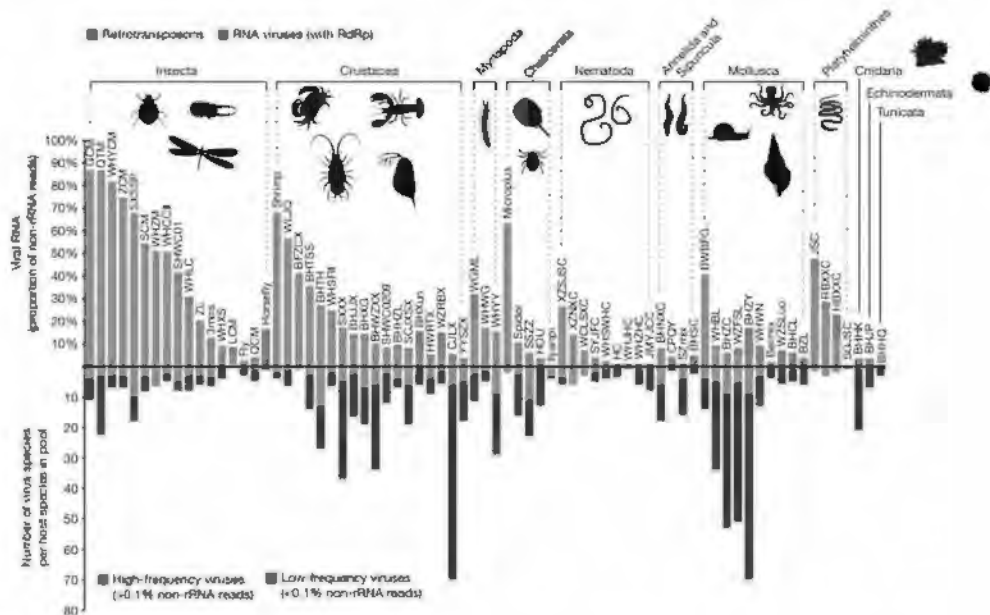
九峰山的金环胡蜂曾经蜇得田俊华的左脸肿成了包子蝙蝠洞中包含大量未知病毒的蝙蝠排泄物如同下雨一样淋在田俊华的身上在华中地区最高峰——神农顶上他更是险些被闪电击中

聊到这些事的时候田俊华虽然总重复着“实在是太恐怖了”但他继续前行的脚步却始终没有停止

他着迷于旷野和病毒用尽感官去体察自然的冲动当从蝙蝠身上发现了十分罕见的长蝠硬蜱活体时他兴奋到两眼发光，一个月后提及此事仍难掩激动

田俊华所在的科研团队取得了许多重要成就：“荆门病毒”、“黄陂病毒”一种种有重要科研价值的病毒被发现团队更是在 2016 年

于《自然》杂志发表重磅论文颠覆了人类对于 RNA 病毒的认识被引数达到四百多次俨然已经成为了病毒学新的基石而这桩基石上也洒满了田俊华在旷野中流下的汗水



论文截图

“我们新发现的病毒会助力于一些**诊断试剂**和疫苗的研究”那些医院里诊断不出来的疑难杂症也能和这个病毒库比对所谓的“**疑难杂症**”将会因此变得越来越少田俊华内心一直希望用自己的技术和能力**服务社会、服务人民**。

近 12 年来，中国疾控领域发现新病毒近 2000 种而之前 200 年全世界共发现病毒 2284 种在病毒基础研究领域，**中国已经走在世界前列**。

从这些年轻的科学工作者的坚持中有人看到了机智有人看到了镇定也有人看到了热忱和野心而他们的故事最令人心向往之的是充满希望的一词——**进步**

漫天的暴风雪整个世界黑暗又冰冷一群人挤挤挨挨地前行黑暗中隐藏着未知的洪水猛兽随时准备吞噬抱团取暖的人们这步履蹒跚的模样**正是我们人类文明的真实写照**

但是人群中每个人的眼中都充满着信心与希望因为他们看到在人群周围深邃的黑暗中有星星点点的亮光那是无数勇士高举着的火炬他们主动离开温暖的人群独自前行标定人类认知的边界击退黑暗的侵袭

这些科学工作者正是那些举着火炬的人他们做着鲜为人知的工作为中国的发展和科研打下一桩桩坚厚的基石他们的故事值得**被记录，被知道，被传颂。**

向所有勇敢前行而又默默无闻的科考工作者们致敬！

编辑：团团；核校：郭小花

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2. <http://news.sciencenet.cn/htmlnews/2020/2/435765.shtm>

习近平：把生物安全纳入国家安全体系 尽快推动出台生物安全法

中共中央总书记、国家主席、中央军委主席、中央全面深化改革委员会主任习近平2月14日下午主持召开中央全面深化改革委员会第十二次会议并发表重要讲话。他强调，确保人民群众生命安全和身体健康，是我们党治国理政的一项重大任务。既要立足当前，科学精准打赢疫情防控阻击战，更要放眼长远，总结经验、吸取教训，针对这次疫情暴露出来的短板和不足，抓紧补短板、堵漏洞、强弱项，该坚持的坚持，该完善的完善，该建立的建立，该落实的落实，完善重大疫情防控体制机制，健全国家公共卫生应急管理体系。



习近平在讲话中指出，这次抗击新冠肺炎疫情，是对国家治理体系和治理能力的一次大考。要研究和加强疫情防控工作，从体制机制上创新和完善重大疫情防控举措，健全国家公共卫生应急管理体系，提高应对突发重大公共卫生事件的能力水平。

习近平强调，要强化公共卫生法治保障，全面加强和完善公共卫生领域相关法律法规建设，认真评估传染病防治法、野生动物保护法等法律法规的修改完善。要从保护人民健康、保障国家安全、维护国家长治久安的高度，把生物安全纳入国家安全体系，系统规划国家生物安全风险防控和治理体系建设，全面提高国家生物安全治理能力。要尽快推动出台生物安全法，加快构建国家生物安全法律法规体系、制度保障体系。

3. http://www.bulletin.cas.cn/publish_article/2016/10/20161016.htm

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Yang Xu, Liang Huigang, Xu Ping, Shen Yi, Yuan Zhiming. Consideration about Improving the Planning of High-level Biosafety Laboratory System in China[J]. Bulletin of Chinese Academy of Sciences, 2016, 31(10): 1248-1254

关于加强我国高等级生物安全实验室体系规划的思考

杨旭¹, 梁慧刚², 沈毅¹, 徐萍³, 袁志明⁴

摘要: 近年来, 随着禽流感、结核病、埃博拉等疫情的不发生, 全球越来越多的医务工作者和科研人员从事危险病原微生物相关的诊断、检测、研究、开发、生产和教学等活动, 而这些活动必须在高等级生物安全实验室内进行。文章通过比较国内外高等级生物安全实验室体系发展现状及特点, 分析了我国高等级生物安全实验室体系在整体布局、经费投入、管理和支撑体系建设等方面所存在的问题, 提出了完善实验室建设布局、加大资金投入、加强管理和支撑体系建设、强化信息和资源共享等建议以推动我国高等级生物安全实验室体系建设, 为我国应对新发和突发传染病疫情提供支持。

关键词: 高等级 生物安全 实验室

Consideration about Improving the Planning of High-level Biosafety Laboratory System in China

Yang Xu¹, Liang Huigang², Xu Ping¹, Shen Yi³, Yuan Zhiming⁴

Abstract: With the outbreak of avian flu, tuberculosis, Ebola and other epidemics, more and more global medical workers and researchers are engaging in dangerous pathogen related activities in recent years. These activities include diagnostics, testing, research, development, production and teaching. All of these activities must be carried out in the high-level biosafety laboratories. We compared the development status and characteristics of the international and domestic high-level biosafety laboratory and analyzed the problems of high-level biosafety laboratory system in China, such as the general layout, the fund input, the building of the management and the supporting system. We made several suggestions that China should promote the building of its high-level biosafety laboratory system to support the emerging infectious disease response, such as improving the overall layout of the laboratory, increasing investment, strengthening the management and the supporting system, strengthening information and resource sharing.

Key words: high-level biosafety laboratory

生物安全是指与生物有关的人为或非人为因素对国家社会、经济、人民健康及生态环境所产生的危害或潜在风险, 以及对这些危害或风险进行防范、管理的战略性、综合性措施。生物安全问题是指人类不当活动干扰、侵害、损害、威胁生物种群的正常生存发展而引起的问题, 包括新发和突发传染病、生物武器和生物恐怖威胁、生物技术误用等。随着国际形势日趋复杂, 现代生物技术的不断发展和应用, 全球生物安全问题愈加突出。生物安全实验室是开展传染病预防与防治、生物防范和应用生物安全研究必备的实验场所, 可为实验人员免受病原体感染和防止病原体泄露到环境中提供重要的安全平台^[1-4]。高等级生物安全实验室是指生物安全防护级别为三级(下文简称三级实验室)和四级(下文简称四级实验室)的生物安全实验室。高等级生物安全实验室是国家科技创新体系的重要组成部分, 是开展科学前沿研究、解决经济社会发展和国家安全重大科技问题的大型复杂科学研究系统, 是凝聚和培养优秀人才、组织协同创新、承担国际责任和任务的重要基地^[1]。根据国际社

会发展趋势和我国的现实需求,开展和加强包括实验室的建设、运行、维护、管理、人才培养和装备研制在内的高等级生物安全实验室体系规划,对提升我国的生物安全防护能力,保护人民健康,促进经济社会发展,维护国家安全具有重要的战略意义和现实意义。

1 生物安全实验室的发展历程

1886年,科赫发表了霍乱的实验室感染报告,这也是有记载的全世界第一个实验室生物安全方面的报告。20世纪40年代,美国为了研究生物武器,大量使用烈性传染病的病原体,进行实验室武器化和现场试验,在从事此类研究的实验室中,实验室感染频频发生;20世纪60年代,欧美国家开始关注实验室生物安全问题,美国首先出现生物安全实验室,随后英国、前苏联、加拿大、日本等发达国家也陆续建造了不同防护级别的生物安全实验室^[4]。1974年,美国疾病预防控制中心(CDC)和美国国立卫生研究院(NIH)联合发布了《基于危害程度的病原微生物分类》一书,首次将可供人类研究的病原微生物和开展相应的实验室活动按不同危险类别分为四级^[5]。此后,世界卫生组织(WHO)在20世纪80年代也将全球的生物安全实验室分为1—4级,以1983年出版的《实验室生物安全手册》来倡导生物安全的基本概念,鼓励针对本国实验室如何安全处理致病微生物制订操作规范,明确了生物安全管理、实验室的硬件和软件要求(图1)^①。1993年,CDC与NIH再次合作,联合推出《微生物和生物医学实验室生物安全准则》,至1999年已发布了第4版,目前已被国际公认为生物安全实验室的“金标准”。至此,全世界的生物安全实验室有了统一的准则,开始走上稳定发展的道路。进入21世纪以来,由于2001年的“炭疽”信件恐怖袭击和2003年SARS传染病在全球的蔓延,加速了全球生物实验室建设的步伐,如美国在2003年发布了“生物盾”计划,推动生物安全实验室的建设。美国和英国分别在20世纪最早建设了四级实验室,此后前苏联、澳大利亚、南非、日本、加拿大、法国、德国、意大利、瑞典、西班牙、荷兰、丹麦、巴西、印度、加蓬、中国等先后建设四级实验室。截至2007年,全球已知有22个国家和地区的60个机构拥有四级实验室^[6]。由此可见,世界各国已经将高等级生物安全实验室的建设作为提升国家战略能力的重要手段,大力推进高等级生物安全实验室的建设,形成覆盖全面,分工合作的国家和区域生物安全实验室体系,在应对突发公共卫生事件和生物恐怖事件中发挥重要的作用。



图1 实验室生物安全规范性文件

①于2004年更新的第三版手册中强调了工作人员个人责任心的重要作用,并增加了危险性评估、重组DNA技术的安全利用以及感染性物质运输等新内容

目前，全球高等级生物安全实验室的现状和发展有以下几个显著特征：（1）大部分发达国家将高等级生物安全实验室的建设纳入到国家战略规划中，围绕高等级生物安全实验室的运行部署了相应的条件平台和研究计划，在人员管理、研究活动管理、病原体管理等方面建立了完善的规章制度；（2）绝大部分的高等级生物安全实验室的依托单位都是政府部门或者科研院所，运行经费以财政投入为主，同时也鼓励非营利性机构和企业建立相应的生物安全防护设施以满足其研究和开发生物产品的需求；（3）发达国家已经启动了高等级生物安全实验室的全球性布局，旨在将传染病的预防控制及生物防范的关口前移，并有效地控制和获取战略性的资源；（4）以高等级生物安全实验室为主，建立了实验室网络体系，如美国应急医学检验室网络（LRN）、美国国家生物安全实验室体系（NBL）、地区生物安全实验室体系（RBL）和欧盟高等级生物安全实验室计划（EHSL4）等。此外，完备的生物安全实验室监管体系以及安全隐患的及时应对也是其重要特征。如美国为了应对近期频发的实验室安全事件，于2015年10月发布了《进一步增强美国生物安全与生物安保》的备忘录、美国联邦安全专家咨询小组（FESAP）和快速追踪行动委员会（FTAC）提出了关于生物安全与生物安保的实施建议，都对加强生物安全实验室的安全监管提出了要求、实施举措和建议。随后，2016年4月19日，美国政府问责局（GAO）指出，美国政府5个部门和9个机构（包括疾病预防控制中心）的高等级生物安全实验室安全管理存在漏洞。GAO还提出了一系列的建议，包括各部门制定和更新生物安全政策、确保监督结果向高级官员报告、制定完成安全建议的时间计划等。

2 国外高等级生物安全实验室体系的现状和特点分析

生物安全是国家安全的重要组成部分，与国家核心利益密切相关，越来越受到各国政府的高度重视，许多国家已经把生物安全纳入国家战略，建立了健全完整的生物安全科技支撑体系。高等级生物安全实验室网络体系是生物安全科技支撑体系的核心组成和基础平台，可以实现微生物菌种资源保藏、科学研究、产业应用转化三大主体功能，针对烈性传染病病原体的监测预警、检测、消杀、防控、治疗五大环节，开展烈性传染性病原体分离鉴定、病原与宿主相互作用机理、感染模型建立、疫苗研制以及生物防范等研究，在烈性传染病防控、公共卫生应急响应、新药研发中发挥重要科技支撑作用，同时保证研究人员不受实验因子的伤害，保护环境和公众的健康，保护实验因子不受外界因子的污染。随着全世界范围内新发突发传染病疫情的爆发流行，各国均加大对高危烈性病原体的研究，纷纷加速建设本国的高等级生物安全实验室。美国和欧洲等发达国家和地区已建立起高等级生物安全实验室体系，以有效应对突发和新发的传染病疫情，防范生物恐怖袭击，最大限度的降低损失，保障国家和公共安全^[7]。

美国根据需要建立了多个高等级生物安全实验室体系，尽管不同实验室隶属不同部门，具有明确的职能分工，也建立了高效的协调合作机制^[8]。LRN由CDC进行指导运作，而NBL和RBL由NIH提供经费支持。LRN由三级结构组成，顶层是三个高等级生物安全实验室，负责核实和确认重大传染性病原体，对全国检验实验室网络的专业技术人员开展培训；第二级和第三级分别由150和25 000个检验实验室，负责快速诊断并向上层实验室提交数据（图2）。NBL由两家四级实验室组成，核心任务是开展病原体基础研究，为国家快速动员和应对突发公共卫生事件提供资源和信息支持；RBL由美国全国范围的12个三级实验室组成，负责为快速动员和协调区域与地方系统应对突发公共卫生事件提供资源和信息支持（图3）。



图 2 美国实验室响应网络 (LRN)

图选项



图 3 美国国家和地区生物安全实验室体系

图选项

欧盟为了更好地利用高等级生物安全实验室资源，促进不同实验室之间合作和资源共享，建立了欧洲的高等级生物安全实验室体系——欧盟高等级生物安全实验室计划（EHSL4）。法国国家健康与医学研究院（Inserm）负责协调此项计划。体系内的实验室分布在欧洲各地，规模大小不一，功能各不相同（有诊断、科研、动物实验、专业培训等）。在此基础上，欧盟将继续支持实验室的建设，以满足对新出现的烈性病毒和抗药性细菌的研究需要。同时，EHSL4 计划将

促进并协调好基础研究和临床研究的工作，提高欧盟的病原体诊断能力，对科研人员进行生物安全与可靠性培训，还将建立一个管理机构或协调机构。

从目前已经建立的高等级生物安全实验室体系和运行情况看，其主要特点是重视体系整体能力的提高并保持持续投入，注重体系内的分工和合作，强调体系内的资源和信息共享。

3 我国高等级生物安全实验室体系发展状况和不足

我国的高等级生物安全实验室建设最早可以追溯到 20 世纪 80 年代，当时为了研究流行性出血热病毒的传播机制，1987 年在中国军事医学科学院修建了我国第一个现代意义上的三级生物安全实验室^[9]。随后我国引进和自建了一批接近三级水平的生物安全实验室，在我国传染病的预防和控制研究中发挥了重要的作用，也为我国生物安全管理体系的发展提供了宝贵的经验^[10]。

自 2003 年我国爆发 SARS 疫情以来，党中央、国务院高度重视高等级生物安全实验室的建设。2004 年，我国发布国家生物安全实验室建设体系规划，规划建设以高等级生物安全实验室为节点，覆盖全国的生物安全实验室体系，高等级生物安全实验室的建设步伐加快。2015 年 1 月 31 日，中科院武汉国家生物安全实验室在武汉竣工，标志着我国首个四级实验室即将投入运行（图 4），此外，截至 2013 年 8 月 31 日，我国共有 42 家三级实验室通过认可，一批二级生物安全实验室安全运行，表明我国覆盖全国的生物安全实验室体系初步形成。同时，我国制定和颁布了一系列实验室生物安全法规、规范和标准，来指导实验室的管理和安全运行。2003 年，卫生部颁布了我国首部关于实验室生物安全管理标准《微生物和生物医学实验室生物安全通用准则》（WS233-2002），标志着我国实验室生物安全管理开始了规范化管理。2004 年 11 月 12 日，国务院公布了《病原微生物实验室生物安全管理条例》（以下简称《条例》），标志着我国的实验室生物安全管理开始全面走向法制化的道路。为了配合《条例》的实施，环境保护部、原卫生部、农业部、国家质检总局、建设部、科技部等部委分别发布了《病原微生物实验室生物安全环境管理办法》《微生物与生物医学实验室生物安全通用准则》《实验室生物安全通用要求》《生物安全实验室建设技术规范》《高等级病原微生物实验室建设审查办法》《兽医实验室生物安全管理规范》《实验室生物安全通用要求》（GB19489-2004、2008）《生物安全实验室建设技术规范》（GB50346-2004、2011）等配套法规和标准，对涉及实验室生物安全的各个方面均进行了详细的规定，为规范我国实验室生物安全管理工作提供了法律和技术保障^[11, 12]。



图 4 中科院武汉国家生物安全实验室（武汉 P4 实验室）

我国生物安全实验室体系规划的颁布和实验室的建成不仅带动了我国实验室设计、建设、施工工艺和技术的进步，提高了关键设施和设备的国产化水平，集聚和培养了一批高端科技人才以及高水平工程技术和管理人才，也在 SARS、H5N1 禽流感、发热伴血小板减少综合征、甲型 H1N1 流感、H7N9 型禽流感、埃博拉等新发传染病的预防和控制中发挥了重要作用，极大提高了我国应对突发公共卫生事件和生物防范的能力^[1]。

我国在高等级生物安全实验室体系建设和管理方面存在一定问题。目前全国仅建成 1 个四级实验室，并且其关键设备的管理维护以及人员对四级实验室的标准化操作程序（SOP）的掌握还不够成熟；已建成的一批三级实验室中，全国各地分布不均衡，并且很多实验室由于建设和运行维护经费不足等原因导致利用率不高。综合来看，我国高等级生物安全实验室体系存在的问题主要表现在：（1）在整体布局方面，没有充分考虑产业和经济发展以及特殊领域的需求，用于科研的实验室多，应急反应的实验室较少；（2）在经费投入和运行机制方面，尚未形成长期稳定的建设投入、运行机制和共享合作机制，缺乏稳定的运行经费支持，建设与运行脱节，造成实验室没有完成建设或者建成后难以正常运转；（3）在管理和支撑体系建设方面，高等级生物安全实验室的法律法规和标准体系亟需进一步完善，信息资源、实验数据等配套研究条件平台建设相对滞后，工程技术、管理和战略研究的队伍建设需要加强。

4 加强我国高等级生物安全实验室体系的思考

根据发达国家建设高等级生物安全实验室体系的经验和我国的实际情况，我国需要根据国家安全、人口健康、动物卫生、经济发展等战略需求和生物安全相关领域科技发展的需要，以服务我国“总体安全观”的战略目标，统筹高等级生物安全实验室发展规划，以基础研究和应用基础研究、应用研究和产业开发为主攻方向，以提升高等级生物安全实验室的建设、运行、维护、管理、人才培养、装备研制等整体生物安全能力为目标，规划建成涵盖全国的高等级生物安全实验室平台体系、安全运行和资源共享的管理体系。

（1）完善实验室建设布局。瞄准科技前沿研究和国家重大战略需求，根据国际高等级生物安全实验室的总体发展趋势，结合国内的发展环境和基础，从预研、新建、推进和提升四个层面逐步完善我国高等级生物安全实验室体系。充分考虑我国经济和产业的发展特点，按照按需设置、合理布局、同步建设的思路，在现有高等级生物安全实验室基础上，加大应急响应方面的高等级生物安全实验室的建设力度，实现科学合理布局。已具有一定研究基础和优势的高等级生物安全实验室，要积极开展生物安全领域重点难点问题攻关；已经启动但尚未建设完成的在建高等级生物安全实验室，需加大工程管理和技术攻关力度，力争早日建成投入使用；已经投入运行但仍有较大发展潜力的高等级生物安全实验室，需进一步完善提升技术指标和综合性能，充分发挥其作用。

（2）加大资金投入。适应形势的需要，积极创造条件，加强对高级别生物安全实验室建设的投入，多渠道、多层次、多形式筹集资金，形成多元化投入格局和多方联合建设机制。加强高等级生物安全实验室的预研、建设、升级改造、运行和科研的协调，加大中央和地方政府财政资金投入力度，鼓励企业等其他来源资金投入，形成多元化投入格局。规范投入管理，加强绩效评价，切实提高资金的使用效率和效益。逐步加大财政科技经费对公益性实验室建设的支持力度，设立专项资金，发挥财政资金引导作用，鼓励金融资本加大对高等级生物安全实验室建设的投资。支持和引导有能力的企业自主建设高等级生物安全实验室。鼓励企业开展生物安全实验室关键技术和设备的研制。

（3）加强管理和支撑体系建设。完善法律法规、技术标准、伦理审查和监督管理体系。抓紧研究制订《高等级生物安全实验室管理办法》《人间传染的病原微生物名录》等相关法律法规或部门规章。依法在国家病原微生物实验室生物安全专家委员会基础上成立国家实验室生物安全管理委员会和专家委员会，纳入国家安全委员会的领导体系中。建立生物安全实验室运行管理标准化技术委员会，有效推进我国生物安全实验室标准体系的建设和有效运行。加强实验室研究

活动的伦理审查与监管，建立健全研究伦理审查监督制度；完善样本转运、储藏和检测的规范和操作流程，制定应急预案，完善实验室各环节评估、防护水平认可及活动审批工作，加强实验室生物安全防护的质量控制和全过程监督。强化人才的培养，建立人才评价制度和激励机制。

（4）强化信息和资源共享。此外，我国还需要打破条块分割，建立科学信息与数据的分类存储和分级共享体系，对公益性生物安全实验室，特别是国家重点布局的公益性实验室长期持续积累的资源、信息和科学数据进行整理、汇交和建库，实现数据采集、加工、保存的标准化、规范化，并在此基础上以政府投入为主，形成面向实验室体系的信息共享服务系统；做好高等级生物安全实验室体系发展形势的信息搜集、监测、统计和分析，完善高等级生物安全实验室的信息发布机制；完善人员生物安全培训体系、培训效果的评估体系和人员培训的管理体系，对实验室的运行维护、生物安全管理、科研人员以及第三方的服务机构的人员进行系统培训，确保实验室的安全运行和降低相关人员感染风险；持续开展生物安全实验室相关政策研究，全方位监测国际发展动态，结合国家与社会发展动态，对生物安全实验室发展的重大问题开展超前研究和跟踪研究，提出政策建议和咨询意见。

（5）建立国家生物安全创新中心。依托具有丰富运营和管理经验的高等级生物安全实验室，建立国家生物安全创新中心。国家生物安全中心负责为全国的高等级生物安全实验室的生物安全管理、人员培训提供支撑服务，成为国家高等级生物安全实验室体系的资源和信息共享中心、信息发布平台。区域生物安全中心为区域内的高等级生物安全实验室的生物安全管理、人员培训提供支撑服务，成为高等级生物安全实验室国家体系的资源和信息共享及应急响应区域节点。

4. <https://www.nature.com/news/inside-the-chinese-lab-poised-to-study-world-s-most-dangerous-pathogens-1.21487>

NATURE | NEWS

Inside the Chinese lab poised to study world's most dangerous pathogens

Maximum-security biolab is part of plan to build network of BSL-4 facilities across China.

Editors' note, January 2020: Many stories have promoted an unverified theory that the Wuhan lab discussed in this article played a role in the coronavirus outbreak that began in December 2019. *Nature* knows of no evidence that this is true; scientists believe the most likely source of the coronavirus to be an animal market.

- [David Cyranoski](#)
22 February 2017 Updated:

23 February 2017
WUHAN, CHINA



Wuhan Virology Institute

Hazard suits hang at the National Bio-safety Laboratory, Wuhan, the first lab on the Chinese mainland equipped for the highest level of biocontainment.

A laboratory in Wuhan is on the cusp of being cleared to work with the world's most dangerous pathogens. The move is part of a plan to build between five and seven biosafety level-4 (BSL-4) labs across the Chinese mainland by 2025, and has generated much excitement, as well as some concerns.

Some scientists outside China worry about pathogens escaping, and the addition of a biological dimension to geopolitical tensions between China and other nations. But Chinese microbiologists are celebrating their entrance to the elite cadre empowered to wrestle with the world's greatest biological threats.

“It will offer more opportunities for Chinese researchers, and our contribution on the BSL-4-level pathogens will benefit the world,” says George Gao, director of the Chinese Academy of Sciences Key Laboratory of Pathogenic Microbiology and Immunology in Beijing. There are already two BSL-4 labs in Taiwan, but the National Bio-safety Laboratory, Wuhan, would be the first on the Chinese mainland.

The lab was certified as meeting the standards and criteria of BSL-4 by the China National Accreditation Service for Conformity Assessment (CNAS) in January. The CNAS examined the lab's infrastructure, equipment and management, says a CNAS representative, paving the way for the Ministry of Health to give its approval. A representative from the ministry says it will move slowly and cautiously; if the assessment goes smoothly, it could approve the laboratory by the end of June.

BSL-4 is the highest level of biocontainment: its criteria include filtering air and treating water and waste before they leave the laboratory, and stipulating that researchers change clothes and shower before and after using lab facilities. Such labs are often controversial. The first BSL-4 lab in Japan was built in 1981, but operated with lower-risk pathogens until 2015, when safety concerns were finally overcome.

The expansion of BSL-4-lab networks in the United States and Europe over the past 15 years — with more than a dozen now in operation or under construction in each region — also met with resistance, including questions about the need for so many facilities.

“Viruses don't know borders.”

The Wuhan lab cost 300 million yuan (US\$44 million), and to allay safety concerns it was built far above the flood plain and with the capacity to withstand a magnitude-7 earthquake, although the area has no history of strong earthquakes. It will focus on the control of emerging diseases, store purified viruses and act as a World Health Organization 'reference laboratory' linked to similar labs around the world. “It will be a key node in the global biosafety-lab network,” says lab director Yuan Zhiming.

The Chinese Academy of Sciences approved the construction of a BSL-4 laboratory in 2003, and the epidemic of SARS (severe acute respiratory syndrome) around the same time lent the project

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momentum. The lab was designed and constructed with French assistance as part of a 2004 cooperative agreement on the prevention and control of emerging infectious diseases. But the complexity of the project, China's lack of experience, difficulty in maintaining funding and long government approval procedures meant that construction wasn't finished until the end of 2014.

The lab's first project will be to study the BSL-3 pathogen that causes Crimean-Congo haemorrhagic fever: a deadly tick-borne virus that affects livestock across the world, including in northwest China, and that can jump to people.

Future plans include studying the pathogen that causes SARS, which also doesn't require a BSL-4 lab, before moving on to Ebola and the West African Lassa virus, which do. Some one million Chinese people work in Africa; the country needs to be ready for any eventuality, says Yuan. "Viruses don't know borders."

Gao travelled to Sierra Leone during the recent Ebola outbreak, allowing his team to report the speed with which the virus mutated into new strains¹. The Wuhan lab will give his group a chance to study how such viruses cause disease, and to develop treatments based on antibodies and small molecules, he says.



Miyi Xiao for Nature

The central monitor room at China's National Bio-safety Laboratory.

The opportunities for international collaboration, meanwhile, will aid the genetic analysis and epidemiology of emergent diseases. “The world is facing more new emerging viruses, and we need more contribution from China,” says Gao. In particular, the emergence of zoonotic viruses — those that jump to humans from animals, such as SARS or Ebola — is a concern, says Bruno Lina, director of the VirPath virology lab in Lyon, France.

Many staff from the Wuhan lab have been training at a BSL-4 lab in Lyon, which some scientists find reassuring. And the facility has already carried out a test-run using a low-risk virus.

But worries surround the Chinese lab, too. The SARS virus has escaped from high-level containment facilities in Beijing multiple times, notes Richard Ebright, a molecular biologist at Rutgers University in Piscataway, New Jersey. Tim Trevan, founder of CHROME Biosafety and Biosecurity Consulting in Damascus, Maryland, says that an open culture is important to keeping BSL-4 labs safe, and he questions how easy this will be in China, where society emphasizes hierarchy. “Diversity of viewpoint, flat structures where everyone feels free to speak up and openness of information are important,” he says.

Yuan says that he has worked to address this issue with staff. “We tell them the most important thing is that they report what they have or haven’t done,” he says. And the lab’s international collaborations will increase openness. “Transparency is the basis of the lab,” he adds.

The plan to expand into a network heightens such concerns. One BSL-4 lab in Harbin is already awaiting accreditation; the next two are expected to be in Beijing and Kunming, the latter focused on using monkey models to study disease.

Lina says that China’s size justifies this scale, and that the opportunity to combine BSL-4 research with an abundance of research monkeys — Chinese researchers face less red tape than those in the West when it comes to research on primates — could be powerful. “If you want to test vaccines or antivirals, you need a non-human primate model,” says Lina.

But Ebright is not convinced of the need for more than one BSL-4 lab in mainland China. He suspects that the expansion there is a reaction to the networks in the United States and Europe, which he says are also unwarranted. He adds that governments will assume that such excess capacity is for the potential development of bioweapons.

“These facilities are inherently dual use,” he says. The prospect of ramping up opportunities to inject monkeys with pathogens also worries, rather than excites, him: “They can run, they can scratch, they can bite.”

Trean says China's investment in a BSL-4 lab may, above all, be a way to prove to the world that the nation is competitive. "It is a big status symbol in biology," he says, "whether it's a need or not."

5. <https://www.francebleu.fr/infos/societe/enquete-radio-france-le-p4-de-wuhan-ce-laboratoire-qui-suscite-tant-de-fantasmes-et-speculations-1587126690>

Société

Dossier : Coronavirus

ENQUÊTE RADIO FRANCE - Le P4 de Wuhan, ce laboratoire qui suscite tant de fantasmes et spéculations

Vendredi 17 avril 2020 à 14:49 -

Par [France Bleu](#), [France Bleu](#)

Voulu et construit avec l'aide de la France, le laboratoire de virologie P4 de Wuhan qui fait aujourd'hui l'objet de beaucoup de spéculations a peu à peu échappé au contrôle des scientifiques français. Selon la cellule investigation Radio France, un vaccin contre le Covid-19 y a récemment été testé.



Vue aérienne du laboratoire P4 de Wuhan (Chine centrale). © AFP - Hector RETAMAL

Avec ses 11 millions d'habitants, on dit de Wuhan que c'est la plus française des villes de Chine. On y trouve un musée de l'Urbanisme français et une

gare TGV dont le toit évoque un oiseau migrateur. Anne Isabelle Sigros, qui était cheffe de chantier pour l'agence d'architecture AREP, s'en souvient : *"On était dans des marais et des champs. On a planté la gare-la, et aujourd'hui la ville l'a rejointe."* Sur la rive Nord, on trouve encore des traces de la concession française, non loin du désormais célèbre marché couvert aux poissons de Huanan. Sur l'autre rive, les avenues rectilignes, qui filent vers l'aéroport, aboutissent à une zone industrielle où prospèrent une centaine d'entreprises françaises, parmi lesquelles Peugeot-Dongfeng, Renault, Eurocopter, Schneider Electric, L'Oréal ou encore Pernod-Ricard...

Une coopération prometteuse

Dans les années 2000, la coopération franco-chinoise à Wuhan se poursuit dans le domaine médical. En 2003, le SRAS, le syndrome respiratoire aigu sévère frappe la Chine. Le pays a besoin d'aide. Le président Jiang Zemin, dont le mandat s'achève, est un ami du Docteur Chen Zhu. Ce Shanghaiien francophile a été formé à l'Hôpital Saint-Louis, dans les services d'un proche de Jacques Chirac, le professeur Degos. Lorsque Hu Jin Tao succède à Jiang Zemin, Jean-Pierre Raffarin va rencontrer le médecin. Puis, en octobre 2004, lors d'un voyage à Pékin, Jacques Chirac scelle une alliance avec son homologue chinois.

Les deux pays décident de s'associer pour lutter contre les maladies infectieuses émergentes. Ce partenariat semble d'autant plus nécessaire qu'un autre virus, celui de la grippe aviaire, le H5N1, vient frapper la Chine.

L'idée du P4 prend forme

De là va naître l'idée de construire à Wuhan, en collaboration avec la France, un laboratoire de type P4. Autrement dit, de très haute sécurité biologique pour l'étude de virus pathogènes inconnus pour lesquels on n'a pas de vaccin. Il existe une trentaine de ces structures dans le monde, dont certaines sont labélisées par l'Organisation Mondiale de la Santé. Mais le projet provoque des résistances. D'abord, des experts français en guerre bactériologiques se

montrent réticents. Nous sommes dans l'après 11 septembre. Le SGDSN (Secrétariat général à la défense et à la sécurité nationale) redoute qu'un P4 puisse se transformer en arsenal biologique.

A cela s'ajoute un autre grief de la part de la France. La Chine refuse de lui préciser ce que sont devenus les laboratoires mobiles de biologie P3 qui avaient été financés par le gouvernement Raffarin après l'épidémie de SRAS. *"Les Français ont été un peu refroidis par le manque de transparence des Chinois"* explique Antoine Izambard, auteur du livre « Les liaisons dangereuses ». *"Leurs explications sont restées opaques sur l'utilisation qu'ils pouvaient faire de ces P3. Certains dans l'administration française pensaient donc que la Chine ferait surement un usage similaire du P4. Cela suscitait énormément de craintes."*

Les travaux démarrent

Mais peu à peu, ces réserves vont être levées. Et en 2004, un accord signé par Michel Barnier, ministre la Santé de Jacques Chirac, lance le projet du P4 chinois. Il reste à trouver un lieu. Puisque Shanghai est trop peuplée, ce laboratoire sera installé en périphérie de Wuhan. En 2008, un comité de pilotage est créé. Il sera dirigé par un Français, le Lyonnais Alain Mérieux, et le docteur Chen Zhu. En 2010, l'administration Sarkozy annonce à l'OMS que les travaux commencent.

Une quinzaine de PME françaises très spécialisées prêtent alors leur concours pour construire le laboratoire. *"Ces labos P4 c'est vraiment de la technologie de top niveau, comparables à celle des sous-marins nucléaires français pour ce qui est de l'étanchéité de certaines pièces"* précise encore Antoine Izambard. Mais ce seront des entreprises chinoises qui assureront l'essentiel de la construction, ce qui n'est pas toujours du goût des Français. Technip par exemple, refusera de certifier le bâtiment.

Le 31 janvier 2015 le chantier se termine enfin. Dans son livre, Antoine Izambard décrit un endroit austère. *"Au bout d'une route à 6 voies", écrit-il, on trouve "un immense immeuble en briques rouges en construction, (destiné à accueillir 250 chercheurs en résidence), un autre hautement sécurisé que l'on prendrait pour une prison (un bunker de 4 étages avec 4 labos étanches), et un dernier blanc et rectangulaire sur lequel est écrit « Wuhan Institute of Virology."*

Les Chinois reprennent le contrôle

En 2015, Alain Mérieux quitte la coprésidence de la Commission mixte qui supervisait le projet. A l'époque, il raconte au micro de Radio France à Pékin : *"J'abandonne la coprésidence du P4 qui est un outil très chinois. Il leur appartient, même s'il a été développé avec l'assistance technique de la France."* Mais il ne s'agit pas pour autant de couper tous liens. *"Entre le P4 de Lyon et le P4 de Wuhan" précise-t-il, "nous voulons établir une coopération étroite. En Chine, il y a beaucoup d'animaux, l'aviculture, les problèmes de cochons, qui eux-mêmes sont des transporteurs de virus. Il est impensable que la Chine n'ait pas un laboratoire de haute sécurité pour isoler des germes nouveaux dont beaucoup sont d'étiologie inconnue."*

Une collaboration en trompe l'œil

Le 23 février 2017, l'ex premier ministre Bernard Cazeneuve et la ministre de la Santé Marisol Touraine, annoncent que 50 chercheurs français viendront en résidence au P4 de Wuhan pendant 5 ans. La France s'engage alors à lui apporter une expertise technique, ainsi que des formations pour améliorer le niveau de biosécurité du laboratoire, et à lancer un programme de recherche commun. Mais les chercheurs français ne viendront jamais. Pour Marisol Touraine, *"c'est dommage dans la mesure où on avait lancé le projet avec l'espoir qu'il apporterait de la connaissance partagée. On ne pouvait pas évidemment anticiper l'épidémie actuelle. Mais en février 2017, on misait sur les espoirs de cette coopération."*

Quoi qu'il en soit, la mise en exploitation du labo a lieu en janvier 2018. Elle coïncide avec la première visite d'Etat d'Emmanuel Macron à Pékin.

Mais dès le début un doute s'installe sur sa fiabilité. Selon le Washington Post, en janvier 2018, des membres de l'ambassade américaine visitent les locaux et alertent Washington de l'insuffisance des mesures de sécurité prises dans un lieu où l'on étudie les coronavirus issus de chauves-souris.

Autre déconvenue : la coopération franco-chinoise espérée entre le P4 Jean Mérieux-Inserm de Lyon Bron et celui de Wuhan ne démarrera jamais vraiment. Alain Mérieux lui-même le confirme à la cellule investigation de Radio France : *"On peut dire sans dévoiler un secret d'Etat que, depuis 2016, il n'y a pas eu de réunion du Comité franco-chinois sur les maladies infectieuses"*, reconnaît-il. Contrairement aux promesses initiales, les Chinois travaillent donc sans regard extérieur de chercheurs français. *"Le laboratoire est loin de tourner à plein régime"*, précise encore Antoine Izambard. *"Ils ont construit un immense immeuble qui doit accueillir 250 chercheurs, mais ils ne sont pas encore là. En temps normal, il n'y a que quelques chercheurs chinois de l'Institut de virologie de Wuhan qui mènent des recherches sur des animaux en lien avec trois maladies, Ebola , la fièvre hémorragique Congo Crimée, et le NIPAH"* (un virus véhiculé par les porcs et les chauves-souris).

Une nouvelle occasion manquée

Avant la crise du Covid-19, une autre collaboration a semblé vouloir prendre forme. En 2019, le Président chinois Xi Jinping demande à l'un des vice-présidents du comité permanent de l'Assemblée populaire, d'imaginer ce que pourrait être un bouclier sanitaire pour la province du Yunnan. Là-bas, de nombreux hommes côtoient les animaux sauvages. De cette promiscuité naît un risque d'apparition de nouveaux virus transmissibles à l'homme. *"C'est un grand pays qui a pas mal bouleversé ses écosystèmes avec cultures et élevages gigantesques"* confirme Gilles Salvat, docteur vétérinaire et directeur général de la recherche à l'ANSES. *"C'est vrai que c'est une source de virus à*

cause des interactions animaux sauvages et domestiques sur un pays continent avec tous les climats."

Créer un centre de surveillance sur la grande région pourrait donc permettre de prévenir le développement de nouveaux virus, de type coronavirus par exemple. Une fois de plus, c'est le Docteur Chen Zhu qui porte ce projet. Il en parle à son ami Alain Mérieux. Ce dernier l'évoque avec Philippe Etienne qui est alors conseiller diplomatique du Président Macron. Selon un média chinois en ligne, China-info.com, un projet prend forme. Il consiste à créer un réseau sentinelle qui réunirait les Instituts Pasteur France, avec des antennes de la fondation Mérieux au Laos, au Cambodge, et au Bangladesh. Mais une fois de plus, l'enthousiasme sera de courte durée. Le 24 mars, Xi Jinping, Emmanuel Macron et leurs épouses dînent à la Villa KERYLOS, sur la côte d'Azur. Le lendemain le communiqué final ne fait aucune mention de ce projet. Il ne sera pas non plus évoqué lors du voyage officiel en Chine d'Emmanuel Macron en novembre 2019. Il est vrai qu'un autre sujet sensible focalise l'attention. La peste porcine est arrivée en France, et les éleveurs font pression pour pouvoir continuer à exporter en Chine. Le bouclier sanitaire sera donc remis à plus tard...

Un essai de vaccin sur des humains

Le P4 de Wuhan ne sera cependant pas resté inactif lors de l'apparition du Covid-19. C'est là que, selon deux sources fiables, bien que non confirmées par les autorités chinoises, à la fin décembre 2019, le professeur Shi Zhengli a identifié le nouveau coronavirus à partir d'échantillons prélevés sur cinq malades des hôpitaux municipaux de Wuhan. Le 3 janvier, le séquençage complet de son génome commence dans un autre laboratoire, le P3 de la Clinique Centrale de santé publique de Shanghai, qui le partagera ensuite avec d'autres pays. Dans le même temps, le P4 de Wuhan travaille sur un singe cobaye infecté, dans le but d'obtenir un sérum. *"Les Chinois sont de bons candidats pour produire un vaccin"* estime Gilles Salvat. *"Ils ont des étudiants dans le monde entier. Ils ont 40 chercheurs sur un sujet quand nous*

on en a deux. Leur puissance de feu est redoutable en matière d'innovation et de biologie."

Officiellement le P4 ferme le 23 janvier, lorsque le confinement est prononcé à Wuhan. Mais selon plusieurs sources françaises et chinoises contactées par la cellule investigation de Radio France, à la mi-mars, un essai de vaccin a eu lieu en partenariat avec une société de biotechnologie chinoise. Selon nos informations, un virus a d'abord été inoculé à des singes, avant d'être inactivé puis injecté à des personnels volontaires de l'institut dont dépend le laboratoire. *"Les premiers inoculés sont des volontaires et ça s'est bien passé"* nous a confirmé le Docteur Zhao YAN qui codirige l'Hôpital Zhongnan de Wuhan : *"Il y a des médecins qui participent. Je sais qu'il y a eu une première série d'un petit nombre, et une deuxième série d'essais est en cours sur un nombre relativement important."* Selon Frédéric Tangy de l'institut Pasteur, cependant, pour ce type de vaccin à virus inactivé, *"il y a un risque d'exacerbation de la maladie. C'est une catastrophe. C'est la pire des choses à faire."*

Le P4 dans la course mondiale

Le P4 est donc engagé dans une course au vaccin, tout comme le sont d'autres pays. Le 16 mars la société américaine Moderna de Cambridge dirigée par le Français Stéphane Bancel, annonce elle aussi qu'elle a commencé un essai clinique à Seattle sur 45 patients sains. Sanofi travaille également avec une équipe militaire américaine. Quant à l'institut Pasteur, il doit démarrer en juillet un essai clinique sur des volontaires avec un vaccin dérivé de celui de la rougeole. Mais là encore, la prudence doit rester de mise, puisqu'il faut trois phases d'essais concluants, avec un pourcentage important de guérisons sur plus de 60 à 70% de patients d'origine et d'âges différents, avant d'approuver un vaccin.

Une enquête de Philippe Reltien, cellule investigation de Radio France.

6. <http://www.rfi.fr/cn/中国/20200423-武汉 p4 实验室-法国帮助建成后被-踢-开始末>

中国/法国/武汉 P4

武汉 P4 实验室 :法国帮助建成后被“踢”开始末

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武汉 P4 实验室鸟瞰, 2020 0417 LOUISA GOULIAMAKI / AFP

作者：艾米

对于武汉 P4 实验室（中国科学院武汉国家生物安全实验室），法国驻华大使馆网站上曾报道，2004 年，法国和中国签署了新发传染病防治合作协议。2016 年 6 月 16 日，两国代表在武汉共同参加了中国科学院武汉病毒研究所 P4 级高等生物安全实验室的验收仪式，这是中国第一个该安全等级的实验室，也是法中双方在科研和健康领域合作的重要标志。而就是这个实验室，因为新冠疫情的大爆发而成为全球关注的风暴眼。最近，法国广播电台（Radio France）发表调查报道，介绍了这个充满争议的实验室建造的初衷和法国逐步被排除在外的过程。实际上，该实验室的确是法国出口的，但协议和计划中的两国“合作”早已名存实亡，法国专家从来没有能够参与实验室的工作，《费加罗报》报道将此情况称为“失控”。

广告

武汉 P4：新冠疫情风暴眼

按照中国官方最初的说法，新冠病毒首先在武汉华南海鲜市场出现，但多种质疑声一直不断，最常见的有：这个病毒是否从 P4 实验室或距离市场更近的武汉病毒研究所泄露？是实验室工作人员不小心感染后扩散？或者，这些所谓“阴谋论”称号的质疑则更进一步，大胆质疑病毒就是 P4 实验室“制造”出来的，持这种理论的包括法国诺贝尔医学奖得主蒙塔尼耶教授，但他的观点受到其他科学家的质疑。目前，这次疫情中人员损失最严重的美国正在就病毒是否从实验室泄露进行调查，这些质疑的依据之一就是中国政府没有公布有关的流行病的调查结果，更不允许世卫组织和外国专家前往调查。

美国国务卿蓬佩奥提到要就此进行调查，英国外交大臣拉布也间接指出，中国应该就一些“困难的问题”给出说法，法国总统马克龙也在接受英国《金融时报》时提到“很显然，我们并不了解那里发生的一些事情”。费加罗报指出，目前的局势不仅让武汉 P4 实验室中招，同时也让法国很尴尬，因为这个专门研究感染性最强，既没有解药也没有疫苗的病毒的实

实验室是法国出口的。而最初，由于这个与中国政府合作的项目过于敏感，就曾一度在法国引起过相当的争议。最尴尬的是，这个合作项目建成后就从来没有法国研究员的参与。

法国广播电台的调查小组最近就结合时事热点，做了一个针对武汉 P4 的调查报告，称其为“激起幻想和猜测”的实验室。报道指，武汉或是中国最法国化的大城市，在长江北岸，还有距离华南海鲜市场不远处法租界留下的遗迹；对岸，笔直的道路通向机场，也通向一个有上百个法国公司安家的工业区，这里，标致-东风、雷诺、施耐德电器、欧莱雅等等公司都设立了工厂。这或许也是两国选中这里作为生物领域合作地点的原因之一。

一开始就充满疑问和争议的法中合作项目

本世纪初，法中两国在医疗领域合作之门继续打开，2003 年，非典重创了中国时，中国需要帮助。很巧，即将卸任的江泽民认识一个在法国圣路易医院培训的中国医生陈竺（陈竺 2000 年 10 月被江任命为中国科学院副院长。）更巧的是，陈医生所在部门的 Degos 教授与希拉克有深交。江泽民之后，胡锦涛上台，法国总理拉法兰曾前去拜访过这个医生。2004 年，希拉克前往中国访问之际，就和中国领导达成了合作意向。两国决定携手共抗传染病，当时中国也正经历禽流感，让这个合作更具必要性。

调查指出，在武汉建立 P4 研究所的计划因此诞生。全球约有 30 几个同等级别的机构，其中一些通过了世界卫生组织的认证。最初，法国细菌战专家持反对意见。要知道当时的时间点是 9.11 后不久，SGDSN（法国国防和国家安全总秘书处）担心 P4 实验室可能会变成生物武器库。

法国非典后援助的 P3 实验室不知去向

另一个困扰是，中国一直拒绝清楚地说明“非典”之后由法国拉法兰政府资助的几个 P3 活动实验室的去向。《中国法国危险的关系》一书作者 Antoine Izambard 介绍说，“当时法国人因为中方缺乏透明性降低了合作热情，中方对那些 P3 活动实验室的用途的解释极不透明。因此，法国政府中的一些人认为，中国肯定也会用类似方式使用 P4 实验室，这种前景让人不寒而栗。”而 P3 移动实验室的出口规定没有那么严格。当时一位参与者回忆说，那些“拖后腿”的人担心的是中国人“学习困难”，他们的“不透明”和对法国希望的双边合作项目的“阻力”。同一消息来源说，“必须了解的是，P4 就像一个核后期处理厂。这是一种细菌的原子弹，”。经过测试的病毒（例如埃博拉病毒）都极其危险。包括防护服和消毒隔离区处理都必须绝对严格遵循安全程序。

根据法国广播电台做出的相关详细调查，2003 年萨斯风暴之后的第二年，当时的两国领导人，希拉克和胡锦涛决定在对抗传染病领域进行合作，并由外交部长巴尼耶签署了帮中国建造 P4 的协议。之前，法国总理拉法兰会见了曾在巴黎圣路易医院工作过的陈竺，陈竺当时是中科院副院长。

此前一年，中国经历了“非典”重创，据一位持续关注此案的法国高级官员介绍，当时，有些人认为必须帮助中国研究新病毒，尤其要给中国提供好的研究条件，避免让中国人在没有相应的设备和必须的知识的情况下摆弄病毒。一句话，不让他们自己“瞎搞”。

令人不寒而栗的缺乏透明度

尽管这个理由也很充分，但该计划在法国远远不能达成共识，总统希拉克和总理拉法兰都支持，医界支持者有贝尔纳·库什内（注：法国政治家、外交家、医生，无国界医生和世界医生组织创始人之一。曾任法国卫生部部长，法国外交部部长）。制药工业家阿兰·梅里埃（Alain Mérieux）不仅支持，还与他的中国同行陈竺共同担任指导委员会主席。但是，法国外交事务和国防部的防扩散专家以及 SGDSN（国防和国家安全总秘书处）和研究界都犹豫。有人担心 P4 会变成生物武器库。其他人则认为，与核能或化武不同，此类敏感医疗设备没有国际控制机构。

在没有听专家反对意见的情况下，政客们同意了该项目。

然后需要为实验室找个合适的地方，上海人太多不合适，因此就选择了武汉的市郊。2008 年成立指导委员会，由法方的阿兰·梅里埃和中方的陈竺共同领导。2010 年，萨科齐政府通知世卫组织相关工程开始了。

15 家非常专业的法国中小型企业为建立实验室提供了支持。Antoine Izambard 补充说：“这些 P4 实验室确实是顶级技术，在某些部件的密封性方面可与法国核潜艇相媲美。”但是，由中国公司来承担大部分建设工作，让法方不太满意这样的方式。例如，德希尼布（Technip）公司就拒绝对建筑物进行认证。

“在与中国的合作中，法国处于弱势”

费加罗报的报道中写到，一位专家表示，“事情拖了很久，但巴黎最终开了绿灯。当时，我们与中国人一起参与了其他项目，例如放射性核废物处理中心，空客飞机的销售合同。与美国不同的是，法国只是一个中等强国，它无力停止一个项目，因为它不能承受随之而来的经济报复”。他继续说：“我们处于弱势。中国人正在寻求获取我们的技术。有时，我们由于害怕被敲诈而走得更远。”一位外交官表示，当局“因为天真犯了错。他们认为中国人是可以信任的。”他补充说，此案“一直很复杂。我们有书面保证，但不确定是否可以让这些保证得到执行和遵守。”

法国逐步被边缘化 P4 成为“非常中国化的工具”

而武汉 P4 实验室的后期发展表明，那些犹豫的人是对的。中国公司最初按照规范建造 P4 的大部分。但是，一位专家解释说，“P4 的架构非常复杂，其密闭隔离空间的布置需要特定的技术和知识”。2015 年，由于对中法合作没有实现感到失望，阿兰·梅里埃（Alain Mérieux）离开了双边委员会主席位置。计划中本应去武汉 P4 工作 5 年的 50 名法国研究人员从未离开法国。

阿兰·梅里埃离开后，在北京对法国广播电台的记者说：“我放弃了 P4 的共同主席资格，这是一种非常中国化的工具，即使它是在法国的技术协助下开发的，它也属于他们。”但是，这并不意味着双方切断了所有联系。他指出，“我们希望在里昂的 P4 和武汉的 P4 之间建立紧密的合作。在中国，动物，家禽养殖，养猪问题很多，它们本身是病毒的携带者，不可想象中国没有一个高安全性的实验室来分离新细菌，其中许多是病因不明的。”

中国最终取得了控制权

据报道，P4 实验室项目诞生得益于由法中团队的合作以及法国技术。该合作使中国能够更好地研究和预防包括禽流感在内的烈性病毒以及大规模传染病，从而保护中国和各国人民的健康。

2017 年 2 月 23 日，前总理伯纳德·卡泽诺夫（Bernard Cazeneuve）和卫生部长马里索·图兰（Marisol Touraine）在揭幕式上宣布，将有 50 名法国研究人员到武汉 P4 居住 5 年。因此，法国承诺为其提供技术专长，进行人员培训以提高实验室的生物安全水平，并发起一项联合研究计划。但是法国研究人员从未启程。图兰最近也只好无奈表示，“我们启动该项目是希望它能够让双方共享知识，但非常令人遗憾。我们当时显然无法预料到当前的流行病（新冠病毒），但是在 2017 年 2 月，我们曾寄托了这种合作的希望。”

是中国阻止了他们前往？还是法方财务能力不足？事实是，该实验室逐渐摆脱了法国科学家的控制。违反了与巴黎和北京之间缔结的“合同”的初衷，在武汉的实验室，只有中国研究员，而没有法国研究人员挑剔和警觉的目光。

基地于 2015 年 1 月建成，实验室的启动于 2018 年 1 月进行，时间正好与法国总统马克龙首次对北京进行国事访问吻合。

Radio France 的调查报告指出，但是，从一开始，人们就对其可靠性表示怀疑。根据《华盛顿邮报》的报道，2018 年 1 月，美国大使馆成员参观了该场所，并警告华盛顿在这里研究蝙蝠冠状病毒的地方未采取足够的安全措施。

障眼法的合作

另一个令人失望的事情是：里昂的 P4 与武汉 P4 之间的中法合作一直没有真正开始。阿兰·梅里埃本人在法国广播电台的调查小组中证实了这一点：“在不泄露国家机密的情况下，我们可以说，自 2016 年以来，中法两国传染病委员会从未召开过会议。”他承认，与最初的承诺相反，中国研究院在没有法国研究人员的情况下工作。

Antoine Izambard 也补充说：“实验室远未达到完全运行。”“他们建造了一座巨大的大楼，可容纳 250 名研究人员，但目前人还未到齐。”通常，武汉病毒研究所的中国研究人员只有少数对与三种疾病：埃博拉，刚果克里米亚出血热和 NIPAH（猪和蝙蝠携带的病毒）有关的动物进行研究。

费加罗报报道也指出，中国官方媒体也于 2 月 16 日报道过实验室的失误。他们特别声称，研究人员在进行实验后没有对生物材料进行专门处理，就将实验室材料扔掉了。他们还回忆说，为求生计，许多研究人员正在武汉市场出售经过实验的实验动物。但是，所有专家都这样说：了解病毒的起源是至关重要的，特别是对于防止新流行病的到来。

这里引述的是华南理工大学生物科学教授肖波涛，在全球学术社交网站“Research Gate”以英文发表题为“新型冠状病毒的可能来源”报告，他指证“武汉疾病预防控制中心”不仅有 600 多只野生蝙蝠，且 2017 年及 2019 发生蝙蝠血液或尿液泄漏事故，甚至有研究者在取样过程中曾遭蝙蝠攻击、有研究员因沾到蝙蝠排尿而自我隔离 14 日。报告指出，除距海鲜市场 12 公里的中科院武汉病毒研究所，还有距市场仅 280 多米的武汉疾病预防控制中心。正是由于该中心距疫情源头“华南海鲜批发市场”仅 280 米，质疑武汉肺炎恐为中国疾控中心的病毒外泄，是坊间估计透过自然重组、或中间宿主传播以外的另一可能。

令人疑惑的是，这篇论文在发表后不久即被删除。

疫情后 P4 实验室继续进行人体实验研发疫苗

法国广播电台调查报告报道，当新冠疫情出现时，武汉的 P4 并未处于无活动状态。尽管中国当局尚未证实，但据两个可靠的消息来源，石正丽教授于 2019 年 12 月底从武汉市立医院的五名患者的样本中鉴定出了新的冠状病毒。1 月 3 日，其基因组的完整测序在上海另一个 P3 实验室开始进行，随后将其与其他国家共享。同时，武汉的 P4 正在研究被感染的实验猴子，以获得血清。吉尔斯·萨尔瓦特（Gilles Salvat）说：“中国人是生产疫苗的最佳人选。”“中国在世界各地都有学生。当我们只有两名研究人员时，他们的研究员可达 40 名。在创新和生物学方面，他们的火力都强大。”

中国官方说法是 P4 所于 1 月 23 日关闭，当天武汉宣布了封城。但是，据法国广播电台调查部门联系的几位法中两国消息来源称，3 月中旬，P4 实验室与一家中国生物技术公司合作进行了一次疫苗试验。根据法国广播电台得到信息，方法是先将病毒接种到猴子身上，将其灭活后再注入武汉病毒研究所的志愿者身中。武汉中南医院副院长赵剡医生也证实：“第一批接种者是志愿者，而且进展顺利。”他知道有医生参加，第一批数量不多，而第二批产品的试验正在进行，数量也相对较大。”

巴黎巴斯德研究所的弗雷德里克·坦基（Frédéric Tangy）对这种灭活的病毒疫苗表示，“存在加剧疾病的风险。这是一场灾难。这是最糟糕的事情。”

全球疫苗竞赛中的 P4 实验室

因此，P4 和其他国家一样，都在进行疫苗比赛。3 月 16 日，由法国人 Stéphane Bancel 领导的美国剑桥 Moderna 公司也宣布已在西雅图开始对 45 位健康患者进行临床试验。法国制药企业赛诺菲（Sanofi）还与美国军事团队合作。法国的巴斯德研究所，将于 7 月开始对志愿者进行疫苗临床试验。但是，这里再次必须保持谨慎，因为需要进行三个阶段有结果的试验，在认可一种疫苗之前，需要超过 60% 至 70% 的不同出身和年龄有治愈效果。

后续：目前，这些曾经参与过 P4 实验室计划的高层领导，包括被称为“中国人民好朋友”的前总理拉法兰，以及参加过揭幕典礼的前总理卡兹纳夫等人都没有任何相关公开发言。

中国方面，由武汉病毒研究所所长袁志明出面接受中国环球电视网 CGTN 访谈，他坚词否认了病毒源自武汉实验室的说法。表示，目前该实验室绝对安全，没有任何人感染病毒，既不可能出现病毒泄露的问题，也没有能力制造病毒，而且人类目前都没有这样的智慧。

世界卫生组织也明确表态，否认了该病毒源自武汉实验室的猜测。世卫组织一名发言人在周二（4 月 21 日）举行的一次记者会上指出：目前掌控的所有证据表明：新冠病毒源自动物，并非人为在实验室操纵或制造出来。

据报道，中国首席生化武器防御专家陈薇少将 2 月初已经接管了武汉 P4 病毒实验室。3 月 2 日，中国发布关于加强动物病原微生物实验室生物安全管理的通知，目的是切实推进国家生物安全，进一步加强动物病原微生物实验室生物安全管理。

7. <https://www.washingtonpost.com/opinions/2020/04/14/state-department-cables-warned-safety-issues-wuhan-lab-studying-bat-coronaviruses/>

Global Opinions

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



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

By **Josh Rogin**

Columnist

April 14, 2020 at 6:00 a.m. EDT

Two years before the novel coronavirus pandemic upended the world, U.S. Embassy officials visited a Chinese research facility in the city of Wuhan several times and sent two official warnings back to Washington about inadequate safety at the lab, which was

conducting risky studies on coronaviruses from bats. The cables have fueled discussions inside the U.S. government about whether this or another Wuhan lab was the source of the virus — even though conclusive proof has yet to emerge.

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

Full coverage of the coronavirus pandemic

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Circumstantial Evidence against Wuhan Institute of Virology - Full Articles

PL-2022-00076

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UNCLASSIFIED

[00/31/2023]

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

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

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

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

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

We don’t know whether the novel coronavirus originated in the Wuhan lab, but the cable pointed to the danger there and increases the impetus to find out, he said. “I don’t think it’s a conspiracy theory. I think it’s a legitimate question that needs to be investigated and answered,” he said. “To understand exactly how this originated is critical knowledge for preventing this from happening in the future.”

8. <https://www.nationalreview.com/news/u-s-diplomats-warned-about-safety-risks-in-wuhan-labs-studying-bats-two-years-before-coronavirus-outbreak/>

U.S. Diplomats Warned about Safety Risks in Wuhan Labs Studying Bats Two Years before Coronavirus Outbreak

By TOBIAS HOONHOUT

April 14, 2020 9:25 AM



A scientist works in a lab researching coronavirus antibodies for in Beijing, China, March 30, 2020. *(Thomas Peter/Reuters)*

U.S. officials warned in January 2018 that the Wuhan Institute of Virology's work on "SARS-like coronaviruses in bats," combined with "a serious

shortage” of proper safety procedures, could result in human transmission and the possibility of a “future emerging coronavirus outbreak.”

In a series of diplomatic cables, one of which was obtained by *The Washington Post*'s Josh Rogin, U.S. Embassy officials warned their superiors that the lab, which they had visited several times, posed a serious health risk that warranted U.S. intervention. The officials were concerned enough about their findings to categorize the communications as “Sensitive But Unclassified,” in order to keep them out of the public eye.

“During interactions with scientists at the WIV laboratory, they noted the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory,” the cable reads.

“The cable was a warning shot,” one U.S. official told Rogin. “They were begging people to pay attention to what was going on.”

While China has stated the virus emerged from a seafood market in Wuhan, U.S. officials are skeptical of the claim, with NATIONAL REVIEW detailing how the Wuhan Institute of Virology posted jobs in November and December of last year to show how they had been working on “long-term research on the pathogenic biology of bats carrying important viruses,” which had “confirmed the origin of bats of major new human and livestock infectious diseases” in December.

“The idea that it was just a totally natural occurrence is circumstantial. The evidence it leaked from the lab is circumstantial. Right now, the ledger on the side of it leaking from the lab is packed with bullet points and there’s almost nothing on the other side,” a U.S. official told Rogin.

The Wuhan Institute of Virology is China’s first laboratory to achieve the highest level of international biosecurity safety, known as BSL-4. But its work on bats — led by Shi Zhengli, the Chinese virologist nicknamed “Bat Woman” for her work with that species — is conducted at the lower protection level of BSL-2.

The 2018 cable confirms that Shi — whose team published research in November 2017 revealing that horseshoe bats they had collected from a cave in Yunnan province were very likely from the same bat population that spawned the SARS outbreak of 2002-2003 — was then working on “SARS-like

coronaviruses.” Shi’s team was also the first to reveal in February that the new outbreak was a bat-derived coronavirus.

“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 diseases,” the cable states. “From a public health perspective, this makes the continued surveillance of SARS-like coronaviruses in bats and study of the animal-human interface critical to future emerging coronavirus outbreak prediction and prevention.”

Multiple reports have detailed how China is blocking U.S. researchers from information about the virus, including live samples of the virus needed to develop a vaccine.

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“They didn’t make the virus available to anyone,” former FDA Commissioner Dr. Scott Gottlieb told NATIONAL REVIEW editor Rich Lowry. “. . . They didn’t make the live virus available. The United States eventually got the live virus, but they got it weeks later than they otherwise could have, and that delayed development of diagnostic tests.”

On Monday, Beijing issued a new set of guidelines about Chinese reporting on the origins of the coronavirus outbreak, stating that “academic papers about tracing the origin of the virus must be strictly and tightly managed.”

9. <https://www.ntdtv.com/gb/2020/02/16/a102778617.html>

武汉病毒研究所所长密件曝光 国家卫健委元旦 下令禁报疫情



图为武汉病毒研究所所长王延轶及其丈夫舒红兵。（网络合成图片）

北京时间：2020-02-17 06:47

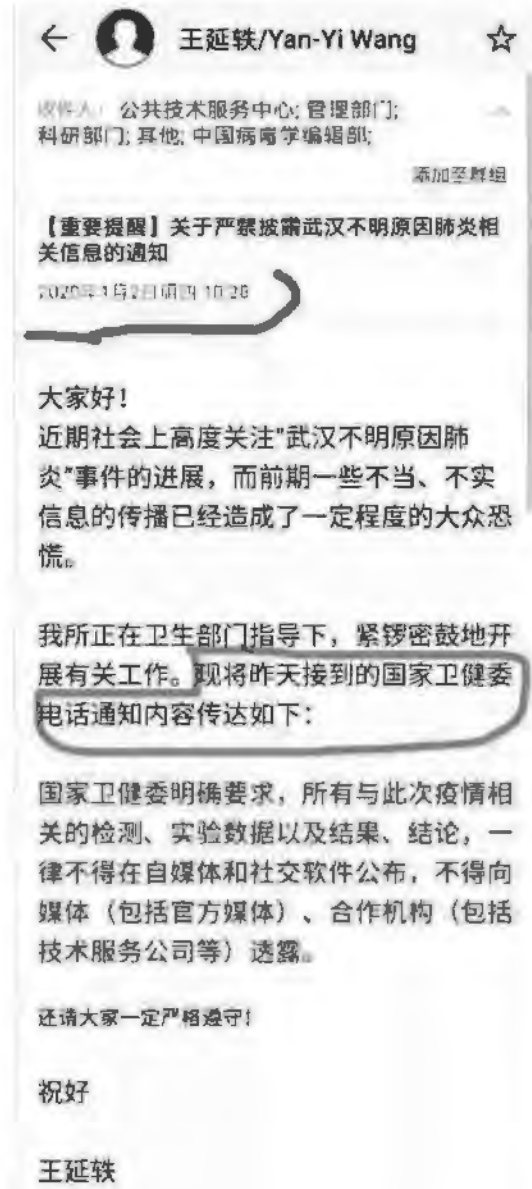
【新唐人北京时间 2020 年 02 月 17 日讯】本周日，中国网络社群朋友圈中突然热传一张截图，显示中科院武汉病毒研究所所长王延轶曾于 1 月 2 日给研究所人员发电邮，要求严禁对外披露与武汉不明原因肺炎疫情的相关研究资讯，并强调这是“国家卫健委”提出的要求。之前有人以中科院“知情人士”身份向海外披露，指王延轶的丈夫舒红兵是江绵恒的重要马仔，通过其妻间接掌控武汉病毒研究所这一涉及军工生化武器的重要地盘。正当武汉疫情水深火热，湖北武汉省市两级政府一把手均被免职之际，上述消息被曝光十分耐人寻味。

网曝王延轶电邮揭开有人隐瞒武汉疫情黑幕的一角

当地时间 2 月 16 日，微信公众号“你房叔”发帖称，今天在朋友圈广为转发的一条消息，很是耐人寻味，消息的主体是武汉病毒研究所所长王延轶给该研究所全员发布的一封邮件的截图。

从截图上来看，这封邮件的发送日期为 2020 年 1 月 2 日上午 10 点 28 分，题为“【重要提醒】关于严禁披露武汉不明原因肺炎相关信息的通知”，主要内容有 3 个要点：1.不明原因肺炎已经引发了社会恐慌；2.病毒研究所的相关研究工作正在开展；3.国家卫健委要求，严禁向媒体、自媒体、社交媒体及合作的技术公司等披露任何有关这次肺炎疫情的研究资讯。

帖文表示，如果这封邮件属实，说明国家卫健委在 1 月 2 日之前就对这次肺炎疫情作出内部指示，要求不得向外界公布，以免引发恐慌。



(网络截图)

这张据信为王延轶给武汉病毒研究所全员发布的邮件截图一经曝光，立即引起公众的极大关注。不少网友表示这张截图的“信息量很大”，背后的深意值得仔细分析揣摩，并表示等待王延轶出面对此消息作出解释。

武汉疫情黑幕重重 背后另有政治搏杀？

值得注意的是，在北京当局拿下湖北省和武汉市两级官场“一把手”及湖北省卫健委“一、二把手”之前，国外科学家对武汉新型冠状病毒研究后已经发现，该病毒

有很大可能性是人工制造的病毒，而海内外舆论的矛头很快就指向了 P4 级别的武汉病毒研究所。

2月4日中午，多益网络董事长徐波在微博发布长文，高调宣布实名举报中科院武汉病毒研究所涉嫌泄露病毒导致 2019 新型冠状病毒疫情爆发。罕见的，他的这篇十分敏感的举报长文竟然在相当一段时间内没有被中共网管删除。

而在此之前，独立评论网站 2月1日发表了帖文，爆料武汉病毒研究所所长王延轶的丈夫中科院院士舒红兵是中共前党魁江泽民的儿子江绵恒的重要马仔，指王某本人只不过是受其丈夫操纵的“花瓶”式人物。

资料显示：1967年出生的舒红兵工作后主要从事免疫相关细胞信号转导的研究，2011年当选为中国科学院院士，现任武汉大学教授、副校长、医学研究院院长。

2月7日，中科院上海生命科学研究院知情人士 Q 先生向《燕铭时评》证实，舒红兵确实是江绵恒马仔。该人士披露了江绵恒进入中科院系统后，通过建立由中科院、上海生科院、上海高校、上海医院、及军队医院、研究所联合组成的上海帮生工系统利益圈，操控生物领域重大研究项目的立项及巨额经费划拨，在医疗生物科技领域形成上海帮政商利益团体的内幕。

Q 先生直言，舒红兵是上海帮生工系统利益圈中重要一员，被江绵恒安插到武汉大学，间接掌控中科院武汉病毒研究所这一涉及军工生化武器的重要地盘。

Q 先生表示，武汉病毒研究所所长王延轶只是前台木偶、小角色，她的任职是江绵恒通过中科院系统多个重要马仔操控所致，其背后除了其丈夫、江绵恒马仔舒红兵，还有江泽民家族及上海帮在上海和军队生工系统的重要代理人。

(记者唐迪综合报导/责任编辑：明轩)

10. <https://www.scmp.com/news/china/military/article/3064677/meet-major-general-chinas-coronavirus-scientific-front-line>

Meet the major general on China's coronavirus scientific front line

- Chen Wei is leading an effort to understand the previously unknown pathogen in the epicentre of the epidemic
- The 54-year-old virologist is building on the knowledge and skills she gained fighting Sars and Ebola

Minnie Chan and William Zheng

Published: 6:00am, 3 Mar, 2020

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Major General Chen Wei says the battle against viruses must begin before they are even born.
Source: Handout

For Chen Wei, the Chinese military's top epidemiologist and virologist, the scientific battle against an epidemic must be waged even before the pathogen is born.

“Prevention and control of an epidemic can never wait until the disease has happened,” Chen said in an interview with *China Science Daily*, a newspaper under the Chinese Academy of Sciences, China top research institution.

“What we need is to build ... a powerful ‘lead scientists’ system so that they can spend their life studying and researching certain types of viruses and germs ... independent of whether this coronavirus is going away or not.

“It would mean that whenever an epidemic occurs we will have the best and most authoritative team available and it will not be like what’s happened now when the coronavirus came, and nobody is doing much.”

The 54-year-old major general is China’s best known biochemical expert and is spearheading an effort in the central Chinese city of Wuhan, in Hubei province, to understand a previously unknown virus that has sickened tens of thousands of people with a pneumonia-like illness.

According to a military insider, Chen is leading the effort from the Wuhan Institute of Virology, a laboratory with the highest biosafety classification.

She arrived in the city at the heart of the epidemic in mid-January with a team of top military scientists.

In the early days of the crisis, Chen and her team worked from a makeshift laboratory where they looked for treatment for patients and took the lead in developing the plasma therapy that has since been accepted as one of the officially recognised treatment methods.

In the report, Chen said that a number of medical workers in Wuhan had also used a nasal spray developed by her team during the 2002-03 outbreak of severe acute respiratory syndrome (Sars) to help prevent them from contracting the coronavirus.

She said the spray had shown “relatively good results on virus containment and effects in immunity improvement” but could not be mass produced due to “technical difficulties”.

Two military sources said that high costs and side effects were however the main reasons why the spray was not widely used to help prevent infections among the medical teams.

“It’s a costly formula. The most effective and pragmatic way is to develop a vaccine, which can be used for everyone,” one of the sources said.

Chen is widely credited for her contribution in the Sars outbreak but she has also been recognised for the role she played in relief efforts for the 2008 Sichuan earthquake and the 2014-16 Ebola outbreak in West Africa.

A military insider in Beijing said Chen stood out as the most capable “old virus hand” to lead China’s fight against the coronavirus given her vast experience in past epidemics.

“Compared with other leading epidemiologists like Zhong Nanshan, who is 84, and Li Lanjuan, 72, Chen is much younger. She is also a capable coordinator who can handle the relationship between the military medical personnel who have been sent to Wuhan [to help fight the epidemic] and the local medical teams,” the insider said.

Born in the small city of Lanxi in eastern Zhejiang province, Chen graduated with a degree in chemistry from Zhejiang University in 1988 and was admitted to Tsinghua University the next year for graduate studies. In 1989, she met her future husband Ma Yiming, who was then a technician at a winery in Qingdao, on a train from Beijing to the eastern seaport.

Three years later, she joined the People’s Liberation Army and became a virologist at the Academy of Military Medical Sciences.

To support Chen’s research, Ma took over their household duties, according to an earlier report by state broadcaster CCTV.

In the CCTV report, Ma said that when Chen and her team were in isolation developing the nasal spray in 2003, their four-year-old son did not see his mother for months.

“During that time, we could only see her on CCTV ... My son jumped up and kissed the TV screen when he saw his mother in the programme,” Ma said.

“I don’t want her to do housework, it would be a waste of her talents. She should do something more meaningful instead.”

In 2013, Chen became a National People’s Congress delegate representing the PLA. Two years later, she was promoted to major general.

In 2018, Chen was chosen as a member of the Chinese People’s Political Consultative Conference, the country’s top political advisory body.

Additional reporting by William Zheng

11. <https://justrun.thisistap.com/2020/02/10/武小华博士%ef%bc%9a 我知道的和你该知道的一切/>

武小华博士：我知道的和你该知道的一切

关于我质疑石正丽研究员的朋友圈，在我睡了一个小觉后开始漫天飞，我觉得这并不是一个复杂的...

关于我质疑石正丽研究员的朋友圈，在我睡了一个小觉后开始漫天飞，我觉得这并不是一个复杂的问题，而且相当简单，为什么会被营销号拿来骗流量骗打赏赤裸裸的吃疫情的人血馒头，本人写过无数科普干货，从未要过一分打赏，而疫情当前，有人居然还吸血不止，真是无耻透顶了！

其次，我在国内被骂是“美狗”的代言人，而国外的同学又截图给我，说国外的媒体又说我是给党吹风的，醒醒吧，没有阴谋这些骗子媒体靠什么骗饭吃。

这是原始的截图：



maduoer

石研究员，请问你一条命和几百条人命相比，那个更鸿毛那个更泰山.我本以为您消失了，没想到你出来骂街了，来来来，我不造谣也不辟谣，但我也不是吃干饭的，现在你论文公布的实验数据和CDC的基因对比，这中间如果没有SPF动物做为中间宿主，会发生这样的变异？我把话撂这里，咱们可以公开对质，我看你能糊弄几个人！本人亲自养过SPF动物，也做过SPF基因实验，你不要把大家当白痴！欢迎转发！



石正丽

欢迎转发：2019新型冠状病毒是大自然给人类不文明生活习惯的惩罚，我石正丽用我的生命担保，与实验室没有关系。奉劝那些相信并传播不良媒体的谣传的人、相信印度学者不靠谱的所谓“学术分析”的人，闭上你们的臭嘴。同时转发这个打脸消息：印度学者已经决定撤回这篇预印本文章。他本人说：“It was not our intention to feed into the conspiracy theories...we appreciate the criticisms...and will get back with a revised version”

2020年2月2日 23:26 删除







 飞 2020年2月2日 23:37
 ? 真从实验室出来的?

真正端医疗

需要说明的是，本人博士期间、以及之后的一段时间，曾在实验室从事普通的药物实验、疫苗等基础工作，熟悉生物实验室的工作和生物学基础，介于此，介于一个基础科研的良心，对石正丽以下的微信非常愤怒

面对几万人的感染，几万家庭的支离破碎，几百条人命，石研究员公然撒谎也就算了，还骂这些不幸的人活该，因为是你自己不文明习惯的惩罚，请问这些人都是吃蝙蝠吃的吗？荒唐！而且要质疑你的研究的科学家闭嘴，你已经丧失了最基本一个科研工作者的最基本要素：**实事求是**，以及一个科研工作者的社会底线：**人性**。

当你说出这样的的话的时候，我真的是被你气的咬牙切齿，那么我就公开的把你的谎言揭露一下吧，揭露一下双黄连下赤裸裸的谎言。

1. 从蝙蝠到人，新冠病毒是如何变异的？

这是一个 SARS 病毒的模型，看见她表面漂亮的紫色蘑菇丁了吗？请做笔记，它叫 spike glycol protein, 简称 S 蛋白，这个蛋白很重要，他就是钥匙，能不能传人，就靠它。

蝙蝠身上的病毒，它的 S 蛋白，是不能传人的，否则，一只蝙蝠可以杀死几十万人不止，所以吃蝙蝠这个谎言，基本是不可能的。正所谓一把钥匙开一把锁子。

但是，病毒在地球生活了 40 万年了，他们为了生存下午，他是要不断寻找宿主和变异的。

那么，从蝙蝠到人，冠状病毒要通过不断获得人的蛋白质信息，如果仅仅依靠人来吃，至少要吃一万年以上，“活着”的病毒才能获得人的蛋白质信息，而且，蝙蝠又不是伴侣动物，很难从血液、体液等方式获得人的蛋白质信息。

比如猫也有 HIV 病毒，俗称猫艾滋，但是即使和人亲密接触，猫 HIV 猫艾滋病毒也不传人，因为猫艾滋打不开人的密码。

那么，从蝙蝠携带的冠状病毒变异成 2019-nCoV 冠状病毒,怎样才能发生变异呢？有两种可能 1. 自然变异 2.实验室修改病毒

第一 自然变异

那么我们先说说自然变异吧，首先以蝙蝠为宿主的病毒，要在自然界找到 1——2 个中间宿主，通过这 1-2 个中间宿主逐渐找到人类的基因密码发生变异。

这种情况基本在 2019-nCoV 冠状病毒上是不可能发生的，因为如果发现了 2019-nCoV 那么首先发现的是这个中间宿主，比如 sars 病毒会首先追到果子狸身上，但是 2019-nCoV 却缺少这个中间宿主，却被高福院士直接追踪到了蝙蝠身上。

高福院士是非常清楚 2019-nCoV 缺少这一环的，但是他没有说或者没有说清楚，只能说除了科学家，他还有官员身份，这个身份不能让他说。

所以大自然的变异基本排除。

第二，实验室的修改变异

接着讲，为什么高福院士能越过中间宿主直接找到 2019-nCoV 的源头蝙蝠身上呢？唯一的依据就是拥有大量的蝙蝠病毒的大数据库。

好吧，到这里终于追到石正丽研究员这里了，看看石正丽这些年的研究成果和工作，她的数据库里拥有不少于 50 中以上的冠状病毒，没有这个蝙蝠冠状病毒的数据库，高福院士是不可能很快就筛选出蝙蝠这个宿主的。

所以 2019-nCoV 的原始病毒，保存在石正丽的病毒库里。

2.

好吧，让我们再看一下冠状病毒这个紫色的小蘑菇，人为的换掉它，难吗？不难啊，如果你不会换这个，那根本不是学生物的，可以这么说吧，中国 80% 的生物研究生都会，武汉大学的生物学研究所随便挑几个学生都会换掉，因

为导师很厉害。别说饶博士领导的北大生命科学院，对研究生物的研究生来说，如果不会，就没法拿毕业证。

操作过程就不必讲了，是一种体力活。

3. 新冠病毒是如何传播的

好吧，拿到或者换掉冠状病毒的紫色小蘑菇丁之后，实验室接着要做什么呢？当然是要把病毒种在新的宿主身上啊，记录这些病毒宿主的一些列生化指标和传播途径。

这些宿主是什么呢？那就是实验室的实验动物了，他们真的非常可能，不亚于水深火热的患者，我们称这些动物为 SPF 动物。

我还养过 SPF 动物，哎，我真为自己身为人类而感到羞愧和深深的忏悔，即使我终身食素，也无法摆脱这种忏悔的心理，何况是身在水生火热疫区的那些可怜的病患，每每想到这些，我就能想到那些在笼子里同样有灵魂的生灵。

那么，一种被修改了 S 蛋白的病毒，在宿主之间传播，这里的宿主变成了可选择的 SPF 动物——小鼠、大鼠、和猴子。

病毒传播的方式常见的有集中，1. 飞沫传播，比如流感病毒 2. 血液传播比如艾滋病病毒 3. 母婴传播，比如乙肝病毒。

那么这时候科学家，其实是实验员在修改病毒的时候，就会选择病毒和宿主的那段蛋白以决定传播方式。

好吧，这就是考验科学家良心和利益的时候了，如果选择了母婴方式传播，即使是繁殖最快的小鼠，等小鼠成熟怀孕，也要 22 天为一个孕育的周期，鸡也要 21 天孵化。选择血液传播比较危险，如果操作不当很容易污染。

那么为了尽快的出成果，一般会选择最快的传播方式，呼吸道传播了，世界卫生组织公布的数据：

2019-nCoV 通过人体呼吸道和肺部细胞上的 ACE2 (血管紧张素转化酶 2) 蛋白受体入侵人体的。患者刚开始的时候一般是以发热、乏力、干咳为主要表现,但是鼻塞、流涕等。

那么,病毒是怎么准确无误的选择到这个人体的开关呢?下面的论文是详细介绍了这个过程,而这篇论文,石正丽恰恰是作者之一:

<https://www.nature.com/articles/nm.3985?fbclid=IwAR0iTTfDIT-uxNFpTvQH-xFrF6QaF1hKE1Ey2TPrEi17XfFUElbpUIAosDc>

2015 年,著名的自然医学电子刊物上发表了一篇论文,主要作者为中国科学院武汉病毒学研究所、武汉大学病毒研究所教授石正丽。

这篇论文说,他们医学研究发现,只要把蝙蝠身上的 S 蛋白里的 ACE2 这个受体开关一调,这个病毒马上就可以传染给人类。利用病毒基因重组技术将蝙蝠的 S 蛋白和小老鼠的 Sars 病毒重组,得到的新病毒可以和人体的血管紧张素转化酶 2 (ACE2) 结合,能很有效地感染人类的呼吸道细胞,毒性巨大。他们发现新病毒明显地损害了老鼠的肺部,所有疫苗管失去作用。于是,石正丽团队继续用猴子做实验,模拟病毒在人体上的效果。

这个实验当时引起美国医学界非常大的争议,医学专家 Declan Butler 也在 Nature Medicine 上撰文表示,这种实验没有什么意义,而且风险很大。由于缺乏技术,当时石正丽团队是和美国北卡罗莱纳的一个医学小组合作。2014 年美国疾病控制中心意识到这个病毒有可能成为生物化学武器时,立刻已经叫停了这种病毒改造计划,并停止拨款给相关的研究。

开展这种研究,肯定存在很大风险,所以下面的链接是质疑的文章:

https://www.nature.com/news/engineered-bat-virus-stirs-debate-over-risky-research-1.18787?fbclid=IwAR3DUjcrIIGF5_d6XOS4mm_ZlzWUwgGaHZZPYVp3_UaznsQWsftDU5EVQDY#/ref-link-2

好吧,我和石正丽研究员的对质,基本就到这里了,石研究的实验室员拥有 2019-nCoV 原始的以蝙蝠为宿主的病毒样本以及冠状病毒的数据库,也掌握了改造成为 2019-nCoV 的方法,我的话就到这里,至于过程,我没有见到,不分析。

这个新病毒，本来永远封存在保险级别的最高的实验室的，封存或者永远销毁，但是很不幸，它逃脱了，造成了几万人的感染，几百人的死亡，这个罪魁祸首我们虽然看见它了，抓住它了，但是我们还没有销毁它消灭它。为此无数的医生和救援人员奔赴一线参与救援，那才是石正丽研究员说的以命担当。

那么最后我要说两点

1. 我们就是借石正丽十个百个胆子，她也不敢把病毒放到社会上，那是反人类罪，不仅她不敢，所有的科学工作者都不会这么做，这是违背我们的誓言的：为了人类的健康所在。

2. 这个不是中国的阴谋，这个项目 2014 年是美国方面资助的，那么停止也是被美国叫停的，最重要的是没有一个团体或者机构能这场瘟疫中获利，因为这关系到整个人类。

3. 这只能是一场盛宴之后的意外。

4. 另外我想对施一公、饶毅、以及那些资本追逐的生命科学家和畅想解读生命密码并投身其中的学者说一句话：解读生命密码，人类还要很长很长的路要走，可能我们就是一粒粒铺路石，一粒粒小分子小蛋白，不要急功近利，不要过于妄想，资本的盛宴该冷却一下了。

非常非常悲伤的写下上面的话。

12.

http://www.whiov.cas.cn/jggk_105204/jgjj/201312/t20131206_3992513.html

WUHAN INSITUTE OF VIROLOGY

中国科学院武汉病毒研究所成立于 1956 年，是专业从事病毒学基础研究及相关技术创新的综合性研究机构。研究所的目标定位是针对国家生物安全的战略需求和人口健康、农业可持续发展，依托中国科学院高等级生物安全实验室团簇平台，重点开展病毒学、新兴生物技术及生物安全等方面的基础和应用基础研究。着力突破新发和烈性传染病病原研究的前沿科学问题，显著提升技术创新、系统集成和技术转化能力，提升新发和突发传染病应急反应的科技支撑能力。产生具有世界影响的原创性成果，建设国家生物安全科技智库，打造具有国际先进水平的病毒学研究、人才培养和科技创新基地，实现研究所科技创新的整体跨越，成为具有国际先进水平的综合性病毒学与生物安全研究机构。

武汉病毒所建有中国科学院生物安全大科学研究中心，该中心由中国科学院、国家卫生健康委员会和湖北省人民政府共同建设，于 2018 年 11 月批复筹建。

科研布局上设有分子病毒学与病理研究中心、分析微生物学与纳米生物医学研究中心、微生物菌毒种资源与应用中心和新发传染病研究中心。共设有 34 个研究学科组。拥有我国首个投入正式运行的生物安全（四级）实验室、卫健委指定的“国家级保藏中心”微生物菌毒种保藏中心、国家非洲猪瘟区域实验室、病毒学国家重点实验室（与武汉大学共建）、中-荷-法无脊椎动物病毒学联合开放实验室、中国科学院高致病性病原生物学与生物安全重点实验室、湖北省 HIV 初筛实验室、湖北省病毒疾病工程技术研究中心等研究技术平台。创建了具有现代化展示手段的我国唯一的“中国病毒标本馆”，是第一批“全国青少年走进科学世界科技活动示范基地”。由武汉病毒所主办的英文期刊 *Virologica Sinica* 被 SCI、PubMed 等国际权威数据库收录，2019 年影响因子 2.467。同时，武汉病毒所还是湖北省暨武汉微生物学会和中国免疫学会青年工作委员会的挂靠单位。

管理系统设有综合办公室、组织人事处、科研计划处、财务处和研究生处等五个职能部门。支撑系统设有武汉国家生物安全实验室、公共技术服务中心、网络信息中心、《中国病毒学（英）》期刊编辑部等技术支撑部门。

武汉病毒所现设有生物学、基础医学 2 个一级学科研究生培养点，生物化学与分子生物学、微生物学、免疫学、病原生物学、生物与医药 5 个二级学科研究生培养点，并设有生物学和基础医学 2 个博士后科研流动站。拥有在学研究生 325 人。

武汉病毒所拥有一支以中青年为主体的高水平研究队伍。现有在职职工 268 人，“万人计划”百千万领军人才、“万人计划”青年拔尖人才、百千万工程、“国家杰出青年基金”获得者、科技部“中青年科技领军人才”、享受“国务院政府特殊津贴”、中科院

“特聘研究员”、中科院“青年创新促进会”优秀会员等一批德才兼备的学科带头人脱颖而出，在国际学术舞台崭露头角。

武汉病毒所将秉承“求真务实、团结协作、勇于创新、追求卓越”的所风，在宁静、优美、和谐的科研环境中创造祖国科技事业的辉煌，努力为我国病毒学发展和国民经济建设做出更大的贡献。

13. http://www.xinhuanet.com/politics/2020-02/16/c_1125582064.htm

武汉病毒所回应“零号病人”：黄燕玲未曾被感染

2020-02-16 13:17:03 来源：新华社“新华视点”微博

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2月16日，中国科学院武汉病毒研究所发表声明：

近期网络流传不实信息，称我所毕业生黄燕玲是所谓的最早感染新冠病毒的“零号病人”。经查证，我所郑重声明如下：

黄燕玲同学于2015年在我所毕业获得硕士学位，在学期间的研究内容为噬菌体裂解酶的功能及抗菌广谱性，毕业后一直在其他省份工作生活，未曾回过武汉，未曾被2019新型冠状病毒感染，身体健康。

值此抗疫关键时刻，相关谣言极大干扰了我所的科研攻关工作。我们保留依法追究法律责任的权利。衷心感谢社会各界对我所的关注、支持和帮助！

The screenshot shows the official website of the Wuhan Institute of Virology, Chinese Academy of Sciences (WIV, CAS). The header features the institute's logo and name in both Chinese and English. A navigation bar includes links for Home, Institute Overview, Research, etc. The main content area displays a statement titled "中国科学院武汉病毒研究所声明" (Statement from the Wuhan Institute of Virology, CAS), dated February 16, 2020. The statement addresses rumors about a graduate, Huang Yanling, being the "zero patient" of the virus. It states that she graduated in 2015, her research was on protein structure, and she has never returned to Wuhan or been infected. The statement concludes with a thank you to the public's support.

中国科学院武汉病毒研究所声明

文章来源: 发布时间: 2020-02-16 [字号: 大 中 小]

近期网络流传不实信息,称我所毕业生黄燕玲是所谓的最早感染新冠病毒的“零号病人”。经查证,我所郑重声明如下:
黄燕玲同学于2015年在我所毕业获得硕士学位,在学期间的研究内容为蛋白质裂解酶的功能及抗菌广谱性,毕业后一直在其他省份工作生活,未曾回过武汉,未曾被2019新型冠状病毒感染,身体健康。
值此抗“疫”关键时刻,相关谣言极大干扰了我所的科研攻关工作。我们保留依法追究法律责任的权利。衷心感谢社会各界对我所的关注、支持和帮助!

中国科学院武汉病毒研究所
2020年2月16日

中国科学院武汉病毒研究所 版权所有 备案序号: 鄂ICP备05001977号
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14. <http://news.sciencenet.cn/htmlnews/2020/2/435951.shtm>

致全所职工和研究生的一封信

全所职工、研究生：

新冠肺炎疫情爆发以来，全所党员干部、职工和研究生坚决贯彻落实党中央决策和院党组部署，严防严控疫情，主动承担科技攻关重任。但近期，网络流传涉及我所若干谣言，如“新冠病毒源于人工合成”“病毒是从P4泄露的”“军方接管P4”“某研究人员因病毒泄露死亡”“某研究生是‘零号病人’”“某研究员实名举报所领导”等，引发了各界的持续关注，对坚守科研一线的我所科研人员造成极大的伤害，也严重干扰了我所承担的战“疫”应急科研攻关任务。

疫情发生以来，我所全力以赴开展科研攻关，我所同事、同学响应研究所号召，主动放弃春节假期，克服重重困难，严格落实疫情防控及实验室生物安全管理各项规定，争分夺秒、夜以继日，奋战在战“疫”第一线，践行科技工作者“创新科技，报国为民”的责任和担当。我所高等级生物安全团簇平台秉持面向国内外开放的宗旨，还为国内外相关机构开展新冠病毒联合科研攻关提供了有力支撑。

2019年12月30日晚，我所收到武汉市金银潭医院送来的不明原因肺炎样品后，连夜组织力量、连续72小时攻关，于2020年1月2日确定新冠病毒的全基因组序列，1月5日分离得到病毒毒株，1月9日完成国家病毒资源库入库及标准化保藏，1月11日作为国家卫健委指定机构之一向世界卫生组织提交了病毒序列。同时，还在病原鉴定、病毒溯源、病原检测、抗病毒药物及疫苗研制、动物模型建立等方面开展了大量工作，取得了良好进展。此外，我所作为武汉市指定的机构之一，参与了新冠病毒肺炎病原学检测工作，自1月26日起，累计检测疑似新冠肺炎病人咽拭子样本约4000份，我所还派出了由职工和研究生组成的小分队，支援黄冈市病原学检测，为疫情防控工作尽心出力。

回首过去一个多月的艰辛付出，我们问心无愧！

疫情当前，科技攻关就是战“疫”前线。让我们紧密团结在以习近平同志为核心的党中央周围，坚决响应党中央号召，充分发挥各级党组织的战斗堡垒作用和党员干部在科研一线的先锋模范作用！请大家要坚定信心，排除干扰，团结一致，全身心做好科技攻关和疫情防控各项工作，用扎实的工作成绩体现科技“国家队”的使命和担当，为打赢疫情防控战提供有力的科技支撑！

当前，中国在加油！武汉在加油！我们武汉病毒所也一定要加油！

中国科学院武汉病毒研究所领导班子全体成员

2020年2月19日

Circumstantial Evidence against Wuhan Institute of Virology - Full Articles

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~~[06/31/2023]~~

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15. <https://www.nature.com/news/monkey-kingdom-1.19762>

Monkey kingdom

China is positioning itself as a world leader in primate research.

- David Cyranoski
20 April 2016 Corrected:



Illustration by Joany Wan

An hour's drive from Kunming in southwestern China, past red clay embankments and sprawling forests, lies an unusual zoo. Inside the gated compound is a quiet, idyllic campus; a series of grey, cement animal houses stack up on the lush hillside, each with a clear plastic roof to let in the light. This is the Yunnan Key Laboratory of Primate Biomedical Research, and its inhabitants are some 1,500 monkeys, all bred for research.

The serenity of the facility belies the bustle of activity within. Since it opened in 2011, this place has quickly become a Mecca for cutting-edge primate research, producing valuable disease models and seminal publications that have made its director, Ji Weizhi, a sought-after collaborator. Its campus houses a collection of gene-edited monkeys that serve as models of

Duchenne muscular dystrophy, autism and Parkinson's disease. Ji plans to double the number of group leaders working there from 10 to 20 in the next 3 years, and to seek more international collaborations — he already works with scientists in Europe and the United States. “In terms of a technology platform, Ji is just way ahead,” says one collaborator, cardiologist Kenneth Chien at the Karolinska Institute in Stockholm.

Ji is not alone in his ambitions for monkey research. With support from central and local governments, high-tech primate facilities have sprung up in Shenzhen, Hangzhou, Suzhou and Guangzhou over the past decade. Last month, the science ministry approved the launch of a facility at the Kunming Institute of Zoology that is expected to cost millions of dollars to build. These centres can provide scientists with monkeys in large numbers, and offer high-quality animal care and cutting-edge equipment with little red tape. A major brain project, expected to be announced in China soon, will focus much of its efforts on using monkeys to study disease.

The enthusiasm stands in stark contrast to the climate in the West, where non-human-primate research is increasingly stymied by a tangle of regulatory hurdles, financial constraints and bioethical opposition. Between 2008 and 2011, the number of monkeys used in research in Europe declined by 28%, and some researchers have stopped trying to do such work in the West.

Many have since sought refuge for their experiments in China by securing collaborators or setting up their own laboratories there. Some of the Chinese centres are even advertising themselves as primate-research hubs where scientists can fly in to take advantage of the latest tools, such as gene editing and advanced imaging. “It could be like CERN in Switzerland, where they set up a large facility and then people come from all over the world to get data,” says Stefan Treue, a neuroscientist who heads the German Primate Center in Göttingen, Germany.

“China will become the place where all therapeutic strategies have to be validated.”

With China fast becoming a global centre for primate research, some scientists fear that it could hasten the atrophy of such science in the West and lead to a near monopoly, in which researchers become over-reliant on one country for essential disease research and drug testing.

“Governments and politicians don’t see this, but we face a huge risk,” says Erwan Bezard, who is director of the Institute of Neurodegenerative Diseases at the University of Bordeaux in France, and has set up his own primate-research company, Motac, in Beijing. Europe and the United States still have the lead in primate research, he says, but this could change as expertise migrates eastwards. “China will become the place where all therapeutic strategies will have to be validated. Do we want that? Or do we want to stay in control?”

Simian similarities

For decades, researchers have relied on monkeys to shed light on brain function and brain disease because of their similarity to humans. Growth in neuroscience research has increased demand, and although high costs and long reproductive cycles have limited the use of these animals in the past, new reproductive technologies and genetic-engineering techniques such as CRISPR–Cas9 are helping researchers to overcome these drawbacks, making monkeys a more efficient experimental tool.

China has an abundance of macaques — the mainstay of non-human-primate scientific research. Although the population of wild rhesus macaques (*Macaca mulatta*) has declined, the number of farmed animals has risen. According to data from the Chinese State Forestry Administration, the number of businesses breeding macaques for laboratory use rose from 10 to 34 between 2004 and 2013, and the quota of animals that those companies could sell in China or overseas jumped from 9,868 to 35,385 over that time. Farm populations of marmosets, another popular research animal, are also on the rise.

Most monkeys are shipped to pharmaceutical companies or researchers elsewhere in the world, but the growing appreciation among scientists of monkey models has prompted investment by local governments and private companies in dedicated research colonies. The country's 2011 five-year plan singled out primate disease models as a national goal; the science ministry followed up by pumping 25 million yuan (US\$3.9 million) into the endeavour in 2014.

Scientists visiting China are generally pleased with the care given to animals in these facilities, most of which have, or are trying to get, the gold-standard recognition of animal care — accreditation by AAALAC International.

Ji's Yunnan Key Laboratory is the most active primate facility, but others are giving it competition. The new monkey facility at the Kunming Institute of Zoology was funded as part of the national development scheme for big science equipment that includes telescopes and supercomputers. The money will help the institute to double its colony of 2,500 cynomolgus monkeys (*Macaca fascicularis*) and rhesus macaques.

Zhao Xudong, who runs the primate-research facility, says that the plan is to “set it up like a hospital, with separate departments for surgery, genetics and imaging”, and a conveyer belt to move monkeys between departments. There will be systems for measuring body temperature, heart rate and other physiological data, all to analyse the characteristics, or 'phenotypes', of animals, many of which will have had genes altered. “We are calling it the 'genotype versus phenotype analyser’,” says Zhao. It will take ten years to finish, but he hopes to begin building this year and to start research within three. Other facilities, although smaller, are also expanding and diversifying. The Institute of Neuroscience in Shanghai plans to increase its population of 600 Old World monkeys to 800 next year and expand its 300-strong marmoset colony.

A question of cost

Outside China, the numbers are heading in the opposite direction. Harvard Medical School closed its affiliated primate facility in May 2015 for 'strategic' reasons. Last December, the US National Institutes of Health decided to phase out non-human-primate experiments at one of its labs and subsequently announced that it would review all non-human-primate research that it funds. In Europe, researchers say, the climate is also growing colder for such research.

Costs are a major disincentive. In 2008, Li Xiao-Jiang, a geneticist at Emory University in Atlanta, Georgia, helped to create the world's first transgenic monkey model of Huntington's disease¹ with colleagues at Yerkes National Primate Research Centre. But Li says that it costs

\$6,000 to buy a monkey in the United States, and \$20 per day to keep it, whereas the corresponding figures in China are \$1,000 and \$5 per day. “Because the cost is higher, you have to write a bigger grant, and then the bar will be higher when they judge it,” says Li. Funding agencies “really do not encourage large-animal research”.

For Li, the solution was simple: go to China. He now has a joint position at the Institute of Genetics and Developmental Biology in Beijing, where he has access to around 3,000 cynomolgus monkeys at a farm in Guangzhou and some 400 rhesus monkeys at the Chinese Academy of Medical Sciences' monkey facility in Beijing. He has churned out a series of publications on monkeys with modified versions of the genes involved in Duchenne muscular dystrophy² and Parkinson's disease³.

Neuroscientist Anna Wang Roe says that red tape drove her to China. Roe's team at Vanderbilt University in Nashville, Tennessee, is attempting to work out how modules in the brain are connected, and she estimates that she and her colleagues have spent 25% of their time and a good deal of cash documenting the dosage and delivery-method for each drug they administered to their monkeys, as required by regulations. “We record something every 15 minutes,” she says. “It's not that it's wrong. It's just enormously time-consuming.”

In 2013, impressed by the collaborative atmosphere at Zhejiang University in Hangzhou, she proposed that it build a neuroscience institute. The next day the university agreed, and she soon had a \$25-million, 5-year budget. “Once the decision is made, you can start writing cheques,” she says. She is now closing her US laboratory to be the director of the Zhejiang Interdisciplinary Institute of Neuroscience and Technology, where she hopes to open a suite of the latest brain-analysis tools, including a powerful new 7-tesla functional magnetic resonance imaging device that she says will give images of the primate brain at unprecedented resolution.

“This place just makes things happen quickly.”

Bob Desimone was similarly impressed with the speed at which China moves. As a neuroscientist who heads the McGovern Institute for Brain Research at the Massachusetts Institute of Technology in Cambridge, in January 2014, he had a 'meet and greet' with the mayor of Shenzhen. In March, the mayor donated a building on the Shenzhen Institute of Advanced Technology campus for a monkey-research facility, and the centre's soon-to-be director, Liping Wang, promised that it would be ready by summer. Thinking that impossible, Desimone bet two bottles of China's prized mind-numbing liquor, *maotai*, that it wouldn't be done in time. He lost. The group raised most of the \$10 million needed from city development grants, along with a small input from McGovern, and soon the first animals were being installed in the Brain Cognition and Brain Disorder Research Institute. “This place just makes things happen quickly,” Desimone says.

But money and monkeys alone are not enough to lead to discovery. Researchers say that China is short on talented scientists to take advantage of the opportunities provided by animal research. That's why the organizers of the country's new primate centres hope to attract an influx of foreigners to permanent posts or as collaborators. So far, many of those moving to China have

been Chinese or foreigners with a previous connection to the country, but others are expressing interest, says neuroscientist Guoping Feng, also at the McGovern Institute. Already, the Shenzhen primate centre has recruited from Europe and the United States, and Desimone says that it will be “an open technology base. Anyone who wants to work with monkeys can come.”

Edited monkeys

The rapid spread of CRISPR–Cas9 and TALEN gene-editing tools is likely to accelerate demand for monkey research: they are turning the genetic modification of monkeys from a laborious and expensive task into a relatively quick, straightforward one. Unlike engineered mice, which can be bred and sent around the world, “monkeys are difficult to send, so it will be easier for the PI or postdoc to go there”, says Treue.

Already, competition is fierce as researchers are racing for the low-hanging fruit — engineering genes with established roles in human disease or development. Almost all reports of gene-edited monkeys produced with these techniques have come from China. Desimone predicts that the pursuit of monkey disease models “could give China a unique niche to occupy in neuroscience”.

The cages of Ji's facility are already full of the products of gene editing. One troop of animals has had a mutation genetically engineered into the *MECP2* gene, which has been identified as the culprit in humans with Rett's syndrome, an autism spectrum disorder. An animal sits listless and unresponsive, holding tight to the bars of the cage as her normal twin sister crawls all over her. In another cage, a monkey with the mutation pumps its arm, reminiscent of repetitive behaviour seen in the human disorder. Some incessantly suck their thumbs. “I've never seen that in a monkey before — never so constant,” says Ji.

Among the range of other disease models in Ji's menagerie are monkey versions of cardiovascular disease, which he is working on in collaboration with the Karolinska Institute. And last year, Ji made the world's first chimeric monkeys using embryonic stem cells⁴, an advance that could make the production of genetically modified animals even easier. The question now is whether these genetically modified monkeys will propel understanding of human brain function and dysfunction to a higher level. “You can't just knock out one gene and be sure you'll have human-like disease phenotype,” says Ji.

Researchers see an opportunity to understand human evolution as well as disease. Su Bing, a geneticist at the Kunming Institute of Zoology, is working with Ji to engineer monkeys that carry the human version of a gene called *SRGAP2*, which is thought to endow the human brain with processing power by allowing the growth of connections between neurons. Su also plans to use CRISPR–Cas9 to introduce human versions of *MCPH1*, a gene related to brain size, and the human *FOXP2* gene, which is thought to give humans unique language ability. “I don't think the monkey will all of a sudden start speaking, but will have some behavioural change,” predicts Su.

International divide

Although the opportunities are great, there are still obstacles for scientists who choose to locate their animal research in China. Trying to keep a foot in two places can be challenging, says

Grégoire Courtine, a spinal-cord-injury researcher based at the Swiss Federal Institute of Technology in Lausanne, who travels almost monthly to China to pursue his monkey research at Motac. He has even flown to Beijing, done a couple of operations on his experimental monkeys, then returned that night. “I’m 40 years old, I have energy in my body. But you need to really will it,” he says.

Another downside, says Li, is that policies can change suddenly in China. “There is uncertainty. That makes us hesitate to commit,” says Li, who has retained his post at Emory University. And the immunity that China’s primate researchers have had to animal-rights activism could start to erode, warns Deborah Cao, who researches law at Griffith University in Brisbane, Australia, and last year published a book on the use of animals in China³. People are starting to use Chinese social-media sites to voice outrage at the abuse of animals, Cao says.

China has competition in its bid to dominate primate research, too. Japan has launched its own brain project focused on the marmoset as a model: the animal reaches sexual maturity in a year and a half, less than half the time it takes a macaque. Some research facilities in China are now building marmoset research colonies — but Japan is considered to be several years ahead.

And some researchers want to ensure that such work continues outside Asia. Courtine says that he’s “fighting to keep alive” a monkey-research programme he has at Fribourg, Switzerland, because he thinks it’s important to have a division of labour. “Research that requires quantity, I’ll do in China. I would like to do sophisticated work in Fribourg,” he says.

Back at his primate centre in Yunnan, Ji is sure that such work is already taking place. His dream, he says is “to have an animal like a tool” for biomedical discovery. He knows there is a lot of competition in this field, especially in China. But he feels confident: “The field is wide, and there are many, many projects we can do.”

16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/>



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A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence

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Associated Data

[Supplementary Materials](#)

Abstract

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Main

The emergence of SARS-CoV heralded a new era in the cross-species transmission of severe respiratory illness with globalization leading to rapid spread around the world and massive

economic impact^{3,4}. Since then, several strains—including influenza A strains H5N1, H1N1 and H7N9 and MERS-CoV—have emerged from animal populations, causing considerable disease, mortality and economic hardship for the afflicted regions⁵. Although public health measures were able to stop the SARS-CoV outbreak⁴, recent metagenomics studies have identified sequences of closely related SARS-like viruses circulating in Chinese bat populations that may pose a future threat^{1,6}. However, sequence data alone provides minimal insights to identify and prepare for future prepandemic viruses. Therefore, to examine the emergence potential (that is, the potential to infect humans) of circulating bat CoVs, we built a chimeric virus encoding a novel, zoonotic CoV spike protein—from the RsSHC014-CoV sequence that was isolated from Chinese horseshoe bats¹—in the context of the SARS-CoV mouse-adapted backbone. The hybrid virus allowed us to evaluate the ability of the novel spike protein to cause disease independently of other necessary adaptive mutations in its natural backbone. Using this approach, we characterized CoV infection mediated by the SHC014 spike protein in primary human airway cells and *in vivo*, and tested the efficacy of available immune therapeutics against SHC014-CoV. Together, the strategy translates metagenomics data to help predict and prepare for future emergent viruses.

The sequences of SHC014 and the related RsWIV1-CoV show that these CoVs are the closest relatives to the epidemic SARS-CoV strains (Fig. 1a,b); however, there are important differences in the 14 residues that bind human ACE2, the receptor for SARS-CoV, including the five that are critical for host range: Y442, L472, N479, T487 and Y491 (ref. 7). In WIV1, three of these residues vary from the epidemic SARS-CoV Urbani strain, but they were not expected to alter binding to ACE2 (Supplementary Fig. 1a,b and Supplementary Table 1). This fact is confirmed by both pseudotyping experiments that measured the ability of lentiviruses encoding WIV1 spike proteins to enter cells expressing human ACE2 (Supplementary Fig. 1) and by *in vitro* replication assays of WIV1-CoV (ref. 1). In contrast, 7 of 14 ACE2-interaction residues in SHC014 are different from those in SARS-CoV, including all five residues critical for host range (Supplementary Fig. 1c and Supplementary Table 1). These changes, coupled with the failure of pseudotyped lentiviruses expressing the SHC014 spike to enter cells (Supplementary Fig. 1d), suggested that the SHC014 spike is unable to bind human ACE2. However, similar changes in related SARS-CoV strains had been reported to allow ACE2 binding^{7,8}, suggesting that additional functional testing was required for verification. Therefore, we synthesized the SHC014 spike in the context of the replication-competent, mouse-adapted SARS-CoV backbone (we hereafter refer to the chimeric CoV as SHC014-MA15) to maximize the opportunity for pathogenesis and vaccine studies in mice (Supplementary Fig. 2a). Despite predictions from both structure-based modeling and pseudotyping experiments, SHC014-MA15 was viable and replicated to high titers in Vero cells (Supplementary Fig. 2b). Similarly to SARS, SHC014-MA15 also required a functional ACE2 molecule for entry and could use human, civet and bat ACE2 orthologs (Supplementary Fig. 2c,d). To test the ability of the SHC014 spike to mediate infection of the human airway, we examined the sensitivity of the human epithelial airway cell line Calu-3 2B4 (ref. 9) to infection and found robust SHC014-MA15 replication, comparable to that of SARS-CoV Urbani (Fig. 1c). To extend these findings, primary human airway epithelial (HAE) cultures were infected and showed robust replication of both viruses (Fig. 1d). Together, the data confirm the ability of viruses with the SHC014 spike to infect

human airway cells and underscore the potential threat of cross-species transmission of SHC014-CoV.

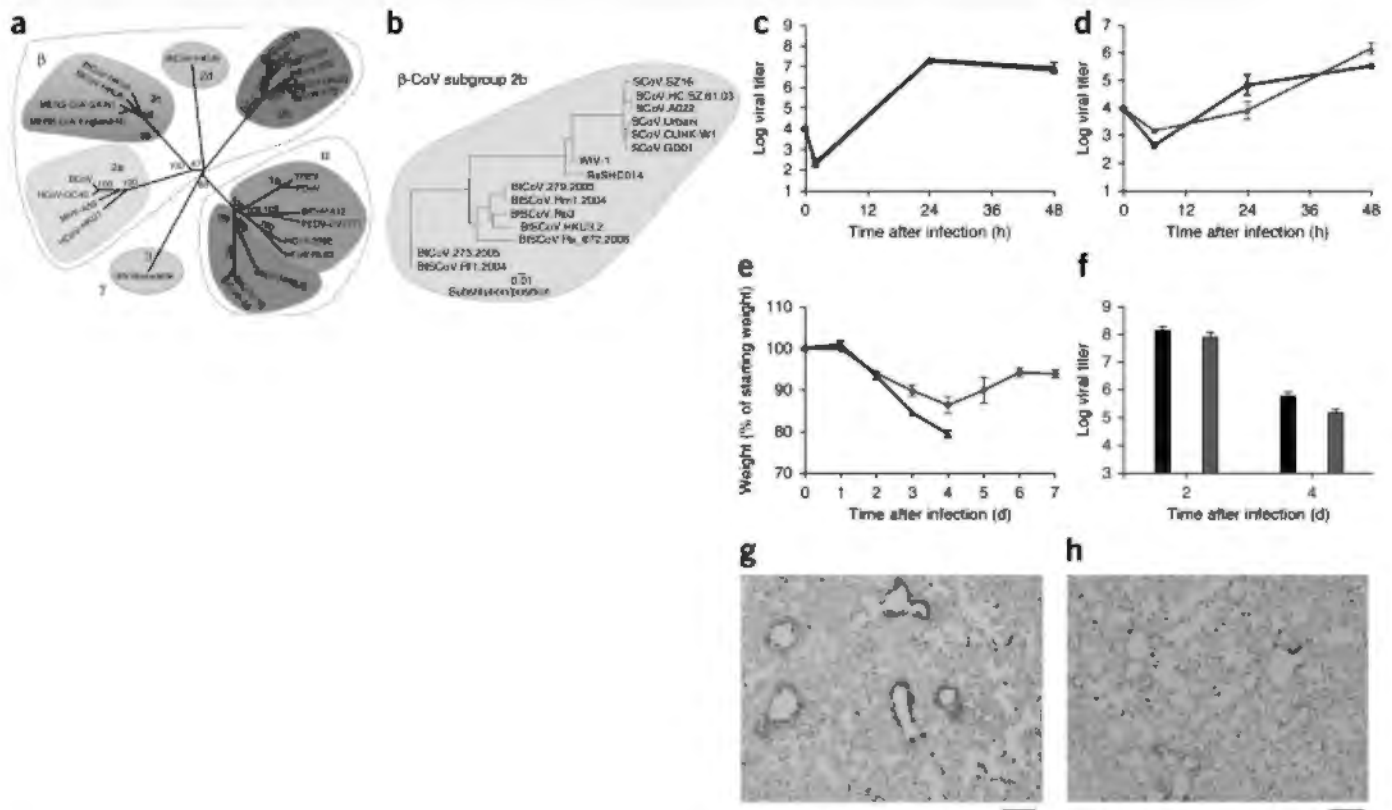


Figure 1

SARS-like viruses replicate in human airway cells and produce *in vivo* pathogenesis.

(a) The full-length genome sequences of representative CoVs were aligned and phylogenetically mapped as described in the Online Methods. The scale bar represents nucleotide substitutions, with only bootstrap support above 70% being labeled. The tree shows CoVs divided into three distinct phylogenetic groups, defined as α -CoVs, β -CoVs and γ -CoVs. Classical subgroup clusters are marked as 2a, 2b, 2c and 2d for the β -CoVs and as 1a and 1b for the α -CoVs. (b) Amino acid sequences of the S1 domains of the spikes of representative β -CoVs of the 2b group, including SARS-CoV, were aligned and phylogenetically mapped. The scale bar represents amino acid substitutions. (c,d) Viral replication of SARS-CoV Urbani (black) and SHC014-MA15 (green) after infection of Calu-3 2B4 cells (c) or well-differentiated, primary air-liquid interface HAE cell cultures (d) at a multiplicity of infection (MOI) of 0.01 for both cell types. Samples were collected at individual time points with biological replicates ($n = 3$) for both Calu-3 and HAE experiments. (e,f) Weight loss ($n = 9$ for SARS-CoV MA15; $n = 16$ for SHC014-MA15) (e) and viral replication in the lungs ($n = 3$ for SARS-CoV MA15; $n = 4$ for SHC014-MA15) (f) of 10-week-old BALB/c mice infected with 1×10^4 p.f.u. of mouse-adapted SARS-CoV MA15 (black) or SHC014-MA15 (green) via the intranasal (i.n.) route. (g,h) Representative images of lung sections stained for SARS-CoV N antigen from mice infected with SARS-CoV MA15 ($n = 3$ mice) (g) or SHC014-MA15 ($n = 4$ mice)

(h) are shown. For each graph, the center value represents the group mean, and the error bars define the s.e.m. Scale bars, 1 mm.

To evaluate the role of the SHC014 spike in mediating infection *in vivo*, we infected 10-week-old BALB/c mice with 10^4 plaque-forming units (p.f.u.) of either SARS-MA15 or SHC014-MA15 (Fig. 1e–h). Animals infected with SARS-MA15 experienced rapid weight loss and lethality by 4 d post infection (d.p.i.); in contrast, SHC014-MA15 infection produced substantial weight loss (10%) but no lethality in mice (Fig. 1e). Examination of viral replication revealed nearly equivalent viral titers from the lungs of mice infected with SARS-MA15 or SHC014-MA15 (Fig. 1f). Whereas lungs from the SARS-MA15–infected mice showed robust staining in both the terminal bronchioles and the lung parenchyma 2 d.p.i. (Fig. 1g), those of SHC014-MA15–infected mice showed reduced airway antigen staining (Fig. 1h); in contrast, no deficit in antigen staining was observed in the parenchyma or in the overall histology scoring, suggesting differential infection of lung tissue for SHC014-MA15 (Supplementary Table 2). We next analyzed infection in more susceptible, aged (12-month-old) animals. SARS-MA15–infected animals rapidly lost weight and succumbed to infection (Supplementary Fig. 3a,b). SHC014-MA15 infection induced robust and sustained weight loss, but had minimal lethality. Trends in the histology and antigen staining patterns that we observed in young mice were conserved in the older animals (Supplementary Table 3). We excluded the possibility that SHC014-MA15 was mediating infection through an alternative receptor on the basis of experiments using *Ace2*^{-/-} mice, which did not show weight loss or antigen staining after SHC014-MA15 infection (Supplementary Fig. 4a,b and Supplementary Table 2). Together, the data indicate that viruses with the SHC014 spike are capable of inducing weight loss in mice in the context of a virulent CoV backbone.

Given the preclinical efficacy of Ebola monoclonal antibody therapies, such as ZMApp¹⁰, we next sought to determine the efficacy of SARS-CoV monoclonal antibodies against infection with SHC014-MA15. Four broadly neutralizing human monoclonal antibodies targeting SARS-CoV spike protein had been previously reported and are probable reagents for immunotherapy^{11,12,13}. We examined the effect of these antibodies on viral replication (expressed as percentage inhibition of viral replication) and found that whereas wild-type SARS-CoV Urbani was strongly neutralized by all four antibodies at relatively low antibody concentrations (Fig. 2a–d), neutralization varied for SHC014-MA15. Fm6, an antibody generated by phage display and escape mutants^{11,12}, achieved only background levels of inhibition of SHC014-MA15 replication (Fig. 2a). Similarly, antibodies 230.15 and 227.14, which were derived from memory B cells of SARS-CoV–infected patients¹³, also failed to block SHC014-MA15 replication (Fig. 2b,c). For all three antibodies, differences between the SARS and SHC014 spike amino acid sequences corresponded to direct or adjacent residue changes found in SARS-CoV escape mutants (fm6 N479R; 230.15 L443V; 227.14 K390Q/E), which probably explains the absence of the antibodies' neutralizing activity against SHC014. Finally, monoclonal antibody 109.8 was able to achieve 50% neutralization of SHC014-MA15, but only at high concentrations (10 µg/ml) (Fig. 2d). Together, the results demonstrate that broadly neutralizing antibodies against SARS-CoV may only have marginal efficacy against emergent SARS-like CoV strains such as SHC014.

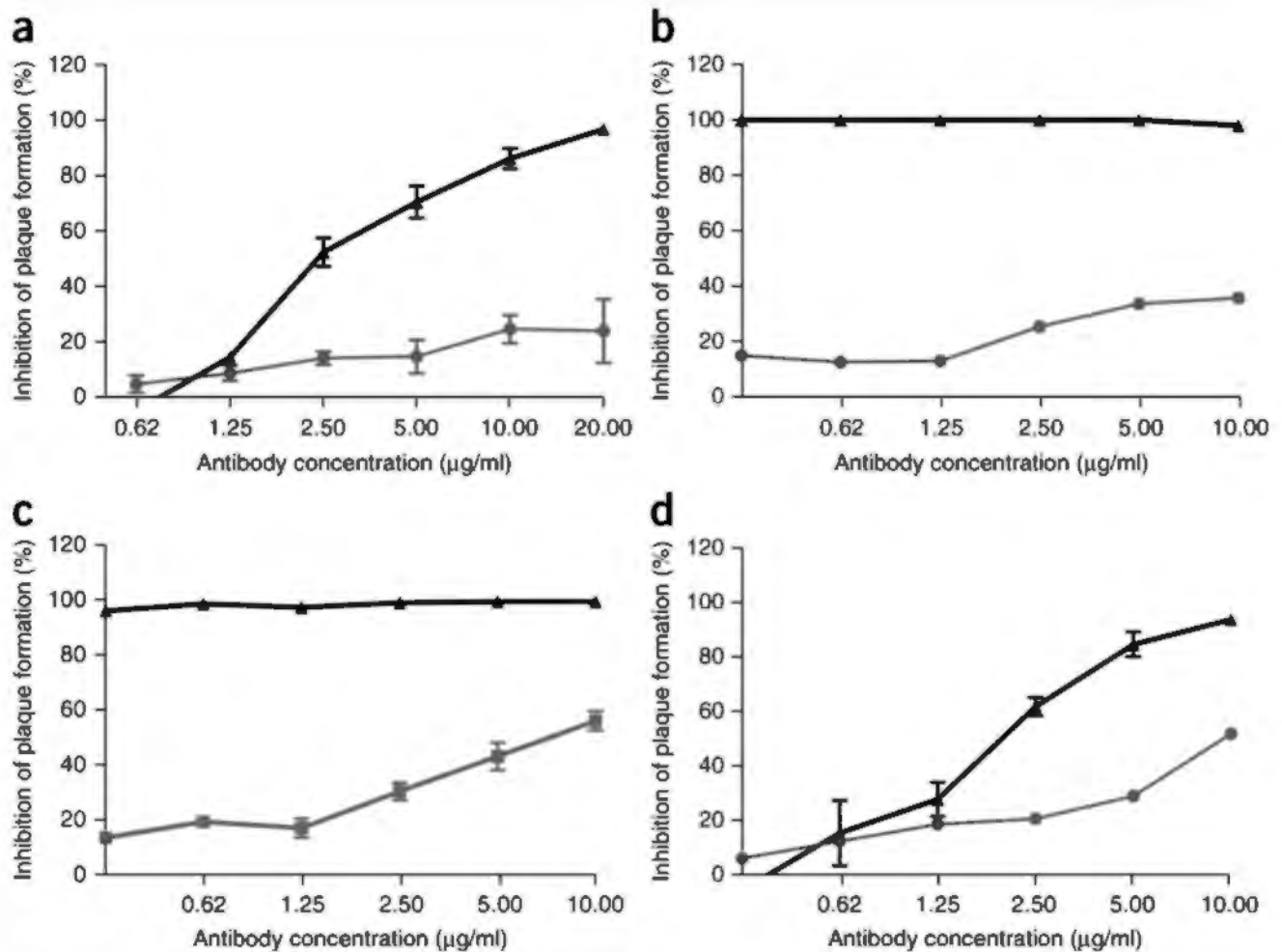


Figure 2

SARS-CoV monoclonal antibodies have marginal efficacy against SARS-like CoVs.

(a–d) Neutralization assays evaluating efficacy (measured as reduction in the number of plaques) of a panel of monoclonal antibodies, which were all originally generated against epidemic SARS-CoV, against infection of Vero cells with SARS-CoV Urbani (black) or SHC014-MA15 (green). The antibodies tested were fm6 ($n = 3$ for Urbani; $n = 5$ for SHC014-MA15)^{11,12} (a), 230.15 ($n = 3$ for Urbani; $n = 2$ for SHC014-MA15) (b), 227.15 ($n = 3$ for Urbani; $n = 5$ for SHC014-MA15) (c) and 109.8 ($n = 3$ for Urbani; $n = 2$ for SHC014-MA15)¹³ (d). Each data point represents the group mean and error bars define the s.e.m. Note that the error bars in SARS-CoV Urbani–infected Vero cells in b,c are overlapped by the symbols and are not visible.

To evaluate the efficacy of existing vaccines against infection with SHC014-MA15, we vaccinated aged mice with double-inactivated whole SARS-CoV (DIV). Previous work showed that DIV could neutralize and protect young mice from challenge with a homologous virus¹⁴; however, the vaccine failed to protect aged animals in which augmented immune pathology was also observed, indicating the possibility of the animals being harmed because of the vaccination¹⁵. Here we found that DIV did not provide protection from challenge with

SHC014-MA15 with regards to weight loss or viral titer (Supplementary Fig. 5a,b). Consistent with a previous report with other heterologous group 2b CoVs¹⁵, serum from DIV-vaccinated, aged mice also failed to neutralize SHC014-MA15 (Supplementary Fig. 5c). Notably, DIV vaccination resulted in robust immune pathology (Supplementary Table 4) and eosinophilia (Supplementary Fig. 5d-f). Together, these results confirm that the DIV vaccine would not be protective against infection with SHC014 and could possibly augment disease in the aged vaccinated group.

In contrast to vaccination of mice with DIV, the use of SHC014-MA15 as a live, attenuated vaccine showed potential cross-protection against challenge with SARS-CoV, but the results have important caveats. We infected young mice with 10^4 p.f.u. of SHC014-MA15 and observed them for 28 d. We then challenged the mice with SARS-MA15 at day 29 (Supplementary Fig. 6a). The prior infection of the mice with the high dose of SHC014-MA15 conferred protection against challenge with a lethal dose of SARS-MA15, although there was only a minimal SARS-CoV neutralization response from the antisera elicited 28 d after SHC014-MA15 infection (Supplementary Fig. 6b, 1:200). In the absence of a secondary antigen boost, 28 d.p.i. represents the expected peak of antibody titers and implies that there will be diminished protection against SARS-CoV over time^{16,17}. Similar results showing protection against challenge with a lethal dose of SARS-CoV were observed in aged BALB/c mice with respect to weight loss and viral replication (Supplementary Fig. 6c,d). However, the SHC014-MA15 infection dose of 10^4 p.f.u. induced >10% weight loss and lethality in some aged animals (Fig. 1 and Supplementary Fig. 3). We found that vaccination with a lower dose of SHC014-MA15 (100 p.f.u.), did not induce weight loss, but it also failed to protect aged animals from a SARS-MA15 lethal dose challenge (Supplementary Fig. 6e,f). Together, the data suggest that SHC014-MA15 challenge may confer cross-protection against SARS-CoV through conserved epitopes, but the required dose induces pathogenesis and precludes use as an attenuated vaccine.

Having established that the SHC014 spike has the ability to mediate infection of human cells and cause disease in mice, we next synthesized a full-length SHC014-CoV infectious clone based on the approach used for SARS-CoV (Fig. 3a)². Replication in Vero cells revealed no deficit for SHC014-CoV relative to that for SARS-CoV (Fig. 3b); however, SHC014-CoV was significantly ($P < 0.01$) attenuated in primary HAE cultures at both 24 and 48 h after infection (Fig. 3c). *In vivo* infection of mice demonstrated no significant weight loss but showed reduced viral replication in lungs of full-length SHC014-CoV infection, as compared to SARS-CoV Urbani (Fig. 3d,e). Together, the results establish the viability of full-length SHC014-CoV, but suggest that further adaptation is required for its replication to be equivalent to that of epidemic SARS-CoV in human respiratory cells and in mice.

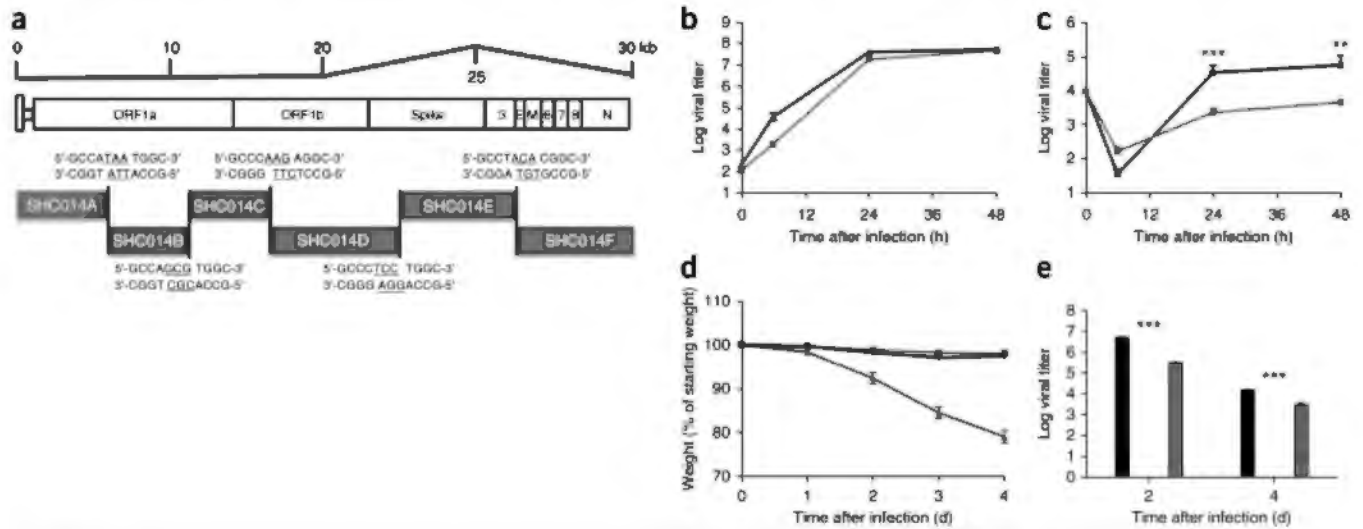


Figure 3

Full-length SHC014-CoV replicates in human airways but lacks the virulence of epidemic SARS-CoV.

(a) Schematic of the SHC014-CoV molecular clone, which was synthesized as six contiguous cDNAs (designated SHC014A, SHC014B, SHC014C, SHC014D, SHC014E and SHC014F) flanked by unique BglII sites that allowed for directed assembly of the full-length cDNA expressing open reading frames (for 1a, 1b, spike, 3, envelope, matrix, 6–8 and nucleocapsid). Underlined nucleotides represent the overhang sequences formed after restriction enzyme cleavage. (b,c) Viral replication of SARS-CoV Urbani (black) or SHC014-CoV (green) after infection of Vero cells (b) or well-differentiated, primary air-liquid interface HAE cell cultures (c) at an MOI of 0.01. Samples were collected at individual time points with biological replicates ($n = 3$) for each group. Data represent one experiment for both Vero and HAE cells. (d,e) Weight loss ($n = 3$ for SARS-CoV MA15, $n = 7$ for SHC014-CoV; $n = 6$ for SARS-Urbani) (d) and viral replication in the lungs ($n = 3$ for SARS-Urbani and SHC014-CoV) (e) of 10-week-old BALB/c mice infected with 1×10^5 p.f.u. of SARS-CoV MA15 (gray), SHC014-CoV (green) or SARS-CoV Urbani (black) via the i.n. route. Each data point represents the group mean, and error bars define the s.e.m. $**P < 0.01$ and $***P < 0.001$ using two-tailed Student's *t*-test of individual time points.

During the SARS-CoV epidemic, links were quickly established between palm civets and the CoV strains that were detected in humans⁴. Building on this finding, the common emergence paradigm argues that epidemic SARS-CoV originated as a bat virus, jumped to civets and incorporated changes within the receptor-binding domain (RBD) to improve binding to civet Ace2 (ref. 18). Subsequent exposure to people in live-animal markets permitted human infection with the civet strain, which, in turn, adapted to become the epidemic strain (Fig. 4a). However, phylogenetic analysis suggests that early human SARS strains appear more closely related to bat strains than to civet strains¹⁸. Therefore, a second paradigm argues that direct bat-human transmission initiated SARS-CoV emergence and that palm civets served as a secondary host and reservoir for continued infection (Fig. 4b)¹⁹. For both paradigms, spike adaptation in a secondary host is seen as a necessity, with most mutations expected to occur within the RBD, thereby facilitating improved infection. Both theories imply that pools of

bat CoVs are limited and that host-range mutations are both random and rare, reducing the likelihood of future emergence events in humans.

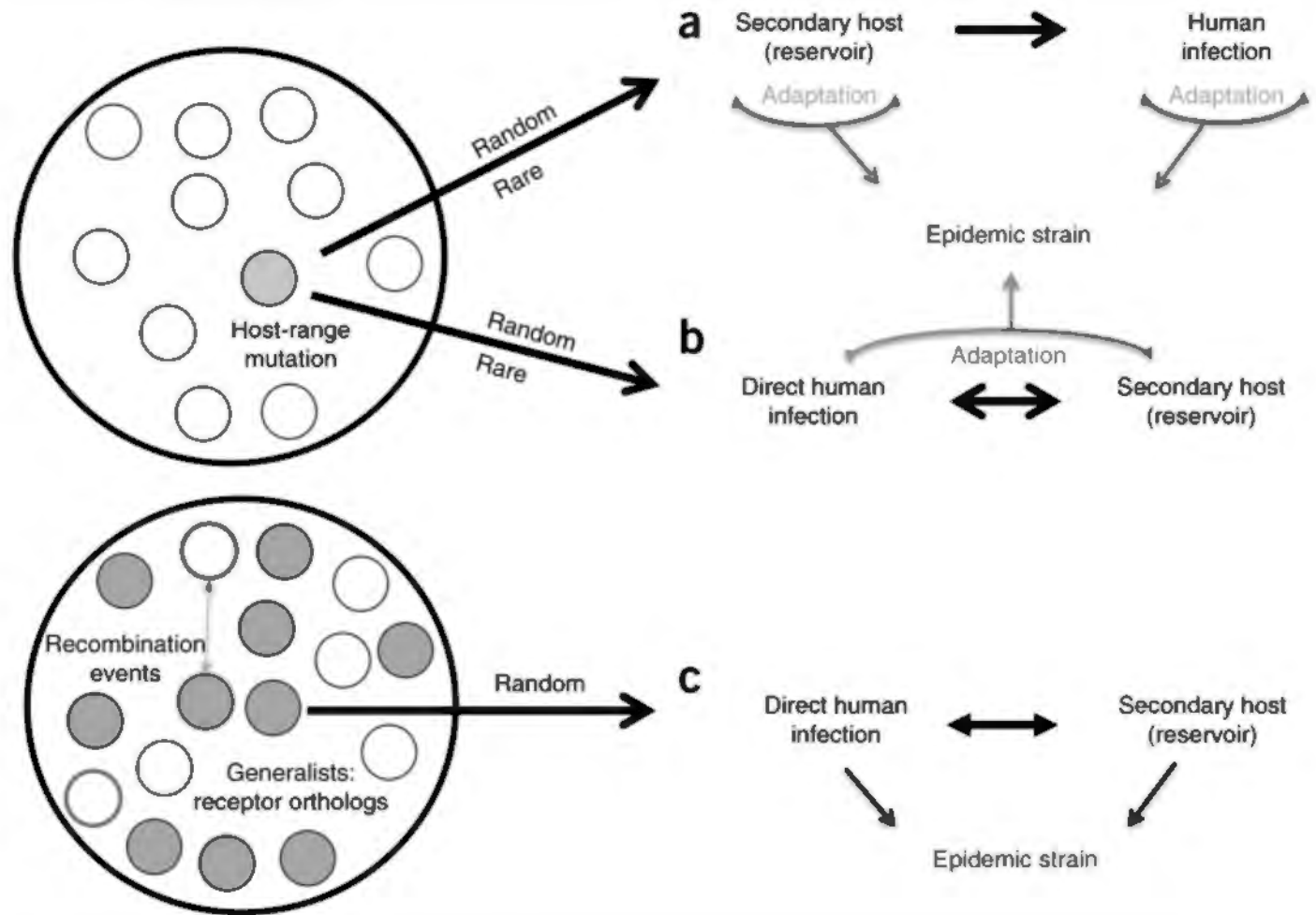


Figure 4

Emergence paradigms for coronaviruses.

Coronavirus strains are maintained in quasi-species pools circulating in bat populations. (a,b) Traditional SARS-CoV emergence theories posit that host-range mutants (red circle) represent random and rare occurrences that permit infection of alternative hosts. The secondary-host paradigm (a) argues that a nonhuman host is infected by a bat progenitor virus and, through adaptation, facilitates transmission to humans; subsequent replication in humans leads to the epidemic viral strain. The direct paradigm (b) suggests that transmission occurs between bats and humans without the requirement of an intermediate host; selection then occurs in the human population with closely related viruses replicating in a secondary host, permitting continued viral persistence and adaptation in both. (c) The data from chimeric SARS-like viruses argue that the quasi-species pools maintain multiple viruses capable of infecting human cells without the need for mutations (red circles). Although adaptations in secondary or human hosts may be required for epidemic emergence, if SHC014 spike-containing viruses recombined with virulent CoV backbones (circles with green

outlines), then epidemic disease may be the result in humans. Existing data support elements of all three paradigms.

Although our study does not invalidate the other emergence routes, it does argue for a third paradigm in which circulating bat CoV pools maintain 'poised' spike proteins that are capable of infecting humans without mutation or adaptation (Fig. 4c). This hypothesis is illustrated by the ability of a chimeric virus containing the SHC014 spike in a SARS-CoV backbone to cause robust infection in both human airway cultures and in mice without RBD adaptation. Coupled with the observation of previously identified pathogenic CoV backbones^{3,20}, our results suggest that the starting materials required for SARS-like emergent strains are currently circulating in animal reservoirs. Notably, although full-length SHC014-CoV probably requires additional backbone adaption to mediate human disease, the documented high-frequency recombination events in CoV families underscores the possibility of future emergence and the need for further preparation.

To date, genomics screens of animal populations have primarily been used to identify novel viruses in outbreak settings²¹. The approach here extends these data sets to examine questions of viral emergence and therapeutic efficacy. We consider viruses with the SHC014 spike a potential threat owing to their ability to replicate in primary human airway cultures, the best available model for human disease. In addition, the observed pathogenesis in mice indicates a capacity for SHC014-containing viruses to cause disease in mammalian models, without RBD adaptation. Notably, differential tropism in the lung as compared to that with SARS-MA15 and attenuation of full-length SHC014-CoV in HAE cultures relative to SARS-CoV Urbani suggest that factors beyond ACE2 binding—including spike processivity, receptor bio-availability or antagonism of the host immune responses—may contribute to emergence. However, further testing in nonhuman primates is required to translate these finding into pathogenic potential in humans. Importantly, the failure of available therapeutics defines a critical need for further study and for the development of treatments. With this knowledge, surveillance programs, diagnostic reagents and effective treatments can be produced that are protective against the emergence of group 2b-specific CoVs, such as SHC014, and these can be applied to other CoV branches that maintain similarly heterogeneous pools.

In addition to offering preparation against future emerging viruses, this approach must be considered in the context of the US government-mandated pause on gain-of-function (GOF) studies²². On the basis of previous models of emergence (Fig. 4a,b), the creation of chimeric viruses such as SHC014-MA15 was not expected to increase pathogenicity. Although SHC014-MA15 is attenuated relative to its parental mouse-adapted SARS-CoV, similar studies examining the pathogenicity of CoVs with the wild-type Urbani spike within the MA15 backbone showed no weight loss in mice and reduced viral replication²³. Thus, relative to the Urbani spike-MA15 CoV, SHC014-MA15 shows a gain in pathogenesis (Fig. 1). On the basis of these findings, scientific review panels may deem similar studies building chimeric viruses based on circulating strains too risky to pursue, as increased pathogenicity in mammalian models cannot be excluded. Coupled with restrictions on mouse-adapted strains and the development of monoclonal antibodies using escape mutants, research into CoV emergence and therapeutic efficacy may be severely limited moving forward. Together, these data and restrictions represent a crossroads of GOF research concerns; the potential to

prepare for and mitigate future outbreaks must be weighed against the risk of creating more dangerous pathogens. In developing policies moving forward, it is important to consider the value of the data generated by these studies and whether these types of chimeric virus studies warrant further investigation versus the inherent risks involved.

Overall, our approach has used metagenomics data to identify a potential threat posed by the circulating bat SARS-like CoV SHC014. Because of the ability of chimeric SHC014 viruses to replicate in human airway cultures, cause pathogenesis *in vivo* and escape current therapeutics, there is a need for both surveillance and improved therapeutics against circulating SARS-like viruses. Our approach also unlocks the use of metagenomics data to predict viral emergence and to apply this knowledge in preparing to treat future emerging virus infections.

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Methods

Viruses, cells, *in vitro* infection and plaque assays.

Wild-type SARS-CoV (Urbani), mouse-adapted SARS-CoV (MA15) and chimeric SARS-like CoVs were cultured on Vero E6 cells (obtained from United States Army Medical Research Institute of Infectious Diseases), grown in Dulbecco's modified Eagle's medium (DMEM) (Gibco, CA) and 5% fetal clone serum (FCS) (Hyclone, South Logan, UT) along with antibiotic/antimycotic (Gibco, Carlsbad, CA). DBT cells (Baric laboratory, source unknown) expressing *ACE2* orthologs have been previously described for both human and civet; bat *Ace2* sequence was based on that from *Rhinolophus leschenaulti*, and DBT cells expressing bat *Ace2* were established as described previously⁸. Pseudotyping experiments were similar to those using an HIV-based pseudovirus, prepared as previously described¹⁰, and examined on HeLa cells (Wuhan Institute of Virology) that expressed *ACE2* orthologs. HeLa cells were grown in minimal essential medium (MEM) (Gibco, CA) supplemented with 10% FCS (Gibco, CA) as previously described²⁴. Growth curves in Vero E6, DBT, Calu-3 2B4 and primary human airway epithelial cells were performed as previously described^{8,25}. None of the working cell line stocks were authenticated or tested for mycoplasma recently, although the original seed stocks used to create the working stocks are free from contamination. Human lungs for HAE cultures were procured under University of North Carolina at Chapel Hill Institutional Review Board–approved protocols. HAE cultures represent highly differentiated human airway epithelium containing ciliated and non-ciliated epithelial cells as well as goblet cells. The cultures are also grown on an air-liquid interface for several weeks before use, as previously described²⁶. Briefly, cells were washed with PBS and inoculated with virus or mock-diluted in PBS for 40 min at 37 °C. After inoculation, cells were washed three times and fresh medium was added to signify time '0'. Three or more biological replicates were harvested at each described time point. No blinding was used in any sample collections nor were samples randomized. All virus cultivation was performed in a biosafety level (BSL) 3 laboratory with redundant fans in the biosafety cabinets, as described previously by our group³. All personnel wore powered air purifying respirators (Breathe Easy, 3M) with Tyvek suits, aprons and booties and were double-gloved.

Sequence clustering and structural modeling.

The full-length genomic sequences and the amino acid sequences of the S1 domains of the spike of representative CoVs were downloaded from Genbank or Pathosystems Resource Integration Center (PATRIC), aligned with ClustalX and phylogenetically compared by using maximum likelihood estimation using 100 bootstraps or by using the PhyML (<https://code.google.com/p/phyml/>) package, respectively. The tree was generated using maximum likelihood with the PhyML package. The scale bar represents nucleotide substitutions. Only nodes with bootstrap support above 70% are labeled. The tree shows that CoVs are divided into three distinct phylogenetic groups defined as α -CoVs, β -CoVs and γ -CoVs. Classical subgroup clusters are marked as 2a, 2b, 2c and 2d for β -CoVs, and 1a and 1b for the α -CoVs. Structural models were generated using Modeller (Max Planck Institute Bioinformatics Toolkit) to generate homology models for SHC014 and Rs3367 of the SARS RBD in complex with ACE2 based on crystal structure [2AJF](#) (Protein Data Bank). Homology models were visualized and manipulated in MacPyMol (version 1.3).

Construction of SARS-like chimeric viruses.

Both wild-type and chimeric viruses were derived from either SARS-CoV Urbani or the corresponding mouse-adapted (SARS-CoV MA15) infectious clone (ic) as previously described²⁷. Plasmids containing spike sequences for SHC014 were extracted by restriction digest and ligated into the E and F plasmid of the MA15 infectious clone. The clone was designed and purchased from Bio Basic as six contiguous cDNAs using published sequences flanked by unique class II restriction endonuclease sites (BglII). Thereafter, plasmids containing wild-type, chimeric SARS-CoV and SHC014-CoV genome fragments were amplified, excised, ligated and purified. *In vitro* transcription reactions were then performed to synthesize full-length genomic RNA, which was transfected into Vero E6 cells as previously described². The medium from transfected cells was harvested and served as seed stocks for subsequent experiments. Chimeric and full-length viruses were confirmed by sequence analysis before use in these studies. Synthetic construction of chimeric mutant and full-length SHC014-CoV was approved by the University of North Carolina Institutional Biosafety Committee and the Dual Use Research of Concern committee.

Ethics statement.

This study was carried out in accordance with the recommendations for the care and use of animals by the Office of Laboratory Animal Welfare (OLAW), NIH. The Institutional Animal Care and Use Committee (IACUC) of The University of North Carolina at Chapel Hill (UNC, Permit Number A-3410-01) approved the animal study protocol (IACUC #13-033) used in these studies.

Mice and *in vivo* infection.

Female, 10-week-old and 12-month-old BALB/cAnNHsD mice were ordered from Harlan Laboratories. Mouse infections were done as previously described²⁰. Briefly, animals were brought into a BSL3 laboratory and allowed to acclimate for 1 week before infection. For

infection and live-attenuated virus vaccination, mice were anesthetized with a mixture of ketamine and xylazine and infected intranasally, when challenged, with 50 μ l of phosphate-buffered saline (PBS) or diluted virus with three or four mice per time point, per infection group per dose as described in the figure legends. For individual mice, notations for infection including failure to inhale the entire dose, bubbling of inoculum from the nose, or infection through the mouth may have led to exclusion of mouse data at the discretion of the researcher; post-infection, no other pre-established exclusion or inclusion criteria are defined. No blinding was used in any animal experiments, and animals were not randomized. For vaccination, young and aged mice were vaccinated by footpad injection with a 20- μ l volume of either 0.2 μ g of double-inactivated SARS-CoV vaccine with alum or mock PBS; mice were then boosted with the same regimen 22 d later and challenged 21 d thereafter. For all groups, as per protocol, animals were monitored daily for clinical signs of disease (hunching, ruffled fur and reduced activity) for the duration of the experiment. Weight loss was monitored daily for the first 7 d, after which weight monitoring continued until the animals recovered to their initial starting weight or displayed weight gain continuously for 3 d. All mice that lost greater than 20% of their starting body weight were ground-fed and further monitored multiple times per day as long as they were under the 20% cutoff. Mice that lost greater than 30% of their starting body weight were immediately sacrificed as per protocol. Any mouse deemed to be moribund or unlikely to recover was also humanely sacrificed at the discretion of the researcher. Euthanasia was performed using an isoflurane overdose and death was confirmed by cervical dislocation. All mouse studies were performed at the University of North Carolina (Animal Welfare Assurance #A3410-01) using protocols approved by the UNC Institutional Animal Care and Use Committee (IACUC).

Histological analysis.

The left lung was removed and submerged in 10% buffered formalin (Fisher) without inflation for 1 week. Tissues were embedded in paraffin and 5- μ m sections were prepared by the UNC Lineberger Comprehensive Cancer Center histopathology core facility. To determine the extent of antigen staining, sections were stained for viral antigen using a commercially available polyclonal SARS-CoV anti-nucleocapsid antibody (Imgenex) and scored in a blinded manner by for staining of the airway and parenchyma as previously described²⁰. Images were captured using an Olympus BX41 microscope with an Olympus DP71 camera.

Virus neutralization assays.

Plaque reduction neutralization titer assays were performed with previously characterized antibodies against SARS-CoV, as previously described^{11,12,13}. Briefly, neutralizing antibodies or serum was serially diluted twofold and incubated with 100 p.f.u. of the different infectious clone SARS-CoV strains for 1 h at 37 °C. The virus and antibodies were then added to a 6-well plate with 5×10^5 Vero E6 cells/well with multiple replicates ($n \geq 2$). After a 1-h incubation at 37 °C, cells were overlaid with 3 ml of 0.8% agarose in medium. Plates were incubated for 2 d at 37 °C, stained with neutral red for 3 h and plaques were counted. The

percentage of plaque reduction was calculated as $(1 - (\text{no. of plaques with antibody}/\text{no. of plaques without antibody})) \times 100$.

Statistical analysis.

All experiments were conducted contrasting two experimental groups (either two viruses, or vaccinated and unvaccinated cohorts). Therefore, significant differences in viral titer and histology scoring were determined by a two-tailed Student's *t*-test at individual time points. Data was normally distributed in each group being compared and had similar variance.

Biosafety and biosecurity.

Reported studies were initiated after the University of North Carolina Institutional Biosafety Committee approved the experimental protocol (Project Title: Generating infectious clones of bat SARS-like CoVs; Lab Safety Plan ID: 20145741; Schedule G ID: 12279). These studies were initiated before the US Government Deliberative Process Research Funding Pause on Selected Gain-of-Function Research Involving Influenza, MERS and SARS Viruses (<http://www.phe.gov/s3/dualuse/Documents/gain-of-function.pdf>). This paper has been reviewed by the funding agency, the NIH. Continuation of these studies was requested, and this has been approved by the NIH.

SARS-CoV is a select agent. All work for these studies was performed with approved standard operating procedures (SOPs) and safety conditions for SARS-CoV, MERs-CoV and other related CoVs. Our institutional CoV BSL3 facilities have been designed to conform to the safety requirements that are recommended in the Biosafety in Microbiological and Biomedical Laboratories (BMBL), the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control (CDC) and the NIH. Laboratory safety plans were submitted to, and the facility has been approved for use by, the UNC Department of Environmental Health and Safety (EHS) and the CDC. Electronic card access is required for entry into the facility. All workers have been trained by EHS to safely use powered air purifying respirators (PAPRs), and appropriate work habits in a BSL3 facility and active medical surveillance plans are in place. Our CoV BSL3 facilities contain redundant fans, emergency power to fans and biological safety cabinets and freezers, and our facilities can accommodate SealSafe mouse racks. Materials classified as BSL3 agents consist of SARS-CoV, bat CoV precursor strains, MERS-CoV and mutants derived from these pathogens. Within the BSL3 facilities, experimentation with infectious virus is performed in a certified Class II Biosafety Cabinet (BSC). All members of the staff wear scrubs, Tyvek suits and aprons, PAPRs and shoe covers, and their hands are double-gloved. BSL3 users are subject to a medical surveillance plan monitored by the University Employee Occupational Health Clinic (UEOHC), which includes a yearly physical, annual influenza vaccination and mandatory reporting of any symptoms associated with CoV infection during periods when working in the BSL3. All BSL3 users are trained in exposure management and reporting protocols, are prepared to self-quarantine and have been trained for safe delivery to a local infectious disease management department in an emergency situation. All potential exposure events are reported and investigated by EHS and UEOHC, with reports filed to both the CDC and the NIH.

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Supplementary information

[Supplementary Figures 1–6 and Supplementary Tables 1–4 \(PDF 4747 kb\)](#)^(4.6M, pdf)

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Author Contributions

V.D.M. designed, coordinated and performed experiments, completed analysis and wrote the manuscript. B.L.Y. designed the infectious clone and recovered chimeric viruses; S.A. completed neutralization assays; L.E.G. helped perform mouse experiments; T.S. and J.A.P. completed mouse experiments and plaque assays; X.-Y.G. performed pseudotyping experiments; K.D. generated structural figures and predictions; E.F.D. generated phylogenetic analysis; R.L.G. completed RNA analysis; S.H.R. provided primary HAE cultures; A.L. and W.A.M. provided critical monoclonal antibody reagents; and Z.-L.S. provided SHC014 spike sequences and plasmids. R.S.B. designed experiments and wrote manuscript.

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Accession codes

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Accessions

Protein Data Bank

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Competing interests

The authors declare no competing financial interests.

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19 <https://www.globaltimes.cn/content/1178363.shtml>



HOME >> **CHINA SPECIAL COVERAGE**

Not possible novel coronavirus engineered in lab: experts

Source:Global Times Published: 2020/2/3 18:38:41

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- *The claim that the novel coronavirus was engineered in a lab has been refuted*
- *Virologists say that humans are not able to create such virus, and the allegation suggesting otherwise is groundless*
- *People should think twice when faced with conspiracy theories at the moment, experts suggest*



Photo: VCG

An article published by scientists in India implying the novel coronavirus possibly originates from the Wuhan Institute of Virology has received widespread criticism.

Research fellow Shi Zhengli, whose team was involved in analyzing the virus, said on her WeChat on Sunday afternoon "the 2019 novel coronavirus is a punishment by nature to humans' unsanitary life style. I promise with my life that the virus has nothing to do with the lab."

Ahead of Shi's reply, the Indian scientists had decided to withdraw the article.

This is not the first article implying the coronavirus is "not from the nature." A 2015 article on the website of the Scientist magazine has also been mentioned again. Some net users use the article, titled "Lab-Made Coronavirus Triggers Debate," to suggest the 2019 coronavirus might be engineered by humans.

However, such a thesis is groundless, according to experts.

"With current technology, scientists cannot create a new virus from nothing. Even if the genomic sequence of the novel coronavirus is 80 percent similar to the SARS', humans could not make the novel coronavirus out of SARS virus with design," Yi Xiao (pseudonym), a virologist from a Chinese university, told the Global Times on Sunday.

"In front of conspiracy theory, we should all think twice and think about ourselves, instead of blaming others," Yang Gonghuan, a former vice director of the Chinese Center for Disease Control and Prevention, told the Global Times.

Study with loopholes

The academic analysis by nine researchers from the India Institute of Technology was published on January 31 on bioRxiv titled "Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag."

Meanwhile, the article has been withdrawn as of press time. The website bioRxiv wrote on its page that "these are preliminary reports that have not been peer-reviewed. They should not be regarded as conclusive, guide clinical practice/health-related behavior, or be reported in news media as established information."

According to the article, Indian scientists found "amino acid residues in the 4 insertions in the spike glycoprotein (S) which are unique to the 2019-nCoV have identity or similarity to those in the HIV-1 gp120 or HIV-1 Gag." Therefore, they suspect the novel coronavirus is man-made.

However, Yi, the virologist, said the research is garbling. "The article said that the four insertions are unique in the novel coronavirus. However, several viruses like SARS have these loci."

The inserts the scientists used to compare with the ones in HIV also exist in many other viruses. "But the article picked HIV to draw public attention. It's like a table and a horse both have four legs, but you could not say they are connected."

David Liu, a Harvard chemist whose lab originally developed CRISPR base editing technology, said that the research of the Indian scientists is like looking for a key only under a street lamp.

Two questions

An unknown virus "was made" by people and "leaked" from the lab, leading to a tragic plague - such a plot can be seen in many movies. They have been borrowed by someone to support their conspiracy theories of the outbreak of the novel coronavirus.

Some individuals spread articles on their social media accounts, claiming some viruses, including SARS and the current novel coronavirus evolved too fast in recent years, suggesting they may have been made in labs or were part of a bio-attack.

"No evidence could prove that the novel coronavirus has mutated more quickly," Yi told the Global Times, noting that the rate of mutation of the base group has a rigid computing method.

For example, there are three patients each from yesterday, today and tomorrow. The second patient was infected by the first one and the third one was infected by the second one. During the transmission of the virus, there might be a mutation of the virus. We have the viruses from the three patients tested and then compare the changes of base group in these viruses. Based on the data, we may estimate the rate of the mutation of the virus in a year.

"Now someone claimed viruses have quickly evolved, and what is the data to support the claim?" Yi asked.

Yi said three reasons to explain why people feel there are more infectious diseases or viruses in recent years - people have more interactions with wild animals which adds the chances of being infected by viruses; more new viruses have been found thanks to quickly developed technologies; people-to-people exchanges have increased, which

means people living in every corner of the world may be infected by someone else who travels globally.



The Huanan Seafood Market in Wuhan, capital of Central China's Hubei Province and the epicenter of the novel coronavirus, is believed to be the origin of the virus. Photos: CNS photo

In response to the "sudden disappearance of SARS," Yang said authorities have taken great efforts to stop people from eating the civet cat which helped reduce the transmission of SARS.

SARS coronavirus, which was identified in 2003, is thought to be an animal virus from a not-yet-certain animal reservoir, perhaps bats, that spread to other animals, including civet cats and infected humans in Guangdong Province in 2002, according to an article from the WHO website.

As to the current outbreak of the novel coronavirus, Shi once warned in a speech in 2018 that "even though SARS did not come back over the past few years, there are viruses similar to SARS still existing in nature. If we human beings do not keep alert, it is still possible to be infected by these viruses or be infected via other animals."

Not 'made' by people

Can viruses be made by human beings with the current technologies? An article published by the US-based Nature Medicine magazine in November 2015 was frequently cited by some people to support their claims that "the novel coronavirus might not be from nature."

The Nature Medicine article introduces the team of Ralph Baric from the University of North Carolina at Chapel Hill who examined the disease potential of a SARS-like virus,

SHC014-CoV. The results indicate that group 2b viruses encoding the SHC014 spike in a wild-type backbone can efficiently use multiple orthologs of the SARS receptor human angiotensin converting enzyme II (ACE2), replicate efficiently in primary human airway cells and achieve in vitro titers equivalent to epidemic strains of SARS-CoV.

"In term of the current technologies, there is no difficulty in editing and compounding virus. But limited by our knowledge, it is impossible to make a virus that does not exist in nature," Yi said, noting that the novel coronavirus could not be "made" by people.

How "novel" is this novel coronavirus? By analyzing the virus on genomic research, researchers found the novel coronavirus is 79 percent similar to SARS and 50 percent similar to MERS. The virus might be a close "relative" to SARS, but has different characteristics and it is not a mutation of SARS.

Yi told the Global Times that even the novel coronavirus has 80 percent similarity to SARS on genomic sequence, human beings cannot edit SARS into the novel coronavirus.

Wang Wei, head of Hubei Provincial Science and Techonology Department, told a press conference on Sunday that researches showed the novel coronavirus has 96 percent of consistency with a coronavirus found in a kind of bat.

"The novel coronavirus is so novel and even top scientists and their groups on bat coronavirus could only get the genomic sequence tested, not to mention isolate of the virus or even cultivate the virus," Yi said.

Conspiracy theories

China is not alone in the prevalence of conspiracy theories during disasters. There are also many examples abroad in the history.

Zhang Yiwu, a professor at Peking University, told the Global Times on Monday that a process is required for scientific understanding when new things appear, so the conclusion must be delayed. It's inevitable many kinds of speculation will prevail during this period.

At the same time, when the society is filled with anxiety, people need a complete logical chain to get a reasonable explanation, he explained, adding that, conspiracy theories don't go away in a short time without a strong explanation from scientists who criticize and blame them.

"However, conspiracy theories can't go mainstream. In the end, it's up to the mainstream scientific community to solve the problem," Zhang noted.

Yi suggested ordinary people must believe in science.

"If people all believe in conspiracy theories and such nonsense, the way of thinking it forms will do great harm to the scientific literacy of people in our country," he said.

It will eventually lead to social regression, leading us to deviate from the correct line in many aspects, Yi noted.

Yang offered the same advice, saying when faced with confronting conspiracy theories, each of us should think more and reflect more on our own behavior, instead of throwing the blame onto others.

20. <https://www.biorxiv.org/content/10.1101/2020.01.30.927871v1>

21.

[https://www.hopkinsguides.com/hopkins/view/Johns Hopkins ABX Guide/540747/all/Coronavirus COVID 19 SARS CoV 2](https://www.hopkinsguides.com/hopkins/view/Johns_Hopkins_ABX_Guide/540747/all/Coronavirus_COVID_19_SARS_CoV_2)

Johns Hopkins ABX

Coronavirus COVID-19 (SARS-CoV-2)

Paul G. Auwaerter, M.D.

Updated: April 27, 2020

MICROBIOLOGY

- Coronaviruses
 - Positive sense, single-strand enveloped RNA virus belonging to the family *Coronaviridae*.
 - Coronavirus name derived from the Latin *corona*, meaning crown. Viral envelope under electron microscopy appears crown-like due to small bulbar projections formed by the viral spike (S) peplomers.
- This topic covers the novel coronavirus 2019 (2019-nCoV) now referred to as SARS-CoV-2.
- For discussion of other coronaviruses, see individual highlighted modules:
 - Coronavirus for common human respiratory coronavirus infections.
 - SARS for the SARS-CoV virus, not known to circulate since 2002-2003.
 - MERS for the MERS-CoV virus, causing sporadic infections, mostly in the Arabian peninsula since 2012.
 - Coronaviruses also commonly infect birds and mammals causing gastroenteritis and respiratory infections.
- SARS-CoV-2 appears to have been a zoonotic infection that has adapted to humans.
 - Origin is uncertain although bats implicated.
 - Genetic analysis shows a great similarity to bat SARS-like coronavirus (genus *Betacoronavirus*, subgenus *Sarbecovirus*).

CLINICAL

- **COVID-19** (novel coronavirus disease-2019) is the disease, **SARS-CoV-2** is the virus.

Epidemiology

- COVID-19 cases
 - Reported in most countries performing testing and all continents except Antarctica
 - Declared a pandemic by the WHO
 - Real-time global reports available through Coronavirus COVID-19 Global Cases Dashboard by Johns Hopkins CSSE.
- Risk groups

Circumstantial Evidence against Wuhan Institute of Virology - Full Articles

PL-2022-00076 A-00000574372 UNCLASSIFIED [06/31/2023]

- Older age, especially > 65 yrs and people with comorbidities appear more likely to develop an infection and severe symptoms and be at risk for death.
 - Males are more affected, especially with critical illness COVID-19.
- Younger adults are also being hospitalized in the U.S.
 - Adults 20-44 account for 20% of hospitalizations, 12% of ICU admissions.
- Obesity appears to be emerging as a risk factor for ≥ 18 years.
- Children appear less symptomatic with infection and less prone to severe illness.
- Seasonality
 - Although typical respiratory coronaviruses are seen mostly in winter in the Northern Hemisphere, in some countries, such as Thailand, they circulate year-round.
 - Unclear if SARS-CoV-2 will follow the traditional respiratory season - with a decrease in the late spring and summer.
 - MERS-CoV is now seen sporadically year-round but more so during wintertime.

Transmission

- By respiratory droplets and by fomite. Virus found in respiratory secretions and saliva.
- Viral shedding by asymptomatic people may represent 25–50% of total infections.
 - Viral shedding may antedate symptoms by 1-2 days.
 - Viral titers are highest in the earliest phases of infection.
- Why widespread and rapid transmission occurs is not completely certain, and is provoking changes in public health recommendations as well as anxieties.
 - Asymptomatically infected people who shed and spread is a likely explanation.
 - People who are not ill will not as carefully take measures to avoid spread.
 - This is in large part the rationale behind universal mask use.
 - Aerosol spread could occur; thought to be mostly in hospital settings.
 - Airborne transmission frequency is debated.
 - Some widely publicized evidence is based on experimental aerosolization rather than human studies.
 - To date, there has not been a well documented case of aerosol transmission (e.g., through HVAC ventilatory systems or airplanes).
- Stool shedding also described later in disease, but uncertain what role, if any, that plays.

Incubation period

- Mean of 5-6 days, range 2-12.
- For people quarantined, 14d observation recommended to exclude infection, though 24d asymptomatic time from exposure described.
- Viral shedding occurs following recovery, but unclear what role this plays in transmission.
- Children and intrafamilial spread appear to be a growing means of transmission.
- Some suggest that high viral load may equate with disease severity, but studies to date have not standardized.

Symptoms

- Fever (44% - 98%)
 - Range may be lower at initial hospital presentation or in the outpatient setting.

- Cough (46–82%, usually dry)
- Shortness of breath at onset (31%)
- Myalgia or fatigue (11–44%)
- Loss of taste or smell
 - Potential sign in early infection, but not unique to COVID-19 as may be seen with other viral infections
- Less common symptoms:
 - Pharyngitis
 - Headache
 - Productive cough
 - GI symptoms
 - Have been described as a presenting symptom and potentially heralding more severe illness
 - Hemoptysis

Disease spectrum

- ~80% of infections are not severe and some may be asymptomatic.
- Illnesses caused by the virus can be either upper and lower respiratory tract infections.
- For hospitalized patients with pneumonia, limited studies suggest the disease course:
 - ~50% develop hypoxemia by day 8
 - Severe illness and cytokine release syndrome appear to develop mostly within 5–10d after symptom onset in susceptible patients.
 - Markers of a severe infection include regular high fevers (>39°C), RR > 30, worsening oxygen requirements (4–6L nasal cannula), also elevated IL-6 levels (> 40–100), CRP, ferritin, d-dimer.
 - ARDS develops in 17–29%
 - Patients in the ICU often require mechanical ventilation with prone positions recommended if poor lung compliance; ECMO used in some centers.
- Critical Illness experience (Washington State)[7]
 - Small patient series (n = 21)
 - Age: 70 (mean)
 - Comorbidities: in 86%
 - Duration of symptoms: 3.5d (mean)
 - Admission to ICU within 24h of hospitalization: 81%
 - Nearly all had radiographic abnormalities at presentation.
 - Leukopenia: in 67%
 - Mechanical ventilation: in 71%
 - ARDS in 100% of those who required mechanical ventilation, most developed within 72h.
 - Most patients were not in shock, but 67% received vasopressors.
 - Cardiomyopathy: developed in 33%
 - Unclear if direct viral effect v. critical illness stress

- Mortality: 67% (as of publication date)

Viral kinetics/immunopathogenesis: three scenarios described:[15]

- Paucisymptom patient: nasopharyngeal high viral titer (and virus in feces)
- Symptoms then decompensation (~day 10, respiratory decompensation): low viral titer compared to earlier in nasopharyngeal samples
- Progression/death: high viral titers in upper and lower respiratory samples plus persisting viremia

Differential diagnosis

- Cannot easily distinguish from other causes of a viral respiratory infection such as influenza or community-acquired pneumonia based only on clinical grounds,

COVID-19 testing

- With limited testing capacities in many U.S. locations, clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.
- The most common symptoms include fever (subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing), myalgia, or initial nausea/vomiting/diarrhea.
- Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections in a jurisdiction.

Priority 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system.

- Hospitalized patients
- Healthcare facility workers with symptoms

Priority 2

Ensures those at highest risk of complications of infection are rapidly identified and appropriately triaged.

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

Priority 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure the health of essential workers.

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

Non-priority

- Individuals without symptoms

†*Source:* U.S. Centers for Disease Control and Prevention. Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) Revised March 24, 2020.

Priorities for Testing Patients with Suspected COVID-19 Infection (CDC)†

- **In COVID-19 pneumonia**
 - Leukopenia in ~70% of hospitalized patients
 - LDH may be modestly elevated.
 - LFTs elevated more commonly than in typical Community-Acquired Pneumonia cases
 - Note: the detection of other respiratory viruses in COVID-19 may be as high as 20%.
 - Lab detection of viruses such as RSV, influenza, etc. should not result in the conclusion that SARS-2-CoV is not present.
 - Chest CT may show ground-glass opacities that may evolve into consolidation or ARDS.
 - Findings appear to peak at 10d of illness, resolution begins after day 14.
 - CT may show lung findings (such as ground-glass opacities) before the development of symptoms.
 - Among hospitalized patients, about one-third need to be in the ICU/intubated with an ARDS picture.
 - Elevations in IL-6 (> 40 100), CRP (> 10x normal), ferritin (> 1000) suggested correlating with a cytokine release syndrome-like picture and impending ARDS.
- **Confirmatory tests, molecular (PCR)**
 - The availability of testing growing, but capacity remains limited in many parts of the U.S.
 - - Quest and LabCorp offer PCR testing (3–4d turnaround); specimens must be performed in a medical office/institution, not at a laboratory site.
 - Rapid molecular tests now offered (GeneXpert Cepheid < 45 min, ID NOW COVID-19 Abbot < 15 min).
 - List of molecular tests approved under emergency use authorization (EUA) by the FDA
 - PCR sensitivity not known accurately
 - Likely < 90% depending on the assay used, sample procurement methods and stage of illness
 - Second and third NP swabs described as needed in some patients; lower respiratory specimens (e.g., BAL) may offer superior yields.
- **Serological testing**
 - In the U.S., since FDA has allowed bypass of federal approval, more assays will become available soon including point-of-care testing.
 - List of serological tests approved under emergency use authorization (EUA) by the FDA
 - However, reservations remain about the utility of available antibody tests and how trustworthy they may be for clinical decision-making.
 - Many currently offered tests may not have been sufficiently clinically validated.

- FDA has warned not to use these tests yet to implicate authentic infection, protective immunity, or to rule out infection.
 - Cannot rule out infection except with molecular respiratory tests
 - Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E.
- Serologic response
 - One study found the serologic response to a recombinant SARS-CoV-2 nucleocapsid: IgM 85.4%, IgA 92.7% (median 5d after the onset of symptoms), and IgG 77.9% (14d after onset).[8]
 - Another study from China using IgM and IgG SARS-CoV-2 specific antibodies found < 40% seropositive if illness less than 7d, rising to ~100% 15d or more after onset.
 - The contribution of asymptomatic persons with SARS-CoV-2 to the transmission is not well characterized but will be much better understood when validated antibody testing available.
- **Viral culture**
 - Not recommended
- Currently commercially available respiratory multiplex molecular panels WILL NOT detect COVID-19.
- Additional details and specimen procurement can be found on the [CDC website](#).
- See the Prevention section for screening recommendations.

Mortality

- Note that early data are from China; there appears to be great variability among countries with Italy appearing higher than others.
- The mortality rate from recent re-analysis of China experience [9th report, WHO Collaborating Center Imperial College, London, UK]:
 - Wuhan case fatality rate: 1.38% (0.66% if asymptomatic cases are included).
 - The actual rate remains uncertain due to insufficient serological testing as well as underreporting. Rates are likely to vary according to country/region/population and healthcare system capabilities.
- The mortality rate is less than that commonly ascribed to severe community-acquired pneumonia (12–15%) but more than seasonal influenza (~0.1%) by 6–10x.
- Most deaths in patients with comorbidities and often elderly (> 60 considered a "risk factor"), although healthy younger patients also described.

COVID-19 Mortality by Age and Pre-Existing Condition*

Age (yrs)	Case Fatality Rate (%)
80	14.8
70-79	8.0
60-69	3.6
50-59	1.3
40-49	0.4
30-39	0.2
20-29	0.2
10-19	0.2
0-9	None

Case fatality rate for COVID-19 based on age and pre-existing conditions.
 *Case Fatality Rate (%) = (number of deaths / number of COVID-19 cases) x 100 for each group
 Source: [Widdowson.com.au](http://widdowson.com.au), Accessed 14 March 2020.

- Mortality rates in the U.S. from early data (March 2020) compiled by the CDC:

Age (yrs)	Mortality Rate
≥85	10–27%
65–84	3–11%

Age (yrs)	Mortality Rate
55-64	1-3%
20-54	< 1%
≤19	0%

†Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. *MMWR Morb Mortal Wkly Rep.* ePub: 18 March 2020.[11]

Mortality rates for reported COVID-19 cases, by age group —United States†

SITES OF INFECTION

- Pulmonary
 - Co-infection with other viruses described
- GI
 - Some patients have nausea, vomiting, or diarrhea at the onset.
 - May herald more serious disease
 - The virus has been recovered from stool, but the significance is uncertain.

TREATMENT

General

- Supportive care, including oxygen, mechanical ventilation if needed
 - Prone positioning appears helpful if worsening despite intubation and ventilation.
 - [Johns Hopkins Medical Institution Guidance Document \(PDF document\)](#) is available with frequent updates for a more complete discussion of risks/benefits for using off-label medications for COVID-19.
- Depending on the capabilities of local health systems, public health officials may recommend those with minor symptoms to stay home and not seek care in health clinics or hospitals.
 - Limit medical care to those who are short of breath, have severe symptoms, or require oxygen and supportive care that is only available in a hospital.
- **No proven efficacy of any drug for humans as of April 21, 2020.**

Antivirals

Caution is advised as to whether any are effective or safe for COVID-19.

- A large number of antivirals and immunomodulators are being investigated for treatment or prophylaxis.

Circumstantial Evidence against Wuhan Institute of Virology - Full Articles

PL-2022-00076 A-00000574372 UNCLASSIFIED [06/31/2023]

- If a clinical trial available, consider enrolling patients rather than prescribing off-label drug use to assist in understanding whether intervention is efficacious for COVID-19.
- If considering off-label use of available medication, consider data known, risks of drug therapy. Many limit considerations only to patients at high risk for serious COVID-19 disease.
- Many types of drugs are under investigation including antivirals (protease inhibitors, influenza drugs, nucleoside analogs) anti-inflammatories, surface protein antagonists such as lecithins.[25]
- Much like with influenza, antiviral drugs if effective likely need to be started early in infection course or used as a preventative.

Candidate therapies: only widely discussed drugs listed below

- **Lopinavir/ritonavir (LPV/RTV)** widely used in China and elsewhere; however, COVID-19 RCT in hospitalized patients who also received other medications yielded no benefit but was given relatively late in the disease course.[6]
- **Chloroquine (CQ)** or **hydroxychloroquine (HCQ)**
 - Reported to have some efficacy *in vitro* and in limited, very low-quality evidence for COVID-19 pneumonia. The mechanism may be by interfering with cellular acidification in the phagolysosome.[18][19]
 - Much hype and preliminary reports of efficacy are from press releases or small studies.
 - Gautret et al. suggest decreased SARS-CoV-2 shedding in non-RCT of 36 patients; 6 patients in a post-hoc analysis who received HCQ combined with azithromycin had further viral carriage reduction.[10]
 - Original journal accepting this paper has withdrawn it from consideration due to the paper not being of the characteristics and standards for the journal.
 - Small sample size, lack of clinical outcomes, exclusion of patients who died or went to ICU, lack of paired stepwise statistical comparison means clinicians ought to not base decisions on these limited results, despite the widely interpreted lay conclusion that that HCQ + AZ is an effective combination.
 - Chen et al in an unpublished RCT of 30 patients did not find HCQ provided benefit.[36]
 - The study suggests that if HCQ has an impact, it is likely small.
 - Chloroquine is not generally available in the U.S.; many reporting shortages of hydroxychloroquine.
 - HCQ may cause prolonged QT, and caution should be used in critically ill COVID-19 patients who may have cardiac dysfunction or if combined with other drugs that cause QT prolongation.
- **Remdesivir** (Gilead; used to treat Ebola)
 - Currently in trials in Wuhan and U.S.; activity is seen *in vitro* with SARS-2-CoV, MERS-CoV (also including MERS-CoV primate studies).
 - Likely the most promising drug
 - The drug has been used in the U.S. under compassionate use; now limited only to pregnancy and children < 18 yrs.

- **Osetamivir**
 - Frequently prescribed because of concern of influenza, which is clinically similar to COVID-19; no known effectiveness against SARS-CoV-2
 - **Baloxivir**
 - No known activity
 - **Favipiravir** (aka T-705, Avigan, or favilavir)
 - Anti-influenza drug available in China and Japan; in clinical trials
 - **Ribavirin**
 - Often proposed along with an interferon product to treat RNA viruses; in clinical trials
- Immunomodulators**
- Many agents under consideration in clinical trials or proposed roles
 - Most initial interest regards anti-IL6 agents, to interrupt hyperinflammatory responses that resemble cytokine release syndromes and cause lung injury.
 - RCTs are in progress to examine the impact on both early and late use of such drugs.
 - **Tocilizumab**: an FDA-approved anti-IL6R agent for CAR-T cell cytokine release syndrome; limited supplies in the U.S.
 - Unpublished study from China[37]
 - 21 total patients, 17 “severe” COVID-19, 4 critical illness
 - Lower O₂ requirements in 1 week and better CT findings
 - All survived
 - Anecdotal reports from large centers with experience suggest some with rapid improvement, with improved oxygenation often within 24–48 hrs of administration.
 - Some suggest it may be more effective earlier in the disease course (worsening pulmonary status, peri-intubation) than in ARDS (many days on the ventilator) with lung and organ injury more advanced.
 - Dosing typically 8 mg/kg x single dose
 - Other potential drugs under discussion or study; some use anecdotally reported:
 - Sarilumab (anti-IL6R)
 - Siltuximab (anti-IL6)
 - 11 mg/kg IV x single dose
 - Anakinra (anti-IL1)
 - anti-GM-CSF
 - Monoclonal antibodies, specific to SARS-CoV-2, in development
- Convalescent plasma or serum; or IVIG**
- Convalescent plasma or serum-containing neutralizing antibodies against SARS-CoV-2**
- Proposed as a useful treatment
 - RCTs for prophylaxis, early and late COVID-19 treatment are in progress.

- Plausibility based on successful historical use:
 - Bacterial diseases including toxin-based diphtheria, pneumococcal pneumonia)
 - Viral diseases in animal models.
 - Post-exposure prophylaxis for hepatitis A and B, mumps, polio, measles and rabies.
- Prior treatment studies
 - Suggest an impact on influenza, SARS, and Middle East Respiratory Syndrome (MERS)
 - In the largest treatment study against SARS, 80 patients in Hong Kong who were treated prior to d14 had a shorter length of stay defined as discharge before d22.[33]
- Studies in COVID-19
 - An uncontrolled case series of 5 critically ill patients with COVID-19 and ARDS showed improvements in clinical status after convalescent plasma containing neutralizing antibodies was administered.[9]
 - Other clinical trials with convalescent plasma are underway.
- Risks
 - Pathogen transmission (~1 per 2 million transfusions for HIV/HBV/HCV)
 - Allergic transfusion reactions
 - Transfusion-associated circulatory overload (TACO)
 - Transfusion-related acute lung injury (TRALI)
 - Risk < 1 per 5000, potentially higher in COVID-19 due to pulmonary epithelial injury
 - Risk lower if routine donor screening includes HLA antibody screening of female donors with a history of pregnancy.
- Use under Emergency Investigational New Drug (eIND)
 - FDA has authorized an eIND for expanded access for convalescent serum
 - A licensed physician must request, but FDA does not provide the serum, rather the requestor must procure from a blood bank.
 - Eligible patients for use under expanded access provisions:
 - Must have laboratory-confirmed COVID-19
 - Must have severe or immediately life-threatening COVID-19
 - Severe disease is defined as:
 - Dyspnea,
 - Respiratory frequency $\geq 30/\text{min}$,
 - Blood oxygen saturation $\leq 93\%$,
 - Partial pressure of arterial oxygen to fraction of inspired oxygen ratio < 300 , and/or
 - Lung infiltrates $> 50\%$ within 24 to 48 hours
 - Life-threatening disease is defined as:
 - Respiratory failure,
 - Septic shock, and/or
 - Multiple organ dysfunction or failure
 - Must provide informed consent

Intravenous immunoglobulin (IVIG)

- Proposed as an intervention in the setting of viral-induced lung injury/ARDS that appears to be due to disordered regulatory T cells with a hyperimmune response
- Better characterized in influenza-related ARDS, but COVID-19 appears similar.
- Pooled IVIG reduces immune responses through multiple mechanisms including lessening interrupting complement cascade, lessening activated CD4+ and cytotoxic CD8+ T cells.
- No clinical trial data to back use

Monoclonal antibodies specific to SARS-CoV-2

- May become an alternative to convalescent plasma or serum when available.

Prevention

- No vaccine is currently available.
 - Multiple candidate vaccines are in development.
 - Convalescent plasma or serum has been proposed; studies are underway.
- As a newly described virus, much remains to be learned.
 - Travel restrictions, quarantines, school/work closings, social distancing helpful to lower R_0 (contagiousness of infection) but whether to loosen or lift a considerable debate among public health officials and politicians.[3]
 - Difficulty sorting other causes of respiratory illness from the novel coronavirus, especially during influenza season
- Healthcare workers and health systems in the U.S.
 - Recommend following CDC Guidance for Risk Assessment and Public Health Management of SARS-CoV-2 (2019-nCoV)[35]
 - Debate exists whether standard contact and respiratory droplet precautions are sufficient (as with SARS, MERS) versus aerosol/airborne precautions.
 - Current CDC recommendations are for aerosol (e.g., use of negative pressure isolation), but if resources strained, then pivot to droplet and standard precautions.
- General measures recommended:
 - Avoid sick individuals.
 - Wash hands with soap and water x 20 seconds before eating, after cough/sneezing or bathroom visits.
 - Social distancing maneuvers include keeping spacing >6 feet from other people.
 - Masks now universally recommended when in public.
 - Don't touch the face, eyes, etc.
 - Stay home if ill.
 - Cover your sneeze.
 - Disinfect frequently touched household objects.
 - Current CDC recommendations do not suggest using a facemask for protection, though this is debated as a routine for all or special populations such as HCWs when interacting with all patients.

Complications

- Heme: anecdotal reports of substantial rates of DVT and PE in critically ill patients. Some centers using low molecular weight heparin for prevention, others calling against.

- Unclear if COVID-19 associated incidence of venous thromboembolism higher than what is reported customarily in ICU populations despite prophylaxis (~8-9%).
- CNS: Encephalitis or encephalopathy
- Secondary infection
 - Limited data on incidence because many COVID-19 patients are treated empirically with antibacterials for pneumonia.
 - Appears particularly in critically ill patients and those with prolonged hospitalizations.
 - Wuhan experience suggested a 10–20% incidence of bacterial and fungal infections, with a higher percentage in patients who died.
 - Anecdotal experiences growing regarding concern for the development of pulmonary aspergillosis.

FOLLOW UP

- Early Wuhan experience suggested a case fatality rate as high as 4.3%, but likely 2% elsewhere in China.
 - Preliminary evidence suggests two strains of SARS-2-CoV circulating: one associated with milder illness (~30%), the other with severe illness (70%). Additional sequencing studies may help define if further mutations may lessen virulence and also help trace spread.
- Case fatality rates in other countries (as of March 2020) appear lower, but are higher in elderly, sick populations (e.g., Evergreen Health, Seattle, WA; Northern Italy).
- Preliminary evidence in humans and SARS-CoV-2 infected rhesus macaques suggest that reinfection does not occur.
- Most but not all patients recovered from COVID-19 producing neutralizing antibodies that are likely sufficiently protective against infection.
 - Coronaviruses immunity may not be long-lasting (e.g., 1 to 3 years) based on work with routine coronaviruses, SARS and MERS.
- Advice for COVID-19 (–) patients and self-isolation/quarantine:
 - Healthcare settings: the current requirement is 2 sequential negative COVID-19 RT-PCR tests before airborne precautions can be lifted. However, viral RNA may be shed for 2-3 weeks or longer in many patients; unclear if this represents infectious risk.
 - Outpatients:
 - CDC
 - Three days without any fever or respiratory symptoms (not using cough suppressants, etc) and no less than 7d after symptom onset
 - Patients who have impaired ability to make antibodies (e.g., immunosuppressed patients) are likely to shed virus longer.
 - WHO: 2 weeks, symptom-free

OTHER INFORMATION

- Recommendations to consider testing for all respiratory symptomatic patients will be limited by the availability of SARS-CoV-2 testing.
- Severe illness is likely to strike the same populations at high risk for complications of seasonal influenza (e.g., elderly, immunosuppressed, and comorbidities).
- The case fatality rate is probably higher than seasonal influenza ($\leq 0.1\%$) but may be lower than initially reported ($\sim 2\text{-}4\%$) but limited testing and lack of careful epidemiology survey makes this difficult to define but may be different in some countries as social distancing interventions and other factors differ.
 - Current estimates suggest COVID-19 is $\sim 6\text{-}10\text{x}$ worse than seasonal influenza but has a steep age gradient.
 - Serological testing of larger populations will give a clearer picture of infectious impact.

See also

- [COVID-19: Are We Getting Ahead? \(Webinar Series\)](#)

References

1. Al-Tawfiq JA, Al-Homoud AH, Memish ZA. Remdesivir as a possible therapeutic option for the COVID-19. *Travel Med Infect Dis*. 2020. [PMID:32145386]
Comment: This parenteral agent appears to be the most promising agent from in vitro and animal data (from MERS-CoV). We await RCT information from China, hopefully, available in April 2020.
2. Colson P, Rolain JM, Lagier JC, et al. Chloroquine and hydroxychloroquine as available weapons to fight COVID-19. *Int J Antimicrob Agents*. 2020. [PMID:32145363]
Comment: Raoult knows these drugs well from Q fever and Whipple's disease studies. Caution though is that preliminary in vitro data rarely translates into effectiveness in human infection, hence a plea to only trial drugs within an RCT. How this drug may work is alkalinizing the phagolysosome within cells and may have had some effectiveness in SARS. Early study in China of the in vitro activity of chloroquine against SARS-CoV-2, discovered during culture tests on Vero E6 cells with 50% and 90% effective concentrations (EC50 and EC90 values) of 1.13 μM and 6.90 μM , respectively (antiviral activity being observed when addition of this drug was carried out before or after viral infection of the cells)
3. Chinazzi M, Davis JT, Ajelli M, et al. The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak. *Science*. 2020. [PMID:32144116]
Comment: Although extraordinary measures may have slowed or stopped COVID-19 in China, questions remain whether this is durable and at what cost to society? It may buy time but effective drugs or vaccines remain in the far future it seems. Authors suggest "the travel quarantine of Wuhan delayed the overall epidemic progression by only 3 to 5 days in Mainland China, but has a more marked effect at the international scale, where case importations were reduced by nearly 80% until mid-February. Modeling results also indicate that sustained 90% travel restrictions to and from Mainland China only modestly affect the epidemic trajectory unless combined with a 50% or higher reduction of transmission in the community."

4. Mizumoto K, Chowell G. Estimating Risk for Death from 2019 Novel Coronavirus Disease, China, January-February 2020. *Emerg Infect Dis.* 2020;26(6). [PMID:32168464]
Comment: An early report and these typically have higher rates of infection due to concentrated, very ill patients than later in epidemics. Authors estimate of the risk for death in Wuhan reached values as high as 12% in the epicenter of the epidemic and \approx 1% in other, more mildly affected areas. The elevated death risk estimates are probably associated with a breakdown of the healthcare system.
5. Liu W, Zhang Q, Chen J, et al. Detection of Covid-19 in Children in Early January 2020 in Wuhan, China. *N Engl J Med.* 2020. [PMID:32163697]
Comment: A retrospective look at 366 children hospitalized for respiratory illness. SARS-CoV-2 detected only in 6 (1.6) of patients. Only 1 of the COVID children required ICU care. Of the COVID patients, fever and cough were common and four had pneumonia.
6. Cao B, Wang Y, Wen D, et al. A Trial of Lopinavir-Ritonavir in Adults Hospitalized with Severe Covid-19. *N Engl J Med.* 2020. [PMID:32187464]
Comment: This trial did not yield benefits when given in hospitalized patients with c19. Whether the drug would work if administered earlier is unclear, but has low in vitro activity against this virus compared to HIV.
7. Arentz M, Yim E, Klaff L, et al. Characteristics and Outcomes of 21 Critically Ill Patients With COVID-19 in Washington State. *JAMA.* 2020. [PMID:32191259]
Comment: Most notable finding is the high rate of cardiac complications that is unclear whether directly viral or related to critical illness. As this is a small series, further reports are needed to confirm.
8. Guo L, Ren L, Yang S, et al. Profiling Early Humoral Response to Diagnose Novel Coronavirus Disease (COVID-19). *Clin Infect Dis.* 2020. [PMID:32198501]
Comment: Authors used a nucleocapsid-based antibody for the detection of antibodies against SARS-CoV-2. IgM and IgA antibodies were found 5 days (IQR 3-6) after symptom onset, while IgG was detected on 14 days (IQR 10-18). Positive responses overall were seen as IgM 85.4%, IgA 92.7% and IgG 77.9% respectively. Considering both confirmed and probable cases, the positive rates of IgM antibodies were 75.6% and 93.1%, respectively. The detection efficiency by IgM ELISA is higher than that of qPCR method after 5.5 days of symptom onset. The positive detection rate is significantly increased (98.6%) when combined IgM ELISA assay with PCR for each patient compare with a single qPCR test (51.9%).
9. Shen C, Wang Z, Zhao F, et al. Treatment of 5 Critically Ill Patients With COVID-19 With Convalescent Plasma. *JAMA.* 2020. [PMID:32219428]
Comment: A small study of 5 patients who required mechanical ventilation who appeared to benefit from convalescent plasma containing neutralizing antibodies, though also received methylprednisolone and putative antiviral therapies directed against SARS-CoV-2 infection. Authors suggest that many parameters improved including in the 4 ARDS patients.
10. Gautret P, Lagier JC, Parola P, et al. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *Int J Antimicrob Agents.* 2020. [PMID:32205204]
Comment: In this observational, non-randomized very small study (n=36) patients with SARS-CoV2 infection (6 patients were asymptomatic, 22 had URTI, 8 had LRTI) who received hydroxychloroquine 200 mg q8h for 10 days (n = 20) were compared to controls (n=16, patients who did not receive hydroxychloroquine). On day 6, 70% of patients in hydroxychloroquine group clearance of virus compared to 12.5% in control group (p=0.001).

Study excluded from analysis patients who were lost to follow up (e.g. escalation of care, death, incomplete treatment). No clinical outcomes were reported. Six patients in this study also received azithromycin along with hydroxychloroquine. Authors concluded that combination therapy was more effective in clearing virus, however this was not statistically significant and groups were not well balanced at baseline (e.g. more patients in monotherapy had lower CT values).

11. CDC COVID-19 Response Team. Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) - United States, February 12-March 16, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(12):343-346. [PMID:32214079]
Comment: US experience to date differs from China's experience in that a higher proportion of hospitalizations are among the not elderly.
12. Bourouiba L. Turbulent Gas Clouds and Respiratory Pathogen Emissions: Potential Implications for Reducing Transmission of COVID-19. *JAMA.* 2020. [PMID:32215590]
Comment: Wading into the aerosol v. droplet debate, the suggestion that forceful uncovered sneezes may cause infectious droplets to go beyond the 6 ft range currently advised by the CDC. This concern has prompted universal mask wear for HCWs, but also for the general public. There may be people who are not ill and therefore sneeze or cough, asymptomatic shedding and dispersing virus.
13. Jin X, Lian JS, Hu JH, et al. Epidemiological, clinical and virological characteristics of 74 cases of coronavirus-infected disease 2019 (COVID-19) with gastrointestinal symptoms. *Gut.* 2020. [PMID:32213556]
Comment: Paper suggests that some patients presented with GI symptoms as part of COVID-19. 11.4% of 651 in this study from Zhejiang University in Hangzhou. A caveat is their definition of GI included nausea only in addition to diarrhea and vomiting as they only needed one of the three to qualify for GI symptoms. They also suggested that patients who had GI had more severe COVID infection.
14. Giacomelli A, Pezzati L, Conti F, et al. Self-reported olfactory and taste disorders in SARS-CoV-2 patients: a cross-sectional study. *Clin Infect Dis.* 2020. [PMID:32215618]
Comment: Authors report on patients in earlier phases of COVID-19 infection, 20 (33.9%) reported at least one taste or olfactory disorder and 11 (18.6%) both. This is not unique though as other viral respiratory infections may also cause these symptoms.
15. Lescure FX, Bouadma L, Nguyen D, et al. Clinical and virological data of the first cases of COVID-19 in Europe: a case series. *Lancet Infect Dis.* 2020. [PMID:32224310]
Comment: Series of only five patients from France; however, the descriptions of three potential phenotypes may offer insights into different viral- and immuno-pathogenesis. 1. Paucisymptom patient: nasopharyngeal high viral titer (and virus in feces), 2. Symptoms then decompensation (~day 10, respiratory decompensation): low viral titer compared to earlier in nasopharyngeal samples and 3. Clinical progression/death: high viral titers in upper and lower respiratory samples plus persisting viremia.
16. Zhu N, Zhang D, Wang W, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *N Engl J Med.* 2020. [PMID:31978945]
Comment: An early report includes electron microscopy photomicrographs as well as sequence analysis of what is now termed COVID-19 disease and SARS-2-CoV virus.
17. Zhou P, Yang XL, Wang XG, et al. A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Nature.* 2020. [PMID:32015507]

Comment: Authors have sequenced what is now termed SARS-2-CoV. Its genome 79.5% sequence identify to SARS-CoV. Furthermore, it was found that 2019-nCoV is 96% identical at the whole-genome level to a bat coronavirus.

18. Gao J, Tian Z, Yang X. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Biosci Trends*. 2020. [PMID:32074550]

Comment: An early report that suggests the antimalarial chloroquine has shown efficacy against COVID-19 infection in Chinese trials. Of note, this drug has been tried for CHIKV and others without good virological effect.

19. Wang M, Cao R, Zhang L, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. *Cell Res*. 2020. [PMID:32020029]

Comment: Summary of earlier in vitro studies suggesting drugs that may work against COVID-19. Remdesivir is currently under investigation in the Wuhan epidemic. This drug has also shown activity in a rhesus macaque model of MERS-CoV.

20. Bajema KL, Oster AM, McGovern OL, et al. Persons Evaluated for 2019 Novel Coronavirus - United States, January 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(6):166-170. [PMID:32053579]

Comment: People evaluated as per this report in the US mostly were those with a history of travel/contacts from Wuhan City, China which is the apparent epicenter of this epidemic. Of 210 people, 148 (70%) had travel-related risk only, 42 (20%) had close contact with an ill laboratory-confirmed 2019-nCoV patient or PUI, and 18 (9%) had both travel- and contact-related risks. Eleven of these persons had a laboratory-confirmed 2019-nCoV infection. Given reports now around the globe, it is unclear if testing only those with potential links to China is prudent, but the current availability of test kits from the CDC likely precludes wider testing until either FDA-approved or EUA approval is given to current commercially available respiratory panels to include COVID-19.

21. Benvenuto D, Giovanetti M, Salemi M, et al. The global spread of 2019-nCoV: a molecular evolutionary analysis. *Pathog Glob Health*. 2020. [PMID:32048560]

Comment: Strain analysis to date of COVID-19 suggests that they are very similar to bat SAR-like coronavirus.

22. Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. *JAMA*. 2020. [PMID:32031570]

Comment: One of the initial major reports of the Wuhan COVID-19 epidemic. In this series, the median age was 56 and slightly more men (54%) affected. Predominant symptoms include fever, fatigue and dry cough. Leukopenia was seen in ~70%. Thirty-six patients (26.1%) were transferred to the intensive care unit (ICU) because of complications, including acute respiratory distress syndrome (22 [61.1%]), arrhythmia (16 [44.4%]), and shock (11 [30.6%]).

23. Ai T, Yang Z, Hou H, et al. Correlation of Chest CT and RT-PCR Testing in Coronavirus Disease 2019 (COVID-19) in China: A Report of 1014 Cases. *Radiology*. 2020. [PMID:32101510]

Comment: Chest CT shows early ground-glass infiltrates which may offer speedier "diagnosis" than PCR studies in an epidemic setting as a first finding if molecular assays not readily available.

24. Kam KQ, Yung CF, Cui L, et al. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load. *Clin Infect Dis*. 2020. [PMID:32112082]

Comment: No surprise, here an infant sheds high levels of the virus but is without symptoms. Children are well known "vectors" of viral infection often without significant disease is well known for regular coronavirus infections, influenza and others.

25. Harrison C. Coronavirus puts drug repurposing on the fast track. *Nat Biotechnol.* 2020. [PMID:32205870]

Comment: A look at the clinicaltrials.gov and Chinese clinical trial web sites that have registered trials.

26. Wölfel R, Corman VM, Guggemos W, et al. Virological assessment of hospitalized patients with COVID-2019. *Nature.* 2020. [PMID:32235945]

Comment: A small but well-conducted study looking at 9 cases with most patients on day 1 having mild or prodromal symptoms. Key findings include finding virus in upper respiratory tissues with no difference between nasopharyngeal and oropharyngeal speeding which was very high during the first week of illness, but not in stool. Viral RNA remained in sputum beyond the resolution of symptoms. Seroconversion occurred by day 7 in 50% of patients but by day 14 in 100%. Despite the knowledge gained about viral kinetics, this paper offers proof that illness may also present as a routine upper respiratory tract infection without pneumonia or lower tract symptoms.

27. Grein J, Ohmagari N, Shin D, et al. Compassionate Use of Remdesivir for Patients with Severe Covid-19. *N Engl J Med.* 2020. [PMID:32275812]

Comment: Early experience with this antiviral in severe COVID-19 illness, found that there was an improvement in 36 of 53 patients (68%). Seven patients (13%) died; mortality was 18% (6 of 34) among patients receiving invasive ventilation and 5% (1 of 19) among those not receiving invasive ventilation. The lack of a control arm makes this number difficult to understand whether the drug is helpful. As authors indicate, there is a need to await RCT data.

28. Kim D, Quinn J, Pinsky B, et al. Rates of Co-infection Between SARS-CoV-2 and Other Respiratory Pathogens. *JAMA.* 2020. [PMID:32293646]

Comment: Series of 1217 specimens analyzed for respiratory viruses, found 116/1217 specimens (9.5%) were positive for SARS-CoV-2 and 318 (26.1%) were positive for 1 or more non-SARS-CoV-2 pathogens. Within the SARS-CoV-2 positive specimens, 24 (20.7%) were positive for 1 or more additional pathogens. The most commonly detected co-infections were rhinovirus/enterovirus (6.9%), respiratory syncytial virus (5.2%), and non SARS-CoV-2 Coronaviridae (4.3%). This report yielded higher viral co-pathogen rates than earlier COVID-19 studies, but similar to the co-infection rates seen with many standard respiratory viral illnesses. Importantly, this means that finding a virus other than the SARS-CoV-2 should not be grounds for concluding that COVID-19 is not present.

29. Chow EJ, Schwartz NG, Tobolowsky FA, et al. Symptom Screening at Illness Onset of Health Care Personnel With SARS-CoV-2 Infection in King County, Washington. *JAMA.* 2020. [PMID:32301962]

Comment: Syndromic screening that used fever and respiratory symptoms failed to detect SARS-CoV-2 infection (often at high titer) in 17% of HCWs presenting for assessment. While limited testing has forced decisions to screen people at a higher likelihood of infection, the wide range of potential COVID-19 infection means that some may unknowingly work and spread the virus. This no doubt is one reason the virus has spread so rapidly.

30. Kissler SM, Tedijanto C, Goldstein E, et al. Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period. *Science.* 2020. [PMID:32291278]

Comment: These models examine the potential impacts of whether there is short or longer-term immunity to SARS-CoV-2 or seasonality to the virus. These factors will play into whether there is a resurgence of the virus. Additional factors such as social distancing, therapeutic drugs and vaccines will also play a role.

31. Grasselli G, Zangrillo A, Zanella A, et al. Baseline Characteristics and Outcomes of 1591 Patients Infected With SARS-CoV-2 Admitted to ICUs of the Lombardy Region, Italy. *JAMA*. 2020. [PMID:32250385]

Comment: A large critical care experience derived from Northern Italy had 1591 patients who 68% had 1 comorbidity and 82% were male. Mortality as of the 3/25/20 writing date was 26%.

32. Chen T, Wu D, Chen H, et al. Clinical characteristics of 113 deceased patients with coronavirus disease 2019: retrospective study. *BMJ*. 2020;368:m1091. [PMID:32217556]

Comment: Patients in this Chinese retrospective study were older (median 68 yrs), male (73%) and had cardiovascular disease, including hypertension. While ARDS was common, acute cardiac injury and heart failure were also felt to contribute to high mortality.

33. Cheng Y, Wong R, Soo YO, et al. Use of convalescent plasma therapy in SARS patients in Hong Kong. *Eur J Clin Microbiol Infect Dis*. 2005;24(1):44-6. [PMID:15616839]

Comment: SARS paper that may inform COVID-19 infection. Benefit from convalescent plasma for treatment suggested by earlier discharge.

34. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings. *U.S. Centers for Disease Control and Prevention*. [https://www.cdc.gov...]

35. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19). *U.S. Centers for Disease Control and Prevention*. [https://www.cdc.gov...]

36. Chen J, et al. A pilot study of hydroxychloroquine in treatment of patients with common coronavirus disease-19 (COVID-19) PREPRINT, JOURNAL OF ZHEJIANG UNIVERSITY March 2020 [http://subject.med.wanfangdata.com.cn...]

Comment: An unpublished study of 30 patients but in an RCT did not show a demonstrable effect with HCQ. This study while negative given its small size, does mean that if HCQ has an effect it is likely small, so a much larger study would be needed to show effect.

37. Xu X et al. Effective Treatment of Severe COVID-19 Patients with Tocilizumab. Unpublished study. 2020 [http://chinaxiv.org...]

Comment: Unpublished, a not yet peer-reviewed report from China on 21 patients in China hospitalized with COVID-19 and received tocilizumab. Most patients had a marked improvement in oxygen needs within 24h of IL6R mab administration. This suggests that interruption of a key cytokine might reverse the "storm" that appears to cause ARDS and further organ injury in a subset of patients.

38. Gritti G, Raimondi F, Ripamonti D, et al. Use of siltuximab in patients with COVID-19 pneumonia requiring ventilatory support, [https://www.medrxiv.org/content/10.1101/2020.04.01.20048561v1 (accessed 4/5/20)]

Comment: Unpublished preprint, using an anti-IL6 mab, in 21 patients with advanced COVID-19 pneumonia or ARDS. Following administration, 33% (7/21) improved, 43% (9/21) stabilized without identifiable change, and 24% (5/21) worsened. This uncontrolled

Circumstantial Evidence against Wuhan Institute of Virology - Full Articles

~~PL-2022-00076 A-00000574372 UNCLASSIFIED [08/31/2023]~~

study suggests that if such a drug is helpful for cytokine release syndrome from COVID-19, it may be more difficult to improve the sickest, i.e., ill the longest and with most lung damage.
Last updated: April 27, 2020

22.

<https://web.archive.org/web/20200329040520/https://www.marketwatch.com/story/china-scientists-want-to-patent-gilead-drug-to-treat-coronavirus-patients-2020-02-06>

Associated Press

China scientists want to patent Gilead drug to treat coronavirus patients

Published: Feb. 6, 2020 at 1:44 a.m. ET

By

Associated Press



A woman wearing a face mask passes a Public Health England sign, warning arriving passengers that a virus, Coronavirus, has been detected in Wuhan in China, at Terminal 4 of London Heathrow Airport in west London on January 28, 2020. -

AFP via Getty Images

BEIJING (AP) — Scientists in the city at the center of China's virus outbreak have applied to patent a drug made by U.S. company Gilead Science Inc. to treat the disease, possibly fueling conflict over technology policy that helped trigger Washington's tariff war with Beijing.

Circumstantial Evidence against Wuhan Institute of Virology - Full Articles

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The government-run Wuhan Institute of Virology said this week it applied for the patent in January along with a military laboratory. An institute statement acknowledged there are “intellectual property barriers” but said it acted to “protect national interests.”

Granting its own scientists a patent might give the Chinese government leverage in negotiations over paying for the drug. But it also might fuel complaints Beijing abuses its regulatory system to pressure foreign companies to hand over valuable technology.

On Thursday, the official Xinhua News Agency said clinical trials of the drug, remdesivir, were due to start.

Gilead, headquartered in Foster City, California, said it applied in 2016 for a Chinese patent on use of remdesivir against coronaviruses and is waiting for a decision. The coronavirus family includes the novel coronavirus, or 2019-nCoV, blamed for the outbreak in Wuhan.

“Gilead has no influence over whether a patent office issues a patent to the Chinese researchers,” said a company spokesman, Ryan McKeel. “Their application has been filed more than three years after Gilead’s filing and will be considered in view of what is already known about the compound and pending patent applications.”

The institute said its application was filed Jan. 21. Two days later, Chinese authorities suspended most access to Wuhan, a city of 11 million people. That lockdown has expanded to surrounding cities and some in other provinces, isolating a total of about 60 million people in the most sweeping anti-disease measures ever imposed.

China has the right under World Trade Organization rules to declare an emergency and compel a company to license a patent to protect the public. It would be required to pay a license fee that is deemed fair market value.

The government might be able to avoid that fee if the patent were granted to the Wuhan institute, part of the elite Chinese Academy of Sciences.

The institute said it applied for a “use patent” that specifies the Wuhan virus as the drug’s target. Gilead’s patent application, filed before the virus was identified, cites only the overall family of coronaviruses.

The Chinese researchers made their patent application “from the perspective of protecting national interests,” said the institute statement.

“If relevant foreign companies plan to contribute to China’s epidemic prevention and control, we both agree that if the state needs it, we will not require enforcement of rights given by the patent,” it said.

Gilead said last week it was working with U.S. and Chinese health authorities on studying remdesivir. The company said it has provided the drug for emergency use in a small number of patients with the Wuhan virus “in the absence of any approved treatment options.”

23.

<https://web.archive.org/web/20200326060714/https://sfist.com/2020/02/06/bay-area-based-gilead-donates-experimental-anti-viral-drug-to-china/>

Bay Area-Based Gilead Sees Potential Legal Conflict With China Over Its Coronavirus Drug

The Foster City-based pharmaceutical company Gilead Sciences, which specializes in antiviral drugs, recently donated some of its experimental drug remdesivir for use in studying potential treatments for the Wuhan coronavirus. But a legal fight is brewing after Gilead applied for a Chinese patent for the drug in 2016, and still has not received one, and a group of researchers in Wuhan just applied for their own patent for Gilead's drug last month.

As the coronavirus outbreak worsens in central China, doctors have yet to identify a drug treatment that is effective against the virus. Remdesivir, which was developed to treat Ebola, may be an effective treatment against the family of coronaviruses. It is currently being used in combination with an HIV drug, ritonavir, to treat a pair of Chinese nationals with the coronavirus at a hospital in Rome after they became ill in Italy, as the New York Times reports.

But now as more doctors want to try treating patients with the drug near ground zero of the outbreak in Wuhan, the government-run Wuhan Institute of Virology announced this week that it had applied for a "use patent" for remdesivir. Their patent specifies the use of the drug to treat the novel coronavirus, while Gilead's three-plus-year-old patent application only specified using remdesivir to treat the family

of coronaviruses. The Chinese researchers' application was filed January 21.

As the Associated Press reports, this all comes back to the trade war with China, and the country's practice of "abus[ing] its regulatory system to pressure foreign companies to hand over valuable technology."

Ryan McKeel, a spokesperson for Gilead, tells the AP, "Gilead has no influence over whether a patent office issues a patent to the Chinese researchers. Their application has been filed more than three years after Gilead's filing and will be considered in view of what is already known about the compound and pending patent applications."

For their part, the Chinese authorities have acknowledged that there may be "intellectual property barriers," but they said the patent application had been made in order to "protect national interests."

Per the AP, "China has the right under World Trade Organization rules to declare an emergency and compel a company to license a patent to protect the public. [But] It would be required to pay a license fee that is deemed fair market value." If the Chinese researchers' patent goes through, China might avoid paying that fee to Gilead.

Clinical trials involving remdesivir and other antiviral treatments — as well as some traditional Chinese remedies — are set to begin soon. Remdesivir has yet to be approved for treatment of anything, anywhere in the world. But Gilead said last week it would be cooperating with Chinese health authorities to study the use of the drug.

As of Thursday there were over 28,000 cases of coronavirus infection reported in mainland China, with 24 more in Hong Kong, and 158 elsewhere in Asia. The death toll from the virus now stands at 567, and that now includes the whistleblower doctor who was reprimanded by the Chinese government for spreading "rumors" about the new

virus back in December. As the AP reports, 34-year-old ophthalmologist Dr. Li Wenliang himself succumbed to the virus this week at Wuhan Central Hospital. On the hospital's social media account, it said, "We deeply regret and mourn this."

**24. *Preventing Biological Threats: What You Can Do*, Simon Whitby, et al.,
Bradford Disarmament Research Centre, University of Bradford, UK.**

From: "Stilwell, David R" (b)(6)@state.gov>
To: Oudkirk, Sandra S (b)(6)@state.gov>
Subject: COVID Origins Question
Date: Wed, 23 Dec 2020 23:29:35 +0000

For AMB Banks. Thanks.

AMB Banks,

Big lesson from all of this for me is that it's not safe to assume that scientists are somehow immune from becoming politicized. Look at their research, their access, and their funding to understand the full picture.

We can't prove the origins because Beijing won't let anyone in to investigate. Australia has absorbed a lot of abuse for having the cheek to suggest an investigation. I think we should turn the tables and put it on China to prove it DIDN'T come from the lab.

Best,
Dave

Covid: Wuhan scientist would 'welcome' visit probing lab leak theory

By John Sudworth
BBC News, Yunnan

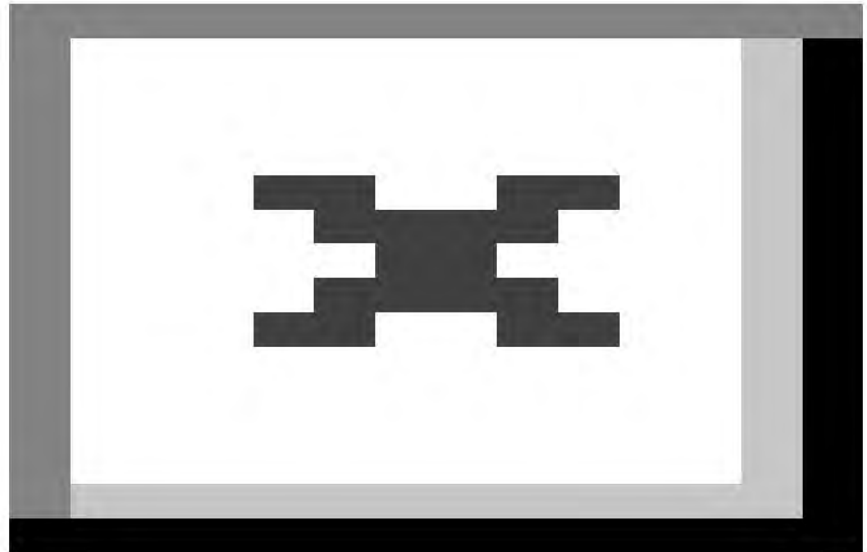
BBC team came across roadblocks as they tried to report on research into viruses that bats carry

A Chinese scientist at the centre of unsubstantiated claims that the coronavirus leaked from her laboratory in the Chinese city of Wuhan has told the BBC she is open to "any kind of visit" to rule it out.

The surprise statement from Prof Shi Zhengli comes as a World Health Organization team prepares to travel to Wuhan next month to begin its investigation into the origins of Covid-19.

The remote district of Tongguan, in China's south-western province of Yunnan, is hard to reach at the best of times. But when a BBC team tried to visit recently, it was impossible. Plain-clothes police officers and other officials in unmarked cars followed us for miles along the narrow, bumpy roads, stopping when we did, backtracking with us when we were forced to turn around.

We found obstacles in our way, including a "broken-down" lorry, which locals confirmed had been placed across the road a few minutes before we arrived.

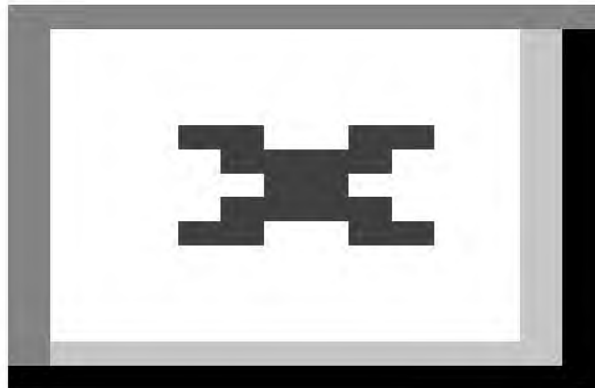


And we ran into checkpoints at which unidentified men told us their job was to keep us out.

At first sight, all of this might seem like a disproportionate effort given our intended destination, a nondescript, abandoned copper mine in which, back in 2012, six workers succumbed to a mystery illness that eventually claimed the lives of three of them. But their tragedy, which would otherwise almost certainly have been largely forgotten, has been given new meaning by the Covid-19 pandemic.

Those three deaths are now at the centre of a major scientific controversy about the origins of the virus and the question of whether it came from nature, or from a laboratory. And the attempts of Chinese authorities to stop us reaching the site are a sign of how hard they're working to control the narrative.

For more than a decade, the rolling, jungle-covered hills in Yunnan - and the cave systems within - have been the focus of a giant scientific field study.

**IMAGE COPYRIGHTGETTY**

Chinese virologist Shi Zhengli is seen here inside the laboratory in Wuhan

It has been led by Prof Shi Zhengli from the Wuhan Institute of Virology (WIV). Prof Shi won international acclaim for her discovery that the illness known as SARS, which killed more than 700 people in 2003, was caused by a virus that probably came from a species of bat in a Yunnan cave.

Ever since, Prof Shi - often referred to as "China's Batwoman" - has been in the vanguard of a project to try to predict and prevent further such outbreaks. By trapping bats, taking faecal samples from them, and then carrying those samples back to the lab in Wuhan, 1,600km (1,000 miles) away, the team behind the project has identified hundreds of new bat coronaviruses.

But the fact that Wuhan is now home to the world's leading coronavirus research facility, as well as the first city to be ravaged by a pandemic outbreak of a deadly new one, has fuelled suspicion that the two things are connected.

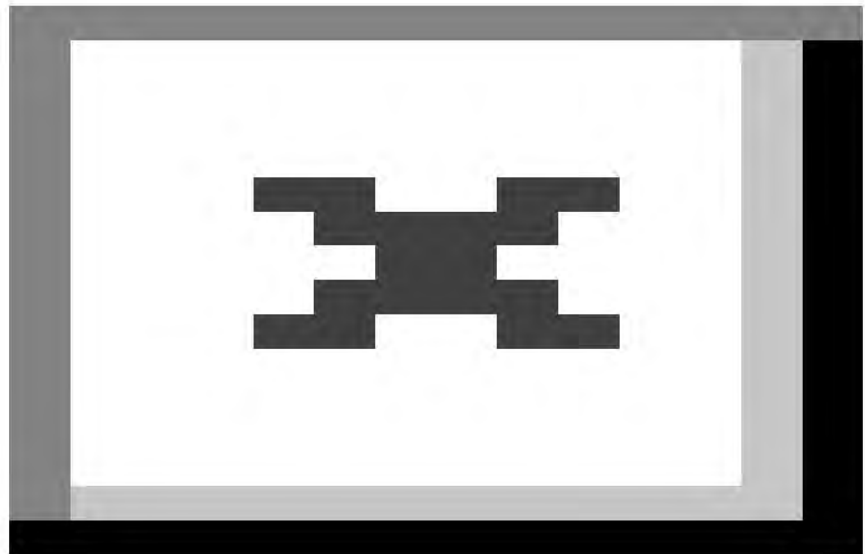
I would personally welcome any form of visit, based on an open, transparent, trusting, reliable and reasonable dialogue. But the specific plan is not decided by me.

Prof Shi Zhengli

The Chinese government, the WIV, and Prof Shi have all angrily dismissed the allegation of a virus leak from the Wuhan lab. But with scientists appointed by the World Health Organization (WHO) scheduled to visit Wuhan in January for an inquiry into the origin of the pandemic, Prof Shi - who has given few interviews since the pandemic began - answered a number of BBC questions by email.

"I have communicated with the WHO experts twice," she wrote, when asked if an investigation might help rule out a lab leak and end the speculation. "I have personally and clearly expressed that I would welcome them to visit the WIV," she said. To a follow-up question about whether that would include a formal investigation with access to the WIV's experimental data and laboratory records, Prof Shi said: "I would personally welcome any form of visit based on an open, transparent, trusting, reliable and reasonable dialogue. But the specific plan is not decided by me."

The BBC subsequently received a call from the WIV's press office, saying that Prof Shi was speaking in a personal capacity and her answers had not been approved by the WIV. The BBC denied a request to send the press office a copy of this article in advance.



Dr Peter Daszak: "I've yet to see any evidence at all of a lab leak or a lab involvement in this outbreak"

Many scientists believe that by far the most likely scenario is that Sars-Cov-2, the virus that causes Covid-19, jumped naturally from bats to humans, possibly via an intermediary species. And despite Prof Shi's offer, for now there appears to be little chance of the WHO inquiry looking into the lab-leak theory.

The terms of reference for the WHO inquiry make no mention of the theory, and some members of the 10-person team have all but ruled it out. Peter Daszak, a British zoologist, has been chosen as part of the team because of his leading role in a multimillion dollar, international project to sample wild viruses. It has involved close collaboration with Prof Shi Zhengli in her mass sampling of bats in China, and Dr Daszak previously called the lab-leak theory a "conspiracy theory" and "pure baloney". "I've yet to see any evidence at all of a lab leak or a lab involvement in this outbreak," he said. "I have seen substantial evidence that these are naturally occurring

phenomena driven by human encroachment into wildlife habitat, which is clearly on display across south-east Asia."

Asked about seeking access to the Wuhan lab to rule the lab-leak theory out, he said: "That's not my job to do that. The WHO negotiated the terms of reference, and they say we're going to follow the evidence, and that's what we've got to do," he added.

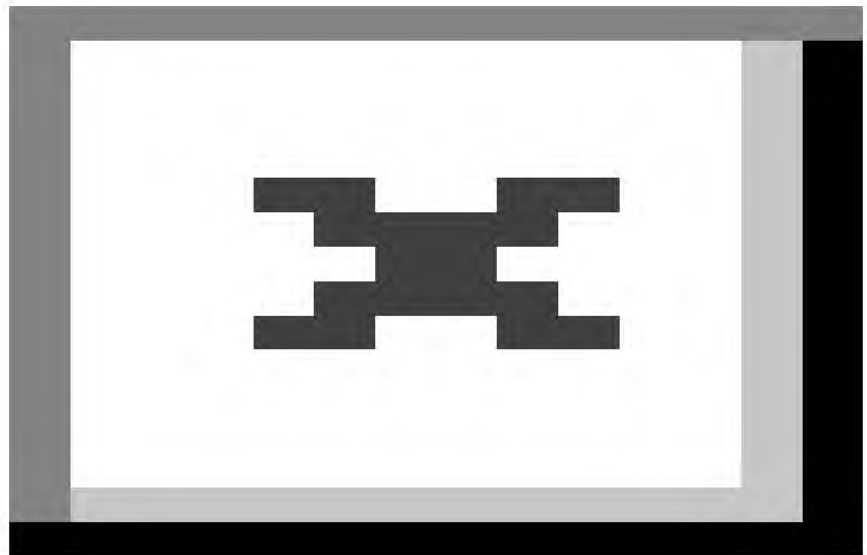


IMAGE COPYRIGHTGETTY

Huanan Seafood Wholesale Market in Wuhan was linked to early cases of the new coronavirus

One focus of the inquiry will be a market in Wuhan which was known to be trading in wildlife and was linked to a number of early cases, though the Chinese authorities appear to have already discounted it as a source of the virus. Dr Daszak said the WHO team would "look at those clusters of cases, look at the contacts, look at where the animals in the market have come from and see where that takes us".

The deaths of the three Tongguan workers following exposure to a mineshaft full of bats raised suspicions that they'd succumbed to a bat coronavirus. It was exactly the kind of animal-to-human "spillover" that was driving the WIV to sample and test bats in Yunnan. It is no surprise then that, following those deaths, the WIV scientists began sampling bats in the Tongguan mineshaft in earnest, making multiple visits over the next three years and detecting 293 coronaviruses. **But apart from one brief paper**, very little was published about the viruses they collected on those trips.

In January this year, **Prof Shi Zhengli became one of the first people in the world to sequence Sars-Cov-2**, which was already spreading rapidly through the streets and homes of her city. She then compared the long string of letters representing the virus's unique genetic code with the extensive library of other viruses collected and stored over the years. And she discovered that her database contained the closest known relative of Sars-Cov-2.

RaTG13 is a virus whose name has been derived from the bat it was extracted from (Rhinolophus affinis, Ra), the place it was found (Tongguan, TG), and the year it was identified, 2013. Seven years after it was found in that mineshaft, RaTG13 was about to become one of the most hotly contested scientific subjects of our time.

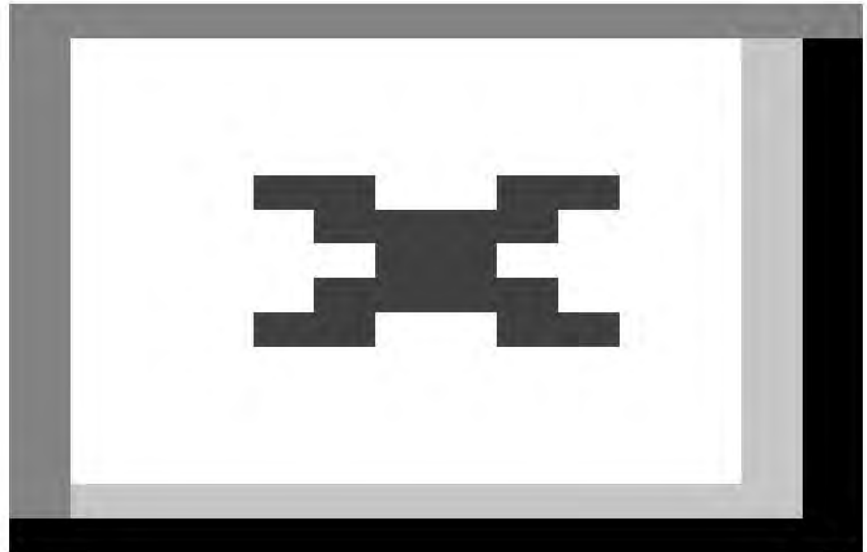


IMAGE COPYRIGHTGETTY China imposed tough restrictions on Wuhan to stop the spread of the virus

There have been many well-documented cases of viruses leaking from labs. The first SARS virus, for example, leaked twice from the National Institute of Virology in Beijing in 2004, long after the outbreak had been brought under control.

The practice of genetically manipulating viruses is also not new, allowing scientists to make them more infectious or more deadly, so they can assess the threat and, perhaps, develop treatments or vaccines. And from the moment it was isolated and sequenced, scientists have been struck by the remarkable ability of Sars-Cov-2 to infect humans. The possibility that it acquired that ability as a result of manipulation in a laboratory was taken seriously enough for an influential group of international scientists to address it head on.

In what has become the definitive paper ruling out the possibility of a lab leak, RaTG13 has a starring role. Published in March in the magazine Nature Medicine, it suggests that

if there had been a leak, Prof Shi Zhengli would have found a much closer match in her database than RaTG13. While RaTG13 is the closest known relative - at 96.2% similarity - it is still too distant to have been manipulated and changed into Sars-Cov-2. Sars-Cov-2, the authors concluded, was likely to have gained its unique efficiency through a long, undetected period of circulation in humans or animals of a natural and milder precursor virus that eventually evolved into the potent, deadly form first detected in Wuhan in 2019.

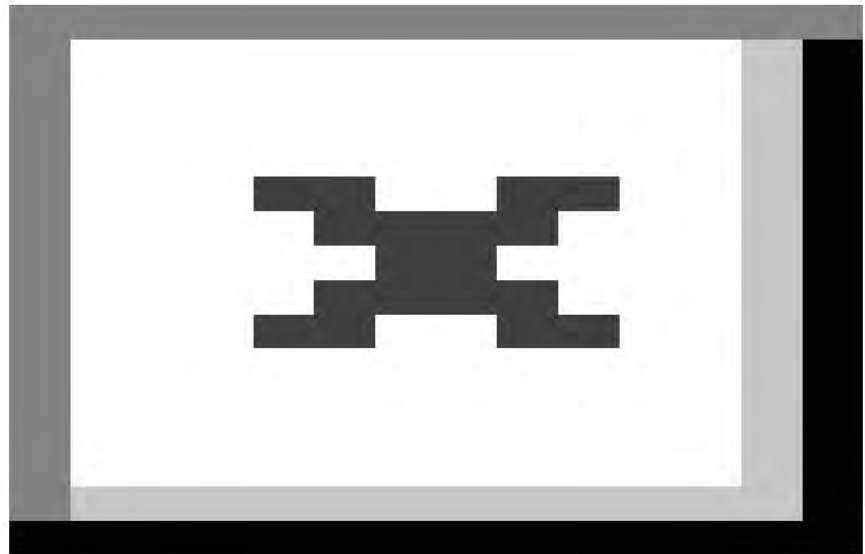


IMAGE COPYRIGHTGETTY Medics and scientists in Wuhan battled to control the early stages of the pandemic

Where though, some scientists are beginning to wonder, are those reservoirs of earlier natural infection? Dr Daniel Lucey is a physician and infectious disease professor at the Georgetown Medical Centre in Washington DC and a veteran of many pandemics - Sars in China, Ebola in Africa, Zika in Brazil. He is certain that China has already conducted thorough searches for evidence of precursor viruses in stored human samples in hospitals and in animal populations.

"They have the capability, they have the resources and they have the motivation, so of course they've done the studies in animals and in humans," he said. Finding the origin of an outbreak was vital, he said, not just for wider scientific understanding, but also to stop it emerging again. "We should search until we find it. I think it's findable and I think it's quite possible it's already been found," he said. "But then the question arises, why hasn't it been disclosed?"

Dr Lucey still believes that Sars-Cov-2 is most likely to have a natural origin, but he does not want the alternatives to be so readily ruled out. "So here we are, 12, 13 months out since the first recognised case of Covid-19 and we haven't found the animal source," he said. "So, to me, it's all the more reason to investigate alternative explanations."

Might a Chinese laboratory have had a virus they were working on that was genetically closer to Sars-Cov-2, and would they tell us now if they did? "Not everything that's done is published," Dr Lucey said.

It's a point I put to Peter Daszak, the member of the WHO origins study team. "You know, I've worked with the WIV for a good decade or more," he said. "I know some of the people there pretty well and I have visited the labs frequently, I've met and had dinner with them over 15 years. I'm working in China with eyes wide open, and I'm racking my brain back in time for the slightest hint of something untoward. And I've never seen that."

Asked if those friendships and funding relationships with the WIV presented a conflict of interest with his role on the inquiry, he said: "We file our papers; it's all there for everyone to see."

And his collaboration with the WIV, he said, "makes me one of the people on the planet who knows the most about the origins of these bat coronaviruses in China".

The conclusion [of the Kunming Hospital University thesis] is neither based on evidence nor logic. But it's used by conspiracy theorists to doubt me

Prof Shi Zhengli

China may have provided only limited data about its hunt for the origin of Sars-Cov-2, but it has begun to promote a theory of its own. Based on a few inconclusive studies conducted by scientists in Europe that suggest Covid-19 may have been circulating earlier than previously thought, state propaganda is full of stories suggesting the virus didn't start in China at all.

In the absence of proper data, speculation is only likely to grow, much of it focused on RaTG13 and its origins in a Tongguan mineshaft. Old academic papers have been dug

up online that appear to differ from the WIV's statements about the sick mine workers - among them a thesis by a student at the Kunming Hospital University.

"I've just downloaded the Kunming Hospital University student's masters thesis and read it," Prof Shi told the BBC. "The narrative doesn't make sense," she said. "The conclusion is neither based on evidence nor logic. But it's used by conspiracy theorists to doubt me. If you were me, what you would do?"

Prof Shi has also faced questions about why the WIV's online public database of viruses was suddenly taken offline. She told the BBC that the WIV's website and the staff's work emails and personal emails had been attacked, and the database taken offline for security reasons. "All our research results are published in English journals in the form of papers," she said. "Virus sequences are saved in the [US-run] GenBank database too. It's completely transparent. We have nothing to hide."

There are important questions to be asked in the Yunnan countryside, not just by scientists, but by journalists too. After a decade of sampling and experimenting on viruses collected from bats, we now know that back in 2013 the closest known ancestor was discovered of a future threat that would claim well over a million lives and devastate the global economy. Yet the WIV, according to the published information, did nothing with it, except sequence it and enter it into a database. Ought that to call into question the very premise on which the expensive, and some would say risky, mass sampling of wild viruses is based?

"To say that we didn't do enough is absolutely correct," Peter Daszak told the BBC. "To say that we failed is not fair at all. What we should have been doing is 10 times the amount of work on these viruses." Both Dr Daszak and Prof Shi are adamant that pandemic prevention research is vital, urgent work.

"Our research is forward-looking, and it's difficult for non-professionals to understand," Prof Shi wrote by email. "In the face of countless micro-organisms that exist in nature, we humans are very small." The WHO is promising an "open-minded" inquiry into the origins of the novel coronavirus, but the Chinese government is not keen on questions, at least not from journalists.

After leaving Tongguan, the BBC team tried to drive a few hours north to the cave where Prof Shi carried out her ground-breaking research on SARS almost a decade ago.

Still being followed by several unmarked cars, we hit another roadblock, and were told there was no way through. A few hours later, we discovered that local traffic had been diverted onto a dirt track that skirted the obstruction, but as we attempted to use the same route, we met yet another "broken down" car in our path.

We were trapped in a field for over an hour, before finally being forced to head for the airport.

DAVID R. STILWELL

Assistant Secretary, East Asia Pacific

(b)(6)

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Feith, David (b)(6)@state.gov>;
Yu, Miles (b)(6)@state.gov>;
To: (b)(6)@state.gov>;
Tom DiNanno (b)(6)@gmail.com>;
(b)(6)@state.gov>;
(b)(6)@state.gov>
CC: (b)(6)@state.gov>
Subject: China's COVID-19 vaccine production facilities
Date: Mon, 16 Nov 2020 15:09:31 +0000

On 04/18/2020, China submitted a declaration, listing 46 vaccine-production facilities in China. All those involved in COVID-19 vaccine production are shown below:

1. BIBP (北京生物製品研究所, No.1 on China's CBM declaration 2020), *
北京市朝陽區三間房南里4號, * 北京市北京經濟技術開發區博興二路6, 9號.
2. WIBP (武漢生物製品研究所, No.36 on China's CBM declaration 2020),
湖北省武漢市江夏區鄭店黃金工業園路1號.
3. SinoVac (北京科興生物製品有限公司, No.2 on China's CBM declaration 2020), *
北京市海淀區上地西路39號, *北京市昌平區科技園區昌平園智通路15號.
4. CanSino Biological/Institute of Biotechnology AMMS
(康希諾生物股份公司、中國人民解放軍軍事醫學科學院生物工程研究所, No.7 on
China's CBM declaration 2020), *
天津經濟技術開發區西區南大街188號西區生物醫藥園三, 四層, *
天津經濟技術開發區西區新維路16號.

BIBP and WIBP (both are under CNBG) are producing the same vaccine, expect to produce 300 million doses per year. CanSino is building a new pipeline in Zhejiang Province, expect to complete in the spring of 2021.

V/R (b)(6)

From: Feith, David (b)(6)@state.gov>
Sent: Tuesday, November 10, 2020 7:35 PM
To: (b)(6)@state.gov>
Subject: Fwd: Re: Taiwan intro on COVID origins

--

David Feith

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

(b)(6) (o)

(c)

(b)(6)@state.gov

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

From: Greene, Raymond F (b)(6)@state.gov>

Date: November 10, 2020 at 7:29:26 PM EST

Subject: Re: Taiwan intro on COVID origins

To: Feith, David (b)(6)@state.gov>

Cc: (b)(6)@state.gov, (b)(6)@state.gov, Fritz, Jonathan D (b)(6)@state.gov, (b)(6)

(b)(6)@state.gov, Keshap, Atul (b)(6)@state.gov, Stilwell, David R

(b)(6)@state.gov>

David,

Thanks for flagging. Will huddle with our team to discuss making the connection with Dr. Lai at AS. They both do seem to be following a similar line of inquiry.

Ray

Get Outlook for iOS

From: Feith, David (b)(6)@state.gov>

Sent: Wednesday, November 11, 2020 7:33:21 AM

To: Greene, Raymond F (b)(6)@state.gov>

Cc: (b)(6)@state.gov, (b)(6)@state.gov, Fritz, Jonathan D (b)(6)@state.gov, (b)(6)

(b)(6)@state.gov, Keshap, Atul (b)(6)@state.gov, Stilwell, David R

(b)(6)@state.gov>

Subject: Taiwan intro on COVID origins

Ray – please see below. Hope of interest. Dr. Quay has an impressive background and gives an interesting presentation on COVID origins.

Thanks much.

--

David Feith

Deputy Assistant Secretary

Bureau of East Asian and Pacific Affairs (EAP)

U.S. Department of State

(b)(6) (o)

(c)

(b)(6)@state.gov

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov>
Sent: Tuesday, November 10, 2020 6:07 PM
To: (b)(6)@state.gov>; Steven Quay, MD, PhD <(b)(6)>
Cc: (b)(6); (b)(6)@state.gov>; (b)(6)
(b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>;
(b)(6)@lbl.gov>; DiNanno, Thomas G
(b)(6)@state.gov>; Flens, William (Bill) (b)(6)@state.gov>
Subject: Re: AVC Chief of Staff (b)(6) Video/Voice/Chat Meeting Request

Thanks, (b)(6)

In addition to the researchers, (b)(6) recommends, I recommend Dr. Quay reach out to Dr. Michael Lai at Academia Sinica. He could be a splendid collaborator. I have not seen him in many years but hold him in high regard. The American Institute in Taiwan hopefully can help facilitate. I ask our EAP colleagues to make the intro and, if agreeable to both Dr. Quay and Dr. Lai, have a State officer join in a discussion between them so that we can get that put into an email or cable. I copy (b)(6) in EAP since he, undoubtedly, will wish to be looped in our discussions as we move forward and is well placed along with David Feith to facilitate.

All the best,

David

https://en.wikipedia.org/wiki/Michael_M._C._Lai

From: (b)(6)@state.gov>
Sent: Tuesday, November 10, 2020 11:18 AM
To: Steven Quay, MD, PhD <(b)(6)> (b)(6)@state.gov>
Cc: (b)(6); (b)(6); (b)(6)
(b)(6)@state.gov>; (b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>;
Feith, David (b)(6)@state.gov>; (b)(6)
(b)(6)@lbl.gov>; DiNanno, Thomas G
(b)(6)@state.gov>; (b)(6)@state.gov>
Subject: Re: AVC Chief of Staff (b)(6) Video/Voice/Chat Meeting Request

Dear Dr. Quay:

Thanks for talking to us yesterday. A few days ago, our colleagues (b)(6) and Dave pointed us to your paper "Where did the 2019 Coronavirus Pandemic begin and how did it spread? The PLA Hospital in Wuhan China and Line 2 of the Wuhan Metro System are compelling answers". I read it with great interest (though not as one familiar with biology per se), and hope it gets published soon in peer-reviewed journal, to trigger additional discussions across the research and BW/CW community. A couple of editorial suggestions first; more to follow.

1. Pages 3 and 4 mention "*Hunan Seafood Market*". This is a typo - it should be *Huanan* (華南) Seafood Market.

1. Hunan (湖南) is a province, to the south of Dong-Ting Lake (洞庭湖). Wuhan (武漢) is the capital of Hubei (湖北), which is to the north of the same Dong-Ting Lake.
2. Historically, Wuhan people consider themselves as representing the Greater Han (漢). They probably won't open up a market just to represent a single neighboring province like Hunan or Jianxi.
3. Huanan means "southern China" – which covers (loosely) Hunan, Jiangxi, Guangdong, Guangxi, Yunnan, Guizhou, and Fujian.

2. Paragraph 3 of Page 4 suggests a lack of information about the hospital where the first 41 patients were treated. You cited a *Lancet* article. I would suggest you give the full citation, as this paper, titled "*Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China*" (*Lancet*, Volume 395, Feb 15, 2020) and authored by Chaolin Huang (黃超林) et al. would be a very important reference to your study.

1. Dr. Huang himself is the lead physician at Jin-Yin-Tan (金銀潭) Hospital where the first 41 patients were treated. ***Of those 41 patients, 13 did not visit the wet market. Among the first four patients, three never exposed to the wet market.***
2. Their paper strongly hints the origin (i.e., the initial jump to human) of COVID-19 is not the Huanan wet market as the local Hubei authority had attempted to portrait. See also the *Science Magazine* article by Jon Cohen on January 31, 2020. The paper by Huang et al. cannot be neglected/downplayed in making your case, especially when your paper undergoes a peer review.

Since you are currently in Taiwan, perhaps you might consider talking to (b)(6)

(b)(6) at your convenience.

- These two MDs were dispatched to Wuhan January 12-16 (by Chen Chi-mai, 陳其邁, then Vice Prime Minister, now Mayor of Kaoshiung City) when Taiwan was unable to get adequate information from WHO or China about the possible outbreak of a new, strange pneumonia in Wuhan.
- They were not allowed to visit the Huanan Wet Market, but they did interview local Chinese medical crew and realized that the first several patients in Wuhan must have attracted the virus via human-to-human transmission.
- Based on their trip report, Taiwan promptly decided to elevate the alert to Level 2, and established an interagency COVID-19 team led by Taiwan's HHS Minister Chen Shichung (陳時中). I am attaching a Taiwan CDC's press release of January 16, 2020, which describes Taiwan's COVID-19 actions upon the two inspectors' return.
- Obviously, during this pandemic, it turns out that people in Taiwan benefitted from their own government's lack of confidence in the information (if any) shared by WHO or

China. Dispatching an independent inspection team – albeit the access could still be limited – is an important part of the verification business. (This is also a philosophy we in this AVC Bureau truly embrace and operate under...)

Many thanks, and look forward to follow-up discussions with you.

V/R, (b)(6)

(b)(6)

AVC/S&T Advisor (Explosion Seismologist)

From: Steven Quay, MD, PhD (b)(6)
Sent: Tuesday, November 10, 2020 1:01 AM
To: (b)(6)@state.gov>
Cc: (b)(6); (b)(6)
 (b)(6)@state.gov>; (b)(6)@state.gov>; Yu, Miles (b)(6)@state.gov>;
 Feith, David (b)(6)@state.gov>; (b)(6)
 (b)(6); (b)(6)@state.gov>; (b)(6)
 (b)(6)@lbl.gov>; DiNanno, Thomas G (b)(6)@state.gov>; (b)(6)
 (b)(6)@state.gov>
Subject: Re: AVC Chief of Staff (b)(6) /video/Voice/Chat Meeting Request

Dear (b)(6) et al.:

The pleasure was mine and I look forward to providing my thoughts and insights in any forum that will be helpful to uncovering the origin of SARS-CoV-2, with the hope that the learnings can be used to reduce the risk of such an event ever happening in the future.

Thank you for your interest in my work.

Regards, (b)(6)

On Tue, Nov 10, 2020 at 11:28 AM (b)(6)@state.gov> wrote:
Dr. Quay,

Thanks for a very enlightening and thoroughly important exploratory discussion with great analytical precision. Means a lot to us to have (b)(6) and your personal input. We will follow up ASAP.

All the best,

(b)(6)

From: Steven Quay, MD, PhD (b)(6)
Sent: Sunday, November 8, 2020 11:35 PM
To: (b)(6)@state.gov
Cc: (b)(6)@state.gov; (b)(6)
(b)(6)@state.gov; (b)(6)@state.gov; (b)(6)
(b)(6)@state.gov; Yu, Miles (b)(6)@state.gov; Feith, David (b)(6)@state.gov;
(b)(6)@state.gov; (b)(6)@state.gov
(b)(6)@state.gov; Steven Quay, MD, PhD (b)(6)
Subject: Re: AVC Chief of Staff (b)(6) Video/Voice/Chat Meeting Request

Folks-

Attached are four of the many documents I have put together on the origin of SARS-CoV-2 (CoV-2). I am sorry they are not more organized so they give the '30,000 foot' view of all the reasons this pandemic began at the Wuhan Institute of Virology as a gain-of-function experiment, starting with RaTG13 or a highly similar virus.

(b)(4); (b)(5)

(b)(4); (b)(5)

These are all provided as a confidential disclosure.

Regards, Steve

On Mon, Nov 9, 2020 at 12:46 AM (b)(6)@state.gov> wrote:
Please see the meeting request for Monday 9 Nov 2020 at 1800hrs EST. Please add documents if needed to this Team meeting. If you need assistance in any technical way please call (b)(6) (b)(6) email (b)(6)@state.gov.

Thank you. Be safe!

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

[Learn More](#) | [Meeting options](#)

--

Steven Quay, MD, PhD

(b)(6)

[Dr. Quay Website](#)

Breast Cancer TEDx Talk
STAY SAFE #1 Amazon Medical Book

C: (b)(6)
D:
Skype: (b)(6)



ORCID 2-D iD

--
Steven Quay, MD, PhD

(b)(6)

Dr. Quay Website
Breast Cancer TEDx Talk
STAY SAFE #1 Amazon Medical Book

C: (b)(6)
D:
Skype: (b)(6)



ORCID 2-D iD

Sender: (b)(6)@state.gov>
(b)(6)@state.gov>;
Feith, David (b)(6)@state.gov>;
Yu, Miles (b)(6)@state.gov>;

Recipient: (b)(6)@state.gov>;
Tom DiNanno (b)(6)
(b)(6)@state.gov>;
(b)(6)@state.gov>;
(b)(6)@state.gov>

From:

(b)(6)

To:

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

(b)(6)

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

(b)(6)

Feith, David (b)(6) @state.gov>;

(b)(6)

(b)(6) [redacted]@westpoint.edu>;

(b)(6) [redacted];

(b)(6) [redacted]

(b)(6) [redacted]@state.gov>;

(b)(6) [redacted]

(b)(6) [redacted]@apcss.org>;

(b)(6) [redacted]

(b)(6)

(b)(6) @rand.org>

(b)(6)

(b)(6) @state.gov>

(b)(6)

(b)(6)

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

(b)(6)

Purser III, Benjamin S (T)(b)(6) @state.gov>;

(b)(6)

(b)(6) @noaa.gov>;

(b)(6)

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

(b)(6)

(b)(6)

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

(b)(6)

(b)(6)

(b)(6)

Yu, Miles (b)(6)@state.gov>;

(b)(6)

Subject: China SFG Items of Interest 4MAY2020

Date: Tue, 5 May 2020 02:21:29 +0000

***All documents should be considered SBU aka FOUO and disseminated accordingly (unless otherwise noted) ***

1.

Attached is this week's Party Line Weekly Intelligence Report.

(b)(4)

(b)(4)

(b)(4)



Unrestricted Sharing Authorized

3.

(b)(4)



Unrestricted Sharing Authorized

(b)(4)



***All documents should be considered SBU aka FOUO and disseminated accordingly (unless otherwise noted) ***

V/R

(b)(6)



(b)(6)

Sender: (b)(6)

[Redacted]

Recipient:

(b)(6) @ida.org>;
(b)(6) @state.gov>;
(b)(6)
(b)(6) @state.gov>;
(b)(6)
(b)(6) @mitre.org>;
(b)(6) @ida.org>;
(b)(6)

(b)(6)

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

(b)(6)

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

(b)(6)

Feith, David <FeithD@state.gov>;

(b)(6)

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

(b)(6)

Greene, Jonathan (b)(6) @HQ.DHS.GOV)

(b)(6)

(b)(6)

(b)(6)

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

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

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(b)(6) @casi-research.org>;

(b)(6)

(b)(6) @usnwc.edu>;

Purser III, Benjamin S (T) (b)(6) @state.gov>;

(b)(6)

(b)(6) @lmi.gov>;

(b)(6)

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

(b)(6)

(b)(6) @ndu.edu (b)(6)

(b)(6)
(b)(6) @usnwc.edu>;

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Stilwell, David R (b)(6) @state.gov>;

(b)(6)

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

(b)(6) @nps.edu>;

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(b)(6) @srnl.doe.gov (b)(6)

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(b)(6) @usnwc.edu>;

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(b)(6) @ndu.edu>;

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Yu, Miles (b)(6) @state.gov>;

(b)(6)

Withheld pursuant to exemption

(b)(4)



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[08/31/2023]

INDOPACOM Interagency Update

Week Ending 01MAY20: COVID-19

Previous Editions and additional COVID-19 Interagency material can be found on APAN: <https://community.apan.org/cr/covid19/>

Updates:

DHHS (ASPR, CDC, FDA)

DOE

USACE

USAID

DOI-IA

DHS-TSA

DOS-GEC

DOS-FPA: (Australia, Taiwan, Malaysia, Japan, ROK, Indonesia, Thailand, India)

Treasury

DHS (CBP, ICE, CISA, USCG, USCIS, S&T)

DOJ

DTRA



Department of Health and Human Services (HHS): This week, the number of cases in the U.S. topped one million and deaths due to coronavirus disease-19 (COVID-19) surpassed 60,000 deaths, and over three million cases have been confirmed globally. Even as this milestones are reached, several states are considering reopening. The U.S. has developed guidelines to help states and communities to reopen safely:

<https://www.whitehouse.gov/openingamerica/> During the different phases of reopening, folks are still encouraged to limit social gatherings to 10 people or less, practice social distancing when out in public in addition to wearing a face covering, utilize proper hand-washing procedures, and to stay home if they are not feeling well. The U.S. Department of Health and Human Services (HHS) continues to monitor the domestic outbreak of COVID-19, caused by the SARS-CoV-2 virus. All agencies within HHS are actively engaged in response to this pandemic.

The Centers for Disease Control and Prevention (CDC) works to update and publish guidance documents for healthcare workers, laboratories, personal protective measures, and community mitigation strategies. This week CDC updated the list of COVID-19 symptoms, to include cough, shortness of breath or difficulty breathing OR at least two of these symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, or sore throat
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> .

Addition selected recent updates include:

1.NEW: Cases and deaths by US County: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

2.NEW: Guidance for Shared or Congregate Housing:
<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>



INDOPACOM Interagency Update

Week Ending 01MAY20: COVID-19

3. NEW: Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

4. UPDATE: Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

5. NEW: New and updated serology testing pages detail CDC's seroprevalence efforts and limitations of interpreting serology results: <https://www.cdc.gov/coronavirus/2019-ncov/testing/serology-overview.html>

Additionally, CDC has sent a second round of Abbott ID Now test kits to the U.S. Affiliated Pacific Islands. These testing kits will allow for the main islands to test for COVID-19 on island.

The U.S. Food and Drug Administration (FDA) and the National Institutes of Health (NIH) continue to work together and with other U.S. Government agencies and international partners to develop medical countermeasures for COVID-19. This week two promising therapeutic milestones were achieved. First, Moderna announced that it submitted its mRNA vaccine (mRNA-1273) against COVID-19 to the FDA for Phase 2 Study of. A 600 participant Phase 2 study will begin upon acceptance and safety data from ongoing NIH-led Phase 1 study. Planning is currently underway for Phase 3 study; study expected to begin in the fall of 2020. Second, the NIH clinical trial shows Remdesivir accelerates recovery from advanced COVID-19 <https://www.nih.gov/news-events/news-releases/nih-clinical-trial-shows-remdesivir-accelerates-recovery-advanced-covid-19>.

ASPR (the Assistant Secretary for Preparedness and Response) has been instrumental in supporting Public Health Departments and Emergency Management Agencies across the Nation to respond to the current pandemic.

- Assisting HI DOH and HI EMA with policy decisions for the "Opening of Hawaii"
- ASPR is supporting states in implementing Community Based Testing Sites
- ASPR released Alternate Care Site Tool Kits to States
- Supporting HI DOH with execution of increased testing and surveillance
- Deployment of National Disaster Medical Teams (NDMS) across CONUS in support of Medical Surge Plans
- Supporting Tribal Nations with PPE, testing strategies, and Federal Medical Stations in AZ and NM

In Hawaii, ASPR LNO in conjunction with Army Corps of Engineers completed 19 Alternate Care Site assessments in all 4 counties. Coordination with INDOPACOM/USARPAC for DSCA support in Guam, CNMI, and American Samoa for testing capabilities and medical staff. Supporting HI Department of Health in assessment and implementation of Isolation and Quarantine sites across the state. Supporting HI Department of Health in executing plans for expanding testing, surveillance, and contact tracing as Hawaii begins to open the economy. Supporting HI Department of Health and HI EMA on mass fatality planning efforts. As a member of the UCG, providing Federal support to the Incident Commander and HI EMA Administrator on policy initiatives for COVID-19 response



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[08/31/2023]

INDOPACOM Interagency Update

Week Ending 01MAY20: COVID-19

DHHS POC's: Erik Vincent, Erik.Vincent@hhs.gov and Lizette Durand, Lizette.Durand@hhs.gov



Department of Energy (DOE) : The U.S. Department of Energy (DOE) is fully engaged in the COVID-19 response efforts. The energy sector has been taking action to prepare for and mitigate against potential impacts from COVID-19 on the industry's workforce and operations. The U.S. Department of Energy (DOE) is fully engaged in the COVID-19 response efforts. The DOE Energy Response Organization has been activated and DOE Emergency Support Function (ESF)

#12 responders are virtually deployed to the FEMA National Response Coordination Center, as well as several FEMA Regions. Additionally, DOE is holding regular coordination calls with interagency, state, and industry partners across the energy sector.

U.S. demand for transportation fuels (gasoline, jet fuel, and diesel) showed initial signs of stabilizing in the week-ending April 17 with demand increasing 9%, according to the Energy Information Administration (EIA). Demands remain 40% below the 5-year average for the time of year, reflecting the effects of COVID-19 related stay-at-home orders and travel restrictions on air and ground transportation. U.S. refining activity showed signs of stabilizing in the week-ending April 17, with refinery throughput declining only slightly from the previous week. Throughputs remain 24% below the 5-year average for the time of year.

DOE POC: "Bill" Woessner, william.woessner@nnsa.doe.gov



United States Army Corps of Engineers (USACE): To date, the USACE enterprise has completed over 1100 assessments adding nearly 15,000 bed capacity nation wide to respond to COVID-19 in support of FEMA. In the Pacific Ocean Division (POD), USACE has completed a total of 44 Alternate Care Facility (ACF) assessments for Arena and Hotel to helathcare

conversions throughout Hawaii, Alaska and the Pacific Territories. USACE and NAVFAC-Marianas continue to execute the 3 FEMA approved ACF assessments in Guam. With the flattening of the curve in many regional models, the build out of these assessments remains on hold in several locations pending further projections and need.

USACE continues outreach to international and interagency partners in anticipation of requests to support COVID-19 responses in INDOPACOM region. The rise of COVID-19 case in Male has prompted Maldives National Defense Force (MNDF) to inquire on USACE Alternate Care Facility (ACF) assistance. USDAO Yangon explored options for USACE assistance on a biolaboratory (BSL-3) facility in Burma. USACE provided all countries with access to unclassified open website information on basic ACF design and planning. We offer advice and consultation through best practices and lesson learned implementing adaptive and innovative solutions in our national emergency response to all 50 States and 5 Territories, including Tribal nations and rural communities.

USACE Pacific Operations Division (POD) Common Operating Picture (uCOP) can be found at (use Chrome, VPN and CAC for access) <https://arcportal-ucop->



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[08/31/2023]

INDOPACOM Interagency Update

Week Ending 01MAY20: COVID-19

corps.usace.army.mil/s0portal/apps/MapSeries/index.html?appid=d6d2a1d4016940d3b1f97571ab895be5

USACE POC: David Hurley, david.e.hurley@pacom.mil



United States Agency for International Development (USAID): One of USAID's many successes in combating COVID-19 occurred in Thailand. With USAID support, Thailand's National Institute of Health received an Abbott Laboratories platform and related diagnostic supplies for rapid, high volume COVID-19 testing. These machines will increase screening capacity to 20,000 samples per day for a three month period.

Another USAID success occurred in the Philippines when USAID, through its Strengthening Urban Resilience for Growth with Equity Project, conducted virtual workshop and consultation sessions to help six partner cities roll out information and education campaigns. These low cost, yet effective campaigns promoted proper handwashing, disinfection of households and establishments, and disposal of personal protective equipment.

On April 22, the Secretary of State announced an additional \$270 million in U.S. government (USG) foreign assistance to combat the COVID-19 pandemic. Of this, \$100 million will help governments, civil society, and the private sector prepare for, mitigate, and address second-order economic, civilian-security, stabilization, and governance impacts of COVID-19. Approximately \$170 million will allow communities in some of the most at-risk countries to prepare for and respond to the pandemic. This brings the total USG investment since the COVID-19 outbreak to more than \$775 million. Country level allocations for USAID funding will be provided when available.

USAID POC: Bruce McFarland, bmcfarland@usaid.gov; Paige Miller, pmiller@usaid.gov



Department of Interior – Insular Affairs (DOI-IA) : *(No major updates for week of 01MAY20.)* U.S. Department of the Interior Assistant Secretary, Insular and International Affairs, Douglas W. Domenech announced today that he has formally invited the Governors of the territories and the Presidents of the freely associated states (FAS) to submit requests for funding made available through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The \$55 million in emergency relief funding is available to the territories and the FAS to prepare, prevent, and respond to the coronavirus disease 2019 (COVID-19) pandemic. The island jurisdictions eligible for this funding are: American Samoa, Guam, the Commonwealth of the Northern Mariana Islands (CNMI), the U.S. Virgin Islands (USVI), the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau.

The CARES Act funds available for the territories and the freely associated states will be managed through the U.S. Department of the Interior's Office of Insular Affairs (OIA) Technical Assistance Program (TAP). Funding is allocated based upon population by insular area. A reserve of \$13,750,000 has been set aside as a contingency in case of any unforeseen emergencies.

U.S. Territories



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INDOPACOM Interagency Update Week Ending 01MAY20: COVID-19

Guam	\$12,039,565
USVI	\$ 7,863,776
American Samoa	\$ 4,079,020
CNMI	\$ 4,042,585
Freely Associated States	
FSM	\$ 7,737,390
RMI	\$ 3,894,720
Palau	\$ 1,592,945

Guidelines and instructions on applying for these funds have been sent to the Governors of each territory and to each FAS President. For general guidelines on how to apply for OIA TAP funding, please visit the OIA website at <https://www.doi.gov/oia/financial-assistance>.

DOI-IA POC: Steven Savage, steve@uscompact.org; Ryan Edgars, ryan@uscompact.org



Transportation Security Administration

DHS-TSA : (No changes, continuing mission.) The TSA Crisis Incident Management Command has been activated to help leadership respond to the covid-19 crisis for domestic and international operations. TSA international is engaging with foreign partners remotely and has suspended all travel.

Aviation security foreign assessments and inspections are currently on hold and will be rescheduled when appropriate. TSA international is working with various USG Agencies and our foreign partners on strategies, best practices and new procedures to mitigate the spread of covid-19 via the global transportation system. TSA is also supporting U.S. embassies and consulates with managing the crisis and when needed, supporting efforts to repatriate American citizens.

DHS-TSA POC: Ray Montgomery, Ray.Montgomery@tsa.dhs.gov



Department of State – Global Engagement Center (DOS-GEC): All GEC COVID Disinformation Reports will be posted to GEC's data-sharing platform "GEC-IQ." Anyone who would like to access these reports, please fill out the GEC-IQ account request form at this

link: https://forms.office.com/Pages/ResponsePage.aspx?id=4XYAyt11Fke_p0M59Hhn0p3yIDoVOg5GqbnAmmYVLZpUNjA1VTZXRTdGVEJFSVoxNFRGOE9HRTFIRi4u

Consolidated communication guidance, is on the APAN JOC COVID website. Guidance can be found on the APAN JOC WATCH page under "USG COVID-19 Communication Guidance" <https://urldefense.com/v3/https://wss.apan.org/pac/indopac-ops/joc-watch/default.aspx> and on the NIPR DEPS SharePoint site under COVID-19 links <https://pacom.deps.mil/sites/open-main/SitePages/Home.aspx>

DOS-GEC POC: Casi Gentzel, casi.gentzel@pacom.mil



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Department of State – Foreign Policy Advisor (DOS-FPA):

Australia: Australian state, territory, and Commonwealth governments have unified in an unprecedented new model of “cooperative federalism” to respond to the COVID-19 pandemic. By having all state premiers and territory chief ministers join him in a new National Cabinet, Prime Minister Morrison has elevated them to national-level decision making and diminished the influence of his own cabinet and the federal opposition. State premiers and territory chief ministers have been free to set policies appropriate for their states and territories under the general guidance of the federal government, a unified approach that has been widely praised by media commentators, business leaders, and the general public. Premiers and chief ministers have called for this mechanism to replace the slow moving and partisan Council of Australian Governments (COAG) process.

Taiwan: Taiwan has received worldwide acclaim for its successful response to the COVID-19 pandemic and to date has reported fewer than 450 cases and only six deaths. Aside from its public health best practices, Taiwan also has much to offer the world on the medical research and development (R&D) front that could position it to emerge as a regional hub for R&D. Indicative of the efficiency and preparedness that has characterized Taiwan’s COVID-19 response, Taiwan’s government established a central repository of COVID-19 specimens and made testing services available for researchers. Multiple government-affiliated public research institutions have utilized different technologies to develop rapid test kits that were transferred to companies for clinical trials and, if results are positive, eventual mass production. In fact, a Taiwanese vaccine manufacturer is one of the only companies worldwide to work with the U.S. National Institutes of Health on a potential vaccine. Moreover, Taiwanese hospitals are participating in multinational Remdesivir trials and local researchers are deploying AI tools to identify other possible treatments. Through these efforts, Taiwan continues to demonstrate its leadership and ability to help solve global public health challenges, all the more reason why the World Health Organization should invite Taiwan to observe the annual World Health Assembly.

Malaysia: In his Labour Day speech, the Prime Minister announced that while large gatherings, interstate travel for personal visits, religious services, and school sessions will remain prohibited, all economic sectors are allowed to operate effective 4 May 2020, subject to strict health standard operating procedures. Other exceptions would be businesses and services requiring large group gatherings, enclosed spaces, and close contact. Ministry of International Trade and Industry officials confirmed that businesses need no longer apply for any exemptions, that interstate travel would be allowed for work purposes only - not vacation/visitation, and referred businesses to the website of National Security Council (Majlis Keselamatan Negara, MKN) - which promptly crashed - for a list of activities that are disallowed and stringent standard operating procedures to preserve public health. Business contacts' initial reactions suggest that the SOPs could be prohibitive. While additional guidance is still being rolled out, officials warned that resurgence in cases would result in enforcement measures that may impact operations and urged employees to continue as much telework as possible.

Japan: Business conditions in Japan’s industrial heartland are worse than any time in the last 40 years, according to a new Ministry of Finance report that underscored COVID’s devastating economic impact. In a quarterly report issued on April 27, the ministry’s regional bureau in Nagoya assessed conditions in the economies of Aichi, Gifu, Mie, and Shizuoka



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prefectures to be "extremely severe," language used for the first time since the survey was started in 1976. The assessment was grimmer than those issued by bureau at the time of the 2008 Lehman Shock or the 2011 Fukushima disaster.

Republic of Korea (ROK): ROK authorities reported nine new confirmed COVID-19 cases on May 1, the thirteenth consecutive day with 15 or fewer cases nationwide. Of the new cases, eight were imported from overseas with only one attributed to domestic community spread; no new local cases occurred in Seoul. This follows figures from April 30, which reported zero new cases from domestic community spreading (four were imported) for the first time since February 18. During a May 1 afternoon press conference, Korea Centers for Disease Control and Prevention (KCDC) Director Jeong Eun Kyung health authorities noted that of 139 new cases over the past 14 days, 64 percent were imported from overseas and ROK health officials have been unable to identify the source of infection in roughly seven percent of cases. Reconfirmed cases, which the Korea Centers for Disease Control and Prevention (KCDC) recently determined are the result of dead remnants of the virus causing positive test results in previously cleared patients, increased by 24 on April 30, bringing the total to 329 or roughly three percent of confirmed cases.

In the first Central Economic Response Headquarter (CERH) meeting on April 29, Deputy Prime Minister for Economy Hong Nam-ki began the process of fleshing out President Moon Jae-in's proposed Korean New Deal, directing ministries to find IT-focused long-term projects that will create jobs. Hong described this first meeting as a "brainstorming session," with further details to be decided at the second CERH meeting on May 7. The National Assembly on April 30 passed a \$10 billion supplementary budget, the second this year. The ROKG also announced on April 29 that chartered flights were being made available for small and medium-sized (SME) enterprises to travel to Chongqing, China, and Jakarta, Indonesia, to enable them to address logistical challenges associated with their operations. This model will be utilized on an as-needed basis to support SMEs in the future.

USFK: The number of USFK COVID-positive cases remained at 26. The ROK Air Force announced that on April 30 Air Force Chief of Staff Gen. Won In-choul attended a video conference with air force chiefs from across the Indo-Pacific region and shared the ROK military's successful knowhow related to containing COVID-19. He pledged transnational cooperation with the air forces' commanders to prevent the spread of infectious diseases. Twenty countries - including the United States, France, Australia, Japan, Singapore, and Indonesia - participated in the conference organized by the commander of the Pacific Air Force.

Indonesia: As of May 1, the Indonesian Ministry of Health (MOH) has confirmed 800 deaths and 10,551 positive cases out of a total of 76,538 people tested, across all 34 provinces. Jakarta remains the epicenter with 375 reported deaths and 4,317 confirmed cases. Professional medical associations report 51 healthcare workers deaths due to COVID-19. The Ministry of Health (MOH) reported that adults aged 30 to 59 make up the largest proportion of COVID-19 deaths. Policymakers and economists are preparing for a recession, and credit rating agencies expect Indonesia to have its lowest rating since the 1999 Asian financial crisis. Nearly



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2 million workers have been laid off, prompting the GOI to enact cash transfer policies for vulnerable populations. After the first week of Ramadan, most basic food commodity prices remain stable at normal levels, key exceptions being imported products affected by bureaucratic delays – namely onions, garlic, buffalo meat, and sugar. Medan residents have staged multiple small-scale protests over perceived inadequate provision of COVID-19 economic relief funds. Thirteen major Indonesian online, print, and broadcast media outlets noted President Trump's offer of medical assistance, including ventilators, to Indonesia during an April 24 phone call with President Joko "Jokowi" Widodo.

Thailand: As of May 1, there are two confirmed COVID-19 cases among the 5,200 refugees in Bangkok and no confirmed cases among the 93,000 refugees in the nine camps along the Thailand-Burma border. In part due to Mission Thailand and UN Country Team advocacy, the Royal Thai Government (RTG) has taken steps to ensure access to COVID-19 testing for all foreigners (including refugees, who are considered illegal aliens), commit to pay for treatment, provide personal protective equipment (PPE) for camp-based health workers, and support IO/NGO efforts to raise awareness about social distancing and hygiene among refugees. Despite these positive steps, implementation at the provincial level has been uneven, with inconsistent restrictions on movement, restrictions on COVID-19 treatment to refugees, and a lack of awareness among hospitals about exempting foreigners from payment for testing and treatment. Humanitarian organizations continue to prepare for the high risk of an outbreak within the border refugee camps and to address increased needs for refugees who have lost their jobs in Thailand's gray economy. UNHCR and NGOs lauded Bureau of Population, Refugee, and Migration Affairs (PRM) approval of an additional \$730,000 for COVID-19 response in the border camps and CDC's contribution of \$300,000 to support testing and surveillance, and welcome Mission Thailand engagement to encourage the RTG to include refugees and asylum seekers in its COVID-19 response.

India: India kept its lights on during the COVID-19 crisis, but its highly indebted power sector is edging closer than ever to a financial precipice. For the fourth time in six years, the Government of India (GOI) has proposed amendments to India's Electricity Act that if enacted could address administrative and operational problems in the sector. Indian politicians, though, have lacked the political will to end the distribution of free electricity to constituents, whose nonpayments are bankrupting the power sector. COVID-19 events, and particularly the related economic downturn, have also weakened 2020 prospects for U.S. energy sales to India. During India's COVID-19 lockdown, fuel and electricity demand respectively plunged by roughly 60 and 20 percent. Energy sector insiders expect it will take a year for Indian energy demand to return to normal levels. They worry that bankruptcies will ripple across the sector, but they remain confident in the sector's long-term potential. India now has record quantities of oil, gas, and coal in storage. A major coal trader suggests emerging import substitution efforts could target up to half of the coal market supplied by U.S. firms in India.

Southern India: The state governments of Karnataka, Kerala, and Tamil Nadu anticipate the central government in New Delhi will relax fiscal and monetary controls to help them kick-start their economies. Shut down for over a month, several export-focused manufacturing companies in Chennai's consular district expect soft credit to meet working capital needs and fiscal relief to help them get their bearings following the country-wide



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lockdown. Industry leaders told post they envision free trade agreements as the way forward to capture and retain international market share.

Additional India Highlights: USAID and India's largest public sector bank, the State Bank of India (SBI), are planning to announce that they are working together to leverage financial resources that will strengthen India's efforts to respond to COVID-19. These resources will be used to support healthcare facilities, civil society organizations, and research and academic institutions involved in developing and scaling innovations around COVID-19 prevention, diagnostics, and cure.

Due to USAID's work, the Government of Chhattisgarh has commissioned two U.S.-based companies, Quantela and CISCO, to establish an integrated, state-level COVID-19 control and command center. USAID facilitated inter-departmental coordination between the Chhattisgarh Department of Health and Family Welfare and the Department of Urban Administration and Development to help begin work on this center.

On April 30, the National Institute of Epidemiology asked CDC India's Infection Prevention and Control (IPC) team members to support a virtual training workshop as part of capacity building for COVID-19 hospital preparedness and infection prevention and control activities in the state of Tamil Nadu. 120 people participated, including infection control specialist, nurses, and clinicians from 25 hospitals involved in COVID-19 response. The CDC team provided information to help staff operationalize hospital preparedness, early detection, triage of patients, standard precautions and laboratory safety activities needed to contain healthcare associated spread of COVID-19. CDC was requested to facilitate the follow-up trainings.

DOS-FPA POC's: Andrew Ou Andrew.h.ou@pacom.mil and Anton Wishik, anton.wishik@pacom.mil



Department of Treasury: *China's Intrusive Use of Surveillance Camera's During COVID-19:* Since February, county and district-level officials across China—including in Beijing, Shenzhen, Nanjing, and Changzhou—have been implementing intrusive measures to enforce COVID-19 home quarantines by placing surveillance cameras outside, and sometimes inside, the homes of people under quarantine. These cameras are monitored by community workers within residential compounds and police who receive an alert when a monitored door is opened. There is no official tally on the number of cameras installed to enforce home quarantine across China; however, the Chaoyang district government in Jilin province claimed to install 500 cameras as of early February. In Hangzhou, the state-owned telecommunications company China Unicom helped install cameras. nCEN COVID-19-related concerns while adhering to their BSA obligations

Alibaba-Backed Startup Enters into Agreement with China's Central Bank: The Hong Kong based Artificial Intelligence (AI) startup SenseTime has come to an agreement with the People's Bank of China's digital currency unit to help conduct research and development of AI advances in China's financial sector. SenseTime is the world's highest valued AI startup, in 2018 they received \$600 million funding from Alibaba.



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North Korea-China Trade: Resumption of Economic Activity in Dandong: The Chinese city of Dandong this month relaxed COVID-19-related restrictions in a gradual re-opening of its economy as new case occurrences in Liaoning Province fell to near zero, according to a NK News report. Dandong is a vital trade and aid gateway for the North and the resumption of economic activities in Dandong could spur resumed overland trade between China and North Korea. Relatedly, the North is paving supporting infrastructure and developing a customs complex outside of Sinuiju in conjunction with the New Yalu River Bridge crossing to Dandong. North Korea on 23 April extended the national emergency quarantine posture through the end of the year, according to a senior official in North Pyongan province quoted in a Radio Free Asia (RFA) article.

North Korea-China Meeting over Food Supplies and Resumed Trade: A North Korean delegation reportedly met with Chinese officials this week to discuss increasing food imports and resuming bilateral trade that was suspended in January due to concerns over the spread of COVID-19. The Chinese government previously rejected a North Korean proposal in mid-April to reopen trade, offering instead to resume trade in mid-May. This potential meeting followed other measures by the two governments that set conditions to renew trade.

Department of Treasury POC: Glenn Baek glenn.baek@pacom.mil



Department of Homeland Security (DHS): As the Nation transitions from a period of crisis to economic recovery, the Department of Homeland Security (DHS) will continue to leverage every social, medical, logistical and security tool at its disposal to defend the homeland from COVID-19. Thanks to a wide range of strategic initiatives, the Department and its components have achieved dozens of key deliverables last week through its unprecedented, whole-of-

America response, which in return is slowing the virus's spread and saving millions of lives. These results could not have been secured by the Department without its dedicated workforce, who have adapted and persevered to meet these extraordinary challenges despite their own personal hardships.

Below is a list of some of DHS's efforts against COVID-19 last week:

United States Coast Guard (USCG): No supply chain disruptions in region at this time; all US ports are open with no reported impacts to health of essential workforce. The Coast Guard along with its port partners continue to monitor events that may impact US/regional supply chains.

Vessels are still running on schedule in the Guam, CNMI, Federated States of Micronesia, Palau Marshal Islands; however, container volume is down by 25-50%. Roll on-Roll-off vessel traffic still remains the same but is projected to reduced similarly in the coming weeks.

There has been significant impact to the U.S. flagged fishing and longline fleet in American Samoa which is impacting tuna supply to the Star-Kist processing plant. New crewmembers cannot join vessels because of entry permit restrictions into American Samoa, limiting the majority of labor to just those crews that are already on island.

Cruise ships continue to request Hawaii as a mid-ocean logistics stop as they reposition throughout the Pacific. State and Territorial Governors have issued orders for all arriving persons (visitors and residents), requiring a 14-day quarantine and have also constrained travel between islands. Cruise ships requesting arrival to Hawaii, Guam, American Samoa, and



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Northern Mariana Islands are considered on case by case basis, with significant coordination between USCG and State/Territorial leadership.

USCG POC: CAPT Michael Long, michael.c.long@pacom.mil

Federal Emergency Management Agency (FEMA): FEMA continues to expedite the movement of critical supplies, including masks, respirators, gloves, goggles, and surgical gowns, from the global market to medical distributors in various locations across the U.S. This historic partnership with the private sector is named Project Air-Bridge. Between April 20th and April 26th, 21 international flights arrived in the U.S. with critical medical supplies, bringing the total to 85 with an additional 26 scheduled or in transit. These flights deliver PPE to areas of greatest need through prioritized distributor supply chains nine times faster than movement by sea.

Countering Weapons of Mass Destruction(CWMD): CWMD contract personnel are continuing to support the Centers for Disease Control and Prevention (CDC) with enhanced screenings for travelers through 13 specially designated airports. As of April 26th, CWMD has processed approximately 279,319 travelers for enhanced screening, including 1,506 who were referred to CDC for further medical evaluation.

Customs and Border Protection (CBP): CBP announced on April 20th that it will extend its restrictions on non-essential travel across our shared borders with Canada and Mexico until May 21st. As President Trump has stated previously, border control, travel restrictions, and other limitations remain critical to slowing the spread of COVID-19 and allowing for the phased opening of the country. On April 23rd, CBP officials seized 2,000 counterfeit respirators that were shipped to the U.S. from China. Ensuring the integrity of imported goods, including personal protection equipment (PPE), is a vital function that CBP performs every day to protect the American public during the pandemic.

Cybersecurity and Infrastructure Security Agency (CISA): CISA continues to coordinate with government and industry partners to ensure upcoming elections are accessible and secure for voters. On April 22nd, CISA's COVID-19 Elections Working Group, which is comprised of state, local, and private sector partners, released two new products focused on voter outreach, education, and best practices to ensure that every ballot is delivered properly to voter residences.

Ensuring that Operation Centers and Control Rooms Remain Viable. On April 23rd, CISA released the Critical Infrastructure Operations Centers and Control Rooms Guide for Pandemic Response, which is geared towards all 16 critical infrastructure sectors identified by the federal government. The guide provides considerations and mitigation measures for operation centers and control rooms, but can be applied further to any critical node that is required to continue functioning in a pandemic environment.

Keeping the Healthcare Industry Safe and Secure. CISA, Health and Human Services (HHS), and the Federal Bureau of Investigation (FBI) jointly released a bulletin on April 24th regarding potential threats to the healthcare industry and resources on how to mitigate these threats.

IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) : On April 20th, ICE's Homeland Security Investigations (HSI) unit, with assistance from CBP's Field Intelligence Group, seized approximately 5,300 potentially fraudulent COVID-19 test kits. This seizure is a part of an interagency enforcement campaign known as Operation Stolen Promise, which was



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launched by ICE on April 15th to combat COVID-19-related fraud and other criminal activity. To date, ICE has opened more than 190 investigations nationwide.

INTELLIGENCE & ANALYSIS (I&A): On April 24th, I&A and CISA partnered with the American Hospital Association to launch a podcast mini-series addressing cyber threats that put the U.S. health system at risk. It offers best practices to security experts and health care administrators who are responsible for the infrastructure supporting medical providers during the COVID-19 response.

DHS-CISA POC: James Cruz, james.cruz@hq.dhs.gov



Department of Justice (DOJ): (No Major updates for DOJ for week of 01MAY20). The Coronavirus Emergency Supplemental Funding program, authorized by the recent stimulus legislation signed by President Trump, will allow eligible state, local, and tribal governments to apply immediately for these critical funds. The department is moving quickly to make awards, with the goal of having funds available for drawdown within days of the award. For more information about the Coronavirus Emergency Supplemental Funding program, please visit <https://bja.ojp.gov/funding/opportunities/bja-2020-18553>. For more information about the Office of Justice Programs, please visit <https://www.ojp.gov/>.

Anyone who learns of hoarding or price gouging of PPE should report it to the National Center for Disaster Fraud by dialing 1-866-720-5721 or emailing disaster@leo.gov



Defense Threat Reduction Agency (DTRA): The Defense Threat Reduction Agency (DTRA) Chem/Bio Defense S&T provides operational support to COVID-19 operations.

Medical Air-bridge. DTRA assisted with a MILAIR air-bridge ISO the initial COVID-19 outbreak. Air-Bridge link is:

<https://www.dvidshub.net/news/365627/dtra-builds-air-bridge-respond-covid-19>

and the effort continues to grow in capability to transport needed medical supplies around the world supporting US citizens and our international partners. On April 2, 2020, the mission transitioned to NORTHCOM because the scope exceeded DTRA's capability.

TRANSCOM Patient JUONS. On 28 March, the TRANSCOM Commander requested additional MILAIR Transport Isolation System (TIS) ISO of COVID-19. During the West African Ebola outbreak TRANSCOM was equipped with TISs however, the COVID-19 pandemic exceeds the current capacity. TRANSCOM anticipates acquiring twelve Portable Biocontainment Care Models (PBCMs) which are a Department of State solution and the USAF PEO is developing a negative Pressure Conex (NPC) capable of maintaining contamination containment and increase patient transport.

Aircraft Airflow Modeling. DTRA is creating models comparing C-17's, C-130's, KC-135's and commercial air to determine air flow rates, air turnover, and filtration to assess crew risk to determine the best PPE for aircrew members transporting COVID-19 infected patients.

DoD's Cooperative Threat Reduction (CTR) Program COVID-19 Activities: The DoD Cooperative Threat Reduction (CTR) Program works with international and interagency partners to mitigate weapons of mass destruction (WMD)-related threats to U.S. forces, the U.S. homeland, U.S. allies, and U.S. interests. Through the authorities provided by the DoD CTR



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Act, DoD has reduced chemical, biological, and nuclear threats to the U.S. and its interests by working with partners to eliminate WMD stockpiles, provide safe and secure storage for materials of concern, and detect and prevent WMD proliferation.

Through the CTR Program's Biological Threat Reduction Program (BTRP), DoD prevents the proliferation of biological weapons, weapons components, and weapons-related materials, technology, and expertise. BTRP seeks to facilitate the detection and reporting of highly dangerous pathogenic diseases that could affect the readiness and lethality of U.S. armed forces, regardless of whether such outbreaks are naturally occurring or result from accidental or intentional release of a pathogen. To accomplish this, BTRP works with partner nations to improve national and regional biosafety, biosecurity, and biosurveillance capabilities.

Major INDOPACOM Highlights of Current CTR Foreign Engagements / Current Use of DoD-DTRA provided capabilities.

Cambodia: From 12-13 March, BTRP and CDC provided training to 135 participants from the Cambodian Ministry of Health in Siem Reap and Kampong Cham. The training included infection control, patient triage, specimen collection, and use of PPEs in the laboratory. This training is vital to Cambodia's ability to detect, diagnose, and respond to respiratory EDPs.

Guinea: On 13 March Guinea's Ministry of Health used the DTRA-provided Mobile Diagnostic Laboratory (MDL) in Conakry to confirm the first case of COVID-19 in Guinea. The MDL is designated by the Ministry of Health as the sole laboratory in Guinea to handle and test all suspected COVID-19 specimens. The MDL Director continues to share outbreak information with BTRP and coordinate efforts with in-country partners to track and contain the spread of COVID-19 and other EDPs.

India: CTR, through U.S. CDC agreement, purchased PPE and sample collection kits – through a local supplier – to be utilized for the International Airport Transport Association and Biorisk Management trainings for the members of Indian National- and State-level Rapid Response Teams, and lab technicians of the Virus Research and Diagnostic Lab and Integrated Disease Surveillance Program laboratory networks involved in India's COVID-19 response.

Laos: On 13 March, BTRP conducted a Table Top Exercise in Vientiane to assess COVID-19 outbreak response and mitigation of widespread community transmission. On 19-20 March, BTRP conducted a follow-up COVID-19 simulation exercise at Wattay International Airport in Vientiane to test public health readiness at critical points of entry. One hundred and thirty representatives from 11 ministries participated to assess the government's outbreak response capability and mitigation of widespread community transmission in Lao People's Democratic Republic. Simulation exercises are critical for building national response capacity by improving communication among key stakeholders and enhancing disease detection to minimize impact on the human, animal and environmental sectors while accelerating reporting to the international community.

Malaysia: CTR provided molecular diagnostic training to scientists from the national laboratories that diagnosed the first four COVID-19 cases in Malaysia. Using capacities developed through CTR collaboration, Malaysia will develop COVID-19 diagnostic assays for use at their medical facility.

Philippines: DTRA's U.S. Coast Guard officer in Manila advised the Philippine Coast Guard on measures to manage COVID-19 patients aboard ships and a Philippine initiative to convert a passenger vessel into a floating hospital in the Manila Bay to quarantine COVID-19 patients.



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Thailand: Chulalongkorn University (CU) scientists used CTR-provided diagnostic equipment and training to determine the first COVID-19 case outside of China, resulting in early detection and reporting that the disease was spreading outside of China. DTRA provided critical laboratory equipment (a 4-capillary Genetic Analyzer for sequencing and fragment analysis) to the Thai Red Cross-Emerging Infectious Disease Health Science Centre (TRC-EID) at the CU laboratory. This diagnostic equipment expands Thailand's diagnostic capability for detection in patients at the CU TRC-EID laboratory. Thailand's detection and identification of the novel coronavirus represents a major success for BTRP's threat reduction efforts in Thailand and further reinforces Thailand's position as a regional leader.

Vietnam: Between 2015 and 2019, DTRA BTRP provided designs and equipment for four regional Public Health Emergency Operations Centers (PHEOCs) to increase Vietnam's capacity to quickly and effectively detect, diagnose, and report EDPs. These PHEOCs were integrated into a national PHEOC network, which was activated for COVID-19 on January, 26, 2020, immediately after the first case of COVID-19 detected. The PHEOCs operate 24/7 to actively collect and share COVID-19 surveillance information across the network, with PHEOC network leadership, and up the chain to Ministry of Health leadership. Six fellows from the BTRP-supported Field Epidemiology Training Program (FETP) are actively engaged in the COVID-19 investigations. The FETP fellows are collecting, collating, and analyzing data and coordinating with the National Hospital of Tropical Disease (NHTD) to conduct virtual interviews with hospitalized patients via tablet. NHTD is the main hospital treating COVID-19 patients in northern Vietnam.

Defense Threat Reduction Agency (DTRA) POC's: COL Jeffrey Winston jeffrey.winston@pacom.mil ; LTC Joseph Woolsey joseph.woolsey@pacom.mil ; Mr. Bruce Barrett bruce.barrett.ctr@pacom.mil

Interagency Updates produced by INDOPACOM J98 Interagency Division. POC: MAJ William Keogh, William.keogh@pacom.mil



**U.S. INDO-PACIFIC COMMAND
CONSOLIDATED USG COVID-19 COMMUNICATION GUIDANCE
Cao 1 MAY 2020**

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- ****COVID-19 CSWG APAN website:** <https://wss.apan.org/pac/indopac-ops/cswg/default.aspx>
- ****DOD Coronavirus Response Spotlight webpage:** <https://www.defense.gov/Explore/Spotlight/Coronavirus/>
 - The Department of Defense created this webpage to provide easy access to the latest information on DOD's efforts to combat COVID-19. The Spotlight also provides important information separating facts and myths and how DOD supports the whole-of-government COVID-19 response. Topics found on the Spotlight include:
 - DOD Guidance and Publications
 - News Releases and Briefing Transcripts
 - DOD Response Timeline
 - News stories from around the globe in DOD's actions in the fight against COVID-19
 - Videos and Photos
 - Essential Links to Additional Resources
- **Centers For Disease Control and Prevention (CDC) COVID-19 Communication Highlights and Fact Sheet.** Can be found on our CSWG APAN site: <https://wss.apan.org/pac/indopac-ops/cswg/Interagency/Forms/AllItems.aspx>
- **21APR20: SECDEF extended DoD-wide travel restrictions through 30 JUN.** The order will continue to stop the movement of most military forces and their families to new assignments around the world in an effort to curtail the spread of the coronavirus.
- **USINDOPACOM Commander's Message to the Force (3APR20):** <https://www.pacom.mil/Media/Commanders-Message-to-the-Force/>
- **USINDOPACOM COVID-19 Information Website:** <https://www.pacom.mil/About-USINDOPACOM/US-Indo-Pacom-COVID-19-Information/>
- **USINDOPACOM NIPR Sharepoint Site:** <https://pacom.deps.mil/sites/open-main/SitePages/Home.aspx>
- **USINDOPACOM COVID Joint Information Center page:** <https://wss.apan.org/pac/indopac-ops/J34%20KM%20Library/COVID%20Welcome%20Page-1.aspx>
- **USINDOPACOM Twitter Page:** <https://twitter.com/INDOPACOM>
- All GEC COVID Disinformation Reports will be posted to GEC's data-sharing platform "GEC-IQ." Anyone who would like to access these reports, please fill out the GEC-IQ account request form at this link: https://forms.office.com/Pages/ResponsePage.aspx?id=4XYAyt1IFke_p0M59Hhn0p3yIDoV_Og5GqbnAmmYVLZpUNjA1VTZXRTdJGVEJFSVoxNFRGOE9HRTFIRi4u
- **24MAR20: USINDOPACOM HPCON Level C, High Risk**

- **Secretary of Defense** issued guidance for the wear of **cloth face coverings** for all individuals on DoD installations when they cannot maintain six feet of social distancing. Individuals are encouraged to fashion face coverings from household items such as t-shirts or clean cloth that can cover the nose and mouth area.

DoD Strategic Narrative and Top Line Messages

Strategic Narrative

The DoD's priorities are the protection of service members, their families, and the department's civilian work force; safeguarding and maintaining our ability to defend the nation and its interests; and supporting our U.S. Government partners in this fight. This will be done in a transparent manner that adheres to the latest CDC guidance and that of our overseas host nations. Force Health Protection (FHP) measures may not directly correlate to, and may even exceed, national or local guidelines in some areas to ensure mission success. The DoD is aggressively supporting a wide variety of interagency partners. This support will continue until the outbreak is contained and local health care systems around the world can control the disease.

DoD Top Lines Messages

- **UPDATE:** Key Developments: Nearly 62,400+ DoD personnel supporting COVID relief (01MAY20)
- DoD is focused on providing military manpower and equipment – both capacity and capability – to state and local authorities to help combat COVID-19 and is shifting its focus to other potential hotspots. (*Supporting State and Local Civil Authorities*)
- Protecting our people has remained a DoD priority from the start. We must take those prudent measures to limit COVID-19's spread, while also ensuring our people are trained and ready to defend the nation. (*Protecting Our People*)
- **NEW:** Since the outbreak of COVID-19, the U.S. Government has utilized an **All-of-America approach**, and already committed more than \$770M in assistance specifically aimed at fighting this pandemic. (*Protecting Our People*)
- **NEW:** COVID-19 remains a global challenge that no nation can face alone – **our strong network of alliances and partnerships** is critical to combating this virus. (*Supporting Our Allies and Partners*)
- **NEW:** The United States has been the largest contributor to global health security for decades, **contributing more than \$140B in global health assistance** in the 21st century alone. (*Supporting Our Allies and Partners*)
- **NEW:** DoD has provided millions in humanitarian assistance to 65 partner nations through the provision of medical and personal protective equipment and the transportation of humanitarian cargo. (*Supporting Our Allies and Partners*)

- DoD will continue to safeguard U.S. national interests and those of our allies and partners throughout this crisis. (*Supporting Our Allies and Partners*)
- DoD assistance to allies and partners is a testament to the value we place on these relationships. (*Supporting Our Allies and Partners*)
- To date, DoD has provided over \$3 million in **humanitarian assistance to 51 partner nations** through the provision of medical and personal protective equipment and the transportation of humanitarian cargo. (*Supporting Our Allies and Partners*)
- INDOPACOM remains committed to the security and stability of the region and is postured and ready to ensure a free and open Indo-Pacific. (*Supporting Our Allies and Partners*)
- This pandemic underscores the importance of clear communication and transparency in fighting a common threat, which has long been a strength of the U.S. network of alliances and partnerships that remain the backbone of global security. (*Supporting Our Allies and Partners*)
- We continue to maintain a ready, global presence. (*Maintaining Mission Readiness*)
- DoD has plans in place that ensure the nuclear triad of strategic bombers, intercontinental ballistic missiles, and submarine-launched missiles continue to be a ready and reliable deterrent. (*Maintaining Mission Readiness*)
- The DOD continues to serve and deploy around the world. Ships are sailing, planes are flying, and training is happening to safeguard U.S. national interests and those of our allies and partners. (*Maintaining Mission Readiness*)
- DoD remains prepared to respond to security threats. The United States and our allies maintain ample capabilities to defeat aggression in any domain. (*Maintaining Mission Readiness*)

DoD Senior Leader Messages

Secretary of Defense Dr. Mark Esper

- "The Department of Defense's top priority remains the protection and welfare of our people. While directing this prudent action, I continue to delegate all necessary authority to commanders to make further decisions based on their assessments to protect their people and ensure mission readiness. While we deal with this fluid and evolving situation, I remain confident in our ability to protect our service members, civilians and families."
- "While most of America is rightly looking inward and taking care of one another, taking care of their families and communities, we [the U.S. military] continue to stand guard, looking outward for America's adversaries, whether it's China trying to jeopardize freedom of the seas, whether it's Russia aircraft trying to enter our air space." | 16APR20

- "We must maintain our national mission capabilities, our readiness, our ability to protect the United States, because our adversaries are not standing down...So our troops remain ready. We're doing everything we can to make sure they're protected." | 16APR20
- "I've outlined from day one three priorities: first, protecting our servicemembers, our DOD civilians and their families; second, ensuring we can conduct our national security missions; and third, providing full support to the president's whole-of-nation and whole-of-government response." | 16APR20
- "And it's important that we continue to help our allies and partners and friends, as we work our way through this pandemic. It's a global crisis, and it requires a global response, and we try and cooperate and coordinate as much as possible." | SecDef/CJCS Town Hall 09APR20
- "We continue, through our combatant commanders, to provide health and basic education projects to 22 partner nations through our Overseas Humanitarian Aid and -- Humanitarian, Disaster and Civic Aid Program." SecDef/CJCS Town Hall 09APR20
- "Defense Threat Reduction Agency (DTRA) has provided a lot of support in laboratory and diagnostic supplies to over 28 partner nations across four continents." | SecDef/CJCS Town Hall 09APR20
- "So, we're doing a lot across DOD, across the Department of Defense, to help our partners and allies. And we will do more, particularly as our own supply chains get up and running and begin producing medical equipment and PPE, we'll be available to share that with our partners and allies as well." SecDef/CJCS Town Hall 09APR20
- "I'm absolutely confident that we are very ready to handle any mission that comes our way, and why is that? Because our commanders and NCOs have taken great care to protect our units, to ensure mission readiness." | SecDef/CJCS Town Hall 09APR20

Chairman of the Joint Chiefs of Staff GEN Mark Milley

- "The U.S. military is very, very capable to conduct whatever operations are necessary to defend the American people. And we are ready today, we'll be ready tomorrow. And we will adapt ourselves to be able to operate within a COVID-19 environment. We're already doing that." | SecDef/CJCS Town Hall 09APR20
- "So we are dealing with COVID-19, but we are doing so to minimize the impact on operational readiness to be able to respond to any contingency. So I'm very confident in the U.S. military's ability to respond if necessary." | SecDef/CJCS Town Hall 09APR20
- "We're a resilient military. Many times we have bent, but we never break. And that will happen this time, as well, and we will emerge on the other side of this as a stronger nation, and a stronger military." | SecDef/CJCS Town Hall 09APR20

TOPIC: Strategic Competition with PRC

Mr. Chad Sbragia, Deputy Assistant Secretary of Defense for China, 9APR20

- “The U.S. and China have a broad relationship with cooperation across a variety of fronts. Within DoD, we want to achieve a constructive, stable, and results-oriented relationship. This crisis does not change that. In fact, we offer our sympathies for those who have been impacted by this outbreak in China.”
 - “We will continue working with China to prevent and manage crises, reduce risk to forces operating near each other, and cooperate in areas of shared interest, including Humanitarian Assistance and Disaster Relief.”
- “The choice at hand is between preserving the existing global system or allowing China to weaken and reshape it in ways that do not align with accepted international norms and standards.”
- “We do urge the PRC to ensure any medical supplies provided are high quality and to not provide them with the expectation for political concessions from countries in need.”
- “We have communicated to China’s military that the pandemic should serve as a focus of cooperation, and to avoid “militarizing” this crisis or using it for propaganda, including by spreading disinformation that the U.S. military “planted” the virus in Wuhan.”
- “Through my lens, it’s important to note that a global health pandemic is an opportunity to set aside differences and identify constructive outlets for cooperation and we offer our sympathy for those who have been impacted by this outbreak in China and elsewhere.”
- “The U.S. certainly welcomes China’s call to combat the COVID-19 pandemic together and we welcomed high-quality Chinese aid to help alleviate the suffering felt around the world, to include in Europe. This certainly underscores the importance of clear communication and transparency and fighting common threat. This has long been a strength of the U.S. network of alliances and partnerships that remain the backbone of global security and prosperity.”
- “Because China was the first to learn of this outbreak, we feel that the CPC’s -- the Chinese Communist Party officials in Wuhan and Beijing had a special responsibility to inform the Chinese people and the world of the threat.”
 - “We’ve certainly been disappointed at one point that the Communist Party’s propaganda and disinformation campaign effort, at one point, tried to shift the responsibility of this pandemic to others, which was unfounded, futile and really counterproductive.”
- “Our militaries must remain committed to seeking cooperation over confrontation during the pandemic so that the world can recover and prosper.
- “In this light, we welcomed the commitment by the China’s -- by China’s Ministry of Defense to maintain combating COVID-19 as an area of cooperation with the Defense Department rather than as a source of confrontation.”

- “There's an important sign here of cooperation. One is the agreement with China's military to implement lessons learned in the wake of the pandemic into future U.S.-China bilateral disaster management exchanges. And we will certainly look forward to exploring other opportunities and expect them to do so as well.”
- “...certainly we're in a period of strategic competition with China. It's been very important to us and we have interagency alignment on ensuring that our strategic competition with China shouldn't be impacted by the COVID-19 area or period. This is a time of collaboration, and coordination, and cooperation.”
- “It's important as that I think that we have a consensus between the leaders of the two militaries that we want to avoid COVID issues flowing into and being militarized, instead remaining as a degree of cooperation.”

Additional Talking Points on China **UPDATED**

(cao 29APR20) Note: Not intended to be comprehensive topline on DoD response to COVID-19, but to focus on impacts to U.S.-China relations and strategic competition.

- **NEW:** The pandemic highlights the importance of transparency to human health, good governance, and the global economy. Restricting information has had devastating consequences for China and the global community.
- **NEW:** The PRC has a special responsibility for this crisis and we welcome no-strings attached contributions – as we would from any other nation – of high quality supplies to meet public health needs.
- **NEW:** We expect the PRC to share all virus data and work through recognized and credible mechanisms for humanitarian and global health assistance to sell or donate high-quality medical supplies. Assistance should not be exploited for propaganda purposes or to gain leverage on issues.
- China has a special responsibility for this crisis and therefore we welcome China's contributions to public health assistance in other countries, provided these are offered without conditions.
 - Providing assistance without stipulations to others in their time of need would mirror the actions of the international community in providing assistance to China during its time of need, and be a responsible measure on the part of China to contain the spread of the virus.
- *(If raised)* The U.S. government has communicated to China's military that the pandemic should serve as a focus of cooperation, and to avoid “militarizing” this crisis or using it for propaganda, including by spreading disinformation that the U.S. military “planted” the virus in Wuhan.
- DoD remains prepared to respond to security threats. The United States and our allies maintain ample capabilities to defeat aggression in any domain.

- We have communicated to China’s military that the pandemic should serve as a focus of cooperation, and to avoid “militarizing” this crisis or using it for propaganda, including by spreading disinformation that the U.S. military “planted” the virus in Wuhan.

TOPIC: COVID-19 Messaging for Allies and Partners

Joint Staff J39 Communication Strategy & Analysis Division (CSAD)

- COVID-19 is a global challenge that no nation can face alone – our network of alliances and partnerships will be critical in combating the virus.
- As we support our governments leading the domestic response, we must remain vigilant in defending the rules based international order from adversaries that may be looking to take advantage of the current crisis.
- To meet this challenge, the United States military remains ready and capable to deter any acts of aggression and defend our shared interests.
- While continuing to deepen our defense relationship, we should also look for ways to expand our regional network and support our partners during this time.
- The United States has already provided \$8B in global aid to combat COVID-19; with the DoD providing humanitarian assistance and testing support to dozens of countries.
- Key areas where we should focus our combined efforts are improving detection and response, supporting international health care systems, responding to humanitarian crises, and sharing lessons learned and best practices to limit transmission and better protect the force.
- This pandemic underscores the importance of a rules based international order, as it sets the conditions that enable us to address this shared threat in a way that is transparent, focused, and effective.
- As for China, we have communicated that this pandemic is an opportunity for cooperation – urging them to avoid “militarizing” this crisis, using it for propaganda, or spreading disinformation and the absurdity that the U.S. military “planted” the virus in Wuhan.
- We welcome China, as we would any other nation, to contribute to public health assistance in other countries, provided it is offered with no strings attached.
- Now, more than ever, we need to embody the values that have benefited us all – values that will get us through this crisis together.
- DoD remains prepared to respond to security threats. The United States and our allies maintain ample capabilities to defeat aggression in any domain.

OSD Fact Sheets

Theme: Supporting State and Local Civil Authorities

U.S. NORTHERN COMMAND (USNORTHCOM)

- USNORTHCOM, in support of the **Federal Emergency Management Agency (FEMA)**, is leading the DoD response to COVID-19 efforts in the continental United States, ensuring other hotspots around our country are receiving the support they need.
- **UPDATE: There are nearly 62,400+ DoD personnel supporting COVID relief.**
- **UPDATE: USNORTHCOM is responsible for the DoD's active-duty operations** in support of COVID-19 stabilization efforts with over 14,500+ people deployed, including 3,450 medical personnel, staffing a total of 22 medical facilities or embedded operations nationally.
 - **UPDATE: The USNS Comfort** departed New York City on 30APR.
 - **UPDATE: All remaining patients** at the Javits Center will transfer to local hospitals today ahead of New York state officials closing the center next week. DoD's commitment to helping New York continues as 700 medical personnel are supporting NYC hospitals.
- DoD has provided 919 total **ventilators** to support COVID operations with another 250 awaiting transport.
- In support of the Department of State, DoD has transported 2,716 American citizens for **repatriation** via available opportune airlift and contracted missions.
- The U.S. Army has temporarily **delayed the movement** of future soldiers to Basic Combat Training. This two-week pause will be used to ensure appropriate safety measures are in place and allow leaders to focus on setting conditions to safely restart movement.

City by City Efforts

- **New York City** – Six Army Urban Augmentation Medical Task Forces (UAMTFs) currently support the Javits Center and local hospitals. Local officials stop transferring patients to USNS Comfort in anticipation of its departure today 30APR.

DoD is ensuring other hotspots around our country are receiving the support they need.

- **New Jersey** – Three Army UAMTFs are supporting the Edison Exposition Center, Newark University Hospital, Atlantic City Convention Center, and Salem Hospital.
- **Stamford, CT** – The UAMTF, along with additional support from a Navy Expeditionary Medical Facility detachment and Air Force Reservists, are treating patients at the Bennett Medical Center.
- **Boston, MA** – The UAMTF at the Boston Convention and Exposition Center is treating patients. Another UAMTF at Tewksbury Hospital will be fully operational today.

- **Pennsylvania** – The UAMTF supporting the Temple University Alternate Care Facility, Temple University Hospital, Einstein Hospital, Chestnut Hill Hospital, Mercy Hospital, and in East Stroudsburg has achieved initial operational capability.
- **Detroit, MI** – The UAMTF at the TCF Center is operational staffing 40 beds.
- **Los Angeles** – The USNS Mercy personnel are providing medical support at Fairview Skilled Nursing facility.
- **Louisiana** – The Navy Expeditionary Medical Facility detachment (EMF-M) in New Orleans continues to treat patients at the Morial Convention Center. EMF-M at Mid-City Hospital in Baton Rouge has 58 of 60 beds occupied with COVID+ patients.
- **Seattle** – The 627th and 47th Field Hospitals supporting the CenturyLink Events Center are ready to accept patients with a 250 bed capacity.

Federal Emergency Management Agency (FEMA)

- In support of **FEMA** the DoD is deploying a combined total of 1,000 Air Force and Navy medical providers to the New York City area with 300 to work in the Javits Center and the remaining 700 to deploy to other area locations to expand local medical capabilities
- Approved Base Support Installations to support FEMA providing staging and storage areas for their response operations. The approved installations are: Beale AFB, CA; Joint Base Lewis-McChord, WA; Joint Base McGuire-Dix-Lakehurst, NJ.
- Activated Dual-Status Commanders, Title 10 deputies and Joint Enabling Capability teams to Washington, New York and California.
- Activated Defense Coordinating Officers across all 10 FEMA regions.
- At the request of FEMA, the **DoD will expand** its medical support to include COVID-19 positive patients at the Javits Federal Medical Station (FMS) in New York City, the Morial FMS in New Orleans, and the Kay Bailey Hutchinson FMS in Dallas.

National Guard – Air and Army (State by State Efforts)

- Nearly 45,000+ **Air and Army National Guard** professionals are supporting COVID-19 response at the direction of their governors. State priorities are focused on testing and screening, as well as providing logistical support through warehousing and distribution of medical supplies and food.
- The Alaska National Guard is sourcing and disseminating equipment and personnel to support local community organizations.
- The **Arizona** National Guard is delivering personal protective equipment and donated food to the Navajo Nation.

- On Easter Sunday, **Arkansas** National Guard members unloaded six tractor trailers full of Personal Protective Equipment to be sent to 75 counties across the state.
- **UPDATE:** The **California** National Guard is providing eight-person medical support teams to skilled nursing facilities at 10 sites in Los Angeles County, providing additional medical capacity to facilities treating vulnerable populations. CANG has nearly 2,000 Guard men and women activated in response to COVID-19.
- Over 420 **Colorado** National Guard members are activated, testing as many as 300 residents a day at a walk-up and drive-thru testing site, and supporting the city of Denver homeless shelters.
- The **Connecticut** National Guard turned a vehicle designed to detect environmental contamination into a mobile clinical laboratory to expand the health department's COVID-19 testing capacity, expecting to provide lab tests for 80 patients per week.
- **Florida** has almost 3,000 National Guard members on duty in response to COVID-19. Guard men and women have assisted in testing more than 72,500 individuals through mobile testing and community-based testing sites.
- **UPDATE:** Nine **Georgia** National Guard strike teams are deployed statewide, testing long-term care residents for COVID-19. Additionally, GANG medics are augmenting staff in 14 hospitals across the state.
- The **Hawaii** National Guard flew nearly 200,000 donated surgical masks from Oahu to Hilo, to be distributed to communities across the island.
- The **Illinois** National Guard is establishing mobile testing sites in Chicago and Bloomington, conducting assessments for alternate care facilities and providing medical support to one Illinois Department of Corrections facility.
- The **Iowa** National Guard is supporting the health department in the operation of the state's first drive up testing site in Des Moines.
- **NEW:** The **Kansas** National Guard has 500+ National Guardsmen on duty supporting four testing sites, providing screening at a correctional facility, distributing food at eight food banks, and assisting with N95 mask fit tests at nursing and rehabilitation facilities.
- More than 230 **Kentucky** National Guard Airmen and Soldiers spent four days turning a fairground exhibit hall into an alternate care facility, ready to accept 288 patients if needed
- The **Louisiana** National Guard is supporting dual missions in northeast Louisiana: packing food boxes for residents during stay-at-home period and clearing debris in response to several recent tornadoes.
- The **Maine** National Guard is providing rapid response to public health agencies and conducting response efforts in 16 counties.
- **UPDATE:** The **Maryland** National Guard has 1,200+ Guardsmen activated for a variety of missions, including delivering medical protective equipment and ventilators to hospitals and providing specialized services to nursing homes and children's medical facilities.

- More than 1,800 **Massachusetts** National Guardsmen and women are activated for a variety of missions, to include delivering personal protective equipment to first responders, food bank operations, drive-thru testing and mobile testing teams, and medical staff assisting at public hospitals.
- The **Michigan** National Guard assisted in transforming a 350,000-square-foot section of Detroit's TCF Center into a 970-bed hospital, augmenting Detroit's regional health care system with tailored treatment for COVID-19 patients.
- **Minnesota** National Guard members are cutting fabric, laundering, and distributing masks for mission essential personnel throughout the state.
- The **Missouri** National Guard has delivered 70,000+ breakfasts and lunches to school-age children across the state.
- **Montana** National Guard members are building a mobile modular alternate care facility that can be transported anywhere in the state depending on the medical need.
- The **Nebraska** National Guard is helping DoD and Air Mobility Command test airframes to find the safest way to transport people who are either infected with or exposed to COVID-19.
- **Nevada** National Guard Soldiers are helping local hospitals transport, set up and secure tents for overflow patient care in one of many COVID-19 missions in one of the largest activations in the state's history.
- The **New Hampshire** National Guard continues to support around-the-clock warehousing, creating a steady stream of Personal Protective Equipment to first responders and healthcare professionals across the state. To date, they've delivered 1,700 orders, an estimated 100 tons of freight.
- The **New Jersey** National Guard is helping set up an alternate care site in the Atlantic City Convention Center. The facility will provide 250 beds for non-COVID patients.
- 3,500+ **New York** National Guard members are assisting the state with a variety of missions to include distributing food. On average, 100,000+ meals a day are delivered to quarantined individuals in need across NYC's five boroughs.
- **UPDATE:** The **North Carolina** National Guard is helping plant, tend and harvest produce at a food farm with 100% of the harvest going to food-insecure households. In just one day, National Guard members harvested nearly 500 pounds of collards.
- The **North Dakota** National Guard is assisting the state's health department with drive through testing of first responders in Fargo.
- **Ohio** NG is supporting 12 food banks across the state.
- **Oklahoma** National Guard members are assisting at two food banks that have seen a 60 percent increase in demand for food assistance while having to decrease volunteers due to essential-staff-only restrictions.
- The **Oregon** National Guard delivered 395,000 pieces of medical PPE to long-term care facilities across the state.

- As part of its food delivery operation, men and women of the **Pennsylvania** National Guard recently delivered food to Children's Hospital, Ronald McDonald House, and community points of distribution in Pittsburgh.
- The **Rhode Island** National Guard delivered more than 800 sampling kits to five locations across the state, and collected over 300 samples for transport.
- The **South Carolina** National Guard is building testing sites and erecting tents for patient triage.
- The **Tennessee** National Guard is assisting at 37 testing sites and supporting nursing homes with patient movement as needed.
- The **Texas** National Guard will mobilize 1,200 personnel as part of its new Coronavirus mobile testing teams.
- The **Vermont** National Guard has established a temporary triage site outside of the emergency room at the University of Vermont Medical Center, where they are evaluating patients in order to unburden the staff inside.
- **Virgin Islands** National Guard members are conducting airport screening at St. Croix and St. Thomas airports, and assisting with beach closure operations.
- The **Virginia** National Guard has 500+ personnel assisting with food banks, mobile testing sites, and health care coordination across the state.
- **Washington** National Guard members continue food bank support, providing more than 800,000 meals, approximately 6.4 million pounds of food, and testing more than 1,300 people at testing sites throughout the state.
- The **West Virginia** National Guard is helping the state plan for a safer reopening by providing training to more than 700 retailers and long-term care facilities on proper decontamination techniques.
- The **Wisconsin** National Guard organized a mobile testing facility over the weekend at the Milwaukee County House of Correction. The National Guard members are testing 950 inmates and staff for COVID-19.

U.S. Army Corps of Engineers (USACE)

- **The Army Corps of Engineers** in concert with federal, state and local partners are bringing their talents to bear to convert buildings into temporary hospitals.
- **UPDATE:** USACE is executing 46 FEMA Mission Assignments totaling \$1.8 billion, with 15,000 personnel engaged and 1,354 deployed in support of COVID-19 response operations. USACE has assessed 1,130 sites for possible use as Alternate Care Facilities (ACFs). To date, USACE has awarded 34 ACF construction contracts to add 14,779 beds to states with critical bed shortages – 24 of these 34 ACFs are now complete.
- **NEW:** USACE's **Savannah** District and contractors with Conti Federal Services are currently converting the Army National Guard Regional Training Institute on **St. Croix** into a

24-bed COVID capable patient care facility. The project is in response to a FEMA mission assignment in support of the U.S. **Virgin Islands** and is scheduled to complete on May 8.

- **NEW:** USACE is delivering two non-COVID Alternate Care Facilities to the **Navajo Nation**. Construction of a 50-bed ACF is ongoing at the Chinle Community Center in Chinle, AZ (ECD: May 1). The second ACF at the Atsa Biyaazh School in Shiprock, NM will provide 40 beds and is expected to be turned-over today.
- Site assessments determine if medical requirements are met, including patient capacity, proximity to nearby hospitals; utility and air filtration requirements, emergency access and egress and space to stage ambulances. Reports are then provided to the state to guide their decision making. To date, USACE has awarded 32 ACF construction contracts to add 14,615 beds to the nation's healthcare system – 17 of these 32 ACFs are now complete.
- USACE's **Alaska** District recently transformed the auxiliary gym of the Alaska Airlines Center arena into a temporary care facility that can accommodate 51 patients. The design includes a pipe and drape configuration for each patient pod, nursing stations, and a system to maintain a negative air pressure environment. In all, the project cost \$1.26 million and was completed in one week.
- USACE partnered with FEMA and the State of **Missouri** to convert a local hotel into an alternate care facility. The St. Louis District worked with Tarlton Corporation management and their subcontractors to provide 120 patient rooms, four nurses' stations, storage areas, a triage center, and meeting rooms.
- USACE's Detroit District completed construction at **Michigan's** second ACF – the Suburban Collection Showplace in Novi. The facility will begin accepting patients by the end of the week. The Detroit District has had almost 100 personnel engaged in the ACF mission in Michigan, with four teams conducting 28 facility assessments across 13 counties since March 25.
- The **Miami Beach** Convention Center ACF is finished: 5 miles of copper tubing oxygen lines; 50 miles of electrical cable; 100 miles of Cat-6 data cable; 450 beds, 50 of which are ICU beds; pharmacy and clean supply storage; medical staff rest area, showers, and decontamination space. Transformation of a 1.4 million square foot convention center into an ACF will give Florida doctors and emergency managers flexibility in fighting COVID-19. It was all done in two weeks and delivered to the state of Florida ahead of schedule
- USACE is also beginning a pilot program to install six Containerized Medical Solution units (retrofitted storage pods to serve as ICUs or nursing stations) at the United Medical Center (UMC) in **Washington, D.C.** UMC expects to be at 125 percent of capacity at the height of the COVID-19 patient curve
- This is also the Corps' first **Hotel to Healthcare** conversion in response to the COVID-19 pandemic.
- The U.S. Army Corps of Engineers has begun providing initial planning and assessments for the possible conversion of existing buildings into **alternate-care-sites** in **Texas** and **Michigan**. These actions under the direction of FEMA are part of eight mission assignments

totaling \$1.1 billion to address possible medical facility shortages due to the COVID-19 pandemic. They received a FEMA mission assignment to provide initial planning and engineering support to address possible medical facility shortfalls in the United States

USNS Mercy (Los Angeles) and USNS Comfort (New York)

- The **Hospital Ship** USNS Mercy became the largest hospital in Los Angeles when it began seeing patients March 29. USNS Comfort docked March 30, in New York harbor. Both floating hospitals are equipped with 1,000 patient beds and will assist in treating trauma and urgent care cases, allowing local shore-based hospitals to more easily handle COVID-19 patients.
- The **USNS Comfort** in an effort to reduce the backlog at some of the nearby New York hospitals modified its screening for care, including temperature and questionnaire now at the pier-side.
- The **USNS Comfort and USNS Mercy** are operating as referral hospitals for non-COVID-19 patients who are currently admitted to shore-based hospitals. Crews aboard the ships are providing a full spectrum of medical care to include general surgeries, critical care and ward care for adults, which allows local hospitals to focus on COVID-19 patients.

Reserve Forces

- **UPDATE:** More than 350 Reserve citizen warriors mobilized over the last week to support COVID-19 response. The majority of these Reservists are deploying to New York City hospitals to assist on the frontline there. Over 5,100 Reservists on military orders supporting COVID-19 operations.
- **UPDATE:** The Navy Reserve has 1,612 sailors engaged in COVID-19 pandemic relief efforts around the world. This includes over 650 Reservists at the Javits Center and local hospitals in the New York City area, and over 200 Reservists serving aboard the USNS Mercy and USNS Comfort.
 - Approximately 400 of 500 Reservists deploying to New York are part of Expeditionary Medical Facility (EMF) Bethesda. The EMFs are trained to provide medical support, such as acute care and emergency care. EMF Bethesda Reservists are supporting medical relief efforts at the Javits Federal Medical Station and multiple hospitals in the New York City area.
- **UPDATE:** The Air Force Reserve mobilized over 275 medical personnel to New York City and approximately 100 aeromedical evacuation Airmen mobilized to Joint Base Charleston.
 - Air Force Reserve Command units mobilized 98 aeromedical evacuation personnel who, along with their active duty counterparts, provide vital medical care in C-17 and C-130 aircraft.

- **UPDATE:** The Army Reserve mobilized 2,800 soldiers who are providing medical, logistics, administrative, engineering, aviation, and transportation expertise among other specialties

Expeditionary Hospitals

- We have deployed **Expeditionary Field Hospitals** around the countries to provide urgent-care so that local medical facilities can focus on COVID-19 patients, as well as treating COVID-19 patients directly.
- 280 Navy medical personnel assigned to **Expeditionary Medical Facility-M (EMFM)** have deployed as part of the COVID-19 response to support civil health authorities in existing facilities in New Orleans and Dallas.
- **Field Hospitals** Staffed by Army and Navy medical personnel are deploying: The 531st and 9th Army Field Hospitals deployed to the Javits Center in New York and began receiving patients March 31. The 627th Army Field Hospital and 47th Combat Support Hospital deployed to Seattle, WA.

Theme: Protecting Our People

- **NEW:** Since the outbreak of COVID-19, the U.S. Government has utilized an **All-of-America approach**, and already committed more than \$770M in assistance specifically aimed at fighting this pandemic.
- DoD will continue to safeguard U.S. national interests and those of our allies and partners throughout this crisis.
- Commanders must balance mission requirements with force health protection.
 - The Secretary of Defense has given commanders the authorities they need to make necessary decisions to protect their forces.
 - Commanders are empowered to take necessary precautions because the virus is unique to every situation and every location.
- We ask our people to take actions to protect themselves and those around them by employing protective measures including practicing good hand washing, social distancing, and taking appropriate actions if feeling sick.
- The Secretary of Defense has directed multiple efforts to mitigate the pandemic's impact on our people and set the bar for precautions.
 - **Directed wear of cloth masks for instances where social distancing is not possible.**
 - Enacted a stop movement order.
 - Raised the HPCON level for all DoD Installations
 - Cancelled and/or modified exercises.

- Maximized the use telework where possible.
- DoD will take every step to **ensure the wellness of our people**, while also safeguarding our national mission capabilities.
- **All Military Treatment Facilities and Dental Treatment Facilities** will postpone most elective surgeries, invasive procedures, and dental procedures for 60 days. These actions will enhance staff safety, prolong the supply of PPE, and repurpose the staff to aid in the COVID-19 response.
- Online resources for COVID-19:
 - www.coronavirus.gov
 - www.cdc.gov/coronavirus
 - www.defense.gov/Explore/Spotlight/Coronavirus/
 - www.militaryonesource.mil/coronavirus
- The Secretary of Defense enacted a **60 day stop movement for all DoD uniformed, civilian personnel, and their families overseas**. This measure is taken to protect personnel by limiting COVID-19's spread and preserve operational readiness. Authorized exceptions include: travel by patients and medical providers for of medical treatment for DoD personnel and their families; scheduled deployments / redeployments of U.S. Navy vessels and embarked units, provided they are in transit for 14 days and have met the restriction of movement requirements associated with current force health protection guidance; individuals who have already initiated travel; and individuals whose TDY ends while this order is in effect are authorized to return to their home station.
- The DoD has issued a **Deviation on Progress Payments** memo to guarantee continued payments to contractors. In order to improve the cash flow to industry and mitigate the impacts to the defense supply chain, resulting from the COVID-19 outbreak.
- Beginning March 31, 2020, all **Military Treatment Facilities and Dental Treatment Facilities** will postpone most elective surgeries, invasive procedures, and dental procedures for 60 days. This allows DoD to apply its vital healthcare resources for higher priority demands in response to COVID-19.

Secretary of Defense Dr. Esper

- “Over 50,000 service members are currently deployed across the United States, working tirelessly to help protect the American people. We continue to stay ahead of and remain responsive to the requests of state and local authorities so that we meet the need as the situation changes around the country” | 14APR20 Press Brief with CJCS
- “Our most important resource in this fight continues to be the brave men and women of the United States military. To date, we have deployed over 4,000 doctors, nurses, and other medical personnel across all components, to bolster the capacity of some of the nation's most severely affected areas.” | 14APR20 Press Brief with CJCS

- “Meanwhile, nearly 30,000 National Guard troops are hard at work, performing essential testing, planning, and support tasks in all 50 states, three territories, and the District of Columbia.” | 14APR20 Press Brief with CJCS
- “The department has delivered 10 million N95 masks to HHS and FEMA, and is prepared to provide 10 million more.” | 14APR20 Press Brief with CJCS
 - “On Friday, we received approval for our first Defense Production Act project, investing \$133 million to increase domestic production of N95 masks to over 39 million in the next 90 days. This will help ensure our government has the industrial capacity to meet the nation's needs.”
 -

U.S. Army

- The **U.S. Army** is increasing the HPCON level for all of its installations to Charlie in order to maintain operational readiness and protect the force. Installations will limit all access to essential personnel only and limit the numbers of access points. Additionally, extra measures are being implemented to protect immediate contingency response forces to prevent exposure to COVID-19 should they need to deploy.

U.S. Air Force

- **U.S. Air Force Air Mobility Command** temporarily suspended most Space-A travel to increase force health protection measures and decrease risk to DoD mission.
- Medical professionals from the **U.S. Air Force School of Aerospace Medicine** are training medics down at Joint Base Charleston on the use of a Transport Isolation System if a request came to move patients affected by COVID-19 aboard a cargo military aircraft. The TIS is an infectious disease containment unit designed to minimize risk to aircrew and medical attendants, while allowing in-flight medical care for patients afflicted by contagions like COVID-19.

Defense Health Agency (DHA)

- Through the **Defense Health Agency's** labs, over \$6.9M in COVID-19 bio-surveillance activities have been conducted in approximately 400 surveillance sites in over 30 countries to limit disease spread and maintain readiness of military members.

Defense Logistics Agency (DLA)

- **Defense Logistics Agency** will spend \$84.4 million to buy 8,000 ventilators, with delivery of an initial 1,400 by early May. In addition to supporting USNS Comfort and USNS Mercy with over \$2 million in medical supplies and 975,000 gallons of fuel for their transit to New York City and Los Angeles.

- **UPDATE:** DLA remains an **invaluable resource** to DoD, HHS, FEMA, and the nation. Since Feb. 1, DLA has executed 5,314 contract actions valued at \$920 million, including \$688 million directly supporting FEMA and HHS requirements.
- **NEW:** DLA has **procured over 4 million N95 respirator masks**; 14.4 million non-medical and surgical masks, 92.2 million exam gloves, 2.5 million isolation and surgical gowns for our military services, combatant commands, and several federal agencies. DLA also has 8,000 ventilators on order for HHS and the DoD. Delivery has started of over 5.3 million non-medical, cloth face coverings to the military services, Coast Guard, and DoD organizations.
- So far, **DLA has delivered** to the military and other federal agencies:
 - 6.1M N95 respirator masks,
 - 18.4M non-medical and surgical masks,
 - 96.3M exam gloves,
 - 942,100 hand sanitizers,
 - 819,100 test components,
 - 8,000 ventilators,
 - 911,700 isolation and surgical gowns.
- DLA stocked the USNS Comfort and Mercy with over **\$14 million** in protective equipment, pharmaceuticals, medical supplies, fuel, food, and repair parts.
- DLA contracted for 60 **Critical Care Decontamination Systems**, each one capable of sanitizing 80,000 masks per day for reuse.
- DLA **Disposition Services** researched and returned to inventory thousands of respirators, surgical masks, gowns, gloves, goggles and more that had been scheduled for reutilization or disposal before the pandemic.
- DLA procured an initial 11,000 protective face shields produced through **3D printing**. The agency has already delivered 9,000 of the face shields to New York City medical professionals.

Theme: Supporting Our Allies and Partners

- **NEW:** COVID-19 remains a global challenge that no nation can face alone – **our strong network of alliances and partnerships** is critical to combating this virus.
- **NEW:** The United States has been the largest contributor to global health security for decades, **contributing more than \$140B in global health assistance** in the 21st century alone.
- **NEW:** Since the outbreak of COVID-19, the U.S. Government has utilized an All-of-America approach, and already committed more than \$770M in assistance specifically aimed at fighting this pandemic.
- **NEW:** DoD has provided millions in humanitarian assistance to 65 partner nations through the provision of medical and personal protective equipment and the transportation of humanitarian cargo.

- **NEW:** We are working with our NATO allies to coordinate inventory among capitals and use military cargo planes to transport equipment.
- **NEW:** Together, we should continue to support our partners' ability to detect and respond to the virus, reinforce international health care systems, and share lessons learned to protect the force.
- DoD assistance to allies and partners is a testament to the value we place on these relationships.
- DoD is supporting our Allies and Partners' COVID-19 response activities by providing critical medical equipment, transporting humanitarian cargo, and sharing the expertise of our DoD Labs that are strategically located around the globe.
 - **UPDATE:** To date, DoD has provided millions in **humanitarian assistance** to 51 partner nations through the provision of medical and personal protective equipment (PPE) and the transportation of humanitarian cargo.
 - DoD's **overseas research laboratories** continue to augment Allies' and Partners' COVID-19 bio-surveillance activities.
 - **Overseas Army and Navy research laboratories** perform bio-surveillance activities in support of international partners globally. Through the Defense Health Agency's labs, over \$6.9M in COVID-19 bio-surveillance activities have been conducted in approximately 400 surveillance sites in over 30 countries to limit disease spread and maintain readiness of military members.

Defense Threat Reduction Agency (DTRA)

- DoD's **Defense Threat Reduction Agency** has provided \$1.1 million in laboratory and diagnostic supplies to over 30 partner nations in Africa, Asia, Europe, and South America in support of COVID-19 response efforts.
- **DTRA** helped deliver six C-17 shipments, totaling 3 million COVID-19 test kit swabs, to support U.S. medical professionals stateside, and military members in Europe.

Theme: Maintaining Mission Readiness

- We continue to maintain a ready, global presence.
- DoD has plans in place that ensure the nuclear triad of strategic bombers, intercontinental ballistic missiles, and submarine-launched missiles continue to be a ready and reliable deterrent.
- The DoD is committed to transparency. Our senior leaders have consistently engaged with our troops, our civilians, their families, our civilian leaders and lawmakers, and the press to discuss our capability and capacity to help with the outbreak while maintaining the readiness to defend the Nation as necessary. If a commander believes that COVID-19 could affect the readiness of our strategic deterrent or strategic response forces, we would understandably protect that information from public release and falling into the hands of our adversaries.

- We continue to serve and deploy around the world. Ships are sailing, planes are flying, and training is happening to safeguard U.S. national interests and those of our allies and partners.
- Temporarily suspending Space-A travel not only supports force health protection, but also keeps the focus on sustaining the warfighter to ensure mission accomplishment.

Secretary of Defense Dr. Esper

- “While we continue to support the whole-of-nation, whole-of-government response to this global pandemic, we continue our very important national security missions such as: conducting freedom-of-navigation operations and patrolling the high seas to ensure freedom of navigation around the globe; monitoring North Korean weapons tests; escorting Russian bombers out of U.S. airspace...” | 14APR20 Press Brief with CJCS

Theme: Supporting U.S. Government Response

- USNS Mercy received its first three patients Sunday while the USNS Comfort scheduled to arrive in New York City today. Both ships will provide a spectrum of medical care that will allow local hospitals to focus on COVID-19 patients.
- Defense Logistics Agency will spend \$84.4 million to buy 8,000 ventilators, with delivery of an initial 1,400 by early May. In addition to supporting USNS Comfort and USNS Mercy with over \$2 million in medical supplies and 975,000 gallons of fuel for their transit to New York City and Los Angeles.
- Approximately 14,830 Air and Army National Guard professionals are supporting COVID-19 response at the direction of their governors. The focus in many states is on supporting community based testing sites and creating enhanced medical capacity. Distribution of Personal Protective Equipment, medical supplies, food and water are prevalent missions.
- To mitigate COVID-19 impacts, the DoD continues daily calls to defense industry associates, Congress, and State Governors to keep supply chains open.
- DoD is supporting HHS by currently housing 112 personnel: MCAS Miramar (63) and Dobbins ARB/Clay (49).

Interagency: National Security Council

Theme: Americans are World’s Greatest Humanitarians (cao 30MAR20)

- The United States and the American people are demonstrating once again that they are the **greatest humanitarians** the world has ever known.
- The United States, and the American people, are **responding** to the COVID-19 pandemic with genuine human kindness, not for geopolitical gain or self-glorification.

- The United States provides critical support to **multilateral organizations** fighting the pandemic.
- U.S. support is essential to the **World Health Organization's** coronavirus relief efforts. As of March 11, WHO had shipped personal protective gear to 57 countries. U.S. contributions to the WHO in 2019 exceeded \$400 million, almost double the second largest contribution, and far more than China's \$44 million. (Take out?)
- The United States is the largest supporter to **UNICEF**, one of the first organizations to provide coronavirus aid to the Chinese people. On January 29, UNICEF delivered 6 metric tons of respiratory masks and protective suits for health workers to Shanghai, for distribution in Wuhan. In 2019, the United States contributed more than \$700 million to UNICEF, compared to China's \$16 million.
- The U.S. government has committed nearly **\$274 million** for coronavirus international assistance to date. This funding will improve public health education, protect healthcare facilities, and increase laboratory, disease-surveillance, and rapid-response capacity, in up to 64 countries.
- **Congress** provided the State Department, USAID, and CDC nearly \$1.6 billion in an emergency supplemental appropriation on March 6. This supplemental funding will support health systems, humanitarian assistance and economic, security, and stabilization efforts.
- Americans have provided generous support to COVID-19 victims in **Italy** and other hard-hit regions all over the world, from Africa to Asia, through government agencies, private businesses, nonprofit groups, and religious organizations.
- The United States was one of the first nations to **offer to help the Chinese people**. When the United States learned about the outbreak in Wuhan in early January, the Trump Administration immediately offered to send our premier infectious disease experts to China. President Trump personally reiterated this offer to General Secretary Xi Jinping. Chinese authorities stonewalled for weeks, costing crucial time and lives in China and around the world.
- In early February, the United States delivered more than 17 tons of **medical supplies** to China, donated by the American people. These supplies included masks, gowns, gauze, respirators, and other vital materials.
- The U.S. **Centers for Disease Control and Prevention (CDC)** maintains an office in Beijing and works closely on a number of public health issues with the China CDC, including on the COVID-19 response. Additionally, U.S. experts were part of the WHO team that visited China in February in response to COVID-19.
- The United States stands ready to provide more **assistance to China**, if the Chinese Communist Party would allow us to do so.
- The United States is the most generous nation in the world when it comes to humanitarian assistance, which is why **USAID** pledged an initial \$100 million for international efforts to combat COVID-19, first announced by the Secretary of State on February 7, 2020.

- As part of this initial pledge, **USAID** is working with **partner countries** to educate their populations on steps they can take to prevent and respond to the spread of the virus, prevent and control infection in health facilities, increase laboratory, disease-surveillance, and rapid-response capacity, strengthen screening at points of entry, and coordinate global and regional responses.
- The United States is the global leader in **public health assistance**, with more than \$9.5 billion appropriated in 2019 to support international public health. This amount includes funding to counter pandemic threats, HIV/AIDS, malaria, tuberculosis (TB), and other health needs. <https://foreignassistance.gov/categories/Health>
- The U.S. commitment to humanitarian needs is global and extends far beyond COVID-19. In **Africa** alone, the United States has committed more than \$100 billion over the last 20 years to support public health—by far the largest contribution by any donor nation. The United States continues to partner with the Africa CDC and national public health institutions in Africa to support capacity-building, preparation, and response to the ongoing global public health emergency related to the COVID-19 pandemic that spread out of China.

Theme: (U//FOUO) Countering PRC Propaganda on Health and Humanitarian Aid (ao 14APR)

- The United States and the American people are demonstrating once again that we are the **world's leader** in health and humanitarian assistance.
- For more than a half century, the United States has been the largest contributor to **global health security**. We built the foundation upon which the global health system is based, contributing more than \$140 billion in global health assistance in the 21st century alone.
- Through the American people's generosity and the U.S. government's action, the United States continues to demonstrate **global leadership** in the face of the COVID-19 pandemic.
- Since the outbreak of COVID-19, the U.S. government has committed more **than \$500 million in assistance** specifically aimed at fighting the pandemic. This funding will save lives by improving public health education, protecting healthcare facilities, and increasing laboratory, disease-surveillance, and rapid-response capacity in more than 100 of the most at-risk countries around the world.
- We are, for instance, providing **medical equipment** to Italy in ways that don't detract from critical domestic needs. Our life-saving aid supports the work of NGOs and international organizations, and helps adapt Italian factories and supply chains to the needs of healthcare personnel and patients.
- The State Department, USAID, CDC, and DOD are working together as part of an All-of-America **response to support health systems**, humanitarian assistance, economic, security, and stabilization efforts worldwide with \$2.7 billion in emergency supplemental funding allocated by Congress.
- The United States provides critical support to international organizations fighting the pandemic including the **World Health Organization, UNICEF, the World Food Program** and

dozens of other organizations. If these organizations can't deliver on their missions, we will find other partners on the ground to deliver help.

- Our great military is on the front lines of this effort as well, with military bases in Europe building **field hospitals** and treating non-coronavirus patients in U.S. facilities, and American soldiers assisting local authorities in Germany, Poland, the U.K., and elsewhere.
- We are working with our **NATO** allies to coordinate inventory among capitals and use military cargo plans to transport equipment from as far as South Korea to Europe. We are doing what allies do to support each other.
- When China was the COVID-19 epicenter, in early February, the United States delivered more than 17 tons of **medical supplies**, donated by the American people to help keep Chinese health care workers safe. We continue to offer assistance to the people of China.
- Americans don't just provide aid through government means. Our **All-of-America approach** is helping people around the world through the generosity of private businesses, nonprofit groups, charitable organizations, faith-based organizations, and individuals. Together, Americans have provided nearly \$3 billion in donations and assistance, in addition to what the U.S. government has provided.
- As history proves, we can fight public health emergencies at home and **help other nations** contain their spread abroad. The United States is able to provide much-needed assistance to our partners overseas while continuing to safeguard the health of Americans at home.
- Combatting COVID-19 **outside our borders** helps keep Americans safe by minimizing reinfections from international travel. A healthier world means a healthier United States.
- The United States enthusiastically welcomes high-quality, **transparent**, no-strings-attached contributions from other donors to help fight the Covid-19 pandemic.

Theme: The Chinese Communist Party's Cover-Up, Disinformation, and Propaganda (if needed, cao 13APR20)

- The pandemic highlights the importance of **transparency** to human health, good governance, and the global economy. When information is restricted, the consequences are devastating for the people of China and the rest of the world.
- According to the PRC government's own accounts, the coronavirus **outbreak began** in Wuhan, Hubei Province, China, in December 2019, or earlier.
- Chinese Communist Party officials in Wuhan and Beijing had a special **responsibility to inform** the Chinese people and the world of the threat, since they were the first to learn of it.
- Instead, the **PRC government hid news** of the virus from its own people for weeks, while suppressing information and punishing doctors and journalists who raised the alarm. They denied that human-to-human transmission was happening, and pressured others to repeat this falsehood. These actions allowed the virus to spread globally during this critical period.

- The PRC's behavior is unsurprising. China's **authoritarian system** is built on censorship. Throughout its history, the Party has demonstrated it cares more about maintaining its power and ideology than alleviating its own people's suffering.
- History proves that **democratic accountability** is the most effective ways to prevent man-made disasters such as famine, and to manage public health crises.
- The CCP is now **waging a propaganda and disinformation campaign** to try to shift responsibility for the global pandemic to others, including the U.S. and Italy. This effort is futile and counterproductive, as even China's Ambassador to the United States has acknowledged ([link to Axios story](#)).
- We **welcome aid to help** alleviate the suffering caused by the global pandemic for which the CCP is responsible.
- We encourage China to **provide high-quality supplies** and to donate to the recognized and credible mechanisms for humanitarian and global health assistance, rather than using assistance as a means of propaganda and political bribery.
- The CCP must **take responsibility** for its actions, or the Chinese people and the world won't be safe the next time a dangerous pathogen originates in China. Saving lives is more important than saving face.

Interagency: U.S. Department of State

Secretary of State Mike Pompeo

- "The United States has taken aggressive action. President Trump has led from the front to make sure that we respond in a way that protects not only the American people, but provided unequalled assistance to countries around the world – now some \$400 million-plus of foreign assistance coming from the United States of America." | April 14, 2020
- "I want everyone to be reminded that America remains the world's leading light of humanitarian goodness as well amidst this global pandemic. Right now, given the great need for PPE in our own country, our focus will be on keeping critical medical items in the United States until demand is met here. But the United States continues, even as we speak, to provide high-quality, transparent, and meaningful assistance to our partners all across the globe." | April 7, 2020
- "Today I can confirm that we are prepared to commit an additional \$225 million in health, humanitarian, and economic assistance to further boost response efforts worldwide. That's on top of the roughly \$274 million in funding we've already deployed to 64 countries across the globe. No country can match this level of generosity." April 7, 2020
- "The new funding that I announced today will be used to reduce transmission through virus diagnosis, prevention and control; to bolster health systems; to prepare labs; to train healthcare workers; to increase awareness; and much, much more." April 7, 2020

- “Right now, given the great need for PPE in our own country, our focus will be on keeping critical medical items in the United States until demand is met here. But the United States continues, even as we speak, to provide high-quality, transparent, and meaningful assistance to our partners all across the globe. We do this because we’re good and generous people. We also do it because viruses don’t respect borders. When we help our friends abroad, it keeps us safe back here in the homeland as well.” | April 7, 2020
- Re: State Department’s 24/7, worldwide efforts to repatriate American citizens from around the globe: “It’s one of the most remarkable diplomatic missions in American history. As of this morning, our team – working at great personal risk – has repatriated more than 45,000 citizens from across the world – 460-plus flights, 75 countries.” | April 7, 2020
- “In America we provide aid because we are a generous and noble people. We also do it because we know from prior experiences that if we don’t have good data, fully transparency, and an all-in effort to fight pandemics, they can harm Americans back home, too. For both of these reasons, The United States was one of the first nations to step forward and offer help.” | March 31, 2020
- “The U.S. government has rapidly mobilized unprecedented resources to respond to the COVID-19 pandemic, both at home and abroad. [Today,] I am pleased to announce that the United States has made available nearly \$274 million in emergency health and humanitarian funding. Along with the U.S. private sector, the American people continue to lead in responding to this pandemic.” | March 26, 2020
- “Since 2009, American taxpayers have generously funded more than \$100 billion in health assistance and nearly \$70 billion in humanitarian assistance globally. Our country continues to be the single largest health and humanitarian donor for both long-term development and capacity building efforts with partners, and emergency response efforts in the face of recurrent crises.” | March 26, 2020
- “This is a tough fight. The American people are tougher. Our diplomatic teams are working around the clock to help them keep safe both home and abroad. And we’re showing, once again, the global leadership that America has always delivered.” March 20, 2020
- “...the State Department remains fully engaged across a broad range of matters even as we tackle this global pandemic. No nation gives so much to defend life, liberty, and the pursuit of happiness more than we do here in the United States, and we’re doing that work all over the world. That work continues.” | March 17, 2020
- “The State Department has implemented aggressive travel restrictions, updated travel advisories, and worked with the private sector to ensure U.S. citizens and travelers are informed and safe.” March 5, 2020
- “Outside of our borders, the State Department continues to do an enormous amount of work to review developments inside and outside of China, and to help countries who have been stricken by the virus.” | February 25, 2020

Theme: U.S. Leadership in Health and Humanitarian Assistance (cao 21APR20)

- **UPDATE:** For more than a half century, the United States has been the largest contributor to global health security. We built the foundation upon which the global health system is based, contributing more than \$140 billion in global health assistance in the 21st Century alone.
- ****UPDATE:** As history proves, we can fight public health emergencies at home and help other nations contain their spread abroad. The United States is able to provide much-needed assistance to our partners overseas while continuing to safeguard the health of Americans at home.
- **UPDATE:** Through the American people's generosity and the U.S. government's action, the United States continues to demonstrate global leadership in the face of the COVID-19 pandemic, helping people all over the world.
- **UPDATE:** We are using our G7 Presidency to catalyze the unbeatable power and resilience of the world's leading democracies and free economies to combat COVID-19. We are working together to protect the vulnerable, pool our scientific research, and share best practices, so we can emerge from the crisis with more resilient health systems and trusted supply chains.
- **UPDATE:** Since the outbreak of COVID-19, the U.S. government has already committed more than \$500 million in assistance specifically aimed at fighting the pandemic, with much more to come. Our funding will save lives by improving public health education, sanitizing healthcare facilities, and increasing laboratory, disease-surveillance, and rapid-response capacity in more than 100 of the most at-risk countries around the world.
- **UPDATE:** The State Department, USAID, HHS, CDC, DOD, and others are working together as part of an All-of-America response to support health systems, humanitarian assistance, economic, security, and stabilization efforts worldwide with \$2.4 billion in emergency supplemental funding allocated by Congress.
- **UPDATE:** The United States provides critical support to international organizations fighting the pandemic including UNICEF, the World Food Program and dozens of other organizations. If these organizations can't deliver on their missions, we will find other partners on the ground to deliver help.
- **NEW:** When China was the COVID-19 epicenter in early February, the United States delivered more than 17 tons of medical supplies, donated by the American people to help keep Chinese health care workers safe. We continue to offer assistance to the people of China.
- **UPDATE:** Americans don't just provide aid through government means. Our All-of-America approach is helping people around the world through the generosity of private businesses, nonprofit groups, charitable organizations, faith-based organizations, and individuals, as well as through the ingenuity of our scientists, researchers, and innovators. Together, Americans have provided nearly \$3 billion in donations and assistance, in addition to what the U.S. government has provided.
- **UPDATE:** Combatting COVID-19 outside our borders helps keep Americans safe by minimizing reinfections from international travel. A healthier world means a healthier United States

- The United States enthusiastically welcomes high-quality, transparent, no-strings-attached contributions from other donors to help fight the COVID-19 pandemic.
- The United States is the world's leader in health and humanitarian assistance. For decades, the United States has been the largest contributor to global health security.
- The United States is able to provide much-needed assistance to our partners overseas while continuing to safeguard the health of Americans at home.
- We will keep all critical medical items in the United States until the demand at home is met. At that same time, we will ensure our health care workers around the world implementing global health efforts will get the supplies they need to keep them safe.

Theme: U.S. Decision to Suspend Funding for the WHO

(cao 21APR20)

- President Trump halted U.S. funding to the World Health Organization (WHO) in order to review its gross mismanagement of the coronavirus outbreak, which has cost hundreds of thousands of lives and inflicted widespread economic damage on the United States and the world.
- We are taking this action to save lives. Even today, WHO has not pressed China for full virus samples, and has excused China's malfeasance and taken other actions that undermine our ability to fight the pandemic and protect the American people.
- Our funding for the WHO will be halted for 60-90 days, pending a full review of its performance.
- Our action in no way diminishes U.S. leadership on global health matters, including the current COVID crisis. We have ample ability to provide aid ourselves or through other partners to fight the pandemic, and we will continue to do so.
- Since the start of the outbreak, the U.S. Department of State and the U.S. Agency for International Development have committed nearly \$508 million in emergency health, humanitarian, and economic assistance, on top of the funding we already provide to multilateral and non-governmental organizations (NGOs), to help communities around the world deal with the pandemic.
- Our review process is under development and will include all relevant U.S. Government agencies. During this period, the Department of State, U.S. Agency for International Development (USAID), and partner agencies will identify and utilize alternative implementers for any and all activities that would have been undertaken by WHO with American resources.
- As its largest contributor, the United States has a particular interest in the WHO's performance, transparency, and accountability. We insist that it advance American interests and the health of people around the world by bringing accountability into the system - to receive our generous support. We want to save lives and insist that those institutions we fund share that noble goal.

Travel Advisories

- @StateDept: Find the latest travel advisories and health alerts regarding #Coronavirus at <http://travel.state.gov>. Follow @TravelGov for the most up to date information on all travel. (Click [here](#) to retweet)
- @TravelGov: U.S. citizens - enroll in STEP to receive the most up-to-date Alerts. If you are in an Emergency call 1-888-407-4747 (U.S. and Canada) or 1-202-501-4444 (from overseas). <http://ow.ly/e3MP50yTKC2> (Click [here](#) to retweet)
- @TravelGov: In response to #COVID19, @StateDept is suspending routine visa services in most countries. Routine visa services will resume ASAP but we are unable to provide a specific date at this time. Check embassy/consulate websites for current operating status: <http://ow.ly/awXj50yPgPK> (Click [here](#) to retweet)
- @TravelGov: Travel Advisory: Level 4 - The Department of State advises U.S. citizens to avoid all international travel due to the global impact of #COVID19. In countries where commercial departure options remain available, U.S. citizens who live in the US should arrange for immediate return. (Click [here](#) to retweet)

Interagency: FACT SHEET - U.S. Agency for International Development (USAID) Foreign Assistance (by country)

(cao 16APR20)

- **UPDATE: Bangladesh:** Nearly \$9.6 million in assistance includes \$4.4 million in health and IDA humanitarian assistance to help with case management, surveillance activities, infection prevention and control, risk communication, and water, sanitation, and hygiene programs, and \$5.2 million in MRA humanitarian assistance to support refugees and their host communities in Bangladesh during the pandemic. This builds upon nearly \$4 billion in total U.S. assistance over the past 20 years, which includes more than \$1 billion in health assistance alone.
- **NEW: Bhutan:** \$500,000 in health assistance will strengthen diagnostic laboratory capabilities and clinical case management, provide virtual training for health care providers and lab personnel, and support risk communications materials. This assistance builds upon more than \$6.5 million in total U.S. assistance over the past 20 years, including \$847,000 in health assistance.
- **UPDATE: Burma:** Approximately \$4.1 million in health and \$3 million in IDA humanitarian funding goes toward COVID-19 infection prevention and control, case management, laboratory system strengthening, risk communications and community engagement, as well as water and sanitation supplies, including assistance to IDP camps that are facing shortages. This assistance comes on top of long-term U.S. investment in Burma including more than \$1.3 billion in total U.S. assistance, which includes more than \$176 million in health assistance, over the past 20 years.

- **UPDATE: Cambodia:** Approximately \$4 million in health assistance is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, communicate risk, support technical experts for response and preparedness, and more. The United States has invested long-term in Cambodia, providing more than \$1.6 billion in total assistance, which includes more than \$730 million in health assistance, over the past 20 years.
- **UPDATE: India:** Nearly \$5.9 million in health assistance to help India slow the spread of COVID-19, provide care for the affected, disseminate essential public health messages to communities, strengthen case finding and surveillance, and mobilize innovative financing mechanisms for emergency preparedness and response to this pandemic. This builds on a foundation of nearly \$2.8 billion in total assistance, which includes more than \$1.4 billion in health assistance, the United States has provided to India over the last 20 years.
- **UPDATE: Indonesia:** Nearly \$5 million includes more than \$4.5 million in health assistance to help the government prepare laboratory systems, activate case-finding and event-based surveillance, and support technical experts for response and preparedness, and more. It also includes \$400,000 in MRA humanitarian assistance. The United States has invested more than \$5 billion in total assistance over the past 20 years, including more than \$1 billion in health assistance.
- **UPDATE: Laos:** Nearly \$3.5 million in health assistance is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, and more. This assistance builds upon U.S. investment in Laos over time, including more than \$348 million total over the past decade, of which nearly \$92 million was health assistance.
- **NEW: Malaysia:** \$200,000 in MRA humanitarian assistance will support COVID-19 response efforts for refugees and asylum seekers in Malaysia. This assistance builds upon a foundation of decades of U.S. investment in Malaysia, totaling more than \$288 million in total assistance over the past 20 years, including more than \$3.6 million in health assistance.
- **UPDATE: Mongolia:** Nearly \$1.2 million in health assistance is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, and support technical experts for response and preparedness, and more. The United States has invested more than \$1 billion in total assistance for Mongolia over the past 20 years, including nearly \$106 million in health.
- **UPDATE: Nepal:** \$1.8 million in health assistance is helping the government to conduct community-level risk communications, prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, and more. Over the past 20 years, U.S. investment in Nepal totals more than \$2 billion, including more than \$603 million in health alone.
- **UPDATE: Pacific Islands:** \$ \$3.3 million total includes \$2.3 million in health assistance which is helping governments prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, and \$1 million in IDA humanitarian assistance to support risk communication, infection prevention and control,

logistics, coordination efforts, and more. Over the last 20 years, the United States has invested over \$5.21 billion in assistance to the Pacific Islands. Over the last decade, the United States has invested more than \$620 million in health assistance alone for the Pacific Islands.

- **UPDATE: Papua New Guinea:** \$1.2 million in health assistance for Papua New Guinea is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, and support technical experts for response and preparedness, risk communication, infection prevention and control, and more. The United States has invested over \$108 million total in Papua New Guinea over the past 20 years, including more than \$52 million in health alone.
- **UPDATE: Philippines:** More than \$6 million in health and \$2.8 million in IDA humanitarian assistance will help support laboratory and specimen-transport systems, intensify case-finding and event-based surveillance, support Philippine and international technical experts for response and preparedness, risk communication, infection prevention and control, handwashing and hygiene promotion, community-level preparedness and response, and more. The United States has invested more than \$4.5 billion in total assistance over the past 20 years, which includes \$582 million in the Philippines' health alone.
- **UPDATE: Sri Lanka:** \$1.3 million in health assistance is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, risk communication, infection prevention and control, and more. Over the past 20 years, U.S. investment in Sri Lanka has included more than \$1 billion in total assistance, which includes \$26 million in health alone.
- **UPDATE: Thailand:** More than \$2.7 million in health assistance will help the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, risk communication, infection prevention and control, and more. This new assistance builds upon long-term U.S. assistance in Thailand including more than \$1 billion in total assistance over the past 20 years, which includes nearly \$213 million in health.
- **UPDATE: Timor Leste:** \$1.1 million in health assistance is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, risk communication, infection prevention and control, and more. The United States has invested more than \$542 million in total assistance for Timor-Leste since independence in 2002, including nearly \$70 million in health assistance.
- **UPDATE: Vietnam:** \$4.5 million in health assistance to help the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for preparedness and response, risk communication, infection prevention and control, and more. Over the past 20 years, the United States has invested more than \$1.8 billion in total assistance for Vietnam, including more than \$706 million in health assistance.
- **UPDATE: Regional Efforts in Asia:** \$800,000 in health assistance is helping governments across the region prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, risk communication,

infection prevention and control, and more. The United States has provided more than \$226 million in health assistance regionally in addition to health assistance to individual countries in the region, and in total more than \$3 billion in development and other assistance over the last 20 years.

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Subject: China Embassy censorship in Washington DC
Date: Thu, 26 Mar 2020 18:15:36 +0000

Folks, this is for your leisurely Thursday afternoon reading.

I just did a little exercise and ran a line-by-line check on the two versions of last week's Axio-HBO interview with PRC Amb. Cui Tiankai. The result is not surprising---the PRC embassy subtly censored quite a few key sections that are not kosher to the CCP.

See the Axio-HBO transcript where the yellow highlighted texts are censored by the PRC embassy or possibly Cui himself. Also attached is the PRC Embassy's "full transcript."

Miles

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DCTV

20200321_EP304_PRESS_TRANSCRIPT_FULL_INTERVIEW
ALL EXCERPTS MUST BE ATTRIBUTED TO "AXIOS ON HBO"
EPISODE FEATURING AMBASSADOR CUI TIANKAI
PRODUCERS/DIRECTORS: PERRI PELTZ & MATTHEW O'NEILL

Jonathan Swan [15:30:49] Ambassador Cui, the Communist Party of China doesn't grant too many interviews to the Western media. What is it about the current moment that makes you eager to talk?

Ambassador Cui Tiankai [15:31:02] Well, I've been seeing the media very regularly since I came here almost seven years ago. I think I even have many friends in the media.

Jonathan Swan [15:31:17] Okay. But I don't see too many interviews of you. This moment now- with, with the coronavirus. What made you want to talk so much right now?

Ambassador Cui Tiankai [15:31:27] Because people want to ask questions.

Jonathan Swan [15:31:29] Yeah.

Ambassador Cui Tiankai [15:31:31] So, then I have to respond to these questions.

Jonathan Swan [15:31:34] Well, we're grateful for having you here. Mr. Ambassador, I want to ask you about a couple of things in the news before we get into the coronavirus. On Monday night. On Monday night, President Trump for the first time referred to the coronavirus as the Chinese virus. What did you make of that?

Ambassador Cui Tiankai [15:31:55] Well, I'm not, I'm not spokesperson for the White House. But I think the World Health Organization has a rule. When they name these new viruses, they would never give people the impression that the virus is linked somehow to a particular location, particular group of people or even a particular animal. They want to avoid stigma. So hopefully everybody will follow that WHO rule.

Jonathan Swan [15:32:26] Well, the president of the United States isn't following it. Is there any message that you would want to deliver to him? He'll be watching.

Ambassador Cui Tiankai [15:32:34] My message is very clear. I hope the WHO rule will be followed.

Jonathan Swan [15:32:40] Mr. Ambassador, on Tuesday the Chinese government announced that it would be expelling all U.S. journalists working for The New York Times, The Wall Street Journal and The Washington Post from China, and that they have 10 days to leave. What does the Chinese government have to fear from a independent press, Mr. Ambassador?

Ambassador Cui Tiankai [15:33:01] Well, I think I still have to give you the right facts. First, it's not expelling anybody from China. Their work permit as journalists would be terminated. Secondly, not everybody from these media. Some of their people would still be working in China. But most importantly, we're doing all this in response to the measures taken by the U.S. government against our journalists here. So in a sense we are compelled to do all these things.

Jonathan Swan [15:33:39] But, so, with respect, wasn't the first action the Chinese government expelling the three Wall Street Journal reporters because of critical coverage of the Communist Party's response to the coronavirus? And they, the U.S. government expelled, from my understanding, Chinese state-owned, ahh, they effectively made them cap their staff numbers lower from state-owned outlets.

Ambassador Cui Tiankai [15:34:02] No, I think the fact is The Wall Street Journal ran an article with very insulting language on the entire Chinese nation. That caused a lot of anger among the Chinese people, so the government had to respond.

Jonathan Swan [15:34:19] I mean, I read there. Yeah.

Ambassador Cui Tiankai [15:34:21] Then, the U.S. government, the U.S. government has taken action against our journalists here. People who have

never violated U.S. laws. People who are just doing their professional job here, and they're expelled by the U.S. government. Then we have to follow the principle with reciprocity. We have to respond.

Jonathan Swan [15:34:41] I guess, I just, I mean, I read that column in The Wall Street Journal, and it didn't seem to me that there was anything that would violate a law in it. It was really criticizing the government.

Ambassador Cui Tiankai [15:34:51] That article is very insulting on the entire Chinese nation. If you know anything about Chinese history, if you know anything about Chinese history. I think that a lot of people here in America did not agree with that title, with that kind of language.

Jonathan Swan [15:35:09] Well, I...

Ambassador Cui Tiankai [15:35:09] People are very upset here even.

Jonathan Swan [15:35:11] I'm sure people will disagree, Mr. Ambassador. I guess the question is whether it's a good idea to expel reporters because of something you disagree with.

Ambassador Cui Tiankai [15:35:18] Maybe the first, the first question you have to ask, whether it's a good idea to write such an article at all.

Jonathan Swan [15:35:24] Oh, sir. Interesting response. Mr. Ambassador, look, in a public health crisis, as you know, it's so important that we have a fact-based conversation. And you said on Face the Nation on February 9th that it was dangerous for people to be spreading, you used the word crazy, crazy rumors like that this virus originated in a U.S. military laboratory. Mr. Ambassador, do you know who's been spreading that crazy conspiracy?

Ambassador Cui Tiankai [15:35:53] I think such an attempt were first initiated here. You saw my interview on Face the Nation. We were talking about some people here saying crazy things.

Jonathan Swan [15:36:07] Yeah. Your quote was, quote, "There are people who are saying that this virus, these virus are coming from some military lab, not of China, maybe in the United States. How can we believe these crazy things?" You were responding to a question about, about Tom Cotton.

Ambassador Cui Tiankai [15:36:22] That's my position all along.

Jonathan Swan [15:36:24] OK. But your own...

Ambassador Cui Tiankai [15:36:26] That was my position then and that's my position now. I think that these questions, of course, we have to find eventually, we must have an answer to where the virus originally came. But, this is the job for the scientists to do, not for diplomats, not for journalists to speculate. Because such speculation will help nobody. It's very harmful. So why not let our scientists do their own professional job and give us some answer, eventually?

Jonathan Swan [15:37:00] Well, it's good to hear you say that, Mr. Ambassador, because it was actually your own spokesman, the spokesman for the Chinese Ministry of Foreign Affairs, Zhao Lijian, who has been spreading this conspiracy that the virus originated in the U.S. laboratory. Does he have any evidence to support that theory?

Ambassador Cui Tiankai [15:37:18] Maybe you could go and ask him.

Jonathan Swan [15:37:20] I mean, have you asked him? You're the ambassador.

Ambassador Cui Tiankai [15:37:23] No. I'm here representing my head of the state and my government. Not any particular individual.

Jonathan Swan [15:37:29] Does he repr... speak for the Chinese government? Does Zhao, or do you?

Ambassador Cui Tiankai [15:37:35] I am the representative of China in the United States.

Jonathan Swan [15:37:39] OK, so we shouldn't take his words literally, what he's saying. We shouldn't take them as a representation of the Chinese government, even though he's the spokesman.

Ambassador Cui Tiankai [15:37:49] Well, you could try to interpret somebody else's statement. I'm not in the position, and I don't have the responsibility to explain everybody's view to you.

Jonathan Swan [15:37:59] OK. I mean, it's not a matter of interpretation. It's what he said. But I think it's clear what you mean by that. We'll move on. Mr. Ambassador, as you know, the epidemic diseases, they multiply very quickly in the early days and it's very important to stamp them out early. A University of Southampton study found that there would have been 95 percent fewer cases of the coronavirus if China had intervened three weeks earlier.

Jonathan Swan [15:38:25] And you know, what a number of people have said is that by covering up the reality of this virus for three weeks, Communist Party officials allowed the virus to spread, not just to harm people in China, but to people all around the world. And I wanted to ask you whether the party apologizes for that initial cover up.

Ambassador Cui Tiankai [15:38:45] I think that statement is based on distortion of fact.

Jonathan Swan [15:38:50] Which facts?

Ambassador Cui Tiankai [15:38:51] You were right to say the virus multiplies very fast. Maybe in a couple of weeks. But the fact is, if you'll have a close look at the real facts, the fact is that at the very beginning there was very little knowledge about this new virus. Nobody knew anything about it. You cannot come to the conclusion that just because of a few cases of people running fever, you should alarm the whole world that there is a new kind of virus.

Ambassador Cui Tiankai [15:39:22] People have to look at the situation very closely. So I think it's not a process of covering up something. It's a process of

discovering this new kind of virus. To do a good job in identifying the virus, know more about it, learn more about the roots of transmission and how to respond. Actually, it only took a couple of weeks for China to share everything we knew with the World Health Organization, including the genetic sequencing of this virus. And we alerted the WHO and other countries. And then within maybe two or three weeks, the city of Wuhan was locked down. That was on January the 23rd.

Ambassador Cui Tiankai [15:40:13] Now, today, 55 days have passed and thanks to our resolute and determined efforts, the number of cases in China are coming down significantly. The number of people who are cured and discharged from hospital is going up significantly. But maybe people should ask what should have happened, but have not happened in the last 55 days. Because according to the medical professionals, the so-called incubation period, or the quarantine period, is generally about 14 days. Now we have 55 days. What has happened? Or what should have happened, but have not happened? Maybe this is the right question to ask.

Jonathan Swan [15:41:01] Well I think, I think the first three weeks, as you say, very crucial. And I want to ask you about some specific facts. You mentioned facts. University of Toronto study found that when, that China started censoring social media references to the coronavirus in December. Blocked keywords included, quote, "people to people transmission." Why would they be censoring information about a virus?

Ambassador Cui Tiankai [15:41:27] I don't think our effort was to what you call censor all the media coverage.

Jonathan Swan [15:41:35] Well, they vanished. The words vanished.

Ambassador Cui Tiankai [15:41:36] Our focus. Our focus. Our focus. I first want to screen the body temperature of everybody so as to make sure that the virus is not spreading very fast, so that we could know exactly what are the number, what are the numbers of suspected cases, confirmed cases, so that we could take the measures to cure the people. So our effort was not actually about how to deal with the media, but how to deal with the people, people affected by the virus.

Jonathan Swan [15:42:08] But as...

Ambassador Cui Tiankai [15:42:09] Don't you think that that is more important?

Jonathan Swan [15:42:10] I think both are important. I think public information is very important. And when, when the doctors in Wuhan raised the alarm and shared the laboratory reports, Dr. Li Wenliang, they weren't listened to. The party and the police hauled them in for questioning, and Li Wenliang had to put out a statement saying that he had been spreading untrue words. I mean what kind of, I guess the question people have is...

Ambassador Cui Tiankai [15:42:33] I think, I think what you are referring to...

Jonathan Swan [15:42:36] Yeah.

Ambassador Cui Tiankai [15:42:37] Again, distorted facts.

Jonathan Swan [15:42:39] It's not. You tell me what's...

Ambassador Cui Tiankai [15:42:40] Let me tell you.

Jonathan Swan [15:42:42] Okay.

Ambassador Cui Tiankai [15:42:42] Let me tell you two things. First, Dr. Li was consulting his colleagues. His fellow doctors. He was not trying to alert the public. Because he was puzzled, he was alerted. So he was consulting his fellow doctors. Somehow this piece of information got outside of his circle of fellow doctors. And it certainly caused concern. Number two, the whole case, what happened to Dr. Li and his colleagues, now is under investigation by the central government. So why not all of us, why not let, and wait, let the investigation go through and give us the conclusion.

Jonathan Swan [15:43:27] I guess I just don't understand why a doctor sharing a laboratory report and a concern with his colleagues, and the

information getting out, which would have been very useful information for the public, why does that result in him getting pulled into the police and having to retract his statement?

Ambassador Cui Tiankai [15:43:43] No. Let me tell you this. I don't know everything about what exactly happened in Wuhan at that time. But normally, for any level of government, how can you base your decision on some leaked information? You have to make sure what you announce is very solidly based on fact.

Jonathan Swan [15:44:06] I'm not asking you to base it on that. I'm just saying why you punished for sharing that information? That's the part I don't understand. But let me, let me ask you another...

Ambassador Cui Tiankai [15:44:16] But as I told you earlier, as I told you just now, the whole thing is under investigation.

Jonathan Swan [15:44:18] Okay.

Ambassador Cui Tiankai [15:44:19] Why don't we wait until the conclusion of the investigation?

Jonathan Swan [15:44:23] How concerned are you that on January 15th, Li Qun, the head of China's CDC emergency center, he told state television, quote, "After careful screening and prudent judgment, we have reached the latest understanding that the risk of human to human transmission is low." Mr. Ambassador, there's no way of knowing how many thousands of people have died because of that statement.

Ambassador Cui Tiankai [15:44:47] You see, I'm not a medical doctor. I cannot explain all the technical things to you. And I'm not aware of what he said, this particular Mr. Li.

Jonathan Swan [15:44:57] He said it on state television.

Ambassador Cui Tiankai [15:45:00] I don't watch everything on state television, you see.

Jonathan Swan [15:45:01] Okay.

Ambassador Cui Tiankai [15:45:02] (unintelligible).

Jonathan Swan [15:45:02] I...

Ambassador Cui Tiankai [15:45:04] As I said earlier. Let me remind you again.

Jonathan Swan [15:45:06] Yeah.

Ambassador Cui Tiankai [15:45:07] This is a process of discovering about the virus.


Jonathan Swan [15:45:12] But there are doctors who alerted people as early as December 27. We have Zhao Jianping, pulmonologist at Tongji Hospital in Wuhan. He alerted the Wuhan CDC that it could spread from human to human. So I guess the question is, two weeks after that, why is the Chinese authorities still telling the public that it's not likely to spread between people?

Ambassador Cui Tiankai [15:45:35] I think we alert the people as soon as we learn this could be transmitted from human to human. But before you come to this conclusion, you have to look at the evidence. You have to base yourself on science. You and I, we're not medical doctors. I don't think that we are in the best position to discuss all the technical things.

Jonathan Swan [15:45:56] OK. Well, let me ask you about another subject.

Ambassador Cui Tiankai [15:45:58] It might be misleading to our audience. That's very troubling.


Jonathan Swan [15:46:01] I'm just quoting, I'm just quoting medical doctors

who've spoken on the record, Mr. Ambassador. 

Ambassador Cui Tiankai [15:46:05] Well, I don't think that even the doctors have total agreement among themselves.

Jonathan Swan [15:46:10] Well, they have agreed.

Ambassador Cui Tiankai [15:46:11] It depends on whom you are quoting.

Jonathan Swan [15:46:12] They definitely have agreement that it spreads from human to human, Mr. Ambassador, and these doctors said that before the Chinese government did. Yeah. Anyway. 

Ambassador Cui Tiankai [15:46:21] This is now proven fact. That's why we're doing everything possible to help people.

Jonathan Swan [15:46:26] Mr. Ambassador, we're talking about information getting out to the public. I have to ask you about some journalists that have disappeared. Where is the citizen journalist, Chen Qiushi? He was doing some of the early videos from inside Wuhan that were showing the response to the virus and, and, the chaos that was happening inside Wuhan.

Ambassador Cui Tiankai [15:46:47] I have not heard of this person.

Jonathan Swan [15:46:49] Really? Chen Qiushi? Well, you were asked about him on, on Face the Nation on February the 9th.

Ambassador Cui Tiankai [15:46:58] No, I was not asked about any particular journalist.

Jonathan Swan [15:47:00] You were. She named. Margaret. I watched the clip. Margaret Brennan named Chen Qiushi. You were asked about...

Ambassador Cui Tiankai [15:47:04] But I did not know him then. I don't know him now.

Jonathan Swan [15:47:07] Well it's a month later. Weren't you curious to find out who he was?

Ambassador Cui Tiankai [15:47:12] We have 1.4 billion people back in China. How can I learn everything about everybody?

Jonathan Swan [15:47:17] I'm not asking you to. I'm saying this is a journalist who has been written about in The New York Times, the international media. His family and friends want to know where he is. You haven't been curious to inquire about his whereabouts?

Ambassador Cui Tiankai [15:47:29] My responsibility is to manage our relations with the United States. As for domestic situation, we have people back in China who are dealing with these issues. And we have the Judiciary Department dealing with the issue. So why not let people do their own job?

Jonathan Swan [15:47:50] But you never asked about him. But you never made an inquiry about him after that interview?

Ambassador Cui Tiankai [15:47:55] Why should I make inquiries about what the judiciary people are doing back in China? We should respect their procedures.

Jonathan Swan [15:48:05] So you don't know what happened to Fang Bin or Li Zehua. There were two other citizen journalists who've disappeared who were reporting from Wuhan?

Ambassador Cui Tiankai [15:48:15] Tell the truth, I very much doubt whether these are the real facts.

Jonathan Swan [15:48:20] Why do you doubt that? You don't even know who they are. The, The New York Times has been reporting on them. The Guardian,

the international media. Why do you doubt that?

Ambassador Cui Tiankai [15:48:27] Why should I? Why should I believe everything The New York Times is saying? Not everybody here in the United States believe everything the paper is saying. Why should I?

Jonathan Swan [15:48:38] Well, I guess my question is, why wouldn't you want to find out? These are Chinese citizens. Their family and friends say they've disappeared. I'm just, I don't understand why you wouldn't want to know what the truth is. If you say it's false what The New York Times is reporting, it's a big issue for your country. Wouldn't you want to know?

Ambassador Cui Tiankai [15:48:54] I don't think it is a big issue. I think that we should all respect the judiciary procedures in our own countries. We should not try to interfere.

Jonathan Swan [15:49:05] Okay, Mr. Ambassador. My next question: As you know, crowded facilities are at high risk for the spread of this virus. What measures have the Chinese authorities taken in Xinjiang to ensure that the hundreds of thousands of Muslims who are in concentration camps there will survive this coronavirus outbreak?

Ambassador Cui Tiankai [15:49:29] I'm sorry, I have to make corrections about what you, what you are saying from time to time. First of all, there's no concentration camp in Xinjiang. There used to be some vocational training centers. So it's not camps, its campus. And all these trainees in these centers, they have graduated. They have their new jobs. And fortunately, Xinjiang is one of the few provinces that have very few cases of such a virus confirmed, cases of this virus. So the health situation there really is somehow better than some of the other provinces.

Jonathan Swan [15:50:15] So you can, you can assure the world that, and, you know, there's a lot of people at the United Nations and around the world who are concerned about the Uyghurs and the ethnic Kazakhs and the Muslims who've been in these camps, you can assure them that there are no more Muslims held against their will without any charge of a crime in these camps?

Ambassador Cui Tiankai [15:50:34] You see, in every country and everywhere, there might be people who have violated laws and who might be under the influence of terrorism. You have such people here, we have such people in our own country.

Jonathan Swan [15:50:46] Of course.

Ambassador Cui Tiankai [15:50:47] These people have to be dealt with in accordance with the law.

Jonathan Swan [15:50:51] That's very different...

Ambassador Cui Tiankai [15:50:51] This is not focused on any particular ethnic group. This is for everybody. Any, anybody, any person who tries to launch terrorist attacks against innocent people should be punished by the law.

Jonathan Swan [15:51:09] Of course.

Ambassador Cui Tiankai [15:51:10] Anybody who is under the influence of terrorism should, we should do our best to prevent them from falling further as victim of terrorism.

Jonathan Swan [15:51:23] Of course, Mr. Ambassador. No one would dispute that.

Ambassador Cui Tiankai [15:51:30] This is not based on any distinction between ethnic groups. This is for everybody.

Jonathan Swan [15:51:33] But here's the problem, Mr. Ambassador. No one disagrees with you. If you are a terrorist, or you're plotting a terrorist thing, you throw them in jail.

You put them in trial. You throw them in jail.

Ambassador Cui Tiankai [15:51:42] That's exactly. That is exactly what happened.

Jonathan Swan [15:51:42] No doubt. But these people were not charged with crimes. These are, these are one million estimated Muslims who are put in these camps and they haven't been...

Ambassador Cui Tiankai [15:51:50] How do you come, how did you come with the number one million?

Jonathan Swan [15:51:53] It wasn't me. It was the United Nations. Mr., Mr. Ambassador. You know that.

Ambassador Cui Tiankai [15:51:57] No. No. No. Not the United Nations.

Jonathan Swan [15:51:57] You know that.

Ambassador Cui Tiankai [15:51:58] I don't think it's the United Nations.

Jonathan Swan [15:51:58] United Nations panel, people who've studied the satellite imagery, independent journalists, observers like, you know that, Mr. Ambassador. No one knows what the numbers is, you know.

Ambassador Cui Tiankai [15:52:08] Now let me tell you. Over the last couple of years...

Jonathan Swan [15:52:10] Right.

Ambassador Cui Tiankai [15:52:11] Over the last couple years, numerous foreign diplomats, journalists...

Jonathan Swan [15:52:15] Right.

Ambassador Cui Tiankai [15:52:16] ...people from Muslim countries. They have visited Xinjiang. They can tell you the truth. Why not listen to these people who have actually been on the spot?

Jonathan Swan [15:52:26] I've listened to them. The ABC News crew. It was a chaperoned tour. These were, these were guided tours. They weren't allowed to go to some of the camps which had the watchtowers and the gates. But my question is, you said it was vocational training centers. You don't put terrorists in vocational training centers.

Ambassador Cui Tiankai [15:52:42] No, no. These centers are for the people who may be under the influence, or who used to be under the influence, of terrorism. But they are not, most of them are not actual criminals, and not actual terrorists. That's why we've provided training to them. To learn more about the law, learn more about professional skills, so they will have a better prospect of finding a good job. And that happened to most of them.

Jonathan Swan [15:53:11] Many of these people who've been put in against their will, who haven't been charged with a crime, have described being confined. Solitary confinement, beatings, deprivation of food. Ethnic Kazakh Kayrat Samarkand told NPR that he was tortured. He had to wear an iron suit. How does that help people when you put them in these conditions?

Ambassador Cui Tiankai [15:53:34] Let me be very frank with you. If you keep reading out of these material, that is full of bias and prejudice, I don't think our communication would be any, would serve any useful purpose.

Jonathan Swan [15:53:48] But why not, Mr. Ambassador? These, these are mainstream news reports in National Public Radio. I'm not reading you fringy things from the thing. I'm trying to be fair and give you...

Ambassador Cui Tiankai [15:53:55] Why are people, why are people refuse to look at the facts? Listen to the people who have visited the place. Why do you stick to all these bias and prejudice?

Jonathan Swan [15:54:05] I'm not sticking.

Ambassador Cui Tiankai [15:54:05] I don't understand.

Jonathan Swan [15:54:06] Mr. Ambassador. I'm not trying to be biased. I'm actually quoting people who have come out of these camps and have talked to the press on the record. That's all I can do. This, these guided media tours is as you say, but...

Ambassador Cui Tiankai [15:54:16] I'm trying my best to tell you the truth.

Jonathan Swan [15:54:18] Okay.

Ambassador Cui Tiankai [15:54:18] And you just refuse to listen.

Jonathan Swan [15:54:20] No, no, I'm listening. So you're saying all these people are lying who've come out and said this? Because there's been dozens of them.

Ambassador Cui Tiankai [15:54:25] No, that's, that's what, that's not what I'm saying. What I'm saying is that there are people who have visited these places. People from Muslim countries, diplomats and journalists. Why don't you listen to these people?

Jonathan Swan [15:54:38] Have any of them visited without the Chinese government accompanying them into these facilities?

Ambassador Cui Tiankai [15:54:43] They are in Chinese territory. How can you exclude the Chinese side on Chinese territory?

Jonathan Swan [15:54:50] It's not excluding. If you want to visit, you know, certain facilities in the U.S., you wouldn't necessarily have a U.S. chaperone.

Ambassador Cui Tiankai [15:55:00] Well, we still have to abide by U.S. laws here, you see? We have to follow the rules and regulations here. And also because of, you see, the terrorist situation in Xinjiang used to be very serious a few years ago. So when we have foreign visitors, we have to make sure they have security. But otherwise, it's open to them. They can see whatever they want to see. And they can tell you what they saw there.

Jonathan Swan [15:55:33] Could I go there without accompaniment from the Chinese government to, to visit wherever I wanted in Xinjiang?

Ambassador Cui Tiankai [15:55:43] I think you have to respect the local laws and also the local culture, how people feel about. You are--well not only you, but also foreign reporters, diplomats--they are visitors, they are guests. At least they should learn to respect and to be more sensitive to how the hosts feel. Is that normal? If I come to your house, and I don't care what you feel, is that normal?

Jonathan Swan [15:56:16] No, sir. I'm not trying to be disrespectful. I'm quoting to you what Uyghurs who've been in these camps have said to mainstream outlets. I'm not, I'm not giving you things from the fringe. I'm trying to get you to respond to this stuff out there. Can we move on to another thing, which is the satellite, the satellite imagery? So there's been a lot, and I've looked at the images The Guardian have reported, that, that show that several dozen, perhaps more than two dozen mosques and religious sites for Muslims in Xinjiang have been destroyed since 2016. And I've looked at the images. Are they false too?

Ambassador Cui Tiankai [15:56:54] If you go to Xinjiang. And have a look for yourself. You will find out there are more mosques in Xinjiang, in per capita terms, in many other places, than in many other places in the world, including more mosques here in Xinjiang, on per capita terms, than in some of the Muslim countries.

Jonathan Swan [15:57:14] But when a satellite shows that these sites, specific sites like Imam Asim and Jafari Sadiq shrine have been destroyed. The satellites show that since 2016. Why are they being destroyed?

Ambassador Cui Tiankai [15:57:27] I don't think that they are being destroyed.

Jonathan Swan [15:57:29] The satellites show that.

Ambassador Cui Tiankai [15:57:34] I have told you the truth. There are more mosques in Xinjiang, on per capita terms, than even in some Muslim countries.

Jonathan Swan [15:57:41] I don't think that...

Ambassador Cui Tiankai [15:57:42] Maybe some, maybe some of them are going through restoration. Some of them are undergoing some repair. You see, I was in Xinjiang last year. I saw all of these things with my own eyes. I even visited one of the training centers.

Jonathan Swan [15:58:02] Did you visit any of these mosques that you say are being repaired?

Ambassador Cui Tiankai [15:58:08] Oh yes.

Jonathan Swan [15:58:08] But destroyed?

Ambassador Cui Tiankai [15:58:11] I went to a couple of the best known mosques in Xinjiang.

Jonathan Swan [15:58:15] Ok. But when you see the reports of several dozen being destroyed, did you go and visit any of them to find out what happened?

Ambassador Cui Tiankai [15:58:23] I did not see anything being destroyed.

Jonathan Swan [15:58:27] OK. I'm honestly just trying, again, I'm just quoting to you a report and satellite imagery. I'm just trying to get to the bottom of it, Mr. Ambassador.

Would you let, be prepared to let international human rights observers into Xinjiang to observe without supervision?

Ambassador Cui Tiankai [15:58:44] I think our people in the United Nations have been working on this...

Jonathan Swan [15:58:50] Okay.

Ambassador Cui Tiankai [15:58:50] ...with the Human Rights Commission of the U.N. We are very, we are doing our best to arrange for the visit by Human Rights, High Commission of the Human Rights. I think the problem is that some of the people involved are raising preconditions, very unreasonable political preconditions. We believe this an interference in the relation between China and the Office of the High Commissioner of Human Rights. I don't think that serves the best interest of the United Nations, but we are working on it together with our colleagues in U.N. to overcome any possible, and all these unreasonable, unnecessary obstacles. So this visit will happen as soon as possible.


Jonathan Swan [15:59:37] Do you understand why people are concerned? You know, like, when you have orphanages being built for children whose parents have been put into these facilities. Do you understand why people feel worried about what's going on in Xinjiang?

Ambassador Cui Tiankai [15:59:56] I think that people do have to be worried about the situation in Xinjiang. When a few years ago there were thousands of cases of terrorists attacks, killing and hurting thousands of innocent people. That's when and that's why people should be worried. Now, we have had no single case of terrorist attacks for the last three years anymore. So people should be more released, more relaxed and happy about that.

Jonathan Swan [16:00:26] Well, the people who still can't find their family, who they say they're still in these camps, they're not very happy, Mr. Ambassador. They're very worried.

Ambassador Cui Tiankai [16:00:34] As I told you before, as I told you earlier, these training centers have done their job, and the trainees, they have graduated. They are now working on their new jobs.

Jonathan Swan [16:00:47] So if I visit any of them, there's no one in there. It's all free. They're empty. These buildings. The ones with the watchtowers we can see on the satellites. They're empty of people.


Ambassador Cui Tiankai [16:00:56] I do hope you'll have a chance to go there. 

Jonathan Swan [16:00:59] I would like to. I would really like to, Mr. Ambassador.

Ambassador Cui Tiankai [16:01:04] Well, you could apply.

Jonathan Swan [16:01:04] I think I will. My colleague's not allowed into China, so I'm going to try. I want to ask you about the next steps with this virus. What, what is China going to do in the coming weeks and months that we perhaps don't know about in terms of the global response to the coronavirus, Mr. Ambassador?

Ambassador Cui Tiankai [16:01:23] You mean what China is going to do for ourselves or for the world?

Jonathan Swan [16:01:27] I would like to hear both, Mr. Ambassador. 

Ambassador Cui Tiankai [16:01:29] OK. I think for ourselves, we have to make sure that the numbers of cases will not come up again. This is very important. We have to really reduce it to zero to make sure that our people are safe and their health sufficiently protected. And of course, we have to maybe speed our work on developing drug and vaccine, possibly, so people will have better tools in the future. And in the world, we are ready, and we're already working with other countries.

Ambassador Cui Tiankai [16:02:06] First of all, we are working very closely all along with the World Health Organization. I think that just a couple of days ago, we had a big conference, videoconference, with the World Health Organization and a number of other countries to coordinate our work on the virus. And we're also making specific assistance to a number of our neighbors and other countries like Italy and other countries in the world. We are ready to work with all the other countries because this is a global challenge.

Ambassador Cui Tiankai [16:02:39] Unless there is a global success in containing this virus, no country could feel safe. We fully understand that. So we're ready to do whatever we can to help others. And of course, of course, we are also very grateful. At the initial stage, so many countries came to our help, including the American people, American business, American institutions, American specialists. Some of them came to China at a very early stage. Some of them joined the WHO expert team. We are very grateful to them.

Jonathan Swan [16:03:16] How would you describe, Mr. Ambassador, the state of the U.S.-China relationship today?

Ambassador Cui Tiankai [16:03:25] I think we are at a critical juncture. We, when I say we, I mean both countries, we have to make, we have to make the right choice for the future of our relation, for the future generations of our peoples.

Jonathan Swan [16:03:42] Can you expand on that, Mr. Ambassador, what, a juncture between what and what?

Ambassador Cui Tiankai [16:03:49] I think, actually, we have no alternative than cooperation with each other. I think that the only good future for the people of our two countries is that we'll work together to develop a relationship based on coordination, cooperation and stability. We certainly reject any attempt to stir up confrontation, or even start a new Cold War between us, or talking about the so-called economic decoupling. I don't think these things will serve the real interests of our two people. They will very much hurt the real interests of our people.

Jonathan Swan [16:04:31] Well, if I may say so, Mr. Ambassador, you know, you haven't done this today, but your colleague very much from, from the Chinese Ministry of Foreign Affairs is doing exactly that when he says that this virus. I mean, it's a lie.

When he lies about where the virus came from and says it came from a U.S. military lab. That is not helping people trust the Chinese Communist Party.

Ambassador Cui Tiankai [16:04:55] I don't understand why you always refer to the party. Do you know, the fact, so many doctors and nurses who are at the very front, tried to combat this virus and save people, they are members of the party. I

don't know if you are aware of this fact.



Jonathan Swan [16:05:14] Of course I'm aware.

Ambassador Cui Tiankai [16:05:15] Even doctor Li Wenliang.

Jonathan Swan [16:05:17] Yeah.

Ambassador Cui Tiankai [16:05:18] He was a member of the Communist Party.

Jonathan Swan [16:05:20] I'm not sure how that answers...

Ambassador Cui Tiankai [16:05:21] Are you aware of that fact?

Jonathan Swan [16:05:22] Of course I am, sir. But I'm asking about the Chinese government.



Ambassador Cui Tiankai [16:05:27] You should show more respect because people have very close ties with the party. If you try to attack the party, I think that the overwhelming majority of the Chinese people would believe that you are attacking them.



Jonathan Swan [16:05:40] I'm assuring you, Mr. Ambassador, I'm not trying to attack the party. Let me describe it. Let me describe it as the Chinese government then. When he makes these statements, he's the spokesman for the Ministry of Foreign Affairs. It does what you just described. It undermines the trust.



Ambassador Cui Tiankai [16:05:54] No, I think you have, you have to look at all of the facts. We did not start such kind of a mutual accusation. It was all started here, in Washington, D.C. This is a real fact.



Jonathan Swan [16:06:12] Mr. Ambassador, do you have any message for your

counterparts in the United States who are watching you, or for the American people who are watching this, who want to understand, you know, this is a moment where there is a lot of distrust between the two governments, and we're seeing that play out publicly.

And I think it's an important moment for you to, you know, say what you want to say to the people who are watching.

Ambassador Cui Tiankai [16:06:37] First of all, I want to thank the American people, American business, American institution and even ordinary American people for their support and help to China in combating this virus. Number two, I want to say to them, we are really in the same boat. This is a global challenge, global public health challenge, maybe even more than that. So we have to work together as partners to combat the virus, to restore the normal situation to the economy.

Ambassador Cui Tiankai [16:07:14] To build up people's confidence about the global economy. To build up our capability to respond to any crisis like this. We have shared interests. We are really all part of the same community of nations. We have to build a better future for us all, together. This is my main message to the American people and to the American government. Let's do it.

Jonathan Swan [16:07:42] Well, Mr. Ambassador, I want to send you my personal condolences for all the suffering in China...

Ambassador Cui Tiankai [16:07:48] Thank you.

Jonathan Swan [16:07:48] ...that's happened from this virus. It's been a terrible situation. And we hope that things can get better around the world.

Ambassador Cui Tiankai [16:07:56] And I'm also concerned that the number of affirmed cases, confirmed cases here, the number of confirmed cases in the United States is going up. I'm very worried about that. Hopefully, because the United States is very strong in your medical capability, in technology, hopefully you'll make best use of all these, all your strength, and contain and control the virus very timely, so there will be as few as possible cases of death here in the United States.

Jonathan Swan [16:08:34] Well, Mr. Ambassador, we thank you so much for your time, for answering questions and for speaking with us today.

Ambassador Cui Tiankai [16:08:41] OK. Thank you for taking this interview.

Jonathan Swan [16:08:43] Thank you, sir.

Ambassador Cui Tiankai [16:08:45] Thank you.



中文

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Ambassador Cui Tiankai taking an interview with AXIOS and HBO (Transcript)

2020/03/23

On March 17, 2020, Ambassador Cui Tiankai took an interview with AXIOS and HBO. Here is the full transcript of the interview:

Jonathan Swan: We are grateful for having you here. Mr. Ambassador, I want to ask you about a couple of things to the news before we get into the coronavirus.

Ambassador Cui: OK.

Jonathan Swan: On Monday night, President Trump, for the first time, referred to the coronavirus as the "Chinese virus". What did you make of that?

Ambassador Cui: Well, I'm not the spokesperson for the White House, but I think the World Health Organization has a rule when they name these new viruses. They will never give people the impression that the virus is linked somehow to a particular location, a particular group of people, or even a particular animal. They want to avoid stigma. So hopefully everybody will follow the WHO rule.

Jonathan Swan: The President of the United States isn't following it. Is there any message that you would want to deliver to him? He'll be watching.

Ambassador Cui: My message is very clear. I hope the WHO rule will be followed.

Jonathan Swan: Mr. Ambassador, on Tuesday, the Chinese government announced that it will be expelling all US journalists working for the New York Times, the Wall Street Journal, and the

Washington Post from China. And they have 10 days to leave. What does the Chinese government have to fear from an independent press, Mr. Ambassador?

Ambassador Cui: I think I still have to give you the right facts. First, it's not expelling anybody from China. Their work permit as journalists will be terminated. Second, not everybody from these media. Some of their people will still be working in China. But most importantly, we are doing all this in response to the measures taken by the US government against our journalists here. So in a sense, we are compelled to do all these things.

Jonathan Swan: But so with respect, wasn't the first action the Chinese government expelling the three Wall Street Journal reporters because of critical coverage of the Communist Party's response to the coronavirus? And then the US government expelled, from our understanding, Chinese state-owned, they effectively made them cap their staff down this lower, from state-owned outlets.

Ambassador Cui: No, I think the fact is the Wall Street Journal ran an article with very insulting language on the entire Chinese nation. That caused a lot of anger among the Chinese people. So the government had to respond. Then the US government has taken actions against our journalists here, people who have never violated US laws, people who are just doing their professional jobs here. And they are expelled by the US government. Then we have to follow the principle of reciprocity. We have to respond.

Jonathan Swan: I read that column in the Wall Street Journal, and it didn't seem to me that there was anything that would violate a law. And it was really criticizing the government.

Ambassador Cui: That article is very insulting on the entire Chinese nation, if you know anything about Chinese history. I think a lot of people here in America did not agree with that title, with that kind of language. People were very upset here even.

Jonathan Swan: I'm sure people will disagree, Mr. Ambassador. I guess the question is whether it's a good idea to expel reporters because of something.....

Ambassador Cui: Maybe the first question you have to ask is whether it's a good idea to write such an article at all.

Jonathan Swan: Mr. Ambassador, look, in a public health crisis, it's so important that we have a fact-based conversation. You said on Face the Nation on February 9 that it was dangerous

for people to be spreading, you use the word "crazy rumors", like "the virus originated in the US military laboratory". Mr. Ambassador, do you know who's been spreading that crazy conspiracy?

Ambassador Cui: I think such an attempt was first initiated here. You saw my interview on Face the Nation. We were talking about some people here saying crazy things.

Jonathan Swan: Yes. Your quote was, "there are people who are saying that these viruses could come from some military lab, not of China, may be in the United States. How can we believe these crazy things?" You're responding to a question about

Ambassador Cui: That's my position all along. That was my position then, and that's my position now. I think (as for) this question, of course, we have to find eventually, we must have an answer to where the virus originally came. But this is a job for the scientists to do, not for diplomats, not for journalists to speculate, because such speculation will help nobody. It's very harmful. So why not let our scientists do their professional job and give us some answer eventually?

Jonathan Swan: It's good to hear you say that, Mr. Ambassador, because it was actually your own spokesman, the spokesman for the Chinese Ministry of Foreign Affairs, Zhao Lijian, who has been spreading this conspiracy that the virus originated in a US laboratory. Does he have any evidence to support that theory?

Ambassador Cui: Maybe you could go and ask him.

Jonathan Swan: Have you asked him? You are the Ambassador.

Ambassador Cui: Now, I'm here representing my head of state and my government, not any particular individual.

Jonathan Swan: Does he speak for the Chinese government? Does Zhao or do you?

Ambassador Cui: I am the representative of China in the United States.

Jonathan Swan: OK. So we shouldn't take his words literally, what he's saying. We shouldn't take them as a representation of the Chinese government even though he's the spokesman.

Ambassador Cui: You could try to interpret somebody else's statement. I'm not in the position, and I don't have responsibility to explain everybody's view to you.

Jonathan Swan: OK. It's not a matter of interpretation. It's what he said. But I think it's clear what you mean by that. We move on. Mr. Ambassador, as you know, the epidemic diseases, they multiply very quickly in the early days and it's very important to stamp them out early. A University of Southampton study found that there would have been 95% fewer cases of the coronavirus if China had intervened three weeks earlier. What a number of people have said is that by covering up the reality of this virus for three weeks, Communist Party officials allowed the virus to bring not just, to harm people in China, but to people all around the world. And I want to ask you whether the Party apologizes for that initial cover-up?

Ambassador Cui: I think that statement is based on distortion of fact. You were right to say the virus multiplies very fast, maybe in a couple of weeks. But the fact is, if you have a close look at the real fact, the fact is at the very beginning, there was very little knowledge about this new virus. Nobody knew anything about it. You cannot come to the conclusion that just because of a few cases of people running fever, you should alarm the whole world that there is a new kind of virus. People have to look at the situation very closely. So I think it's not a process of covering up something. It's a process of discovering this new kind of virus, to do a good job in identifying the virus, know more about it, learn more about the routes of transmission and how to respond. Actually, it only took a couple of weeks for China to share everything we knew with the World Health Organization, including the genetic sequencing of this virus. And we alerted the WHO and other countries, and within maybe two or three weeks, the city of Wuhan was locked down. That was on January 23. Now today, 55 days have passed, and thanks to our resolute and determined efforts, the number of cases in China is coming down significantly. The number of people who are cured and discharged from hospital is going up significantly. But maybe people should ask what should have happened but have not happened in the last 55 days. Because according to the medical professionals, the so-called incubation period or the quarantine period is generally about 14 days. Now we have 55 days. What has happened or what should have happened but have not happened? Maybe this is the right question to ask.

Jonathan Swan: I think the first three weeks, as you say, very crucial. And I want to ask you about some specific facts. You mentioned facts. University of Toronto study found that when China started censoring social media references to the coronavirus in December, blocked keywords included "people-to-people transmission". Why would they be censoring information about a virus?

Ambassador Cui: I don't think our efforts were to what you called "censor" all the media coverage. Our efforts, our focus was first to screen the body temperature of everybody, so as to make sure that the virus is not spreading very fast, so that we could know exactly what are the numbers of suspected

cases and confirmed cases, so that we could take a measure to cure the people. So our efforts were not actually about how to deal with the media, but how to deal with the people affected by the virus. Don't you think that is more important?

Jonathan Swan: I think both are important. I think public information is very important. And when the doctors in Wuhan raised the alarm and shared the laboratory reports, Dr. Li Wenliang, they won't listen to (them). The Party and the police held them in for questioning. And Li Wenliang had to put out a statement saying that he had been spreading untrue words.

Ambassador Cui: I think what you're referring to, again, distorted facts. Let me tell you two things. First, Dr. Li was consulting his colleagues, his fellow doctors. He was not trying to alert the public, because he was puzzled. He was alerted. He was consulting his fellow doctors. Somehow this piece of information got outside of his circle of fellow doctors and it certainly caused concern. Number two, the whole case, what happened to Dr. Li and his colleagues now is under investigation by the central government. So why not all of us wait to let the investigation go through and give us the conclusion?

Jonathan Swan: I guess I just don't understand why a doctor sharing a laboratory report and consulting with his colleagues and the information getting out, which would have been very useful information to the public, why does that result in him getting pulled into the police and having to retract his statement?

Ambassador Cui: No. Let me tell you this. I don't know everything about what exactly happened in Wuhan at that time. But normally for any level of government, how can you base your decision on some leaked information? You have to make sure what you announce is very solidly based on fact and science.

Jonathan Swan: I am not asking you to base it on that. I'm just saying why you punished him for sharing that information. That's the part I don't understand.

Ambassador Cui: As I told you just now, the whole thing is under investigation. Why don't we wait until the conclusion of the investigation?

Jonathan Swan: How concerned are you that on January 15, Li Qun, the head of China's CDC Emergency Center, he told state television, "after careful screening and prudent judgment, we have reached the latest understanding that the risk of human-to-human transmission is low". Mr. Ambassador, there's no way of knowing how many thousands of people have died because of that statement.

Ambassador Cui: You see, I'm not a medical doctor. I cannot explain all the technical things to you. And I'm not aware of what he said, this particular Mr. Li.

Jonathan Swan: He said it on state television.

Ambassador Cui: I don't watch everything on state television. As I said earlier, let me remind you again, this is a process of discovering about the virus.

Jonathan Swan: But there are doctors who alerted people as early as December 27. We have Zhao Jianping, a pulmonologist at Tongji hospital in Wuhan. He alerted the Wuhan CDC that it could spread from human to human. So I guess the question is two weeks after that, why is the Chinese authority still telling the public that it's not likely to spread between people.

Ambassador Cui: I think we alerted the people as soon as we learned this could be transmitted from human to human. But before you come to this conclusion, you have to look at the evidence. You have to base yourself on science. We are not medical doctors. I don't think we're in the best position to discuss all the technical things. We might be misleading to our audience. That's very troublesome.

Jonathan Swan: I'm just quoting medical doctors who spoke of all the records.

Ambassador Cui: I don't think even the doctors have total agreement among themselves. It depends on whom you are quoting.

Jonathan Swan: They definitely have agreement that it spreads from human to human. These doctors said

Ambassador Cui: This is now a proven fact. That's why we are doing everything possible to help people.

Jonathan Swan: Mr. Ambassador, we're talking about information getting out to the public. I have to ask you about some journalists that have disappeared. Where is the citizen journalist Chen Qiushi? He was doing some of the early videos from inside Wuhan that were showing the response to the virus and the chaos that was happening inside Wuhan.

Ambassador Cui: I have not heard of this person.

Jonathan Swan: Really? You were asked about him on Face the Nation on February 9.

Ambassador Cui: No, I was not asked about any particular journalist.

Jonathan Swan: You were. She, Margaret Brennan named Chen Qiushi.

Ambassador Cui: But I did not know him then. I don't know him now.

Jonathan Swan: It's a month later. Weren't you curious to find out who he was?

Ambassador Cui: We have 1.4 billion people back in China. How can I learn everything about everybody?

Jonathan Swan: I'm not asking you to. I'm saying this is a journalist who has been written about in the New York Times, the international media. His family and friends want to know where he is. You haven't been curious to inquire about his whereabouts?

Ambassador Cui: My responsibility is to manage our relations with the United States. As for domestic situation, we have people back in China who are dealing with these issues. We have the judiciary department there dealing with the issues. So why not let people do their own job? And we do our job.

Jonathan Swan: And you never made an inquiry about him after the interview.

Ambassador Cui: Why should I make inquiries about what the judiciary people are doing back in China? We should respect their procedures.

Jonathan Swan: So you don't know what happened to Fang Bin or Li Zehua? They were two other citizen journalists who disappeared while reporting from Wuhan.

Ambassador Cui: To tell you the truth, I very much doubt whether these are the real facts.

Jonathan Swan: Why do you doubt that? You don't even know who they are. The New York Times has been reporting, the Guardian, the international media.

Ambassador Cui: Why should I believe everything the New York Times is saying? Not everybody here in the United States believes everything the paper is saying. Why should I?

Jonathan Swan: I guess my question is why wouldn't you want to find out? These are Chinese citizens. Their family and friends said they've disappeared. I don't understand why you

wouldn't want to know what the truth is. If you say it's false, what the New York Times is reporting, it's a big issue for your country. Wouldn't you want to know?

Ambassador Cui: I don't think this is a big issue. I think we should all respect the judiciary procedures in our own countries. We should not try to interfere.

Jonathan Swan: OK, Mr. Ambassador. But my next question, as you know, crowded facilities are at a high risk for the spread of this virus. What measures have the Chinese authorities taken in Xinjiang to ensure that the hundreds of thousands of Muslims who are in concentration camps there will survive this coronavirus outbreak.

Ambassador Cui: I'm sorry. I have to make corrections about what you're saying from time to time. First of all, there's no concentration camp in Xinjiang. There used to be some vocational training centers. So it's not camps, it's campus. And all these trainees in these centers, they have graduated, they have their new jobs. And fortunately, Xinjiang is one of the few provinces that have very few confirmed cases of this virus. So the health situation there maybe is somehow better than some of the other provinces.

Jonathan Swan: So you can assure the world, and as you know there are a lot of people in the United Nations or around the world, who are concerned about the Uyghurs and the ethnic Kazakhs, the Muslims who have been in these camps. You can assure them that there are no more Muslims held against their will without any charge of a crime in these camps?

Ambassador Cui: You see in every country and everywhere, there might be people who have violated laws and who might be under the influence of terrorism. You have such people here. We have such people in our own country. These people have to be dealt with in accordance with the law. But this is not to focus on any particular ethnic group. This is for everybody. Any person who tries to launch terrorist attacks against innocent people should be punished by the law. And for anybody who is under the influence of terrorism, we should do our best to prevent them from falling further as victims of terrorism?

Jonathan Swan: Of course, Mr. Ambassador. No one wants to

Ambassador Cui: This is not based on any distinction between ethnic groups. This is for everybody.

Jonathan Swan: Here's the problem. Mr. Ambassador, no one disagrees with you. If you are a terrorist (inaudible) you throw them in jail.

Ambassador Cui: That's exactly what happened.

Jonathan Swan: That these people were not charged with crimes. These are one million estimated Muslims who were put in these camps.

Ambassador Cui: How do you come with the number: one million?

Jonathan Swan: It wasn't me. It was the United Nations.

Ambassador Cui: No, not the United Nations. I don't think it's the United Nations.

Jonathan Swan: United Nations' panel, people who study the satellite imagery, independent journalists and observers, you know that, Mr. Ambassador.

Ambassador Cui: Let me tell you, over the last couple of years, numerous foreign diplomats, journalists, people from Muslim countries, they have visited Xinjiang. They can tell you the truth. Why not listen to these people who have actually been on the spot?

Jonathan Swan: I've listened to them, the ABC news crew. It was a chaperoned tour. This was a guided tour. They weren't allowed to go to some of the camps and check the watch towers and the gates. But my question is you said these were vocational training centers. You don't put terrorists in vocational training centers.

Ambassador Cui: No, these centers are for the people who may be under the influence or who used to be under the influence of terrorism. Most of them are not actual criminals, are not actual terrorists. That's why we provided training for them to learn more about the law, learn more about professional skills, so that they will have a better prospect of finding a good job. And that happened to most of them.

Jonathan Swan: Many of these people who have been put in against their will, who haven't been charged with a crime, have described being confined, solitary confinement, beatings, deprivation of food. Ethnic Kazakh Kayrat Samarkand told NPR that he was tortured, he had to wear an iron suit. How does that help people when you put them in these conditions?

Ambassador Cui: Let me be very frank with you. If you keep reading out of these materials that are full of bias and prejudice, I don't think our communication will serve any useful purpose.

Jonathan Swan: But why not? Mr. Ambassador, this is a mainstream news report in National Public Radio. I'm not reading you fringe things.

Ambassador Cui: Why people refuse to look at the facts, listen to the people who have visited the place? Why you stick to all these bias and prejudice? I don't understand.

Jonathan Swan: Mr. Ambassador, I'm not trying to devise. I'm actually pointing people who have come out of these camps and talk to the press on the record. That's all I can do. This guided media tour is...

Ambassador Cui: I'm trying my best to tell you the truth and you just refuse to listen.

Jonathan Swan: No, I'm listening. So you're saying all these people are lying, who have come out and said it, because it's been dozens of them.

Ambassador Cui: No, that's not what I'm saying. What I'm saying is that there are people who have visited these places, people from Muslim countries, diplomats and journalists. Why don't you listen to these people?

Jonathan Swan: Have any of them visited without the Chinese government accompanying them into this ...?

Ambassador Cui: They are in Chinese territory. How can you exclude the Chinese side on Chinese territory?

Jonathan Swan: It's not excluding. If you want to visit certain facilities in the US, you wouldn't necessarily have a US chaperon.

Ambassador Cui: But we still have to abide by US laws here. You see, we have to follow the rules and regulations here. And also because the terrorist situation in Xinjiang used to be very serious a few years ago, when we have foreign visitors, we have to make sure they have security, but otherwise it's open to them. They can see whatever they want to see. They can tell you what they saw there.

Jonathan Swan: Would I go there without accompaniment from the Chinese government to visit wherever I wanted in Xinjiang?

Ambassador Cui: I think you have to respect the local laws and also the local culture, how people feel. You are, not only you but also foreign reporters, diplomats, they are visitors, they are guests. At least they should learn to respect and to be more sensitive to how the host feels. Is that normal? If I come to your house and I don't care what you feel, is that normal?

Jonathan Swan: So I'm not trying to be disrespectful. I am pointing to you what Uyghurs who have been in these camps have said to mainstream outlets. I'm not giving you things from the fringe. I'm trying to get you to respond to this topic. Can we move on to another thing which is the satellite imagery. So there's been a lot and I've looked at the images the Guardian reported that show that several dozen, perhaps more than two dozen, mosques and religious sites of the Muslims in Xinjiang have been destroyed since 2016. And I looked at the images. Are they false too?

Ambassador Cui: If you go to Xinjiang and have a look for yourself, you will find out there are more mosques in Xinjiang on per capita terms than in many other places in the world, including more mosques in Xinjiang on per capita terms than in some of Muslim countries.

Jonathan Swan: But when a satellite shows that these sites, specific sites like Imam Asim, Jafari Sadiq shrine have been destroyed, the satellites show that simplicity. Why are they being destroyed?

Ambassador Cui: I don't think they have been destroyed.

Jonathan Swan: The satellites show that.

Ambassador Cui: I have told you the truth. There are more mosques in Xinjiang on per capita terms than even in some Muslim countries. Maybe some of them are going through restoration. Some of them are undergoing some repair. You see, I was in Xinjiang last year. I saw all these things with my own eyes. I even visited one of the training centers.

Jonathan Swan: Did you visit any of these mosques that you say are being...

Ambassador Cui: Yes, I went to a couple of the best-known mosques in Xinjiang.

Jonathan Swan: But when you see these reports of several dozen being destroyed, did you go and visit any of them to find out what happened?

Ambassador Cui: I did not see anything being destroyed.

Jonathan Swan: OK. I'm honestly just, I'm just pointing to you a report and satellite imagery. I'm just trying to get (inaudible) of it. Mr. Ambassador, last question on this, would you be prepared to let international human rights observers into Xinjiang to observe without supervision?

Ambassador Cui: I think our people in the United Nations have been working on this with the Human Rights Commission of the UN. We are doing our best to arrange for the visit by High Commissioner of Human Rights. I think the problem is that some of the people involved are raising preconditions, very unreasonable political preconditions. We believe this is an interference in the relations between China and the Office of the High Commissioner on Human Rights. I don't think that serves the best interests of the United Nations. But we're working on it together with our colleagues in the UN to overcome any possible and all these unreasonable, unnecessary obstacles, so this visit will happen as soon as possible.

Jonathan Swan: Do you understand why people are concerned? Like when you have orphanages being (inaudible) for children, whose parents are being put into these facilities? Did you understand why people feel worried about what's going on in Xinjiang?

Ambassador Cui: I think people do have to be worried about the situation in Xinjiang when a few years ago there were thousands of cases of terrorist attacks, killing and hurting thousands of innocent people. That's when and that's why people should be worried. Now, we have had no single case of terrorist attack for the last three years and more. So people should be more relieved, more relaxed, and happy about that.

Jonathan Swan: Then people who still can't find their family, who they say are still in these camps, they're not very happy, Mr. Ambassador, they're very worried.

Ambassador Cui: As I told you before, as I told you earlier, these training centers have done their job, and the trainees, they have graduated, they are now working on their new jobs.

Jonathan Swan: So if I visit any of them, there's no one in there, it's all free, they're empty, these buildings, the ones with watchtowers that we can see on the satellites, they're empty of people.

Ambassador Cui: I do hope you have a chance to go there and have a look for yourself.

Jonathan Swan: I would like to, I would really like to.

Ambassador Cui: Well, you could apply.

Jonathan Swan: I think I will. My colleagues are not allowed into China. So I'm going to try. I want to ask you about the next steps with this virus. What is China going to do in the coming

weeks and months that we perhaps don't know about in terms of the global response to the coronavirus, Mr. Ambassador?

Ambassador Cui: You mean what China is going to do for ourselves or for the world?

Jonathan Swan: I would like to mean both, Mr. Ambassador.

Ambassador Cui: I think for ourselves, we have to make sure that the numbers of cases will not come up again. This is very important. We have to really reduce it to zero to make sure that our people are safe and their health sufficiently protected. And of course, we have to maybe speed up our work on developing drugs and vaccines possibly, so people will have better tools in the future.

And in the world, we are ready and we are already working with other countries. First of all, we are working very closely all along with the World Health Organization. I think just a couple of days ago, we had a big conference, video conference with the World Health Organization and a number of other countries to coordinate our work on the virus.

And we're also making specific assistance to a number of neighbors and other countries like Italy and other countries in the world. We are ready to work with all the other countries, because this is a global challenge, unless there's global success in containing this virus, no country could feel safe. We fully understand that. So we are ready to do whatever we can to help others.

And of course, we are also very grateful at the initial stage so many countries came to our help, including the American people, American businesses, American institutions, American specialists. Some of them came to China at a very early stage, some of them joined the WHO expert team. We are very grateful to them.

Jonathan Swan: How would you describe, Mr. Ambassador, the state of the US-China relationship today?

Ambassador Cui: I think we're at the critical juncture. We - when I say "we", I mean both countries - we have to make the right choice for the future of our relations, for the future generations of our peoples.

Jonathan Swan: Can you expand on that, Mr. Ambassador, what (is) a juncture, between what and what?

Ambassador Cui: I think we actually, we have no alternative than cooperation with each other. I think the only good future for the people of our two countries is that we work together to develop a

relationship based on coordination, cooperation and stability. We certainly reject any attempt to stir up confrontation or even start a new Cold War between us or talk about the so-called economic decoupling. I don't think these things will serve the real interests of our two peoples. They will very much hurt the real interests of our peoples.

Jonathan Swan: If I may say so, Mr. Ambassador, you haven't done this today, but your colleague, very much from the Chinese Ministry of Foreign Affairs, is doing exactly that, when he says that this virus, I mean it's a lie, when he lies about where the virus came from and says it came from a US military lab. That is not helping people trust the Chinese Communist Party.

Ambassador Cui: I don't understand why you always refer to the Party. Do you know the fact so many doctors and nurses who're at the very front trying to combat this virus and save people, they are members of the Party. I don't know if you're aware of the fact. And even Dr. Li Wenliang, he was a member of the Communist Party. Are you aware of the fact?

Jonathan Swan: Of course I am. So what I am asking about...(inaudible)

Ambassador Cui: Then perhaps you should show more respect, because people have very close ties with the Party. If you try to attack the Party, I think the overwhelming majority of the Chinese people will believe that you are attacking them.

Jonathan Swan: I'm assuring you, Mr. Ambassador, I'm not trying to attack the Party. Let me describe it as the Chinese Government then. When he makes these statements, he's the spokesman for the Ministry of Foreign Affairs, he does what you just described.

Ambassador Cui: I think you have to look at the whole, all the facts. We did not start such kind of mutual accusation.

Jonathan Swan: OK.

Ambassador Cui: It was all started here, in Washington, DC. This is a real fact.

Jonathan Swan: Mr. Ambassador, do you have any message for your counterparts in the United States who are watching you or for the American people who are watching this, who want to understand, you know, this is a moment where there's a lot of distrust between the two governments, and we're seeing that play out publicly. And I think it's an important moment for you to say what you want to say to the people who are watching.

Ambassador Cui: First of all, I want to thank the American people, American businesses, American institutions, and even ordinary American people for their support and help to China in combating this virus. Number two, I want to say to them, we are really in the same boat. This is a global challenge, global public health challenge, maybe even more than that. So we have to work together as partners to combat the virus, to restore the normal situation to the economy, to build up people's confidence about the global economy, to build up a capability to respond to any crises like this. We have shared interest. We are really all part of the same community of nations. We have to build a better future for us all together. This is my main message to the American people and to the American Government. Let's do it.

Jonathan Swan: Mr. Ambassador, I want to send you my personal condolences for all the suffering in China that's happened from this virus. It's been a terrible situation, and we hope that things can get better around the world.

Ambassador Cui: And I'm also concerned that the number of confirmed cases here, the number of confirmed cases in the United States, is going up. I'm very worried about that. Hopefully, because the United States is very strong in your medical capability, in technology, hopefully you'll make best use of all these, all your strength and contain and control the virus very timely, so there will be as few as possible cases of death here in the United States.

Jonathan Swan: Mr. Ambassador, we thank you so much for your time, for answering questions, for speaking with us today.

Ambassador Cui: OK. Thank you for taking this interview.

Jonathan Swan: Thank you, sir.

From: "Park, Christopher J" (b)(6)@state.gov>
To: (b)(6) (Beijing) (b)(6)@state.gov>
Subject: Re: clearance (OOB Monday): AM to request access to Wuhan Institute of Virology
Date: Tue, 5 May 2020 11:38:29 +0000

I appreciate the sentiment. It's all too politically charged on this end.

From: (b)(6) (Beijing) (b)(6)@state.gov>
Sent: Tuesday, May 5, 2020 12:07:18 AM
To: Park, Christopher J (b)(6)@state.gov>
Subject: RE: clearance (OOB Monday): AM to request access to Wuhan Institute of Virology

Hi, Chris, (b)(5)
 (b)(5)
 (b)(5) Thanks for your input on the letter.
 (b)(6)

SENSITIVE BUT UNCLASSIFIED

From: Park, Christopher J (b)(6)@state.gov>
Sent: Monday, May 4, 2020 9:00 PM
To: (b)(6) (Beijing) (b)(6)@state.gov>
Subject: Re: clearance (OOB Monday): AM to request access to Wuhan Institute of Virology

(b)(6) -

(b)(5)

CJP

From: (b)(6) (Beijing) (b)(6)@state.gov>
Sent: Monday, May 4, 2020 5:21 AM
To: (b)(6) (Beijing) (b)(6)@state.gov> (b)(6)@state.gov>; OES-IHB-

DG <OES-IHB-DG@state.gov>; OES-STC-China <OES-STC-China@state.gov>; ISN-BPS-DL <ISN-BPS-DL@STATE.GOV> (b)(6)@state.gov; (b)(6) (h)(6)@state.gov; (b)(6)@state.gov; Beijing ESTH Americans <BeijingESTHAmericans@state.gov>; Forden, Robert W (Beijing) (h)(6)@state.gov
Cc: EAP-CM-ECON-DL <EAP-CM-ECON-DL@state.gov>; (b)(6) (Beijing) (b)(6)@state.gov
Subject: RE: clearance (OOB Monday): AM to request access to Wuhan Institute of Virology

(b)(6)

(b)(5); (b)(6)

Thanks,

(b)(6)

(b)(6)

Deputy Chief, Environment, Science, Technology, and Health (ESTH) | 科技环保卫生处
 U.S. Embassy Beijing | 美国驻华大使馆
 P: (b)(6)
 E: (h)(6)@state.gov

SENSITIVE BUT UNCLASSIFIED

From: (b)(6) (Beijing) (h)(6)@state.gov
Sent: Saturday, May 2, 2020 4:31 AM
To: (b)(6)@state.gov; OES-IHB-DG <OES-IHB-DG@state.gov>; OES-STC-China <OES-STC-China@state.gov>; ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>; (h)(6)@state.gov; (h)(6) (Rick) (b)(6)@state.gov; (b)(6)@state.gov; Beijing ESTH Americans <BeijingESTHAmericans@state.gov>; Forden, Robert W (Beijing) (h)(6)@state.gov
Cc: EAP-CM-ECON-DL <EAP-CM-ECON-DL@state.gov>
Subject: Re: clearance (OOB Monday): AM to request access to Wuhan Institute of Virology

Hi (b)(6)

(b)(5); (b)(6)

Thanks, (b)(6)

(b)(6)

Currently: ESTH

Coronavirus Global Response Coordination Unit

U.S. Department of State

(b)(6)

Normally: ESTH Officer

U.S. Embassy Beijing

From: (b)(6)@state.gov

Sent: Friday, May 1, 2020 2:34 PM

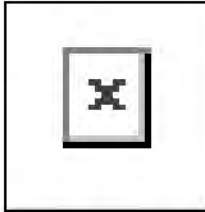
To: OES-IHB-DG <OES-IHB-DG@state.gov>; OES-STC-China <OES-STC-China@state.gov>; ISN-BPS-DL <ISN-BPS-DL@STATE.GOV>; (b)(6)@state.gov; (b)(6) (Beijing) (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; (b)(6)@state.gov; Beijing ESTH Americans <BeijingESTHAmericans@state.gov>

Cc: EAP-CM-ECON-DL <EAP-CM-ECON-DL@state.gov>

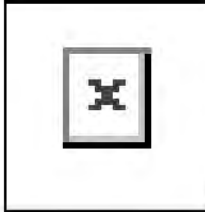
Subject: clearance (OOB Monday): AM to request access to Wuhan Institute of Virology

Colleagues,

(b)(5)



AM for S Yang Letter re WIV.docx



S Yang Letter re WIV.docx

I would greatly appreciate your clearance by OOB Monday.

Warm regards,

(b)(6)

Economic Unit Chief, EAP/CM

Economic Unit: EAP-CM-ECON-DL@state.gov

Personal: (b)(6)@state.gov

Mobile: (b)(6)

From: EAP-Staffers Mailbox <EAP-StaffersMailbox@state.gov>

Sent: Thursday, April 30, 2020 2:48 PM

To: (b)(6)@state.gov; EAP-Staffers Mailbox <EAP-StaffersMailbox@state.gov>

Cc: EAP-CM-Unit Chiefs-DL <EAP-CM-UnitChiefs-DL@state.gov>

Subject: RE: ACTION FOR STAFFERS - TASKER - S-Yang Letter

Rec'd and tasked in OP: (b)(6)

T	CM,	Action Memo S: USG access to Wuhan Laboratory Director Yang Jiechi, AM and request letter	05/04/2020
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SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov

Sent: Thursday, April 30, 2020 2:29 PM

To: EAP-Staffers Mailbox <EAP-StaffersMailbox@state.gov>

Cc: EAP-CM-Unit Chiefs-DL <EAP-CM-UnitChiefs-DL@state.gov>

Subject: ACTION FOR STAFFERS - TASKER - S-Yang Letter

Staffers,

(b)(5); (b)(6)

Thanks,

(b)(6)

(b)(6)

Special Assistant

Office of the Assistant Secretary

Bureau of East Asian and Pacific Affairs

(b)(6)

(b)(6)@state.gov

SENSITIVE BUT UNCLASSIFIED

Sender: "Park, Christopher J" (b)(6)@state.gov>

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

From: "Stilwell, David R" (b)(6)@state.gov>

Feith, David (b)(6)@state.gov>;

To: Fritz, Jonathan D (h)(6)@state.gov>;

Keshap, Atul (b)(6)@state.gov>

Subject: Re: Urgent HHS statement for review

Date: Sat, 5 Dec 2020 23:29:20 +0000

We need to bring him in for some face-on-wall counseling. (b)(5)

(b)(5)

(b)(5) He needs to remind himself who pays his salary and what the interests are.

Let me at him...

Get Outlook for iOS

From: Feith, David (b)(6)@state.gov>

Sent: Saturday, December 5, 2020 6:22:36 PM

To: Stilwell, David R (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Keshap, Atul (h)(6)@state.gov>

Subject: Re: Urgent HHS statement for review

Thanks for pinging Moore, Atul. (b)(5)

its content or its timing?

(b)(5)

--

David Feith

Deputy Assistant Secretary

Bureau of East Asian and Pacific Affairs (EAP)

U.S. Department of State

(b)(6) (o)

(b)(6) (c)

(b)(6)@state.gov

On December 5, 2020 at 4:00:47 PM EST, Stilwell, David R (b)(6)@state.gov> wrote:

Happy to send Moore a note; just say when.

Get Outlook for iOS

From: Fritz, Jonathan D (b)(6)@state.gov>

Sent: Saturday, December 5, 2020 11:30:35 AM

To: Keshap, Atul (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>

Subject: Re: Urgent HHS statement for review

Muy interesante. Certainly worth discussing.

Get Outlook for iOS

From: Keshap, Atul (b)(6)@state.gov>

Sent: Saturday, December 5, 2020 10:49:43 AM

To: Stilwell, David R (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>

Subject: Fwd: Urgent HHS statement for review

Fyi my back and forth with Jonathan Moore below:

From: Keshap, Atul (b)(6)@state.gov>

Sent: Saturday, December 5, 2020 10:46 AM

To: Moore, Jonathan M

Subject: Re: Urgent HHS statement for review

Understood. On q1, we should soon confer in a secure room with Stilwell, Fritz, Feith. There is much to discuss.

From: Moore, Jonathan M (b)(6)@state.gov>

Sent: Saturday, December 5, 2020 9:02 AM

To: Keshap, Atul

Subject: Re: Fwd: Urgent HHS statement for review

Happy to discuss. (b)(5)

(b)(5)

Jonathan Moore

AA/S, OES

Sent from Workspace ONE Boxer

On December 4, 2020 at 20:42:15 EST, Keshap, Atul (b)(6)@state.gov> wrote:

Jonathan (b)(5)

(b)(5)

(b)(5)

(b)(5)

I am out until the 10th. Best wishes, atul

From: Fritz, Jonathan D (b)(6)@state.gov>
Sent: Friday, December 4, 2020 6:03 PM
To: Stilwell, David R; Feith, David; (b)(6) Buangan, Richard L
Cc: (b)(6) EAP-CM-Bilat Unit-DL; EAP-Press; Keshap, Atul
Subject: Re: Urgent HHS statement for review

(b)(5)

From: Stilwell, David R (b)(6)@state.gov>
Sent: Friday, December 4, 2020 5:55 PM
To: Feith, David (b)(6)@state.gov>; (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>
Cc: (b)(6)@state.gov>; (b)(6)@state.gov>; EAP-CM-Bilat Unit-DL <EAPCMBilatUnit@state.gov>; EAP-Press <EAP-Press@state.gov>; Keshap, Atul (b)(6)@state.gov>
Subject: Re: Urgent HHS statement for review

(b)(5)

Get Outlook for iOS
From: Feith, David (b)(6)@state.gov>
Sent: Friday, December 4, 2020 4:40:14 PM
To: (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>
Cc: (b)(6)@state.gov>; (b)(6)@state.gov>; EAP-CM-Bilat Unit-DL <EAPCMBilatUnit@state.gov>; EAP-Press <EAP-Press@state.gov>; Keshap, Atul (b)(6)@state.gov>
Subject: RE: Urgent HHS statement for review

Sorry, can't clear on this.

(b)(5)

Many thanks.

--
David Feith

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

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

(b)(6)@state.gov

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 5:15 PM

To: Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>;
Stilwell, David R (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>

Cc: (b)(6)@state.gov>; (b)(6)@state.gov>; EAP-CM-Bilat Unit-DL <EAPCMBilatUnit@state.gov>; EAP-Press <EAP-Press@state.gov>

Subject: Fw: Urgent HHS statement for review

Please see the attached statement from HHS and the comment below.

Do you clear on this version?

(b)(6)

(b)(6)
EAP/Press

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 5:12 PM

To: (b)(6)@state.gov>

Cc: OES-PA-DG <OES-PA-DG@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)

(b)(6)@state.gov>

Subject: Re: Urgent HHS statement for review

Thank you, (b)(6)(b)(5)

(b)(5)

(b)(5)

Please see OES edits and comments in the attached.

Regards,

(b)(6)

OES/PPO

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 2:13 PM

To: (b)(6)@state.gov>

Cc: OES-PA-DG <OES-PA-DG@state.gov>; EAP-Press <EAP-Press@state.gov>

Subject: Fw: Urgent HHS statement for review

(b)(6)

Please see edits from EAP attached.

EAP/FO: David Feith

EAP/FO: David Stilwell

EAP/FO: Richard Buangan

EAP/FO: Jonathan Fritz

EAP/CM: (b)(6)

EAP/CM: (b)(6)

EAP/P: (b)(6)

Thank you,

(b)(6)

From: Feith, David (b)(6)@state.gov>

Sent: Friday, December 4, 2020 1:53 PM

To: (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>

Cc: Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>; Keshap, Atul

(b)(6)@state.gov>

Subject: RE: Urgent HHS statement for review

Many thanks. Please see edits in track-changes attached. Also clean copied here for the traveling party:

State/EAP edits to draft HHS statement
December 4, 2020

Withheld pursuant to exemption

(b)(5)

(b)(5)

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 1:28 PM

To: Feith, David (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>

Cc: Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>; Keshap, Atul (b)(6)@state.gov>

Subject: Re: FOR A/S STILWELL CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

Standing by and waiting for your edits/comments.

(b)(6)

From: Feith, David (b)(6)@state.gov>

Sent: Friday, December 4, 2020 1:26 PM

To: Stilwell, David R (b)(6)@state.gov>; (b)(6)@state.gov>

Cc: Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>; Keshap, Atul (b)(6)@state.gov>

Subject: RE: FOR A/S STILWELL CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

Hi all – please confirm we are not/not sending EAP clearance on this yet. Thanks.

From: Feith, David

Sent: Friday, December 4, 2020 1:11 PM

To: Stilwell, David R (b)(6)@state.gov>; (b)(6)@state.gov> (b)(6)@state.gov>

Cc: Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>

Subject: RE: FOR A/S STILWELL CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

Seeing this now, will send suggestions in a minute --

From: Stilwell, David R (b)(6)@state.gov>

Sent: Friday, December 4, 2020 1:06 PM

To: (b)(6)@state.gov>

Cc: (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>

Subject: Re: FOR A/S STILWELL CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

Good. There's some great reporting out of Taiwan on this topic. (b)(5)

Get Outlook for iOS

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 11:30:57 AM

To: Stilwell, David R (b)(6)@state.gov>

Cc: Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>; EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>

Subject: FOR A/S STILWELL CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

A/S Stilwell,

Please see the statement below in response to the WSJ article that PRC is using to claim COVID did not start in Wuhan. CM has made edits below in yellow.

Apologies for the short fuse. Would appreciate your earliest clearance so that we can get our edits in.

Thank you,

(b)(6)

DRAFT REACTIVE STATEMENT

(b)(5)

(b)(5)

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 12:13 PM

To: (b)(6)@state.gov>; (b)(6)@state.gov>

Cc: EAP-Press <EAP-Press@state.gov>

Subject: RE: FOR (b)(6) CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

Clear for CM. FO should see this one – recommend including Feith when you send it up to Buangan and Fritz.

(b)(6)

Director, Office of Chinese and Mongolian Affairs
Bureau of East Asian and Pacific Affairs

(b)(6)@state.gov

(b)(6) (desk)
(b)(6) (mobile)

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 12:04 PM

To: (b)(6)@state.gov>; EAP-CM-Global-DL <EAP-CM-Global-DL@state.gov>; EAP-CM-Bilat Unit-DL <EAPCMBilatUnit@state.gov>; EAP-CM-ECON-DL <EAP-CM-ECON-DL@state.gov>

Cc: EAP-Press <EAP-Press@state.gov>

Subject: Re: CLEARANCE ASAP: 11:30 AM: Urgent HHS statement for review

Hi (b)(6)

Some edits for CM/Econ below in yellow highlights. (b)(5)

(b)(5)

(b)(6) PhD

Environment, Science, Technology, and Health Officer

Office of Chinese and Mongolian Affairs

U.S. Department of State

(b)(6) (work)
(b)(6) (telework)

From: (b)(6)@state.gov>

Sent: Friday, December 4, 2020 10:16 AM

To: EAP-Press <EAP-Press@state.gov>; (b)(6)@state.gov>; IO-Press-DL <IO-Press-DL@state.gov>

Cc: OES-PA-DG <OES-PA-DG@state.gov>

Subject: 11:30 AM: Urgent HHS statement for review

Hello, please see HHS reactive statement below in response to the WSJ article that China is using to claim COVID did not start in Wuhan. I would appreciate your comments/clearance by 11:30.

Thank you,

(b)(6)

OES/PPO

The draft reactive statement below is in response to the WSJ article that China is using to claim COVID did not start in Wuhan. Once HHS comments have been received, it will go to State Dept for review.

<https://www.wsj.com/articles/covid-19-likely-in-u-s-in-mid-december-2019-cdc-scientists-report-11606782449>

DRAFT REACTIVE STATEMENT

(b)(5)

[Redacted content]

(b)(5)

SENSITIVE BUT UNCLASSIFIED

SENSITIVE BUT UNCLASSIFIED

Sender: "Stilwell, David R" (b)(6) @state.gov>

Feith, David (b)(6) @state.gov>;

Recipient: Fritz, Jonathan D (b)(6) @state.gov>;

Keshap, Atul (b)(6) @state.gov>

From: (b)(6)@state.gov>
 (b)(6)@state.gov>;
 (b)(6)@state.gov>;
 AVC-Press-DL <AVC-Press-DL@state.gov>;
To: AVC-CBW-DL <AVC-CBW-DL2@state.gov>;
 (b)(6)@state.gov>;
 DiNanno, Thomas G (b)(6)@state.gov>;
 (b)(6)@state.gov>
 EAP-P-Office-DL <EAP-P-Office-DL@state.gov>;
CC: Buangan, Richard L (b)(6)@state.gov>;
 ISN-Press-DL <ISN-Press-DL@state.gov>

Subject: RE: URGENT CLEARANCE: FW: Interagency deadlocked on virus origin conclusions

Date: Thu, 14 Jan 2021 01:57:10 +0000

Thanks (b)(6)

(b)(6) I need to know urgently whether (b)(6) proposed response is good for AVC

From: (b)(6)@state.gov>
Sent: Wednesday, January 13, 2021 8:47 PM
To: (b)(6)@state.gov>; (b)(6)@state.gov>; AVC-Press-DL <AVC-Press-DL@state.gov>; AVC-CBW-DL <AVC-CBW-DL2@state.gov>; (b)(6)@state.gov>; DiNanno, Thomas G (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Cc: EAP-P-Office-DL <EAP-P-Office-DL@state.gov>; Buangan, Richard L (b)(6)@state.gov>; ISN-Press-DL <ISN-Press-DL@state.gov>
Subject: RE: URGENT CLEARANCE: FW: Interagency deadlocked on virus origin conclusions

Hi (b)(6) - I did attend the meeting, but as we discussed did not organize it. (b)(6) were in charge, as it was an AVC FO effort. Bill Gertz percentages are not correct, there was no discussion that would correspond to the proposed percentages. I made a few edits to the proposed response:

(b)(5)

Best (b)(6)

Sent from Workspace ONE Boxer

On January 13, 2021 at 8:21:37 PM EST, (b)(6)@state.gov> wrote:
CBW: Can you clear the below response.

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)@state.gov
Sent: Wednesday, January 13, 2021 8:17 PM
To: AVC-Press-DL <AVC-Press-DL@state.gov>
Cc: EAP-P-Office-DL <EAP-P-Office-DL@state.gov>; Buangan, Richard L
<(b)(6)@state.gov>
Subject: URGENT CLEARANCE: FW: Interagency deadlocked on virus origin conclusions

Good evening,

Apologies for the short fuse clearance request so late in the evening. Bill Gertz is working on a story on the origins of COVID-19, his full inquiry is below. SPOX would like to respond tonight, and we are seeking your urgent clearance on the following response:

(b)(5)

Thank you,

(b)(6)

From: Bill Gertz <bgertz@washingtontimes.com>
Sent: Wednesday, January 13, 2021 5:01:18 PM
To: Ortagus, Morgan D <(b)(6)@state.gov>
Subject: Interagency deadlocked on virus origin conclusions

Morgan,

I'm writing a story that will report that an interagency group of scientists and medical experts studying the origin of the coronavirus is deadlocked over its conclusions. I'm told 70% of the experts want the conclusion to say that the virus accidentally leaked from the Wuhan Institute of Virology, 15% want to say it was naturally occurring zoonotic virus jump, and 7% want to say its a bioweapon. The remaining 8% say they are undecided and need more info, which China so far has refused to give.

NSC referred me to HHS, which referred me to State.

Any comment for my story? Need anything asap for my weekly Inside the Ring column.

Bill

(b)(6)

National Security Correspondent
@BillGertz | direct (b)(6)
TheGertzFile.com



3600 New York Ave NE | Washington DC, 20002

The information contained in this electronic transmission is intended for the exclusive use of the individuals to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is prohibited by law. If the reader of this transmission is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. In addition, any unauthorized copying, disclosure or distribution of the material in this e-mail and any attachments is strictly forbidden.

Sender: (b)(6)@state.gov>
(b)(6)@state.gov>;
Recipient: (b)(6)@state.gov>;
AVC-Press-DL <AVC-Press-DL@state.gov>;
AVC-CBW-DL <AVC-CBW-DL2@state.gov>;

(b)(6)@state.gov>;
DiNanno, Thomas G (b)(6)@state.gov>;
(b)(6)@state.gov>;
EAP-P-Office-DL <EAP-P-Office-DL@state.gov>;
Buangan, Richard L (b)(6)@state.gov>;
ISN-Press-DL <ISN-Press-DL@state.gov>

From: "Buangan, Richard L" (b)(6)@state.gov>
(b)(6)@state.gov>;
(b)(6)@state.gov>;
(b)(6)@state.gov>;
To: AVC-Press-DL <AVC-Press-DL@state.gov>;
AVC-CBW-DL <AVC-CBW-DL2@state.gov>;
(b)(6)@state.gov>;
DiNanno, Thomas G (b)(6)@state.gov>;
(b)(6)@state.gov>
CC: EAP-P-Office-DL <EAP-P-Office-DL@state.gov>;
ISN-Press-DL <ISN-Press-DL@state.gov>
Subject: RE: URGENT CLEARANCE: FW: Interagency deadlocked on virus origin conclusions
Date: Thu, 14 Jan 2021 01:52:35 +0000

Thanks (b)(6) Your edits look fine.

Sent from Workspace ONE Boxer

On January 13, 2021 at 20:47:13 EST, (b)(6)@state.gov> wrote:
Hi (b)(6) - I did attend the meeting, but as we discussed did not organize it. (b)(6) were
in charge, as it was an AVC FO effort. Bill Gertz percentages are not correct, there was no
discussion that would correspond to the proposed percentages. I made a few edits to the
proposed response:

(b)(5)

Best (b)(6)

Sent from Workspace ONE Boxer

On January 13, 2021 at 8:21:37 PM EST, (b)(6)@state.gov> wrote:
CBW: Can you clear the below response.

From: (b)(6)@state.gov>
Sent: Wednesday, January 13, 2021 8:17 PM
To: AVC-Press-DL <AVC-Press-DL@state.gov>
Cc: EAP-P-Office-DL <EAP-P-Office-DL@state.gov>; Buangan, Richard L
(b)(6)@state.gov>
Subject: URGENT CLEARANCE: FW: Interagency deadlocked on virus origin conclusions

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Apologies for the short fuse clearance request so late in the evening. Bill Gertz is working on a story on the origins of COVID-19, his full inquiry is below. SPOX would like to respond tonight, and we are seeking your urgent clearance on the following response:

(b)(5)

Thank you,

(b)(6)

From: Bill Gertz <bgertz@washingtontimes.com>
Sent: Wednesday, January 13, 2021 5:01:18 PM
To: Ortagus, Morgan D (b)(6) @state.gov>
Subject: Interagency deadlocked on virus origin conclusions

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NSC referred me to HHS, which referred me to State.

Any comment for my story? Need anything asap for my weekly Inside the Ring column.

Bill

(b)(6)

National Security Correspondent
@BillGertz | direct (b)(6)
TheGertzFile.com



3600 New York Ave NE | Washington DC, 20002

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Sender: "Buangan, Richard L" (b)(6)@state.gov>
(b)(6)@state.gov>;
(b)(6)@state.gov>;
(b)(6)@state.gov>;
AVC-Press-DL <AVC-Press-DL@state.gov>;
AVC-CBW-DL <AVC-CBW-DL2@state.gov>;
Recipient: (b)(6)@state.gov>;
DiNanno, Thomas G (b)(6)@state.gov>;
(b)(6)@state.gov>;
EAP-P-Office-DL <EAP-P-Office-DL@state.gov>;
ISN-Press-DL <ISN-Press-DL@state.gov>

From: (b)(6) (b)(6)@state.gov>
 (b)(6)@state.gov>;
 DiNanno, Thomas G (b)(6)@state.gov>;
To: (b)(6);
 (b)(6)@state.gov>;
 (b)(6)@state.gov>
Subject: Re: Current DRAFT Memorandum
Date: Sun, 10 Jan 2021 04:08:18 +0000

(b)(5)

From: (b)(6)@state.gov>
Sent: Saturday, January 9, 2021 10:56 PM
To: DiNanno, Thomas G (b)(6)@state.gov> (b)(6)
 (b)(6)@state.gov> (b)(6)@state.gov>; (b)(6)@state.gov>
Subject: Fw: Current DRAFT Memorandum

My edits in the attached.

(b)(6)

Chief of Staff
 Bureau of Arms Control, Verification and Compliance
 U.S. Department of State
 HST Room (b)(6)

Office: (b)(6)
 Cell: (b)(6)

OpenNet: (b)(6)@state.gov
 ClassNet: @state.sgov.gov
 JWICS: @state.ic.gov

From: (b)(6)@state.gov>
Sent: Saturday, January 9, 2021 10:15 PM
To: (b)(6)@state.gov>; (b)(6)@state.gov>; DiNanno, Thomas G
 (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Subject: Re: Current DRAFT Memorandum

Withheld pursuant to exemption

(b)(5); (b)(6)

Withheld pursuant to exemption

(b)(5)

Withheld pursuant to exemption

(b)(5); (b)(6)

From: (b)(6)@state.gov>
Sent: Saturday, January 9, 2021 9:50 PM
To: (b)(6)@state.gov>; (b)(6)@state.gov>; DiNanno, Thomas G (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Cc: (b)(6)@state.gov>
Subject: Re: Current DRAFT Memorandum

Here are my comments with a few added in by phone from Tom. (b)(6) can you send this in a tracked changes document to Tom and include the text in the body of an e-mail. Tom can't download docs on this damned crippled GO system. I guess you should also attach for him an "all changes accepted" clean copy with comments deleted that he can send to (b)(6)

(b)(6)
 Senior Adviser AVC
 SSD/AVC

(b)(6)
From: (b)(6)@state.gov>
Sent: Saturday, January 9, 2021 8:23 PM
To: (b)(6)@state.gov>; DiNanno, Thomas G (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Subject: Current DRAFT Memorandum

SENSITIVE BUT UNCLASSIFIED

Sender: (b)(6)@state.gov>
 (b)(6)@state.gov>;
 DiNanno, Thomas G (b)(6)@state.gov>;
Recipient: (b)(6)@gmail.com>;
 (b)(6)@state.gov>;
 (b)(6)@state.gov>

From: (b)(6)@state.sgov.gov>
To: (b)(6)@state.sgov.gov>
CC: ISN-BPS-DL <ISN-BPS-DL@state.sgov.gov>
Subject: RE: Wuhan BSL-3s
Date: Fri, 19 Feb 2021 09:01:50 -0500

Thanks, (b)(6)

Official

~~SECRET//NOFORN~~

Classified By: (b)(6) SPM Analyst, Office:INR/SPM, Agency:U.S. Department of State

Declassify On: 2/16/2046

Reasons: (Derived) Classification derived from previous message(s)

From: (b)(6)@state.sgov.gov>
Sent: Tuesday, February 16, 2021 3:26 PM
To: (b)(6)@state.sgov.gov>
Subject: Wuhan BSL-3s

Hi (b)(6)

(S//NF) (b)(1)

(b)(1)

- (b)(1)
-
-
-
-
-
-
-
-
-

(b)(1)

-

-

I hope that helps somehow.

(b)(6)

Worldwide Chemical & Biological Warfare Analyst
 Bureau of Intelligence and Research, Office of Strategic, Proliferation, & Military Issues (INR/SPM)
 U.S. Department of State
 J: (b)(6)@state.ic.gov, S: (b)(6)@state.sgov.gov, U: (b)(6)@state.gov
 Open (b)(6) Secure: (b)(6)

Official

~~SECRET//NOFORN~~

Classified By: (b)(6) SPM Analyst, Office:INR/SPM, Agency:U.S. Department of State
 Declassify On: 2/16/2046
 Reasons: Derived Per DSCG.

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

Recipient: (b)(6)@state.sgov.gov>;
 ISN-BPS-DL <ISN-BPS-DL@state.sgov.gov>

From: (b)(6)@state.sgov.gov>
To: (b)(6)@state.sgov.gov>
 (b)(6)@state.sgov.gov>;
 Ortagus, Morgan D <(b)(6)@state.sgov.gov>;
CC: (b)(6)@state.sgov.gov>;
 Stilwell, David R (b)(6)@state.sgov.gov>;
 Fritz, Jonathan D (b)(6)@state.sgov.gov>
Subject: RE: S request: Taiwan cables for CBS
Date: Tue, 8 Sep 2020 13:44:10 -0400

(b)(6) good afternoon,

Per your request. (b)(5)

(b)(5)

Including A/S Stilwell and DAS Fritz for their EAP/FO background.

Best regards,

(b)(6)

Official - Sensitive

This message is ~~CONFIDENTIAL//NOFORN~~ when separated from UNCLASSIFIED attachment(s)

Classified By: (b)(6) - Senior Advisor to the Secretary, Office:S, Agency:U.S. Department of State

Declassify On: 9/8/2045

Reasons: (Derived) Classification derived from previous message(s)

From: (b)(6)@state.sgov.gov>

Sent: Tuesday, September 8, 2020 10:02 AM

To: (b)(6)@state.sgov.gov>; Ortagus, Morgan D

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

Cc: (b)(6)@state.sgov.gov>(b)(6)@state.sgov.gov>

Subject: S request: Taiwan cables for CBS

Ulrich & SPOX team, quick note.

The Secretary has requested the declassified Taiwan cables be provided to Catherine Herridge for his upcoming interview with her.

Please confirm receipt when you can, many thanks.

Best,

(b)(6)

Official

SECRET

Classified By: (b)(6) Senior Advisor to the Secretary, Office:S, Agency:U.S. Department of State

Declassify On: 9/8/2045

Reasons: Derived Per DSCG.

Sender: (b)(6)@state.sgov.gov>
(b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>;
Recipient: Ortagus, Morgan D (b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>;
Stilwell, David R (b)(6)@state.sgov.gov>;
Fritz, Jonathan D (b)(6)@state.sgov.gov>

Withheld pursuant to exemption

(b)(5)

August 27, 2020 Approved:

C: (b)(6)
FL-2022-00076 B-00002428037

Drafted : "UNCLASSIFIED"

C: (b)(6)
[08/31/2023]

(b)(6) Cleared :

C: (b)(6) ()

From: (b)(6)@state.sgov.gov>
Asher, David (b)(6)@state.sgov.gov>;
To: Yu, Miles (b)(6)@state.sgov.gov>;
Feith, David (b)(6)@state.sgov.gov>;
DiNanno, Thomas G (b)(6)@state.sgov.gov>
CC: (b)(6)@state.sgov.gov>
Subject: RE: LLNL Mtg is Thursday October 22 at 4:00 pm (not 3:00 pm) in AVC - 5950 -
FRENCH PROMISE CHINESE P-4 LABORATORY, BUT STILL CONCERNED ABOUT
SECURITY
Date: Wed, 21 Oct 2020 18:19:50 -0400

(b)(6)

Chief of Staff
Bureau of Arms Control, Verification and Compliance
U.S. Department of State
HST Room 5950

Office: (b)(6)
Cell:

NIPR: (b)(6)@state.gov
SIPR: (b)(6)@state.sgov.gov
JWICS: (b)(6)@state.ic.gov

Official

~~**SECRET**~~

Classified By: Thomas G. DiNanno - Senior Bureau Official, Office:AVC, Agency:U.S. Department of State
Declassify On: 10/21/2045
Reasons: Derived Per DSCG.

From: Asher, David
Sent: Wednesday, October 21, 2020 5:50 PM
To: Yu, Miles; Feith, David; DiNanno, Thomas G
Cc: (b)(6)
Subject: FRENCH PROMISE CHINESE P-4 LABORATORY, BUT STILL CONCERNED ABOUT SECURITY

(b)(1); (b)(5)

(b)(1)

~~CONFIDENTIAL~~ BEIJING 006725

STATE FOR STAS - ATKINSON, OES/SAT
DHHS/OS/OGHA FOR (b)(6) BHAT AND STEIGER

E.O. 12958: DECL: 04/23/2014

TAGS: TBIO, PARM, PREL, CBW, ETTC, CH

SUBJECT: FRENCH PROMISE CHINESE P-4 LABORATORY, BUT STILL
CONCERNED ABOUT SECURITY

REF: STATE 078827 (NOTAL)

CLASSIFIED BY: ESTH COUNSELOR DEBORAH SELIGSOHN. REASONS 1.4
(B), (D) A
ND (H)

1. (e) ON APRIL 2, ESTH COUNS AND U.S. CDC INFECTIOUS DISEASE SPECIALIST (b)(6) MET WITH FRENCH EMBASSY SCIENCE AND CULTURAL ATTACHE RESPONSIBLE FOR THE BIOLOGICAL SCIENCES, MARIE-PIERRE VAN HOUCKE. VAN HOUCKE REPORTED THAT WHILE CHINA AND FRANCE HAVE SIGNED A STATEMENT OF INTENT THAT INCLUDES THE PROVISION OF A P-4 LABORATORY TO THE INSTITUTE OF VIROLOGY IN WUHAN, AS WELL AS ESTABLISHING AN INSTITUTE PASTEUR IN SHANGHAI, THEY ARE STILL NEGOTIATING THE ACTUAL TERMS. BIOSECURITY REMAINS A KEY CONCERN FOR FRANCE, AND SHE ASKED FOR ANY INSIGHTS THE USG COULD PROVIDE ON CHINESE SECURITY.

2. (e) EMBOFFS REVIEWED WITH VAN HOUCKE THE FACT THAT THE MINISTRY OF SCIENCE AND TECHNOLOGY (MOST) IS DRAFTING SOME TYPE OF BIOSECURITY LEGISLATION AND THAT BETWEEN MOST AND THE MINISTRY OF HEALTH (MOH) WHO ACTUALLY HAS THE LEAD ON BIOSECURITY ISSUES IS VAGUE. (b)(6) NOTED THAT THE LABS AT THE CHINA CENTER FOR DISEASE CONTROL AND PREVENTION (CHINA CDC, UNDER MOH) GENERALLY NEED UPGRADING, BUT HE AND VAN HOUCKE BOTH AGREED THAT MOST AND THE CHINESE ACADEMY OF SCIENCE (CAS), THE INSTITUTIONS THAT THE FRENCH ARE WORKING WITH, ARE MUCH BETTER FUNDED THAN MOH AND THUS ABLE TO HAVE BETTER FACILITIES. VAN HOUCKE INDICATED THAT THE P-3 LAB THE FRENCH VISITED IN WUHAN IS WELL-EQUIPPED, BUT THAT THERE ARE

CONCERNS ABOUT SECURITY ISSUES, SUCH AS ACCESS CONTROL. SHE SAID FINAL AGREEMENT ON ARRANGEMENTS FOR PROVISION OF THE P-4 LAB ARE DUE BY JULY, BUT SUGGESTED THAT WHETHER IT IS ACHIEVABLE IS STILL UP IN THE AIR, DESPITE A SOI SIGNED DURING PRESIDENT HU'S VISIT TO FRANCE. A CHINESE TEAM WILL VISIT FRANCE IN ABOUT A MONTH TO CONTINUE NEGOTIATIONS, VAN HOUCKE ADDED.

3. (S) VAN HOUCKE SAID THE FRENCH REALIZE THAT MOST AND CAS HAVE LESS EXPERIENCE IN WORKING WITH PATHOGENS THAN DOES THE MINISTRY OF HEALTH. CAS IS SPECIFICALLY SEEKING THIS LAB TO COMPETE MORE EFFECTIVELY WITH MOH. FRANCE IS WORKING WITH CAS, BECAUSE CAS APPROACHED FRANCE. SHE ADDED THAT CAS AND MOST APPROACHED A NUMBER OF WESTERN COUNTRIES AND THAT THE GERMANS TOLD HER THAT THEY HAD BEEN APPROACHED AS WELL. THE CHINESE TOLD THE FRENCH THAT THEY HAD ALSO APPROACHED THE UNITED STATES. (COMMENT: WE ARE NOT AWARE OF A CHINESE REQUEST FOR A P-4 LAB. END COMMENT.) IN CONTRAST TO VAN HOUCKE'S STORY, THE EUROPEAN COMMISSION SCIENCE AND TECHNOLOGY COUNSELOR, JURGEN SANDERS, TOLD ESTH COUNS ON APRIL 20 THAT IT WAS THE FRENCH THAT HAD APPROACHED THE CHINESE TO SELL THEM THE P-4 LABORATORY.

4. (S) VAN HOUCKE INDICATED THAT SHE WOULD WELCOME CONTINUED DISCUSSION WITH THE USG ON BIOSECURITY ISSUES IN CHINA.
RANDT

NNNN

Official

CONFIDENTIAL

Classified By: Thomas DiNanno - AAS, Office:AVC, Agency:U.S. Department of State

Declassify On: 10/21/2030

Reasons: Derived Per DSCG.

Sender: (b)(6)@state.sgov.gov>
(b)(6) (b)(6)@state.sgov.gov>;
Yu, Miles (b)(6)@state.sgov.gov>;
Recipient: Feith, David (b)(6)@state.sgov.gov>;
DiNanno, Thomas G (b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>

From: (b)(6)@state.sgov.gov>
(b)(6)@state.sgov.gov>;
To: Yu, Miles (b)(6)@state.sgov.gov>;
Feith, David (b)(6)@state.sgov.gov>;
DiNanno, Thomas G (b)(6)@state.sgov.gov>
CC: (b)(6)@state.sgov.gov>
Subject: RE: FRENCH PROMISE CHINESE P-4 LABORATORY, BUT STILL CONCERNED ABOUT SECURITY
Date: Thu, 22 Oct 2020 06:05:59 -0400

(b)(1)

Official

~~CONFIDENTIAL~~

Classified By: Thomas DiNanno - AAS, Office:AVC, Agency:U.S. Department of State

Declassify On: 10/21/2030

Reasons: (Derived) Classification derived from previous message(s)

From: (b)(6)

Sent: Wednesday, October 21, 2020 5:50 PM

To: Yu, Miles; Feith, David; DiNanno, Thomas G

Cc: (b)(6)

Subject: FRENCH PROMISE CHINESE P-4 LABORATORY, BUT STILL CONCERNED ABOUT SECURITY

(b)(1)

~~CONFIDENTIAL~~ BEIJING 006725

STATE FOR STAS - ATKINSON, OES/SAT
DHHS/OS/OGHA FOR (b)(6) BHAT AND STEIGER

E.O. 12958: DECL: 04/23/2014

TAGS: TBIO, PARM, PREL, CBW, ETTTC, CH

SUBJECT: FRENCH PROMISE CHINESE P-4 LABORATORY, BUT STILL CONCERNED ABOUT SECURITY

REF: STATE 078827 (NOTAL)

CLASSIFIED BY: ESTH COUNSELOR DEBORAH SELIGSOHN. REASONS 1.4 (B), (D) A ND (H)

1. ~~(C)~~ ON APRIL 2, ESTH COUNS AND U.S. CDC INFECTIOUS DISEASE SPECIALIST (b)(6) MET WITH FRENCH EMBASSY SCIENCE AND CULTURAL ATTACHE RESPONSIBLE FOR THE BIOLOGICAL SCIENCES, MARIE-PIERRE VAN HOUCKE. VAN HOUCKE REPORTED THAT WHILE CHINA AND FRANCE HAVE SIGNED A STATEMENT OF INTENT THAT INCLUDES THE PROVISION OF A P-4 LABORATORY TO THE INSTITUTE OF VIROLOGY IN WUHAN, AS WELL AS ESTABLISHING AN INSTITUTE PASTEUR IN SHANGHAI, THEY ARE STILL NEGOTIATING THE ACTUAL TERMS. BIOSECURITY REMAINS A KEY CONCERN FOR FRANCE, AND SHE ASKED FOR ANY INSIGHTS THE USG COULD PROVIDE ON CHINESE SECURITY.

2. ~~(C)~~ EMBOFFS REVIEWED WITH VAN HOUCKE THE FACT THAT THE MINISTRY OF SCIENCE AND TECHNOLOGY (MOST) IS DRAFTING SOME TYPE OF BIOSECURITY LEGISLATION AND THAT BETWEEN MOST AND THE MINISTRY OF HEALTH (MOH) WHO ACTUALLY HAS THE LEAD ON BIOSECURITY ISSUES IS VAGUE. (b)(6) NOTED THAT THE LABS AT THE CHINA CENTER FOR DISEASE CONTROL AND PREVENTION (CHINA CDC, UNDER MOH) GENERALLY NEED UPGRADING, BUT HE AND VAN HOUCKE BOTH AGREED THAT MOST AND THE CHINESE ACADEMY OF SCIENCE (CAS), THE INSTITUTIONS THAT THE FRENCH ARE WORKING WITH, ARE MUCH BETTER FUNDED THAN MOH AND THUS ABLE TO HAVE BETTER FACILITIES. VAN HOUCKE INDICATED THAT THE P-3 LAB THE FRENCH VISITED IN WUHAN IS WELL-EQUIPPED, BUT THAT THERE ARE CONCERNS ABOUT SECURITY ISSUES, SUCH AS ACCESS CONTROL. SHE SAID FINAL AGREEMENT ON ARRANGEMENTS FOR PROVISION OF THE P-4 LAB ARE DUE BY JULY, BUT SUGGESTED THAT WHETHER IT IS ACHIEVABLE IS STILL UP IN THE AIR, DESPITE A SOI SIGNED DURING PRESIDENT HU'S VISIT TO FRANCE. A CHINESE TEAM WILL VISIT FRANCE IN ABOUT A MONTH TO CONTINUE NEGOTIATIONS, VAN HOUCKE ADDED.

3. ~~(C)~~ VAN HOUCKE SAID THE FRENCH REALIZE THAT MOST AND CAS HAVE LESS EXPERIENCE IN WORKING WITH PATHOGENS THAN DOES THE MINISTRY OF HEALTH. CAS IS SPECIFICALLY SEEKING THIS LAB TO COMPETE MORE EFFECTIVELY WITH MOH. FRANCE IS WORKING WITH CAS, BECAUSE CAS APPROACHED FRANCE. SHE ADDED THAT CAS AND MOST APPROACHED A NUMBER OF WESTERN COUNTRIES AND THAT THE GERMANS TOLD HER THAT THEY HAD BEEN APPROACHED AS WELL. THE

CHINESE TOLD THE FRENCH THAT THEY HAD ALSO APPROACHED THE UNITED STATES. (COMMENT: WE ARE NOT AWARE OF A CHINESE REQUEST FOR A P-4 LAB. END COMMENT.) IN CONTRAST TO VAN HOUCKE'S STORY, THE EUROPEAN COMMISSION SCIENCE AND TECHNOLOGY COUNSELOR, JURGEN SANDERS, TOLD ESTH COUNS ON APRIL 20 THAT IT WAS THE FRENCH THAT HAD APPROACHED THE CHINESE TO SELL THEM THE P-4 LABORATORY.

4. (S) VAN HOUCKE INDICATED THAT SHE WOULD WELCOME CONTINUED DISCUSSION WITH THE USG ON BIOSECURITY ISSUES IN CHINA.
RANDT

NNNN

Official

~~CONFIDENTIAL~~

Classified By: Thomas DiNanno - AAS, Office:AVC, Agency:U.S. Department of State

Declassify On: 10/21/2030

Reasons: Derived Per DSCG.

Sender: (b)(6)@state.sgov.gov>
(b)(6)@state.sgov.gov>;
Yu, Miles (b)(6)@state.sgov.gov>;
Recipient: Feith, David (b)(6)@state.sgov.gov>;
DiNanno, Thomas G (b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>

From: "Ganzer, Ann K" (b)(6)@state.sgov.gov>
To: Park, Christopher J (b)(6)@state.sgov.gov>
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
CC: Kang, Eliot (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>
Subject: RE: For urgent review: informal response to S follow-up COVID query
Date: Mon, 28 Jun 2021 16:33:20 -0400

A couple of nits. (b)(5) Thanks.

From: Park, Christopher J (b)(6)@state.sgov.gov>
Sent: Monday, June 28, 2021 12:56 PM
To: Ganzer, Ann K (b)(6)@state.sgov.gov>
Cc: (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; Kang, Eliot (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>
Subject: For urgent review: informal response to S follow-up COVID query
Importance: High

Ann – the attached Word document contains our (b)(5)
 (b)(5) Due back to EAP by COB today at latest.

Official - Sensitive

~~SECRET~~

Classified By: Christopher J. Park - Director, Office:ISN Biological Policy Staff, Agency:U.S. Department of State

Declassify On: 6/28/2046

Reasons: Derived Per DSCG.

From: (b)(6)@state.sgov.gov>
Sent: Monday, June 28, 2021 11:19 AM
To: Park, Christopher J (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>
Subject: clearance request by COB today: COVID informal response 2
Importance: High

Good morning all,

(b)(1); (b)(5)

(b)(1); (b)(5)

Many (many!) thanks to (b)(6) in (b)(5) for her initial inputs into this response. We'd like to move this today if possible – I'll flag for clearers on the low side as well.

Thanks

(b)(6)

Official - Sensitive

~~SECRET//NOFORN~~

Classified By: Kin Moy - Senior Bureau Official, Office:EAP, Agency:U.S. Department of State

Declassify On: 6/28/2046

Reasons: Derived Per DSCG.

Sender: "Ganzer, Ann K" (b)(6)@state.sgov.gov>
 Park, Christopher J (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;

Recipient: Kang, Elliot (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>

Withheld pursuant to exemption

(b)(1); (b)(5)

Withheld pursuant to exemption

(b)(5)

Withheld pursuant to exemption

(b)(1); (b)(5)

Withheld pursuant to exemption

(b)(5)

Withheld pursuant to exemption

(b)(5); (b)(6)

From: "Ford, Christopher A" (b)(6)@state.sgov.gov>
 Stilwell, David R (b)(6)@state.sgov.gov>;
 Biegun, Stephen E (b)(6)@state.sgov.gov>;
 Hale, David (b)(6)@state.sgov.gov>;
To: (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 Ortagus, Morgan D (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>
 Keshap, Atul (b)(6)@state.sgov.gov>;
CC: Feith, David (b)(6)@state.sgov.gov>;
 Buangan, Richard L (b)(6)@state.sgov.gov>;
 EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>
Subject: RE: ACTION: Flagging Draft S Statement
Date: Mon, 4 Jan 2021 18:49:12 -0500

Thanks, David. I clear with the attached edits.

Official - SBU
UNCLASSIFIED

From: Stilwell, David R (b)(6)@state.sgov.gov>
Sent: Monday, January 4, 2021 2:16 PM
To: Biegun, Stephen E (b)(6)@state.sgov.gov>; Hale, David (b)(6)@state.sgov.gov>; Ford, Christopher A (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; Ortagus, Morgan D (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>
Cc: Keshap, Atul (b)(6)@state.sgov.gov>; Feith, David (b)(6)@state.sgov.gov>; Buangan, Richard L (b)(6)@state.sgov.gov>; EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>
Subject: ACTION: Flagging Draft S Statement

Colleagues,

The attached statement relates to (b)(5) which S approved last week. S staff has asked for your review as soon as possible.

This S statement will be released after a DNI (b)(5)
 (b)(5)
 (b)(5); (b)(7)(E)

V/R
Dave

Official
UNCLASSIFIED

Sender: "Ford, Christopher A" (b)(6)@state.sgov.gov>
Stilwell, David R (b)(6)@state.sgov.gov>;
Biegun, Stephen E (b)(6)@state.sgov.gov>;
Hale, David (b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>;

Recipient: Ortagus, Morgan D (b)(6)@state.sgov.gov>;
(b)(6)@state.sgov.gov>;
Keshap, Atul (b)(6)@state.sgov.gov>;
Feith, David (b)(6)@state.sgov.gov>;
Buangan, Richard L (b)(6)@state.sgov.gov>;
EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>

Withheld pursuant to exemption

(b)(5)

From: "Stilwell, David R" (b)(6)@state.sgov.gov>
To: (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>
 Keshap, Atul (b)(6)@state.sgov.gov>;
CC: Feith, David (b)(6)@state.sgov.gov>;
 Buangan, Richard L (b)(6)@state.sgov.gov>;
 EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>
Subject: RE: ACTION: Flagging Draft S Statement
Date: Tue, 5 Jan 2021 13:44:11 -0500

Here you go.
 Thanks
 Stilly

Official - SBH
 UNCLASSIFIED

From: (b)(6)@state.sgov.gov>
Sent: Tuesday, January 5, 2021 11:01 AM
To: Ford, Christopher A (b)(6)@state.sgov.gov>; Stilwell, David R (b)(6)@state.sgov.gov>;
 Biegun, Stephen E (b)(6)@state.sgov.gov>; Hale, David (b)(6)@state.sgov.gov>; (b)(6)
 (b)(6)@state.sgov.gov>; Ortagus, Morgan D (b)(6)@state.sgov.gov>; (b)(6)
 (b)(6)@state.sgov.gov>
Cc: Keshap, Atul (b)(6)@state.sgov.gov>; Feith, David (b)(6)@state.sgov.gov>; Buangan, Richard L
 (b)(6)@state.sgov.gov>; EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>; (b)(6)
 (b)(6)@state.sgov.gov>
Subject: RE: ACTION: Flagging Draft S Statement

Please send me the final draft when it's ready for review. Cc: (b)(6) who reviews all S statements before I see them. Thank you.

Official - SBH
 UNCLASSIFIED

From: Ford, Christopher A (b)(6)@state.sgov.gov>
Sent: Monday, January 4, 2021 6:49 PM
To: Stilwell, David R (b)(6)@state.sgov.gov>; Biegun, Stephen E (b)(6)@state.sgov.gov>; Hale,
 David (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)
 (b)(6)@state.sgov.gov>; Ortagus, Morgan D (b)(6)@state.sgov.gov>; (b)(6)
 (b)(6)@state.sgov.gov>
Cc: Keshap, Atul (b)(6)@state.sgov.gov>; Feith, David (b)(6)@state.sgov.gov>; Buangan, Richard L
 (b)(6)@state.sgov.gov>; EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>
Subject: RE: ACTION: Flagging Draft S Statement

Thanks, David. I clear with the attached edits.

Official - SBU
UNCLASSIFIED

From: Stilwell, David R (b)(6)@state.sgov.gov>
Sent: Monday, January 4, 2021 2:16 PM
To: Biegun, Stephen E (b)(6)@state.sgov.gov>; Hale, David (b)(6)@state.sgov.gov>; Ford, Christopher A (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; Ortagus, Morgan D (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>
Cc: Keshap, Atul (b)(6)@state.sgov.gov>; Feith, David (b)(6)@state.sgov.gov>; Buangan, Richard L (b)(6)@state.sgov.gov>; EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>
Subject: ACTION: Flagging Draft S Statement

Colleagues,
 The attached statement relates to (b)(5) which S approved last week. S staff has asked for your review as soon as possible.

This S statement will be released after a (b)(5)
 (b)(5)
 (b)(5) counterparts.

V/R
 Dave

Official
UNCLASSIFIED

Sender: "Stilwell, David R" (b)(6)@state.sgov.gov>
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
Recipient: Keshap, Atul (b)(6)@state.sgov.gov>;
 Feith, David (b)(6)@state.sgov.gov>;
 Buangan, Richard L (b)(6)@state.sgov.gov>;
 EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>

Withheld pursuant to exemption

(b)(5)

From: "Ford, Christopher A" (b)(8) @state.sgov.gov>
To: Park, Christopher J (T) (b)(6) @state.sgov.gov>
CC: (b)(6) @state.sgov.gov>
Subject: RE: ACTION: Flagging Draft S Statement
Date: Mon, 4 Jan 2021 18:25:09 -0500

Attached is a swing at edits that may help. Please QC this before I send it back to Stilwell.

Official - SBU
UNCLASSIFIED

From: Park, Christopher J (T) (b)(6) @state.sgov.gov>
Sent: Monday, January 4, 2021 5:11 PM
To: Ford, Christopher A (b)(6) @state.sgov.gov>
Subject: FW: ACTION: Flagging Draft S Statement

Official
UNCLASSIFIED

From: (b)(6) (T)
Sent: Monday, January 04, 2021 2:29 PM
To: Ford, Christopher A; Park, Christopher J (T); (b)(6)
Subject: FW: ACTION: Flagging Draft S Statement

Here's the draft S statement. Chris P, can you send suggested edits?

Official
UNCLASSIFIED

From: Buangan, Richard L (b)(6) @state.sgov.gov>
Sent: Monday, January 4, 2021 2:25 PM
To: Palladino, Robert J (b)(6) @state.sgov.gov>; Waters, John R (Rick) (b)(6) @state.sgov.gov>; (b)(6) @state.sgov.gov>; (b)(6) @state.sgov.gov>; (b)(6) R (b)(6) @state.sgov.gov>; (b)(6) (b)(6) @state.sgov.gov>; GPA_Clearances <GPA_Clearances@state.sgov.gov>
Cc: EAP-Staff-Assistants-DL <EAP-Staff-Assistants-DL@state.sgov.gov>; Feith, David (b)(6) @state.sgov.gov>; (b)(6) @state.sgov.gov>
Subject: FW: ACTION: Flagging Draft S Statement

Colleagues,

Please flag this for your principals below. Appreciate in advance the quick turnaround.

Thanks,

Richard

Richard Buangan
Deputy Assistant Secretary
Bureau of East Asian and Pacific Affairs
U.S. Department of State
(b)(6)

Official
UNCLASSIFIED

From: Stilwell, David R (b)(6)@state.sgov.gov
Sent: Monday, January 4, 2021 2:16 PM
To: Biegun, Stephen E <(b)(6)@state.sgov.gov>; Hale, David (b)(6)@state.sgov.gov>; Ford, Christopher A (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>; Ortagus, Morgan D (b)(6)@state.sgov.gov>; (b)(6)@state.sgov.gov>
Cc: Keshap, Atul (b)(6)@state.sgov.gov>; Feith, David (b)(6)@state.sgov.gov>; Buangan, Richard L (b)(6)@state.sgov.gov>; EAP-Staffers Mailbox <EAPStaffers@state.sgov.gov>
Subject: ACTION: Flagging Draft S Statement

Colleagues,
The attached statement relates to (b)(5) which S approved last week. S staff has asked for your review as soon as possible.

This S statement will be released after a (b)(5)

(b)(5)
(b)(5); (b)(7)(E)

V/R
Dave

Official

UNCLASSIFIED

Sender: "Ford, Christopher A" (b)(6)@state.sgov.gov>
Recipient: Park, Christopher J (T) (b)(6)@state.sgov.gov>;
(h)(6)@state.sgov.gov>

Withheld pursuant to exemption

(b)(5)

From: (b)(6)@state.sgov.gov>
 Park, Christopher J (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
To: (h)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 Cook, Nerissa J (h)(6)@state.sgov.gov>;
CC: (b)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>

Subject: Preview of TORs for Phase 2

Date: Fri, 2 Jul 2021 16:10:54 -0400

PLEASE KEEP CLOSEHOLD - NOT FOR FORWARDING

(S/NF) Colleagues: (b)(1)

(b)(1)

Thank you!
 (b)(6)

(ATTACHMENT IS UNCLASSIFIED)

Official

~~SECRET~~

Classified By: (b)(6) - Director, Office:IO/EDA, Agency:U.S. Department of State

Declassify On: 7/2/2046

Reasons: Derived Per DSCG.

Sender: (b)(6)@state.sgov.gov>
 Park, Christopher J (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
Recipient: (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 Cook, Nerissa J (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>

Withheld pursuant to exemption

(b)(5)

From: "SMART Core" <svcSmarrHBtsEwsHPrec@state.sgov.gov>
 Yu, Miles <(b)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
CC: (h)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
 (h)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
 (b)(6)@state.sgov.gov>;
Subject: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain
Date: Tue, 7 Jan 2020 05:38:28 -0500

UNCLASSIFIED
SBU



Info Office: s_p_main, s_p_eap

MRN: 20 BEIJING 74
Date/DTG: Jan 07, 2020 / 071033Z JAN 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE ROUTINE
E.O.: 13526
TAGS: SHLH, KPAO, KMDR, CDC, HHS, NIH, CN, PGOV, SENV, PREL
Captions: SENSITIVE
Subject: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

1. (SBU) **Summary and Comment:** China’s response to an outbreak of pneumonia cases of unknown origin in Central China’s Wuhan city has been marked by increased transparency compared to past outbreaks, such as the 2003 SARS epidemic. While PRC health officials have released timely and open general information about the outbreak, a lack of epidemiologic data – including an “epi curve” (a summary of dates of onset of the illness), characteristics of infected individuals, and other basic epidemiologic information – hinders better risk assessment and response by public health officials. Authorities have also not released information on how they are defining a “case”. Given these gaps in detailed information to-date, and lack of a final confirmed pathogen, the risk to the United States and global health is difficult to assess at this

time. However, U.S. CDC and Mission China maintain close contact with PRC health authorities and with the World Health Organization (WHO). Mission China will continue to report on the Wuhan pneumonia outbreak as it develops and additional information becomes available. **End Summary and Comment.**

59 Cases of Pneumonia of Unknown Cause Reported in Wuhan

2. (SBU) As of January 7, the Wuhan Health Commission has reported 59 local cases of pneumonia with unknown cause. (Note: Wuhan, a city of approximately 11 million people, is the capital of Central China's Hubei Province. End note.) According to the Health Commission, some patients are vendors who work in the Huanan Seafood Market, which also sells live exotic animals, including beaver, snakes, porcupines, and deer. The market, which has been sanitized and closed since January 1, 2020, is approximately one square mile in size and located near the Hankou train station, which serves as a transportation hub at the center of China's domestic train routes.

3. (SBU) Patients began showing symptoms between December 12 and 29. Seven patients remain hospitalized in serious condition; the remainder have stable vital signs and there have been no deaths. 163 contacts are under medical observation with no symptoms. Health officials state there has been no confirmed human-to-human transmission of the disease, and no cases among health workers. Laboratory investigations have ruled out influenza, avian influenza, SARS, MERS, and other common respiratory pathogens, and are awaiting final pathogen results. Continued investigation using nucleic acid testing, virus isolation, and culture is under way. Symptoms include fever, difficulty breathing and chest x-rays showing bilateral lung infiltrates. During an interview with a reporter for the Yanjiang Daily on January 6, the Director of the Wuhan Center for Disease Control and Prevention said they are conducting active and retrospective case finding in medical institutions throughout Wuhan. It is believed that that active case finding and retrospective investigation since the outbreak was reported on December 31 is the primary reason for the increase in the reported cases over the last week from 27 to 59.

4. (SBU) Suspected cases identified in Hong Kong and Singapore involved patients who had been in Wuhan and exhibited symptoms but did not have exposure to the Huanan Seafood Market. Of the suspected cases from Hong Kong with lab results, most tested positive for influenza or other common viruses, with other results pending.

5. (SBU) The U.S. CDC issued a Level 1 Travel Health Notice ([link](#)) on January 6, and is in the process of setting up an incident management structure. A level 1 Notice shares health information with travelers to ensure they are informed and able to travel in the safest way possible. WHO issued a statement on January 5 that it does not recommend any specific measures for travelers, or any travel or trade restrictions.

PRC's Response in Line with WHO International Health Regulations; Additional Epidemiological Information Would be Useful

6. (SBU) PRC officials on December 31, 2019 alerted WHO to the pneumonia outbreak. WHO

contacts told Embassy officials that PRC health departments continue to provide information about the outbreak in accordance with WHO's International Health Regulations (IHR). While China has been forthcoming with standard information, WHO contacts note they have not received more detailed and potentially useful information, such as "epi curves" or other epidemiological data. The flow of official PRC information on this outbreak is limited to that coming from the Wuhan Health Commission and National Health Commission. China CDC is referring queries to the three official notices issued to-date by the Wuhan Health Commission.

7. (SBU) The PRC's release of information during the early stages of the outbreak has been regular and stands in contrast to past outbreaks, such as the 2003 SARS epidemic, where officials publicly denied the epidemic despite mounting infections and deaths. In the seven days since the notification to WHO of the current outbreak, the Wuhan Health Commission has issued three official notices, and the interview with the Wuhan CDC Director is publicly available. Additionally, (b)(6)

(b)(6) informed a U.S. CDC officer that an investigator has been assigned to write a report on the outbreak. Such a report could provide additional epidemiologic data that will be useful for global public health officials to understand the cluster of cases.

8. (SBU) (b)(5)

(b)(5)
(b)(5) WHO's China office told us they have daily calls with WHO Geneva and the WHO Western Pacific Regional office to share information on the outbreak. WHO is also preparing to provide technical support to the PRC if requested.

9. (SBU) CG Wuhan and Embassy health contacts have indicated they have been instructed not to discuss the outbreak, beyond normal government information control, and have expressed frustration regarding the lack of internal communication among the medical community. According to a local virologist, authorities will not be permitted to talk about the outbreak and have to rely on international media.

Wuhan On-the-Ground

10. (SBU) CG Wuhan Officers visited Huanan Seafood Market and local hospitals, observing that among the approximately 100 police guards surrounding the large market, most in the area were not wearing masks. ConGen officers also visited the city's main infectious disease treatment facility, Jinyintan Hospital, where staff were observed wearing surgical masks, gloves, gowns, and caps. Guards outside the building were wearing surgical masks. A special reception desk was set up for patients exhibiting pneumonia symptoms. Otherwise, the hospital appeared to be operating normally.

11. (SBU) Contacts tell ConGen Officers that patients in Wuhan are usually diagnosed in clinics, and if they show matching symptoms, are then sent to Jinyintan Hospital. Medical staff have a general questionnaire that includes whether patients have been to the Huanan market or have had contact with sick people from the market. If a patient has fever, a full blood work is done.

12. (SBU) ConGen Officers observed no additional medical screening at metro, train stations, or airports. Aside from the closed market, all observations and reports are that the city is operating normally.

Media and Social Media Reaction in China

13. (SBU) The viral pneumonia cases in Wuhan are widely covered by Chinese media. Reports are factual in nature and cover the three statements released by the Wuhan Municipal Health Commission between December 31 and January 5. A report from Xinhua on January 1 cautioned that false information about the illness was circulating online and warned that spreading rumors and disrupting social order would not be tolerated. The article also stated that eight people were being investigated by public security for spreading rumors.

14. (SBU) On Chinese social media, viral pneumonia in Wuhan has been a hot topic for the past week, with the hashtag #武汉发现不明原因肺炎# (Wuhan reported mysterious pneumonia) receiving 870 million views with 77,000 discussions to date. However, it's also a heavily censored topic and has not been listed in any trending topics lists on Sina Weibo. Before SARS was ruled out as a cause of the mystery pneumonia by the Chinese government, many netizens commented that it reminded them of the SARS epidemic of 2003. Most netizen comments express concern and hope that the Chinese government can disclose information whenever possible. Some comments express confidence in the Chinese government's ability to handle the problem.

Embassy Awareness Raising and Preparedness

15. (SBU) In coordination with U.S. CDC, Mission China issued a MASCOT message to the general public on January 7. This message mirrored CDC Watch Level 1 guidance on prevention and actions to take if someone has symptoms and/or has been in direct contact with an infected person. Post has sent a management notice to Mission China mirroring the ACS Mascot message. The MASCOT message also appears on the Mission website. There have been no reports of affected U.S. citizens.

16. (SBU) (b)(5)

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SENSITIVE BUT UNCLASSIFIED

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Action Post: NONE
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Response to the Secretary's Question

June XX, 2021

(b)(1); (b)(5)

(b)(5)

(b)(5)

(b)(1); (b)(5)

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Regards,

Kin Moy, EAP Senior Bureau Official
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(U) (b)(6) ask me to forward this to you (per her ClassNet problems)

~~(S)~~ Hi Chris, BPS – Please see a draft summary of the meeting with AVC on Wednesday (12/2) below. Please edit/add on from your impressions. We can trim this down to be DAR style, but I found once I started writing – a lot came out. (b)(6)

(b)(1); (b)(5); (b)(6)

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(b)(1); (b)(5); (b)(6)

(b)(1); (b)(5); (b)(6)

•(b)(5)

•(b)(5)

Official

~~**SECRET//NOFORN**~~

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Reasons: Derived Per DSCG.

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