United States Department of State

Washington, D.C. 20520

July 31, 2025

Case No. FL-2022-00076

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

Dear Dr. Suryanarayanan:

As we noted in our letter dated July 1, 2025, we are processing your request for material under the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. The Department of State ("Department") has identified an additional two responsive records subject to the FOIA. Upon review, we have determined that both 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,

Diamonece Hickson
Supervisory Government Information Specialist
Litigation and Appeals Office

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:	"Costacamps, Lourdes M" <CostacampsLM@state.sgov.gov>
To:	ISN-BPS-DL <ISN-BPS-DL@state.sgov.gov>
Subject:	FW: (b)(6) Say PRC Central Government -- Not Local Officials -- Responsible for the Coronavirus Cover-Up
Date:	Fri, 24 Jul 2020 11:04:14 -0400

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Info Office: BIO_STAFF

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Date/DTG: Jul 20, 2020 / 200917Z JUL 20
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E.O.: 13526
TAGS: PREL, PGOV, CN, TW, KNCV
Captions: SENSITIVE
Reference: A) 20 TAIPEI 183
B) 20 BEIJING 485
C) 18 TAIPEI 145
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E) 20 TAIPEI 299
F) 20 BEIJING 894
G) 20 BEIJING 359
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I) 20 TAIPEI 317
Pass Line: AMEMBASSY WELLINGTON PASS TO AMCONSUL AUCKLAND

Subject: (b)(6) Say PRC Central Government -- Not Local Officials -- Responsible for the Coronavirus Cover-Up

(b)(1)(1.4)(d); (b)(6)

(b)(1)(1.4)(d); (b)(6)

Who Ordered the Cover Up? The Signs Point to Beijing, not Local Officials

(b)(1)(1.4)(d); (b)(6)

Beijing Knew Earlier than They Admit

(b)(1)(1.4)(d); (b)(6)

Leaked Directive Confirms Beijing Restricted Disclosure of Virus Information and Samples

(b)(1)(1.4)(d); (b)(6)

(b)(1)(1.4)(d); (b)(6)

Xi Lied to Obfuscate His Role in the Cover-Up

(b)(1)(1.4)(d); (b)(6)

(b)(1)(1.4)(d); (b)(6)

Would Beijing Have Been More Transparent Without Xi in Charge?

(b)(1)(1.4)(d); (b)(6)

Initial Outbreak Could Have Been Contained in China if Beijing Had Not Covered it Up

(b)(1)(1.4)(d); (b)(6)

(b)(1)(1.4)(d); (b)(6)

The Cover-Up and the CCP's Campaign of Propaganda and Disinformation

(b)(1)(1.4)(d); (b)(6)

(b)(1)(1.4)(d); (b)(6)

(b)(1)(1.4)(d); (b)(6)

Signature: (b)(6)

Classified By: Name: (b)(6) Title: Director
Office: EXEC
Agency: AIT

Reason: 1.4 (b), (d)
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Info: SECDEF WASHINGTON DC *ROUTINE*; OSD WASHINGTON DC *ROUTINE*; JOINT STAFF WASHINGTON DC *ROUTINE*; CIA WASHINGTON DC *ROUTINE*; DIA WASHINGTON DC *ROUTINE*; NATIONAL SECURITY COUNCIL WASHINGTON DC *ROUTINE*; CDR USPACOM HONOLULU HI *ROUTINE*; COMPACFLT PEARL HARBOR HI *ROUTINE*; COMSOCPAC HONOLULU HI *ROUTINE*; USARPAC INTEL FT SHAFTER HI *ROUTINE*; PACAF HICKAM AFB HI *ROUTINE*; COMMARFORPAC *ROUTINE*; CHINA POSTS COLLECTIVE *ROUTINE*; ZEN/AUCKLAND, AMCONSUL
Attachments: PRC National Health Commission Directive.pdf, Caixin Neican Report.pdf

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Action Post: NONE
Dissemination Rule: DIS_BIO_STAFF

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Reasons: Derived Per DSCG.

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American Institute in Taiwan
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国家卫生健康委员会办公厅

国卫办科教函〔2020〕3号

国家卫生健康委办公厅关于在重大突发传染病防控工作中加强生物样本资源及相关科研活动管理工作的通知

各省、自治区、直辖市及新疆生产建设兵团卫生健康委，各人间传染的病原微生物高等级生物安全实验室：

为加强传染病疫情防控，根据《中华人民共和国传染病防治法》《病原微生物实验室生物安全管理条例》等法律法规，现就在重大突发传染病防控工作期间，进一步做好有关病例生物样本资源的采集、运输、使用及科研活动管理工作要求如下：

一、本通知中的生物样本资源，是指病人和疑似病人及其密切接触者的血液、血清、咽拭子、痰液、气管吸取液或支气管灌洗液、尿液、粪便，以及死亡患者尸体组织、器官等样品；各相关机构包括各级疾病预防控制机构、医疗机构、相关科研机构、第三方检验检测机构，以及其他可能利用生物样本开展工作的机构。

二、各相关机构应当在满足生物安全要求前提下，按照有关诊疗和疾病监测工作规范采集病例生物样本，准确记录样本来源、种类、数量，编号登记，并指定专门人员和机构保存管理。对涉及秘

密和个人隐私的，要加强保密意识并依据有关规定采取保密措施。

三、针对近期武汉肺炎病例样本，依据目前掌握的病原学特点、传播特性、致病性、临床资料等信息，在进一步明确病原信息之前，暂按照高致病性病原微生物（第二类）进行管理，相关样本的运输应当按照《可感染人类的高致病性病原微生物菌（毒）种或样本运输管理规定》（卫生部令第45号）要求进行；病原相关实验活动应当在具备相应防护级别的生物安全实验室开展。

四、各相关机构应当按照省级以上卫生健康行政部门的要求，向指定的病原检测机构提供生物样本开展病原学检测并做好交接手续；未经批准，不得擅自向其他机构和个人提供生物样本及其相关信息。

五、受省级以上卫生健康行政部门委托开展病原学检测的机构，应当妥善使用和保管生物样本，并按照规定处理使用后剩余样本；未经批准不得向任何其他机构和个人提供生物样本、病原体、培养物及其相关信息。

六、在本通知发布前，已经从有关医疗卫生机构取得相关病例生物样本的机构和个人，应当立即将样本就地销毁或送交国家指定的保藏机构保管，并妥善保存有关实验活动记录及实验结果信息。

七、疫情防控工作期间，各类机构承担病原学检测任务所产生的信息属于特殊公共资源，任何机构和个人不得擅自对外发布有关病原检测或实验活动结果等信息；相关论文、成果发表须经委托

部门审核同意。

八、各相关机构的工作人员要弘扬追求真理、严谨治学的求实精神，加强学风作风建设，在涉及重大传染病、不明原因疾病等研究中，要树立公共卫生意识，严守法律红线和科研底线。机构应当对涉及传染病、生物安全领域的研究及论文、成果进行审核；未经科学验证和审核的观点，不得向社会公开传播。

九、各级卫生健康行政部门要切实加强组织领导，按照属地化、分级分类的原则开展实验室生物安全监管工作，明确工作职责，强化能力建设和日常监管，及时消除安全隐患，努力防范和化解重大生物安全风险，确保实验室生物安全万无一失。

十、我委将加强执法检查，对违法违规使用生物样本、不按要求报告检测结果、擅自发布疫情相关信息的机构和个人，依法严肃处理。

国家卫生健康委办公厅

2020年1月3日

（信息公开形式：不予公开）

抄送：教育部、科技部、海关总署、中国科学院办公厅。

国家卫生健康委办公厅 2020年1月3日印发

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财新内参

2020 年 2 月 3 日
财新编辑部编辑
机密资料，仅供领导参阅

武汉已有600医务人员感染

一线医生反思：我很内疚，没有勇敢说出来

财新记者高昱、萧辉调查

财新记者在武汉疫情一线采访，发现医务人员出现感染的情况比较普遍，但尚未引起专门关注。一位了解内情的高级医务管理人员和医学专家明确地告诉财新记者，现在初步估计医务人员感染600人以上，重点有武汉协和、新华、中南、红会、后湖等医院。

目前，在新华医院临床感染的医生梁武东，1月25日已经在金银潭医院去世。

医务人员普遍防疫意识较强，一旦受感染，不仅影响医疗力量，影响士气，而且会在医院形成交叉感染。这是2003年SARS疫情的重要教训之一，当时中国医务人员的感染率高达20%。财新建议对医务人员感染，特别是武汉及湖北地区的医务人员感染引起特别关注，数据公开，这对于防止疫情扩散有特殊意义。

医院疫情严重

武汉的医生是第一批接触病人的患者。

我们在采访中获悉，至迟到1月6日，距华南海鲜市场较近的新华医院的一位呼吸内科

财新内参

医生已出现发热等病症，根据肺部CT磨玻璃状阴影，确认为“疑似病人”。至11日，新华医院出现第二例医务人员感染，一名接触过疑患的神经内科女医生单侧出现磨玻璃状阴影，“像被子弹打过的一块一块的阴影”。1月16日，女医生再做肺部CT，双肺感染，病情加重。

在1月中旬，新华医院内部做了一个新冠肺炎疫情防控方案（试行），但执行不力。除一线医生外，体检科、皮肤科、康复科、检验科等科室都有医护人员感染，甚至连保安也被感染，显示明显交叉感染迹象。有男医生查出来肺部磨玻璃状三天后，其妻也发现感染。他们家中有一个7岁的孩子。

1月16日，医院耳鼻喉科原主任梁武东出现发烧畏寒，CT显示全肺感染。1月18日，60岁的梁武东转入新冠肺炎的定点医院金银潭医院，于1月25日去世，成为此次武汉新冠肺炎疫情首位去世的医护人员。

新华医院共900多医务人员，最新感染数字难详。医生们说，一位体检科医生跟一名疑似患者客户交流了半小时，不久就查出肺部感染；一名牙医感染后，传给了放射科两位找他看牙的放射科医生；不仅是呼吸内科，其他二线科室甚至保安也感染了。

1月29日，该医内部通报，截至1月29日，该医院900多名医务人员中已经出现30多名新冠疑似病患，其中2人危重。

仅在武汉协和医院，五六千员工中，确诊和疑似的感染人数已经过百。至2月下旬，每天都20多名医务人员出现类新冠临床症状，CT人检查为典型的肺炎毛玻璃样。仅放射科已有3人被隔离。

武汉医院出现人传人，医护感染较普遍，也通过微信等互相知道。但总数据不详。例如在新华医院，规定CT检查怀疑对于肺部不明原因肺炎的，片子不可给本人，由科室统一交给医院内部的感染管理

科。财新记者采访的武汉多位医生都透露，他们的医院也有类似规定——“检测结果不公开，阳性结果以电话通知”。

1月20日央视采访钟南山，首次透露曾有14名医务人员被感染；CDC 1月29日英文论文所提为15人，1名危重。这些数据远非医院感染真实的人数。

被威慑的知情医生

财新采访的当地许多医生被迫选择沉默，主要是因为“平安武汉”的威胁。

武汉于2019年12月30日首检新冠病毒，当时内部确定为SARS-related。由于患者及疫情由临床医生报告，确诊后医生们必然有所获知。当天，武汉市卫健委印发的《关于做好不明原因肺炎救治工作的紧急通知》，要求严格信息上报，并强调“未经授权任何单位，个人不得擅自对外发布救治信息”。

武汉中心医院眼科医生李文亮、医治同济肿瘤科医生谢琳卡等，通过不同渠道获知此事，在微信群向同仁发出警示。2020年元旦，武汉警方微博“平安武汉”发布消息，“八名散布谣言者被依法查处”。

这份警方公告和对“吹哨人”的“依法处理”，犹如一道紧箍咒套牢了医生们。随着接诊越来越多的不明原因肺炎病人，越来越多的医生确认出现了不同寻常的传染病毒，而且人传人的迹象也越来越明显，但多数医生不再敢公开发声。

“吹哨人”李文亮已经于后在临床被感染，至2月1日仍然躺在武汉市中心医院呼吸与重症医学监护室的隔离病房里。他告诉财新记者，他的父母和一批同事均被感染。

财新采访的许多医生都悔不当初。新华医院放射科医生杨敏1月以来一直在一线，内心天人交战。这位有29年放射科经验的医生说：“现在很后悔。如果事情再来一次，哪怕失去公职，我也要勇敢把实情说出来。”

他说，过去见过很多肺炎

病例，但很少看到这样磨玻璃状的影像。“我从没见过传染这么快的病毒，每过3–4天就翻1倍，这个增长速度太快了，太骇人了。1月18日我看到磨玻璃状的CT影像有86个，之后每天都超过100例，1月21日是136例，1月22日是137例。医院的CT机器每天超负荷运转，到1月20日就达到饱和状态，机器都累傻了，经常死机，只能拍这么多，磨玻璃状的数字终于不再往上蹦了，因为达到极限了。”

“1月16日，我和一位同事私底下交流疫情，我的判断是一场流行传染病难以避免，同事说了一句经典的话，‘武汉将因此载入史册。’”杨敏流泪道，一语成谶。©

财新在武汉采访了新华医院一位有29年经验的放射科医生。以下为财新对话记录：

被威慑的一线知情医生

问：你是什么时候对新冠病毒有印象?

答：我最早听说这个病是在2019年12月30日，那天早上我在医院走廊上碰到一个同事，他跟我说：“运气不好，接到两个SARS病患”。我当时还认为他大惊小怪。

当天晚上，我又遇到一个神经内科的女医生，她在跟家人打电话，听得出来她非常焦虑,她说感冒了,身体不舒服。她老公在武汉市中心医院后湖医院，当天后湖医院也接诊了7名与华南海鲜市场有接触的类似病患。两位一线医生的焦虑，我有点警觉了。

财新内参

2019年12月31日，武汉市卫健委通报确认了27例不明原因的病毒性肺炎，但调查未发现明显人传人，未发现有医务人员感染。看到卫健委的通报，我稍稍放心了。

问：你什么时候发现事情不对劲？

答：是1月6日，当时我们医院呼吸科一位男医生做 CT 检查，CT 影像显示肺部有一小块阴影，初步显示磨玻璃状，但是他没有华南海鲜市场接触史。

1月11日，之前我说的那个神经内科女医生做 CT 检查，影像显示她的肺部感染较为严重，像被枪击穿的一小块一小块的阴影，我做了29年放射科医生，见过很多肺炎病例，但很少看到这样磨玻璃状的影像。这个女医生也没有华南海鲜市场接触史。当时卫健委的说法是没有发现人传人，但身边同事的病例，让我们已经不相信了。

问：那你什么时候感觉事态严重了呢？

答：2019年12月31日的时候，武汉市卫健委要求各医院发现不明原因的病毒性肺炎要上报，我们医院也上报了。2020年1月5日，武汉市卫健委又通报说，确认符合不明原因的病毒性肺炎诊断患者是59例。不知何故，从1月6日到1月10日，卫健委停止通报了，1月11日，武汉市卫健委更新疫情通报，病例数从59人减少为41人。但通报中仍表示，未发现医务人员感染，未发现明确的人传人证据。这和我从临床一线掌握的情况相差很大。

我是医院放射科医生，可以看到医院所有 CT 检查结果。我留心这个病毒感染的曲线变化，1月5日刚开始时，每天2–3个磨玻璃状影像，第二天4–5个，第三天7–8个，前三天增加不是很明显，个位数增加，之后突然就呈现倍数增长，到1月10日就有30个磨玻璃状，然后每过3–4天就翻1倍。我从没见过传染这么快的病毒，每过3–4天就翻1倍，这个增长速度太快了，太骇人了。

1月18日我看到磨玻璃状的 CT 影像有86个，之后每天都超过100例，1月21日是136例，1月22日是137例。医院的 CT 机器每天超负荷运转，到1月20日

就达到饱和状态，机器都累傻了，经常死机，只能拍这么多，磨玻璃状的数字终于不再往上蹦了，因为达到极限了。

我有点吓住了，和其他医院放射科医生私下交流，他们医院大多也是这种情况。根据医院的规模和肺部磨玻璃状病例的比率，1月21日我就预估全市感染人数可能有1万人左右，那时候官方通报的数字才几百人。医院CT饱和后，我观测不到实际的感染率变化曲线，不好估计现在的疫情，但情况不容乐观。

1月16日，我和一位同事私底下交流疫情，我的判断是一场流行传染病难以避免，同事说了一句经典的话，“武汉将因此载入史册。”一语成谶。

问：作为一线医生，你们知道事态严重后，为何不向上级汇报或者提醒公众？

答：1月6日，我们医院有医生感染后，当天院方召集各科室负责人开会，科室主任回来传达指示，不得把相关情况泄露给外界，尤其是不能告诉给媒体。从1月6日开始，科室负责人通过微信群反复向我们强调：“不造谣不传谣，以免造成社会恐慌，对医院造成不利后果，严重者将承担法律责任。”上级态度如此，我们也不好多说，只能关起门来私下讨论。

真正震慑住我们的是武汉警方宣布依法查处八名散布谣言者，这件事对医疗界的封口起到很大作用。虽然我们有一线的数据，但大多不敢公开发声，怕被警方传唤。那八名敢于说真话的人据说基本都是医生，他们值得敬佩。我有时候在想，如果知道后来会酿成这么大的灾难，我宁愿牺牲公职，也要把事情说出来。当时害怕“被造谣”，懦弱了，选择了沉默。我只敢私底下在微博上发出隐晦的消息，“武汉的爹爹婆婆们，请戴好口罩。”我的微博关注者仅有数百人，人轻言微，没有人听到。

“我们医院死了十几个疑似病患”

问：医院对重症病患的救治效果怎样？

答：确诊病患之前集中在武汉市金银潭医院，我们医院集中力量救治重

症疑似患者，除了用基本的药，也会用一些体外生命支持。要降低死亡率，才能稳定住社会情绪。我们医院死了十几个疑似病患，第一例死亡病例是呼吸内科的一名重症患者，他们都没有登记在官方公布的死亡名单中，因为都没有做病毒检测，只能是疑似病例。如果对重症病人治疗得当，死亡率控制在百分之一以内，情况就会不错。对于那些有基础病的老年患者，危险系数确实比较高。

问：为何有大量疑似病患住不了院的情况？

答：这个病毒传染太厉害了，等普通民众有警觉意识的时候，很多人已经传染了。刚才提到根据我们一线医生的预估，在1月21日疑似感染的病例可能就有上万人了，这段时间一直是感染的高发期，疑似病患的数字不断在往上翻滚，床位是有限的，只能优先那些已经确诊的病患和疑似重症患者，轻症患者在家隔离，这也是没有办法的事情。

我们医院门诊挤满了大量住不进院的疑似病患，有病人下跪哀求医生收治他，有的重症患者连爬上台子拍 CT 的力气都没有，颤颤巍巍的，这些爹爹婆婆真是可怜，他们或许原本可以避免遭受这些痛苦。这个时候，我们就感觉到了，他们是我们的乡亲，我们医护人员24小时轮流值班，要从死神手上抢救病人。

问：大量疑似患者为何难以确诊？

答：在1月16日之前，疑似病患确诊要通过三级审核，武汉疾控、湖北疾控还有中国疾控中心，过程繁杂而漫长，确诊的病例很少。之后这个审核权下放到省里，省、市二级审核，一开始有六家医院有上报疑似病患的资格，我们医院是其中一家。上报审核的流程分两步，第一步是各医院上报疑似病例样本，第二步省疾控中心从病例标本中抽查几份，取走做病毒检测。

刚开始，省疾控的监测能力一天就200–300份病毒样本，大家心知肚明各医院是有相应的上报指标。省疾控中心要求保证阳性率，虽然没有明文说，

但实际上各医院都能领会到只报重症疑似病患，控制上报数量。在前期通过控制检测病毒样本的数量，来控制确诊病例的增加，实际上也是一种控制的手段。有大量疑似病患超过十天都没有机会做病毒检测确诊。

现在增加了更多检测机构，加快检测样本数量和速度，确诊患者数量单日激增，这是很正常的现象，前期积累了大量疑似病患。希望尽快对所有的疑似病患做病毒检测，可以对疫情的发展进行摸底。

问：在现有医疗资源条件下，如何安排疑似病患，你有何建议？

答：现在医疗资源集中救治确诊者和重症疑似病患，政府也在加大力度提供更多的床位收治疑似病患。但床位还是远远不够，防疫的关键之点是阻断传染源，尤其是对大量疑似病患的隔离和护理。

现在疑似患者主要在家隔离，在家隔离缺少自觉性，也缺少医护人员的关照，我建议尽量把重症疑似病患收治住院；对于轻症病患，由政府征用宾馆安置，派少量的医护人员照顾，比如两三名护士照顾100名疑似轻症病患，需要的医疗资源相对较少。新冠肺炎发展很快，几天就能从轻症发展成重症，在早期治疗得当，可以减缓医疗压力。

有30多名本院医护人员感染

问：你们医院医护人员的感染状况如何？

答：卫健委没有公布医护人员的感染数字，我们医院在1月29日开会时通报有30多名本院医护人员感染，有两个重症患者。这个感染比例是比较高的，说明我们的院感是做得不成功的。

在1月中旬，医院内部做了一个新冠肺炎疫情防控方案（试行），但大家并没有太在意。尤其是不在一线的医护人员，对新冠病毒缺少认识，放松了警惕，导致不少医护人员感染。从我们医院的感染情况来看，在二线的医护人员和一线的医护人员感染几率差不多，体检科、皮肤科、康复科、检验科等科室都有医护人员感染，甚至连保安也感染了。体检科的一名医生和一位

体检的客户有半个小时接触，后来那位体检客户肺部发生磨玻璃状病变，体检科医生立即去做 CT，显示正常，他很高兴，和朋友搓了一回麻将，一周后他的 CT 报告显示磨玻璃状。一位牙医感染了，没什么明显症状，放射科的两位医生去找牙医看牙，也感染了。

我在1月15日之后对这病毒就比较谨慎，没有防护服，我会穿着手术服工作，还要求我的同事也穿着手术服。但哪能料到他们两个被医院牙医感染了。这个病毒太狡猾了，预防很困难，但提高防护意识也是很有必要的。

问：医护人员感染风险大，你作为一线医生害怕吗？

答：医护人员感染，是很影响士气的，而且有可能再传让给病人。所以要加强防护，尽量减少医护人员感染。我们一线医生的想法就是有病治病，如果我们不幸感染了，那就去治病，治好了再回到岗位。对我们医生来说，看病救人是职业本分，不是我故意要把医生的职业说得崇高，就是本分，我们选择做医生这一行，就注定要承受这份风险。如果这个时候医生先恐慌了逃跑了，那情况肯定会更糟糕。

我是土生土长的武汉人，我对武汉的爹爹婆婆也是有感情的，虽然他们平时有这样那样的缺陷，但是在这场灾难面前，他们就是我们的乡亲，他们原本或许避免这些痛苦。我看到那些没有力气爬上 CT 台的重症病患，没有办法住院的病人，我的眼泪都要流出来了。我希望尽力去抢救他们。

问：医院如何对待感染的医护人员？有康复支持吗？

答：在1月11日前后，单位陆续有医护人员感染，很多同事害怕了，都到放射科做 CT 检查。1月11日，医院出了一条规定，对于拍出不明原因肺炎的，CT 片子及结果一律都不给本人。由科室统一交给院感科，由院感科口头通知本人。我当时不理解为何要出这项规定。

新冠肺炎大面积暴发后，医院里挤满了人，局面有点混乱，医院领导要应对的事情太多，对疑似感染的医护人员在心理上和情感上关爱不够。我们

院里有疑似感染的医护人员在同事微信群里就悄悄消失了，他们不再说话。有个男同事查出来肺部磨玻璃状三天后，他的老婆也查出来，家里还有个7岁的小孩，不知道谁照顾。

问：你们单位医疗物资短缺吗？是如何筹集的？

答：医用口罩、防护服是消耗品，消耗得非常快，各大医院都短缺。到目前为止，我就从单位领到5个医学口罩，一般情况下我都是戴自己买的普通口罩，把两个普通口罩叠在一起戴。发热门诊直到1月27日都没有防护服，此前我都是用手术服改装成防护服使用。1月28日有私人定向捐赠，我开车去拉了1000套防护服、900个护目镜回来，首先分给了隔离病房和发热门诊的医护人员，还分给了打扫卫生的保洁员，她们也是高危人群。

接受捐赠物资有两种，一种是通过红十字会定额配发，程序是医院根据实际情况向武汉市卫健委上报实际需求，卫健委定额，把定额名单给红十字会，医院与红十字会对接捐赠物资。这个途径太慢了，手续繁杂，需要的防护服总是领不到。

还有一种是定向捐赠，专门指定捐给医院或者个人。定向捐赠给医院，需要医院物资科同意签收盖章，我们单位签收了一部分社会定向捐赠，领导也拒绝了一些定向捐赠，尤其是海外捐赠，担心通关报关太麻烦，等得太久。

有关系的医生可以到社会上去寻求帮助。这存在两个问题，一是社会捐赠的物资达不到医学使用标准，有的防护服实际只能起到防尘服的效果，造成了浪费；二是不利于有效监督。我知道一个医生在社会上募捐了2000个护目镜，但是同事没有从他那分到护目镜。这2000个护目镜去哪里了，是个问题。

武汉周边地区的医疗资源也很紧张，现在全国的救援物资向武汉倾斜，我认为武汉周边县市的灾情也很严重，也急需救援医疗物资。

我个人认为医疗救援物资由政府统一调配会更好，但是目前的调配机制和效率出了问题。

财新内参

当务之急是要对所有疑似病患摸底

问：从你在一线的观察来看，新冠肺炎病情现在处在什么阶段？什么时候拐点出现？

答：我从1月23日一直在单位值班，医院给我们在附近的宾馆开了房间，我没回过家。1月22日、23日本来上头决定我们医院关闭发热门诊，发热病患都去定点医院看，但1月24日又改了政策，我们医院发热门诊重新开门。病人还是不少，但总体来说比1月23日的高峰期少了一些，是疑似病患增长数降下来了，还是其他别的原因，比如社区医院分流，或者交通封城导致疑似病患看病难选择在家里呆着？原因还不清楚。

拐点什么时候出现，现在还不好说。我觉得当务之急是要对所有疑似病患做个摸底，合理安置疑似病患，切断传染源。只有疑似病患增长速度真正控制住了，增长曲线放缓了，到那时我们才能说疫情得到控制。现在我们还有一场艰难的战役要打。

从全国范围来说，1月23日武汉封城，有效阻止了更多疑似患者涌入全国，但封城之前已经有500万武汉人走出去了，全国其他城市一定要高度警惕。我看着武汉的传染速度指数级暴发，希望武汉在防疫阶段犯过的错误，其他城市不要再犯。必须集中十二分注意力来对付新冠病毒，这个病毒非常狡猾，传染力度太快了，切不可掉以轻心。以河南为例，与湖北相邻的河南，即使采取了断路等极端措施严防死守，但从公布的疫情来看，河南的新冠肺炎病人数量也是排在前面的。

世界卫生组织最近将新冠肺炎疫情列为国际关注的突发公共卫生事件，在全球拉响警报，有些国家从中国撤侨、停运航班。如果不能阻断病毒源，传染到全世界，在那些公共卫生条件差的国家内传播失控，将会酿成全球灾难。新冠病毒是人类面临的一次严峻挑战，大家要携手合作，共同抵抗人类的敌人。

财新内参

问：你认为此次疫情，有哪些值得反思的?

答：教训当然是惨重的，在2019年12月30日发现并上报不明肺炎情况时，那时如果像现在这样采取严格措施严防死守，疫情或许可以避免。对于烈性传染病，防控比救治付出代价小得多。

通过这场疫情可以看出，中国缺少科学精神，我们的科学家缺少那种捍卫科学、为真理献身的精神；我们的一些官员对科学缺少尊敬和敬畏，大家互相欺骗推诿，造成的恶果就是百姓受了很多苦。警钟当长鸣，按科学规律办事，不能按个人意志办事，病毒又不会以个人意志为转移。

现在的当务之急是治病救人，先把病人救回来，问责是之后的事情，现在应当凝聚力量抵抗疫情。

（注：医生为新华医院放射科杨敏医生。为保护消息来源，在公开报道中曾用名李云华。）

From:	(b)(6) @state.sgov.gov>
To:	Park, Christopher J (b)(6) @state.sgov.gov>
Subject:	20-BEIJING-365.eml.pdf
Date:	Mon, 26 Jul 2021 11:56:06 -0400

I can't put my hands on that specific French info but see also the attached and references for additional background

Official - ~~**SBU**~~

This message is **UNCLASSIFIED//**~~**NOFORN**~~ when separated from ~~**SECRE**~~**T** attachment(s)

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Declassify On: 7/26/2046
Reasons: Derived Per DSCG.

Sender:	(b)(6) @state.sgov.gov>
Recipient:	Park, Christophe (b)(6) @state.sgov.gov>

Paragraphs 8 and 9 declassified by
Barbara Nielsen, Senior Reviewer
A/GIS/IPS/PP/LA
December 13, 2023

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Paragraphs 8 and 9 declassified by Barbara Nielsen, Senior Reviewer A/GIS/IPS/PP/LA December 13, 2023

MRN:	20 BEIJING 365
Date/DTG:	Apr 30, 2020 / 301004Z APR 20
From:	AMEMBASSY BEIJING
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	SHLH, CDC, HHS, NIH, PGOV, CN, SENV, AMED, KPAO, KMDR, KHIV, KFLU, KGHI, KHLS, KSCA, KTBT, AMGT, ASEC, AID, KFPC, KNCV
Captions:	SENSITIVE, ~~NOFORN~~
Reference:	A) 18 BEIJING 138 B) 18 WUHAN 38
Pass Line:	DOM WHA PASS TO AMEMBASSY CARACAS AMEMBASSY WELLINGTON PASS TO AMCONSUL AUCKLAND
Correction Reason:	CORRECTED COPY: Message Corrected
Subject:	(b)(1)(1.4)(d)

First sentence declassified by senior reviewer, Barbara Nielsen, A/GIS/IPS/PP/LA 11/14/23

1. ~~(C)~~ **Summary and Comment:** Since 2003, the PRC has undertaken a wide range of measures to strengthen the biosafety and biosecurity of its public health laboratory system, often with the support of the United States and other international donors. (b)(1)(1.4)(d)

(b)(1)(1.4)(d)

(b)(1)(1.4)(d)

(b)(1)(1.4)(d) **End summary and Comment.**

PRC Efforts to Improve Biosafety

2. ~~(SBU)~~ In 2003, the PRC dedicated $250 million (2 billion RMB) towards SARS prevention and control efforts, and subsequently an additional $850 million (6.8 billion RMB) to further develop laboratory facilities throughout China. The State Council issued over 14 biosafety measures from 2003 to 2006, including its "Management Regulations on Laboratory Biosafety of Pathogenic Microorganisms," setting clear guidelines for the handling of infectious or pathogenic diseases in biomedical laboratories. Nevertheless, PRC efforts were unable to prevent the leak of SARS-CoV in 2004 at the National Institute of Virology Laboratory (NIVL) in Beijing. Two graduate students researching the virus and seven of their close contacts were infected, hundreds of Chinese citizens were forced into quarantine, and major concerns were raised about Chinese biosafety regulations.

3. ~~(SBU)~~ In response, the PRC devoted massive funding to develop a secure biocontainment laboratory system to prevent future infectious disease incidents. With this strong financial support and legal framework, the former Ministry of Health (now the National Health Commission) swiftly launched a national biosafety program in 2004, establishing thousands of biocontainment laboratories with biosafety levels (BSLs) ranging from 1 to 4 depending on the pathogenicity of microbes being studied.

4. ~~(SBU)~~ The PRC also collaborated with the United States and other international partners to develop its laboratory network system through a series of the technical exchanges, training programs, and other collaborative efforts, which included biosafety and quality assurance. For over 20 years, the U.S. CDC has provided financial and technical support to the Chinese Center for Disease Prevention and Control (China CDC) to improve its influenza surveillance system. Additionally, the U.S. CDC's Global Disease Detection Program supported virology and epidemiology training in the United States and China for more than 2,500 China CDC specialists and supported annual laboratory quality assessments to strengthen quality assurance of PRC laboratory networks from 2004 to 2014. At a cost of $44 million (300 million RMB), the PRC collaborated with France in 2015 to construct a BSL-4 laboratory, the Wuhan National Biosafety Laboratory, at the Wuhan Institute of Virology as part of a global research collaboration effort to develop countermeasures against the world's most dangerous public health threats. [**Note:** BSL-4 laboratories possess maximum biocontainment equipment designed for handling the most dangerous biological agents and lethal human diseases with high risk of transmission among individuals and communities for which no treatment exists, such as the Ebola virus and the Nipah virus. **End Note].**

5. ~~(SBU)~~ From 2013 to 2017, the Galveston National Laboratory (GNL) of the University of Texas Medical Branch (UTMB), part of the NIH Biodefense Laboratory Network, provided DoD- funded laboratory safety and security training for high-level biocontainment facilities in China, including the Wuhan Institute of Virology (Ref 18 BEIJING 138, 18 WUHAN 38). This training has been facilitated since 2015 through ongoing dialogue and regular collaboration

meetings cosponsored by the Chinese Academies of Science and the U.S. National Academies of Science, Engineering and Medicine with cooperation from China CDC and others. According to GNL leadership, the relationship with the Wuhan Institute of Virology included the provision of training to scientists and biosafety and engineering professionals from Wuhan, as well as from other biocontainment labs in China and the China CDC. The UTMB National Biocontainment Training Program included operations training as the Wuhan Institute of Virology prepared to open their BSL-4 facility. This UTMB training engagement ended in 2016 when DoD funding was exhausted and not replenished. Nevertheless, U.S. CDC continues to provide technical assistance in tuberculosis laboratories in six provinces in the PRC, focusing on laboratory quality management, including biosafety, through helping China CDC implement the Strengthening Laboratory Management Towards Accreditation (SLMTA) program.

6. ~~(SBU)~~ Publishing his assessment in the *Journal of Biosafety and Biosecurity* in 2019, CCP Secretary for the Wuhan Institute of Virology and lab director Yuan Zhiming provided a general overview of PRC biocontainment facilities. He wrote that the majority of PRC biomedical facilities are basic BSL-1 and 2 laboratories attached to China CDC branches, scientific research institutions, and public health universities with biocontainment equipment appropriate only for handling non-lethal pathogenic agents and human disease. According to Director Yuan, China has 42 accredited BSL-3 laboratories designed to contain lethal pathogens and diseases with high individual risk for which treatment is often available. The Wuhan National Biosafety Laboratory remains China's first and only BSL-4 laboratory. In late 2019, China CDC announced the PRC's intention to construct 5 to 7 new BSL-4 laboratories by 2025.

Using History as a Mirror: Assessing the PRC Biosafety Laboratory System

7. ~~(SBU)~~ In a joint U.S. - China CDC publication in *Health Affairs* from 2011 during the PRC expansion of its laboratory system, China CDC Disease Control and Emergency Response Office Director Feng Zijian praised municipal and provincial level laboratories for their ability to meet "high-level biosafety standards." He acknowledged, however, that China CDC and clinical hospital laboratories lacked highly skilled staff and basic laboratory quality management procedures. China CDC also faced a shortage of infectious disease specialists, observed Feng, whose salaries were sometimes lower than the average income in China.

8. ~~(C) L~~ooking back at the years leading up to COVID-19, public health scholars in China, along with Post, highlighted shortcomings in the country's biosafety laboratory system. Post reported in 2018 that the Wuhan National Biosafety Laboratory faced a shortage of highly trained technicians and investigators needed to safely operate a BSL-4 laboratory and that the laboratory requested additional U.S. training assistance on safety and security. In addition, Post noted that nation-wide BSL research decision-making processes needed to be more transparent to instill confidence that the PRC government was providing informed oversight to meet the highest global standards (Ref 18 BEIJING 138, 18 WUHAN 38).

9. ~~(C)~~ In 2019, prior to the COVID-19 outbreak, China CDC, with technical support from U.S. CDC, conducted an assessment of laboratory system capacity in China after conducting inspections of 28 public health and clinical laboratories in two resource-limited provinces. Using the WHO Laboratory Assessment Tool, China CDC concluded that county level

laboratories suffered from insufficient biosafety compliance and biorisk management, which stemmed from poor organization, low budgets, and inadequate virology testing, creating issues at the prefectural and provincial levels. According to this assessment, Chinese laboratories also coordinated surveillance and early detection activities poorly at the provincial, prefectural, and county level, weakening PRC public health emergency response capabilities.

Closing the PRC Biosafety Gaps and Reforming its Laboratory System

10. (SBU) Possibly in response to the COVID-19 outbreak, the PRC has begun to initiate enhancements to its biosafety system. President Xi Jinping called for new reforms during a February 14 CCP Central Committee meeting, saying that biosafety was a "national security issue." Following Xi's statement, the Ministry of Science and Technology issued new guidelines the next day requiring public health institutions throughout China to boost laboratory biosafety. The National People's Congress was also planning to unveil new biosafety laws and regulations for public health institutions and laboratories managing infectious diseases. (b)(6) (b)(6) (b)(6) that discussions were even underway to elevate the status of public health agencies such as China CDC.

11. (S//NF) (b)(1)(1.4)(b); (b)(1)(1.4)(d)

(b)(1)(1.4)(b); (b)(1)(1.4)(d)

PRC Efforts to Build Labs Abroad

12. (SBU) The ability of the PRC to properly adhere to international biosafety and biosecurity standards has even greater implications globally as China constructs biosafety facilities for other countries. During the 2014 Ebola outbreak in West Africa, the PRC government provided Sierra Leone a mobile BSL-3 laboratory and subsequently established the BSL-3 Sierra Leone-China Friendship Biological Safety Laboratory (SLE-CHN Biosafety Lab) in 2015. **[Note:** Chinese media claimed the SLE-CHN Biosafety Lab met WHO biosafety standards, which Post Beijing was unable to verify. **End Note]**. On March 25, Iraq opened a new PRC-built laboratory in Baghdad as part of China's assistance to Iraq for combatting COVID-19. With the new laboratory, Iraqi Deputy Director General of the Ministry of Health Asaad Mahdi said Iraq could conduct 1,000 COVID-19 tests per day. Africa CDC also welcomed PRC public health assistance in enhancing its laboratory system capacity as COVID-19 struck African countries.

China's Role in Global Health Security Agenda

13. (SBU) China is a member of the Global Health Security Agenda (GHSA), a global partnership effort started in 2014 to assess countries' capacities to prevent, detect, and respond to infectious disease threats. The GHSA's Biosafety and Biosecurity action package

emphasizes: 1) whole-of-government biosafety and biosecurity systems for human, animal, and agricultural facilities, and 2) biosafety and biosecurity training and practices. The GHSA also encourages members to use the World Health Organization (WHO) Joint External Evaluation (JEE) tool to determine their gaps and weaknesses in preparing for and responding to infectious disease risks. The JEE is a useful tool for ensuring full compliance with global biosafety and biosecurity standards, which is a key aspect of implementing the International Health Regulations (IHR). The PRC, however, has not participated in a WHO JEE despite U.S. efforts to encourage it to do so. China has only participated as a technical observer to other country JEEs and has yet to agree to conduct its own.

(b)(1)(1.4)(d)

14. ~~(S//NF)~~ (b)(1)(1.4)(d)

(b)(1)(1.4)(d)

15. ~~(SBU)~~ Anecdotal Chinese media reporting also highlights the challenges that China faces as it attempts to ensure highest standards in its laboratory system. In January, renowned Chinese scientist Li Ning was sentenced to 12 years in prison for selling experimental animals in local markets for personal gain. In December 2019, a factory producing animal brucellosis vaccines used expired disinfectant to decontaminate its facilities, leading to the infection of 181 lab workers, students, and faculty at the nearby Lanzhou Veterinary Research Institute. **[Note:** Brucellosis is classified as a Class B infectious disease, the second most serious level in China's three-tier infectious disease classification system. **End Note]**.

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